BLOCK 1170 LOT 14.02 QUALIFICATION CODE C0005 ADDRESS (SITE) 1640 RTE 88 PERMIT NO. 18-0831

Boro of Freehold
51 West Main Street
Freehold, NJ 07728
(732) 462-4903

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

18-000454

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

I. IDENTIFICATION

1. Proposed Work Site at: 1640 RTE 88 BRICK, NJ SUITE 203
2. Name of Owner in Fee: BRICK ORTHOPAEDICS REAL ESTATE LLC
   Tel. 732660-6200 #1011 e-mail
   Address 1200 EAGLE AVE OCEAN, NJ 07712 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: MONMOUTH MEDICAL SERVICES 732-947-1425
   Address PO BOX 184 SHREWSBURY, NJ 07702 e-mail MONMOUTH20@AOL.COM
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 27-2393404 FAX: 732-530-5171
5. Architect or Engineer PASSMAN ERCOLINO Contact
   Address 1320 ALLAIRE AVE OCEAN e-mail ✓
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun LUCILLE GRANGER
   Tel. 732-947-1425 FAX: 732-530-5171

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 700	944	1145
2.	Electrical	420	150	
3.	Plumbing	150		
4.	Fire Protection		116	1756
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	615	4	17
10.	Subtotal	$ 2715		
11.	Cert. of Occupancy	150		
12.	Other			
13.	TOTAL	$ 1396	270	192

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	10
2.	Height of Structure ____ ft.	
3.	Area — Largest Floor 15998 sq. ft.	150-E
4.	New Building Area 3745 sq. ft.	15-DCA
5.	Volume of New Structure ____ cu. ft.	
6.	Max. Live Load COMMERCIAL	1105
7.	Max. Occupancy Load 75	
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed ____ sq. ft.	
10.	Flood Hazard Zone ____	
11.	Base Flood Elevation ____ ft.	
12.	Wetlands yes ____ no X	

IIa. PROPOSED WORK

☐ Minor Work — Tenant fit up
☐ Repair
☐ Asbestos Abat. -Subch. 8
☐ New Building
☒ Alteration
☐ Lead Hazard Abatement
☐ Addition
☐ Renovation
☐ Radon Remediation
☐ Demolition
☐ Reconstruction
☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	14,000				03/26/18	KGK			
☒ Electrical	15,000	2/7/18			2/24/18	PS			
☒ Plumbing	3,000				2-22-18				
☒ Fire Protection	5,000			2/23/18			3/23/18		
☐ Elevator		Exempt	2/8/18		2/8/18				
TOTAL COST	37,000	$0							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: B
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present IIB
Proposed IIB

III. PLAN REVIEW (optional)

DO YOU WANT:
1. X Partial Releases
2. [illegible]e 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Saaview Orthopedic

Rolled Plans

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

X Check if contractor.

Agent Name MONMOUTH MEDICAL SERVICES

Address PO BOX 184
SHREWSBURY, NJ 07702

Telephone 732-947-1425

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/09/2018
Control Number C-18-000454
Permit Number 18-0831
Permit Issue Date 04/02/2018
Certificate Number 18-0831

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1640 ROUTE 88 UNIT 203 Brick Township, NJ Block: 1170 Lot: 14.02 Qual: C0005

Owner in Fee: BRICK ORTHOPEDIC REAL ESTATE LLC

Owner Address: 1200 EAGLE AVE OCEAN NJ 07712

Telephone: (732) 660-6200

Contractor Monmouth Medical Services

Address 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702

Telephone: (732) 618-8879 Fax: (732) 530-5171

License Number or Builders Registration Number: _____ Federal Emp. Number: 27-2393404

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: Type II

Maximum Live Load: 0 Maximum Occupancy Load: 75

Description of Work/Use: TENANT FIT UP - - UNIT 203 - SEAVIEW ORTHOPEDIC

Certificate Comments:

☑ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $150.00
Check Number: 1059
Collected By: Matthew Fagen

Date Printed: 07/09/2018

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/2/18

Date Issued / Permit # 18-0831

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

Block 1170 Lot 1402 Qualification Code C0005

Work Site Location 1640 RTE 88 SUITE 208 BRICK, NJ

Owner in Fee: BRICK ORTHOPAEDICS REAL ESTATE LLC

Tel. 732-660-6200 #1011 e-mail

Address 1200 EAGLE AVE OCEAN, NJ

Contractor: (street) MONMOUTH MEDICAL (municipality) SERVICES Tel. 732-947-1425 (zip code)

Address PO BOX 184 e-mail

SHREWSBURY, NJ 07702

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-2393404 FAX: 732-530-5171

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.

Sign here: [signature]

Print name here: LUULI GRANGER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

MODIFICATIONS TO EXISTING SUITE AS PER DRAWINGS

COMMERCIAL

Tenant Fit Up.

JOB SUMMARY (Office Use Only)

Frame complete 5/15/18 Per letter

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/26/18	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 03/26/18

Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 07/02/18

Approved by: KEH

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	Partial walls at 5-2-18 Am			
Truss Sys./Bracing				
~~Barrier-Free~~ Concrete			5/3/18 Pm	
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ PA1 Test			7-2-18 Pm	
Mechanical				
TCO				
Other				
Final 6/13/18 Pm			7/2/18 Pm	
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present 2B Proposed 2B

No. of Stories 2

Height of Structure _____ ft.

Area — Largest Floor 15998 sq. ft.

New Bldg. Area/All Floors 31,996 sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load 75

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 4,000.00
2. Rehabilitation $ 10,000
3. Total (1+ 2) $ 14,000.000

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/2/18
Date Issued / Permit # 18-0831

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

Block 1170 Lot 14.02 Qualification Code C0005

Work Site Location 1640 RTE 88 SUITE 203 BRICK, NJ

Owner in Fee: BRICK ORTHOPAEDICS REAL ESTATE LLC

Tel. (732) 660-6200 #101 e-mail

Address 1200 EAGLE AVE, OCEAN, NJ 07712 (street / municipality / zip code)

Contractor: ZIMMERER ELECTRIC LLC Tel. (732) 539-6893

Address 497 FREEHOLD ST e-mail

OAKHURST NJ 07755

Contractor License No. 12475 Exp. Date 3-18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 26-2308387 FAX: (732) 450-1803

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved Date: Approved by:

[✓] Electric Plans Approved Date: 2/21/18 Approved by: PSE

Joint Plan Review Required: [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT Date: 3/20/18 Approved by:

SUBCODE APPROVAL for CERTIFICATE [✓] CO [ ] CCO [ ] CA Date: 6/28/18 Approved by:

INSPECTIONS (Dates (Month/Day))

Type:	Failure	Failure	Approval	Initial
Rough			4/23/18	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 6-13-18			6/13/18	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal here:

Print name here: MARK ZIMMERER

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant fit up

QTY.	SIZE	ITEMS	FEE (Office Use Only)
78		Lighting Fixtures	
42		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
4		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

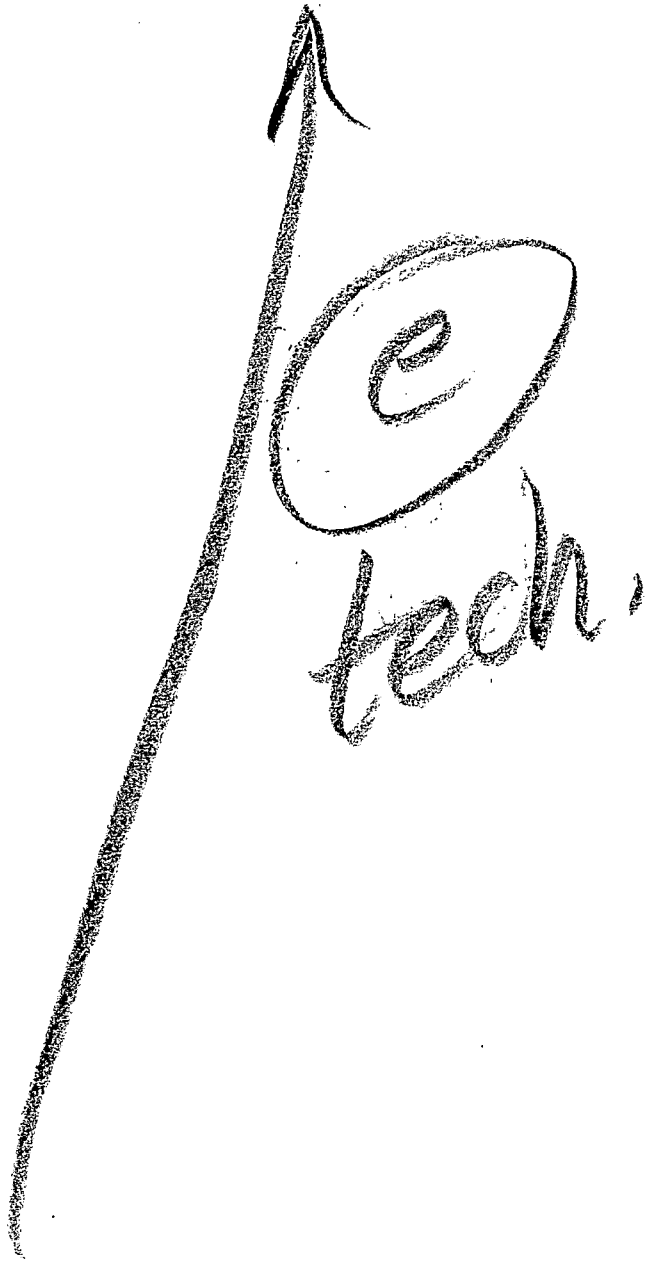
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ref. No: G 277406550

Reorder call: (732) 534-3000

6-13-18 update needed



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/2/18
Control #
Date Issued
Permit # 18-0831 +A

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

Block 1170 Lot 14.02 Qualification Code C0005

Work Site Location Seaview Orthopedics/Brick Medical Arts Bldg 2nd Floor
1640 Route 88 Suite 200 Brick, NJ

Owner in Fee: Same

Tel. 732 660-6200 #101 e-mail

Address (street, municipality, zip code)

Contractor: Reliable Safety Systems, Inc. Tel. (732) 730-8880

Address 283 Newtons Corner Rd e-mail reliablesafetysystems@veri
Howell, NJ 07731 Zone, NET

Contractor License No. 34BF000089 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223427241 FAX: (732) 730-8881

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

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.

Applicant sign/Contractor sign and seal here:

Print name here: Rich Trevelise

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of New Fire Alarm Devices And ~~Relocat~~ Relocation of 5 Devices

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
6		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 4/2/18 Approved by: PSC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/2/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6/28/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	6-13-18		6/27/18	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

1-13-18 Updates Needed

Update 5/23/18

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/1/18
Control #
Date Issued
Permit # 18-00831+C

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 RTE 88 BRICK, NJ

Owner in Fee: SEAVIEW ORTHO

Tel. e-mail

Address 1200 EAGLE AVE. OCEAN, NJ (street, municipality)

Contractor: ZIMMERER ELECTRIC LLC Tel. 732 539-6393 (zip code)

Address 497 FREEHOLD ST e-mail

OAKHURST NJ

Contractor License No. 12475 Exp. Date 3-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 26-2368387 FAX: 732 450-1803

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 5/30/18 Approved by: PZ
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/30/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6/28/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 6-13-18 WL			6/27/18 TK	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

Applicant sign/Contractor sign and seal here

Print name here: MARK ZIMMERER

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	25	KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100	X-RAY	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

6-13-18 Need Updates
Me

To
update +C

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update + D

Date Received / Control # 6/21/18
Date Issued / Permit # 18-0831 + D

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location Seaview Orthopedics 2nd Floor
1640 Route 88, Brick, NJ

Owner in Fee: Same

Tel. e-mail

Address (street / municipality / zip code)

Contractor: Reliable Safety Systems, Inc. Tel. (732) 730-8880

Address 283 Newtons Corner Rd e-mail reliablesafetysystems@veri
Howell, NJ 07731

Contractor License No. 34BF00089 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223427241 FAX: (732) 730-8881

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,000

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.

Applicant sign/Contractor sign and seal here:

Print name here: Rich Trevelise

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of Communication Cabling

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
41		Communications Points	
		Alarm Devices/F.A.C. Panel	
41		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Zone MT

MFF 6/18/18

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 6/18/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/18/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6/28/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/20/18	
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 4/2/18

Date Issued
Permit # 18-0091

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

Block 1170 Lot 14.02 Qualification Code C0005

Work Site Location 1640 RTE 88 BRICK, NJ SUITE #203

Owner in Fee: BRICK ORTHOPAEDICS REAL ESTATE LLC

Tel. (732) 660-6200 #1011 e-mail

Address 1200 EAGLE AVE, OCEAN, NJ 07712
street municipality zip code

Contractor: Alpine Heating Plumbing Tel. (973) 202-2190

Address 93 Hudson ST e-mail
Clifton N.J. 07011

Contractor License No. 12113 Exp. Date 06/30/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01478100

Federal Emp. ID No. 200623986 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-22-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-29-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	4-27-18		5-2-18	WW
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	6-13-18		6-27-18	JD

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.

Applicant sign/Contractor sign and seal here:

Print name here: Daoud Othman

[ ] Licensed Plumbing Contractor [ ] Owner/Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FURNISH AND INSTALL NEW FIXTURES AS PER DRAWINGS

COMMERCIAL

QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
5	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other	

2 Exist Toilet Rooms

4 Total

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

3745 SQ FT SUITE 200 2nd FLOOR 75 OCCUP

Date Received / Control # 4/2/18

Date Issued / Permit # 18-0831 +A

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

Block 1170 Lot 14.02 Qualification Code C0005

Work Site Location Seaview Orthopedics/Brick Medical Arts Bldg 2nd Floor
1640 Route 88, Suite 200, Brick, NJ

Owner in Fee: Same

Tel. 732 660-6200 #1011 e-mail

Address

Contractor: Reliable Safety Systems, Inc (street / municipality) Tel. (732) 730-8880 (zip code)

Address 283 Newtons Corner Rd e-mail reliablesafetysystems@veri

Howell, NJ 07731 Zone: NC1

Fire Protection Equipment, NJ Div of Fire Safety Permit No. PO0668

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 155128

Fire Alarm Contractor No. 34BF000089 Exp. Date 01/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223427241 FAX: (732) 730-8881

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 2,000

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: Rich Trevelise

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Installation of Fire Alarm Devices & Strobes & Relocate 5 Exist Devices

Method of Alarm/Suppression System Supervision Remote Supervising S

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	3	
Other Devices NAC Booster	1	
TOTAL	6	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 5/2/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/22/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other:				

Dates (Month/Day)

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies.

3745 sq ft occup 15 Update 3/15/18 MP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 4/2/18

Date Issued
Permit # 18-0831 KB

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

Block 170 Lot 14.02 Qualification Code C0005

Work Site Location 1640 Route 88 Unit 203
Brick NJ 08723

Owner in Fee: Brick Ortopedic Real Estate LLC

Tel. ( ) e-mail

Address 1200 Eagle Avenue (street) Ocean (municipality) 07712 (zip code)

Contractor: ABSOLUTE PROTECTIVE SYSTEMS, INC. Tel. (732) 287-4500 x 124

Address 3 KELLOGG COURT, UNIT-13, EDISON NJ 08817 e-mail glennp@absps.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00101

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153936

Fire Alarm Contractor No. Exp. Date 10-31-18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2364084 FAX: (732) 287-4502

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed B

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 8,825.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: REAR ENTRY PERSONNEL DOOR

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve:
SPRINKLER ROOM

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. Glenn P Pascullo
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD AND/OR RELOCATE FIRE SPRINKLERS TO ACCOMADATE NEW TENANT ARCHITECTURAL

Water Supply Source Existing

Method of Alarm/Suppression System Supervision EXISTING CENTRAL STATION

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	22	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3/26/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/20/18	
Other			4/19/18	

U.C.C. F140 (rev. 12/07) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS _____

PERMIT NUMBER 18-0831 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric X Fire Code were in evidence and the following orders are hereby issued for their correction:

Fire Alarm report with programming list including control station (point to point)

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 6/25/12 INSPECTOR _____

FAX

PAGES

TITLE

FROM

Glenn Pascullo
732 287-4502
Absolute Protective Systems, Inc. Fire Sprinkler Division

TO

Monmouth Medical
7325305171

COMMENT

Absolute Protective Systems, Inc.
30 Kellogg Court Unit 13
Edison NJ 08817
Ph (732) 287-4500 Fax (732) 287-4500

Contractor's Material and Test Certificate for Aboveground Piping

PROCEDURE
Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and the contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authorities requirements or local ordinances.

Property Name **Seaview Orthopedics**		Date **6-20-18**	
Property Address **1640 Route 88 Unit 203**	City **Brick**	**NJ**	Zip **08723**

PLANS

Accepted by approving authorities(names)
Brick Building Department
Address
401 Chambers Bridge Road Brick NJ 08723

Installation conforms to accepted plans	x Yes	☐ No
Equipment used is approved?	X Yes	☐ No
If no, explain deviations		

INSTRUCTIONS

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain	X Yes	☐ No
Have copies of the following been left on the premises?		
1. System Components Instructions	X Yes	☐ No
2. Care and Maintenance Instructions	X Yes	☐ No
3. NFPA 25	X Yes	☐ No

LOCATION OF SYSTEM

Supplies buildings: **Entire Building**

SPRINKLERS

Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
Victaulic Pendant	**V2707**	**2018**	**1/2"**	**19**	**155 degree**

PIPE AND FITTINGS

Type of pipe **ASTM 53 Black Schedule 40**

Type of fittings **ASTM 53 Cast Iron and Grooved Type**

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICES			Maximum time to operate through test connection	
Type	Make	Model	Minutes	Seconds
Water Flow Device (4)	**Potter**	**WFD-6**		**45**

DRY PIPE OPERATING TEST

N/A

DRY VALVE			Q.O.D.		
Make	Model	Serial No.	Make	Model	Serial No.

	Time to trip through test connection[1,2]		Water Pressure	Air Pressure	Trip Point Air Pressure	Time water reached test outlet[1,2]		Alarm operated properly	
	Minutes	Seconds	psi	psi	psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

DELUGE & PREACTION VALVES

N/A

Operation	☐ Pneumatic	☐ Electric	☐ Hydraulic
Piping supervised	☐ Yes ☐ No	Detection media supervised	☐ Yes ☐ No
Does valve operate from the manual trip, remote, or both control stations?			☐ Yes ☐ No
Is there an accessible facility in each circuit for testing?	☐ Yes ☐ No	If no, explain	

Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release?	
		Yes	No	Yes	No	Minutes	Seconds

[1] Measured from time inspector's test connection is opened.

[2] NFPA 13 only requires the 60-second limitation in specific sections

PRESSURE REDUCING VALVE TEST N/A	Location & Floor	Make & Model	Setting	STATIC PRESSURE Inlet (psi)	STATIC PRESSURE Outlet (psi)	RESIDUAL PRESSURE (flowing) Inlet (psi)	RESIDUAL PRESSURE (flowing) Outlet (psi)	FLOW RATE Flow (GPM)

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential Dry-Pipe Valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

TESTS

All pipe hydrostatically tested at: psi (_____ bar) for 2 hrs — If no, state reason: N/A

Dry Pipe pneumatically tested ☐ Yes X No

Equipment operates properly ☐ Yes X No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? X Yes ☐ No

DRAIN TEST

Reading of gage located near water supply test connection: 75 psi (__ bar)

Residual pressure with valve in test connection open wide. 65 psi (__ bar)

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping

Verified by copy of the Contractor's Material & Test Certificate for Underground Piping. ☐ Yes X No

Flushed by installer of underground sprinkler piping. ☐ Yes X No

Other, explain: EXISTING

If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐ No

If no, explain

BLANK TESTING GASKETS	Number used	Locations	Number removed

WELDING

N/A

Welded piping Yes X No

If yes...

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? X Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? X Yes ☐ No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? X Yes ☐ No

CUTOUTS (DISCS)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? X Yes No

HYDRAULIC DATA NAMEPLATE

Nameplate provided? X Yes No

If no, explain

REMARKS

DATE left in service with all control valves open: 6-20-18

Signature

Name of sprinkler contractor: Absolute Protective Systems, Inc.

Master Fire Protection Lic No. POO101

Contractor's Address	City	State	Zip
3 Kellogg Court Unit 13	Edison	NJ	08817

Tests witnessed by

For property owner (signed) Title Date

For sprinkler contractor (signed) 6-20-18

Additional explanation and notes

DISTRIBUTION: Original COPY 1 kept at site. COPY 2 for the installing firm in file accessible to HFMO COPY 3 for local approving authority.

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Tuesday, July 03, 2018 2:37 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 1640 RTE 88 SEAVIEW ORTHOPEDIC

Hi Matt. We were out there & they are ok to co.

Susan M. Stanisz
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

1640 Route 88 → Seaview Orthopedic

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 75
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP B

PERMIT UPDATE

Date Update Issued 6/21/18
Control # C-18-000454+D
Permit # 18-0831+D

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier C0005
Work Site Location: 1640 ROUTE 88 UNIT 203 Brick Township, NJ
Owner in Fee BRICK ORTHOPEDIC REAL ESTATE LLC
1200 EAGLE AVE OCEAN NJ 07712
Telephone: (732) 660-6200

Contractor Monmouth Medical Services
Address 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702
Telephone: (732) 618-8879
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 27-2393404

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - UNIT 203 - SEAVIEW ORTHOPEDIC ...UPDATE +D - COMMUNICATION POINTS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	
Other	$0
Total	$165
Check No.	4333
Cash	$0
Credit	$0
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 $8,000

Construction Official Date 6/18/18

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

State of New Jersey

BURGLAR ALARM LICENSE

34BA00038800

EXPIRES: 08/31/2019

DOB: 02/01/1962

RICHARD TREVELISE

State of New Jersey

FIRE ALARM LICENSE

34FA00023300

EXPIRES: 08/31/2019

DOB: 02/01/1962

RICHARD TREVELISE

STATE OF NEW JERSEY

DIVISION OF FIRE SAFETY

This is to certify that: RICH TREVELISE

Has been certified as: C-FAS

04/30/2016 to 04/30/2019 155128

Issue Date Lapse Date DFSID Number

STATE OF NEW JERSEY

DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

RELIABLE SAFETY SYSTEMS, INC.

And is authorized to provide services on the following systems: FAS

04/30/2016 to 04/30/2019 P00668

Date Issued Lapse Date Permit ID

STATE OF NEW JERSEY

DEPARTMENT OF COMMUNITY AFFAIRS

UNIFORM CONSTRUCTION CODE

This is to certify that RICHARD M. TREVELISE has been licensed as:

TECH: FIRE ICS

License # 007299

Effective 02/01/2016

Through 01/31/2019

Michael Baier, Acting Chief

Bureau of Code Services

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS WIRING EXEMPTION

Issued to: Reliable Safety Systems, Inc.

283 New Tons Corner Road, Howell, NJ 07731

Address

Signature of Holder

Exemption No. 1134

NICET CERTIFIED

NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Rich Trevelise

FIRE ALARM SYSTEMS/III

CERT NO. 90720 VALID THRU 11/01/2020

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

RELIABLE SAFETY SYSTEMS INC
RICHARD TREVELISE
150 Airport Road
Lakewood NJ 08701

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

12/29/2016 TO 01/31/2020
VALID

34BF00008900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

6/12/18
Faxed
Tuli
CW

Subcode Official Review

Date: Tuesday, June 12, 2018

To: BRICK ORTHOPEDIC REAL ESTATE LLC
1200 EAGLE AVE
OCEAN, NJ 07712

RE: Electrical Subcode
Block: 1170 Lot: 14.02 Qual: C0005
1640 ROUTE 88 UNIT 203
Permit Number: 18-0831+D Control Number: C-18-000454+D
Last Submit Date: Monday, June 11, 2018

Dear BRICK ORTHOPEDIC REAL ESTATE LLC,

Your request is hereby denied based upon the following infractions.

Provide floor plan showing location of 41 communication devices.

Sincerely,

Patrick Callahan, Subcode Official

CC:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 6/21/18
Date Issued Permit # 18-0831+D

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location Seaview Orthopedics 2nd Floor
1640 Route 88, Brick, NJ

Owner in Fee: Same

Tel. e-mail

Address (street, municipality, zip code)

Contractor: Reliable Safety Systems, Inc. Tel. (732) 730-8880

Address 283 Newtons Corner Rd e-mail reliablesafetysystems@veri
Howell, NJ 07731 2cov.net

Contractor License No. 34BF00089 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223427241 FAX: (732) 730-8881

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,000

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.

Applicant sign/Contractor sign and seal here:

Print name here: Rich Trevelise

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of Communication Cabling

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
41		Communications Points	
		Alarm Devices/F.A.C. Panel	
41		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[V] Electric Plans Approved
Date 6/18/18 Approved by: DJZ

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/18/18
Approved by: DJZ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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Owner in Fee: Same

Tel. e-mail

Address
street municipality zip code

Contractor: Reliable Safety Systems, Inc. Tel. (732) 730-8880

Address 283 Newtons Corner Rd e-mail reliablesafetysystems@veri
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Joint Plan Review Required:
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SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
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41		TOTAL NUMBERS	$
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		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT UPDATE

Date Update Issued 6/1/18
Control # C-18-000454+C
Permit # 18-0831+C

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier C0005
Work Site Location: 1640 ROUTE 88 UNIT 203 Brick Township, NJ
Owner in Fee BRICK ORTHOPEDIC REAL ESTATE LLC
1200 EAGLE AVE OCEAN NJ 07712
Telephone: (732) 660-6200

Contractor Monmouth Medical Services
Address 20 Thomas Avenue P.O. Box 184 Shrewsbury NJ 07702
Telephone: (732) 618-8879
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 27-2393404

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - UNIT 203 - SEAVIEW ORTHOPEDIC ...UPDATE +C - ELECTRIC FOR XRAY MACHINE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$160
Check No.	4310
Cash	$0
Credit	$0
Collected By	M. Fagan

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 $5,000

D. Nuiman Jr. Insp — Construction Official
5/31/18 — Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
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☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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☑ A complete copy of released plans must be kept on the job site.

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

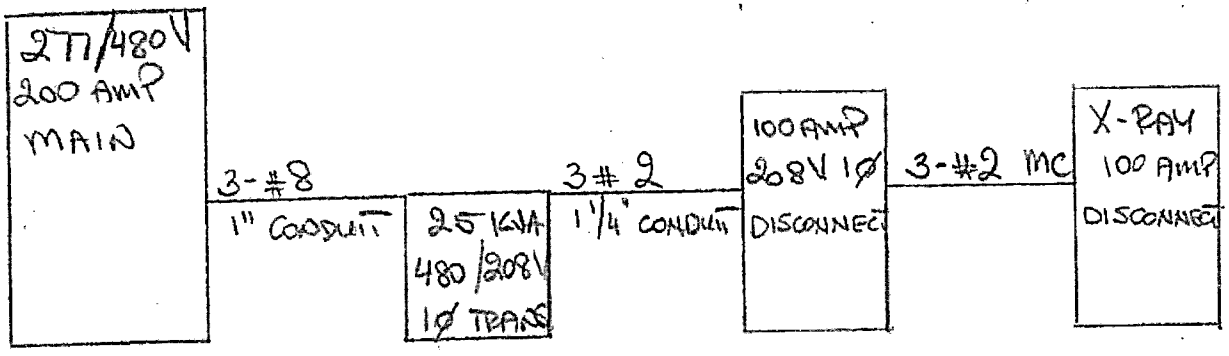
FILE COPY

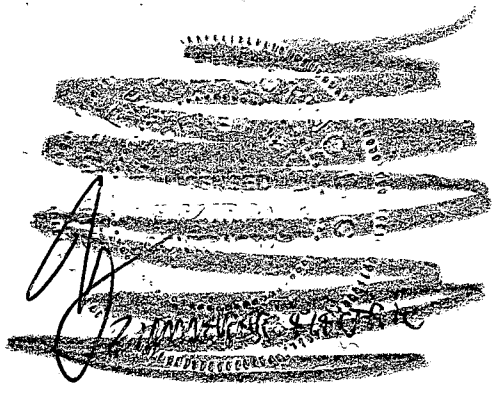
5-21-18

SEAVIEW ORTHO
1640 RTE 88
BRICK, NJ

TOWNSHIP OF BRICK

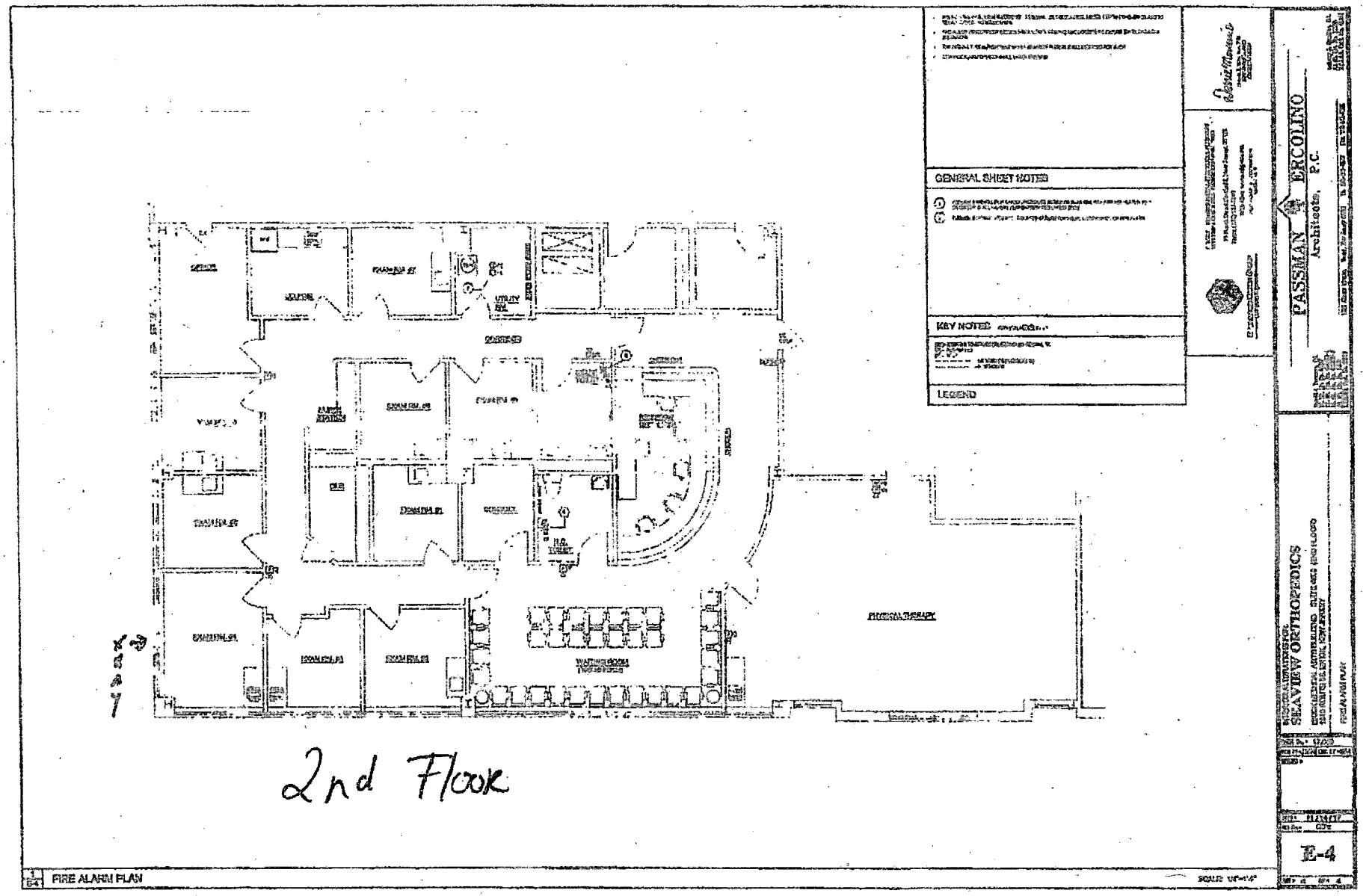
RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode	BSC	5/30/18
Plan Reviewer		
Plans Released		
Construction Official		



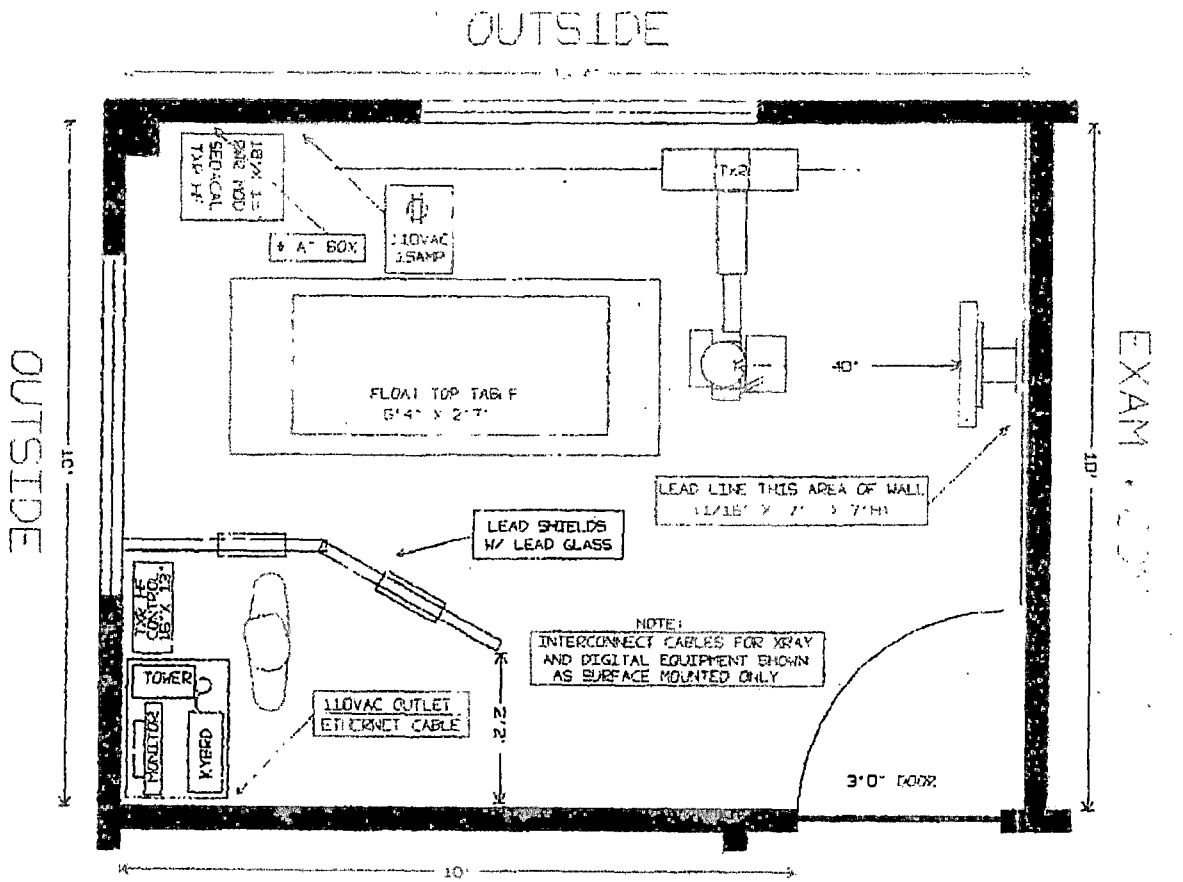


N.T.S

P1 of 2


GENERAL SHEET NOTES
KEY NOTES
LEGEND
PASSMAN ERCOLINO
Architects, P.C.
SEAVIEW ORTHOPEDICS
E-4
FIRE ALARM PLAN
2nd Floor

Pg 2 of 2



EXAM ROOM

DATE: 4/30/18 SCALE 1" = 2'6"
DR: SLAVIEW
PRINT: ID: SEVW 3B

NOTE:
THIS LAYOUT REQUIRES THE SINK AND COUNTER BE REMOVED

CEILING: UNKNOWN
ABOVE: UNKNOWN
FLOORING: UNKNOWN
BELOW: UNKNOWN

NOTE:
KEYBOARD, MONITOR AND TOWER SHOWN AS WALL, SHELF OR TABLE MOUNTED MOUNTING EQUIPMENT, SHELF OR TABLE ARE NOT PROVIDED BY NJX!

NOTE:
IF AIRSPACE OR DENSITY INSUFFICIENT OR ACCESS UNCONTROLLABLE IN THE SPACE ABOVE OR BELOW X-RAY AREA, LEAD LINING MAY BE REQUIRED. BE SURE TO CHECK ALL OUTSIDE WALLS FOR THE SAME APPLICATION.

PASSMAN ERCOLINO
ARCHITECTS, P.C.

May 15, 2018

Mr. Peter MacNamara – Subcode Official
Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

Re: Tennant Fit-out for Seaview Orthopedics
1640 Route 88
Brick, NJ 08724

Dear MacNamara:

I have reviewed photographs of the soffit construction of the above referenced location and have determined that the materials used are an adequate substitute for the materials specified on the submitted construction documents (detail B/A-3 on sheet A-3).

If you have any questions please feel free to call me.

Sincerely,

Anthony J. Ercolino, AIA
Vice-President

RECEIVED
MAY 15 2018 MFP
BUILDING

ok 5/15/18

1320 Allaire Avenue, 2nd Floor Ocean, New Jersey 07712 Ph. 732-531-8709 Fax. 732-531-8706