BLOCK 1170 LOT 14.02 QUALIFICATION CODE ~~[illegible]~~ ADDRESS (SITE) 1640 HIGHWAY 88 PERMIT NO 03 2616

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

6/16

C23 .01

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

I. IDENTIFICATION BRICK HOSPITAL DIALYSIS CENTER

1. Propsed Work Site at: 1640 HIGHWAY 88, BRICK, NJ
2. Name of Owner in Fee: MERIDIAN HEALTH SYSTEMS Tel. (732) 751-7547
   Address 1350 CAMPUS PARKWAY, NEPTUNE, NJ 07753
   street / municipality / zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: A. GORDON CONSTRUCTION Tel. (908) 925-1123
   Address 1436 E. ELIZABETH AVE, LINDEN, NJ 07036
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-1542256 FAX: (908) 925-1140
5. Architect or Engineer BUCKMAN ARCHITECT Tel. (908) 241-3457
   Address 725 FEDERAL AVE, KENILWORTH, NJ 07033
6. Responsible Person in Charge of Work GEORGE KNOWLES
   Tel. (908) 925-1123 FAX (908) 925-1140

Tenant Fit-up

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	1098		
2. Electrical		280	45	
3. Plumbing		675		125
4. Fire Protection		120		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	225	27	
9. DCA Training Fee		225	27	1
10. Subtotal				
11. Cert. of Occupancy				
12. Other		15		
13. TOTAL	$	2413	72	126

COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor 9425 sq. ft.
4. New Building Area 9425 sq. ft.
5. Volume of New Structure 79,900 cu. ft.
6. Construction Classification 2C
7. Total Land Area Disturbed — sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ no ____
11. Max. Live Load ____
12. Max. Occupancy Load 94

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		OPTIONAL (for office use only)							
1. ☐ Minor Work									
2. ☐ New Building		MP	5/21/03		6/1/03	EA			
3. ☐ Addition									
4. ☐ Alteration	435000								
5. ☑ Fire Protection	15000				6-13-03	KB			
6. ☑ Plumbing	100000				6/2/03	[illegible]			
7. ☑ Electrical	80000				6/1/03	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		[illegible]	5/28/03		5/28/03	[illegible]			
TOTAL COSTS	630000								

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: MEDICAL OFFICE
2. Use Group:
3. Change in Use Group, Indicate Former:

NO FEE REQUIRED

APPROVED BY [signature] DATE 6/16/03

LDS BR 10400612

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name M. GORDON CONSTRUCTION CO

Address 1436 E. ELIZABETH AVE
UNION, NJ 07036

Telephone (908) 925-1123

Signature George Knowles PROJECT MANAGER

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

03-2610

B - 1/7
E - 12/30 OK
P - 12/30 (+B incomplete)
F - 12/19/03

03-2610

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL
DIALYSIS/TENANT FIT UP

Location 1640 R 88 Block 1170 Lot 1402

Final Inspections needed if applicable as follows

1 Final Building
2 Final Plumbing
3 Final Electric
4 Final Fire
5 Certificate of Compliance BTMUA
6 Final Engineering
7 Ocean County Soil
8 Affordable Housing

BUILDING SCHEDULED FOR 1/7
POSSIBLE CC REQUIRED?

Report of Compliance from Ocean County Soils needed when more than 5000 sq ft are disturbed NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report

FINALS	FINALS	FINALS
BUILDING	APPROVED	sched 1/7/4 PASSED 1/7/04 ← tech MIA
PLUMBING	APPROVED	1/2/04 ok
FIRE	APPROVED PASSED 12/30	12/22/03 ok
ELECTRIC	APPROVED	1/6/04 ok
ENGINEERING	APPROVED	n/a interior tenant space
O C SOIL	APPROVED	—
COMMERCIAL OCCUPANCY CARD		—
C C FROM B T M U A CALL THE WATER CO BTMUA 458 7000 EXT 224 OR 225 ASK WHETHER A C C IS NEEDED		Patti looking into 1/7/04 NO CO 2/13/04 OWES @ of 1/12
AFFORDABLE HOUSING ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED SECOND HALF OF PAYMENT IS DUE AT THIS TIME		n/a 1st tenant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/13/2004
Control #
Permit # 03-2610

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1170 Lot 14.02 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee/Occupant MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Telephone (732)751-7547
Contractor M GORDON CONSTRUCTION CO
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Telephone (908)925-1123 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1542256

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT-UP TENANT "A" FOR BRICK HOSPITAL DIAL

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 19381
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/13/2004
Control #
Permit # 03-2610

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 14.02 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee/Occupant MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Telephone (732)751-7547
Contractor M GORDON CONSTRUCTION CO
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Telephone (908)925-1123 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1542256

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT-UP TENANT "A" FOR BRICK HOSPITAL DIAL

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[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 19381
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/13/2004
Control #
Permit # 03-2610

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170 Lot 14.02 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee/Occupant MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Telephone (732)751-7547
Contractor M GORDON CONSTRUCTION CO
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Telephone (908)925-1123 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1542256

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT-UP TENANT "A" FOR BRICK HOSPITAL DIAL

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 19381
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

Date Issued 06/16/2003
Control #
Permit # 03-2610

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 14.02 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Telephone (732)751-7547

Contractor M GORDON CONSTRUCTION CO
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Telephone (908)925-1123
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1542256

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT-UP TENANT "A" FOR BRICK HOSPITAL DIALYSIS CENTER

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 $ 83,500

D.E. Neumann/dep
Construction Official

06/16/2003
Date

PAYMENTS (Office Use Only)

Building	1,098
Electrical	280
Plumbing	675
Fire Protection	120
Elevator Devices	0
Other	
DCA State Permit Fee	225
Cert. of Occupancy	0
~~Other~~ ZP	15
Total	2,398
Check No. #2413	19381
Cash	
Collected By	ERP

06/16/03 2:37PM 000000#1142
XX04 SERV.004

#032610	
BUILDING	$1098.00
ELECTRIC	$280.00
PLUMBING	$675.00
FIRE	$120.00
DCA	$225.00
ZPA	$15.00
CHECK	$2413.00

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/15/2003
Control #
Permit # 03-2610+A
Permit Issued 06/16/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1170 Lot 14.02 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
COMMUNICATION POINTS
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Telephone (732)751-7547

Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747-
Telephone (732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CIMMUNICATION POINTS

PAYMENTS (Office Use Only)

Building	0
Electrical	45
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	27
Cert. of Occupancy	0
Other	
Total	72
Check No.	8237
Cash	
Collected By	JB

09/15/03 2:06PM 000000#3666
XX06 SERV:006
#032610
ELECTRIC $45.00
DCA $27.00
CHECK $72.00

Estimated Cost of Work $ 20,000

DF Newman QI 09/15/2003
Construction Official Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/21/2003
Control #
Permit # 03-2610+B
Permit Issued 06/16/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1170 Lot 14.02 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
ADDL PLMG
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Telephone (732)751-7547

Contractor JERSEY SHORE MECHANICAL INC
Address 110 VALLEY DR
NAVESINK, NJ 07752-
Telephone (732)291-5959
Lic. No. or Bldrs. Reg. No. B2385
Federal Emp. No. 22-3132177

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	125
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	126
Check No.	14823
Cash	
Collected By	JB

11/21/03 2:46PM 000000#5466
XX03 SERV.003
#032610
PLUMBING $125.00
DCA $1.00
CHECK $126.00

Estimated Cost of Work $ 1,000

D F Newman Jr 11/21/2003
Construction Official Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/16/03
Control # ~~C23-01~~
Permit # 03-2670

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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547
Contractor H GORDON CONSTRUCTION CO
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Tele.(908)925-1123 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1542256

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP TENANT "A" FOR BRICK HOSPITAL DIALYSIS CENTER

State Approved Drwgs

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	6-10-03	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,098
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 43,500
3. Total (1+2) $ 43,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,098
DCA State Permit Fee	$ 42

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/16/03
Control # ~~C23-01~~
Permit # 03 2610

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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547
Contractor N GORDON CONSTRUCTION CO
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Tele.(908)925-1125 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1542256

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and as authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP TENANT "A" FOR BRICK HOSPITAL DIALYSIS CENTER

State Approved Drwgs

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	6-11-03	FH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 43,500
3. Total (1+2)$ 43,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,098
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,098
DCA State Permit Fee	$ 42

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

~~SAME~~
TENANT "A"
"BRICK HOSPITAL DIALYSIS CENTER"

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/10/03
Date Issued
Control #
Permit # 032610

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
Work Site Location 1640 Rt 88

Owner in Fee/Occupant Brick Hospital Medical Arts
Address 1436 E. Elizabeth Ave
Linden N.J. 07036
Tele. (908) 925-1123
Contractor Lubeck Co South
Address 735 Drum Pt Rd
Brick N.J. 08723
Tele. (732) 920-6618 Fax (732) 920-9277
Lic. No. 10431
Federal Emp. No. 222-209-309

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [X] Temporary [ ] Other
Building Occupied as Dialysis Utility Co.
Est. Cost of Elec. Work $ 80,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 6/10/03
Approved by: MM

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

LUBECK COMPANY ... LICENSED ELECTRICAL CONTRACTOR 10431

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
161		Lighting Fixtures	
169		Receptacles	
33		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
10		Emergency & Exit Lights	
18	Box & Pipe only	Communications Points	
8		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 3
		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	
10	VAV	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	30	KW Transformer/Generator	
		AMP Service	
1	125	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev 3/96)

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/02/2003
Date Issued ~~01/01/1954~~
Control # 9-15-03
Permit # 03-2610+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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
COMMUNICATION POINTS
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547
Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747-
Tele.(732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9/10/03
Approved By: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
60		Communications Points	
0		Alarm Devices/F.A.C. Panel	
60		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 45
DCA State Permit Fee	$ 27

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/02/2003
Date Issued ~~01/01/1954~~
Control # 9-15-03
Permit # 03-2610+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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
COMMUNICATION POINTS
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547
Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747-
Tele.(732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9.11.03
Approved By: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
60		Communications Points	
0		Alarm Devices/F.A.C. Panel	
60		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 45
DCA State Permit Fee $ 27

U.C.C. F120 (rev. 3/96)

Update for Permit # ~~03-2640~~

ELECTRICAL SUBCODE TECHNICAL SECTION

~~UPDATE~~

Date Received
Date Issued 2-11-04
Control #
Permit # 04-0357

~~03-2640~~

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
Work Site Location 1640 Rt 88
Brick NJ
Owner in Fee/Occupant Brick Hospital Dialysis
Address 1436 E Elizabeth Ave
Linden N.J. 07036
Tele. (908) 925-1123
Contractor Lubrick Co South
Address 235 Drum Point Rd
Brick NJ. 08723
Tele. (732) 920-6611 Fax (232) 920-9277
Lic. No. 10431
Federal Emp. No. 222 209 329

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 25,000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-7-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-10-04
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/17/04	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
	1	HP/KW Space Heater/Air Handler	
15	~~3~~	KW ~~Baseboard~~ Heat Ceiling	
		HP Motors 1/+ HP	
1	100 KW	KW Transformer/Generator	
		AMP Service	
1	150A	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	175
Minimum Fee	$	
DCA Training Fee	$	34
TOTAL FEE	$	209

heating unit in ceiling

U.C.C. F120 (rev. 3/96)

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

"[illegible] "A"
"BRICK HOSPITAL DIALYSIS CENTER"

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/16/03
Date Issued
Control # 032610
Permit #

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
Work Site Location 1640 Rt 88

Owner in Fee/Occupant Brick Hospital Medical Arts
Address 1436 E. Elizabeth Ave
Linden N.J. 07036
Tele. (908) 925-1123
Contractor Lubeck Co South
Address 235 Drum Pt Rd
Brick N.J. 08723
Tele. (732) 920-6611 Fax (732) 920-9277
Lic. No. 10431
Federal Emp. No. 222-209-329

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 80,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[X] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 6/10/03
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/30/03
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough			8/21/03	[initials]
Temp. Serv. walls			10/14/03	[initials]
Constr. Serv.				
~~Fee~~ Ceiling	11/2003			
~~Other~~ Slab			7/16/03	[initials]
Service Emergency			12/9/03	[initials]
Final 12-19-03			12/30/03	[initials]

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

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]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
161		Lighting Fixtures	
169		Receptacles	
33		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
10		Emergency & Exit Lights	
18	Box + Pipe only	Communications Points	
8		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	
10 VAV		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	30	KW Transformer/Generator	
		AMP Service	
1	125	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Wm Hennessy

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

OVON

U.C.C. F120 (rev 3/96)

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

12-19-03

1) 1 OPEN GROUND RECEPTACLE IN HALLWAY

2) MANY MISSING PLATES

3) FULL COUNT ON HEATERS - IN CEILING.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/24/2002
Date Issued 2/6/02
Control # ~~C10-14~~
Permit # 02-0260

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 Qual
Work Site Location 1640 ROUTE 88
SIGN
Owner in Fee BRICK HOSPITAL MEDICAL ARTS
Address 1436 E ELIZABETH AVE
LINDEN, NJ 07036-
Tele.(732)920-6611 Fax ( )
Contractor LUBECK CO SOUTH INC
Address 235 DRUM POINT RD
BRICK, NJ 08723-
Tele.(732)920-6611
Lic. No. or Bldrs. Reg. No. 8414
Federal Emp. No. 22-2209329

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/30/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			1604	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

→ SHOW LISTING AND DISCONNECTS

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	2	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 26
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 1

U.C.C. F120 (rev. 3/96)

UCCARS5 24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/02/2003
Date Issued 01/01/1954
Control # 9-15-03
Permit # 03-2610+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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
COMMUNICATION-POINTS
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753
Tele (732)751-7547
Contractor UNI TEL TECHNOLOGIES
Address 134 LOWER MAIN ST
MATAWAN, NJ 07747
Tele (732)290-2909
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3053612

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elect. Plans Approved
Date: 9.11.03
Approved By: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 16 Oct
Approved By: VM

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Ser	Cancelled 12503 VM			
TCO				
Other				
Service				
Final			1 604 VM	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures 040357	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
60		Communications Points	
0		Alarm Devices/F.A.C. Panel	
60		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

COMMERCIAL

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 45
DCA State Permit Fee	$ 27

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/16/03
Control # C23-01
Permit # 032610

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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547
Contractor ATLANTIC SPRINKLER CORP
Address PO BOX 50
LAKEWOOD, NJ 08701-
Tele.(732)905-6918
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1911981

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved PS to bldg
Date: 6-13-03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	80	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

* - confirm upon Re Alarms

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	120
DCA State Permit Fee	$	10

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/16/03
Control # C23-01
Permit # 03 2610

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 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP

Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547

Contractor ATLANTIC SPRINKLER CORP
Address PO BOX 50
LAKEWOOD, NJ 08701-
Tele.(732)905-6918

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-1911981

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other ____
Location: ____
Total Est Cost of Fire Prot Work $ 10,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[✓] Fire Plans Approved P3.16
Date: 6-13-03
Approved By: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.______________
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity ____ 0 Fuel ____

*-confirm upgrade alarms

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	80	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # ____ Minimum Fee $ 0
Collected by: ____ TOTAL FEE $ 120
DCA State Permit Fee $ 10

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 01/16/03
Control # C23-01
Permit # 03 2610

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 Qual
Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP
Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547
Contractor ATLANTIC SPRINKLER CORP
Address PO BOX 50
LAKEWOOD, NJ 08701-
Tele.(732)905-6918
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1911981

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[✓] Fire Plans Approved AS noted
Date: 6-13-03
Approved By: KR
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12 22 03
Approved By: KR

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			12-19-03	RR
Other			11-17-03	RR

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application. ______________________
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity _____ 0 Fuel _____

FEE (Office Use Only)

* confirm updates for alarms

Item	NUMBER	FEE
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valve	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	80	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

COMMERCIAL

Administrative Surcharge $ 0
Paid [ ] Check # ______ Minimum Fee $ 0
Collected by: ______ TOTAL FEE $ 120
DCA State Permit Fee $ 10

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/12/03
Control # ~~C23-01~~
Permit # 03 2610

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 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP

Owner in Fee MERIDIAN HEALTH SYSTEM

Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-

Tele.(732)751-7547

Contractor JERSEY SHORE MECHANICAL INC

Address 110 VALLEY DR
NAVESKINK, NJ 07752-

Tele.(732)291-5959

Lic. No. or Bldrs. Reg. No. B2385

Federal Emp. No. 22-3132177

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100,000

State approved Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] ~~Plumb.~~ Plans Approved
Date: 6-12-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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)
6	Water Closet	~~60~~ 60
0	Urinal / Bidet	0
0	Bath Tub	0
7	Lavatory	70
1	Shower	10
5	Floor Drain	50
24	Sink	240
0	Dishwasher	0
1	Drinking Fountain	10
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other DIALYSIS UNI	200
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~165~~ 165
DCA State Permit Fee $ 96

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/11/03
Control # ~~C23-01~~
Permit # 03 2610

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 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TEHANT FIT-UP

Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547

Contractor JERSEY SHORE MECHANICAL INC
Address 110 VALLEY DR
NAVESKINK, NJ 07752-
Tele.(732)291-5959

Lic. No. or Bldrs. Reg. No. 82385
Federal Emp. No. 22-3132177

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic
Water Sewer Size _____ [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100,000

State approved Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-12-03
Approved By: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By: _____
Date: _____

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
6 5	Water Closet	~~50~~ 60
0	Urinal / Bidet	0
0	Bath Tub	0
7	Lavatory	70
1	Shower	10
5	Floor Drain	50
24	Sink	240
0	Dishwasher	0
1	Drinking Fountain	10
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other DIALYSIS UNI	200
	Other _____	0

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ ~~665~~ 605
DCA State Permit Fee $ 96

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2003
Date Issued ~~01/01/1954~~
Control # 11-21-03
Permit # 03-2610+B

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 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
ADDL PLMG

Owner in Fee MERIDIAN HEALTH SYSTEM

Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-

Tele.(732)751-7547

Contractor JERSEY SHORE MECHANICAL INC

Address 110 VALLEY DR
NAVESKINK, NJ 07752-

Tele.(732)291-5959

Lic. No. or Bldrs. Reg. No. B2385

Federal Emp. No. 22-3132177

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] ~~Plumb.~~ Plans Approved
Date: 11/20/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping 3" 1,164 GENERATOR 10' CHART	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
2	Backflow Preventer	70
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 AUX METER	30
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 125
	DCA State Permit Fee	$ 1

U.C.C. P130 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2003
Date Issued ~~01/01/1954~~
Control # 11-21-03
Permit # 03-2610+B

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 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
ADDL PLMG

Owner in Fee MERIDIAN HEALTH SYSTEM
Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-
Tele.(732)751-7547

Contractor JERSEY SHORE MECHANICAL INC
Address 110 VALLEY DR
NAVESKINK, NJ 07752-
Tele.(732)291-5959
Lic. No. or Bldrs. Reg. No. B2385
Federal Emp. No. 22-3132177

B. PLUMBING CHARACTERISTICS

Use Group — Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11/20/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping — 3" 1,164 10' CHART GENERATOR	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
2	Backflow Preventer	70
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 2 AUX METER	30
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	125
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/21/2003
Date Issued 6/16/03
Control # ~~C23-01~~
Permit # 03 2610

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 Qual

Work Site Location 1640 ROUTE 88-DIALYSIS CENTER
TENANT FIT-UP

Owner in Fee MERIDIAN HEALTH SYSTEM

Address 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753-

Tele. (732)751-7547

Contractor JERSEY SHORE MECHANICAL INC

Address 110 VALLEY DR
NAVESINK, NJ 07752-

Tele. (732)291-5959

Lic. No. or Bldrs. Reg. No. 82385

Federal Emp. No. 22-3132177

B. PLUMBING CHARACTERISTICS

Use Group Present: B Proposed: B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 100,000

State approved Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-12-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]
Approved By:
Date: 1-2-04

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initials
Slab			7/14/03	
Rough	8/25/03		9/3/03	
Water				
Sewer				
Fixtures	12/19/03		12/30/03	
Gas Equip.				
Gas Piping				
Solar				
TCO FINAL			12/30/03	

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 SUBCODE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	~~50~~
0	Urinal / Bidet	0
0	Bath Tub	0
7	Lavatory	70
1	Shower	10
5	Floor Drain	50
24	Sink	240
0	Dishwasher	0
1	Drinking Fountain	10
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other DIALYSIS UNIT 24 @ 8.33	200
	Other	0

COMMERCIAL

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ ~~146~~ 65
DCA State Permit Fee $ 96

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

Township of Brick
Zoning Permit

Approved:	Friday, May 23, 2003	**Number:**	902
Block	1170	**Lot**	14.02
Zone:	H-S, Hospital Supp.		

Property Address:	1640 Route 88
Applicant:	George Knowles; M. Gordon Construction Company
Property Owner:	Meridian Health Systems
Existing Use:	Medical office building.
Proposed Use:	Medical office building.
Proposed Construction:	Interior alteration for tenant fit-up for "Brick Hospital Dialysis Center"; Unit "A".
Conditions:	An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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 ZONING PERMIT APPLICATION

MAY 23 2003

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 14.02 QUALIFIER _____

PROPERTY ADDRESS 1640 HIGHWAY 88, BRICK, NJ 08724

PERSONAL NAME OF APPLICANT GEORGE KNOWLES, PROJECT MANAGER

BUSINESS NAME OF APPLICANT M. GORDON CONSTRUCTION CO.

MAILING ADDRESS OF APPLICANT 1436 E. ELIZABETH AVE, LINDEN, NJ 07036

PROPERTY OWNER'S FULL NAME MERIDIAN HEALTH SYSTEMS

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) MEDICAL OFFICE BLDG

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) MEDICAL OFFICE BLDG
TENANT FIT-UP FOR "BRICK HOSPITAL DIALYSIS CENTER"

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) TENANT FIT-UP
TENANT "A" BRICK HOSPITAL DIALYSIS CENTER

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT George Knowles Date 5-20-03

Reviewed by Zoning Office SC Date 5/23/03 (X) Approved ( ) Denied

Buckman
Architectural
Group, P.A.

725 Federal Avenue
Kenilworth, NJ 07033
Tel: (908) 241-3457
Fax: (908) 241-3459
inbox@
BuckmanArchitecturalGroup.com

January 6, 2004

Mr. Daniel F. Newman, Jr.
Construction Official
401 Chambersbridge Road
Brick Township, NJ 08723

Re: New Renal Dialysis Facility
Brick Hospital Dialysis Center
Brick Hospital Medical Arts Building
1640 Route 88
Brick, New Jersey
Our File Number 020105B
Permit #03-2610

Mr. Newman,

Please be advised that there will be an emergency generator installed for the above referenced project. This will be gas-fired and located on an exterior concrete pad. The generator has been ordered and is expected to arrive and be installed in February 2004.

Please do not hesitate to contact me with any questions or concerns.

Thank you very much.

Respectfully,

David W. Buckman, AIA NCARB
DWB/mn

Via U.S. Mail

cc: Brian Heuer, Meridian Health Realty, via fax 732/776-3874
George Knowles, MGCC, via fax 908/925-9231

Buckman Architectural Group, P.A.

Architecture • Professional Planning • Interior Design

725 Federal Avenue
Kenilworth, New Jersey 07033
908-241-3457
Fax 908-241-3459

To: Daniel F. Newman, Jr.
Construction Official
401 Chambersbridge Road
Brick Township, NJ 08723

Date: January 6, 2004
Job No. 020105B
Re: Brick Hospital Dialysis Center

We are transmitting herewith via: US Mail

ITEM	COPIES	DATE	DESCRIPTION
1	1	01.06.04	One letter of correspondence regarding emergency generator

☐ For Approval ☐ As Requested ☐ Prints returned after loan to us

☐ For Your Information ☐ For Review and comment

Remarks: Please disregard the faxed copy dated January 5, 2004. Thank you.

Buckman Architectural Group, P.A.
By: Michele Nagiewicz, Office Manager

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY
Governor

SUSAN BASS LEVIN
Commissioner

May 8, 2003

Mr. David Buckman
Buckman Architectural Group
725 Federal Avenue
Kenilworth, NJ 07033

Re: Brick Hospital Dialysis Center
DCA Ref # H887-1102

FINAL RELEASE

Dear Mr. Buckman:

The construction documents, which display the Department of Community Affairs, Health Care Plan Review Release label of May 8, 2003, are released for the referenced project. Therefore, you have the authorization of this office to apply for a construction permit.

The construction documents are released with the understanding that all comments relative to codes have been met and that the documents are in compliance with NJAC 5:23-2.15 (e) 3 vi.

Please be advised that this release is valid for a period of six month from the date of this letter. Failure to acquire a construction permit within that time period will void the release and will require the applicant to submit revised contract documents conforming to the current codes for our review and release.

Enclosed is a supply of Monthly Construction Status Report forms, which are to be submitted to this office in conjunction with this project.

At the completion of the project and prior to occupying the area or areas, a copy of the Certificate of Occupancy, Continued Occupancy or Release shall be sent to Farivar Kiani, Supervisor – DCA Health Care Plan Review and a request for an inspection shall be sent to the Department of Health and Senior Services.

Sincerely,

Farivar Kiani
Supervisor
Construction Plans Release
Health Care Plan Review

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK *1170* LOT *14.02* SITE ADDRESS *1640 Rt. 88*
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS [illegible] Unit A
APPLICANT *M Gordon Construction* PHONE NUMBER *908-925-1123*
APPLICANT ADDRESS *1480 E. Elizabeth Ave.* CITY & STATE *Linden NJ 07036*

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required ________	Date ________	
	Down Payment ________	Date ________	
	Balance ________	Date ________	
	Paid In Full ________	Date ________	
Market Rate	No Fee Required		

** MDF assessed on whole building, 1st tenants are no fee. see attached.*

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

✓ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ *— 0 —*

______________________ ____________
Frederick R. Millman, CTA, Tax Assessor Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ ______________________

______________________ ____________
Frederick R. Millman, CTA, Tax Assessor Date

Prelininary Fee Required ________ Date ________
Preliminary Paid ________ Check # ________
Receipt # ________

Final Total Fee Required ________
Preliminary Paid ________ Date ________
Final Paid ________ Check# ________
Balance Due ________ Receipt # ________

Fees Imposed To Date ________
Fees Reached $15,000 ________ Date

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:
NO FEE REQUIRED
[signature]
Office of Affordable Housing

APPROVED BY *[initials]* DATE *6/18/03*

M. GORDON CONSTRUCTION CO.
1436 E. Elizabeth Avenue * Linden, NJ 07036
908-925-1123 FAX 908-925-1140

LETTER OF TRANSMITTAL

TO: **Township Of Brick**	DATE: **5/20/03**	JOB NO. **1499**
Code Enforcement	ATTENTION:	
1551 Highway 88 West **Brick, NJ 08724** VIA: **Hand Delivery**	RE: **Construction permit applications** **Tenant Fit-Up Brick Hospital Dialysis Center** **1640 Highway 88** **Brick, NJ 08724**	

GENTLEMEN:

WE ARE SENDING YOU THE FOLLOWING ITEMS:

☐ Shop drawing ☐ Brochure ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change Order ☐ Catalog Cut ☐ Requisitions ☐ Submittals

COPIES	DATE	NO.	DESCRIPTION
1	5/20/03		Zoning Permit Application for Tenant "A" (Brick Hospital Dialysis Center)
1			Counter Form (Bldg & Plumbing) M. Gordon Construction Co. & Jersey Shore Mechanical Co.
1			Electric Permit (Lubeck Company South)
1	5/8/03		Dept. of Community Affairs Plan Release letter
2	3/25/03		Architectural Dwg's 1-A.1 thru 1-A.8 w/ architect seal & DCA Plan Release Label
2	4/25/03		Engineering Dwg's M1.0 thru M2.1, E1.1 thru E3.1, P1.0 thru P2.12, FP1.1 w/ engineer seal & DCA Plan Release Label

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for final approval
☐ Revised for final approval ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Returned for deposit
☐ For review and comment X For your use ☐ For selection
☐ FOR BIDS DUE _____, 19 ____.

REMARKS:

A fire permit application for sprinkler work will follow.

CC:

SIGNED: **George Knowles**

George Knowles

National Electrical Code
Plan Review Record
Township of Brick

Date: 9-10-03

Site Address: 1640 Hwy 88

Reviewed By: VMC

CORRECTION LIST

No.	Description
(1)	NO Copy of Exemption Card for Telcom Work

Party Called and Phone #: George Knaw's 908-925-1123

Resubmitted on: _____ By: _____

Address change: 11/14/97

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

State Board of Examiners of Electrical Contractors
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ
(973) 504-6410

CHRISTINE TODD WHITMAN
Governor

Peter Verniero
Attorney General
MARK S. HERR
Director

Mailing Address:
P.O. Box 45000
Newark NJ 07101

TELECOMMUNICATIONS WIRING EXEMPTION CARD

To whom it may concern:

Attached is the Telecommunications Wiring Exemption Card.

Please be advised that pursuant to N.J.A.C. 13:31-1.17, the Telecommunications Wiring Exemption adopted January 6, 1993, by the Board of Examiners of Electrical Contractors, an exempt entity shall:

(g) Notify the Board in writing of any change of address within ten (10) days of the address change;

(h) Notify the Board in writing of any change in name, ownership, or form of ownership, within 30 thirty days of such change.

These changes can be reported by writing to the State Board of Examiners of Electrical Contractors, P.O. Box 45006, Newark, NJ.

Additionally, any questions concerning your exemption or your card should be directed to the Board by calling 973-504-6410.

Sincerely,

THE STATE BOARD OF EXAMINERS
OF ELECTRICAL CONTRACTORS

Christine T. DeGregorio
Executive Director

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS WIRING EXEMPTION

Issued to: Uni-Tel Technologies, Inc.
134 Lower Main St., Suite E, Matawan, NJ 07747 Address

Signature of Holder Exemption No. # 196

Plumbing Plan Review Record

Work site location: 1640 RT. 88

Building Description: _____

Reviewed: _____

Date: 10/23/03

Correction list

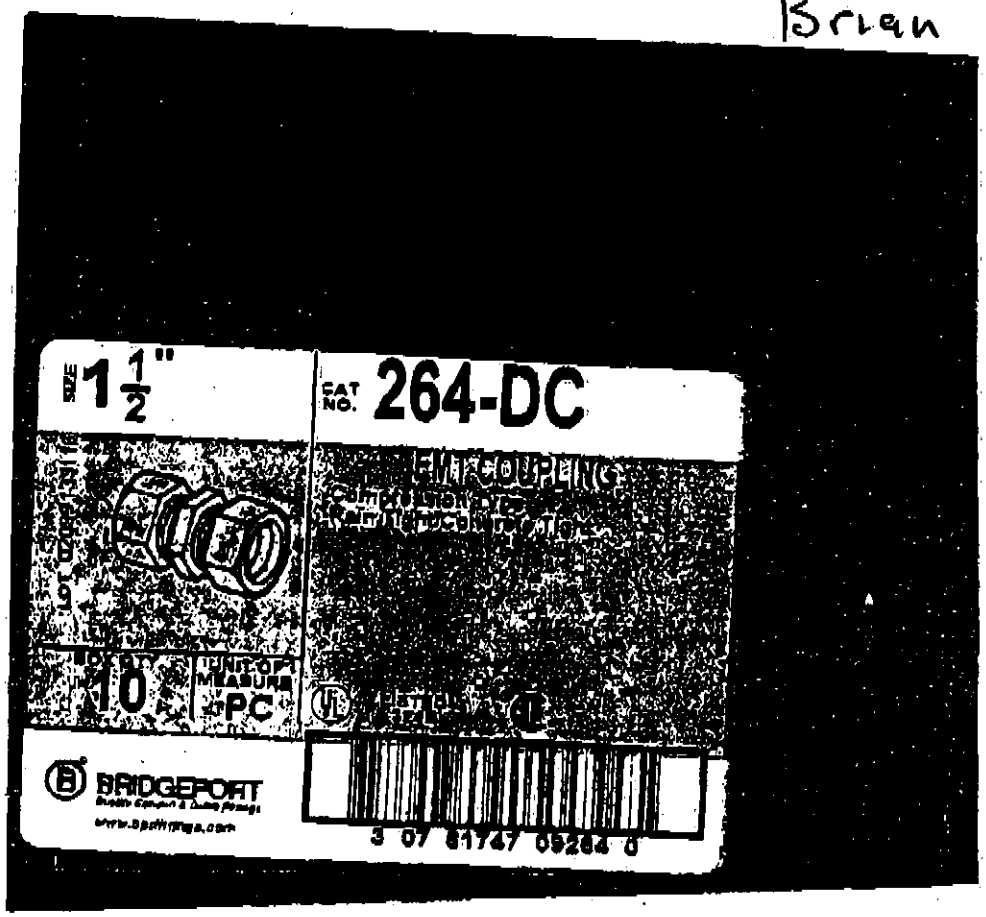
No.	Description	Code section
1	- NEED GAS DRAWING - FOR EMERGENCY GENERATOR	
2	- TWO LINE DIAGRAMS - FOR - OUTSIDE USE?	
3	- NEED ARCHITECTURAL PLANS - GAS PIPE + NEW SHOWER	

CONTACT
JEFF
732-291-5959

Lubeck Co South
Brick Medical Dialysis

Att: Marcel

Here is the 1 1/2 compression fitting stating they are rain tight Hope this is what you needed. Any problem please call 732 522-2458 Thanks
Brian



Uni-Tel Technologies, Inc.

8237

VENDOR ID: TWPOFBRICK
PAYEE: TOWNSHIP OF BRICK

CHECK NO: 00008237
MEMO:

DATE: 09/12/03

INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PREVIOUS PAY/CREDIT	DISCOUNT TAKEN	AMOUNT OF PAYMENT
	09/12/03	72.00	0.00	0.00	72.00

CHECK TOTAL: ********$72.00

14823

M. GORDON CONSTRUCTION CO.
LINDEN, NJ 07036

B1046

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
11-20-03	**1499-P/PERMIT**	**1499 - PLUMBIN PERMI**	**126.00**		**126.00**

CHECK DATE	11-21-03	CHECK NUMBER	14823	TOTALS	126.00		126.00

PLEASE DETACH THIS PORTION AND RETAIN FOR YOUR RECORDS

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 2-13-04

NAME Brick Medical Arts Bldg. Assoc.

ADDRESS 1436 E. Elizabeth Ave. Linden,NJ 07036-3049

PROPERTY LOCATION 1640 Route 88-Kidney Dialysis Center

Account No Q312005 Block 1170 Lot 14.02

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evan

Township of Brick

Counter Form

(PLEASE PRINT)

Update To: 03-2610 +B

Call Jeff 908-413-2081

Site Location: 1640 RT 88

Block: 170 Lot: 14.02

Owner's Name: Meridian Health System

Owner's Mailing Address: 1350 Campus Parkway Neptune, NJ. 07753

Phone: (732) 751-7547

BUILDING

Contractor:

Address:

Phone#:

Lis #

Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories:

Height of Structure:

Area of the largest floor:

Area of New Building:

Volume of Structure:

Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor:

Address:

Phone#:

Lis #:

Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Jersey Shore Mechanical, Inc.
Address: P.O. Box 347
Navesink, NJ 07752
Phone #: (732) 291-5959
Lis #: 2385
Federal Emp # or SSN 22-3132177

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	(1) EMERGENCY GENERATOR
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	2
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	2
Sprinkler Heads	
Sump Pump	
Other:	(1) DIALYSIS WATER PURIFICATION SYSTEM PIPING (1) EMERGENCY SHOWER

Estimated Cost of Plumbing Work 1000

Signature: Paul Sinn

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Haloh Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick

UPDATE 03-2610
DATE 9-2-03
INITIALED BY JB
FOR ELEC

1A

Counter Form
(PLEASE PRINT)

Site Location: Brick Hospital Dialysis Center 1505 RT. 88
Block: 1170 Lot: 14.02
Owner's Name: Meridian Health System
Owner's Mailing Address: 2020 Sixth Ave. Neptune, N.J.
Phone: ( )

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign ___ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor: Uni-Tel Technologies, Inc
Address: 10 Phyllis Street
Hazlet, N.J. 07730
Phone#: 732-888-1440
Lis #: Exempt
Federal Emp # or SSN 22-3053612

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	60
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit -Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $ 20,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name Rick Broome

CONTRACTOR'S SEAL

Counter Form

PLEASE PRINT

PLUMBING

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:

Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Print Name:

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: Atlantic Sprinkler Corp
Address: P.O Box 8C
Lake Wood, N.J. 08701
Phone #: 732-905-6918
Lis #: _____
Federal Emp # or SSN 22-1911981

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____
Water Supply Source City
Method of Valve Supervision Tamper
Local Alarm Supervision Existing
Central Supervision: Existing
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	80
Dry Sprinkler Heads	
Total	80
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of Fire Work 10,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: Robert R Vinsl

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1640 ROUTE 88
Block: 1170 Lot: 14.02
Owner's Name: MERIDIAN HEALTH SYSTEMS
Owner's Mailing Address: 1436 E. ELIZABETH AVE
LINDEN, N.J.
Phone: (908) 925-1123

BUILDING

Contractor: M. GORDON CONST. CO.
Address: 1436 E. ELIZABETH AVE
LINDEN, N.J. 07036
Phone#: 908 925-1123
Lis #
Federal Emp # or SSN 22 1542256

Technical Data

Description of Work:

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign ___ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: B Proposed: B
No of Stories: 2
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:
Phone#:
Lis#:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit–Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

NOT AFFORDABLE HOUSING

Site Location: 1640 ROUTE 88
Block: 1170 Lot: 14.02
Owner's Name: MERIDIAN HEALTH SYSTEMS
Owner's Mailing Address: 1436 E. ELIZABETH AVE
LINDEN, N.J.
Phone: (908) 925-1123

BUILDING

Contractor: M. GORDON CONST. CO
Address: 1436 E. ELIZABETH AVE
LINDEN, N.J. 07036
Phone#: 908 925-1123
Lis #
Federal Emp # or SSN 22 1542256

Technical Data

Description of Work:
TENANT FIT-UP
TENANT "A"
BRICK HOSPITAL DIALYSIS CENTER

(TENANT FIT-UP) **Type of Work**

✓ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign ___ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: B Proposed: B
No of Stories: 2
Height of Structure: 0
Area of the largest floor: 9,425 SF (TENANT SPACE)
Area of New Structure: 9,425 SF
Volume of New Structure: 79,900 CF (TENANT SPACE)
Total Land Disturbed: ———

Cost of Alteration: $
TENANT FIT-UP
Cost of New Building: $ 435,000

Cost of Site Work $ ———

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Jersey Shore Mech., Inc.
Address: P.O. Box 347
Navesink, NJ 07752
Phone #: (732) 291-5959
Lis #: 2385
Federal Emp # or SSN 22-3132177

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	5
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	1
Lavatory (BR Sink)	7
Shower	1
Floor Drain	5
Sink	24
Dishwasher	
Drinking Fountain	1
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other: DIALYSIS UNITS	20

Estimated Cost of Plumbing Work 100,000

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Paul Gross

Please Print Name: Paul Gross

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ✓Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks ____capacity____fuel
LPG Storage Tanks ____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	Existing
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Print Name: