Plumbing to follow
ELECT to follow

BLOCK 671 LOT 8 ADDRESS (SITE) BRICK PLAZA Shopping Center PERMIT NO. 794-93

COMMERCIAL
UCC CONSTRUCTION PERMIT APPLICATION

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

5/4/93 they Kimp

I. IDENTIFICATION

1. Proposed Work-site at: Rt 70 + Chambers Bridge Road BRICK PLAZA Shopping Center
2. Name of Owner in Fee: Med Center of Ocean City Tel. (908) 892-1100
   Address 2121 Edgewater Place (street) Point Pleasant (municipality) NJ 08742 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Med Center of Ocean City Tel. (908) 892-1100
   Address SAME AS ABOVE James Cathy Hull FOSLLS
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. ______ Social Security [redacted]
5. Architect or Engineer ROBERT K. HOUSEAL AIA Tel. (908) 528-6522
   Address PO BOX 374 BRIELLE NJ 08730
6. Responsible Person In Charge of Work MARTIN GIACOBBE Tel. (908) 295-6000

Fit Up — Temp — 295-6391

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	59,000
6. ☐ Fire Protection	8,000
7. ☐ Plumbing	30,000
8. ☑ Electrical Heating	10,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	3,600
TOTAL COSTS	110,600

OPTIONAL (for office use only)

Plans Rec'd. By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
[illegible]	3-26-93		5/3/93	RK	5/4/93 RK		Temp
					OK 8/26/93 RK		
		4/5/93	4/8/93		4/28/93	OK 8/26/93	
			4/21/93		6/29/93	Temp OK 11/5/93	
					9/27/93		
Eng 3/26/93		ENA					

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	548		
2. Electrical			
3. Plumbing	270		
4. Fire Protection	269		
5. Other			
6. Subtotal	1087		
7. Less 20% for State Plan Review	5		
8. Subtotal $			
9. DCA Training Fee	81 on 101000		
10. Subtotal $			
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	1193		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16 ft.	
3. Area—Largest Floor	4424 sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of Structure	cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no	sq. ft.	
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load	318	

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: Offices
2. Use Group: A3
3. Change in Use Group, Indicate Former:

20K

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 Martin Glenn Date May 26, 1993.

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name Med Center of Ocean City

Address 2121 Edgewater Place.
Point Pleasant NJ.

Telephone (908) 892-1100

Signature Martin Glenn Date 9/26/92

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SK	3/26/93	office	Eldomid					
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 794	6/29/93	7-30-93
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 794	12-8-93	
☐ None			

CERTIFICATE

Date Issued 6/29/93
Control #
Permit # 794-93

IDENTIFICATION

Block 671 Lot 8
Work Site Location Rt 70 & Chambers Bridge Store 40,41,42
Brick Plaza Shopping Center
Owner in Fee Med Center of Ocean County/Elder Med
Address 2121 Edgewater Place
Pt. Pleasant, N.J.
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 & B 2 hour
Maximum Live Load
Description of Work/Use:

Offices

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

All Precedure must be met

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than July 30, 19 93 or the owner will be subject to a fine or order to vacate: 30 Day Temporary/Building, Fire, Plumbing & Electric

Arthur J. Kenz Jr. CONSTRUCTION OFFICIAL

OK 8/26/93 — 10/28/93 — OK 11-15-93 — 9/29/93

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 12-8-93
Control #
Permit # 794-93

IDENTIFICATION

Block 671 Lot 8
Work Site Location Rt. 70 & Chambers Bridge Rd, Store 40,41,42

Owner In Fee Med Center of Ocean County/Elder Med
Address 2121 Edgewater Place
Pt. Pleasant, NJ
Tele. ( )
Contractor same
Address

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

Home Warranty No. N/A
Use Group A-3 and B 2 hours
Maximum Live Load
Description of Work/Use:

Offices / Fit-up "ELDERMED"

MCOC SENIOR SERVICE

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciesco
CONSTRUCTION OFFICIAL

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 5-4-93
Control #
Permit # 794-93

IDENTIFICATION Block 671 Lot 8

Work Site Location Rt 70 & Chamberabridge Rd

Owner In Fee Med. Center of Ocean Co.

Address 2131 Edgewater Pl. Brick, Pleasant, N.J.

Tele. ( ) _____

Contractor same

Address _____

Tele. ( ) _____

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

Federal Emp. No. _____

or Social Security No. _____

BLOCK 0.00

LOT 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

tenant fit-up

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 $ 110,600.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)		
Building 548.-	BUILDING	548.00
Plumbing 270.-	PLUMBING	270.00
Electrical	FIRE	29.00
Fire Protection 216.	PLAN RVW	5.00
Other Plan	S.C.A.	1.00
Other	S.C / O	0.00
DCA Training Fee 8/	TOTAL	1073.00
Cert. of Occ. 20.-	CHECK	1073.00
Other 05/04/93 NO. 5 0032A005	CHANGE	0.00
Total		4:02
Check No. 328171		
Cash		
Collected By:		

COMMERCIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-4-93
Control #
Permit # 794-93

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

Block 671 Lot 8
Work Site Location ~~333~~ RT 70 + Chambers Bridge RD BRICK PLAZA Shopping Center
Owner in Fee Med Center of Ocean County
Address 2121 Edgewater Place Point Pleasant NJ.

Tele. (908) 892-1100
Contractor Med Center of Ocean City
Address SAME AS ABOVE

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	5/7/93	RK	Footing				
[ ] Footing			Foundation	X		RK 5/28	
[ ] Foundation			Slab				
[ ] Frame			Frame			5/ RK	
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[X] CO [ ] CCO [ ] CA			TCO 6/8/93				RK
Date 5/14/93			Other				
Approved By:			Final				

8-26-93 RK

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 4
Height of Structure 16 Ft.
Area—Largest Floor 4424 Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 110.600
3. Total (1+2) $ 110.600

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.

Martin [illegible]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fit-Up Partitions
Plbg to follow.

HVAC

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

(before partition) Handcap

COMMERCIAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-4-93
Control #
Permit # 794-93

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

Block 671 Lot 8
Work Site Location Rt 70 + Chambers Bridge Rd.
Brick Plaza Shopping Center
Owner in Fee MCD Center of Ocean County
Address 2121 Edgewater Place Point Pleasant.

Tele. (908) 892-7100
Contractor Same As Above.
Address

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A3
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 8,000 [ ] Other

Furnace only 2000 CFM Need S.D. Shutoff for furnace!
Panic Bars on Exits

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 4/6/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/28/93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			6/28/93	
Mechanical			6/28/93	
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	42	85 -
Dry Sprinkler Heads		
TOTAL	42	
Smoke Detectors	24	
Heat Detectors		85 -
TOTAL	24	
Exit Signs Emergency Lights Battery Back up		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	99
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 269

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-4-93
Control #
Permit # 794-93

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

Block 671 Lot 8
Work Site Location Brick Plaza Shopping Center
Route 70 Chamber Bridge Road
Owner in Fee Medical Center Of Ocean County
Address 2121 Edgewater Place
Point Pleasant , NJ 08742
Tele. (908) 892-1100
Contractor Three G's Plumbing & Heating, Inc.
Address 514 Arnold Avenue
Point Pleasant Beach, NJ 08742
Tele. (908) 899-5999
Lic. No. #5451
Federal Emp. No. 22-2200741 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A3
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ $30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 4/28/93
Approved by: JE

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant Eugene Gourley, Presd.

D. TECHNICAL SITE DATA (List all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	30
1	Urinal/Bidet	5
	Bath Tub	
6	Lavatory	30
	Shower	
3	Floor Drain	15
1	Sink	5
	Dishwasher	
1	Drinking Fountain	5
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
5	~~Hot Water Boiler~~ HAVC.	
	Sewer Pump	75
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	75
5	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other	10

Administrative Surcharge	$ 270
Paid [ ] Check # Minimum Fee	$
Collected by: TOTAL	$

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

671 8
Brick Plaza Shopping Center
Route 70 Chamber Bridge Road

Medical Center Of Ocean County
2121 Edgewater Place
Point Pleasant , NJ 08742
908 892-1100

Three C's Plumbing & Heating, Inc.
514 Arnold Avenue
Point Pleasant Beach, NJ 08742
908 699-5999
#5451
22-2200714

x Eugene Gourley, Pres.

signs (40-41-42)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued ~~5-4-93~~ 5-10-93
Control #
Permit # 794-93

Change Plumber

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

Block 671 Lot 8
Work Site Location BRICK PLAZA Shopping Cntr. Rt. 70 (Hamburg Bridge Rd.
Owner in Fee Medical Cntr. of Ocean County
Address 2121 Edgewater Pl.
Point Pleasant N.J. 08742
Tele. (908) 892-1100
Contractor B & P. Plumbing & Heating
Address 329 Van Pelt Pl.
Bayville N.J.
Tele. (908) 269-0883
Lic. No. N.J. # 7836
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed A-3
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 10,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5-10-93
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	5-18-93		5-19-93	
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO 6/28/93				

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.

James R. Pelton
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
6	Lavatory	
	Shower	
3	Floor Drain	
1	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
5	~~Hot Water Boiler~~ HVAC.	0
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
5	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

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

5-18-93 Vent toilets ok

(filter Partitions) ok of 6/28/93

T.C.O

Medical Center
OF OCEAN COUNTY
POINT PLEASANT • BRICK

JOHN T. GRIBBIN
PRESIDENT

June 28, 1993

Township of Brick
401 Chambers Bridge Rd.
Brick, N.J. 08723
att: Arthur J. Cierzo
Construction official

Dear Mr. Cierzo,

I am writing to request permission to move the Closer Med Department's furniture into 107 Brick Plaza, that will be our new facility. Thank you.

Sincerely,

K. Crosby-Foster

2121 EDGEWATER PLACE, POINT PLEASANT, NJ 08742-2290 • 908-892-1100

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

3-29-93 4:20 p.m.
Called

CHECK LIST

Re: Block 671 Lot 8

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative ______
Zoning ______
Engineering ______
Building Need Two ...
X Plumbing (X) Need ... filled out.
Electric ______
Fire Must Show ... must Show Size of furnace ... S.D. ...

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

3/31/93 Htg covering (Duct layout water sizing) ...

Arthur J. Cierzo, Construction Official

Medical Center
OF OCEAN COUNTY
POINT PLEASANT • BRICK

JOHN T. GRIBBIN
PRESIDENT

Demolition Only
Arthur J Cierzo
4/7/93

April 6, 1993

Arthur J. Cierzo,
Construction Official

RE: Block 671, Lot 8
Brick Plaza
Eldermed/Scan Project

Dear Mr. Cierzo:

Art, as you know I am currently getting quotations on the heating and cooling upgrade for the Eldermed/Scan project. In order to move forward with this project I am requesting approval from your department to do demolition work only. Your cooperation will be greatly appreciated.

Very truly yours,.

Martin Giacobbe
Construction Manager

cc: David Kaplan, V.P. Generial Services
Cathy Crowley-Foster, Director/Eldermed

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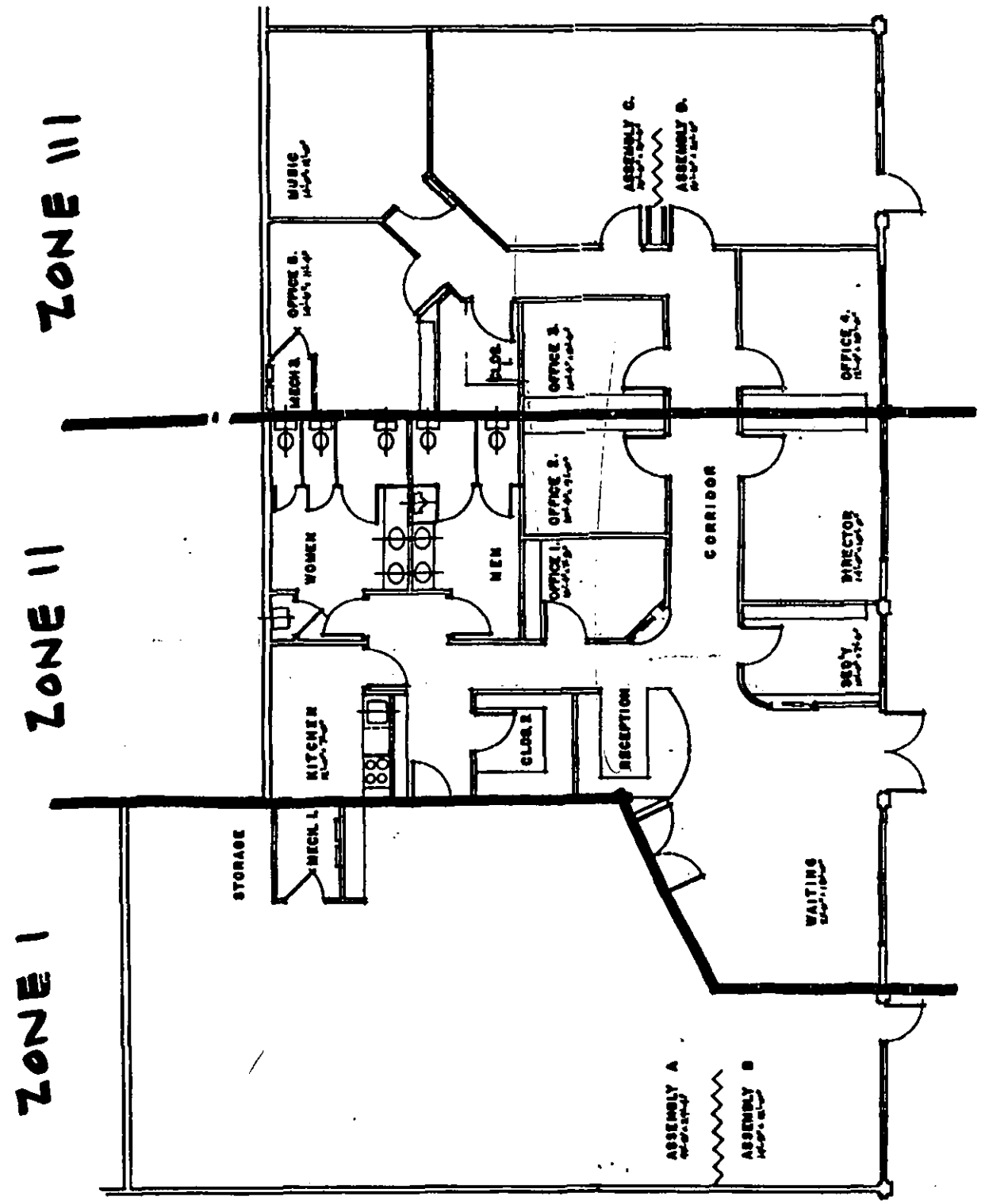

ROBERT K. HOUSEAL AIA
ARCHITECT & LANDSCAPE ARCHITECT
NJRA C-7215 NJCLA AS00421
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NOT VALID FOR CONSTRUCTION UNTIL SIGNED HERE BY ARCHITECT

ELDERMED
BRICK PLAZA

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

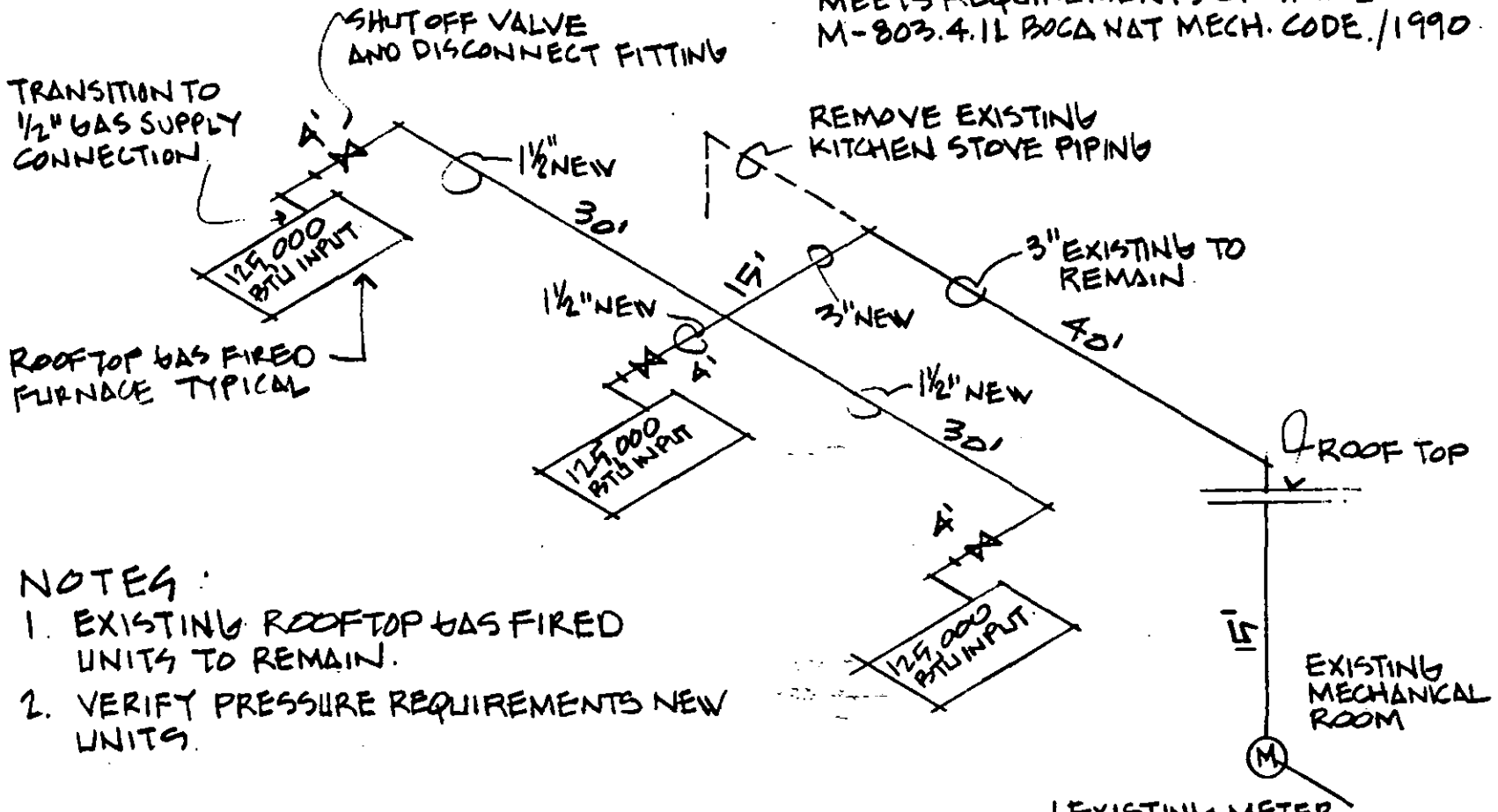
Building

Fire

Energy

Electrical

DEVELOPED LENGTH = 160'
TOTAL BTUH = 375,000
MEETS REQUIREMENTS OF TABLE
M-803.4.1 BOCA NAT MECH. CODE./1990



NOTES:
1. EXISTING ROOFTOP GAS FIRED UNITS TO REMAIN.
2. VERIFY PRESSURE REQUIREMENTS NEW UNITS.

GAS PIPING SCHEMATIC - NO SCALE

ROBERT K. HOUSEAL AIA
ARCHITECT & LANDSCAPE ARCHITECT
NJRA C-7215 NJCLA AS00421

INIT. 4 27 93
SHEET NO. 6
COMMISSION NO. R. 4424.93
SEAL NJRA C-7215 4.27.93
DATE
REVISIONS

ELDERMED/SCAN
MCOC SENIOR SERVICES
BRICK PLAZA
BRICK, NJ

ZONE I

ASSEMBLY A

650 CFM
650 CFM
700 CFM

ECONOMIZER
5 TON
EXISTING UNIT.
RETURN

ASSEMBLY B

700 CFM
650 CFM
650 CFM

ECONOMIZER
5 TON
NEW UNIT
RETURN.

• METAL DISTRIBUTION BOX TYP.
• 8" FLEX DUCT-TYP.
• DAMPER COLLAR TYP

ZONE II

WAITING
WAITING
SEC'Y
DIRECTOR
OFFICE 4
OFFICE 3
OFFICE 2

285 CFM
285 CFM
285 CFM
285 CFM
285 CFM
285 CFM
285 CFM

ECONOMIZER
5 TON
NEW UNIT.
RETURN

275 CFM
275 CFM

1.5 TON
EXISTING UNIT.
RETURN

ZONE III

ASSEMBLY C
ASSEMBLY D
OFFICE 4
OFFICE 3
LIBRARY

330 CFM
330 CFM
330 CFM
330 CFM
330 CFM

ECONOMIZER.
5 TON
NEW UNIT.
RETURN

OFFICE 5

550 CFM

1.5 TON
EXISTING UNIT.
RETURN.

NOTE: REFER TO SHEET 1/8 FLOOR PLAN (REFLECTED CEILING PLAN)

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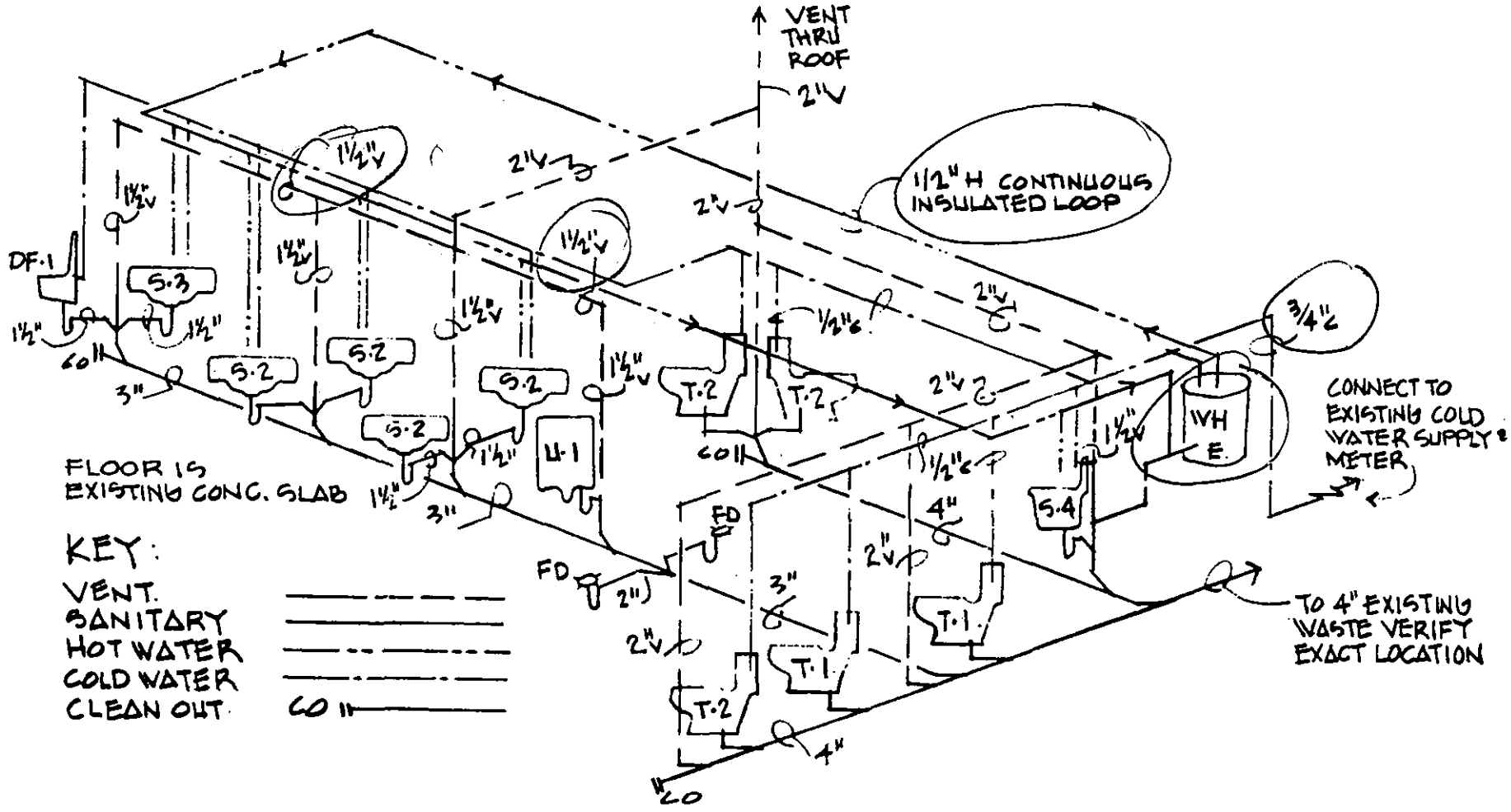
ELDERMED BRICK PLAZA

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		4/28/93	
Building			
Fire			
Energy			
Electrical			



PLUMBING RISER DIAGRAM

SEE NOTES SHEET #1. NO SCALE.

BRICK TOWNSHIP

Plan Review : Class Date : By

Zoning _____

Plumbing _____

Building _____

Fire _____

Energy _____

Electrical _____

MEDICAL CENTER

SIZING FOR WATER AND SEWER SERVICES

Property Owner BRICK PLAZA Date 4/28/93

Property Address Pt 70 Chamberg Bridge Block 671 Lot 8

Zoning _____ Use Group _____

Contractor Gourley License No. Registration 5451

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	6	(10) 60	( )
2. Lavatory	6	(1) 6	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray	1	(3) 3	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal	1	(10) 10	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. U		( )	( )
18.		( )	( )

Total 81 –

Gallons per minute 38

Size of Service 1 1/2" / 1 1/2"

Date: _____

Approved: Curzio, Art
Brick Township Plumbing Inspector

ZONE I

ASSEMBLY A

650 CFM
650 CFM
700 CFM

ECONOMIZER
5 TON
EXISTING UNIT.
RETURN

ASSEMBLY B

700 CFM
650 CFM
650 CFM

ECONOMIZER
5 TON
NEW UNIT
RETURN.

- METAL DISTRIBUTION BOX TYP.
- 8" FLEX DUCT-TYP.
- DAMPER COLLAR TYP

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WAITING
WAITING
SEC'Y
DIRECTOR
OFFICE 4
OFFICE 3
OFFICE 2

285 CFM
285 CFM
285 CFM
285 CFM
285 CFM
285 CFM
285 CFM

ECONOMIZER
5 TON
NEW UNIT.
RETURN

275 CFM
275 CFM

1.5 TON
EXISTING UNIT.
RETURN

ZONE III

ASSEMBLY C
ASSEMBLY D
OFFICE 4
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330 CFM
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ELDERMED BRICK PLAZA

BRICK TOWNSHIP

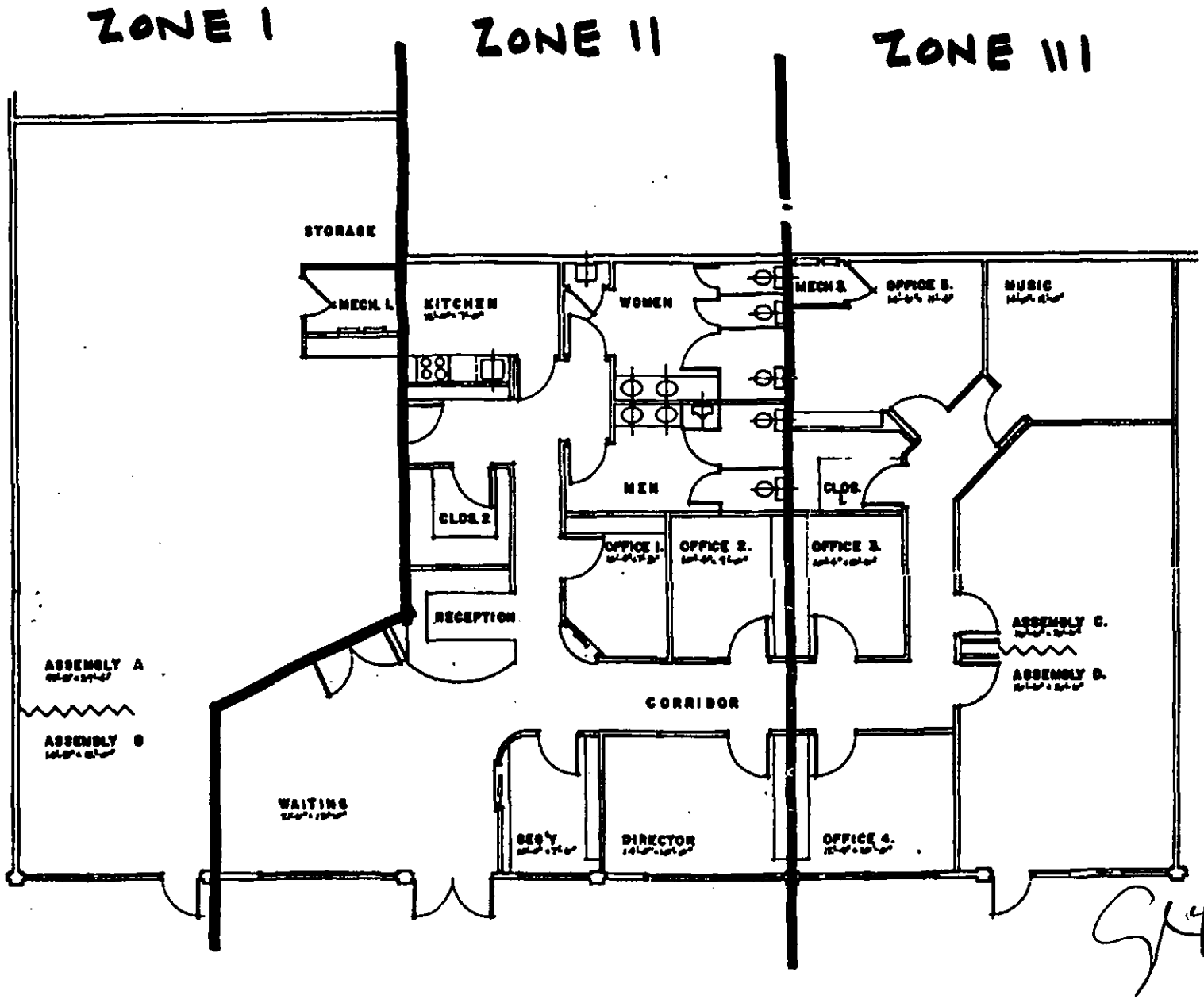
Plan Review	Class	Date	By
Zoning			
Plumbing		4/28/93	
Building			
Fire			
Energy			
Electrical			

ROBERT K. HOUSEAL AIA
ARCHITECT & LANDSCAPE ARCHITECT
NJCLA #000551
ROBERT.HOUSEAL.ARCHITECT

REVISIONS	DATE

R. 44247

ELDERMED
BRICK PLAZA



4/28/93

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
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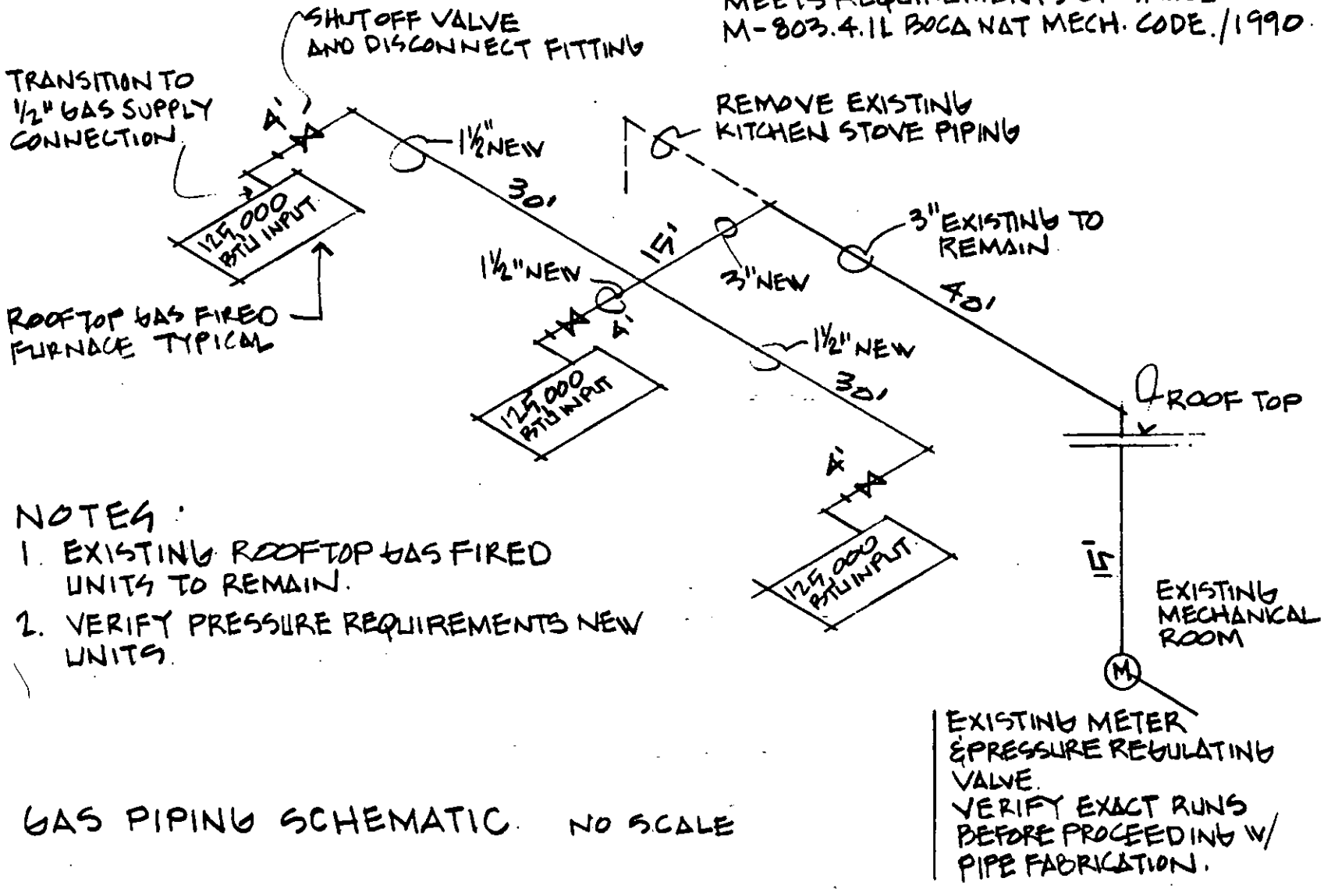

NOTES:
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2. VERIFY PRESSURE REQUIREMENTS NEW UNITS.

GAS PIPING SCHEMATIC NO SCALE

DATE 4 29 93
SHEET NO. 6
COMMISSION NO. R. 4424.93
SEAL NJRA C-7215 4/29/93

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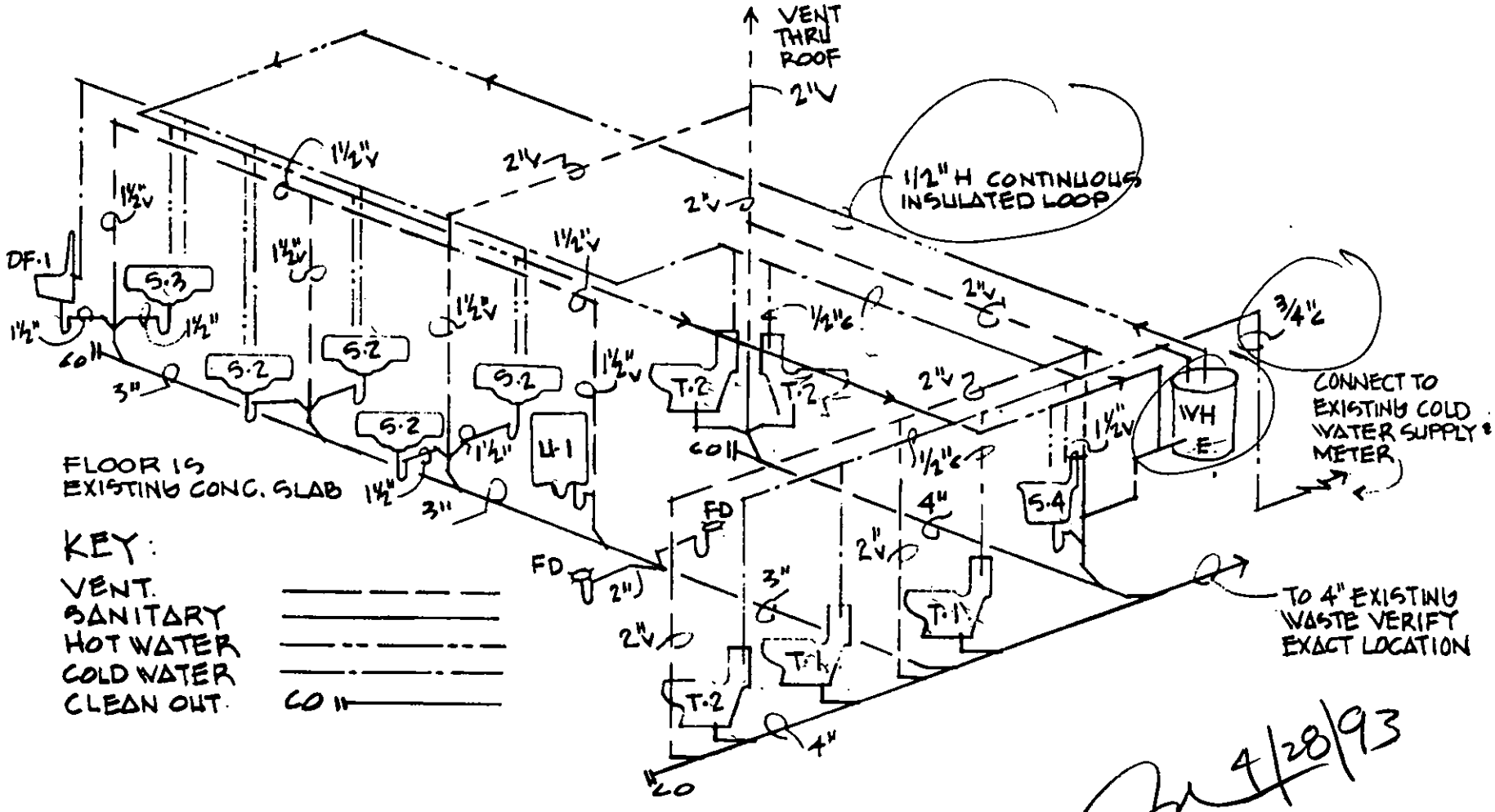
REVISION

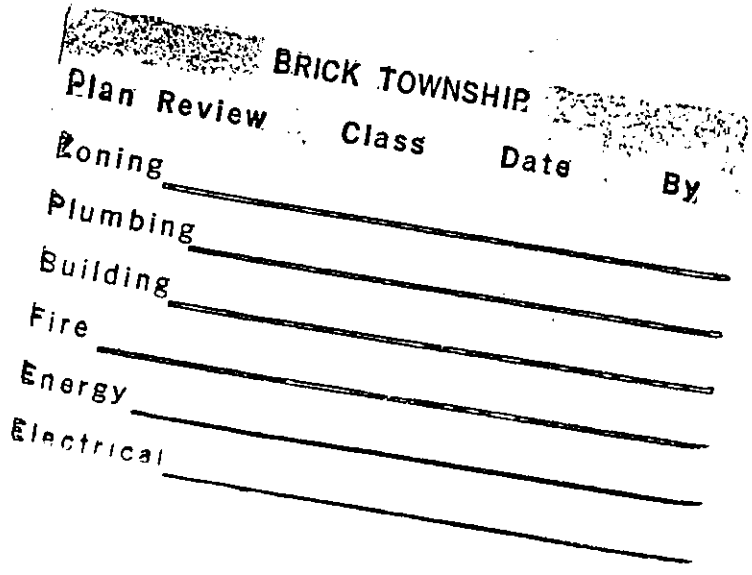
ELDERMED/SCAN
MCOC SENIOR SERVICES
BRICK PLAZA
BRICK, NJ



4/28/93

PLUMBING RISER DIAGRAM

SEE NOTES SHEET #1. NO SCALE.


BRICK TOWNSHIP
Plan Review
Class
Date
By
Zoning
Plumbing
Building
Fire
Energy
Electrical

Request for temporary CO. ok

Ok for Bldg
Planning
Fire
Only)

Elec. ? TCO 30 day

Rt— 40/42 Med Cent

Raught WG
6/23