BLOCK 701 LOT 7 QUALIFICATION CODE ADDRESS (SITE) ~~744~~ Route 70 Brick, NJ 08723 PERMIT NO. 12-1619

CONSTRUCTION PERMIT APPLICATION

C12-001619

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~744~~ Route 70 Brick, NJ 08723 (Shop Rite / Kohl's Plaza)
2. Name of Owner in Fee: Vornado Realty Unit 11
   Tel. (201) 587-1000 e-mail jcozine@vno.com
   Address 210 Route 4 East (street) Paramus (municipality) NJ 07652 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Michael Schmidt Tel. (732) 691-5955
   Address 712 Route 70 e-mail mschmidt91@hotmail.com
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: (732) 262-4901
5. Architect or Engineer Bob Ring / Stern-Ring Contact Bob Ring
   Address 30 Columbia Turnpike Suite 201 Florham Park NJ 07932 e-mail sternringaia@aol.com
   Tel. (973) 408-6511 FAX: (973) 408-6515
6. Responsible Person in Charge once Work has Begun Michael Schmidt
   Tel. (732) 691-5955 FAX: (732) 262-4901

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2130. ✓	140	46
2. Electrical	180. ✓		
3. Plumbing	150. ✓	220. ✓	
4. Fire Protection			130. ✓
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	16.-	14.-	13.-
10. Subtotal	$		
11. Cert. of Occupancy	50.-		
12. Other			
13. TOTAL	$ 2691.-	234.-	143.-

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	+B
2. Height of Structure	24 ft.	
3. Area — Largest Floor	3,502 sq. ft.	120 F ✓
4. New Building Area	3,502 sq. ft.	
5. Volume of New Structure	70,040 cu. ft.	
6. Max. Live Load		16-
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	$136
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ✓		

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		JN	5-4-12	5/24/12			6-14-12		JN
☑ Electrical					5/24/12	JD			
☑ Plumbing				5-31-12		RJ	6-26-12	6-21-12 6-19-12	RJ RJ
☑ Fire Protection				5/31/12		GB	6-18		GB
☐ Elevator		Eng	Exempt		5/18/12	ecc			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

COMMERCIAL

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: Pizzeria / Restaurant
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present ✓ Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☑ Fire Alarm

U.C.C. F100-1 (rev 8/08)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 MICHAEL SCHMIDT

Address 712 Route 70 Brick, NJ 08723

Telephone (732) 691-8955

Signature _____

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	JC	5/17/12							ZA-12-0042
☐ 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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/26/2012
Control Number C-12-001619
Permit Number 12-1619
Permit Issue Date 6/15/2012
Certificate Number 12-1619

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 Unit 11 Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone: (201) 587-1000

Contractor Pizz O' Pizza- Michael Schmidt

Address 712 Rt. 70 Brick NJ 08723

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP

Pizz O' Pizza

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

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

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

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

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

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Daniel Newman

Construction Official

Fee: $50.00
Check Number: 742
Collected By: Christopher Romano

Date Printed: 10/26/2012 U.C.C. F260 (rev. 08/05)

9-27-12

PERMIT UPDATE

Date Update Issued
Control # C-12-002834
Permit # 12-1619+C

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Unit 11 Brick Township, NJ
Contractor Pizz O' Pizza- Michael Schmidt
Address 712 Rt. 70 Brick NJ 08723
Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:
Lic. No. or Bldrs. Reg. No.
Telephone: 2015871000
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Wet Chemical

Note: If constuction 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 $4,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$95
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$103
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR **2 CANARY - OFFICE** 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

9-27-12

PERMIT UPDATE

Date Update Issued
Control # C-12-002829
Permit # 12-1619+B

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Unit 11 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: 2015871000

Contractor: Pizz O' Pizza- Michael Schmidt
Address: 712 Rt. 70 Brick NJ 08723
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE ALTERATIONS
Pizz O' Pizza

Note: If constuction 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 $7,600

Construction Official

8-6-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$143
Check No.	10304
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

9-27-12

PERMIT UPDATE

Date Update Issued
Control # C-12-002894
Permit # 12-1619+D

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Unit 11 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: 2015871000

Contractor: Pizz O' Pizza- Michael Schmidt
Address: 712 Rt. 70 Brick NJ 08723
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Kitchen Hood System
Heat Sensor
Pizz O' Pizza

Note: If constuction 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 $9,500

Construction Official

8-7-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$120
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$136
Check No.	1034
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR **2 CANARY - OFFICE** 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

PERMIT UPDATE

Date Update Issued 7/10/12
Control # C-12-001619+A
Permit # +A
12.1619+A

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Unit 11 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (201) 587-1000

Contractor: Pizz O' Pizza- Michael Schmidt
Address: 712 Rt. 70 Brick NJ 08723
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PLUMBING ALTERATIONS
Pizz O' Pizza

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $8,000

Construction Official

6-28-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$220
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$234
Check No.	748
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

6-15-12

12-1619

CONSTRUCTION PERMIT

Date Issued
Control # C-12-001619
Permit #

IDENTIFICATION Block: 701 Lot: 7 Qualifier

Work Site Location: 744 ROUTE 70 Unit 11 Brick Township, NJ

Contractor Pizz O' Pizza- Michael Schmidt
Address 712 Rt. 70 Brick NJ 08723

Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Telephone: (201) 587-1000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

Pizz O' Pizza

Note: If constuction 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 $95,000

Construction Official 6-15-12 Date

PAYMENTS (Office Use Only)

Building	$2,130
Electrical	$180
Plumbing	$0
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$161
CO Fee	$50.00
Other	$0
Total	$2,671
Check No.	742
Cash	$0
Credit	$0
Collected By	

+50
2721

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

FIRE
DCA
CHECK $2671.00

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

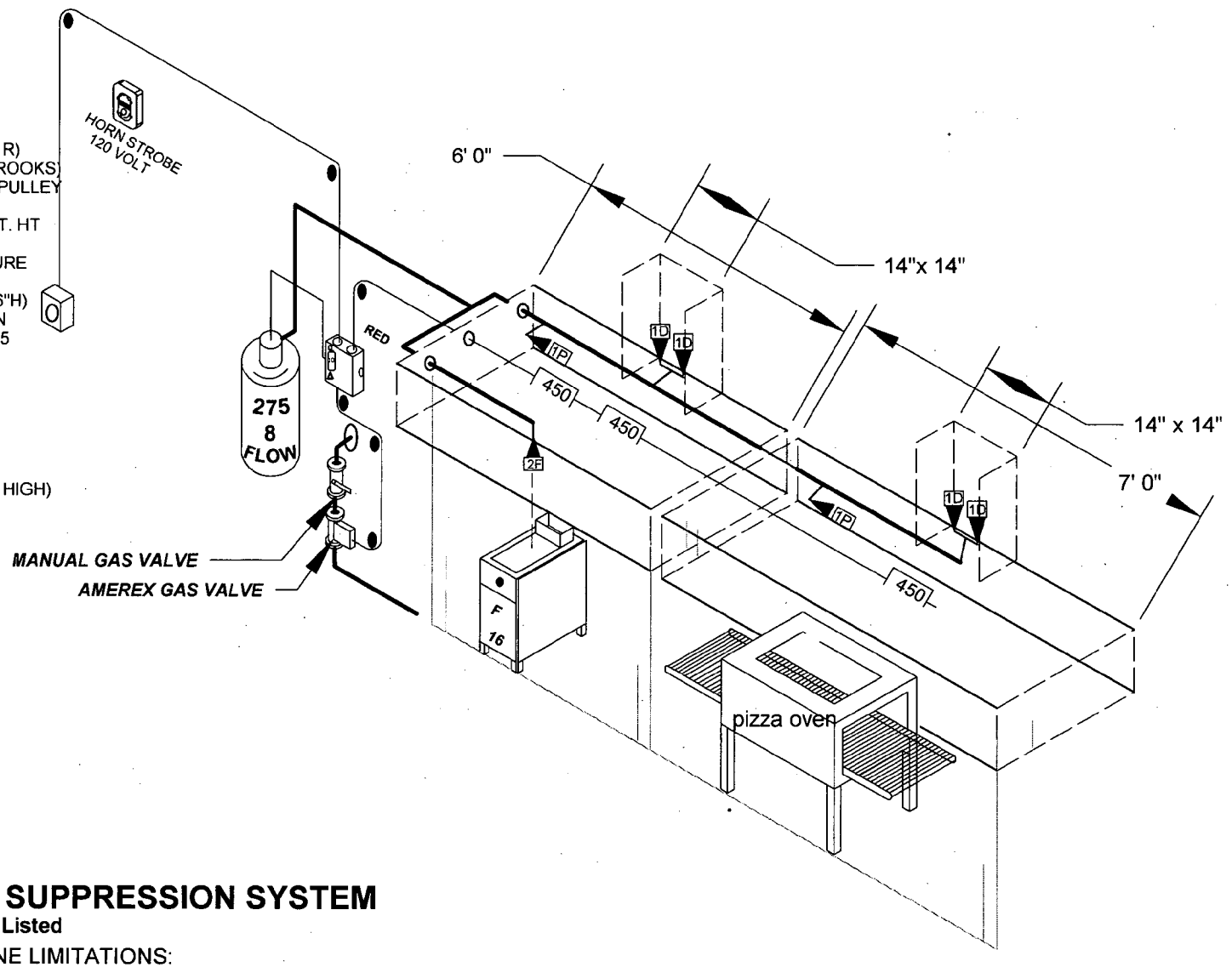
- [x] A complete copy of released plans must be kept on the job site.

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

NOZZLE SPECIFICATIONS
SHOWN IN BRACKETS ( )

BILL OF MATERIALS

QTY. NAME
- 1 B260 AMEREX K CLASS EXT.
- 2 (PLENUM 10' LGTH 24" H FILT R)
- 1 HS120 WP HORN STROBE (BROOKS)
- 20 12309 HIGH TEMP CORNER PULLEY
- 1 MANUAL VALVE BY OTHERS
- 1 11993 PULL MECHANICAL 4 FT. HT
- 1 13334 CYLINDER ASSY 375
- 1 18000 MRM W/RED ENCLOSURE
- 3 12508 DETECTOR ASSY
- 1 (CHAIN BROIL 24.5 X 31" 12-36"H)
- 1 16448 ACTUATION HOSE 32 IN
- 1 16920 BRACKET 275, 375 & 475
- 2 (DUCT PAIR 51-82" PERIM.)
- 4 16416 DUCT NOZ 1 FLOW
- 2 11982 APPL / PLEN 1 FLOW
- 1 12856 MRM 10 Cu IN N2 CYL
- 1 12740 GAS VALVE TRIP ASSY
- 1 10173 VENT PLUG
- 1 JUNCTION BOX/GV BOX
- 1 (FRYER NO DRIP 24X26 34-50 HIGH)
- 1 13729 FRYER / GRID 2 FLOW



AMEREX KP FIRE SUPPRESSION SYSTEM

U.L 300 Listed

NOZZLE BRANCH LINE LIMITATIONS:

ALL PIPE AND FITTINGS LEADING FROM THE SUPPLY BRANCH TEE TO A SYSTEM NOZZLE.

CYLINDER FLOW POINTS	PIPE SIZE	TOTAL LINEAR FEET OF PIPE	MAX. QTY. TEES	MAX. QTY. ELBOWS	MAX. QTY. BUSHINGS
KP275 = 8	3/8	32	5	10	0
KP375 = 11	3/8 OR 1/2	32	8	12	11
KP600 = 18	3/8	32	11	32	15
2-KP375 = 22	3/8	32	32	32	20
MAX. PER NOZZLE BRANCH		7	3	6	4

K CLASS EXTINGUISHER REQUIRED

JERSEY COAST FIRE EQUIPMENT		
DRAWN J.R.	DATE 8/1/12	DWG NUMBER 0000-0000
PIZZOPIZZA 744 CHAMBERS BRIDGE RD. BRICK,NJ 08723		
SCALE Not to scale	REV -	SHEET 1 OF 1

87-1708

UPDATE TO PERMIT # 12-1619

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

12-1619 1C 8/6/12

9-27-12

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

Block 701 Lot 7 Qualification Code ____

Work Site Location 744 Chambers Bridge RD. Brick NJ

Owner in Fee: PIZZOPIZZA

Tel. (732 938-2020 e-mail ____

Address 744 Chambers Bridge RD Brick NJ
street municipality zip code

Contractor: JERSEY COAST FIRE EQUIPMENT Tel. (732) 938-2020

Address 377 ASBURY ROAD
FARMINGDALE, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P.0206

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. 153867

Fire Alarm Contractor No. ____ Exp. Date 10-12

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

Federal Emp. ID No. 22269-591 FAX: (732) 938-7751

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: ____

Total Cost of Fire Protection Work $ 4500

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity ____
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: ____ Approved by: ____
[ ] Fire Protection Plans Approved
Date: 8/7/12 Approved by: [signature]
Joint Plan Review Required: ____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/8/12 Approved by: [signature]

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

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

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application. [signature]
Applicant Signature/ Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Install UC-300 Fire Suppression System
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems [ ] System [ ] 110v Interconnected [ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		95
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems	1	[signature]
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

UCC/F-140
Professional Printing
(856) 468-7933

06/08

UPDATE TO PERM.# 12-1619

FIRE SUBCODE TECHNICAL SECTION

Date Received 12-1619 1C 8/6/12
Date Issued
Control #
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Chambers Bridge RD. Bricktown

Owner in Fee: Pizza Pizza

Tel. (732 938-2020 e-mail

Address 744 Chambers Bridge RD Brielle
street municipality zip code

Contractor: JERSEY COAST FIRE EQUIPMENT Tel. (732) 938-2020

Address 377 ASBURY ROAD
FARMINGDALE, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P.0806

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. 153867

Fire Alarm Contractor No. Exp. Date 10-12

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

Federal Emp. ID No. 22269-591 FAX: (732) 938-7751

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 4500

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 7/1 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-3-12 Approved by:

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

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

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application. 9-21-12
Applicant Signature/ Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Install UL-300 Fire Suppression System
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	95
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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(856) 468-7933

06/08

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received 9-27-12
Control #
Date Issued
Permit # 12-1619 +B

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

Block 701 Lot 17 Qualification Code

Work Site Location 744 ROUTE 70 - UNIT 11
BRICK, NJ

Owner in Fee:

Tel. ( ) e-mail

Address

Contractor: (street) MARINE FIRE PROTECTION, INC (municipality) Tel. (732) 367-2775 (zip code)

Address 1118 LINCOLN AVE e-mail CHIEF@MFPNJ.NET
UNION NJ 07083

Fire Protection Equipment, NJ Div of Fire Safety Permit No. NJFP2

Fire Protection Equipment, NJ Div of Fire Safety Installer No. FP-732

Fire Alarm Contractor No. Exp. Date 11/30/12

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

Federal Emp. ID No. 21-0611679 FAX: (732) 367-2774

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1,000

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Chief Acton

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire Protection Alt

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	-	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		150
Sprinkler Heads (Dry and Wet)	46	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received 9-21-12
Control #

Date Issued
Permit # 1 1 1 1 1 0

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

Block 1201 Lot 1 Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by:_____

[ ] Fire Protection Plans Approved

Date:_____ Approved by:_____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: _____

Approved by: _____

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

Applicant/Contractor sign here: _____

Print name here: _____

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

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

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

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 10/25/12

NAME Vornado Inc. / Pizzo Pizza

ADDRESS 210 Rte 4 East Paramus NJ 07652-5108

PROPERTY LOCATION 710 Route 70 #2 Pizzo Pizza

Account No 6412110-6 Block 701 Lot 7

I herby 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 Carol Lyndell

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

6-15-1882

Date Received
Control #

12-1619

Date Issued
Permit #

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

Block 401 Lot 17 Qualification Code ( )

Work Site Location 712 Route 70 Unit 11 Pub Pupa

Owner in Fee: Vornado Realty

Tel. (201) 587-1000 e-mail jcottone@vno.com

Address 216 Route 4 East Paramus
street municipality zip code

Contractor: Mike Schmidt H. Tel. (732) 691-5955

Address 712 Route 70 e-mail mschmidt9@hotmail.com
Brick NJ 08723

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Other

Location:

Total Cost of Fire Protection Work $ 5,000-

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: 11/5/12 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10/11/12

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			10/10/12	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/10/12	
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.

Applicant/Contractor sign here:

Print name here: MICHAEL SCHMIDT

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

DESCRIPTION OF WORK:

Water Supply Source PUBLIC

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System	3	150-
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Update to follow for fire sprinkler, Type I hood and cooking suppression.

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F100 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

UPDATE TO PERMIT # 12-1619

FIRE SUBCODE TECHNICAL SECTION

P1200 R122A

Date Received 8/6/12
Date Issued
Control # 12-1619 +C
Permit # AUG 06 2012

9-27-12

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Chambers Bridge Rd. Brick NJ

Owner in Fee: Pizzo Pizza

Tel. (732 938-2020 e-mail

Address 744 Chambers Bridge Rd Brick NJ
street municipality zip code

Contractor: JERSEY COAST FIRE EQUIPMENT Tel. (732) 938-2020

Address 377 ASBURY ROAD
FARMINGDALE, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00206

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. 153867

Fire Alarm Contractor No. Exp. Date 10-12

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

Federal Emp. ID No. 222699591 FAX: (732) 938-7751

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 4500

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 8/8/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/8/12 Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-10-12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			10/10/12	DB
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	10-1-12		10/10/12	DB
Other				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Install UC-300 fire suppression system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	95
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	55
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

UCC/F-140
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

06/08

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPdate

Date Received 9-27-12
Control #
Date Issued
Permit # 12-1619 +B

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 ROUTE 70 - UNIT 11
BRICK, NJ

Owner in Fee: VISION CONSTRUCTION

Tel. ( ) e-mail

Address ROUTE 70, BRICK, NJ

Contractor: (street) MON-OC FIRE PROTECTION, INC (municipality) Tel. (732) 367-8775 (zip code)

Address 1118 RIVER AVE e-mail CGAMFP@OPTONLINE.NET
LAKEWOOD, NJ 08701

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01262

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 155352

Fire Alarm Contractor No. Exp. Date 10/31/12

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

Federal Emp. ID No. 27-0511059 FAX: (732) 370-3424

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 7,600.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: GEORGE AGIN

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

DESCRIPTION OF WORK: RELOCATE/ADD 46 SDCRS
Water Supply Source EXISTING CITY WATER
Method of Alarm/Suppression System Supervision EXIST. CSS

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	-	$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	-	
Supervisory Devices (i.e., tampers, low/high air)	-	
Signaling Devices (i.e., horn/strobes, bells)	-	
Other Devices	-	
TOTAL	-	
Suppression Systems		
Fire Pump ___ GPM Type ___	-	
Dry Pipe/Alarm Valves	-	
Pre-action Valves	-	
Sprinkler Heads (Dry and Wet)	46	130-
Standpipes	-	
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression	-	
Foam Suppression	-	
FM200 Suppression	-	
Other	-	
Other Systems		
Kitchen Hood Exhaust System	-	
Smoke Control System	-	
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	-	
Fireplace Venting/Metal Chimney	-	
Other	-	
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 9/28 Approved by: GS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-28-12
Approved by: GS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO [X] CA
Date: 10-10-12
Approved by: GS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			10/10/12	GS
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/10/12	GS
Other				

UPDATE TO PERMIT # 12-1619

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 9-27-12

Date Issued Permit # 12-1619+A+D

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 CHAMBERS BRIDGE ROAD - UNIT # 11
BRICK, NEW JERSEY 08723

Owner in Fee: PIZZOPIZZA

Tel. (732) 691-5955 e-mail pizzopizza@facebook.com

Address 744 CHAMBERS BRIDGE ROAD (street) BRICK (municipality) NJ

Contractor: FRANKLEN SHEET METAL CO., INC Tel. (732) 988-0808

Address 122 SOUTH MAIN STREET e-mail mindy.franklen@verizon.net
OCEAN GROVE, NEW JERSEY 07756

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 222481923 FAX: (732) 774-4285

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other kitchen hood

Location: SAME AS ABOVE

Total Cost of Fire Protection Work $ 9,500

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 9/27 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10-2-12
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-12-12
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			10/10/12	JB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/12/12	JB
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.

Applicant/Contractor sign here:

Print name here: MINDY REBELO

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

DESCRIPTION OF WORK:
Water Supply Source TWO KITCHEN HOOD EXHAUSTS
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	2	350
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other HEAT SENSOR	1	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-15-12
Control #
Date Issued
Permit # 12-1619

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

Block 701 Lot 7 Qualification Code
Work Site Location 712 Route 70 Brick, NJ 08723, Unit 11 Pizza O'Pizza
Owner in Fee: VORNADO REALTY
Tel. (201) 587-1000 e-mail jcozine@vno.com
Address 210 Route 4 East Paramus, NJ 07652
Contractor: ROBERT FOSS ELECTRIC LLC (street, municipality) Tel. (732) 600-2455 (zip code)
Address 1074 Bethlehem Pike e-mail LARRYB@FOSSLLC.COM
MONTGOMERYVILLE PA. 18936
Contractor License No. 13576 Exp. Date 3/31/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 30-0664166 FAX: 732) 237-2445

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed X
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RESTAURANT Utility Co. JCP&L
Est. Cost of Elec. Work $ 40,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 5/23/12 Approved by: JJ
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/23/12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-4-12
Approved by: JJ

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	WALLS & CEILING		7-30-12	DD
Barrier-Free	FRONT ENTRY			
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-2-12	DD
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: Larry Bisignano
Print name here: LARRY BISIGNANO
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL ALL LIGHTING & EQUIPMENT FOR NEW RESTAURANT AS PER PLANS

QTY	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
30		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
110		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	10.4	KW WALK IN COOLER	

COMMERCIAL

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

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

7/10/12

PLUMBING SUBCODE
TECHNICAL SECTION GARE

Date Received
Control # 12.1619HA
Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 712 Route 70 Brick, NJ 08723 Unit 11
744 Rt 70 Pizz O Pezza

Owner in Fee: Vornado Realty

Tel. (201) 587-1000 e-mail jcozine@vno.com

Address 210 Route 4 East (street) Paramus, NJ (municipality) 07652 (zip code)

Contractor: Meli Plumbing & Heating, Inc Tel. (201) 343-2710

Address 589 Main St. e-mail

Hackensack, NJ 07601

Contractor License No. 8724 Exp. Date

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

Federal Emp. ID No. 22-3499780 FAX: (201) 343 2572

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size 6" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 8,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-26-12

Approved by: (initials)

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 10-11-12

Approved by: (initials)

INSPECTIONS Type	Failure	Failure	Approval	Initial
Slab			07.17.12 PA	(stamp)
Rough			07.26.12 PA	(stamp)
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			07.26.12 PA	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	10/1/12		10/4/12	(initials)

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior fit out for Pizzeria
(2) Bathrooms
(2) Handsinks
(1) Mop sink
(1) 3 bay sink
(1) HW Heater
Ice maker

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
60 LF 3	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
X	Sewer Connection – Existing	
	Water Service Connection	
	Stacks	
	Other	
	Other	

COMPLETION (stamp)

Existing 3/4" meter (initials)

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

U.C.C. F130 (rev. 12/07)

Reorder from Allegra - Marketing - Print - Mail
609-390-1400

02.17.12 PA

① NEED GAS PIPING + WATER DISTRIBUTION DRAWINGS.

② CAP OFF EXISTING TOILET ROOM PIPING + CALL FOR INSPECTION

③ CAP OFF EMPLOYEE TOILET ROOM - NOT INDICATED ON DRAWINGS — OF 02.26.12 PA

02.26.12 PA

① NEED ASBUILT WATER DISTRIBUTION + GAS DRAWINGS

10/1/12 MA

0.9.2.2 PIPE SIZE - INDIRECT WASTE SHALL NOT BE LESS THAN NOMINAL SIZE OF DRAIN OUTLET.

CHANGE OF CONTRACTOR 07-1072

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12.16.19 +A
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70 Unit H, Brick Township, NJ

Owner in Fee: Brickfown VF LLC % Vornado Realty

Tel. (201) 587-1000 e-mail jcuzine@vno.com

Address 210 Route 4 East Paramus, NJ 07652
(street, municipality, zip code)

Contractor: CAPCo P+H Tel. (732) 237-4245

Address 109 MILTON ST Howell NJ. e-mail TheBulls430@gmail

Contractor License No. 7021 Exp. Date 06-13

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

Federal Emp. ID No. 153-58 8637 FAX: (732) 534-7518

B. PLUMBING CHARACTERISTICS

Use Group Present PVC Proposed PVC

Building Sewer Size 6" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 8,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: GABRIEL L CAPONETTO

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-11-12
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	10/11/12		10/9/12	[signature]

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

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

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-15-12
Control # 12-1619
Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 712 Route 70 Brick, NJ 08723 Exit 11
Pizza O' Pizza

Owner in Fee: Vornado Realty

Tel. (201) 587-1000 e-mail jcoyne@vno.com

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: Mike Schmidt Tel. (732) 691-5955

Address 712 Rt 70 e-mail mschmidt91@hotmail.com
Brick, NJ 08723

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

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

Federal Emp. ID No. 26-5847371 FAX: (732) 262-4101

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[-] All	6-14-12	JR
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/11/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			8-1-12	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ O. CEILING	10-5-12		10-10-12	G.P.
Mechanical				
TCO				
Other				
Final			10-10-12	G.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
No. of Stories 1
Height of Structure 24' ft.
Area — Largest Floor 3,502 sq. ft.
New Bldg. Area/All Floors 3,502 sq. ft.
Volume of New Structure 70,040 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ✓ Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 480,000 ~~500,000~~
3. Total (1+ 2) $ 480,000 ~~500,000~~

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: MICHAEL SCHMIDT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR FIT OUT FOR PIZZERIA
KITCHEN
BATHROOMS
STORAGE

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

COMMERCIAL

FEE (Office Use Only)
$

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

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

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1827
DESTINATION ADDRESS	97324585378
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	09/27 10:03
USAGE T	00'21
PGS.	1
RESULT	OK

Pizza 'o' Pizza

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Vonnma Realty DATE 9-27-12

PROPERTY ADDRESS 744 Rt 70 BLOCK 701 LOT 7

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	2	( )	5	( )	
4. LAVATORY	2	( )	2	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. ~~KITCHEN~~ 3-bay SINK	1	( )	3	( )	
8. SERVICE SINK	1	( )	3	( )	
9. ~~LAUNDRY TRAY~~ Hand sink	1	( )	1	( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. ~~LAWN SPRINKLE~~ Soda dispenser	1	( )	1	( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	

Pizza 'o' Pizza

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Vonnma Realty DATE 9-27-12

PROPERTY ADDRESS 744 Rt 70 BLOCK 701 LOT 7

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	2	( )	5	( )	
4. LAVATORY	2	( )	2	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. ~~KITCHEN~~ 3-bay SINK	1	( )	3	( )	
8. SERVICE SINK	1	( )	3	( )	
9. ~~LAUNDRY TRAY~~ Hand sink	1	( )	1	( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. ~~LAWN SPRINKLE~~ Soda dispenser	1	( )	1	( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
TOTALS			15		

GALLONS PER MINUTE 11

SIZE of SERVICE 3/4"

DATE: 9-27-12 APPROVED BY: [signature]

CHANGE OF CONTRACTOR 07-11-12

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12.16.19 HA
Permit #

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

Block 701 Lot 7 Qualification Code
Work Site Location 744 Route 70 Unit H, Brick Township, NJ

Owner in Fee: Bricktown VF LLC % Vornado Realty
Tel. (201) 587-1000 e-mail jcotine@vno.com
Address 210 Route 4 East Paramus, NJ 07652
Contractor: CAPCo P+H (street) (municipality) Tel. (732) 237-4245 (zip code)
Address 109 Milton St Howell NJ. e-mail TheBulls430@gmail

Contractor License No. 7021 Exp. Date 06-13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 153-58 8637 FAX: (732) 534-7518

B. PLUMBING CHARACTERISTICS

Use Group Present PVC Proposed PVC
Building Sewer Size 6" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 8,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: GABRIEL L CAPONETTO

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	✓			

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

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

CHANGE OF CONTRACTOR 17-10-12

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12.16.19 #A
Permit #

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

Block 1601 Lot 7 Qualification Code
Work Site Location 744 Route 10 Unit 11, Dover Twp., NJ

Owner in Fee: Bamtown VF LLC % Vornado Realty
Tel. (201) 587-1000 e-mail [illegible]
Address 210 Rte 4 East Paramus, NJ 07652

Contractor: CAPCO P&H (street) (municipality) Tel. (732) 237-4245 (zip code)
Address 109 MILTON ST Howell NJ. e-mail THEBULLS430@GMAIL

Contractor License No. 7021 Exp. Date 06-13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 152-58 8637 FAX: (732) 534-7518

B. PLUMBING CHARACTERISTICS

Use Group Present PVC Proposed PVC
Building Sewer Size 6" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 8,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]
Print name here: GABRIEL L CAPONE PRES.
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block ______ Lot 11 Qualification Code NI
Work Site Location ______

Owner in Fee: ______
Tel. ( ) ______ e-mail ______
Address ______

Contractor: CAPCO [illegible] street ______ municipality ______ Tel. (732) [illegible] zip code
Address [illegible] e-mail [illegible]

Contractor License No. 1021 Exp. Date 06-13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
Federal Emp. ID No. [illegible] FAX: ( ) [illegible]

B. PLUMBING CHARACTERISTICS
Use Group Present [illegible] Proposed [illegible]
Building Sewer Size [illegible] Public Sewer ✓ Private Septic ______
Water Service Size [illegible] Public Water ✓ Private Well ______
Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:______ Approved by: ______
[ ] Plumbing Plans Approved
Date:______ Approved by: ______
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO ______				
Final				
______				

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 and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: [illegible]
Print name here: [illegible]
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

(Stamp: [illegible] 7021)

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

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

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

Date Received 7/10/12
Control #
Date Issued
Permit # 12.1619HA

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 701 Lot 7 Qualification Code
Work Site Location 71 Route 17 Paramus, NJ 07652, Unit 11

Owner in Fee:
Tel. (201) [illegible] e-mail
Address 210 Route 4 East, Paramus NJ 07652
street / municipality / zip code

Contractor: **Meli Plumbing & Heating, Inc** Tel. (201) 343-2710
Address **589 Main St.** e-mail
Hackensack, NJ 07601

Contractor License No. **8724** Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No: **22-3499780** FAX: (201) 343 2572

B. PLUMBING CHARACTERISTICS
Use Group Present ✓ Proposed
Building Sewer Size 6" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 8,000.—

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[✓] Bldg. [ ] Elec. [ ] Fire [✓] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior fit out for pizzeria
(2) Bathrooms
(1) mop sink
(1) Water Heater
Ice maker

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
10 LF 3	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
X	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

U.C.C. F130 (rev. 12/07) Reorder from Allegra - Marketing - Print - Mail 609-390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/10/12
Control #
Date Issued 12.16.14
Permit #

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

Block 7.01 Lot 7 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. (2 1) [illegible] e-mail [illegible]

Address [illegible] (street) [illegible] (municipality) [illegible] (zip code)

Contractor: **Meli Plumbing & Heating, Inc** Tel. (**201**) **343-2710**

Address **589 Main St.** e-mail

Hackensack, NJ 07601

Contractor License No. **8724** Exp. Date

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

Federal Emp. ID No. **22-3499780** FAX: (**201**) **343 2572**

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 6" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 2,000.-

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

STATE OF NEW JERSEY MASTER PLUMBER

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 Plumbing Contractor [ ] Exempt Applicant

2014

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR FIT OUT OF KITCHEN
(2) [illegible]
(1) [illegible]
(1) [illegible]

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1 + 3	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
X	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

UP DATE to PERMIT # 12-1619

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

9-27-12

Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 CHAMBERS BRIDGE ROAD - UNIT # 11
BRICK, NEW JERSEY 08723

Owner in Fee: PIZZOPIZZA

Tel. (732) 691-5955 e-mail pizzopizza@facebook.com

Address 744 CHAMBERS BRIDGE ROAD (street) BRICK (municipality) NJ

Contractor: FRANKLEN SHEET METAL CO., INC Tel. (732) 988-0808

Address 122 SOUTH MAIN STREET e-mail mindy.franklen@verizon.net
OCEAN GROVE, NEW JERSEY 07756 (zip code)

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 222481923 FAX: (732) 774-4285

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other kitchen hood

Location: SAME AS ABOVE

Total Cost of Fire Protection Work $ 9,500

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 9/27 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9-27-12
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Applicant/Contractor sign here:

Print name here: MINDY REBELO

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

DESCRIPTION OF WORK:
Water Supply Source TWO KITCHEN HOOD EXHAUSTS
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	2	
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other HEAT SENSOR	1	

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

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

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

FAN INTERLOCK PACKAGE: INCLUDES TEMPERATURE SENSORS THAT WILL ACTIVATE EXHAUST FANS WHEN COOKING PROCESSES BEGIN (PER IMC 2009 REQUIREMENT, SECTION 507.2.1.1).

HOOD INFORMATION

HOOD NO.	TAG	MODEL	LENGTH	MAX. COOKING TEMP.	EXHAUST PLENUM						SUPPLY PLENUM						HOOD CONSTRUCTION	HOOD CONFIG.	
					TOTAL EXH. CFM	RISER(S) WIDTH	RISER(S) LENG.	RISER(S) DIA.	RISER(S) CFM	RISER(S) S.P.	TOTAL SUP. CFM	RISER(S) WIDTH	RISER(S) LENG.	RISER(S) DIA.	RISER(S) CFM	RISER(S) S.P.		END TO END	ROW
1	Conveyor Oven	6024 ND-2-PSP-F	7' 0.00"	450 Deg.	1225	10"	11"		1225	-0.328"	980						430 SS Where Exposed	ALONE	ALONE

HOOD INFORMATION

HOOD NO.	FILTER(S) TYPE	QTY.	HEIGHT	LENGTH	LIGHT(S) QTY.	LIGHT(S) TYPE	WIRE GUARD	LOCATION	UTILITY CABINET(S) FIRE SYSTEM TYPE	FIRE SYSTEM SIZE	ELECTRICAL MODEL #	SWITCHES QUANTITY	FIRE SYSTEM PIPING	HOOD HANGING WGHT
1	Alum Baffle w/ Handles	4	16"	16"	2	Incandescent Light Fixt	NO						NO	362 LBS
		1	16"	20"										

HOOD OPTIONS

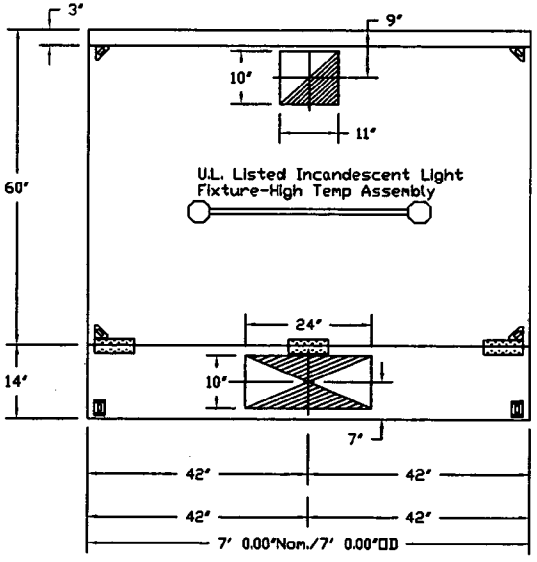
HOOD NO.	OPTION
1	FIELD WRAPPER 4.00" High Front, Left, Right

PERFORATED SUPPLY PLENUM(S)

HOOD NO.	POS.	LENGTH	WIDTH	HEIGHT	TYPE	RISER(S) WIDTH	RISER(S) LENG.	RISER(S) DIA.	RISER(S) CFM	RISER(S) S.P.
1	Front	84"	14"	6"	MUA	10"	24"		978	0.365"

PLEASE NOTE: THE HOOD MAY BE INSTALLED WITH A 0 INCH CLEARANCE TO COMBUSTIBLE MATERIALS IF CONSTRUCTED IN ONE OF THE FOLLOWING METHODS:
- 1 INCH LAYER OF INSULATION (TYPE 475) OWENS CORNING, JOHNS MANVILLE, 3M FIRE WRAP
- 1 INCH INSULATED BACKSPLASH
- 3 INCH UN-INSULATED AIRSPACE BACK-RETURN (BR) SUPPY PLENUM

THESE RATINGS APPLY TO TOP, ENDS, BACK AND FRONT OF THE EXHAUST HOOD
REPORT NUMBER: 3054804-001
INTERTEK TESTING SERVICES NA INC.
ISSUED 11/2004 TO CAPTIVE-AIRE SYSTEMS



PLAN VIEW – Hood #1 (Conveyor Oven)
7' 0.00" LONG 6024ND-2-PSP-F

CAPTIVE-AIRE HOODS ARE BUILT IN COMPLIANCE WITH

NFPA #96
NSF
UL 710 & ULC710 STANDARDS
E.T.L. LISTED 3054804-001

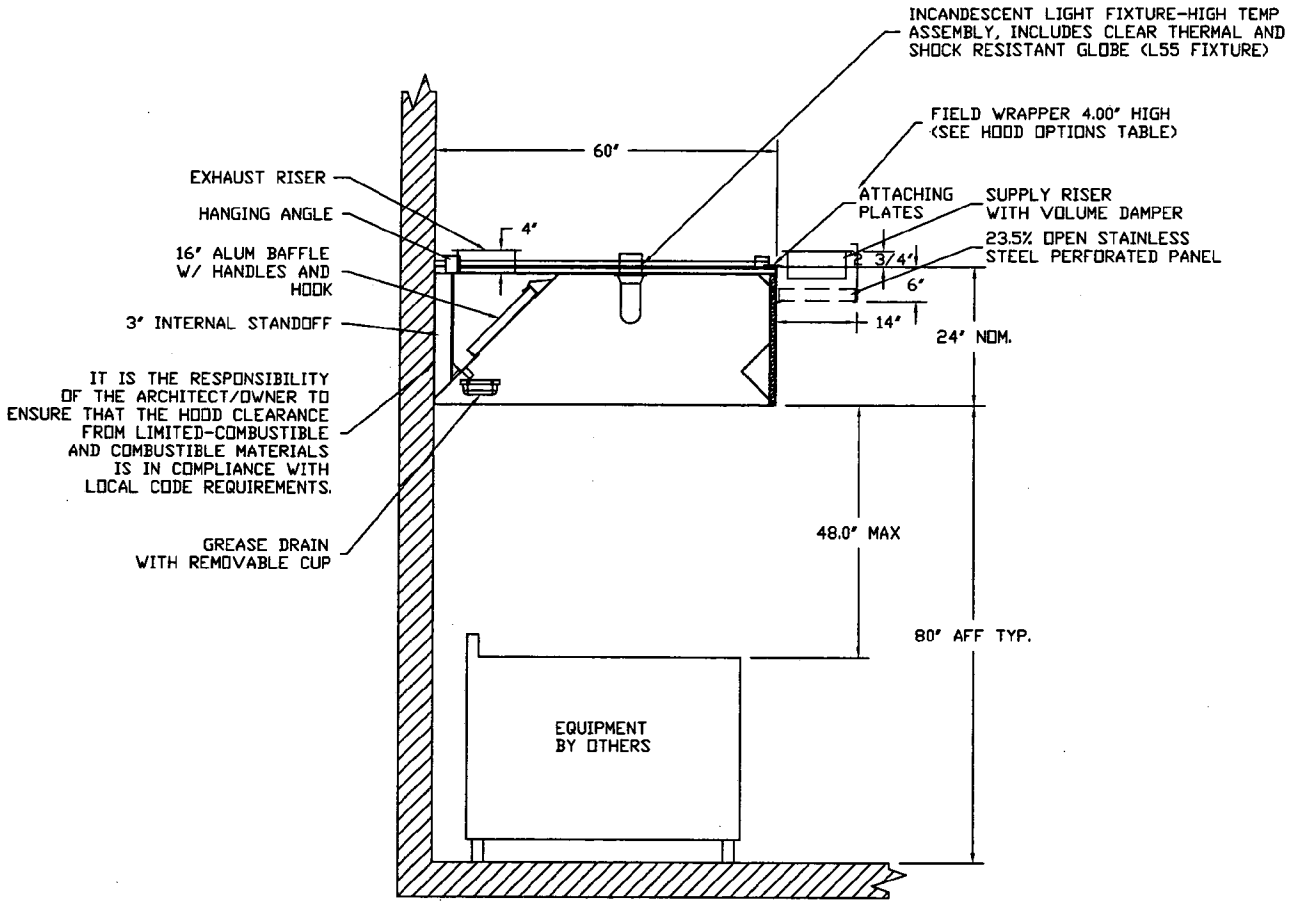
IMC 2009
SECTIONS 507, 508, & 509

ETL LISTING DESCRIPTION BLOCK
THE CAPTIVE AIRE MODEL ND-2 HAS BEEN E.T.L. TESTED, LISTED, AND APPROVED TO EXHAUST A MINIMUM OF 150 CFM PER LINEAR FOOT OVER 450 DEGREE COOKING EQUIPMENT

FOR QUESTIONS, CALL
SYD D'ANGELO OR JOHN BONINO
NEW JERSEY COASTAL REGIONAL OFFICE
600 SALEM AVENUE, NEWFIELD, NJ 08344
PHONE: (856) 563-1970, (800) 891-0699
FAX: (856) 563-1975, REG18@CAPTIVEAIRE.COM

CAPTIVE-AIRE

JOB	Pizza Pizza Brick
LOCATION	
DATE 8/2/2012	JOB # 1511647
DWG # 1	DRAWN BY SPD-18
REV.	SCALE 3/8" = 1'-0"



SECTION VIEW – MODEL 6024ND-2-PSP-F

JOB	Pizza Pizza Brick		
LOCATION			
DATE	8/2/2012	JOB #	1511647
DWG #	2	DRAWN BY	SPD-18
REV.		SCALE	3/8" = 1'-0"

ELECTRICAL PACKAGES

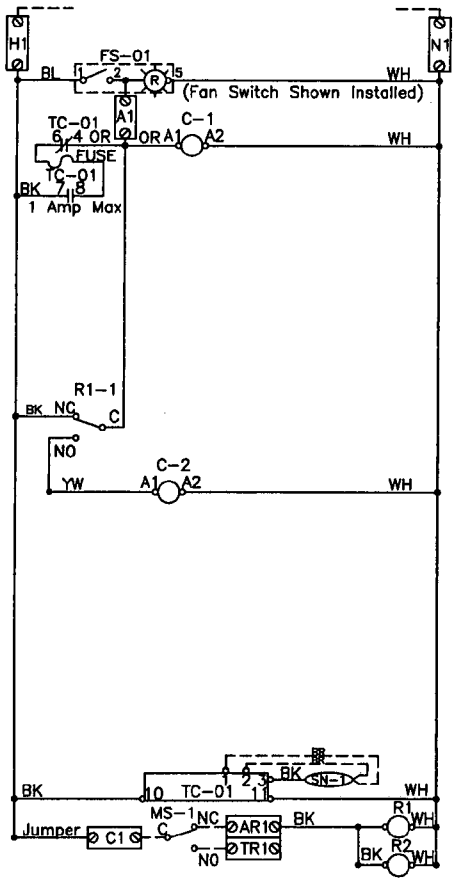
NO.	TAG	PACKAGE #	LOCATION	SWITCHES		OPTION	FANS CONTROLLED				
				LOCATION	QUANTITY		TYPE	ø	H.P.	VOLT	FLA
1		211110FP	Wall Mount In SS Box	SS Wall Mount Box	1 Light 1 Fan	Exhaust On In Fire, Fans On/Off Thermostatically Controlled	Exhaust	1	1.000	208	7.0
							Supply	1	1.000	208	7.0

CAPTIVE AIRE

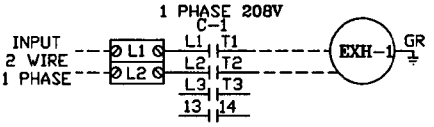
JOB	Pizzo Pizza
LOCATION	
DATE 8/2/2012	JOB # 1511647
DWG # 3	DRAWN BY SPD-18
REV.	SCALE 3/8" = 1'-0"

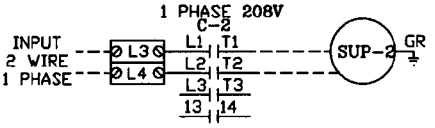
ELECTRICAL PREWIRE PACKAGE	JOB NAME *Schmidt's Brick NJ*	DATE *8/2/2012*
DRAWING NUMBER *211110FP*	JOB NUMBER *1511647*	DRAWN BY

CONTROL INPUT 120VAC H1=LINE, N1=NEUTRAL 15A BKR – DO NOT WIRE TO SHUNT TRIP BREAKER



LIGHT INPUT 120VAC H2–H5=LINE, N2–N5=NEUTRAL 15A BKR (MAX 1400W PER CIRCUIT)





220V/1Ph, W/ 1 Exhaust Fan, 1 Supply Fan, Exhaust in Fire, Fan On/Off Thermostatically Controlled.

COMPONENT PARTS LIST

LABEL	DESCRIPTION
C–x	Contactor
ST–x	Starter
OL–x	Overload
FS–xx	Fan Switch (Lighted)
FUSE	1 AMP SLO–BLO FUSE–PS–11_FUSE
LS–xx	Light Switch
L	Hood Light(s)
MS–x	MicroSwitch (Ansul/PyroChem)
Rx	Relay DPDT – 34.110.0184.0 + Socket

TC–XX TEMPERATURE CONTROLLER PXR4–WAS1–GV0A8
SN–X Temp Sensor A/100–3W–PO–4"–EXPL (Note 1)

SPARE FIRE DRY CONTACTS

SPARE RELAY CONTACTS USED WHEN FIRE SYSTEM DISCHARGES TO SHUT DOWN SHUNT TRIP, EQUIPMENT... OR PROVIDE SIGNALS. (NOT FOR BUILDING FIRE ALARM)

TR: Tripped, AR: Armed, C: Common

Rx RELAY SOCKET STYLE "CLION"

C–RD	NO	4	3
NO–BL	NC	2	1
NC–PR	COIL	8	7
	COM	6	5

MS–x MicroSwitch C–RD NO–BK NC–BR

MOTOR	TAG	PH	VLT	HP	FLA	BRK
EXH-1		1	208	1	7	15A
SUP-2		1	208	1	7	15A

NOTES

----- DENOTES FIELD WIRING
——— DENOTES INTERNAL WIRING

WIRE COLOR

BK – BLACK	YW – YELLOW
BL – BLUE	GY – GRAY
BR – BROWN	PR – PURPLE
OR – ORANGE	OR/BL –ORANGE/BLUE (STRIPE)
RD – RED	BL/RD – BLUE/RED (STRIPE)
WH – WHITE	RD/GN – RED/GREEN (STRIPE)

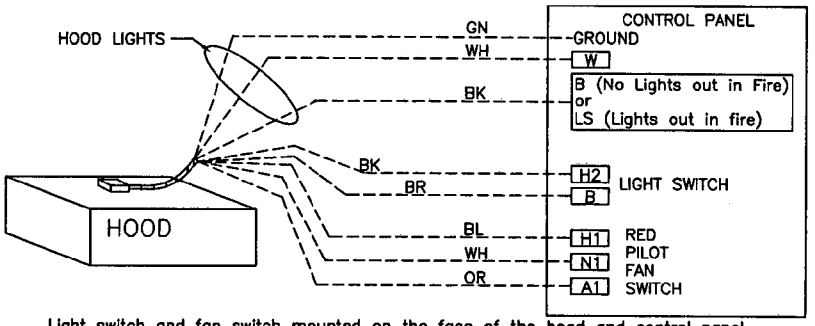
DRAWING SHOWN DE-ENERGIZED
NOTE: IF WALL MOUNT PREWIRE, OR FIELD INSTALLED FIRE SYSTEM MICROSWITCH, THE TERMINALS SHOWING FACTORY WIRING MUST BE FIELD WIRED.

NOTE 1: RTD TEMP SENSOR FIELD WIRED WHEN RISERS SHIPPED LOOSE. WHEN MULTIPLE TEMP SENSORS USED ON ONE FAN SWITCH, EACH SENSOR IS WIRED TO ITS OWN CONTROLLER AND THE CONTROLLER TERMINALS 4, 7, 10 AND 11 ARE WIRED IN PARALLEL. A 1 AMP SLO–BLO FUSE CONNECTS BETWEEN TERMINALS 6 AND 8 ON EACH CONTROLLER.

12 x 18 x 6 Box

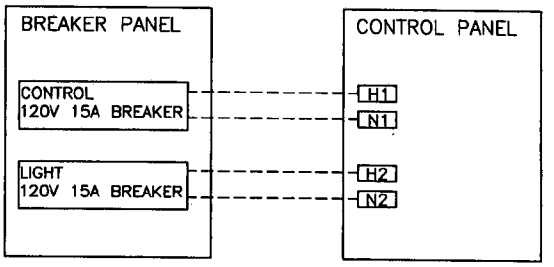
CONTROL PANEL INSTALLATION	JOB NAME *Schmidt's Brick NJ*	DATE *8/2/2012*
DRAWING NUMBER *211110FP*	JOB NUMBER *1511647*	DRAWN BY

HOOD TO CONTROL PANEL

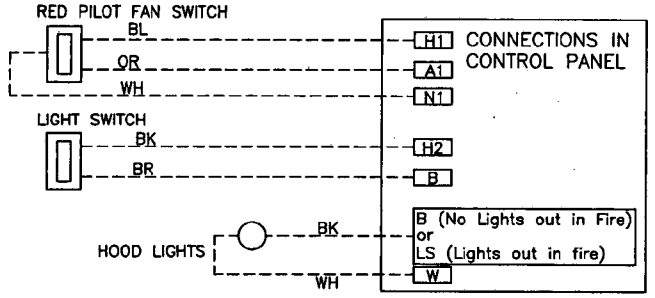


Light switch and fan switch mounted on the face of the hood and control panel mounted separately then field wire to the control panel as shown.

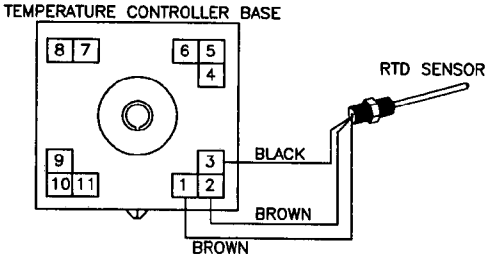
POWER FEED FOR CONTROLS AND LIGHTING



FIELD WIRED SWITCHES TO CONTROL PANEL



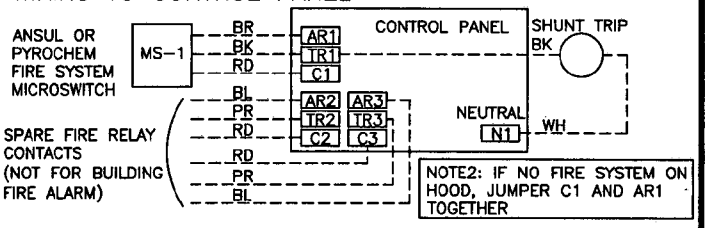
DUCT STAT WIRING FOR FAN SWITCH OVERRIDE



SHOWN HERE WITH TEMP CONTROLLER REMOVED TO EXPOSE TERMINALS

FIRE SYSTEM MICROSWITCH WIRING TO CONTROL PANEL

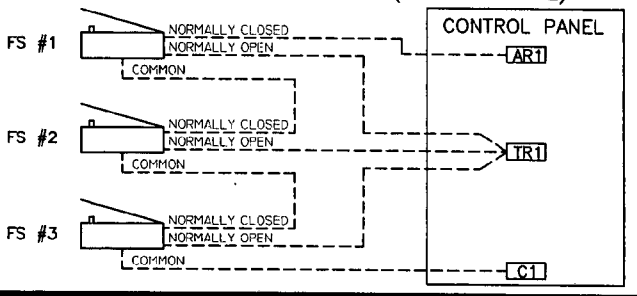
120VAC SHUNT TRIP BREAKER WIRING



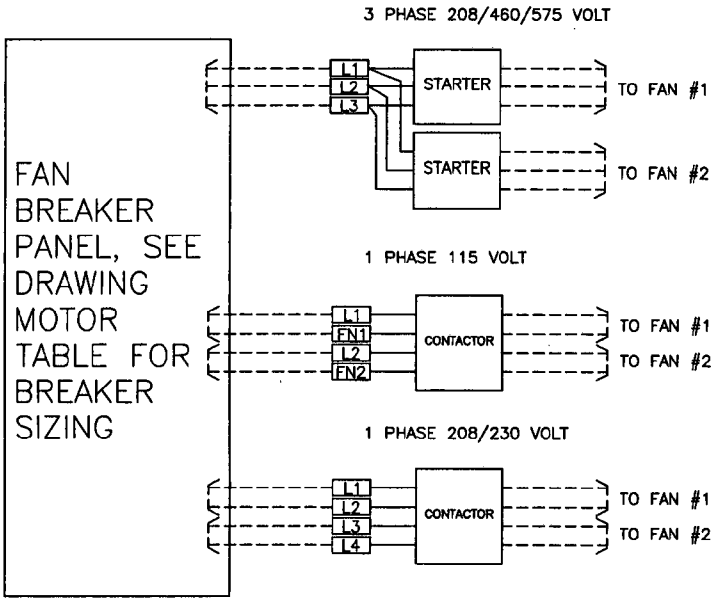
NOTE2: IF NO FIRE SYSTEM ON HOOD, JUMPER C1 AND AR1 TOGETHER

NOTE1: BUILDING FIRE ALARM IS TO BE WIRED TO THE "ALARM INITIATING SWITCH" INSIDE THE FIRE SYSTEM AUTOMAN

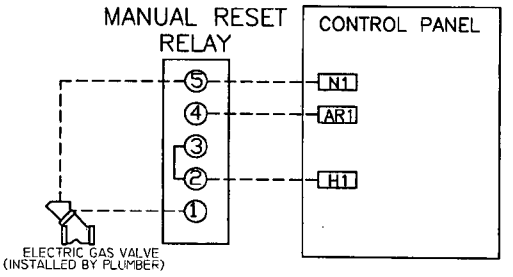
MICRO-SWITCHES WIRING WHEN MULTIPLE FIRE SYSTEMS CONNECTED TO ONE ELECTRICAL PANEL (3 SHOWN HERE)



FAN WIRING TO CONTROL PANEL



ELECTRIC GAS VALVE WITH RESET RELAY



NOTES

----- DENOTES FIELD WIRING
——— DENOTES INTERNAL WIRING

WIRE COLOR

BK - BLACK	YW - YELLOW
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BR - BROWN	PR - PURPLE
OR - ORANGE	OR/BL - ORANGE/BLUE (STRIPE)
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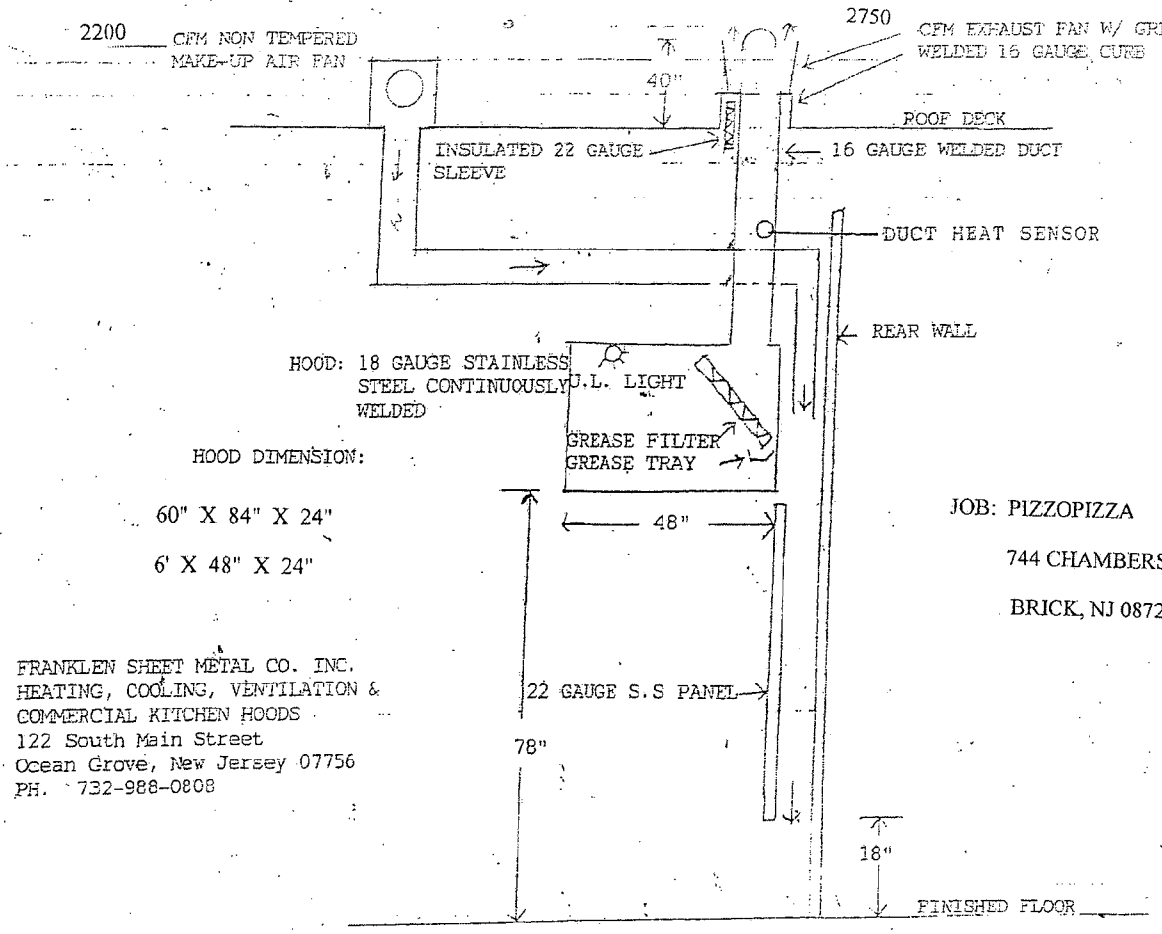
WH - WHITE	RD/GN - RED/GREEN (STRIPE)
GN - GREEN	



HOOD DIMENSION:

60" X 84" X 24"

6' X 48" X 24"

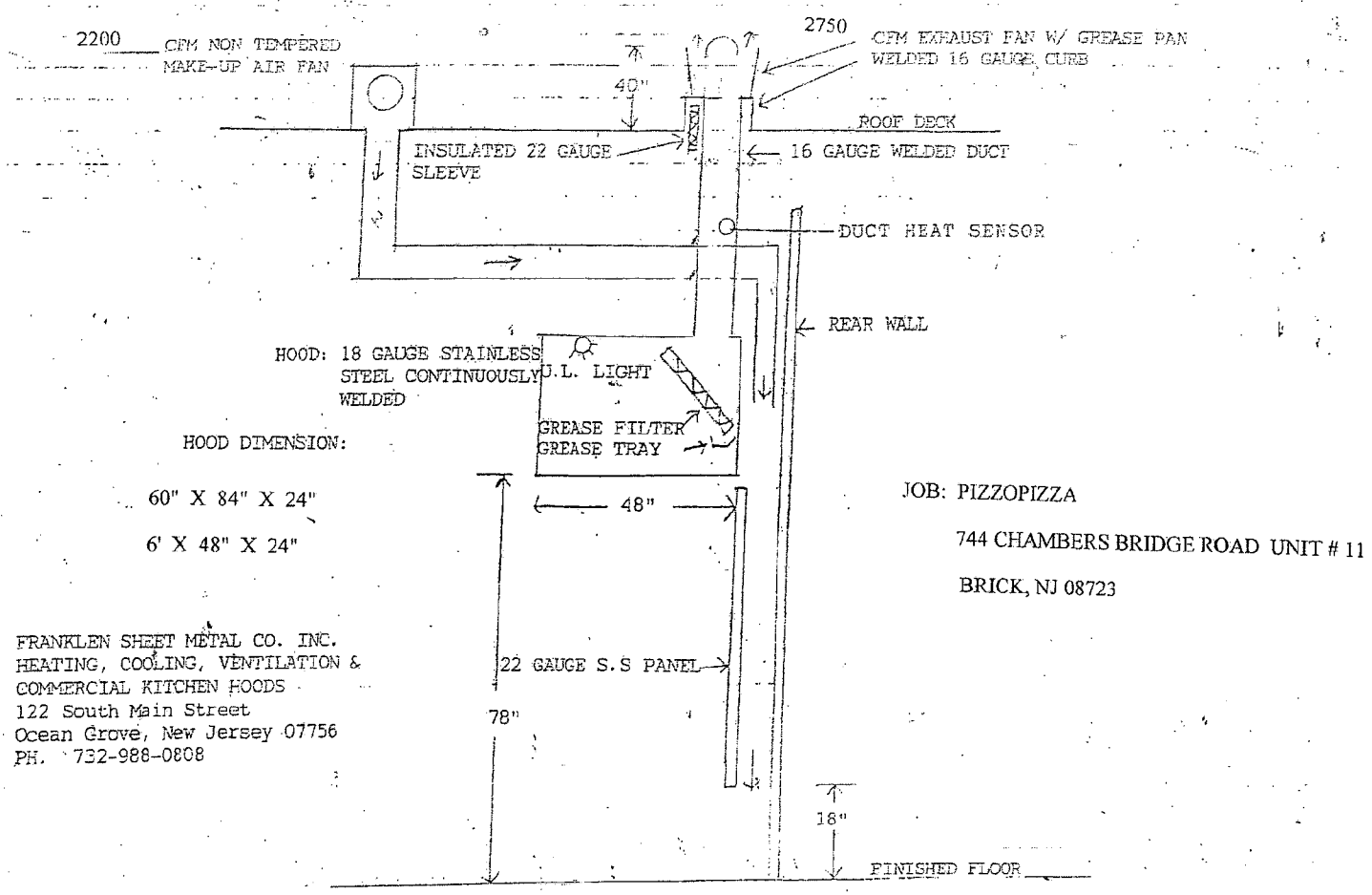
JOB: PIZZOPIZZA

744 CHAMBERS BRIDGE ROAD UNIT # 11

BRICK, NJ 08723

FRANKLEN SHEET METAL CO. INC.
HEATING, COOLING, VENTILATION &
COMMERCIAL KITCHEN HOODS
122 South Main Street
Ocean Grove, New Jersey 07756
PH. 732-988-0808

This Document Reviewed by
William C. Fillcox, P.E.
Engineering Professionals, Inc.
Middletown, NJ 07748
N.Y. Lic 046485
N.J. Lic 17842
PA Lic 065560



JOB: PIZZOPIZZA

744 CHAMBERS BRIDGE ROAD UNIT # 11

BRICK, NJ 08723

FRANKLEN SHEET METAL CO. INC.
HEATING, COOLING, VENTILATION &
COMMERCIAL KITCHEN HOODS
122 South Main Street
Ocean Grove, New Jersey 07756
PH. 732-988-0808

This Document Reviewed by
William C Philcox, P.E.
Engineering Professionals, Inc.
Middletown, NJ 07748
N.Y. Lic. 076485
N.J. Lic. 17842
PA Lic 065560

Stern-Ring Associates, AIA. PA.
Architects & Planners • N.C.A.R.B.
30 Columbia Turnpike, Suite 201 • Florham Park, N.J. 07932
973-408-6511 Fax 973-408-6515 sternringaia@aol.com

TRANSMITTAL LETTER

Date: June 25, 2012

Project: Pizz "O" Pizza

JUN 26 2012

TO:

Brick Township
401 Chambersbridge Road
Brick, NJ 08723
Attn: Don Newman

We are sending you the following items:

Shop Drawings	Prints	**Plans**	Samples	Specifications	Copy of Letter	Change Order

Copies	Date	No.	Description
4	4/9/12	1211-CA	A.3 - Signed/Sealed

These are transmitted as checked below:

For Approval
For Your Use
As Requested
For Review and Comment
Approved and Submitted
Approved as Noted

Returned for Corrections
Resubmit _____ Copies for Approval
Submit _____ Copies for Distribution
Return _____ Corrected Prints
Bids Due:
Prints Returned After Loan to us

JUN 26 2012

REMARKS

COPY TO:

SIGNED BY:

Stern-Ring

Lawrence S. Stern • Robert J. Ring
Members of National Council of Architectural Registration Boards

6/21/12 - fax 732 262 4901

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

Gave Contractor Copy of Denial 6-22-12 CR

Subcode Official Review

Date: Thursday, June 21, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Plumbing Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: +A Control Number: C-12-001619+A
Last Submit Date: Thursday, June 21, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

AS per ucc plumbing schematic must include all plumbing to be installed this would include the grease interseptor and piping of 3-bay sink. As per national plumbing code 2009 only wash bay will go to interseptor.

ONLY WASH BOWL CAN ENTER GREASE INTERSEPTOR RINSE & SANITIZE BOWLS MUST DISCHARGE SEPERATELY INDIRECT TO A FLOOR SINK. INTERSEPTOR & FLOOR SINK MUST BE VENTED. PLEASE CALL PAUL AUTH 732-262-1099 OR MARK HIBBARD 732-262-1025 MONDAY THRU FRIDAY OR ROBERT WENNLUND 732-262-1032 TUESDAY & THURSDAY 9AM-12 NOON IF YOU HAVE ANY QUESTIONS CODE SECTION 9.1.5 EXCEPTION #1,#2,#3.

Sincerely,

Robert Wennlund, Subcode Official

6/26/12 Resubmit YR

wash bowl vents floor drains vent.

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0736
DESTINATION ADDRESS	97322624901
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/21 14:00
USAGE T	00'21
PGS.	1
RESULT	OK

6/21/12 - fax 732 262 4901

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

Subcode Official Review

Date: Thursday, June 21, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Plumbing Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: +A Control Number: C-12-001619+A
Last Submit Date: Thursday, June 21, 2012

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Sincerely,

Robert Wennlund, Subcode Official

Fax 732 262 4901 6/19/12

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

Gave Copy to Contractor
6/19/12/CR.

Subcode Official Review

Date: Tuesday, June 19, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Plumbing Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: +A Control Number: C-12-001619+A
Last Submit Date: Thursday, June 14, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

AS per ucc plumbing schematic must include all plumbing to be installed this would include the grease interseptor and piping of 3-bay sink. As per national plumbing code 2009 only wash bay will go to interseptor.

Sincerely,

Robert Wennlund, Subcode Official

RESUBMIT CR

SUBCODES Plumbing

DATES 6-21-12

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

Subcode Official Review

Date: Thursday, May 31, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Plumbing Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Thursday, May 24, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

✓ #1-Vertical grab bar to be set between 39"-41"

✓ #2-How do you use mop sink located below 3-comp. sink?

✓ #3-Vent missing on mop sink.

#4-Grease interseptor missing size/install as per n.s.p.c. 2009 9.1.5 exception 1,2,3.

✓ #5-If 3-comp. sink is vented as per schematic sewer gasses will be emitted at mop sink.

✓ #6-How many seats will be installed.

Sincerely,

Robert Wennlund, Subcode Official

6/5/12 - Resubmit - Ltr

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

Subcode Official Review

Date: Tuesday, June 12, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Tuesday, June 05, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

From original list item 1, barrier-free access not provided to raised platform dining. Ramp and handrail required.

Items 2 and 3 OK.

Sincerely,

Michael Vecchio, Subcode Official

1

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

5/30/12
Fax to Arch.
973-408-6515

Subcode Official Review

Date: Thursday, May 24, 2012

6/5/12
Resubmit to Bldg (KB)

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Tuesday, May 22, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Provide details and dimensions for all funishings. (must meet barrier free requirements)

Layout of all furnishings. (seating,tables, etc.)

Indicate/ identify the tennant separation walls if they are or not rated assemblies

Sincerely,

Michael Vecchio, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0300
DESTINATION ADDRESS	919734086515
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/30 09:21
USAGE T	00'37
PGS.	1
RESULT	OK

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

Subcode Official Review

Date: Thursday, May 24, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Tuesday, May 22, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Provide details and dimensions for all funishings. (must meet barrier free requirements)

Layout of all furnishings. (seating,tables, etc.)

Indicate/ identify the tennant separation walls if they are or not rated assemblies

Sincerely,

Michael Vecchio, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0322
DESTINATION ADDRESS	97322624901
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/31 13:39
USAGE T	00'36
PGS.	3
RESULT	OK

5/31/12 - fax 732-362-4901

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

Subcode Official Review

Date: Thursday, May 31, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Thursday, May 31, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Require type I hood ventilation over fryer. IMC 2009 section 507.2.1

Type I hood required to have cooking supp. system installed. IMC 2009 section 509.1

Need plan showing seating layout.

Require update permit for alterations to fire sprinkler system by NJ Div. of Fire Safety permitted contractor.

Sincerely,

Ron Piszar, Subcode Official

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

Subcode Official Review

Date: Tuesday, June 12, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Tuesday, June 05, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

- From original list item 1, barrier-free access not provided to raised platform dining. Ramp and handrail required.

Items 2 and 3 OK.

Sincerely,

Michael Vecchio, Subcode Official

Ken Anderson 10am → 12pm
732-262-1008 gone by 12:30

5/31/12 - fax 732-262-4901

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

Subcode Official Review

Date: Thursday, May 31, 2012

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70 Unit 11
Permit Number: Control Number: C-12-001619
Last Submit Date: Thursday, May 31, 2012

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Require type I hood ventilation over fryer. IMC 2009 section 507.2.1

Type I hood required to have cooking supp. system installed. IMC 2009 section 509.1

Need plan showing seating layout.

Require update permit for alterations to fire sprinkler system by NJ Div. of Fire Safety permitted contractor.

Sincerely,

Ron Piszar, Subcode Official

6/5/12 Resubmit Set

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 6-15-12
Application Number: ZA-12-00475
Application Date: 05/17/2012
Project Number:
Permit Number: 12-005525
Fee: $50

Zoning Permit

Worksite Location: **712 (744) ROUTE 70**
Bricktown Center - Unit No. 11
Brick Township, NJ 08723

Block: **701**
Lot: **7**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN VF LLC %VORNADO REALTY**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **Mike Schmidt**
Address: **712 Route 70**
Brick, NJ 08723

Application Approved Date: 05/17/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Restaurant --"Pizz 'O' Pizza" (former Mary Holder Agency).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up for a new business, "Pizz 'O' Pizza" restaurant, to replace the Mary Holder Agency offices; 3,502 square feet.

An additional zoning permit is required for any sign and for any other additional work.

The street address and unit numbers must be displayed on the front and back doors.

A deed consolidating Lots 7, 8, 9.03, 15 & 16 into a single lot must be filed with the Ocean County Clerk.

06/15/12 4:27PM 0015585434
#002 SERV.312
#00525
ZPA $50.00
CHECK $50.00

Upon review it was determined that:

- [x] Use is permitted by Ordinance
- [ ] Use is permitted by Variance approved on:
- [ ] Valid Nonconforming Use is established by
    - [ ] Zoning Board of Adjustment
    - [ ] Zoning Officer

Sean Kinnevy (signature)
Sean Kinnevy, Zoning Officer — Date: 05/17/2012

Michael P. Fowler (signature)
Michael P. Fowler, Township Planner — **Date**: 5/17/12

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-15-12
Control #

Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 713 Route 70 Unit 11 Pine & Pizza

Owner in Fee:

Tel. ( ) e-mail

Address municipality zip code

Contractor: Mike Schmidt Tel. ( )

Address 713 Rt 70 e-mail

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

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install HIT CO for Pizzeria
Kitchen
Canopy
Duct

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
No. of Stories 1
Height of Structure 21' ft.
Area — Largest Floor 32 sq. ft.
New Bldg. Area/All Floors 32 sq. ft.
Volume of New Structure 672 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ✓ Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4800.00
3. Total (1+ 2) $ 4800.00

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

FEE (Office Use Only)
$

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-15-12
Control #
Date Issued 12-16-19
Permit #

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

Block 101 Lot 7 Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 50
3. Total (1+ 2) $ 50

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

FEE (Office Use Only)
$ _____

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

6-15-1992

Date Received
Control #

12-1619

Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 712 Route 70 Unit 11 Pump Pizza

Owner in Fee: Vornado Realty

Tel. (201) 587 1100 e-mail jgoldman@vno.com

Address 210 Route 4 East Paramus
street municipality zip code

Contractor: Mike Schime H. Tel. (732) 691-5455

Address 713 Route 70 e-mail mschmidt49@hotmail.com
Brick NJ 08723

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 5,000

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: MICHAEL SCHMIDT

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

DESCRIPTION OF WORK:

Water Supply Source Public

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System	3	150
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6-15-12
Control #
Date Issued 12-16-12
Permit #

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

Block 101 Lot 1 Qualification Code

Work Site Location 713 Route 70 (Hill) Cherry Hill

Owner in Fee: Vornado Realty

Tel. ( ) e-mail

Address 210 (street) South 4 East (municipality) Paramus (zip code)

Contractor: Wilkinson Inc. Tel. (732) 681-1155

Address e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 0.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Applicant/Contractor sign here: X

Print name here:

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v	10	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	3	150.00
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Stern-Ring Associates, AIA. PA.
Architects & Planners • N.C.A.R.B.

30 Columbia Turnpike, Suite 201 • Florham Park, N.J. 07932
973-408-6511 Fax 973-408-6515 sternringaia@aol.com

JUN 14 2012

June 13, 2012

Building Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Dear Building Sub-code Official:

Please be advised that there will be no raised platform dining areas throughout the premises. All the floors will be level and ADA accessible.

If you have any questions or require additional information, please do not hesitate to contact me.

Very truly yours,

Robert J. Ring, AIA

Proposed
NEW
Establishment.

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No. _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

Contact #

PHONE # 732-691-5955

ESTABLISHMENT TRADING NAME: Pizz-O-Pizza.

NUMBER AND STREET: 744 Route 70 & Chambersbridge Rd (Kohl's Plaza)

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 26

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (public - Non-community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Pizz-O-Pizza, L.L.C. (c/o. Mike Schmidt)

NUMBER AND STREET: 712 Route 70

CITY OR MUNICIPALITY: Brick

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
3/25/11	1500	1530

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE
  NO. OF MACHINES _____
- ☐ FROZEN DESSERT
- ☐ OTHER _____

Daniel E. Regenye
Health Officer
Sunset avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): George J. McCo.

SIGNATURE OF INSPECTING OFFICIAL: George J. McCo.

PERMANENT REG. NO. 8-206

H.D.134

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Pizza-O-Pizza		3/25/11
Signature of Inspecting Official	**Municipality**	**Time (2400 Hours) Begin**
J. McCoy	Brick	

REG. NO.	REMARKS (Please specify area)
	- This floor plan is satisfactory.
	- After construction and clean-ups have been completed contact me to arrange for a pre-operational inspection.
	- Coolers, warmers, etc - must be on.
	- Bathrooms & clean-up area must have all necessities.
	- Mr. McCoy 732-341-9700 x 7479

(Attach additional sheets if necessary)

Page of Pages

H.D. 67

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-15-14
Control #
Date Issued 12-16-19
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 712 Route 70 Brick, NJ 08723 Unit 11 Pizza O'Pizza

Owner in Fee: Vornado Realty

Tel. (201) 587-1000 e-mail jlotine@vno.com

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor Robert Foss Electric LLC Tel. (732) 600-2455

Address 1074 Bethlehem Pike e-mail LarryB@FossLLC.com
Montgomeryville, PA. 18936

Contractor License No. 13576 Exp. Date 3/31/15

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

Federal Emp. ID No. 30-0664166 FAX: (732) 237-2445

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed X

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

Building Occupied as Restaurant Utility Co. JCP&L

Est. Cost of Elec. Work $ 40,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[✓] Electric Plans Approved
Date: 6/15/14 Approved by: SJ

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

SUBCODE APPROVAL for PERMIT
Date: 6/15/14
Approved by: SJ

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Larry Bisignano

Print name here: LARRY BISIGNANO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL ALL LIGHTING & EQUIPMENT FOR NEW RESTAURANT AS PER PLANS

QTY	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
30		Receptacles	
10		Switches	
___		Detectors	
___		Light Poles	
___		Motors—Fract. HP	
16		Emergency & Exit Lights	
___		Communications Points	
___		Alarm Devices/F.A.C. Panel	
___		_____	
110		TOTAL NUMBERS	$ _____
___		Pool Permit/with UW Lights	
___		Storable Pool/Spa/Hot Tub	
___	___	KW Elec. Range/Receptacle	
___	___	KW Oven/Surface Unit	
___	___	KW Elec. Water Heater	
___	___	KW Elec. Dryer/Receptacle	
___	___	KW Dishwasher	
___	___	HP Garbage Disposal	
___	___	KW Central A/C Unit	
___	___	HP/KW Space Heater/Air Handler	
___	___	KW Baseboard Heat	
___	___	HP Motors 1/+ HP	
___	___	KW Transformer/Generator	
___	___	AMP Service	
___	___	AMP Subpanels	
___	___	AMP Motor Control Center	
___	___	KW Elec. Sign/Outline Light	
1	10.4	KW WALK IN COOLER	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-15-15
Control #
Date Issued 12-16-15
Permit #

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

Block 101 Lot 7 Qualification Code

Work Site Location 712 Rt 70 E Cherry Hill NJ

Owner in Fee: Vornado Realty

Tel. (201) 587-1000 e-mail jcohen@vno.com

Address 210 Rt 4 E Paramus NJ 07652
street municipality zip code

Contractor: Robert Foss Electric LLC Tel. (732) 600-2455

Address 1074 Bordentown Rd e-mail LAmy@RFoss LLC.com
Jamesburg NJ 08831

Contractor License No. 13576 Exp. Date 7/31/15

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

Federal Emp. ID No. 30-0664166 FAX: (732) 237-2445

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed K

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

Building Occupied as Restaurant Utility Co. JCP&L

Est. Cost of Elec. Work $ To Code

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[✓] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Larry Bisignano

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install all Lighting Equipment for New Restaurant as per Plans

QTY	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
30		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
110		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	10.4	kw U.L.L. in cooler	

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

RECEIVING CLERK _____
DATE REC'D 5-17-12

ZONING PERMIT APPLICATION

PERMIT # 12-00525
DATE ISSUED 6-15-12

BLOCK: 701 LOT: 7 QUALIFIER: — SITE ADDRESS: 712 Rt 70 Brick, NJ 08723
BRICKTOWN CENTER UNIT #11

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Vornado Realty
COMPLETE ADDRESS: 210 Rt 4 East Paramus, NJ 07652

PHONE # 201 587-1000 EMAIL: jcorine@vno.com

2. NAME OF APPLICANT: Mike Schmidt
APPLICANT ADDRESS: 712 Rt 70 Brick, NJ 08723

PHONE # 732 691-5555 EMAIL: mschmidt91@hotmail.com

3. RESPONSIBLE PERSON FOR WORK: Mike Schmidt
PHONE# 732 691 5555 FAX# 732 262-1901

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Mary Houser
PROPOSED USE Pizza "O" Pizza

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

COMMERCIAL

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: TENANT FIT OUT FOR PIZZERIA

ZONING REVIEW:
DATE REVIEWED: 5-17-12 DATE DENIED: — DATE APPROVED: 5-17-12 INTLS: SLS

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:
1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

RECEIVED
MAY 17 2012
SGP

ZONING REVIEW:

DATE REVIEWED: 5-17-12 DATE DENIED: — DATE APPROVED: 5-17-12 INTLS: SGP

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00475
Application Date: 05/17/2012
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **712 (744) ROUTE 70**
Bricktown Center - Unit No. 11
Brick Township, NJ 08723

Block: **701**
Lot: **7**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN VF LLC %VORNADO REALTY**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **Mike Schmidt**
Address: **712 Route 70**
Brick, NJ 08723

Application Approved Date: 05/17/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Restaurant --"Pizz 'O' Pizza" (former Mary Holder Agency).

Nonconforming Use is:

Work Description:

Rehabilitation - Interior alterations for a tenant fit-up for a new business, "Pizz 'O' Pizza" restaurant, to replace the Mary Holder Agency offices; 3,502 square feet.

An additional zoning permit is required for any sign and for any other additional work.

The street address and unit numbers must be displayed on the front and back doors.

A deed consolidating Lots 7, 8, 9.03, 15 & 16 into a single lot must be filed with the Ocean County Clerk.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy

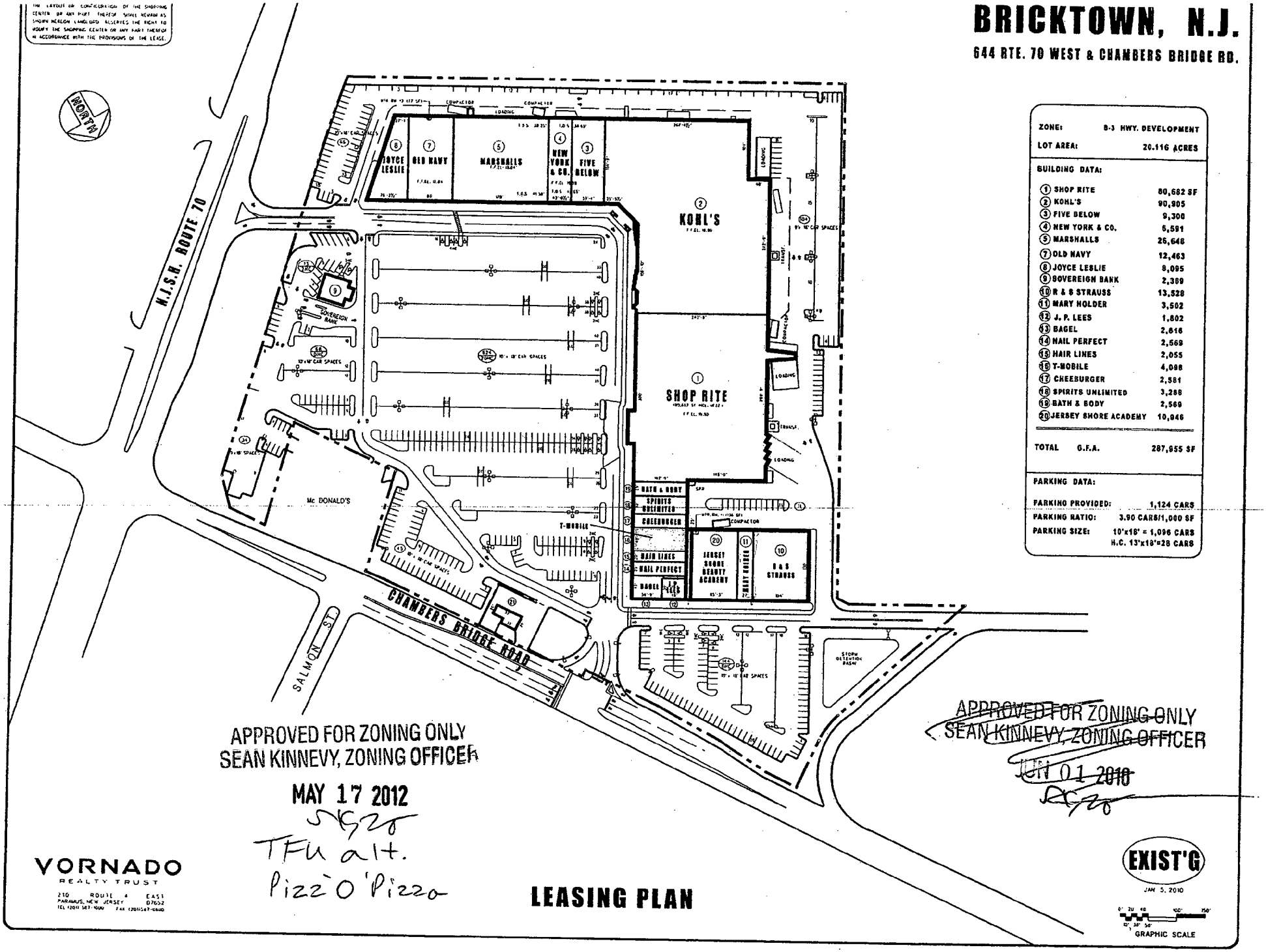
Sean Kinnevy, Zoning Officer — Date: 05/17/2012

Michael P. Fowler

Michael P. Fowler, Township Planner — Date: 5/17/12

BRICKTOWN, N.J.

644 RTE. 70 WEST & CHAMBERS BRIDGE RD.



ZONE:	B-3 HWY. DEVELOPMENT
LOT AREA:	20.116 ACRES

BUILDING DATA:

(1) SHOP RITE	80,682 SF
(2) KOHL'S	90,905
(3) FIVE BELOW	9,300
(4) NEW YORK & CO.	6,591
(5) MARSHALLS	26,648
(7) OLD NAVY	12,463
(8) JOYCE LESLIE	8,095
(9) SOVEREIGN BANK	2,389
(10) R & S STRAUSS	13,528
(11) MARY HOLDER	3,502
(12) J. P. LEES	1,802
(13) BAGEL	2,616
(14) NAIL PERFECT	2,569
(15) HAIR LINES	2,055
(16) T-MOBILE	4,088
(17) CHEEBURGER	2,581
(18) SPIRITS UNLIMITED	3,288
(19) BATH & BODY	2,569
(20) JERSEY SHORE ACADEMY	10,946
TOTAL G.F.A.	287,955 SF

PARKING DATA:

PARKING PROVIDED:	1,124 CARS
PARKING RATIO:	3.90 CARS/1,000 SF
PARKING SIZE:	10'x18' = 1,096 CARS H.C. 13'x18'=28 CARS

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 17 2012

SKS

TFH alt.

Pizza 'O' Pizza

~~APPROVED FOR ZONING ONLY~~
~~SEAN KINNEVY, ZONING OFFICER~~

~~JUN 01 2010~~

KS

VORNADO
REALTY TRUST
210 ROUTE 4 EAST
PARAMUS, NEW JERSEY 07652
TEL (201) 587-1000 FAX (201) 587-0600

LEASING PLAN

EXIST'G

JAN 5, 2010

GRAPHIC SCALE

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:	06/27/2011
Application Number:	ZA-10-01244
Application Date:	12/08/2010
Project Number:	
Permit Number:	ZP-11-00529
Fee:	$50

Zoning Permit

Worksite Location: **666 (744) ROUTE 70**
Bricktown Center- Unit No. 3
Brick Township, NJ 08723

Block:	**701**
Lot:	**7**
Qualifier:	
Zone:	**B-3**

Owner: **BRICKTOWN VF LLC %VORNADO REALTY**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **Dan Sutcliffe; CCM, Inc.**
Address: **1740**
South State Road
Upper Darby, PA 19082

Application Approved Date: 12/08/2010

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store --Five Below store.

Nonconforming Use is: _____

Work Description:
Rehabilitation, Site improvement work - New loading dock.

Amended site plan approved by the Planning Board.
Case No. PB-2673-A-FSP-6/10.
Resolution No. R-40-10 adopted on August 11, 2010.
Maps signed on December 1, 2010.

A deed consolidating Lots 7, 8, 9.03, 15 & 16 into a single lot must be filed with the Ocean County Clerk.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — Date: Copy

Michael P. Fowler, Township Planner — **Date**