BLOCK 670 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) Kennedy Mall, Unit #15 2770 Hooper Ave. Brick PERMIT NO. 08-0230

CONSTRUCTION PERMIT APPLICATION C07.005156

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

I. IDENTIFICATION

1. Proposed Work Site at: Kennedy Mall, Unit #15, 2770 Hooper Ave., Brick
2. Name of Owner in Fee: Ana Kuan Fidelity
   Tel. (646) 209-1519 e-mail pattykuan11@aol.com
   Address 8 Bettys Lane, Brick, NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   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: ( ) _____
5. Architect or Engineer Richard Villano Contact Richard Villano
   Address 1001 Deal Road, Ocean, NJ 07712 e-mail _____
   Tel. (732) 493-4850 FAX: (732) 493-4851
6. Responsible Person in Charge once Work has Begun ~~Ana Kuan~~ Ana Kuan ✓
   Tel. (~~646~~) 646-209-1519 FAX: ( ) _____

Called 11/29/08

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical	80		
3. Plumbing	11960		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 11		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 241	30		
13. TOTAL	$ 11621		

VI. BUILDING/SITE CHARACTERISTICS

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

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)

- ☐ Building
- ☐ Electrical
- ☑ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COSTS

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
	[illegible]	11/27/07						
				12507	WS	6-9-08		
				12/4/07		5-27-08		
				12-0406	0/8	7/11/08		
	Gm	12/4/07		12/4/07				

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Jimbies Restaurant
2. Use Group: A2
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	07/14/2008
Control Number	C-07-005756
Permit Number	08-0230
Permit Issue Date	01/31/2008
Certificate Number	08-0230

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE. UNIT 15 Brick Township, NJ Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone:

Contractor: ANA KUAN

Address: 8 BETTYS LANE BRICK NJ 08723

Telephone: (732) 477-5776 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INTERIOR ALTERATION(S) WAS BLIMPIE NOW TO BE SUPER POLLO II (UNIT 15)

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/14/2008 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Super Polo II - Old Stewart

Date Received
Control #

Date Issued
Permit # 08-0230
1-31-08

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

Block 670 Lot 6 Qualification Code

Work Site Location Kennedy Mall, Unit #5
2770 Hooper Ave. - Brick, NJ 08723

Owner in Fee Anatuan Fidelity

Address 8 Bettys Lane, Brick, NJ 08723

Tel (646) 209-1519

Contractor Ideal Fire Control Inc.

Address 132 Metropolitan Avenue.
Brooklyn NY 11211

Tel (718) 384 1215 FAX (718) 782 3190.

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00716

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

Fire Alarm Contractor No.

Federal Emp. No. [redacted] 11-259-6167

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Fire Suppression/Standpipe System: [X] New OR [ ] Existing

Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 1-30-08

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7-11-08

Approved by: [signature]

As per Attached letter

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.			7-11-08	[signature]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	6-11-08	7-9-08	7-11-08	[signature]
Other				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of fire suppression system.

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	~~1~~ 0	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System	2	
Smoke Control System	✓	
Fired Appliances [✓] Gas or [ ] Oil	8	
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

U.C.C. F140 (rev. 1/04)

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

ARCHITECT: RICHARD VILLANO, P.A.

RV

• RICHARD VILLANO, AIA

January 22, 2008

Fire Construction Official
Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

Re: Kennedy Mall, Unit #15, 2770 Hooper Ave,
Super Pollo Restaurant, Ana Kuan - Owner
Control Number 005756

To Whom It May Concern:

This letter is in response to your plan review letter dated December 5, 2007, with regard to the above referenced project. The following are my responses to your letter.

1. The Owner shall submit a plan for the cooking suppression system.
2. The Owner shall file a permit for the hood systems.
3. The existing fire suppression sprinkler system will not be changed or altered.

Should you have any further questions, please do not hesitate to call my office.

Very Truly Yours,

Richard Villano

Richard Villano, AIA
RV/rv
Cc: Ana Kuan, Owner
(Plan Review Fire Ltr.doc)
20060712

1001 DEAL ROAD • OCEAN TOWNSHIP, NEW JERSEY 07712 • (732) 493-4850 • FAX (732) 493-4851
www.architectrichardvillano.com

resubmitted to Fire
C07-005756

BRICK

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 080230

Date Issued / Permit # 1-31-08

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 KENNEDY MALL UNIT 5

Owner in Fee: ~~KOAN~~ Fidelity

Tel. (646) 209-1519 e-mail

Address 8 ~~BETTYS LANE, BRICK~~ 641 Sheffield 08723
(street, municipality, zip code)

Contractor: A. SURF ELECTRIC INC Tel. (732) 477-5979

Address 574 MANTOLOKING RD, BRICK e-mail

Contractor License No. 9516 Exp. Date

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

Federal Emp. ID No. 22-2769907 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 1250 Approved by: MR

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6908 Approved by: MR

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	52308 MR		6908 MR	
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
10		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
19		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	

COMPLETE

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

U.C.C. F120 (rev. 10/06)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-0230
Date Issued / Permit # 1-31-08

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

Block 6670 Lot 4 Qualification Code

Work Site Location 2770 Kennedy Mall Unit #15

Owner in Fee: Fidelity Mgmt Co Inc

Tel. ( ) e-mail

Address 641 Shunpike Rd, Chatam NJ 07928
street municipality zip code

Contractor: Neil Brooks R-H-C Inc Tel. ( )

Address 14 Salthope Chapel Rd e-mail

Contractor License No. 8551 Exp. Date 12/08

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

Federal Emp. ID No. 223458402 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size N/A Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/4/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-27-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	5-7-08		5/27/08 2-20-08	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas to Restaurant AS per Plan.

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	
1	Water Heater Existing	
	Fuel Oil Piping	
8	Gas Piping 100' 2" - 782,000	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other ~~Grease Traps~~	
	Other	

COMMERCIAL

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

CONSTRUCTION PERMIT

Date Issued 1/31/2008
Control # C-07-005756
Permit # 08-0230

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. UNIT 15 Brick Township, NJ
Contractor ANA KUAN
Address 8 BETTYS LANE BRICK NJ 08723
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (732) 477-5776
Lic. No. or Bldrs. Reg. No.
Telephone:
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:
INTERIOR ALTERATION(S) WAS BLIMPIE NOW TO BE SUPER POLLO II (UNIT 15)

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $7,600

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$80
Fire Protection	$1,460
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$30
Total	$1,621
Check No.	1102
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

ARCHITECT: RICHARD VILLANO, P.A.

RV

• RICHARD VILLANO, AIA

January 22, 2008

Fire Construction Official
Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

Re: Kennedy Mall, Unit #15, 2770 Hooper Ave,
Super Pollo Restaurant, Ana Kuan - Owner
Control Number 005756

To Whom It May Concern:

This letter is in response to your plan review letter dated December 5, 2007, with regard to the above referenced project. The following are my responses to your letter.

1. The Owner shall submit a plan for the cooking suppression system.
2. The Owner shall file a permit for the hood systems.
3. The existing fire suppression sprinkler system will not be changed or altered.

Should you have any further questions, please do not hesitate to call my office.

Very Truly Yours,

Richard Villano, AIA
RV/rv
Cc: Ana Kuan, Owner
(Plan Review Fire Ltr.doc)
20060712

1001 DEAL ROAD • OCEAN TOWNSHIP, NEW JERSEY 07712 • (732) 493-4850 • FAX (732) 493-4851
www.architectrichardvillano.com

resubmit to Fire
C07-005756

ARCHITECT: RICHARD VILLANO, P.A.

RV

• RICHARD VILLANO, AIA

January 22, 2008

Fire Construction Official
Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

Re: Kennedy Mall, Unit #15, 2770 Hooper Ave,
Super Pollo Restaurant, Ana Kuan - Owner
Control Number 005756

To Whom It May Concern:

This letter is in response to your plan review letter dated December 5, 2007, with regard to the above referenced project. The following are my responses to your letter.

1. The Owner shall submit a plan for the cooking suppression system.
2. The Owner shall file a permit for the hood systems.
3. The existing fire suppression sprinkler system will not be changed or altered.

Should you have any further questions, please do not hesitate to call my office.

Very Truly Yours,

Richard Villano, AIA
RV/rv
Cc: Ana Kuan, Owner
(Plan Review Fire 1.doc)
20060712

1001 DEAL ROAD • OCEAN TOWNSHIP, NEW JERSEY 07712 • (732) 493-4850 • FAX (732) 493-4851
www.architectrichardvillano.com

resubmit to Fire
C07-005756

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 005756

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

2770 Hooper Ave

ADDRESS OF APPLICATION: Kennedy Mall Unit # 15 a 2770 Hooper Ave.

DATE REVIEWED: 12-5-05

REVIEWED BY: Ron Bizzar

CONTACT CALLED/FAXED: unable to get thru can't dial long distance # operator not at desk

1) need plan for cooking equip systems (how many)

2) need permit for hood systems.

3) need verification sprinkler coverage is not changing.

resubmit 01.26.06 sealed letter

Frank/plan review template

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 10/12/07

Block: 4 Lot: 670

Property Address: 2770 Hooper Ave., Unit #15, Brick, NJ 08723

I, Ana Kuan (name) of 8 Bettys Lane, Brick, NJ 08723 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, ~~Chapter~~ 190.31, Part B.

Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 12/4/07 Signed:

Rejected on: Signed:

Comments:

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 038557

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE #: 732-477-5776

ESTABLISHMENT TRADING NAME: SUPER POLLO

NUMBER AND STREET: 2770 HOOPER AVE

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

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: ANN KUHN

NUMBER AND STREET: 8 BETTY LN

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
11/30/07	0830	0910

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 DESSERTS
- ☐ OTHER _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, (NA)

NAME OF INSPECTING OFFICIAL (Print): STEPHEN KLAWIECKI

SIGNATURE OF INSPECTING OFFICIAL: Stph Klawiecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Super Pollo	To be Obtained	11/30/07
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 0830

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN CONFORMANCE WITH CHAPTER 24,
	THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 24 HOURS PRIOR TO INTENDED OPERATION FOR ANY OPENING INSPECTIONS,

(Attach additional sheets if necessary)

H.D. 67

Page 1 of 1 Pages

Township of Brick
Zoning Permit

Approved: Wednesday, November 28, 2007 **Number:** 1395

Block 670 **Lot** 4 **Zone:** B-3, Hwy. Dev.

Property Address: 2770 Hooper Avenue, Kennedy Mall

Applicant: Ana P.Kuan, Super Pollo !!

Property Owner: Kennedy Mall Associates

Existing Use: Vacant Restaurant Unit # 15, previously "Blimpies"

Proposed Use: Restaurant "Super Pollo II"

Proposed Construction: Interior alterations for a new business.

Conditions: An additional zoning permit is required for any sign or banner or any other work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
NOV 28 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 670 LOT 4 QUALIFIER —

PROPERTY ADDRESS 2770 Hooper Ave., Brick, NJ 08723, Unit #15

PERSONAL NAME OF APPLICANT Ana P. Kuan

BUSINESS NAME OF APPLICANT 2770 KENNEDY MALL d/b/a SUPER POLLO II

MAILING ADDRESS OF APPLICANT 8 Bettys Lane, Brick, NJ 08723

PROPERTY OWNER'S FULL NAME Kennedy Mall Associates

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Sub Shop - Blimpie's

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) restaurant SUPER POLLO II

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Tenant Fit up

CHECKLIST

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

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

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

SIGNATURE OF APPLICANT _____ Date 10/12/07

Reviewed by Zoning Office _____ Date 11/28/07 (X) Approved ( ) Denied

March 2003

10/12/07

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☑ Zoning Application deemed complete Initialed: [signature] Date: 6/21/01

☐ Zoning Application approved Initialed: ________ Date: ________

☐ Zoning permit updates:

____

____

____

A.H.B.T. - MANDATORY FEE - COMMERCIAL

IMPORTANT No fee required

Board of Health Before After

Mary Jane 262-1034

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

Address 8 BETTYS LANE
BRICK, NJ 08723

Telephone (732) 477-5776

Signature [signature]

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

✓ need horn/strobes IBC 2006

✓ exhaust fans not to shutdown upon activation

- need access to roof to inspect vent hoods

✓ need override sensor for exhaust IMC 2006

✓ Tables/chairs don't match layout

✓ remove org table & shelves from kitchen entrance.

~~✓ need location of exhaust hoods labeled~~

7-2-08 ✓ 7/9 need access to roof

need to verify horns/strobes work

✓ 7/9 verify exhaust air stays on.

7-9-08

horn/strobes activate when heat sensors activate for exhaust fans

7/11/08

OBOR, (F) Tech