Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135-197 VAN Zile PERMIT NO. 20-2430

CONSTRUCTION PERMIT APPLICATION C20-00264

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 151 VAN ZILE RD Brick N.J.
2. Name of Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
   Tel. 917-804-3482 e-mail _____
   Address 135-197 VAN ZILE 12080 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Metro Suburban Const Tel. 732-778-4579
   Address 3 Georgetown la e-mail MetroSuburban@verizon.net
   HAZLET NJ. 07730
   License No. OR, if new home, Builder Reg. No. 13VH02316000 Exp. Date 3/21
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 02-0692810 FAX: _____
5. Architect or Engineer AS Architectural design LLC Contact Ayman Sedra
   Address 188 Eagle Rock Ave St 5. Roseland N.J. e-mail ASedra@ASAdesignLLC.com
   Tel. 973.302.3022 FAX: 973-970-1928
6. Responsible Person in Charge once Work has Begun Greg Hicks
   Tel. 732-754-4227 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1500-	1A	1B
2. Electrical	150-		
3. Plumbing	345-		
4. Fire Protection	110-	110-	500-
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 105-	4-	1-
10. Subtotal			
11. Cert. of Occupancy	150-		
12. Other			
13. TOTAL	$	120-	501-

+C 150-B

150-

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. Max. Live Load _____
7. Max. Occupancy Load 86
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone PFIRM-Zone X
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

Gordough Pizza

Tenant Set Up

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		MFF	8/17/2020		10-8-20				
☒ Electrical				9-22-2020	10-9-20				
☐ Plumbing					9-16-20				
☐ Fire Protection					9-24-20				
☐ Elevator		Eng Exempt			9/2/20				
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

COMMERCIAL

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/07/2021
Control Number C-20-002641
Permit Number 20-2430
Permit Issue Date 10/13/2020
Certificate Number 20-2430

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone:

Contractor METRO SUBURBAN CONSTRUCTION

Address 3 GEORGETOWN LANE HAZLET NJ 07730

Telephone: (732) 778-4579 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 25

Description of Work/Use: TENANT FIT UP - - GORDOUGH 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:

Construction Official

Fee: $150.00
Check Number: 348
Collected By: Christopher Winters

Date Printed: 01/07/2021

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/13/20

Date Issued / Permit # 20-2430

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

Block 1149 Lot 1 Qualification Code

Work Site Location 151 Van Zile Rd. Unit 40
Brick Township N.J. 08724

Owner in Fee: Brick Town Associates

Tel. (609) 804-3482 e-mail

Address 135-197 Van Zile Rd Brick 08724
street municipality zip code

Contractor: Metro Suburban Const Tel. (732) 778-4579

Address 3 Georgetown Ln. Hazlet e-mail metrosuburban@verizon.net

Contractor License No. or Builder Registration No. 13VH02316000 Exp. Date 3/31/21

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

Federal Emp. ID No. 02-0892810 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10.8.20	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/03/20
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/17/20
Approved by: MEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			11/09/20	MEK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above Ceiling			12/01/20	MEK
Final			12/17/20	MEK
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 $ 30,000.00
3. Total (1+ 2) $ 30,000.00

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: F.L. Milton

Print name here: Frank Milton

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant Fitout/Finishes
To Existing Pizza Place
(PJ's Pizza)
COMMERCIAL

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Update

Date Received / Control # 11/12/20

Date Issued / Permit # 20-2430+C

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

Block 1149 Lot 1 Qualification Code

Work Site Location 135-197 VAN Zile Rd. GORDOUGH PIZZA
Bricktown Township N.J.

Owner in Fee: Bricktown Plaza Assoc.

Tel. e-mail

Address 600 Old Country Rd Garden City N.Y. 11530
street municipality zip code

Contractor: Metro Suburban Const Tel. 732-778-4579

Address 3 georgetown Ln e-mail
Has Pet NJ. 07730

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

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

Federal Emp. ID No. 22-0692810 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	11/10/20	MEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/10/20
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/17/20
Approved by: MEK

INSPECTIONS

Type:	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			12/17/20	MEK
Barrier-Free				

Dates (Month/Day)

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 $
3. Total (1+ 2) $ 0

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Frank Mitton

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rated Ceiling

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)
Internet version

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

any new alarm work thats new Requires permits

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/13/20
Control #
Date Issued
Permit # 20 130

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

Block 1149 Lot 1 Qualification Code ______

Work Site Location 151 VAN Zile Rd UNit 40
Brick Township N.J. 08724

Owner in Fee: Brick Town Plaza associates

Tel. (917) 804 3482 e-mail ______

Address 135-197 VanZile Rd 08724
street municipality zip code

Contractor: AJEC Electrical Contractors LLC Tel. (908) 757-9119

Address 43 Marne Street e-mail AJECLLC@outlook.com
Newark, NJ 07105

Contractor License No. 10311A Exp. Date 3/31/21 Verified online

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

Federal Emp. ID No. 47-4994784 FAX: (908) 757-0685

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 20,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[X] Electric Plans Approved

Date: 10-9-2020 Approved by: [signature]

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

SUBCODE APPROVAL for PERMIT
Date: 10-9-2020
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 12 17 20
Approved by: [signature]
Acting

INSPECTIONS — Dates (Month/Day)

Type		Failure	Failure	Approval	Initial
Rough	Wall			11-5-2020	[initials]
Barrier-Free					
Trench					
Temp. Serv.	ceiling			12/7/2020	
Constr. Serv.	Rem				
TCO					
Other	Seal and Above Ceiling			11-5-2020	[initials]
Service					
Final				12/17/2020	
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: [signature]

Print name here: Joseph Livingstone

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Update/Fitout Existing Pizza Parlor

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

COMMERCIAL

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

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

CITY OF HOBOKEN
City Hall
Hoboken, New Jersey 07030
(201) 420-2000 Ext.4740
Construction Official
Mr. Mario Patruno

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/13/20
Control # 20-2430
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 1149 Lot 1 Qualification Code

Work Site Location 151 VAN ZILE RD. UNIT 40
Brick Township N.J. 08724

Owner in Fee BRICK TOWN PLAZA ASSOCIATES

Tel: 917-804-3482 e-mail

Address 22135-197 VAN ZILE ROAD 08724
street municipality zip code

Contractor: FAZZARO PLUMBING & HEATING Tel. ( )
Address 808 3RD AVE.
TOMS RIVER, NJ 08757
e-mail
LIC. # 12048 PH. 732-928-1137
Contractor License No. FED. # 22-3708743 Exp. Date

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

Federal Emp. No. Fax: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Sewer Private Well

Est. Cost of Plumbing Work $ 5,000.00

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, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here:

Print name here: Scott Fazzaro

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK
TENANT Fitout upgrade To Existing Pizza Place

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
1	Floor Drain	
4	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
14	Gas Piping	
1	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

COMMERCIAL

UCC/F-130
(rev. 11/13)

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 9-16-20 Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-16-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12-22-20
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11-5-20	
Rough			12-16-20	
~~Water~~ Partial Rough			11-5-20	
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			12-16-20	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			12-17-20	

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

* ok Dump Test
* Grease Trap certification?

INSPECTOR COPY

"B" 7/6/20

1470 sqft

2 1+4 kitchen 2 sauna

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/13/20
Date Issued
Control #
Permit # 20-2430 +A

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

Block 1149 Lot 1 Qualification Code

Work Site Location 151 VAN ZILE RD BRICK TOWNSHIP, NJ

Owner in Fee: Brick Town plaza associates

Tel. (917) 804-3482 e-mail

Address 135-197 Van Zile Rd

Contractor: ALLSTATE FIRE TECHNOLOGIES, INC. Tel. (973) 353-0011

Address 289 SHERMAN AVENUE e-mail astatefire@aol.com

NEWARK, NEW JERSEY 07114

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00226

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. 153812

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-3027106 FAX: (973) 353-0051

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 [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Understab 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: 9/24/20 Approved by: LCO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12-23-2021

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
CO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other			12/20	

U.C.C. F140 (rev. 12/07) 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. Salvatore Colandro

Applicant Signature/ Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK Add 1 new spk. HD in bath rm. off existing syst.

Water Supply Source CITY

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)	1	
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

UCC/F-140 (REV 12/07)

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

FIRE SUBCODE TECHNICAL SECTION

8/21/20 — 10/13/20
Date Received — Date Issued
Control # 20-2430
Permit #

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

Block 1149 Lot 1
Work Site Location 151 Van Zile Rd UNIT 40 Gordoughs
Brick Town N.J. 08724
Owner in Fee Bricktown Plaza Associates
Address 135-197 Van Zile Rd
Bricktown N.J.
Tel (917) 804-3482
Contractor Metro Suburban Const.
Address 3 Georgetown Ln.
Hazlet N.J. 07730
Tel (732) 778-4579 FAX ( ) _____
Lic. No. _____
Federal Emp. No. 02-0692810

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating System [ ] New [ ] Existing HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 500.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 9/24/20
Approved by: [illegible]
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-23-20
Approved by: [illegible]

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Gas Fired Appliances
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: Flammable Liquid Combustible Liquid LPG LNG Capacity ____ Fuel ____		
Alarm Systems 110v Interconnected System	**NUMBER**	
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas X or Oil Fired Appliances	4	
Other		

part of hood
No appliances

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

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

10/13/20

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20-2430

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

Block 1149 Lot 1 Qualification Code

Work Site Location GORDONS PIZZA
151 Van Zile Rd 08724

Owner in Fee: Brick Town Associates

Tel: 917 804-3482 e-mail

Address 135-197 Van Zile Rd NJ 08724

Contractor: NORTHEAST FIRE EQUIPMENT Tel 732 836 1300

Address PO Box 309 e-mail NORTHEASTFIRE@ Verizon.net
ISLAND HEIGHTS, NJ 08732

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P1181

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153384

Fire Alarm Contractor No. NA Exp. Date 10/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 82-2668882 FAX: NA

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 [ ] 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: Andrew Cipolla

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install a UL300 wet chemical
Water Supply Source Kitchen hood Duct + Appliance fire
Method of Alarm/Suppression System Supervision Suppression System
Local

	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	1	
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: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/22/20
Approved by: [signature]

SUBCODE APPROVAL - CERTIFICATE
[ ] CO [ ] CC [ ] CA
Date: 12/22/20
Approved by: [signature]

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			12/22/20	

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.

Now Going for Sprinkler

SAL
6098799331

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 1/4/21 MFF OK per MUA on 1-7-21 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

AS Architectural Design, LLC
Ayman Sedra, AIA
188 Eagle Rock Ave
2nd floor, Suite #5
Roseland, NJ 07068
Phone: 973-302-3022
Fax: 973-970-1928
www.asadesignsllc.com
asedra@asadesignsllc.com

December 10th, 2020
Township of Brick - Building Department
401 Chambers Bridge Rd
Brick, NJ 08723
Re: Proposed Restaurant Renovations
Gordough's Pizza
151Van Zile Road
Brick Township, NJ 08724

Dear Mr. Daniel F. Newman Jr.:

Please be advised that my office approved some changes to the above-mentioned project.

1- I approved the substitution of the75 GPM automatic siphon grease trap by ZURN model # GT2700 with 50 GPM grease trap PDI certified by Canplas Endura Model # 3950A03(S).
2- I approved the installation of the local vent (candy cane vent) for the new 50 GPM grease trap to be installed under the 3-compartment sink.
3- I approved the elimination of the floor drain that was shown in the new ADA bathroom as it is not required by code.
4- The existing 2" black iron gas line to remain unchanged, the 2 1/2 "gas line shown in drawings is a typo.

If you have any questions regarding these matters, please do not hesitate to contact this office.

Sincerely,
Ayman Sedra, AIA

12-10-2020

AS Architectural Design, LLC
Ayman Sedra, AIA
188 Eagle Rock Ave
2nd floor, Suite #5
Roseland, NJ 07068
Phone: 973-302-3022
Fax: 973-970-1928
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If you have any questions regarding these matters, please do not hesitate to contact this office.

Sincerely,
Ayman Sedra, AIA

12-10-2020

☑ System is Compliant with NJAC 5:70-3 ☐ System is Non-Compliant

Northeast Fire Equipment
www.nefire.com
732-836-1300 Lic.# P1181

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
	12/23/20	KITCHEN COMMERCIAL APPLIANCES	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS
PROTEX	2 OF 6 GAL	WET	2

COMPANY	CONTACT	PHONE	FAX
GOODNUGHTS PIZZA			
ADDRESS	**CITY**	**STATE**	**ZIP** / **CUSTOMER NUMBER**
151 MAIN ZICE RD	BRICK	NJ	08723
AHJ / FIRE PROTECTION DISTRICT	**INSPECTION TYPE**		
	☑ INITIAL ☐ ANNUAL ☐ SEMI-ANNUAL ☐ _____		

Initial Actions / Observations	Y	N	N/A
1 Last Serviced By? _____			
2 Were building personnel notified of the inspection?	☑	☐	☐
3 Was the monitoring company notified?	☐	☐	☑
4 System found charged and functioning at time of technician's arrival?	☑	☐	☐
5 System un-tampered with since last visit?	☑	☐	☐
6 System found to be at proper pressure upon arrival?	☑	☐	☐

Visually Check System	Y	N	N/A
7 Baffle-type filters installed in hood?	☑	☐	☐
8 System [and appliance layout] appear unchanged since last service?	☑	☐	☐
9 Were the nozzle caps in place at time of arrival?	☑	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	☑	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☑	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☑	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☑	☐	☐
14 Nozzle(s) properly positioned over appliances?	☑	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☑	☐	☐
16 Is there a fan warning sign on hood?	☑	☐	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☑	☐	☐

Hazard Inspection	Y	N	N/A
18 Hazard configuration appeared to remained unchanged?	☑	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☑	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☑	☐	☐

System Functional Test	Y	N	N/A
21 System disarmed per manufacturer's recommendations?	☑	☐	☐
22 Mechanical detection line tested and found to operate properly?	☑	☐	☐
23 Proper number and placement of detectors/links?	☑	☐	☐
24 Did the system operate properly from activation of a manual pull station?	☑	☐	☐
25 Gas shut-off valve installed and working properly? (Note location)	☑	☐	☐
26 Replaced links with proper temperature rating?	☑	☐	☐

7 at 450 Degrees _____ at _____ Degrees

_____ at _____ Degrees _____ at _____ Degrees

_____ at _____ Degrees _____ at _____ Degrees

27 Is the manual reset for electric gas valves operational?	☐	☐	☑
28 Did all electrical appliances shut off upon system operation?	☐	☐	☑
29 Did all gas appliances shut off upon system operation?	☑	☐	☐
30 Did the make-up air shut down?	☑	☐	☐
31 Did the alarm system activate when the system tripped?	☑	☐	☐
32 Did control head(s)/cylinder releasing device(s) operate properly?	☑	☐	☐

Cylinders and Agent	Y	N	N/A
33 Cylinder Pressure 225 psi x 2	☑	☐	☐
34 Hydrostatic test date of cylinder checked. Due: MAY 2020	☐	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	☐	☐	☐
36 Are all cylinders securely mounted?	☐	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 16.5	☐	☐	☐
	☐	☐	☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
Gonzo's Pizza			

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
151 Van Zile	Bath	VT		

System Reactivation	Y	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?	☑	☐	☐
39 Detection [link] line has proper tensioning?	☑	☐	☐
40 Was the control head reset?	☑	☐	☐
41 Were all fuel sources and power restored?	☑	☐	☐
42 Were all pilot lights supplied by the gas valve relit?	☑	☐	☐
43 Microswitch/relay(s) reset -- electric appliances "on"?	☑	☐	☐
44 Are all nozzle caps in place?	☑	☐	☐
45 Were all filters reinstalled?	☑	☐	☐
46 Were all cartridges reinstalled? (if applicable)	☑	☐	☐
47 Tandem/slave releasing device(s) reset properly?	☑	☐	☐

Final	Y	N	N/A
48 Operator's manual on site?	☐	☐	☑
49 Class K portable extinguisher available and properly serviced?	☑	☐	☐
50 Remote manual release free from obstructions & operable?	☑	☐	☐
51 Has the system been placed back in service?	☑	☐	☐
52 Monitoring company notified that the system is back in full service?	☐	☐	☑
53 Were building personnel notified of the system condition?	☑	☐	☐
54 Have you received a signature from the building personnel?	☑	☐	☐
55 Inspection tag affixed to system?	☑	☐	☐

Description of Deficiencies

Comments and Recommendations

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ **A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.**

Authorized Customer Representative

SIGNATURE: _____

PRINT NAME: _____

Authorized Company Representative

SIGNATURE: _____

PRINT NAME: _____

CERTIFICATION NUMBER 20118

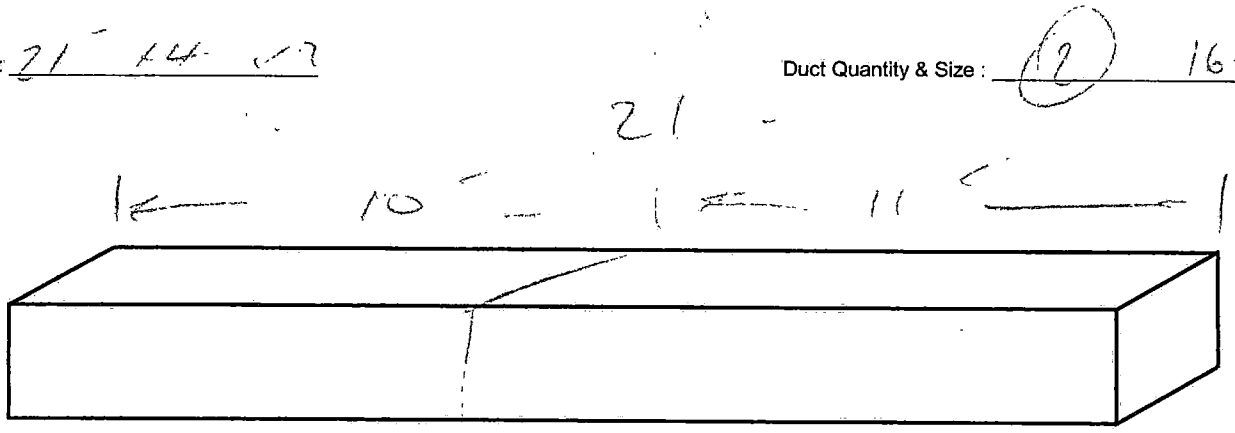
KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
GIORDANOS PIZZA			

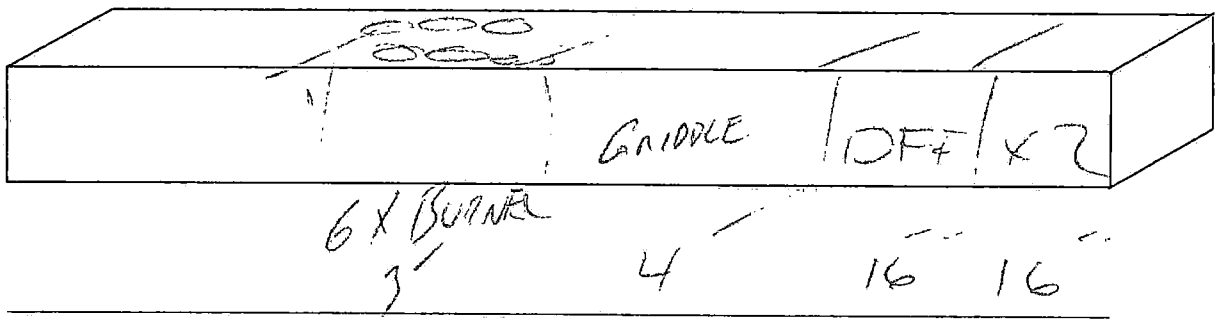
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
151 HWY 70 E	BRICK	NJ		

Hood Size: 21" x 44" x 7"

Duct Quantity & Size: (2) 16"x16"



Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ✓ No ____

Nozzle Quantity: Duct ~~8~~ 2 Plenum 3 Appliance 5

Remote Pull: Yes ✓ No ____ Location LEFT OF HOOD

Gas Valve: Yes ✓ No ____ Size: 2"

Gas Valve Style: Electrical ____ Mechanical ✓

Gas Valve Location: CEILING THEN ABOVE Type: Release / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, January 07, 2021 4:44 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: RE: Gordoughs Pizza - 135-197 Van Zile Rd. Block: 1149 Lot: 1

Yes Matt we were out there this morning.

From: Matthew Fagen <mfagen@twp.brick.nj.us>
Sent: Thursday, January 7, 2021 4:35 PM
To: Susan Stanisz <sstanisz@brickmua.com>; Bev O'Neill <boneill@brickmua.com>
Cc: Silvana Vasco <svasco@brickmua.com>
Subject: RE: Gordoughs Pizza - 135-197 Van Zile Rd. Block: 1149 Lot: 1

Good afternoon. The owner left me a message that the MUA was out there. Can you confirm if this is okay for us to CO?

Thanks,
Matt

From: Matthew Fagen
Sent: Monday, January 04, 2021 3:09 PM
To: Susan Stanisz (sstanisz@brickmua.com) <sstanisz@brickmua.com>; Beverly O'Neill <boneill@brickmua.com>
Cc: 'Silvana Vasco' <svasco@brickmua.com>
Subject: Gordoughs Pizza - 135-197 Van Zile Rd. Block: 1149 Lot: 1

Good afternoon. We are about to issue a CO for Gordoughs Pizza located at 135-197 Van Zile Rd. Block: 1149 Lot: 1. It is the former PJ Pizza. The contact person is Sal and his telephone number is (609)879-9331. Please let me know when this approved.

Have a great day!

Matt

Matthew F. Fagen
Division of Inspections
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

APPLICATION FOR CERTIFICATE

Date Received 8/17/2020
Date Permit Issued 10/13/2020
Control # C-20-002641
Permit # 20-2430
Date Issued

IDENTIFICATION

Block 1149 Lot 1 Qualifier

Work Site Location 135-197 VAN ZILE RD. Brick Township, NJ

Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone

Contractor METRO SUBURBAN CONSTRUCTION
Address 3 GEORGETOWN LANE HAZLET NJ 07730

Telephone (732) 778-4579
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous B Current

FINAL COST OF CONSTRUCTION: $ 58900
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - GORDOUGH PIZZA

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv.

PERMIT UPDATE

Date Update Issued 11/12/20
Control # C-20-002641+C
Permit # 20-2430+C

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:

Contractor: METRO SUBURBAN CONSTRUCTION
Address: 3 GEORGETOWN LANE HAZLET NJ 07730
Telephone: (732) 778-4579
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - GORDOUGH PIZZA ...UPDATE +C - FIRE RATED CEILING DETAIL

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	3666
Cash	$0
Credit	$0
Collected By	

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

D. Neuman Jr 11/10/20
Construction Official Date

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

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

REQUIRED INSPECTIONS

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

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

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

AS Architectural Design, LLC
Ayman Sedra, AIA
188 Eagle Rock Ave
2nd floor, Suite #5
Roseland, NJ 07068
Phone: 973-302-3022
Fax: 973-970-1928
www.asadesignsllc.com
asedra@asadesignsllc.com

FILE COPY

October 30th, 2020
Township of Brick - Building Department
401 Chambers Bridge Rd
Brick, NJ 08723
Re: Proposed Restaurant Renovations
Gordough's Pizza
151Van Zile Road
Brick Township, NJ 08724

Dear Mr. Daniel F. Newman Jr.:

Please be advised that we are proposing to provide fire separation for the above mentioned pizzeria through a hard ceiling to be installed above the proposed ADA accessible bathroom, as a substitution for providing the same through the demising wall between the two retail spaces, please see detail below for more information.

If you have any questions regarding this matter, please do not hesitate to contact this Office.

FLOOR-CEILING SYSTEMS, STEEL-FRAMED, WOOD-FLOOR

GA FILE NO. FC 4503 **GENERIC** **1 HOUR FIRE**

GYPSUM WALLBOARD, STEEL CHANNEL JOISTS, PLYWOOD FLOORS

Base layer 1/2" proprietary type X gypsum wallboard applied at right angles to channel shaped, minimum 6" deep, 16 gage galvanized steel joists 24" o.c. 1" Type S-12 drywall screws 24" o.c. **Face** layer 1/2" type X gypsum wallboard applied at right angles to joists with 1 5/8" Type S-12 drywall screws 12" o.c. at end joints and intermediate joists and 1 1/2" Type G screws 12" o.c. placed 3" back from either side of end joints and staggered 6" from Type S-12 screws at joint. Joints offset 24" from base layer joints.

Floor of 3/4" T & G edge plywood applied at right angles to joists with 1 7/8" No. 6 Philips head screws with 3/4" pilot tip 6" o.c. and end joints and 12" o.c. at intermediate joints.

Approx. Ceiling Weight: 4 psf
Fire Test: FM FC 205-1, 11-16-73

Sincerely,
Ayman Sedra, AIA
10-30-2020

FILE COPY

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE 11/10/20
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official
UPDATE #20-2430+C

PERMIT UPDATE

Date Update Issued 10/13/20
Control # C-20-002641+B
Permit # +B
20-2480

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES, 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:
Contractor: METRO SUBURBAN CONSTRUCTION
Address: 3 GEORGETOWN LANE HAZLET NJ 07730
Telephone: (732) 778-4579
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:
TENANT FIT UP - GORDOUGH PIZZA ...UPDATE +B - GAS APPLIANCE VENTING

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$500
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$501
Check No.	348
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $500

Construction Official — Date 10/7/20

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 10/13/20
Control # C-20-002641+A
Permit # +A
20-2430

IDENTIFICATION Block: 1149 Lot: 1 Qualifier:
Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:

Contractor: METRO SUBURBAN CONSTRUCTION
Address: 3 GEORGETOWN LANE HAZLET NJ 07730
Telephone: (732) 778-4579
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:
TENANT FIT UP - GORDOUGH PIZZA ...UPDATE +A - SPRINKLER HEAD

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,900

Construction Official — Date 10/19/20

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$120
Check No.	148
Cash	$0
Credit	0 $0
Collected By	

10/13/20 [illegible]

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.

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

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

CONSTRUCTION PERMIT

Date Issued 10/13/20
Control # C-20-002641
Permit # 20-0430

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES, 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:
Contractor: METRO SUBURBAN CONSTRUCTION
Address: 3 GEORGETOWN LANE HAZLET NJ 07730
Telephone: (732) 778-4579
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - GORDOUGH PIZZA

PAYMENTS (Office Use Only)

Building	$1,500
Electrical	$150
Plumbing	$348
Fire Protection	$170
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$112
CO Fee	$150.00
Other	$0
Total	$2,430
Check No.	343
Cash	$0
Credit	$0
Collected By	

+75
2505

10/13/20 [illegible]

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $58,900

D. Mulligan Jr. 1176 10/9/20
Construction Official Date

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

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

REQUIRED INSPECTIONS

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

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

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  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.

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- [ ] 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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-01147
DATE ISSUED 10/13/20

BLOCK: 1149 LOT: 7 QUALIFIER: — SITE ADDRESS: 151 van Zile Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: BrickTown Plaza associates
COMPLETE ADDRESS: 135-197 van Zile Rd 08724

PHONE # 917-804-3482 EMAIL: _____

2. NAME OF APPLICANT: Salvatore Colandrea
APPLICANT ADDRESS: 22 Teaberry Lane P.O. box 188 Newgretna NJ, 08224
PHONE # 609-879-9331 EMAIL: Sal@gordoughs.com

3. RESPONSIBLE PERSON FOR WORK: greg hicks
PHONE# 732-754-4222 FAX# _____

4. SIGNATURE OF APPLICANT: Salvatore Colandrea

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: PJ/Angelinas
PROPOSED USE: gordoughs' pizza

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

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: tenant Fit out gordough's pizza

ZONING REVIEW:
DATE REVIEWED: 8-22-20 DATE DENIED: _____ DATE APPROVED: 8-22-20 INTLS: CL

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-20-01037
Application Date: 8/26/2020
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **135-197 VAN ZILE RD.**
Brick Township, NJ 08724

Owner: **BRICKTOWN PLAZA ASSOCIATES**
Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NY 11530

Applicant: **METRO SUBURBAN CONSTRUCTION**
Address: **3 GEORGETOWN LANE**
HAZLET, NJ 07730

Block: **1149** Lot: **1** Qualifier: Zone: **B-3**

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

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant Gordough Pizza**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from PJ's Pizza to Gordough's Pizza.

Additional Zoning permit is required for additional work or signage.

Application Approved Date: 8/27/2020

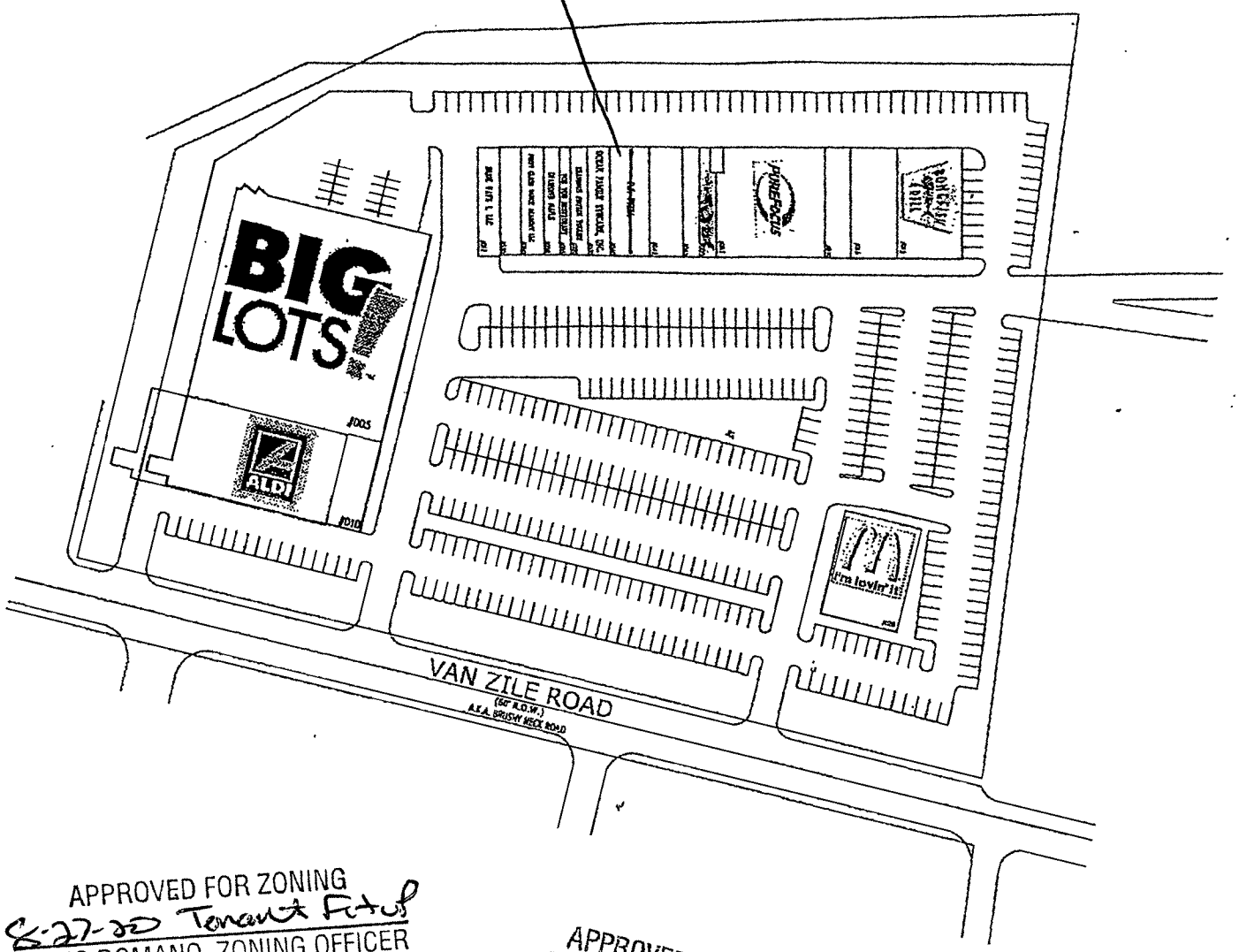
Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer

8/27/2020
Date

#40
Gordoughs pizza

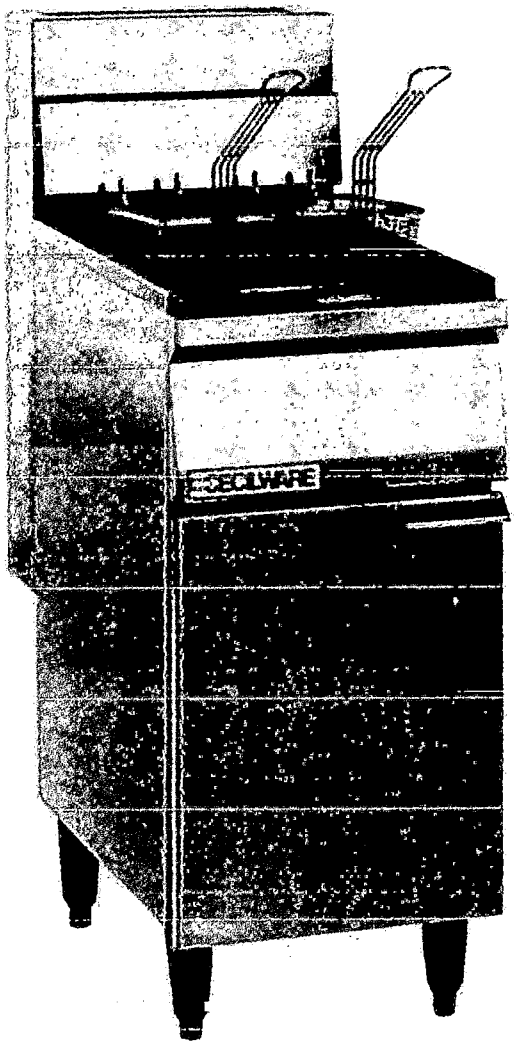


APPROVED FOR ZONING
8-22-22 Tenant Fit-up
CHRIS ROMANO, ZONING OFFICER

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 19 2016
SKZ
TFU - #161
- Metro PCS

COMMERCIAL HEAVY DUTY

GAS FRYER



MODEL NOs.

FMS-W/STAINLESS STEEL TANK
FMP-W/MILD STEEL TANK

FMP 403HP	FMP 40	FMP 65	FMP 40HP	FMP 65HP
FMS 403HP	FMS 40	FMS 65	FMS 40HP	FMS 65HP

CONTENTS

STANDARD FEATURES:

- **Quality construction**
- **Heavy duty 18 gauge Stainless Steel Unibody Construction for long life.**
- **Choice of 16 gauge Stainless of 14 gauge Mild Steel Tank Heliarc Welded for leakproof operation.**
- **16 gauge Stainless Steel Heat Tube exchangers for maximum heat transfer.**
- **Heavy duty cast iron burners.**
- **1 ¼" ball type drain valve slanted for fast draining of fats.**
- **Designed for maximum accessibility and service.**
- **Large foaming area.**
- **Automatic temperature control.**
- **Precision Thermostat for saturation free frying.**
- **Superfast heat up and recovery seals and cooks food to perfection.**
- **Design certified – CSA Listed.**
- **NSF Listed**
- **MEA Listed**

FOR YOUR SAFETY
DO NOT STORE OR USE GASOLINE OR OTHER FLAMMABLE VAPORS AND LIQUIDS IN THE VICINITY OF THIS OR ANY OTHER APPLIANCE.

WARNING: IMPROPER INSTALLATION, ADJUSTMENT, ALTERATION, SERVICE OR MAINTENANCE CAN CAUSE PROPERTY DAMAGE, INJURY OR DEATH. READ THE INSTALLATION, OPERATING AND MAINTENANCE INSTRUCTIONS THOROUGHLY BEFORE INSTALLING OR SERVICING THIS EQUIPMENT.

CECILWARE®

CECILWARE CORPORATION

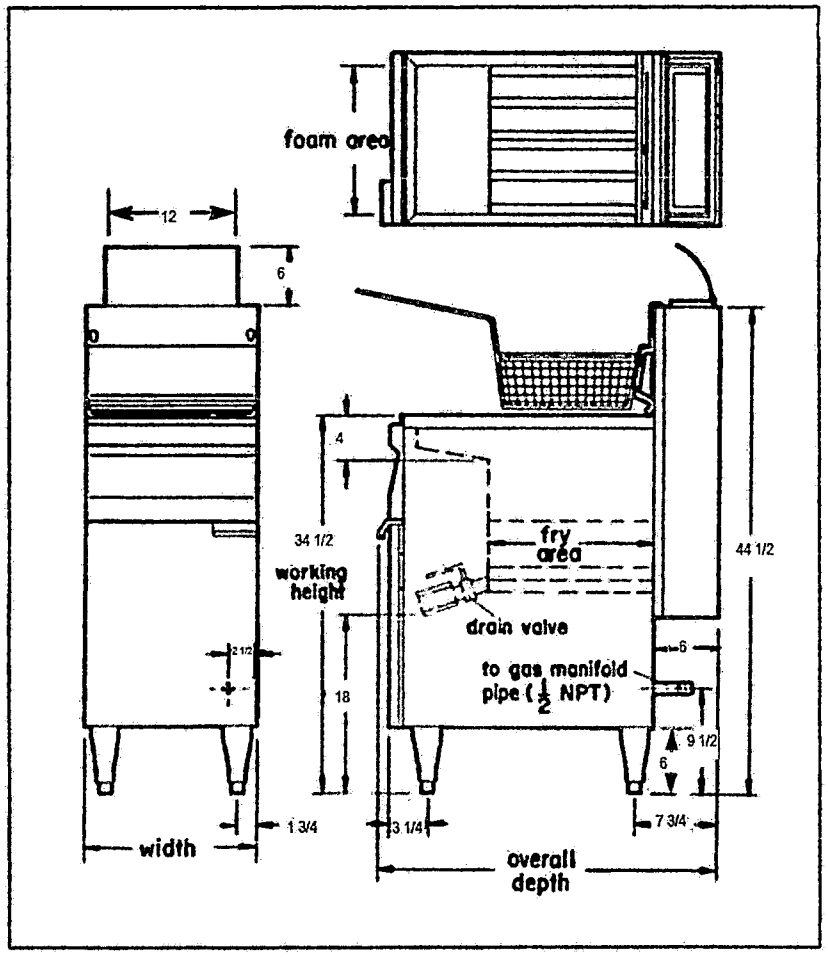
43-05 20th Avenue, Long Island City, NY 11105 • 718-932-1414

FOR YOUR SAFETY
DO NOT STORE OR USE GASOLINE OR OTHER FLAMMABLE VAPORS AND LIQUIDS IN THE VICINITY OF THIS OR ANY OTHER APPLIANCE.

SAFETY PRECAUTIONS

FOR YOUR SAFETY, THE FOLLOWING PRECAUTIONS SHOULD BE FOLLOWED AND ENFORCED.

1. Instructions must be posted in a prominent location and all safety precautions taken in the event the user smells gas. Obtain this information from your local gas supplier.
   IF YOU SMELL GAS:
   1. OPEN WINDOWS
   2. DON'T TOUCH ELECTRICAL SWITCHES
   3. EXTINGUISH ANY OPEN FLAMES
   4. IMMEDIATELY CALL YOUR GAS SUPPLIER
2. LIGHTING – Follow the instructions on page 4 and on label attached to inside of fryer door.
3. Do not place anything over the flue opening.
4. Do not place combustible or non-combustible material in the vicinity of the fryer as this could cause fires or obstruct air to the main burners.
5. This installation must conform to local codes, or in the absence of local codes, with the *National Fuel Gas Code,* ANSI Z223.1/NFPA 54, or the *Natural Gas and Propane Installation Code,* CSA B149.1, as applicable, including:
   a. The appliance and its individual shutoff valve must be disconnected from the gas supply piping system during any testing of that system at test pressures in excess of ½ psi (3.5 kPa).
   b. The appliance must be isolated from the gas supply piping system by closing its individual manual shutoff valve during any pressure testing of the gas supply piping system at test pressures equal or less than ½ psi (3.5 kPa).
6. Provide adequate air supply and ventilation.
7. Provide adequate clearance for air openings into the combustion chamber.
8. Provide clearance for servicing and proper operation. Minimum clearance from combustible construction is 6 inches from back and 6 inches from side.
9. Fryer must be disconnected from gas supply during any pressure testing of pipelines in excess of ½ psig, and isolated (by turning off manual gas shut-off valve) during any testing equal to or less than ½ psig.
10. Retain this manual for future reference.



GENERAL PROPORTIONS, (FM 40 SHOWN)

FRYER SPECIFICATIONS

GENERAL SPECIFICATIONS

PLAIN STEEL TANK	FMP 403 HP-CE	FMP 40-CE	FMP 65-CE	FMP 40 HP-CE	FMP 65 HP-CE
STAINLESS STEEL	FMS 403 HP-CE	FMS 40-CE	FMS 65-CE	FMS 40 HP-CE	FMS 65 HP-CE
Width	15 ½ "	15 ½ "	20"	15 ½ "	15 ½ "
Overall Depth	30 ⅞ "	30 ⅞ "	36 ⅞ "	30 ⅞ "	37 ⅞ "
Working Height	34 ½"	34 ½"	34 ½"	34 ½"	34 ½"
Overall Height	46 ¾"	46 ¾"	46 ¾"	46 ¾"	46 ¾"
Fat Capacity (min.)	49 lbs.	43 lbs.	79 lbs.	56 lbs.	95 lbs.
Foam Area	13 ¾" x 22"	13 ¾" x 22"	18 ¼" x 28"	13 ¾" x 22"	18 ¼" x 28"
Fry Area	13 ¼" x 15"	13 ¼" x 15"	18 ¼" x 19"	13 ¼" x 15"	18 ¼" x 19"
Basket Size	12 ⅛" x 6 ½" x 5	12 ⅛" x 6 ½" x 5	17" x 8 ½" x 5 ¾"	12 ⅛" x 6 ½" x 5	17" x 8 ½" x 5 ¾"
Shipping Weight	145 lbs.	155 lbs.	205 lbs.	165 lbs.	215 lbs.
Shipping Cube	14 cu. ft.	14 cu. ft.	21 cu. ft.	14 cu. ft.	21 cu. ft.
Gas Connection	½" IPS	½" IPS	½" IPS	½" IPS	½" IPS

GAS SPECIFICATIONS

BTU/HR. INPUT	110,000	115,000	135,000	135,000	160,000
NATURAL GAS	4.0" WC	3.5" WC	3.5" WC	3.5" WC	3.5" WC
PROPANE (LP) GAS	10" WC	10" WC	10" WC	10" WC	10" WC

This fryer is intended for other than household use. Design certified for use on combustible floor. Clearance for combustible construction is 6 inches from side, 6 inches from back.

CTION A – INSTALLATION AND OPERATING INSTRUCTIONS

1 – **Unpacking** – With the container upright cut the plastic straps around shipping container and lift off top, exposing Fryer. Check Fryer for any visible change due to exceptionally rough handling during shipping. Report damage to the delivering Freight Carrier within 15 days of delivery.

A2 – **Accessories shipped in the vessel include:**
1 – Basket Hanger
2 – Baskets
1 – Drain Pipe Extension
4 – 6 inch Adjustable Legs

Accessories available as optional:
1 – Tank Cover
1 – Large Basket
4 – Swivel Casters (2w/Locks)
1 – Quick Disconnect Connector, 48" w/restraint

A3 - **Mounting of Legs or Casters** – Carefully tip Fryer back and screw legs or (optional) casters into the threaded base of Fryer. When installing casters make sure the swivel lock casters are mounted towards the front of the fryer. A high strength Restrainer and Quick Disconnect Gas Connecter must be installed when casters are used. Avoid putting any strain on rear legs or casters when tipping fryer back to an upright position.

A4 – **Pre-Installation Instructions** – The installation of your Fryer must be made by a licensed plumber and the installation must conform to State and Local codes, the National Fuel Gas Code, ANSI Z223.1 • NFPA54, and the Natural Gas and Propane Installation Code, CSA-B149.1, as applicable.

A5 – **Air Supply and Ventilation** – Adequate ventilation and air supply must be provided in order for the Fryer to operate properly and efficiently. The area in front of and above the Fryer must be clear to avoid any obstruction of flow of combustion and ventilation air. **Do not,** under any circumstances, connect the Fryer flue directly to a building exhaust system or place the flue outlet directly into the plenum of the exhaust hood as it will adversely affect the gas combustion of the Fryer.

The vent system should be of such design as to allow easy access for cleaning and degreasing on a regular basis in order to prevent fires. An automatic fire extinguishing system should be an integral part of the vent design. Since the temperature of the flue gases emanating from the Fryer flue can reach 1200° F, temperature sensing devices of the automatic fire extinguishing system must be sized accordingly to prevent premature turn-on. The minimum vertical distance from the top of the Fryer flue to vent system filters should be 18 inches or more.

A6 – **Clearances** – Your Fryer is design certified for use on combustible floors. The minimum clearances for combustible and non-combustible construction is as follows: 6 inches from SIDE and 6 inches from BACK. Fryer must be installed with 6 inches high legs or casters (optional). At least 16 inches clearance must be provided between the frying surface of the Fryer and the surface flames from any adjacent cooking equipment.

A7 – **Gas Connection** – Before connecting Fryer to gas line, check the rating label on inside of door panel to make sure that the gas type called for on label coincides with the type of gas available on site. A ½ inch NPT gas pipe connection is provided at the rear of fryer. An accessible manual shut-off valve must be installed in the gas supply line ahead of the Fryer for future service. The supply pipe must be sized to accommodate all the gas fired equipment that may be connected to the gas supply. Check with your local Gas Company as to proper pipe size. Only pipe sealant resistant to action of L.P. gas should be used on pipe joints. Before attempting to light Fryer, check joints for tightness using a soap and water solution. Do not use an open flame.

A8 – **Flexible Gas Connectors and Restraints** (See illustration 1) – For Fryers equipped with casters, installation shall be made with a Connector that complies with the Standard for – Connectors for Movable Gas Appliances ANSI Z21.69 • CSA6.16 and a Quick-Disconnect Device compliant with the Standard for Quick-Disconnect Devices for use with Gas Fuel Connector or Quick-Disconnect Device. A high strength Restrainer and proper size Quick-Disconnect Gas Connector conforming to above ANSI and/or CAN/CGA standards should be ordered from Cecilware in conjunction with our NSF approved casters. If disconnection of the restraint is necessary for servicing Fryer, the

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Toll Free: 855-855-0399 Email: info@atosausa.com
www.atosa.com | www.atosausa.com
California, Colorado, Florida, Georgia, Illinois,
Massachusetts, New Jersey, Ohio, Texas, Washington

MODELS:

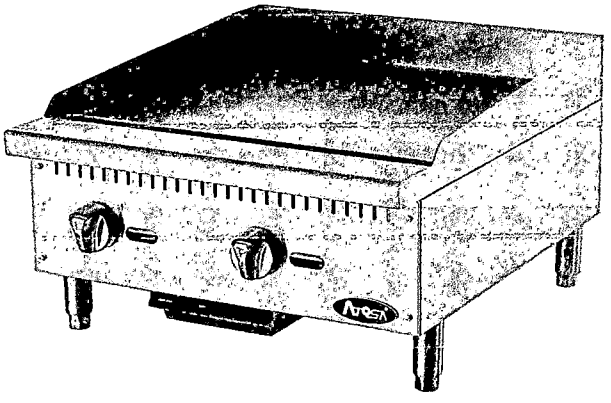
ATMG-24 / ATMG- 36 / ATMG-48

Manual Griddles

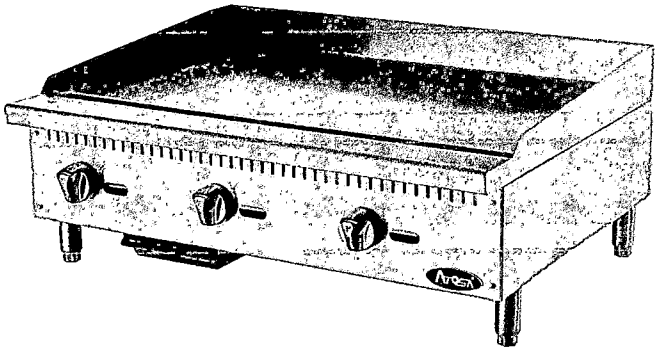
Standard Features

- Stainless steel exterior & interior
- Stainless steel grease drawer
- Heavy duty 3/4" thick polished steel griddle plate
- 30,000 BTU burners per 12" section with standby pilots
- Independent manual controls for each 12" section
- Stainless steel legs standard
- 3/4" NPT rear gas connection and regulator standard

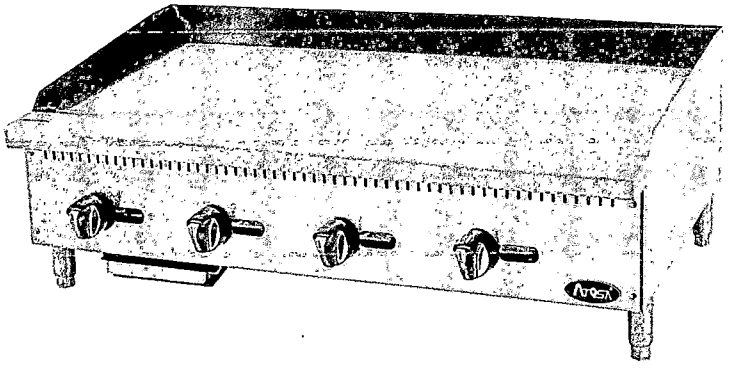
ATMG-24



ATMG-36



ATMG-48



1 YR WARRANTY ON ALL PARTS AND LABOR (US ONLY)

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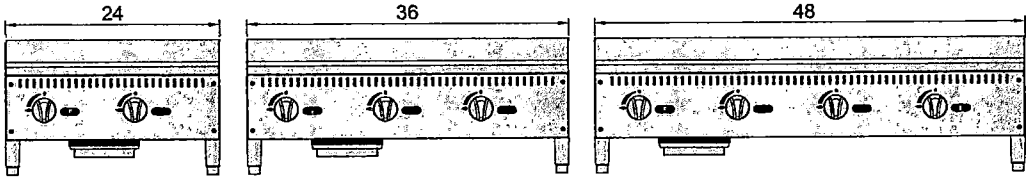
California, Colorado, Florida, Georgia, Illinois,
Massachusetts, New Jersey, Ohio, Texas, Washington

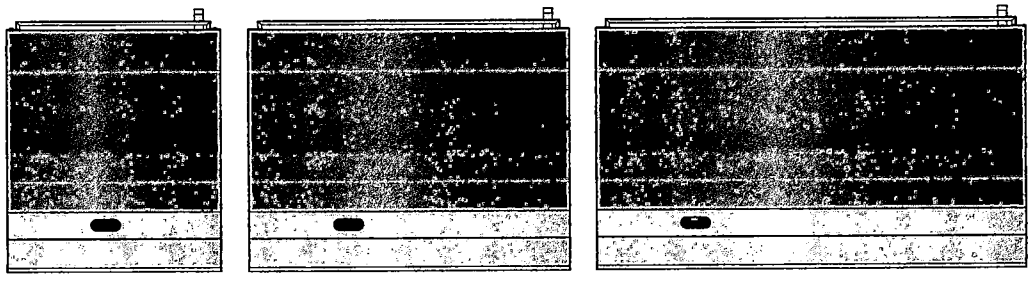
SPECIFICATIONS

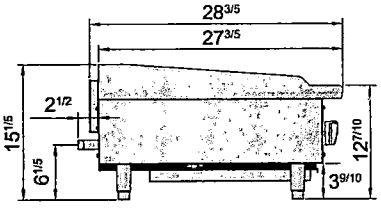
Models	Burners and Control method	Gas Type	Intake-tube Pressusre (in.W.C.)	Per BTU B.T.U./h	Total BTU B.T.U./h	Regulator	Work Area (inch)	Exterior Dimensions (inch)	Net Weight (lbs)	Gross Weight (lbs)
ATMG-24	2 Burners, Independent Manual Control	NG	4	30,000	60,000	4" w.c.	$23^{9/10}\times19^{9/10}$	$24\times28^{3/5}\times15^{1/5}$	161	195
		LP	10	30,000	60,000	10" w.c.				
ATMG-36	3 Burners, Independent Manual Control	NG	4	30,000	90,000	4" w.c.	$35^{7/10}\times19^{9/10}$	$36\times28^{3/5}\times15^{1/5}$	229	281
		LP	10	30,000	90,000	10" w.c.				
ATMG-48	4 Burners, Independent Manual Control	NG	4	30,000	120,000	4" w.c.	$47^{9/10}\times19^{9/10}$	$48\times28^{3/5}\times15^{1/5}$	294	414
		LP	10	30,000	120,000	10" w.c.				

PLAN VIEW

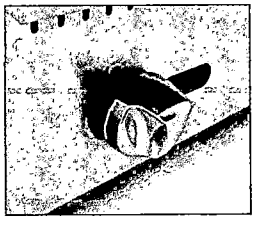
ATMG-24 **ATMG-36** **ATMG-48**



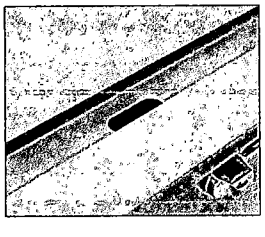




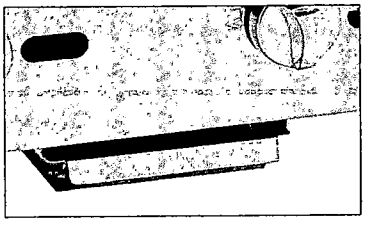
Stainless steel knobs



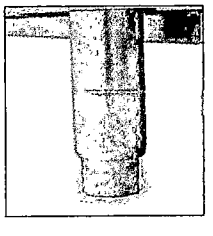
Dripping hole



Dripping pan



Stainless steel legs

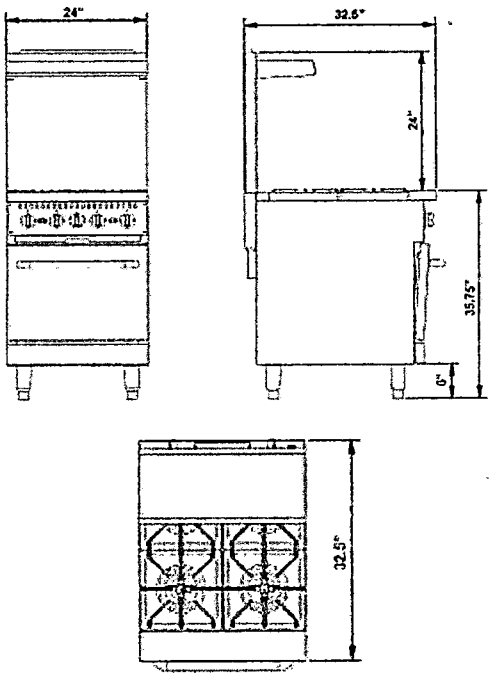


BLACK◆DIAMOND

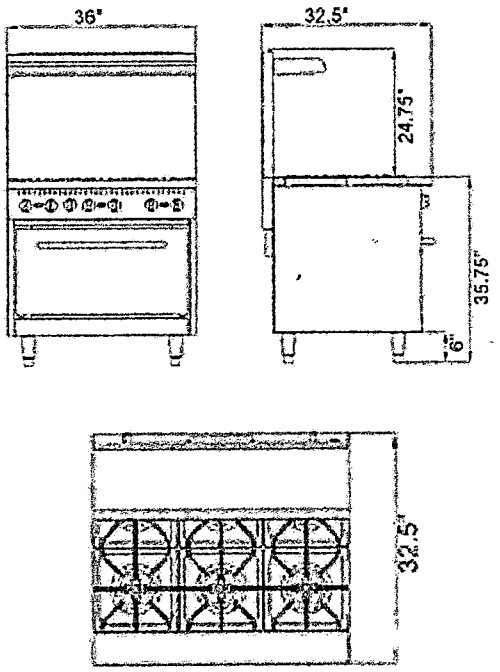
Gas Ranges w/Burners and Ovens

Plan View

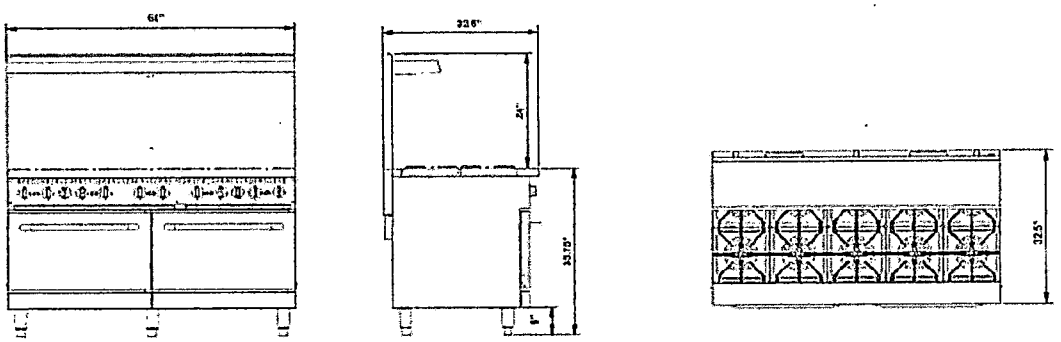
BDGR-24/NG



BDGR-36/NG



BDGR-60/NG



Specifications

Model Number	Description	Total BTU/hr	Gross Weight	Net Weight
BDGR-24/NG	24" Gas Range w/4 Burners NG	150,000	365 lbs	291 lbs
BDGR-36/NG	36" Gas Range w/6 Burners NG	210,000	456 lbs	390 lbs
BDGR-60/NG	60" Gas Range w/10 Burners NG	360,000	785 lbs	617 lbs

Model Number	Overall Dimensions	Oven Cavity Dimensions	Crumb Tray	Fit Full Size Pan (18"x26")
BDGR-24/NG	24"W x 32.5"D x 60"H	20.5"W x 26"D x 14"H	1	No
BDGR-36/NG	36"W x 32.5"D x 60"H	26.75"W x 26"D x 14"H	1	Yes
BDGR-60/NG	60"W x 32.5"D x 60"H	26.75"W x 26"D x 14"H (2 ovens)	2	Yes

BLACK◆DIAMOND

Gas Ranges - BDGR Series

Black Diamond's gas ranges are constructed of a stainless steel front, backriser, shelf and feet. Each 30,000 BTU burner has its own 12"x12" removable cast iron grate with standing pilot light and individual control knob for quick, instant lighting. The oven has a total BTU output of 30,000 BTU/hr. The interior of the oven is constructed of all steel with a porcelain oven liner. The oven thermostat adjusts from 150°F-550°F and is equipped with a flame failure safety device. 6" stainless steel legs and 24.75" high backriser. ¾" rear NPT gas connection.

BDGR-24
BDGR-36
BDGR-60

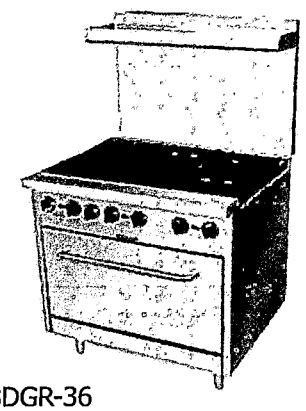
Construction

- Stainless steel front, backriser and shelf
- 30,000 BTU/hr top burners with lift-off heads
- 12" x 12" cast iron removable top grates
- Individual pilot light for each burner
- Spring loaded door with cool to touch s/s handle
- Removable crumb tray for easy cleaning
- 6" stainless steel adjustable legs
- 3/4" rear NPT gas connection

BDGR-24

Oven Features

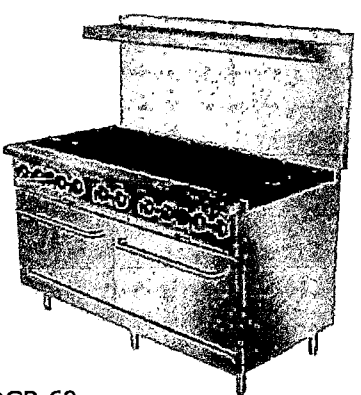
- 30,000 BTU/hr total output
- Flame failure safety device
- Adjustable thermostat from 150°F-550°F
- Steel liner on door and sides with a porcelain oven liner
- Includes 2 removable and adjustable oven racks
- Cool to touch stainless steel oven door handle



BDGR-36

Top Burners

- Cast iron burners each giving off 30,000 BTU/hr
- 12" x 12" cast iron top grates are removable for easy cleaning and maintenance
- Each burner has an individual standing pilot light and control knob



BDGR-60

Black Diamond warrants this product to be free of defects in materials and workmanship for period of 1 year from the date of original installation.

Intertek Intertek

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 8/4/2020 **Business ID:** OW000930
Business: Gordough's Pizza
151 Van Zile Road
Unit 40
Brick, NJ 08724

Inspection: OH001914
File Number: 055104
Phone: 609 879 9331
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Notes

THIS FOOD PLAN WAS OBSERVED TO BE SATISFACTORY.

ONCE CONSTRUCTION AND ALL CLEAN UPS ARE COMPLETE.

CONTACT ME TO ARRANGE FOR THE PRE OPERATIONAL INSPECTION.

24 HRS. NOTICE ARE REQUIRED.

732-684-7664. MR MCCOY.

DMC

Inspector

Acknowledged Receipt :

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

Subcode Official Review

Date: Tuesday, September 22, 2020

To: METRO SUBURBAN CONSTRUCTION
3 GEORGETOWN LANE
HAZLET, NJ 07730

RE: Electrical Subcode
Block: 1149 Lot: 1 Qual:
135-197 VAN ZILE RD.
Permit Number: Control Number: C-20-002641
Last Submit Date: Thursday, September 17, 2020

Dear METRO SUBURBAN CONSTRUCTION,

Your request is hereby denied based upon the following infractions.
1. wrong code cited on notes on plan
2. no alarm on Electrical Technical Section

Sincerely,

Marcel Renson, Subcode Official

CC:

Resubmit
Electric
9/29/2020
MFP

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1149 **LOT** 1 **ADDRESS** 135-193 Van Zile Rd unit 40

IDENTIFICATION:

1. WORK SITE ADDRESS 151 Van Zile Rd
2. APPLICANT Salvatore Colandrea
3. NAME OF OWNER IN FEE Brick Town plaza associates
   ADDRESS 135-193 Van Zile Rd NJ, 08724
   PHONE 917-804-3482 EMAIL _____
4. PRINCIPAL CONTRACTOR [redacted] metro suburban const
   ADDRESS 3 georgeTown Ln Hazlet NJ 07730
   PHONE 732-778-4579 EMAIL metrosuburban@verizon.net
5. ARCHITECT OR ENGINEER AS architectural design LLC
   ADDRESS 188 Eagle Rock Ave suite 5 Roseland NJ
   PHONE 973-302-3022 EMAIL csedra@asadesignsllc.com 07068
6. RESPONSIBLE PERSON FOR WORK greg hicks
   ADDRESS _____
   PHONE 732-754-4227 EMAIL _____

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE N/A	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS PRICM-FaveX

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

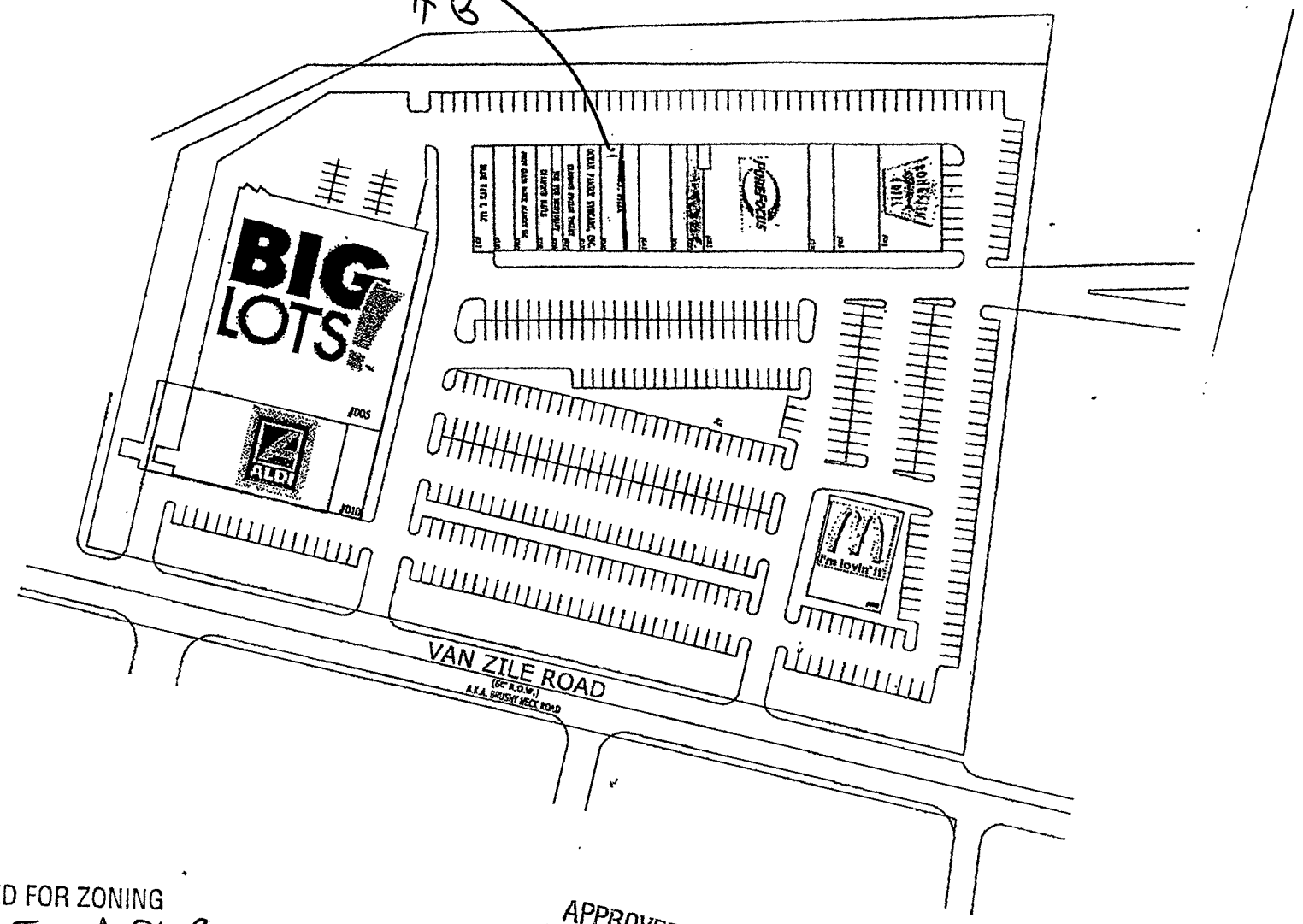
☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION _____

ENGINEERING REVIEW:

DATE RECEIVED 8/27/20 DATE REJECTED _____ DATE APPROVED Exempt 9/2/20 INITIALS _____

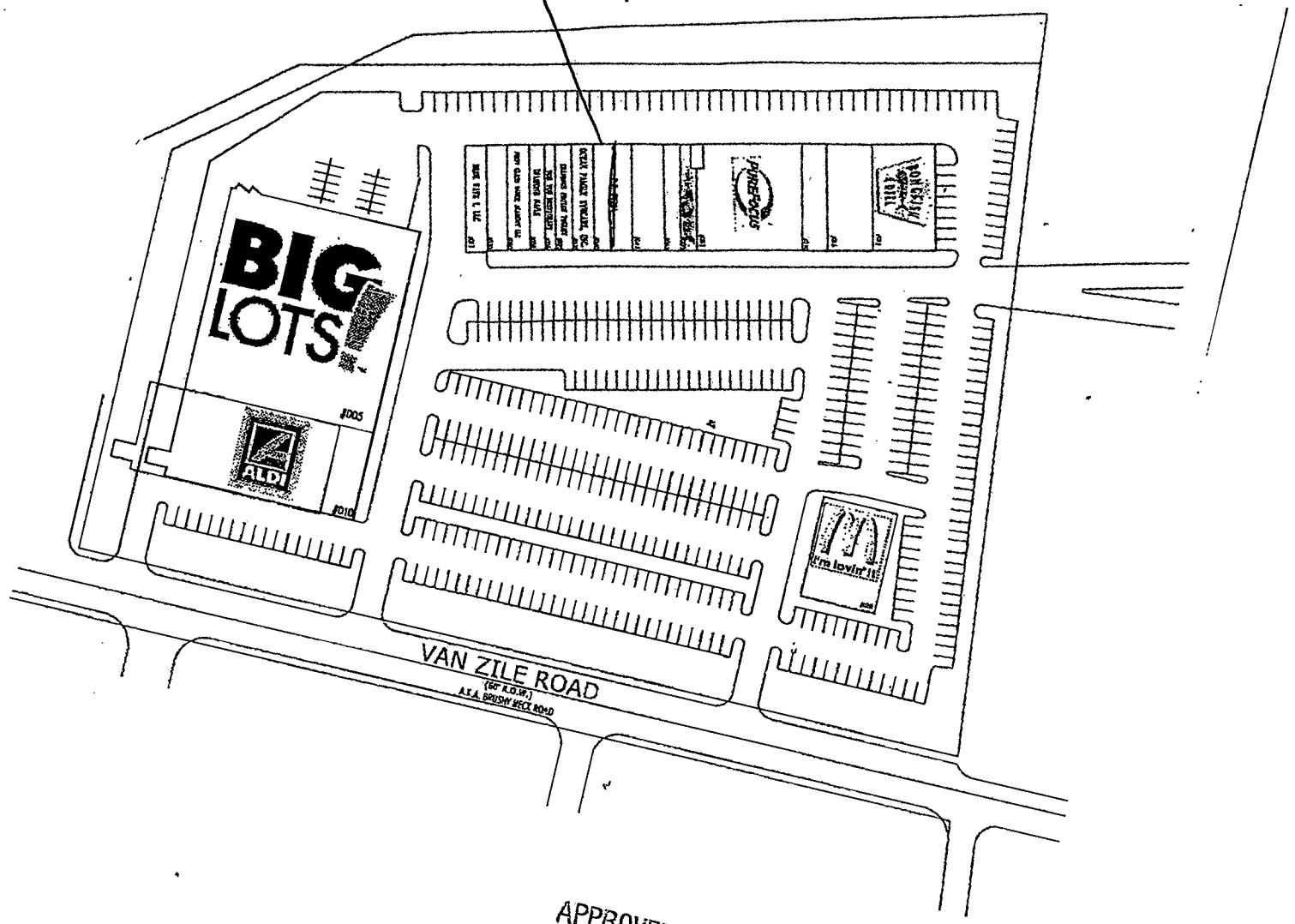
#40
Grabouys
Pizza



APPROVED FOR ZONING
8-27-20 Tenant Split
CHRIS ROMANO, ZONING OFFICER

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 19 2016
SK
TFN - #161
- Metro PCS

#40 gordoughs pizza



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 19 2016

SC 20
TFN – #161
- Metro PCS

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 151 VAN ZILE RD.

BLOCK: 1149 **LOT:** 1

CONTRACTOR: METRO Suburban Construction

CONTRACTOR'S ADDRESS: 3 Georgetown Ln.

Type of Construction(minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): commercial const.

Party responsible for removal: D+D Disposal

Dumpster Size: 30 YDS

Destination of Debris: Ocean cty Reclamation

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

08/07/20
Date

Frank Milton
Print Name