BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 179 Van Zile Road; Brick, NJ PERMIT NO. 16-3422

CONSTRUCTION PERMIT APPLICATION

C16-003903

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

I. IDENTIFICATION

1. Proposed Work Site at: 179 Van Zile Road; Brick, NJ 08724-3158
2. Name of Owner in Fee: Bonefish Grill, LLC
   Tel. 813/282-1225 e-mail mattmorel@bloominbrands.com
   Address 2202 N. Westshore Blvd., 5th Flo (street) Tampa, FL (municipality) 33607 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Venture Construction Company Tel. 336/852-1946
   Address 4A Terrace Way e-mail leighh@ventureconstruc
   Greensboro, NC 27403
   License No. OR, if new home, Builder Reg. No. Cert of Autho Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 581077028 FAX: 866/743-0750
5. Architect or Engineer Dwyer Engineering Contact Donnie Southers
   Address 552 Fort Evans Rd NE Leesburg, VA e-mail dsouthers@dwyer.com
   Tel. 800-943-9937 FAX: _____
6. Responsible Person in Charge once Work has Begun Venture Construction Company
   Tel. 336/852-1946 FAX: 866/743-0750

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2185		
2. Electrical	150		
3. Plumbing	110		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories Ext
2. Height of Structure Ext. ft.
3. Area — Largest Floor No change sq. ft.
4. New Building Area No change sq. ft.
5. Volume of New Structure No change cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone Ext
11. Base Flood Elevation Ext ft.
12. Wetlands yes ____ no ____

COMMERCIAL

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	32,703.00				9/19/16	KAT			
☒ Electrical	4,500.00				9/7/16	PS			
☒ Plumbing	4,500.00				9-9-16				
☐ Fire Protection					9/6/16	PS			
☐ Elevator									
TOTAL COST	0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Sele
3. Change in Use Group, Indicate Present: Sele
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: Sele
3. Change in Use Group, Indicate Presen Sele

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

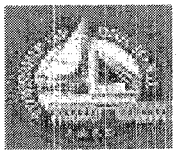
DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

PLANS ROLLED

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/15/2016
Control Number C-16-003903
Permit Number 16-3422
Permit Issue Date 9/30/2016
Certificate Number 16-3422

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 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: (813) 282-1225

Contractor VENTURE CONSTRUCTION CO

Address 4A TERRACE WAY GREENSBORO NC

Telephone: (336) 852-1946 Fax: (336) 852-2094

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: ALTERATION - COMMERCIAL BONEFISH GRILL ...MODIFICATION OF EXISTING KITCHEN

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: 11/15/2016

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

D. (X) 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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Venture Construction Company

Address 4A Terrace Way

Greensboro, NC 27403

Telephone 336/852-1946

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/30/16
Control #

Date Issued
Permit # 16-3422

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 179 Van Zile Road
Brick, NJ 08724-3158

Owner in Fee: Bonefish Grill, LLC

Tel. 8132821225 e-mail mattmorel@bloominbrands.com

Address 2202 N. Westshore Blvd., 5th Fl (street) Tampa, FL (municipality) 33607 (zip code)

Contractor: Venture Construction Company Tel. 3368521946

Address 4A Terrace Way e-mail leighh@ventureconstruction
Greensboro, NC 27403

Contractor License No. or Builder Registration No. Cert of Authori Exp. Date N/A

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 581077028 FAX: 8667430750

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	09/14/16	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	9/14/16	
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] TCO		
Date:	10/26/16	
Approved by:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			10/26/16	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure ext. ft.

Area — Largest Floor ext. sq. ft.

New Bldg. Area/All Floors ext. sq. ft.

Volume of New Structure existing cu. ft.

Max. Live Load ext.

Max. Occupancy Load ext.

Constr. Class Present Ext. Proposed Ext.

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 43,703.00
3. Total (1+ 2) $ 43,703.00

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: _____

Print name here: Zachary S. Isenhour

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Modification of existing cook line and adjacent chef's table to provide this restaurant with more efficient production.

See Roof Openings Pg S-1

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
- [X] Other Ktchn Hood
- [ ] 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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/30/16

Date Issued / Permit # 16-3422

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 Bonefish Grill - 179 Van Zile Road Brick, NJ 08724

Owner in Fee: Bonefish Grill, LLC

Tel. 813 252 1225 e-mail matthrael@bloominbrands.com

Address 2202 N. Westshore Blvd. 5th floor Tampa FL 33607
street municipality zip code

Contractor: Banner Associates, Inc Tel. (610) 662-3681

Address 60 Merkel Road e-mail wrgrace316@gmail.com
Gilbertsville, PA 19512

Contractor License No. 36B100658400 Exp. Date 06/30/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 232691126 FAX: (610) 369-0572

B. PLUMBING CHARACTERISTICS

Use Group Present Restaurant Proposed existing - no change

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9-28-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-31-16
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough exp water Line			10-25-16	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			10-25-16	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-26-16	

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: Wayne Grace V.P

Print name here: Wayne Grace

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1 gas line, 1 water line

COMMERCIAL

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

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

U.C.C. F130 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/30/16
Control #

Date Issued
Permit # 16-3422

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 179 Van Zile Rd. Brick, NJ 08724

Owner in Fee: Bonefish Grill LLC

Tel. (813) 282-1225 e-mail mattmorel@bloominbrands.com

Address 2202 N. Westshore Blvd. Tampa, FL 33607
street municipality zip code

Contractor: Reliable Fire Protection Inc. Tel. (732) 643-0075

Address 20 Meridian Rd., Eatontown, NJ 07724 email: service@reliablefirepro.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00049

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-3103000 FAX: (732) 643-0076

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 $ 4,200

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 9/30/16 Approved by: PM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-26-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-27-16
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	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				

Light Test

U.C.C. F140 (rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Kris Carlson

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 1 UL300 Kitchen

Water Supply Source wet chemical Fire Suppression system

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	
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		

COMMERCIAL

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

Reliable
FIRE PROTECTION

20 Meridian Road, Suite 1 • Eatontown, NJ 07724
350 Fifth Avenue, 59th Floor • New York, NY 10118
Phone: (732) 643-0075 or (800) 368-0024 • Fax: (732) 643-0076
www.ReliableFirePro.com • E-mail: Service@ReliableFirePro.com

Fire Suppression System Distributor Certificate of Installation

Job Name: Bonefish Grill
Job Address: 179 Van Zile Road, Brick, NJ 08724
Job Number: 2710031-25
Type of System: Ansul ☑ Pyro Chem ☐ Other ____

To be Completed by the Fire System Distributor

Company Name: Reliable Fire Protection
Address: 20 Meridian Road, Suite 1, Eatontown, NJ 07724
System Model: R-102 9.0
Serial Number: 243416

Fuel/Energy Shut Off Device Gas Valve: Mechanical ☑ Electrical ☐ Size 3 Installed
Tested on 10-26-16 (Date) Electric Equipment Shut-down Tested: ☐ Yes ☐ No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17a (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

Installer's Name: Bryan Charmazi
Signature: [signature] Date: 10-26-16

To be Completed by the Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Owner/Representative Name: Kevin Halleran Title: ____
Signature: [signature] Date: ____

To be Completed by the Authority Having Jurisdiction

Functional tests have been witnessed and the system performs as designed.

AHJ Name: [signature] Jurisdiction: ____
Signature: [signature] Date: 10/26/16

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 9/30/16
Control #:
Date Issued:
Permit #: 16-3422

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: Bonefish Grill - 179 Van Zile Road, Brick, NJ 08724

Owner in Fee: Bonefish Grill, LLC

Tel. (813) 282-1225 e-mail mattmorel@bloominbrands.com

Address: 2202 N. Westshore Blvd. 5th floor (street) Tampa (municipality) FL 33607 (zip code)

Contractor: Troller Electric Tel. (732) 928-1630

Address: 1800 Main Street, suite 3, Lake Como, NJ 07719 e-mail trollerelectric@gmail.com

Contractor License No. 14780 Exp. Date 03-31-2018

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

Federal Emp. ID No. 26-2749634 FAX: (732) 681-0207

B. ELECTRICAL CHARACTERISTICS

Use Group Present: Restaurant Proposed: existing - no change

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

Building Occupied as: Restaurant Utility Co.: existing - no change

Est. Cost of Elec. Work $ 4500

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: Patrick Troller

Print name here: Patrick Troller

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove and install hood unit

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
19		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		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	
2	2	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hot Food Table	

COMMERCIAL

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:

[✓] Electric Plans Approved
Date: 9/7/16 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 9/7/16
Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/27/16
Approved by: PJC

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-26-16	
Barrier-Free				

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

CONSTRUCTION PERMIT

Date Issued 9/30/16
Control # C-16-003903
Permit # 16-3422

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 179 VAN ZILE RD. Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES, 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone: (813) 282-1225
Contractor: VENTURE CONSTRUCTION CO
Address: 4A TERRACE WAY GREENSBORO NC
Telephone: (336) 852-1946
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:
ALTERATION - COMMERCIAL BONEFISH GRILL ...MODIFICATION OF EXISTING KITCHEN

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

Estimated Cost of Work $56,903

D. Neumann Jr. MP
Construction Official

9/15/16
Date

PAYMENTS (Office Use Only)

Building	$2,185
Electrical	$150
Plumbing	$150
Fire Protection	$170
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$109
CO Fee	
Other	$0
Total	$2,764
Check No.	3014301
Cash	$0
Credit	$0
Collected By	CW

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

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

09/30/16 12:36PM 00155811068
#03 SERV.003

REQUIRED INSPECTIONS

#3422
BLDG $2185.00
ELECTRIC $150.00
PLUMBING $150.00
FIRE $170.00
CO $109.00
CHECK $2764.00

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.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

Department of Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

RELIABLE FIRE PROTECTION INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Special Hazard Fire Suppression System
Portable Fire Extinguisher
Kitchen Fire Suppression System

P00049	10/31/2015 to 10/31/2018
Permit ID	Date Issued Lapse Date

Charles A. Richman
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

RELIABLE FIRE PROTECTION INC

And is authorized to provide services on the following systems: SHFSS, PFE, KFSS

10/31/2015 to 10/31/2018	P00049
Date Issued Lapse Date	Permit ID

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:
AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE