BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135-197 Van Zile Rd PERMIT NO. 17-1631

CONSTRUCTION PERMIT APPLICATION

C-17-001511 McDonalds

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

I. IDENTIFICATION

1. Proposed Work Site at: 135-197 Van Zile Rd
2. Name of Owner in Fee: Bricktown Plaza Associates
   Tel. (908) 313-6071 e-mail _____
   Address 1000 Old Country Rd #425 Garden City NY 11530 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KMK Development Group Inc Tel. (908) 313-6071
   Address 2088 Arrowwood Dr. e-mail kmkdevelopment@aol.com
   Scotch Plains, NJ 07076
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 68-0505066 FAX: (908) 232-4703
5. Architect or Engineer UPS Contact Evan Scott
   Address 1255 Broad St #200 Clifton NJ 07013 e-mail _____
   Tel. (973) 883-8590 FAX: (973) 883-8501
6. Responsible Person in Charge once Work has Begun John Welch
   Tel. (908) 313-6071 FAX: (908) 232-4703

C.O. 9/21/17

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 5480		
2. Electrical	1800		
3. Plumbing			
4. Fire Protection	1000		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	314		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 8600		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure N/A ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure Existing cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load McDonalds	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	128,000	[illegible]	4/10/17		05/16/17	RCL			
☒ Electrical	37,500				4/25/17	RS			
☐ Plumbing									
☐ Fire Protection					[illegible]	[illegible]			
☐ Elevator		Eng	4/21/17		4/21/17	RLS	N/A		
TOTAL COST	165,500								

VII. DESCRIPTION OF BUILDING USE

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

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

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

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 12/1/2017
Control Number C-17-001511
Permit Number 17-1631
Permit Issue Date 5/17/2017
Certificate Number 17-1631

Certificate

Construction Code Division

(Certificate of Approval)

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: (908) 313-6071

Contractor MERIDIAN CONSTRUCTION CREATION INC

Address 1147 ROUTE 17M CHESTER NY 10918

Telephone: (845) 783-0012 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - MCDONALDS ...RECONFIGURE DINING ROOM

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:

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/1/2017

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135-197 Van Zile Rd PERMIT NO. 17-1631

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 135-197 VAN ZILE Rd. Brickstownship NJ
2. Name of Owner in Fee: Bricktown Plaza Associates
   Tel. (908) 313 6071 e-mail _____
   Address 600 OLD Country Rd. #425 Garden City 11530
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Meridian Construction Creations Tel. (845) 234-5760
   Address 1147 Route 17M e-mail info@meridianconstruction.com
   Chester NY 10988
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 45-262666 FAX: (845) 610-3725
5. Architect or Engineer URS Architects/Engineers contact _____
   Address 1255 Broad St. Suite 201 Clifton NJ e-mail _____
   Tel. (973) 883 8540 FAX: (973) 883-8501
6. Responsible Person in Charge once Work has Begun Jeremy Griffin / Sean Buckley
   Tel. (845) 234 5760 / 845 325 6287 FAX: (845) 610 3725

V. FEE SUMMARY (for office use only)

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

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	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	128,000								
☑ Electrical	37,500								
☐ Plumbing									
☑ Fire Protection	1								
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: A2
2. Use Group, Proposed: A-2
3. Change In Use Group, Indicate Present:
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: A-2
2. Use Group, Proposed: A-2
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

4/18/17 – SENT TO comm – NGD

5/17/17 – Spoke to John – Permit ready for p/u.

9/27/17 – Change of Cont. for GC + Building – KMK staying as fire as per G.C.

RECEIVING CLERK [signature] DATE REC'D 4/10/17

ZONING PERMIT APPLICATION

PERMIT # ZP-17-00624 DATE ISSUED 5/17/17

BLOCK: 1149 LOT: 1 QUALIFIER: _____ SITE ADDRESS: 135-197 Van Zile RD

IDENTIFICATION:

1. NAME OF OWNER IN FEE: BrickTown Plaza Associates
   COMPLETE ADDRESS: 600 Old County RD #425 Gardencity NY 11530
   PHONE # 908-313-6071 EMAIL: _____
2. NAME OF APPLICANT: KMK Devleopment Group Inc.
   APPLICANT ADDRESS: 2088 Arrowwood Dr. Scotch Plains NJ 07076
   PHONE # 908-313-6071 EMAIL: KmkDevelopment@aol.com
3. RESPONSIBLE PERSON FOR WORK: _____
   PHONE# _____ FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: McDonalds
PROPOSED USE: McDonalds

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

COMMERCIAL

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Interior Alterations for McDonalds

ZONING REVIEW:
DATE REVIEWED: 4-14-17 DATE DENIED: _____ DATE APPROVED: 4-14-17 INTLS: CW

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
APR 18 2017
ZONING SG20

ZONING REVIEW:

DATE REVIEWED: 4/18/17 DATE DENIED: — DATE APPROVED: 4/18/17 INTLS: SG20

DATE:	COMMENTS:	INITIALS:
4/18/17	SENT TO Owner	SG20

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

(X) Check if contractor.

Agent Name **KMK Development Group Inc. — John Welch**

Address **2088 Arrowwood Dr.**

Scotch Plains, NJ 07076

Telephone **(908) 313-6071**

Signature _____

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓ Check if contractor.

Agent Name Jeremy Griffin Meridian Construction Creations Inc

Address 1147 Route 17 M

Chester NY 10918

Telephone (845) 783-0012 cell 845 234-5760

Signature _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/28/17
Control #
Date Issued
Permit # 17-1631

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 Road- McDonald's

McDonalds

Owner in Fee: Bricktown Plaza Assoc.

Tel. e-mail

Address 600 Old Country Road #425 (street) Garden City, NY 11530 (municipality) (zip code)

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail

Atlantic Highlands, NJ 07716 marylu@sodonselectric.com

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 14,562.12

RECEIVED SEP 27 2017

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 the following pages.

Applicant sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	

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: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [ ] CA

Date: 11/3/17

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough SEE BACK				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/3/17 RK	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KGS ~~CH~~

PERMIT #: ~~Res 17 00128~~

BLOCK: 1149 LOT: 7 ADDRESS: 135-197 Van Zile RD

IDENTIFICATION:

1. WORK SITE ADDRESS: 135-197 Van Zile RD
2. NAME OF OWNER IN FEE: Bricktown Plaza Associates
   ADDRESS: 600 OLD County RD #425 PHONE #: (908) 313-6071
   Garden City NY 11530 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: KMK Development Group
   ADDRESS: 2088 Arrowwood Drive PHONE #: (908) 313-6071
   Scotch Plains NJ 07076 FAX #: (908) 232-4703
4. ARCHITECT OR ENGINEER: URS
   ADDRESS: 1255 Broad St #200 Clifton PHONE #: (973) 883-8590
5. RESPONSIBLE PERSON FOR WORK: _____
   ADDRESS: _____

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: _____

COMMERCIAL

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ _____
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

N/A

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER Interior Reno.

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 4/24/17 DATE REJECTED: _____ DATE APPROVED: 4/24/17 INITIALS: KGS

ELECTRICAL SUBCODE
TECHNICAL SECTION

*CHANGE OF CONTRACTOR

Date Received
Control #
Date Issued
Permit #

17-1631

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 Road- McDonald's

Owner in Fee: Bricktown Plaza Assoc.

McDonalds

Tel. e-mail

Address 600 Old Country Road #425 (street) Garden City, NY (municipality) 11530 (zip code)

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail

Atlantic Highlands, NJ 07716 marylu@sodonselectric.com

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 14,562.12

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 the application.

Applicant sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	

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: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

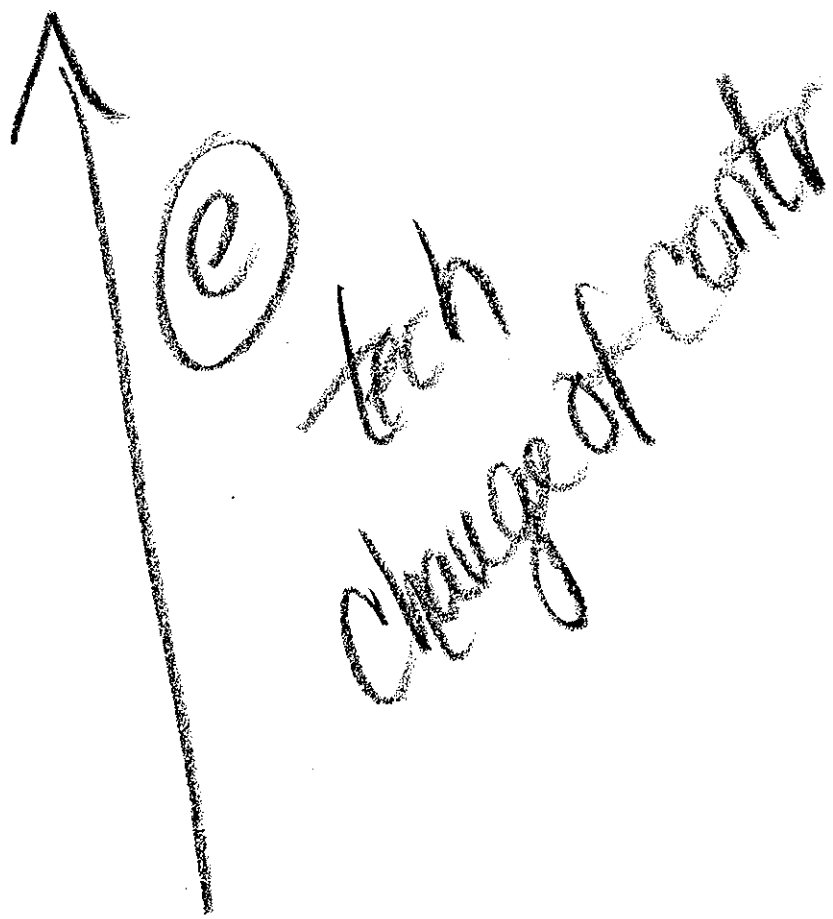
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

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

11/2/17 – PASS ROUGH / 6 RECEPTACLES, (PJC)
11/6/17 – PASS ABOVE CEILING – CENTER AREA. (PJC)
11/9/17 – FULL ABOVE CEILING. (PJC)



ELECTRICAL SUBCODE
TECHNICAL SECTION

ALTERATION

Date Received 5/17/17
Control #
Date Issued
Permit # 17-1263

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 McDonalds

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Tel. 908 313-6071 e-mail

Address 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
street municipality zip code

Contractor: Ryland Electric, LLC Tel. (973) 512-3217

Address 129 Hillside Road e-mail rylandelectric@yahoo.com
Sparta, NJ 07871

Contractor License No. 16465 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason 13VH06563300

Federal Emp. ID No. 26-413183 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed ✓

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

Building Occupied as RESTAURANT Utility Co. —

Est. Cost of Elec. Work $ 37,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Ryan Fitzsimmons

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW DINING ROOM LIGHTING, WELCOME CT FRONT COUNTER/NEW ORDER KIOSKS / LOW VOLTAGE

QTY	SIZE	ITEMS	FEE (Office Use Only)
62		Lighting Fixtures	
6		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
8		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		NEW CIRCUITS - KIOSKS	
80		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 4/25/17 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 4/25/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 6/13/17
Approved by:

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/17/17

Date Issued / Permit # 17/631

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 McDonalds

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Tel. (908) 313-6071 e-mail

Address 600 OLD COUNTRY RD #427 GARDEN CITY NY 11530
street municipality zip code

Contractor: KMK Devleopment Group Inc. Tel. (908) 313-6071

Address 2088 Arrowwood Dr. e-mail kmkdevelopment@aol.com
Scotch Plains, NJ 07076

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

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

Federal Emp. ID No. 68-0505066 FAX: (908) 232-4703

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	05/16/17	KRM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/16/17
Approved by: KRM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/15/17
Approved by: KRM

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			11/15/17	KRM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present A2 Proposed A2

Constr. Class Present VB Proposed VB

No. of Stories

Height of Structure N/A ft.

Area — Largest Floor N/A sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure EXISTING cu. ft.

Max. Live Load

Max. Occupancy Load MCDONALD'S

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Rehabilitation $ 128,000
3. Total (1+ 2) $ 128,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: John Welch

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE DINING ROOM FINISHES / CEILING
NEW DINING ROOM LIGHTING
NEW FRONT COUNTER
TWO NEW ORDER KIOSKS
MODIFY DOOR AT RIGHT OF FRONT COUNTER
NEW DINING ROOM FURNITURE
* NO INCREASE IN OCCUPANCY *

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

COMMERCIAL

FEE (Office Use Only)

$

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

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

Change of Cont. Only. 9/27/17

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/27/17

Date Issued / Permit # 17-1631

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 New Zile Rd. Brick Township

Owner in Fee: Bricktown Plaza Associates

Tel. (908) 313-609 e-mail

Address 600 Old Country Rd Garden City NY 11530
street municipality zip code

Contractor: Meridian Construction Creation Inc Tel. (845) 783-0012

Address 1147 Rt 17M Chester NY 10918 e-mail

~~info@meridianconstr~~ info@meridiancreation.com

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

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

Federal Emp. ID No. 45-2626666 FAX: (845) 610 3725

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/15/17
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame - Soffits + Cheek Wall			11/08/17	KEK
Truss Sys./Bracing				
~~Barrier-Free~~ Above Ceiling			11/08/17	KEK
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final N.R. 11/13/17			11/15/17	KEK
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. $ 0
2. Rehabilitation $ 128,000
3. Total (1+ 2) $ 128,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here Jeremy Griffin

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior renovations - new dining room kiosks, new service counter, new ceiling grid in dining room only, new lighting

No work kitchen work and no exterior work

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

No Increase in occupancy

3266 sq ft
A-3
11

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/17/17

Date Issued / Permit # 17-1631

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 McDonalds

Owner in Fee: Brocktown Plaza Associates

Tel. 908 313-6071 e-mail

Address 600 Old County RD #425 Garden City NY 11530
(street / municipality / zip code)

Contractor: KMK Development Group Inc. Tel. 908 313-6071

Address 2088 Arrowmead Drive Scotch Plains NJ 07076 e-mail Kmkdevelopment@aol.com

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ *Proposed* _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Total Cost of Fire Protection Work $ 1-

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

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-17-17
Approved by: CA

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	11-13-17 Not Ready		11/15/17	

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: Mitchell McNamara

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

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision

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

COMMERCIAL

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 5/17/17
Control # C-17-001511
Permit # 17-1631

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: (908) 313-6071

Contractor: KMK DEVELOPMENT GROUP INC
Address: 2088 ARROWWOOD DR. SCOTCH PLAINS NJ 07076
Telephone: (908) 313-6071
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - MCDONALDS ...RECONFIGURE DINING ROOM

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 $165,501

D. Newman Jr./MP
Construction Official

Date 5/17/17

PAYMENTS (Office Use Only)

Building	$5,480
Electrical	$180
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$314
CO Fee	
Other	$0
Total	$6,074
Check No.	2551
Cash	$0
Credit	$0
Collected By	M. Fugen

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

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

REQUIRED INSPECTIONS

05/17/17 12:34PM 0015588967

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.

BUILDING $5480.00
ELECTRICAL $180.00
FIRE $100.00
DCA $314.00
ZPA $75.00
CHECK $6149.00

- [ ] 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.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

Ryan P. Fitzsimmons
129 Hillside Road
Sparta, NJ 07871

FOR PRACTICE IN NEW JERSEY AS A(N): **Electrical Contractor**

02/10/2015 TO 03/31/2018
VALID

Signature of Licensee/Registrant/Certificate Holder

34EI01646500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 5/17/17
Application Number: ZA-17-00455
Application Date: 04/14/2017
Project Number:
Permit Number: ZP-17-000624
Fee: $75.00

Zoning Permit

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

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

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

Applicant: **KMK Develpment Group Inc.**
Address: **2088 Arrowhead Dr.**
Scotch Plains, NJ 07076

Application Approved Date: 04/14/2017

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

Use is: Restaurant (McDonalds)
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations to the front area service counter and dining area of the restaurant.

No increase in occupancy.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Assistant Zoning Officer — 04/14/2017 Date

Sean Kinnevy, Zoning Officer — 4/18/17 **Date**