BLIMPIE

BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 HOOPER AVE. PERMIT NO. 03-5407

Kennedy McGill Assoc. 1641 Sherman Ave Hatboro, PA 07927

CONSTRUCTION PERMIT APPLICATION

C15 40

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

I. IDENTIFICATION

1. Propsed Work Site at: 2770 HOOPER AVE.
2. Name of Owner in Fee: VAHRATUND CORP. Tel. (201) 869-4732
   Address 114 KAMP PLACE, NORTH BERGEN, NJ. 07047 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private
4. Principal Contractor: 360 DEGREE const. corp. Tel. (732) 925-2888
   Address 214 stahls way Northplainfield NJ 07060
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (732) 906-3662
5. Architect or Engineer JOSEPH M. TINLEY Tel. (908) 757-4565
   Address 937 HILLSIDE AVE. PLAINFIELD, NJ. 07060
6. Responsible Person in Charge of Work KAMLESH PATEL
   Tel. (~~201 436 5735~~) _____ FAX (____) _____

CALL 732-925-2888- SAM

TENANT FITUP

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building		$	760	
2. Electrical			99	
3. Plumbing			205	
4. Fire Protection			35	65
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee	42		20	4
10. Subtotal				
11. Cert. of Occupancy				
12. Other			30	
13. TOTAL		$	960	69

119

+A +B TC

+D 35 1 36

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Fee
1. ☐ Minor Work									
2. ☐ New Building		VB	10-10-03		12-5-03	EN			
3. ☐ Addition									
4. ☒ Alteration	30,000								
5. ☒ Fire Protection	–			[illegible]	11/20/03	NP			
6. ☒ Plumbing	10,000				12-1-03	[illegible]			
7. ☒ Electrical	10,000			10-21-03	11-19-03	TO			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Gm	10/16/03		10/16/03				
TOTAL COSTS	50,000								

OPTIONAL (for office use only)

COMMERCIAL

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction 0
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use: A.H.I.8.1 MERCANTILE OCCUPANCY
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10503604

U.C.C. F100-1 (rev 3/96)

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

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

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

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. (X) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) 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. 5:32-2.15(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 SAM AWADALLA

Address 214 Stables Way North plain field NJ 07060

Telephone (732) 925-2888

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ 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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/19/2004
Control #
Permit # 03-5407

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP

Owner in Fee/Occupant VANRATUND CORP

Address 114 KAMP PL
NORTH BERGEN, NJ 07047-

Telephone (201)869-4732

Contractor SAM AHADALLA

Address 214 STAHLS WAY
NORTH PLAINFIELD, NJ 07060-

Telephone (732)925-2888 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 54-2102606

Home Warranty No. N/A

Type of Warranty Plan: [ ] State [X] Private

Use Group B

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TENANT FIT-UP, ALTERATION

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10

Paid [X] Check No. 119

Collected by: MJR

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/08/2003
Control #
Permit # 03-5407

UCC NEW JERSEY

CONSTRUCTION PERMITS

IDENTIFICATION Block 570 Lot 4 Qual

Work Site Location 2720 HOOPER AVE-BLIMPIE
TENANT FIT UP
Owner in Fee HAMPTON CORP
Address 114 LANE PL
NORTH BERGEN, NJ 07047-
Telephone (201)869-4738

Contractor SAM AMADALLA
Address 814 STAPLES AVE.
NORTH PLAINFIELD, NJ 07060-
Telephone (732)925-2908
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 54-2102606

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
TENANT FIT-UP, ALTERATION

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 $ 20,500

D. Newman MK
Construction Official

12/08/2003
Date

PAYMENTS (Office Use Only)

Building	760
Electrical	99
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	42
Cert. of Occupancy	0
Other ZREP	30
Total	966
Check No.	115
Cash	
Collected By	MJR

966 —

12/08/03 10:43AM 000000#5771
XXD2 SERV.002

#5407	
BUILDING	$760.00
ELECTRIC	$99.00
FIRE	$35.00
DCA	$42.00
ZPA	$15.00
EPA	$15.00
CHECK	$966.00

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.34E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/15/2003
Control #
Permit # 03-5407+A
Permit Issued 12/08/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-OLIMPIE
TENANT FIT UP-FL6
Owner in Fee VANRATUNO CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Telephone (201)869-4732

Contractor WALTER M LEAHEY PL & HTG
Address 59 EVERGREEN ST
BAYONNE, NJ 07002-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-3285429

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 9 only)

DESCRIPTION OF WORK:
TENANT FIT UP

Esticated Cost of Work $ 15,000

D E Mummaugh Jr
Construction Official

12/15/2003
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	205
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	20
Cert. of Occupancy	0
Other	
Total	225
Check No.	
Cash	Y
Collected By	JB

12/15/03 10:06AM 000000#5918
XX06 SERV.006

#035407	
PLUMBING	$205.00
DCA	$20.00
XXXTOTAL	$225.00
CASH	$225.00
CHANGE	$0.00

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/03/2004
Control #
Permit # 03-5407+B
Permit Issued 12/08/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 672 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-BRICK
TENANT FIT UP
Owner in Fee VAGRATO'D CORP
Address 114 KAOZ PL
NORTH BERGEN, NJ 07047-
Telephone (201)869-4732

Contractor MONMOUTH CONTROLS
Address 17 ANEGADA AVE
TOMS RIVER, NJ 08753-
Telephone (732)929-8174
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	69
Check No.	3907
Cash	
Collected By	JB

02/03/04 4:08PM 000000#6672
XX06 SERV.006
#035407

FIRE	$65.00
DCA	$4.00
CHECK	$69.00

Estimated Cost of Work $ 3,000

Construction Official 02/03/2004 Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24C

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/05/2004
Control #
Permit # 03-5407+D
Permit Issued 12/08/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 470 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP
Owner in Fee VANRATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Telephone (201)868-4732

Contractor S & N ELECTRIC
Address 246 COLUMBIA AVE
ERVINGTON, NJ 07111-
Telephone (973)391-0269
Lic. No. or Bldrs. Reg. No. 7912
Federal Emp. No 22-3020631

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Estimated Cost of Work $ 500

D F Mannion Jr 02/05/2004
Construction Official Date

U.C.C. F190 (rev. 3/96) NJ UCCPRS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	145
Cash	
Collected By	JB

02/05/04 3:47PM 000000#6730
XX06 SERV.006

#035407	
ELECTRIC	$35.00
DCA	$1.00
CHECK	$36.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/29/2004
Date Issued ~~01/01/1954~~
Control # 2-3-04
Permit # 03-5407+B

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE-BLMPIE
TENANT FIT UP
Owner in Fee VAMRATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor MONMOUTH CONTROLS
Address 17 ANEGADA AVE
TOMS RIVER, NJ 08753-
Tele.(732)929-8174
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 3,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 1-30-04
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-18-04
Approved By: DB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test	2-5 OC		3-17-04	MB
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			5-17-04	MB
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	18	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	65
DCA State Permit Fee	$	4

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/29/2004
Date Issued ~~01/01/1954~~
Control # 2-3-04
Permit # 03-5407+B

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP
Owner in Fee VANRATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor MONMOUTH CONTROLS
Address 17 ANEGADA AVE
TOMS RIVER, NJ 08753-
Tele.(732)929-8174
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 3,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1 30 04
Approved By: DB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	18	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 65
	DCA State Permit Fee	$ 4

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/24/2003
Date Issued 12/8/03
Control # C15-40
Permit # 03-5407

3

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP
Owner in Fee VAHRATUNO CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor SAM AWADALLA
Address 214 STAHLS WAY
NORTH PLAINFIELD, NJ 07060-
Tele.(732)925-2888
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 54-2102606

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 11-26-03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TENANT FIT UP		35
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 35
	DCA State Permit Fee	$ 0

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
40† CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 12/8/03
Control # C15-40
Permit # 03-5407

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP
Owner in Fee VAMRATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor S & M ELECTRIC
Address 246 COLUMBIA AVE
IRVINGTON, NJ 07111-
Tele.(973)391-0269
Lic. No. or Bldrs. Reg. No. 7912
Federal Emp. No. 22-3020631

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect. Plans Approved
Date: 11-19-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-9-04
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			1-5-04	TO
Temp Serv				
Const Serv				
TCO			1-30-04	TO
Other				
Service				
Final	1-29-04		2-5-04	TO

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

W/ DES only

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Lighting Fixtures	
25		Receptacles	
17		Switches	
0		Detectors	
0		Light-Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
85		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
1	3	KW Transformer/Generator	9
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other FRYER	0
		Other	0

1 50-AMP

DOUBLE

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	99
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

called 2/5

RE: Blimpie. UPDATE 03-5407 +D

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-5-04
Control #
Permit # 03-5407+D

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

Block 710 Lot 21
Work Site Location 2770 HOOPER AVE
BRICK TOWNSHIP
Owner in Fee/Occupant
Address

Tele. ( )
Contractor S&M Electric
Address 246 Columbia Ave
IRVINGTON NJ 07111
Tele. (973) 372 4631 Fax ( )
Lic. No. 7912
Federal Emp. No. 223020631

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-4-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-9-04
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-5-04	TD

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Donovan Esq
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	120-208-3 PHASE 30 Amps. Oven	Bread	
1	220	Single Phase 30A. Fryer	

Administrative Surcharge	$	
Minimum Fee	$	46
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

called 2/5

RE: Olimpio. UPDATE 03-5407 TD

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 2-5-04 03-5407+D

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

Block 670 Lot 4
Work Site Location 2770 HOOPER AVE
BRICK TOWNSHIP
Owner in Fee/Occupant
Address
Tele. ( )
Contractor S&M ELECTRIC
Address 246 COLUMBIA AVE.
IRVINGTON NJ 07111
Tele. (973) 372 4631 Fax ( )
Lic. No. 7912
Federal Emp. No. 223020631

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-4-04
Approved by: VM

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	120-208, 3 PHASE 30 AMPS. OVEN	Bread	
1	220 SINGLE PHASE 30A. FRYER		

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

U.C.C. F120 (rev. 3/96)

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

to make this application. _____
Signature

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 12/8/03
Control # C15-40
Permit # 03-5407

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP
Owner in Fee VAHRATUND CORP
Address 114 KAHP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor S & H ELECTRIC
Address 246 COLUMBIA AVE
ERVINGTON, NJ 07111-
Tele.(973)391-0269
Lic. No. or Bldrs. Reg. No. 7912
Federal Emp. No. 22-3020631

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[x] Elect Plans Approved
Date: 11-19-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Lighting Fixtures	
25		Receptacles	
17		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
85		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
1	3	KW Transformer/Generator	9
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 99
	DCA State Permit Fee	$ 1

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2003
Date Issued 12/18/03
Control # 15-40
Permit # 03-5407

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
TENANT FIT UP
Owner in Fee VAMRATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor SAM AWADALLA
Address 214 STAHLS WAY
NORTH PLAINFIELD, NJ 07060-
Tele.(732)925-2888 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 54-2102606

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

COMMERCIAL

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP, ALTERATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req. ____ ____
[ ] All ____ ____
[ ] Footing ____ ____
[ ] Foundation ____ ____
[ ] Frame ____ ____
[ ] Other ____ ____ ____

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-9-04
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame over 12-23		01/09/04	FM	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	760
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 30,000
3. Total (1+2) $ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 760
DCA State Permit Fee	$ 41

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2003
Date Issued 12/8/03
Control # C15-40
Permit # 03-5407

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
TENANT FIT UP
Owner in Fee VANRATUND CORP
Address 114 KAHP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor SAH AWADALLA
Address 214 STAHLS WAY
NORTH PLAINFIELD, NJ 07060-
Tele.(732)925-2888 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 54-2102606

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP, ALTERATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	760
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 30,000
3. Total (1+2) $ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 760
DCA State Permit Fee	$ 41

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2003
Date Issued 12/8/03
Control # C15-40
Permit # 03-5407

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

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
TENANT FIT UP

Owner in Fee VANRATUND CORP
Address 114 KANP PL
NORTH BERGEN, NJ 07047-
Tele.(201)869-4732
Contractor SAM AVADALLA
Address 214 STAHLS WAY
NORTH PLAINFIELD, NJ 07060-
Tele.(732)925-2888 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 54-2102606

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP, ALTERATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	760
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 30,000
3. Total (1+2) $ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 760
DCA State Permit Fee	$ 41

Paid [ ] Check #
Collected by:

U.C.C. PI10 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

01-OF-1954

Date Received 10/10/2003
Date Issued ~~12/10/03~~ 12-15-03
Control # C15-40
Permit # 03-5407 TH

12-15-03

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

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-BLIMPIE
TENANT FIT UP

Owner in Fee VANRATUND CORP

Address 114 KAMP PL
NORTH BERGEN, NJ 07047-

Tele.(201)869-4732

Contractor WALTER H LEAHEY PL & HTG

Address 59 EVERGREEN ST
BAYONNE, NJ 07002-

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 14-3285429

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
3	Lavatory	30
0	Shower	0
3	Floor Drain	30
3	Sink	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
1	Greasetrap	35
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 205
	DCA State Permit Fee	$ 20

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2003
Date Issued ~~12/8/03~~ 12-15-03
Control # C15-40
Permit # 03-5407 A

12-15-03

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Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-BLUMPIE
TENANT FIT UP

Owner in Fee VAMRATUND CORP

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NORTH BERGEN, NJ 07047-

Tele.(201)869-4732

Contractor WALTER M LEAHEY PL & HTG

Address 59 EVERGREEN ST
BAYONNE, NJ 07002-

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 14-3285429

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-11-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5-17-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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0	Bath Tub	0
3	Lavatory	30
0	Shower	0
3	Floor Drain	30
3	Sink	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping 3/4" 40	25
0	Steam Boiler	0
0	Hot Water Boiler 50 000	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
1	Greasetrap	35
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	205
DCA State Permit Fee	$	20

Paid [ ] Check # Collected by:

U.C.C. F130 (rev. 3/96)

Township of Brick
Zoning Permit

Approved: Wednesday, October 15, 2003 **Number:** 1786

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

Property Address: 2770 Hooper Avenue; Kennedy Mall

Applicant: Sam Awadala; 360 Degree Construction Corp.

Property Owner: Kennedy Mall Associates

Existing Use: Vacant commercial unit.

Proposed Use: Restaurant, "Blimpie's Subs and Salad".

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning permit is required for any additional work.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
OCT 15 2003
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 670 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 2970 HOOPER Ave. BRICKTOWN, NJ

PERSONAL NAME OF APPLICANT SAM AWADALLA

BUSINESS NAME OF APPLICANT 360 DEGREE CONST. CORP.

MAILING ADDRESS OF APPLICANT 214 stahls way northplainfield, NJ.

PROPERTY OWNER'S FULL NAME Kendy Mall Association

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Shopping center (Kendy Mall) VACANT STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) SAME BLIMPIE'S SUBS & Salad

PROPOSED CONSTRUCTION (check all that apply)

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

CHECKLIST

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

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

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

SIGNATURE OF APPLICANT _____ Date 10-10-03

Reviewed by Zoning Office _____ Date 10/15/3 (X) Approved ( ) Denied

CONDITIONS

03-5407

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 690 LOT 4 SITE ADDRESS 2770 Hooper Ave.
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS Olympics
APPLICANT 360 Degrees Construction PHONE NUMBER 732-925-2888 cell
APPLICANT ADDRESS 214 Stokes Way CITY & STATE N. Plainfield, NJ 07060
Attn: Sam Guadalla

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required		Date
	Down Payment		Date
	Balance		Date
	Paid In Full		Date
Market Rate	No Fee Required		

(5181)

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 50,000

Frederick R Millman — 11/5/03
Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 50,000.

Frederick R Millman — 2/6/04
Frederick R. Millman, CTA, Tax Assessor — Date

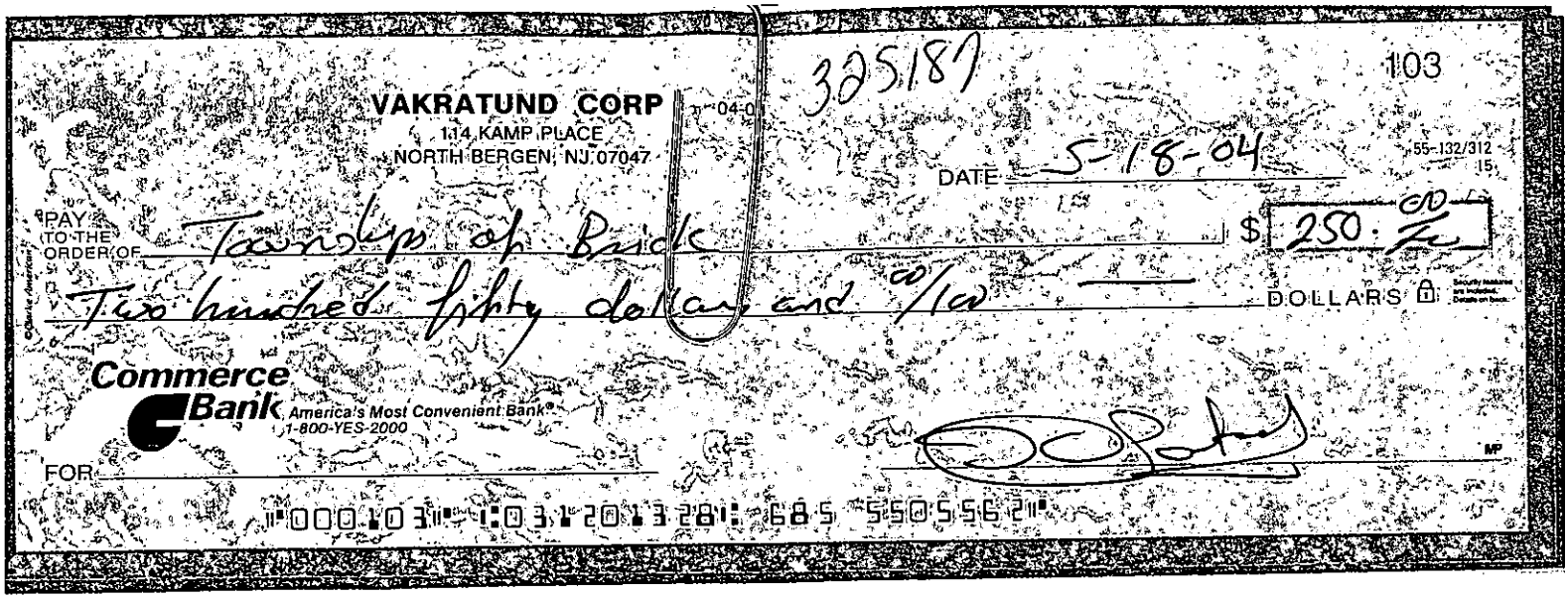
Prelininary Fee Required	*250.00	Date	11/7/03
Preliminary Paid	250.00	Check #	104
		Receipt #	325091
Final Total Fee Required	*500.00		
Preliminary Paid	250.00	Date	5/18/04
Final Paid	250.00	Check#	103
Balance Due	-0-	Receipt #	325187

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Susan Rose Gaudlauccio
Office of Affordable Housing

10/31/03 - Ta prelim.
10/6/05 - hand delivered letter.
2/6/04 - To final
2/9/04 - called Sam



VAKRATUND CORP
114 KAMP PLACE
NORTH BERGEN, NJ 07047

325187 103

DATE 5-18-04

PAY TO THE ORDER OF Township of Bridgewater

$ 250.00

Two hundred fifty dollars and 00/100 DOLLARS

Commerce Bank America's Most Convenient Bank® 1-800-YES-2000

FOR

⑈000103⑈ ⑆031201328⑆ 685 550556 21⑈

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Blupeer

Owner/Applicant: Vakratund Corp

Property Address: 1770 Hoper Ave.

Block: 670 Lot: 4

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 5/18/04

Check Number 103

Preliminary Fee Paid

Final Fee Paid $250.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

5/19/04
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 190 LOT 4 SITE ADDRESS 278 Hillcrest Rd.
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER 973-915-4868
APPLICANT ADDRESS [illegible] CITY & STATE N. Plainfield NJ 07060

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 50,000

Frederick R Millman — 11/5/03

Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required _____ Date 11/5/03
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

N/A per - 15 yr. Ord.

_____
Office of Affordable Housing

325091 104

360 DEGREE CONSTRUCTION CORP

55-33/212

DATE 11-6-03

PAY TO THE ORDER OF TWS of Brick $ 250.00

Only Two Hundred & Fifty and 00/100 DOLLARS

Fleet

90135 Small Business Services smallbiz.fleet.com Summit, NJ

FOR Affordable Housing Fee - 2770 Hooper Ave - Brick

⑈000104⑈ ⑆021200339⑆ 94207 64091⑈

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Blimpies

Owner/Applicant: 360 Degree Construction Corp.

Property Address: 2770 Hooper Ave.

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial) Residential

Inclusionary Development Fee

DATE: 11/7/03

Check Number 104

Preliminary Fee Paid $250.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathy Tinbergen
Signature

11-7-03
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
RUMPLES		1/21/13
Signature of Inspecting Official	Municipality	Time - (2400 Hours) Begin
	BRICK	

REG. NO.	REMARKS (Please specify area)
	PLAN REVIEW / FOOD ESTAB; "RUMBLES", BRICK
	APPROVED WITH STIPULATIONS
	ALL ASPECTS OF DESIGN CONSTRUCTION AND OPERATION OF ABOVE RETAIL FOOD ESTABLISHMENT SHALL COMPLY WITH CHAP. 12 REGULATIONS "RETAIL FOOD ESTABLISHMENTS", INCLUDING A PRE-OPERATIONAL INSPECTION

(Attach additional sheets if necessary)

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # (FAX) 732-925-2888

ESTABLISHMENT TRADING NAME: BLIMPIES

NUMBER AND STREET: 2770 HOOPER AVE

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: PENDING

COMMUN. CODE: 1506

RISK:

ESTABLISHMENT CODE:

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☐ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY — APPROVAL WITH STIPULATIONS
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual.(Public - Non-Community)

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: (TEMP) MR SAM ANANDA

NUMBER AND STREET: 214 STABLE WAY

CITY OR MUNICIPALITY: LAKE PLACID

STATE: N.J

ZIP CODE: 07762

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
10/21/03	1030	1330

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): FRED MARCHESE

SIGNATURE OF INSPECTING OFFICIAL: [signature]

PERMANENT REG. NO.: BLZJ

H.D.64

Plumbing Subcode
Plan Review Record
Township of Brick

RESUBMIT
RESUBMIT DATE 12-9-03

Date: 12-7-03

Site Address: 2720 Hooper Ave

Reviewed By: DM

CORRECTION LIST

No.	Description
1	NO GAS SKETCH

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

JOSEPH M. TINLEY
ARCHITECT
973 HILLSIDE AVENUE
PLAINFIELD, NJ 07060
(908) 757-4565

NOV. 14, 2003

TOM
ELECTRICAL SUB-CODE OFFICIAL
TOWNSHIP OF BRICK
REF: BLIMPIE @ 2770 HOOPER AVE.

DEAR TOM:
WE HAVE FOLLOWING RESPONSE TO YOUR FAXED COMMENTS DATED OCT. 22. 03 FOR THE ABOVE MENTIONED PROJECT.

ELECT. LOAD CALCULATION IS ATTATCHED HERE WITH PAGES 1 & 2.
EXISTING ELECT. SERVICES IS 100 AMP. 208 V/120V.
A NEW SERVICE OF 200 AMP, 208V/120V WOULD BE PROVIDED.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME @ 908-757-4565 OR PRABHU PATEL @ 848-448-0200

THANK YOU.

Sincerely,

Joseph M. Tinley Jr. R.A.
Registered Architect
N.J. LIC No. AI 13158

(1)

RE: BLIMPIE
2170 HOOPER AVE
BRICK TOWN, NJ. 08723

Panel ID: A (EXIST.) Voltage: 208Y/120V Phase: 3
Manufacturer: - 100A Main Circuit Breaker Wire: 4 Interrupting Capacity: --

DEVICE		WIRE		BRANCH CIRCUIT				BRANCH CIRCUIT		WIRE		DEVICE	
AMPS TRIP	POLES	SIZE KVA	NO.	LOAD SERVED	VOLT AMP	NO.	NO.	VOLT AMP	LOAD SERVED	NO.	SIZE KVA	POLES	AMPS TRIP
40		10.5		AC UNIT	208V	1	2	208V	AUTO FRYER		15		40
				↓		3	4		↓				
20		17.0		FURNACE UNIT	208V	5	6	120V	HOT DOG WARMER		15		20
20		1.5		LIGHTING FIXTURES	120V	7	8						20
20		1.5		LIGHTING FIXTURES	120V	9	10						20
20		1.5		LIGHTS	120V	11	12						20
20		1.5		LIGHTS	120V	13	14						20
20		1.5		RECEPTACLES	120V	15	16						20
20		1.5		RECEPTACLES	120V	17	18						20
20						19	20						20

TOTAL CONNECTED LOAD: 96.5 KVA TOTAL DEMAND LOAD @ 90% 40.85 KVA
TOTAL CONNECTED LOAD: 95 AMP TOTAL DEMAND LOAD @ 90% 85.5 AMP

(2)

RE: BLIMPIE
2770 HOOPER AVE
BRICK TOWN, N.J. 08723

Panel ID: B (NEW) Voltage: 208Y/120V Phase: 3
Manufacturer: - 200A Main Circuit Breaker Wire: 4 Interrupting Capacity: --

DEVICE		WIRE		BRANCH CIRCUIT				BRANCH CIRCUIT		WIRE		DEVICE	
AMPS TRIP	POLES	SIZE KVA	ITEM NO.	LOAD SERVED	VOLT AMP	NO.	NO.	VOLT AMP	LOAD SERVED	ITEM NO.	SIZE KVA	POLES	AMPS TRIP
20		5.0	1A	DRESSING STATION	115	1	2	120	MICROWAVE	11	20		20
20		4.0	1D	32° MEAT CASE	115	3	4	208	BREAD OVEN	13	27		20
20		7.0	3	SLICER ½ HP	115	5	6	↓	↓				20
20		3.0	5	BLIMPIE PROGRAMMER	120	7	8	115	ICE MACHINE	16	14.4		20
20		15.0	7	COFFEE	120	9	10	115	FREEZER	22A	17		20
20		3.5	8	PEPSI MACHINE	120	11	12	110	SIGN	39	1		20
20		4.0	9	ICE TEA	120	13	14	110		39A	1		20
20		15.0	11B	SANDWICH PRESS	120	15	16	110		15	1		20
20		10.0	152A	SOUP MERCHANDISER	110	17	18		SPARE				20
20		15.0	18B	COOLER MERCHANDISER	115	19	20		↓				20
20				SPARE		21	22						20
20				↓		23	24						20
20						25	26						20
20						27	28						20
20						29	30						20
				↓					↓				
		81.5									81.4		

TOTAL CONNECTED LOAD : 162.9 KVA TOTAL DEMAND LOAD @ 90% 145.8 KVA
TOTAL CONNECTED LOAD : 195 AMPS TOTAL DEMAND LOAD @ 90% 175.5 AMPS

JOSEPH M. TINLEY
ARCHITECT
973 HILLSIDE AVENUE
PLAINFIELD, NJ 07060
(908) 757-4565

NOV. 14, 2003

TOM
ELECTRICAL SUB-CODE OFFICIAL
TOWNSHIP OF BRICK
REF: BLIMPIE @ 2770 HOOPER AVE.

DEAR TOM:
WE HAVE FOLLOWING RESPONSE TO YOUR FAXED COMMENTS DATED OCT. 22. 03 FOR THE ABOVE MENTIONED PROJECT.

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A NEW SERVICE OF 200 AMP, 208V/120V. WOULD BE PROVIDED.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME @ 908-757-4565 OR PRABHU PATEL @ 848-448-0200

THANK YOU.

Sincerely,

Joseph M. Tinley Jr. R.A.
Registered Architect
N.J. LIC No. AI 13158

1—200 AMPS 120/208 4 WIRE SERVICE
1---27 AMPS 208-3 PHASE

RECEPTACLES
DRESSING STATION 5 AMPS
MEAT CASE 4 AMPS
SLICER 7 AMPS
BLIMPIE PROGPIAIR 3 AMPS
COFFIE MACHINE 15 AMPS
PEPSI MACHINE 3.5 AMPS
ICE TEA MACHINE 4 AMPS
SANDWICH PRESS 15 AMPS
MICROWAVE 20 AMPS
ICE MACHINE 14.4 AMPS
FREEZER 17 AMPS
SIGNS 3 AMPS
SOUP MERCHANDISE 15 AMPS
SOUP MERCHANDISE 10 AMPS
EXHAUST FANS 20 AMPS

RE: BLIMPIE
2170 HOOPER AVE
BRICK TOWN, NJ. 08723

Panel ID: A (EXIST.) Voltage: 208Y/120V Phase: 3
Manufacturer: - 100A Main Circuit Breaker Wire: 4 Interrupting Capacity: --

DEVICE		WIRE		BRANCH CIRCUIT				BRANCH CIRCUIT		WIRE		DEVICE	
AMPS TRIP	POLES	SIZE KVA.	NO.	LOAD SERVED	VOLT AMP	NO.	NO.	VOLT AMP	LOAD SERVED	NO.	SIZE KVA	POLES	AMPS TRIP
40		10.5		AC UNIT	208V	1	2	208V	AUTO FRYER		15		40
				↓		3	4		↓				
20		17.0		FURNACE UNIT	105V	5	6	120V	HOT DOG WARMER		15		20
20		1.5		LIGHTING FIXTURES	120V	7	8						20
20		1.5		LIGHTING FIXTURES	120V	9	10						20
20		1.5		LIGHTS	120V	11	12						20
20		1.5		LIGHTS	120V	13	14						20
20		1.5		RECEPTACLES	120V	15	16						20
20		1.5		RECEPTACLES	120V	17	18						20
20						19	20						20

TOTAL CONNECTED LOAD: 96.5 KVA TOTAL DEMAND LOAD @ 90% 50.85 KVA
TOTAL CONNECTED LOAD: 95 AMP TOTAL DEMAND LOAD @ 90% 85.5 AMP

Nov 15 03 12:01a Middlesex County Engineer 7329374585 P.2

RE: ELIMPIE
2770 [illegible] AVE
BRICKTOWN, NJ. 08723

(1)

Panel ID: A (EXIST) Voltage: 208Y/120V Phase: 3																
Manufacturer – 100A Main Circuit Breaker Wire: 4 Interrupting Capacity: –																
DEVICE		WIRE		BRANCH CIRCUIT						BRANCH CIRCUIT		WIRE		DEVICE		
AMPS TRIP	POLES	SIZE KVA	NO.	LOAD SERVED	VOLT AMP	NO.	NO.	VOLT AMP	LOAD SERVED			NO.	SIZE KVA	POLES	AMPS TRIP
40		10.5		AC UNIT	208V	1	2	208V	AUTO FRYER				1.5		40
				↓		3	4		↓						
20		7.0		FURNACE UNIT	105V	5	6	120V	HOT DOG WARMER				1.5		20
20		1.8		LIGHTING FIXTURES	120V	7	8								20
20		1.5		LIGHTING FIXTURES	120V	9	10								20
20		1.5		LIGHTS	120V	11	12								20
20		1.5		LIGHTS	120V	13	14								20
20		1.8		RECEPTACLES	120V	15	16								20
20		1.8		RECEPTACLES	120V	17	18								20
20						19	20								20

TOTAL CONNECTED LOAD: [illegible] KVA TOTAL DEMAND LOAD @ 40% [illegible] KVA
TOTAL CONNECTED LOAD: 95 AMP TOTAL DEMAND LOAD @ 40% [illegible] AMP

RE: BLIMPIE
2770 HOOPER AVE
BRICK TOWN, N.J. 08723

Panel ID: B (NEW) Voltage: 208Y/120V Phase: 3
Manufacturer: - 200A Main Circuit Breaker Wire: 4 Interrupting Capacity: --

DEVICE		WIRE		BRANCH CIRCUIT				BRANCH CIRCUIT		WIRE		DEVICE	
AMPS TRIP	POLES	SIZE KVA	ITEM NO.	LOAD SERVED	VOLT AMP	NO.	NO.	VOLT AMP	LOAD SERVED	ITEM NO.	SIZE KVA	POLES	AMPS TRIP
20		5.0	1A	DRESSING STATION	115	1	2	120	MICROWAVE	11	20		20
20		4.0	1D	32" MEAT CASE	115	3	4	208	BREAD OVEN	13	27		20
20		7.0	3	SLICER 1/2 HP	115	5	6	↓	↓				20
20		3.0	5	BLIMPIE PROGRAMMER	120	7	8	115	ICE MACHINE	16	14.4		20
20		15.0	7	COFFEE	120	9	10	115	FREEZER	22A	17		20
20		3.5	8	PEPSI MACHINE	120	11	12	110	SIGN	39	1		20
20		4.0	9	ICE TEA	120	13	14	110		39A	1		20
20		15.0	112	SANDWICH PRESS	120	15	16	110		15	1		20
20		10.0	152A	SOUP MERCHANDISER	110	17	18		SPARE				20
20		15.0	188	COOLER. MERCHANDISER	115	19	20		↓				20
20				SPARE		21	22						20
20				↓		23	24						20
20						25	26						20
20						27	28						20
20						29	30						20
				↓					↓				
		81.5									81.4		

TOTAL CONNECTED LOAD : 162.9 KVA TOTAL DEMAND LOAD @ 90% 145.8 KVA
TOTAL CONNECTED LOAD : 195 AMPS TOTAL DEMAND LOAD @ 90% 175.5 AMPS

Nov 15 03 12:01a Middlesex County Engineer 7329374585 P.3

(2)

RE: [illegible]
2770 HOOPER AVE
BRICK TOWN, N.J. 08723

Panel ID: B (NEW) Voltage: 208Y/120V Phase: 3 — Manufacturer – 200A Main Circuit Breaker Wire: 4 Interrupting Capacity: --														
DEVICE		WIRE		BRANCH CIRCUIT					BRANCH CIRCUIT		WIRE		DEVICE	
AMPS TRIP	POLES	SIZE KVA	ITEM NO.	LOAD SERVED	VOLT AMP	NO.	NO.	VOLT AMP	LOAD SERVED	ITEM NO.	SIZE KVA	POLES	AMPS TRIP
20		5.0	1A	PRESSING STATION	115	1	2	120	MICROWAVE	11	2.0		20
20		4.0	1D	52" MEAT CASE	115	3	4	208	BREAD OVEN	13	2.7		20
20		7.0	6	SLICER, 1/2 HP	115	5	6	↓	↓				20
20		3.0	5	[illegible]	120	7	8	115	ICE MACHINE	16	1/1.4		20
20		15.0	7	COFFEE	120	9	10	115	FREEZER	22A	1.7		20
20		3.5	8	PEPSI MACHINE	120	11	12	110	SIGN	21	1		20
20		4.0	7	ICE TEA	120	13	14	110		19A	1		20
20		15.0	11	SANDWICH PRESS	120	15	16	110		11	1		20
20		10.0	12A	SOUP MERCHANDISER	110	17	18		SPARE				20
20		10.0	12B	[illegible]	115	19	20						20
20				SPARE		21	22						20
20						23	24						20
20						25	26						20
20						27	28						20
20						29	30						20
				↓					↓				
		81.5									81.4		

TOTAL CONNECTED LOADS : 162.9 KVA   TOTAL DEMAND LOAD @ 90% 145.8 KVA
TOTAL CONNECTED LOADS : 195 AMPS   TOTAL DEMAND LOAD @ 90% 175.5 AMPS

11-19-03

AUTOFRY™

The Leader In Ventless Deep-Frying Technology.

No Hoods? No Vents? No Problem!

Ventless & Automated Deep Frying System. Designed for maximum safety.

You know the problem.
You want to serve all your deep-fried favorites like fries, onion rings, wings and more, but you don't want to spend all that money on expensive hoods, ventilation and labor.

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1. Place food product in entry chute
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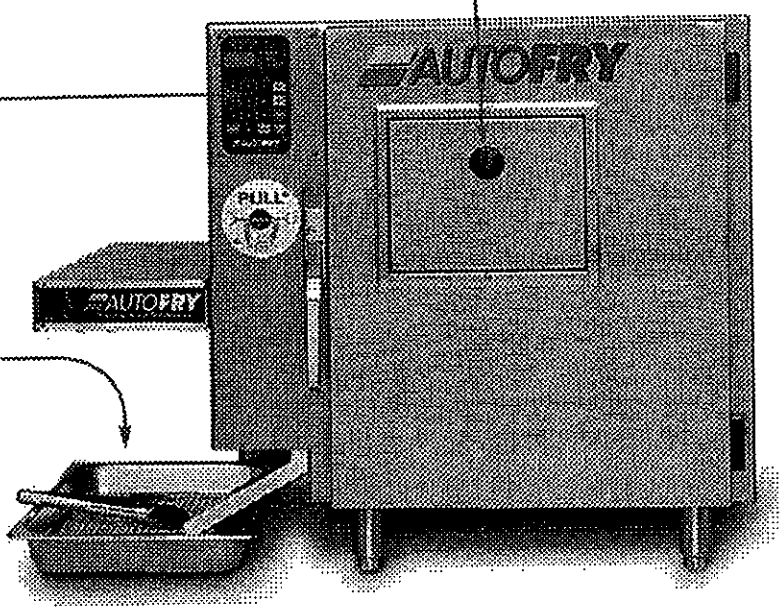
ELECTRIC FRYER MTI-10
Countertop Model
Shown with optional
heat-lamp and
accessories.



800-348-2976
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11-19-03

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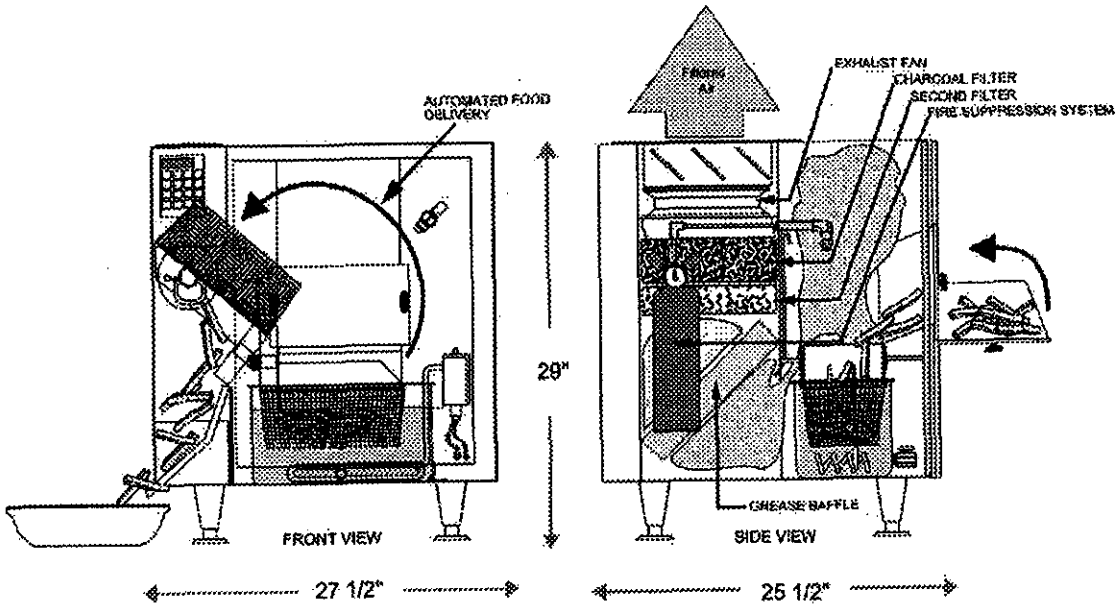
AUTOFRY™

Ventless Electric Fryer Model MTI-10



SPECIFICATIONS	
Electrical	240 AC Volts Single-Phase
	4.8 kW Heater Element
	20 AMPS
	30 AMP Dedicated Service Required
	6' Power Cord w/NEMA 6-30 Plug
Oil Capacity	2.75 Gallons
Cooking Capacity	30 - 60 Lb. French Fries/Hour (Frozen to Done*) *capacity will vary depending on french fry type.
Clearances	Sides = 2" Back = 2" Top = 24"
Construction	16 Gauge Stainless Steel
Shipping Weight	210 Lb.
Shipping Dimensions	32" x 32" x 32"
Options	Heat Lamp: 110 ACV 4.6 AMPS.

FEATURES	
Integral Ventless Hood	ANSUL® Fire-Suppression System
Fully-Enclosed	Warranty:
Automated Cooking Process	1 Year Parts/Labor and
Programmable Controls	3 Years Electronic Controls Package

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BOCA-ES

Motion Technology, Inc.
257 Simarano Drive • Marlboro, MA 01752 • T 508-460-9800 • F 508-460-5090

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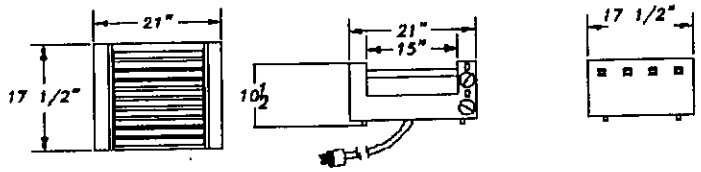
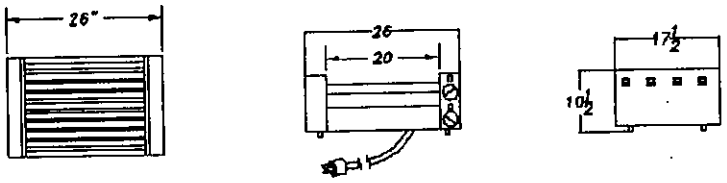
11-19-03

Hot Dog Roller Grills 8023, 8023SL, 8024, 8024SL, 8025, 8025SL
Bun Warmers 8117, 8018, 8019

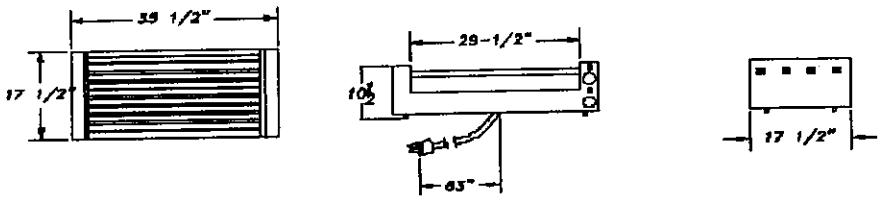
8024 and 8024SL (Slanted rollers) *8018 Heated Bun Warmer(not shown) Height = 10 ½"*



8023 and 8023SL (Slanted rollers) *8117 Heated Bun Warmer(not shown) Height = 10 ½"*



8025 and 8025SL (Slanted rollers) *8019 Heated Bun Warmer(not shown) Height = 10 ½"*



Notes:

1. *The heated bun warmers have the same footprint as the hot dog roller grills and are designed to be located under the roller grills.*
2. *Non-Heated Bun warmers are also available. 8034 for 8024. 8033 for 8023. 8035 for 8025.*

Electrical Specifications:

120v 60 Hz. 15 amp plug (NEMA 5-15P)

8024	1000 watts/8.3 amps
8023	1350 watts/11.3 amps
8025	1650 watts/13.8 amps
8018	300 watts/2.5 amps
8019	600 watts/5.0 amps
8117	300 watts/2.5 amps

All models are available for 240v 50Hz. Power Supply for export outside USA.

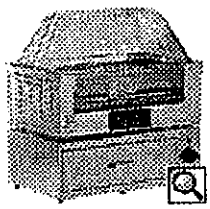
Agency Approvals: UL, ULC, NSF, CE

www.concessionstands.com
CONCESSION STANDS, EQUIPMENT & ACCESSORIES

11-19-03

Jarco Industries, Inc.
125 Laser Court
Hauppauge, New York 11788
Telephone: (800) 458-7578

Product Profile



MID SIZE HOT DIGGITY SLANTED GRILL

Product Code:	8023SL
Our Price:	$ 695.33
Weight:	71.00
Unit of Measure:	EACH
Manufacturer:	GOLD MEDAL PRODUCTS CO.
Category:	SLANTED ROLLER GRILLS

Description

Mid Size Hot Diggity Hot Dog Grill, roller, 20" cooking surface, 26"W x 17-1/1"D x 10-1/2"H, 27 quarter pound hotdogs capacity. E-Z Kleen stainless steel rollers, 10 rollers, seperate heat controls, 5 front/rear, "cook, hold & serve".

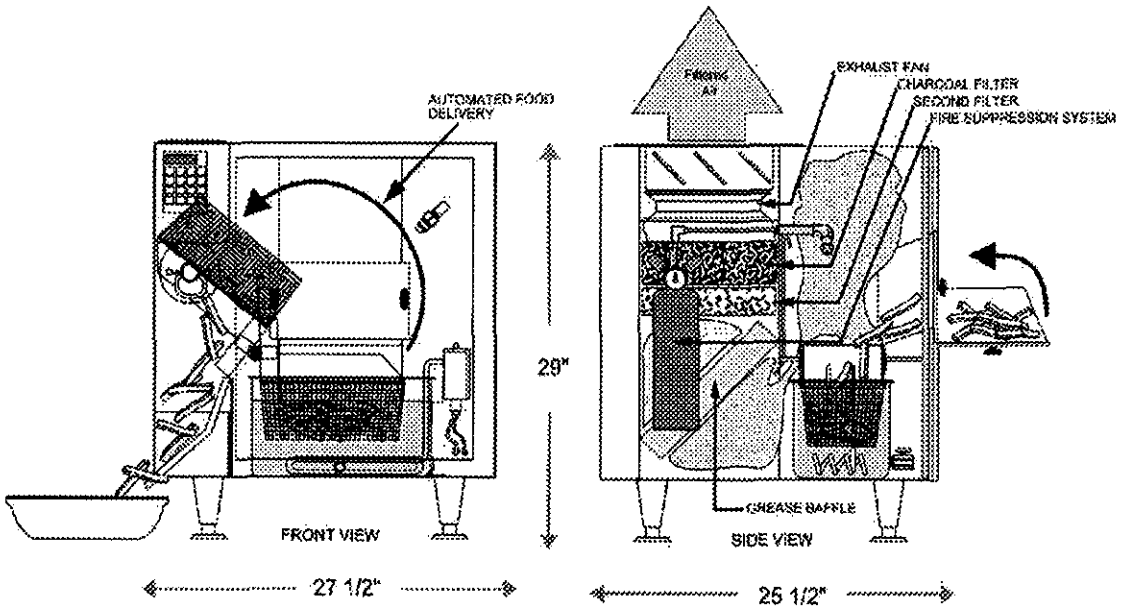
The #8023 "mid size" is quickly becoming a very, very popular roller type Hot Dog Grill! Sneeze guards are not included with the purchase price of the hot dog corral. Can use with #8036SS, (Full)

Print Cancel

The Leader In Ventless Deep-Frying Technology.

AUTOFRY™

Ventless Electric Fryer Model MTI-10



SPECIFICATIONS

Electrical	240 AC Volts Single-Phase 4.8 kW Heater Element 20 AMPS 30 AMP Dedicated Service Required 6' Power Cord w/NEMA 6-30 Plug
Oil Capacity	2.75 Gallons
Cooking Capacity	30 - 60 Lb. French Fries/Hour (Frozen to Done*) *capacity will vary depending on french fry type.
Clearances	Sides = 2" Back = 2" Top = 24"
Construction	16 Gauge Stainless Steel
Shipping Weight	210 Lb.
Shipping Dimensions	32" x 32" x 32"
Options	Heat Lamp: 110 ACV 4.6 AMPS.

FEATURES

Integral Ventless Hood	ANSUL® Fire-Suppression System
Fully-Enclosed	Warranty:
Automated Cooking Process	1 Year Parts/Labor and
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800-348-2976

Get Fried at www.autofry.com

BOCA-ES

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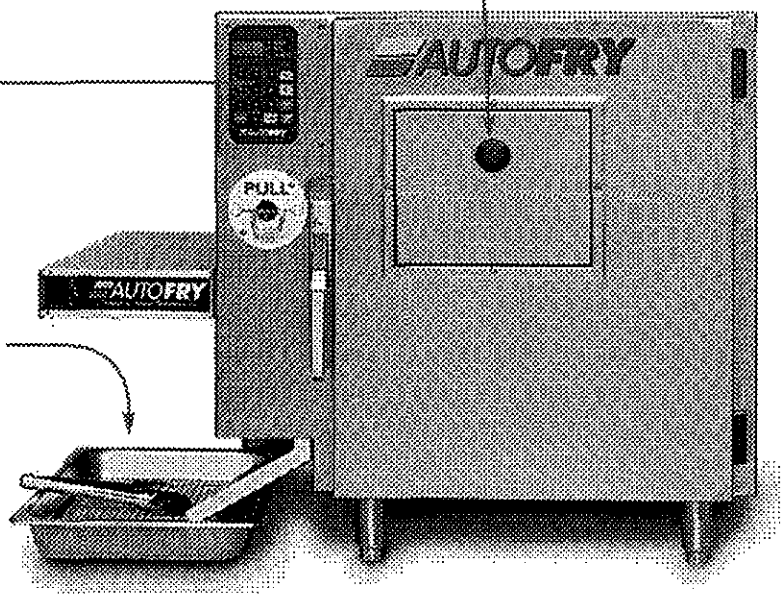
Countertop Model
Shown with optional
heat-lamp and
accessories.



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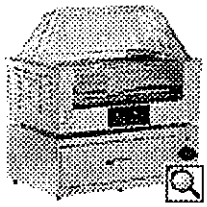
Jarco Industries, Inc.
125 Laser Court
Hauppauge, New York 11788
Telephone: (800) 458-7578

Product Profile



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Product Code:	8023SL
Our Price:	$ 695.33
Weight:	71.00
Unit of Measure:	EACH
Manufacturer:	GOLD MEDAL PRODUCTS CO.
Category:	SLANTED ROLLER GRILLS

Description

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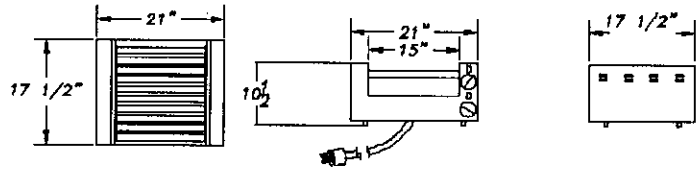
The #8023 "mid size" is quickly becoming a very, very popular roller type Hot Dog Grill! Sneeze guards are not included with the purchase price of the hot dog corral. Can use with #8036SS, (Full)

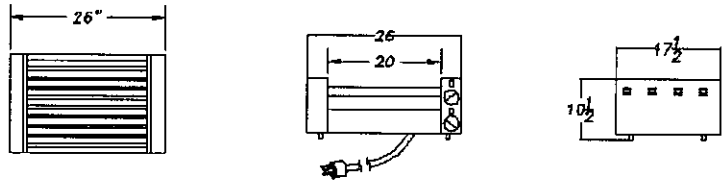
Print Cancel

Hot Dog Roller Grills 8023, 8023SL, 8024, 8024SL, 8025, 8025SL
Bun Warmers 8117, 8018, 8019

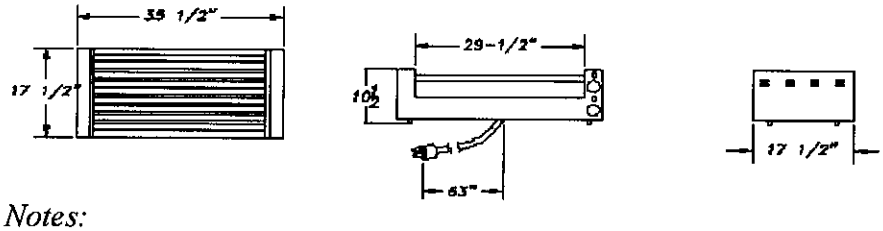
8024 and 8024SL (Slanted rollers) *8018 Heated Bun Warmer(not shown) Height = 10 ½"*



8023 and 8023SL (Slanted rollers) *8117 Heated Bun Warmer(not shown) Height = 10 ½"*



8025 and 8025SL (Slanted rollers) *8019 Heated Bun Warmer(not shown) Height = 10 ½"*



Notes:

1. *The heated bun warmers have the same footprint as the hot dog roller grills and are designed to be located under the roller grills.*
2. *Non-Heated Bun warmers are also available. 8034 for 8024. 8033 for 8023. 8035 for 8025.*

Electrical Specifications:

120v 60 Hz. 15 amp plug (NEMA 5-15P)

8024	1000 watts/8.3 amps
8023	1350 watts/11.3 amps
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8018	300 watts/2.5 amps
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All models are available for 240v 50Hz. Power Supply for export outside USA.

Agency Approvals: UL, ULC, NSF, CE

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Motion Technology, Inc
AUTOFRY
257 Simarano Drive
Marlboro, MA 01752
508 460-9800
Fax 508 460-5090

To: MARCEL 732-262-8954 FAX

From: JOE ZINNI Date: 11/25/03

Re: SAFETY CIRCUIT Pages: 4

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

MARCEL -

IF YOU NEED FURTHER ASSISTANCE, PLEASE CONTACT ME @ EXT 112

THANK YOU

Joe Zinni

Systems Overview

1. Safety System

The Safety Circuit is comprised of eight (8) independent switches that are wired in series, all connecting at the Circuit Board. Should any of these Safety Switches become tripped or open, the Mercury Contactor coil will shutdown, and "SFt" will be displayed on the Keypad.

The only exception to this rule is if the Safety Circuit is tripped during a cook cycle. If a Safety Switch is tripped during a cook cycle, at the completion of the cook cycle the MDR (Mercury Contactor) coil will de-energize and the AUTOFRY will shut down. The unit will not be able to be re-started until the open Safety Circuit is closed.

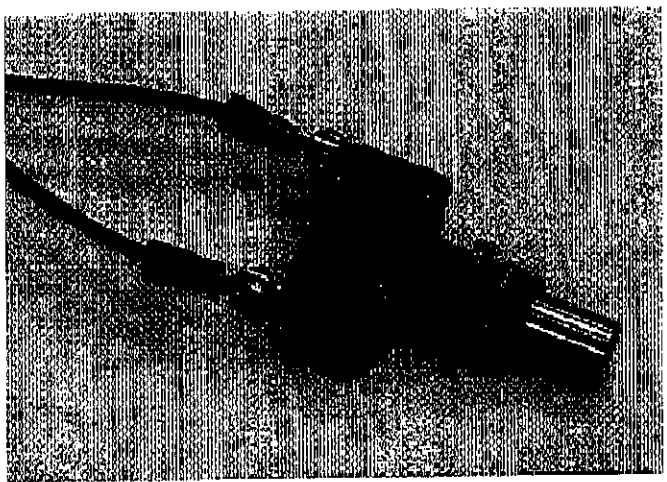
Note: After the AUTOFRY is powered down; the Fan will continue to run until the oil has cooled to below 150°F.

1.2. Types of Switches

There are three (3) basic types of Safety Switches in the AUTOFRY.

1.2.1. Plunger Style Momentary Switch (6) (PN: 10028-S)

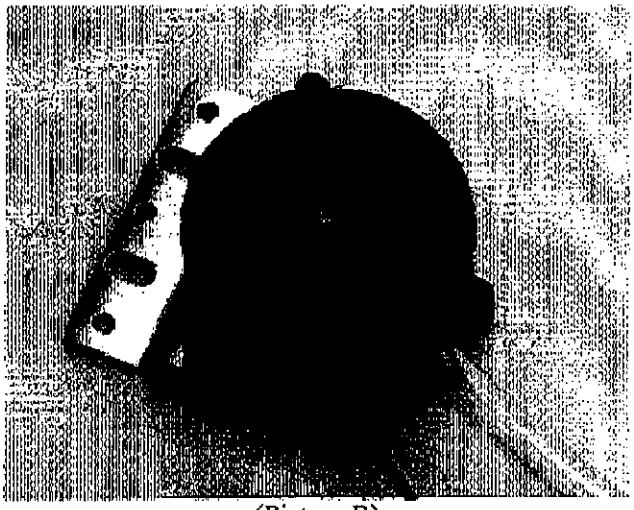
This switch is used on all Filters; the Front Door, the Stack Cover and the Filter Cover Plate. (See Picture A)



(Picture A)

11/25/2003 09:07 5084605090 AUTOFRY PAGE 02

1.2.2. Diaphragm Type Air Flow Switch (1) (PN: X06313)
This switch is used to monitor the airflow through the stack.
(See Picture B)



(Picture B)

(Note) – 1/8" Set Screw is adjustable. To decrease sensitivity turn screw CCW

1.2.3. Safety Pressure Switch (1) (Included with Ansul® Fire System)
This switch monitors the tank pressure at the head of the fire system.
(See Picture C)

(Picture C)

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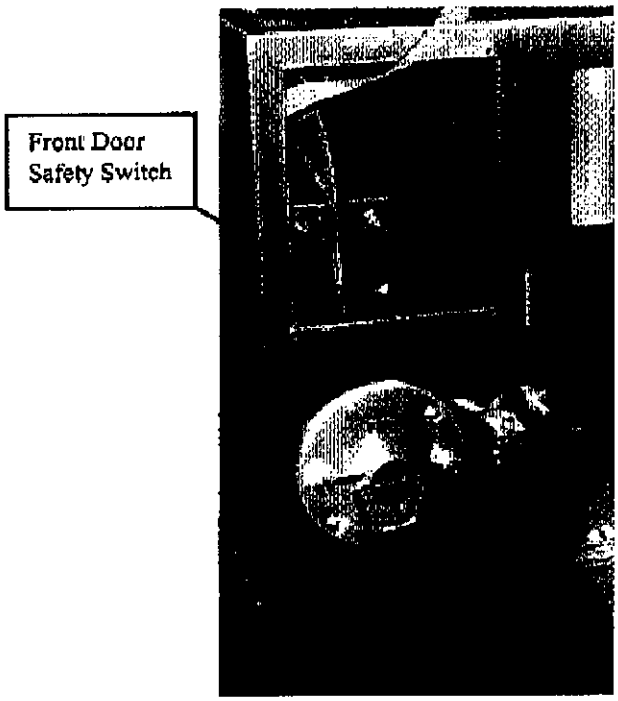
Access and Locations to Safety Switches

With the exception of the Front Door Safety Switch, all Safety Switches are accessible from the rear of the machine. Remove the back panel and the Safety Switches are immediately visible. The Safety Switch that controls the Front Door is accessible from behind the Keypad window located on the front of the machine. (See Picture D)



(Picture D)

11/25/2003 09:07 5084605090 AUTOFRY PAGE 04

INTERNATIONAL BUILD. CODE.

1003.2 System design requirements. The means of egress system shall comply with the design requirements of Sections 1003.2.1 through 1003.2.13.7.1.

1003.2.1 Multiple occupancies. Where a building contains two or more occupancies, the means of egress requirements shall apply to each portion of the building based on the occupancy of that space. Where two or more occupancies utilize portions of the same means of egress system, those egress components shall meet the more stringent requirements of all occupancies that are served.

1003.2.2 Design occupant load. In determining means of egress requirements, the number of occupants for whom means of egress facilities shall be provided shall be established by the largest number computed in accordance with Sections 1003.2.2.1 through 1003.2.2.3.

1003.2.2.1 Actual number. The actual number of occupants for whom each occupied space, floor or building is designed.

1003.2.2.2 Number by Table 1003.2.2.2. The number of occupants computed at the rate of one occupant per unit of area as prescribed in Table 1003.2.2.2.

TABLE 1003.2.2.2
MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT

OCCUPANCY	FLOOR AREA IN SQ. FT. PER OCCUPANT
Agricultural building	300 gross
Aircraft hangars	500 gross
Airport terminal	
Baggage claim	100 gross
Baggage handling	15 gross
Concourse	20 gross
Waiting areas	300 gross
Assembly	
Gaming floors (keno, slots, etc.)	11 gross
Assembly with fixed seats	See 1003.2.2.9
Assembly without fixed seats	
Concentrated (chairs only—not fixed)	7 net
Standing space	5 net
Unconcentrated (tables and chairs)	15 net
Bowling centers, allow 5 persons for each lane including 15 feet of runway, and for additional areas	7 net
Business areas	100 gross
Courtrooms—other than fixed seating areas	40 net
Dormitories	50 gross

(continued)

TABLE 1003.2.2.2—continued
MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT

OCCUPANCY	FLOOR AREA IN SQ. FT. PER OCCUPANT
Educational	
Classroom area	20 net
Shops and other vocational room areas	50 net
Exercise rooms	50 gross
H-5 Fabrication and manufacturing areas	200 gross
Industrial areas	100 gross
Institutional areas	
Inpatient treatment areas	240 gross
Outpatient areas	100 gross
Sleeping areas	120 gross
Kitchens, commercial	200 gross
Library	
Reading rooms	50 net
Stack area	100 gross
Locker rooms	50 gross
Mercantile	
Basement and grade floor areas	30 gross
Areas on other floors	60 gross
Storage, stock, shipping areas	300 gross
Parking garages	200 gross
Residential	200 gross
Skating rinks, swimming pools	
Rink and pool	50 gross
Decks	15 gross
Stages and platforms	15 net
Accessory storage areas, mechanical equipment room	300 gross
Warehouses	500 gross

For SI: 1 square foot = 0.0929 m^2.

1003.2.2.3 Number by combination. Where occupants from accessory spaces egress through a primary area, the calculated occupant load for the primary space shall include the total occupant load of the primary space plus the number of occupants egressing through it from the accessory space.

1003.2.2.4 Increased occupant load. The occupant load permitted in any building or portion thereof is permitted to be increased from that number established for the occupancies in Table 1003.2.2.2 provided that all other requirements of the code are also met based on

1007.6 Signage: Signage indicating the location of accessible *means of egress* shall be installed at all *exits* and elevators that serve a required accessible space, but which are not an approved accessible *means of egress*.

SECTION 1008.0 OCCUPANT LOAD

1008.1 Design occupant load: In determining required facilities, the number of occupants for whom *exit* facilities shall be provided shall be established by the largest number computed in accordance with Sections 1008.1.1 through 1008.1.3.

1008.1.1 Actual number: The actual number of occupants for whom each occupied space, floor or building is designed.

1008.1.2 Number by Table 1008.1.2: The number of occupants computed at the rate of one occupant per unit of area as prescribed in Table 1008.1.2.

1008.1.3 Number by combination: The number of occupants of any space as computed in Section 1008.1.1 or 1008.1.2 plus the number of occupants similarly computed for all spaces that discharge through the space in order to gain access to an *exit*.

1008.1.4 Increased occupant load: The occupant load permitted in any building or portion thereof is permitted to be increased from that number established for the occupancies in Table 1008.1.2 provided that all other requirements of the code are also met based on such modified number. Where required by the code official, an approved aisle, seating or fixed equipment diagram to substantiate any increase in occupant load shall be submitted. Where required by the code official, such diagram shall be *posted*.

Table 1008.1.2
MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT

Occupancy	Floor area[a] in square feet per occupant
Assembly with fixed seats	See Section 1008.1.6
Assembly without fixed seats	
Concentrated (chairs only — not fixed)	7 net
Standing space	3 net
Unconcentrated (tables and chairs)	15 net
Bowling centers, allow 5 persons for each lane including 15 feet of runway, and for additional areas	7 net
Business areas	100 gross
Courtrooms — other than fixed seating areas	40 net
Educational	
Classroom area	20 net
Shops and other vocational room areas	50 net
Industrial areas	100 gross
Institutional areas	
Inpatient treatment areas	240 gross
Outpatient areas	100 gross
Sleeping areas	120 gross
Library	
Reading rooms	50 net
Stack area	100 gross
Mercantile, basement and grade floor areas	30 gross
Areas on other floors	60 gross
Storage, stock, shipping areas	300 gross
Parking garages	200 gross
Residential	200 gross
Stages and platforms	15 net
Storage areas, mechanical equipment room	300 gross

Note a. 1 foot = 304.8 mm; 1 square foot = 0.093 m^2.

1008.1.5 Maximum occupant load: The occupant load of any space or portion thereof shall not exceed one occupant per 3 square feet (0.28 m^2) of occupiable floor space.

1008.1.6 Fixed seats: The occupant load for an assembly or educational area having fixed seats shall be determined by the number of fixed seats installed. The capacity of fixed seats without dividing arms shall equal one person per 18 inches (457 mm). For booths, the capacity shall be one person per 24 inches (610 mm).

1008.2 Mezzanine levels: The occupant load of a *mezzanine* level discharging through a floor below shall be added to that floor's occupant load, and the capacity of the *exits* shall be designed for the total occupant load thus established.

1008.3 Roofs: Roof areas occupied as roof gardens or for assembly, educational, storage or other purposes, shall be provided with *exit* facilities to accommodate the required occupant load, but there shall not be less than two approved *means of egress* from roof areas of Use Groups A and E.

SECTION 1009.0 CAPACITY OF EGRESS COMPONENTS

1009.1 General: The capacity of *means of egress* for a floor, balcony, tier or other occupied space shall be sufficient for the occupant load thereof.

1009.2 Minimum width: The width of each *means of egress* component shall not be less than the width computed in accordance with Table 1009.2 for the required capacity of the component, but not less than the minimum width as prescribed by this code for each such component.

Table 1009.2
EGRESS WIDTH PER OCCUPANT

Use Group	Without sprinkler system (inches per person)[b]		With sprinkler system[a] (inches per person)[b]	
	Stairways	Doors ramps and corridors	Stairways	Doors ramps and corridors
A, B, E, F, M, R, S, U	0.3	0.2	0.2	0.15
H	0.7	0.4	0.3	0.2
I-1	0.4	0.2	0.2	0.2
I-2	1.0	0.7	0.3	0.2
I-3	0.3	0.2	0.3	0.2

Note a. Buildings equipped throughout with an automatic sprinkler system in accordance with Section 906.2.1 or 906.2.2.
Note b. 1 inch = 25.4 mm.

1009.3 Exit design per floor: Where *exits* serve more than one floor, only the occupant load of each floor considered individually shall be used in computing the required capacity of the *exits* at that floor, provided that the *exit* capacity shall not decrease in the direction of *means of egress* travel.

1009.4 Egress convergence: Where *means of egress* from floors above and below converge at an intermediate floor, the capacity of the *means of egress* from the point of convergence shall not be less than the sum of the two.

SECTION 1010.0 NUMBER OF EXITS

1010.1 General: The general requirements of this section apply to buildings of all use groups. Where more restrictive require-

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: ____________

Fee: ____________

Plan Review # ____________

Date: 12-2-03

JURISDICTION ____________

(City, County, Township, etc.)

BUILDING LOCATION 2770 Hooper

(Street address)

BUILDING DESCRIPTION ____________ RESUBMIT

DATE 12-4-03 JB

REVIEWED BY ____________

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Occupancy Load incorrect per BOCA, it allows for SQ FT Not Liner	
	CALL	
	PRABHU PATEL	
	(848) 448-0200	
	12-4-03 Re resubmit per Not 3 occupant at ARO counter	
	Called "SAM" @ 4:10 Left messa	

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4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 11-7-03

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 2770 Hooper
(Street address)

BUILDING DESCRIPTION _____

RESUBMIT

REVIEWED BY _____ DATE 11-20-03

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Incorrect code & Code section Quoted See IBC 1003.2.2.2	
	11/24 Revised plan received w/new code BUT only 1 set Received)	
	(Also Need Fire Review) &	
	Spoke to Mr Patel 3:05	

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06/93

Joseph M. Tinley
937 Hillside Avenue
Plainfield, New Jersey 07060
Phone: (908) 757-4565

DEC. 5, 2003

FRANK MISER
BUILDING SUB-CODE OFFICIAL
BRICK TOWN, NJ. 08723 FAX # 732-262-8954

REF: BLIMPIE
BL. # 670 LOT # 4
2770 HOOPER AVE.

DEAR MR. MISER

FOLLOWING IS A CALCULATION FOR MAX. OCCUPANCY LOAD AS PER BOCA NATIONAL BUILDING CODE TABLE # 1008.1.2. (PAGE # 112)

NET ASSEMBLY AREA FOR CHAIRS & TABLE SEATING } 400 S.F. @ 15 = 27

STANDING @ COUNTER = 60 S.F. @ 5 = 20

EMPLOYEE = 3

TOTAL = 50

IF YOU SHOULD HAVE ANY QUESTIONS CONCERNING ABOVE PROJECT, DO NOT HESITATE TO CALL ME @ Cell (848) 448-0200.

Prabhu Patel/FOR
Joseph M. Tinley, Jr. R.A.
Registered Architect
N.J. Lic. No.AI13158

12.5.03

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD - BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Kimberley S. Casten — President
Stephen C. Acropolis
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

COMMERCIAL

Date: 10-10-03

Block: 670 Lot: 4

Property Address: 2770 HOOPER AVE, BRICK TOWN, NJ

I, SAM A WADALLA (name) of 214 stahls way north plainfield, NJ. (address)

request to be exempt from the plot plan requirement for an addition, ~~fence, shed, deck, pool, retaining wall~~, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

X _____
Applicant's Signature

The following shall be submitted with this request:

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

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

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

FOR OFFICE USE ONLY

Approved on: 10/16/03 Signed: _____

Rejected on: _____ Signed: _____

Comments: Tutorial Only!

Members

John J. Mallon, *Chairman*
Robert Singer, *Vice Chairman*
Barbara Hiering, *Secretary-Treasurer*
Veronica Laureigh
Arlyne J. Rehak
William T. Ritchings
Patricia Seeber
Warren Wolf
James F. Lacey, *Freeholder Liaison*

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700
(800) 342-9738
http://www.ochd.org

Joseph J. Przywara
Public Health Coordinator

October 21, 2003

Mr. Sam Awadalla
214 Stahls Way
North Plainfield, NJ 07060

Re: Plan Review – Blimpies
2770 Hooper Ave.
Brick, NJ 08723

APPROVED WITH STIPULATIONS

All aspects of design construction and operation of above retail food establishment shall comply with Chapter 12 regulations, "Retail Food Establishments", including a pre-operational inspection.

Yours truly,

Frederick Mager
S.R.E.H.S.

FM/ww

RECEIPT

Expenses

DATE 5/18/04 No. 325187

FROM Vakrutawa Corp $ 250.00

114 Kanpeal

N. Bergen, NJ 07047 DOLLARS

○ FOR RENT

○ FOR 270 Locke Ave.

ACCT.		
PAID	103	
DUE		

CASH ✓ CHECK ○ MONEY ORDER

FROM BLOCK 670 LOT 4 TO

BY

1152

03-5407

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- ☐ SPACING
- ☐ SIZE

STRAPS
- ☐ SPACING (PER MANUFACTURER'S SPECS)
- ☐ SIZE

2. SILL PLATES:

- ☐ SIZE
- ☐ GRADE, SPECIES
- ☐ TREATMENT
- ☐ LAPS
- ☐ SILL SEALER
- ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- ☐ TERMITE PROTECTION

3. BEAM POCKETS:

- ☐ BEARING/SHIMS
- ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- ☐ SIZED PER PLAN
- ☐ ATTACHMENT/PLATES
- ☐ SPACING/LOCATION
- ☐ PAINT/COATING

01/07/04

COMMERCIAL SPACE
TENANT FIT-OUT
1-STORY SLAB ON GRADE
METAL STUDS
NON-BRG.

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZE
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	SINGLE OR DOUBLE
☐	☐	☐	PRE-ENGINEERED PER MANUF'S SPECS
☐	☐	☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- ☐ SIZED PER PLAN
- ☐ TYPE
- ☐ GRADE, SPECIES
- ☐ LOCATION AND RELATION TO THE PLAN
- ☐ NAILING
- ☐ ATTACHMENT SCHEDULE
- ☐ BEARING
- ☐ LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZED PER PLAN
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☐	☐	☐	BEARING
☐	☐	☐	NAILING
☐	☐	☐	BRIDGING
☐	☐	☐	CUTTING AND NOTCHING (AS PER CODE)
☐	☐	☐	POINT LOADS - SUPPORTED AS PER PLAN
☐	☐	☐	SPAN HANGERS
☐	☐	☐	HEADERS
☐	☐	☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD FLOOR	
			MATERIAL
☐	☐	☐	PANEL SPAN, THICKNESS
			SPECIAL REQUIREMENTS
☐	☐	☐	EDGE BLOCKING (IF REQUIRED)
☐	☐	☐	GAPPING
☐	☐	☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD FLOOR	
☐	☐	☐	BEARING
☐	☐	☐	NAILING

4/24/03

C. Wall Framing

1. Exterior Wall Frame:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Rafter Ties
☐	☐	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Layout - Support Below per Code
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Strapping

3. Interior Non-Load-Bearing Walls:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Top Plate Nailing

PROVIDE BLOCKING AS REQ'D FOR B.F. FIXTURES IN BATHROOMS

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers/Roof Structures on Manufacturer's Drawings
- ☐ Equipment/Appliances on Manufacturer's Drawings

☐ Location as per Layout
- ☐ Alignment

☐ Bearing

☐ Spacing

☐ Connections to Bearing Points

☐ No Connection to Non-Bearing Points

☐ Damage and Defects
- ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination

4. Solid Sawn Roof Framing:

☐ Size

☐ Grades, Species

Layout
- ☐ Spacing
- ☐ Span

☐ Bearing

☐ Fastening
- ☐ Damage Caused by Fasteners (rafters not split by toenails)

☐ Cutting, Notching, and Boring

☐ Bridging

☐ Ridge Size

☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing – Roof:

Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT – Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

03-5407

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. Basement or Crawl Space

1. Anchorage:

Bolts
- ☐ Spacing
- ☐ Size

Straps
- ☐ Spacing (per manufacturer's specs)
- ☐ Size

2. Sill Plates:
- ☐ Size
- ☐ Grade, Species
- ☐ Treatment
- ☐ Laps
- ☐ Sill Sealer
- ☐ Proper Treatment over Foundation Openings (bearing of joist)
- ☐ Termite Protection

3. Beam Pockets:
- ☐ Bearing/Shims
- ☐ Termite Protection or Clearance

4. Columns:
- ☐ Sized per Plan
- ☐ Attachment/Plates
- ☐ Spacing/Location
- ☐ Paint/Coating

B. Floor Framing and Flooring

1. Box or Rim Joist, or Perimeter Band Joist:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Grade, Species
☐	☐	☐	Single or Double
☐	☐	☐	Pre-Engineered per Manuf's Specs
☐	☐	☐	Cantilevers as per Design

2. Girders and Beams:
- ☐ Sized per Plan
- ☐ Type
- ☐ Grade, Species
- ☐ Location and Relation to the Plan
- ☐ Nailing
- ☐ Attachment Schedule
- ☐ Bearing
- ☐ Lapping

3. Floor Joist:

1st	2nd	3rd	Floor
☐	☐	☐	Sized per Plan
☐	☐	☐	Grade, Species
☐	☐	☐	Pre-Engineered Components as Specified
☐	☐	☐	Bearing
☐	☐	☐	Nailing
☐	☐	☐	Bridging
☐	☐	☐	Cutting and Notching (as per code)
☐	☐	☐	Point Loads - Supported as per Plan
☐	☐	☐	Span Hangers
☐	☐	☐	Headers
☐	☐	☐	Framed Openings

4. Flooring, Sheathing, or Decking:

1st	2nd	3rd	Floor
			Material
☐	☐	☐	Panel span, Thickness
			Special Requirements
☐	☐	☐	Edge Blocking (if required)
☐	☐	☐	Gapping
☐	☐	☐	Layout

5. Stair Attachment:

1st	2nd	3rd	Floor
☐	☐	☐	Bearing
☐	☐	☐	Nailing

4/24/03

C. Wall Framing

1. Exterior Wall Frame:

1ST 2ND 3RD Floor

- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Jack Stud Bearing

Top Plates

- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Laps
- ☐ ☐ ☐ Rafter Ties
- ☐ ☐ ☐ Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1ST 2ND 3RD Floor

- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Layout - Support Below per Code
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Fire Blocking
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Jack Stud Bearing

Top Plates

- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Laps
- ☐ ☐ ☐ Strapping

3. Interior Non-Load-Bearing Walls:

1ST 2ND 3RD Floor

- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Fire Blocking
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers/Roof Structures on Manufacturer's Drawings
- ☐ Equipment/Appliances on Manufacturer's Drawings

☐ Location as per Layout
- ☐ Alignment

☐ Bearing

☐ Spacing

☐ Connections to Bearing Points

☐ No Connection to Non-Bearing Points

☐ Damage and Defects
- ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination

4. Solid Sawn Roof Framing:

☐ Size

☐ Grades, Species

Layout
- ☐ Spacing
- ☐ Span

☐ Bearing

☐ Fastening
- ☐ Damage Caused by Fasteners (rafters not split by toenails)

☐ Cutting, Notching, and Boring

☐ Bridging

☐ Ridge Size

☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing – Roof:

Material
- ☐ Panel span, Thickness

Special Requirements
- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT – Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

03-5407

Blimpie

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 2770 Hooper Ave Block 670 Lot 4

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS
BUILDING	APPROVED	2/9/04 OK
PLUMBING	APPROVED	5/17/04 OK
FIRE	APPROVED	5/18/04 OK
ELECTRIC	APPROVED	2/9/04 OK
ENGINEERING	APPROVED	n/a
O.C.SOIL	APPROVED	

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A. Carol sending Someone out 5/18

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 5/18/04 OK

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

OK to Open per Carol 5/19

Members

John J. Mallon, *Chairman*
Robert Singer, *Vice Chairman*
Barbara Hiering, *Secretary-Treasurer*
Veronica Laureigh
Arlyne J. Rehak
William T. Ritchings
Patricia Seeber
Warren Wolf
James F. Lacey, *Freeholder Liaison*

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700
(800) 342-9738
http://www.ochd.org

Joseph J. Przywara
Public Health Coordinator

October 21, 2003

Mr. Sam Awadalla
214 Stahls Way
North Plainfield, NJ 07060

Re: Plan Review – Blimpies
2770 Hooper Ave.
Brick, NJ 08723

APPROVED WITH STIPULATIONS

All aspects of design construction and operation of above retail food establishment shall comply with Chapter 12 regulations, "Retail Food Establishments", including a pre-operational inspection.

Yours truly,

Frederick Mages
S.R.E.H.S.

FM/ww

UPDATE 03-5407
DATE 11/26/04
INITIALED BY
FOR

Township of Brick

Counter Form

(PLEASE PRINT)

Brick Township

Plan Review Class Date

Zoning

Site Location: BLIMPIE AT THE KENNEDY MALL 2970 HOOPER AVE, BRICK, NJ

Block: 670 Lot: 4

Owner's Name: VAMRATUS CORP.

Owner's Mailing Address: 114 KAMP DR.

NBNJ

Phone: (____)_____

Building

Fire

Electrical

BUILDING

Contractor:_____

Address:_____

Phone#:_____

Lis #_____

Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories:_____

Height of Structure:_____

Area of the largest floor:_____

Area of New Structure:_____

Volume of New Structure:_____

Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____

Address:_____

Phone#:_____

Lis #:_____

Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	HP
Garbage Disposal	KW
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	KW
Sign/Outline Light	
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: Monmouth Controls
Address: 17 Angletta Ave.
Toms River, NJ 08753
Phone #: 732-929-8174
Lis #: P005271
Federal Emp # or SSN 22-2543749

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	18
Dry Sprinkler Heads	0
Total	18
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work $3,000.00

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

Signature: S.M. Holmes
Print Name: S.M. Holmes

Township of Brick
Counter Form
(PLEASE PRINT)

Received 10/15/03

Site Location: 2770 Hooper Ave
Block: _____ Lot: _____
Owner's Name: _____
Owner's Mailing Address: _____
_____
Phone: (_____) _____

BUILDING

Contractor: _____
Address: _____
_____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: S. & M. Electric
Address: 246 Columbia Ave.
Irvington NJ 07111
Phone#: 973 391-0269, Cell: 973 818-8672
Lis #: 7912
Federal Emp # or SSN 223020631

Technical Data

Item	Quantity
Lighting Fixtures	40
Receptacles	22
Switches	8
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	1-30 AMPS Disconnect 3 cooling fans 1 Exhaust fan

Estimated Cost of Electrical Work: _____

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

Signature: Donovan Evans

Please Print Name Donovan Evans

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2776 Hooper Ave
Block: 670 Lot: 47
Owner's Name: YAMPUMO Corp
Owner's Mailing Address: 114 KEMP PLACE North Bergen
Phone: (201) 869 4732

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

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

Signature:
Please Print Name

ELECTRICAL

Contractor: S. & M. Electric
Address: 246 Columbia Ave. Irvington N.J. 07111
Phone#: 973-391-0269. cell 973-818-8672
Lis #: 7912
Federal Emp # or SSN 223020631

Technical Data

Item	Quantity
Lighting Fixtures	36 (40)
Receptacles	25
Switches	17
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	3
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service 200 120/208 4 wire	AMP
Subpanel 42 CIRCUIT	AMP
Motor Control Center	AMP
Sign/Outline Light 3 · 3KVA	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 7.000

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

Signature: Donovan Evans
Please Print Name DONOVAN EVANS

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: 360 DEGREE CONST. CORP.
Address: 214 STAHLS Way
NORTH PLAINFIELD - NJ 07060
Phone #: (732) 925-2888
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work: Tenant Fit UP

Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ✓ Existing
Location of Furnace/Boiler: IN the Back
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks ____ capacity ____ fuel
Combustible Storage Tanks ____ capacity ____ fuel
LPG Storage Tanks ____ capacity ____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	WILL INSTALL
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	NONE (NONE COOKING Rest.

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove NONE
Gas Dryer NONE
Furnace (Gas) or Oil)_____
Gas Fireplace NONE
Gas Logs NONE
Total Appliances_____

Wood Burning Stove NONE
Wood Fireplace NONE
Other:

Estimated Cost of Fire Work_____

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

Signature:_____
Print Name: SAM AWADALLA

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location:_____

Block:_____ Lot:_____

Owner's Name:_____

Owner's Mailing Address:_____

_____

Phone: (_____)_____

BUILDING

Contractor:_____

Address:_____

_____

Phone#:_____

Lis #_____

Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____

No of Stories:_____

Height of Structure:_____

Area of the largest floor:_____

Area of New Structure:_____

Volume of New Structure:_____

Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____

Address:_____

_____

Phone#:_____

Lis #:_____

Federal Emp # or SSN_____

Technical Data

Item Quantity

Lighting Fixtures_____

Receptacles_____

Switches_____

Detectors_____

Light Poles_____

Motors w/ Fract. HP_____

Emergency & Exit Lights_____

Communication Points_____

Alarm Devices/FAC Panel_____

Total_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____

Spa/Hot Tub/Storable Pool_____

Electric Range_____KW

Oven/Surface Unit_____KW

Electric Water Heater_____KW

Electric Dryer_____KW

Dishwasher_____HP

Garbage Disposal_____KW

A/C Unit –Central Air_____KW

Space Heater/Air Handler_____KW

Baseboard Heating_____

Motors 1+ HP_____KW

Transformer/Generator_____AMP

Light Stander_____AMP

Service_____AMP

Subpanel_____AMP

Motor Control Center_____KW

Sign/Outline Light_____

Furnace_____

Steam Boiler_____

Other:

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: WALter M. LeaHey PLUMBing & Heat
Address: 59 EVERGREEN ST
BAYONNE NJ 07002
Phone #: 201 437-2423
Lis #: 1810
Federal Emp # or SSN 143-28-5429

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	2
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	3
Shower	
Floor Drain	3
Sink	3
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	1
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	1
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 15000

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

Signature: Walter M Leahey
Please Print Name: WALTER M LEAHEY

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

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

Signature:
Print Name:

C15-40

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2770 Hooper Ave Brick Township NJ 08723
Block: 670 Lot: 4
Owner's Name: VAKRATUND CORP / KAMLESH PATEL DBA BLIMPie
Owner's Mailing Address: _____

Phone: (201) 869-4732

BUILDING

Contractor: _____
Address: _____

Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____

Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2770 HOOPER AVE. BRICK TOWN, NJ. 08727
Block: 670 Lot: 4
Owner's Name: VAKRATUND CORP. / KAMLESH PATEL
Owner's Mailing Address: _____

Phone: (201) 869-4732 OR CELL (201) 936-5735

BUILDING

Contractor: SAM AWADALLA
Address: 214 Stahls Way
North plainfield NJ 07060
Phone#: (732) 925-2888
Lis # _____
Federal Emp # or SSN 542 102 606

Technical Data

Description of Work:
TENANT FIT-UP, ALTERATION AS SHOWN ON THE DRAWINGS

Type of Work

___New Building	___Siding
___Addition	___Fence
X Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: M
No of Stories: ONE
Height of Structure: 12'+
Area of the largest floor: 1280 SF.
Area of New Structure: N/A
Volume of New Structure: 10,240 C.F.
Total Land Disturbed: N/A

Cost of Alteration: $ 30,000.00

Cost of New Building: $ N/A

Cost of Site Work $ N/A

Total Cost of ~~New Building~~ ALTERATION Work: $ 30,000

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

Signature: _____

Please Print Name SAM AWADALLA

ELECTRICAL

UPDATE LATER

Contractor: _____
Address: _____
_____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	35
Receptacles	19 (ALL EXIST. TO REMAIN)
Switches	18
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	2 (NEW) 3 EXISTING TO REMAIN
Communication Points	
Alarm Devices/FAC Panel	
Total	74
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $ 10,000

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING
UPDATE LATER

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	2
Urinals/Bidets	–
Bath Tub (w/or w/out shower head)	–
Lavatory (BR Sink)	2
Shower	–
Floor Drain	1
Sink	3
Dishwasher	–
Drinking Fountain	–
Washing Machine	–
Hose Bib	–
Gas Piping	25' + (APPROX.)
Fuel Oil Piping	–
Water Heater	1 (NATURAL GAS
Steam Boiler	–
Hot Water Boiler	–
Sewer Pump	–
Interceptor/Separator	
Backflow Preventer	–
Greasetrap	1 -(100LB)
Air Conditioner (Condensate Drain)	–
Septic Tank Closure	–
Sewer Service Connection	–
Water Service Connection	–
Active Solar System	–
Auxiliary Meter	–
Sprinkler Heads	–
Sump Pump	–
Pool Heater	–
Other:	

Estimated Cost of Plumbing Work $10,000

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

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE
UPDATE LATER

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___(Gas)___ Oil ___ Electric ___ Solar
Heating System is ___ New ___(Existing)
Location of Furnace/Boiler: –
Water Supply Source CITY
Method of Valve Supervision –
Local Alarm Supervision –
Central Supervision: –
Proprietary Supervision: –

Flammable Storage Tanks N/A capacity ____ fuel
Combustible Storage Tanks N/A capacity ____ fuel
LPG Storage Tanks N/A capacity ____ fuel

Item	Quantity
Wet Sprinkler Heads	EXIST.
Dry Sprinkler Heads	N/A
Total	
Smoke Detectors	–
Heat Detectors	–
Total	
Stand Pipes	–
Kitchen Hood Exhaust System	N/A

Pre-Engineered Systems:

CO2 Suppression	–
Halon Suppression	–
Foam Suppression	–
Dry Chemical	–
Wet Chemical	–

Gas/ Oil Fired Appliances:

Gas Stove	–
Gas Dryer	–
Furnace (Gas or Oil)	–
Gas Fireplace	–
Gas Logs	–
Total Appliances	–
Wood Burning Stove	–
Wood Fireplace	–
Other:	

Estimated Cost of Fire Work –

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

Signature:

Print Name: