BLOCK 670 LOT 4 C16-70 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave. PERMIT NO. 00-1763

Rodeo

CONSTRUCTION PERMIT APPLICATION

RECEIVED

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

I. IDENTIFICATION

1. Propsed Work Site at: Rodeo Restaurant 2770 Hooper Ave
2. Name of Owner in Fee: Rodeo Restaurant Tel. (____) 278-3906
   Address 2770 Hooper Ave (street) Brick (municipality) NJ 08723 (732) 914-3816 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Daly Fire Protection Tel. (____) 458-3038
   Address 14 Lorelei Drive Howell NJ 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223-103-081 FAX: (____) 458-8219
5. Architect or Engineer _____ Tel. (____) 458-3036
   Address _____
6. Responsible Person in Charge of Work Dan Daly
   Tel. (____) 458-3038 FAX (____) 458-8215

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection		138	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		6	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	144	

COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building			3/15/00						
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection	8000				3-31-00	KB	OK		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

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) BOCA
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
After Construction
Net Gain or Loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: Restaurant
3. Change in Use Group, Indicate Former:

Yeff Message 5/31/00

LDS BR 10304413

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Dan DeLa

Address 6 Hall Laurel Drive

Hewell NJ 07731

Telephone (458-3036

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.				

C27 - 70

BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 00-1211

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2770 Hooper Ave Brick NJ 08723.
2. Name of Owner in Fee: Beatriz Blancas Tel. (732) 736-1444
   Address 623 Loxley Drive Toms-River NJ 08752.
   street municipality zip code
3. Ownership in Fee: Public / Private _____
4. Principal Contractor: Beatriz Blancas, Tel. (732) 736-1444
   Address 623 Loxley Drive Toms-River NJ 08752.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

COMMERCIAL

Tenant Set Up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	35	
2.	Electrical		70	
3.	Plumbing		60	
4.	Fire Protection		35	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		3	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other		30	
13.	TOTAL	$	233	

PRELIMINARY APPROVAL

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		PRT	3/24/00		4-19-00	TM	5/22/00		
3.	☐ Addition									
4.	☒ Alteration	500.								
5.	☒ Fire Protection	100				4-18-00	CWB	5/22/00	OK	
6.	☒ Plumbing	2500.			4-14-00	4-17-00	MM	5/22/00	OK	
7.	☒ Electrical	1000				4-17-00	MM	5/22/00	OK	
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		FWG	4/5/00		4/5/00	D			
	TOTAL COSTS	4100								

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 _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____
2. Use Group: B
3. Change in Use Group, Indicate Former: _____

IMPORTANT - MANDATORY FEE COLLECTION

N.J.S.I.

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 BEATRIZ BLANCAS

Address 623 LOCKLEY DRIVE - TOMS RIVER NJ 08753.

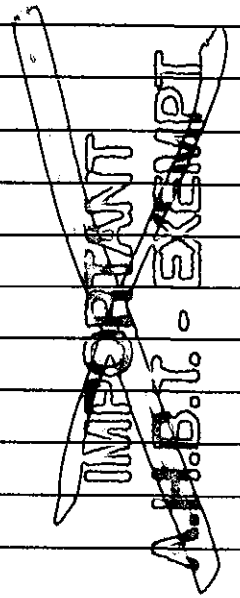
Telephone (732) 736-1444 (HOME)

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 05/23/2000
Control #
Permit # 00-1211

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE RODEO RESTAUR
TENANT FIT UP
Owner in Fee/Occupant BLANCAS, BEATRIZ
Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-
Telephone (732)736-1444
Contractor BEATRIZX BLANCAS
Address 623 LOXLEY DR
TOMS RIVER, NJ 08753-
Telephone (732)736-1444 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP CHANGING FROM ICE CREAM STORE TO RE

[ ] 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.

[X] 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.

[ ] 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 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 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.

[ ] 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 _____, ___.

J Curezza Jr

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 206
Collected by: LRT

0010
1211#

BLOCK 670 # 0.00
LOT 4 # 0.00
BUILDING 35.00
ELETRIC* 70.00
PLUMBING 60.00
FIRE 35.00
D.C.A. 3.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 233.00
CHECK 233.00
CHANGE 0.00
04/19/00 NO. 5 0019A005 13:19

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/19/2000
Control 0
Permit # 00-1211

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
TENANT FIT UP
Owner in Fee BLANCAS, BEATRIZ
Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-
Telephone (732)736-1444

Contractor BEATRIZX BLANCAS
Address 623 LOXLEY DR
TOMS RIVER, NJ 08753-
Telephone (732)736-1444
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP CHANGING FROM ICE CREAM STORE TO RESTAURANT

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 $ 4,100

L. Curiazza/BO
Construction Official

04/19/2000
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	70
Plumbing	60
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other CO	30
Total 233.	203
Check No.	206
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/14/2000
Control #
Permit # 00-1163

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 679 Lot 4 Qual

Work Site Location 2770 HOOPER AVE RODEO RESTAURA
KITCHEN HOOD SYSTEM/WET
Owner in Fee RODEO RESTAURANT
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Telephone (732)278-3906

Contractor DALY FIRE PROTECTION
Address 14 LORCLE DR
HOWELL, NJ 17731-
Telephone (732)458-3038
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3163061

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:
KITCHEN EXHAUST SYSTEM AND WET CHEMICAL

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 $ 8,000

J Carangy / CS
Construction Official

04/14/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	136
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other	
Total	141
Check No.	199
Cash	
Collected By	CS

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/19/00
Control # C27-70
Permit # 00-1211

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 BLANCAS, BEATRIZ

Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-

Tele.(732)736-1444

Contractor BEATRIZX BLANCAS

Address 623 LOXLEY DR
TOMS RIVER, NJ 08753-

Tele.(732)736-1444 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

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

TENANT FIT UP CHANGING FROM ICE CREAM STORE TO RESTAURANT

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-19-00	FY
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-22-00
Approved By:

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

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 $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] 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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 17
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/19/00
Control # C27-70
Permit # 00-1211

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 BLANCAS, BEATRIZ
Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-
Tele.(732)736-1444
Contractor BEATRIZX BLANCAS
Address 623 LOXLEY DR
TOMS RIVER, NJ 08753-
Tele.(732)736-1444 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

TENANT FIT UP CHANGING FROM ICE CREAM STORE TO RESTAURANT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-19-00	FG
[ ] 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			4-19-00	FG
Other				
Final				
BarrierFree				

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 $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] 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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 17
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date ~~Received~~ ~~03/22~~/2000
Date Issued 4/19/00
Control # C27-70
Permit # 00-1211

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 BLANCAS, BEATRIZ
Address 623 OXLEY DR
TOMS RIVER, NJ 08752-
Tele.(732)269-0997 Fax( )
Contractor SHAN ELECTRIC
Address 5 COLTON CT
BAYVILLE, NJ 08721-
Tele.(732)269-0997
Lic. No. or Bldrs. Reg. No. 9575
Federal Emp. No. 14-2685049

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/17/00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCO
Date: 5/22/00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approved	Initial
Rough		5/17	5/17	[illegible]
Temp Serv				
Const Serv				
TCC				
Other				
Service				
Final		5/22/00		a

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
0		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
7		TOTAL NUMBERS	35
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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other EMER/EXIT LITES	35
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 70
DCA Training Fee	$ 1

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/19/00
Control # C27-70
Permit # 00-1211

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 BLANCAS, BEATRIZ
Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-
Tele.(732)269-0997 Fax ( )
Contractor SHAH ELECTRIC
Address 5 COLTON CT
BAYVILLE, NJ 08721-
Tele.(732)269-0997
Lic. No. or Bldrs. Reg. No. 9575
Federal Emp. No. 14-2685049

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/17/00
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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
0		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
7		TOTAL NUMBERS	35
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
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other EMER/EXIT LITES	35
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 70
DCA Training Fee $ 1

U.C.C. P120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2000
Date Issued 4/14/00
Control # C16-70
Permit # 00-1163

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 RODEO RESTAURA
KITCHEN HOOD SYSTEM/WET
Owner in Fee RODEO RESTAURANT
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)458-3038 Fax ( )
Contractor DALY FIRE PROTECTION
Address 14 LORCLE DR
HOWELL, NJ 17731-
Tele.(732)458-3038
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3163081

COMMERCIAL

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 $ 8,000

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: 3-31-00
Approved By: KCB
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-23-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			5-22-00	OB
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			5-22-00	OB
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

B. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
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	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	138
DCA Training Fee	$	6

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2000
Date Issued 4/14/00
Control # C16-70
Permit # 00-1163

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 RODEO RESTAURA
KITCHEN HOOD SYSTEM/WET
Owner in Fee RODEO RESTAURANT
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)458-3038 Fax ( )
Contractor DALY FIRE PROTECTION
Address 14 LORCLE DR
HOWELL, NJ 17731-
Tele.(732)458-3038
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3163081

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 $ 8,000

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
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-31-00
Approved By: (KCB)
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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
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	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	138
DCA Training Fee	$	6

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/19/00
Control # C27-70
Permit # 00-1211

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 BLANCAS, BEATRIZ
Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-
Tele.(732)736-1444 Fax ( )
Contractor BEATRIZK BLANCAS
Address 623 LOXLEY DR
TOMS RIVER, NJ 08753-
Tele.(732)736-1444
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 $ 100

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: 4-18-00
Approved By: CWS

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
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 EMER/EXIT LITES		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/19/00
Control # C27-70
Permit # 00-1211

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

Floor Plans
Separate Permit for Sprk. System

Owner in Fee BLANCAS, BEATRIZ
Address 623 LOXLEY DR
TOMS RIVER, NJ 08752-
Tele.(732)736-1444 Fax ( )
Contractor BEATRIZX BLANCAS
Address 623 LOXLEY DR
TOMS RIVER, NJ 08753-
Tele.(732)736-1444
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

COMMERCIAL

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 $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe
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: 4-18-00
Approved By: KB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-22-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			5-22-00	DB
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			5-22-00	DB
Other Sprk Sys			5-22-00	DB

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	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
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 EMER/EXIT LITES		35
Other		0

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received	4-19-00
Date Issued	
Control #	
Permit #	00-1211

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 NJ, 08723
Owner in Fee Beatriz Blancas
Address 623 Loxley Dr. Toms River NJ 08753
Tele. (732) Day work. - 914-3816 Home. 736-1444.
Contractor Patrick m Cheregp
Address 1139 Overlook Dr.
Toms River, N.J. 08753
Tele. (732) 270-1579
Lic. No. 09127
Federal Emp. No. 22-3678770 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 2500.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-17-00
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 5-22-00

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5-17-00	
Water				
Sewer				
Fixtures				
Gas Equipment			5-22-00	
Gas Piping			5-17-00	
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.

Patrick m Cheregp
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

5-17.00
Remove vent from indirect
waste & cap both ends

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: March 31, 2000 **No.2000-0440**

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

Property Address: 2770 Hooper Avenue, Kennedy Mall

Owner: Fidelity Management

Applicant:: Beatrice Blancas **Phone**: 914-3816

Existing Use: Restaurant (ice cream/coffee shop)

Proposed Use: Same (mexican)

Proposed Construction:

Interior alterations for a tenant fit-up, "Rodeo Restaurant"

Conditions: Interior work only.

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
MAR 27 2000
ZONING

RECEIVED
MAR 30 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 670 LOT 4

PROPERTY ADDRESS (number and street) 2770 Hooper Cove Brick Nj 08723

NAME OF PROPERTY OWNER Fidelity Managment

PERSONAL NAME OF APPLICANT Beatriz Blancas

BUSINESS NAME OF APPLICANT Rodeo Restaurant

MAILING ADDRESS OF APPLICANT 623 Loxley Dr Toms River Nj 08753
(732) (732)

TELEPHONE NUMBER OF APPLICANT Day 914-3816 After 5pm 7361444

PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) Uncle Sam Ice-Cream-Soda

PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) Restaurant

PROPOSED CONSTRUCTION (please describe, specifically additions) Tenant Fit up & installing Stove, Fryer, Grill, Salamander, Hood

All dimensions: ____Width ____Length ____Height

All dimensions: ____Width ____Length ____Height

All dimensions: ____Width ____Length ____Height

Deck or Garage: ____Attached ____Detached ____Height

Fence: ____Style ____Material ____Height

COMMERCIAL

CHECKLIST:

- ☒ All information completed above
- ☒ Two (2) copies of the property survey map 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.

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 Beatriz Blancas Date 3-22-00

Reviewed by Zoning Officer JC Date 3-27-00 (X) Approved ( ) ~~Rejected~~

JC 3-31-00

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1,710 LOT 4 SITE ADDRESS 2770 [illegible] Ave
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS
APPLICANT Daly Fire Protection PHONE NUMBER [illegible] 455-[illegible]
APPLICANT ADDRESS 14 [illegible] CITY & STATE [illegible] NJ
PERMIT # C[illegible] 70 NAME OF BUSINESS [illegible] Restaurant

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 %

◊ Commercial is .01 %

Estimated Assessment $ 10,000.00 Date 3-23-00

Estimated Required Fee $ 100.00

Required Deposit on Estimate $ 50.00 Date 3-2[illegible]-00

Check # 15[illegible] Receipt # [illegible]

Actual Assessment $ ______ Date ______

Actual Required Fee $ ______

Minus Deposit of Estimate $ ______

Balance Due $ ______ Date ______

Check # ______ Receipt # ______

Amount Paid In Full $ ______

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.

____

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-16-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 2770 Hooper Ave

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Rodeo Restaurant

APPLICANT Daly Enterprises CITY & STATE Howell NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 110,000.00

Frederick R. Millman, CTA, Tax Assessor

3/16/00

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

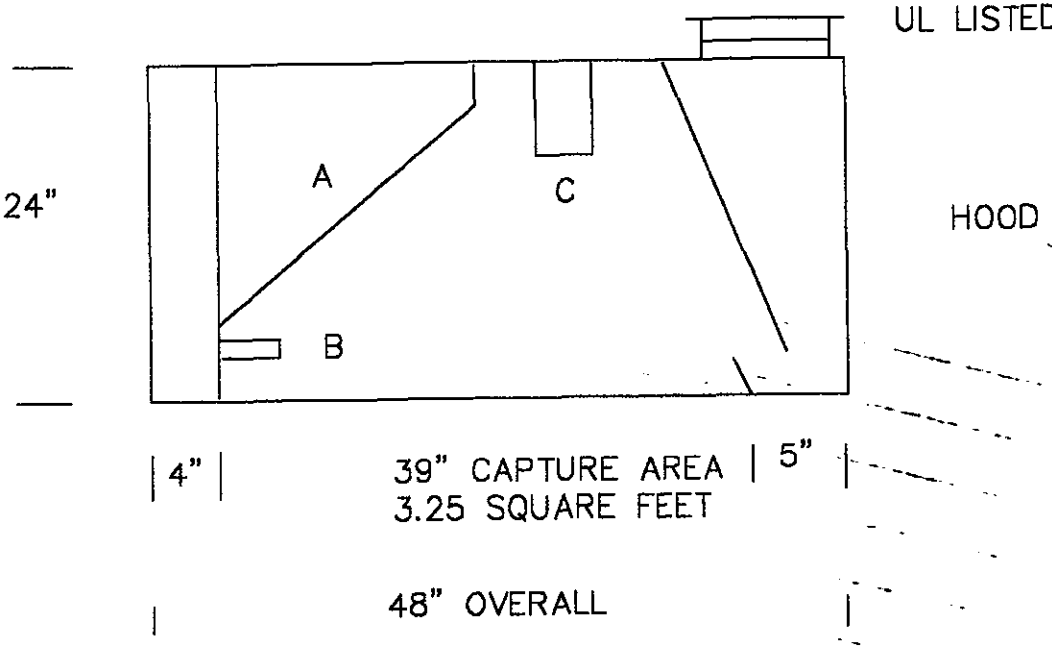
$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

A) UL BAFFLE FILTER
B) GREASE TRAY AND CUP
C) UL LISTED LIGHT
D) MUA CHAMBER



18 GAUGE ALL WELDED STAINLESS STEEL EXHAUST HOOD

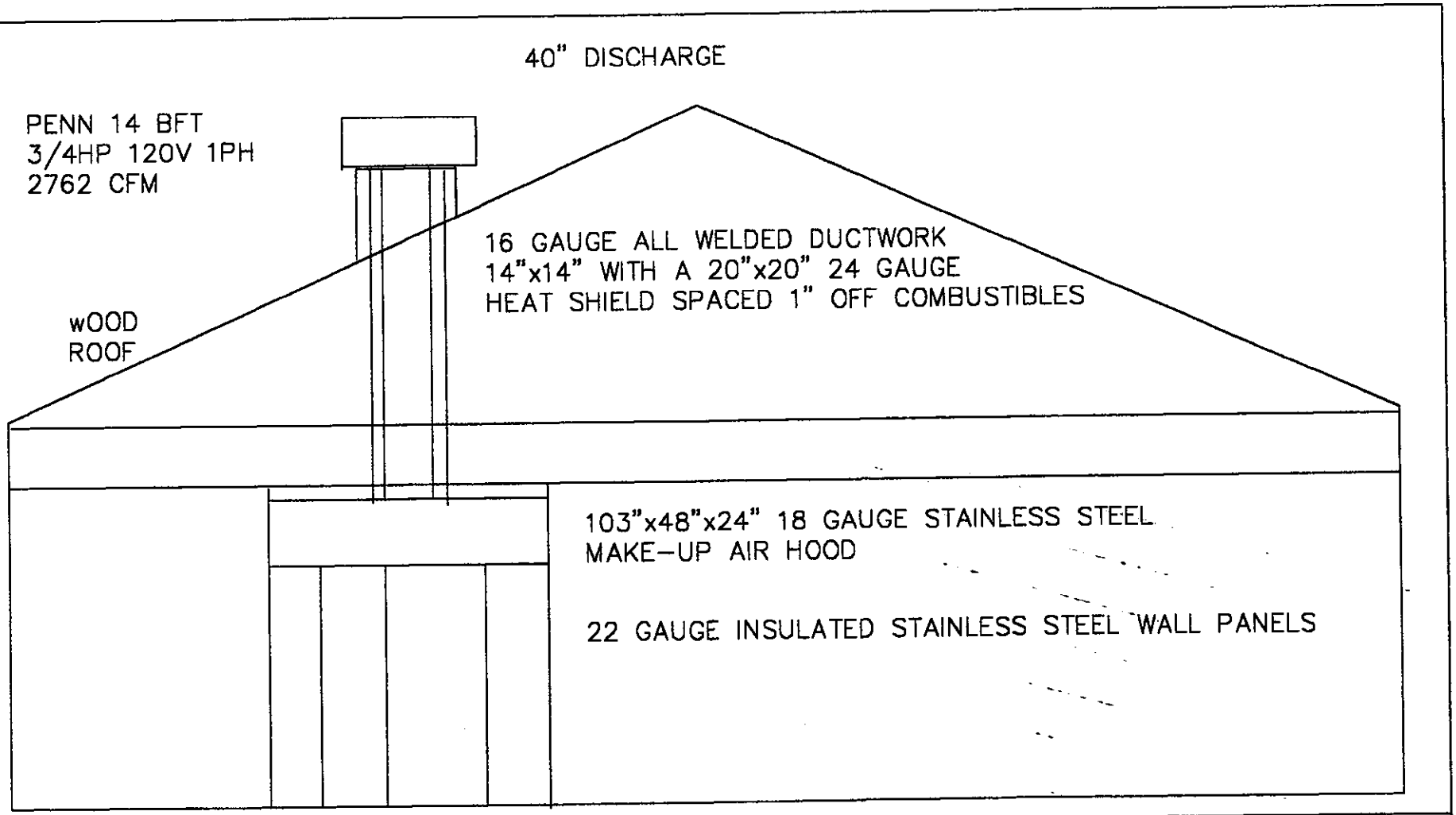
EXHAUST CFM REQUIREMENTS
8.5x3.25x100=2762 CFM
MUA REQUIREMENTS
2762 x .80 = 2210 CFM

JOB	Rodeo Restaurant
LOCATION	
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

LICENSE # [illegible]
DALY FIRE PROTECTION
14 LORELEI DRIVE HOWELL, NJ 07731
PH: 908-458-3038 FAX: 908-458-8219

BRICK TOWNSHIP

	Class	Date	By
Plan Review			
Zoning			
Plumbing			
Building			
Fire	3-3		
Energy			
Electrical			



JOB	Rodeo Restaurant		
LOCATION	x x		
DATE	x	DWG. #	x
DWN. BY	x	CHKD. BY	
REV.		SCALE	Not To Scale

LICENSE # D-94-350

DALY FIRE PROTECTION

14 LORELEI DRIVE HOWELL, NJ 07731

PH: 908-458-5038 FAX: 908-458-5219

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

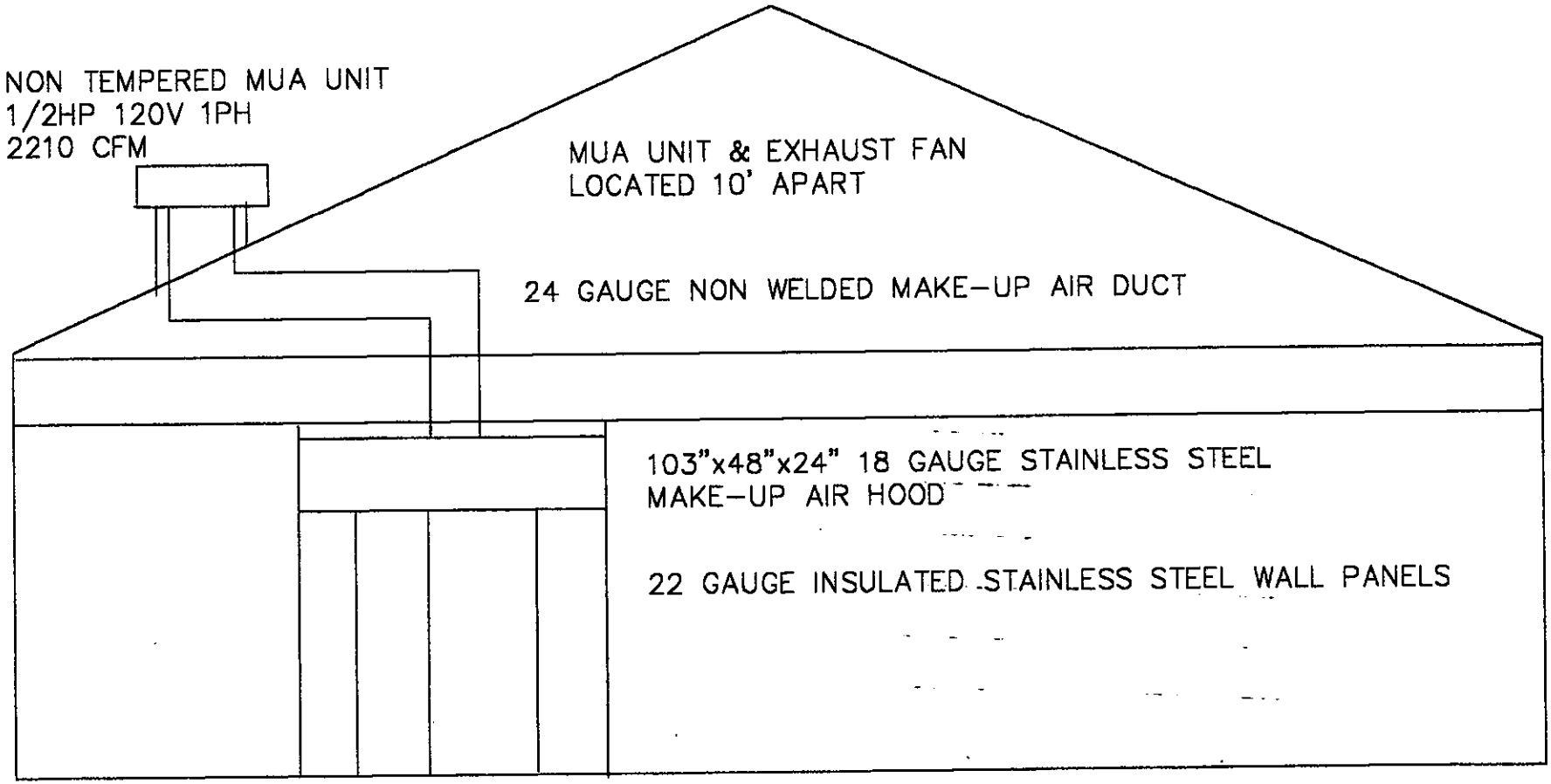
Plumbing

Building

Fire 3-3-2011

Energy

Electrical



JOB	Rodeo Restaurant		
LOCATION	x x		
DATE	x	DWG. #	x
DWN. BY	x	CHKD. BY	
REV.		SCALE	Not To Scale

LICENSE # 11-94-380

DALY FIRE PROTECTION

14 LORELEI DRIVE HOWELL, NJ 07731

PH: 908-480-3038 FAX: 908-458-8319

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

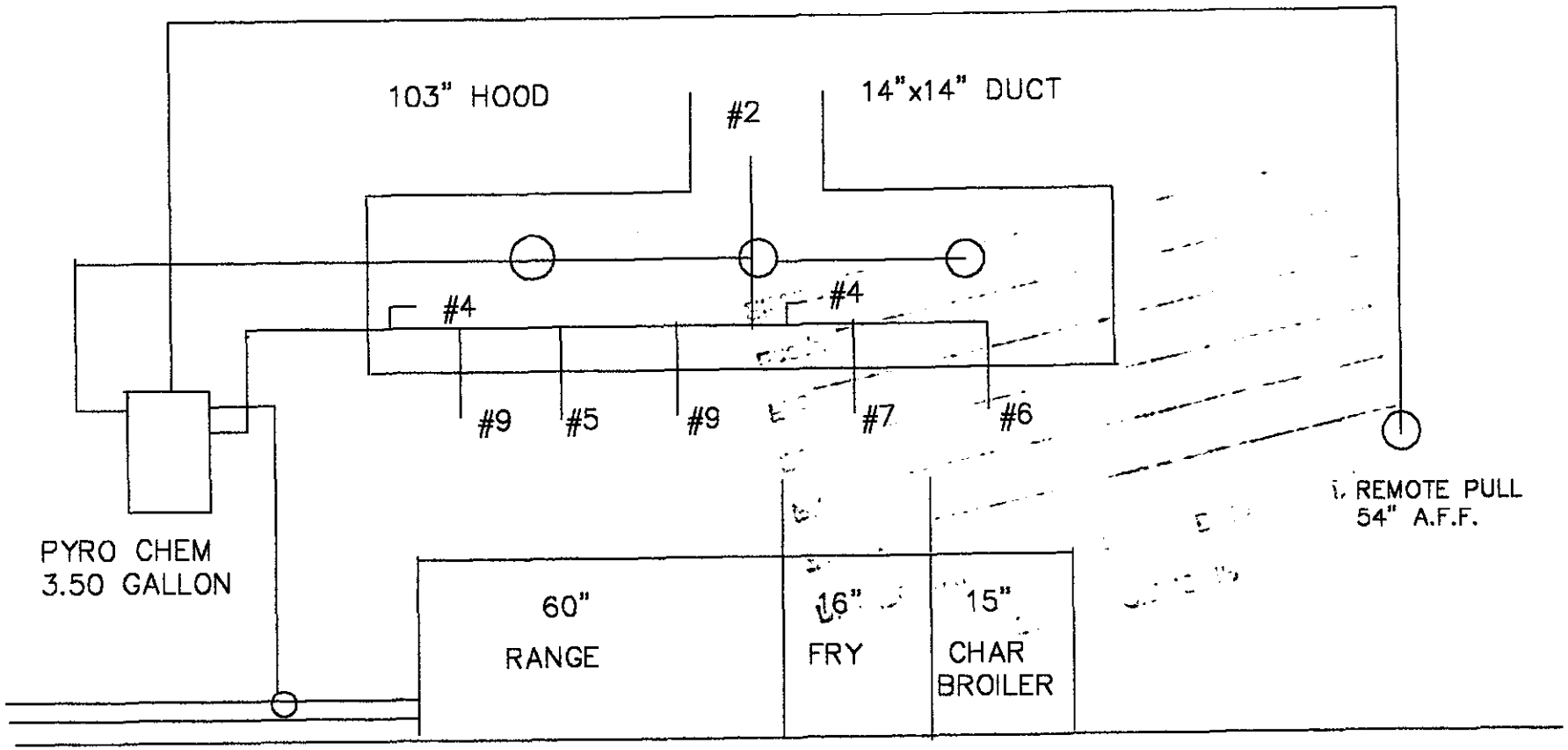
Plumbing

Building

Fire 3-3-00

Energy

Electrical



ALL PIPING AS PER MANUFACTERS SPECS
6" OVERHANG ON ALL OPEN SIDES
13 POINTS ALLOWED 12.25 POINTS USED

JOB	Rodeo Restaurant
LOCATION	
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

LICENSE #
11-64-356

DALY FIRE PROTECTION
14 LORELEI DRIVE HOWELL, NJ 07731
PH: 908-458-5038 FAX: 908-458-5219

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire 3-30-05

Energy

Electrical

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 2770 Hooper Ave
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS
APPLICANT Daly Fire Protection PHONE NUMBER 458-3038
APPLICANT ADDRESS 14 Laurel Dr CITY & STATE Howell NJ
PERMIT # C11-10 NAME OF BUSINESS Ruby Restaurant

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 %

☒ Commercial is .01 %

Estimated Assessment $ 10,000.00 Date 3-23-00
Estimated Required Fee $ 100.00
Required Deposit on Estimate $ 50.00 Date 3-29-00
Check # 1650 Receipt # 6579
Actual Assessment $ 10,000.00 Date 4-17-00
Actual Required Fee $ 100.00
Minus Deposit of Estimate $ 50.00
Balance Due $ 50.00 Date 4-17-00
Check # 2545 Receipt # 65597
Amount Paid In Full $ 100.00

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.

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-16-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 2770 Hooper Ave

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Rodeo Restaura

APPLICANT Daly Fire Protection CITY & STATE Howell NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 10 000 ⁴²

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

3/16/00

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 10,000 ⁴²

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

4/17/00

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

Range Hood Systems Report

SERVICE COMPANY

DALY FIRE PROTECTION, INC
TEL: 732-458-3038
FAX: 732-458-8219
14 LORELEI DRIVE
HOWELL, NJ 07731

CUSTOMER

Name Co MCST.

Address 3990 Hooper AVE

City Brick, NJ

Telephone _____ Store No. _____

Owner or Manager _____

DATE OF SERVICE	TIME	A.M.	P.M.
5/22/10	9:30	X	

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
			X	

LOCATION OF SYSTEM CYLINDERS: 1 CF of hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyro	PCL	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
3.5		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
2			

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	2000	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

Fry	Char	Range	Grill

1. All appliances properly covered w/correct nozzles	✓	20. Replaced fuse links	✓
2. Duct and plenum covered w/correct nozzles	✓	21. Check travel of cable nuts/S-hooks	✓
3. Check positioning of all nozzles.	✓	22. Piping & conduit securely bracketed	✓
4. System installed in accordance w/MFG UL listing	✓	23. Proper separation between fryers & flame	✓
5. Hood/duct penetrations sealed w/weld or UL device	✓	24. Proper clearance-flame to filters	✓
6. Check if seals intact, evidence of tampering	✓	25. Exhaust fan in operating order	✓
7. If system has been discharged, report same	✓	26. All filters replaced	✓
8. Pressure gauge in proper range (If gauged)	✓	27. Fuel shut-off in on position	✓
9. Check cartridge weight (If applicable)	✓	28. Manual & remote set/seals in place	✓
10. Hydrostatic test date	✓	29. Replace systems covers	✓
11. 6 year maintenance date	✓	30. System operational & seals in place	✓
12. Inspect cylinder and mount	✓	31. Slave system operational	✓
13. Operate system from terminal link	✓	32. Clean cylinder & mount	✓
14. Test for proper operation from remote	✓	33. Fan warning sign on hood	✓
15. Check operation of micro switch	✓	34. Personnel instructed in manual operation of system	✓
16. Check operation of gas valve	✓	35. Proper hand portable extinguishers	✓
17. Clean nozzles	✓	36. Portable extinguishers properly serviced	✓
18. Proper nozzle covers in place	✓	37. Service & Certification tag on system	✓
19. Check fuse links and clean	✓	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS: Dump Test.

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X		5/22/10	9:30	X		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE - CUSTOMER COPY YELLOW - DISTRIBUTOR PINK - AUTHORITY HAVING JURISDICTION

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

Construction Permits Application
5:23-2.15(e) (viii) (1x)

Owner/Agent: Fidelity Management

Property Address: 2778 Hooper Ave.

Town: Brick NJ Zip: 08723

Block: 670 Lot: 4

☒ Waive architecturals for commercial interior work

☐ Other _____

OWNER/AGENT PROCEED AT OWN RISK ☐

Signature: Beatriz Blancas

Owner/Agent: _____

Building Sub-code Official: _____
Frank Mizer

Construction Official: _____
Joseph Curiazza

COMMERCIAL

(e) Plans, plan review, plan approval:

1. Plans and specifications: The application for the permit shall be accompanied by no fewer than two copies of specifications and of plans drawn to scale, with sufficient clarity and detail dimensions to show the nature and character of the work to be performed. Plans submitted shall only be required to show such detail and include such information as shall be reasonably necessary to assure compliance with the requirements of the code and these regulations. When quality of materials is essential for conformity to the regulations, specific information shall be given to establish such quality; and this code shall not be cited, or the term "legal" or its equivalent be used, as a substitute for specific information.

i. Site diagram: There shall also be filed a site plan showing to scale the size and location of all the new construction and all existing structures on the site, distances from lot lines and the established street grades; accessible route(s) for buildings required by N.J.A.C. 5:23–7.1 to be accessible; and it shall be drawn in accordance with an accurate boundary line survey. In the case of demolition, the site plan shall show all construction to be demolished and the location and size of all existing structures and construction that are to remain on the site or plot.

ii. Building plans and specifications shall contain: Foundation, floor, roof and structural plans; door, window and finish schedules; sections, details, connections and material designations.

iii. Electrical plans and specifications shall contain: Floor and ceiling plans; lighting, receptacles, motors and equipment; service entry location, line diagram and wire, conduit and breaker sizes.

iv. Plumbing plans and specifications shall contain: Floor plan; fixtures, pipe sizes and other equipment and materials; isometric with pipe sizes, fixture schedule and sewage disposal.

v. Mechanical plans and specifications shall contain: Floor or ceiling plans; equipment, distribution location, size and flow; location of dampers and safeguards; and all materials.

vi. Engineering details and specifications: The construction official and appropriate subcode official may require adequate details of structural, mechanical, plumbing and electrical work, including computations, stress diagrams and other essential technical data to be filed. All engineering plans and computations shall bear the seal and signature of the licensed engineer or registered architect responsible for the design. Plans for buildings shall indicate how required structural and fire-resistance rating will be maintained for penetrations made for electrical, mechanical, plumbing and communication conduits, pipes and systems.

(1) Plumbing plans for class III structures may be prepared by persons licensed pursuant to "The Master Plumber Licensing Act", N.J.S.A. 45:14C–1 et seq. Electrical plans for class III structures may be prepared by persons licensed pursuant to "The Electrical Contractors Licensing Act", N.J.S.A. 45:5A–1 et seq.;

(2) Whenever the licensing board pursuant to either of the above Acts shall provide for a seal evidencing that the holder is licensed, such shall be acceptable to the enforcing agency in lieu of affidavit;

(3) Mechanical plans for class III structures may be prepared by mechanical contractors.

vii. Work area: For reconstruction work in an existing structure, the work area shall be clearly delineated on the plans.

viii. Architect's or engineer's seal: The seal and signature of the registered architect or licensed engineer who prepared the plans shall be affixed to each sheet of each copy of the plans submitted and on the first or title sheet of the specifications and any additional supportive information submitted. The construction official shall waive the requirement for sealed plans in the case of a single family home owner who had prepared his own plans for the construction, alteration or repair of a structure used or intended to be used exclusively as his private residence, and to be constructed by himself, providing that the owner shall submit an affidavit attesting to the fact that he has prepared the plans and provided further that said plans are in the opinion of the construction official, and appropriate subcode official, legible and complete for purposes of ensuring compliance with the regulations.

ix. The construction official upon the advice of the appropriate subcode official may waive the requirement for plans when the work is of a minor nature.

x. Building, electrical, plumbing and mechanical work required to be shown may be shown on a single set of plans or a single drawing so long as the drawings are clear and legible.

2. Examination of plans: All plans submitted and any amendments thereto accompanied by the required documentation and application, and upon payment of the fee established by the enforcing agency, shall be numbered, docketed and examined promptly after their submission for compliance with the provisions of the regulations.

3. Plan review:

i. Department or other State agency review: When a review and release of plans by the Department or other State agency designated by the Department pursuant to N.J.A.C. 5:23–3 is required, the owner or agent of the owner shall file an application for construction plan release for each project, along with three sets of plans, specifications and such other supporting information as the Department or other designated reviewing agency may require on forms obtained from the Department or such reviewing agency. The plans, specifications and other supporting information shall conform to the requirements of (e) above.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 620 LOT 4 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER 736-1414
APPLICANT ADDRESS 123 [illegible] Dr. CITY & STATE [illegible] NJ
PERMIT # C27-70 NAME OF BUSINESS [illegible] Restaurant

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 %

◊ Commercial is .01 % (marked)

Estimated Assessment $ 5000.00 Date 4-12-00

Estimated Required Fee $ 50.00

Required Deposit on Estimate $ 25.00 Date [illegible]

Check # [illegible] Receipt # [illegible]

Actual Assessment $ ______ Date ______

Actual Required Fee $ ______

Minus Deposit of Estimate $ ______

Balance Due $ ______ Date ______

Check # ______ Receipt # ______

Amount Paid In Full $ ______

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.

____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

OFFICE OF AFFORDABLE HOUSING
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
Fax: (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

April 12, 2000

Beatriz Blancas
623 Loxley Dr.
Toms River, NJ 08753

RE: Mandatory Development Fee
Block 670, Lot 4 ~ Rodeo Restaurant ~ 2770 Hooper Ave

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on March 22, 2000, for the above block and lot at $5,000.00, resulting in an estimated fee of $50.00.

Therefore, you are required to submit one half of the estimated fee ($25.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

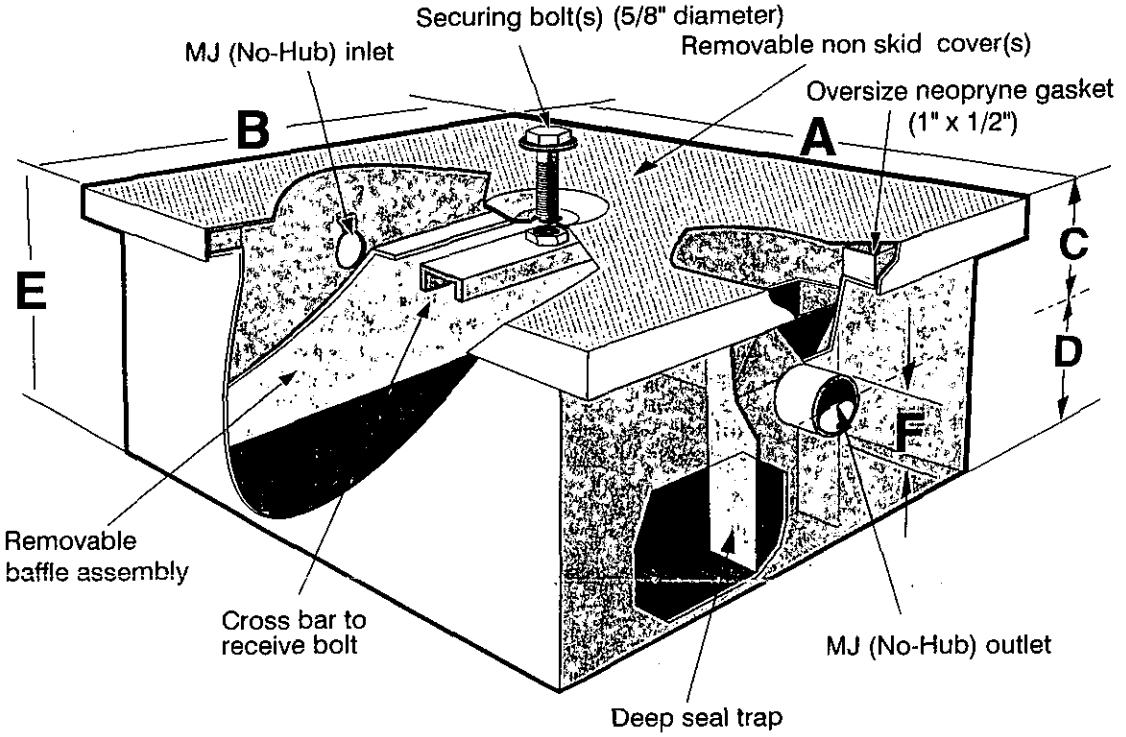
MIFAB®

GREASE INTERCEPTOR

MI-G SERIES

17340 Harper Avenue, Suite 701, Detroit, Michigan 48224 Tel: (905) 673-1343 Fax: (905) 673-7629 USA Toll Free 1-800-465-2736

SPECIFICATIONS: MIFAB® series MI-G_____ sanitary Neutra-Rust® coated inside and outside fabricated 10 gauge steel grease interceptor with flow rating of _____ (indicate) and grease holding capacity of ____ (indicate). Unit shall include: removable baffle assembly and cross bar, deep seal trap covered by lid, securing bolt(s), external vented flow control fitting, internal air relief by pass and steel Neutra-Rust® coated, non skid, rectangular gasketed lid(s). Interceptor shall be tested and certified to the P.D.I. standard PDI-G101 and be so marked.



MODELS MI-G-4 TO MI-G-7 ARE TESTED AND CERTIFIED TO I.A.P.M.O GREASE TRAP STANDARD PS-13-89

MODELS MI-G-0 TO MI-G-7 ARE TESTED AND CERTIFIED TO THE PLUMBING AND DRAINAGE INSTITUTE STANDARD PDI-G101

All PDI interceptors are shipped with an external, vented, flow control fitting. (See page #21)

MODEL NO.	US GPM	CAP. LBS.	A IN	B IN	C IN	D IN	E IN	F IN
MI-G-0	4	8	16.75	11.25	2.5	8.5	11	2
MI-G-1	7	14	17.75	13.75	3.5	8.5	12	2
MI-G-2	10	20	21.25	15.75	3.5	9.5	13	2
MI-G-3	15	30	23.75	15.75	3.5	11.5	15	2
MI-G-4	20	40	23.75	15.75	3.5	14	17.5	3
MI-G-5	25	50	27.75	18.75	3.5	14	17.5	3
MI-G-6	35	70	31.25	23.75	5.5	16.5	22	3
MI-G-7	50	100	31.25	23.75	5.5	18.5	24	3

OPTIONS

Stainless steel interceptor	suffix "SS"	☐			
Anchor flange and membrane clamp	suffix "FLM"	☐			
Anchor flange	suffix "FL"	☐	Special size inlet and outlet	specify	☐
Extension "C" as required	suffix "C"	☐	Lid(s) to receive tile or terrazzo	specify "TL"	☐
Sediment bucket	suffix "SB"	☐	I.P.S. female threaded inlet and outlet	specify	☐
Heavy duty re-inforced lid(s)	suffix "HD"	☐	Aluminum lid(s)	specify "AL"	☐

FIRE SUPRESSION HOOD 1-908-309-8377 DENNY

MIFAB®

GREASE INTERCEPTOR

MI-G SERIES

17340 Harper Avenue, Suite 701, Detroit, Michigan 48224 Tel: (905) 673-1343 Fax: (905) 673-7629 USA Toll Free 1-800-465-2736

Installation Diagrams

Figures A2.5.1 through A2.5.5 are included to illustrate various grease interceptor installations normally encountered in domestic, commercial and institutuional systems. These figures will serve as a guide to practical application of grease interceptors.

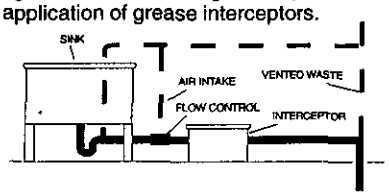


Fig. A2.5.1 Interceptor Serving Trapped and Vented Sink - Flow Control Air Intake Intersects Vent

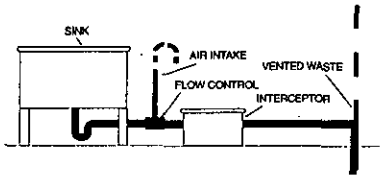


Fig. A2.5.2 Interceptor Serving Sink - Flow Control Air Intake Terminates in a Return Bend Above Flood Level

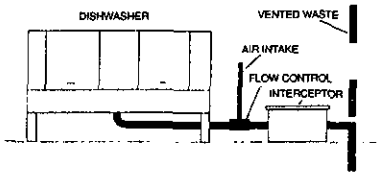


Fig. A2.5.3 Interceptor Serving Dishwasher - Flow Control Air Intake Terminates Above Flood Level

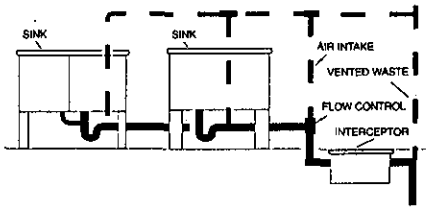


Fig. A2.5.4 Interceptor Serving Two Individually Trapped and Vented Sinks - Flow Control Air Intake Intersects Vent

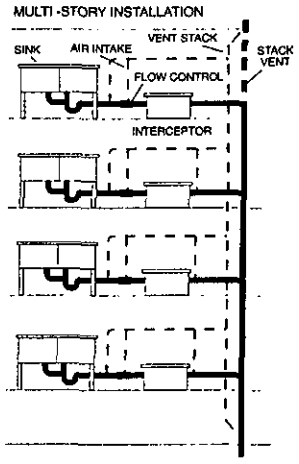


Fig. A2.5.5 Interceptors Serving Trapped and Vented Sinks - Flow Control Air Intakes Intersect Vent

INSTALLATION CONSIDERATIONS

Install interceptor as close as practical to fixture or fixtures being served, see figures A2.5.1 through A2.5.5 The interceptor may be set on the floor, partially recessed in the floor, with top flush with the floor, or fully recessed below the floor to suit piping and structural conditions.

Anticipate sufficient clearance for removal of interceptor cover for cleaning.

Avoid installation wherein long runs of pipe (exceeding 25 feet) are necessary to reach interceptor. This precaution will preclude the possibility of pipeline becoming clogged with congealed grease that will collect before reaching the grease interceptor.

Do not install grease interceptor in waste line from garbage grinder. Garbage grinder waste must by-pass interceptor, for rapid accumulation of solid matter will greatly reduce grease interceptor efficiency preventing operation in compliance with rated capacity.

FLOW CONTROL

The flow control fitting furnished with PDI certified interceptors must be installed ahead of interceptor in the waste line beyond the last connection from the fixture and as close as possible to the underside of lowest fixture. When waste of two or more sinks or fixtures are combined to be served by one interceptor, a single flow control fitting should be used.

Air intake for flow control may terminate under sink drain board as high as possible to prevent overflow or terminate in a return bend at the same height and on outside of building. When fixture is individually trapped and back-vented, air intake may intersect vent stack. All installation recommendations subject to approval of code authority.

VENTING

Grease interceptors must have a vented waste, sized in accordance with code requirements for venting traps to retain water seal and prevent siphoning.

MULTIPLE FIXTURE INSTALLATION

One interceptor to serve multiple fixtures is recommended only where fixtures are located close together. In such installations, each fixture should be individually trapped and back-vented.

MAINTENANCE

GENERAL CONSIDERATIONS

To obtain optimum operating efficiency of a properly sized and installed PDI certified grease interceptor, a regular schedule of maintenance must be adhered to. All PDI certified grease interceptors are furnished with manufacturer's operating and maintenance instructions, which must be followed to insure efficient satisfactory operation.

CLEANING

All grease interceptors must be cleaned regularly. The frequency of grease removal is dependent upon the capacity of the interceptor and the quantity of grease in the waste water. Grease removal intervals may therefore vary from once a week to once in several weeks. When the grease removal interval has been determined for a specific installation, regular cleaning at that interval is necessary to maintain the rated efficiency of the interceptor. After the accumulated grease and waste material has been removed, the interceptor should be thoroughly checked to make certain that inlet, outlet and air relief ports are clear of obstructions.

DISPOSTION OF INTERCEPTED MATERIALS

Grease and other waste matter that has been removed from the interceptor should not be introduced into any drain, sewer, or natural body of water. This waste matter should be placed in proper containers for disposal. Where recovery of grease is desired, it can be handled in a manner suitable to the authorities.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Joseph C. Scarpelli Mayor

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

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 3-22-00

Block: 670 Lot: 4

Property Address: 2770 Hooper Av. Brick Nj 08723

I, Beatriz Blancas. (name) of 623. Loxley Dr Toms River Nj 08753 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Beatriz Blancas
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.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 4/5/00 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Joseph C. Scarpelli Mayor

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

Department of Administration and Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262 1041
Fax: (732) 262-8954
www.twp.brick.nj.us

Beatriz Blancas
Rodeo Restaurant
623 Loxley Drive
Toms River, NJ 08753

Date: 3-27-00

Re: Block: 670
Lot: 4
2270 Hooper Ave

Your application for a zoning permit is incomplete. In order to process your application, we need the following:

- ☐ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.
- ☒ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted.
- ☐ Description of proposed construction must include height and other dimensions of proposed structure or addition, if fence include height and type of fence, if deck include height and whether it is attached or detached.
- ☐ All dimensions must match on the plot plan, application and architectuals.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

3/29/00 Resubmitted

OK 3/31/00 SK

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator

Ocean County Health Department

670 4

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 736-1444

ESTABLISHMENT TRADING NAME: RODEO

NUMBER AND STREET: 2770 HOOPER AVE.

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

GOODS
- ☐ ~~DESTROYED~~
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: BEATRICI BLANCAS

NUMBER AND STREET: 623 LOXLEY DRIVE

CITY OR MUNICIPALITY: TOMS RIVER

STATE: N.J.

ZIP CODE: 08753

COMMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
3/17/2000	1020	1045

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): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
RODEO	TO BE OBTAINED	3/17/2006
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 1020

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLANS ARE FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII.
	THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 24 HOURS PRIOR TO INTENDED OPENING FOR A PRE-OPERATIONAL INSPECTION.
	STIP
	DRYING RACK TO BE PROVIDED AT THREE BAY SINK

(Attach additional sheets if necessary)

H.D.87

DOOR MAIN

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

TABLE

L1

Floors - Linoleum

Walls - Painted
sheetrock - steel
at stove/grill

ceiling - ~~sheetrock~~ drop

DISPLAY

3 ICE-CREAM MACHINE

SINK

MENU - DISPLAY

DOOR

SODA MACHINE

DOOR

LADIES ROOM

MENS ROOMS

SINK
SINK
SINK
KITCHEN AREA
DOOR MAIN FOR THE KICHEN
REFRIGERATOR DOOR
DOOR
SINK MOP
ICE MACHINE
TANK FOR SODA MACHINE
HAND SINK
SINK
TABLE
REFRIGERATOR FREEZER
TABLE PREP-WORK
A/C
REFRIG
WALKING BOX
STAND
STAND
STAND
STORAGE
BACK DOOR
ELECTRIC CONTROL

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: ______________ Plan Review # ______________

Fee: ______________ Date: 4-18-00

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

BUILDING LOCATION 2770 Hooper
(Street address)

BUILDING DESCRIPTION ______________

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

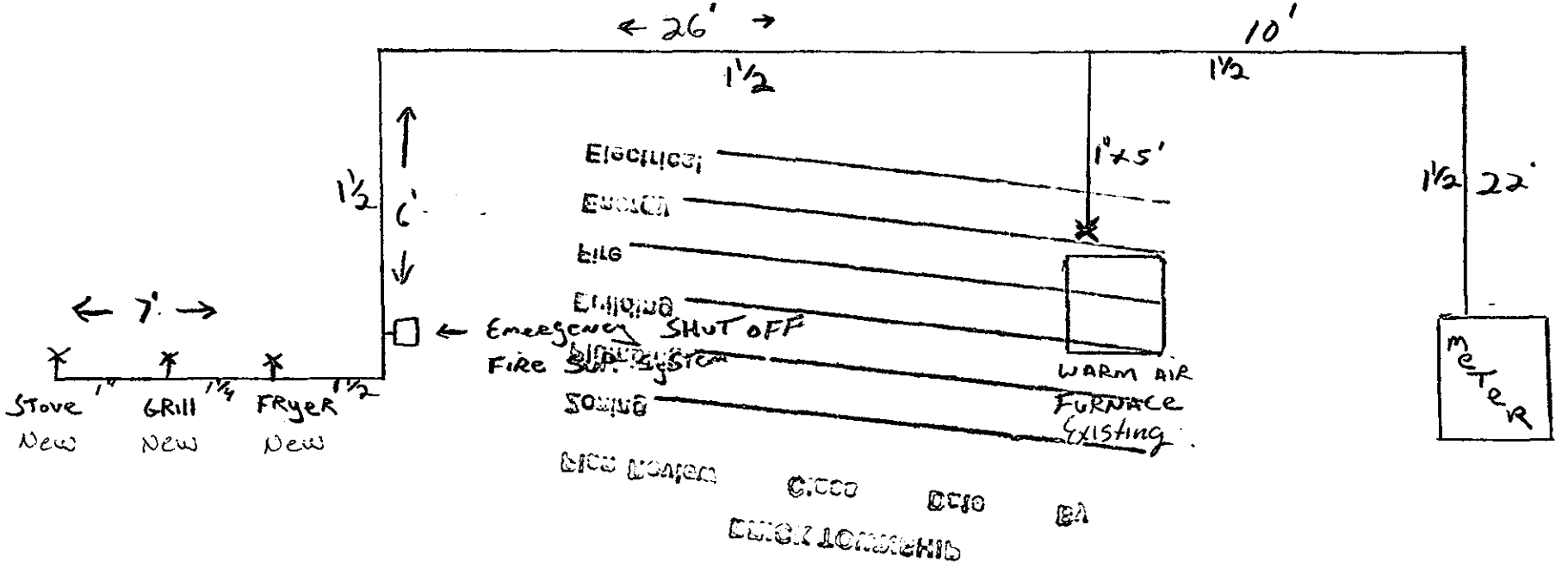
No.	DESCRIPTION	Code Section
	Need size of unit to establish	
	occupancy load	
	exit signs?	
	Door width's	
	RESUBMIT DATE 4/19/00 ans.	
	Called & left message	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD . COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/93

GAS DIAGRAM 2770 HOPPER AVE 3/20/99

80'



1 - WARM AIR FURNACE - EXSISTING	141,000 BTUS
1 - GAS CHARBROILER	25,000 BTUS
1 - SALAMANDER BROILER	257,500 BTUS
1 - FRYER	100,000 BTUS
TOTAL =	523,500 BTUS

PATRICK M CHEREGO LIC # 9127

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		4-13-00	
Building			
Fire			
Energy			
Electrical			

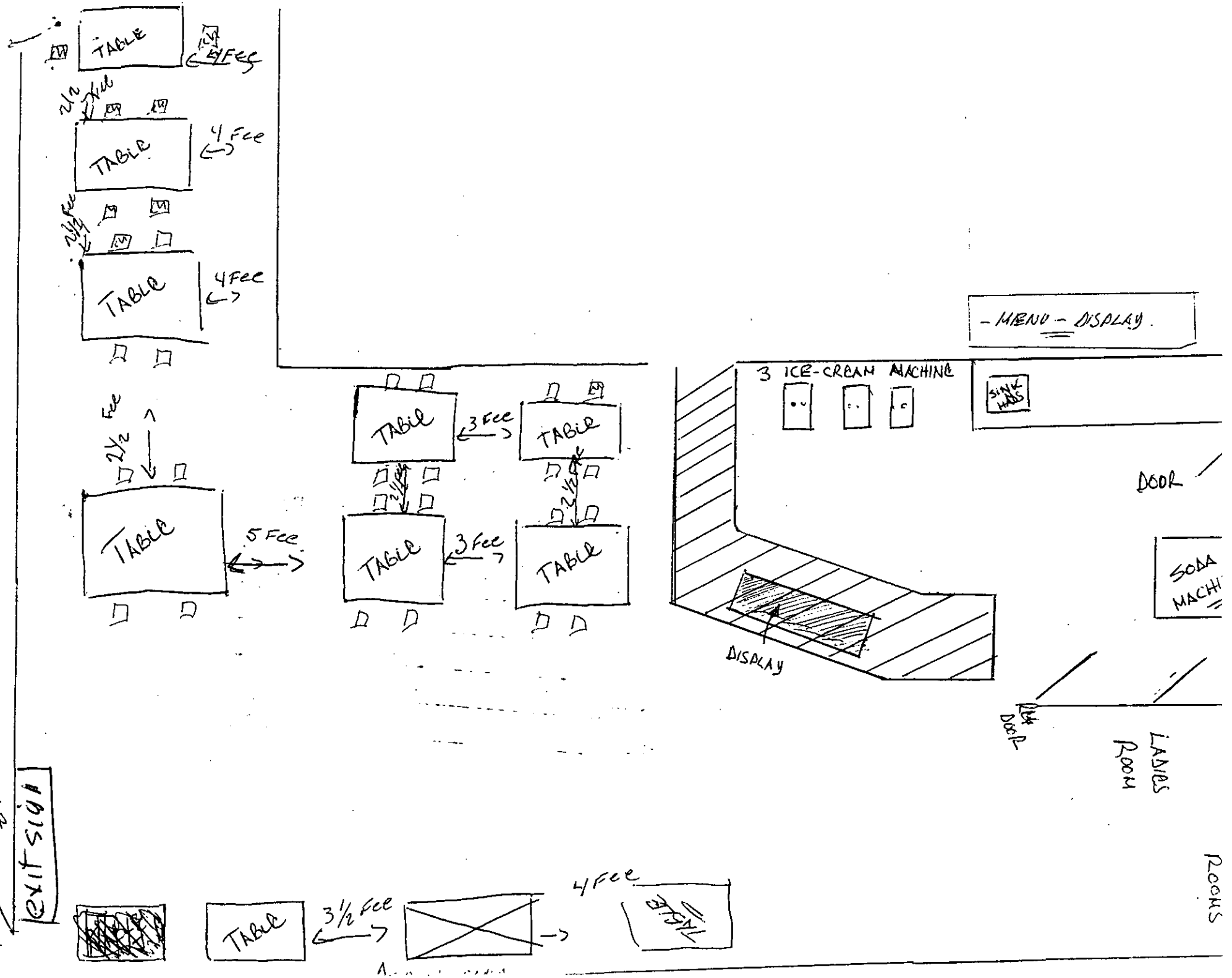


TABLE
4 Fee
2½ Fee
TABLE
4 Fee
2½ Fee
TABLE
4 Fee
2½ Fee
TABLE
5 Fee
TABLE
3 Fee
TABLE
3 Fee
TABLE
3 Fee
TABLE
MENU - DISPLAY
3 ICE-CREAM MACHINE
SINK
DOOR
SODA MACHI
DISPLAY
DOOR
LADIES ROOM
ROOMS
EXIT SIGN
DOOR MAIN
TABLE
3½ Fee
4 Fee
TABLE

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		4-19-00	FP
Fire			
Energy			
Electrical			

STOVE
SINK
SINK
KITCHEN AREA
DOOR MAIN FOR THE KICHEN
REFRIGERADOR
SINK MOP
ICE MACHINE
TANK FOR SODA MACHINE
REFRIGEDOR FREEZER
SINK
TABLE
TABLE PREP-WORK
A/C
REFRIG
STAND
STAND
STAND
STAGE
WALKING BOX
BACK DOOR
ELECTRIC CONTROL

BRICK TOWNSHIP

Class Date By

Plan Review

Zoning

Plumbing

Building 4-19-00 EH

Fire

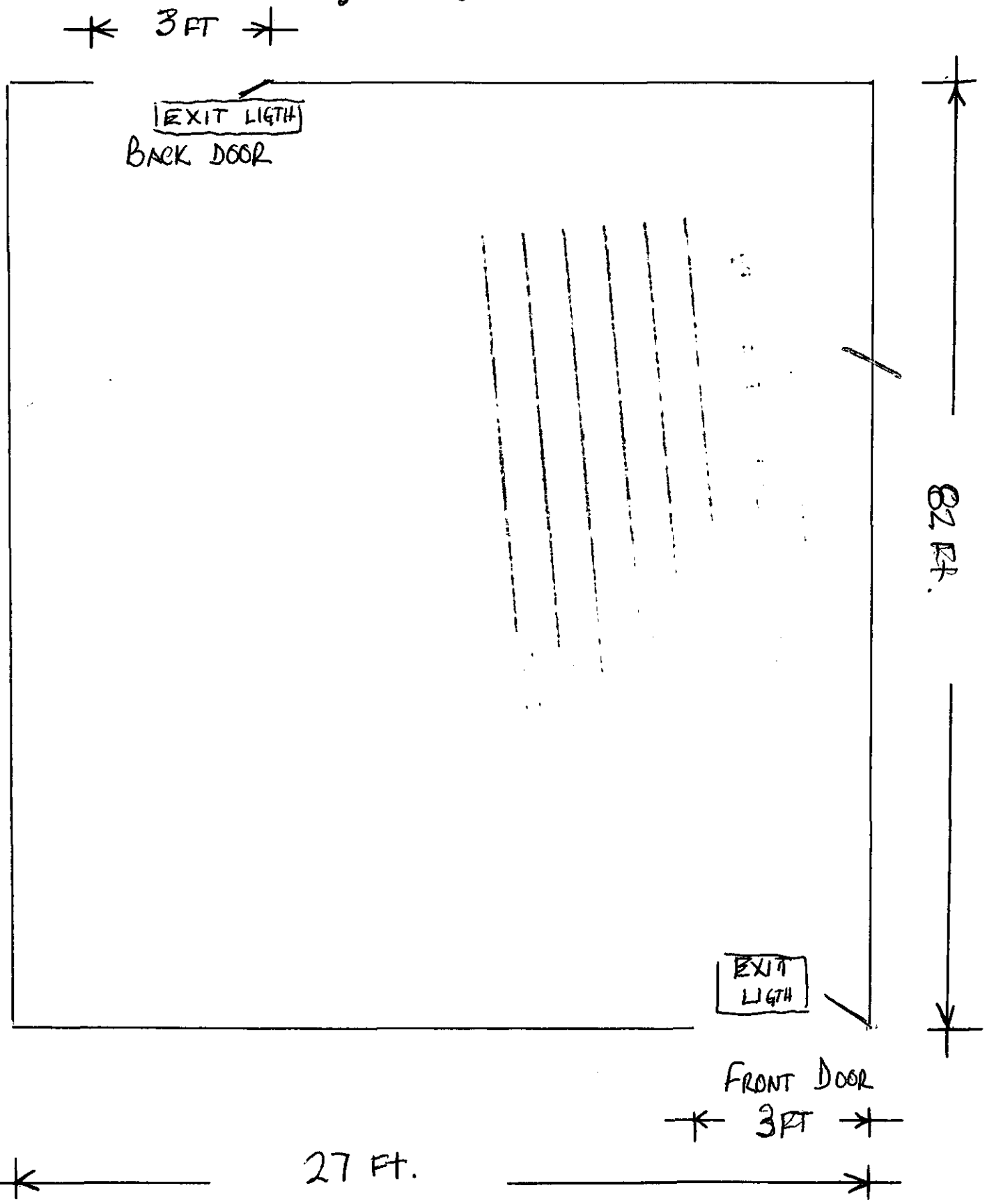
Energy

Electrical

C27-70

RODEO RESTAURANT INC.
2770 HOOPER AVE
BRICKTOWN NEW-JERSEY 08723.
OWNER BEATRIZ BLANCAS.

PHONE WORK
8AM-4PM= (732) 914-3816
PHONE HOME
5PM-12PM (732) 736-1444



BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

Plumbing _____

Building 4-19-06 FH

Fire _____

Energy _____

Electrical _____

BEATRIZ BLAUCAS
1911 N W Central Ave
Seaside Park, NJ 08752

197

DATE APRIL-13-00 55-2/212 BRANCH 95374

PAY TO THE ORDER OF Township of Brick $ 25.00

TWENTY FIVE DOLLARS 00/00 DOLLARS

FIRST UNION First Union National Bank
Toms River, New Jersey
R/T 021200025

FOR

⑈021200025⑆03000286067 3⑈ 0197

HARLAND 1996

oseph C. Si

ownship Counc
Frederick
Stephen (
Kimberley
Steven N.
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

Housing

ninistrator
3
12) 920-1456
.nj.us

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 4-13-00

Business/Development: Rodeo Restaurant

Owner/Applicant: Beatriz Blaucas

Property Address: 2770 Hooper Ave

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory ~~Development~~ Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 197

Estimated Fee $ 50.00

Deposit Amount $ 25.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

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

4-13-00
Date

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2770 Hooper Ave. Brick Nj 08723
Block: 620 Lot: 4
Owner's Name: Fidelity Management
Owner's Mailing Address: 2770 Hooper Ave. Brick Nj 08723

Phone: (____)_____

BUILDING

Contractor: N/A Beatriz Blancas
Address: 623 Lokey Drive
Toms - River
Phone#: (732) 736-1444
Lis #_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Tenant Fit up.
Changing From Ice Cream
Store To Restaurant.

Not Bilding Costructions.
BB.

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

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

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work: 500.-

Signature: Beatriz Blancas

Please Print Name_____

ELECTRICAL

Contractor: SHAN ELECTRIC.
Address: 5 COLTON CT.
BAYVILLE NJ. 08721
Phone#: (732) 269-0997
Lis #: 9575-
Federal Emp # or SSN 142-68-5049.

Technical Data

Item	Quantity
Lighting Fixtures	2.
Receptacles	
Switches	3
Detectors	
Light Poles	
Motors w/ Fract. HP	2 1/2 HP.
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	7

Pool	
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: 1000.00

Signature: Steven G. Shan

Please Print Name STEVEN G. SHAN.

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

N/A

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

Sellotte attached

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
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	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

✓ Beatriz Blancas

Contractor: _____
Address: 623 Lexington Drive Vons - River N/B. NJ 08752
Phone #: (732) 736-1444
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:
Number of gas/oil fired appliances _____
Furnace Existing Beatriz B.
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: Emergency Exit Lights > Existing Beatriz B.

Estimated Cost of Fire Work 100 ✓

Signature: ✓ Beatriz Blancas

Print Name: ✓ _____

oseph C. Scarp

ownship Council:
Frederick J. Un
Stephen C. Acr
Kimberley S. Ca
Steven N. Cucc
Gregory S. Kav
Kathy M. Russell
Tony R. Shupin

ING

ator

0-1456

BEATRIZ BLAUCAS
1911 N W Central Ave
Seaside Park, NJ 08752

235

DATE April 19-00

55-2/212
BRANCH 95374

PAY TO THE ORDER OF Township of Brick $ 50.00

Fifty DOLLARS 00/00 DOLLARS

Security features are included. Details on back.

FIRST UNION
First Union National Bank
Toms River, New Jersey
R/T 021200025

FOR Permit - Fee.

MP

⑆021200025⑆ 3000 28606 731 0235

HARLAND 1998

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 4-19-00

Business/Development: Rodeo Restaurant

Owner/Applicant: Beatriz Blaucas

Property Address: 2770 Hooper Ave

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 235

Final Fee $ 100.00

Less Deposit $ 50.00

Final Payment $ 50.00

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

4-19-00
Date

Township of Brick
Counter Form
(PLEASE PRINT)

COMMERCIAL

Site Location: 2770 Hooper Ave
Block: 670 Lot: 4
Owner's Name: Rodeo Restaurant
Owner's Mailing Address: Rodeo Restaurant
2770 Hooper Ave. Brick, NJ
Phone: ( ) 278-3985

BUILDING

Contractor: Daly Fire Protection
Address: 14 Loreta Drive
Howell NJ 07731
Phone#: 458-3039
Lis #
Federal Emp # or SSN 223-103-081

Technical Data

Description of Work:

Kitchen exhaust hood + Fire suppression system

See UUU

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: 8,500

Signature:

Please Print Name D. Daly

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	
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:

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	
Urinals/Bidets	
Bath Tub	
Lavatory	
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	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: Daly Fire Protection Inc
Address: 14 Lorelei Drive
Howell NJ 07731
Phone #: 458-3030
Lis #:_____
Federal Emp # or SSN 223-163-081

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	1

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical 1

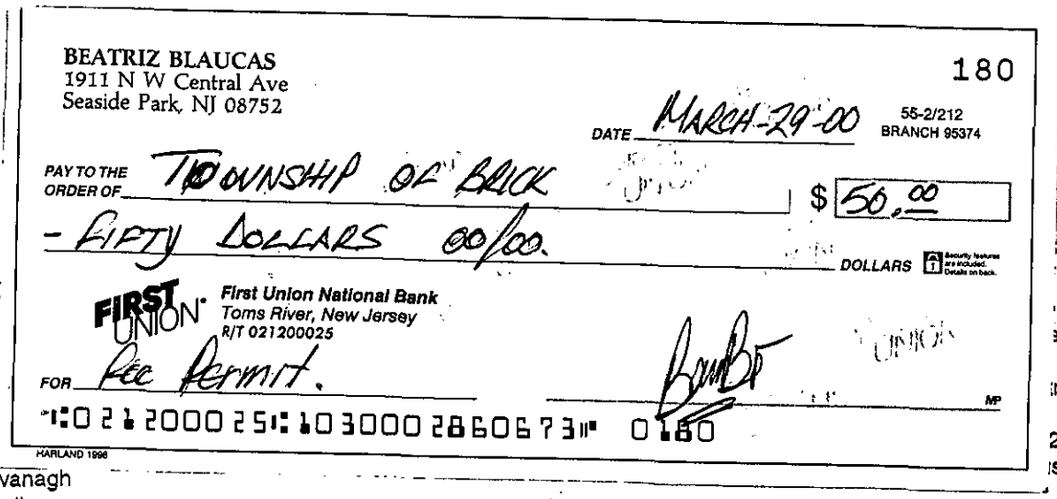
Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work $1,000

Signature: [signature]

Print Name: Dan Daly



BEATRIZ BLAUCAS
1911 N W Central Ave
Seaside Park, NJ 08752

180

DATE MARCH-29-00 55-2/212 BRANCH 95374

PAY TO THE ORDER OF TOWNSHIP OF BRICK $ 50.00

-FIFTY DOLLARS 00/00 DOLLARS

Security features are included. Details on back.

FIRST UNION First Union National Bank
Toms River, New Jersey
R/T 021200025

FOR Rec Permit.

⑈021200025⑆103000286067 3⑈ 0180

HARLAND 1998

oseph C. Scarp

ownship Council:
Frederick J. Ui
Stephen C. Ac
Kimberley S. C
Steven N. Cuc
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

SING

rator

20-1456

S

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 3-29-00

Business/Development: Rodeo Restaurant

Owner/Applicant: Beatriz Blaucas

Property Address: 2770 Hooper Ave

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 180

Estimated Fee $ 100.00

Deposit Amount $ 50 00

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Commercial
Residential
Inclusionary Development Fee

Check Number _____

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Signature

3/29/00
Date