BLOCK 8670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave Brick, NJ, 08723 PERMIT NO. 04-2203

CONSTRUCTION PERMIT APPLICATION

C01-89

COMMERCIAL

Applicant 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: Kennedy Mall Assoc Tel. (973) 267-2200
   Address 641 Shunpike Rd Cedar Knolls NJ 07928
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓ 262-7799
4. Principal Contractor: Domenico Lubrano Tel. (732) 267-4712
   Address 1152 Satinwood Lane Toms River NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Domenico Lubrano.
   Tel. (732) 267-4712 FAX: (732) 262-4872

Grant fit up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40	
2.	Electrical			
3.	Plumbing		40	
4.	Fire Protection		173	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		253	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	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

OPTIONAL (for office use only)

		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		EX	10/1/04		6-4-04	FG			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection					6-7-04				
6.	☐ Plumbing					6/3/04				
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10400838

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 6-1-04

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

Constituent Contact Report

Date	Comments	Initials

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/07/2004
Control #
Permit # 04-2203

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-CIAO BABY
TENANT FIT UP

Owner in Fee/Occupant KENNEDY MALL ASSOC

Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-

Telephone (973)966-2800

Contractor DOMENICO LUBRANO

Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-

Telephone (732)267-4712 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Home Warranty No. N/A

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

Use Group U

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TENANT FIT UP

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. Cash
Collected by: DC

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/07/2004
Control #
Permit # 04-2203

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-CIAO BABY
TENANT FIT UP

Owner in Fee/Occupant KENNEDY HALL ASSOC

Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-

Telephone (973)966-2800

Contractor DOMENICO LURRANO

Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-

Telephone (732)267-4712 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Home Warranty No. N/A

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

Use Group U

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TENANT FIT UP

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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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.

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If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. Cash
Collected by: DC

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.29E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/04/2004
Control #
Permit # 04-2203

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800

Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Telephone (732)267-4718
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
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
TENANT FIT UP

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 $ 320

Construction Official 06/04/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	40
Electrical	0
Plumbing	40
Fire Protection	173
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	253
Check No.	
Cash	X
Collected By	DC

06/04/04 10:22AM 001558N9898
XX01 SERV.001

#042203	
BUILDING	$40.00
PLUMBING	$40.00
FIRE	$173.00
XXXTOTAL	$253.00
CASH	$253.00
CHANGE	$0.00

06/04/04 10:22AM 001558N9898 XX01
XXXTOTAL $253.00

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/04/2004
Date Issued 6/14/4
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY HALL ASSOC
Address 641 SHUMPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Tele.(732)267-4712 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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP

No increase in Occupancy load

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	6/4/04	Eg
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other TENANT FIT UP	40
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 0

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

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/04/2004
Date Issued 6/14/4
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Tele.(732)267-4712 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 an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP

No increase in Occupancy load

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	6/4/04	Kg
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other TENANT FIT UP	40
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 0

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

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/04/2004
Date Issued 6/14/4
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Tele.(732)267-4712 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

No increase in Occupancy load

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	6/4/04	KP
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-4-04
Approved By: MM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/4/04	KP
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
[X] Other TENANT FIT UP	40
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 0

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

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/01/2004
Date Issued 6/14
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY HALL ASSOC
Address 641 SHUMPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Tele.(732)267-4712
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 20

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
[ ] Fire Plans Approved
Date: 6-4-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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		3-6 brand sprinkler
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 GPH 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 [X] or Oil [ ] Fired Appliances	3	138
Other TENANT FIT UP		35
Other		0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	173
DCA State Permit Fee	$	0

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

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/01/2004
Date Issued 6/4/4
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Tele.(732)267-4712
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 20

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
[ ] Fire Plans Approved
Date: 6-4-04
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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 [X] or Oil [ ] Fired Appliances	3	138
Other TENANT FIT UP		35
Other		0

3-6 burner stove) 4

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	173
DCA State Permit Fee	$	0

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

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/01/2004
Date Issued 6/4/4
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor DOMENICO LUBRANO
Address 1152 SATINWOOD LN
TOMS RIVER, NJ 08755-
Tele.(732)267-4712
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 20

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
[ ] Fire Plans Approved
Date: 6-4-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-7-04
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			6/4/04	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		3-6 brand new
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 [X] or Oil [ ] Fired Appliances	3	138
Other TENANT FIT UP		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	173
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/03/2004
Date Issued 6/4/4
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP

Owner in Fee KENNEDY MALL ASSOC

Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-

Tele.(973)966-2800

Contractor JEFF SURBURG PLUMBING

Address 530 COLTS NECK RD
FARMINGDALE, NJ 07727-

Tele.(732)919-2099

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 14-7760921

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/3/04
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other WATER LINE	10
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 30
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/03/2004
Date Issued 6/4/04
Control # C01-89
Permit # 04-2203

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-CIAO BABY
TENANT FIT UP

Owner in Fee KENNEDY MALL ASSOC

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CHATHAM, NJ 07928-

Tele.(973)966-2800

Contractor JEFF SURBURG PLUMBING

Address 530 COLTS NECK RD
FARMINGDALE, NJ 07727-

Tele.(732)919-2099

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 14-7760921

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/3/04
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other WATER LINE	10
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 30
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/03/2004
Date Issued 6/4/04
Control # C01-89
Permit # 04-2203

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TENANT FIT UP

Owner in Fee KENNEDY MALL ASSOC

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Tele.(973)966-2800

Contractor JEFF SURBURG PLUMBING

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FARMINGDALE, NJ 07727-

Tele.(732)919-2099

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 14-7760921

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/8/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 6-4-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			6/4/04	DH
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other WATER LINE	10
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 30
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

Pat fill line for kit.

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

Township of Brick
Zoning Permit

Approved:	Tuesday, June 01, 2004	**Number:**	847
Block	670 **Lot** 4	**Zone:**	B-3, Highway Dev.

Property Address:	2770 Hooper Avenue; Kennedy Mall
Applicant:	Domenico Lubrano; Ciao Baby/Brick Restaurant, LLC
Property Owner	Kennedy Mall Associates
Existing Use:	Vacant restaurant unit (former Mangia Tu).
Proposed Use:	Restaurant (Ciao Baby).
Proposed Construction:	Interior alterations for tenant fit-up.
Conditions:	An additional zoning permit is required for any sign or any other additional work.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved: Tuesday, June 01, 2004 **Number:** 847

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

Property Address: 2770 Hooper Avenue; Kennedy Mall

Applicant: Domenico Lubrano; Ciao Baby/Brick Restaurant, LLC

Property Owner Kennedy Mall Associates

Existing Use: Vacant restaurant unit (former Mangia Tu).

Proposed Use: Restaurant (Ciao Baby).

Proposed Construction: Interior alterations for tenant fit-up.

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

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUN 1 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 670 LOT 4 QUALIFIER

PROPERTY ADDRESS 2770 Hooper Ave #24 Brick, NJ, 08723

PERSONAL NAME OF APPLICANT Domenico Lubrano

BUSINESS NAME OF APPLICANT Ciao Baby / Brick Restaurant LLC

MAILING ADDRESS OF APPLICANT 1152 Sativuwoos Land Toms River NJ 08755

PROPERTY OWNER'S FULL NAME Kennedy Mall Associates

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Restaurant

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Restaurant

PROPOSED CONSTRUCTION (check all that apply)

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

COMMERCIAL

CHECKLIST

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

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

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

SIGNATURE OF APPLICANT Date 6-1-04

Reviewed by Zoning Office Date 6/1/4 ☒ Approved ( ) Denied

GENERAL

Vulcan ranges and ovens are produced with quality workmanship and material. Proper installation, usage and maintenance of your range will result in many years of satisfactory performance.

The manufacturer suggests that you thoroughly read this entire manual and carefully follow all of the instructions provided.

INSTALLATION

UNPACKING

This range was inspected before leaving the factory. The transportation company assumes full responsibility for safe delivery upon acceptance of the shipment. Immediately after unpacking, check for possible shipping damage. If the range is found to be damaged, save the packaging material and contact the carrier within 15 days of delivery.

Carefully unpack range(s) and place in the approximate installation position, whether as a battery or single stand-alone range. Remove all shipping wire and wood blocking. Remove parts (packed in a cardboard box) from oven cavity, or cabinet body or on top of modular range(s).

Before installing, check the electrical service (Convection Oven Models only) and type of gas supply (natural or propane) to make sure they agree with the specifications on the rating plate located on the lower left-hand corner of the front frame behind the bellcrank. If the supply and equipment requirements do not agree, do not proceed with the installation. Contact your dealer or Vulcan-Hart Company immediately.

LOCATION

CAUTION: The equipment area must be kept free and clear of combustible substances.

The following ranges, when installed, must have a minimum clearance from combustible construction of 6" (15 cm) at the sides and 6" (15 cm) at the rear. Clearance from noncombustible construction can be 0" (0 cm) at the sides and rear:

The following ranges are

GHM72	GH
GHM45	GH
GHM30	GH

The installation location m
front clearance of 35" (8

The range(s) must be ins
Adequate clearance for
there is an adequate sup

INSTALLATION CODE

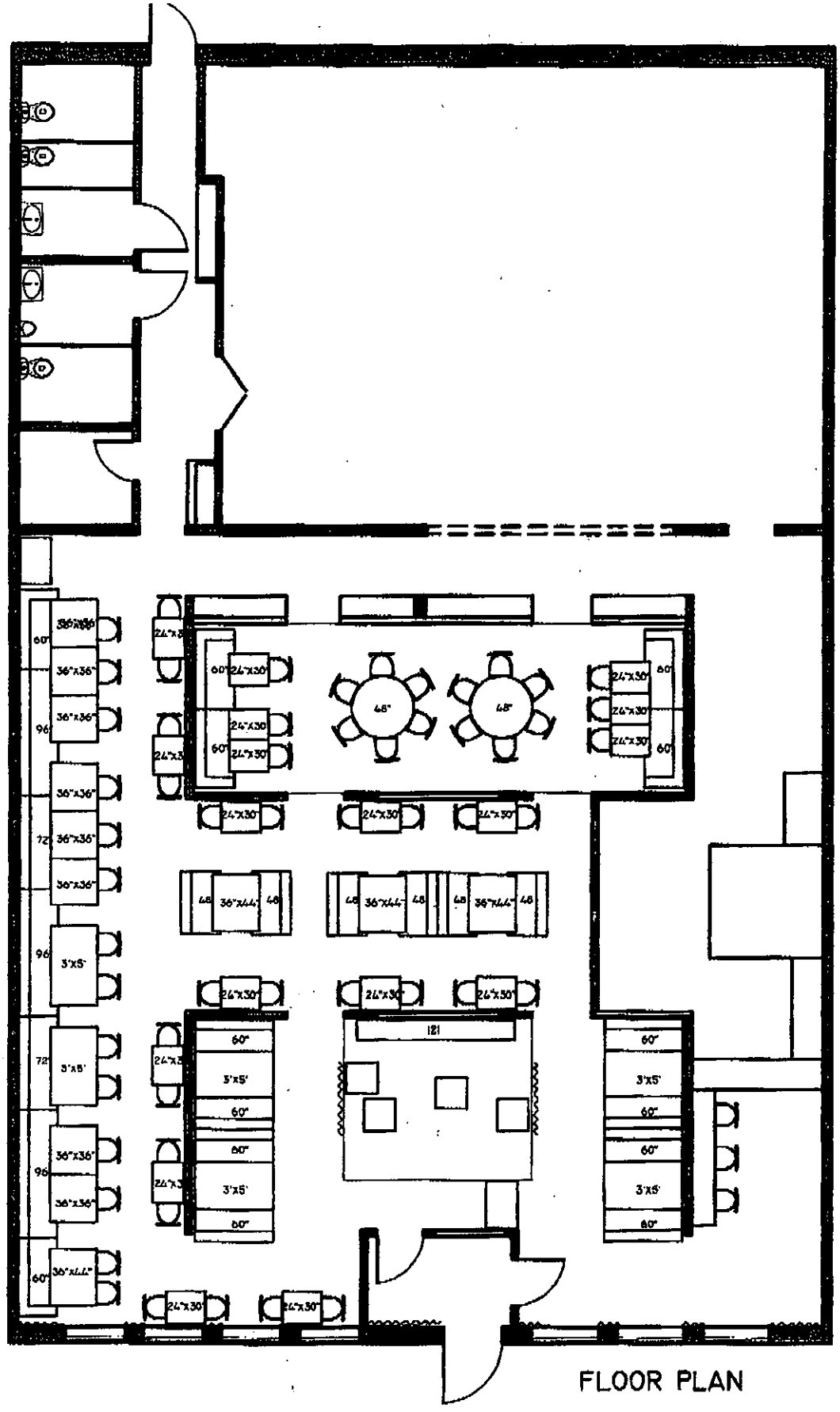
Your Vulcan range(s) m

In the United States:

1. State and local co
2. National Fuel Gas C
   Inc., 1515 Wilson
3. National Electrical
   Protection Associ

In Canada:

1. Local codes.
2. CAN/CGA-B149.1
3. CAN/CGA-B149.2
   Association, 178
4. Canadian Electric
   Canadian Standa



FLOOR PLAN

6-2-04

Township of Brick building subcode
Application review process
Building subcode

Address of application 2770 Hooper

Cho Bake

Please be advised that you have been rejected by the building subcode for the ~~following reasons noted on~~ either the framing checklist or our Township checklist.. OR the items listed below.

Please make any corrections on both sets of plans, as lists of information will be rejected.

Floor Plan Changed

No Occupancy LOAD INFO

Spoke to Boulden

Requested Archive Report

3. **Person To Receive Certified Mail Or Other Notices. Of Same As Owner, Write "Same."**
(Address must not be a PO Box)

Name: SAME

Address: _____
Number Street Name

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____

4. **Briefly describe the building types and / or uses or businesses you own.**
Was restaurant will be restaurant.

Part B – Business Location Information
(Physical location and name of the business)

5. **Name of Building or Business:** CIAO Baby

Building Location: 2770 Hooper Avenue
(Number and Street)

Suite or Room Number: 24 Municipality: Brick County: Ocean

6. Block Number: B 670 Lot Number: 4 Municipal Tax Account Number: _____

7. Height of Building (in feet): 1 ST. Number of Stories: _____ Square Footage: X 4264 Occupant Load: X

Part D – Certification

8. **I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.**

Signature of Owner or Agent Completing This Form — Date: 6-1-04

Domenico Lubrano — Secretary
Printed Name of Owner or Agent Completing this Form — Title

1152 Satinwood Lane
Street Address of Owner or Agent Completing This Form

Toms River NJ 08755
City State Zip Code

Telephone Number of Owner or Agent Completing This Form: (732) 267-4712

New Jersey Department of Community Affairs
DIVISION OF FIRE SAFETY
PO Box 809
Trenton, New Jersey 08625-0809
Telephone: (609) 633-6144 FAX: (609) 633-6330

FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to $1,000.00

1506-61865-001-01

Ciao Baby
24 Ke
Bi
Dom Lubrano
(Ciao Baby)
732-267-4712
Cell

1. Business Ownership (mark the corre

(0) ___ Corporation (1) ___ P) ___ Condominium

(4) ___ Cooperative (5) ___ (

2. Business/Corporation Mailing Addr

If Private / Individual: Name: ___ Middle Initial

If Other: Brick Plaza
Give FULL Legal Name of Ownership, Including Corporation, ... d, Partnership, T/A etc.

Address: 24 Kennedy Mall / 2770 Hooper Ave.
PO Box Number or Street Number and Name

City: Brick State: NJ Zip Code: 08723 - ____

352223884
Federal Employer (Tax ID) Number

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security Number (For Private / Individual Only)

In accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

Telephone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Continued on Reverse Side

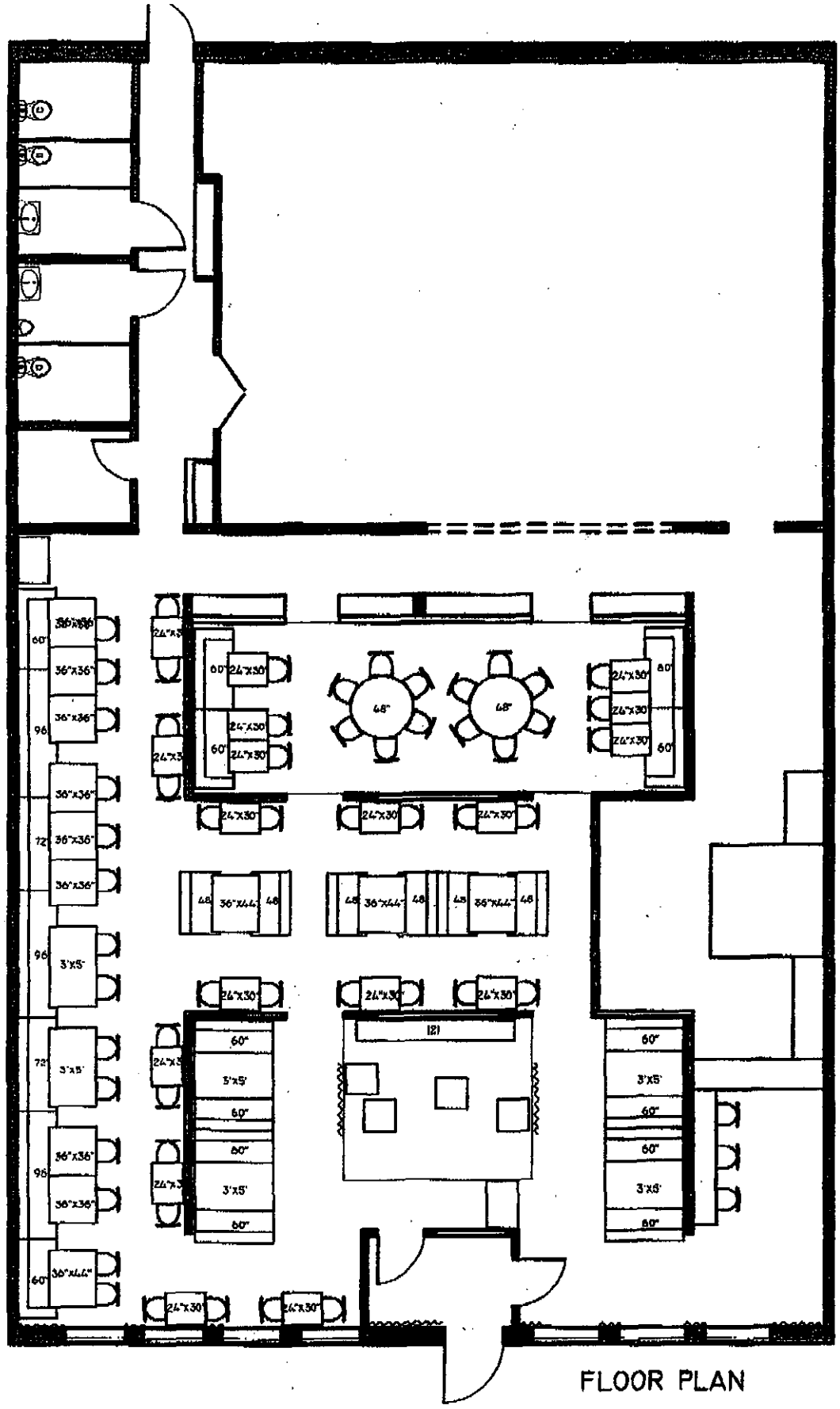
FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): BD05 ____ ____ ____

LEA Number: 1506-001

Assigned Owner Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ New Application

Alternate Owner Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ X Transfer



FLOOR PLAN

04-2203

Ciao Baby

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 2770 Hooper Ave Block 670 Lot 4

Final Inspections needed if applicable as follows:

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

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

FINALS	FINALS	FINALS
BUILDING	APPROVED	6/4/04 OK
PLUMBING	APPROVED	6/4/04 OK
FIRE	APPROVED	6/7/04 OK
ELECTRIC	APPROVED	n/a
ENGINEERING	APPROVED	n/a
O.C.SOIL	APPROVED	n/a

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

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

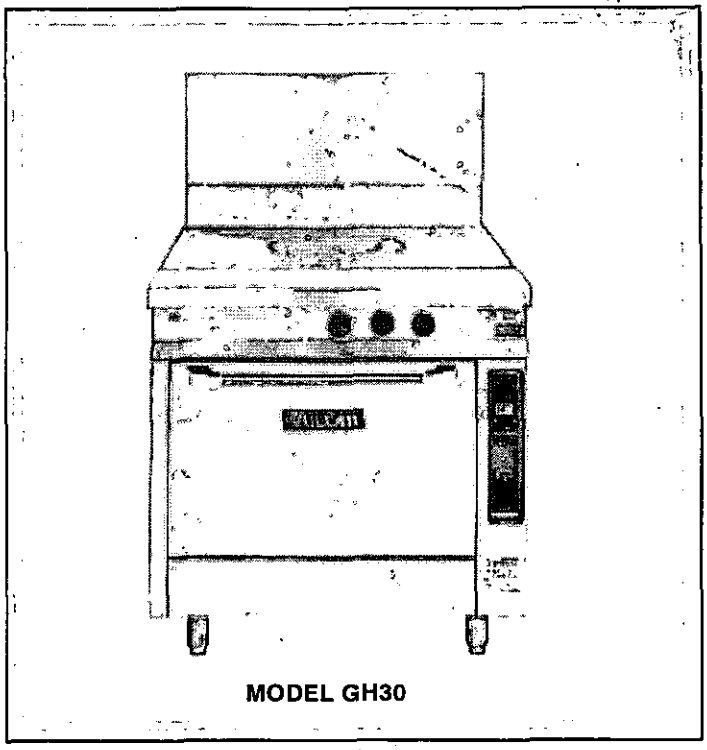
VULCAN

INSTALLATION & OPERATION MANUAL

GH SERIES HEAVY-DUTY GAS RANGES

MODELS

GH30	ML-52141
GH45	ML-52142
GH3/72	ML-126406
GH6	ML-126402
GH60	ML-52144
GH60T	ML-52171
GH72	ML-52145
GH72/45	ML-52176
GH45/72	ML-52180
GH60/45	ML-52174
GH60T45	ML-52186
GH60/72	ML-52175
GH60T72	ML-52188
GHM30	ML-52151
GHM45	ML-52152
GHM3/72	ML-126408
GHM6	ML-126404
GHM60	ML-52154
GHM60T	ML-52172
GHM72	ML-52155
GHM7245	ML-52179
GHM4572	ML-52181
GHM6045	ML-52177
GHM6T45	ML-52187
GHM6072	ML-52178
GHM6T72	ML-52189
GHX45	ML-52217
GHX60	ML-52218
GHX60T	ML-52223
GHXM45	ML-52220
GHXM60	ML-52221
GHXM60T	ML-52224
GHX72	ML-52219
GHXM72	ML-52222



MODEL GH30

For additional information on Vulcan-Hart Company or to locate an authorized parts and service provider in your area, visit our website at www.vulcanhart.com

VULCAN-HART COMPANY, P.O. BOX 696, LOUISVILLE, KY 40201-0696, TEL: (502) 778-2791

FORM 31107 Rev. C (Feb. 2003)

www.vulcanhart.com

IMPORTANT FOR YOUR SAFETY

THIS MANUAL HAS BEEN PREPARED FOR PERSONNEL QUALIFIED TO INSTALL GAS EQUIPMENT, WHO SHOULD PERFORM THE INITIAL FIELD START-UP AND ADJUSTMENTS OF THE EQUIPMENT COVERED BY THIS MANUAL.

POST IN A PROMINENT LOCATION THE INSTRUCTIONS TO BE FOLLOWED IN THE EVENT THE SMELL OF GAS IS DETECTED. THIS INFORMATION CAN BE OBTAINED FROM THE LOCAL GAS SUPPLIER.

IMPORTANT

IN THE EVENT A GAS ODOR IS DETECTED, SHUT DOWN UNITS AT MAIN SHUTOFF VALVE AND CONTACT THE LOCAL GAS COMPANY OR GAS SUPPLIER FOR SERVICE.

FOR YOUR SAFETY

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

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

IN THE EVENT OF A POWER FAILURE, DO NOT ATTEMPT TO OPERATE THIS DEVICE.

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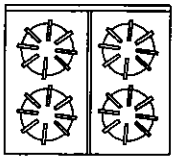
CONFIGURATIONS OF MODEL GH SERIES HEAVY-DUTY RANGES WITH STANDARD AND CONVECTION OVENS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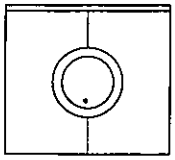
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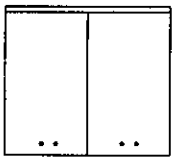
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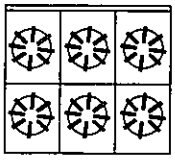
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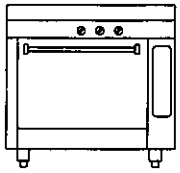
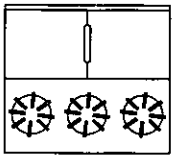

GH45
FULL BODY
34" WIDE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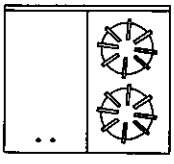
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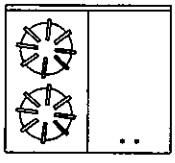
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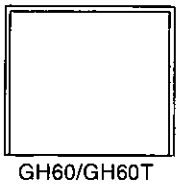
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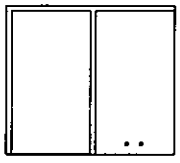
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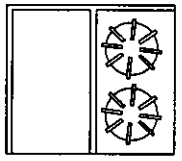
PL-53255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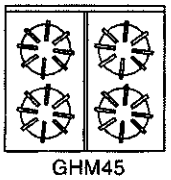
CONFIGURATIONS OF MODEL GH SERIES HEAVY-DUTY MODULAR RANGES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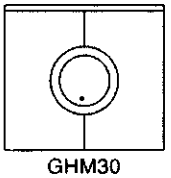
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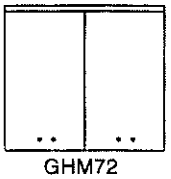
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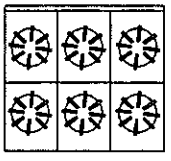
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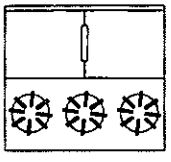
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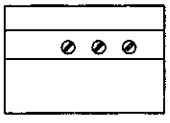
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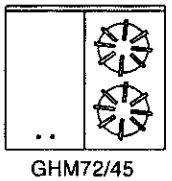
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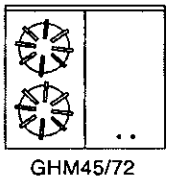
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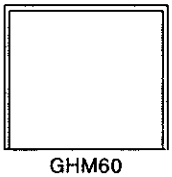
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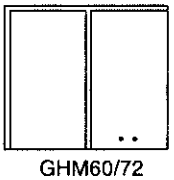
GHM60T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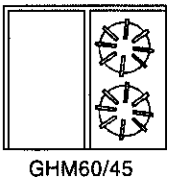
GHM60T/72

PL-53958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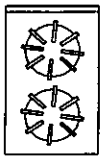
GHM60T/45

CONFIGURATIONS OF MODEL GH SERIES HEAVY-DUTY EXPANDO RANGES

MODEL GHX SERIES EXPANDO RANGES WITH CABINET



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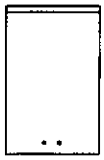

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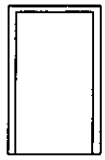
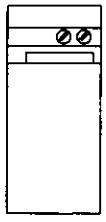
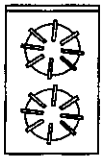


GHX60
GHX60T



GHX45 18" WIDE
FULL BODY WITH
CABINET

MODEL GHXM SERIES MODULAR EXPANDO RANGES



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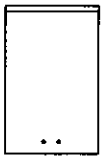

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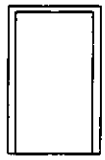

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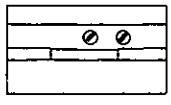
GHXM60T

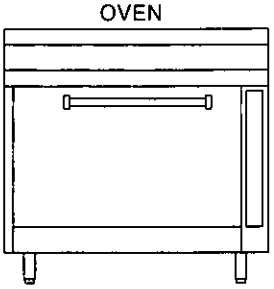


GHXM45

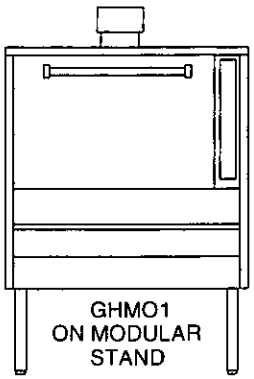
PL-51242

CONFIGURATIONS OF GH SERIES HEAVY-DUTY OVENS

GHO1
SINGLE
OVEN

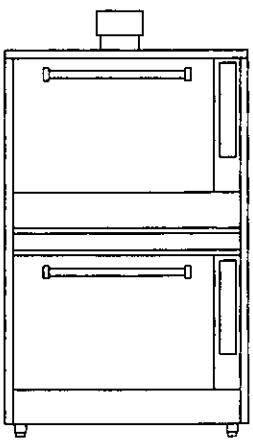


WORK TOP VIEW



GHMO1
ON MODULAR
STAND

GHO1C
SINGLE
CONVECTION
OVEN



PL-51243

GHO2
DOUBLE
STACKED
OVEN

Installation, Operation and Care Of MODEL GH SERIES HEAVY-DUTY GAS RANGES

SAVE THESE INSTRUCTIONS

GENERAL

Vulcan ranges and ovens are produced with quality workmanship and material. Proper installation, usage and maintenance of your range will result in many years of satisfactory performance.

The manufacturer suggests that you thoroughly read this entire manual and carefully follow all of the instructions provided.

INSTALLATION

UNPACKING

This range was inspected before leaving the factory. The transportation company assumes full responsibility for safe delivery upon acceptance of the shipment. Immediately after unpacking, check for possible shipping damage. If the range is found to be damaged, save the packaging material and contact the carrier within 15 days of delivery.

Carefully unpack range(s) and place in the approximate installation position, whether as a battery or single stand-alone range. Remove all shipping wire and wood blocking. Remove parts (packed in a cardboard box) from oven cavity, or cabinet body or on top of modular range(s).

Before installing, check the electrical service (Convection Oven Models only) and type of gas supply (natural or propane) to make sure they agree with the specifications on the rating plate located on the lower left-hand corner of the front frame behind the bellcrank. If the supply and equipment requirements do not agree, do not proceed with the installation. Contact your dealer or Vulcan-Hart Company immediately.

LOCATION

CAUTION: The equipment area must be kept free and clear of combustible substances.

The following ranges, when installed, must have a minimum clearance from combustible construction of 6" (15 cm) at the sides and 6" (15 cm) at the rear. Clearance from noncombustible construction can be 0" (0 cm) at the sides and rear:

GH30	GH60T45	GHM72/45S	GHX60T
GH45	GH60/72	GHM45/72S	GHXM60S
GH60	GH60T72	GHM60/45S	GHXM60TS
GH60T	GH3/72	GHM60T45S	GHX72
GH72	GHM30S	GHM60/72S	GHXM72S
GH72/45	GHM60S	GHM60T72S	GHX45
GH45/72	GHM60TS	GH6	
GH60/72	GHM72S	GHX60	

Snorkel® Ranges must not be included in back-to-back setups.

The following ranges are to be installed only on noncombustible floors:

GHM72	GHXM72	GH45/72	GHM60/45	GHM72/45
GHM45	GHXM45	GHM45/72	GHM3/72	GHM6
GHM30	GHXM60	GHM60/72		

The installation location must allow adequate clearances for servicing and proper operation. A minimum front clearance of 35" (88 cm) is required.

The range(s) must be installed so that the flow of combustion and ventilation air will not be obstructed. Adequate clearance for air openings into the combustion chamber(s) must be provided. Make sure there is an adequate supply of air in the room to allow for combustion of the gas at the burners.

INSTALLATION CODES AND STANDARDS

Your Vulcan range(s) must be installed in accordance with:

In the United States:

1. State and local codes.
2. National Fuel Gas Code, ANSI/Z223.1 (latest edition), available from the American Gas Association, Inc., 1515 Wilson Blvd., Arlington, VA 22209.
3. National Electrical Code ANSI/NFPA-70 (latest edition). Copies available from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

In Canada:

1. Local codes.
2. CAN/CGA-B149.1 Natural Gas Installation Code (latest edition).
3. CAN/CGA-B149.2 Propane Installation Code (latest edition), available from the Canadian Gas Association, 178 Rexdale Blvd., Etobicoke, Ontario, Canada M9W 1R3.
4. Canadian Electrical Code, CSA C22.2 No. 3 (latest edition). Copies may be obtained from the Canadian Standard Association, 178 Rexdale Blvd., Etobicoke, Ontario, Canada M9W 1R3.

ASSEMBLY

Ranges Mounted on Casters

When ranges are mounted on casters, you must use a connector (available from Vulcan-Hart) that complies with the Standard for Connectors of Movable Gas Appliances, ANSI-Z21.69 (latest edition), and a quick-disconnect device that complies with the Standard for Quick-Disconnect Devices Complying With Gas Fuel, ANSI-Z21.41 (latest edition) or CAN 1-6.9 (latest edition).

Provide a gas line strain relief to limit movement of the range(s) without depending on the connector and/or any quick-disconnect device or its associated piping to limit movement of the range(s). Attach the strain relief to the rear of the range (Fig. 1).

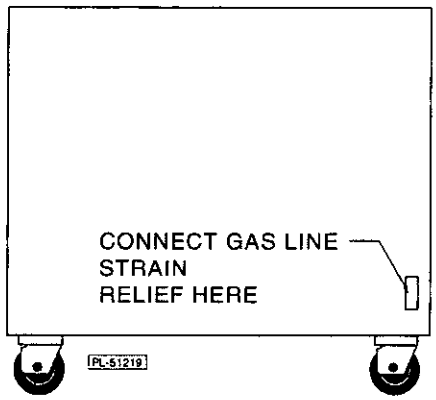


Fig. 1

Should it be necessary to disconnect the strain relief, turn off the gas supply before disconnection. Reconnect the strain relief before turning the gas supply on and returning the range(s) to their installation position.

Bumper Bars

CAUTION: Failure to install bumper bars may cause motor damage and will void the warranty.

Remove existing #10 screws. Position bumper bars as shown in Fig. 2. Replace #10 screws and secure bumper bars.

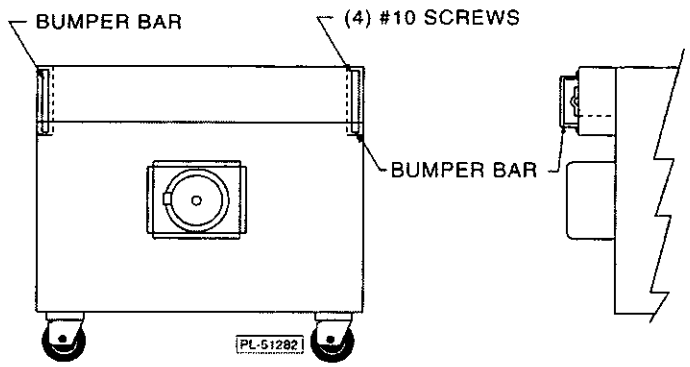


Fig. 2

Battery Installation

If you are installing a new battery range to an existing field appliance manufactured before January 1998, the union on the existing field appliance must be checked against the union being used on the new range. The union manufacturer's name around the face surface of the union nut must match. If the new range has been shipped using a Ward union and the old appliance has something different — i.e., Stockham — it must be replaced with a Ward union (Fig. 3). Failure to replace this union could result in a gas leak.

If a Ward union is needed for installation, it must be ordered through the Vulcan-Hart Company Parts Depot (Part No. FP-088-89).

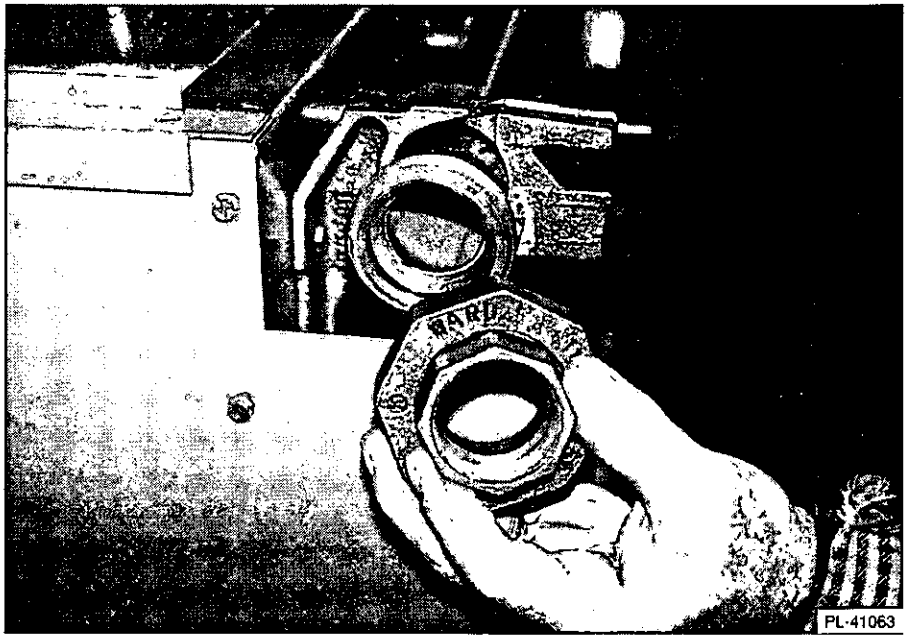


Fig. 3

Questions or concerns regarding the above installation procedures may be addressed by calling the Vulcan-Hart Service Department (502) 778-2791.

Proceed with the battery installation as follows:

1. Move next range into position and level as explained in LEVELING. Engage union nut on manifold pipe with male fitting on next range and draw up union nut hand-tight. Be sure ranges butt both front and rear. If manifolds do not line up, then ranges are not level. Do not adjust manifold brackets to make manifolds line up, except in extreme cases, because this will cause gas valves not to line up perfectly with manifold cover holes. Bolt top frames together, using 10-24 x ½" bolts (packed in cloth bag in range oven).
2. Continue leveling, connecting manifold pipe and bolting top frames of ranges together until all ranges in the battery are connected, and then tighten manifold unions gas-tight. Use wrench to keep section of union assembled to pipe from rotating. Failure to do this may result in misalignment of valve stems.
3. Unpack high shelves or backguards and remove backsplashes.
4. Place high shelf or backguard in position (see ASSEMBLY — RISER, BACKGUARD AND HIGH SHELF in this manual).

5. Replace back tops and backsplashes.
6. If front plates do not line up perfectly, adjust by means of bolts under front plate. Similar front adjustment is provided for the one-piece cast-iron griddle (Model GH60) (Fig. 4).

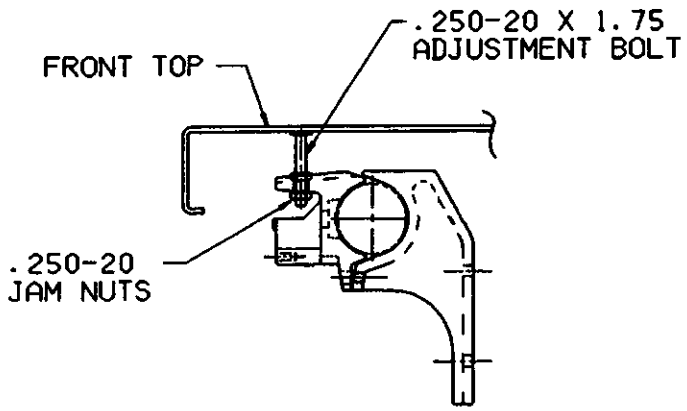


Fig. 4

Riser, Backguard and High Shelf

Remove the shipping brackets on the corner of the range where a high shelf support casting is to be bolted. It is not necessary to remove either shipping bracket on ranges equipped with a backguard as the brackets will be used for support when remounting the rear top plate and backguard backsplash.

1. Carefully unpack riser, backguard or high shelf with the back down, on floor in front of range. Remove backsplash panel from riser, backguard or high shelf.
2. Remove top castings, back top and shipping brackets from the range. Identify top casting(s) so they are replaced in the same positions on the same range as when received from the factory.

When assembling a riser, backguard or high shelf to batteried equipment, remove only the extreme right and left shipping brackets of setup section requiring mounting (Fig. 5).

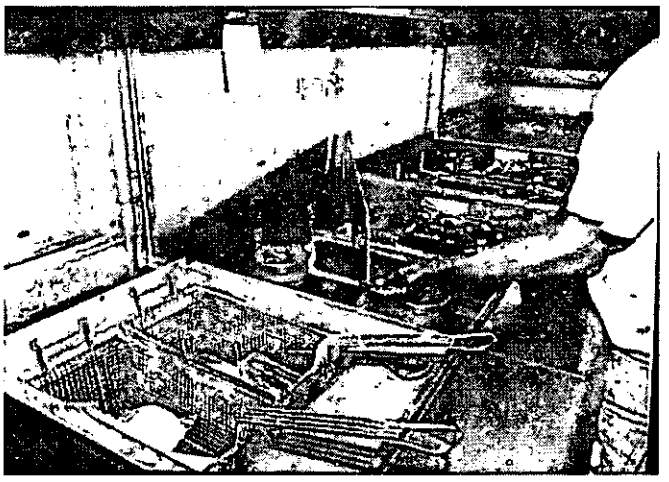


Fig. 5

3. Carefully lift riser, backguard or high shelf over range (Fig. 6).
4. Carefully guide support channels into the two openings provided at the rear of the range (Fig. 7).

Fig. 6

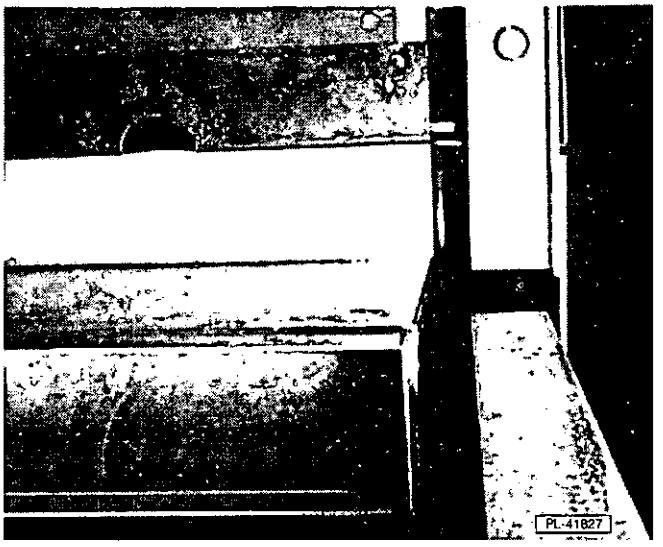


Fig. 7

While lowering support channels into openings, be sure that the lower angle flange of the riser, backguard or high shelf is positioned outside the flue back (Fig. 8).

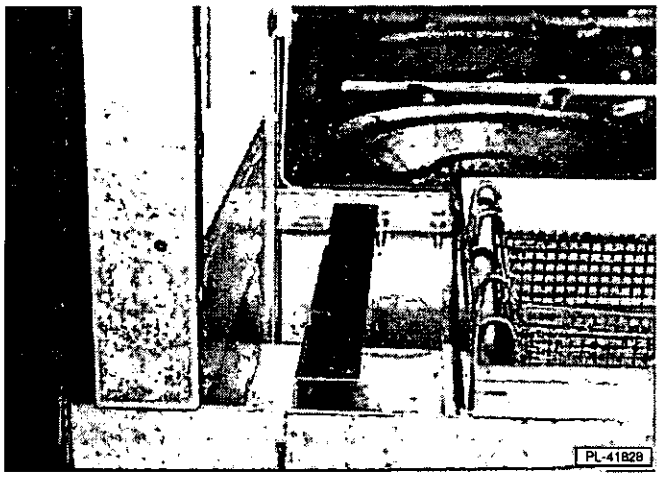


Fig. 8

Once the backguard is setting in place on the range, install the left and right end caps. End caps simply slide on, in between the splasher and the backguard. There is a tab on the cap that can be pulled out or pushed in (with a screwdriver) to adjust cap for tightness. Two caps are packaged with each backguard in a separate plastic bag. Be sure to look for caps in the backguard box. See Figs. 9, 10, 11 and 12.

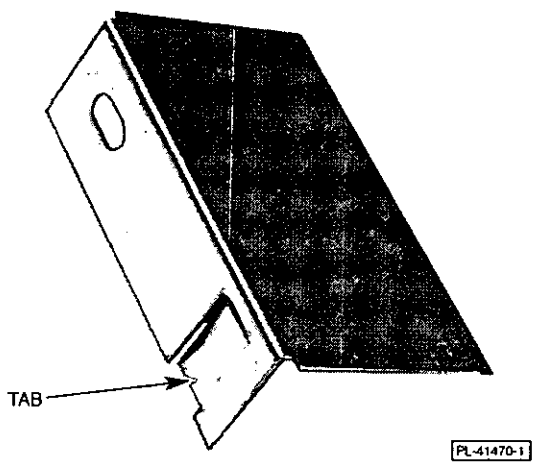


Fig. 9

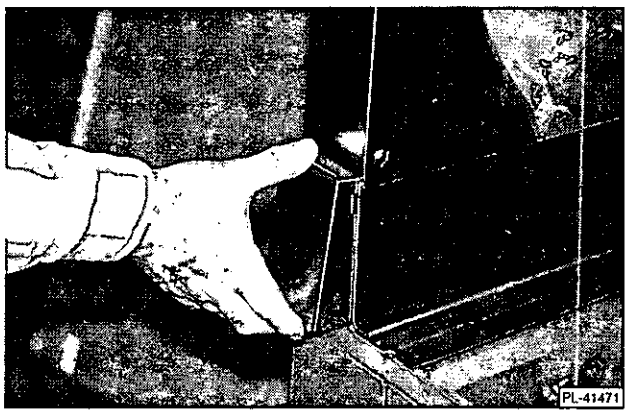


Fig. 10

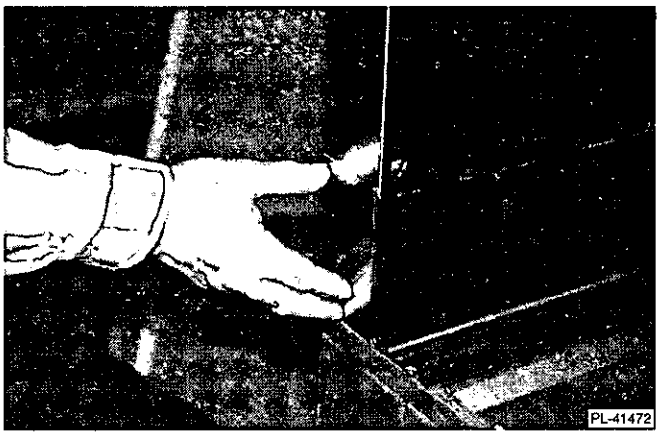


Fig. 11

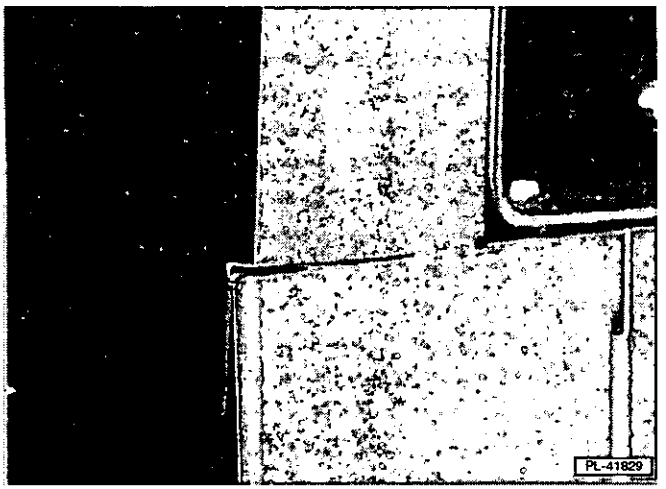


Fig. 12

5. Replace back tops and top castings onto range (Fig. 12). Shipping brackets removed in Step 2 are no longer required and may be discarded.
6. Replace riser, backguard or high shelf backsplash panel. Mounting is now complete.

Thermostatically Controlled Griddle Installation

Set metal brick supports and bricks in place.

1. Center Support (1) — Place in center with smooth surface down (Fig. 13).

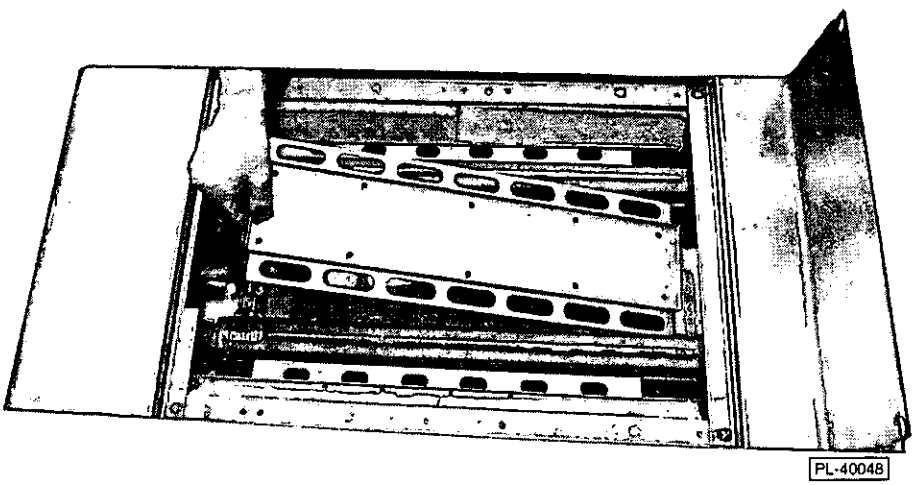


Fig. 13

2. Narrow Supports (2) — Place one on each side with smooth surface down and oval holes to outside (Fig. 14).

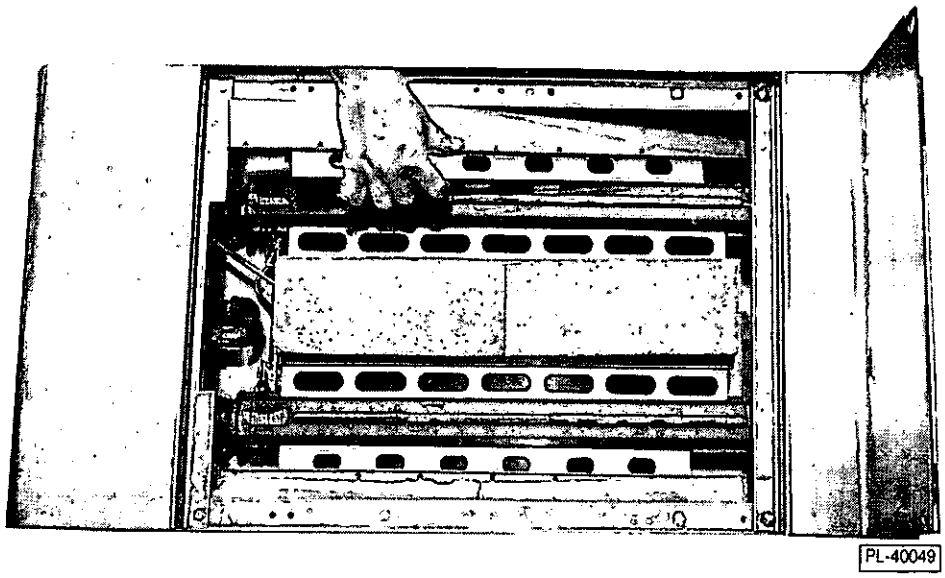


Fig. 14

3. Triangle-shaped Bricks (4) — Place two each side (Fig. 15).

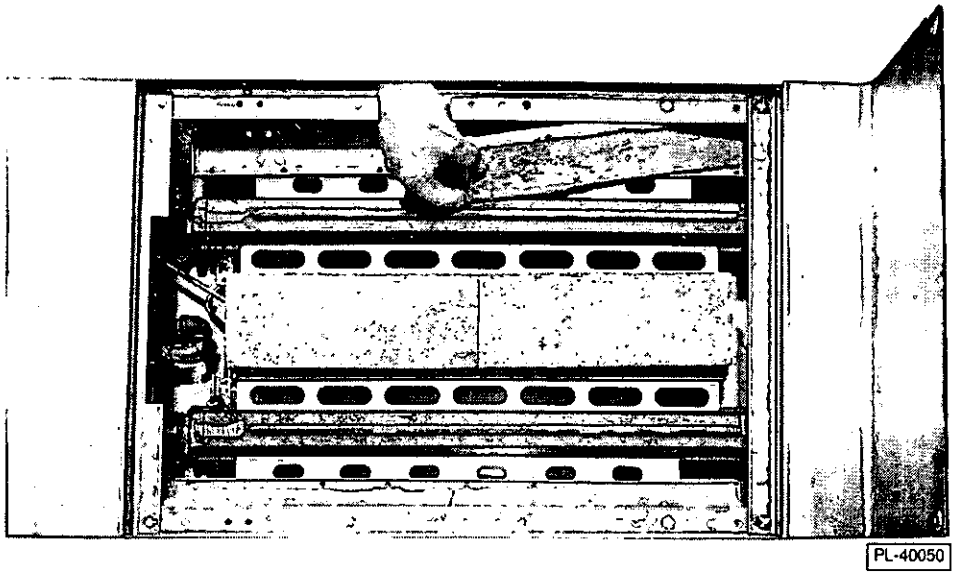


Fig. 15

4. Large Bricks (2) — Set in center support as shown in Figs. 14 and 15.

5. The griddle plate is packaged separately from the range. Inspect bottom of griddle plate and make sure that the thermostat bulb sensor holding bracket and hardware are attached. Loosen the hardware so that the bracket is easily moved and will tilt downward. On the top burner box front area of the range, locate the coiled thermostat bulb and capillary assembly. Gently uncoil the capillary line. Lift the griddle plate (this takes two people) onto the range top, being careful not to crush the thermostat bulb or capillary. Wedge a 2 x 4 under the front part of the griddle to hold up the plate. This will be necessary to install the thermostat bulb into the V-slot of the sensor holding bracket.

6. Feed the thermostat bulb and capillary up over the heat shield and through the notched area supplied in the shield (Fig. 16).

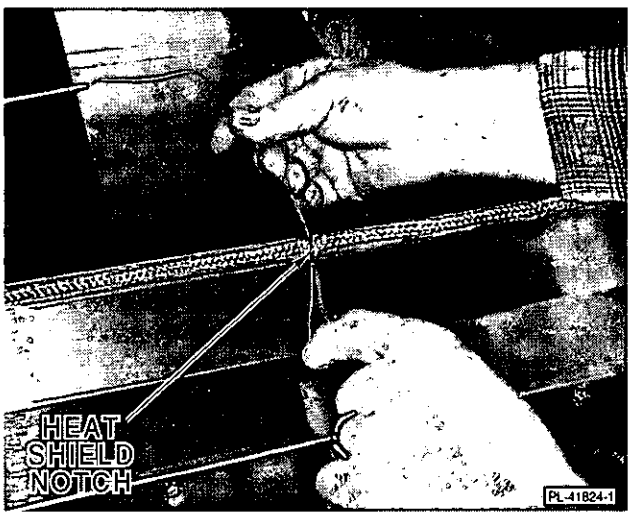


Fig. 16

7. Slide the thermostat bulb through the V-slot (Fig. 17) in the sensor holding bracket. Tighten down the sensor holding bracket hardware. Neatly coil the excess capillary line without kinking and lay resting in front of the heat shield. Do not pinch the line when reinstalling the control cover.

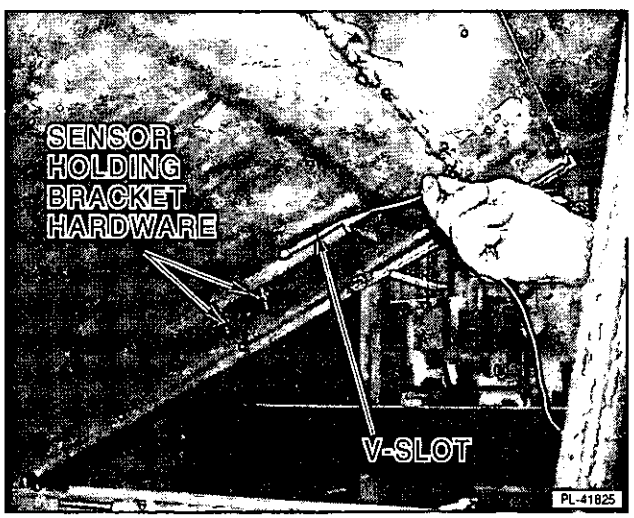


Fig. 17

LEVELING

Unlevel range(s) will create battery installation problems in lining up the manifolding system, and resu in uneven cooked product. Using a carpenter's level, level the range(s) from front to rear and side t side. With range in its exact location or battery position, adjust leg heights. If installing a battery of equipment, begin with first unit in battery lineup. Adjust legs by turning feet until all legs are resting on the floor. If "less legs base" or "toe base" is used, screw the leveling bolt until floor contact is made (Fig. 18).

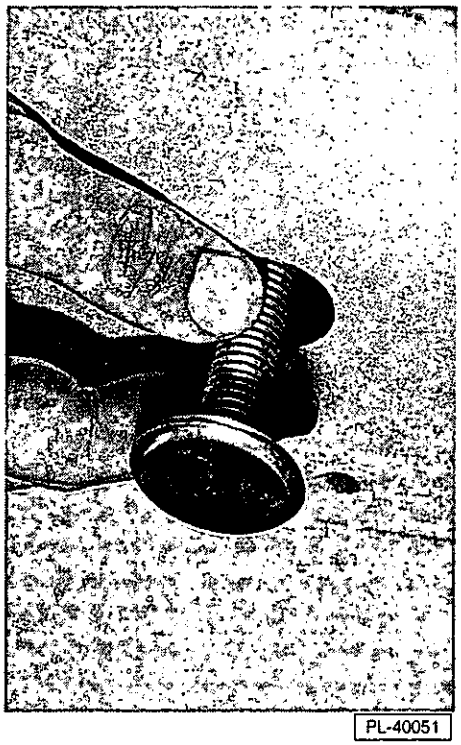


Fig. 18

The casters provided for the ranges are the nonleveling type; therefore, the floor must be reasonably level or baked products will be uneven and performance will be inconsistent.

GAS CONNECTIONS

CAUTION: All gas supply connections and any pipe joint compound used must be resistant to the action of propane gases.

Remove oven bottom(s) and baffles.

Remove upper manifold panel(s).

Connect gas supply to the range(s). Make sure the pipes are clean and free of obstructions, dirt and piping compound.

Codes require that a gas shutoff valve be installed in the gas line ahead of the range(s).

Ranges manufactured for use with propane gas are equipped with fixed orifices.

WARNING: PRIOR TO LIGHTING, CHECK ALL JOINTS IN THE GAS SUPPLY LINE FOR LEAKS. USE SOAP AND WATER SOLUTION. DO NOT USE AN OPEN FLAME.

After piping has been checked for leaks, all piping receiving gas should be fully purged to remove air.

Single Range Installations

All single stand-alone ranges require installation using an A.G.A. design-certified pressure regulator with an outlet (manifold) pressure of 6" (1.49 kPa) Water Column for natural gas supply, and outlet (manifold) pressure of 10" (2.49 kPa) Water Column for propane gas supply (available from Vulcan-Hart). The regulator must be adjusted to agree with the pressures indicated on the rating plate. When installing the regulator, follow instructions supplied by the regulator manufacturer.

Manifold pressure for the incoming store line must be at least 7" (1.74 kPa) Water Column for natural gas and 11" (2.74 kPa) Water Column for propane gas.

If a pressure regulator is not installed, the warranty on related parts, as well as performance-related problems, will not be covered.

Battery Installations

The gas manifold of this range, or the battery of which it is a part, must be connected to an A.G.A. design-certified gas appliance pressure regulator (available from Vulcan-Hart). The pressure regulator must have a maximum regulation capacity to handle the total connected load and must have an adjustment range for manifold pressure marked on the range rating plate. If the manifold pressure of the connected ranges is not the same, a separate regulator must be supplied for all ranges operating under different manifold pressure ratings.

If a pressure regulator is not installed, the warranty on related parts, as well as performance-related problems, will not be covered.

TESTING THE GAS SUPPLY SYSTEM

When test pressures exceed ½ psig (3.45 kPa), the range and its individual shutoff valve must be disconnected from the gas supply piping system.

When test pressures are ½ psig (3.45 kPa) or less, the range must be isolated from the gas supply system by closing its individual manual shutoff valve.

FLUE CONNECTIONS

DO NOT obstruct the flow of flue gases from the flue duct located on the rear of the range. It is recommended that the flue gases be ventilated to the outside of the building through a ventilation system installed by qualified personnel.

A minimum of 18" (45 cm) must be maintained between the grease removal device and the cooking surface.

Information on the construction and installation of ventilating hoods may be obtained from the standard for "Vapor Removal from Cooking Equipment," NFPA No. 96 (latest edition), available from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

ELECTRICAL CONNECTIONS

WARNING: ELECTRICAL AND GROUNDING CONNECTIONS MUST COMPLY WITH THE APPLICABLE PORTIONS OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER LOCAL ELECTRICAL CODES.

WARNING: DISCONNECT THE ELECTRICAL POWER TO THE MACHINE AND FOLLOW LOCKOUT / TAGOUT PROCEDURES.

WARNING: APPLIANCES EQUIPPED WITH A FLEXIBLE ELECTRIC SUPPLY CORD ARE PROVIDED WITH A THREE-PRONG GROUNDING PLUG. IT IS IMPERATIVE THAT THIS PLUG BE CONNECTED INTO A PROPERLY GROUNDED THREE-PRONG RECEPTACLE. IF THE RECEPTACLE IS NOT THE PROPER GROUNDING TYPE, CONTACT AN ELECTRICIAN. DO NOT REMOVE THE GROUNDING PRONG FROM THIS PLUG.

If your range is not equipped with a grounding plug and electric supply is needed, ground the range by using the ground lug provided (refer to the wiring diagram which is packaged in a clear plastic ziplock bag located within the oven cavity on the oven rack).

Do not connect the range to electrical supply until after gas connections have been made.

LIGHTING AND SHUTTING DOWN PILOTS

Open Top, Griddle Top and Hot Top Burner Pilots

1. Turn main gas supply ON.
2. Turn all top burner valve knobs ON to purge gas line of air.
3. Turn top burner valve knobs OFF.
4. Wait 30 seconds.
5. Using a taper, light the pilot(s).
6. If pilot fails to light, wait 5 minutes and repeat Steps 1 through 5.
7. Turn one top burner valve ON to make sure that all gas lines are completely purged of air. Turn burner OFF when gas begins to flow.

Nightly Shutdown: Turn burner valve OFF; pilot will remain lit.

Complete Shutdown: Turn burner valve OFF; pilot will remain lit. Turn main gas valve OFF.

Standard Oven Pilot

Before lighting oven, be sure that range top sections have been lit.

1. Open oven door and locate square pilot lighter cutout.
2. Using a taper, light oven pilot by depressing red ignition button (Fig. 19) located on the side control panel above the thermostat knob. Light the pilot and continue to hold the ignition button in for 1 minute. If pilot fails to light, turn main gas valve OFF and wait 5 minutes before repeating Steps 1 and 2.
3. Set oven thermostat to desired temperature.

Fig. 19

Nightly Shutdown: Turn oven burner valve OFF.

Complete Shutdown: Turn oven burner valve OFF. Turn main gas supply OFF.

Convection Oven Pilot

Before lighting oven, be sure that range top sections have been lit.

1. Connect range to the main electrical supply line. Open oven door panel and locate square pilot lighter cutout.
2. Turn red gas valve (located behind the control panel) ON, purging the gas line of all air. Turn gas valve and power switch OFF. Close oven door.
3. Light oven pilot by depressing the red ignition button (Fig. 19), and using a taper, ignite the pilot. Hold ignition button in for 30 seconds, or until pilot remains lit. Turn gas valve back ON.

4. If pilot fails to light, turn main gas valve OFF. Wait 5 minutes and repeat Steps 2 and 3.
5. After pilot is lit, push the power switch ON and turn the temperature dial to the desired setting.

Nightly Shutdown: Turn power switch OFF and the temperature dial to 0 degrees.

Complete Shutdown:

1. Push power switch OFF.
2. Turn red gas valve (located behind the control panel) OFF.
3. Turn main gas supply OFF.
4. Disconnect electrical supply cord.

ADJUSTMENTS

All adjustment procedures associated with pilot lighting should be performed by **an authorized Vulcan-Hart installation or service person.** The bypass (minimum burner) flame adjustment must be made at the time the range is installed.

After adjustments are complete, replace oven control panel(s). Check identification so that each panel is returned to its respective range. Replace oven baffles and oven bottom(s).

Replace upper manifold panel(s). Position brick in ranges where necessary (Fig. 20). Replace top casting(s). Check identification so that each may be returned to its respective original range as received from the factory.

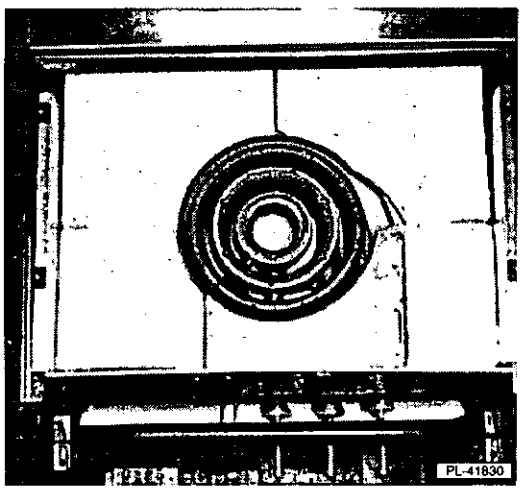


Fig. 20

OPERATION

WARNING: THE RANGE AND ITS PARTS ARE HOT. BE CAREFUL WHEN OPERATING, CLEANING OR SERVICING THE RANGE.

BEFORE FIRST USE

Seasoning of Cast-Iron Hot Tops and Even-Heat Tops

These tops are made of cast iron and should be seasoned prior to use. To season, pour a small amount of cooking oil (about 1 ounce [28 grams] per square foot [.09 square meters] of surface) over the top. With a cloth, spread the oil over the entire surface to create a thin film. Wipe off any excess oil with a cloth. Turn burners on very low and allow to heat up gradually for about 2 hours. Repeat this procedure a second time before regular use. This will resist cracking of the cast iron and ensure longer life.

Cleaning Griddle Plate at Start-Up

The griddle plate is shipped covered with a protective coating of grease. Remove this film only when the griddle plate is being cleaned prior to its first cooking use. Remove film by scraping the griddle surface with the straight edge of a large piece of stiff cardboard. For cleaning procedures, see CLEANING - GRIDDLE TOP in this manual.

Seasoning of Griddle Plate

CAUTION: Do not overheat the griddle plate by setting thermostats well above recommended temperatures. Overheating the plate may cause plate warpage, and will carbonize any grease on the plate and cause sticking.

CAUTION: This griddle plate is steel, but the surface is relatively soft and can be scored or dented by carelessly using a spatula. Be careful not to dent, scratch or gouge the plate surface. Do not try to knock off loose food that may be on the spatula by tapping the corner edge of the spatula on the griddle surface.

A new griddle surface must be seasoned to do a good cooking job. The metal surface of the griddle is porous. Food tends to get trapped in these pores and stick; therefore, it is important to "season" or "fill up" these pores with cooking oil before cooking. Seasoning gives the surface a slick, hard finish from which the food will release easily.

To season, heat the griddle to a low temperature 300 to 350°F (148 to 176°C) (use a surface temperature gauge) and pour on a small amount of cooking oil (about 1 ounce [28 grams] per square foot [.09 square meters] of surface). With a cloth, spread the oil over the entire griddle surface to create a thin film. Wipe off any excess oil with a cloth.

Repeat this procedure two to three times until the griddle has a slick, mirrorlike surface.

CONTROLS (Fig. 21)

RANGE TOP BURNER VALVE KNOB	When opened, allows gas to flow to the range section. To open valve, turn knob counterclockwise. To close valve, turn knob clockwise.
OVEN BURNER VALVE KNOB	When opened, allows gas to flow to the oven burner. To open valve, turn knob counterclockwise. To close valve, turn knob clockwise.
RED IGNITION BUTTON	Used to ignite the oven pilot. To operate, push button in and follow pilot lighting instructions.
THERMOSTAT CONTROL DIAL	Used to regulate the amount of heat needed to cook a product. The thermostat dial's temperature range is from 150°F to 500°F (65°C to 260°C). Turn dial counterclockwise to increase temperature and clockwise to decrease temperature.
ON-OFF SWITCH (CONVECTION OVENS ONLY)	To turn power on, push switch to the ON position. If switch light illuminates, power is being transmitted to the unit.
THERMOSTAT CYCLING LIGHT (CONVECTION OVENS ONLY)	When lit, indicates that the thermostat is calling for heat. When thermostat reaches the dial set temperature, the light will automatically shut off.

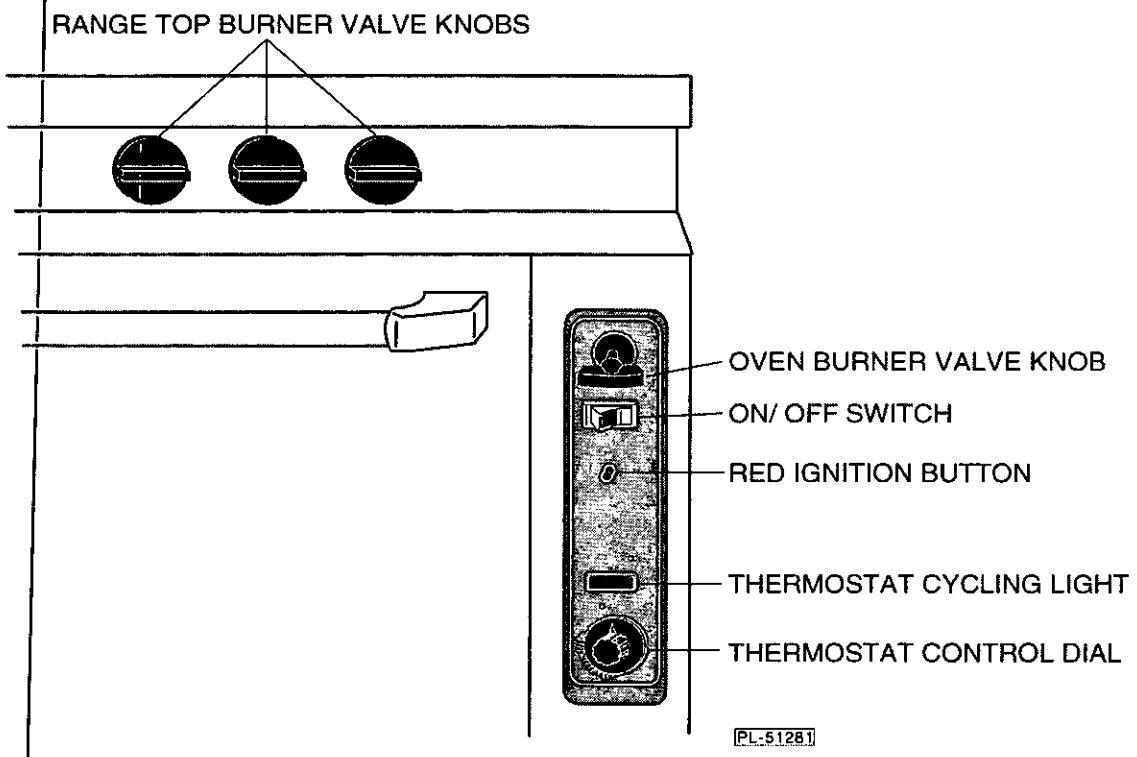


Fig. 21

INSERTING AND REMOVING STANDARD CONVECTION OVEN RACKS

Convection oven sections use different-style racks and rack guides.

On ovens provided with oven rack stops, it is necessary to place the rack, including the support hook, along the top of the side liner runners and slide the rack completely to the rear of the oven compartment until the rack drops into place (Fig. 22).

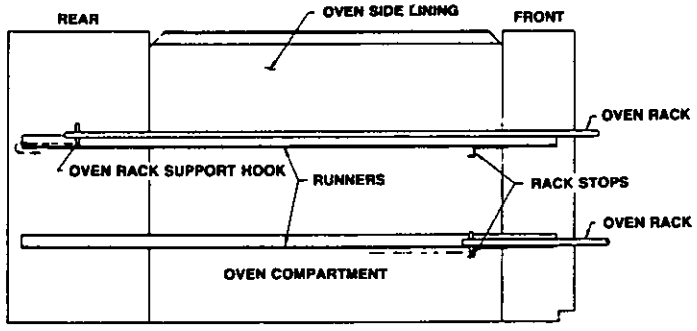


Fig. 22

To remove the racks, reverse this procedure by raising the rear of the oven rack support hooks above the runner and pulling the racks forward (Fig. 23).

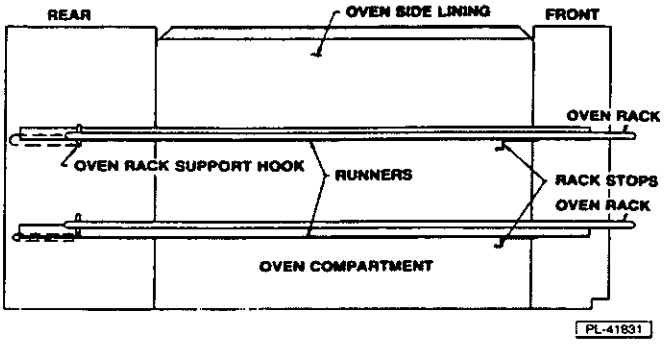


Fig. 23

USING THE RANGE

Open Burners

Since both burners are lit from constantly burning pilots, turn the control knobs to HI to put each burner into operation. Then adjust to a lower flame for better cooking results and to minimize gas usage.

The left-hand control knob is for the rear burner; the right-hand control knob is for the front burner.

Oven Burners

Turn red burner valve handle to the vertical position, then turn thermostat dial to desired temperature. On Convection Oven Models, also turn the power switch to ON.

LOADING AND UNLOADING THE OVEN

Open the door and load as quickly as practical to conserve heat. Take care to avoid spilling liquids whi loading. Close the door and refer to recipe for cooking time.

Provide adequate space for product unloading. Rapid unloading will conserve heat and ensure proper preheating conditions for the next load, if applicable.

OPERATING SUGGESTIONS

Center-Fired Hot Top Range

Turn all burners fully on to heat top quickly. When operating temperature is reached, turn some of the rings down or off and you will save as much as 80% of the gas. Keeping all rings turned fully on not only wastes gas but also increases wear on the equipment. During an idling period, the pilot burners in the center will keep the top warm.

Because heat is well distributed over the entire top, you can cover it with utensils and use fewer centering burners. Since heat is concentrated in the center, use this area to bring food to a boil, then move pots away from the center to maintain a rolling boil or simmer.

Open-Top Ranges

Open-top ranges are quickly lighted and require no preheating time. Light only as many burners as needed.

Griddle Top and Even-Heat Top Ranges

Heat top thoroughly before using. The top can be kept hot with burners turned partially down. Durir off periods, turn the burners down or heat only half the top.

Range Ovens

Allow time to preheat ovens before using (25 min. to 400°F [204°C]). If properly used, the automatic temperature control will cut gas and food costs. Do not turn on maximum heat all the time. Turn thermostat down to 250°F (121°C) when oven is idling, or turn oven off when not in use.

This oven gives you double capacity because you can do pan work on both shelves. If you are cooking high roasts, the entire height of the oven can be utilized by removing a shelf or racks and placing roast pan directly on the insulated oven bottom.

Moderate oven temperatures will produce better food, reduce shrinkage and keep maintenance costs down. Using a low temperature for roasting (about 325°F [162°C] or even lower) will reduce meat costs by reducing shrinkage.

A pan of water (approximately 12" x 20" x 1" [305 mm x 508 mm x 25.4 mm]) may be placed in the oven bottom. This water supplies humidity to reduce shrinkage. If necessary, add water during roasting.

Standard Oven Cooking

If you have a standard oven, use your normal recipe times and temperatures.

Convection Oven Cooking

If you have a convection oven, reduce your normal recipe temperature by 25°F (-3°C). Cooking time in a convection oven will vary slightly from your normal recipe time.

Cooking starts immediately in the convection oven. Yeast breads do not usually rise as much in the convection oven. It is, therefore, usually necessary to allow fuller proof, two-and-a-half to three times increase in volume for the best results.

When baking pies in your convection oven, put three or four pies on an 18" x 26" (457 mm x 660 mm) sheet or bun pan. This procedure helps the bottom crust to bake, makes handling easier and reduces the possibility of boilover, which would spoil the appearance of the pies on the lower racks.

Pies and cobblers, fruit, custard and pumpkin pies in tins should be placed on 18" x 26" x 1" (457 mm x 660 mm x 25.4 mm) pans for baking.

CLEANING

WARNING: (CONVECTION OVEN MODELS ONLY) DISCONNECT ELECTRICAL POWER SUPPLY BEFORE CLEANING.

Suggestions for Care and Cleaning

Vulcan equipment is strongly constructed and is designed to give you long, satisfactory service at low cost, provided you give it proper care. Frequent cleaning and occasional adjusting should reward you with low operating and maintenance costs and faster, better service.

After cleaning cast-iron tops, any even-heat tops and griddle plates, reseason following the seasoning procedures described in BEFORE FIRST USE. If your range(s) will be shut down for an extended period, put a heavy coat of grease on the surface(s).

Open-Top Burners

Daily

Remove grates and clean under and around open burners.

Weekly

1. Clean each burner thoroughly. Clean stainless steel or chromed surfaces with a damp cloth and polish with a soft dry cloth. A detergent may be used for cleaning. To remove discolorations, use a nonabrasive cleaner, always rubbing with the grain of the metal.

2. Clean bottom drip pan. To remove drip pan, reach under and lift rear of pan about 1" (25.4 mm), slide pan to the rear about 1/2" (12.7 mm) and drop front end of pan free. Slide pan forward between the front legs. To replace pan, reverse this procedure.
3. Burner air shutter openings must be kept clean.
4. Main burner ports must be kept clean. To clean burners, boil them in a strong solution of lye water for 15-20 minutes, then brush with a wire brush. A coat hanger may be used to clean out particles in burner ports.
5. Open burner pilot flash tubes and burner ignition port must be clear for burners to ignite properly from the pilot.

Griddle Top

Empty grease daily. Clean griddle top regularly.

KEEP GRIDDLE PLATE SURFACE CLEAN. To produce evenly cooked, perfectly browned griddle products, keep griddle free of carbonized grease. Carbonized grease on the surface hinders the transfer of heat from the griddle surface to food. This results in spotty browning and loss of cooking efficiency; and worst of all, carbonized grease tends to cling to the griddled foods, giving them a highly unsatisfactory and unappetizing appearance. To keep the griddle clean and operating at peak efficiency, follow these simple instructions:

After Each Use

Clean griddle with a wire brush or flexible spatula.

Daily

1. Thoroughly clean backsplash, sides and front. Remove grease drawer, empty it and wash it out in the same manner as any ordinary cooking utensil.
2. Clean griddle surface thoroughly. Use a griddle stone, wire brush or stainless steel wool on the surface. Rub with the grain of the metal while the griddle is still warm. A detergent may be used on the plate surface to help clean it, but you must make sure the detergent is thoroughly removed. After removal of the detergent, the surface of the plate should then be reseasoned (see BEFORE FIRST USE).

   If the griddle is to be shut down for an extended period, put a heavy coat of grease over the griddle plate.
3. Clean stainless surfaces with a damp cloth and polish with a soft dry cloth. To remove discolorations, use a nonabrasive cleaner.

Exterior

Daily

Clean exterior finish of equipment with a mild solution of soap or similar grease-dissolving material.

Range Tops

Daily

1. Wipe top while still warm with a soft cloth or other grease-absorbing material to remove spillovers, grease, etc., before they burn in. A crust on top of the range looks unsightly and slows down speed of cooking because it reduces the flow of heat to the utensil. Scrape the top if necessary.
2. Clean drip pan under burners.

Weekly

Boil open-top grates and burners in a solution of washing soda and water.

Range Ovens

Daily

Clean oven and door daily, especially if fruit pies or tomato sauces were baked, meats were roasted or spillovers occurred.

CAUTION: Do not use scouring powder on finishes. Scouring powder is extremely difficult to remove completely. It can build up accumulations that will damage the oven or remove corrosion-resistant finishes.

Stainless Steel

Here are a few simple cleaning procedures that have been found effective for keeping stainless steel equipment clean, sparkling and bright.

General Cleaning

Use ordinary soap or detergent and water for routine cleaning of stainless steel. To prevent water spots and streaks, rinse equipment thoroughly with warm water and wipe dry with a soft clean cloth. The addition of a rinsing agent will also help prevent spotting.

Stubborn spots or stains that resist soap and water usually can be removed with a paste made of water and a mild scouring powder. When applying these powders, be sure to rub in the direction of the polish lines on the steel to preserve the original finish.

Fingerprints

Fingerprints are sometimes a problem on highly polished surfaces of stainless steel. They can be minimized by applying a cleaner that will leave a thin oily or waxy film.

To use these cleaners, simply wipe on and remove excess with a soft dry cloth. After using, subsequent fingerprints will usually disappear when wiped lightly with a soft cloth or with a cloth containing a little of the cleaner. If the surface is especially dirty to start, wash first with soap or detergent and water.

Burned-On Foods and Grease

Soaking with hot soapy water will help greatly to remove burned-on foods and grease. Stubbo deposits can be removed with scouring powder mixed into a paste and applied with stainless steel wo or sponges. Do not use ordinary steel wool because particles can become embedded and eventually rust, causing unsightly spots and stains.

Heat Tint

Straw-colored or slightly darkened areas may appear on stainless steel in and around ovens and ranges where temperatures reach 500°F (260°C) or more. This "heat tint" is caused by a slight oxidation of the stainless steel and is not harmful.

To control or minimize this condition, never use more heat than is absolutely necessary.

Heat tint can be removed by scouring vigorously with stainless steel wool and a paste made of scouring powder. Remember to rub in the direction of the polish lines.

Commercial heat tint remover products may also be used.

Precautions

When scraping off heavy deposits of grease or oil from stainless steel equipment, never use ordinary steel scrapers and knives. Particles of ordinary steel may become embedded in, or lodge on, the surface of the stainless steel. These will rust, causing unsightly stains and possible contamination of food. Where it is necessary to scrape, use stainless steel, wood, plastic or rubber tools.

MAINTENANCE

WARNING: (CONVECTION OVEN MODELS ONLY) DISCONNECT THE ELECTRICAL POWER TO THE MACHINE AND FOLLOW LOCKOUT/TAGOUT PROCEDURES.

LUBRICATION

Motors in Vulcan convection ovens are permanently lubricated and require no additional maintenance. If the gas valve is hard to turn or leaking, contact your local service agency.

FLUE

Annually check the flue when it is cool to be sure it is free of obstructions.

SERVICE AND PARTS INFORMATION

To obtain service and parts information concerning this range, contact the Vulcan Service Agency in your area (refer to listing supplied with the range), or Vulcan-Hart Company Service Department at the address or phone number shown on the front cover of this manual.

TROUBLESHOOTING

OVEN

PROBLEM	PROBABLE CAUSES
Too Much Bottom Heat Uneven Bake Side Burning	Insufficient heat input. Overactive flue. Too low temperature. Improper operation. Improper bypass setting. Fluctuating gas pressure.
Too Much Top Heat	Too high temperature. Faulty ventilation. Excessive heat input. Thermostat needs calibration.
Uneven Bake - Side to Side	Range not level side to side. Oven burner, bottom or baffles improperly installed.
Pulling to Edge of Pan Uneven Bake - Front to Rear	Warped pans. Oven not level. Overactive flue. Range not level front to back. Door not closing properly.
Dried-Out Products	Too low temperature. Too long baking time. Thermostat calibration.
Pilot Outage	Gas supply not sufficient. Pilot flame too low. Restriction in pilot orifice. Malfunctioning check valve. **CONVECTION OVEN MODELS ONLY:** Cavity leaking. Gasket problems. Snorkel tube blocked. Blower running backward.
Excessive Meat Shrinkage	Roasting temperature too high.

TOP BURNER OPERATION

PROBLEM	PROBABLE CAUSES
Improper Burner Combustion Excessive Valve Handle Temperatures Sticking Top Burner Valves	Improper use, allowing improper ventilation. Poor door fit. Oven door left open.
Poor Ignition	Insufficient gas input. Poor air-to-gas adjustment. Restriction in pilot orifice. Restriction in main burner ignition port. Restriction in control valve. Restriction in gas orifice.

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Jeff Surdovy
Address: 836 Colts Neck Rd
Farmingdale, NJ 07727
Phone #: 908-770-4984
Lis #: 9963
Federal Emp # or SSN 147 76 0921

Technical Data

Fixtures — Quantity

Water Closets (Toilet)
Urinals/Bidets
Bath Tub (w/or w/out shower head)
Lavatory (BR Sink)
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bib
Gas Piping ____ No. of outlets
Fuel Oil Piping
Water Heater
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Air Conditioner (Condensate Drain)
Septic Tank Closure
Sewer Service Connection
Water Service Connection
Active Solar System
Auxiliary Meter
Sump Pump
Pool Heater
Other: Replace water feed to Steam Table with New Ball Valve.

Estimated Cost of Plumbing Work 200 00

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

Signature:
Please Print Name: George Jeff Surdovy

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

Tank Removal
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
CO Detectors
Heat Detectors
Total

Stand Pipes
Kitchen Hood Exhaust System Commercial

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

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

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

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

Signature:

Print Name:

Chow Baby

Township of Brick
Counter Form
(PLEASE PRINT)

Old Mansa TC

Site Location: _____
Block: 670 Lot: 4
Owner's Name: _____
Owner's Mailing Address: _____
_____
Phone: (____)_____

Received 06/03/04

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

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

Technical Data

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2770 Hooper Avenue - Brick NJ 08723
Block: 670 Lot: 4
Owner's Name: Kennedy Hall Associates
Owner's Mailing Address: 641 Shunpike Rd Chatham, NJ 07928

Phone: (973) 966 2800

BUILDING

Contractor: _____
Address: _____

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____

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

Technical Data

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping _____ No. of outlets	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: Domenico Lubrano
Address: 1157 Satinwood Lane
Toms River NJ 08755
Phone #: 732-267-4712
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: _____

Tank Removal _____
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	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

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

Gas/ Oil Fired Appliances:
Gas Stove (2) Replacement
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: tenant fit up
Estimated Cost of Fire Work $20.

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

Signature: _____

Print Name: _____