C11-10

2770 Hooper Ave

BLOCK 620 LOT 4,5+8 QUALIFICATION CODE _____ ADDRESS (SITE) KENNEDY MALL/BRICK BLVD. PERMIT NO. 00-1254

VIA VENETO

CONSTRUCTION PERMIT APPLICATION

RECEIVED

APR 1 2000

DIV. OF CONSTRUCTION

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

I. IDENTIFICATION

1. Propsed Work Site at: VIA VENETO KENNEDY MALL/BRICK BLVD.
2. Name of Owner in Fee: SAME Tel. (732) 477-2618
   Address KENNEDY BLVD (street) BRICKTOWN (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BIG B CONTRACTING Tel. (609) 597-6262
   Address 1364 FORECASTER DR MANAHAWKIN NJ 08050
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3520570 FAX: (609) 597-2511
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work RICHARD BONNER
   Tel. (609) 597-6262 FAX (609) 597-6251
   CELL 908-501-8116

4/20/00

Left Message

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	2,[illegible]	
2. Electrical			
3. Plumbing			
4. Fire Protection		138	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1.00	
10. Subtotal			
11. Cert of Occupancy			
12. Other			
13. TOTAL	$	139	

COMMERCIAL

NO FEE REQUIRED

APPROVED BY KT DATE 4-17-00

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		CNS	4-11-00		4-20-00	FA			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					4-18-00	DB	5/15/00		OK
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2000								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

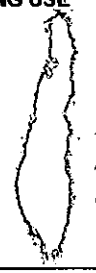
A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use: C
2. Use Group: M.J.
3. Change in Use Group, Indicate Former:



RECEIVED 04/17/00 DIV. OF CONSTRUCTION

LDS BR 10304414

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓ Check if contractor.

Agent Name RICHARD BONNER/BIG B CONTRACTING

Address 1364 FOREST DR.
MANAHAWKIN NJ

Telephone (609) 5926262

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

0004
1254#

BLOCK 0.00
670 #
LOT 0.00
4 #
FIRE 138.00
D.C.A. 1.00
TOTAL 139.00
CHECK 139.00
CHANGE 0.00
NO. 5 0017A005 09:59
04/24/00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/24/2000
Control 0
Permit # 00-1254

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE - VIA VENETO
FIRE SUPPRESSION SYSTEM
Owner in Fee VIA VENETO
Address KENNEDY BLVD
BRICK, NJ 08723-
Telephone (732)477-2618

Contractor VOIDED PERMIT
Address VOIDED PERMIT
VOID, NJ
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 98-7654322

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
VOID BUILDING- SEE FIRE
VIA VENETTA FIRE SUPPRESSION SYSTEM

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 $ 1,001

J. Curazzo/BS
Construction Official

04/24/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	138
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	139
Check No.	3307
Cash	
Collected By	LRT

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2000
Date Issued 4/24/00
Control # C11-70
Permit # 00-1254

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 - VIA VENETO
FIRE SUPPRESSION SYSTEM
Owner in Fee VIA VENETO
Address KENNEDY BLVD
BRICK, NJ 08723-
Tele.(609)597-6262 Fax ( )
Contractor BIG B CONTRACTING INC
Address 1364 FORRCASTER DR
MANAHAWKINNJ, NJ 08050-
Tele.(609)597-6262
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3520570

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 4-18-00
Approved By: BB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	138
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2000
Date Issued 4/24/00
Control # C11-70
Permit # 00-1254

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 - VIA VENETO
FIRE SUPPRESSION SYSTEM

Owner in Fee VIA VENETO

Address KENNEDY BLVD
BRICK, NJ 08723-

Tele.(609)597-6262 Fax ( )

Contractor BIG B CONTRACTING INC

Address 1364 FORECASTER DR
MANAHAWKINNJ, NJ 08050-

Tele.(609)597-6262

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3520570

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
Fire Plans Approved
Date: 4-15-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-15-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			5/11/00	DS
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO			5-11-00	
Final	5-5-00		5/11/00	
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

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

CONST. work underway next door by this RESTAURANT with C.O. CUR. 22a plumbing

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	138
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 5 & 6 SITE ADDRESS Kennedy Mall
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS

APPLICANT [illegible] PHONE NUMBER [illegible] 797-6212
APPLICANT ADDRESS 1364 [illegible] CITY & STATE [illegible]
PERMIT # C11-70 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required ____ Date ____
Down Payment ____ Date ____
Balance ____ Date ____
Paid In Full ____ Date ____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 % (checked)

Estimated Assessment $ Ø Date 4-17-00

Estimated Required Fee $ Ø

Required Deposit on Estimate $ ____ Date ____

Check # ____ Receipt # ____

Actual Assessment $ ____ Date ____

Actual Required Fee $ ____

Minus Deposit of Estimate $ ____

Balance Due $ ____ Date ____

Check # ____ Receipt # ____

Amount Paid In Full $ ____

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

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

NO FEE REQUIRED

APPROVED BY KT DATE 4-17-00

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-12-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS Kennedy Blvd

TYPE OF SITE _____ TYPE OF BUSINESS Vacant

(Residential/Commercial)

APPLICANT B & B Const. CITY & STATE Manahawkin, NJ

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

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

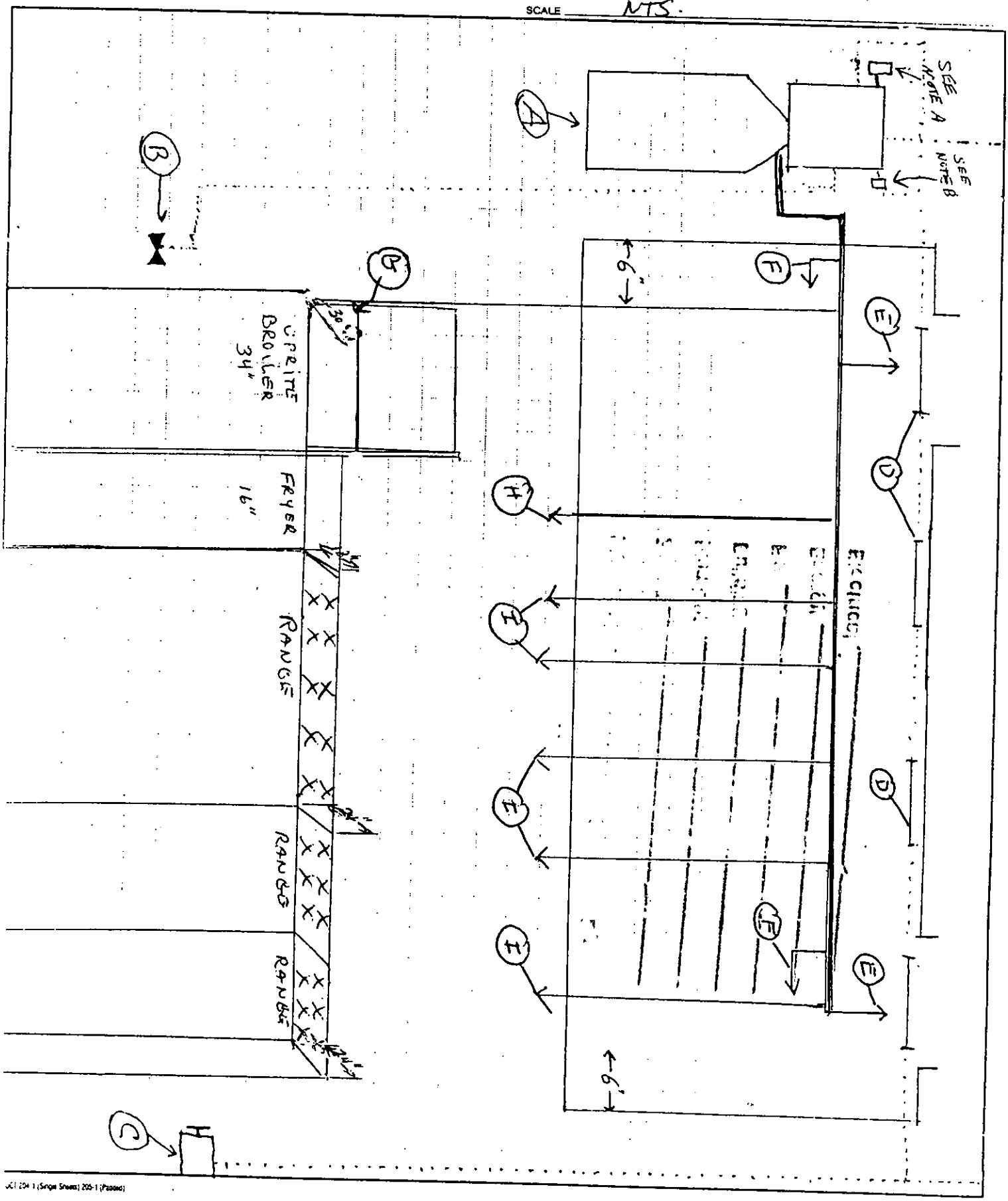
JOB Via Veneto's Brick

SHEET NO. 1 OF 2

CALCULATED BY tbr DATE 4/4/00

CHECKED BY tbr DATE 4/4/00

SCALE NTS.



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		4-18-06	BC
Energy			
Electrical			

OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

JOB Via Veneto's Brick
SHEET NO. 2 OF 2
CALCULATED BY TF DATE 4/4/00
CHECKED BY TF DATE 4/4/00
SCALE NTS

A. FIRE SUPPRESSION SYSTEM:
MAKE. PYRO-CHEM
MODEL. PCL-550
CAP. 5½ GAL WET CHEMICAL TYPE
MAX FLOW POINTS IN SYSTEM 20
TOTAL FLOW POINTS USED 19.
PIPED TO UL-300 AND MANUFACTURERS STANDARDS.

B. AUTOMATIC ~~GAS~~ SHUT OFF VALVE.

C. REMOTE PULL STATION - LOCATED BY EXIT WAY - MAX 15FT FROM HOOD, MIN 10 FT FROM HOOD 55" FROM FLOOR

D. HEAT DETECTORS. 4 - 450° FUSIABLE TYPE.

E. DUCT PROTECTION:
2 - NOZZELS MN - NLD2 MAX COVERAGE 75" PERIMETER EA.
2 FLOW PTS. EACH.

F. PLENUM PROTECTION:
2 - NOZZELS MN - NLA - MAX COVERAGE 8'X4' EACH 1 FLOW PT. EACH

G VERTICAL BOILER PROTECTION:
2 - NOZZEL MN - NLVB - MAX COVERAGE 30"X3" EACH ½ FLOW PT EACH.

H FRYER PROTECTION:
1 - MN - NLF2 NOZZEL MAX COVERAGE 12"X18" 2 FLOW PTS.

I RANGE PROTECTION:
5 MN NLRH2 NOZZELS. MAX COVERAGE 28"X28" EACH 2 FLOW PT. EA.

PIPING
——— ½" BLACK
——— ¾" BLACK
. . . . ½" EMT.

NOTES:
A. MICRO SWITCH INSTALLED IN CONTROL HEAD FOR MAKE-UP AIR SHUTDOWN
B. BELL AND STROBE LIGHT TO ACTIVATE WHEN SYSTEM IS DISCHARGED

TOWNSHIP

	Class	Date	By
Fire	4-18-00		
Energy			
Electrical			

OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

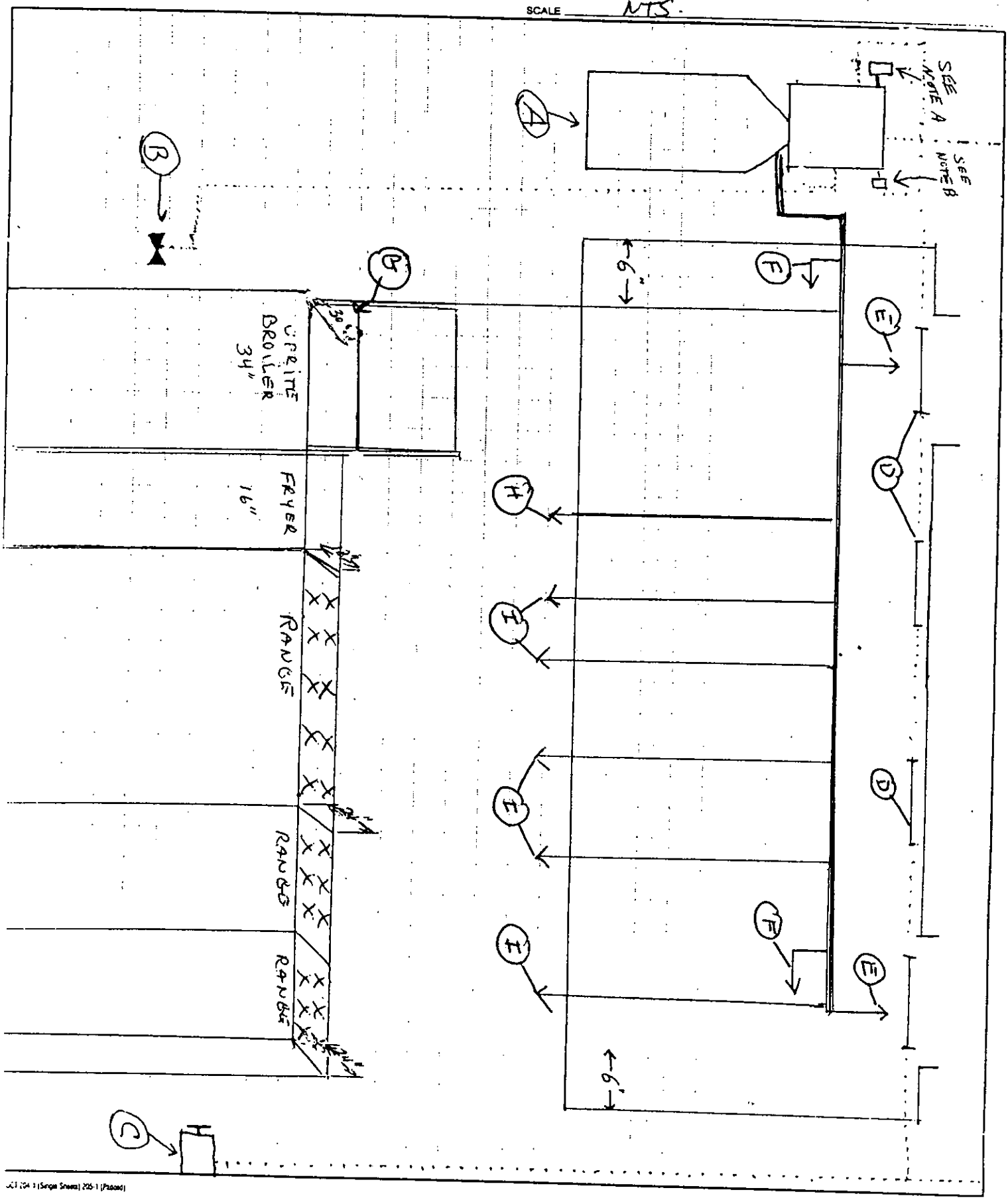
JOB Via Veneto's Brick

SHEET NO. 1 OF 2

CALCULATED BY tjr DATE 4/4/00

CHECKED BY tjr DATE 4/4/00

SCALE NTS.



OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

JOB Via Veneto's Brick
SHEET NO. 2 OF 2
CALCULATED BY TF DATE 4/4/00
CHECKED BY TF DATE 4/4/00
SCALE NTS

A. FIRE SUPPRESSION SYSTEM:
MAKE: PYRO-CHEM
MODEL: PCL-550
CAP. 5½ GAL WET CHEMICAL TYPE
MAX FLOW POINTS IN SYSTEM 20
TOTAL FLOW POINTS USED 19.
PIPED TO UL-300 AND MANUFACTURERS STANDARDS.

B. AUTOMATIC GAS SHUT OFF VALVE.

C. REMOTE PULL STATION - LOCATED BY EXIT WAY - MAX 15FT FROM HOOD, MIN 10FT FROM HOOD 55" FROM FLOOR

D. HEAT DETECTORS. 4 - 450° FUSIABLE TYPE.

E. DUCT PROTECTION:
2 - NOZZELS MN - NLD2 MAX COVERAGE 75' PERIMETER EA.
2 FLOW PTS. EACH.

F. PLENUM PROTECTION:
2 - NOZZELS MN - NLA - MAX. COVERAGE 8'X4' EACH 1 FLOW PT. EACH

G. VERTE BOILER PROTECTION:
2 - NOZZEL MN - NLVB - MAX COVERAGE 30"X3" EACH ½ FLOW PT EACH.

H. FRYER PROTECTION:
1 - MN - NLF2 NOZZEL MAX COVERAGE 12"X18" 2 FLOW PTS.

I. RANGE PROTECTION:
5 MN NLRH2 NOZZELS. MAX COVERAGE 28"X2-8" EACH 2 FLOW PT. EA.

PIPING
——— ½" BLACK
——— ¾" BLACK
. . . . . ½" EMT.

NOTES:
A. MICRO SWITCH INSTALLED IN CONTROLHEAD FOR MAKE-UP AIR SHUTDOWN
B. BELL AND STROBE LIGHT TO ACTIVATE WHEN SYSTEM IS DISCHARGED

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		4-18-00	BP
Energy			
Electrical			

CERTIFICATE of INSPECTION

№ 005124

THIS IS TO CERTIFY THAT THE FIRE EXTINGUISHING SYSTEM PROTECTING:

NAME, ADDRESS ~~Via Veneto~~ Bowl Blvd Clarksville Pittstown

WAS INSPECTED IN 5/00 DATE AND LEFT IN OPERATING CONDITION.

THIS CERTIFICATE EXPIRES IN 11/00 DATE

Oxygen Supply Co., Inc.
1368 Route 9
Lakewood, N.J. 08701
(732) 370-2330

by: Thomas McElroy, Pres.

WHITE - CUSTOMER'S COPY — CANARY - INSURANCE COPY — PINK - FIRE INSPECTION COPY

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: V/O VENETO KENNEDY MALL/BRICK BLVD.
Block: 670 Lot: 9, 5 & 8
Owner's Name: O NINO/VIA VENETO
Owner's Mailing Address: O KENNEDY MALL/BRICK BLVD.
BRICKTOWN NJ. 08723
Phone: (732) 4772618

BUILDING

Contractor: BIG B CONTRACTING
Address: 1364 FORECASTLE DR.
MANAHAWKIN NJ 08050
Phone#: 609 597-6262
Lis #
Federal Emp # or SSN 22-3520870

Technical Data

Description of Work:
INSTALL HOOD EXTRUSION AND FIRE SUPPRESSION SYSTEM

Type of Work

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

Building Characteristics

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

Cost of Alteration: $000.00

Cost of New Building:

Total Cost of Building Work: $000-00

Signature:

Please Print Name RICHARD BOUNDY

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

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

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor: B & B CONTRACTING INC.
Address: 1360 FORECASTER DR.
MOUNT LAUREL NJ 08054
Phone #: 609 597 6062
Lis #:
Federal Emp # or SSN 22-3520570

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

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

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

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

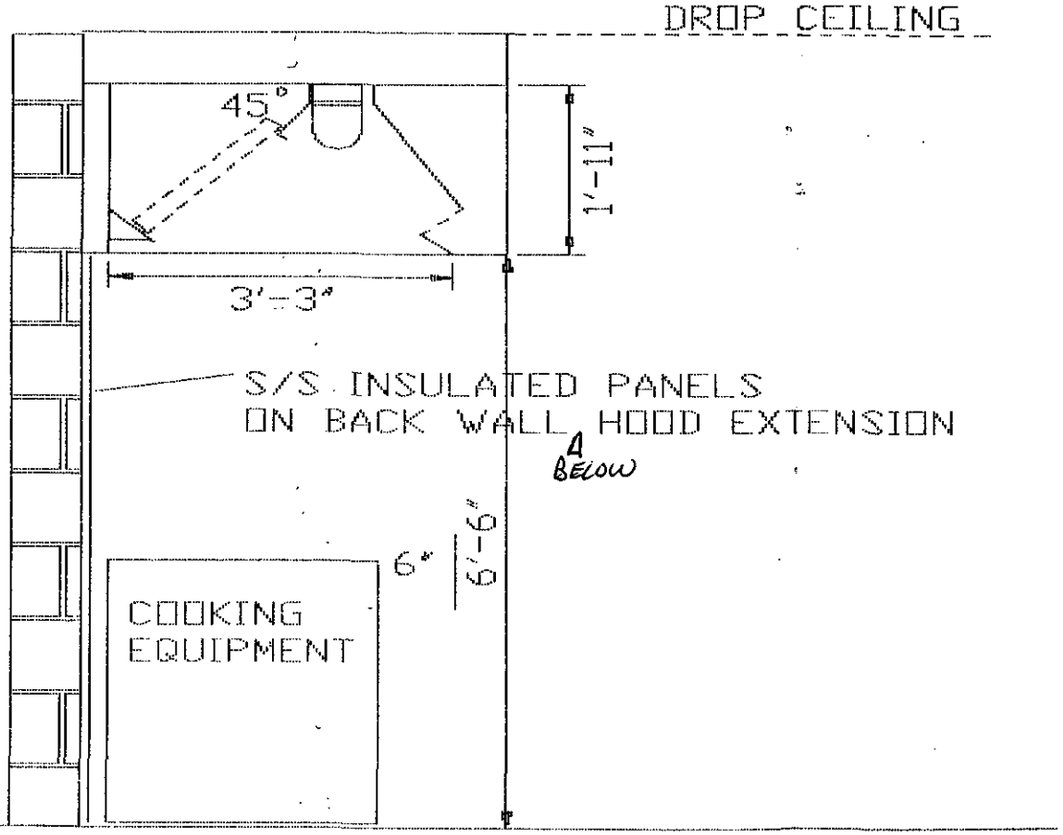
Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work $1000.00

Signature:

Print Name: RICHARD BONNER

* ADD 3' X 50" X 23" HOOD EXTENSION TO RIGHT SIDE OF EXISTING HOOD
* HOOD WILL HAVE UL LISTED BAFFLE FILTERS
* HOOD MADE OF 18GA. S.S., CONTINUOUS WELDED CONSTRUCTION, AS PER CODE
* EXHAUST DUCTWORK, FANS AND MAKE UP ARE EXISTING AND WILL REMAIN



ELEVATION

For:
VIA VENETO RISTORANTE
KENNEDY MALL/BRICK BLVD.
BRICKTOWN, NJ 08723

Big B Contracting
1364 FORECASTLE DRIVE
MANAHAWKIN, NJ 08050

4-8-00 1/2"=1' RWB
Job number: 00NJ117

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		4-18-00	DC
Energy			
Electrical			

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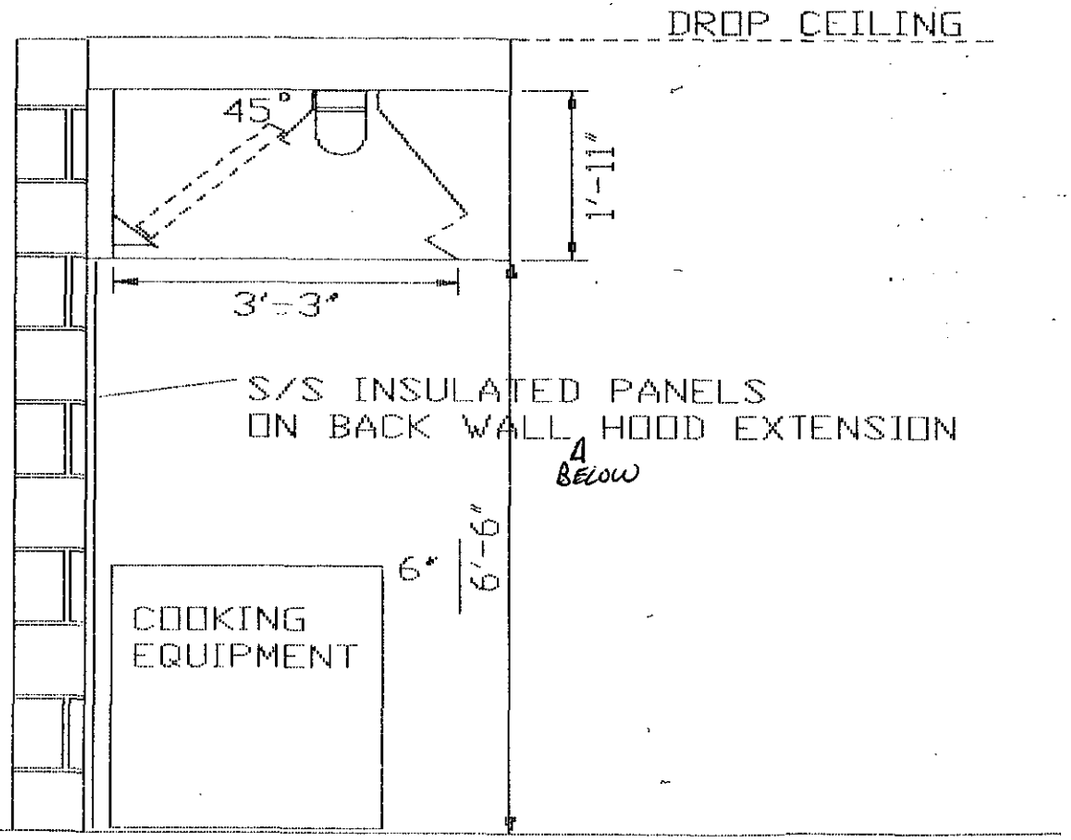

ELEVATION

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BRICKTOWN, NJ 08723

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4-8-00 1/2"=1' RWB
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BRICK TOWNSHIP

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