C9-46

BLOCK 670 LOT 4 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 00-1873

RECEIVED MAY 0 5 2000 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

VIA VENETO KENNEDY MALL

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

I. IDENTIFICATION

1. Propsed Work Site at: 629 BRICK BLVD.
2. Name of Owner in Fee: NINO STRIPPOLI Tel. (732) 477-2618
   Address 629 BRICK BLVD (street) BRICK N.J. (municipality) (zip code)
   KENNEDY MALL ASSC
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: CHARLON USA Tel. (732) 2706200
   Address 703 MCCORMICK DR. TOMS RIVER N.J. 08753
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 22-3254958 FAX: (732) 2705950
5. Architect or Engineer DAVID B. HARTDORN Tel. (732) 899-1608
   Address 332 DEERFOOT LA. BRICK
6. Responsible Person in Charge of Work N. DELGADO
   Tel. (732) 292 0588 FAX (292) 0588

Interior Alter

Called 05/24/00 contractor off (Dave 614-7580)

V. FEE SUMMARY (for office use only)

			1A Update	1B Update
1.	Building	$ 76.00		
2.	Electrical	54		
3.	Plumbing	56	60	
4.	Fire Protection	57		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal			
9.	DCA Training Fee	33		2
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	15		
13.	TOTAL	912	60	2

COMMERCIAL

PRELIMINARY APPROVAL

$20 - 1 - 21

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 ______

FINAL APPROVAL

COMMERCIAL

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	30000				5-15-00	FM			
5. ☐ Fire Protection									
6. ☐ Plumbing					5-24-00		7/12/00 OK		
7. ☒ Electrical	6200				5-19-00		8/16/00 OK		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		MT	5/11/00		5/11/00				
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use: RESTAURANT
2. Use Group: A-3 EXISTING USE
3. Change in Use Group, Indicate Former:

IMPORTANT MANDATORY FEE B.T.

LDS BR 10401397

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name CHARLES DITTIG (CHARCON USA)

Address 703 NC CORNICE DR. TOMS RIVER N.J. 08753

Telephone (732) 270 6200

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. 873	6/23/00	7/12 Aff Housing BTMUA/cc	7/12/00	
☐ 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.				

262-1024

Building Dept

8:00 – 4:30

Frank Miller
262-1008
} Bldg.

Dan Neumann
262-1094
262-1032 Brenda
} Plumbing

Manual
262-4728
} Elect.

Kevin or Ron
262-1035
} Fire

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/23/2000
Control #
Permit # 00-1873

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee/Occupant STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Telephone (732)736-1444
Contractor CHARLON, USA
Address 703 MCORMICK DR
TOMS RIVER, NJ 08753-
Telephone (732)270-6200 Fax (732)270-5950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3254958

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[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
U.C.C. F260 (rev. 3/96)

Fee $ 10
Paid [X] Check No. 2978
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/23/2000
Control #
Permit # 00-1873

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee/Occupant STRIPPOLI, NINO
Address SAME
BRICK, NJ
Telephone (732)736-1444
Contractor CHARLON, USA
Address 703 MCCORMICK DR
TOMS RIVER, NJ 08753-
Telephone (732)270-6200 Fax (732)270-5950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3254958

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

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

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

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

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

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

Fee $ 10
Paid [X] Check No. 2978
Collected by: CS

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/23/2000
Control #
Permit # 00-1873

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee/Occupant STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Telephone (732)736-1444
Contractor CHARLON, USA
Address 703 MCORMICK DR
TOMS RIVER, NJ 08753-
Telephone (732)270-6200 Fax (732)270-5950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3254958

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

VIA VENETO IN KENNEDY MALL - ALTERATION AND EXPAN DONUTS.

[ ] 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than July 12, 2000 or the owner will be subject to fine or order to vacate:
FIRE, OK AFF. HOUSING, OK BTMUA/CC OK Plmg OK

[ ] 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 _____, ___.

L Quiangya
CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2978
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/23/2000
Control #
Permit # 00-1873

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee/Occupant STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Telephone (732)736-1444
Contractor CHARLON, USA
Address 703 MCORMICK DR
TOMS RIVER, NJ 08753-
Telephone (732)270-6200 Fax (732)270-5950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3254958

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

VIA VENETO IN KENNEDY MALL - ALTERATION AND EXPAN DONUTS.

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

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

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than July 12, 2000 or the owner will be subject to fine or order to vacate:
FIRE, AFF. HOUSING, BTMUA/CC
OK OK OK Plmg OK

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

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

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

Fee $ 0
Paid [X] Check No. 2978
Collected by: CS

CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/24/2000
Control #
Permit # 00-1873

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee STRIPPOLI, MIMO
Address SAME
BRICK, NJ
Telephone (732)736-1444

Contractor CHARLOW, USA
Address 703 MCORMICK DR
TOMS RIVER, NJ 08753-
Telephone (732)270-6100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3254956

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
VIA VENETO IN KENNEDY HALL - ALTERATION AND EXPANSION INTO OLD DUNKIN DONUTS.

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 $ 41,700

J Carnevale/as
Construction Official

05/24/2000
Date

PAYMENTS (Office Use Only)

Building	760
Electrical	54
Plumbing	50
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	33
Cert. of Occupancy	0
Other 2PP	15
Total	907
Check No.	2078
Cash	
Collected By	CG

N.C.C. F179 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/23/2000
Control #
Permit # 00-1873+B
Permit Issued 05/24/2000

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 629 BRICK BLVD-VIA VENETO
FIRE SPRINKLER HEADS
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Telephone (732)736-1444

Contractor MONMOUTH CONTROLS
Address 11 PINENEEDLE ST.
HOWELL, NJ 07731-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET SPRINKLER HEADS FOR VIA VENETO

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	2
Check No.	2977
Cash	
Collected By	TL

Estimated Cost of Work $ 2,000

Construction Official 06/23/2000 Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/23/2000
Control #
Permit # 00-1873+A
Permit Issued 05/24/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 629 BRICK BLVD-VIA VENETO
HWH & GAS PIPING
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Telephone (732)736-1444

Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 LAMBERT JOHNSON DR
OCEAN, NJ
Telephone (732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HWH AND GAS PIPING
MOVED EXISTING GAS LINE 3' (FLIP/FLOP)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	60
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	60
Check No.	2977
Cash	
Collected By	TL

Estimated Cost of Work $ 500

Construction Official

06/23/2000
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

1873*# 0.00
BLOCK 670 # 0.00
LOT 4 # 20.00 PLUMBING
1.00 D.C.A.
60.00 PLUMBING
2.00 D.C.A.
83.00 TOTAL
83.00 CHECK
0.00 CHANGE
NO. 5 0030A005
15/-2?00 -2?-?

Update Issued 06/23/2000
Control #
Permit # 00-1873+C
Permit Issued 05/24/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 629 BRICK BLVD-VIA VENETO
BATHROOM FIXTURES
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Telephone (732)736-1444

Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 LAMBERT JOHNSON DR
OCEAN, NJ
Telephone (732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WATER CLOSET AND LAV

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	20
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	21
Check No.	2977
Cash	
Collected By	TL

Estimated Cost of Work $ 1,500

Construction Official

06/23/2000
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER

Owner in Fee STRIPPOLI, MIKO

Address SAME
BRICK, NJ -

Tele.(732)736-1444

Contractor CHARLOR, USA

Address 703 MCCORMICK DR
TOMS RIVER, NJ 08753-

Tele.(732)270-6200 Fax (732)270-5950

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3254958

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

VIA VENETO IN KENNEDY MALL - ALTERATION AND EXPANSION INTO OLD DUNKIN DONUTS.

Note: Occupancy load Posted at 99. Must Be Adhered TO + will Be checked, Rear exit Never To Be Blocked FM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-15-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 760
	DCA Training Fee	$ 24

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)736-1444
Contractor CHARLON, USA
Address 703 MCCORMICK DR
TOMS RIVER, NJ 08753-
Tele.(732)270-6200 Fax (732)270-5950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3254958

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-15-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

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

VIA VENETO IN KENNEDY MALL - ALTERATION AND EXPANSION INTO OLD DUNKIN DONUTS.

Note: Occupancy load Posted at 99. Must be Adhered TO + will be checked. Rear exit Never To Be Blocked FM

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

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 760
DCA Training Fee	$ 24

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER

Owner in Fee STRIPPOLI, NINO

Address SAME
BRICK, NJ -

Tele.(732)736-1444

Contractor CHARLON, USA

Address 703 MCCORMICK DR
TOMS RIVER, NJ 08753-

Tele.(732)270-6200 Fax (732)270-5950

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3254958

COMMERCIAL

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

VIA VENETO IN KENNEDY MALL - ALTERATION AND EXPANSION INTO OLD DUNKIN DONUTS.

Note: Occupancy load Posted at 99. Must Be Adhered TO + will Be checked. Rear exit- Never To Be Blocked

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Req.
- [X] All 5-15-00 FM
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-23-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5-30-00	
BarrierFree	Headers		6/7/00	
Insulation				
Finishes	* check clearance on water heater chimney			
Energy				
Mechanical				
TCO				
Other				
Final			6-23-00	
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

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

FM

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed A-3	
Constr. Class	Present	Proposed	
No. of Stories		0	
Height of Structure		0	Ft.
Area Largest Floor		0	Sq. Ft.
New Bldg. Area/All Floors		0	Sq. Ft.
Volume of New Structure		0	Cu. Ft.
Total Land Area Disturbed		0	Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 760
DCA Training Fee	$ 24

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)471-0669 Fax ( )
Contractor JAMES STEWART
Address P O BOX 631
KEANSBURG, NJ 07734-
Tele.(732)471-0669
Lic. No. or Bldrs. Reg. No. 7681
Federal Emp. No. 14-6605592

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,700

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5/9/00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/16/00
Approved By:

INSPECTIONS Type	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			5/30/00	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			6/16/00	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
33		Lighting Fixtures	
20		Receptacles	
14		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
4		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
71		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	7	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	54
DCA Training Fee	$	5

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/19/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)471-0669 Fax ( )
Contractor JAMES STEWART
Address P O BOX 631
KEANSBURG, NJ 07734-
Tele.(732)471-0669
Lic. No. or Bldrs. Reg. No. 7681
Federal Emp. No. 14-6605592

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/19/00
Approved By:

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

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
33		Lighting Fixtures	
20		Receptacles	
14		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
4		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
71		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	7	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. *CERTIFICATION IN LIEU OF OATH*

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

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 54
	DCA Training Fee	$ 5

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # CO-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)471-0669 Fax ( )
Contractor JAMES STEWART
Address P O BOX 631
KEANSBURG, NJ 07734-
Tele.(732)471-0669
Lic. No. or Bldrs. Reg. No. 7681
Federal Emp. No. 14-6605592

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/11/00
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
33		Lighting Fixtures	
20		Receptacles	
14		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
4		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
71		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	7	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 54
DCA Training Fee $ 5

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued ~~01/01/1954~~
Control # 6/23/00
Permit # 00-1873+B

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

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
FIRE SPRINKLER HEADS
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.( ) Fax ( )
Contractor MONMOUTH CONTROLS
Address 11 PINENEEDLE ST.
HOWELL, NJ 07731-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

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: 6-23-00
Approved By: DB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test	8800		8-21 WCR	
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other	X Fire Time Out		7-25 WCR	

Job NOT Complete

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	3	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

water must be supplied.

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	0
DCA Training Fee	$	2

Paid [ ] Check # Collected by:

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

7-25-00 @ 1245
New Dedication 1½" SPK Line Installed

8-8-00 NO Entry @ 11'5

8-21-00 add NO EXIT
NO entrance on usk other door

Remove screen

CONNECTICUT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued ~~01/01/1954~~
Control # 623/00
Permit # 00-1873+B

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

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
FIRE SPRINKLER HEADS
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.( ) Fax ( )
Contractor MONMOUTH CONTROLS
Address 11 PINENEEDLE ST.
HOWELL, NJ 07731-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

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: 6-23-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

	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)	1	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

water main be 3-10 fee

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
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 06/21/2000
Date Issued ~~01/01/1954~~
Control # 623-00
Permit # 00-1873+B

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

Block 670 Lot 4 Qual
Work Site Location 629 BRICK BLVD-VIA VENETO
FIRE SPRINKLER HEADS
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(__) Fax (__)
Contractor MONMOUTH CONTROLS
Address 11 PINENEEDLE ST.
HOWELL, NJ 07731-
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

	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)	3	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	0
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
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER

Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)922-9204 Fax ( )
Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 UNKNOWN
OCEAN, NJ
Tele.(732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 5-24-00
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)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
2	Floor Drain	20
1	Sink	10
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA Training Fee	$ 4

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER

Owner in Fee STRIPPOLI, NINO

Address SAME
BRICK, NJ

Tele.(732)922-9204 Fax ( )

Contractor WALTER TAYLOR/ TAYLOR PLUMBING

Address 18 UNKNOWN
OCEAN, NJ

Tele.(732)922-9204

Lic. No. or Bldrs. Reg. No. 4309

Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 5-24-00
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)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
2	Floor Drain	20
1	Sink	10
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA Training Fee	$ 4

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued ~~01/01/1954~~ 6/23/00
Control #
Permit # 00-1873+A

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 629 BRICK BLVD-VIA VENETO
HWH & GAS PIPING
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)922-9204 Fax ( )
Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 LAMBERT JOHNSON DR
OCEAN, NJ
Tele.(732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[√] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-20-00
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
1	Water Heater Move existing	35
0	Fuel Oil Piping	0
1	Gas Piping NO Additional footage	25
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	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 60
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued ~~01/01/1954~~ 6/23/00
Control #
Permit # 00-1873+A

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 629 BRICK BLVD-VIA VENETO
HWH & GAS PIPING

Owner in Fee STRIPPOLI, NINO

Address SAME
BRICK, NJ

Tele.(732)922-9204 Fax ( )

Contractor WALTER TAYLOR/ TAYLOR PLUMBING

Address 18 LAMBERT JOHNSON DR
OCEAN, NJ

Tele.(732)922-9204

Lic. No. or Bldrs. Reg. No. 4309

Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[/] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-20-00
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
1	Water Heater MOVE EXISTING	35
0	Fuel Oil Piping	0
1	Gas Piping NO ADDITIONAL	25
0	Steam Boiler	0
0	Hot Water Boiler FURNACE	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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 60
	DCA Training Fee	$ 0

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/23/2000
Date Issued ~~01/01/1994~~ 6/23/00
Control # 6/23/00
Permit # 00-1873+C

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 629 BRICK BLVD-VIA VENETO
BATHROOM FIXTURES
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)922-9204 Fax ( )
Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 LAMBERT JOHNSON DR
OCEAN, NJ
Tele.(732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
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	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 20
DCA Training Fee $ 1

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

038

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/23/2000
Date Issued ~~01/01/1994~~
Control # 4/23/00
Permit # 00-18734C

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 629 BRICK BLVD-VIA VENETO
BATHROOM FIXTURES
Owner in Fee STRIPPOLI, MIKE
Address SAME
BRICK, NJ -
Tele.(732)922-9204 Fax ( )
Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 16 LAMBERT JOHNSON DR
OCEAN, NJ
Tele.(732)922-9204
Lic. No. or Bldrs. Reg. No. 4389
Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

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

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

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

C. *CERTIFICATION IN LIEU OF OATH*

I hereby certify that I am the (agent of) owner of record and 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)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 20
	DCA Training Fee	$ 1

U.C.C. P139 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2000
Date Issued 5/24/00
Control # C9-46
Permit # 00-1873

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 629 BRICK BLVD-VIA VENETO
INTERIOR ALTER

Owner in Fee STRIPPOLI, NINO

Address SAME
BRICK, NJ -

Tele.(732)922-9204 Fax ( )

Contractor WALTER TAYLOR/ TAYLOR PLUMBING

Address 18 ~~UNKNOWN~~ LAMBERT JOHNSON DRIVE
OCEAN, NJ

Tele.(732)922-9204

Lic. No. or Bldrs. Reg. No. 4309

Federal Emp. No. 15-3622361

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[x] Plumb. Plans Approved
Date: 5-24-00
Approved By: DN

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 7-13-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5-31-00	DN
Rough	5-31-00			
Water				
Sewer				
Fixtures	6-27-00		7-13-00	
Gas Equip.				
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
2	Floor Drain	20
1	Sink	10
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA Training Fee	$ 4

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

U.C.C. P130 (rev. 3/96)

5-31-00 OK to cover walls

① Must upgrade water to 1"

② CAP off open lines

③ update permit for HWH

6-22-00 Backflow needed for soda & ice machine. update for A.C & Plaw

COMMERCIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued ~~01/01/1954~~ 6/23/00
Control #
Permit # 00-1873+A

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 629 BRICK BLVD-VIA VENETO
HWH & GAS PIPING
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)922-9204 Fax ( )
Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 LAMBERT JOHNSON DR
OCEAN, NJ
Tele.(732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-20-00
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
1	Water Heater (move existing)	35
0	Fuel Oil Piping	0
1	Gas Piping (NO additional footage)	25
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	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 60
DCA Training Fee $ 0

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/23/2000
Date Issued ~~01/01/1954~~
Control # 6/23/00
Permit # 00-1873+C

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 629 BRICK BLVD-VIA VENETO
BATHROOM FIXTURES
Owner in Fee STRIPPOLI, NINO
Address SAME
BRICK, NJ -
Tele.(732)922-9204 Fax ( )
Contractor WALTER TAYLOR/ TAYLOR PLUMBING
Address 18 LAMBERT JOHNSON DR
OCEAN, NJ
Tele.(732)922-9204
Lic. No. or Bldrs. Reg. No. 4309
Federal Emp. No. 15-3622361

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
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	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 20
	DCA Training Fee	$ 1

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: May 9, 2000 **No.2000-0744**

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

Property Address: 629 Brick Boulevard, Kennedy Mall

Owner : Kennedy Mall Associaties

Applicant:: Nino Strippoli **Phone**: 477-2618

Existing Use: restaurant (former Dunkin Donuts)

Proposed Use: same (Via Veneto expansion)

Proposed Construction: Interior alterations

Conditions: Interior work only

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
MAY 9 2000
ZONING

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

BLOCK 670 LOT 4

PROPERTY ADDRESS (number and street): 629 BRICK BLVD.

NAME OF PROPERTY OWNER KENNEDY MALL ASSOC.

PERSONAL NAME OF APPLICANT NINO STRIPPOLI

BUSINESS NAME OF APPLICANT VIA VENETO RESTAURANT.

MAILING ADDRESS OF APPLICANT 629 BRICK BLVD, BRICK N.J.

TELEPHONE NUMBER OF APPLICANT (732) 477-2618

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

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

PROPOSED CONSTRUCTION (please describe, specifically additions)

NONE - EXPANSION OF RESTAURANT IN EXISTING MALL FOR SEATING PURPOSE NO KITCHEN WORK

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

Deck or Garage: ____ Attached ____ Detached ____ Height

Fence: ____ Style ____ Material ____ Height

COMMERCIAL

CHECKLIST:

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

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

Signature of applicant [signature] Date 05, 03, 00

Reviewed by Zoning Officer [signature] Date 5-9 (X) Approved ( ) Rejected

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 629 Brick Blvd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Interior Alter.
APPLICANT Marcus USA PHONE NUMBER 732-0958
APPLICANT ADDRESS 703 Mermaid Dr. CITY & STATE Toms River NJ
PERMIT # C'9-46 NAME OF BUSINESS V. a Veneto

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 140000.00 Date 5-12-00
Estimated Required Fee $ 140 00
Required Deposit on Estimate $ 700 Date 5-12-00
Check # 1086 Receipt # 6654
Actual Assessment $ _____ Date _____
Actual Required Fee $ _____
Minus Deposit of Estimate $ _____
Balance Due $ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full $ _____

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

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

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5-12-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 629 Brick Blvd
Interior Alter.

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Via Veneto

APPLICANT Charan USA CITY & STATE Toms River 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:

14,000+

$ 14,000

Frederick R. Millman, CTA, Tax Assessor

5/12/00
Date

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

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

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

May 12, 2000

Nino Strippoli
629 Brick Blvd.
Brick, NJ 08723

RE: Mandatory Development Fee
Block 670, Lot 4 ~ 629 Brick Blvd. ~ Via Veneto

To Whom It May Concern:

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

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on May 5, 2000, for the above block and lot at $14,000.00, resulting in an estimated fee of $140.00.

Therefore, you are required to submit one half of the estimated fee ($70.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

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

If you have any questions, please contact me.

Sincerely,

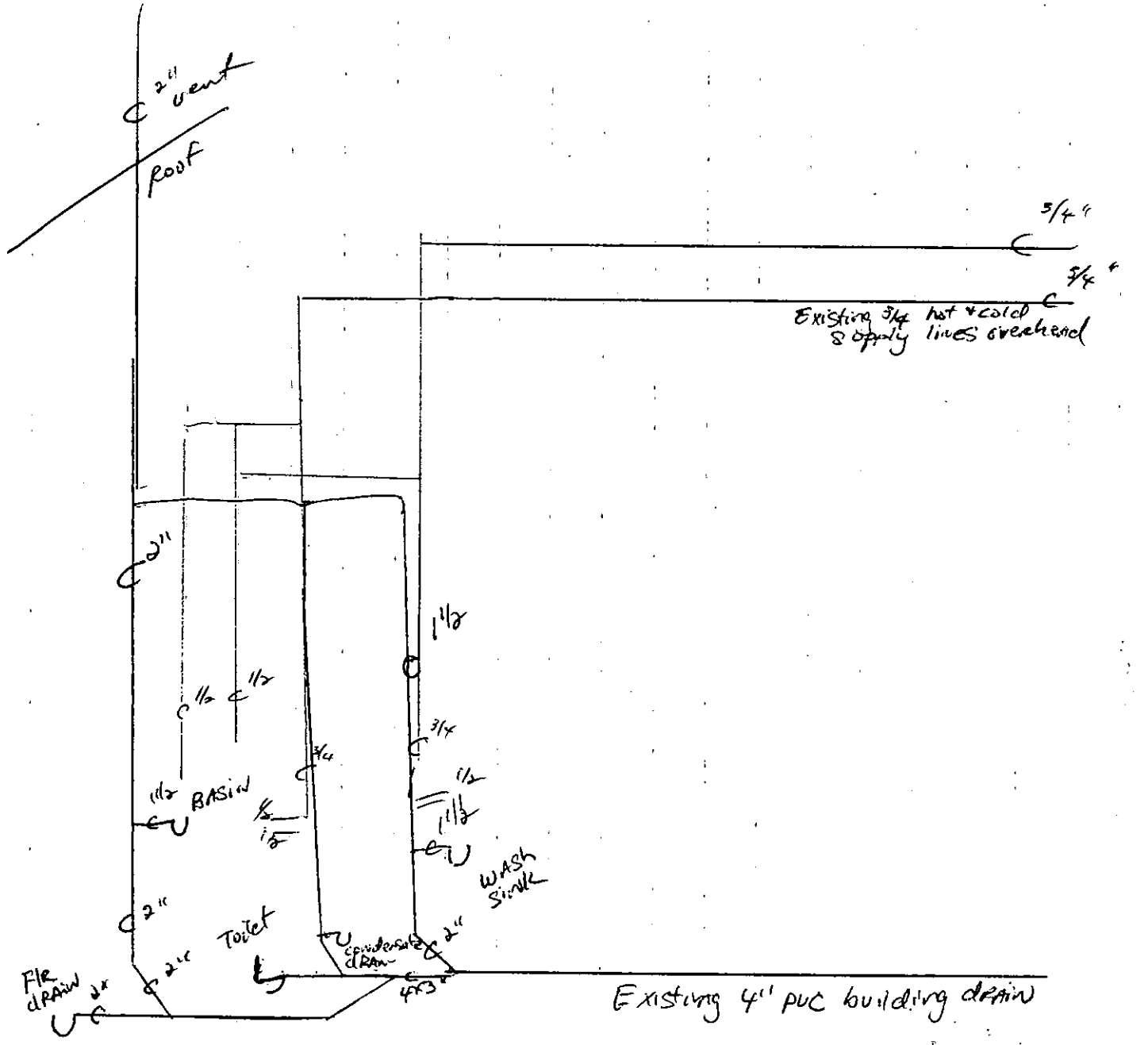
Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

C-9-46
Via Veneto



DAVID B. HARTDORN, A.I.A.
ARCHITECT & PLANNER
RESIDENTIAL & COMMERCIAL

05-08-00

Brick Building Department
401 Chambers Bridge Road
Brick, New Jersey
08723

RE: Via Veneto
"occupancy load"

Dear Building Officials,

As discussed with Dan Newman this letter shall serve as additional information to be made part of the construction documents prepared by this office. The architectural plans have been established as "alteration" existing facility, and "alteration" facility expansion area. The following are occupancy counts which have been established as a maximum in order limit additional bathroom facility code requirements.

* "alteration" existing facility:.....(64) people total

* "alteration" facility expansion area:.....(35) people total

****

* Total facility occupancy.....(99) people total

Please review the above information and contact my office with any comments or questions. Thank you.

DBH/llh

Sincerely,

David B. Hartdorn, R.A.
Architect & Planner

cc: Via Veneto

(908) 899-1608 332 DEERFOOT LANE, BRICK, N.J. 08723

Via Veneto

Plumbing Plan Review Record

Work site location: 629 Brick Blvd

Building Description: _____

Reviewed: _____

Correction list		
No.	Description	Code section
(1)	Board of Health needed	
(2)		
	Resubmit 05/19/00	

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

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

BUILDING LOCATION Rest.
(Street address)

BUILDING DESCRIPTION Urin

REVIEWED BY _____

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

Kennedy Mill

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	new Hood on plans What is Elect Requirments	
(2)	Is Equipment Large Enough For additional Load?	
	Called	

Kenneth

06/93

DAVID B. HARTDORN, A.I.A.
ARCHITECT & PLANNER
RESIDENTIAL & COMMERCIAL

05-08-00

Brick Building Department
401 Chambers Bridge Road
Brick, New Jersey
08723

RE: Via Veneto
"occupancy load"

Dear Building Officials,

As discussed with Dan Newman this letter shall serve as additional information to be made part of the construction documents prepared by this office. The architectural plans have been established as "alteration" existing facility, and "alteration" facility expansion area. The following are occupancy counts which have been established as a maximum in order limit additional bathroom facility code requirements.

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* "alteration" facility expansion area:.....(35) people total
****

* Total facility occupancy.....(99) people total

Please review the above information and contact my office with any comments or questions. Thank you.

DBH/llh

Sincerely,

David B. Hartdorn, R.A.
Architect & Planner

cc: Via Veneto

(908) 899-1608 332 DEERFOOT LANE, BRICK, N.J. 08723

Via Veneto

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Nino Stroppoli DATE 5-15-00

PROPERTY ADDRESS 629 Brick Blvd BLOCK 670 LOT 41

ZONING _____ USE GROUP A-3

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	( )	( )	( )
2:KITCHEN GROUP	( )	( )	( )
3:~~WATER~~ CLOSETS	4	(3.5) 10	( )
4:LAVATORY	4	( ) 4	( )
5:BATH TUB	( )	( )	( )
6:SHOWER STALL	( )	( )	( )
7:~~KITCHEN~~ 3 BAY SINK	1	( )	( )
8:SERVICE SINK	1	( ) 3	( )
9:LAUNDRY TRAY	( )	( )	( )
10:DISHWASHER	1	( ) 3	( )
11:WASHING MACHINE	( )	( )	( )
12:URINAL	( )	( )	( )
13:FLOOR DRAIN	( )	( )	( )
14:DRINK FOUNTAIN	( )	( )	( )
15:AIR COND WATER COOLED	( )	( )	( )
16:DENTAL UNIT	( )	( )	( )
17:LAWN SPRINKLE	( )	( )	( )
18:FIRE SPRINKLE	( )	( )	( )
19:HOSE BIBS	( )	( )	( )

TOTAL 20

GALLONS PER MINUTE 14

SIZE OF SERVICE 1"

DATE: 5-15-00 APPROVED: [signature]

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 5-26-00

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

BUILDING LOCATION Via Veneto *(Street address)* 00-1254

BUILDING DESCRIPTION A-3 RESTAURANT (File suppression for Via Veneto)

REVIEWED BY KCB

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
1-	"New" STORAGE closet @ ~~APPROX~~ 120.5 sf	302.1.1
	requires limited AREA sprinkler system.	
	Hydro. calc for EXISTING water supply	
2-	"New" Utility Closet / Boiler Room 1 HR OR	302.1.1
	sprinkler	
3-	VERIFY REMOVAL @ STORAGE/BOOKING USE trailer	TWP code
	@ REAR @ bldg AS NOTED ON MAINT. INSP. @	
	LAST several years	
4-	OCC LOAD set by ARCH letter @ 5-8-00	✱
	@ 64 EXISTING - 35 Altered Area MAY @ (99)	
	~~Any~~ MUST be POSTED SEATING AND OCCUPANCY	
	MUST NOT EXCEED POSTED LIMIT - HAVE OWNER	
	letter verify.	
	✱ NOTE DOORS from Altered Area SWING IN	
	NO occupancy over ~~99~~ 49 Allowed UNLESS door	
	SWING is CHANGED	
5	No fire Tech approval for	Called D. Hartnett Spoken @ 5/26/00

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
(732)-341-9700

Joseph J. Przywara
Public Health Coordinator

5/18/00

RE: Via Vetero Restaurant
629 Brick Blvd.
Brick, New Jersey 08723

Dear Sir,

This Department has no objection to the renovations being conducted at the above Location. Plans are not required for this type of renovation.

Please feel free to call if you have any questions. Ext. 7469

Steve Kleinman
Senior Registered Environmental Health Specialist

RECEIVED
MAY 19 2000
DIV. OF INSPECTION

Fax Message From:

May 18 '00 12:59

Name : VIA VENETO
Fax No.: 1-908-477-3483

[VIA VENETO]

5/22/00

Dan -

The attached was faxed to me today - I am forwarding for your information.

Any questions or problems please call

Thankyou

Donna

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
(732)-341-9700

Joseph J. Przywara
Public Health Coordinator

5/18/00

RE: Via Veneto Restaurant
629 Brick Blvd.
Brick, New Jersey 08723

Dear Sir,

This Department has no objection to the renovation being conducted at the above Location. Plans are not required for this type of renovation.

Please feel free to call if you have any questions. Ext. 7469

Steve Kwiatkowski
Senior Registered Environmental Health Specialist.

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD TOTAL 99
LIVE LOAD _____ P. S. F.
FIRE GRADING "A" HOURS
USE GROUP _____

cc: Dan Norman (Plumbing)

DW BURNS, PE
319 5TH AVENUE
BELMAR, NJ 07719

21 June 2000

Brick Township MUA
Route 88
Brick, NJ
Attn: Jim Allen, PE

Re: **Water Service**
Via Veneto Restaurant

Dear Mr. Allen,

This note will act as confirmation of our meeting held at your office in regard to the application for a new service for the above noted location. The Via Veneto restaurant, while undergoing recent upgrades and expansion into the adjacent mall space, has discovered the fact that no existing water service exists in the area being improved. During the permit process it was deemed that a new 1-1/2" line is required for adequate fire protection and domestic use. It is therefore our request that the proposed 1-1/2" water service be provided to the Kennedy Mall section for the use of the Via Veneto tenant.

Attached please find four (4) copies of a plan showing the proposed location and route of the new service. As noted in our conversation, we respectfully request that the Township install the 1-1/2" tap into the existing 8" main near the rear of the restaurant and Charcon USA forces will then continue the run into the back of the building for the uses outlined. The 1-1/2" line will be split near the outside wall for a 1" domestic service, metered and then used to feed the newly installed system and fixtures in the section formerly known as Dunkin Donuts.

It is our hope that the above meets with your approval and is consistent with discussions held concerning this project. All applicable permits, fees, insurance and bonds will be in place prior to any work done to or around the Township's facilities.

Any questions, please feel free to call at 732/614-7580.

Respectfully,

David W. Burns
PE # 38666

att.

cc: Dan Newman (Brick Twsp)
Kevin Batzel (Brick Twsp)
file

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 ROUTE 88
BRICK, NEW JERSEY 08724

Phone: (908) 458-7000
Fax: (908) 458-7725

DATE: 6/22/00

APPLICATION FOR UTILITY SERVICE

CUSTOMER NAME Via Veneto / Nino Strippoli

ADDRESS Street 703 Mc Cormick Dr.

City Toms River, State NJ Zip 08753

SERVICE LOCATION 629 Brick Blvd.

Route _____ Account No. J948886 Block 670 Lot 4

WATER SERVICE SIZE 1" METER SIZE 1" FIRE SERVICE 1½

TYPE OF SERVICE: Residential _____ Commercial C02 SEWER SIZE _____

		WATER		SEWER	
PERMIT FEE — BTMUA		5.00	(71)		(91)
— BRICK TOWNSHIP		10.00	(65)	N/A	(85)
*TAPPING FEE	for 1½ Fire Line	690.00	(72)		(92)
*METER COST		152.00	(79)		
*INITIAL SERVICE CHARGE		3449.00	(73)	existing	(93)

FEE PAID $ 15.00 pd Cash PAYMENT RECEIVED: Carol Hunsel
(signed) BTMUA Clerk

***IMPORTANT NOTE:** THESE CHARGES ARE DUE WHEN CERTIFICATE OF COMPLIANCE IS ISSUED AND CANNOT BE PREPAID. THESE CHARGES ARE SUBJECT TO INCREASES ACCORDING TO N.J.S.A. 40:14B-21 et seq. COSTS FOR SPECIAL EQUIPMENT AND/OR PERSONNEL NEEDED FOR INSTALLATION, SUCH AS DEWATERING AND SHORING, WILL BE CHARGED TO THE CUSTOMER.

(Signed) _____ (732) 270-6200
Applicant/Customer (Phone Number)

(see reverse side)

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West o Brick, New Jersey 08724-2399
(732) 458-7000 o FAX (732) 458-7725
www.brickmua.com

KEVIN F. DONALD
Executive Director

June 22, 2000

Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

RE: **Via Veneto - (formerly Dunkin Donuts)**
Kennedy Mall - Block 670 Lot 4
Water & Sanitary Sewer Service

Gentlemen:

Please be advised that Char-Con USA has made application to this office for a 1-1/2" water tap for a fire protection system and a 1" domestic service for the above referenced project. Upon installation of the new service, inspection, installation of a 1" water meter and payment of the initial connection fee, a certificate of compliance will be issued.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

James R. Allen
Senior Engineer

JRA:hm
c: Customer Accounts
S. Specht
Char-Con USA

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West • Brick, New Jersey 08724-2399
(732) 458-7000 • FAX (732) 458-7725
www.brickmua.com

KEVIN F. DONALD
Executive Director

June 22, 2000

Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

RE: **Via Veneto - (formerly Dunkin Donuts)**
Kennedy Mall - Block 670 Lot 4
Water & Sanitary Sewer Service

Gentlemen:

Please be advised that Char-Con USA has made application to this office for a 1-1/2" water tap for a fire protection system and a 1" domestic service for the above referenced project. Upon installation of the new service, inspection, installation of a 1" water meter and payment of the initial connection fee, a certificate of compliance will be issued.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

James R. Allen
Senior Engineer

JRA:hm
c: Customer Accounts
S. Specht
Char-Con USA

cc: Ken Batzel (Fire)

DW BURNS, PE
319 5TH AVENUE
BELMAR, NJ 07719

21 June 2000

Brick Township MUA
Route 88
Brick, NJ
Attn: Jim Allen, PE

Re: **Water Service**
Via Veneto Restaurant

Dear Mr. Allen,

This note will act as confirmation of our meeting held at your office in regard to the application for a new service for the above noted location. The Via Veneto restaurant, while undergoing recent upgrades and expansion into the adjacent mall space, has discovered the fact that no existing water service exists in the area being improved. During the permit process it was deemed that a new 1-1/2" line is required for adequate fire protection and domestic use. It is therefore our request that the proposed 1-1/2" water service be provided to the Kennedy Mall section for the use of the Via Veneto tenant.

Attached please find four (4) copies of a plan showing the proposed location and route of the new service. As noted in our conversation, we respectfully request that the Township install the 1-1/2" tap into the existing 8" main near the rear of the restaurant and Charcon USA forces will then continue the run into the back of the building for the uses outlined. The 1-1/2" line will be split near the outside wall for a 1" domestic service, metered and then used to feed the newly installed system and fixtures in the section formerly known as Dunkin Donuts.

It is our hope that the above meets with your approval and is consistent with discussions held concerning this project. All applicable permits, fees, insurance and bonds will be in place prior to any work done to or around the Township's facilities.

Any questions, please feel free to call at 732/614-7580.

Respectfully,

David W. Burns
PE # 38666

att.

cc: Dan Newman (Brick Twsp)
Kevin Batzel (Brick Twsp)
file

CHARCON Catalog DLTG 270 6205 270.5150 FAX

330 220 CARLIE cell 7/19/10 weight 50 pounds pay more -

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 ROUTE 88
BRICK, NEW JERSEY 08724

Phone: (908) 458-7000
Fax: (908) 458-7725

DATE: 6/22/00

APPLICATION FOR UTILITY SERVICE

CUSTOMER NAME Via Veneto / Nino Strippoli

ADDRESS Street 703 Mc Cormick Dr.

City Toms River, State NJ Zip 08753

SERVICE LOCATION 629 Brick Blvd.

Route _____ Account No. J948886 Block 670 Lot 4

WATER SERVICE SIZE 1" METER SIZE 1" FIRE SERVICE 1½

TYPE OF SERVICE: Residential _____ Commercial C02 SEWER SIZE _____

		WATER		SEWER	
PERMIT FEE — BTMUA		5.00	(71)		(91)
— BRICK TOWNSHIP		10.00	(65)	N/A	(85)
*TAPPING FEE	for 1½Fire Line	690.00	(72)		(92)
*METER COST		152.00	(79)		
*INITIAL SERVICE CHARGE		3449.00	(73)	existing	(93)

FEE PAID $ 15.00 pd Cash PAYMENT RECEIVED: Carol Hunsel
(signed) BTMUA Clerk

***IMPORTANT NOTE:** THESE CHARGES ARE DUE WHEN CERTIFICATE OF COMPLIANCE IS ISSUED AND CANNOT BE PREPAID. THESE CHARGES ARE SUBJECT TO INCREASES ACCORDING TO N.J.S.A. 40:14B-21 et seq. COSTS FOR SPECIAL EQUIPMENT AND/OR PERSONNEL NEEDED FOR INSTALLATION, SUCH AS DEWATERING AND SHORING, WILL BE CHARGED TO THE CUSTOMER.

(Signed) _____ (732) 270-6200
Applicant/Customer (Phone Number)

(see reverse side)

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 8/21/00

NAME Kennedy Mall Associates

ADDRESS Kennedy Mall Brick, NJ 08723

PROPERTY LOCATION Kennedy Mall-Via Venuto

Account No. J948886 Block 670 Lot 4

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evan

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 629 Brick Blvd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Interior Alter.
N. Delgado
APPLICANT Charron USA PHONE NUMBER 2920598
APPLICANT ADDRESS 703 Merrimack Dr. CITY & STATE Toms River NJ
PERMIT # C9-46 NAME OF BUSINESS Via Veneto

INCLUSIONARY DEVELOPMENT

◊ Affordable
Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

◊ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 14000.00 Date 5-12-00
Estimated Required Fee $ 140.00
Required Deposit on Estimate $ 70.00 Date 5-12-00
Check # 1086 Receipt # 8654
Actual Assessment $ 14000.00 Date 7-5-00
Actual Required Fee $ 140.00
Minus Deposit of Estimate $ 70.00
Balance Due $ 70.00 Date _____
Check # _____ Receipt # _____
Amount Paid In Full $ 140.00

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

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

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5-12-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 690 LOT 4 SITE ADDRESS 629 Brick Blvd
Interior Alter.

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Via Veneto

APPLICANT Charron USA CITY & STATE Toms River 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:

1400 sf

$ 14,000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor

5/12/00

Date

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

$ 14,000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor

7/5/00

Date

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

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

629 BRICK BLVD.
Work Site Address Block Lot

NINO STRIPPOLI (732) 9 4772618
Owner's Name, Address, Phone

CHARLON USA, TOMS RIVER 732 240 6200
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition CONTENTS OF RESTAURANT
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material CABINETS, CEILING TILES, SHEETROCK, CERAMIC TILE.

Name, address and phone of party responsible for removal of debris:
MEEHAN DUMPSTERS, BRIELLE N.J. (732) 528 5422

Size of dumpster: 30 YDS

Destination of discarded debris: O

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

N. DELMADO _____ MAY 04, 00
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSU

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 629 BRICK BLVD.
Block: 670 Lot: 4
Owner's Name: NINO STRIPPOLI (VIA VENETO REST.)
Owner's Mailing Address: 629 BRICK BLVD., BRICK NJ.

Phone: (732) 477-2618

BUILDING

Contractor: CHARLON USA
Address: 703 MCCORMICK DR
JOHNS RIVER NJ 08753
Phone#: (732) 270-6200
Lis #
Federal Emp # or SSN 22-3254958

Technical Data

Description of Work:

ALTERATION AND EXPANSION OF THE VIA VENETO RESTAURANT

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: A-3 Proposed: A-3
No of Stories: 1
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed: 0

Cost of Alteration: 30.000
Cost of New Building:
Total Cost of Building Work: 30.000

Signature: [signature]
Please Print Name CHARLIE DI BIG

ELECTRICAL

Contractor: JAMES STEWART
Address: PO BOX 631
KEANSBURG, NJ 07734
Phone#: 732-471-0669
Lis #: 7681
Federal Emp # or SSN 146-60-5592

Technical Data

Item	Quantity
Lighting Fixtures	33
Receptacles	20
Switches	14
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	4
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	240 VOLT 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: 6700.00

Signature: James Stewart
Please Print Name JAMES STEWART

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: WALTER TAYLOR (TAYLOR PLUMBING S.)
Address: 18 VANDENT JANSON OCEAN N.J.
Phone #: 922 9204
Lis #: #4309
Federal Emp # or SSN 153-62-2361

1 NEW BATH Room HANDICAPP CODE

Technical Data

Fixtures	Quantity
1 EXISTING.	
Water Closets	1
Urinals/Bidets	
Bath Tub	1
Lavatory	
Shower	1
Floor Drain	1
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: EXPANSION & RESEATING NO KITCHEN WORK AT ALL	

Estimated Cost of Plumbing Work 5000
Signature: Walter C. Taylor Jr
Please Print Name: TAYLOR PLUMBING

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks ___capacity___fuel
LPG Storage Tanks ___capacity___fuel

Item	Quantity
EXIT SIGNS-EXIST	
Wet Sprinkler Heads EXISTING	
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:

EXISTING CONDITIONS

Estimated Cost of Fire Work
Signature: James Stewart
Print Name: JAMES STEWART

1086

VIA VENETO
2 KENNEDY MALL
BRICK, NJ 08723

DATE 4/14/12/2000 55-132/312 13

PAY TO THE ORDER OF Township of Brick $ 70.00

Seventy 00/100 DOLLARS

Commerce Bank / Shore, N.A. 1-800-YES-2000
1048 CEDAR BRIDGE AVENUE
BRICK, NJ 08723

FOR B 670 L4 - Affordable Housing

⑈001086⑈ ⑆031201328⑆ 36 439215⑈

Tony R. Shupin

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

Date: 5-12-00

Business/Development: Via Veneto

Owner/Applicant: Via Veneto

Property Address: 629 Brick Blvd

Block: 670 Lot: 4

DEPOSIT RECEIVED

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

Check Number 1086

Estimated Fee $ 14000

Deposit Amount $ 70.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature _____ Date 5/12/00

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: VIA VENETO
Block: 6070 Lot: 4
Owner's Name: NINO STRIPPOLI
Owner's Mailing Address: 629 BRICK BLVD. BRICK NJ
Phone: (732) 736-1444

BUILDING

Contractor: MONMOUTH CONTROLS
Address: 11 PINE NEEDLE ST. HOWELL NJ
Phone#: 732 751-9699
Lis #
Federal Emp # or SSN 22 2543749

Technical Data

Description of Work:

ADD 3 FIRE SPRINKLER HEADS.

(2) IN NEW STOREROOM

(1) OVER HOT WATER HEATER.

Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of ~~Building Work~~: SPRINKLER WORK 2000.00

Signature:

Please Print Name H.D. SMITH

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	KV
Oven/Surface Unit	KW
Electric Water Heater	KV
Electric Dryer	KV
Dishwasher	KV
Garbage Disposal	H
A/C Unit -Central Air	KV
Space Heater/Air Handler	K
Baseboard Heating	KV
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	KV
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Rec'd 6/21/00 GT

Update 00-1873+B

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: Monmouth Controls
Address: 11 Pine Needle St.
Howell NJ.
Phone #: (732) 251-9699
Lis #:
Federal Emp # or SSN 22-2543749

Technical Data

Description of Work:

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

Water Supply Source Domestic.
Method of Valve Supervision
Local Alarm Supervision
Central Supervision: N/A.
Proprietary Supervision:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	3
Dry Sprinkler Heads	
Total	3
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 2000.00

Signature:

Print Name: H.D. Smith

Counter Form
PLEASE PRINT

PLUMBING

Contractor: TAYLOR PLUMBING
Address: 18 VANDENT JOHNSON DR
ALLAN NJ.
Phone #: (732) 922 9204
Lis #: 4309
Federal Emp # or SSN 15-3622361

Technical Data

Fixtures	Quantity
Water Closets	1
Urinals/Bidets	
Bath Tub	
Lavatory	1
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:

UPDATE

Estimated Cost of Plumbing Work 1,500

Signature:

Please Print Name: TAYLOR DELUMO

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

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

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

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

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

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 629 BRICK BLVD - VIA VENETO RESTAURANT
Block: 670 Lot: 4
Owner's Name: Stripoli Nino
Owner's Mailing Address: 629 Brick
Phone: (732) 736-1444

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

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
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher HI
Garbage Disposal
A/C Unit -Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KV
Light Stander AMP
Service AMP
Subpanel AM
Motor Control Center AM
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: Taylor Plumbing Service
Address: 18 Lambert Johnson Dr. Ocean
Phone #: (732) 922-9204
Lis #: 4309
Federal Emp # or SSN 153-62-2346

NO add'l Run for GAS PIPE.

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	moved @ Existing line 3'
Fuel Oil Piping	
Water Heater	75gal. Moved gas 1
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: Walter C. Taylor

Please Print Name: WALTER C. TAYLOR

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

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

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

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

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

Estimated Cost of Fire Work

Signature:

Print Name:

ADDENDUM TO PLUMBING

Township of Brick
Counter Form
(PLEASE PRINT)

update

00-1873

Site Location: 629 BRICK BLVD - VIA VENETO
Block: 670 Lot: 4
Owner's Name: STRIPPOLI
Owner's Mailing Address: SAME

Phone: (732) 736-1444

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

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
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

M. DELGADO ALL HOME REMODELING
1131 PINE RD.
MANASQUAN, NJ 08736

3027

60-7269/2313

PAY TO THE ORDER OF Twp. of Brick

DATE Aug 16th, 00

$ 70.00

Seventy dollars and no/100 DOLLARS

Sovereign Bank
"Success is confidence. We can help you get there."TM

FOR (Via Veneto Fee)

⑈003027⑈ ⑆231372691⑆ 111104223⑈

Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

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

Date: 8-16-00

Business/Development: Via Veneto

Owner/Applicant: M. Delgado

Property Address: 609 Brick Blvd.

Block: 670 Lot: 4

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

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

Check Number 3027

Final Fee $ 140.00

Less Deposit $ 70.00

Final Payment $ 70.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature _____ Date 8-16-00

AHBT FINAL APPROVAL