BLOCK 670 C6-40 LOT 4 QUALIFICATION CODE Stone 8-9 Update C6-40-1 ADDRESS (SITE) 2770 old Hooper PERMIT NO. 98-4065

RECEIVED OCT 30 19

CONSTRUCTION PERMIT APPLICATION

Margin TV

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Propsed Work Site at: 2770 Hooper Ave Domino's Inc.
2. Name of Owner in Fee: Kennedy Mall Assoc. Tel. (908) 451-0204
   Address 2770 old Hooper Ave Brick 08723
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓ Pete 451-9400
4. Principal Contractor: Peter Alised Tel. (732) ____ please call
   Address 55 Gilford Brick NJ. 08732
   License No. OR, if new home, Builder Reg. No ____ Exp. Date ____
   Federal Employee No [redacted] FAX: (732) 451-0204
5. Architect or Engineer Grassam & Ecolino Tel. (732) 531-8709
   Address 1315 Allaire Ave Ocean NJ. 07712
6. Responsible Person in Charge of Work Peter Alised
   Tel. (732) 451-0204 FAX (____) ____

451 9400

Tenant Fit up.

DW BMUA

V. FEE SUMMARY (for office use only)

			Update +A	Update +B
1. Building	$	160.-		
2. Electrical		35.-		35.-
3. Plumbing		120.-		
4. Fire Protection		113.-		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		11.-		1.-
10. Subtotal				
11. Cert. of Occupancy				
12. Other ZPA				
13. TOTAL	$	439.-		36.-

FINAL APPROVAL

AMT. PRELIMINARY APPROVAL

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area – Largest Floor	4200 sq. ft.	+D 35.-
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification	Commercial	
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands – yes		1.-
no		
11. Max. Live Load		36.-
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration →	6,000	Re-Submitted 11-24-98							
5. ☐ Fire Protection →	2000				11-20-98		11/28/99	OK	
6. ☐ Plumbing →	2,000				11-16-98		11/2/99	OK	
7. ☐ Electrical →	2,000				11-17-98		11/26/99	OK	
8. ☐ Asbestos Abat. Subch. 8							2/2/99		
9. ☐ Lead Hazard Abatement									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	PT								
TOTAL COSTS	12,000								

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 Exempting
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

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

IMPORTANT - MANDATORY FEE COLLECTION

LDS BR 10200501

11/20/98 - called Peter. Not 12.31.98 NMP

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Peter Alisio Conrad Alisio

Address 55 Cecil Forest Ave

Toms River NJ. 08753

Telephone (732) 929-4317

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 4065	2/3/99			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 2/3/99
Control #
Permit # 98-4065

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 Hooper Avenue

Owner in Fee Kennedy Mall Association
Address 2770 Hooper Avenue
Brick, NJ
Tele. ( )
Contractor Peter Aligeo
Address 55 Gilford
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Tenant fit-up "MANGIA T U"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J Curiazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
4065*# 0.00
BLOCK 670 # 0.00
LOT 4 # 0.00
BUILDING 160.00
ELETRIC# 35.00
PLUMBING 170.00
FIRE 173.00
D.C.A. 11.00
ZONEPLOT 15.00
TOTAL 564.00
CASH 564.00
CHANGE 0.00
11/20/98 NO. 5 0041A005 14:52

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued 11/20/98
Control #
Permit # 98-4065

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE MANGIA T U
TENANT FIT UP
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Telephone (973)451-0204

Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ
Telephone (732)901-8625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP
MANGIA TU

PAYMENTS (Office Use Only)

Building	160
Electrical	35
Plumbing	170
Fire Protection	173
Elevator Devices	0
Other	
DCA Training Fee	11
Cert. of Occupancy	0
~~Other~~ 564	15
Total 564	~~549~~
Check No.	
Cash	X
Collected By	AJP

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 $ 12,000

Construction Official

11/20/98
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/23/98
Control #
Permit # 98-4065+A
Permit Issued 11/20/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE MANGIA T U
TENANT FIT UP
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Telephone (973)451-0204

Contractor SEABOARD FIRE AND SAFETY
Address 2112 KINGS HIGHWAY
OAKHURST, NJ 07755-
Telephone (732)493-8100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1762738

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE SUPPRESSION SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	92
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	93
Check No.	5446
Cash	
Collected By	AJP

Estimated Cost of Work $ 1,700

Construction Official

11/23/98
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/04/98
Control #
Permit # 98-4065+B
Permit Issued 11/20/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE MANGIA T U
ADD'L ELECTRICAL WORK
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Telephone (973)451-0204

Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ -
Telephone (732)901-8625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITIONAL ELECTRICAL WORK FOR MANGIA TU LOCATED IN OLD STUFF YOUR FACE IN KENNEDY MALL

PAYMENTS (Office Use Only)

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

Estimated Cost of Work $ 1,000

J Sereny / CS
Construction Official

12/04/98
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/21/99
Control #
Permit # 98-4065+C
Permit Issued 11/20/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE MANGIA T U
HOT WATER HEATER
Owner in Fee ALISEO, PETER KENNEDY HALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Telephone (973)451-0204

Contractor TOTAL COMFORT
Address 823 HERBERTSVILLE RD
BRICK, NJ 08724-
Telephone (732)458-7925
Lic. No. or Bldrs. Reg. No. EI 02087
Federal Emp. No. 22-2853401

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:
INSTALL HOT WATER HEATER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	
Cash	X
Collected By	AJP

Estimated Cost of Work $ 1,000

Construction Official

01/21/99
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/26/99
Control #
Permit # 98-4065+D
Permit Issued 11/20/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE MANGIA T U
ALARM SYSTEM
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Telephone (973)451-0204

Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ -
Telephone (732)901-8625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRIC TO SIGN

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	
Cash	X
Collected By	CS

Estimated Cost of Work $ 1,000

Construction Official 1/26/99

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

01/26/99 NO. 5 0012A005 10:47
CHANGE 0.00
CASH 36.00
TOTAL 36.00
D.C.A. 1.00
ELETRIC* 35.00
LOT 4 # 0.00
BLOCK 670 # 0.00
0008
98406S**#

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/05/98
Date Issued 11/20/98
Control # C6-40
Permit # 98-4065

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE MANGIA I U
TENANT FIT UP
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)929-4313 Fax ( )
Contractor PETER ALISEO -Larry
Address 55 GILFORD
BRICK, NJ 08723-
Tele.(732)929-4313
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] 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: 11-20-98
Approved By: KEB 1-385

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				
Final				
Other	1-385		1-385	

TCO 30 Days 12/09
TCO 30 Days 1-28-99
See Back

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	3	138
Other EMER/EXIT LITES		35
Other		0

2 fryers, 1 over, 2 pizza, 1 mech unit

Administrative Surcharge	$	0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 173
	DCA Training Fee	$ 2

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

1/28/99 @ 11⁰⁰ Grinding floor Edges

– Floor uneven at Decorative Triangles

C/O Check sprinkler coverage

– ADD 1 head Along side of

not needed freezer

head over freezer

cover of relocated By front heads.

to see later.

1-28-99 – Need SPK cert Report

– mount extinguishers (3) 1 front counter / 1 rear corridor / 1 by stove

– Finish floor

TOWNSHIP OF BRICK

DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/19/98
Date Issued 11/23/98 Update
Control # ~~C19-40~~ C6-40-1
Permit # 98-4065fA

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

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE MANGIA T U
FIRE SUPPRESSION SYSTEM

Owner in Fee ALISEO, PETER KENNEDY MALL

Address 2770 HOOPER AVE
BRICK, NJ 08723-

Tele.(732)493-8100 Fax ( )

Contractor SEABOARD FIRE AND SAFETY Jeff Nowell

Address 2112 KINGS HIGHWAY
OAKHURST, NJ 07755-

Tele.(732)493-8100

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-1762738

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [X] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,700

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 11-20-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-28-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys	1-22-99		1-28-99	
Mechanical				
Smoke Ctl				
TCO				
Final				
Other 1				

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

FIRE DUMP TEST REQUIRED

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 92
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

pull

60" off floor

70" from appliance - 5.8' needs 10'

1/28 ✓ — need CFM of make up air

1/28 ✓ — Roof duct 40" above roof.

See reloaded — Failed dump test. Left nozzle duct (no agent)

1/28 ✓ — fuel didn't shut off

See reloaded — hood not welded liquid tight; rear cont

1/28 ✓ — manual pull to be 10' from appliance. OK due to location access

1/28 ✓ — need as built drawings of supp system.

—

Spoke to [illegible] 1/25/88 @ [illegible]

— 1/28/88 Hood welded
Dump test conducted

Alarms & smokes on main floor tested OK

—

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/05/98
Date Issued 11/20/98
Control # C6-40
Permit # 98-4065

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE MANGIA T U
TENANT FIT UP
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)458-7925 Fax ( )
Contractor TOTAL COMFORT
Address 823 HERBERTSVILLE RD
BRICK, NJ 08724-
Tele.(732)458-7925
Lic. No. or Bldrs. Reg. No. BI 02087
Federal Emp. No. 22-2853401

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 $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 11-16-98
Approved By:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 1-27-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11-23-98	
Rough			12-7-98	
Water				
Sewer				
Fixtures	1-21-99		1-27-99	
Gas Equip.				
Gas Piping			1-21-99	
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
5	Floor Drain	50
5	Sink	50
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
1	Greasetrap	35
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	170
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

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 11/05/98
Date Issued
Control #
Permit #

12-7-98
Partial - Below ceiling No Gas

1-21-99

3 Bay sink not indirect
set hand sink in front
2 lavs need self closing faucets

1-26-99 - HAND SINK "S" TRAPPED

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/17/98
Date Issued 01/01/54
Control # 1-21-99
Permit # 98-4065+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 2770 HOOPER AVE MANGIA T U
HOT WATER HEATER

Owner in Fee ALISEO, PETER KENNEDY MALL

Address 2770 HOOPER AVE
BRICK, NJ 08723-

Tele.(732)458-7925 Fax ( )

Contractor TOTAL COMFORT

Address 823 HERBERTSVILLE RD
BRICK, NJ 08724-

Tele.(732)458-7925

Lic. No. or Bldrs. Reg. No. BI 02087

Federal Emp. No. 22-2853401

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 $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-30-98
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	35
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 $ 35
DCA Training Fee $ 1

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/05/98
Date Issued 11/20/98
Control # C6-40
Permit # 98-4065

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE MANGIA T U
TENANT FIT UP
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(973)451-0204
Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ -
Tele.(732)901-8625 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

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

451-9400

TENANT FIT UP
MANGIA TU

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-20-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-27-99
Approved By: FM

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			12-7-98	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			1-27-99	
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 $ 6,000
3. Total (1+2)$ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	160
[ ] 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	$ 160
DCA Training Fee	$ 5

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

1-21-99 NOT READY - FINAL Smith.

1-27-99 OK Floor elevations at Decrotative Trim To Be Repaired. Per Boydelle

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/05/98
Date Issued 11/13/98
Control # 98-
Permit # 98-

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/03/98
Date Issued 01/01/54
Control #
Permit # 98-4065+B

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE MANGIA T U
ADD'L ELECTRICAL WORK
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)901-8625 Fax ( )
Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ -
Tele.(732)901-8625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12 3 98
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [X] CA
Date: 1 26 99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	1/21 99 MW		1/26 99 MW	

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)
16		Lighting Fixtures	
8		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
32		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	1	KW Dishwasher	0
0	0	HP Garbage Disposal	0
2	1	KW Central A/C Unit	0
2	2	HP/KW Space Heater/Air Handler	18
0	0	Baseboard Heat	0
1	20	HP Motors 1/+ HP	40
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

dl #

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 138
DCA Training Fee $ 1

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/05/98
Date Issued 11/20/98
Control # C6-40
Permit # 98-4065

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE MANGIA T U
TENANT FIT UP
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)901-8625 Fax ( )
Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ -
Tele.(732)901-8625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RESTAURANT Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 11/19/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/6/98
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough Walls			12-3-98	MW
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	12/9/98 MW		12/6/98 MW	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
10		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW-Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	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 $ 35
DCA Training Fee $ 2

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 01/22/99
Date Issued 01/01/54
Control #
Permit # 98-4065+D

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE MANGIA T U
ALARM SYSTEM
Owner in Fee ALISEO, PETER KENNEDY MALL
Address 2770 HOOPER AVE
BRICK, NJ 08723-
Tele.(732)901-8625 Fax ( )
Contractor LIGHTON INDUSTRIES
Address 699 CROSS ST
LAKEWOOD, NJ -
Tele.(732)901-8625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2307022

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [X] Other SIGN
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1 25 99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-2-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	2 6 99 MM		2 2 99 MM	

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)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Call Peter 451-9400

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 1

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: November 6, 1998 1998 - 1823

Block 670 Lot 4 Zone B-3, H.D.

Property Address: 2770 Hooper Avenue, Kennedy Mall

Owner: Kennedy Mall Associates (Phone): (732) 451-0204

Applicant: Peter Aliseo (Phone): Same

Existing Use: Restaurant unit.

Proposed Use: Restaurant unit.

Proposed Construction (if any): Interior alterations for tenant fit-up, "Mangia Tu".

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 of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 670 LOT 4

PROPERTY ADDRESS 2770 Hooper Ave Brick NJ.

NAME OF OWNER Denino's Inc. Kunnual Mall Asso OWNER'S PHONE (732) 451-0204

NAME OF APPLICANT Denino's Inc. (Peter Alised)

APPLICANTS COMPLETE ADDRESS 2770 Hooper Ave Brick, NJ 08723

APPLICANTS PHONE NUMBER (732) 451-0204 APPLICANT'S BUSINESS NAME (732) 451-0204

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) Restaurant
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) Restaurant
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION Tenant Fit up Alterations of existing Restaurant.

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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

Signature of Applicant _____ Date 10/30/18

Reviewed by Zoning Officer Date 11/6/18

☑ Approved ☐ Rejected

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: _____

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

BUILDING LOCATION 7770 Hooper Av
(Street address)

BUILDING DESCRIPTION Pizza

REVIEWED BY Mike

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
	Called Electrician 11/6/98 9:45 Am Elect. Sec. Has no knowledge of this job Mike	
	existing + new fixtures - questions	

06/93

Lighton
Industries, Inc.

General, Electrical, & Mechanical Contractors

699 Cross Street, Lakewood, New Jersey 08701

Mr. Marcel Renson
Brick Township Electrical Inspector
Town Hall
401 Chambersbridge Road
Brick, NJ 08723

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # ____________________

APPROVAL DATE: ____________________
(Planning Board/BOA)

DATE: 11-10-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 2770 Old Hooper [illegible] Tenant Fit-up

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] Mall Assoc. CITY & STATE Brick NJ

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

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

$ ____________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

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

$ ____________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 2770 Old Hooper
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # CL-40 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 10,000.00 Date 11-10-98

Estimated Required Fee $ 100.00

Required Deposit on Estimate $ 50.00 Date 11-12-98

Check # 1236446 Receipt # 1674

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
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

November 12, 1998

Kennedy Mall Associates
Att: Peter Aliseo
2770 Old Hooper Avenue
Brick, NJ 08723

RE: Mandatory Development Fee
Block 670, Lot 4; Mangia TU ~ 2770 Old Hooper Avenue

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 October 30, 1998, for the above block and lot at $10,000.00, resulting in an estimated fee of $100.00.

Therefore, you are required to submit half of the estimated fee ($50.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to 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. 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
Affordable Housing Administrator

CAW/da

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Inspections
Joseph Guriazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 10-30-98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 670 Lot: 4

I, Dominio's Inc (name) of 2770 Hooper AVE (address),

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book , Chapter 190.31, part B. The property (please circle one) is /is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 11/9/98 By:

Rejected Date: By:

Remarks: Interior Only
No site Work

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 670 LOT 4

ESTABLISHMENT INFORMATION

PHONE #: 451-0204

ESTABLISHMENT TRADING NAME: DOMINO'S

NUMBER AND STREET: 2770 HOOPER AVENUE

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: PETER ALISEO

NUMBER AND STREET: C/O DOMINO'S

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
11-5-98	0830	0900

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): Steve Klaniecki

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET 3

Establishment Trading Name	Establishment License No.	Date
DENINO'S	TO BE OBTAINED	11-5-98
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 0830

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII, THE SANITARY CODE.
	NOTE! THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 48 HOURS PRIOR TO COMPLETION FOR THE PRE-OPENING INSPECTION

(Attach additional sheets if necessary)

H.D. 67

Page 1 of 1 Pages

Seaboard Fire & Safety Equipment Co.

DIVISION OF SEABOARD WELDING SUPPLY, INC.

Telephone 908 [illegible]
FAX 908 [illegible]

P.O. Box 189
2114 Route Marginal
Oakhurst, NJ 07755

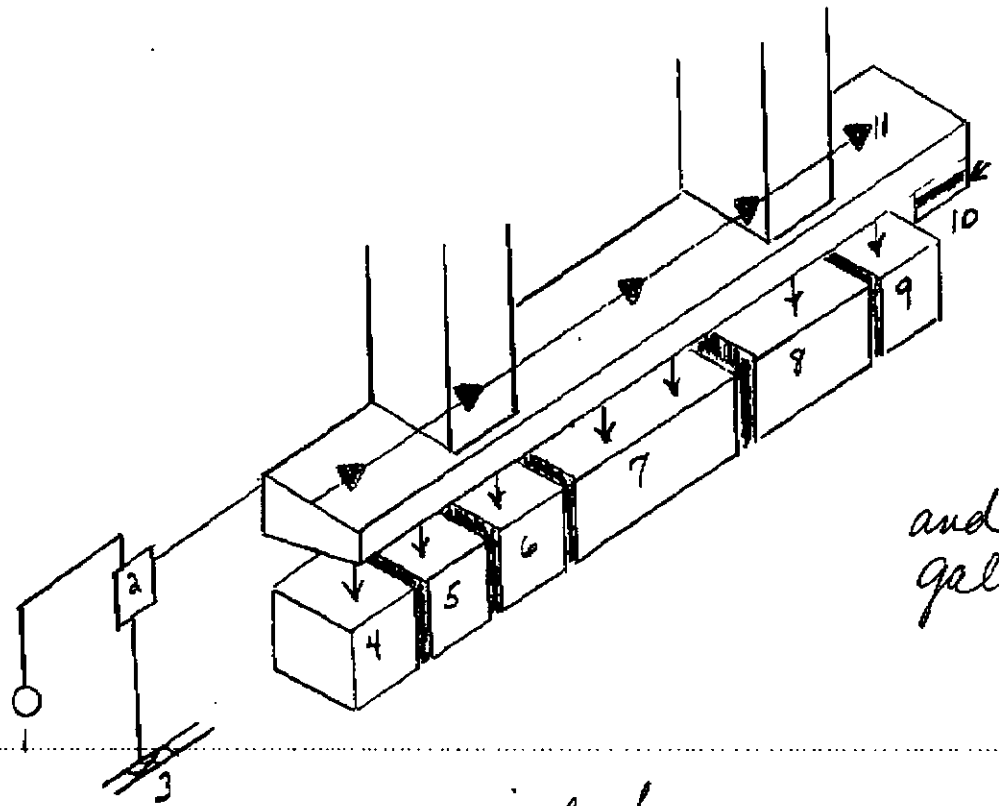
Kevin,

Just Keep these

these Till I see ya so

you know what I'm Doing

Jack



#11 - Detection - includes bracket linkage, and fittings 5 Detectors will be used with proper fusible links.

Drawing (2)

#1 - Manual Pull Station

#2 - Mechanical Release Mechanism and 2 Agent Cylinders - 3.75 gallons each.

#3 - Ansul Automatic Gas Valve

#4 & #5 - 2 - 15" x 24" - Deep Fat Fryers - Uses Nozzle # 13729 - 1 each

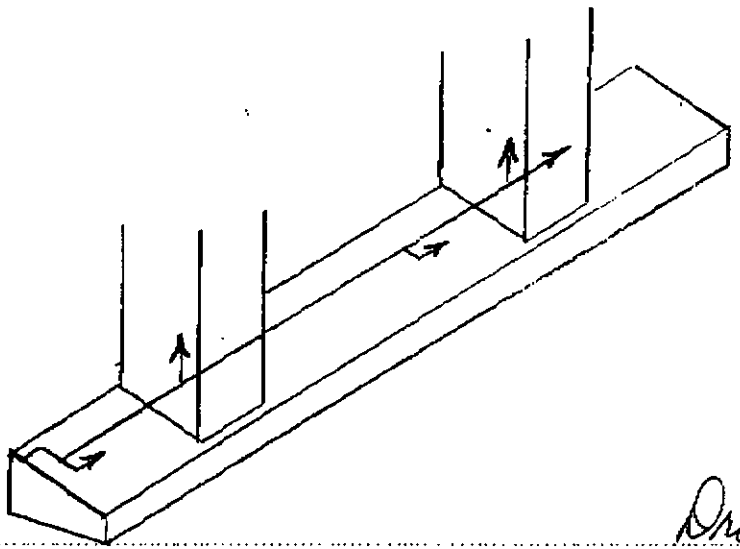
#6 - Pasta Cooker - Not covered.

#7 - 36" - 6 Burner Range 12" on center - protected by 2 Nozzles - (1) 14178 (1) 11982

#8 - 2' 4 Burner Range - Uses Nozzle # 14178

#9 - 24" x 30" Char Broiler protected by Nozzle # 11982.

#10 - 24" x 20" - Salamander Broiler - Uses Nozzle # 11982



(1)

Drawing (1) shows hood, plenum, and 2 ducts. Hood measures 18' x 48". Plenum measures 18' x 16". Ducts measures 16" x 16". Nozzles protect these pieces. Plenum nozzle # 11982 x 3. Ducts 1 each 11985.

QUOTATION

SEABOARD WELDING SUPPLY, INC.
SEABOARD FIRE & SAFETY EQUIPMENT CO.
P.O. Box 189 2112 Kings Highway
Oakhurst, New Jersey 07755
Phone : 908-493-8100 FAX: 908-493-3122

Salesman: J. Doyle

Date: 10-Nov-98

TO: Mangia
2770 Hooper Avenue
Toms River, NJ 07755
Phone- Pete 451-0204

Ship To: Same

Terms:	Estimated Ship Date:	Shipped V Via:	F.O.B:
Net 30 Days			

QUANTITY	DESCRIPTION	PRICE	AMOUNT

SYSTEM INCLUDES THE FOLLOWING:
Pipe , Conduit, Fittings
System Design
8 Hours labor
1 Actuation Test for Township Fire Marshall Inspector
2 13334 Agent Cylinder As'y 3.75 gal (with/ Discharge Valve) Charged
2 12501 Bracket as'y agent cylinder
1 11977 Actuator
1 12853 Enclosure-MRM, painted steel(red)
1 12856 Cylinder, Nitrogen- 10 cu. in
1 10173 Vent check
4 12508 Detector(includes bracket, linkage and conduit fittings)
4 12329 Fusible Link- 450 F. ("K")
15 12309 Corner Pulley
1 14320 Manual Pull Station (Oversized)
9 11982 Nozzle Appliance Plenum- One Flow Each
1 11985 Nozzle Duct (Only)- Two Flow Points Each
2 14178 Nozzle Four Burner Range -Two Flow Points Each
2 11984 Upright Broiler
2 13729 Fryer/Griddle
Electrical Hook-Up to MRM- To be performed by
a Licensed Electrician at customers expense
DRAWING'S SUPPLIED AT CUSTOMERS REQUEST

QUOTATION **$1,947.84**

All work enginered and installed per UL 300 Standards and manufacturers specifications.

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: ______________ Plan Review # ______________

Fee: ______________ Date: 11-16-98

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

BUILDING LOCATION 2770 Hooper Ave.
(Street address)

BUILDING DESCRIPTION Tennant Fit up

REVIEWED BY FM 262-1008

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)	No exit signs shown see Reflected Ceiling plan	
(2)	Occupancy Load is 15 Net of Dining Floor Area	will change.
(3)	New wall on corner of Corridor to Bath Not shown As Rated Assembly This is exit Access Corridor and must Be Fire Rated.	Will supply
(4)	No Tennant Seperation Wall shown. (what are uses on either side?)	Will supply
	262 1008 FAXED TO Architect Called 1:04 Busy	
	1110	
	1:20	
	11-18-98 1:40 Busy	

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 11-18-98

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

BUILDING LOCATION: 2720 Hobart Ave
(Street address)

BUILDING DESCRIPTION: _____

REVIEWED BY: CCS

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-	WHAT TYPE OF HEATING UNITS - air handlers	
2-		
	2 FRYERS	
	1 PIZZA OVEN	
3-	1 mech UNIT TO be INSTALLED NEW S/D FROM 2000 CFM	
4-	- ADDING TO EXISTING SYS. SYSTEM OVER 5000? (11-18-98 KEN SPOKE W/ PETER)	
	Application for suppression system	
	11-19-98 came in 11/19/98.	
11	Cluber states Rear Door NOT exit	
	Front Door Too Small to Handle 1,125 People	

BUILDING LOCATION 2710 Hooper Ave.
(Street address)

BUILDING DESCRIPTION Tenant Fit Up

REVIEWED BY FM 262-1008

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)	No EXIT Signs Shown See Reflected Ceiling plan REVISED LOCATION OF ONE EXIT SIGN.	
(2)	Occupancy Load IS 15 NET OF Dining Floor Area Will Change 116 @ DINING RM.	
(3)	New wall on corner OF Corridor to Bath Not shown AS Rated Assembly Will Supply This IS exit Access Corridor and must BE FIRE Rated NOT AN EXIT ACCESS CURRIDOR	
(4)	No Tenant Separation Wall Shown. Will Supply (What are used on either side?) EXISTING TENANT SEPARATION WALL NOW SHOWN.	
	262-1008 Complied 11/16/98 CAS Called 1.04 Busy 1110 " 1.20 " 1.40 Busy	

BUILDING LOCATION 2710 Hoover Ave.
(Street address)

BUILDING DESCRIPTION Tenant Fit Up

REVIEWED BY FM 262-1008

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)	No exit Signs Shown See Reflected Ceiling plan	
(2)	Occupancy Load is 15 Net of Dining Floor Area	Will Change
(3)	New wall on corner of Corridor to Bath Not Shown As Rated Assembly This is exit Access Corridor and must Be Fire Rated	Will Supply
(4)	No Tenant Separation Wall Shown. (What are used on either side?)	Will Supply
	262-1008 Called 1:04 Busy	
	1:10 "	
	1:20 "	
	1:40 Busy	

to the day space and is not separated in elevation by more than one story.

1011.1.3 Turnstiles and gates: Access through turnstiles, gates, rails or similar devices shall not be permitted unless such a device is equipped to swing readily in the direction of *exit* travel under a total force of not more than 15 pounds (73.23 N).

1011.1.4 Restrictions: The required width of passageways, *aisle accessways*, aisles and *corridors* shall be maintained free of projections and restrictions; except that the minimum clear width resulting from doors opening into such spaces shall be one-half of the required width. When fully open, the door shall not project more than 7 inches (178 mm) into the required width. Handrail projections are permitted in accordance with Section 1022.2.1.

1011.2 Dead ends: *Exit access* passageways and *corridors* in all stories which serve more than one *exit* shall provide direct connection to such *exits* in opposite directions from any point in the passageway or *corridor*, insofar as practicable. The length of a dead-end passageway or *corridor* shall not be more than 20 feet (6096 mm).

Exceptions

1. In occupancies in Use Group I-3 of Occupancy Conditions II, III or IV (see Section 308.4), the dead end in a *corridor*, hallway or aisle shall not exceed 50 feet (15240 mm).
2. In occupancies in Use Group B where passageways are bounded by furniture, counters, partitions or similar dividers not more than 6 feet (1829 mm) in height, the length of a dead-end passageway shall not be more than 50 feet (15240 mm).
3. In occupancies in Use Group B where the building is equipped throughout with an *automatic sprinkler system* in accordance with Section 906.2.1, the length of dead-end *corridors* or passageways shall not exceed 50 feet (15240 mm).
4. Passageways or *corridors* within spaces with one *means of egress*.
5. A dead-end passageway or *corridor* shall not be limited in length where the length of the dead-end passageway or *corridor* is less than 2.5 times the least width of the dead-end passageway or *corridor*.

1011.2.1 Common path of travel: In occupancies in Use Group B, the length of a *common path of travel* shall not exceed 75 feet (22860 mm).

Exceptions

1. The length of a *common path of travel* in an occupancy in Use Group B shall not be more than 100 feet (30480 mm), provided that the building is equipped throughout with an *automatic sprinkler system* installed in accordance with Section 906.2.1.
2. Where a tenant space in an occupancy in Use Group B has an occupant load of not more than 30, the length of a *common path of travel* shall not be more than 100 feet (30480 mm).

1011.3 Width: The minimum required width of passageways, *aisle accessways*, aisles and *corridors* shall be determined by the most restrictive of the following criteria:

1. 44 inches (1118 mm) where serving an occupant load of greater than 50.
2. 36 inches (914 mm) where serving an occupant load of 50 or less.
3. 96 inches (2438 mm) in an occupancy in Use Group I-2 utilized for the movement of beds.
4. 72 inches (1829 mm) in an occupancy in Use Group E with more than 100 occupants.
5. The width required for capacity as determined by Section 1009.0.
6. 24 inches (610 mm) for access to and utilization of electrical, mechanical, or plumbing systems or equipment.

Aisles and *aisle accessways* shall conform to the requirements of this section or Section 1012.0.

1011.3.1 Capacity: The required capacity of a *corridor* shall be determined by dividing the occupant load that utilizes the *corridor* for *exit access* by the number of *exits* to which the *corridor* connects, and shall be not less than the required capacity of the *exit* element to which the *corridor* leads.

1011.4 Enclosure: All *corridors* shall be fireresistance rated in accordance with Table 1011.4 based on the use group of the space and the total required capacity of all of the *exits* from the *corridor*. The *corridor* walls shall comply with Section 711.0.

Exceptions

1. A fireresistance rating is not required for *corridors* in an occupancy in Use Group E where each room that is occupied for instruction or assembly purposes has at least one-half of the required *means of egress* doors opening directly to the exterior of the building at ground level.
2. A fireresistance rating is not required for *corridors* contained within a *dwelling unit* or a guestroom in an occupancy in Use Group R.

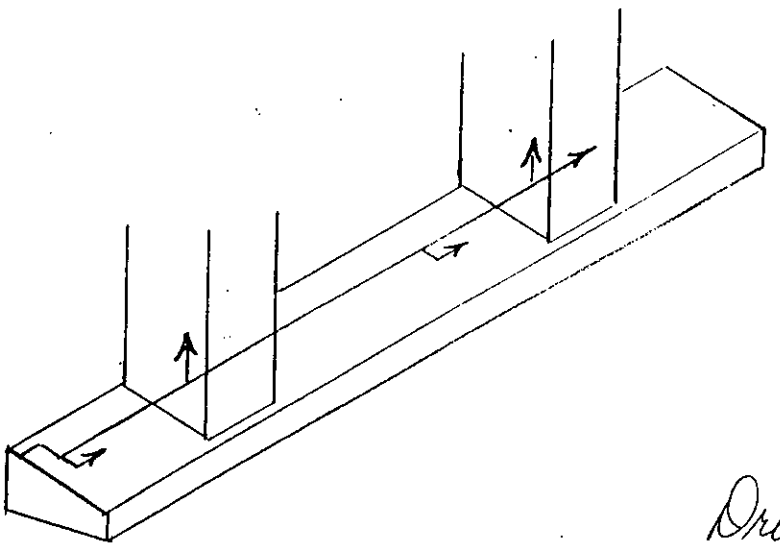
Table 1011.4
CORRIDOR FIRERESISTANCE RATING

Use Group	Total required capacity of all exits from corridor	Required fireresistance rating (hours)	
		Without sprinkler system	With sprinkler system[d]
H-1, H-2, H-3	All	1	1
H-4	Greater than 30	1	1
A, B, E, F, M, S, U	Greater than 30	1	0
I-1, R[a]	Greater than 10	1	½
I-2	All	1	0[b]
I-3	All	Not permitted	0[c]

Note a. For a reduction in the fireresistance rating for occupancies in Use Group R, see Section 1011.4, Exception 2.
Note b. For requirements for occupancies in Use Group I-2, see Section 409.3.
Note c. For a reduction in the fireresistance rating for occupancies in Use Group I-3, see Section 410.7.
Note d. Buildings equipped throughout with an automatic sprinkler system in accordance with Section 906.2.1 or 906.2.2.

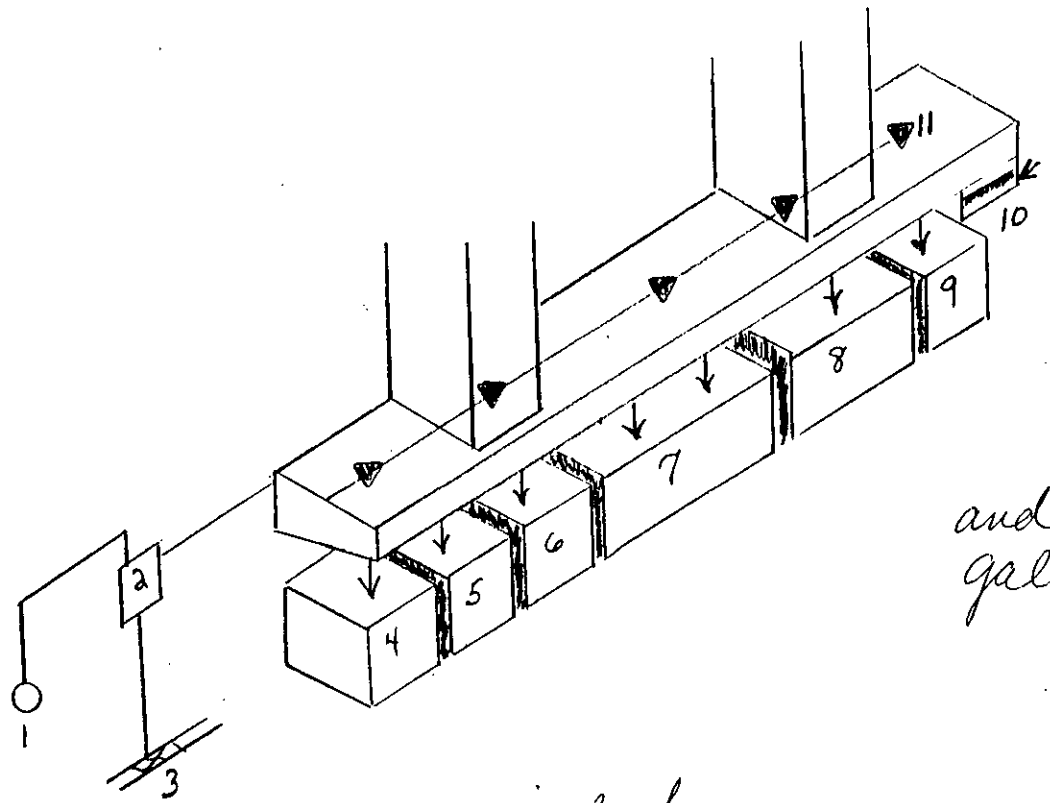
1011.4.1 Corridor walls as separation walls: Tenant, *dwelling unit* and guestroom separation walls which are also *cor-*

2770 Nanyan Cir



(1)

Drawing (1) shows hood, plenum, and 2 ducts. Hood measures 18' x 48". Plenum measures 18' x 16". Ducts measures 16" x 16". Nozzles protect these pieces. Plenum nozzle # 11982 x 3. Ducts 1 each 11985.



#11 - Detection - includes bracket, linkage, and fittings 5 Detectors will be used with proper fusible links.

Drawing (2)

#1 - Manual Pull Station

#2 - Mechanical Release Mechanism and 2 Agent Cylinders - 3.75 gallons each.

#3 - Amerex Automatic Gas Valve

#4 & #5 - 2 - 15" x 24" - Deep Fat Fryers. - Uses Nozzle # 13729 - 1 each

#6 - Pasta Cooker - Not covered.

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#8 - 2' 4 Burner Range - Uses Nozzle # 14178.

#9 - 24" x 30" Char Broiler protected by Nozzle # 11982.

#10 - 24" x 20" - Salamander Broiler - Uses Nozzle # 11982

QUOTATION

SEABOARD WELDING SUPPLY, INC.
SEABOARD FIRE & SAFETY EQUIPMENT CO.
P.O. Box 189 2112 Kings Highway
Oakhurst, New Jersey 07755
Phone : 908-493-8100 FAX: 908-493-3122

Salesman: J. Doyle

Date: 10-Nov-98

TO: Mangia
2770 Hooper Avenue
Toms River, NJ 07755
Phone- Pete 451-0204

Ship To: Same

Terms:	Estimated Ship Date:	Shipped V Via:	F>O>B>

Net 30 Days

QUANTITY	DESCRIPTION	PRICE	AMOUNT

SYSTEM INCLUDES THE FOLLOWING:
Pipe , Conduit, Fittings
System Design
8 Hours labor
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2 12501 Bracket as'y agent cylinder
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QUOTATION **$1,947.84**

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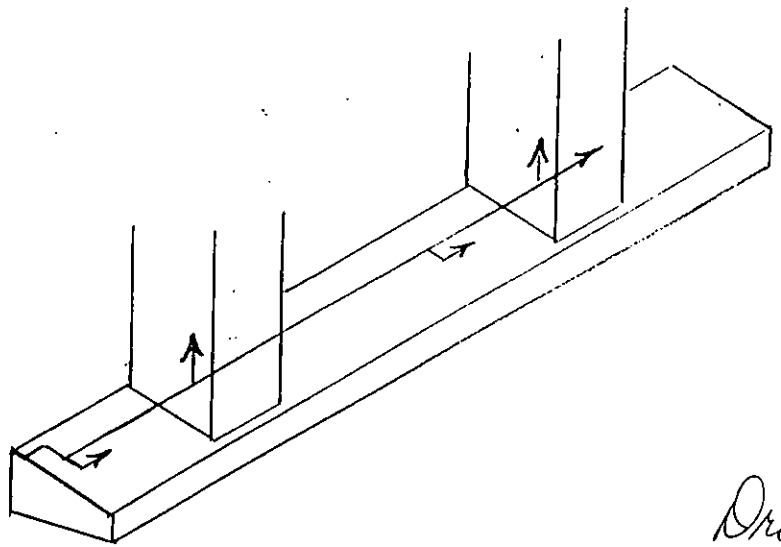

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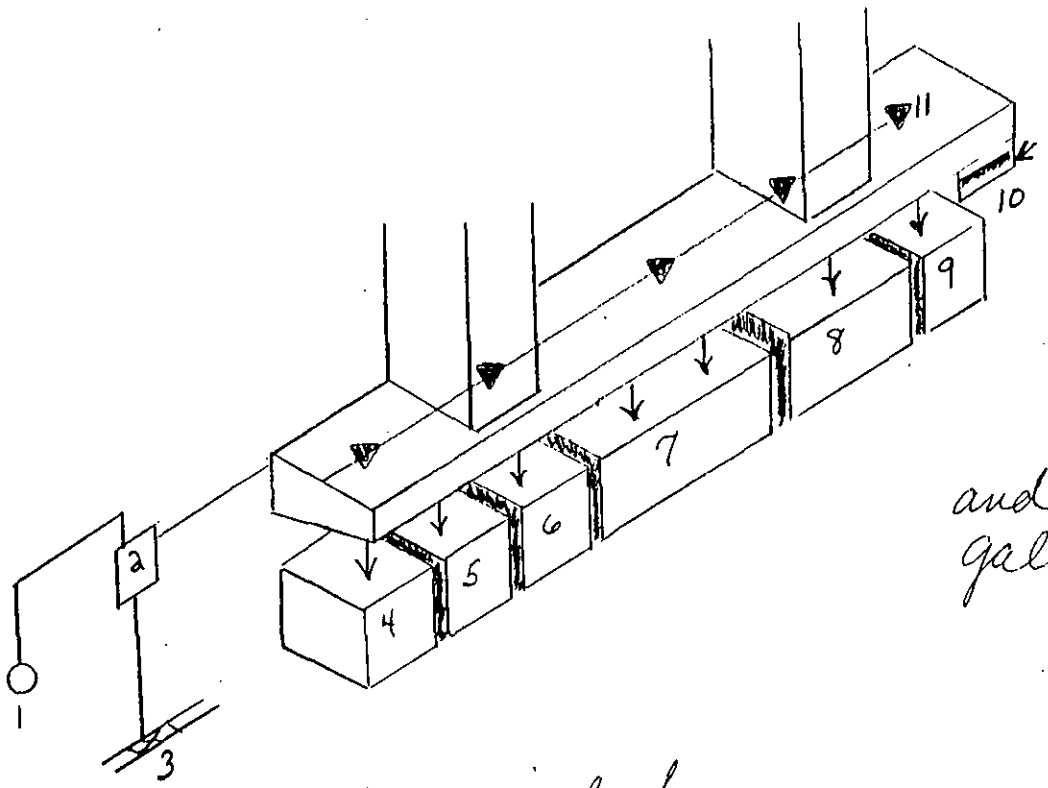

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(1) 11982

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#10 - 24" x 20" - Salamander Broiler - Uses Nozzle # 11982

SEABOARD FIRE & SAFETY EQUIPMENT CO.
2112 KING'S HIGHWAY
OAKHURST, N.J. 07755
(732) 493-8100

CERTIFICATE OF INSPECTION

For the semi-annual sevice of Amerex KP 3.75 GAL
K2 W/C System
Completed on 11/28/99
EXPIRATION DATE 11/28/99
For the premises MANGIA
Located at 2700 Hooper Ave Brichtown NJ 08724

All work done in accordance with N.F.P.A. regulations and all authorities having jurisdiction.

SEABOARD FIRE & SAFETY EQUIPMENT CO.

By Jack Fitch
Name & Title

LITHO. IN U.S.A.

SEABOARD FIRE & SAFETY EQUIPMENT CO.
2112 Kings Hwy. P.O. Box 189
Oakhurst, N.J. 07755
908-493-8100
Fax 908-493-3122

Date 1/28/99

Name: Mungia

Address: 2790 Hooper Ave
Bayville NJ 08724

Phone:

FOR: Amer KP 3750 x2 w/c

MFG. TYPE & SIZE OF SYSTEM

Type of Shutoff: Auto Gas

Appliances: 26"x24" Char Broil 60"x30" 10 Burner Stove
(2) 21"x24" Fryers 36"x24" 6 Burner 1 Oven
20x20 Underneath Broiler

Time in:

Time out:

NAFED ASSOCIATE MEMBER — NATIONAL ASSOCIATION OF FIRE EQUIPMENT DISTRIBUTORS

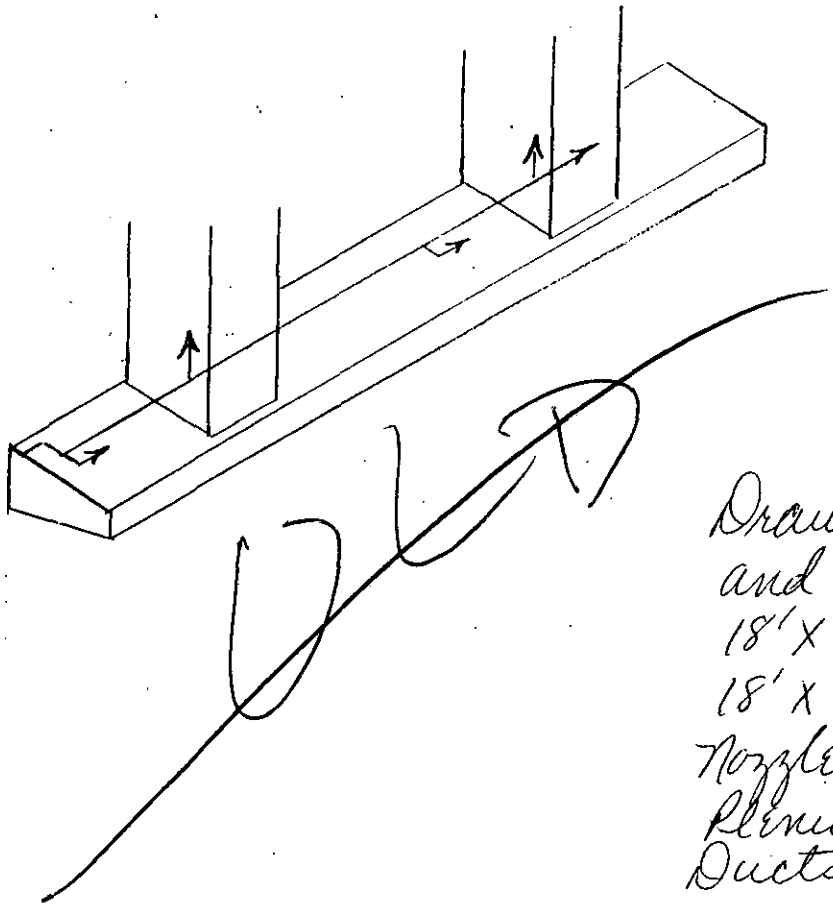
SEMI-ANNUAL INSPECTION & SERVICE REPORT

CHECK LIST

1. ✓ Insert safety pin or remove cartridge to deactivate system.
2. ✓ Check proper pressure in gauge or weight cart.
3. ✓ Are all hazards covered.
4. ✓ Are filters present and in proper place.
5. ✓ Check for grease build up in hood.
6. ✓ Check fan is operating properly.
7. ✓ Check for automatic gas or electric shut off.
8. ✓ Check discharge nozzles (all) are free of grease and in the proper discharge position.
9. ✓ Check cable for possible fraying or weak spots.
10. ✓ Change all 360 degree fusible links (clean all 500 degree links).
11. ___ Check condition of powder in all cartridge operated system tanks.
12. ✓ Check that all filters and covers are replaced.
13. ✓ Reactivate system – safety pin removed – cartridge replaced – tension reset.
14. ✓ Place inspection and service tag on system.
15. ___ Check for (and service) proper hand portables.
16. ___ Notify owner of any discrepancies.
17. ___ Instruct personnel on operation of system.
18. ✓ Test fired system & operationally checked satisfactory.
19. ___ Comments. New Old

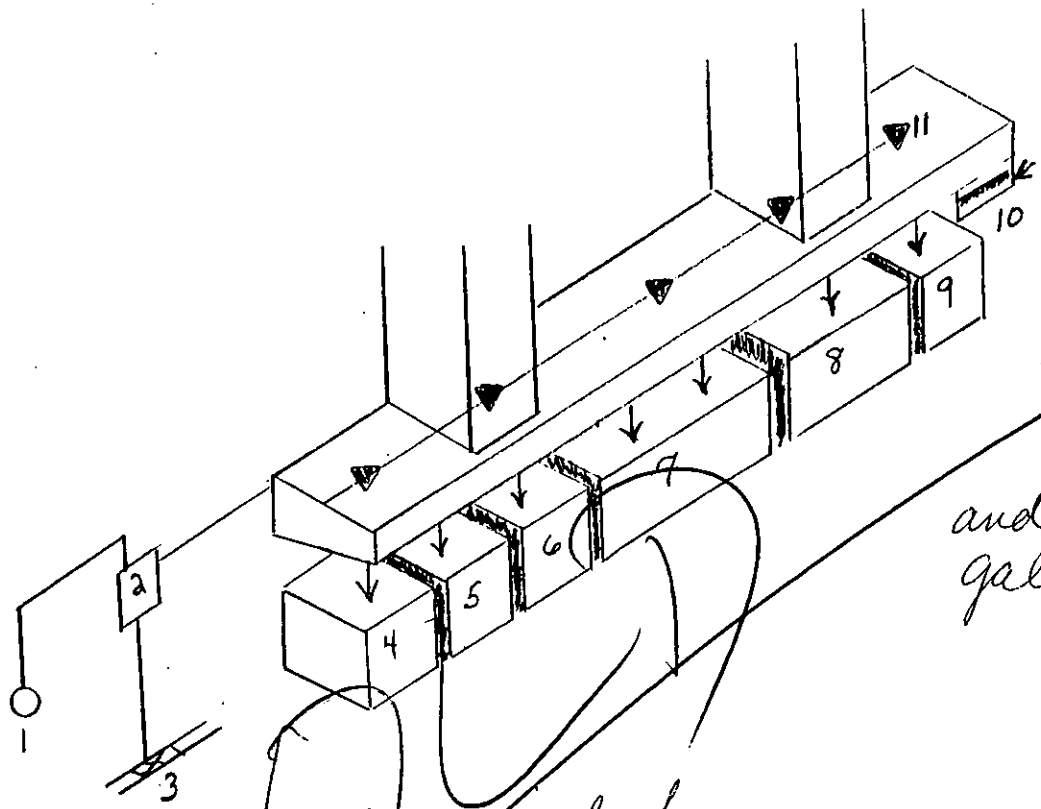
Customers signature

Serviceman's signature



(1)

Drawing (1) shows hood, plenum, and 2 ducts. Hood measures 18" x 48". Plenum measures 18" x 16". Ducts measures 16" x 16". Nozzles protect these pieces. Plenum nozzle # 11982 x 3. Ducts 1 each 11985.



#11 - Detection - includes bracket, linkage, and fittings 5 Detectors would be used with proper fusible links.

Drawing (2)

#1 - Manual Pull Station

#2 - Mechanical Release Mechanism and 2 Agent Cylinders - 3.75 gallons each.

#3 - Ansul Automatic Gas Valve

#4 & #5 - 2 - 15" x 24" - Deep Fat Fryers. - Uses Nozzle # 13729 - 1 each

#6 - Pasta Cooker - Not covered.

#7 - 36" - 6 Burner Range 12" on center - protected by 2 Nozzles - (1) 14178 (1) 11982

#8 - 2' 4 Burner Range - Uses Nozzle # 14178.

#9 - 24" x 30" Char Broiler protected by Nozzle # 11982.

#10 - 24" x 20" - Salamander Broiler - Uses Nozzle # 11982

- Have all Appliances in place
- Have hvac certified Liquid tight welds
  - Seal all seams welded
- Re test
- Gas shut off didn't happen
- sprinkler distance front / rear
- move sprinkler near corners
- floor deviations
- aisles widths.

Seaboard Fire & Safety Equipment Co.

DIVISION OF SEABOARD WELDING SUPPLY, INC.

Telephone 908 493 8100
FAX 908 493 3122

P.O. Box 189
2112 Kings Highway
Oakhurst, NJ 07755

INSPECTOR,

HERE IS THE COOKING LINE AT MARGIARE TU. PLEASE CONTACT ME ASAP FOR A TEST DAY & TIME.

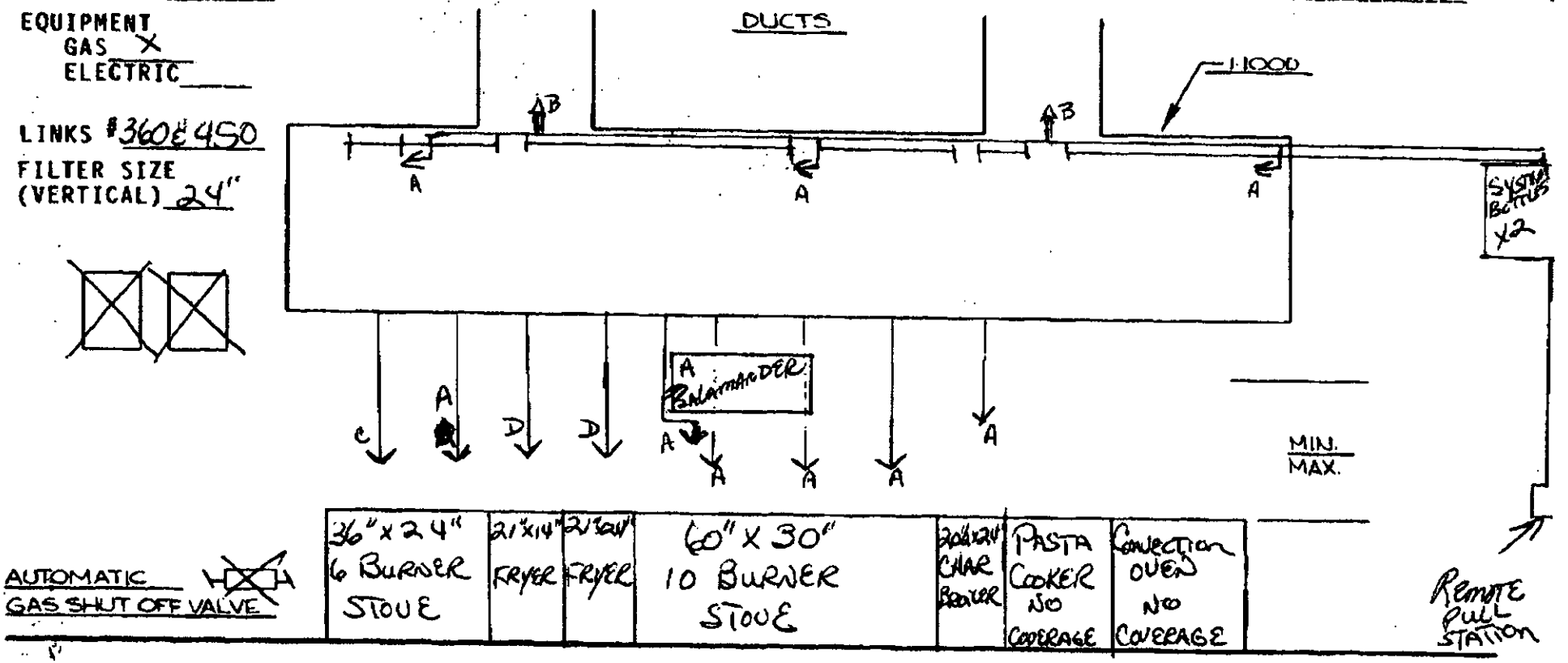
THANKS,

BUTCH KRAMER
SERVICE MANAGER

HOOD SIZE 20' x 4½'
DUCT SIZE 16" x 16"
NOZZLES #
DUCT 2
PLENUM 3
SURFACE 10
REMOTE LOCATION
10'-35' 13'
EQUIPMENT
GAS X
ELECTRIC
LINKS #360 & 450
FILTER SIZE
(VERTICAL) 24"

NAME MANGIARE TU
ADDRESS 24 KENNEDY MALL
BRICK, N.J. 08723

DATE 1/26/99
SYSTEM TYPE:
AMEREX KP 3.25 x 2



AS BUILT
NOT TO SCALE

NOZZLE LEGEND
A: 11982
B: 11985
C: 14178
D: 13729

Keep Updt

HOOD SIZE 20' x 4½'
DUCT SIZE 16" X 16"

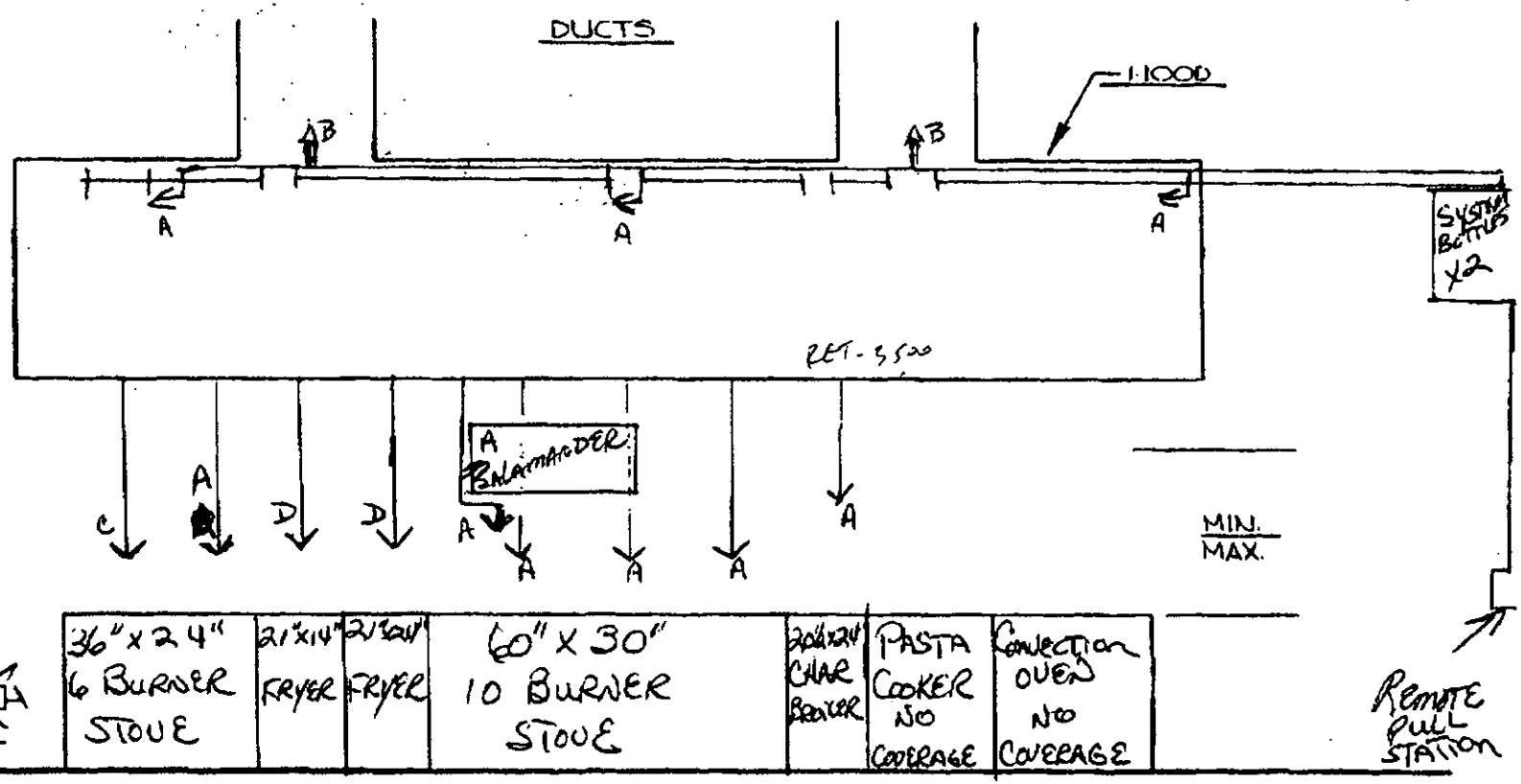
NOZZLES #
DUCT 2
PLENUM 3
SURFACE 10
REMOTE LOCATION
10'-35' 13

EQUIPMENT
GAS X
ELECTRIC

LINKS # 360 & 450
FILTER SIZE
(VERTICAL) 24"

NAME MANGIARE TU
ADDRESS 24 KENNEDY MALL
BRICK, N.J. 08723

DATE 1/26/99
SYSTEM TYPE:
AMEREX KP 3.25x2



AUTOMATIC GAS SHUT OFF VALVE

AS BUILT
NOT TO SCALE

NOZZLE LEGEND
A = 11982
B = 11985
C = 14128
D = 13729

Keep Updated

FIRE SPRINKLERS
By MONMOUTH CONTROLS & INSTRUMENTS CO., INC.
11 PINE NEEDLE STREET
HOWELL, N.J. 07731
732-458-3474
Fax 732-751-0545

1-27-99

BACK FIRE PREVENTION.
RE. SUSHI RESTAURANT KENNEDY PLAZA.
TO WHOM IT MAY CONCERN.

(5) HEADS TOTAL WILL BE MOVED AS. DISCUSSED W/ KEVIN. WITHIN 30 DAY. WE WILL CALL AS SOON AS THIS IS COMPLETE

THANK YOU.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 2770 Old Hooper
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS Tenant F.I.U.P.
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # CL-40 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

✓ Commercial is .01 %

Estimated Assessment $ 10,000.00 Date 11-10-98
Estimated Required Fee $ 100.00
Required Deposit on Estimate $ 5000 Date 11-12-98
Check # 123604463 Receipt # 1674
Actual Assessment $ 10,000.00 Date 2-1-99
Actual Required Fee $ 100.00
Minus Deposit of Estimate $ 50.00
Balance Due $ 50.00 Date 2-3-99
Check # 1044 Receipt # 1763
Amount Paid In Full $ 100.00

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

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

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 11-10-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 2770 Old Hooper
Tenant Fitup

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Mangia TM

APPLICANT Kennedy Mall Assoc. CITY & STATE Brick NJ

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

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

$ 10,000

Frederick R. Millman, CTA, Tax Assessor

11-10-98

Date

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

$ 10,000

Frederick R. Millman, CTA, Tax Assessor

2-1-99

Date

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

Lighton
Industries, Inc.
General, Electrical & Mechanical Contractors

January 19, 1999

Mr. Marcel Renson
Brick Township Electrical Inspector
Town Hall
401 Chambersbridge Road
Brick, NJ 08723

Re: Block 670, Lot #4
Permit #984301 for
Mangiare Tu
2770 Hooper Avenue (Kennedy Mall)

Dear Mr. Renson:

As per our conversation, I am writing this letter to clarify that the two ½" EMT conduits installed in the slab prior to your initial inspection were installed properly with concrete tight fittings and extend approximately 7 feet from the hostess station to the foyer adjacent wall. The one conduit contains four #12 conductors plus #12 ground wire for switch legs, and the other has four #12's plus a ground wire for receptacle feed.

We apologize that the general contractor poured these conduits prior to your inspection of them and to assure you that these conduits were installed as per NEC.

If you have any questions or concerns, please feel free to call me.

Very truly yours,

Gerard M. Aliseo
President

GMA/hb

699 Cross Street, Lakewood, New Jersey 08701 □ State License No. 945
Phone (732) 901-8625 □ FAX (732) 901-9284

6 715

COUNTER FORM
PLEASE PRINT

Potter Allison

ELECTRICAL SUBCODE

CONTRACTOR: Lighton Industries
ADDRESS: 699 Cross ST
Lakewood NJ
PHONE: (732) 901-8625
LIC. #: 945 EXP. DATE: 3/31/00
FEDERAL EMPL. #: (or S.S. #): 22-2307022

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles	10	
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other	1	220 HR
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 2,000
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name): John R Sinnelli
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: Potter Allison
ADDRESS: 55 Gibraltar Rd
Toms River NJ 08
PHONE: 732 929-4313
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): [redacted]

TECHNICAL DATA (DESCRIPTION OF WORK)

3 new

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☒ Existing
Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	Existing
Total	
Smoke Detectors	Existing
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	Existing
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	Existing
Foam Suppression	
Dry Chemical	
Wet Chemical	Infrared + Wet light
Gas or Oil Fired Appliance	(3) Fryer / Fryer
Other	Pizza Oven
Other	

Estimated Cost of Fire Protection Work: $ 2,000
Signature:
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

MANGIA TU

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 2770 ~~Brick Blvd~~ Hooper Ave Date Rec'd.:
Block: 670 Lot: 4 Date Issued:
Owner in Fee: Quinns Inc Control #:
Address: 2770 Hooper Ave Permit #:
Brick NJ
State: Zip: Phone: (732) 451-0204
SS #: Provide only if Applicant is owner

Kennedy Mall Assoc

PLUMBING SUBCODE

CONTRACTOR: Total Comfort
ADDRESS: 823 Herbertsville Rd
PHONE: 732-458-7925
LIC #: 8102087
LIC. EXPIRATION DATE: 6/30/99
FEDERAL EMP. # (or S.S. #): 22-2853401

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
5	Floor Drain
5	Sink
1	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
1 1000	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

C.A.
Estimated Cost of Plumbing Work: $ 2,000
Signature: Louis D'Allesandro
Owner ☐ Contractor ☑

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Lighting Industries
ADDRESS: 699 Cross St.
Lakewood NJ 08701
PHONE: (732) 901-8625
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2307810

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Alteration Renovation of Dining Room And Kitchen
Tenant Fit up.

TYPE OF WORK
☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☑ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS
USE GROUP Commercial Present: Rest. Proposed: Rest
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure:
Area - Largest Floor: 4,000 Sq Ft.
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: 6,000
New Building (1): $
Aleration (2): $ 10,000
TOTAL (1+2): $ 10,000
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

THE BACK OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED IN A SPECIAL WHITE INK. PERSONAL MONEY ORDER HOLD THE DOCUMENT AT A SMALL ANGLE TO SEE THIS SECURITY FEATURE

123604463

Issued By Integrated Payment Systems Inc. Englewood, Colorado
To Citibank (New York State) Buffalo, N.Y. 10-86/220

DATE 11/12/98

PAY TO THE ORDER OF Brick Township

NOT VALID FOR OVER ONE THOUSAND U.S. DOLLARS

SUMMIT BANK 5011

AMOUNT

PURCHASER'S SIGNATURE [signature] ADDRESS 2770 Hooper Ave Brick

⑆022000868⑆68"0155?⑆ 123604463

THE VARIABLE TONE BACKGROUND AREA OF THIS DOCUMENT CHANGES COLOR GRADUALLY AND SMOOTHLY FROM DARKER TONES AT BOTH TOP AND BOTTOM TO THE LIGHTEST TONE IN THE MIDDLE.

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

Date: 11-12-98

Business/Development: Manga Tu

Owner/Applicant: Kennedy Mall Assoc.

Property Address: 2770 Old Hooper

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 123604463

Estimated Fee $ 100.00

Deposit Amount $ 50.00

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]
Signature

11/12/98
Date

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

TOWNSHIP OF BRICK

2770 Hooper Ave Brick 670 4
Work Site Address Block Lot

Dominos 2770 Hooper Ave Brick NJ (732) 451-0204
Owner's Name, Address, Phone

Lighton Industries 699 Cross St Lakewood NJ (732) 901-8625
Contractor's Name, Address, Phone

Construction Alteration of Restaurant
Describe type (Single -family home, etc.)

Demolition Booths Paneling Interior Dome-
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Knock walls Paneling Booths.

Name, address and phone of party responsible for removal of debris:
Dominos Inc. 2770 Hooper Ave Brick (732) 451-0204

Size of dumpster: 30yd. cont # 220

Destination of discarded debris: Ocean County Land Fill

Hauler's DEP Permit No.: 1793 AQR

**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.

Peter Alioto — 10-30-07
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

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

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

RECEIVED

JAN 2 1 1999

DIV. OF INSPECTION

update

AOP

98-4065

COUNTER FORM
PLEASE PRINT

Mangia T 4

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: KENNY MALL — Date Rec'd.:
Block: 620 Lot: 4 — Date Issued:
Owner in Fee: PETER ALIFO — Control #:
Address: 2770 HOOPER AVE — Permit #: 98-4065 EB

State: NJ Zip: 08723 Phone: (732) 451-9400
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

Update 9840654D

ELECTRICAL SUBCODE

CONTRACTOR: Lighton Industry
ADDRESS: 699 Cross ST
Englewood N.J.
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22-2307022

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel	9	

TOTAL NUMBERS

Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	1 KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 10000.00
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys.: ☐ New ☐ Existing
Location of Furnace/Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	

Stand Pipes
Kitchen Hood Exhaust Systems
Pre-Engineered Systems
Co2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance
Other
Other:
Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: Seaboard Fire & Safety
ADDRESS: 2112 Kings Hwy
Oakhurst NJ 07755
PHONE: 493-8100
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 221762738

TECHNICAL DATA (DESCRIPTION OF WORK)

Installing Amerex KP 3.75 Gallon x 2 Automatic Fire suppression system in existing Hood and connecting to existing automatic gas shut off valve. Cooking line is Pre Piped and existing.

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	✓ U.L. 300 Approved 1994
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $ 1700
Signature: See inside of jacket
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved By:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 2770 Hooper Ave — Date Rec'd.: 11/12/98
Block: 670 Lot: 4 — Date Issued:
Owner in Fee: Designs of N.J. — Control #:
Address: 2770 Hooper Ave — Permit #:
Brick town 08724
State: NJ Zip: 0 Phone: (732) 451-0204
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: SeaBoard Fire & Safety
ADDRESS: 2112 Kings Hwy
Oakhurst NJ 07755
PHONE: 493-8105
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 221762738

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

COMMERCIAL

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Rec'd 12/17/98

Site Location: 2770 Hooper Ave Date Rec'd:
Block: 628 Lot: 4 Date Issued:
Owner in Fee: Dorie's Inc. mang Control #:
Address: 2770 old Hooper Permit #:
Brick NO.
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

Update 98-4065+C

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: Total Con Tech.	CONTRACTOR:
ADDRESS: 223 Hunt sville Brick NO: 0722	ADDRESS:
PHONE:	PHONE:
LIC #:	LIC #:
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2853401	FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
1	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Converted

Estimated Cost of Plumbing Work: $ 1000 —

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

Have contractor re permit pay seal provide jacket

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:

Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

DENINO'S INC. OF NEW JERSEY
T/A MANGIARE TU
24 KENNEDY MALL
BRICK, NJ 08723

SUMMIT BANK BRICK, NJ 55-208/312

1044

PAY Fifty Dollars XX/100 DATE 2-1-99 AMOUNT 50.00

TO THE ORDER OF Township of Brick
Attn: Affordable Housing

[redacted]

SECURITY FEATURES: MICRO PRINT TOP & BOTTOM BORDERS COLORED PATTERN - ARTIFICIAL WATERMARK ON REVERSE SIDE [illegible] ES A COPY

From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 2-3-99

Business/Development: Mangia Tu

Owner/Applicant: Denino's Inc of NJ

Property Address: 2770 Old Hooper

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 1044

Final Fee $ 100.00

Less Deposit $ 50.00

Final Payment $ 50.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature _____ Date 2/3/99

A request for access to or for a copy of Government Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

Immediate access is ordinarily available for to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.

Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.

Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page; for a police accident report there is an additional fee when the request is not made in person of $5.00 for the first 3 pages and $1.00 for each additional page, as provided by *N.J.S.A.* 39:4-131.

Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.

Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A.* 47:1A-1. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records. containing personal information pertaining the victim or the victim's family as provided by *N.J.S.A.* 47: 1A-1 et seq..

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on: _____

Estimated Number of Pages: _____

Estimated Cost: _____

Deposit: _____
[required where the anticipated cost of reproduction exceeds $5.00]

_____ Applicant

Date: _____

_____ Municipal Official

Date: _____

Township of Brick

401 Chambers Bridge Road
Brick, New Jersey 08723
Attn: Daniel F. Newman, Jr.
Construction Official

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Received: _____ Date of Response: _____

Request Accepted By: _____ I.D. Checked by: _____

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: Frank Mizen

Address: Brick Building Dpt.
(Mayor Scarpelli concern)
New Owners

Telephone [Day]: _____

Information Requested by: ____ Homeowner ____ Owner in Fee
____ Architect X Other

Type of Identification Provided:
Picture I.D. ____ **Drivers License No.** _____

Other _____

Information Requested:

Information on a Specific Property **Address** _____

Block 670 Lot 4

(X) **View/Copy Construction Permit / Sub-Code Technical Sections**
Permit Jacket 98-4065
For Monga TV

(____) ~~**View/Copy Construction Plans**~~ [specify ~~survey, site~~ plan, or other identifying information]
In Unit 66 Shelf #2 Drawer #1

(____) **View/Copy Certificate of Occupancy /Approval**

(____) **View/Copy Other** [Specify] _____