BLOCK 670 LOT 4,5,8,23 & 25 ADDRESS (SITE) 2770 Hooper Ave Brick PERMIT NO. 175-91

(Copper Hood)

CONSTRUCTION PERMIT APPLICATION

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

OC Health ok 3-14-91 Telephone

I. IDENTIFICATION

1. Proposed Work-site at: 2770 Hooper Ave (Kennedy mall) Brick
2. Name o[redacted]
   Address [redacted]
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: Richard Sieb Te[redacted]
   Addr[redacted]
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. ______ Social Security No. ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person In Charge of Work Richard Sieb Tel. ([redacted]

Com'l Alter C/O

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2250		
2. Electrical			
3. Plumbing		60 —	
4. Fire Protection	40		
5. Other Fire Suppression	85		
6. Subtotal	$ 147.50		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 172.50		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	1600.
7. ☑ Plumbing	1800.
8. ☑ Electrical	700.
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	3000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
			2/22/91		3-14-91		
	2-22-91		2-22-91		3-14-91		
			2-25-91		3/18/91		
					3-13-91		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ______
After Construction ______
Net gain or loss ______

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

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

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

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) Fire Protection
I further certify that I will ~~perform~~ the following work: — Supervise
C.3. (X) Electrical C.4. (X) 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 2/15/91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	JK	2/21/91	Comm. alt.						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 175	3-18-91	

CERTIFICATE

Date Issued 3-14-91
Control #
Permit # 175-91

IDENTIFICATION

Block 670 Lot 4,5,8,23,25
Work Site Location 2770 Hooper Ave. (Kennedy Mall)

Owner in Fee Richard Sieb
Address [redacted]
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 2 hours
Maximum Live Load
Description of Work/Use:

COPPER HOOD RESTAURANT

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX☒ **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: Pending completion of the building.

ACTING CONSTRUCTION OFFICIAL Ray Yorkowski for Arthur J. Cierzo

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Copper Hood

CONSTRUCTION PERMIT

Date Issued 2-22-91
Control #
Permit # 175-91

IDENTIFICATION Block 670 Lot 4-5-8-23-25

Work Site Location 2770 Hooper Ave
33 Abbott Ave

Owner in Fee Buick, 770
Address Richard Sieb

Tele. ( )

Contractor Richard Sieb
Address

0002
175##
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. 670 #
or Social Security No. 14.5.8.23.
25 #

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alter. & C/O

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 $ 3600.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS **(Office Use Only)**

Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

BUILDING 22.50
FIRE 40.00
FIRE 85.00
PLAN RVW 5.00
C / O 20.00
TOTAL 172.50
CHECK 172.50
CHANGE 0.00
02/22/91 NU. 5 0019A005 16:42

PERMIT UPDATE

Date Update Issued 2/25/91
Control #
Permit #
Date Permit Issued 175-91

IDENTIFICATION Block 670 Lot 4,5 8 23-25
Work Site Location 2770 HOOPER AVE. Contractor WUBIT PLMG & HEATING
Address 743 CLIFTON ST.
FORKED RIVER, N.J.
Owner in Fee RICHARD SIEM
Address [redacted]
Tele. ( ) Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 175*#
or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Plmg Update

Estimated Cost of Work $ 1870

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	0.00
Plumbing	0.00
Electrical	0.00
Fire Protection	0.00
Other	0.00
Other	
DCA Training Fee	16:49
Cert. of Occ.	
Other	
Total	60
Check No.	1350
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-22-91
Control #
Permit # 175-91

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 5 8, 23 & 25
Work Site Location 8770 Hooper Ave Kennedy Mall Brick N.J. 08723
Owner if [redacted]
Address
Tele
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security N[redacted]

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
Com'l Change "Partitions"
No Structural Changes.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2/22/91	RK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

B. BUILDING CHARACTERISTICS

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

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

U.C.C. Form F-110A

1 White - Inspector Copy
3 Pink - Applicant Copy
2 Canary - Office Copy
4 Manila Tag - Office Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-22-91
Control #
Permit # 175-91

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 5 8 23 25
Work Site Location 870 Hooper Ave Kennedy Mall
Brick N.J. 08723
Owner [redacted]
Address
Tele.
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security N [redacted]

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
Comp Change
Partitions

No Structural Changes

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2/22/91	RK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-6-91
Approved By: J. Thaler

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White - Inspector Copy
2 Canary - Office Copy
3 Pink - Applicant Copy
4 Manila Tag - Office Copy

Brick Rough Ready

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 670 Lot 4,5,8,23,25
Work Site Location 2770 Hooper Ave. (Kennedy Mall -- Cooperhood)
Brick, NJ
Owner in Fee Richard Sieb
Addre [redacted]
Tele.
Contractor Bay Electric Inc.
Address 1115c Industrial Parkway
Brick, NJ 08724
Tele. (908) 840-4100
Lic. No. 5830
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Restaurant Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 3-19-91
Approved by: _____

INSPECTIONS: Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			3-19-91	BLK 90
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-19-91	LBS #427

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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. Salvatore Vicari
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Fixtures (1)	4
25		Receptacles (2)	
4		Switches (3)	
34		Total 1 + 2 + 3	50
		Range	
		Oven(s)	
		Surface Unit	
1	15kw	Dishwasher	3
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	1/3	Motors—Fractional H.P.	1
1	1hp	Motors—All Others	3
		Transformers	
		Generators	
		Service Entrance	
		Other	

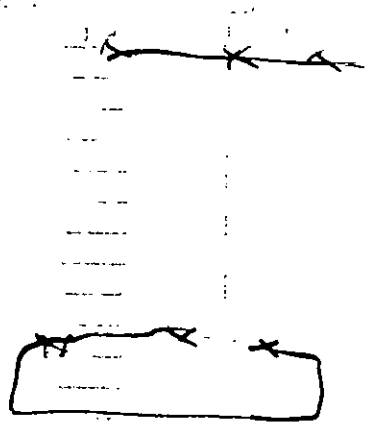
'91 MAR 1 PM 1 33

Administrative Surcharge $ _____
Paid [ ] Check # 5944 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 57

RF

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

Additional keys: right side front kitchen area from hood & front counter near entrance



Comm. Rest

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-22-91
Control #
Permit # 175-91

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, 5, 8, 23+25
Work Site Location 2770 Hooper Ave. Kennedy Mall
Brick NJ
Owner in Fee Richard Sioh
Address [redacted]
[redacted]
Contractor Jersey Coast Fire Equipment.
Address RR2 Box 211 Farmingdale NJ
Tele. (908) 938-2020
Lic. No.
Federal Emp. No. 22-2699591 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

~~A-3 Needs Seperate Permit & Drawing for Suppression Sys.~~

Use Group Present A-3 Proposed
Constr. Class: Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1200.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-22-91
Approved by: JL
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3-28-91
Approved by: JL

Check Exhaust Fan on line

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test			3-11-91	JL
Fire Alarm Test				
Smoke Test			3-28-91	JL
Mechanical			3-28-91	JL
TCO				
Other Final			3-28-91	JL
Other				
Other				

(Dates (Month/Day))

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 ~~Installation of Fire Suppression System~~ INSTALLATION OF Fire Suppression sys.

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Comm. Hood Exhaust Systems & Duct up to Roof	11' 9-	20—
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	1	45—
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Plan & Insp		~~[illegible]~~

Administrative Surcharge $ 20—
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ ~~[illegible]~~ 85—

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

Comm. Rest

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-22-91
Control #
Permit # 175-91

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

Block 620 Lot 458, 23+25
Work Site Location 2770 Hooper Ave Kennedy Mall
BRICK N.J.
Owner in Fee [redacted]
Address [redacted]
Tel [redacted]
Contractor [redacted]
Address REB BANK
Tele. (908) 758-9326
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-22-91
Approved by: JK

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3-14-91
Approved by: JK

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			3-14-91	JK
Mechanical			3-14-91	JK
TCO				
Other Final			3-14-91	JK
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Comm all.

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

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Plan & Insp.		40.-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by _____ TOTAL FEE $ _____

U.C.C. Form F-140A
1 White=inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

Copper Hoof

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/25/91
Date Issued
Control #
Permit # 175-91

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, 5, 8, 23 & 25
Work Site Location 8770 Hooper Ave
Brick, NJ 08723
Owner in Fee Richard Stolb
Address [redacted]
[redacted] 08723
Tele [redacted]
Contractor Mobile Plumbing and Heating
Address 743 Clifton St.
Forked River NJ 08731
Tele. (609) 971-7773
Lic. No. 8789
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ ~~3,000~~ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-25-91
Approved by: JAH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: 3-8-91
Date: [signature]

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Slab				
Rough			3/5/91	KAC
Water				
Sewer				
Fixtures				
Gas Equipment		2-5-91		
Gas Final			3-8-91	JH
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.

Emil Hebert Jr.
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	Sink	20-
1	Dishwasher	5-
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Ice machine	5-
	Administrative Surcharge	$ 10-
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$ 60-

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

CALLED NO ANS 2/21/91

TOWNSHIP OF BRICK

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

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 670 Lot 4/58 28 25 Address 2770 Hooper Ave

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building Need SEALED Plan

Plumbing _____

Electric _____

Fire _____

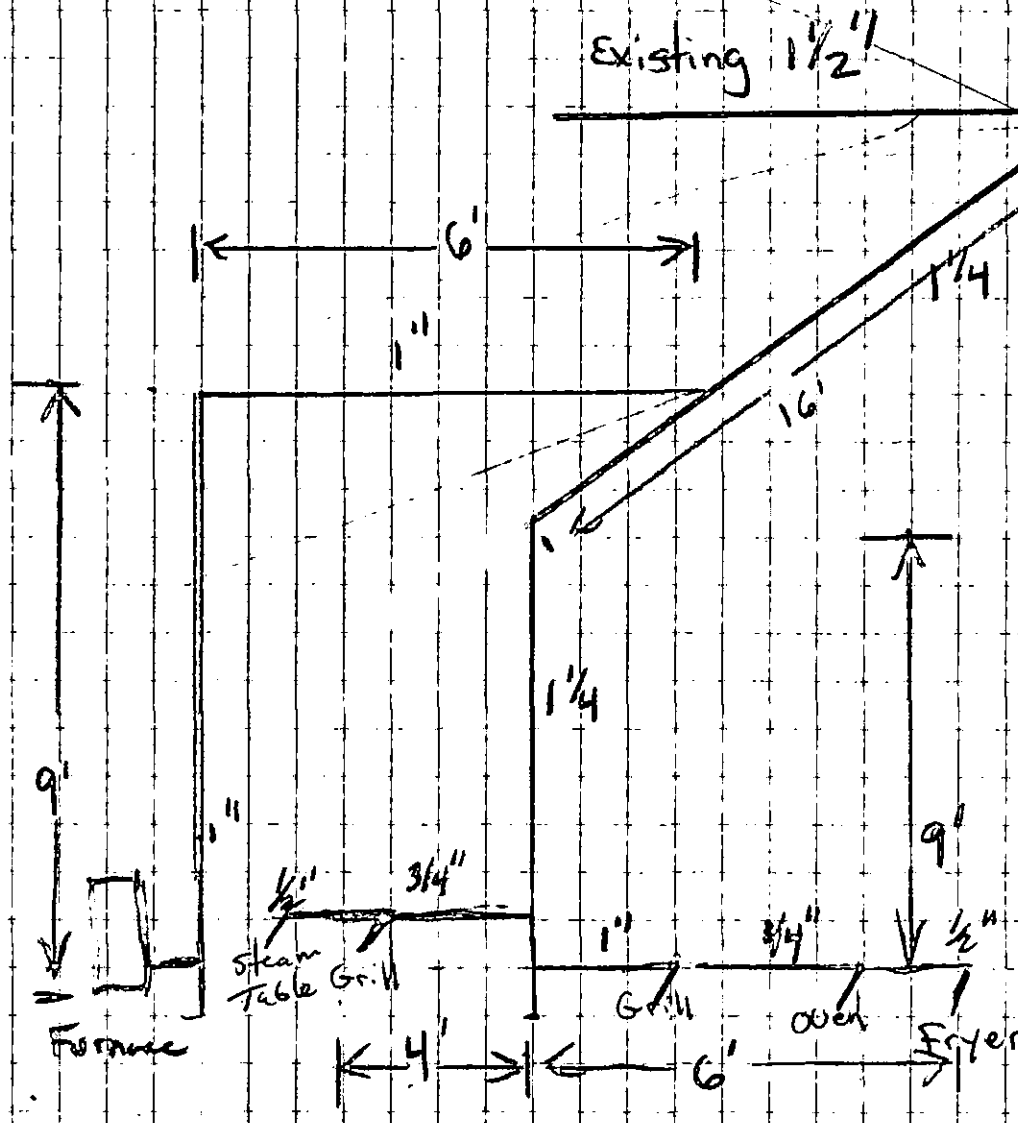
See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

_____

Arthur J. Cierzo,
Construction Official

Date _____



Gas Piping Sketch

1 4' Gas Grill	-	9 6,0 0 0
1 3' Gas Grill	-	7 0,0 0 0
1 3' Char Broiler	-	9 0,0 0 0
1 35-lb Gas Fryer	-	7 0,0 0 0
1 Gas Oven	-	20,0 0 0
1 Steam Table	-	20,0 0 0

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE:

JOB NAME:

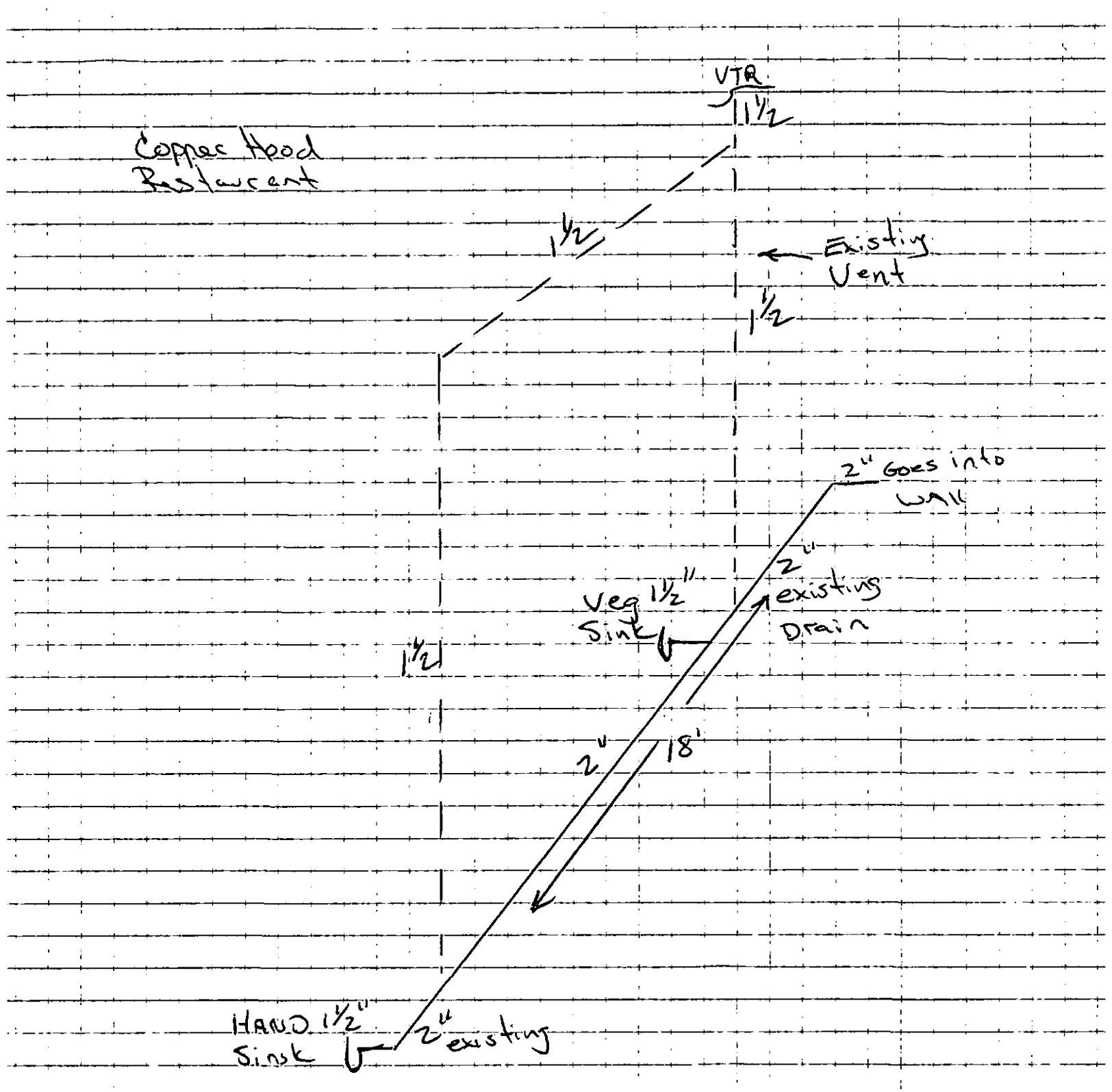
BLOCK LOT

I hereby certify that all copper potable water piping installed by me at the above address has been joined with solder and flux which complies with the National Standard Plumbing Code 4.2.4, amended and adopted February 2, 1987 by the State of New Jersey.

The Amendment reads as follows:

N.S.P.C.4.2.4 Every solder joint for tube shall be made with approved fittings. Surfaces to be soldered shall be cleaned bright. The joints shall be properly fluxed and made with approved solder. Joints for potable water used in copper, brass or wrought copper fittings shall be made with a solder and flux having a lead content of not more than 0.2 percent.

Emil Hulit Jr



Soap Sink already set
Hand Sink on Back WALL Rough is there
Grease Trap already piped and set

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
The Copper Hood	TO BE OBTAINED	3-14-91
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Jew	Brick	Begin 15:30

REG. NO.	REMARKS (Please specify area)
Note	All thermometers are provided for units.
Note	All products must be stored off floor 4-6".
✓	All cold temps - 45° F or below
	All hot temps - 140° F or above
	All storage areas - OK
	No evidence of insects or rodents
	Coast Exterminators - 2x/month.
	In compliance w/ smoking regs - A designated smoking section is provided
	Restrooms - OK
	Dishwasher temp - 185° F at final rinse.
	Outside & dumpster areas - OK
	No other discrepancies at this time.

(Attach additional sheets if necessary)

H.D.67

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 920-4447

ESTABLISHMENT TRADING NAME: The Copper Hood

NUMBER AND STREET: 2770 Hooper Ave

CITY OR MUNICIRALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO. – : To be obtained 5204

COMMUN. CODE:

RISK: I

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: Sieb

NUMBER AND STREET: c/o 2770 Hooper Ave

CITY OR MUNICIPALITY: Brick

STATE: NJ

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
3-14-91	15:30	

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 _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print): Sally A. Wickel

SIGNATURE OF INSPECTING OFFICIAL: Sally A. Wickel

PERMANENT REG. NO. B718

H.D.64