

FEB 8 1990



CONSTRUCTION PERMIT APPLICATION

BUILDING

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

I. IDENTIFICATION

1. Proposed Work-site at: Veneto's Best

2. Name of Owner in Fee: Veneto's Best Tel. () _____

Address 2 Kennedy Mall Bricktown _____

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Chief Fine Equip Tel. (201) 473-7444

Address 269 Main St, Sodi, NJ

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. 021-774-781 Social Security No. _____

5. Architect or Engineer _____ Tel. () _____

Address _____

6. Responsible Person In Charge of Work Joseph Morabito Tel. (201) 473-7444

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

- ☐ Minor Work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

11,650

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	2-14-90		2-14-90	JL			

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

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-

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

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

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group: A-3
- Change in Use Group, Indicate Former:

LDS BR 10109920

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 Robert J. Dettin Date 2/2/90

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 Chief Eric Equipo

Address 269 Main St
Lodi, N.J.

Telephone (Area) 201 273-7444

Signature Robert J. Dettin Date 2/2/90

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection <u>1-22-90</u>	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. _____
☐ None	No. _____



CONSTRUCTION PERMIT

Date Issued

2/14/90

Control #

Permit # 137 90

IDENTIFICATION Block 670 Lot 25Work Site Location 2 Kennedy Mall Contractor City Equip. SalesOwner in Fee Pruch L. Address _____Address Veneto's Rest. Tele. (____) _____

Tele. (____) _____ Lic. No. or Bdrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. **0004**or Social Security No. 137*#

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Fire Suppression

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 \$ 1600

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

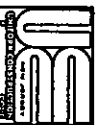
1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

BLOCK		
PAYMENTS (Office Use Only) 670 #		
Building	LOT	0.00
Plumbing	25 #	
Electrical	FIRE	58.00
Fire Protection	58.00	20.00
Other	TOTAL	78.00
Other	CHECK	78.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ. NO. 30	0005A005	6.50
Other		
Total	78 -	
Check No.	723	
Cash		
Collected By:	<u>V. J.</u>	



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 2/14/90
Date Issued
Control #
Permit # 137-90

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

Block 670 Lot 25
Work Site Location Constr. 2 East
Owner in Fee Kennedy Mall
Address _____

Tele. () _____
Contractor Chap Steel Group
Address 269 Main St 07644
Tele. () 201 723-7444
Lic. No. _____
Federal Emp. No. 221-774-781 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed _____
Const. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 1,000.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
[] No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Elec. Suppression Test _____
[] Fire Plans Approved Fire Alarm Test _____
Date: 2-14-90 Smoke Test _____
Approved by: _____ Mechanical _____
SUBCODE APPROVAL: TCO _____
[X] CO [] CCO [] CA Other Chap Steel 2-22-90
Date: 2-23-90 Other _____
Approved by: _____ 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.

Robert J. Doherty
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Construction East.
Company bond. 60 people

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() 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

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

2/14/90
137-90

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

Block 670 Lot 25

Work Site Location Penite 2 Aust

Owner in Fee Kenady mall

Address _____

Tele. () _____

Contractor Chief Fire Corp

Address 269 Main St

Tele. () 201 423 7444 07644

Lic. No. _____

Federal Emp. No. 221-774-781 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class. Present _____ Proposed _____

Heating Systems [] New [] Existing

Type: [] Gas [] Oil [] Electrical [] Solar

[] Other _____

Location: _____

Total Est. Cost of Fire Prot. Work \$ 1,000.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)

[] No Plans Required Type: Failure Failure Approval Initial

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Elec. Suppression Test _____

[] Fire Plans Approved Fire Alarm Test _____

Date: 2-14-90 Smoke Test _____

Approved by: [Signature] Mechanical _____

SUBCODE APPROVAL: TCO _____

[] CO [] CCO [] CA _____

Date: _____ Other _____

Approved by: _____ 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] SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

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

FEE (Office Use Only)

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

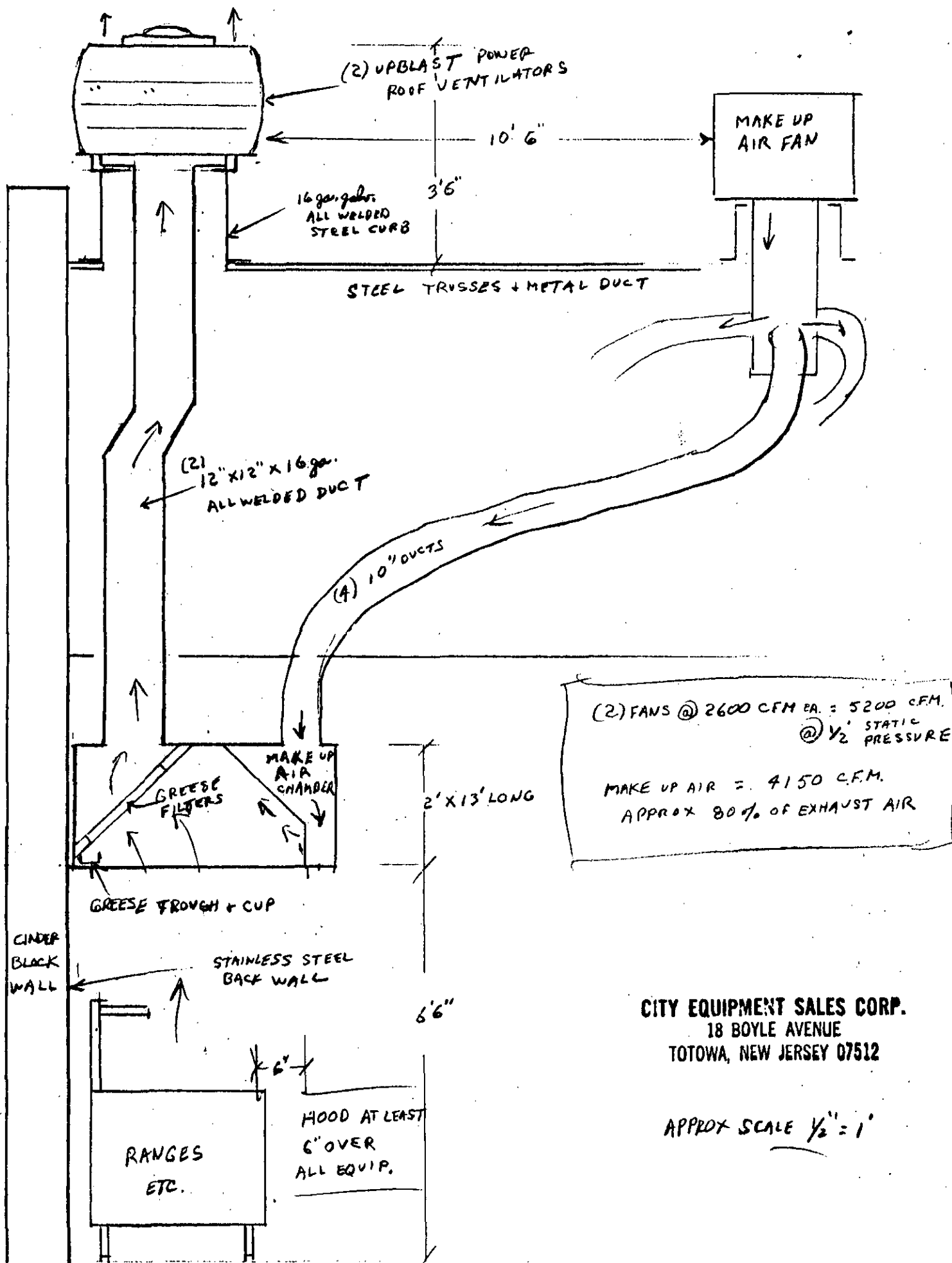
Gas or Oil Fired Appliance

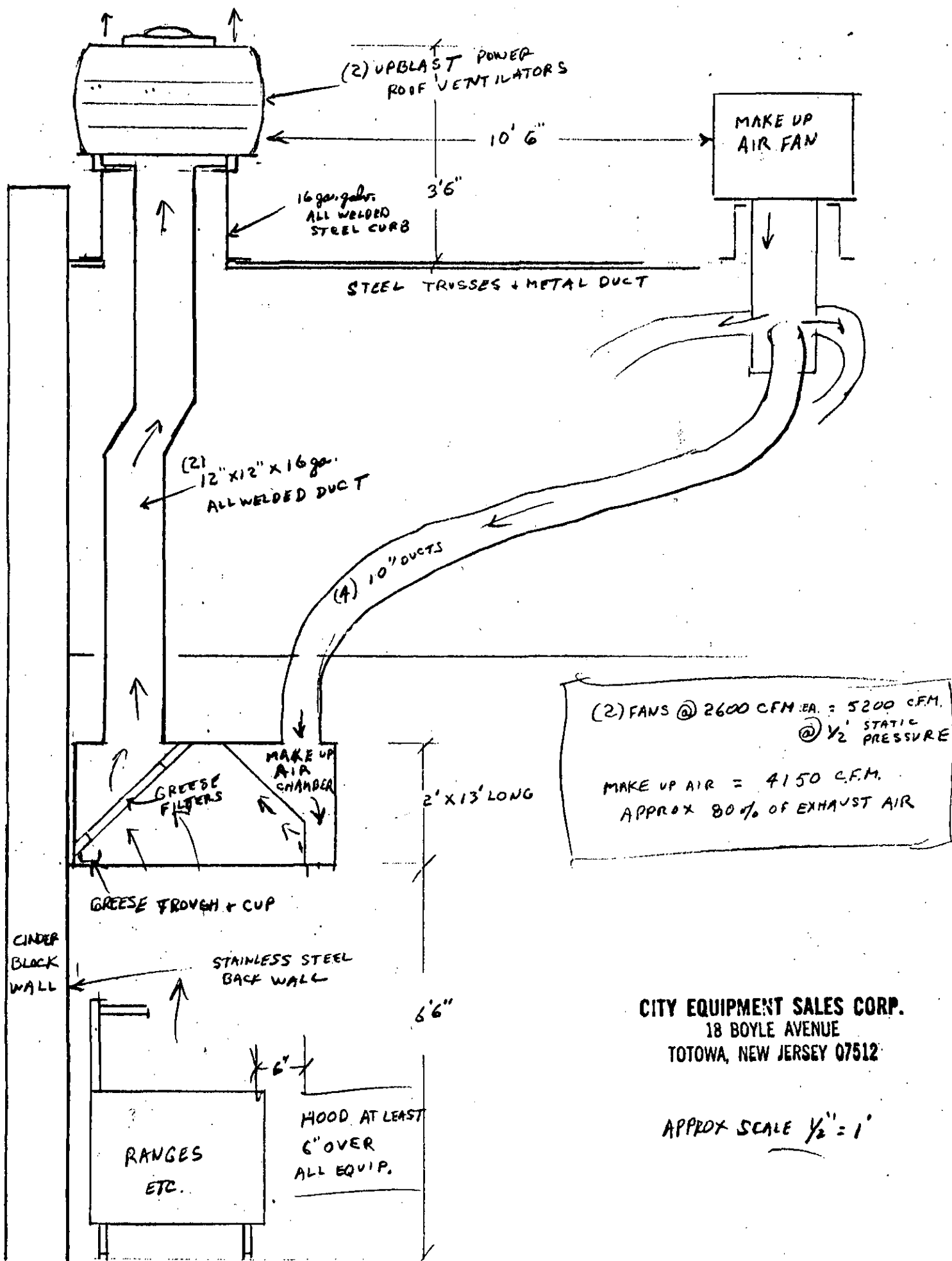
OTHER

Administrative Surcharge

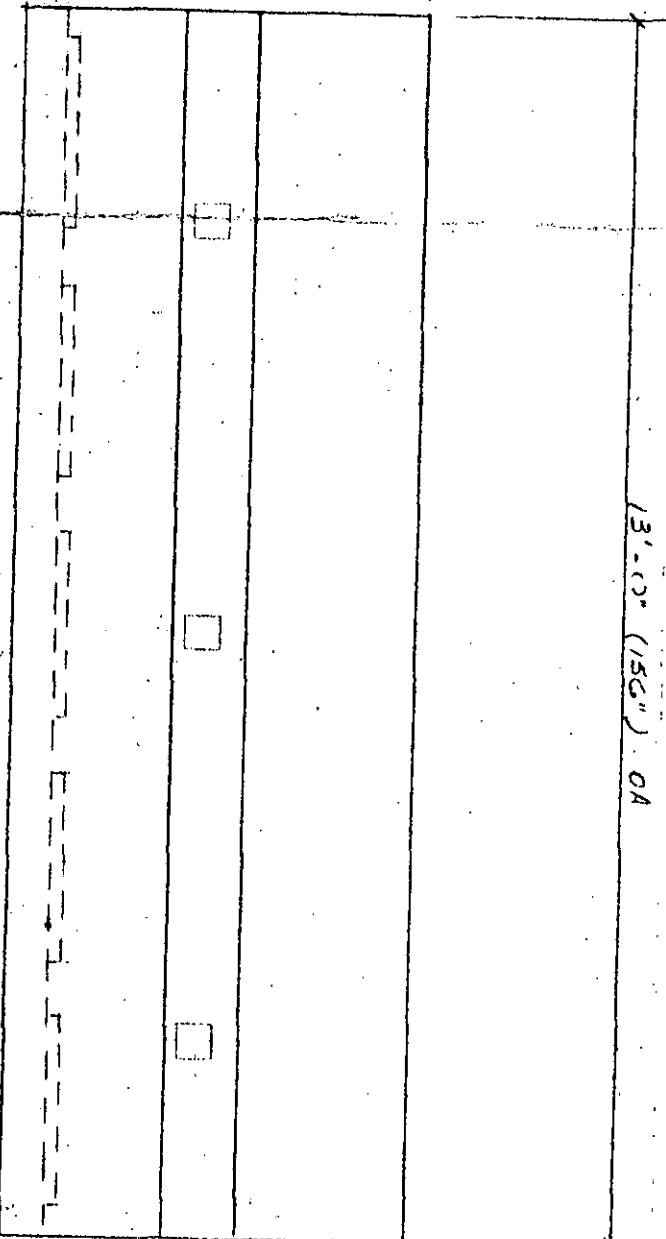
Paid [] Check # _____ Minimum Fee

Collected by _____ TOTAL FEE \$





BRICK TOWNSHIP	
Plan Review	Class Date By
Zoning	
Plumbing	
Building	
Fire	2-94-90/E
Energy	
Electrical	



1 1/2" x 1"

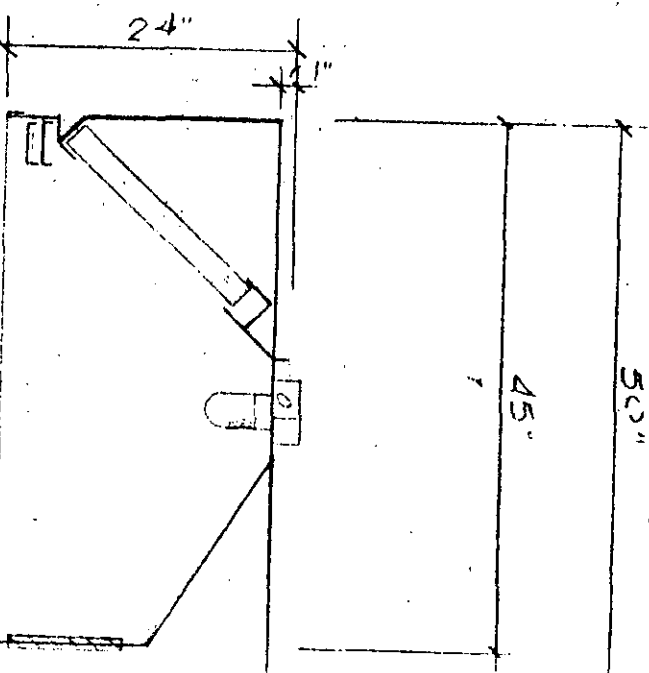
58"

1'-1 1/2"

PLAN

ITEM #5 - EXHAUST HOOD

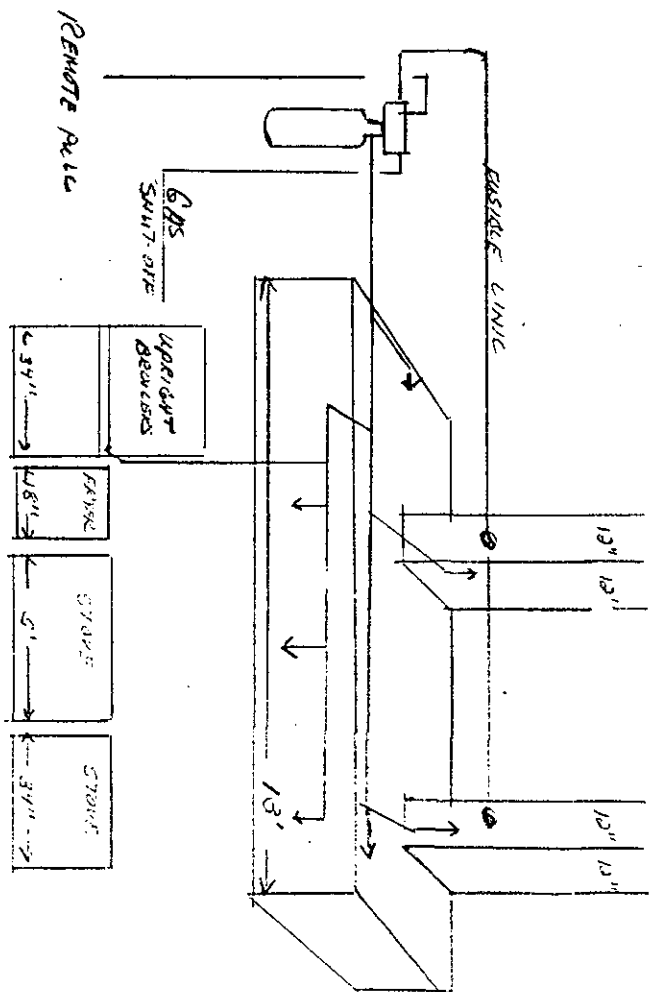
SECTION



GENERAL SPEC'S

ITEM #13 - CHEF COUNTER

(2) LOWBOYS - REMOTE 5/5 WHEEL EXTENDED



LOCATION

VENETO'S RESTAURANT
2 HENRIEDY MILL
BRICK BOULEVARD
BEICKTOWN, N.J.

INSTALLING

CHIEF FIRE EQUIP. SERV.
269 MAIN ST
LOBI, N.J.
CALL 473-2444

SYSTEM:

2.75 WET OPERATING
PABX CHIEF.

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. 26

CHECK LIST

RE: Block 670 Lot 25 Address 2 Kennedy Mall

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

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

needs plans showing Duck Blind Roof

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