C16-41 C16-41-1

BLOCK X 1149 LOT X 1 QUALIFICATION CODE _____ ADDRESS (SITE) 151 VAN ZILE RD PERMIT NO. 00-2601

RECEIVED
JUN 16 2000
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: PJ's PIZZERIA & RESTAURANT.
2. Name of Owner in Fee: SKYLINE MANAGEMENT Tel. (516) 393-8400
   Address 600 OLD COUNTRY RD (street) GARDEN CITY (municipality) NY (zip code) 11530
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work PAUL OR JOHN PESCATORE
   Tel. (732) 840-3012 FAX (____) _____

Restaurant set up alteration D.

V. FEE SUMMARY (for office use only)

		Update 7A	Update 7B
1. Building	$ 186		
2. Electrical	122		
3. Plumbing	200	35	184
4. Fire Protection	403		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	28		
10. Subtotal			
11. Cert. of Occupancy	46		
12. Other	ZPA		
13. TOTAL	$ 968	35	184

CONNECTED

AUDIT DETAIL/MANUAL APPROVAL

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☑ Alteration	
5. ☑ Fire Protection	
6. ☑ Plumbing	
7. ☑ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
CAS	6/16/00						
			6-23-00	[illegible]			
			6-26-00	CON	10/12/00		
			6-27-00	[illegible]			
			62700	[illegible]			
MM	6/20/00		6/20/00	MM			

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use: 1.8 ft.
2. Use Group: Restaurant
3. Change in Use Group, Indicate Former:

LDS BR 10202427

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 X Paul Plescatore Date 6/17/00

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 X Paul Plescatore

Address 58 Cleveland Ave

Telephone (732) 840-3012

Signature Paul Plescatore

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/12/2000
Control #
Permit # 00-2601

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee/Occupant SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-8400
Contractor PAUL PLECATORO
Address 58 CLEVELAND AVE
BRICK, NJ
Telephone (732)840-3012 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 12-8561770

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

TENANT FIT-UP/ALTERATION
GAS FIREPLACE

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

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

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

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

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

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

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

Fee $ 0
Paid [X] Check No. 1375
Collected by: LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/12/2000
Control #
Permit # 00-2601

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee/Occupant SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-8400
Contractor PAUL PLECATORO
Address 58 CLEVELAND AVE
BRICK, NJ
Telephone (732)840-3012 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 12-8561770

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

TENANT FIT-UP/ALTERATION
GAS FIREPLACE

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

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

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

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

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

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

L. Curiazza/LRT

CONSTRUCTION OFFICIAL
U.C.C. PZ60 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 1375
Collected by: LRT

0010
2601**
BLOCK 1149 # 0.00
LOT 1 # 0.00
BUILDING 185.00
ELETRIC* 122.00
PLUMBING 200.00
FIRE 403.00
D.C.A. 28.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 968.00
CHECK 968.00
CHANGE 0.00
15-7/00 NO. 5 0025A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/27/2000
Control #
Permit # 00-2601

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-8400

Contractor PAUL PLECATORO
Address 58 CLEVELAND AVE
BRICK, NJ
Telephone (732)840-3012
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 12-8561770

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/ALTERATION
GAS FIREPLACE
PJ'S EXPANDING TO NEXT DOOR- ANGELINO'S RESTAURANT

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 $ 35,000

L. Curiazza /LRT
Construction Official

06/27/2000
Date

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

PAYMENTS (Office Use Only)

Building	185
Electrical	122
Plumbing	200
Fire Protection	403
Elevator Devices	0
Other	
DCA Training Fee	28
Cert. of Occupancy	0
Other	30
Total	968 ~~938~~
Check No.	1375
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/12/2000
Control #
Permit # 00-2601+B
Permit Issued 06/27/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
ADDITIONAL APPLIANCES
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-8400

Contractor JERSEY COAST FIRE EQUIP
Address 377 ASBURY RD
HOWELL, NJ 07731-
Telephone (732)938-2020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2699591

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:
ADDITIONAL APPLIANCES NOT CHARGED ON ORIGINAL PERMIT

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	184
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	184
Check No.	1523
Cash	
Collected By	LRT

Estimated Cost of Work $ 500

Construction Official

10/12/2000
Date

U.C.C. #190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual

Work Site Location 151 VAN ZILE RD-PL'S PIZZERIA
TENANT FIT UP/ALTERATION

Owner in Fee SKYLINE MANAGEMENT

Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-

Tele.(732)681-6446 Fax (__)

Contractor ULTIMATE PLUMBING CO INC

Address P O BOX 1654
WALL, NJ 07719-

Tele.(732)681-6446

Lic. No. or Bldrs. Reg. No. 9374

Federal Emp. No.

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-27-00
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 10-6-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7-17-00	
Rough			7-26-00	
Water				
Sewer				
Fixtures	10-3-00		10-6-00	
Gas Equip.				
Gas Piping			7-17-00	
Solar				
TCO				

MORE GAS 8-2-00

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
3	Floor Drain	30
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
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
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	$ 200
	DCA Training Fee	$ 6

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual

Work Site Location 151 VAN ZILE RD-PL'S PIZZERIA
TENANT FIT UP/ALTERATION

Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(732)681-6446 Fax ( )

Contractor ULTIMATE PLUMBING CO INC
Address P O BOX 1654
WALL, NJ 07719-
Tele.(732)681-6446
Lic. No. or Bldrs. Reg. No. 9374
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-27-00
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
3	Floor Drain	30
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
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
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	200
DCA Training Fee	$	6

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 06/26/2000
Date Issued 6/27/00
Control # C16-41-1
Permit # 00-2601 HS

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
PLUMBING VARIATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-27-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other VARIATION	35
	Other	0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2000
Date Issued 6-27-00
Control # C16-41-1
Permit # 00-2601 HA

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
PLUMBING VARIATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-27-00
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other VARIATION	35
	Other	0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(732)458-6035 Fax (732)840-4804
Contractor ARRMS ELECTRICAL CONTRACTORS
Address PO BOX 761
HOWELL, NJ 07731-
Tele.(732)458-6035
Lic. No. or Bldrs. Reg. No. 11294
Federal Emp. No. 22-3251719

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present A-3 Proposed A-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 8,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 62700
Approved By: WW

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 92900
Approved By: WW

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			2/28/00 to 82900	
Temp.	Open Only			
Const Serv				
TCO				
Other				
Service				
Final			9/28/00	

Dates (Month/Day)

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

C. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
68		Lighting Fixtures	
40		Receptacles	
18		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
4		Emergency & Exit Lights	
7		Communications Points	
0		Alarm Devices/F.A.C. Panel	
137		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	5	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
1	9	KW Dishwasher	9
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
1	2	KW Elect Sign/Outline Light	9
		Other WALK-IN COOLER	35
		Other _____	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	122
DCA Training Fee	$	6

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 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(732)458-6035 Fax (732)840-4804
Contractor ARRMS ELECTRICAL CONTRACTORS
Address PO BOX 761
HOWELL, NJ 07731-
Tele.(732)458-6035
Lic. No. or Bldrs. Reg. No. 11294
Federal Emp. No. 22-3251719

B. ELECTRICAL CHARACTERISTICS

Use Group - Present A-3 Proposed A-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 8,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 6/27/00
Approved By: MM

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

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

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

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)
68		Lighting Fixtures	
40		Receptacles	
18		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
4		Emergency & Exit Lights	
7		Communications Points	
0		Alarm Devices/F.A.C. Panel	
137		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	5	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
1	9	KW Dishwasher	9
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
1	2	KW Elect Sign/Outline Light	9
		Other WALK-IN COOLER	35
		Other _____	0

	Administrative Surcharge	$ 0
Paid [ ] Check # _____	Minimum Fee	$ 0
Collected by: _____	TOTAL FEE	$ 122
	DCA Training Fee	$ 6

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601 # P

ANSelling

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

Block 1149 Lot 1 Qual

Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION

Owner in Fee SKYLINE MANAGEMENT

Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-

Tele.(732)938-2020 Fax (__)

Contractor JERSEY COAST FIRE EQUIP

Address 377 ASBURY RD
HOWELL, NJ 07731-

Tele.(732)938-2020

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2699591

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:

Total Est Cost of Fire Prot Work $ 13,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-26-00
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-5-00
Approved By: KLA

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys			8-29-00	KLA
Mechanical				
Smoke Ctl				
TCO				
Final	8-25-00	See Back		CCO
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	4	184
Other GAS FRPL		46
Other EMER/EXIT LIGHT		35

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	403
DCA Training Fee	$	10

Paid [ ] Check #
Collected by:

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

1 - 6 gal 14 — 18 -
1 - 3.75 gal - DUCT / PLENUM 7

MDC KP 600 Amerex
(UL 300 system)

3 - 6 Burners - w/ Salamander -
1 Char Broiler OK
1 Flat grill OK
2 - Fryers. OK
1 - Candy pot stove. —
(Pasta cooker)

31 | 26

31
24
31
86

8/25/W Dump test OK @ 300

1 - Jenn-Air fireplace - 10-5-W
2 - AMD 4 Appliances
3 - SPK
4 - Exit
5 - Exit Doors 10/5/01
6 - Entry Vestibule — 10/5/01

2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(732)938-2020 Fax (__)
Contractor JERSEY COAST FIRE EQUIP
Address 377 ASBURY RD
HOWELL, NJ 07731-
Tele.(732)938-2020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2699591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 13,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-26-00
Approved By: DB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	4	184
Other GAS FRPL		46
Other EMER/EXIT LIGHT		35

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 403
	DCA Training Fee	$ 10

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/11/2000
Date Issued ~~01/01/1954~~
Control # 10-12-00
Permit # 00-2601+B

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
ADDITIONAL APPLIANCES
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(732)938-2020 Fax ( )
Contractor JERSEY COAST FIRE EQUIP
Address 377 ASBURY RD
HOWELL, NJ 07731-
Tele.(732)938-2020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2699591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-12-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-12-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			10-12-00	
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	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	4	184
Other		0
Other		0

- 1 STOVE
1 CHARBROIL
1 FLAT
1 BROIL

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	184
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/11/2000
Date Issued ~~01/01/1954~~
Control # 10-12-00
Permit # 00-2601+B

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
ADDITIONAL APPLIANCES
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(732)938-2020 Fax ( )
Contractor JERSEY COAST FIRE EQUIP
Address 377 ASBURY RD
HOWELL, NJ 07731-
Tele.(732)938-2020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2699591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-12-00
Approved By: RWO

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-12-00
Approved By: CAB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			10-12-0	RWO
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	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	4	184
Other		0
Other		0

- 1 STOVE
1 CHARGRILL
1 FLAT
1 BROILER

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	184
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PJ'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-8400
Contractor PAUL PLECATORO
Address 58 CLEVELAND AVE
BRICK, NJ
Tele.(732)840-3012 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 12-8561770

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP/ALTERATION
GAS FIREPLACE
Under U.C.C. Rehab-Subcode

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-23-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 10-5-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	Rough - 7/25/00 over			
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other Above Cert.	8/28 over			
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present A-3 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 $ 7,000
3. Total (1+2) $ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	185
[ ] 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	$ 185
	DCA Training Fee	$ 6

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

7/26 - Frame rough OK - no mech. approvals yet - JK

8/25 - Penetration seperation wall 3 of 4 spots

10-5- Penetrations OK JK

COMMERCIAL

TECHNICAL SECTION
SUBCODE
BUILDING
UCC NEW JERSEY

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/16/2000
Date Issued 6/27/00
Control # C16-41
Permit # 00-2601

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

Block 1149 Lot 1 Qual
Work Site Location 151 VAN ZILE RD-PL'S PIZZERIA
TENANT FIT UP/ALTERATION
Owner in Fee SKYLINE MANAGEMENT
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-8400
Contractor PAUL PLECATORO
Address 58 CLEVELAND AVE
BRICK, NJ
Tele.(732)840-3012 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 12-8561770

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

TENANT FIT-UP/ALTERATION
GAS FIREPLACE
Under U.C.C. Rehab- Subcode.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-23-00	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	185
[ ] 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

B. BUILDING CHARACTERISTICS

Use Group Present A-3 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 $ 7,000
3. Total (1+2) $ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 185
DCA Training Fee	$ 6

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: June 19, 2000 **No.2000-1069**

Block: 1149 **Lots:** 1 **Zone**: B-3, Highway Development

Property Address: 154 Van Zile Road; Aldi Plaza

Owner : Skyline Management

Applicant:: Paul Pescatore **Phone:** 840-9615

Existing Use:
Vacant unit (former tool-a-thon)

Proposed Use:
Angelina's Restaurant

Proposed Construction:
Interior alterations for tenant fit up.

Conditions: interior work only

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUN 16 2000
ZONING

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

BLOCK 1149 LOT 1

PROPERTY ADDRESS (number and street): 154 Van Zile Rd

NAME OF PROPERTY OWNER: Sky line Mangemt

PERSONAL NAME OF APPLICANT: Paul Pescatore

BUSINESS NAME OF APPLICANT: Angelina's Restaurant

MAILING ADDRESS OF APPLICANT: [redacted]

TELEPHONE NUMBER OF APPLICANT: [redacted]

X PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☑ Commercial (please describe) Vacant

X PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☑ Commercial (please describe) Restaurant

PROPOSED CONSTRUCTION (please describe, specifically additions)

Changing Use From Foot-A-Thon To Restaurant

All dimensions: ____Width ____Length ____Height

All dimensions: ____Width ____Length ____Height

All dimensions: ____Width ____Length ____Height

Deck or Garage: ____Attached ____Detached ____Height

Fence: ____Style ____Material ____Height

CHECKLIST:

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

COMMERCIAL

"PJ's PIZZERIA"

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 151 Van Zile Rd Block 1149 Lot 1

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING	APPROVED	10/5/00 OK
PLUMBING	APPROVED	10/6/00 OK
FIRE	APPROVED	10/11/00 OK
ELECTRIC	APPROVED	9/29/00 OK
ENGINEERING	APPROVED	
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		
C.C. FROM B.T.M.U.A		

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING Sarah Reed

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 191 Van Zile Rd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Tenant F.T.W.
APPLICANT Skyline Management PHONE NUMBER 840-3012
APPLICANT ADDRESS Box 511 Coxsackie NY CITY & STATE Greenville, NY
PERMIT # C16-41 NAME OF BUSINESS P3's Pizza

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 12,000.00 Date 6-23-00
Estimated Required Fee $ 120.00
Required Deposit on Estimate $ 60.00 Date 6-23-00
Check # 1314 Receipt # 2106
Actual Assessment $ 14,000.00 Date 1-17-02
Actual Required Fee $ 140.00
Minus Deposit of Estimate $ 60.00
Balance Due $ 80.00 Date 10-16-02
Check # 1714 Receipt # 4424
Amount Paid In Full $ 80.00

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:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 6-21-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 1 SITE ADDRESS 151 Van Zile Rd
Alteration & Tenant F.I.

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Pizzeria

APPLICANT Skyline Management CITY & STATE Garden City, NY

☒ 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:

$ 12,000.42

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

6/23/00

Date

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

$ 12,000.42

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

10/11/00

Date

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

C16-41

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 1149 LOT 1

ESTABLISHMENT INFORMATION

PHONE # 840-3012

ESTABLISHMENT TRADING NAME: ANGELINA'S RESTAURANT

NUMBER AND STREET: VAN ZILE ROAD

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08725

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: JOHN PESCATORE

NUMBER AND STREET: [redacted]

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08725

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
6/20/00	0915	0950

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 KLANECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klanecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
ANGELINA'S RESTAURANT	TO BE OBTAINED	6-20-00
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 0915

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII OF THE STATE SANITARY CODE.
	NOTE: THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 24 HOURS PRIOR TO INTENDED OPENING FOR A PRE-OPERATIONAL INSPECTION

(Attach additional sheets if necessary)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 191 W. 2nd St.
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS
APPLICANT PHONE NUMBER
APPLICANT ADDRESS CITY & STATE
PERMIT # 6141 NAME OF BUSINESS

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 $ 12,000.00 Date 1-23-00
Estimated Required Fee $ 120.00
Required Deposit on Estimate $ 60.00 Date
Check # 1111 Receipt #
Actual Assessment $ _____ Date _____
Actual Required Fee $ _____
Minus Deposit of Estimate $ _____
Balance Due $ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full $ _____

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

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

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

CASE # ____________________

APPROVAL DATE: ____________________
(Planning Board/BOA)

DATE: 6-21-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 1 SITE ADDRESS 151 Van Zile Rd [illegible]

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

APPLICANT [illegible] CITY & STATE Garden City, NY

☑ 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:

$ 12,000

[signature]
Frederick R. Millman, CTA, Tax Assessor

[illegible]
Date

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

$ ____________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

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

June 23, 2000

Skyline Management
600 Old Country Rd.
Garden City, NY 11530

RE: Mandatory Development Fee
Block 1149, Lot 1 ~ 151 Van Zile Rd. ~ PJ's Pizzeria

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 June 16, 2000, for the above block and lot at $12,000.00, resulting in an estimated fee of $120.00.

Therefore, you are required to submit one half of the estimated fee ($60.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

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

If you have any questions, please contact me.

Sincerely,

Carol Wolfe (KT)

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

Rec'd 6/20/00 SM

Van Zile C16-41

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BCK 1149 Cot 1

ESTABLISHMENT INFORMATION

PHONE # 840-3012

ESTABLISHMENT TRADING NAME: ANGELINA'S RESTAURANT

NUMBER AND STREET: VAN ZILE ROAD

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08725

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: JOHN PESCATORE

NUMBER AND STREET: [redacted]

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08725

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
6/20/00	0915	0950

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 KLAMECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klamecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
ANGELINA'S RESTAURANT	TO BE OBTAINED	6-20-00
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 0915

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO
	BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII
	OF THE STATE SANITARY CODE.
	NOTE: THIS DEPARTMENT IS TO BE NOTIFIED
	AT LEAST 24 HOURS PRIOR TO INTENDED
	OPENING FOR A PRE-OPERATIONAL INSPECTIO

(Attach additional sheets if necessary)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

COMMERCIAL

Date: 6/17/00

Block: 1149 Lot: 1

Property Address: 151 Lanzile Rd

I, Paul Pisciotta (name) of 151 Lanzile Rd (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Paul Pisciotta
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

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

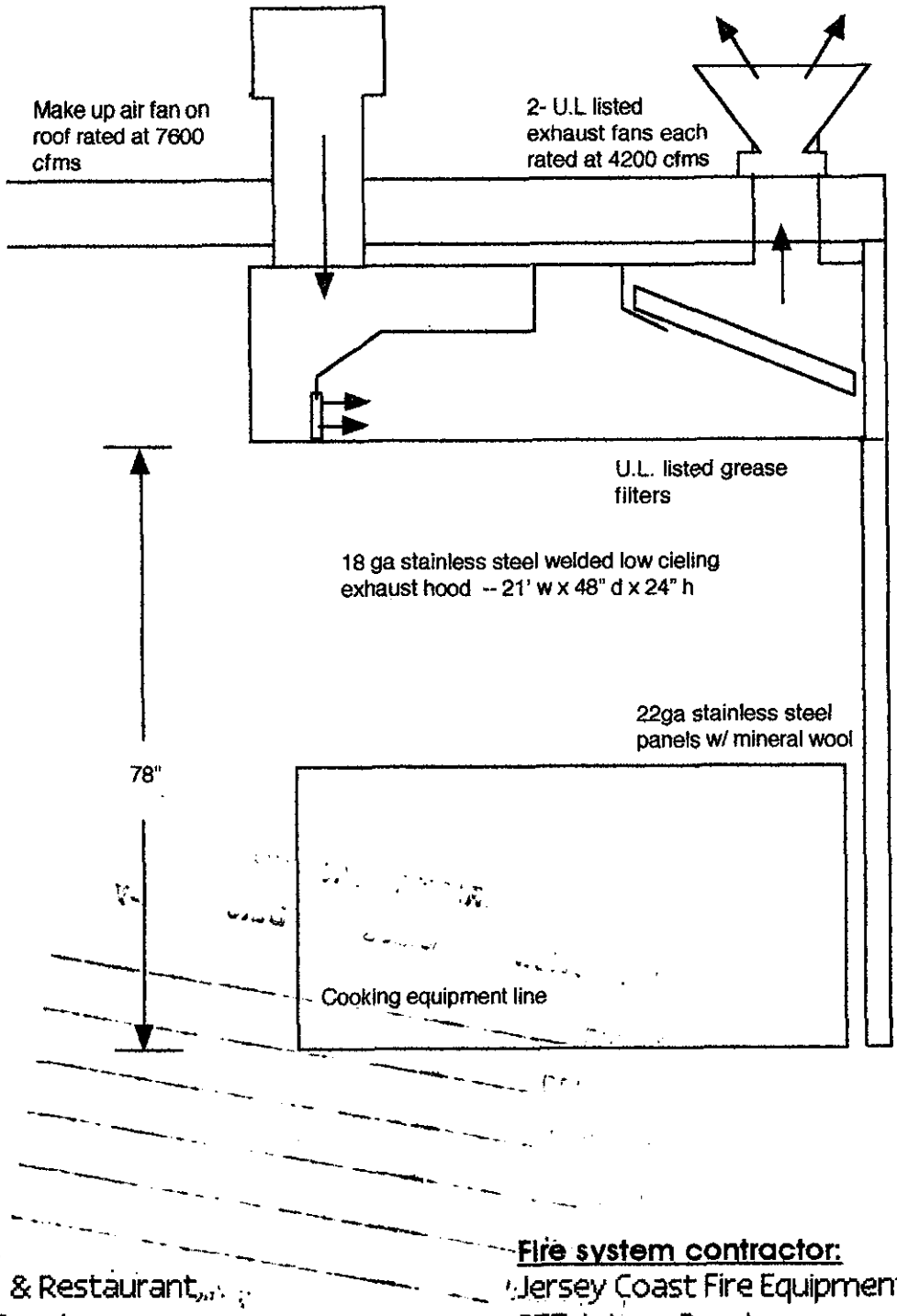
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 6/20/00 Signed: MT

Rejected on: _____ Signed: _____

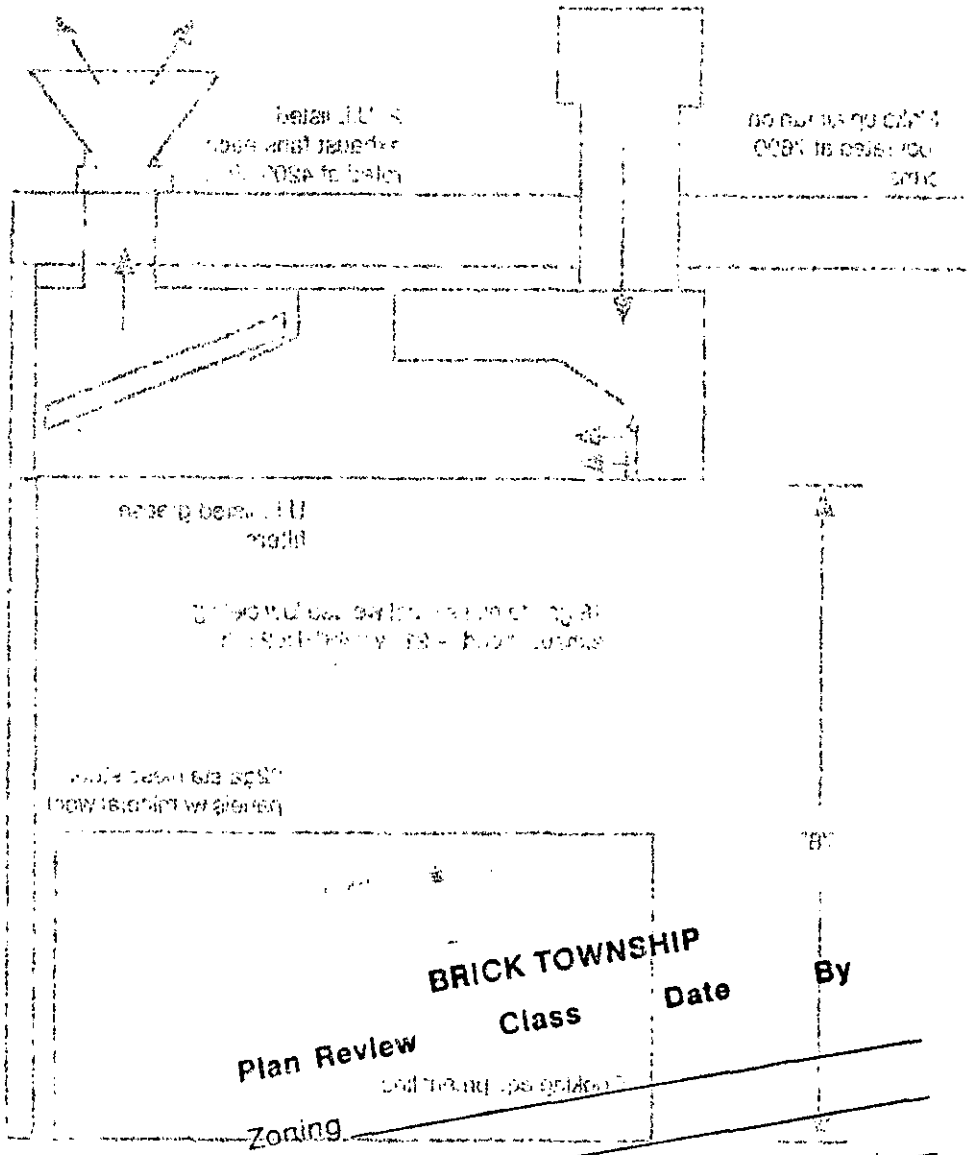
Comments:



Customer :
PJ' S Pizzeria & Restaurant
151 Van Zile Road
Brick, NJ 08724

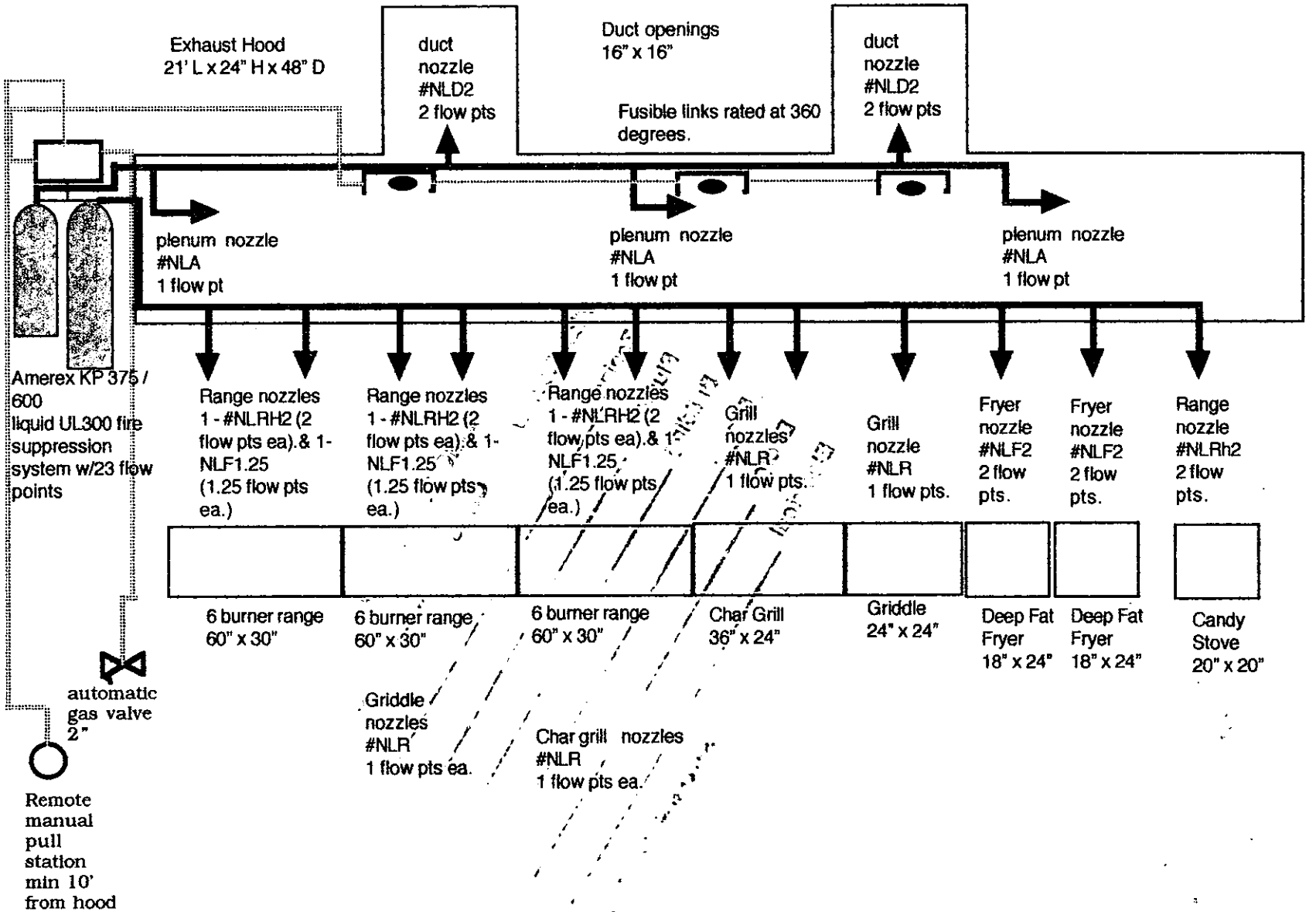
Fire system contractor:
Jersey Coast Fire Equipment
377 Asbury Road
Farmingdale, New Jersey 07727
(732) 938-2020 fax (732) 938-7751

Drawing date: 6/5/2000
Drawn by: ADF



BRICK TOWNSHIP

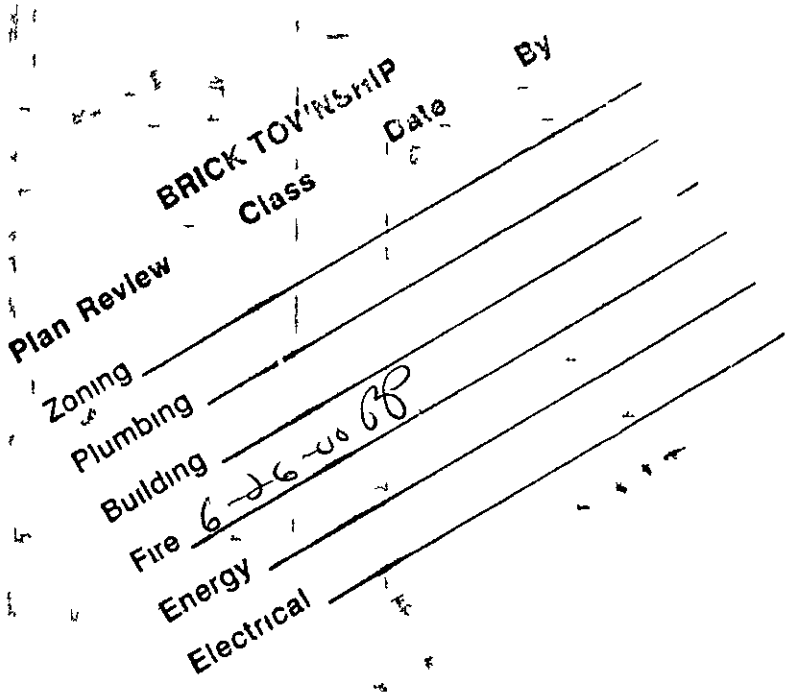
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		6-26-08	
Energy			
Electrical			



Customer :
PJ'S Pizzeria
151 Van Zile Road
Brick, NJ 08724

Drawn 6/5/00 ADF

Fire system contractor:
Jersey Coast Fire Equipment
377 Asbury Road
Farmingdale, New Jersey 07727
(732) 938-2020 fax (732) 938-7751


BRICK TOWNSHIP
Class
Date
By
Plan Review
Zoning
Plumbing
Building
Fire 6-26-06 GB
Energy
Electrical

BOCA® NATIONAL BUILDING CODE PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 6-26-00

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

BUILDING LOCATION 1511 Varsity Rd - Perry Sq. (Street address)

BUILDING DESCRIPTION Tenant fit up / Alt

REVIEWED BY BH

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)	Update permit for Emerg./Exit lighting (6)	
2)	Update permit for (5) gas appliances.	
	6/26/00 spoke w/ Paul 3pm 9pm	

TOWNSHIP OF BRICK
PLUMBING VARIATION # OF SINKS

APPLICATION FOR A VARIATION

PERMIT NO. _____
DATE ISSUED _____
Block _____ Lot _____
Subdivision _____

IDENTIFICATION

OWNER:
Name PAUL PESCATORE
CHANNEL PLAZA
Address VAN ZILE ROAD
Town/State/Zip BRICK TOWN NJ 08724

CONSTRUCTION LOCATION:
Name ANGELINA'S RESTAURANT
Address LOT 1, BLOCK 114.9
Town/State/Zip BRICK TOWN, NJ 08724

FEE

FEE: $ _____
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

I AM REQUESTING A VARIATION FROM NATIONAL STANDARD PLUMBING CODE (1996). TABLE 7.21.1A "MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES", USE GROUP - ASSEMBLY C WHICH REQUIRES THREE (3) LAVATORIES IN THE FEMALE TOILET.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.:

ASSEMBLY C PRESENTLY IS FOR RESTAURANTS & NIGHTCLUBS. IT APPEARS THAT THE CODE IS ABOUT TO CHANGE, DIFFERENTIATING BETWEEN THE NEEDS OF RESTAUARANTS AND NIGHTCLUBS, CAUSING A REDUCTION FROM THREE (3) LAVATORIES TO TWO (2) LAVATORIES IN THE FEMALE TOILET AREA. THERE IS LIMITED SPACE AVAILABLE IN THE RENOVATION TO ACCOMMODATE THE THIRD SINK WITHOUT SACRIFICING SUBSTANTIAL STORAGE SPACE.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:

I PROPOSE THAT PROVIDING TWO (2) SINKS IN THE WOMENS TOILET WILL IN NO WAY JEOPARDIZE THE HEALTH SAFETY AND WELFARE OF THE OCCUPANTS IN LIGHT OF THE PROPOSED USE (RESTAURANT) AND PENDING CODE CHANGES (SINK REDUCTION). THAT IS THE TWO SINKS WILL EQUAL THE TWO (2) REQUIRED WATER CLOSETS.

DATE: JUNE 26, 2000 SIGNED: _____ ARCHITECT FOR THE
PAUL L. BARLO APPLICANT NJC-7498

DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☑ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

RECEIVED
JUN 26 2000
DIV. OF INSPECTION

Date: _____

_____
SUBCODE OFFICIAL

_____
CONSTRUCTION OFFICIAL

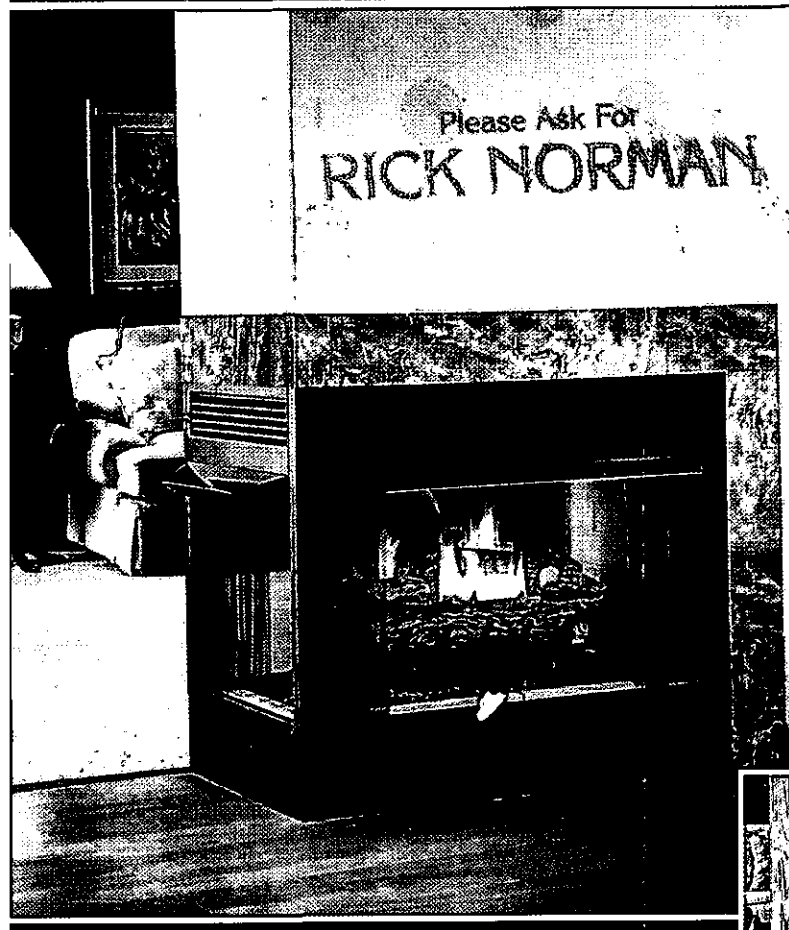
INSPECTION HISTORY
For Permit Number 00-2601
SKYLINE MANAGEMENT
151 VAN ZILE RD-PJ'S PIZZERIA

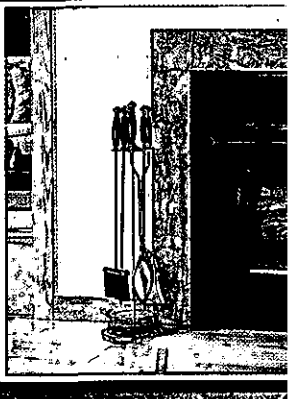
Date of Inspection	Subcode	Type of Inspection	Inspector's Initials	P F N	Comments
07/18/00	Plumbing	SLAB	DN	P	
07/18/00	Plumbing	GAS PIPING	DN	P	
07/26/00	Building	FRAME	JC	P	PENDING ROUGHS
07/26/00	Plumbing	ROUGH	DN	P	
07/28/00	Electrical	ROUGH	TO	P	WALLS
08/02/00	Plumbing	GAS PIPING	DN	P	ADDITIONAL GAS IN KIT
08/28/00	Building	FINAL	JC	F	N/R-ABOVE CEILING N/G
08/29/00	Fire	HOOD	KB	N	DUMP TEST O.K. NOT FINISHED W/REST
08/29/00	Electrical	FINAL	MR	P	FRONT HALF ONLY
09/28/00	Electrical	FINAL	PG	P OK	
09/26/00	Electrical	FINAL	MR	N	
10/03/00	Plumbing	FINAL	DN	F	
10/05/00	Building	FINAL	JC	P OK	
10/05/00	Fire	FINAL	KB	P OK	
10/06/00	Plumbing	FINAL	DN	P OK	
10/05/00	Plumbing	FINAL	DN	N	

INSPECTION HISTORY
For Permit Number 00-2601
SKYLINE MANAGEMENT
151 VAN ZILE RD-PJ'S PIZZERIA

Date of Inspection	Subcode	Type of Inspection	Inspector's Initials	P F N	Comments
07/1[illegible]/00	Plumbing	SLAB	DN	P	
07/18/00	Plumbing	GAS PIPING	DN	P	
07/26/00	Building	FRAME	JC	P	PENDING ROUGHS
07/2[illegible]/00	Plumbing	ROUGH	DN	P	
07/28/00	Electrical	ROUGH	TO	P	WALLS
08/02/00	Plumbing	GAS PIPING	DN	P	ADDITIONAL GAS IN KIT
08/28/00	Building	FINAL	JC	P	N/R-ABOVE CEILING N/G
08/29/00	Fire	HOOD	KB	N	DUMP TEST O.K. NOT FINISHED W/ZEST
08/29/00	Electrical	FINAL	MR	P	FRONT HALF ONLY
09/28/00	Electrical	FINAL	[illegible]	P	
09/26/00	Electrical	FINAL	MR	N	
10/03/00	Plumbing	FINAL	DN	F	
10/05/00	Building	FINAL	JC	P	
10/05/00	Fire	FINAL	KB	P	
10/06/00	Plumbing	FINAL	DN	P	
10/05/00	Plumbing	FINAL	DN	N	

E-THRU & PENINS
NT-FREE FIREBOX
UNIVERSALLY LISTE





• *The FMI Vent-Free Circulating Louvered Peninsula Firebox, brass hood accessory, and FMI Multi-Sided Vent-Free Gas Log Heater.*

• *The FMI Vent-Free Circula brass hood accessory, and F Vent-Free Gas Log Heater.*

Vent-Free See-Thru or Peninsula Vent-Free enable you to enjoy the beauty of an up-scale when combined with the warmth and realism of Multi-Sided Vent-Free Gas Log Heater. FMI Fireboxes are universally listed and can be paired sided multi-sided deco

fmi

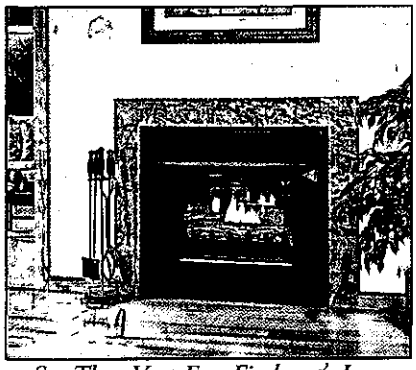
SEE-THRU & PENINSULA VENT-FREE FIREBOXES

UNIVERSALLY LISTED*

The FMI See-Thru and Peninsula Vent-Free Fireboxes enable you to create the ultimate in hearth ambience with an easy, economical installation. Since no chimeny is required, installation is a fraction of the total cost of a vented wood burning fireplace.

The perfect pair . . . an FMI See-Thru or Peninsula Vent-Free Firebox and a Multi-Sided Vent-Free Gas Log Heater.

Pair the beautiful FMI Heat Majic™ (or any brand) of vent-free multi-sided gas log heater (physical size limitations apply) with either of these attractive fireboxes and instantly create a realistic, heat producing fireplace almost anywhere in your home.



See-Thru Vent-Free Firebox & Logs

Peninsula Vent-Free Firebox & Logs

Heat Majic™ Multi-Sided Vent-Free Gas Log Heater

Front View

Rear View

Please Ask For RICK NORMAN

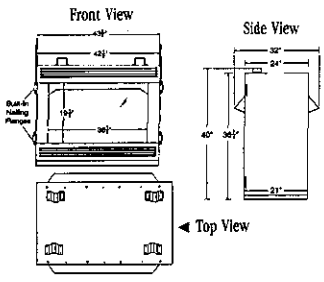
The See-Thru Firebox is available in two models, a heat circulating louvered model that can be fitted with the optional blower, and a non-circulating, smooth faced model, ideal for custom trim applications such as stone or marble. The circulating See-Thru Firebox has standard black louvers and hoods which can be upgraded with optional brass accessories. All See-Thru Fireboxes have concrete brick liner sides and bottom plus wire mesh screens on both sides.

The Peninsula Firebox is available in a heat-circulating louvered design, which includes black hoods and louvers on all three sides. A concrete brick liner on the side and bottom plus wire mesh screens (on all three sides) are included. The Peninsula Firebox can be accessorized with an optional blower, brass louvers and hoods.

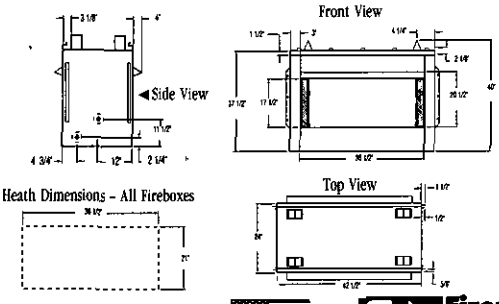
SEE-THRU VENT-FREE FIREBOX		
Part/Model Number	Description	Shipping Wt.
01850/UVC-ST	Circulating Louvered Firebox Includes Black Hood, Louvers, Concrete Brick Liner on Sides and Floor, Wire Mesh Firescreen and Duplex Outlet.	146 lbs.
01849/UV-ST	Smooth Face Non-Circulating Smooth Face Firebox Includes Black Hood, Concrete Brick Liner on Sides and Floor, and Wire Mesh Firescreen. Does Not Accept Blower.	146 lbs.
SEE-THRU VENT-FREE FIREBOX ACCESSORIES		
Part/Model Number	Description	Shipping Wt.
01851/CBK-ST	Dual Manual Blower – Variable Speed	9 lbs.
01861/FLPUVC-ST	Brass Louvers - for One Side of Firebox - Top and Bottom	10 lbs.
01852/PHDUV-ST	Brass Hood - for One Side of Firebox	4 lbs.
PENINSULA VENT-FREE FIREBOX		
Part/Model Number	Description	Shipping Wt.
02237/FGPN	Circulating Louvered Firebox Includes Black Hood, Louvers, Concrete Brick Liner on Side and Floor, Wire Mesh Firescreen and Duplex Outlet.	128 lbs.
PENINSULA VENT-FREE FIREBOX ACCESSORIES		
Part/Model Number	Description	Shipping Wt.
02250/FA3500A	Manual Blower, Variable Speed	5 lbs.
02239/FGA6054	Brass Hood Kit for One Side of Firebox	3 lbs.
02240/FGA6017	Brass Hood Kit for End of Firebox	2 lbs.
02241/FGBL41	Brass Louver Kit for One Side of Firebox	5 lbs.
02242/FGBL17	Brass Louver Kit for End of Firebox	2 lbs.

* All FMI Fireboxes are approved as universal fireboxes and can be paired with any manufacturer's ANSI Z21.11.2 approved vent-free log (physical size limitations apply).

Pennisula Dimensions



See-Thru Dimensions



IMPORTANT

- Installation must be done by qualified service persons.
- Read Owners Manual before using.
- Check local codes and ordinances for permitted uses.
- Approved for manufactured (mobile) home installation. Not for use in recreational vehicles.
- We reserve the right to amend product specifications without notice.
- Use with adequate air (ventilation) only. Humidifies while it heats. Provides water vapor in the area heated. *Refer to Owner's Manual for specifics.*
- Operating heater at very high elevations could cause nuisance outages. · The only warranty we offer is our standard warranty.
- Please read the warranty for any limitations or disclaimers.
- All products carry a four year warranty. Accessories have one year warranty.

Made in U.S.A

Fireplace Manufacturers Incorporated

For More Information Call 1-800-888-2050

#55804 03/99 Printed in U.S.A.

Paid 10/11/00 GT

Counter Form
PLEASE PRINT

Update 00-2601+B

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: Jersey Coast Fire Equip
Address: 370 Lafayette
Hamilton NJ 08231
Phone #: 732-938-2020
Lis #:_____
Federal Emp # or SSN 22-2699591

Technical Data

Description of Work:

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

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances 4

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work 500.-

Signature:_____

Print Name: John Rescigno

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 151 Van Zile Rd.
Block: 1149 Lot: 1
Owner's Name: Skyler Knight
Owner's Mailing Address: _____
_____
Phone: (_____) _____

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

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

Technical Data

Item Quantity

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel _____
Total _____

Pool _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____KW
Oven/Surface Unit _____KW
Electric Water Heater _____KW
Electric Dryer _____KW
Dishwasher _____KW
Garbage Disposal _____HP
A/C Unit –Central Air _____KW
Space Heater/Air Handler _____KW
Baseboard Heating _____KW
Motors 1+ HP _____
Transformer/Generator _____KW
Light Stander _____AMP
Service _____AMP
Subpanel _____AMP
Motor Control Center _____AMP
Sign/Outline Light _____KW
Furnace _____
Steam Boiler _____
Other:

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: ULTIMATE PLG CO. INC
Address: P.O. Box 1654
WALL NJ. 07719
Phone #: (732) 681-6446
Lis #: 9374
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	3
Urinals/Bidets	1
Bath Tub	
Lavatory	4
Shower	
Floor Drain	3
Sink	2
Dishwasher	1
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	4
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work: 7000.00
Signature: [signature]
Please Print Name: Anthony Mincielli

CONTRACTOR'S SEAL

FIRE

Contractor: Jersey Coast Fire Equipment
Address: 377 Asbury Rd
Farmingdale NJ. 07727
Phone #: 732-938-2020
Lis #:
Federal Emp # or SSN - 22 2699591

Technical Data

Description of Work:

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

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

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	1

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical 1

Gas/ Oil Fired Appliances: 1 Certi.
Number of gas/oil fired appliances [illegible]
Furnace 2 STOVES - [illegible] Deep Fryer
Gas/Wood Fireplace 1 GAS
Gas Logs
Wood Burning Stove
Other: Emergency + Exit Lights

Estimated Cost of Fire Work: 13,000.00
Signature: [signature]
Print Name: Albert D. Fecci
Jersey Coast Fire Equipment

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: PJ's Pizzeria 151 VAN ZILE RD BRICK NJ
Block: 1149 Lot: 1
Owner's Name: SKYLINE MANAGEMENT
Owner's Mailing Address: 600 OCD COUNTY RD
GARDEN CITY L.I. 11530
Phone: (516) 393-8400

BUILDING

Contractor: Paul Pescatore
Address: [redacted]
Phone#: [redacted]
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

X Alteration
X Fire Alarm

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign 24 sq ft

Building Characteristics

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

Cost of Alteration:
Cost of New Building: 7,000
Total Cost of Building Work: ~~35,000~~

Signature: Paul Pescatore
Please Print Name PAUL PESCATORE

ELECTRICAL

Contractor: ARMS ELECTRICAL CONT.
Address: P.O. Box 761
Howell, N.J. 07731
Phone#: 732-458-6035
Lis #: 11294
Federal Emp # or SSN 22-3251719

Technical Data

Item	Quantity
Lighting Fixtures	68
Receptacles	40
Switches	18
Detectors	not on plans.
Light Poles	
Motors w/ Fract. HP	~~Connection Only~~
Emergency & Exit Lights	4
Communication Points	7
Alarm Devices/FAC Panel	
Total	137

Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	4.5 KW
Electric Dryer	[redacted] KW
Dishwasher	8.5 KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	1.5 KW
Furnace	
Steam Boiler	
Other:	WALK IN Cooler Box

Estimated Cost of Electrical Work: $8,000

Signature: Richard Roberto
Please Print Name RICHARD ROBERTO

CONTRACTOR'S SEAL

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

TOWNSHIP OF BRICK

154 Van Zile Rd | 1149 | 1
Work Site Address | Block | Lot

Paul Pescatore 58 Cleveland Ave Brick
Owner's Name, Address, Phone

Same
Contractor's Name, Address, Phone

Construction STORE FRONT RENTAL SPACE
Describe type (Single -family home, etc.)

Demolition
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:
Waste Management Co. 1-800 348-6161

Size of dumpster: 6 YRD CONTAINER

Destination of discarded debris: Ocean County Landfill (Manchester)

Hauler's DEP Permit No.: 30-3700143

**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.

Paul Pescatore | Paul Pescatore | 6/17
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

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

Recycling tonnage receipts attached?

Certified tipping receipts attached?

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

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

P. J. PIZZA, INC.
151 VANZILE RD.
BRICK, NJ 08724

55-760/312 814

DATE 6/23/2000

PAY TO THE ORDER OF Township of Brick $ 60.00

sixty DOLLARS

Security features included. Details on back.

PNCBANK
PNC Bank, N.A. 060
New Jersey

FOR

Paul Pizzato

⑈00137 2⑈ ⑆031207607⑆ 80 1155434 7⑈

Tony R. Shupin

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

Date: 6-23-00

Business/Development: P.J.'S Pizza

Owner/Applicant: Skyline Management

Property Address: 151 Vanzile Road

Block: 1149 Lot: 1

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 1372

Estimated Fee $ 120.00

Deposit Amount $ 60.00

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

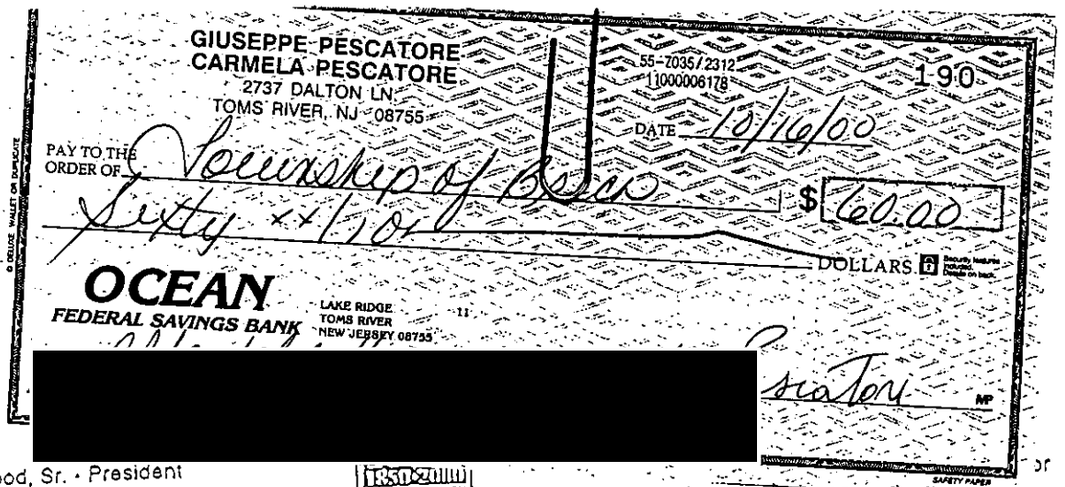
Collection of said fees as authorized by Township Ordinance 354-2C-93 is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

6-23-00
Date

AHBT PRELIMINARY APPROVAL


GIUSEPPE PESCATORE
CARMELA PESCATORE
2737 DALTON LN
TOMS RIVER, NJ 08755

55-7035/2312
1000006178

190

DATE 10/16/00

PAY TO THE ORDER OF Township of Brick

Sixty ++/100

$ 60.00

DOLLARS

OCEAN
FEDERAL SAVINGS BANK
LAKE RIDGE
TOMS RIVER
NEW JERSEY 08755

[redacted]

seph C. Scarpelli

nship Council:
Frederick J. Underwood, Sr. - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

(732) 262-1040
Fax: (732) 262-8954 or (732) 920-1458
http://www.twp.brick.nj.us

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

Date: 10-16-00

Business/Development: PJ's Pizza

Owner/Applicant: Giuseppe Pescatore

Property Address: 151 Van Zile Rd.

Block: 1149 Lot: 1

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 190

Final Fee $ 120.00

Less Deposit $ 60.00

Final Payment $ 60.00

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:

Kathy Tinberg
Signature

10-16-00
Date

AHBT FINAL APPROVAL