CT-11

BLOCK 701 LOT 7 QUALIFICATION CODE ______ ADDRESS (SITE) CALDOR Shopping Center B.T. 644 PERMIT NO. 99-3626

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: SHOPRITE SHOPPING CENTER UNIT 20
2. Name of Owner in Fee: ANTHONY Schiffilliti Tel. (732) 831-0087
   Address 674 Rt. 70 Brick N.J. 08723 (street, municipality, zip code)
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 YEZZI ASSOCIATES Tel. (732) 2403433
   Address 18 WASHINGTON ST. TOMS RIVER NJ. 08754
6. Responsible Person in Charge of Work MASSIMO YEZZI
   Tel. ( ) SAME FAX (732) 240 3463

tenant fit-up

V. FEE SUMMARY (for office use only)

			Update +A	Update +B	+C
1.	Building	$ 260			
2.	Electrical		35.–	0	
3.	Plumbing	100			
4.	Fire Protection			Electrical	157.–
5.	Elevator Devices				
6.	Subtotal	$			
7.	Less 20% for State Plan Review				
8.	Subtotal	$			
9.	DCA Training Fee	12			
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other EP only	15			
13.	TOTAL	$ 387	35.–		157.–

VI. BUILDING/SITE CHARACTERISTICS

			(office use only) +D
1. Number of Stories	1 (EXIST.)		161
2. Height of Structure	10'0" (EXIST)	ft.	
3. Area — Largest Floor	4000 S.F. (EXIST)	sq. ft.	
4. New Building Area	NOT ALTERED	sq. ft.	
5. Volume of New Structure	EXIST.	cu. ft.	
6. Construction Classification			
7. Total Land Area Disturbed	NA	sq. ft.	184
8. Flood Hazard Zone	NA		
9. Base Flood Elevation	NA	ft.	
10. Wetlands yes / no	no X		
11. Max. Live Load	(SLAB ON GRADE) 80 P.S.F		
12. Max. Occupancy Load	142 (136 people + 6 STAFF)		184.

PRELIMINARY APPROVAL

AHJT FINAL APPROVAL

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work	10.000								
2. ☐ New Building					9-16-99	[illegible]	[illegible]		
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					10-15-99	[illegible]	10/18/99	10/18/99	
6. ☒ Plumbing	5.000				9-22-99	[illegible]	10/18/99		
7. ☒ Electrical	7.000						Elec 10/18/99		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	3.000	[illegible]	9/8/99		9/8/99	[illegible]			
TOTAL COSTS	25.000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use: RESTAURANT
2. Use Group: A-
3. Change in Use Group, Indicate Former: NO CHANGE

IMPORTANT: MANDATORY RECOMMENDED H.B.T. COMMERCIAL

LDS BR 10109975

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

A. (X) 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. (X) Building C.2. ( ) Fire Protection

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

D. (X) 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 Ruth S Mitchell Date 9-3-99

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/19/99
Control #
Permit # 99-3626

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20
TENANT FIT-UP/ NONNO NINO
Owner in Fee/Occupant SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087
Contractor ANTHONY SCHIFIKITI
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

UNIT 20 - TENANT FIT UP

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

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

[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.

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

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

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

J. Cinazza
CONSTRUCTION OFFICIAL
U.C.C. 1260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 125
Collected by: LRI

0010
3626*# 0.00
BLOCK 701 # 0.00
LOT 7 # BUILDING 260.00
PLUMBING 100.00
D.C.A. 12.00
ZONEPLOT 15.00
TOTAL 387.00
CHECK 387.00
CHANGE 0.00
09/23/99 NO. 5 0003A005 07:59

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/23/99
Control #
Permit # 99-3626

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location 644 ROUTE 70 UNIT 20
TENANT FIT-UP/ NONNO NINO
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087

Contractor ANTHONY SCHIFIKITI
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
UNIT 20 - TENANT FIT UP

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 $ 15,000

L. Curiazza/LRT
Construction Official

09/23/99
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	260
Electrical	0
Plumbing	100
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	12
Cert. of Occupancy	0
Other 2Pa	15
Total	387 ~~372~~
Check No.	125
Cash	
Collected By	LRT

0010 3626**# 0.00
BLOCK 701 # 0.00
LOT 7 # 157.00
FIRE 157.00
TOTAL 157.00
CHECK 0.00
CHANGE 07:46
NO. 5 0005A005
10/18/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/18/99
Control 0
Permit 0 99-3626+C
Permit Issued 09/23/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location 644 ROUTE 70 UNIT 20
FIRE SPRINKLERS
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087

Contractor ATLANTIC FIRE
Address 797 BRICK BLVD
BRICK, NJ 08723-
Telephone (732)477-3377
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE SPRINKLERS AND SUPPRESSION SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	157
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	157
Check No.	161
Cash	
Collected By	LRT

Estimated Cost of Work $ 300

J. Curcuzza/lkt
Construction Official

10/18/99
Date

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

0010
3626*#
BLOCK 701 #
LOT 7 #
FIRE 184.00
TOTAL 184.00
CHECK 184.00
CHANGE 0.00
10/18/99 NO. 5 0004A005 07:45

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/18/99
Control 0
Permit 0 99-3626+D
Permit Issued 09/23/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location 644 ROUTE 70 UNIT 20
GAS APPLIANCES
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087

Contractor SOLUTIONS CO
Address 120 HARROW LANE
PT PLEASANT, NJ 08742-
Telephone (732)831-1818
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3264647

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS APPLIANCES HOOK UP
STEAM TABLE, BURNERS, GRILL, FRYER

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.	161
Cash	
Collected By	LRT

Estimated Cost of Work $ 500

L. Curuzza/Sct
Construction Official

10/18/99
Date

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

0010
3626*#
BLOCK 701 # 0.00
LOT 7 # 0.00
ELETRIC* 35.00
TOTAL 35.00
CASH 35.00
CHANGE 0.00
10/14/99 NO. 5 0039A005 14:44

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/14/99
Control #
Permit # 99-3626+A
Permit Issued 09/23/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location 644 ROUTE 70 UNIT 20
BURGLAR ALARMS
Owner in Fee SCHIFIKITI, ANTHONY NONNO NINO
Address 674 ROUTE 70
BRICK, NJ 08723-
Telephone (732)831-0087

Contractor ADT SECURITY SERVICE
Address 2540 RT 130 STE 100
CRANBURY, NJ 08512-
Telephone (609)655-2200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BURGLAR ALARM SERVICE

PAYMENTS (Office Use Only)

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

Estimated Cost of Work $ 299

J. Curiazza/LRT
Construction Official

10/14/99
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/03/99
Date Issued 9/23/99
Control # C7-17
Permit # 99-3626

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

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20 Nonno Nino's (Calder Shopping Plaza)
TENANT FIT-UP
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(732)831-0087
Contractor ANTHONY SCHIFIKITI
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(732)831-0087 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

UNIT 20 - TENANT FIT UP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-16-99	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 10-19-99
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10-19-99	
BarrierFree				

TYPE OF WORK

	FBB (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	260
[ ] 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 M Proposed M
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 $ 10,000
3. Total (1+2) $ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FBB	$ 260
DCA Training Fee	$ 8

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/14/99
Date Issued 10/14/99
Control #
Permit # 99-3626+B

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

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20
ELECTRICAL
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 15-7301631

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other NIONNO NINO
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] ~~CA~~
Date: 10-18-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10-18-99	

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

Fishkill Wiring

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

Pd on 99-3490 for sign permit S/B on tenant fit up.

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

Paid [ ] Check #
Collected by:

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 09/23/99
Date Issued ~~01/01/54~~ 10-14-99
Control #
Permit # 99-3626+A

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

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20
BURGLAR ALARMS
Owner in Fee SCHIFIKITI, ANTHONY NONNO NINO
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(609)655-2200 Fax ( )
Contractor ADT SECURITY SERVICE
Address 2540 RT 130 STE 100
CRANBURY, NJ 08512-
Tele.(609)655-2200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [X] Other NONNO NINO
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 299

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 10/14/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/18/99
Approved By:

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

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

D. TECHNICAL SITE DATA

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

C. CERTIFICATION IN LIEU OF OATH

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

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

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

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 10/18/99
Date Issued 10/18/99
Control #
Permit # 99-3626+D

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

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20
GAS APPLIANCES
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(732)831-1818 Fax (732)831-1819
Contractor SOLUTIONS CO
Address 120 HARROW LANE
PT PLEASANT, NJ 08742-
Tele.(732)831-1818
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3264647

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
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: 10-18-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-18-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			10-18-99	
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 184
	DCA Training Fee	$ 0

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 10/15/99
Date Issued ~~01/01/54~~
Control # 10-18-99
Permit # 99-3626+C

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

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20
FIRE SPRINKLERS
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(732)477-3377 Fax ( )
Contractor ATLANTIC FIRE
Address 797 BRICK BLVD
BRICK, NJ 08723-
Tele.(732)477-3377
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present N Proposed N
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

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: 10-15-99
Approved By: KMS

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-18-99
Approved By: KMS

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys			10-18	KMS
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.

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fixed Appliances	0	0
Other		0
Other		0

UPDATE TO EXISTING SYSTEM

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	157
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/03/99
Date Issued 9/23/99
Control # C7-17
Permit # 99-3626

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. PRINT CLEARLY. D. TECHNICAL SITE DATA (List all fixtures.)
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 701 Lot 7 Qual
Work Site Location 644 ROUTE 70 UNIT 20
TENANT FIT-UP
Owner in Fee SCHIFIKITI, ANTHONY
Address 674 ROUTE 70
BRICK, NJ 08723-
Tele.(732)831-1818 Fax (732)831-1819
Contractor SOLUTIONS CO
Address 120 HARROW LANE
PT PLEASANT, NJ 08742-
Tele.(732)831-1818
Lic. No. or Bldrs. Reg. No. 9769
Federal Emp. No. 22-3264647

COMMERCIAL

B. PLUMBING CHARACTERISTICS
Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

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
3	Sink	30
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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 9-22-99
Approved By: DN

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By: DN
Date: 10-18-99

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-23-99	DN
Rough			9-23-99	DN
Water				
Sewer				
Fixtures			10-18-99	DN
Gas Equip.				
Gas Piping				
Solar				
TCO				

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 100
DCA Training Fee $ 4

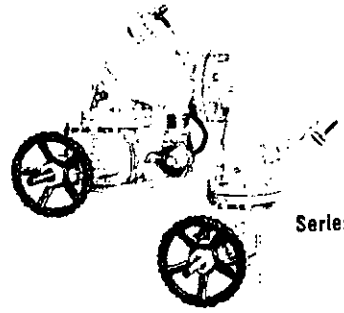
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

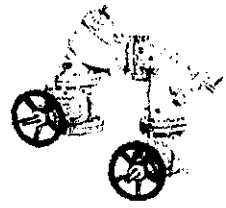
U.C.C. P130 (rev. 3/96)

APPLICABLE STANDARDS	USC APPROVALS* SERIES	SIZE (INCHES)	AVAILABLE PRODUCT SIZES (INCHES)	PAGE No.
ASSE Std. 1013, AWWA C511-92, IAPMO PS31, CSA B64.4	009	¼-3"	¼ - 3	8
ASSE Std. 1013, AWWA C511-92 CSA B64.4, IAPMO PS31	909	¾ - 10"	¾ - 10	6,7
ASSE Std. 1047, CSA B64.4	909RPDA	2½ - 10"	2½ - 10	11
ASSE Std. 1013, AWWA C511-92, IAPMO PS 31, CSA B64.4	993	–	4, 6	9
ASSE Std.1047	993RPDA	–	4, 6	10
Test Kits, Air Gaps				5
ASSE Std. 1015, AWWA C510-92 CSA B64.5, IAPMO PS31	007	½ - 3"	½ - 3	12
ASSE Std. 1015, AWWA C510-92 CSA B64.5	709	2½ - 10"	2½ - 10	13
ASSE Std. 1015, AWWA C510-92 CSA B64.5	773	–	4, 6	14
ANSI/ASSE Std. 1048, CSA B64.5, †UL/FM Approved size 2" only	007DCDA	12 - 3	2 - 3	12
ANSI/ASSE Std. 1048, CSA B64.5	709DCDA	3 - 10"	3 - 10	16
ANSI/ASSE Std. 1048, CSA B64.5	773DCDA	–	4, 6	15
ANSI/ASSE Std. 1024, CSA B64.6	7	–	½ - 1¼	18, 19
ANSI/ASSE Std. 1024, CSA B64.6	7B	–	¾	18
ANSI/ASSE Std. 1024	L7	–	¾, 1	18
ANSI/ASSE Std. 1024, CSA B64.6	07S	–	1	18
ASSE Std. 1024, CSA B64.6	7C	–	⅜	20
DET EXPANSION TANKS BALL COCK	GOV 80 THERMAL EXPANSION RELIEF VALVE			19
ANSI/ASSE Std. 1012, CSA B64.8	9DM3/M2	–	½ - ¾	17
CSA Std B64.8	9BD	–	⅜ FCT ¼, ⅜ NPTM	21
ASSE Std. 1035, CSA B64.8	NLF9	–	⅜	20
ASSE Std. 1052	N9-CD	–	¾	20
CSA B64.8	N9	–	¼ ⅜	20
ANSI/ASSE Std. 1001, CSA B64.1.1	288A / 289	¾ -3"	¼ - 3	25
ANSI/ASSE Std. 1001, CSA B64.1.1	N388	–	¼ - ⅜	25
ANSI/ASSE Std. 1001, CSA B64.1	188A	–	¾ -2	25
ANSI/ASSE 1020, CSA B64.1.2	800M4QT	½, ¾"	½, ¾	22
ANSI/ASSE 1020, CSA B64.1.2	800M4QT	½ - 2"	½ - 2	22, 23
ASSE 1056, IAPMO Classified	008QT	–	⅜, ½, ¾, 1	24
ASSE Std. 1011	S8C, 8, NF8,HB-1	–	⅜, ½, ¾ HT	26
	TWS	–	¾, 1	23
UL/FM Approved	07F	–	-4 - 10	26
	W8	–	–	27

*For latest approval status, refer to Engineering Specification Sheets for approved sizes and product numbers


Series 993RPDA

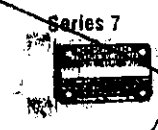
DOUBLE CHECK VALVE ASSEMBLIES


Series 773

DOUBLE CHECK DETECTOR ASSEMBLIES

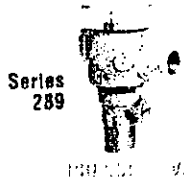

Series 709DCDA

DUAL CHECK VALVE BACKFLOW PREVENTERS


Series 7

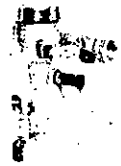

Series 07S


Series 9D


Series 289


Series 288A


Series 800M4QT


Series 008QT


Series 8

Proposal

Proposal No.

Date

Proposal Submitted To:

Work to be Performed at:

Project:

We hereby propose to furnish the materials and perform the labor necessary for the completion of:

Proposal Includes:	Acceptance Of Proposal
All material guaranteed as specified and the above work performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of: _____ Dollars Payment to be made as follows: Signature:_____ Date_____	The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to complete this contract as specified. Payment will be made as outlined. Date of Acceptance: _____ Signature: _____ Signature: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

September 10, 1999

Anthony Schifilliti
374 Route 70
Brick, NJ 08723

RE: Mandatory Development Fee
Block 701 Lot 7 ~ Nonno Nino's Taverna

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, after a plan review, has re-estimated the value of the work to be completed under the construction permit application received on August 30, 1999, for the above block and lot at $40,000.00, resulting in an estimated fee of $400.00.

Therefore, you are required to submit one half of the estimated fee ($200.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. That payment we received from you on September 10, 1999. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

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

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7 SITE ADDRESS [illegible]
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # C7-17 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 4000000 Date 9.9.99

Estimated Required Fee $ 40000

Required Deposit on Estimate $ 20000 Date 9.10.99

Check # 121 Receipt # 8313

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: 9-8-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701 LOT 7 SITE ADDRESS Caldor Shopping Center
Noino N. no's Tavern

TYPE OF SITE Commercial TYPE OF BUSINESS Tavern Eat Up
(Residential/Commercial)

APPLICANT Anthony S. L. I. C. CITY & STATE Brick NJ

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

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

$ 40,000.00

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

9/9/99

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, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 9-3-99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: ~~Unit 20~~ 701 Lot: Shoprite #7 Color Shopping Center

Property Address: 674 R.t. 70 Brick

I, Anthony Schifilliti of 674 R.t 70. Brick,
(name) (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: 9/8/99 Signed:

Rejected: Signed:

Comments: Interior Only.

7/99

C7-17

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 701 LOT 7

ESTABLISHMENT INFORMATION

PHONE # 920-8880

ESTABLISHMENT TRADING NAME: NONNO NINO'S TAVERNA

NUMBER AND STREET: 674 RT. 70

CITY OR MUNICIPALITY: BRICK | ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED | COMMUN. CODE: 150C | RISK: I

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: ANTHONY SCHIFILLITI

NUMBER AND STREET: C/O NONNO NINO'S

CITY OR MUNICIPALITY: BRICK | STATE: N.J.

ZIP CODE: 08723 | COMMUN. CODE: 150C

TIME (2400 HOURS)

DATE	BEGIN	END
9/20/99	0950	1020

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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

Tobacco O, V, (NA)

NAME OF INSPECTING OFFICIAL (Print): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

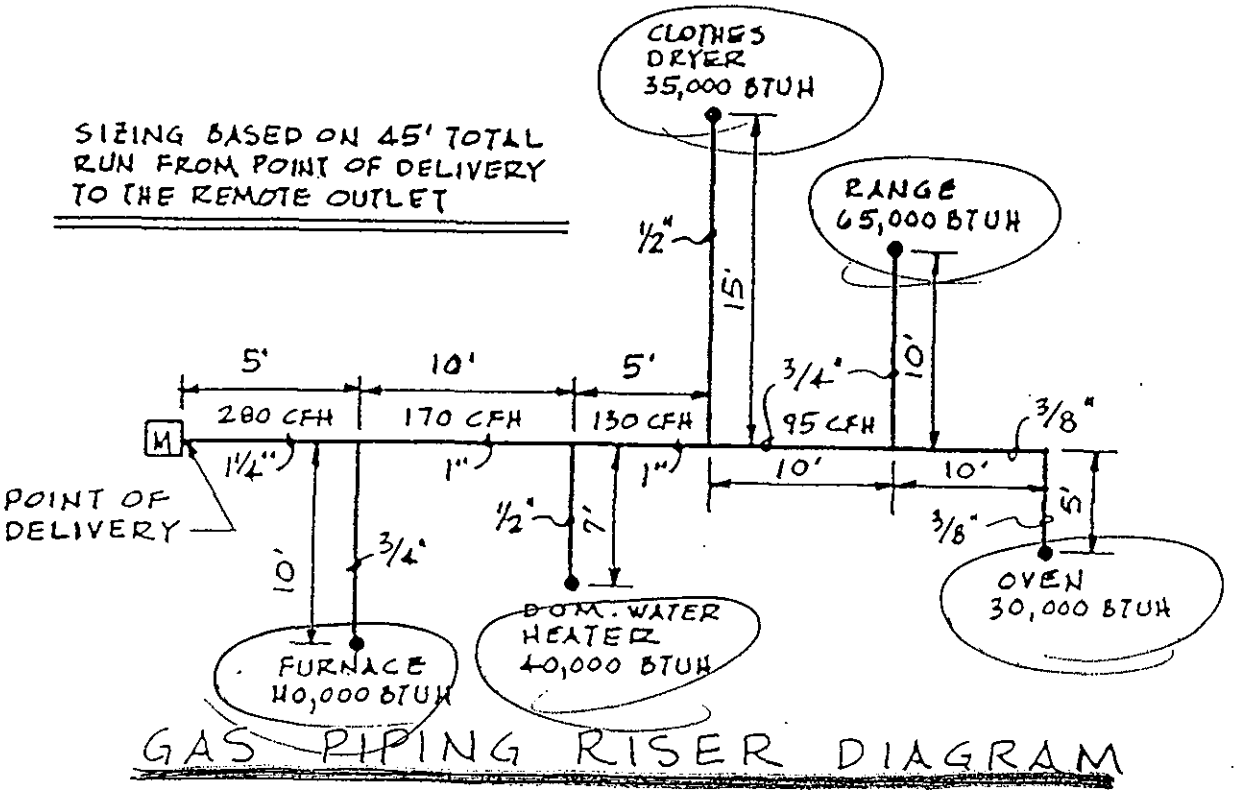
PERMANENT REG. NO.: B-1463

H.D.64

MAXIMUM CAPACITY OF PIPE FOR GAS PRESSURE OF 0.5 PSIG OR LESS WITH PRESSURE DROP OF 0.3 INCH WATER COLUMN AND 0.60 SPECIFIC GRAVITY

Pipe size of Schedule 40 standard pipe (inches)	Internal diameter (inches)	Pipe capacity (cubic feet of gas per hour)													
		Length of pipe (feet)													
		10	20	30	40	50	60	70	80	90	100	125	150	175	200
¼	.364	32	22	18	15	14	12	11	11	10	9	8	8	7	6
⅜	.493	72	49	40	34	30	27	25	23	22	21	18	17	15	14
½	.622	132	92	73	63	56	50	46	43	40	38	34	31	28	26
¾	.824	278	190	152	130	115	105	96	90	84	79	72	64	59	55
1	1.049	520	350	285	245	215	195	180	170	160	150	130	120	110	100
1¼	1.380	1,050	730	590	500	440	400	370	350	320	305	275	250	225	210
1½	1.610	1,600	1,100	890	760	670	610	560	530	490	460	410	380	350	320
2	2.067	3,050	2,100	1650	1450	1270	1150	1050	990	930	870	780	710	650	610
2½	2.469	4,800	3,300	2700	2300	2000	1850	1700	1600	1500	1400	1250	1130	1050	980
3	3.068	8,500	5,900	4,700	4,100	3,600	3,250	3,000	2,800	2,600	2,500	2,200	2,000	1,850	1,700
4	4.026	17,500	12,000	9,700	8,300	7,400	6,800	6,200	5,800	5,400	5,100	4,500	4,100	3,800	3,500

SIZING BASED ON 45' TOTAL RUN FROM POINT OF DELIVERY TO THE REMOTE OUTLET



GAS PIPING RISER DIAGRAM

FOR NATURAL GAS, TO CHANGE BTUH TO CFH
1000 BTUH = 1 CFH

$$\frac{\text{BTUH}}{1000} = \text{CFH}$$

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-15-99

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

BUILDING LOCATION Shop Rite Unit 20
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DN

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.

Permit 20

CORRECTION LIST

No.	DESCRIPTION	Code Section
	As per call to board of health - must have board of health Approval first	
	DN called Yeoi 9-15-99	
	9/21/99 - Revised	
—	GAS sketch needed	
	DN Call	

06/93

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 701 LOT 7

ESTABLISHMENT INFORMATION

PHONE # 920-8880

ESTABLISHMENT TRADING NAME: NONNO NINO'S TAVERNA

NUMBER AND STREET: 674 RT. 70

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: I

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: ANTHONY SCHIFILLITI

NUMBER AND STREET: C/O NONNO NINO'S

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
9/20/99	0950	1020

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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

Tobacco O, V, (NA)

NAME OF INSPECTING OFFICIAL (Print): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
NONNO NINO'S TAVERNA	To be Obtained	9/20/99
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 0950

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII.

(Attach additional sheets if necessary)

Page 1 of 1 Pages

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.ghshost.com/brick
http://www.twp.brick.nj.us

Anthony Schifellite
3113 Adams Ave.
Toms River, NJ. 08753

Date 10/14/99

RE 644 Rt. 70
Novo Nixo

On 9/29/99, your application for a Electrical - alarms permit has been rejected or denied. You should have been contacted by mail or by phone as to why your application has been rejected. Please resolve the rejection or contact our office within 14 days of this letter so we may complete your application. If our office is not notified in the time allotted, your application will be deleted from our computers and held in a holding file for a six month period.

If you have any questions, please contact me at 262-1026.

Sincerely,
Lisa Rose Tavalaiccio
Senior Clerk/ Technical Assistant

Is any electrical work being done beside the alarms?

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date 09.29.99

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

BUILDING LOCATION Shop Rite Shopping Ctr Rt 20
(Street address)

BUILDING DESCRIPTION Pizza Store NONNO/NINO

REVIEWED BY [signature]

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	No Description whats New what Exist No permit For line Voltage ? or is it all Exist? Called Yes	
	[signature]	

06/93

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7 SITE ADDRESS Caldor Shopping Center
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Tenant Fit up

APPLICANT Anthony Schiltz PHONE NUMBER 931 0087
APPLICANT ADDRESS 144 Rt 70 CITY & STATE Brick NJ
PERMIT # CT-17 NAME OF BUSINESS Nanny N.'s Tavern

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 $ 40000.00 Date 9-9-99

Estimated Required Fee $ 400 00

Required Deposit on Estimate $ 200 00 Date 9-10-99

Check # 121 Receipt # 8313

Actual Assessment $ 40 000.00 Date 10-15-99

Actual Required Fee $ 400 00

Minus Deposit of Estimate $ 200.00

Balance Due $ 200 00 Date 10-15-99

Check # 160 Receipt # 5351

Amount Paid In Full $ 400.00

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

ATLANTIC FIRE & SAFETY EQUIPMENT CO., INC.
P.O. BOX 4185 ■ BRICK, NJ 08723 ■ 732-892-3222
EATONTOWN ■ 732-935-1800

Date 10/12/99

Name: NINO - NINOS ITALIAN GRILL
Address: 674 LAKEWOOD ROAD / RT 70 BRICK NJ
Phone: [W] 920-8480 [H]
For: 1 KANAT QUAD DUAL 6 GAL / 1.25 GAL WET CHEM SYSTEM
(MFG. TYPE & SIZE of SYSTEM)
Type of Shut Off: GAS VALVE
Appliances: 31" UPRIGHT BROILER / 6 BURNER RANGE / 10 BURNER RANGE / 32"x24" CHARCOAL BROIL / 14"x14" DEEP FRYER / CANDY STOVE

SEMI-ANNUAL INSPECTION & SERVICE REPORT CHECK LIST

- ☑ Insert safety pin or remove cartridge to deactivate system.
- ☑ Check proper pressure in gauge or weight cartridge.
- ☑ Are filters present and in proper place?
- ☑ Check for grease build-up in hood.
- ☑ Check fan is operating properly.
- ☑ Check automatic gas or electric shut off.
- ☑ Check discharge nozzles (all) are free of grease and in the proper discharge position.
- ☑ Check cable for possible fraying or weak spots.
- ☑ Change all 360° fusible links (clean all 500 degree links). 1-450°
- ☑ Check that all filters and covers are replaced.
- ☑ Reactivate system - safety pin removed - cartridge replaced - tension reset.
- ☑ Place inspection and service tag on system.
- ☑ Check for (and service) proper hand portables. (N/A)
- ☑ Instruct personnel on operation of system.
- ☑ Test fired system and operationally checked satisfactorily.

Comments:

Customer's Signature

Serviceman's Signature

ATLANTIC FIRE & SAFETY EQUIPMENT CO., INC.

P.O. BOX 4185 ■ BRICK, NJ 08723 ■ 732-477-3377
FAX 732-477-2411 ■ EATONTOWN ■ 732-935-1800

INVOICE NO. 9498

SOLD TO NOMMO - NINOS ITALIAN COSINE
ADDRESS 674 CHAMBERSBRIDGE RD. - RT 70
CITY BRICK N.J.

DATE 10/12/99
SALESMAN Bob
PO #

TERMS ☐ CHARGE ☒ C.O.D.

PAYMENT DUE UPON RECEIPT
1.5% SERVICE CHARGE WILL BE ADDED TO YOUR ACCOUNT OVER 30 DAYS PAST DUE OR 18% ANNUALLY

QTY	SIZE-TYPE	DESCRIPTION	AUTO FIRE EXT. SYSTEM	HYDRO TEST	RECHARGE	SERVICE INSPECTION	UNIT	AMOUNT
	FIRE EXTINGUISHER(S)							
		RELOCATE PIPING FOR 6 BURNER RANGE - UPRIGHT						
		BROILER - DEEP FRYER AND CONVECTION OVEN						
		VARIOUS FITTINGS AND PIPE					→	$25.00
		2 HOURS LABOR @ 65 PER HR =					→	$130.00
1		DUAL RANGE GUARD 6 GAL / 1.25 GAL WET CHEM SYSTEM	✓			✓		80.00

PAID
CASH
10/12/99
W.J.S

QTY	PARTS DESCRIPTION	UNIT	AMOUNT
5	FUSIBLE LINKS	1	35.00
	TOTAL PARTS		35.00

SERVICE AND INSPECTION of fire equipment is a thorough check performed in accordance with the latest rules and regulations of OSHA, the National Fire Protection Association and any/all authorities having such jurisdiction.

Received By

SERVICE	
PARTS	35.00
SUB TOTAL	270.00
SALES TAX	16.20
TOTAL	$286.20

ATLANTIC FIRE
& SAFETY EQUIPMENT CO., INC.
PO BOX 4185 ■ BRICK, NJ 08723 ■ 732-477-3377
EATONTOWN ■ 732-935-1800

CERTIFICATE OF INSPECTION

For the semi-annual service of 1-Dual Range Guard 6 gal/1.25 gal. Wet Chem System

Completed on 10/12/99

EXPIRATION DATE 4/00

For the premises Nonno-Nunes Italian Grill

Located at 624 Chambersbridge Rd. - Rt 70 Brick N.J.

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

ATLANTIC FIRE & SAFETY EQUIPMENT CO., INC.

By Bill Kenny - Svc. Tech
Name & Title

LITHO. IN U.S.A.

ATLANTIC FIRE & SAFETY EQUIPMENT CO., INC.

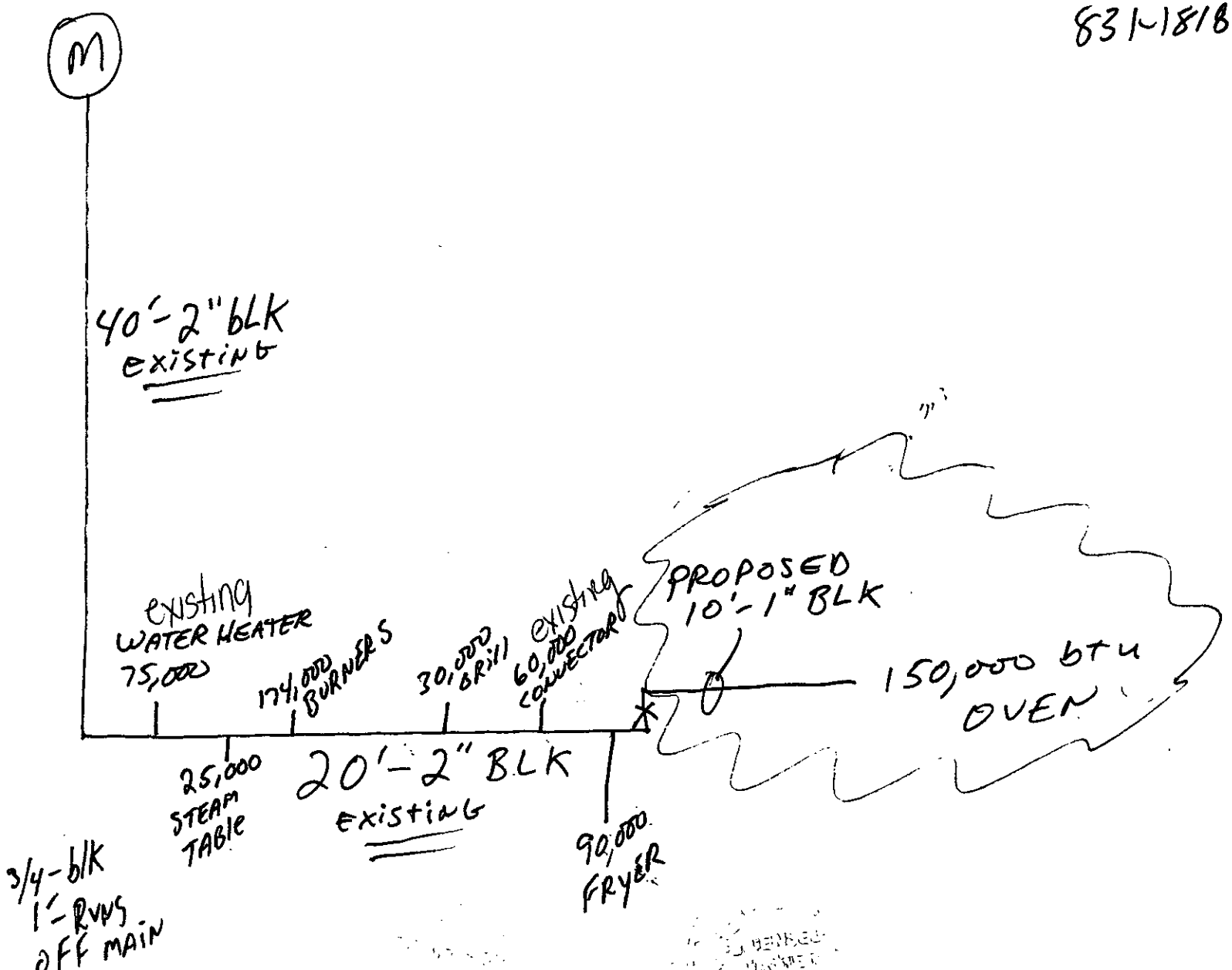
797 Brick Boulevard, Brick, New Jersey 08723
Phone 732-477-3377 • Fax 732-477-2411
P.O. Box 4185, Brick, New Jersey 08723
Eatontown 732-935-1800

- Fire Extinguisher Sales & Service
- Fire Suppression System Installation & Inspection
- Fire Hose & Fire Nozzles
- Fire Hose Racks & Reels
- Fire Blankets
- Water Gel Blankets
- Fire Extinguisher Cabinets
- First Aid Kits
- Fire Axe
- Emergency Chain Ladders
- All Types of Signs
- Truck Brackets
- Exit & Emergency Lights
- Exit & Emergency Ballteries

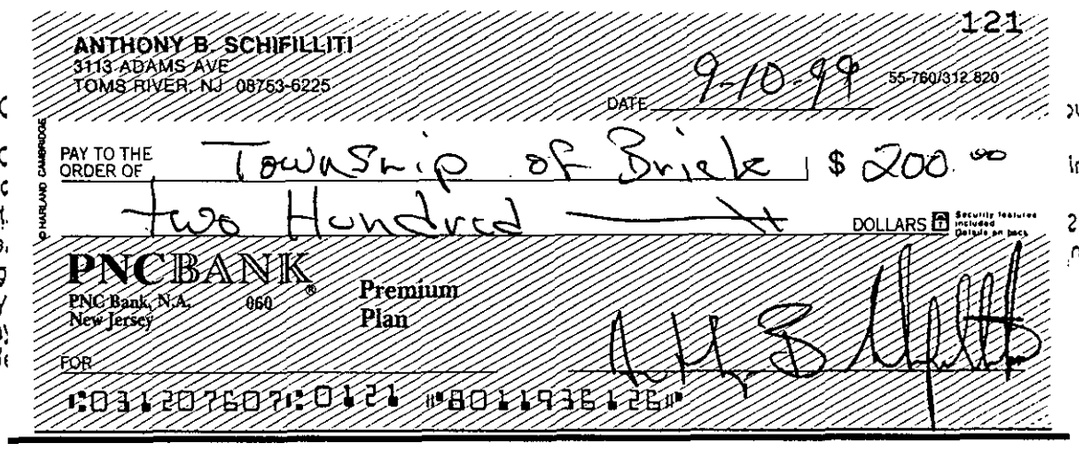
① Please Note - No nozzles were added to system - moved 2 nozzles over to cover deep fryer and pasta maker - 2 nozzles were adjusted properly to cover 6 burner range and upright broiler.

② Please Note - 2 dry pendant sprinkler heads were removed for new walk in box and reinstalled in new walk-in freezer box.

Solutions Plg.
831-1818



DN
9-22-95



Joseph C
Township C
Vicic
Mart
Hele
Greg
Mary
Kathy
Frede

ousing
inistrator
2) 920-1456
nj.us

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

Date: 9-10-99

Business/Development: Nonno Nino's Tavern

Owner/Applicant: Anthony B. Schifillti

Property Address: Calder Shopping Center

Block: 701 Lot: 7

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 121

Estimated Fee $ 400.00

Deposit Amount $ 200.00

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

9/10/99
Date

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

TOWNSHIP OF BRICK

674 R.t 70 Brick — 701 — #7
Work Site Address — Block — Lot

Anthony B Schifilliti 3113 Adams Av. Toms River 08753
Owner's Name, Address, Phone

Contractor's Name, Address, Phone

Construction Tenant Fit up Existing Rest
Describe type (Single -family home, etc.)

Demolition Tile, Partitions, Carpet
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 3000 Sq ft. tile & Carpet, 10 linear F.t. Partition

Name, address and phone of party responsible for removal of debris:
Anthony ~~732 831 0087~~ CRI. 908 486-6699

Size of dumpster: 40 yard

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: 168116

**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.

Anthony Schifilliti — Signature — 9-3-99
Printed/Typed Name — 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

COMMERCIAL

COUNTER FORM
PLEASE PRINT

Update
99-3626+A

ELECTRICAL SUBCODE

CONTRACTOR: ADT Security Service
ADDRESS: 2540 Rt. 130 Ste 100
Cranbury, NJ 08512
PHONE: (609) 655-2200
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 5818 4102

TECHNICAL DATA (LIST ALL FIXTURES)

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

Estimated Cost of Electrical Work: $ X 299.00
Signature (~~print name~~): X John Rockets
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

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

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

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

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

CN-17

COUNTER FORM
PLEASE PRINT

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

X NONNO NINO

Site Location:
Block: 701 Lot: 7
Owner in Fee: Schifilliti
Address: 644 Rt. 70
Brick
State: NJ Zip: 08723 Phone: (732) 920-8880
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

BUILDING CHARACTERISTICS

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

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

ANTHONY B. SCHIFILLITI
3113 ADAMS AVE
TOMS RIVER, NJ 08753-6225

160

DATE 9-15-99 55-760/312 820

PAY TO THE ORDER OF Township of Brick $ 200.00

Two Hundred DOLLARS

Security features included. Details on back.

PNCBANK
PNC Bank, N.A. 060
New Jersey

Premium Plan

FOR [redacted]

© HARLAND CAMBRIDGE

lfordable Housing
ol A. Wolfe
ousing Administrator
2) 262-1048
3954 or (732) 920-1456
w.twp.brick.nj.us

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

Date: 10-15-99

Business/Development: Nana Nino's Taverna

Owner/Applicant: Anthony B Schifilliti

Property Address: Calder Shopping Center

Block: 701 Lot: 7

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 160

Final Fee $ 400.00

Less Deposit $ 200.00

Final Payment $ 200.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

10-15-99
Date

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Atlantic Fire
ADDRESS: 792 Brick Boulevard

PHONE: 477-3377
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

TOTAL NUMBERS

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

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	2
Total	REMOVED 2 DRY PENDANT SPRINKLER HEADS & REINSTALLED SAME FOR NEW BOX (FREEZER BOX)
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	1 DUAL RANGE GUARD 6 GAL/12 GAL 2 NOZZLES MOVED TO COVER DEEP FRYER - 2 NOZZLES ADJUSTED
Gas or Oil Fired Appliance	FOR UPRIGHT BROILER & 6 BURN
Other	
Other	
Estimated Cost of Fire Protection Work: $	X 300

Signature: X Bill Adams
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Build 10-15-99 update . . . cas 99-3626.

COUNTER FORM
PLEASE PRINT

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

(920-8880)

Site Location: 674 Rt. 70 Brick Date Rec'd.:
Block: 701 Lot: 7 Date Issued:
Owner in Fee: Donado Realty Control #:
Address: Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐

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

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

BUILDING CHARACTERISTICS

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

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

COUNTER FORM

PLEASE PRINT

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

Nairo Nuno

Site Location: Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: Control #:
Address: Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

BUILDING CHARACTERISTICS

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

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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

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

TECHNICAL DATA (LIST ALL FIXTURES)

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

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: X Solution Contracting
ADDRESS: 620 Horace Lane
Ft. Pleasant N.J 08742
PHONE: 732 831-1818
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22 326 4647

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	4
Other steam tables, burners, grill	
Other fryer	

Estimated Cost of Fire Protection Work: $ 5.800.00
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Site Location: Shoprite Plaza | Date Rec'd:
Block: 701 | Lot: #7 | Date Issued:
Owner Id Fee: Anthony Schifilliti | Control #:
Address: 674 Rt 70 Brick | Permit #:

State: NJ Zip: 08723 Phone: (732) 350-2813
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: Anthony Schifilliti
ADDRESS: 674 Rt. 70 Brick

PHONE: 732 350-2813
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Rearranging Dining Area

tenant fit-up

TYPE OF WORK

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

BUILDING CHARACTERISTICS

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

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

Approved by:

Date:

ELECTRICAL

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (LIST ALL FIXTURES)

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

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

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR: SOLUTIONS
ADDRESS: 3422 THistle AVE
TOMS RIVER
PHONE: 831-1818
LIC #: 9769
LIC EXPIRATION DATE: 2001
FEDERAL EMPL # (or S.S. #): 223264647

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $ 5,800
Signature:
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

FIRE

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

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

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

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