

OK 3/70/90

Called 5-10-90 9:40 AM. [Signature]

Letter sent 12/3/90 [Signature]

Called 8-6-90 [Signature]

RECEIVED
Page 1
JAN 3 1990
BUILDING

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: DORIAN'S RESTAURANT RT. 70 / CHAMBERS BRIDGE RD.

2. Owner Name: DORIAN'S Tel. ()

Address: RT. 70 / CHAMBERS BRIDGE - CALZOR SHOPPING CENTER

3. Principal Contractor: SPRAY OUT INC. Tel. (201) 500-0910

Address: 1201 RT. 37 E, SUITE 11, TOMS RIVER, N.J.

Lic. No. or Builder Reg. No. Federal Emp. No. 22-192-2424

4. Architect or Engineer: Tel. ()

Address

5. Responsible Person in Charge of Work Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☒ Minor Work (Single Trade)	Permit/Category Estimated	1. ☐ Elevators/Dumbwaiters
2. ☒ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i>	1. ☐ Building/Structural \$	2. ☐ High-Pressure Boilers
3. ☐ New Building	2. ☐ Plumbing	3. ☐ Refrigeration Systems
4. ☒ Addition	3. ☐ Electrical	4. ☐ Pressure Vessels
5. ☒ Alteration	4. ☒ Fire Protection <u>400.00</u>	5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Repair, Replacement	5. ☐ Other	6. ☐ Cross-connections/Backflow Preventors
7. ☐ Demolition	6. ☐ Other	7. ☐ Sprinklers
8. ☐ Other:	TOTAL COST <u>\$400.00</u>	8. ☐ Smoke Control Systems in Open Wells
	C. DO YOU WANT:	
	1. ☐ Partial Releases 2. ☐ Prototype Processing	

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL	
1. ☐ Hotels (R-1)	If new construction, enter no. of dwelling units
2. ☐ Multi-Family (R-2) HMD Reg. No.:	
3. ☐ Two Family (R-3b)	If other than new construction, enter no. of dwelling units:
4. ☐ One-Family (R-3a)	
Before Construction: _____	
After Construction: _____	
Net Gain (or loss): _____	
B. NON-RESIDENTIAL	
5. ☐ Theatres with Stage (A-1-A)	16. ☐ Institutional Detention Center (I-1)
6. ☐ Movie Theatres (A-1-B)	17. ☐ Hospitals, Infirmaries (I-2)
7. ☐ Night Clubs (A-2)	18. ☐ Group Homes (I-3)
8. ☒ Restaurants, Libraries, Museums (A-3)	19. ☐ Mercantile (M)
9. ☐ Religious Assembly (A-4)	20. ☐ Moderate-Hazard Warehouse (S-1)
10. ☐ Outdoor Assembly (A-5)	21. ☐ Low-Hazard Warehouse (S-2)
11. ☐ Business (B)	22. ☐ Temporary, Misc. (U)
12. ☐ Educational (E)	23. ☐ Other
13. ☐ Moderate-Hazard Factory (F-1)	
14. ☐ Low-Hazard Factory (F-2)	
15. ☐ High-Hazard (H)	
State Specific Use: <u>RESTAURANT</u>	
If Change in Use Group, Indicate Former: _____	

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP		
1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)	B. HEATING FUEL	
2. ☐ Public (State, County or Local Govt.)		
Principal Secondary Type		
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other
C. TYPE OF SEWAGE DISPOSAL		
10. ☐ Public or Private Company		
11. ☐ Private (Septic Tank, Etc.)		
D. TYPE OF WATER SUPPLY		
12. ☐ Public or Private Company		
13. ☐ Private (Well, Etc.)		
E. BUILDING CHARACTERISTICS		
14. No. of Stories _____		
15. Height of Structure _____ Ft.		
16. Area--Largest Floor _____ Sq. Ft.		
17. Bldg. Area--All Fls. _____ Sq. Ft.		
18. Volume of Structure _____ Cu. Ft.		
19. Total Land Area Disturbed _____ Sq. Ft.		

* They had all the work done already!

LDS BR 10409470

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 SPRAY OUT INC. 1/4 FIRE SPRINKLER SYSTEMS TEL. (201) 406-0910

ADDRESS 1201 RT. 37E, SUITE 11, TOMS RIVER

SIGNATURE James P. Niele

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	1-3-90	JS			
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL			1-4-90	JE	
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

- ☐ Temporary Certificate of Occupancy _____
Date Expired _____
- ☐ Temporary Certificate of Occupancy _____
Date Expired _____
- ☐ Certificate of Occupancy _____
No. _____
- ☐ Certificate of Continued Occupancy _____
No. _____
- ☐ Certificate of Approval _____
No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	\$ _____
ELECTRICAL	\$ _____
FIRE PROTECTION	\$ 30.00
OTHER _____	\$ _____
SUBTOTAL	\$ 30.00
- LESS: 20% of subtotal (when plan review performed by state agency).	
	(5.00)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	\$ 20.00
OTHER _____	\$ _____
OTHER _____	\$ _____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 55.00
DATE _____	Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	\$ _____
OTHER	_____	\$ _____
OTHER	_____	\$ _____
- LESS: Refunds		(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	\$ _____
TOTAL	\$ _____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

10/17/90
1996-90

IDENTIFICATION Block

701

Lot

7

Work Site Location

Galdor Shopping Center

Contractor

Spray Out Inc.

Owner in Fee

Dorrons Rest

Address

Rt 70 & Chambers Bridge

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

0004

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Fire Suppression

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$

400

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 1996#	
Building	BLOCK 0.00
Plumbing	701 # 0.00
Electrical	LOT 0.00
Fire Protection	30 TH 0.00
Other	FIRE 30.00
Other	PLAN ROOM 5.00
DCA Training Fee	C / O 20.00
Cert. of Occ.	TOTAL 55.00
Other	CHECK 55.00
Total	55.00
Check No.	17/90 NO. 5 0022A005 16:03
Cash	
Collected By	R.



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____

Block 701 Lot 7
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner DORIAN'S RESTAURANT

Address CALDOR SHOPPING CENTER

RS. 701 CHAMBERS BRIDGE

Contractor SPRAY OUT INC.

Address 1701 RS 37E, SUITE 11

TOM'S RIVER, N.T.

Tel. (201) 570-0910

Tel. (201) 570-0910

Work Site Address CALDOR SHOPPING CENTER

Lic. No. _____

RS. 701 CHAMBERS BRIDGE RD.

Federal Emp. No. 72-197-7424

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____

Area Sprinkled: ☒ Full ☐ Partial (specify in comments)

No. of Heads: 4 No. of Spare Heads: _____

☐ Valves Supervised - Method: _____ Size: _____

Water Supply - Source: _____

FD Connection Location: _____

Estimated Cost of Work: \$ 400.00

FEE

30

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

FEE

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

add heads per wall in order of need

Subtotal

Minimum Fire Protection Fee (If Applicable) \$ _____
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-3 Present A-3 Proposed

Heating Systems - Location: _____

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ 400.00

D. COMMENTS

ADD TWO HEADS.
REPOSITION TWO HEADS.

☐ Partial Releases ☐ Prototype Processing

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

Stevan J. Zboyan, Mayor

Township Council:
Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Warren H. Wolf
David W. Wolfe



Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

October 3, 1990

Spray Out Inc.
1201 Rt. 37 East
Suite 11
Toms River, NJ 08753

RE: Dorian's
Dear Sirs;

Your application has been approved for two additional sprinkler heads. Please stop by our office and pay the outstanding fee by 10/17 or the permit will become void. The permit fee is \$55.00.

If you have already conducted the work, you are in violation of the New Jersey Uniform Construction Code. After the compliance date our inspectors will be going to every site which has a permit and has not paid a fee. They will be enforcing the U.C.C. sections 5:23-2.14 and 2.16 and assessing a \$500.00 a day penalty fee for every day that the violation remains outstanding.

Sincerely yours,

Arthur J. Cierzo
Construction Official

vjgs