BLOCK 1149 LOT 5 QUALIFICATION CODE C10-000135 ADDRESS (SITE) 1930 Route 88 PERMIT NO. 10-0198

CONSTRUCTION PERMIT APPLICATION Laurel

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Route 88 Laurel Square
2. Name of Owner in Fee: Seiger International Co
   Tel. ( ) e-mail
   Address PO Box 4900 (street) Scottsdale (municipality) AZ (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: John Cioffi Tel. (732 600-7845
   Address 109 Dee Court e-mail
   Lakewood NJ 08701
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun
   Tel. ( ) FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	40 ✓		
3. Plumbing	65 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy	X50	106	
12. Other			
13. TOTAL	156	$	

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. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

IIa. PROPOSED WORK Pizza Parlor

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MM	1/21/10						
☐ Electrical									
☐ Plumbing					1-28-10	BW			
☐ Fire Protection					1-20-10	DB			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present: PIZZA

C. MIXED USE -List secondary use(s): PIZZA

D. Construct. Classification: Present
   Proposed

CONDITIONAL

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
1-26-10	ZOE INSPECTED SITE AT 2:00PM AND MET WITH OWNER'S BROTHER	SCZ
1/27/10	Engineering N/A	MPK

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

IMPORTANT!
A.H.B.T. - EXEMPT

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.ix:

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 _____ Date _____

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. 5:23-2.15(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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/03/2010
Control Number C-10-000135
Permit Number 10-0198
Permit Issue Date 01/29/2010
Certificate Number 10-0198

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: SUPER INTERMEDIATECO LLC%E PROP TAX

Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Telephone:

Contractor JOHN CIOFFI

Address 109 DEE COURT LAKEWOOD NJ 08701

Telephone: (732) 606-7845 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GAS PIPING ATTACHING APPROVED GAS HOSE FROM EXISTING PLUMBING TO OVENS. FOR THE PIZZA PLACE IN LAUREL SQUARE

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/03/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 1-29-10
Control # C-10-000135
Permit # 10-1148

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: SUPER INTERMEDIATECO LLC%E PROP TAX, PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:

Contractor: SUPER INTERMEDIATECO LLC%E PROP TAX
Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
GAS PIPING ATTACHING APPROVED GAS HOSE FROM EXISTING PLUMBING TO OVENS. FOR THE PIZZA PLACE IN LAUREL SQUARE

Note: If constuction 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 $2

Construction Official — Date 1-29-10

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$106
Check No.	101
Cash	$0
Credit	$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

01/29/10 1:32PM 0015584749 002

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

PLUMBING $40.00
FIRE $65.00
DCA $1.00
CHECK $106.00

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Antonio's Pizzeria

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Pizza Place

Date Received 1-29-10
Control # 10-0198
Date Issued
Permit #

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 RT 88 (Facing Eastern)

Owner in Fee: Super International Co

Tel. ( ) e-mail

Address PO Box 4900 Scottsdale AZ
street municipality zip code

Contractor: John Crofts Tel. ( )

Address 109 Dee Court e-mail
Lakewood NJ 08757

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

Other

Location:

Total Cost of Fire Protection Work $

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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. Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Attaching Approved gas hose from existing plumbing to ovens.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [~~]~~ Gas [ ] Oil [ ] Solid	2	100
Fireplace Venting/Metal Chimney		
Other Pizza ovens		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1-30-10 Approved by: DG

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-29-10

Approved by: KCR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 2-1-10

Approved by: KCR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-1-10	DG
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2-1-10	DG
Other				

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Pre-Engineered Restaurant Fire Suppression Systems Report

DALY FIRE PROTECTION, INC.

14 Lorelei Drive

Howell, NJ 07731

732-458-3038

NJ Permit # P00231

Name ANTONINOS

Address 1930 RT 9E

City Brick, NJ 08724

Telephone 732-936-1600 Store No.

Owner or Manager

DATE OF SERVICE 1/29/10		TIME 11:00		AM	PM X
ANNUAL	SEMI-ANNUAL X	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS SIDE					
MANUFACTURER AT	MODEL NUMBER 4C-M	WET	DRY CHEMICAL		
CYLINDER SIZE MASTER 6L		CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
FUSE LINKS 360°F	FUSE LINKS 450°F 3	FUSE LINKS 500°F	OTHER		
FUEL SHUT-OFF X	ELECTRIC	GAS X	SIZE		
SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE PAGE NUMBER DRAWING NUMBER:					

1. All appliances properly covered w/correct nozzles ✓
2. Duct and plenum covered w/correct nozzles ✓
3. Check positioning of all nozzles ✓
4. System installed in accordance w/MFG UL listing ✓
5. Hood/duct penetrations sealed w/weld or UL device ✓
6. Check if seals intact, evidence of tampering ✓
7. If system has been discharged, report same ✓
8. Pressure gauge in proper range (if gauged) ✓
9. Check cartridge weight (if applicable) ✓
10. Hydrostatic test date ✓
11. 6 year maintenance date ✓
12. Inspect cylinder and mount ✓
13. Operate system from terminal link ✓
14. Test for proper operation from remote ✓
15. Check operation of micro switch ✓
16. Check operation of gas valve ✓
17. Nozzles clean and clear of debris ✓
18. Proper nozzle covers in place ✓
19. Check fuse links and clean ✓
20. Replaced fuse links ✓
21. Check travel of cable nuts/S-hooks ✓
22. Piping & conduit securely bracketed and clear of debris ✓
23. Proper separation between fryers and flame ✓
24. Proper clearance-flame to filters ✓
25. Exhaust fan in operating order ✓
26. All filters replaced ✓
27. Fuel shut-off in on position ✓
28. Manual & remote set/seals in place ✓
29. Replace systems covers ✓
30. System operational & seals in place ✓
31. Slave system operational ✓
32. Clean cylinder & mount ✓
33. Fan warning sign on hood ✓
34. Personnel instructed in manual operation of system ✓
35. Proper hand portable extinguishers ✓
36. Portable extinguishers properly serviced ✓
37. Service & Certification tag on system ✓

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

GRILL	RANGE	FRYER	

COMMENTS 1- CLASS K 1- 10LB ABC

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, references to Fire Suppression Systems contained in NFPA 96, and the manufacturer's manual, and was operated according to these procedures with results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	AM	PM	CUSTOMER'S AUTHORIZED AGENT
	P00231	1/29/10	11:00		X	

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE–CUSTOMER COPY YELLOW–DISTRIBUTOR PINK–AUTHORITY HAVING JURISDICTION

P/N SER100

PLUMBING SUBCODE
TECHNICAL SECTION

PIZZA PLACE

Date Received / Control # 10-0198

Date Issued / Permit # 1-29-10

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88 (Hackensack Square)

Owner in Fee: Super International Co.

Tel. ( ) e-mail

Address PO Box 4900 Scottsdale AZ.
street municipality zip code

Contractor: John Cioffi Tel. ( )

Address 109 Dee Court e-mail
Lakewood NJ 08751

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-28-10
Approved by: BW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 2-2-10
Approved by: BW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			2/1/10	MA
Final				

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 Plumbing Contractor [ ] Exempt Applicant

Gas Connection ONLY MA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Attaching approved gas hose from existing plumbing to ovens.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

CONDITIONAL

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

RECEIVING CLERK: _____

PERMIT #: ZA-10-00007

ZONING PERMIT APPLICATION

BLOCK: 1149 LOT: 5 QUALIFIER: _____ ADDRESS: 1930 Route 88

IDENTIFICATION:

1. WORK SITE ADDRESS: 1930 Rt 88 (Laurel Square)
2. NAME OF OWNER IN FEE: Super International
   ADDRESS: PO Box 4900 PHONE #: (___) _____
   Scotts Dale Arizona PHONE #: (___) _____
3. NAME OF APPLICANT: John Coffa
   ADDRESS: 109 Dee Court PHONE #: (732) 606 7845
   Lakewood NJ 08757 FAX #: (___) _____
   E-MAIL ADDRESS: _____
4. RESPONSIBLE PERSON FOR WORK: _____
   ADDRESS: _____
5. PHONE#: (___) _____ FAX#: (___) _____

FEE SUMMARY:

APPLICATION FEE: $ 50.00

OTHER _____: $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ NEW DWELLING ☐ ADDITION

☐ PORCH ☐ DECK ☐ POOL ☐ FENCE ☐ SHED ■ ALTERATION

☑ OTHER TENANT FIT UP

HEIGHT: _____

ZONING REVIEW:

DATE RECEIVED: 1-26-10 DATE: DENIED — DATE APPROVED 1-26-10 INTLS: SC 20

Receipt

Payment Date 01/29/2010

Transaction # PMT-10-00363

Receipt #

Issued To John Cioffi

Description Tenant Fit Up

Date Printed 01/29/2010

Check Number 101

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

01/29/10 1:33PM 00155#5750
KMD2 SERV.002
#00363
ZPA $50.00
CHECK $50.00

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00049
Application Date: 01/26/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square, Unit No. 11
Brick Township, NJ 08724

Block: **1149**
Lot: **5**
Qualifier:
Zone: **B-3**

Owner: **SUPER INTERMEDIATECO LLC%E PROP TAX**
Address: **PO BOX 4900 - DEPT 124**
SCOTTSDALE, NJ 85261

Applicant: **John Cioffi**
Address: **109 Dee Court**
Lakewood, NJ 08757

Application Approved Date: 01/26/2010

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Highway Commercial Restaurant, "Antonino's Pizzeria", (former "Maruca's Tomato Pies" restaurant)
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alteration for a tenant fit-up for a new business in Unit 11 for a restaurant, "Antonino's Pizzeria".

An additional zoning permit is required for any sign.

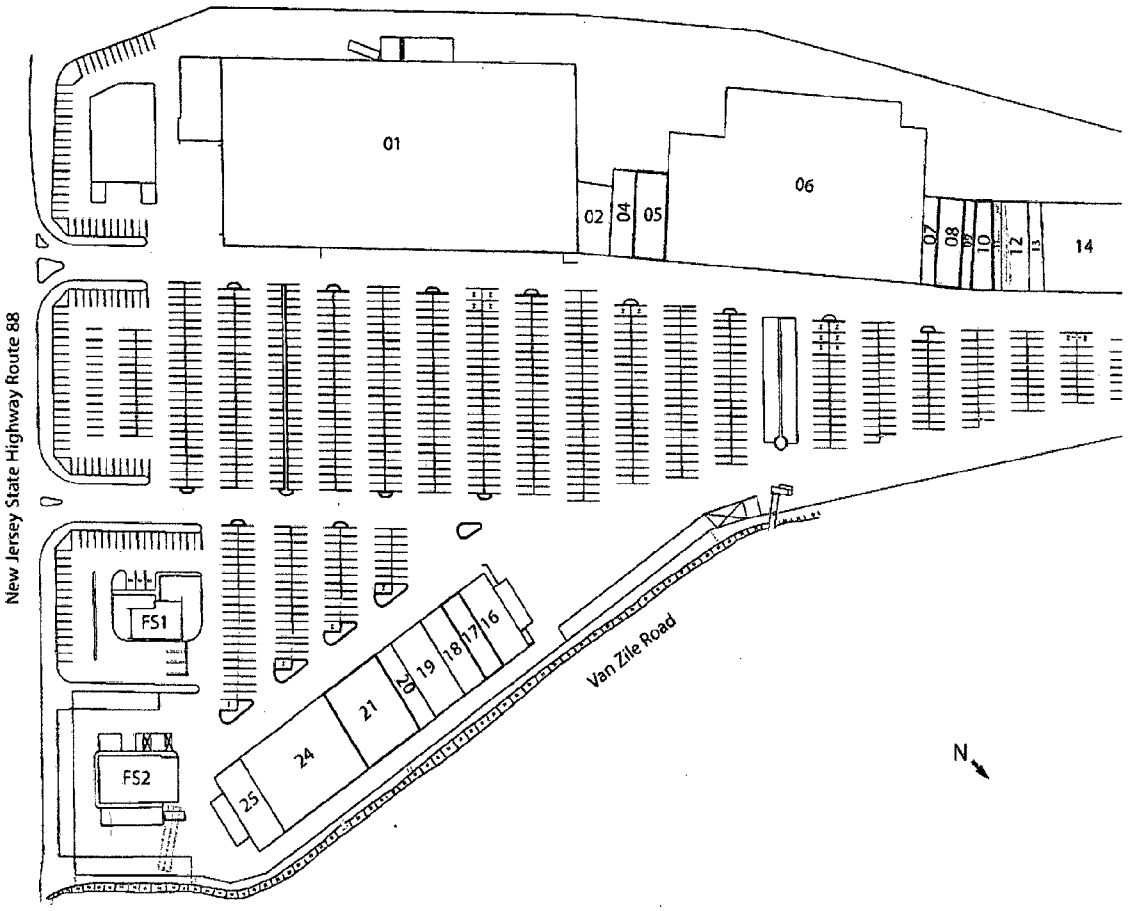
Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 01/27/2010 Date

Michael P. Fowler, Township Planner — 1/27/10 **Date**

Laurel Square
1930 Route 88, Brick, New Jersey
Gross Leasable Area: 246,235 Sq. Ft.
Total: 246,235 Sq. Ft.



Contact: Ron Ruth | (610) 834-7283 | ron.ruth@centroprop.com | Mid-Atlantic Regional Office | (610) 825-7100 | www

Note: This site plan indicates the general layout of the shopping center and is not a warranty, representation or agreement on the part of the landlord that the shopping center will be exactly as depicted herein.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JAN 26 2010

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 1-29-10

Date Issued Permit # 10-0198

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88 (Inland Square)

Owner in Fee: Sper International Co

Tel. ( ) e-mail

Address PO Box 4900 Scottsdale AZ
street municipality zip code

Contractor: John Cioffi Tel. ( )

Address 109 Dec Court e-mail
Lakewood NJ 08737

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1-20-10 Approved by: DG

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-22-10

Approved by: (CCO)

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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. X

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Attaching approved gas hose from existing plumbing to oven.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	2	100
Fireplace Venting/Metal Chimney		
Other Built-in oven	1	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 1-29-10

Date Issued / Permit # 10-0198

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

Block 44.1 Lot 3 Qualification Code _____

Work Site Location 1130 Lt 3 [illegible]

Owner in Fee: [illegible]

Tel. (_____) _____ e-mail _____

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: [illegible] Tel. (_____) _____

Address [illegible] e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

Other _____

Location: _____

Total Cost of Fire Protection Work $ _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: [illegible] Approved by: [illegible]

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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. _____

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: [illegible]

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-0198

Date Issued / Permit # 1-29-10

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88 (Laurel Square)

Owner in Fee: Super International Co.

Tel. ( ) e-mail

Address PO Box 4900 Scotch Plains NJ.
street municipality zip code

Contractor: John Cioffi Tel. ( )

Address 109 Dee Court e-mail
Lakewood NJ 08701

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-28-10
Approved by: JW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Attaching approved gas hose from existing plumbing to oven.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-0198

Date Issued / Permit # 1-29-10

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

Block 1149 Lot 5 Qualification Code _____

Work Site Location 1930 Rt 88 (Laurel Square)

Owner in Fee: Super International Co.

Tel. (_____) _____ e-mail _____

Address PO Box 4900 Scotch Plains NJ
street municipality zip code

Contractor: John Cioffi Tel. (_____) _____

Address 109 Dee Court e-mail _____
Lakewood NJ 08701

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-28-10

Approved by: Jed

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

C. CERTIFICATION IN LIEU OF OATH

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_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Attaching approved gas line from existing plumbing to ovens.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	$ _____
____	Urinal/Bidet	
____	Bath Tub	
____	Lavatory	
____	Shower	
____	Floor Drain	
____	Sink	
____	Dishwasher	
____	Drinking Fountain	
____	Washing Machine	
____	Hose Bibb	
____	Water Heater	
____	Fuel Oil Piping	
1	Gas Piping	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
____	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	
____	Other _____	

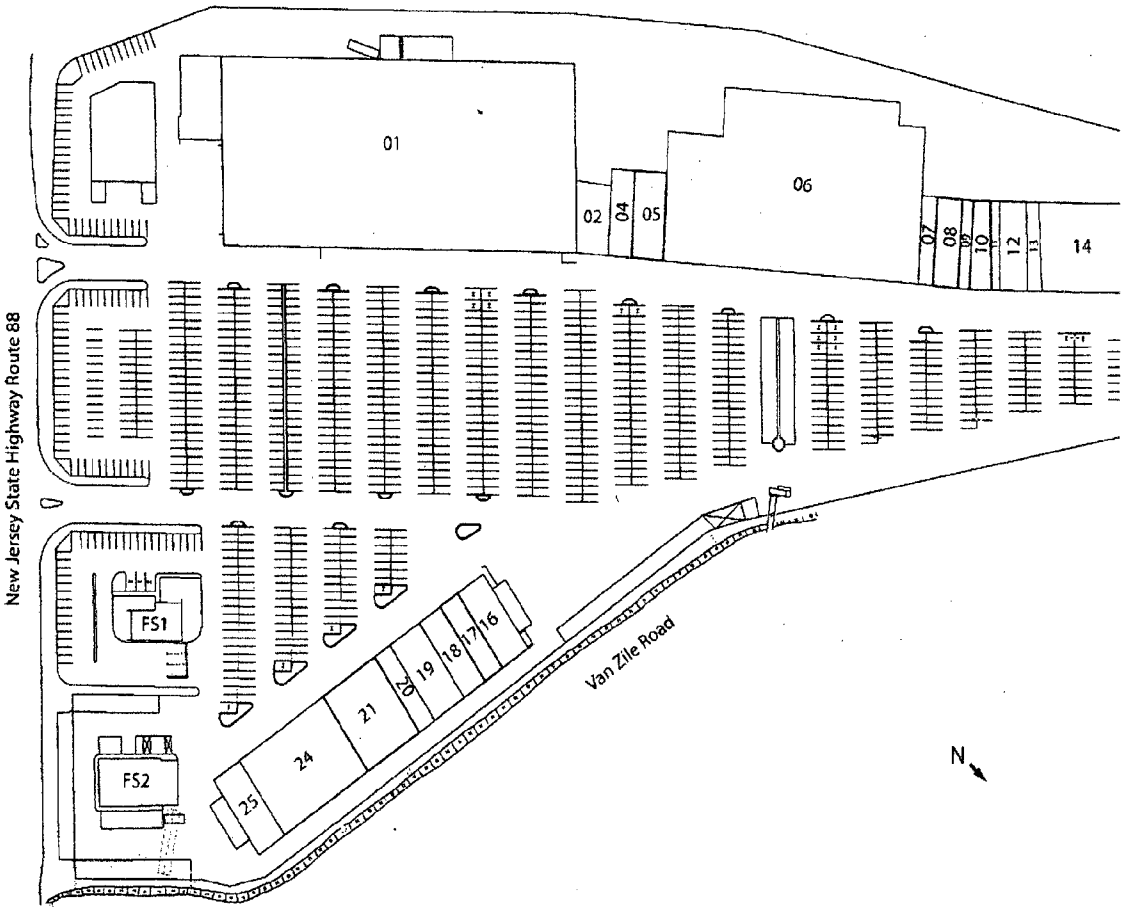
Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Laurel Square
1930 Route 88, Brick, New Jersey
Gross Leasable Area: 246,235 Sq. Ft.
Total: 246,235 Sq. Ft.



Contact: Ron Ruth | (610) 834-7283 | ron.ruth@centroprop.com | Mid-Atlantic Regional Office | (610) 825-7100 | www

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JAN 26 2010

Laurel Square
1930 Route 88, Brick, New Jersey
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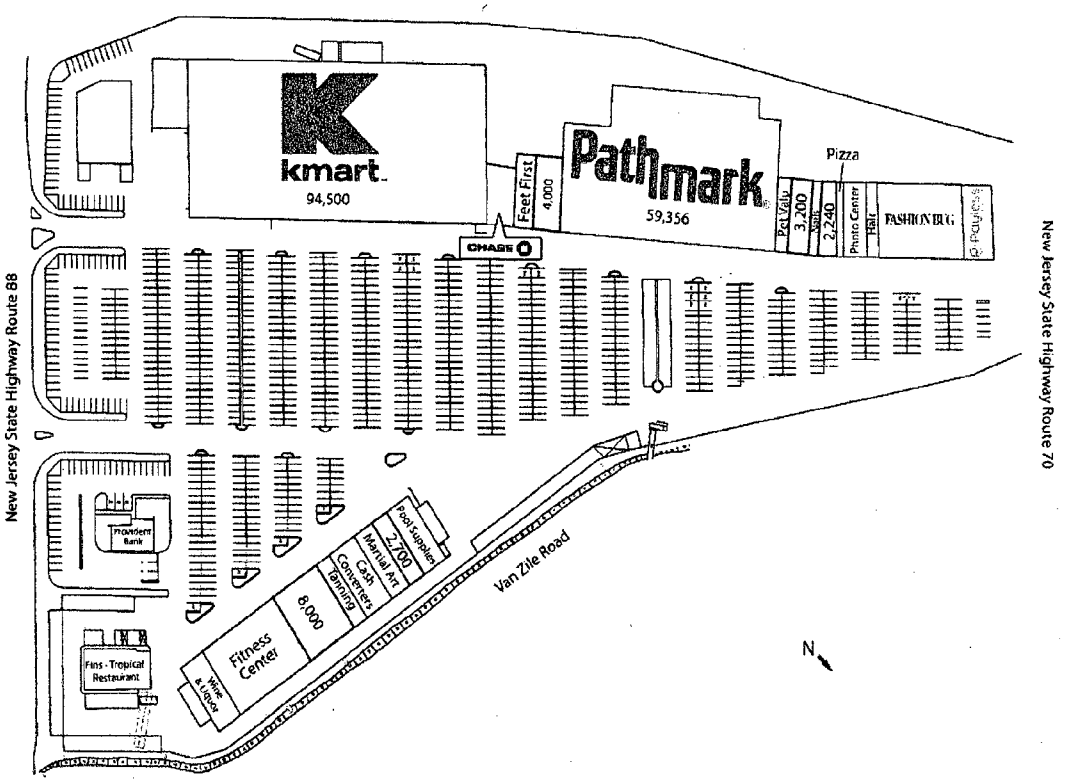

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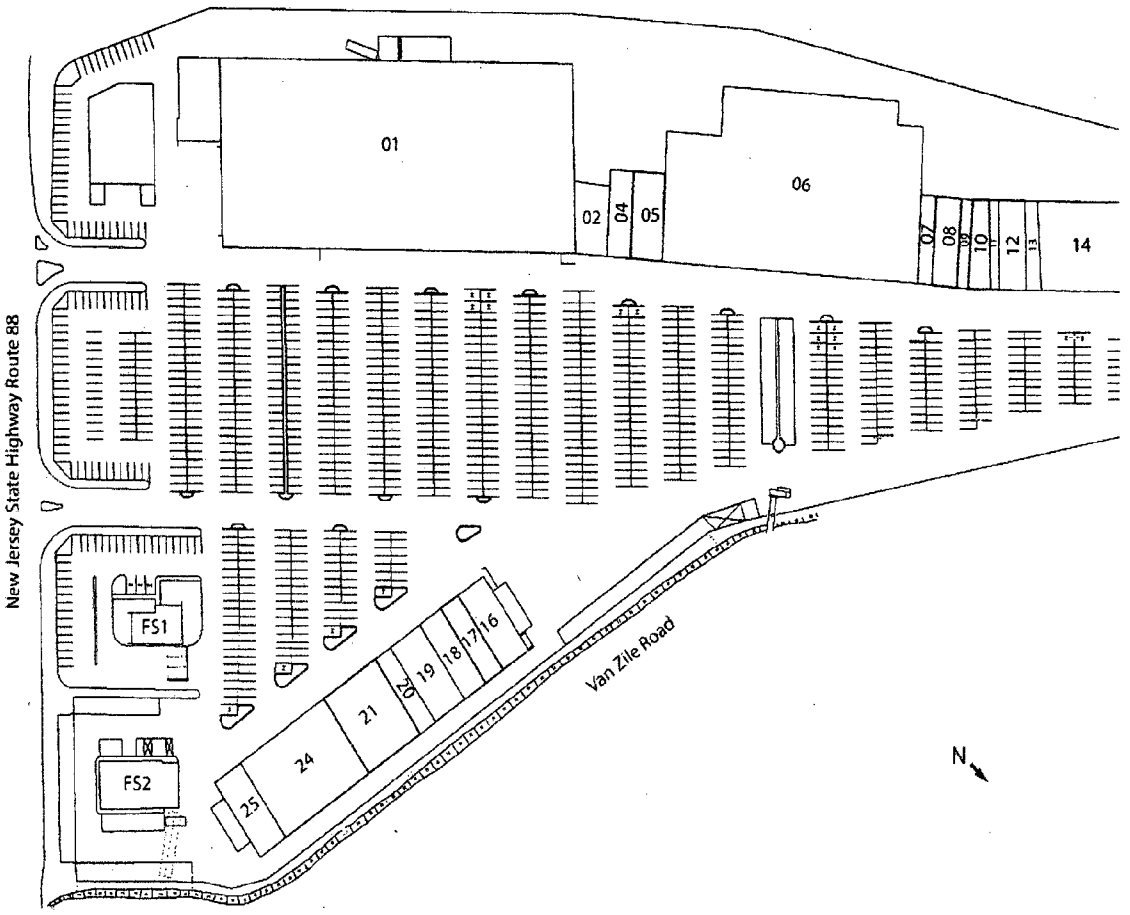
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JAN 26 2010

SK, ZO

Laurel Square
1930 Route 88, Brick, New Jersey
Gross Leasable Area: 246,235 Sq. Ft.
Total: 246,235 Sq. Ft.



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APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JAN 26 2010
SK, ZO

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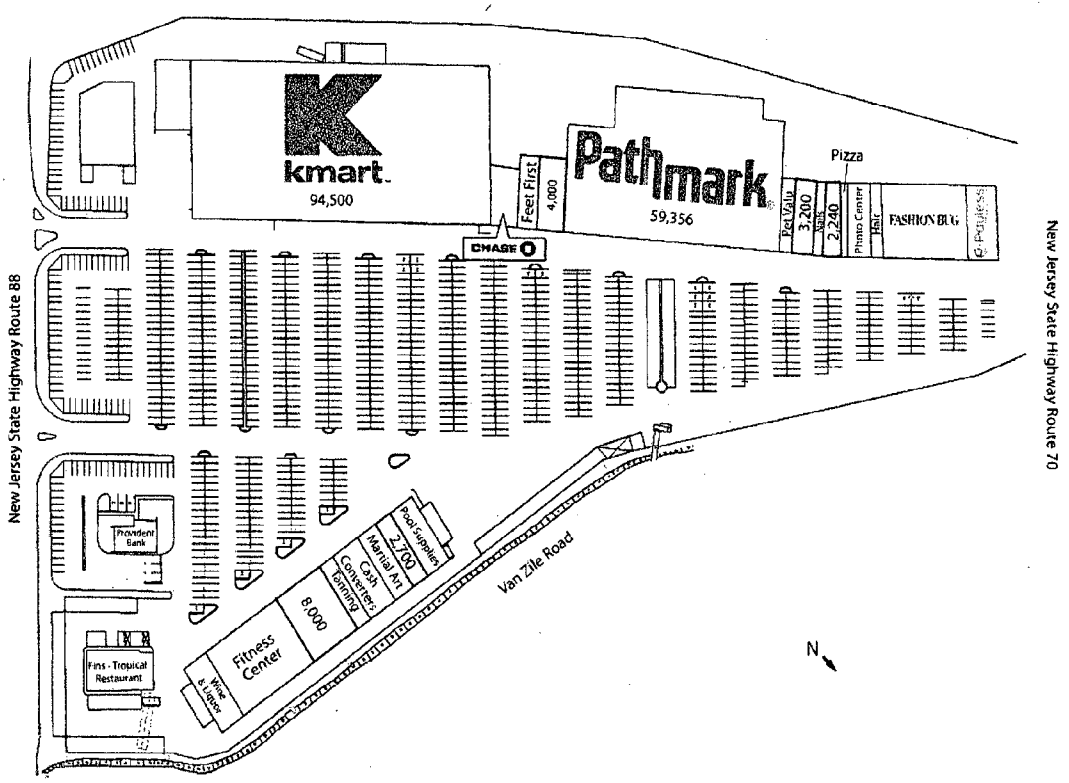

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APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JAN 26 2010

SK/20