BLOCK 552.01 LOT 18 & 19 QUALIFICATION CODE _____ ADDRESS (SITE) 2545 OLD HOOPER PERMIT NO. 07-0406

CONSTRUCTION PERMIT APPLICATION

07-000490

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

I. IDENTIFICATION

1. Proposed Work Site at: 2545 OLD Hooper
2. Name of Owner in Fee: BOTTARI Tel. (___) _____
   Address 2545 OLD HOOPER
   street municipality zip code
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: PATRICK BOTTARI Tel. (___) _____
   Address 288 LOCK LYNNCT
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer BRUCE P ASSOC. Tel. (856) 477-7751
   Address 99 MANAHAWKIN Rd Contact _____
6. Responsible Person in Charge once Work has Begun Patrica Bottari
   Tel. 732-232-2358 FAX: 856 477-8051

called 2/21/07 Bobby left message

Interior alterations ✓

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	9620	$	40	
2. Electrical			40	
3. Plumbing			40	
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review			5	
8. Subtotal		$		
9. State Permit Fee Surcharge				
10. Subtotal		$		
11. Cert. of Occupancy				
12. Other			106	
13. TOTAL		$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

	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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction	500				2807		10-9-08		
5. ☐ Fire Protection									
6. ☐ Plumbing	2500				2/2/07		10-6-08		
7. ☒ Electrical	500				21407		9-23-08		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: 1 2
2. Use Group: R-3
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use.
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

BUILDING SUBCODE
TECHNICAL SECTION

552-01 – 19

Date Received
Control #
Date Issued 3/2/07
Permit # 07-0406

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

Block 552.01 Lot 19.A Qualification Code

Work Site Location 25-45-010 Hooper Ave HANDICAP UNISEX BATH, NJ

Owner in Fee: Dorman

Tel. (856) 232-2358 e-mail

Address 221 Kathlynn Ct Brick
street municipality zip code

Contractor: Owner Tel. ( ) S/A

Address S/A e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

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

Handicap Unisex Bathroom

All work must meet code

Exhaust Fan must be inplace

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2-6-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-9-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final OVER	9/30/08		10/07/08	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 500 -

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 2/8/07

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 _____

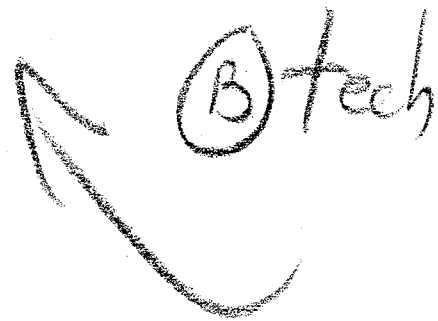
_____

Telephone (_____) _____

Signature _____

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

09/23/08. Grabbar @ side wall loose.
Sign location.
No lever lockset.
Verify ex. fan ducted to exterior.



PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 2/8/2007
Control # C-07-000490
Date Issued 3/2/2007
Permit # 07-0406

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

Block 552.01 Lot 19 Qualification Code

Work Site Location: 2545 OLD HOOPER AVE. , NJ

Owner in Fee: BOTTAZZI'S RED LION TAVERN INC

Address 2545 OLD HOOPER AVE. BRICK NJ

Tel.

Contractor: GRANDE PLUMBING INC

Address 2304 BERT AVENUE PT PLEASANT NJ 08742

Tel. (848) 333-8269 Fax.

Contractor License No. 12004

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 8/21/08

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 10-6-08

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/2/08	
Water				
Sewer				
Fixtures	9/23/08		10-6-08	
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$3
TOTAL FEE	$43

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3/2/07
Permit # 07-0406

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

Block 552.01 Lot 18 Qualification Code
Work Site Location 25 45 Old Troy Ave Handicap
UNEX BATH, NJ
Owner in Fee BOTTAZZI
Address
Tel ( )
Contractor Toth Home Design
Address 12 KJ 71
Spring Lake Hgts
Tel (732) 974 2244 FAX ( )
Contractor License No. 7340
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size 0 Public Sewer Private Septic
Water Service Size 0 Public Water Private Well
Est. Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-13-07
Approved by:

SUBCODE APPROVAL
[ ] 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				

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 (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	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 $

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/2/07
Control #
Permit # 07-0406

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

Block 552.01 Lot 18
Work Site Location 2545 Old Hooper Ave
Brick NJ 08723
Owner in Fee/Occupant Battazzi
Address 2545 Old Hooper Ave
Brick NJ 08723
Tele. ( )
Contractor Dickson Electic
Address 2597 Hooper Ave
Brick NJ 08723
Tele. (732) 920-6441 Fax (732) 920-2944
Lic. No. 8392
Federal Emp. No. 22-2707689

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2/40
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/30/07
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			3/30	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/28/07	

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

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

UCC F120
(rev 3/96)

9/23/08

① 606.6 - EXPOSED PIPES + SURFACES ICC - A117.1

② - 1015.6 - LATTICE C - MAX TEMP 110°

(P Heeh)

CONSTRUCTION PERMIT

Date Issued 03/02/2007
Control # C-07-000490
Permit # 07-0406

IDENTIFICATION Block: 552.01 Lot: 19 Qualifier
Work Site Location: 2545 OLD HOOPER AVE. , NJ

Owner in Fee BOTTAZZI'S RED LION TAVERN INC
Address 2545 OLD HOOPER AVE. BRICK NJ

Telephone:

Contractor BOTTAZZI'S RED LION TAVERN INC
Address 2545 OLD HOOPER AVE. BRICK NJ

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BATH RENOVATION HANDICAP UNISEX BATHROOM

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$125
Check No.	9620
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

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.

☐ 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.

per D.F.N. 1/16/07
need to sched insp. - even if fail - this will refresh the permit

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit Number
Date Issued
Violation Number V-07-00011

IDENTIFICATION

Work Site Location: 2545 HOOPER AVE. Brick Township, NJ
Block: 552.01 Lot: 19 Qualification Code: _____
Owner in Fee: BOTTAZZI'S RED LION TAVERN INC
Owner Address: HOOPER AVE & DRUM PT RD BRICK NJ 08723
Agent/Contractor _____
Address _____

1/16/07 spoke w/ MB @ what is needed

To: ☐ Owner ☐ Other:
☐ Agent/Contractor

DATE OF INSPECTION:_____ DATE OF THIS NOTICE: 01/09/2007

Resubmitted RW 2/8/07

ACTION

Take NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
no building inspectiopns on this permit

You are hereby ***ORDERED*** to terminate the said violations on or before 02/09/2007 .

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

NOTICE of Violation and ***Order*** to Terminate:_____ Date: _____
SubCode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 2545 HOOPER AVE. Brick Township, NJ
Block: 552.01
Lot: 19
Owner: BOTTAZZI'S RED LION TAVERN INC
Owner Address: HOOPER AVE & DRUM PT RD BRICK NJ 08723
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode:
Issuing Officer: Frank Mizer
Issue Date:
Infraction: Notice of Violation and Order To Terminate
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Recieve Required Inspections
Infraction Summary: no building inspectiopns on this permit
Certified Mail Number:

Enforcement Details

Inspection Date:
Notice Date: 01/09/2007
Compliance Date:
Compliance Inspection Date:
Compliance Summary:

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/24/2004
Date Issued 11/30/04
Control # ~~C27-25~~
Permit # 04-5028

1 Plan set only

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

Block 552.01 Lot ~~18~~ 19 Qual
Work Site Location 2545 OLD HOOPER AVE
CONSTRUCT 3 WALLS
Owner in Fee BOTTAZZI
Address SAME
BRICK, NJ
Tele.( )
Contractor BOTTAZZI
Address 2545 OLD HOOPER AVENUE
BRICK, NJ 08723-
Tele.(732)477-1230 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9.28.04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

CONSTRUCTION OF 3 WALLS FOR BATHROOM
REFERENCE PERMIT #03-4921

MUST Have Tactile Sinage

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	40
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 1

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

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 2545 Old Hooper Ave Brick NJ

Block: 552 Lot: 18

Contractor: BOTTAZZI

Contractor's Address: 238 Katie Lynn Ct

Type of Construction (minor, new home): HANDICAP Unisex Bath

Type of Debris (shingles, siding, wood, etc.): CARDBOARD, WOOD

Party responsible for removal: Owner

Dumpster size: n/a

Destination of debris: Waste Management NJ

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission 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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature _____ Date 1/21/07

Print Name Patrick Bottazzi