Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 335-339 Brick Blvd - 2768 PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION C20-00342

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 335-339 Brick Blvd, Brick NJ 08723
2. Name of Owner in Fee: George Beyar Sr.
   Tel. 917-696-4133 e-mail komodo@komodonj.com
   Address 25 Woodbine Ave (street) Little Silver (municipality) NJ (zip code) 07739
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Celiks Construction LLC Tel. 732 962 2395
   Address 89 Savannah Rd e-mail _____
   Jackson NJ 08527
   License No. OR, if new home, Builder Reg. No. 13VH07761300 Exp. Date 7/31/21
   Home Improvement Contractor Registration No. or Exemption Reason _____
   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	$ 500 - ✓		
2. Electrical	500 - ✓	191 - ✓	150 - ✓
3. Plumbing	500 - ✓		385
4. Fire Protection	500 - ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 38 -	22 -	
10. Subtotal	2 175		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1150 -	213	1032

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 23
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 ____

COMMERCIAL

IIa. PROPOSED WORK

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

tenant FitUp

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	30,000				11/04/20	MK			
☑ Electrical	8,900				10-20-20	MK			
☑ Plumbing	1,500				11-12-20	MK			
☑ Fire Protection	500				12/2/20	MK			
☐ Elevator		Eng exempt			10/15/20	CC			
TOTAL COST	40,900	$0							

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: Change of use
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/17/2021
Control Number C-20-003422
Permit Number 20-2768
Permit Issue Date 11/16/2020
Certificate Number 20-2768

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. 399 BRICK BLVD Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone:

Contractor Celiks Construction

Address 13 Cedar Hill Ln. Toms River NJ 08755

Telephone: (732) 966-2395 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 23

Description of Work/Use: TENANT FIT UP - - KOMODO

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:

David J. Newman Jr.

Construction Official

Date Printed: 3/17/2021

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/16/20
Control #
Date Issued
Permit # 20-02768

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd, Brick NJ 08723

Owner in Fee: George Bejar Jr.

Tel. 917 696-4133 e-mail Komodo@komodonj.com

Address 25 Woodbine Ave Little Silver NJ 07739
(street) (municipality) (zip code)

Contractor: Silveron Electric Contracting LLC Tel. 732 620-1394

Address 389 Rt 79 Bldg 5 e-mail orkung@silveronelectric.com
Morganville NJ 07751

Contractor License No. 16446 Exp. Date 03131/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 264114577 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 10-20-2020 Approved by: MM

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10-20-2020

Approved by: MM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 4-12-21

Approved by: MM

INSPECTIONS	Dates (Month/Day)			
Type:		Failure	Approval	Initial
Rough	12-30-2020 MM		1/11/21	(P)
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-24-21		3/16/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 sign/Contractor sign and seal here:

Print name here: Orkun Kung

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
16		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		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	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Komodo +586 sq ft + 23 except 9/30/20

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11/16/20

Date Issued

Permit # 20-2768

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

Block 541.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd, Brick, NJ 08723

Owner in Fee: George Beyar Jr.

Tel. 732 620-1394 e-mail komodo@komodonj.com

Address 25 Woodbine Ave Little Silver, NJ 07739
street municipality zip code

Contractor: Silvercon Electrical Contracting LLC Tel. (732) 620-1394

Address 389 Rt 79 Bldg 5 e-mail orkung@silverconelectric.com

Morganville NJ 07751

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

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

Fire Alarm Contractor No. 16446 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 264114577 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 $ 600

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/Contractor sign here:

Print name here: Orkun David Gumusayak

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source add outlts to ansul sys

Method of Alarm/Suppression System Supervision

	NUMBER
Flammable/Combustible Tanks	
Alarm Systems	
[ ] System	
[X] 110v Interconnected	
[X] CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices control for ansul	
TOTAL	5
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	

FEE (Office Use Only)

$

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: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/22/20
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	12/22			
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12/22		12/22	
Other				

F140 (rev. 02/11) version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/9/21
Control #
Date Issued
Permit # 20-2768+B

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd Brick

Owner in Fee: George Bayer

Tel. (917) 696-4133 e-mail

Address 25 Woodbine Ave Little Silver NJ 07739
street municipality zip code

Contractor: Jersey Premier Plumbing LLC Tel: (732) 530-8670

Address 56 Whispering Pines Drive e-mail Ray@JPPNJ.com
Lincroft NJ 07738

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): 12754

Federal Emp. ID No. 27-5234275 FAX: (732) 530-8672

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Commercial Kitchen

Total Cost of Fire Protection Work $ 1000.-

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 sign/Contractor sign and seal here:

Print name here: Ray [illegible]

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: kitchen appliances

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		Supervision permit
[ ] 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	4	
Fireplace Venting/Metal Chimney		
Other		
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: Approved by:
[X] Fire Protection Plans Approved
Date: 2/16/21 Approved by: MD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-17-21
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-12-21
Approved by: [signature]

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			3/12/21	CA
Other				

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: 877-531-2233

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS Kendall

PERMIT NUMBER 20-2768 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric X Fire Code were in evidence and the following orders are hereby issued for their correction:

(1) Complete smoke report
(2) CO detector
(3) Hood cleaning report
(4) replace ceiling tiles
(5) Final w/ Building unit (attic)

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 2/24/21 INSPECTOR [signature]

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/16/20

Date Issued / Permit # 20-2268

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

Block 549.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd, Brick NJ 08723

Owner in Fee: George Bejar Jr.

Tel. 917-696-4133 e-mail komodo@komodonj.com

Address 25 Woodbine Ave Little Silver NJ 07739
(street) (municipality) (zip code)

Contractor: Celiks Construction LLC Tel. 732 966 2395

Address 89 Savannah Rd e-mail celiksnj@gmail.com
Jackson NJ 08527

Contractor License No. or Builder Registration No. 13VH07761300 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 11/04/20 — MCH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 11/04/20
Approved by: MCH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 03/10/21
Approved by: MCH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	2/18/21		3/08/21	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 18,000
3. Total (1+ 2) $ _____

U.C.C. F110 (rev. 11/09)

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.

Sign here: _____

Print name here: Selilah Celik

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Renovation for Restaurant.

COMMERCIAL

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 Renovation
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Update 1-6-21

Date Received 1/11/21
Control #
Date Issued
Permit # 20-2768+A

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd, Brick NJ

Owner in Fee: Drum Point Plaza LLC

Tel. e-mail

Address 249 Brick Blvd (street) Brick (municipality) 08723 (zip code)

Contractor: Jersey Premier Plumbing LLC Tel. (732) 530-8670

Address 56 Whispering Pines Drive e-mail ray@jppnj.com

Lincroft NJ 07738

Contractor License No. 12796 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 275234279 FAX: (732) 530-8672

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4 Public Sewer X Private Septic

Water Service Size 1 Public Water X Private Well

Est. Cost of Plumbing Work $ 11,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1-6-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-6-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-15-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			1-28-21	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	2-24-21	3-10-21	3-12-21	

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 sign/Contractor sign and seal here:

Print name here: Ray Calukovic

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
replace water heater, new ice maker with backflow preventer

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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other ice maker	

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

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

2-24-21 /AV

~~update permit + Grease Trap + sketch + Stamps~~

misc. Tech +B ✓

Stamped plans ✓

work not complete ✓

3-10-21 /AD

4 check valves pressure woks + Hookup

set WH 130°

missing Temper valve Island Handwash sink

10 tech Update + A

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/16/20
Control #
Date Issued
Permit # 20-2768

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd, Brick NJ 08723

Owner in Fee: George Beyar Jr.

Tel. 917 696-4133 e-mail Komodo@komodonj.com

Address 25 Woodbine Ave Little Silver NJ 07739
street municipality zip code

Contractor: Jersey Remix Plumbing LLC Tel. 732 530-8670

Address 56 Whispering Pines Drive e-mail
Lincroft NJ 07738

Contractor License No. 12756 Exp. Date 06/30/9021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-5234219 FAX: 732 530.8672

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 $ 1500.-

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 sign/Contractor sign and seal here:

Print name here:

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Hand sink only, tempered CO WITH APPROVAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	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	

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: Approved by:
[X] Plumbing Plans Approved
Date: 11-17-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-17-20
Approved by:

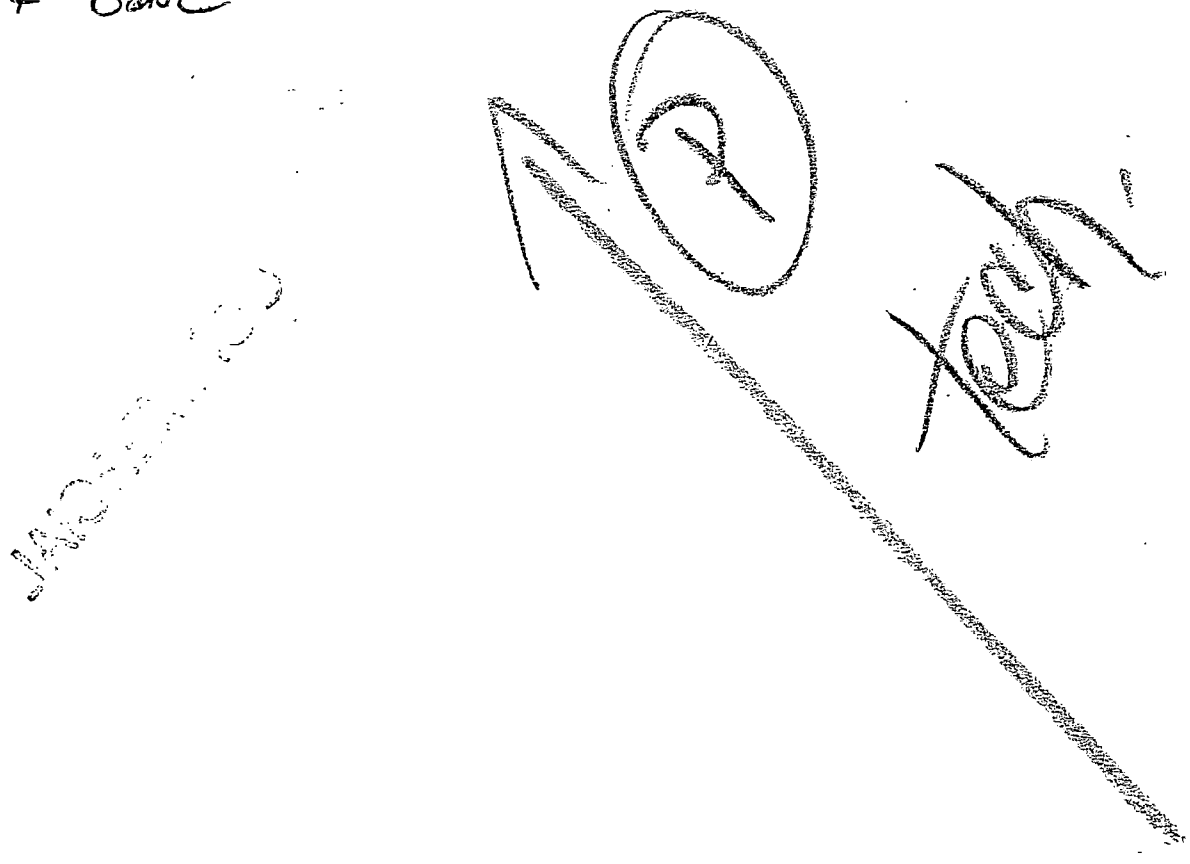
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-15-21
Approved by:

INSPECTIONS Type:	Failure Dates (Month/Day)	Failure Dates (Month/Day)	Approval Dates (Month/Day)	Initial
Slab				
Rough	12-30-20		1-25-21	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	3-10-21		3-12-21	

U.C.C. F130 (rev. 10/17)

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

12-30-20 JH
No plans
not done



335-399 Brick Blvd. update CO 1/11/22

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12-19-21
Control #
Date Issued
Permit # 20-2768-B

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

Block 547.01 Lot 18 Qualification Code
Work Site Location 399 Brick Blvd Brick NJ 08723
Owner in Fee: John de Giorgio Realty LLC George 917-696-4133
Tel. ( ) e-mail
Address 249 Brick Blvd, Brick NJ 08723
Contractor: Jersey Premier Plumbing LLC (street, municipality) Tel. (732) 530-5470 (zip code)
Address 56 Whispering Pines drive e-mail Doug@JPPNJ.com
Lincroft NJ 07738
Contractor License No. 12446 Exp. Date 06/30/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 27-5234279 FAX: (732) 530-5472

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 $ 2500.-

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 sign/Contractor sign and seal here:
Print name here:
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Appliance hook up (4), Permit update for plumbing

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	
4	Gas Piping - appliances	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	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: Approved by:
[X] Plumbing Plans Approved
Date: 2-18-22 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-18-22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-15-22
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	3-10-21		3-12-21	

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Update 2 lot

Date Received 3/9/21
Control #
Date Issued
Permit # 20-2768+C

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd. Brick NJ 08723

Owner in Fee: Drum Point Plaza LLC

Tel. 917-696-4133 e-mail gbeyar1@me.com

Address 249 Brick Blvd Brick NJ 08723
street municipality zip code

Contractor: Jersey Premier Plumbing LLC Tel. (732) 530-8670

Address 56 Whispering Pines Drive e-mail ray@jppnj.com
Lincroft NJ 07738

Contractor License No. 12796 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 275234279 FAX: (732) 530-8672

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 $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 3-9-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-9-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-15-21
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			3-12-21	

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 sign/Contractor sign and seal here:

Print name here: ray calukovic

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
grease interceptor

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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Update 2/24/21

Date Received 3/4/21
Control #
Date Issued
Permit # 20-2768+C

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd. Brick NJ 08723

Owner in Fee: Drum Point Plaza LLC

Tel. 917-696-4133 e-mail gbeyar1@me.com

Address 249 Brick Blvd Brick NJ 08723
street municipality zip code

Contractor: Jersey Premier Plumbing LLC Tel. (732) 530-8670

Address 56 Whispering Pines Drive e-mail ray@jppnj.com

Lincroft NJ 07738

Contractor License No. 12796 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 275234279 FAX: (732) 530-8672

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 $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 3-9-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-9-21
Approved by:

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 sign/Contractor sign and seal here:

Print name here: ray calukovic

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
grease interceptor

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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

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

PERMIT UPDATE

Date Update Issued 3/9/21
Control # C-20-003422+C
Permit # 20-2768+C

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. 399 BRICK BLVD Brick Township, NJ
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone:

Contractor Celiks Construction
Address 13 Cedar Hill Ln. Toms River NJ 08755
Telephone: (732) 966-2395
Lic. No. or Bldrs. Reg. No. 13VH07761300
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:
TENANT FIT UP - KOMODO ...UPDATE +C - GREASETRAP

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 $1,000

Construction Official Date 3/9/21

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
Check No.	1005
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
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.

CONSTRUCTION PERMIT

Date Issued 11/17/20
Control # C-20-003422
Permit # 20-2763

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. 399 BRICK BLVD Brick Township, NJ
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone:

Contractor Celiks Construction
Address 13 Cedar Hill Ln. Toms River NJ 08755
Telephone: (732) 966-2395
Lic. No. or Bldrs. Reg. No. 13VH07761300
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - KOMODO

PAYMENTS (Office Use Only)

Building	$500
Electrical	$280
Plumbing	$150
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	
Other	$0
Total	$1,084
Check No.	1006
Cash	$0
Credit	$0
Collected By	

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 $20,100

D. Newman Jr. 11/13/20
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

☒ System is Compliant with NJAC 5:70-3 ☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

3642
VILLAGE FIRE PROTECTION CO., INC.
72-35 EDSALL AVENUE
GLENDALE, NY 11385
(646) 772-4849
New Jersey Permit # P00217
Pennsylvania # 86293503
NYC FDNY # W163
Nassau County PEL1808

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
	1.7.21	

SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS
Pyrex II	L 4600	WET	2

COMPANY	CONTACT	PHONE	FAX
Komodo	George / Johnny	917.696.4133	

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
399 Brick BLVD	Brick	NJ		

AHJ / FIRE PROTECTION DISTRICT

INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐ CO

Initial Actions / Observations	Y	N	N/A
1 Last Serviced By? Freedom			
2 Were building personnel notified of the inspection?	☒	☐	☐
3 Was the monitoring company notified?	☐	☐	☒
4 System found charged and functioning at time of technician's arrival?	☒	☐	☐
5 System un-tampered with since last visit?	☐	☐	☒
6 System found to be at proper pressure upon arrival?	☒	☐	☐

Visually Check System	Y	N	N/A
7 Baffle-type filters installed in hood?	☒	☐	☐
8 System (and appliance layout) appear unchanged since last service?	☐	☐	☒
9 Were the nozzle caps in place at time of arrival?	☒	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	☒	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☒	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☒	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☒	☐	☐
14 Nozzle(s) properly positioned over appliances?	☒	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☒	☐	☐
16 Is there a fan warning sign on hood?	☒	☐	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☒	☐	☐

Hazard Inspection	Y	N	N/A
18 Hazard configuration appeared to remained unchanged?	☐	☐	☒
19 Are all observable penetrations to the hood and duct sealed?	☒	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☐	☒	☐

System Functional Test	Y	N	N/A
21 System disarmed per manufacturer's recommendations?	☒	☐	☐
22 Mechanical detection line tested and found to operate properly?	☒	☐	☐
23 Proper number and placement of detectors/links?	☒	☐	☐
24 Did the system operate properly from activation of a manual pull station?	☒	☐	☐
25 Gas shut-off valve installed and working properly? (Note location) UNSOL.	☒	☐	☐
26 Replaced links with proper temperature rating?	☐	☐	☐

7 at 360 Degrees 2021 ____ at ____ Degrees

____ at ____ Degrees ____ at ____ Degrees

____ at ____ Degrees ____ at ____ Degrees

27 Is the manual reset for electric gas valves operational?	☐	☐	☒
28 Did all electrical appliances shut off upon system operation?	☐	☐	☒
29 Did all gas appliances shut off upon system operation?	☐	☐	☒
30 Did the make-up air shut down?	☐	☐	☒
31 Did the alarm system activate when the system tripped?	☐	☐	☒
32 Did control head(s)/cylinder releasing device(s) operate properly?	☒	☐	☐

Cylinders and Agent	Y	N	N/A
33 Cylinder Pressure 225 psi	☐	☐	☐
34 Hydrostatic test date of cylinder checked. Due: 2030	☐	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	☒	☐	☐
36 Are all cylinders securely mounted?	☒	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 16.9L	☐	☐	☐
	☐	☐	☐

NOTIFICATION OF DEFICIENCIES CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

3642

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
Komodo			

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reactivation	Y	N	NA
38 Test adapters/links, keeper pins, etc., removed from system?	X		
39 Detection [link] line has proper tensioning?	X		
40 Was the control head reset?	X		
41 Were all fuel sources and power restored?	X		
42 Were all pilot lights supplied by the gas valve relit?			X
43 Microswitch/relay(s) reset – electric appliances "on"?	X		
44 Are all nozzle caps in place?	X		
45 Were all filters reinstalled?		X	
46 Were all cartridges reinstalled? (if applicable)	X		
47 Tandem/slave releasing device(s) reset properly?			X

Final	Y	N	NA
48 Operator's manual on site?		X	
49 Class K portable extinguisher available and properly serviced?			X
50 Remote manual release free from obstructions & operable?	X		
51 Has the system been placed back in service?	X		
52 Monitoring company notified that the system is back in full service?			X
53 Were building personnel notified of the system condition?	X		
54 Have you received a signature from the building personnel?	X		
55 Inspection tag affixed to system?	X		

Description of Deficiencies

Comments and Recommendations

Appliances NOT installed yet, New in box

electrician to connect M.S. to electric appliances for shut down

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☒ A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

Authorized Customer Representative

SIGNATURE: _____

PRINT NAME: George Berger

Authorized Company Representative

SIGNATURE: _____

PRINT NAME: Rich

CERTIFICATION NUMBER: NJ p00217.

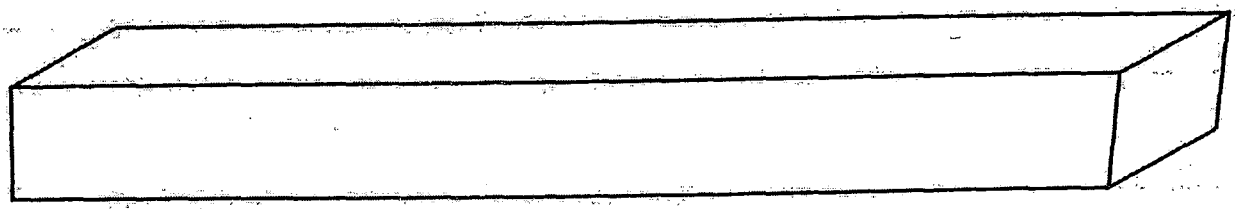
KITCHEN SYSTEM REPORT - PAGE 3

3642

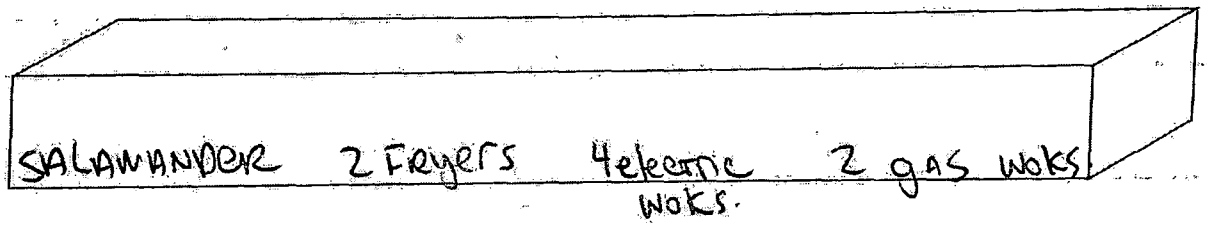
COMPANY	CONTACT	PHONE	FAX
Komodo			
ADDRESS	CITY	STATE / ZIP	CUSTOMER NUMBER

Hood Size: 26'

Duct Quantity & Size: 4. 23 x 16



Label All Appliances



Size	34"	15"	8"	17" - 21 1/2

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ____ No X

Nozzle Quantity: Duct 4 Plenum 3 Appliance 9

Remote Pull: Yes X No ____ Location back door

Gas Valve: Yes X No ____ Size: 2"

Gas Valve Style: Electrical ____ Mechanical X

Gas Valve Location: ceiling Type: Release / (Pull)
above freezer box

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

Jersey Premier Plumbing

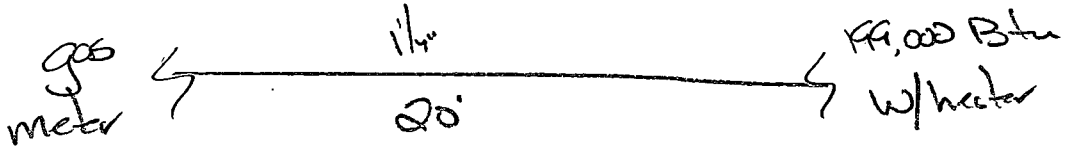
[redacted]

gas [redacted] to 5-7" Water colum

gas [redacted]

Sch 40 [redacted] tubing

Stick IT



JOB COPY

PLUMBING

JAN 06 2021

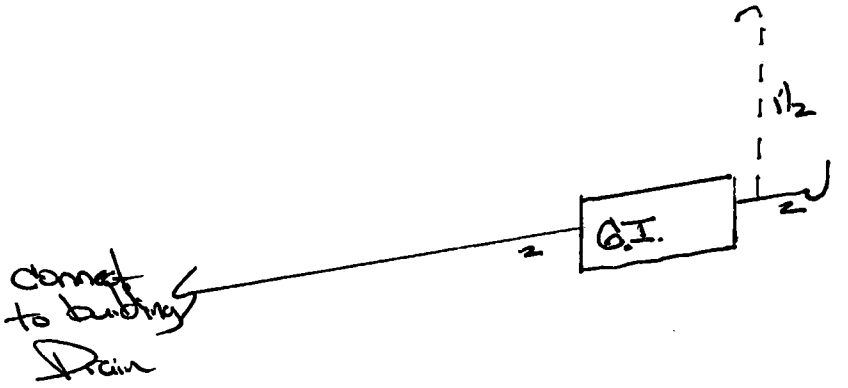
APPROVED

375 Brick Blvd

Brick nj

Jersey Premier Plumbing

G.I. Diagram



Grease Interceptors 800- 801 Series

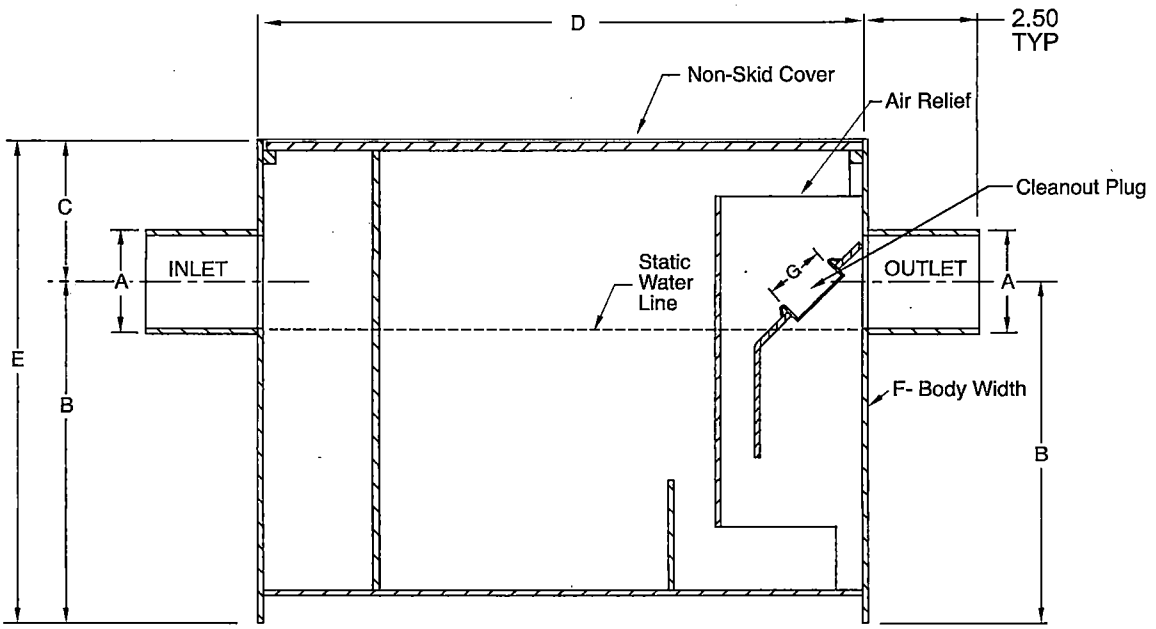


FIG. NO.	GPM FLOW RATE	GREASE CAP LBS	A	B	C	D (LENGTH)	E (HEIGHT)	F (WIDTH)	G (Plug Size)
800-02-04	4	8	02"	6 7/8"	2 3/4"	12 1/4"	9 5/8"	13"	1 1/2"
800-02-07	7	14	02"	7 3/4"	3 1/4"	13 5/8"	11"	14 1/2"	1 1/2"
800-02-10	10	20	02"	8 3/4"	3 5/8"	15"	12 3/8"	15 3/4"	1 1/2"
800-02-15	15	30	02"	11 1/4"	3 1/2"	17 3/8"	14 3/4"	18 1/4"	1 1/2"
800-03-20	20	40	03"	12 3/4"	4"	19 3/8"	16 3/4"	20 1/4"	1 1/2"
800-03-25	25	50	03"	14 1/4"	4 1/8"	21"	18 3/8"	21 3/4"	1 1/2"
800-03-35	35	70	03"	14 1/2"	4 1/2"	22 3/8"	19"	23 1/4"	1 1/2"
800-03-50	50	100	03"	14 1/2"	5 1/4"	31 5/8"	19 3/4"	23 1/4"	1 1/2"
LOW TYPE									
801-03-20	20	40	03"	7"	3 3/4"	39 1/2"	10 1/2"	20 3/4"	1 1/2"
801-03-35	35	70	03"	7"	4 3/4"	52 1/4"	11 3/4"	26 3/4"	1 1/2"
801-03-50	50	100	03"	10"	5 15/16"	50 1/4"	15 15/16"	26 3/4"	1 1/2"

NOTE: Dimensional data is subject to manufacturing tolerances and change without notice.

APPLICATION

A grease interceptor is necessary where fat, oil, grease, (FOG) or other similar line clogging contaminants are present in waste water that must be disposed of through the sanitary system.

Preventing grease from entering drainage lines should always be considered when designing the plumbing drainage system in any residential or commercial building having facilities for the preparation and serving of food in quantity. In these installations, where fat and grease are a by-product, an efficient 800 Series interceptor should be installed to prevent this material from entering the drainage lines.

HOW THE INTERCEPTOR OPERATES

Water draining to the interceptor passes through a flow control fitting which regulates the velocity of the water to the capacity of the interceptor. As the water enters the interceptor at this controlled rate of flow, it is free of turbulence. It then passes over separator baffles which are positioned to insure that fat, oil, and grease are efficiently separated from the waste water. Once separated, these contaminants rise to the surface of the water in the interceptor by natural flotation and are accumulated until removed. The waste water, now relieved of over 90% of contaminent oil and grease, continues to flow through the interceptor into the sanitary systems.

PROCEDURE FOR SIZING

STEP 1	Determine the cubic content of the fixture by multiplying length x width x depth.	A sink 48" long by 24" wide by 12" deep Cubic content 48 x 24 x 12 = 13,824 cubic in.
STEP 2	Determine the capacity in gallons. 1 gal. = 231 cubic inches.	Contents in gals. $\frac{13,824}{231}$ = 59.8 gals.
STEP 3	Determine actual drainage load. The fixture is usually filled to about 75% of capacity with waste water. The items being washed displace about 25% of the fixture content. Actual drainage load = 75% of fixture capacity.	Actual Drainage Load .75 x 59.8 gals. = 44.9 gals.
STEP 4	Determine the flow rate and the drainage period. In general, good practices dictate a one minute drainage period, however where conditions permit, a 2 minute period is acceptable. Drainage period is the actual time required to completely empty the fixture. Flow Rate = $\frac{\text{Actual Drainage Load}}{\text{Drainage Period}}$	Calculate flow rate for 1 minute period. Flow Rate $\frac{44.9 \text{ gals.}}{1 \text{ Min.}}$ = 44.9 GPM For 2 minute period Flow Rate $\frac{44.9 \text{ gals.}}{2 \text{ Min.}}$ = 22.5 GPM
STEP 5	Select the Interceptor which corresponds to the flow rate calculated. Note - Select larger size when flow rate falls between two sizes listed.	For 1 minute period 44.9 GPM requires a Fig. 800-03-50 For 2 minute period 22.5 GPM requires a Fig. 800-03-25

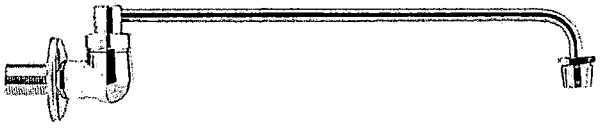
⚠ **WARNING:** Cancer and Reproductive Harm - **www.P65Warnings.ca.gov**

Model: 16-220L Item #: _____ Date: _____

Project: _____ Qty: _____ Approved By: _____

Wok Faucet with 3/8" Inlet & 13-3/4" Spout

Royal Series Plumbing



16-220L

Certified to NSF/ANSI 61-G

ASME A112.18.1/CSA B125.1

STANDARD FEATURES

- Heavy duty, built for high volume
- Automatically turns on when spout is swung over wok
- Mounting kit included

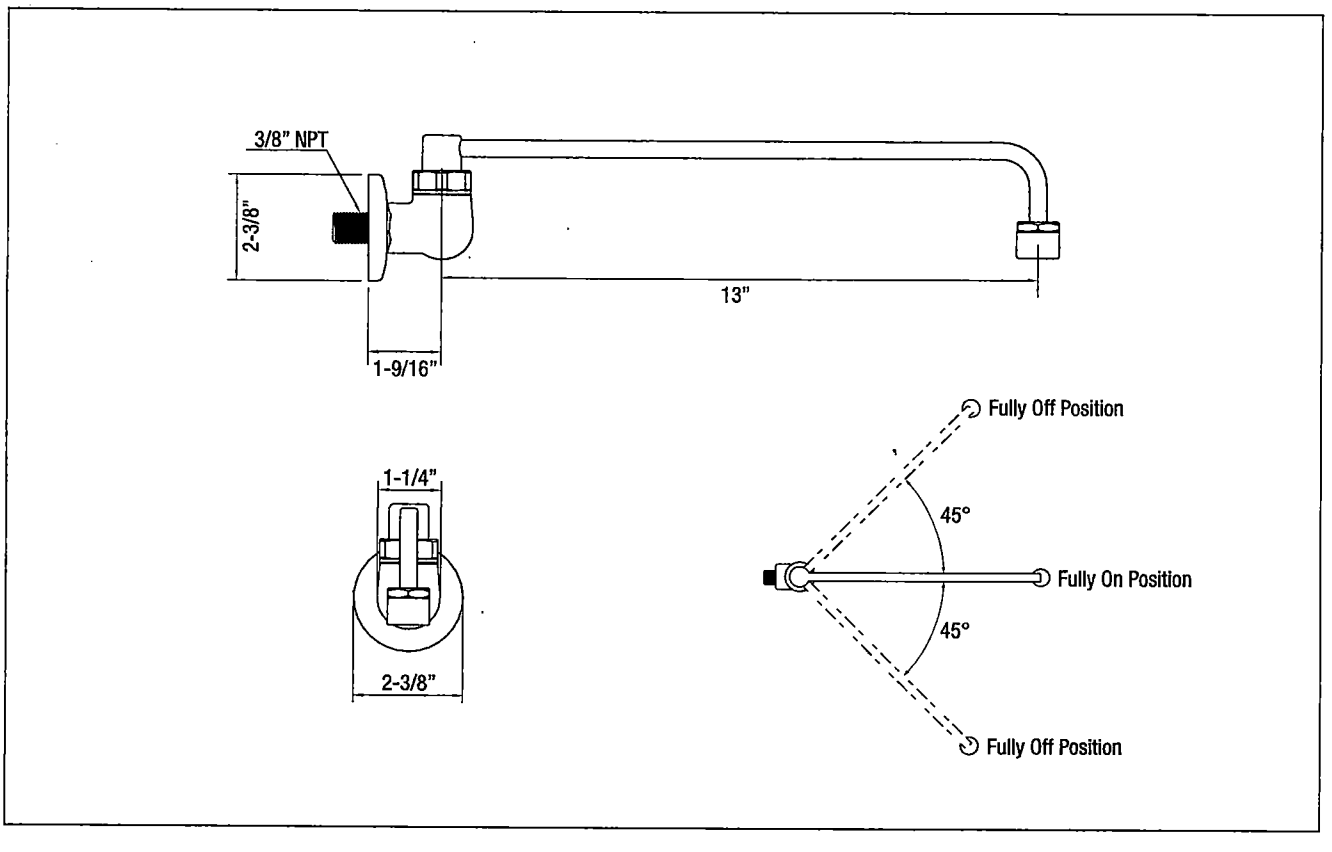
SPECIFICATIONS

Water Inlet	3/8" NPT Male
Flow Rate	2.0 GPM
Temp. Range	40°F - 180°F
Material	Chrome plated brass
Weight	2 lbs.

REPLACEMENT PARTS

21-640L	O-ring Kit
21-643L	Replacement Aerator

WARNING: Plumbing connections should be made by qualified personnel who will observe all applicable plumbing, sanitary and safety codes.



WARNING: This product can expose you to chemicals including lead and lead compounds, which are known to the State of California to cause cancer and birth defects or other reproductive harm. For more information go to www.P65Warnings.ca.gov

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Due to our commitment to continued product improvement, specifications are subject to change without notice.

TABLE 2: SIZING AND RATING

PDI Size Symbol	4	7	10	15	20	25	35	50
Flow Rate GPM	4	7	10	15	20	25	35	50
L/S	25	.44	.63	.95	1.26	1.58	2.20	3.16
Grease Capacity Pounds	8	14	20	30	40	50	70	100
KG	3.6	6.4	9.1	13.6	18.2	22.7	31.8	45.4

TABLE 3: PROCEDURE FOR SIZING GREASE INTERCEPTORS (Metric Equivalents Omitted for simplicity)

Steps	Formula	Example
1	Determine cubic content of fixture by multiplying length X Width X depth.	A sink 48" long by 24" wide by 12" deep. Cubic content 48 X 24 X 12=13,824 cubic inches
2	Determine capacity in gallons. 1 gal. = 231 cubic inches	Contents in gallons 13,824/231 = 59.8 gallons
3	Determine actual drainage load. The fixture is normally filled to about 75 % of capacity with water. The items being washed displace about 25 % of the fixture content, thus actual drainage load = 75% of fixture capacity	Actual drainage load .75 X 59.8 = 44.9 gallons
4	Determine flow rate and drainage period. In general, good practices dictate a one(1) minute drainage period; however, where conditions permit, a two (2) minute drainage period is acceptable. Drainage period is the actual time required to completely drain the fixture. Flow rate = Actual Drainage Load / Drainage Period	Calculate flow rate for one-minute period 44.9/1 = 44.9 GPM Flow Rate Two-minute period 44.9/2 = 22.5 GPM Flow Rate
5	Select interceptor. From Table 2 select interceptor which corresponds to the flow rate calculated. Note: Select next larger size when flow rate falls between two sizes listed.	For one-minute period - 44.9 GPM requires PDI size "50" For two-minute period - 22.5 GPM requires PDI size "25"

TABLE 4: SELECTION CHART (Metric Equivalents Omitted for Simplicity)

Fixture Compartment Sizes (Inches)	No. of Compartments	Drainage Load (Gallons)	Recommended PDI Size Grease Interceptor	
			One-Minute Drainage Period	Two-Minute Drainage Period
18 X 12 X 6	1	4.2	7	4
16 X 14 X 8	1	5.8	7	4
20 X 18 X 8	1	9.4	10	7
18 X 16 X 8	2	15.0	15	10
20 X 18 X 8	2	18.7	20	10
30 X 20 X 8	1	15.5	20	10
24 X 20 X 12	1	18.7	20	10
22 X 20 X 8	2	23.0	25	15
22 X 20 X 12	2	34.0	36	20
24 X 24 X 12	2	44.9	50	25

TABLE 5

Fixture Outlet or Trap Size (Inches)	Drainage Fixture-Unit Value	GPM Equivalent	PDI Size Grease Interceptor
1-1/4	1	7.5	10
1-1/2	2	15.0	15
2	3	22.0	25
2-1/2	4	30.0	35
3	5	37.5	50
4	6	45.0	50

SIZING INTERCEPTORS ACCORDING TO PDI STANDARD PDI-G101

The recommendations for sizing, installation and maintenance of grease interceptors contained in this section are based on experience of the industry and were taken from PDI-G101.

Sizing Considerations

A grease interceptor conforming to Standard PDI-G101 is designed and certified to operate efficiently at its rated capacity. The larger the interceptor the higher the flow rate it will handle efficiently with a greater quantity of grease retained before cleaning is required. While a small interceptor, undersized, can accommodate a flow of waste water well in excess of its rated capacity, it will not intercept grease efficiently under such overload conditions.

Fixture drainage period, in combination with the service required and the quantity of waste water involved, establishes the rate of flow through the grease interceptor. Flow rate is therefore the primary gauge which establishes interceptor size or capacity.

The link between flow rate and drainage load to produce satisfactory grease interceptor operation is a Flow Control Fitting. Without it, a correctly sized grease interceptor will not regulate the flow of water discharged from the fixture it is serving. Therefore, to ensure that the flow rate does not exceed the grease interceptor's rated capacity, a flow control fitting is essential for protection against overloading the grease interceptor which could occur from sudden surges from the fixture. The flow control fitting will control the flow of waste water at all times, enabling the interceptor to operate at its certified capacity.

Size Symbols

It has been determined through the testing and rating procedure that eight (8) different sized grease interceptors are required for normal domestic, commercial, and institutional installations. These sizes are based on certification standard flow rates and grease retention capacity ratings for grease interceptors, see Table 1. Table 2 lists the PDI size symbol for each of the standard rated grease interceptors.

Sizing Procedure

Table 3 is provided to show the standard formula in steps for sizing grease interceptors to suit requirements of specific fixtures.

Selection

Table 4 is included as a selection chart for standard PDI Certified grease interceptors applicable to various size fixtures commonly used in domestic, commercial and institutional installations. The selections listed are based on the sizing formula covered in Table 3.

Dishwashers

A separate grease interceptor is recommended for each commercial dishwasher. The size of the interceptor is determined by the GPM discharge rate of the dishwasher. Select proper interceptor of equivalent or next higher rate from Table 2.

Multiple Fixtures

When multiple fixtures are served by a single interceptor, calculate the total capacity of all fixtures, establish the maximum number of fixtures that may be drained simultaneously and apply this factor to the total capacity to determine the maximum simultaneous capacity. Then proceed with sizing and selection of interceptor using sizing formula, Table 3.

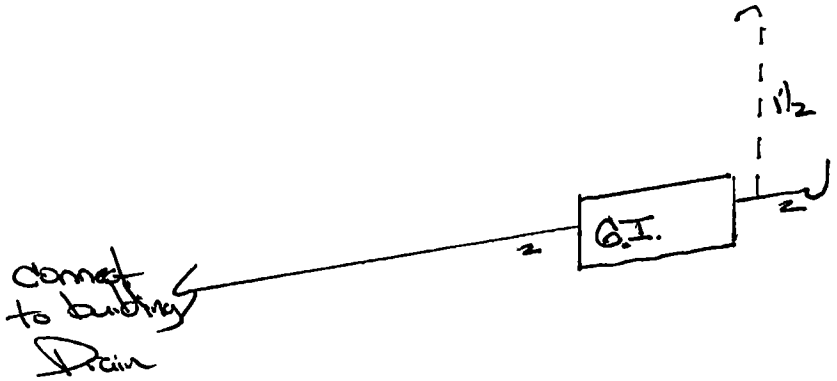
Alternate Sizing Method Based on Drainage Fixture-Units

Most plumbing codes list drainage Fixture-Unit values for plumbing fixtures and for fixtures not listed, these values are given for drain outlet or trap size. Fixture-Unit values are converted to discharge rates on the basis of one Fixture-Unit equaling 7.5 GPM. See Table 5 for recommended PDI size grease interceptor based on drainage Fixture-Unit sizing method.

TABLE 1: CERTIFICATION STANDARD FLOW RATES AND GREASE RETENTION CAPACITY RATINGS FOR GREASE INTERCEPTORS

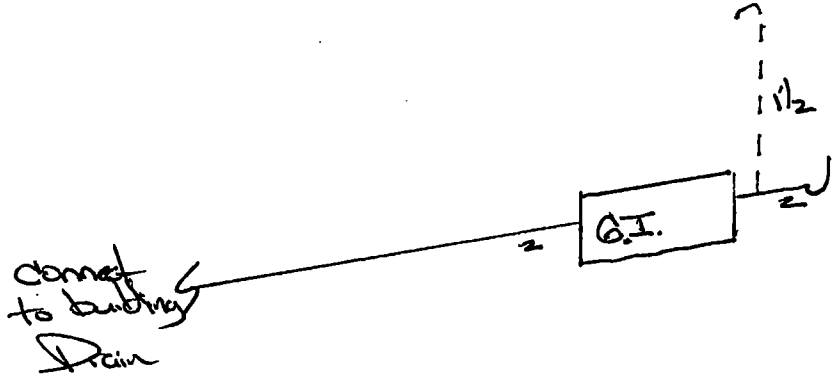
	Flow Rate		Grease Retention Capacity Rating		Recommended Maximum Capacity of Fixtures Connected Connected to Interceptors	
	(GPM)	(L/s)	(Pounds)	(kg)	(Gallons)	(L)
For Small Domestic Use	4	0.25	8	3.6	10.0	37.9
	7	0.44	14	6.4	17.5	66.2
For Large Domestic, Commercial, and Institutional Use	10	0.63	20	9.1	25.0	94.6
	15	0.95	30	13.6	37.5	141.9
	20	1.26	40	18.2	50.0	189.3
	25	1.58	50	22.7	62.5	236.6
	35	2.20	70	31.8	87.5	331.2
	50	3.16	100	45.4	125.0	473.1

375 Brick Blvd
Brick nj
Jersey Premier Plumbing
G.I. Diagram

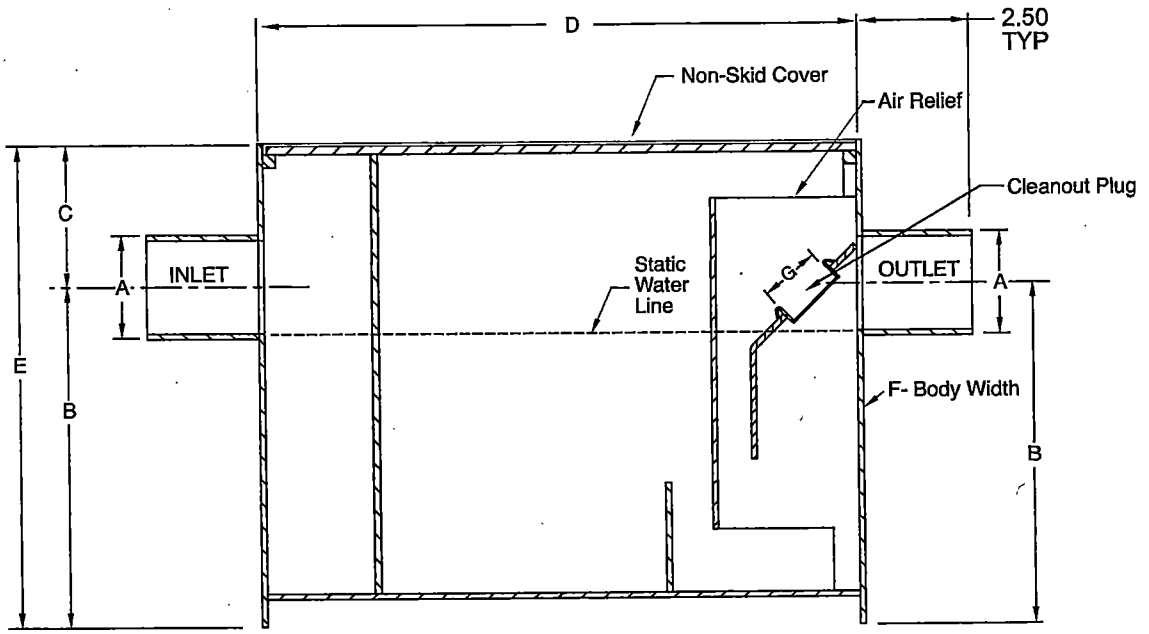


375 Brick Blvd
Brick nj
Jersey Premier Plumbing

G.I. Diagram



Grease Interceptors 800- 801 Series



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800-03-20	20	40	03"	12 3/4"	4"	19 3/8"	16 3/4"	20 1/4"	1 1/2"
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LOW TYPE									
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NOTE: Dimensional data is subject to manufacturing tolerances and change without notice.

APPLICATION

A grease interceptor is necessary where fat, oil, grease, (FOG) or other similar line clogging contaminants are present in waste water that must be disposed of through the sanitary system.

Preventing grease from entering drainage lines should always be considered when designing the plumbing drainage system in any residential or commercial building having facilities for the preparation and serving of food in quantity. In these installations, where fat and grease are a by-product, an efficient 800 Series interceptor should be installed to prevent this material from entering the drainage lines.

HOW THE INTERCEPTOR OPERATES

Water draining to the interceptor passes through a flow control fitting which regulates the velocity of the water to the capacity of the interceptor. As the water enters the interceptor at this controlled rate of flow, it is free of turbulence. It then passes over separator baffles which are positioned to insure that fat, oil, and grease are efficiently separated from the waste water. Once separated, these contaminants rise to the surface of the water in the interceptor by natural flotation and are accumulated until removed. The waste water, now relieved of over 90% of contaminent oil and grease, continues to flow through the interceptor into the sanitary systems.

PROCEDURE FOR SIZING

STEP 1	Determine the cubic content of the fixture by multiplying length x width x depth.	A sink 48" long by 24" wide by 12" deep Cubic content 48 x 24 x 12 = 13,824 cubic in.
STEP 2	Determine the capacity in gallons. 1 gal. = 231 cubic inches.	Contents in gals. $\frac{13,824}{231}$ = 59.8 gals.
STEP 3	Determine actual drainage load. The fixture is usually filled to about 75% of capacity with waste water. The items being washed displace about 25% of the fixture content. Actual drainage load = 75% of fixture capacity.	Actual Drainage Load .75 x 59.8 gals. = 44.9 gals.
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STEP 5	Select the Interceptor which corresponds to the flow rate calculated. Note - Select larger size when flow rate falls between two sizes listed.	For 1 minute period 44.9 GPM requires a Fig. 800-03-50 For 2 minute period 22.5 GPM requires a Fig. 800-03-25

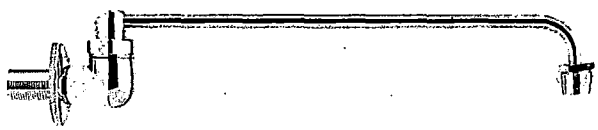
⚠ **WARNING:** Cancer and Reproductive Harm - **www.P65Warnings.ca.gov**

Model: 16-220L Item #: _____ Date: _____

Project: _____ Qty: _____ Approved By: _____

Wok Faucet with 3/8" Inlet & 13-3/4" Spout

Royal Series Plumbing



16-220L

Certified to NSF/ANSI 61-G

ASME A112.18.1/CSA B125.1

STANDARD FEATURES

- Heavy duty, built for high volume
- Automatically turns on when spout is swung over wok
- Mounting kit included

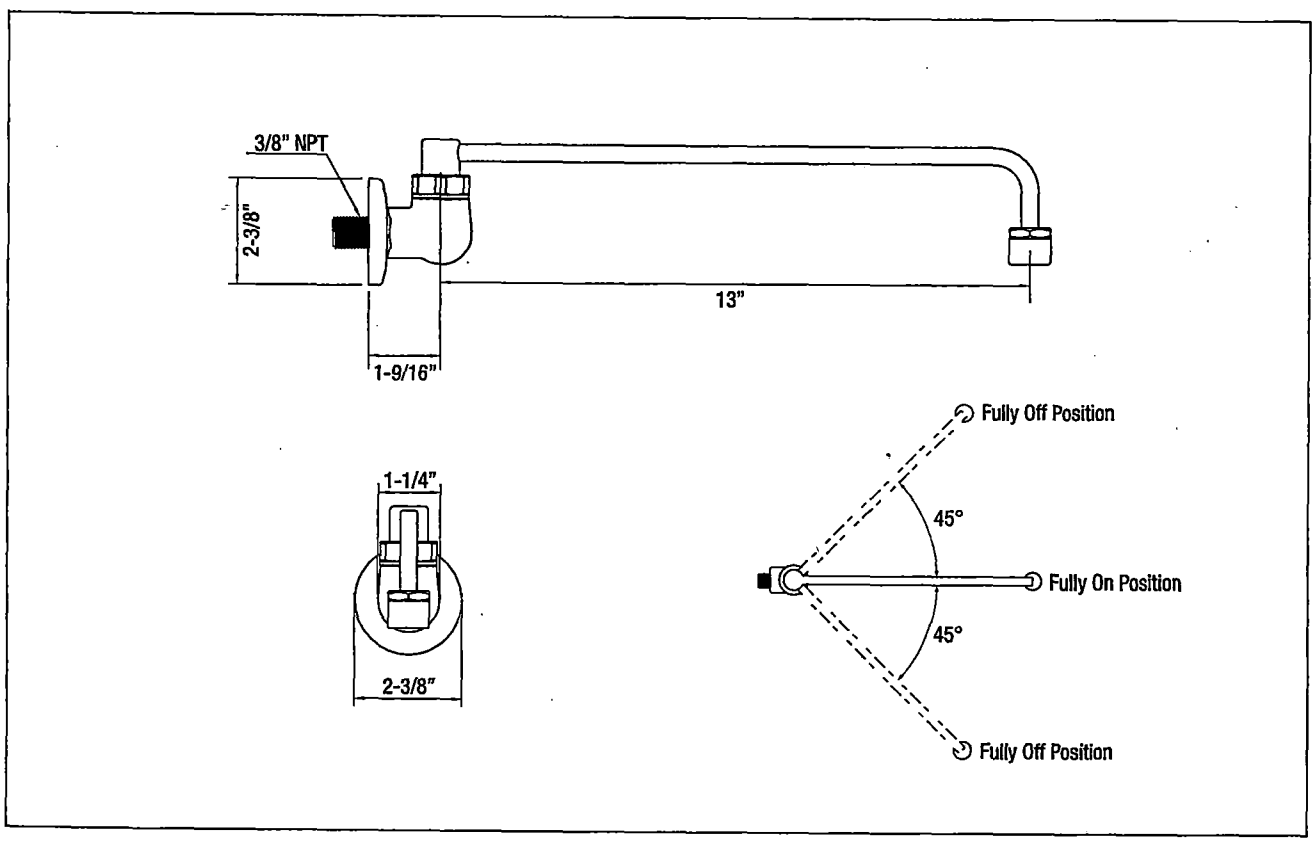
SPECIFICATIONS

Water Inlet	3/8" NPT Male
Flow Rate	2.0 GPM
Temp. Range	40°F - 180°F
Material	Chrome plated brass
Weight	2 lbs.

REPLACEMENT PARTS

21-640L	O-ring Kit
21-643L	Replacement Aerator

WARNING: Plumbing connections should be made by qualified personnel who will observe all applicable plumbing, sanitary and safety codes.



WARNING: This product can expose you to chemicals including lead and lead compounds, which are known to the State of California to cause cancer and birth defects or other reproductive harm. For more information go to www.P65Warnings.ca.gov

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Due to our commitment to continued product improvement, specifications are subject to change without notice.

SIZING INTERCEPTORS ACCORDING TO PDI STANDARD PDI-G101

The recommendations for sizing, installation and maintenance of grease interceptors contained in this section are based on experience of the industry and were taken from PDI-G101.

Sizing Considerations

A grease interceptor conforming to Standard PDI-G101 is designed and certified to operate efficiently at its rated capacity. The larger the interceptor the higher the flow rate it will handle efficiently with a greater quantity of grease retained before cleaning is required. While a small interceptor, undersized, can accommodate a flow of waste water well in excess of its rated capacity, it will not intercept grease efficiently under such overload conditions.

Fixture drainage period, in combination with the service required and the quantity of waste water involved, establishes the rate of flow through the grease interceptor. Flow rate is therefore the primary gauge which establishes interceptor size or capacity.

The link between flow rate and drainage load to produce satisfactory grease interceptor operation is a Flow Control Fitting. Without it, a correctly sized grease interceptor will not regulate the flow of water discharged from the fixture it is serving. Therefore, to ensure that the flow rate does not exceed the grease interceptor's rated capacity, a flow control fitting is essential for protection against overloading the grease interceptor which could occur from sudden surges from the fixture. The flow control fitting will control the flow of waste water at all times, enabling the interceptor to operate at its certified capacity.

Size Symbols

It has been determined through the testing and rating procedure that eight (8) different sized grease interceptors are required for normal domestic, commercial, and institutional installations. These sizes are based on certification standard flow rates and grease retention capacity ratings for grease interceptors, see Table 1. Table 2 lists the PDI size symbol for each of the standard rated grease interceptors.

Sizing Procedure

Table 3 is provided to show the standard formula in steps for sizing grease interceptors to suit requirements of specific fixtures.

Selection

Table 4 is included as a selection chart for standard PDI Certified grease interceptors applicable to various size fixtures commonly used in domestic, commercial and institutional installations. The selections listed are based on the sizing formula covered in Table 3.

Dishwashers

A separate grease interceptor is recommended for each commercial dishwasher. The size of the interceptor is determined by the GPM discharge rate of the dishwasher. Select proper interceptor of equivalent or next higher rate from Table 2.

Multiple Fixtures

When multiple fixtures are served by a single interceptor, calculate the total capacity of all fixtures, establish the maximum number of fixtures that may be drained simultaneously and apply this factor to the total capacity to determine the maximum simultaneous capacity. Then proceed with sizing and selection of interceptor using sizing formula, Table 3.

Alternate Sizing Method Based on Drainage Fixture-Units

Most plumbing codes list drainage Fixture-Unit values for plumbing fixtures and for fixtures not listed, these values are given for drain outlet or trap size. Fixture-Unit values are converted to discharge rates on the basis of one Fixture-Unit equaling 7.5 GPM. See Table 5 for recommended PDI size grease interceptor based on drainage Fixture-Unit sizing method.

TABLE 1: CERTIFICATION STANDARD FLOW RATES AND GREASE RETENTION CAPACITY RATINGS FOR GREASE INTERCEPTORS

	Flow Rate		Grease Retention Capacity Rating		Recommended Maximum Capacity of Fixtures Connected Connected to Interceptors	
	(GPM)	(L/s)	(Pounds)	(kg)	(Gallons)	(L)
For Small Domestic Use	4	0.25	8	3.6	10.0	37.9
	7	0.44	14	6.4	17.5	66.2
For Large Domestic, Commercial, and Institutional Use	10	0.63	20	9.1	25.0	94.6
	15	0.95	30	13.6	37.5	141.9
	20	1.26	40	18.2	50.0	189.3
	25	1.58	50	22.7	62.5	236.6
	35	2.20	70	31.8	87.5	331.2
	50	3.16	100	45.4	125.0	473.1

TABLE 2: SIZING AND RATING

PDI Size Symbol	4	7	10	15	20	25	35	50
Flow Rate GPM	4	7	10	15	20	25	35	50
L/s	.25	.44	.63	.95	1.26	1.58	2.20	3.16
Grease Capacity Pounds	8	14	20	30	40	50	70	100
KG	3.6	6.4	9.1	13.6	18.2	22.7	31.8	45.4

TABLE 3: PROCEDURE FOR SIZING GREASE INTERCEPTORS (Metric Equivalents Omitted for simplicity)

Steps	Formula	Example
1	Determine cubic content of fixture by multiplying length X Width X depth.	A sink 48" long by 24" wide by 12" deep. Cubic content 48 X 24 X 12=13,824 cubic inches
2	Determine capacity in gallons. 1 gal. = 231 cubic inches	Contents in gallons 13,824/231 = 59.8 gallons
3	Determine actual drainage load. The fixture is normally filled to about 75 % of capacity with water. The items being washed displace about 25 % of the fixture content, thus actual drainage load = 75% of fixture capacity	Actual drainage load .75 X 59.8 = 44.9 gallons
4	Determine flow rate and drainage period. In general, good practices dictate a one(1) minute drainage period; however, where conditions permit, a two (2) minute drainage period is acceptable. Drainage period is the actual time required to completely drain the fixture. Flow rate = Actual Drainage Load / Drainage Period	Calculate flow rate for one-minute period 44.9/1 = 44.9 GPM Flow Rate Two-minute period 44.9/2 = 22.5 GPM Flow Rate
5	Select interceptor. From Table 2 select interceptor which corresponds to the flow rate calculated. Note: Select next larger size when flow rate falls between two sizes listed.	For one-minute period - 44.9 GPM requires PDI size "50" For two-minute period - 22.5 GPM requires PDI size "25"

TABLE 4: SELECTION CHART (Metric Equivalents Omitted for Simplicity)

Fixture Compartment Sizes (Inches)	No. of Compartments	Drainage Load (Gallons)	Recommended PDI Size Grease Interceptor	
			One-Minute Drainage Period	Two-Minute Drainage Period
18 X 12 X 6	1	4.2	7	4
16 X 14 X 8	1	5.8	7	4
20 X 18 X 8	1	9.4	10	7
18 X 16 X 8	2	15.0	15	10
20 X 18 X 8	2	18.7	20	10
30 X 20 X 8	1	15.5	20	10
24 X 20 X 12	1	18.7	20	10
22 X 20 X 8	2	23.0	25	15
22 X 20 X 12	2	34.0	36	20
24 X 24 X 12	2	44.9	50	25

TABLE 5

Fixture Outlet or Trap Size (Inches)	Drainage Fixture-Unit Value	GPM Equivalent	PDI Size Grease Interceptor
1-1/4	1	7.5	10
1-1/2	2	15.0	15
2	3	22.0	25
2-1/2	4	30.0	35
3	5	37.5	50
4	6	45.0	50

Bricks

Kamona Restaurant

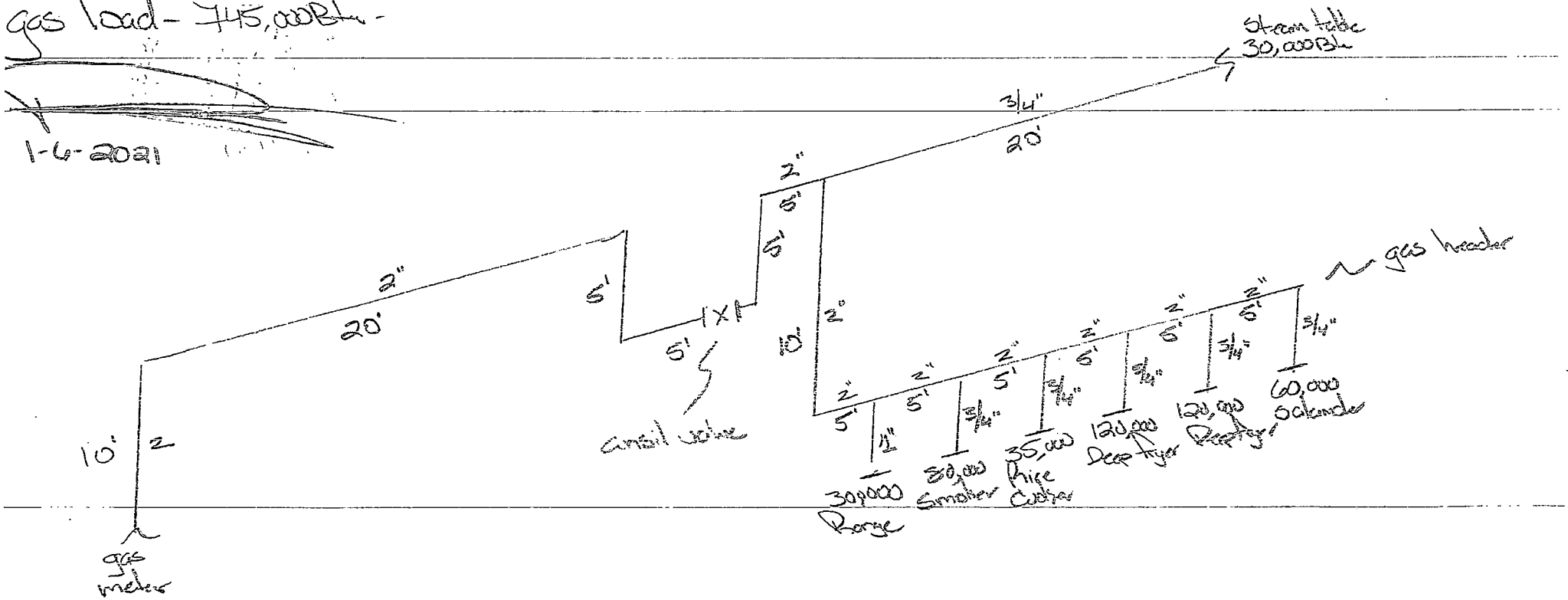
Jersey Premier Plumbing

gas riser

Sch 40 steel tubing

gas regulator

gas load - 745,000 Btu -



PERMIT UPDATE

Date Update Issued 12/1/21
Control # C-20-003422+B
Permit # 20-2768+B

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. 399 BRICK BLVD Brick Township, NJ
Owner in Fee: DRUM POINT PLAZA LLC, 249 BRICK BLVD BRICK NJ 08723
Telephone:
Contractor: Celiks Construction
Address: 13 Cedar Hill Ln. Toms River NJ 08755
Telephone: (732) 966-2395
Lic. No. or Bldrs. Reg. No. 13VH07761300
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:

TENANT FIT UP - KOMODO ...UPDATE +B - GAS FIRED APPLIANCES

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 $3,500

D. Luciano Jr. — Construction Official — Date 12/19/21

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$875
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$1,032
Check No.	1117
Cash	$0
Credit	$0
Collected By	

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.

PERMIT UPDATE

Date Update Issued 1/11/21
Control # C-20-003422+A
Permit # 20-2768+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier:
Work Site Location: 335-399 BRICK BLVD. 399 BRICK BLVD Brick Township, NJ
Owner in Fee: DRUM POINT PLAZA LLC, 249 BRICK BLVD BRICK NJ 08723
Telephone:
Contractor: Celiks Construction
Address: 13 Cedar Hill Ln. Toms River NJ 08755
Telephone: (732) 966-2395
Lic. No. or Bldrs. Reg. No. 13VH07761300
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:
TENANT FIT UP - KOMODO ...UPDATE +A - WATER HEATER & ICE MAKER

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 $11,500

David J. Newman Jr. 1/8/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$191
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$22
CO Fee	
Other	$0
Total	$213
Check No.	1010
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

2768 PLUMBING $191.00
DCA $22.00
CHECK 1010 $213.00

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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-01318
DATE ISSUED 11/16/20

BLOCK: 547.01 LOT: 15 QUALIFIER: _____ SITE ADDRESS: 399 Brick Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: George Beyar JR
COMPLETE ADDRESS: 25 woodbine Ave Little Silver NJ 07739
PHONE # (917) 696-4133 EMAIL: Komodo@KomodoNJ.com

2. NAME OF APPLICANT: George Beyar
APPLICANT ADDRESS: 399 Brick Blvd Brick NJ
PHONE # (917) 696-4133 EMAIL: Komodo@KomodoNJ.com

3. RESPONSIBLE PERSON FOR WORK: Celiks Construction LLC
PHONE# (732) 966-2395 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Yuna Spa
PROPOSED USE: Komodo Res

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant FIt Up

ZONING REVIEW:
DATE REVIEWED: CW DATE DENIED: _____ DATE APPROVED: 10-12-20 INTLS: CW

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 11/16/20
Application Number: ZA-20-01318
Application Date: 10/8/2020
Project Number:
Permit Number: ZP-20-01318
Fee: $75.00

Zoning Permit

Worksite **335-399 BRICK BLVD.**
Location: **Brick Township, NJ 08723**

Owner: **George Bayar Jr.**
Address: **399 BRICK BLVD**
BRICK, NJ 08723

Applicant: **Celiks Construction**
Address: **13 Cedar Hill Ln.**
Toms River, NJ 08755

Block: **547.01** Lot: **15** Qualifier: Zone: **B-2**

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

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant KOMODO**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant, "KOMODO"

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 10/12/2020

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 10/14/2020 Date

SITE MAP

KOMODO
Pasquales Pizza
Q FASHIONS
BACK + NECK CENTER
NATURES NUTRITION

→

— DRUM PT ROAD —

Parking Lot

DRUM POINT PLAZA

Block: 547.01
Lot: 15

Approved
10-12-22
CL-20

Parking Lot

CARVEL
RE/MAX REALTORS
EYES FIRST VISION
SALON MILAN
LAUNDROMAT
9 ROUND
K+T NAILS
7-11

— BRICK BLVD —

Gastite
The System is the Solution

The following person has successfully completed the Gastite Certification Training Program and is hereby recognized as a

Qualified Gastite Installer

RAY CALUKOVIC	Howard Miller
Name	Instructor
A ABILEY PLBG	04/16/2002
Company	Date

01T183910
Certificate No.

Authorized to purchase and install Gastite Flexible Gas Piping
1-800-662-0208 www.Gastite.com

WARD MANUFACTURING 143570

Training Certificate

This is to certify that
Ray Calukovic

has successfully completed the
WARDFLEX Installation Training Session.

Date November 28, 2006 *Ward Manufacturing, Inc.*

Mainstream Engineering Corporation
Technician Certification

CERTIFIED BY EPA Certified MAINSTREAM ENGINEERING

HVAC Technician Certification
EPA Clean Air Section 608
Program Certification Date: Jan. 26, 1994

RAY CALUKOVIC
P390D78C91D45FA50
has been certified as Technician Type: **Universal**
as Required by 40CFR Part 82, Subpart F

QwikProducts

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
Ray Calukovic
Master Plumber

05/13/2019 TO 06/30/2021
VALID

SIGNATURE

36BI01279600
License/Registration/Certificate #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Ray Calukovic
Master HVACR Contractor

06/20/2018 TO 06/30/2020
VALID

SIGNATURE

19HC00040800
License/Registration/Certificate #

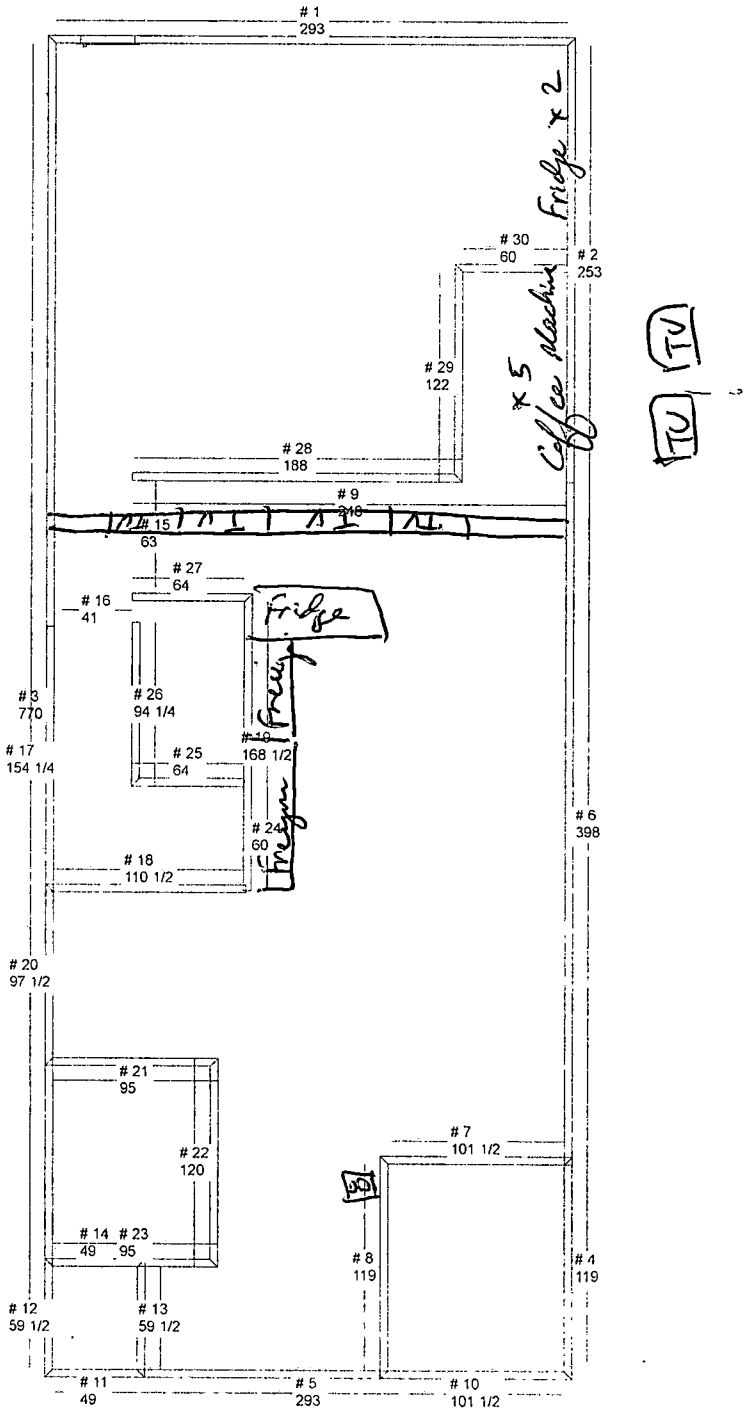
ACTING DIRECTOR

CSD Kitchen And Bath
2791 Hooper Ave
Brick NJ 08723
732 920 8887

8/3/2020

Room 1

Not To Scale



TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK:_____ **LOT:**_____

ADDRESS: 399 Brick Blvd, Brick NJ 08723

OWNER: George Beyar Jr.

_____ **WATER CLOSET (TOILET)**

_____ **URINAL/BIDET**

_____ **BATH TUB**

_____ **LAVATORY (BATHROOM SINKS)**

_____ **SHOWER**

__X__ **SINK (KITCHEN)**

_____ **DISHWASHER**

_____ **WASHING MACHINE**

_____ **HOSE BIBS (TOWNSHIP WATER ONLY)**

_____ **MOP SINK**

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 547.01 **LOT** 15 **ADDRESS** 399 Brick Blvd

IDENTIFICATION:

1. WORK SITE ADDRESS 399 Brick Blvd Brick NJ 08723
2. APPLICANT George Beyar JR
3. NAME OF OWNER IN FEE George Beyar JR
   ADDRESS 25 woodbine AVE Little Silver NJ 07739
   PHONE (917) 696-4133 EMAIL Komodo@komodoNJ.com
4. PRINCIPAL CONTRACTOR Celiks Construction LLC
   ADDRESS 89 Savannah Rd Jackson NJ 08527
   PHONE (732) 966-2395 EMAIL _____
5. ARCHITECT OR ENGINEER Dario Design
   ADDRESS 145 Atlantic City Blvd Beachwood NJ 08722
   PHONE (732) 608-6858 EMAIL DARIOPASQUARIELLO@Gmail.com
6. RESPONSIBLE PERSON FOR WORK Celiks Construction LLC
   ADDRESS 89 Savannah Rd Jackson NJ
   PHONE (732) 966-2395 EMAIL _____

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS	_____
DRAINAGE EASEMENTS	_____
UTILITY EASEMENTS	_____
CONSERVATION EASEMENTS	_____
FEMA REQUIREMENTS	_____
D.E.P. PERMITS	_____
BOARD APPROVAL: ☐ PB ☐ ZB	
APPLICATION NUMBER	_____
APPROVED DATE	_____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION _____

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 11/20/2020 **Business ID:** OW000995
Business: Komodo Restaurant
399 Brick Blvd

Brick, NJ 08723

Inspection: OH002066
File Number: 055494
Phone: 917-696-4133
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Notes

THIS FOOD PLAN IS SATISFACTORY.

CONSTRUCTION CAN BEGIN AT THIS TIME.

ONCE CONSTRUCTION IS COMPLETE, CONTACT ALL LOCAL - ETC. OFFICIALS FOR ALL NECESSARY INSPECTIONS.

AFTER THOSE INSPECTIONS HAVE BEEN COMPLETED CONTACT THIS AGENCY TO ARRANGE FOR A PRE OPERATIONAL INSPECTION. ALL CONSTRUCTION MATERIALS ETC. MUST BE REMOVED AND ALL FINAL CLEAN UPS FINISHED , PRIOR TO THIS INSPECTION.
24 HRS . NOTICE ARE REQUIRED.

ALL CURRENT EXECUTIVE ORDERS MUST BE FOLLOWED DURING OPERATION.

FOOD MANAGER TRAINING CERTIFICATION WILL BE REQUIRED AT THE TIME OF THE PRE OPERATIONAL INSPECTION.
CONTACT MR MCCOY TO ARRANGE FOR INSPECTION.

24 HRS . NOTICE ARE REQUIRED.
732-684-7664.

RECEIVED
NOV 30 2020
BUILDING

Inspector

Acknowledged Receipt :

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 399 Brick Blvd, Brick NJ 08723

BLOCK: _____ **LOT:** _____

CONTRACTOR: Celik's Construction LLC

CONTRACTOR'S ADDRESS: 89 Savannah Rd Jackson NJ 08527

Type of Construction(minor, new home): Renovation

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

Party responsible for removal: Drywall & Tiles.

Dumpster Size: 20 yrd

Destination of Debris: _____

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature _____ Date 8/2/21

Sadullah Celik

Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A PANTOGRAPH BACKGROUND AND ULTRAVIOLET SECURITY FEATURES. RELEASE VOID IF NOT AUTHENTIC

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Home Improvement Contractors

HAS REGISTERED

CELIKS CONSTRUCTION LLC
Sadullah Celik
89 Savannah Rd
Jackson NJ 08527

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/02/2020 TO 03/31/2021
VALID

13VH07761300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
CELIKS CONSTRUCTION LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

03/02/2020 TO 03/31/2021
VALID

SIGNATURE

13VH07761300
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE