BLOCK 549 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) Red Lion Plaza. 2520 Hoops Ave PERMIT NO. 19-0592

CONSTRUCTION PERMIT APPLICATION

C19-000488

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

I. IDENTIFICATION

1. Proposed Work Site at: 2520 Hoops Ave (Red Lion Plaza)
2. Name of Owner in Fee: PATRICK BOTTAZZI
   Tel. (732) 232-2358 e-mail _____
   Address 48 Seville Dr. Brick NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: DAVID Silverman Tel. (609) 287-5526
   Address 122 BRIARMICUS DR. e-mail _____
   BRICK
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun PAT BOTTAZZI
   Tel. (732) 252-2358 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150-		
2. Electrical	150-		
3. Plumbing			
4. Fire Protection	85-		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2-		
10. Subtotal	$ 75-		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 493-		

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 34
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 (Tenant fit up.) ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CAP			03/08/19	KEK			
☑ Electrical		2/19/19			2/20/19	RR			
☐ Plumbing									
☐ Fire Protection				2/22/19		DJ/BJ			
☐ Elevator		Exempt			2/15/19	EEE			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

U.C.C. F100-1 (rev. 8/08)

Chef David's Culinary Delights

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name DAVID Silverman

Address 122 BRIAR Mills Dr.
Brick NJ 08724

Telephone (609) 289-5524

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/19/2019
Control Number C-19-000488
Permit Number 19-0592
Permit Issue Date 03/13/2019
Certificate Number 19-0592

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2518 HOOPER AVE. Brick Township, NJ Block: 549 Lot: 5 Qual:

Owner in Fee: BOTTAZZI ASSOCIATES LLC

Owner Address: 45 SEVILLE DR BRICK NJ 08723

Telephone: (732) 232-2358

Contractor David Silverman (Chef David's Culinary Delights)

Address 122 Briar Mills Drive Brick NJ 08724

Telephone: (609) 289-5526 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 36

Description of Work/Use: TENANT FIT UP - - CHEF DAVID'S CULINARY DELIGHTS

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/19/2019

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☐	☑
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
OK per MUA on 3/19/19 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Chef David's Culinary Delights

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/13/19

Date Issued / Permit # 19-0592

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

Block 549 Lot 5 Qualification Code

Work Site Location 2520 Hooper Ave (Red Bank Plaza)

Owner in Fee: Patrick Bottazzi

Tel. 732-232-2358 e-mail

Address 45 Scully Dr. Brick NJ 08723
street municipality zip code

Contractor: Owner Tel.

Address e-mail

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

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

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/08/19	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	03/08/19	
Approved by:	KEK	
SUBCODE APPROVAL for CERTIFICATE		
[✓] CO [ ] CCO [ ] CA		
Date:	03/15/19	
Approved by:	KEK	

INSPECTIONS Type:	Dates (Month/Day) 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			3/15/19	KEK
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 20

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1—

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: Patricia Bottazzi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO WORK BEING DONE
Except Addboard
for
COMMERCIAL

*Exit Lighting

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

FEE (Office Use Only)

$

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

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

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

GNSS Donation Funding

Chef David's Culinary Delights

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/8/19
Control #
Date Issued
Permit # 19-0592

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

Block 349 Lot 5 Qualification Code

Work Site Location 2520 HOOPER AVE (Red Lion Plaza)

Owner in Fee: PATRICK BOTTAZZI

Tel. (732) 232-2358 e-mail

Address 45 Seville Dr. (street) Brick (municipality) NJ 08723 (zip code)

Contractor: HORIZON ELECTRIC Tel. (732) 740-7115

Address 50 WOODLAND DR. BRICK N.J. 08723 e-mail HORIZON777@AOL.COM

Contractor License No. 12803 Exp. Date 03-31-21

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

Federal Emp. ID No. 22-3446627 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 475.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: 3/20/19 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3/20/19
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] TCA
Date: 3/28/19
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-15-19	MK
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: CARL ROBERT BERG

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: UPGRADE EXISTING EXIT/EGRESS LTS.

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

COMMERCIAL

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 Hard = Applicant Copy

Over David's Culinary Delights

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Tuesday, March 19, 2019 11:14 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 2518 HOOPER AVE BLOCK:549 LOT:5 DAVIDS CULINARY

HI MATT. WE WERE OUT THERE THIS MORNING & THEY ARE OK TO CO.

Susan M. Stanisz
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

Chef David's Culinary Delights

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

"B" Use

Date Received 3/13/19
Control #

Date Issued
Permit # 19-0592

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

Block 549 Lot 5 Qualification Code

Work Site Location 2520 Hooper Ave (Red Lion Plaza)

Owner in Fee: Patrick Bottazzi

Tel. 732 232.2358 e-mail

Address 45 Seville Dr. Brick NJ 08723 (street, municipality, zip code)

Contractor: Horizon Electric Tel. 732 740 7115

Address 50 Woodland Dr. Brick NJ 08723 e-mail

David Silverman 609-289-5536 / 609-402-6281

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

Federal Emp. ID No. 22-3446277 FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: CARL RODENBERG

[ ] Certified Contractor [X] Exempt Applicant

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 $ 475.-

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:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace existing

Water Supply Source w/ existing

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v	1	
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	2	
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:______ Approved by:______

[ ] Fire Protection Plans Approved

Date:______ Approved by:______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 3-12-19

Approved by: KR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 3/15

Approved by: KR

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/15	KR
Other				

(Dates (Month/Day))

To Reorder call: Allegra Marketing Print & Mail 609-390-1400

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY
AISH FIRE PROTECTION CO. **PERMIT # P01201** **P.O. BOX 15** **LAKEWOOD NJ 08701** **732-367-1444 FAX: 732-960-2312** **info@AishFireProtection.com**

CUSTOMER

Name: DAVID CULINARY DELIGHT LLC		
Address: 2520 Hooper Ave		
City: Brick	**State:** NJ	**Zip:** 08723-
Telephone:		
Owner or Manager		

DATE OF SERVICE 11/30/2018		**TIME**	**AM**	**PM**
ANNUAL	**SEMI-ANNUAL** X	**RECHARGE**	**INSTALLATION**	**RENOVATION**
LOCATION OF SYSTEM CYLINDERS LEFT OF HOOD			**UL 300** X YES ____NO	
MANUFACTURER PYROCHEM		**MODEL NUMBER** PCL-300		**WET** X
CYLINDER SIZE MASTER 3 gal		**CYLINDER SIZE SLAVE**	**CYLINDER SIZE SLAVE**	
FUSE LINKS 380° F	**FUSE LINKS 450° F** 3	**FUSE LINKS 500° F**	**OTHER**	
FUEL SHUT-OFF	**ELECTRIC**	**GAS** X	**SIZE**	
SERIAL NUMBER	**LAST HYDRO TEST DATE** 2002	**LAST RECHARGE DATE**		

COOKING APPLIANCE LOCATIONS LEFT TO RIGHT

Fryer,6 burner stove

1.	Owner or Manager notified of inspection	X	19.	Check travel of cable nuts/S-hooks	X
2.	Alarm monitoring company notified by Owner/Manager	X	20.	Piping & conduit securely bracketed	X
3.	All appliances properly covered with nozzles		21.	Proper separation between fryers & flame	
4.	Duct and plenum covered with nozzles	X	22.	Proper clearance-flame to filters	X
5.	Check positioning of all nozzles	X	23.	Exhaust fan in operating order	X
6.	If system has been discharged report same	X	24.	All filters in place	X
7.	Pressure gauge in proper range (if gauged)	X	25.	Fuel shut off in on position	X
8.	Check cartridge weight (if applicable)	X	26.	Manual & remote set/seals in place	X
9.	Hydrostatic test date		27.	Replace system covers	X
10.	Inspect cylinder and mount	X	28.	System operational & seals in place	X
11.	Operate system from terminal link	X	29.	Slave system operational	
12.	Test for proper operation from remote	X	30.	Clean cylinder & mount	X
13.	Check operation of micro switch	X	31.	Fan warning sign on hood	X
14.	Check operation of gas valve	X	32.	Personnel instructed in manual operation of system	X
15.	Clean nozzles	X	33.	Proper hand portable extinguisher	X
16.	Proper nozzle covers in place (pre-inspection)	X	34.	Portable extinguisher properly serviced	X
17.	Proper nozzle covers in place (post-inspection)	X	35.	Service & Certification tag on system	X
18.	Replaced fusible links	X	NOTE DISCREPANCIES OR DEFIENCIES BELOW		

COMMENTS:

Replaced 3 Fusible Links.		"K" Extinguisher Needs to Be Hydrotested.		Hood Requires Cleaning.
Replaced 1 CO2 Actuation Cartridge.		No "K" Extinguisher.		Fryer Shield Required.
	X	System Cylinder Requires Hydrostatic Test		
Other:				

On this date, this pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and manufacturer's manual with the results indicated above.

RONALD LANE	NJ DFS P01201	11/30/2018				
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMER AUTHORIZED AGENT

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

Certificate of Inspection

This certifies that the Automatic Restaurant Fire Suppression System
Located in DAVID CULINARY DELIGHT LLC
Name of Cooking Facility
at the following address 2520 Hooper Ave Brick NJ 08723-6278
has been found to be in proper working order in accordance with the manufacturers instruction manual

☐ ULC-1254 ORD-6

PCL-300
Certificate Number

Make and Model of System

Aish Fire Protection Company
Name of Servicing Company

Date of Expiry

RONALD
Technician

Serial Number

11/30/2018
Date

Certificate of Inspection

This certifies that the Automatic Restaurant Fire Suppression System

Located in DAVID CULINARY DELIGHT LLC

Name of Cooking Facility

2520 Hooper Ave

at the following address Brick NJ 08723-6278

has been found to be in proper working order in accordance with the manufacturers instruction manual

☐ ULC-1254 ORD-6

Certificate Number

PCL-300

Make and Model of System

Aish Fire Protection Company

Name of Servicing Company

Date of Expiry

Serial Number

RONALD 11/30/2018

Technician Date

NEW SYSTEM KITCHEN VENTILATION & HOOD CLEANING CO. INC.

FULLY INSURED AND BONDED

Tel: (732) 617-7733
Fax: (732) 617-1644

Current mailing address:

NEW SYSTEM
P.O. BOX 294
Wickatunk, NJ 07765

DAVID CULINARY DELIGHTS
2520 COOPER AVE
BRICK, NJ 08724
ATTN: DAVID

Phone	Fax	Extra Phone
(609) 289-5526		

CUSTOMER #	3396
INVOICE #	20077
DATE REQUIRED	1/14/2019
TIME:	
NEXT CLEANING	7/14/2019
TIME:	

PLEASE MAKE CHECK PAYABLE TO New System

PLEASE NOTE: PAYMENT **IS DUE UPON COMPLETION OF WORK**

WORK TO BE COMPLETED
Degrease and Power Steam Clean the Following

1	**HOODS**	$375.00
6	**FILTERS**	
1	**FAN(S)**	
1	**DUCT(S)**	

ADDITIONAL ITEMS:
$325 CASH

PAY AI

Workers Signatures

"Our work is ASSURED! Please call if not satisfied."

CLEANING REQUIRED EVERY 6 MONTHS

TERMS AND CONDITIONS – PLEASE READ CAREFULLY

Terms: Net/Cash Payment Due Upon Completion

Open accounts: (Credit Information Submitted & Authorization to Charge Granted): This is your only invoice. Our terms are net 10 days. Your account is past due if any invoices have not been paid within 30 days of date of delivery. Further credit will not be extended [illegible] invoice is past due. Delinquent invoices will be charged a late fee of $25.00 per month [illegible] charge of 1½% per month (18% per annum). In the event of default, you agree to cover all expenses of collection.

[illegible]

We are not responsible for any damage to [illegible] [illegible] electronic cash registers, microwave [illegible] of our steam cleaning effort.

We are not responsible [illegible] build up of grease from non-periodic cleaning [illegible].

AMOUNT	
SUBTOTAL:	$375.00
TAX	$24.84
TOTAL	$399.84
DEPOSIT	
BALANCE	$399.84

Acceptance of Completed Job: The ventilation system and surrounding areas have been inspected to my complete satisfaction. No damage has occurred.

Sign Here

Customer's Acceptance Signature   Date

CONSTRUCTION PERMIT

Date Issued 3/13/19
Control # C-19-000488
Permit # 19-0592

IDENTIFICATION Block: 549 Lot: 5 Qualifier
Work Site Location: 2518 HOOPER AVE. Brick Township, NJ
Owner in Fee: BOTTAZZI ASSOCIATES LLC, 45 SEVILLE DR BRICK NJ 08723
Telephone: (732) 232-2358
Contractor: David Silverman (Chef David's Culinary Delights)
Address: 122 Briar Mills Drive Brick NJ 08724
Telephone: (609) 289-5526
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - CHEF DAVID'S CULINARY DELIGHTS

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 $951

Daniel J Neumann (mff) — Construction Official
3/13/19 — Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$418
Check No.	
Cash	$0
Credit	$0
Collected By	

+75 $493

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.

RECEIVING CLERK: CMP
DATE REC'D: 2/16/19

ZONING PERMIT APPLICATION

PERMIT #: ZP-19-00224
DATE ISSUED: 3/13/19

BLOCK: 549 LOT: 5 QUALIFIER: — SITE ADDRESS: 2530 Hooper Ave (Redlion Plaza)

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Patrick Bottazzi / Bottazzi Assoc. LLC
   COMPLETE ADDRESS: 2500 Hooper Ave (Redlion Plaza)
   PHONE # 732-232-2358 EMAIL: Bottazzi007@AOL.com
2. NAME OF APPLICANT: S/A
   APPLICANT ADDRESS:
   PHONE # EMAIL:
3. RESPONSIBLE PERSON FOR WORK: S/A
   PHONE# FAX#
4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: (B) Sub Store
PROPOSED USE: Catering

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: 2-14-19 DATE DENIED: DATE APPROVED: 2-14-19 INTLS:

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1041

Date Issued: 3/13/19
Application Number: ZA-19-00141
Application Date: 2/11/2019
Project Number:
Permit Number: ZP-19-00224
Fee: $75.00

Zoning Permit

Worksite Location: **2518 HOOPER AVE.**
RED LION PLAZA
Brick Township, NJ 08723

Owner: **BOTTAZZI ASSOCIATES LLC**
Address: **45 SEVILLE DR**
BRICK, NJ 08723

Applicant: **BOTTAZZI**
Address: **2520 OLD HOOPER AVENUE**
REDLION PLAZA
BRICK, NJ 08723-

Block: **549** Lot: **5** 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 / Catering(Chef David's Culinary Delights)**

Work Description:
Tenant Fit-Up - Interior alterations for new tenant. Changing from sub shop/deli to "Chef David's Culinary Delights".

Additional Zoning permit is required for additional work or signage.

Application Approved Date: 2/14/2019

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 — 2/14/2019 Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 549 LOT: 5 ADDRESS: 2520 Hooper Ave (Red Lion Plaza)

IDENTIFICATION:

1. WORK SITE ADDRESS: 2520 Hooper Ave
2. NAME OF OWNER IN FEE: Patrick Bottazzi / Bottazzi Assoc LLC

   ADDRESS: 45 Sturke Dr. PHONE #: (732) 232-2358

   _____ FAX #: (732) 262-4749
3. PRINCIPAL CONTRACTOR: N/A

   ADDRESS: _____ PHONE #: (___) _____

   _____ FAX #: (___) _____
4. ARCHITECT OR ENGINEER: N/A

   ADDRESS: _____ PHONE: # (___) _____
5. RESPONSIBLE PERSON FOR WORK: N/A

   ADDRESS: _____

PHONE #: (732) 232-2358 FAX #: (732) 262-4749 E-MAIL: BOTTAZZI007 @AOL.COM

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 _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, February 22, 2019

To: BOTTAZZI ASSOCIATES LLC
45 SEVILLE DR
BRICK, NJ 08723

RE: Fire Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE.
Permit Number: Control Number: C-19-000488
Last Submit Date: Friday, February 22, 2019

Dear BOTTAZZI ASSOCIATES LLC,

Your request is hereby denied based upon the following infractions.

Cooking range indicated on plan. If this is exisiting, the commercial hood needs to have current fire suppression certification and have current hood cleaning.

Please indicate by leter if this condition is exisiting, and please submit current fire suppression certificate and hood cleaning certificate by licensed contractors.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 2/26/19