BLOCK 549 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 2518 HOOPER AVE PERMIT NO. 10-1460

CONSTRUCTION PERMIT APPLICATION C10.001586

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

I. IDENTIFICATION

1. Proposed Work Site at: 2518 HOOPER AVE
2. Name of Owner in Fee: ~~VITA DECARO PIZZERIA~~ BOTTAZZI
   Tel. ( ) e-mail
   Address ~~2518 HOOPER AVE~~ street 45 SEVILLE municipality BRICK NJ 08723 zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: BUILDING WITH INTEGRITY, LLC (GC)
   Address 608 BARTON AVE API e-mail
   POINT PLEASANT BEACH NJ 08742
   License No. OR, if new home, Builder Reg. No. 13VH01433300 Exp. Date 12/31/10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX: ( )
5. Architect or Engineer DARIO ARC DESIGN Contact
   Address 4057 RT 9 NORTH HOWELL e-mail
   Tel. (908) 247-5350 FAX: ( )
6. Responsible Person in Charge once Work has Begun JERRY DECARO
   Tel. (848) 459-9988 FAX: (732) 262-8453

V. FEE SUMMARY (for office use only)

		$	update	update
1.	Building	600 ✓	75 ✓	
2.	Electrical	55 ✓		
3.	Plumbing	230 ✓		50 ✓
4.	Fire Protection	400 ✓		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	11	1	1
8.	Subtotal			
9.	State Permit Surcharge Fee			
10.	Subtotal			
11.	Cert. of Occupancy	150		
12.	Other			
13.	TOTAL	1,325	76	51 TENANT

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	1
2.	Height of Structure ft.	15
3.	Area — Largest Floor sq. ft.	1280
4.	New Building Area sq. ft.	—
5.	Volume of New Structure cu. ft.	—
6.	Max. Live Load	100PSF
7.	Max. Occupancy Load	20
8.	If Industrialized Building: State Approved ____ HUD ____	—
9.	Total Land Area Disturbed sq. ft.	—
10.	Flood Hazard Zone	—
11.	Base Flood Elevation ft.	—
12.	Wetlands yes ____ no ____	—

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ✓ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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	$25,000	5/11/10		5/21/10 KA			6/4/10		KA
☐ Electrical	$1,800			5/27/10					7/6/10
☐ Plumbing	$5,000			5-25-10		30	6/9/10	6/7/10	MW
☐ Fire Protection	$10,000								
☐ Elevator									
TOTAL COST	$41,800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: N/A
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: PIZZERIA
2. Use Group, Proposed: A-2
3. Change in Use Group, Indicate Present: ✓

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

D. Construct. Classification: Present 3B
Proposed 3B

A-2

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

Please call 4 Problems

called 7/8/10

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
5-17-10	ZOC VOICE ON PHONE WITH J. DECARLO AT 4:00pm	JC
5/19/10	ENGINEERING N/A	MPR

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name JERRY DECARO

Address 120 ATRIUM DR

BRICK NJ 08723

Telephone (848) 459-9988

Signature J DeC

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 09/09/2010
Control Number C-10-001586
Permit Number 10-1460
Permit Issue Date 06/10/2010
Certificate Number 10-1460

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:

Contractor JERRY DE CARO

Address 120 ATRIUM DRIVE BRICK NJ 08723

Telephone: (848) 459-9988 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP REMODEL BANK INTO RESTAURANT

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

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

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/09/2010 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued
Control # C-10-002249
Permit # 10-1460+A

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:

Contractor JERRY DE CARO
Address 120 ATRIUM DRIVE BRICK NJ 08723
Telephone: (848) 459-9988
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL SUPPORT FOR HOOD

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $300

Construction Official Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$76
Check No.	1033
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

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

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

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

- [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.

PERMIT UPDATE

Date Update Issued
Control # C-10-002424
Permit # 10-1460+B

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:

Contractor JERRY DE CARO
Address 120 ATRIUM DRIVE BRICK NJ 08723
Telephone: (848) 459-9988
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS PIPING

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $600

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$51
Check No.	
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 06/10/10
Control # C-10-001586
Permit # 10-1460

IDENTIFICATION Block: 549 Lot: 5 Qualifier
Work Site Location: 2518 HOOPER AVE. Brick Township, NJ
Contractor JERRY DE CARO
Address 120 ATRIUM DRIVE BRICK NJ 08723
Owner in Fee BOTTAZZI ASSOCIATES LLC
45 SEVILLE DR BRICK NJ 08723
Telephone: (848) 459-9988
Lic. No. or Bldrs. Reg. No.
Telephone:
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 REMODEL BANK INTO RESTAURANT

PAYMENTS (Office Use Only)

Building	$600
Electrical	$55
Plumbing	$230
Fire Protection	$400
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$70
CO Fee	
Other	$0
Total	$1,355
Check No.	
Cash	$0
Credit	$0
Collected By	

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $41,800

Construction Official Date

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

REQUIRED INSPECTIONS

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

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

06/10/10 12:10PM 0015[illegible]
BUILDING $600.00
ELECTRIC $55.00
$230.00
FIRE $400.00
DCA $70.00
$355.00

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

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

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

- [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.

7/1

Change of Contractor

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-1460

Date Issued
Permit # 6-10-10

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 2518 Hooper Ave.
Brick, New Jersey

Owner in Fee: Bottazzi Assoc. Cell 848 459-9988

Tel. (732) 262-8453 e-mail _____

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

Contractor: Jerry Deccaro Tel. (_____) _____

Address 120 Atrium Drive. e-mail _____
Brick, N.J. 08723

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Burdick
892-5050
John Miller

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 9/8/10
Approved by: KK

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
~~Slab~~ CC		8/27/10 W	9/7/10	G.P.
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final —		8/31/10	9/7/10	G.P.
Barrier-Free				

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
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 $ _____
3. Total (1+ 2) $ _____

See Attached

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-14160

Date Issued / Permit # 06/10/10

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 2518 Hooper Ave Brick Town New Jersey

Owner in Fee: ~~Michela DeCaro~~ Pottazzi

Tel. (732) 262-8453 e-mail

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

Contractor: Building With Integrity Tel. (___)

Address 17 Bretonian Dr e-mail

Brick NJ 08723

Contractor License No. or Builder Registration No. 13VH01433300 Exp. Date 12-31-2010

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

Federal Emp. ID No. FAX: (___)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remodel Bank into Restaurt.

VILLA DECARO PIZZA

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [X] Interior 6/4/10 ~~MA~~

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9/8/10

Approved by: MA

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			7/1/10	6.L
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/7/10	6.L
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] 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)

$ 0 WAIVED

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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 $25,000

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

U.C.C. F110
(rev. 12/07)

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

June 14th I am Removing My Name from a permit. I am No longer the Contracter for 2518 Hooper Ave.

2518 Hooper Ave Permit #
10-1460

Block 549

Lot 5

Frank Ferrante

Frank Ferrante owner

Building Contracter

10-1460

BLK 549 / LOT 5

BUILDING SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 10-1460-HA

Date Issued
Permit # 7/8/10

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 2518 Hooper Ave

Owner in Fee: Pat Botazzi

Tel. ( ) e-mail

Address 45 Seville Drive.
street municipality zip code

Contractor: Jerry Occaro 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: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SUPPORT FOR HOOD

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/2/10	RA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9/9/10
Approved by: RA

INSPECTIONS Type:	Failure	Dates (Month/Day) 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			8/31/10	G.P
Barrier-Free				

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

FEE (Office Use Only)
$

COMMERCIAL

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 96

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 $ 300.00
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 2518 Hooper Ave PERMIT # 10/1460

ISSUED TO PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES BLOCK LOT

NOTICE DELIVERED TO

Upon inspection, violations of the Sec. were in evidence.

The following orders are hereby issued for their correction:

1) Seal Penetrations at Tenant Separation Assembly

2) Support Drop Coil Main (Min/ Every 4'0")

3) No Fastening parameters for hoods - Engineer to call out -

4) Hood Flu (Pizza Oven) requires 3" Min clearance

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 8/27/10 BY MV
INSPECTOR

White - Original Yellow - Field Copy

R.C. BURDICK, P.E., P.C.
1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Brick Township Construction Code Official
401 Chambersbridge Road
Brick, NJ 08723

August 30, 2010

Re: 2518 Hooper Avenue
Villa DeCaro Pizzeria
Township of Brick
Project No: 10-4372

Dear Construction Code Official,

Our office has inspected the installation of the 700 pound exhaust hood over cooking equipment in the kitchen of Villa DeCaro Pizzeria. The double 2x8 beam between the two stud walls has been installed according to our recommendations. In addition to the hood being fastened to the rear and side walls, the ½" stainless steel threaded rod used to suspend the hood from the double beam is adequate to support the load of the hood.

Based on our observations, we find the installation in substantial compliance with our design and with applicable building codes. Should you require additional information or have any questions, please call.

Sincerely yours,

Robert C. Burdick, P.E.
NJPE#30929

Letter Denied 8/31/10 cw
2nd (Pizza) Hood not included.

Cc: Jerry DeCaro via Fax

R.C. BURDICK, P.E., P.C.
1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Brick Township Construction Code Official
401 Chambersbridge Road
Brick, NJ 08723

August 30, 2010

Re: 2518 Hooper Avenue
Villa DeCaro Pizzeria
Township of Brick
Project No: 10-4372

Dear Construction Code Official,

Our office has inspected the installation of the 250 pound exhaust hood in the kitchen, and a 700 pound exhaust hood over cooking equipment in the rear of the kitchen of Villa DeCaro Pizzeria. The double 2x8 beam between the two stud walls has been installed according to our recommendations. In addition to the hoods being fastened to the rear and side walls, the ½" stainless steel threaded rods used to suspend the hoods from the double beam and/or roof truss above are adequate to support the loads of the hoods.

Based on our observations, we find the installation in substantial compliance with our design and with applicable building codes. Should you require additional information or have any questions, please call.

Sincerely yours,

Robert C. Burdick, P.E.
NJPE#30929

Cc: Jerry DeCaro via Fax

R.C. BURDICK, P.E., P.C.

1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

549
5

Brick Township Construction Code Official
401 Chambersbridge Road
Brick, NJ 08723

August 30, 2010

Re: 2518 Hooper Avenue
Villa DeCaro Pizzeria
Township of Brick
Project No: 10-4372

Dear Construction Code Official,

Our office has inspected the installation of the 700 pound exhaust hood over cooking equipment in the kitchen of Villa DeCaro Pizzeria. The double 2x8 beam between the two stud walls has been installed according to our recommendations. In addition to the hood being fastened to the rear and side walls, the ½" stainless steel threaded rod used to suspend the hood from the double beam is adequate to support the load of the hood.

Based on our observations, we find the installation in substantial compliance with our design and with applicable building codes. Should you require additional information or have any questions, please call.

Sincerely yours,

Robert C. Burdick, P.E.
NJPE#30929

Cc: Jerry DeCaro via Fax

R.C. BURDICK, P.E., P.C.

1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

FAX TRANSMISSION SHEET

DATE: 8/31 TIME: 0800

TO: MIKE VECCHIO

FAX LINE NUMBER: 732 - 262 - 8954

NUMBER OF PAGES TRANSMITTED INCLUDING THIS COVER SHEET: 2

FROM: JONATHAN MILLER

COMPANY NAME: R.C. BURDICK, P.E., P.P., P.C.

FAX LINE NUMBER: 732-892-5888

COMMENTS:

Drumpoint Hooper

10-1460

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-1460

Date Issued 06/10/10
Permit #

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 2518 HOOPER AVE BRICK NJ 08723

Owner in Fee ~~MICHELE DeLUCA~~ BOTTAZZI

Address 46 SEVILLE DR BRICK NJ 08723

Tel (732) 262-8453

Contractor COASTAL Electric LLC

Address 42 SEVILLE DR
BRICK NJ 08723

Tel (732) 920-3532 FAX (732) 920-7659

Contractor License No. 4558

Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present VACANT BUILDING Proposed STORE EXISTING

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

Building Occupied as PIZZA STORE Utility Co.

Est. Cost of Elec. Work $ 8,800-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 6/3/10
Approved by: SJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/7/10
Approved by: D

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	Wires on 6.30			DJ
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	8/27/10		9/2/10	CO
Barrier-Free	DJ			

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
10		Lighting Fixtures
18		Receptacles
7		Switches
		Detectors
		Light Poles
1		Motors—Fract. HP
4		Emergency & Exit Lights
2		Communications Points
		Alarm Devices/F.A.C. Panel
42		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
1	1½	HP Motors 1/+ HP WALK IN BOX
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	2HP	HOOD. 2 FANS

FEE (Office Use Only)

$ 80

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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8-27-10

MILKER 30 AMP ✆

GFI KITCHEN

ROUGH ✆ IN DROP FOR COOLER

& RELOCATE BELOW CEILING

EXHAUST FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	MODEL	TAG	CFM	S.P.	RPM	H.P.	#	VOLT	FLA	WEIGHT (LBS.)
1	NCA16FA	NCA16FA		2500	1.000	979	0.750	1	208	6.0	163.45

HEATER/MUA FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	BLOWER	HOUSING	TAG	CFM	S.P.	RPM	H.P.	#	VOLT	FLA	WEIGHT (LBS.)
2	NSAU1-G10	G10	NSAU1		2000	0.450	784	0.750	1	208	6.0	195.00

FAN OPTIONS

FAN UNIT NO.	OPTION (Qty. - Descr.)
1	1 - Grease Box

FAN ACCESSORIES

FAN UNIT NO.	FAN UNIT TAG	EXHAUST			SUPPLY			
		GREASE CUP	GRAVITY DAMPER	WALL MOUNT	SIDE DISCHARGE	GRAVITY DAMPER	MOTORIZED DAMPER	WALL MOUNT
1		YES						

CURB ASSEMBLIES

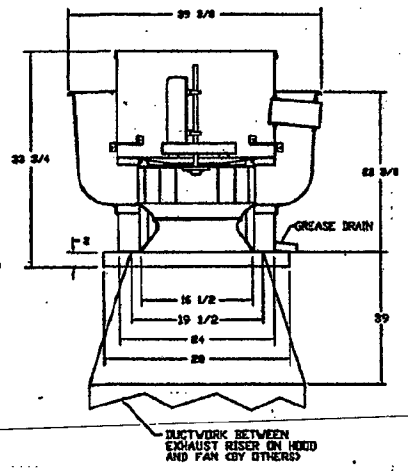
NO.	ON FAN	ITEM	SIZE
1	# 1	Curb	26.500"W x 26.500"L x 20.000"H Vented Hinged
2	# 2	Curb	23.000"W x 23.000"L x 20.000"H

FOR QUESTIONS, CALL
SYD D'ANGELO OR JOHN BONINO
NEW JERSEY REGIONAL OFFICE
600 SALEM AVENUE, NEWFIELD, NJ 08344
PHONE (856) 563-1979, (800) 891-0699
FAX (856) 563-1975

CAPTIVE-AIRE

JOB DE CARLOS PIZZA
LOCATION NJ
DATE 3/22/2010 JOB # 1120433
DWG # 3 DRAWN BY
REV. SCALE 1/32

FAN #1 HCAIGFA - EXHAUST FAN



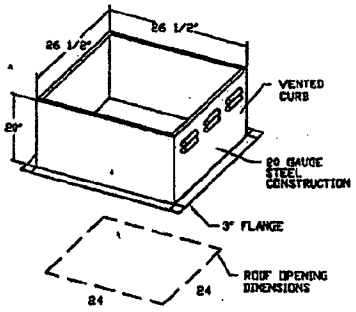
FEATURES:

- ROOF MOUNTED FANS
- RESTAURANT MODEL
- UL762
- AMCA SOUND AND AIR CERTIFIED
- WIRING FROM MOTOR TO DISCONNECT SWITCH
- WEATHERPROOF DISCONNECT
- 400H HEAT OPERATION 300°F (149°C)
- GREASE CLASSIFICATION TESTING

NORMAL TEMPERATURE TEST
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING AIR AT 300°F (149°C) UNTIL ALL FAN PARTS HAVE REACHED THERMAL EQUILIBRIUM, AND WITHOUT ANY DETERIORATING EFFECTS TO THE FAN WHICH WOULD CAUSE UNSAFE OPERATION.

ABNORMAL FLARE-UP TEST
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING BURNING GREASE VAPORS AT 600°F (316°C) FOR A PERIOD OF 30 MINUTES WITHOUT THE FAN BECOMING DAMAGED TO ANY EXTENT THAT COULD CAUSE AN UNSAFE CONDITION.

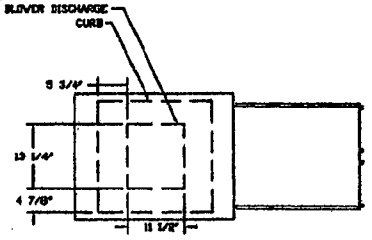
OPTIONS
GREASE BOX

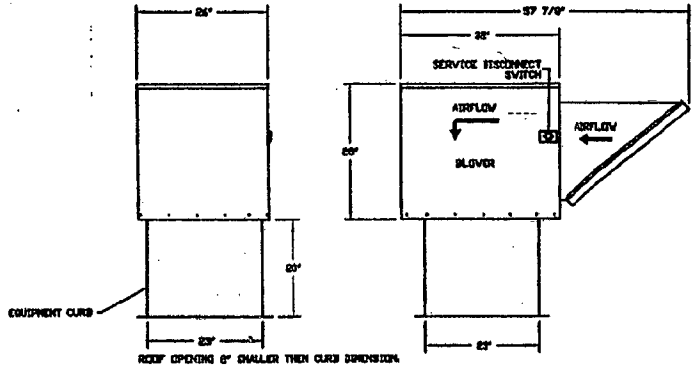


CAPTIVE AIRE

JOB DE CARLOS PIZZA	
LOCATION NJ	
DATE 3/22/2010	JOB # 1120433
DWG # 4	DRAWN BY
REV.	SCALE 1/32

FAN 88 NSAB-CU - SUPPLY FAN
1. SUPPLY UNIT WITH 10" BLOWER IN SIZE #1 HOUSING
2. INTAKE HOOD WITH 12 FILTERS
3. DOWN DISCHARGE - AIR FLOW RIGHT -> LEFT





ROOF OPENING 6" SMALLER THEN CURB DIMENSION

CAPTIVE AIRE

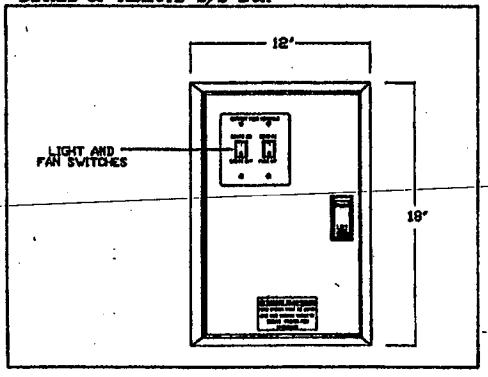
JOB DG Carlos Pizza	
LOCATION NJ	
DATE 3/22/2010	JOB # 1120433
DWG # 5	DRAWN BY
REV.	SCALE 1/32

ELECTRICAL PACKAGES

NO.	TAG	PACKAGE #	LOCATION	SWITCHES		ROOFTOP STARTERS	OPTION	FANS CONTROLLED				
				LOCATION	QUANTITY			TYPE	#	H.P.	VOLT	FLA
1		211110FP	Wall Mount In SS Box	SS Wall Mount Box	1 Light 1 Fan		Exhaust On In Fire, Fans On/Off Thermostatically Controlled	Exhaust	1	0.750	208	6.0
								Supply	1	0.750	208	6.0

FAN INTERLOCK PACKAGE: INCLUDES TEMPERATURE SENSORS THAT WILL ACTIVATE EXHAUST FANS WHEN COOKING PROCESSES BEGIN PER IMC 2006 REQUIREMENT, SECTION 507.2.1.1

DETAIL OF REMOTE S/S BOX

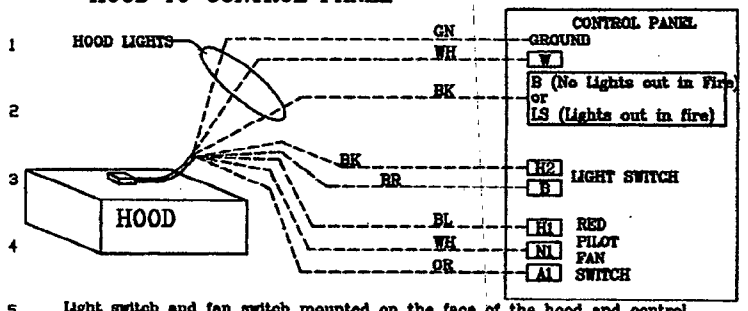


CAPTIVE AIRE

JOB	D E CARLOS PIZZA
LOCATION	NJ
DATE	3/22/2010
JOB #	1120433
DWG #	6
DRAWN BY	
REV.	
SCALE	1/32

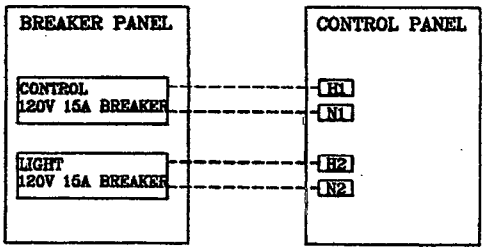
CONTROL PANEL INSTALLATION	JOB NAME DE CARLOS PIZZA	DATE 3/22/2010
DRAWING NUMBER 211110FP	JOB NUMBER 1120433	DRAWN BY

HOOD TO CONTROL PANEL

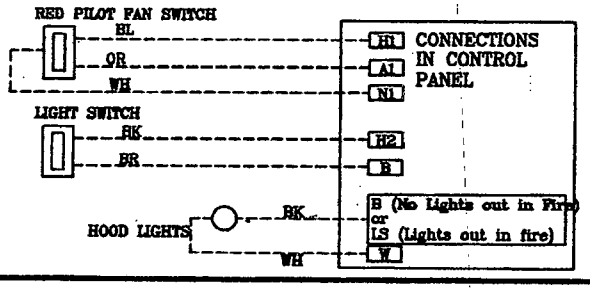


Light switch and fan switch mounted on the face of the hood and control panel mounted separately then field wire to the control panel as shown.

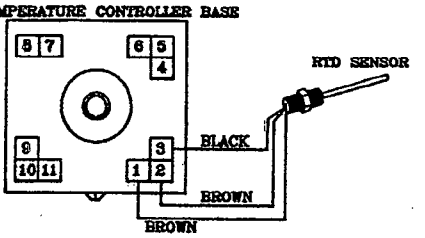
POWER FEED FOR CONTROLS AND LIGHTING



FIELD WIRED SWITCHES TO CONTROL PANEL



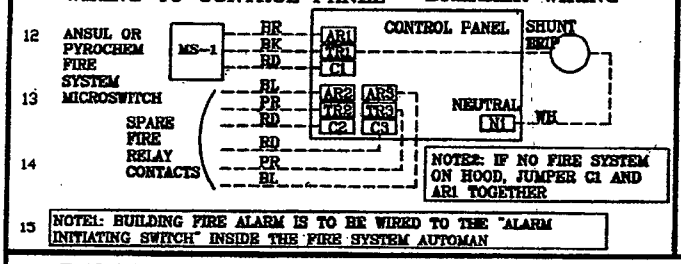
DUCT STAT WIRING FOR FAN SWITCH OVERRIDE



SHOWN HERE WITH TEMP CONTROLLER REMOVED TO EXPOSE TERMINALS

FIRE SYSTEM MICROSWITCH WIRING TO CONTROL PANEL

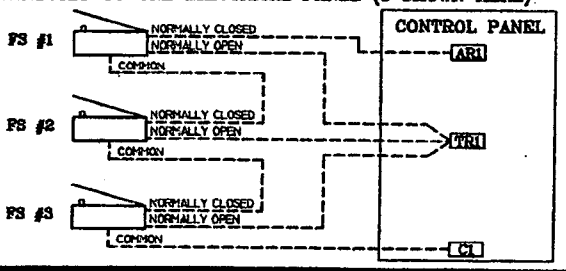
120VAC SHUNT TRIP BREAKER WIRING



NOTE: IF NO FIRE SYSTEM ON HOOD, JUMPER C1 AND AR1 TOGETHER

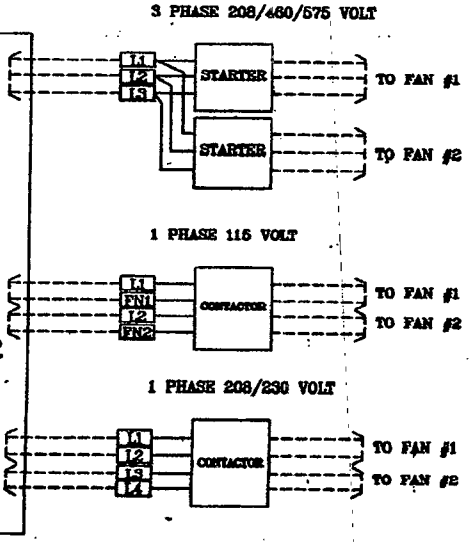
NOTE1: BUILDING FIRE ALARM IS TO BE WIRED TO THE "ALARM INITIATING SWITCH" INSIDE THE FIRE SYSTEM AUTOMAN

MICRO-SWITCHES WIRING WHEN MULTIPLE FIRE SYSTEMS CONNECTED TO ONE ELECTRICAL PANEL (3 SHOWN HERE)

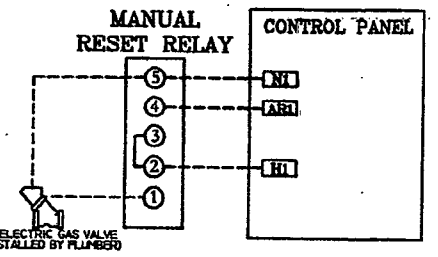


FAN WIRING TO CONTROL PANEL

FAN BREAKER PANEL, SEE DRAWING MOTOR TABLE FOR BREAKER SIZING



ELECTRIC GAS VALVE WITH RESET RELAY



NOTES

------ DENOTES FIELD WIRING
——— DENOTES INTERNAL WIRING

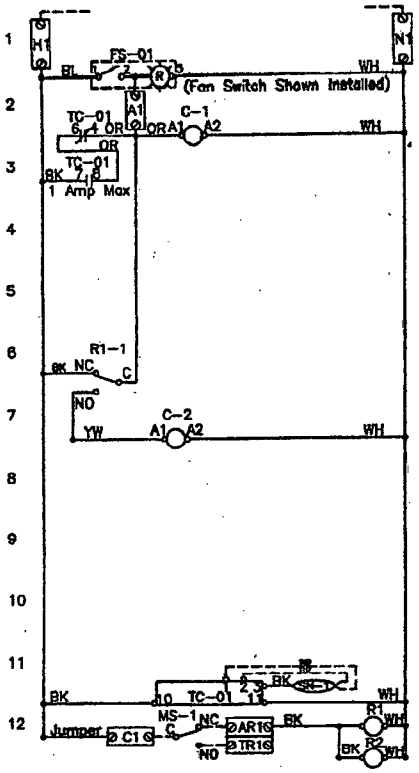
WIRE COLOR

BK - BLACK	YW - YELLOW
BL - BLUE	GY - GRAY
BR - BROWN	PR - PURPLE
OR - ORANGE	OR/BL - ORANGE/BLUE (STRIPE)
RD - RED	BL/RD - BLUE/RED (STRIPE)
WH - WHITE	RD/GN - RED/GREEN (STRIPE)
GN - GREEN	

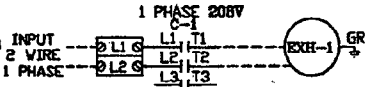
PAGE 8

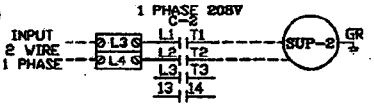
ELECTRICAL PREWIRE PACKAGE	JOB NAME DE CARLOS PIZZA	DATE 3/22/2010
DRAWING NUMBER PW2107	JOB NUMBER 1120433	DRAWN BY

CONTROL INPUT 120VAC H1=LINE, N1=NEUTRAL 15A BKR - DO NOT WIRE TO SHUNT TRIP BREAKER



LIGHT INPUT 120VAC H2-H5=LINE, N2-N5=NEUTRAL 15A BKR (MAX 1400W PER CIRCUIT)





220V/1Ph, W/ 1 Exhaust Fan, 1 Supply Fan, Exhaust in Fire, Fan On/Off Thermostatically Controlled (One Stat Per Exhaust Riser).

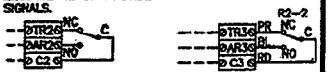
COMPONENT PARTS LIST

LABEL	DESCRIPTION
C-x	Contactor
ST-x	Starter
OL-x	Overload
FS-xx	Fan Switch (Lighted)
LS-xx	Light Switch
L	Hood Light(s)
MS-x	MicroSwitch (Ansul/PyroChem)
Rx	Relay DPDT - 34.110.0146.0 + Socket

TC-XX TEMPERATURE CONTROLLER PXR4-WAS1-GV0A8
SN-X RTD TEMPERATURE SENSOR (See Note 1)

SPARE FIRE DRY CONTACTS

SPARE RELAY CONTACTS USED WHEN FIRE SYSTEM DISCHARGES TO SHUT DOWN SHUNT TRIP, EQUIPMENT... OR PROVIDE SIGNALS.



TR: Tripped, AR: Armed, C: Common

Motor	Type	PH	Volt	HP	FLA	BREAKER
Exh-1	Exh	1	208	0.75	6	15 Amp
Sup-2	Sup	1	208	0.75	6	15 Amp

NOTES

------ DENOTES FIELD WIRING
——— DENOTES INTERNAL WIRING

WIRE COLOR

BK - BLACK	YW - YELLOW
BL - BLUE	GY - GRAY
BR - BROWN	PR - PURPLE
OR - ORANGE	OR/BL - ORANGE/BLUE (STRIPE)
RD - RED	BL/RD - BLUE/RED (STRIPE)
WH - WHITE	RD/GN - RED/GREEN (STRIPE)

DRAWING SHOWN DE-ENERGIZED

NOTE: IF WALL MOUNT PREWIRE, OR FIELD INSTALLED FIRE SYSTEM MICROSWITCH, THE TERMINALS SHOWING FACTORY WIRING MUST BE FIELD WIRED.

NOTE 1: RTD TEMP SENSOR FIELD WIRED WHEN RISERS SHIPPED LOOSE. WHEN MULTIPLE TEMP SENSORS USED ON ONE FAN SWITCH, EACH SENSOR IS WIRED TO ITS OWN CONTROLLER AND THE CONTROLLER TERMINALS 4, 7, 10 AND 11 ARE WIRED IN PARALLEL. TERMINALS 6 AND 8 ARE JUMPERED ON EACH CONTROLLER.

12 x 18 x 6 Box

PAGE 7

DARIO
ARCHITECTURE | DESIGN

Dario L. Pasquariello, R.A., A.I.A
DARIO
Architecture – Design, LLC
4057 Route 9 North #159
Howell, New Jersey 07731
Phone: 1-908-247-5350
Fax: 1-732-358-0236

June 1, 2010

Re: Villa DeCaro Pizzeria
2518 Hopper Avenue
Bricktown, New Jersey

Electrical Circuits:

Existing Circuits:
-A/C {3 phase} 30 Amp
-Bath GFI {1 phase} 110V 20 amp
-Furnace {1 phase} 110V 20 amp
-Exit Emergency {1 phase} 110V 20 amp
-Lighting {1 phase} 110V 20 amp
-Lighting {1 phase} 110V 20 amp
-Sign {1 phase} 110V 20 amp
-Driveway Light {1 phase} 110V 20 amp
-Drive Thru Window Light {1 phase} 110V 20 amp

ok

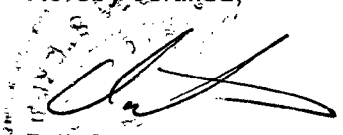
New Circuits:
-Ice Machine {1 phase} 110V 20 Amp
-Freezer {1 phase} 110V 20 Amp
-Walk In {1 phase} 20V 20 Amp
-Walk In Compressor {1 phase} 220V 20 Amp
-Mixer {1 phase} 110V 30 Amp
-Refrigerator {1 phase} 110V 20 Amp
-Work station {1 phase} 110V 20 Amp
-Pizza Prep table {1 phase} 110V 20 Amp
-Counter top {1 phase} 110V 20 Amp
-Soda cooler {1 phase} 110V 20 Amp
-Make up air {3 phase} 20 Amp
-Exhaust {3 phase} 20 Amp
-Ansul {1 phase} 220V 20 Amp
-Pizza warmer {1 phase} 220V 30 Amp

To Be Charged For on Permit

6/3/10 ads

The existing panel is 3 phase 150 amp and is to remain. All existing circuits & A/C unit to remain.

Hereby certified,



Dario Pasquariello, R.A., A.I.A.
Principal Architect
NJ LIC. NO. AI-17852
NY LIC. NO. 033696
PA LIC. NO. RA405008

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 05/17/2010 10-1460
Control # C-10-001586
Date Issued
Permit #
06/14/10

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: 2518 HOOPER AVE. Brick Township, NJ

Owner in Fee: BOTTAZZI ASSOCIATES LLC

Address 45 SEVILLE DR BRICK NJ 08723

Tel.

Contractor: M A B MECHANICAL PLUMBING & HEATING INC

Address 897 NEW JERSEY AVENUE TOMS RIVER NJ 08753

Tel. (732) 674-4971 Fax.

Contractor License No. 11218

Federal Employee No. 20-8170874

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 6/9/10

Approved by: MM

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	06/15/10		06/16/10	PM
Rough			06/30/10	PM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			07/13/10	PM
Solar				
TCO	N/A	12/27/10	07/01/10	AA

Dates (Month/Day)

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10
	Shower	
2	Floor Drain	$20
4	Sink	$40
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
6	Gas Piping	$60
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
1	Greasetrap	$50
	Sewer Connector EXIST.	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9
TOTAL FEE	$239

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 12/07)

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

06.15.16 PA

1. TOOLS INSIDE NEED ESCORT TO INSPECT
   08.27.00 PM
2. CAULK 3 BAY SINK + (illegible) SINKS — OK
3. INSTALL SOAP (illegible) — OK
4. REFRIGERATOR WALK IN BOX (UNDERNEATH) OK
5. PICTURE OF (illegible) — OK

→ DAMAGES PA

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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 2518 HOOPER AVE

Owner in Fee: MICHELA DECARLO BOTTAZZI

Tel. (732) 262-8453 e-mail

Address 45 SEVILLE DR BRICK NJ 08723
street municipality zip code

Contractor: M.A.B MECHANICAL PLMG & HTG. INC. Tel. (732) 575-8834

Address 897 NEW JERSEY AVE. e-mail
TOMS RIVER, N.J 08753

Contractor License No. 11218 Exp. Date 6-11

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

Federal Emp. ID No. 20-8170874 FAX: (732) 270-5173

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 $ 5000—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 6/9/10 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-10-10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [✓] CA
Date: 9-2-10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			06-16-10	PA
Rough			06-30-10	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			07-13-10	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			09-02-10	PA

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.

Michael Bonaduce
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Bank to Pizza Rest.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
2	Floor Drain	
4	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
(1)	Fuel Oil Piping	
1	Gas Piping (how many?)	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
4	Stacks	
(1)	Other 2" FLOOR SINK ICE MACHINE	
	Other	

COMMERCIAL

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

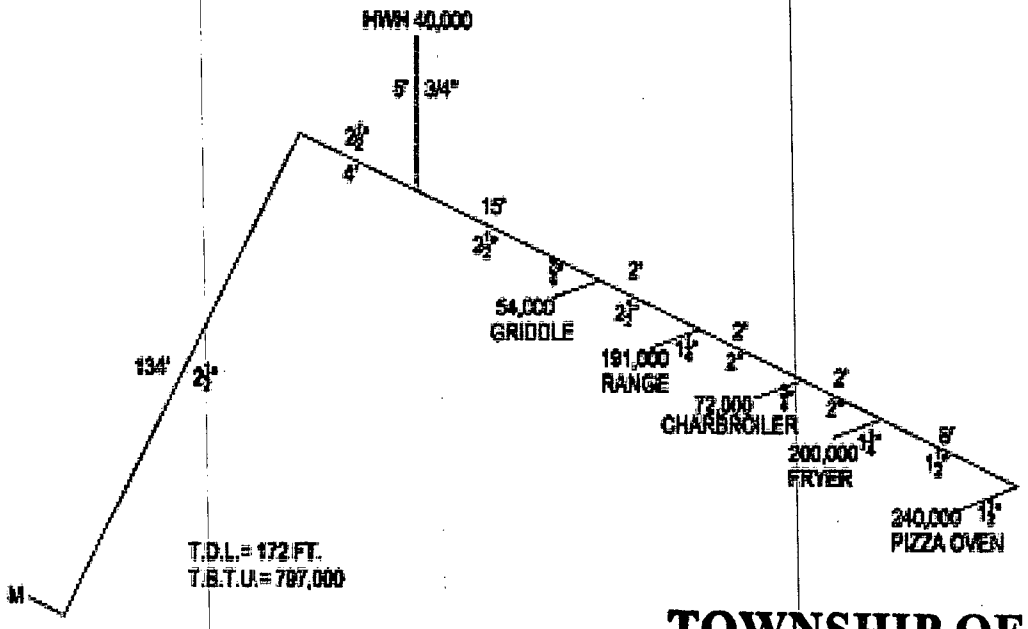
DARIO
ARCHITECTURE | DESIGN

Dario L. Pasquariello, R.A., A.I.A
DARIO
Architecture – Design, LLC
4057 Route 9 North #159
Howell, New Jersey 07731
Phone: 1-908-247-5350
Fax: 1-732-358-0236

June 8, 2010

Re: Villa DeCaro Pizzeria
2518 Hopper Avenue
Bricktown, New Jersey

Revised gas riser diagram:



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		6/9/10
Construction Official		

Hereby certified,

Dario Pasquariello, R.A., A.I.A.
Principal Architect
NJ LIC. NO. AI-17852
NY LIC. NO. 033696 -
PA LIC. NO. RA405008

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-1460

Date Issued / Permit # 7/8/10

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 2518 HOOPER AVE

Owner in Fee: BOTTAZZI ASSOC.

Tel. ( ) e-mail

Address 45 SEVILLE DR (street) (municipality) 08723 (zip code)

Contractor: MAB MECHANICAL Tel. ( )

Address 897 NEW JERSEY AVE. e-mail

TOMSRIVER, NJ 08753

Contractor License No. 11218 Exp. Date 6-11

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

Federal Emp. ID No. 20-8170874 FAX: (732) 270-5173

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size X Public Water Private Well

Est. Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 7/6/10 Approved by: MA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-8-10
Approved by: WSM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-2-10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			07.13.10	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			09.01.10	PA

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.

X Michael Bonfiglio
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 TABLE 4102.4.1 (3)	
	Fuel Oil Piping	
5	Gas Piping 2.0 PST	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump 200' 1 1/4" - 75.00	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

COMMERCIAL

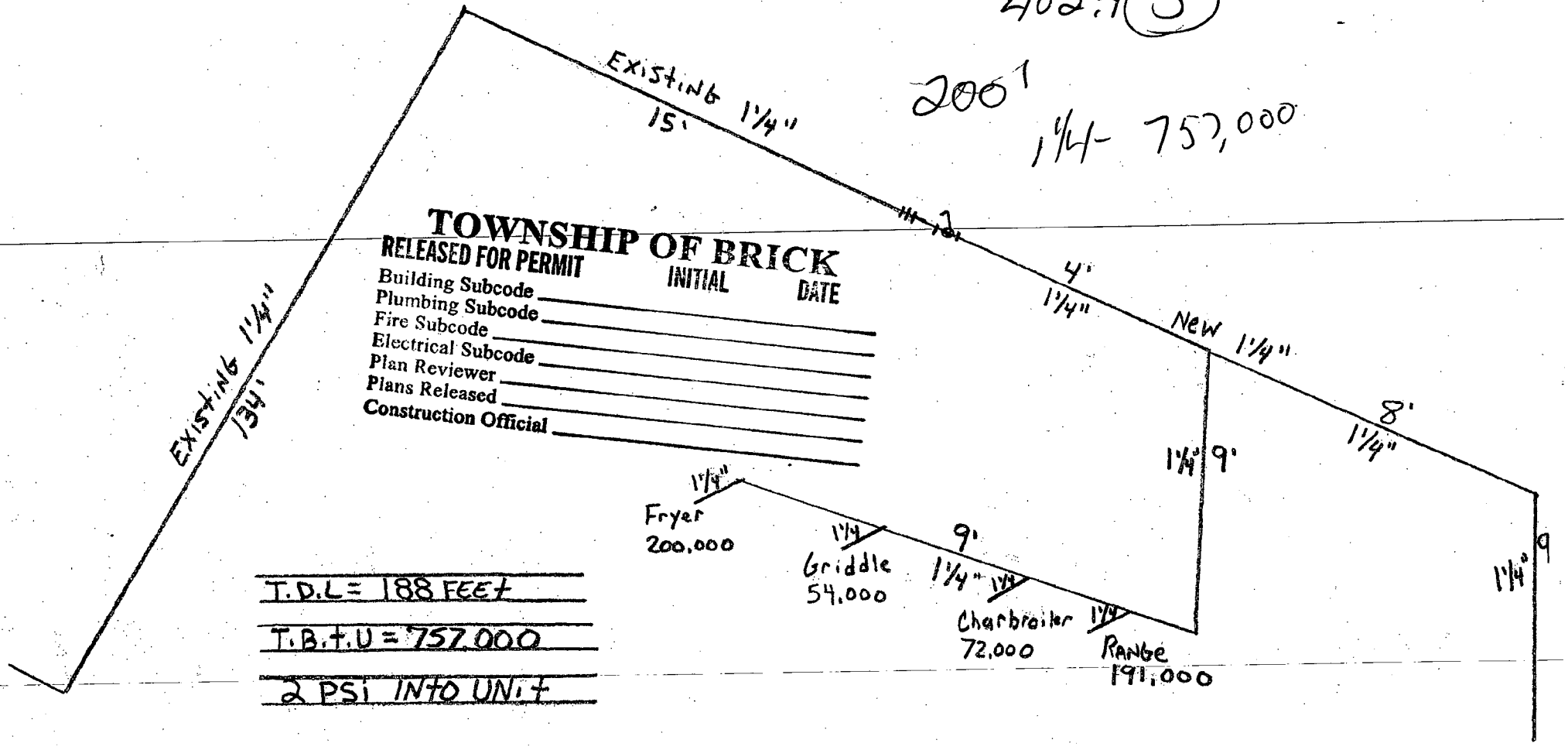
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Call to P/U 848-459-9988

TABLE 402.4(3)

2001

1¼ - 757,000



TOWNSHIP OF BRICK

RELEASED FOR PERMIT INITIAL DATE

Building Subcode _____

Plumbing Subcode _____

Fire Subcode _____

Electrical Subcode _____

Plan Reviewer _____

Plans Released _____

Construction Official _____

T.D.L = 188 FEET

T.B.T.U = 757,000

2 PSI INTO UNIT

* Each appliance to have Seperate Regulators INStalled

SmartZone Communications Center Collaboration Suite jacebree@comcast.net

2lb regulator @ Villa de Caro Pizzeria

Friday, July 02, 2010 10:26:01 AM

From: RPCosentino@NJNG.com

To: jacebree@comcast.net

Jerry,

Per your request as confirmation for the town NJNG installed a 2psi service on 6/24/10 to your store only at 2518 Old Hooper Road.

Bob Cosentino
Commercial Sales Consultant
NJ Natural Gas Company
1415 Wyckoff Rd.
Wall, NJ 07719
732-938-1147
rpcosentino@njng.com

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Villa Decaro's

Date Received 10-14-10
Control # C10-001546
Date Issued 06/10/10
Permit #

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 2518 HOOPER AVE BRICK NJ 08723

Owner in Fee: ~~Michela DeCaro~~ Bottazzi

Tel. (732) 262-8453 e-mail

Address ~~45~~ SEVILLE DR BRICK NJ 08723

Contractor: Jersey Coast Fire Equipment (street / municipality) Tel. (732) 938-3030 (zip code)

Address 377 Asbury Rd e-mail dfeci@jerseycoastfire.com

Farmingdale, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00206

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

Fire Alarm Contractor No. Exp. Date 10/12

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

Federal Emp. ID No. 222699591 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 $ 10,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Installation of kitchen exhaust hood w/fire suppression system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	5	400
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: 6/10 Approved by: DB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/10/10
Approved by: KM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 5/31/10
Approved by: KM

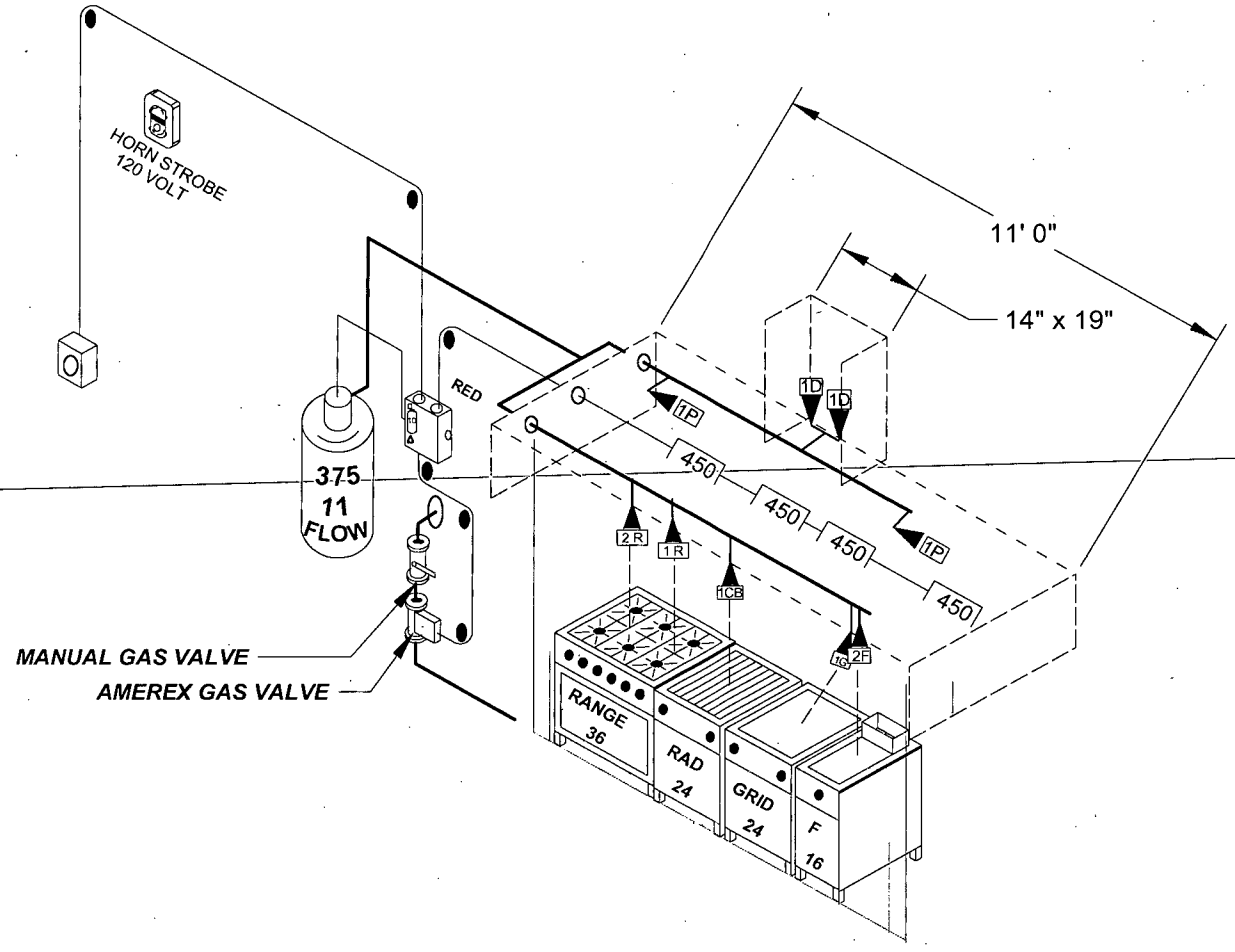
INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Alarm System				
Suppression Sys.			6/30/10	DB
Standpipe				
Fire Pump				
Pre-Eng. System			6/30/10	DB
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	6/30/10		07/30/10	DB
Final				
Other Rush exhaust			7-6-10	DB

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

NOZZLE SPECIFICATIONS
SHOWN IN BRACKETS ( )

BILL OF MATERIALS

QTY. NAME
- 1 B260 AMEREX K CLASS EXT.
- 2 (PLENUM 10' LGTH 24" H FILT R)
- 1 HS120 WP HORN STROBE (BROOKS)
- 20 12309 HIGH TEMP CORNER PULLEY
- 1 MANUAL VALVE BY OTHERS
- 1 11993 PULL MECHANICAL 4 FT. HT
- 1 13334 CYLINDER ASSY 375
- 1 18000 MRM W/RED ENCLOSURE
- 4 12508 DETECTOR ASSY
- 1 16448 ACTUATION HOSE 32 IN
- 1 16920 BRACKET 275, 375 & 475
- 1 (DUCT PAIR 51-82" PERIM.)
- 2 16416 DUCT NOZ 1 FLOW
- 5 11982 APPL / PLEN 1 FLOW
- 1 12856 MRM 10 Cu IN N2 CYL
- 1 12740 GAS VALVE TRIP ASSY
- 1 10173 VENT PLUG
- 1 JUNCTION BOX/GV BOX
- 1 (RANGE 14" X 28" 44-48"H)
- 1 (CHAR RAD 24"X24" 18-48"H)
- 1 (FRYER NO DRIP 24X26 34-50 HIGH)
- 1 13729 FRYER / GRID 2 FLOW
- 1 (RANGE 24" X 24" 22-42" H)
- 1 14178 APPLIANCE 2 FLOW
- 1 (GRIDDLE 30" X 36" 30-48"H)



AMEREX KP FIRE SUPPRESSION SYSTEM

U.L 300 Listed

NOZZLE BRANCH LINE LIMITATIONS:

ALL PIPE AND FITTINGS LEADING FROM THE SUPPLY BRANCH TEE TO A SYSTEM NOZZLE.

CYLINDER FLOW POINTS	PIPE SIZE	TOTAL LINEAR FEET OF PIPE	MAX. QTY. TEES	MAX. QTY. ELBOWS	MAX. QTY. BUSHINGS
KP275 = 8	3/8	32	5	10	0
KP375 = 11	3/8 OR 1/2	32	8	12	11
KP600 = 18	3/8	32	11	32	15
2-KP375 = 22	3/8	32	32	32	20
MAX. PER NOZZLE BRANCH		7	3	6	4

K CLASS EXTINGUISHER REQUIRED

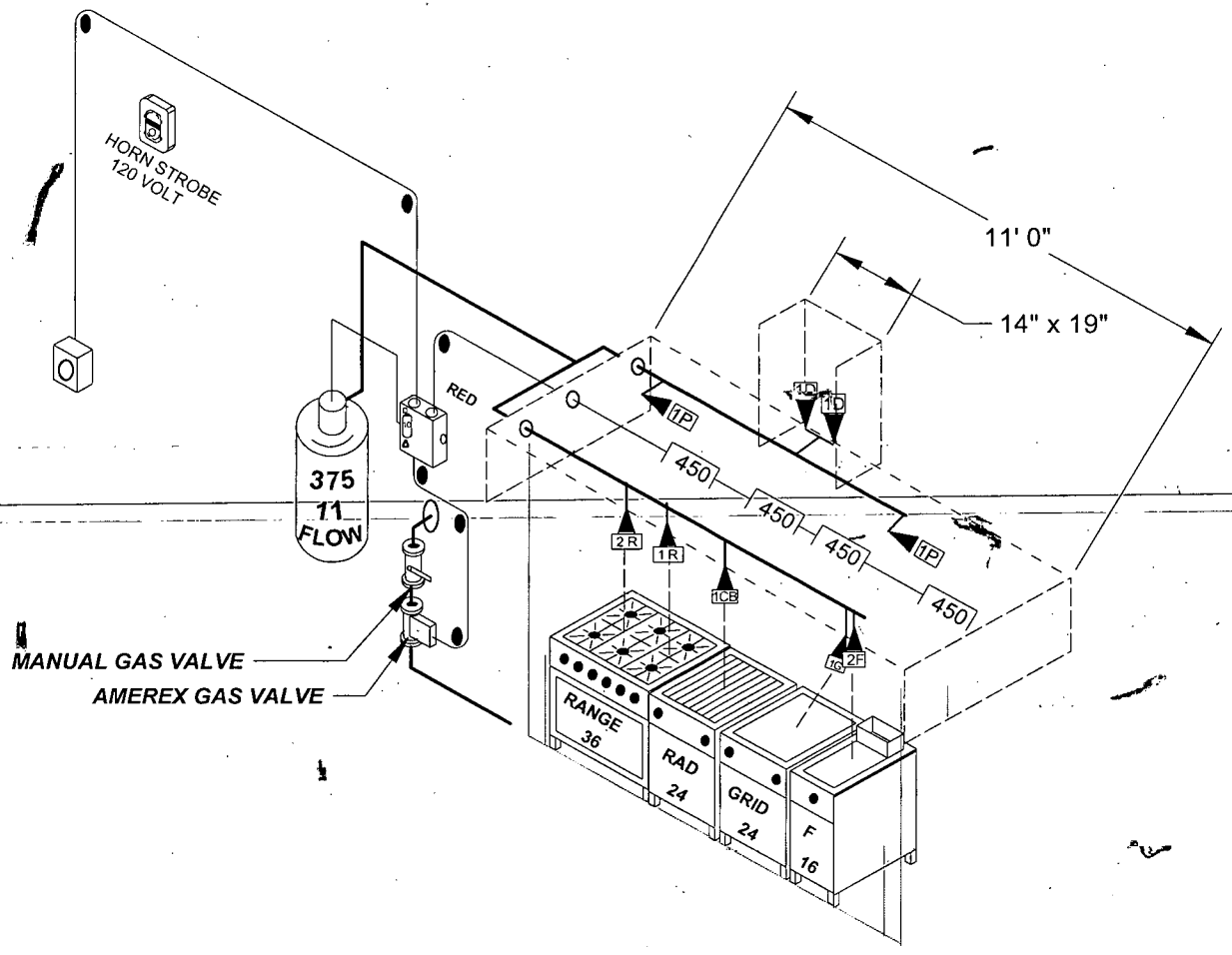
JERSEY COAST FIRE EQUIPMENT		
DRAWN J.R	DATE 5-7-10	DWG NUMBER 0000-0000
DECARO'S PIZZERIA 2518 HOOPER AVE. BRICK,NJ 08723		
SCALE	REV -	SHEET 1 OF 1

5/26/08

NOZZLE SPECIFICATIONS
SHOWN IN BRACKETS ( )

BILL OF MATERIALS

QTY. NAME
- 1 B260 AMEREX K CLASS EXT.
- 2 (PLENUM 10' LGTH 24" H FILT R)
- 1 HS120 WP HORN STROBE (BROOKS)
- 20 12309 HIGH TEMP CORNER PULLEY
- 1 MANUAL VALVE BY OTHERS
- 1 11993 PULL MECHANICAL 4 FT. HT
- 1 13334 CYLINDER ASSY 375
- 1 18000 MRM W/RED ENCLOSURE
- 4 12508 DETECTOR ASSY
- 1 16448 ACTUATION HOSE 32 IN
- 1 16920 BRACKET 275, 375 & 475
- 1 (DUCT PAIR 51-82" PERIM.)
- 2 16416 DUCT NOZ 1 FLOW
- 5 11982 APPL / PLEN 1 FLOW
- 1 12856 MRM 10 Cu IN N2 CYL
- 1 12740 GAS VALVE TRIP ASSY
- 1 10173 VENT PLUG
- 1 JUNCTION BOX/GV BOX
- 1 (RANGE 14" X 28" 44-48"H)
- 1 (CHAR RAD 24"X24" 18-48"H)
- 1 (FRYER NO DRIP 24X26 34-50 HIGH)
- 1 13729 FRYER / GRID 2 FLOW
- 1 (RANGE 24" X 24" 22-42" H)
- 1 14178 APPLIANCE 2 FLOW
- 1 (GRIDDLE 30" X 36" 30-48"H)



AMEREX KP FIRE SUPPRESSION SYSTEM

U.L 300 Listed

NOZZLE BRANCH LINE LIMITATIONS:

ALL PIPE AND FITTINGS LEADING FROM THE SUPPLY BRANCH TEE TO A SYSTEM NOZZLE.

CYLINDER FLOW POINTS	PIPE SIZE	TOTAL LINEAR FEET OF PIPE	MAX. QTY. TEES	MAX. QTY. ELBOWS	MAX. QTY. BUSHINGS
KP275 = 8	3/8	32	5	10	0
KP375 = 11	3/8 OR 1/2	32	8	12	11
KP600 = 18	3/8	32	11	32	15
2-KP375 = 22	3/8	32	32	32	20
MAX. PER NOZZLE BRANCH		7	3	6	4

K CLASS EXTINGUISHER REQUIRED

JERSEY COAST FIRE EQUIPMENT		
DRAWN J.R	DATE 5-7-10	DWG NUMBER 0000-0000
DECARO'S PIZZERIA 2518 HOOPER AVE. BRICK,NJ 08723		
SCALE	REV	SHEET 1 OF 1

5-26-10 OB

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

JERSEY COAST FIRE EQUIPMENT

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

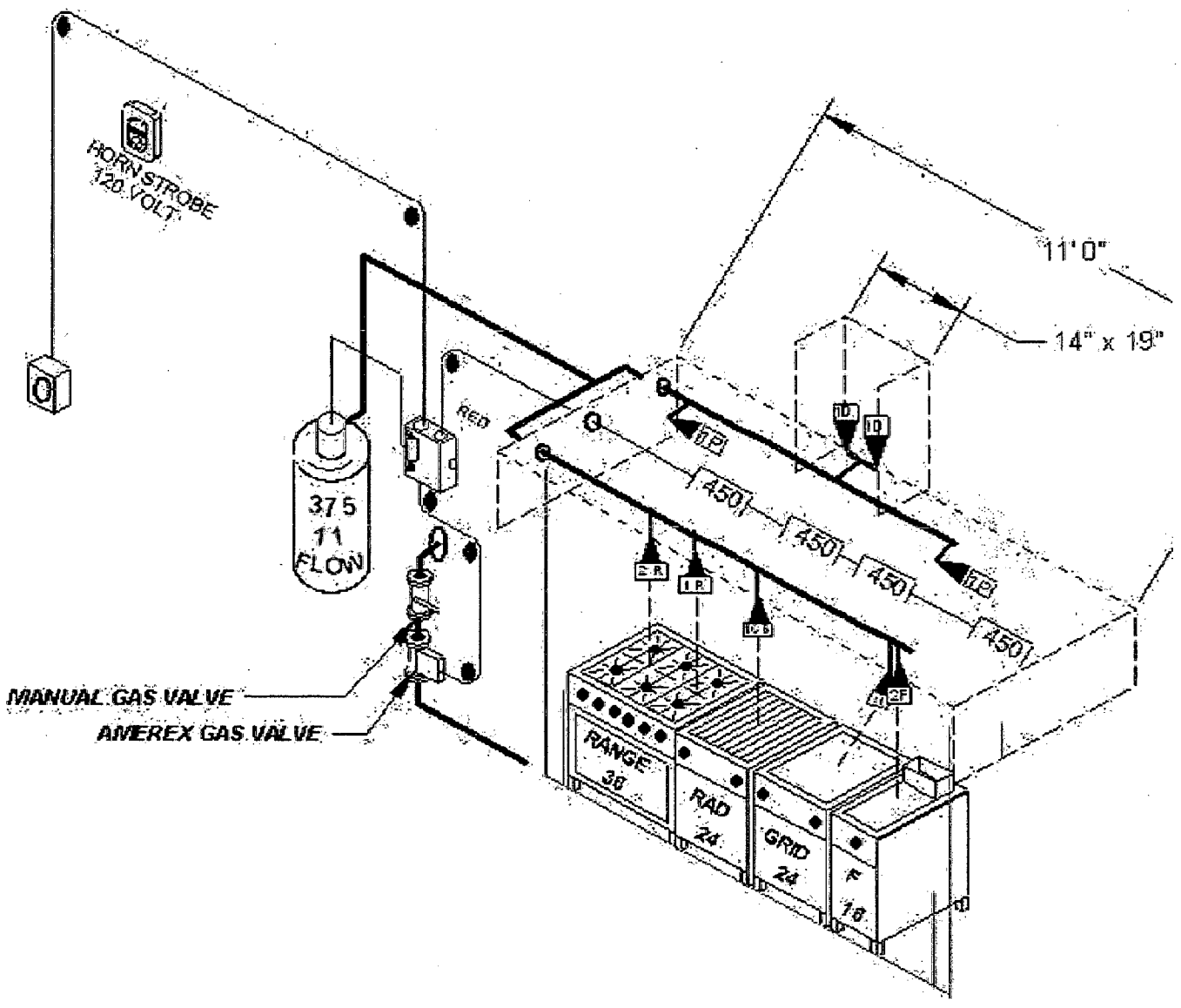
Portable Fire Extinguisher
Kitchen Fire Suppression System

P00206	09/14/2009 to 10/31/2012	
Permit ID	Date Issued	Lapse Date

Acting Commissioner

RACKETS ( )
RIALS

MEREX K CLASS EXT.
M 10' LGTH 24" H FILT R)
VP HORN STROBE (BROOKS)
HIGH TEMP CORNER PULLEY
L VALVE BY OTHERS
ULL MECHANICAL 4 FT. HT
YLINDER ASSY 375
MRM W/RED ENCLOSURE
ETECTOR ASSY
CTUATION HOSE 32 IN
RACKET 275, 375 & 475
AIR 51-82" PERIM.)
UCT NOZ 1 FLOW
APPL / PLEN 1 FLOW
IRM 10 Cu IN N2 CYL
AS VALVE TRIP ASSY
ENT PLUG
ON BOX/GV BOX
14" X 28" 44-48"H)
RAD 24"X24" 18-48"H)
NO DRIP 24X26 34-50 HIGH)
RYER / GRID 2 FLOW
24" X 24" 22-42" H)
PPLIANCE 2 FLOW
E 30" X 36" 30-48"H)



X KP FIRE SUPPRESSION SYSTEM

U.L 300 Listed

E BRANCH LINE LIMITATIONS

TINGS LEADING FROM THE SUPPLY BRANCH TEE TO A SYSTEM NOZZLE.

PIPE SIZE	TOTAL LINEAR FEET OF PIPE	MAX. QTY. TEES	MAX. QTY. ELBOWS	MAX. QTY. BUSHINGS
3/8	32	5	10	0
3/8 OR 1/2	32	8	12	11

K CLASS EXTINGUISHER REQUIRED

Drawn

JERSEY COAST FIRE

DRAWN J.R | DATE 5-7-10

DECARO'S PIZZERIA
2518 HOOPER AVE.

RACKETS ( )
RIALS

MEREX K CLASS EXT.
M 10' LGTH 24" H FILT R)
VP HORN STROBE (BROOKS)
HIGH TEMP CORNER PULLEY
L VALVE BY OTHERS
ULL MECHANICAL 4 FT. HT
YLINDER ASSY 375
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UCT NOZ 1 FLOW
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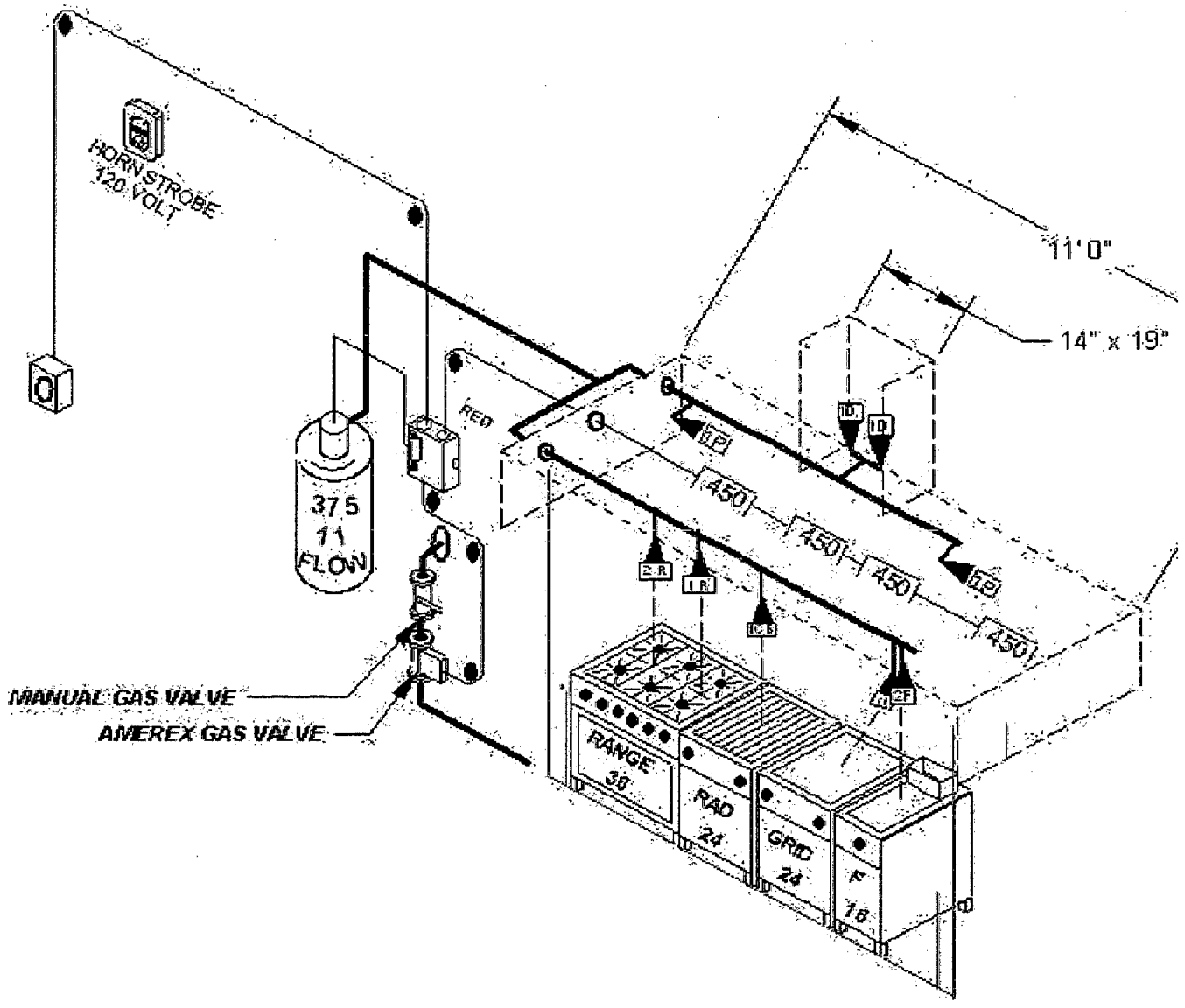
AS VALVE TRIP ASSY
ENT PLUG
ON BOX/GV BOX
14" X 28" 44-48"H)
AD 24"X24" 18-48"H)
NO DRIP 24X26 34-50 HIGH)
RYER / GRID 2 FLOW
24" X 24" 22-42" H)
PPLIANCE 2 FLOW
E 30" X 36" 30-48"H)



X KP FIRE SUPPRESSION SYSTEM

U.L 300 Listed

E BRANCH LINE LIMITATIONS.

INGS LEADING FROM THE SUPPLY BRANCH TEE TO A SYSTEM NOZZLE.

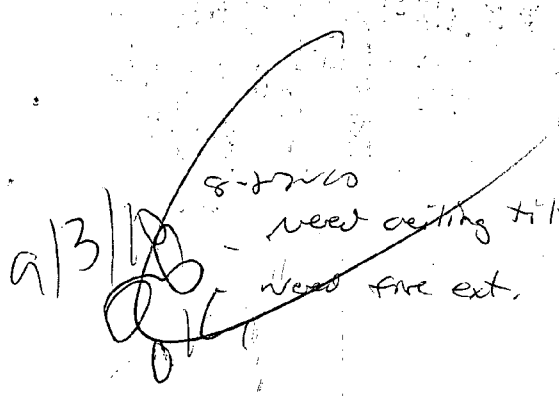
PIPE SIZE	TOTAL LINEAR FEET OF PIPE	MAX. QTY. TEES	MAX. QTY. ELBOWS	MAX. QTY. BUSHINGS
3/8	32	5	10	0
3/8 OR 1/2	32	8	12	11

KC CLASS EXTINGUISHER REQUIRED

JERSEY COAST FIRE	
DRAWN J.R	DATE 5-7-10

DECARO'S PIZZERIA
2518 HOOPER AVE.

8/27/10 rough exhaust inspec. OK



Work Order - Preengineered System

Jersey Coast Fire Equipment Inc.
377 Asbury Road
Farmingdale, NJ 07727
(732) 938-2020

DECARO'S PIZZA

CUSTOMER DECARO'S PIZZA
ADDRESS 2518 HOOPER AVE.
BRICK NJ 08728
PHONE 848-459-9988
CONTACT JERRY

ROUTE
TERMS
LAST INSPECTION August 27, 2010
NEXT INSPECTION February 27, 2011
SCHEDULED APPOINTMENT

NOTES

SYSTEM TYPE/SIZE KP375-SYSI AMEREX KP375 FIRE SYSTEM INSPECTION

HOOD SIZE 11'X 24" X 48"
DUCT SIZE 14" X19"
LINK QTY/DEGREES 4 @ 450 DEGREES

ALARM ON ☐
ALARM COMPANY INSIDE ONLY
ACCOUNT NUMBER INSIDE ONLY

NOZZLES

2 DUCT	2 PLENUM	___ WOKS	1 FRYER
___ SALAMANDER	___ HOTTOP	___ CHEESE MELTER	___ UPRIGHT BROILER
___ CANDY POT STOVE	1 GRILL	1 CHARBROILER	___ 8 BURNER STOVE
___ 2 BURNER STOVE	___ 4 BURNER STOVE	2 6 BURNER STOVE	___ 10 BURNER STOVE

1. All appliances properly covered w/correct nozzles
2. Check for correct duct & plenum nozzles
3. Check for correct piping size and limitations
4. Hood / duct penetrations sealed w/weld or U.I. device
5. Piping & conduit securely bracketed
6. Proper separation between fryers and flame
7. Check if seals intact, evidence of tampering
8. If system has been discharged, report same
9. Pressure gauge in proper range (if gauged)
10. Check cartridge WT (if applicable)
11. Hydrostatic test date
12. 6 year maintenance date
13. Inspect cylinder & mount
14. Check fuse links
15. Replace fuse links _____ code (OT. on links)
16. System installed in accordance w/mfg U.L. listing
17. Test for proper operation from remote
18. Check operation of micro switch
19. Check operation of gas valve
20. Clean nozzles
21. Proper nozzle covers in place
22. All filters replaced
23. Fuel shut-off in on position
24. Replace system covers
25. Check exhaust fan in operating order
26. System operational & seals in place
27. Fan warning sign on hood
28. Proper hand portable extinguishers
29. Portable extinguishers properly serviced
30. Service & certification tag on system
31. Hood condition: clean
32. Hood condition: greasy - needs cleaning

FINAL Insp. with Fire Insp.

This system (is / is not) in compliance with applicable fires codes and regulations.
EXPLANATION AND COMMENTS

Technician - REILLY, JOE | Permit Number: | Date: 8/27/10 | Time: | Customer:

BUILDING SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 10-1460-1A

Date Issued
Permit # 7/8/10

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 2518 Hooper Ave

Owner in Fee: Pat Botazzi

Tel. ( ) e-mail

Address 45 Seville Drive
street municipality zip code

Contractor: Jerry Decaro 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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/2/10	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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 $ 300.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Support for Hood

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	$ N/C
TOTAL FEE	$ 10

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

U.C.C. F110
(rev. 12/07)

BUILDING SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 10-1460-1A

Date Issued
Permit # 7/8/10

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 2518 Hooper Ave

Owner in Fee: Pat Botazzi

Tel. ( ) e-mail

Address 45 Seville Drive
street municipality zip code

Contractor: Jerry Decaro 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: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SUPPORT FOR HOOD

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/2/10	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				
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 $ 300.00
3. Total (1+ 2) $

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 $ 16
TOTAL FEE $

U.C.C. F110
(rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-1460

Date Issued / Permit # 7/8/10

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

Block 5417 Lot 5 Qualification Code

Work Site Location 2518 HOOPER AVE

Owner in Fee: BOTTARZI ASSOC.

Tel. ( ) e-mail

Address 415 SEVILLE DR (street) (municipality) 08723 (zip code)

Contractor: MAB MECHANICAL Tel. ( )

Address 897 NEW JERSEY AVE. e-mail

TOMS RIVER, NJ 08753

Contractor License No. 11218 Exp. Date 6-11

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

Federal Emp. ID No. 20-8170874 FAX: (732) 270-5173

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 $ X 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: 7/6/10 Approved by: MA

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 7-8-10

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 TABLE 402.4.1 (3)	
	Fuel Oil Piping	
5	Gas Piping 2.0 PST	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump 200' 1 1/4" 75.00	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Call to P/U 848-459-9928

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 10-1460

Date Issued Permit # 7/8/10

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

Block 5019 Lot 5 Qualification Code

Work Site Location 2518 HOOPER AVE

Owner in Fee: [illegible] Assoc.

Tel. ( ) e-mail

Address 415 Seville Dr 08723
street municipality zip code

Contractor: MAB Mechanical Tel. ( )

Address 247 New Jersey Ave. e-mail
Toms River, N.J 08753

Contractor License No. 11218 Exp. Date 6-11

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

Federal Emp. ID No. 20-8170874 FAX: (732) 270-5173

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size X Public Water Private Well

Est. Cost of Plumbing Work $ X 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 7/8/10 Approved by: MA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

STATE OF NEW JERSEY MASTER PLUMBER 17218

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 T-BU 40gal (3)	
	Fuel Oil Piping	
5	Gas Piping 2.0 PST	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump 200 1½-75' of	
	Interceptor/Separator 1	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Call to P/U 848-459-9928

SmartZone Communications Center Collaboration Suite jacebree@comcast.net

2lb regulator @ Villa de Caro Pizzeria Friday, July 02, 2010 10:26:01 AM

From: RPCosentino@NJNG.com
To: jacebree@comcast.net

Jerry,

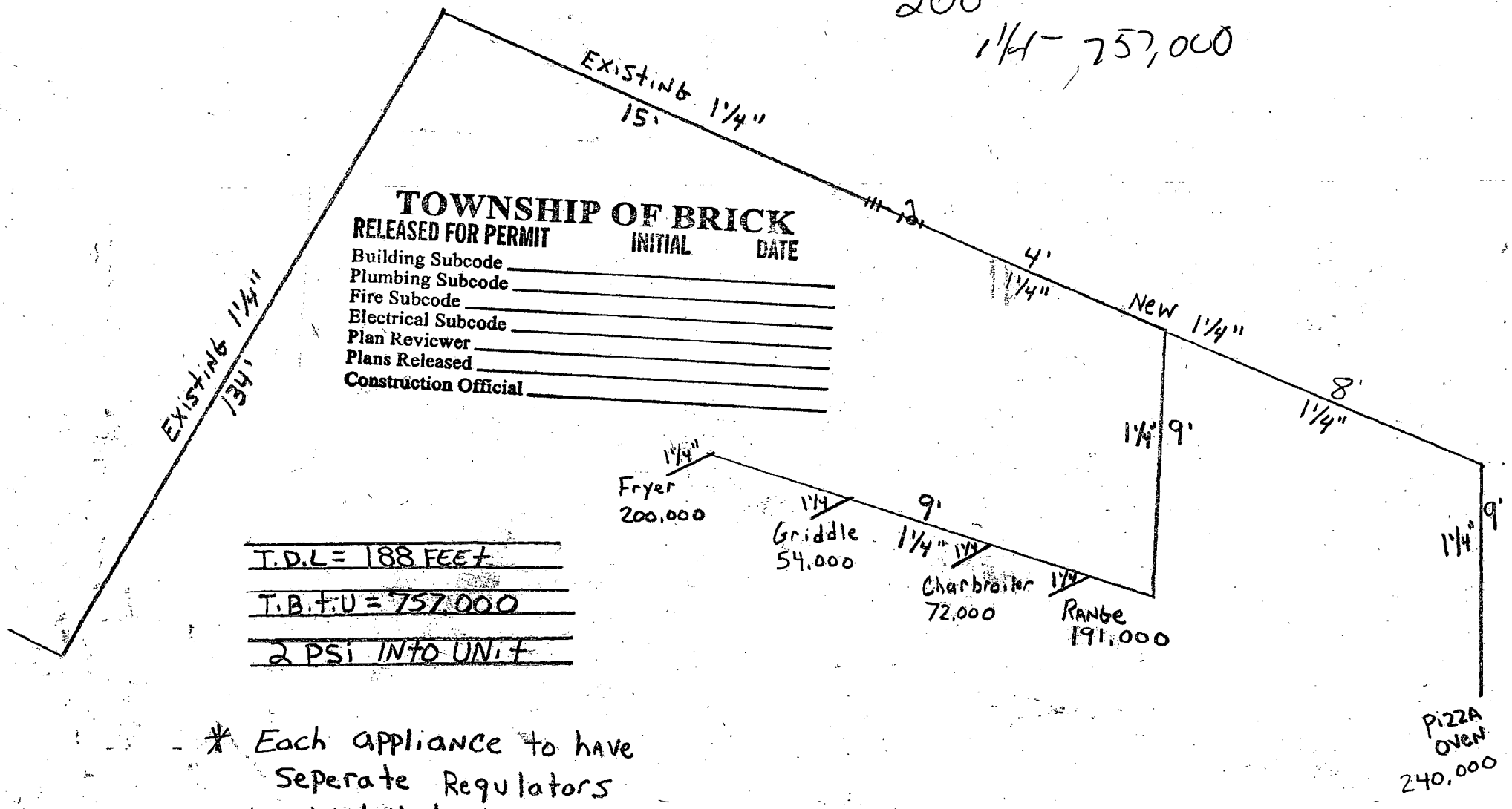
Per your request as confirmation for the town NJNG installed a 2psi service on 6/24/10 to your store only at 2518 Old Hooper Road.

Bob Cosentino
Commercial Sales Consultant
NJ Natural Gas Company
1415 Wyckoff Rd.
Wall, NJ 07719
732-938-1147
rpcosentino@njng.com

Please review gas pipe drawing

See Rini

TABLE
4024(3)
200'
1¼ - 757,000



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

T.D.L = 188 FEET

T.B.T.U = 757,000

2 PSI INTO UNIT

* Each appliance to have Seperate Regulators Installed

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 05/17/2010 10-1460
Control # C-10-001586
Date Issued 06/10/10
Permit #

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: 2518 HOOPER AVE. Brick Township, NJ

Owner in Fee: BOTTAZZI ASSOCIATES LLC

Address 45 SEVILLE DR BRICK NJ 08723

Tel.

Contractor: M A B MECHANICAL PLUMBING & HEATING INC

Address 897 NEW JERSEY AVENUE TOMS RIVER NJ 08753

Tel. (732) 674-4971 Fax.

Contractor License No. 11218

Federal Employee No. 20-8170874

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☑ Plumbing Plans Approved

Date: 6/9/10

Approved by: MH

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10
	Shower	$0.00
2	Floor Drain	$20
4	Sink	$40
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
6	Gas Piping	$60
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
1	Greasetrap	$50
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9
TOTAL FEE	$239

U.C.C F130 (rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 05/17/2010 10-1460
Control # C-10-001586
Date Issued
Permit #
06/09/10

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: 2518 HOOPER AVE. Brick Township, NJ

Owner in Fee: BOTTAZZI ASSOCIATES LLC

Address 45 SEVILLE DR BRICK NJ 08723

Tel.

Contractor: M A B MECHANICAL PLUMBING & HEATING INC

Address 897 NEW JERSEY AVENUE TOMS RIVER NJ 08753

Tel. (732) 674-4971 Fax.

Contractor License No. 11218

Federal Employee No. 20-8170874

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 6/9/10

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10
	Shower	
2	Floor Drain	$20
4	Sink	$40
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
6	Gas Piping	$60
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
1	Greasetrap	$50
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9
TOTAL FEE	$239

U.C.C F130 (rev. 12/07)

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

R.C. BURDICK, P.E., P.C.

1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Brick Township Construction Code Official
401 Chambersbridge Road
Brick, NJ 08723

June 8, 2010

Re: 2518 Hooper Avenue
Villa DeCaro Pizzeria
Township of Brick
Project No: 10-4372

Dear Construction Code Official,

We have performed a design to support a 700 pound exhaust hood over cooking equipment in the kitchen of Villa DeCaro Pizzeria. Our proposed design consists of spanning a double 2x8 beam between the two stud walls which are proposed in that area (refer to our calculations pg 1 of 3 and see architectural plan). The rear of the hood will be fastened to a rail mounted on the metal stud wall, supported the entire length of the hood. According to our calculations, the maximum deflection in the beams is 0.23" where 0.46" is allowed based on an L/360 deflection allowance. Based on this, the 700 pound hood will be adequately supported independently of the existing roof trusses.

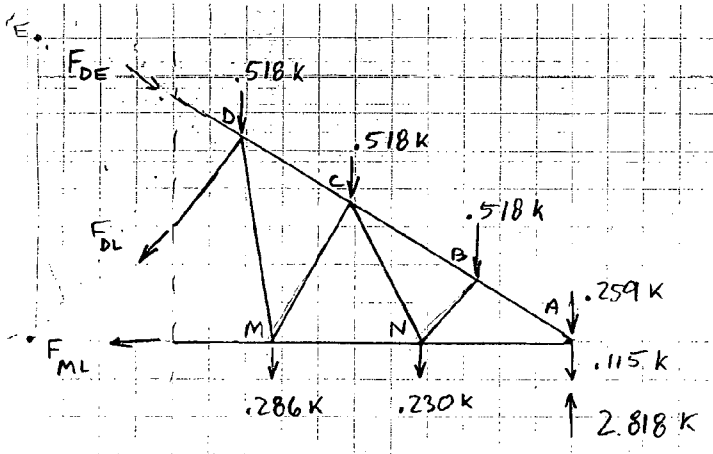
We have also performed a truss analysis for the support of a 250 pound exhaust hood proposed in the front of the kitchen. Enclosed are our calculations. Maximum axial tension in the tension member of 614.8 psi is expected vs. an allowable tension of 971.75 psi. Bending stresses of 416.98 psi are expected vs. an allowable bending stress of 1345.5 psi. Based on this, the hood will have minimal impact on the existing roof trusses and will support the weight of the proposed 250 pound hood.

Should you require additional information or have any questions, please call.

TOWNSHIP OF
RELEASED FOR PERMIT
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official
INITIAL DATE
7/2/10
3 PAGES OF CALCS ATTACHED

Sincerely yours,

Robert C. Burdick, P.E.
NJPE#30929



F_{DE} = 4.776 K (COMPRESSION)

F_{DL} = 0.356 K (COMPRESSION)

F_{ML} = 4.3222 K (TENSION)

$$(+\Sigma M_L = 0 = .518(8.625) + .286(11.5) + .518(17.25) + .23(23) + .374(34.5) - 2.818(34.5) - F_{DE}(13.052) = 0$$

$$(+\Sigma M_L = 4.46775 + 3.289 + 8.9355 + 5.29 + 12.903 - 97.221 - F_{DE}(13.052) = 0$$

$$(+\Sigma M_L \quad -62.33575 - F_{DE}(13.052) = 0$$

$$\Rightarrow -62.33575 = F_{DE}(13.052) \rightarrow F_{DE} = -4.776 \text{ KIPS}$$

$$(+\Sigma M_m = 0 = -.518(2.875) + .518(5.75) + .23(11.5) + .518(14.375) + .374(23) - 2.818(23) + 4.776(8.7013) - F_{DL}(8.9113)$$

$$(\Sigma M_m = -1.48925 + 2.9785 + 2.645 + 7.44625 + 8.51 - 64.814 + 41.557 - F_{DL}(8.9113) = 0$$

$$= -3.1665 - F_{DL}(8.9113) = 0$$

$$\Rightarrow -3.1665 = F_{DL}(8.9113) \rightarrow F_{DL} = -0.356 \text{ KIPS}$$

$$(+\Sigma M_D = 0 = .286(2.875) + .518(8.625) + .23(14.375) + .518(17.25) - 2.444(25.875) - F_{ML}(10.575)$$

$$= 0.82225 + 4.46775 + 3.30625 + 8.9355 - 63.2385 + F_{ML}(10.575)$$

$$= -45.70675 + F_{ML}(10.575) = 0$$

$$45.70675 = F_{ML}(10.575) \rightarrow F_{ML} = 4.3222 \text{ K}$$

CHECK 2×6 TENSION MEMBER
NEXT PAGE

ROBERT C. BURDICK
NJPE #30929

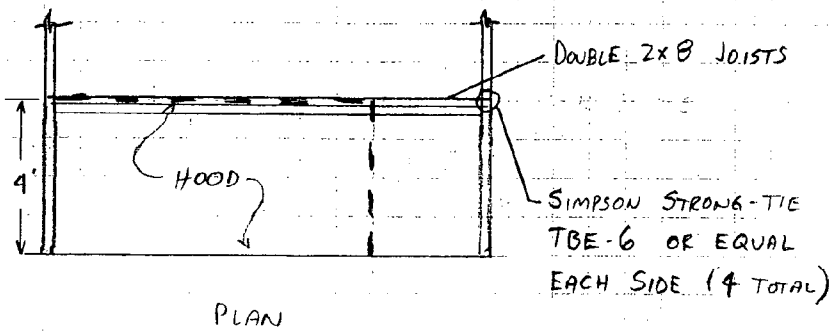
PROJECT 10-4372
2518 HOOPER AVE
DECARO'S PIZZA
BRICK TWP

STRUCTURAL ANALYSIS FOR HOOD OVER COOKING EQUIP

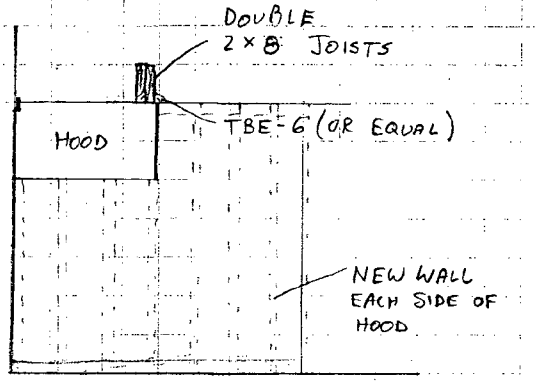
6/8/10 PG 1 OF 3

DIMENSIONS: 11' x 4' x 2'
WEIGHT = 700 # ≅ 16 PSF x 2.0' SPACING = 32 PLF
DIST. LOAD = 32 #/LF

PROPOSED DESIGN:



PLAN



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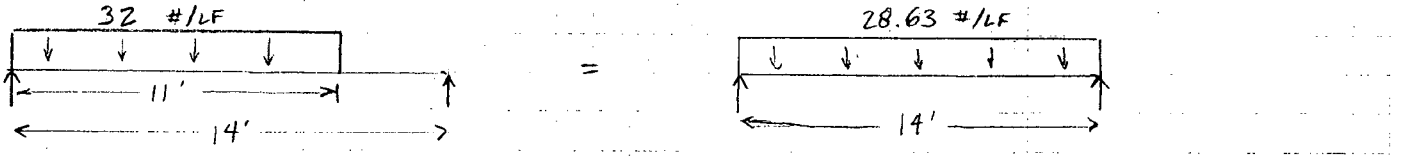


ADD 10 #/LF BEAM WT. = 38.63 PLF

DEFLECTION ALLOWED $\Delta_A = \frac{L}{360} = \frac{14 \times 12}{360} =$ **0.46"**

MAX DEFLECTION $\Delta_M = \frac{5 w L^4}{384 E I} = \frac{5(.03863/12)(14\times12)^4}{384(1400)(105.4)} =$ **0.23" | OK**

$I_{2\times8} = \frac{bh^3}{12} = \frac{(3.0)(7.5)^3}{12} = 105.4$

$E_{WOOD} = 1400$ ksi

$w = .03863$ K/LF

ROBERT C. BURDICK
NJPE # 30929

PROJECT 10-4372
2518 HOOPER AVE
DECAROS PIZZA
BRICK TWP.

PG 3 OF 3 5/28/10

AXIAL TENSION

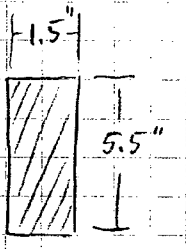
MEMBER CHECK: 2×6 DOUG FIR

F_b = 1000 PSI

F_t = 650 PSI

C_F = 1.3 FOR BENDING

C_F = 1.3 FOR TENSION



A_g = 8.25 IN^2

S = 7.563 IN^3

A_n = 1.5 (5.5 - (.75 + .0625)) = 7.03 IN^2

$f_t = \frac{T}{A_n} = \frac{4322.2}{7.03} = 614.8$ PSI

$F_t' = F_T (C_D)(C_M)(C_t)(C_F)(C_I)$

$= 650(1.15)(1.0)(1.0)(1.3)(1.0) = 971.75$ PSI

971.75 > 614.8 OK

CHECK MIDSPAN:

$f_t = \frac{I}{A_g} = \frac{4322.2}{8.25} = 523.9$ PSI < 971.75 PSI OK

BENDING:

$M = \frac{wL^2}{8} = \frac{(15.9)(11.5)^2}{8} = 262.8$ FT-LB = 3153.6 IN-LB

$f_b = \frac{M}{S} = \frac{3153.6}{7.563} = 416.98$ PSI

$F_b' = F_b C_D C_M C_t C_i C_F C_r C$

$= 1000(.9)(1.0)(1.0)(1.0)(1.3)(1.15)(1.0)$

$= 1345.5$ PSI > 416.98 PSI OK

ROBERT C. BURDICK
NJPE # 30929

R.C. BURDICK, P.E., P.C.

1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Brick Township Construction Code Official
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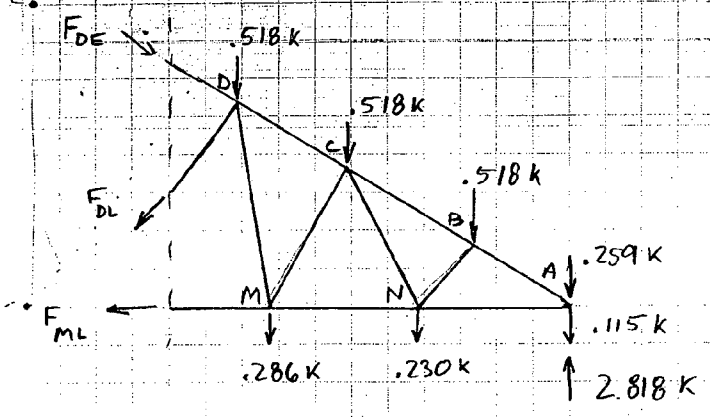
TOWNSHIP OF
RELEASED FOR PERMIT
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official
INITIAL RA DATE 7/2/10
3 PAGES OF CALCS ATTACHED

Sincerely yours,

Robert C. Burdick, P.E.
NJPE#30929

E.



PROJECT 10-9372
2518 HOOPER AVE
DECAROS PIZZA
BRICK TWP.

 5/28/10

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F_{DL} = 0.356 K (COMPRESSION)

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CHECK 2×6 TENSION MEMBER
NEXT PAGE

ROBERT C. BURDICK
NJPE #30929

PROJECT 10-4372
2518 HOOPER AVE
DECARO'S PIZZA
BRICK TWP

STRUCTURAL ANALYSIS FOR HOOD OVER COOKING EQUIP

6/8/10 PG 1 OF 3

DIMENSIONS: 11' x 4' x 2'
WEIGHT = 700 # ≅ 16 PSF x 2.0' SPACING = 32 PLF
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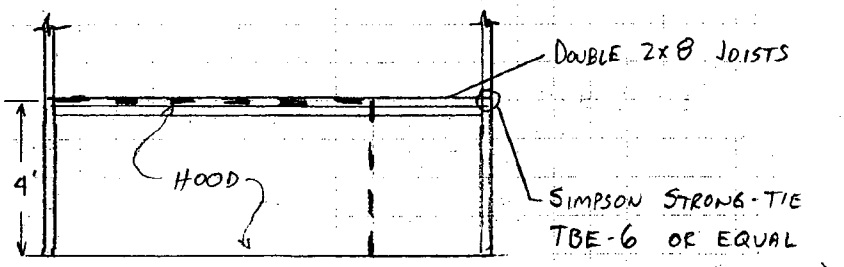
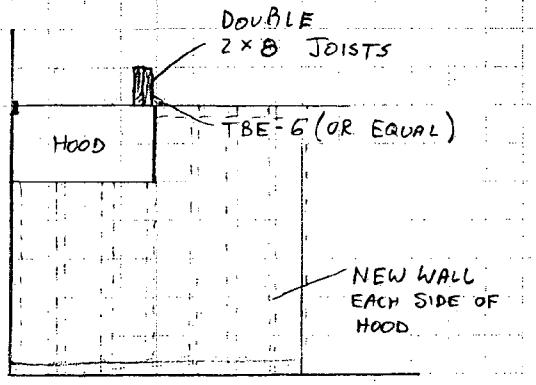


PLAN



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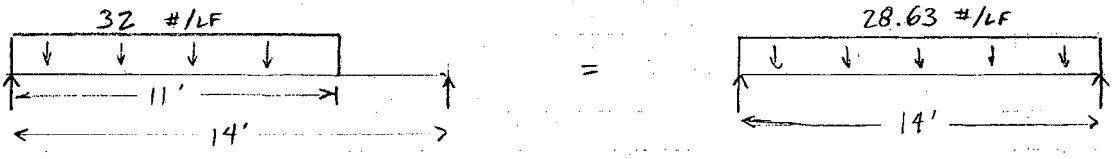

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$I_{2x8} = \frac{bh^3}{12} = \frac{(3.0)(7.5)^3}{12} = 105.4$

$E_{WOOD} = 1400$ ksi

$w = .03863$ K/LF

ROBERT C. BURDICK
NJPE # 30929

PROJECT 10-93LC
2518 HOOPER AVE
DECAROS PIZZA
BRICK TWP.

PG 3 OF 3 5/28/10

AXIAL TENSION

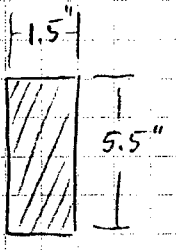
MEMBER CHECK; 2×6 DOUG FIR

F_b = 1000 PSI

F_t = 650 PSI

C_F = 1.3 FOR BENDING

C_F = 1.3 FOR TENSION



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CHECK MIDSPAN:

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$F_b' = F_b C_D C_m C_t C_L C_F C_r C_i$

= 1000(.9)(1.0)(1.0)(1.0)(1.3)(1.15)(1.0)

= 1345.5 psi > 416.98 psi OK

ROBERT C. BURDICK
NJPE # 30929

BUILDING SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received
Control # 10-1460

Date Issued
Permit # 6-10-10

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 2518 Hooper Ave.
Brick, New Jersey

Owner in Fee: Bottazzi Assoc.

Tel. (732) 262-8453 e-mail

Address 45 Seville Dr. Brick, N.J. 08723
street municipality zip code

Contractor: Jerry Deccaro Tel. ( )

Address 120 Atrium Drive e-mail
Brick, N.J. 08723

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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				
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 $
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $

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

BUILDING SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received
Control # 10-1460

Date Issued
Permit # 6-10-10

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 2518 Hooper Ave.
Brick, New Jersey

Owner in Fee: Bottazzi Assoc.

Tel. (732) 262-8423 e-mail _____

Address 45 Seville Dr. Brick, N.J. 08723
street municipality zip code

Contractor: Jerry Peccaro Tel. (____) _____

Address 120 Atrium Drive. e-mail _____
Brick, N.J. 08723

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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 $ _____
3. Total (1+ 2) $ _____

U.C.C. F110
(rev. 12/07)

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DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $ _____

1 White = Inspector Copy
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3 Pink = Office Copy
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BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10-1460

Date Issued / Permit # 06/10/10

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 2518 Hooper Ave Buck Tons New Jersey

Owner in Fee: ~~Michele~~ DeCaro Rotta 22

Tel. (732) 267-8453 e-mail

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

Contractor: Building With Interest Tel. (____)

Address 17 Bretonian Dr e-mail

Buck NJ 08723

Contractor License No. or Builder Registration No. 13VH01433100 Exp. Date 12-31-2010

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

Federal Emp. ID No. FAX: (____)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remodel Bank into Restaurant

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6/4/10	

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

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 $25,000

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

U.C.C. R110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-14400
Control #

Date Issued 06/10/10
Permit #

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 2318 [illegible]

Owner in Fee: [illegible]

Tel. ([illegible]) [illegible] e-mail ____

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. (____) ____

Address [illegible] e-mail ____

Contractor License No. or Builder Registration No. [illegible] Exp. Date 12-31-2010

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[✓] Interior	6/4/10	[illegible]

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

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

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

INSPECTIONS 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				
Barrier-Free				

Dates (Month/Day)

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: $25,000
1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ ____

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK [illegible]

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 $ ____

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

Receipt

Payment Date	06/10/2010
Transaction #	PMT-10-02885
Receipt #	

Issued To Jerry De Caro

Description: Bank to Pizza Polar

Date Printed	06/10/2010
Check Number	1004

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

06/10/10 12:21PM 0015588625
XXD6 SERV.006
A12885
CHK $50.00
CHECK $50.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-1460
Control #
Date Issued 06/10/10
Permit #

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 2518 HOOPER AVE BRICK NJ 08723

Owner in Fee ~~Michael Dolan~~ Bottazzi
Address 46 Seattle Dr Brick NJ 08723

Tel (732) 262-8453
Contractor Boston Electric LLC
Address 17 Seattle Dr
Brick NJ 08723
Tel (732) 920-3532 FAX (732) 920-7659
Contractor License No. 4558
Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present UP GRADING Proposed STORE EXISTING
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as PIZZA STORE Utility Co.
Est. Cost of Elec. Work $ 8,000-

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
18		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
4		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
42		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	
1	1½	HP Motors 1/+ HP WALK IN BOX	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	2HP	HOOD. 2 FANS	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 6/3/10
Approved by: [signature]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-14-10
Control #
Date Issued 06/10/10
Permit #

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

Block 5419 Lot 5 Qualification Code

Work Site Location 2518 HOOPER AVE BRICK NJ 08723

Owner in Fee ~~Michele Dolan~~ Botticelli

Address 46 Seville Dr Brick NJ 08723

Tel (732) 262-8453

Contractor Basin Electric LLC

Address 17 Seville Dr
Brick NJ 08723

Tel (732) 920-3532 FAX (732) 920-7659

Contractor License No. 4558

Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present UPGRADING Proposed STORE EXISTING

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

Building Occupied as PIZZA STORE Utility Co.

Est. Cost of Elec. Work $ 81800-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 6/3/10

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
18		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
4		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
42		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	
1	1½	HP Motors 1/+ HP WALK IN BOX	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	2HP	HOOD 2 FANS	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Villa Deco r's

Date Received 10-14-10
Control # C10-041556
Date Issued 06/10/10
Permit #

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 2518 HOOPER AVE BRICK NJ 08723

Owner in Fee: ~~Michela DeGaeo~~ Botta221

Tel. (732) 262-8453 e-mail

Address ~~45~~ Seville Dr Brick NJ 08723

Contractor: Jersey Coast Fire Equipment (street / municipality) Tel. (732) 938 2020 (zip code)

Address 377 Asbury Rd e-mail dfecci@jerseycoastfire.com

Farmingdale, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00206

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

Fire Alarm Contractor No. Exp. Date 10/12

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

Federal Emp. ID No. 222699591 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 $ 10,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity 5000-

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of Kitchen exhaust hood w/fire suppression system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	5	40.00
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:

[✓] Fire Protection Plans Approved

Date: 6/10 Approved by: OK

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/10/10

Approved by: Kim

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Villa Decor's

Date Received 10-14460
Control #
Date Issued 06/10/10
Permit #

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 2518 HOOPER AVE BRICK NJ 08723

Owner in Fee: ~~Michela DeFino~~ Booth 4221

Tel. (732) 262-8453 e-mail

Address ~~46~~ Seville Dr Brick NJ 08723
street municipality zip code

Contractor: Jersey Coast Fire Equipment Tel. (732) 938 2020

Address 377 Asbury Rd e-mail afecci@jerseycoastfire.com
Farmingdale, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00206

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

Fire Alarm Contractor No. Exp. Date 10/12

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

Federal Emp. ID No. 222695591 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 $ 10,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of Kitchen exhaust hood w/fire suppression system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	5	400
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:

[✓] Fire Protection Plans Approved

Date: 6/10 Approved by: DC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/10/10

Approved by: KM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

RECEIVING CLERK [illegible]
DATE REC'D 5/11/10

ZONING PERMIT APPLICATION

PERMIT # ZA-10-00400
DATE ISSUED 06/10/10

BLOCK: 549 LOT: 5 QUALIFIER: _____ SITE ADDRESS: 2518 Hooper Ave

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bottazzi
   COMPLETE ADDRESS: 45 Seville Dr
   Brick NJ 08724
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Villa DeCaro's Pizzeria
   APPLICANT ADDRESS: 2518 Hooper Ave
   Brick NJ 08723
   PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Jerry DeCaro
   PHONE# 848-459-9988 FAX# 732-262-8453

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Bank
PROPOSED USE Pizza Rest

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

COMMERCIAL

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

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

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Remodel from Bank to Pizzeria

ZONING REVIEW:
DATE REVIEWED: 5-17-10 DATE DENIED: — DATE APPROVED: 5-17-10 INTLS: SC

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) 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

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.

OFFICE USE ONLY

RECEIVED
MAY 17 2010

ZONING REVIEW:

DATE REVIEWED: 5-17-10 DATE DENIED: — DATE APPROVED: 5-17-10 INTLS: JC JS

DATE:	COMMENTS:	INITIALS:
5-17-10	ZOC SPOKE ON PHONE WITH J. DECARO AT 4:00PM	JC, JS

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Division of Consumer Affairs

HAS REGISTERED

Building With Integrity, LLC
Frank P. Ferannte
608 Barton Ave Apt 1
Point Pleasant Beach NJ 08742

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

01/11/2010 TO 12/31/2010
VALID

13VH01433300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

THIS IS TO CERTIFY THAT THE New Jersey Office of the Attorney General Division of Consumer Affairs HAS REGISTERED Building With Integrity, LLC Home Improvement Contractor NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE VALID 01/11/2010 TO 12/31/2010 13VH01433300 SIGNATURE DIRECTOR License/Registration/Certificate #

PLEASE DETACH HERE

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

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Building With Integrity, LLC EXPIRATION DATE, **2010**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 01433300** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE.
Permit Number: Control Number: C-10-001586
Last Submit Date: Thursday, May 20, 2010

Date: Friday, May 21, 2010

Dear BOTTAZZI ASSOCIATES LLC,

The following comments were made during the Plan Review process:

- Floor loading increase from 50psf to 100psf. Architect to verify existing floor is capable or otherwise.

Roof framing certification for newly installed ceiling-hung equipment and rooftop equipment.

Show method of access to new rooftop equipment. Roof hatch required for roof height 16' or higher.

Mechanical plan, show fresh air supply provisions for all spaces.

Resubmit 6/1/10.

See architect letter dtd 5/26/10

Approved plan for Sketch Arc.

Sincerely,

5/24/10

Kenneth Anderson, Subcode Official

5/27/10
Fax
732-262-8453

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1943
DESTINATION ADDRESS	97322628453
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/27 12:21
USAGE T	00'19
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Electrical Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE
Permit Number: Control Number: C-10-001586
Last Submit Date: Wednesday, May 26, 2010

Date: Thursday, May 27, 2010

Dear BOTTAZZI ASSOCIATES LLC,
Your request is hereby denied based upon the following infractions.
as per print
please list all seperate circuits to be installed
is service being altered
air conditioners as per print

Sincerely,

Geoffrey Stahl, Subcode Official

faxed 5/27/10

Brick Township
401 Chambersbridge Rd.
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Electrical Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE.
Permit Number: Control Number: C-10-001586
Last Submit Date: Wednesday, May 26, 2010

Date: Thursday, May 27, 2010

Dear BOTTAZZI ASSOCIATES LLC,
Your request is hereby denied based upon the following infractions.
as per print
please list all seperate circuits to be installed
is service being altered
air conditioners as per print

06-01-10
Resubmit.
See enclosed copy
Architect letter
dtd 6-1-10

Sincerely,

Geoffrey Stahl, Subcode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE.
Permit Number: Control Number: C-10-001586
Last Submit Date: Friday, May 21, 2010

Date: Tuesday, May 25, 2010

Dear BOTTAZZI ASSOCIATES LLC,

The following comments were made during the Plan Review process:

#1-Fryer & range require min. 1-1/4" outlet.

#2-Show size of 3-bay sink & sizing of grease trap

give copy to contractor 5/26/10

Resubmit 6/1/10.

See Architect letter

HS 5/26/10

Sincerely,

Robert Wennlund, Subcode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE
Permit Number: Control Number: C-10-001586
Last Submit Date: Friday, June 04, 2010

Date: Monday, June 07, 2010

6/8/10

Dear BOTTAZZI ASSOCIATES LLC,
Your request is hereby denied based upon the following infractions.1- new gas drawing required, show 11/4 outlet's for range and fryer.

Faxed to arch.

6/9/10
RE-SUBMIT
-ED

Sincerely,

Mark Hibbard, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	2054
DESTINATION ADDRESS	97323580236
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/08 11:32
USAGE T	00'27
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE
Permit Number: Control Number: C-10-001586
Last Submit Date: Friday, June 04, 2010

Date: Monday, June 07, 2010

Dear BOTTAZZI ASSOCIATES LLC,
Your request is hereby denied based upon the following infractions.1- new gas drawing required, show 1\4 outlet's for range and fryer.

Sincerely,

Mark Hibbard, Subcode Official

Dario L. Pasquariello, R.A., A.I.A
DARIO
Architecture – Design, LLC
4057 Route 9 North #159
Howell, New Jersey 07731
Phone: 1-908-247-5350
Fax: 1-732-358-0236

May 26, 2010

Re: Villa DeCaro Pizzeria
2518 Hopper Avenue
Bricktown, New Jersey

Plan review Comments:

-The existing floor construction is a concrete slab that can support the floor load increase from 50psf to 100psf.

-The existing roof height of the building is less than 16ft, therefore no roof hatch is required.

-See attached mechanical plan for fresh air supply.

OK -The 3-compartment sink dimensions are 18"x18"x12"d for each compartment.

OK -The grease trap will be a 50lb. unit by Canplas Industries Ltd. Model number 3925A03(S).

-The range and fryer gas supply line will be 1.25" in lieu of the .75" indicated on the plans.

Hereby certified,

Dario Pasquariello, R.A., A.I.A.
Principal Architect
NJ LIC. NO. AI-17852
NY LIC. NO. 033696
PA LIC. NO. RA405008

06/04/2010 FRI 15:24 FAX 7322622941 Brick Comm Dev/Land Use 001

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	2021
DESTINATION ADDRESS	97323580236
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/04 15:23
USAGE T	00'35
PGS.	1
RESULT	OK

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

James A. Priolo, Director
Michael P. Fowler, Deputy Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

To: DAVID L. PASQUARIELLO From: MARK HIBBARD

Company: ARCHITECTURE - DESIGN, LLC

Fax Number: (1-732) 358-0236

Date: 6/4/10

Total # of Page(s): 1

Re: NEW GAS DRAWING REQUIRED, CHANGE RANGE, FRYER SUPPLY LINE TO BE 1/4". W/STEEL

Urgent For Review Please Comment Please Reply

Notes/Comments:

311 ACCESS BRICK TOWNSHIP

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

James A. Priolo, Director
Michael P. Fowler, Deputy Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

To: DAVID L. PASQUARIELLO From: MARK HIBBARD

Company: ARCHITECTURE - DESIGN, LLC

Fax Number: (1-732) 358-0236

Date: 6/4/10

Total # of Page(s): 1

Re: NEW GAS RANGE REQUIRED, CHANGE RANGE, FRYER SUPPLY LINE TO BE 1/4". W/ SHUT OFF

Urgent For Review Please Comment Please Reply

Notes/Comments:

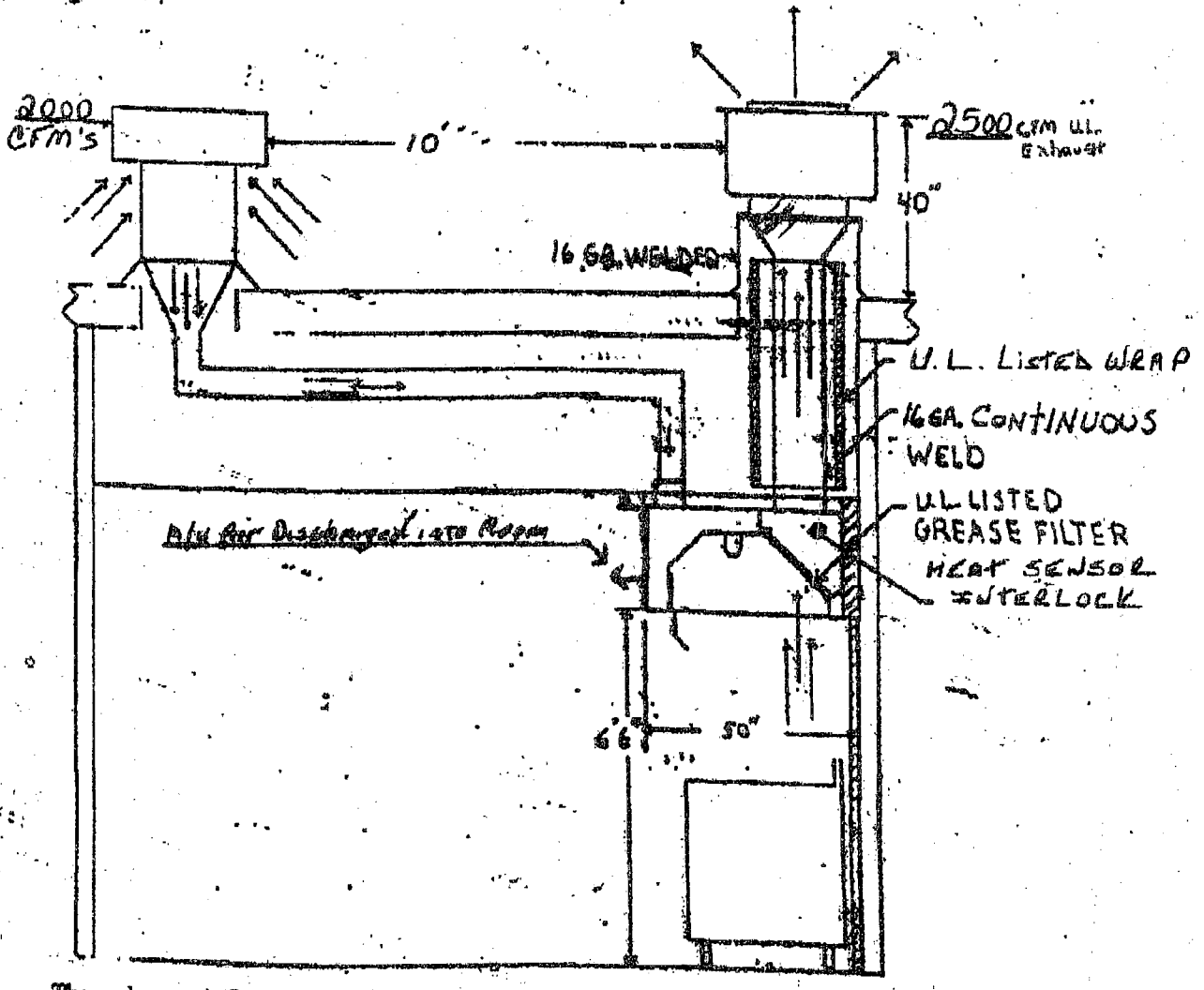
311 ACCESS BRICK TOWNSHIP

Block # 549 Lot #3
Control # C-10-001586
Job: DE CARO'S PIZZA
Location: 2518 HOOPER AVENUE
BRICK, N.J.
Date: JUNE 1, 2010
Hood Dimension: 11' X 48" X 24"

Franklen Sheet Metal Co., Inc.
Heating, Cooling & Ventilations
Commercial Kitchen Hoods

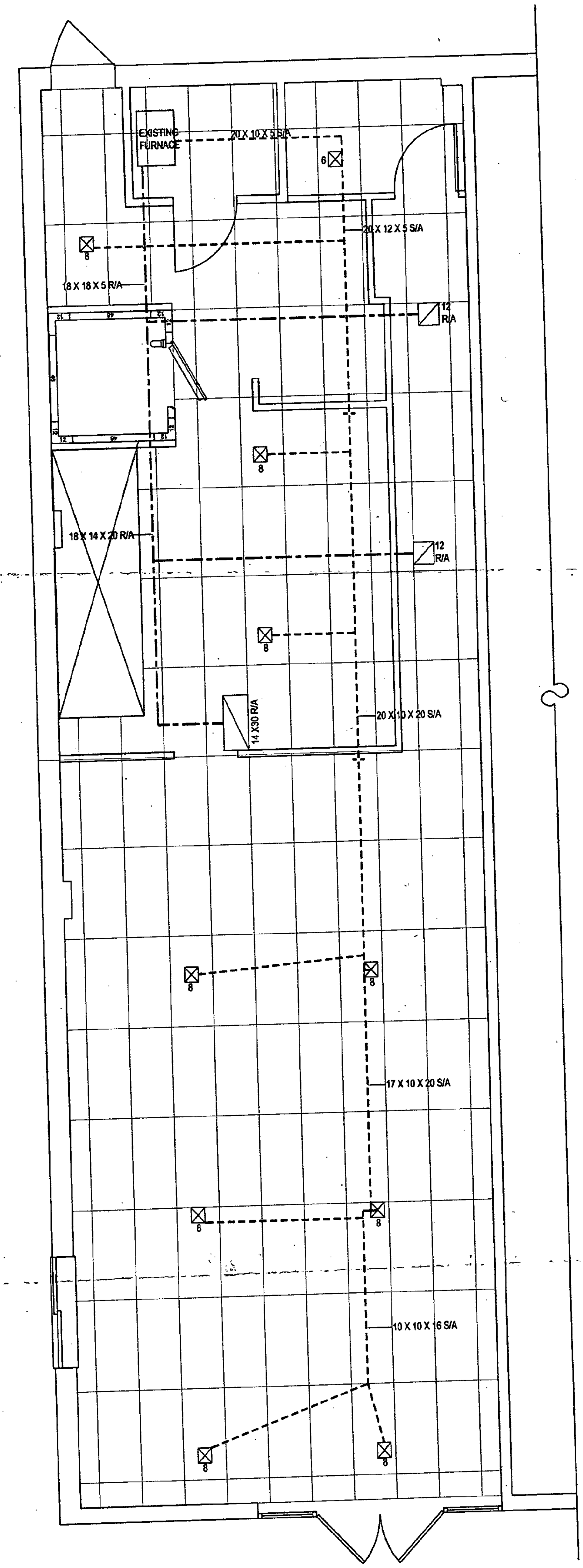
122 South Main Street
Ocean Grove, New Jersey 07756
PH. 732-988-0008

COMPENSATING CANOPY



The make-up air fan supplies the make-up air into hood and room.

6-2-10 DB



HVAC CEILING MOUNTED REGISTER

HVAC CEILING MOUNTED RETURN

1 / H1 MECHANICAL PLAN

SCALE 3/16"=1'

SHEET NUMBER:	1 OF 1
H1	
DRAWN BY:	D.P.
DATE:	5-28-10
JOB NUMBER:	10041

CONTENT:
- MECHANICAL PLAN

NEW TENANT FIT OUT FOR:

VILLA DeCARO PIZZERIA

2518 HOOPER AVENUE
BRICKTOWN, NEW JERSEY

PROJECT INFORMATION:

SIGNATURE & SEAL:

EMAIL: DARIOPASQUARIELLO@GMAIL.COM
DARIO L. PASQUARIELLO, R.A., AIA
4067 ROUTE 9 NORTH #159
HOWELL, NEW JERSEY 07731
T:(908)-247-6350
F:(732)-358-0236

DARIO
ARCHITECTURE | DESIGN

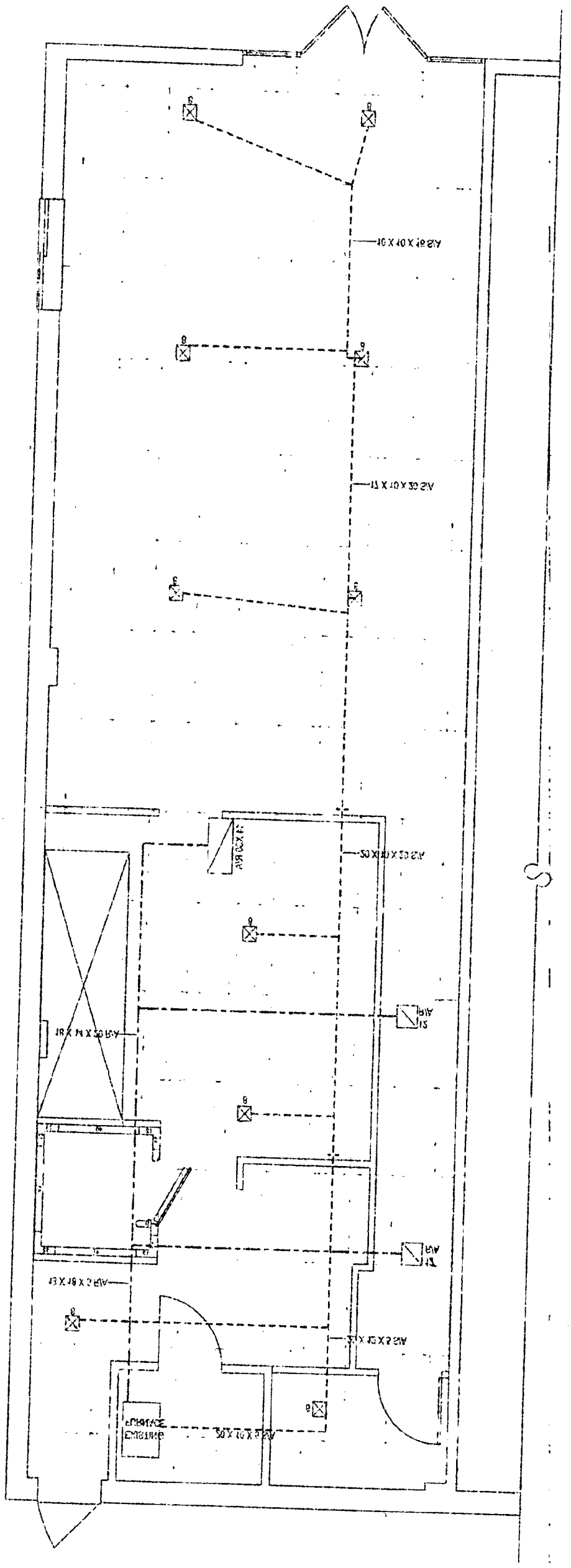
REVISIONS:

NO.	DATE	DESCRIPTION
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

MECHANICAL PLAN

HVAC CEILING MOUNTED RETURN

HVAC CEILING MOUNTED REGISTER



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00400
Application Date: 05/17/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **2518 HOOPER AVE.**
Red Lion Plaza, Unit No. 1
Brick Township, NJ 08723

Block: **549**
Lot: **5**
Qualifier:
Zone: **B-2**

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

Applicant: **Jerry DeCaro; Villa DeCaro's Pizeria**
Address: **2518 Hooper Avenue**
Red Lion Plaza, Unit No. 1
Brick, NJ 08723

Application Approved Date: 05/17/2010

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

Use is: Restaurant "Villa DeCaro's Pizzeria" (former Provident Bank).
Nonconforming Use is:

Work Description:
Rehabilitation - Alterations for a tenant fit-up for a new business in Unit No. 1, "Villa DeCaro's Pizzeria" restaurant.

An additional zoning permit is required for any sign or any other additional work.

Upon review it was determined that:

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

Sean Kinnevy, Zoning Officer — 05/18/2010 Date

Michael P. Fowler, Township Planner — 5/15/18 **Date**

BRICK TOWNSHIP PLANNING BAORD
SITE PLAN APPROVAL

RESOLUTION R-86-86 July 9, 1986

CASE NO. 1662-PSP/FSP-4/86

WHEREAS, application has been made by Patrick L. Bottazzi, owner of Lots 5, 6, 9, 10, and 12.2, Block 549, Brick Township Tax Map for preliminary and final site plan approval to construct a one story, 15,600 sq. ft. building use as retail stores and a bank together with related appurtenances; and

WHEREAS, proper service has been made upon all of the property owners within 200 feet of the premises in questions and proper notice and publication has been made as required by New Jersey Statute and proper proof of service has been filed by the applicant with the Planning Board of the Township of Brick: and

WHEREAS, the Planning Board having considered the application and plans filed with its secretary and having heard the witnesses and evidence and examined the exhibits of the parities in interest and having heard and considered the comments of the public, if any, on the 30th day of June , 1986; and

In conjunction with this resolution the Planning Board made the following findings of fact:

1. The applicant is the owner of the subject premises.

2. The property is located in the B-2 general business zone.

3. That the proposed commercial structures are permitted

File 2
Bottazzi
Doyle
SDG
Montone
Giordano
Eldy
Eng
Zoning

within the zone.

4. That the application, as submitted, requested a waiver of a traffic report and the Planning Board finds that there will not be a substantial amount of traffic generated by this site and that the requested waiver is reasonable under the circumstances.

5. That the application, as submitted, generally conforms to the zoning and site plan ordinance requirements applicable to the subject premises, and that the applicant is entitled to site plan approval if the conditions and requirements set forth hereinafter are complied with by the applicant.

NOW, THEREFORE, BE IT RESOLVED, that the application of Patrick L. Bottazzi, owner of Lots 5, 6, 9, 10 and 12.2 Block 549, Brick Township Tax Map for site plan approval to construct a one-story 15,600 sq. ft. building for use as retail stores and a bank, is hereby approved on the 9th day of July , 1986, subject to the following conditions:

1. Applicant shall comply with all standard Planning Board conditions for site plan approval as set forth on Attachment "A".

2. Applicant shall comply with all representations and agreements made by applicant or applicant's representatives during the consideration of this application.

3. Applicant shall comply with all conditions and requirements set forth in the Report of the Planning Board Engineer dated June 27, 1986 and in the Reports of the Township Planner dated June 18, 1986 and June 27, 1986.

4. In addition to the above conditions, the applicant shall comply with the following specific conditions as a condition of this approval:

A. In accordance with the representation made by the applicant, the trash storage area shall be relocated .

B. All four sides of the exterior of the principal structure shall be of brick or decorative block in accordance with the representations made by the applicant during the consideration of this application.

C. The trash enclosure shall be constructed of the same or similar material as the principal building exterior and shall be coordinated in both design and exterior construction with the principal building. The trash storage enclosure shall have structural steel reinforcement located inside and along the back wall thereof in order to prevent trucks loading and unloading the dumpster from causing damage to the trash storage area, the design of which shall be subject to review and approval by the Planning Board Engineer.

D. An automatic underground irrigation and sprinkler system using an on-site, individual, non-potable water

source shall be installed in order to provide irrigation for the buffer area and other plantings, the design and installation of which shall be subject to approval by the Planning Board Engineer.

E. The applicant shall be required to install a stop sign for vehicles leaving the bank drive thru lane in order to avoid traffic pattern conflict with traffic coming into the site.

F. Parking spaces located to the rear of the site shall be designated as employee parking.

F. Safety bollards shall be installed in the vicinity of each door located at the rear of the building.

H. Details of the proposed sign shall be submitted for Planning Board Engineer review and approval.

I. The southerly driveway to be re-designed to be radial to Hooper Avenue.

RESOLUTION R-86-86 July 9, 1986

CASE NO. 1662-PSP/FSP-4/86 Page 5

MOVED BY: Mr. Scherer

SECONDED BY: Mr. Cevasco

VOTING IN THE AFFIRMATIVE: Mr. Cevasco

Mr. Cierzo Mrs. Hartman Mr. Scherer

Mr. Geller Councilman Scarpelli

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE: Mr. Kazawic

ABSTAINING:

ABSENT: Mr. Hayes Mayor Newman Mr. Vespi

DISQUALIFIED FROM VOTING: Mr. Gunther

CERTIFICATION

I, E. JOAN KULL, Clerk to the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly passed by the said Planning Board of the Township of Brick at a regular meeting held on the 9th day of July, 1986.

IN WITNESS WHEREOF I have set my hand this 10th day of July, 1986.

E. Joan Kull

E. Joan Kull, Clerk
Planning Board of the Township
of Brick

ATTACHMENT "A"

STANDARD PLANNING BOARD CONDITIONS FOR SITE PLANS

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with Public Law 1975, Chapter 251, "Soil Erosion and Sediment Control Act."

2. All materials, methods of cnstruction and details shall be in conformance with the current Township of Brick "Engineering Specifications and Construction Details", available at the office of the Township Engineer.

3. Applicant shall obtain any other approvals with respect to submission to any other Federal, State, County or Municipal agency having jurisdiction over same. Upon receipt of the approval, the applicant shall supply a copy of said permit or permits to the Board. In the event that any other jurisdictional agency requires a change in the applicant's plans, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall resubmit this entire proposal should there be any deviation from this Resolution or the submitted documents which are hereby made a part hereof and shall be binding on the applicant.

5. Applicant shall supply evidence, by way of a statement from the Brick Township Tax Collector that all taxes are paid to date at the date of the fulfillment of the condtions of this resolution.

6. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

7. Before the issuance of a building permit, the applicant shall furnish the Township Clerk with a perniformance bond in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Fire Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE.
Permit Number: Control Number: C-10-001586
Last Submit Date: Tuesday, May 25, 2010

Date: Wednesday, May 26, 2010

Dear BOTTAZZI ASSOCIATES LLC,
Your request is hereby denied based upon the following infractions.

International Mechanical Code 2006 section
507.2.1.1 Operation. Shall be designed and installed to automatically activate the exhaust fan whenever cooking operations occur by means of an interlock.

Resubmit 6/1/10.
See
Compensating
copy

Sincerely,

Ron Piszar, Subcode Official

R.C. BURDICK, P.E., P.C.
1023 OCEAN RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Brick Township Construction Code Official
401 Chambersbridge Road
Brick, NJ 08723

May 28, 2010

Re: 2518 Hooper Avenue
Villa DeCaro Pizzeria
Township of Brick
Project No: 10-4372

Dear Construction Code Official,

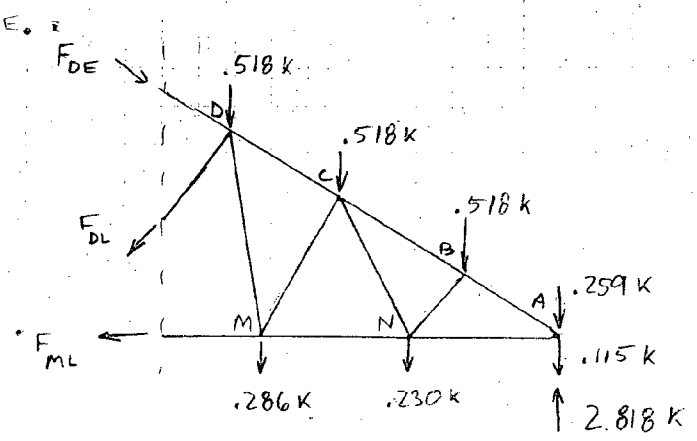
We have performed a design to support a 700 pound exhaust hood over cooking equipment in the kitchen of Villa DeCaro Pizzeria. Our proposed design consists of spanning four 2x8 beams between the two stud walls which are proposed in that area (refer to our calculations pg 1 of 3 and see architectural plan). According to our calculations, the maximum deflection in the beams is 0.28" where 0.46" is allowed based on an L/360 deflection allowance. Based on this, the 700 pound hood will be adequately supported independently of the existing roof trusses.

We have also performed a truss analysis for the support of a 250 pound exhaust hood proposed in the front of the kitchen. Enclosed are our calculations. Maximum axial tension in the tension member of 614.8 psi is expected vs. an allowable tension of 971.75 psi. Bending stresses of 416.98 psi are expected vs. an allowable bending stress of 1345.5 psi. Based on this, the hood will have minimal impact on the existing roof trusses and will support the weight of the proposed 250 pound hood.

Should you require additional information or have any questions, please call.

Sincerely yours,

Robert C. Burdick, P.E.
NJPE#30929



F_{DE} = 4.776 K (COMPRESSION)

F_{DL} = 0.356 K (COMPRESSION)

F_{ML} = 4.3222 K (TENSION)

$\circlearrowleft +\Sigma M_L = 0 = .518(8.625) + .286(11.5) + .518(17.25) + .23(23) + .374(34.5) - 2.818(34.5) - F_{DE}(13.052) = 0$

$\circlearrowleft +\Sigma M_L = 4.46775 + 3.289 + 8.9355 + 5.29 + 12.903 - 97.221 - F_{DE}(13.052) = 0$

$\circlearrowleft +\Sigma M_L \quad -62.33575 - F_{DE}(13.052) = 0$

$\Rightarrow -62.33575 = F_{DE}(13.052) \rightarrow F_{DE} = -4.776$ KIPS

$\circlearrowleft +\Sigma M_m = 0 = -.518(2.875) + .518(5.75) + .23(11.5) + .518(14.375) + .374(23) - 2.818(23) + 4.776(8.7013) - F_{DL}(8.9113)$

$\circlearrowleft \Sigma M_m = -1.48925 + 2.9785 + 2.645 + 7.44625 + 8.51 - 64.814 + 41.557 - F_{DL}(8.9113) = 0$

$= -3.1665 - F_{DL}(8.9113) = 0$

$\Rightarrow -3.1665 = F_{DL}(8.9113) \rightarrow F_{DL} = -0.356$ KIPS

$\circlearrowleft +\Sigma M_D = 0 = .286(2.875) + .518(8.625) + .23(14.375) + .518(17.25) - 2.444(25.875) - F_{ML}(10.575)$

$= 0.82225 + 4.46775 + 3.30625 + 8.9355 - 63.2385 + F_{ML}(10.575)$

$= -45.70675 + F_{ML}(10.575) = 0$

$45.70675 = F_{ML}(10.575) \rightarrow F_{ML} = 4.3222$ K

CHECK 2×6 TENSION MEMBER
NEXT PAGE

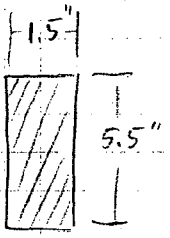
ROBERT C. BURDICK
NJPE # 30929

PROJECT 10-9372
2518 HOOPER AVE
DECAROS PIZZA
BRICK TWP

PG 3 OF 3 5/28/10

AXIAL TENSION

MEMBER CHECK; 2×6 DOUG FIR



F_b = 1000 PSI

F_t = 650 PSI

C_F = 1.3 FOR BENDING

C_F = 1.3 FOR TENSION

A_g = 8.25 in^2

S = 7.563 in^3

A_n = 1.5 (5.5 - (.75 + .0625)) = 7.03 in^2

$f_t = \frac{T}{A_n} = \frac{4322.2}{7.03} = 614.8$ psi

$F_t' = F_T (C_D)(C_m)(C_t)(C_F)(C_i)$

$= 650(1.15)(1.0)(1.0)(1.3)(1.0) = 971.75$ psi

971.75 > 614.8 OK

CHECK MIDSPAN:

$f_t = \frac{I}{A_g} = \frac{4322.2}{8.25} = 523.9$ psi < 971.75 psi OK

BENDING:

$M = \frac{wL^2}{8} = \frac{(15.9)(11.5)^2}{8} = 262.8$ ft-lb $= 3153.6$ in-lb

$f_b = \frac{M}{S} = \frac{3153.6}{7.563} = 416.98$ psi

$F_b' = F_b C_D C_m C_t C_i C_r C_r C_c$

$= 1000(.9)(1.0)(1.0)(1.0)(1.3)(1.15)(1.0)$

$= 1345.5$ psi > 416.98 psi OK

ROBERT C. BURDICK
NJPE # 30929

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*** FAX TX REPORT ***
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TRANSMISSION OK

JOB NO.	1911
DESTINATION ADDRESS	97322628453
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/24 08:53
USAGE T	01'11
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 45 SEVILLE DR BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 549 Lot: 5 Qual:
2518 HOOPER AVE.
Permit Number: Control Number: C-10-001586
Last Submit Date: Thursday, May 20, 2010

Date: Friday, May 21, 2010

Dear BOTTAZZI ASSOCIATES LLC,

The following comments were made during the Plan Review process:

Floor loading increase from 50psf to 100psf. Architect to verify existing floor is capable or otherwise.

Roof framing certification for newly installed ceiling-hung equipment and rooftop equipment.

Show method of access to new rooftop equipment. Roof hatch required for roof height 16' or higher.

Mechanical plan, show fresh air supply provisions for all spaces.

Sincerely,

5/24/10

Kenneth Anderson, Subcode Official

5/24/10
Fax
732-262-8453

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 2518 HOOPER AVE BRICK NJ 08723

Block: 549 Lot: 5

Contractor: BUILDING WITH INTEGRITY

Contractor's Address: 608 BARTON AVE APT 1 POINT PLEASANT BEACH NJ 08742

Type of Construction (minor, new home): MINOR

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

Party responsible for removal: JERRY DECARO

Dumpster size: PICK UP TRUCK.

Destination of debris: LAND FILL

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

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

5/11/10
Date

JERRY DECARO
Print Name