BLOCK 383.40 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 320 BRICK BLVD PERMIT NO. 17-1685

CONSTRUCTION PERMIT APPLICATION

C17-002128

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

I. IDENTIFICATION

1. Proposed Work Site at: 320 BRICK BLVD
2. Name of Owner in Fee: PIZZA HUT
   Tel. (609) 408-8735 e-mail _____
   Address 320 BRICK BLVD (street) municipality X zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: KPS SONS Tel. (732) 608-7504
   Address 46 PRINCETON AVE e-mail _____
   BRICK NJ 08724
   License No. OR, if new home, Builder Reg. No. 13VH01620100 Exp. Date 3/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-0980221 FAX: (732) 608-7719
5. Architect or Engineer IN STE ENG. Contact MAT REMBUSH
   Address 913 ATLANTIC AVE WALL e-mail _____
   Tel. (732) 531-7100 FAX: (732) 531-7344
6. Responsible Person in Charge once Work has Begun KEN SOSNICKI
   Tel. (732) 608-7504 FAX: (732) 608-7719

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 275		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 285 -		

VI. BUILDING/SITE CHARACTERISTICS

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

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work
- ☒ Repair — Bldg. 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		UMP 5/16/17			05/16/17	KEK.			
☐ Electrical		5/16/17							
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/28/2017
Control Number C-17-002128
Permit Number 17-1685
Permit Issue Date 5/22/2017
Certificate Number 17-1685

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 320 BRICK BLVD. Brick Township, NJ Block: 383.40 Lot: 1 Qual:

Owner in Fee: TRI-MURTI ASSOC. % OPIE PANDYA

Owner Address: 38 RIO VISTA DR MAHWAH NJ 07430

Telephone: (609) 408-8735

Contractor KPS Sons Carpentry, LLC.

Address 46 PRINCETON AVE Brick NJ 08723

Telephone: (732) 608-7504 Fax: (732) 608-7719

License Number or Builders Registration Number: 13VH01620100 045093 Federal Emp. Number: 20-0980221

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: REPAIR - PIZZA HUT ...AUTO DAMAGE REPAIRS

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: 7/28/2017

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X Check if contractor.

Agent Name KPS SONS CARPENTRY

Address 46 PRINCETON AVE
BRICK NJ. 08724

Telephone (732) 608-7504

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 5/22/17
Control # C-17-002128
Permit # 17-1685

IDENTIFICATION Block: 383.40 Lot: 1 Qualifier

Work Site Location: 320 BRICK BLVD. Brick Township, NJ

Owner in Fee: TRI-MURTI ASSOC. % OPIE PANDYA
38 RIO VISTA DR MAHWAH NJ 07430

Telephone: (609) 408-8735

Contractor: KPS Sons Carpentry, LLC.
Address: 46 PRINCETON AVE Brick NJ 08723

Telephone: (732) 608-7504
Lic. No. or Bldrs. Reg. No. 13VH01620100 045093 13VH01620100
Federal Employee. No. 20-098022[illegible]

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:
REPAIR - PIZZA HUT ...AUTO DAMAGE REPAIRS

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

Estimated Cost of Work $5,500

D. Hurman Jr 1/17 — Construction Official
5/17/17 — Date

PAYMENTS (Office Use Only)

Building	$275
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$285
Check No.	5145
Cash	$0
Credit	$0
Collected By	AW

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

05/22/17 [illegible] 0015[illegible]9776
#03 SERV.003
#1685
BUILDING $275.00
OS $10.00
CHECK $285.00

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.16. 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/22/17
Control #

Date Issued
Permit # 17-1685

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

Block 383.40 Lot 1 Qualification Code _____

Work Site Location 320 BRICK BLVD

Owner in Fee: PIZZA HUT

Tel. (609) 408 8735 e-mail _____

Address 320 BRICK BLVD
street municipality

Contractor: KPS SONS Tel. (732) 608-7504
zip code

Address 46 PRINCETON AVE e-mail _____
BRICK NJ

Contractor License No. or Builder Registration No. 13VH01620100 Exp. Date 3-18

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

Federal Emp. ID No. 20-0980221 FAX: (732) 608-7719

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: KEN SOSNICKI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIR WORK
(1) - REPLACE DAMAGED STEEL COLUMN

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	05/16/17	KBH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/16/17
Approved by: KBH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/26/17
Approved by: KBH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Mech. Conn. - Steel Column to Girder			07/10/17	KBH
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			07/26/17	KBH
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
- [X] Other REPAIR
- [ ] 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 $ 5500
3. Total (1+ 2) $ _____

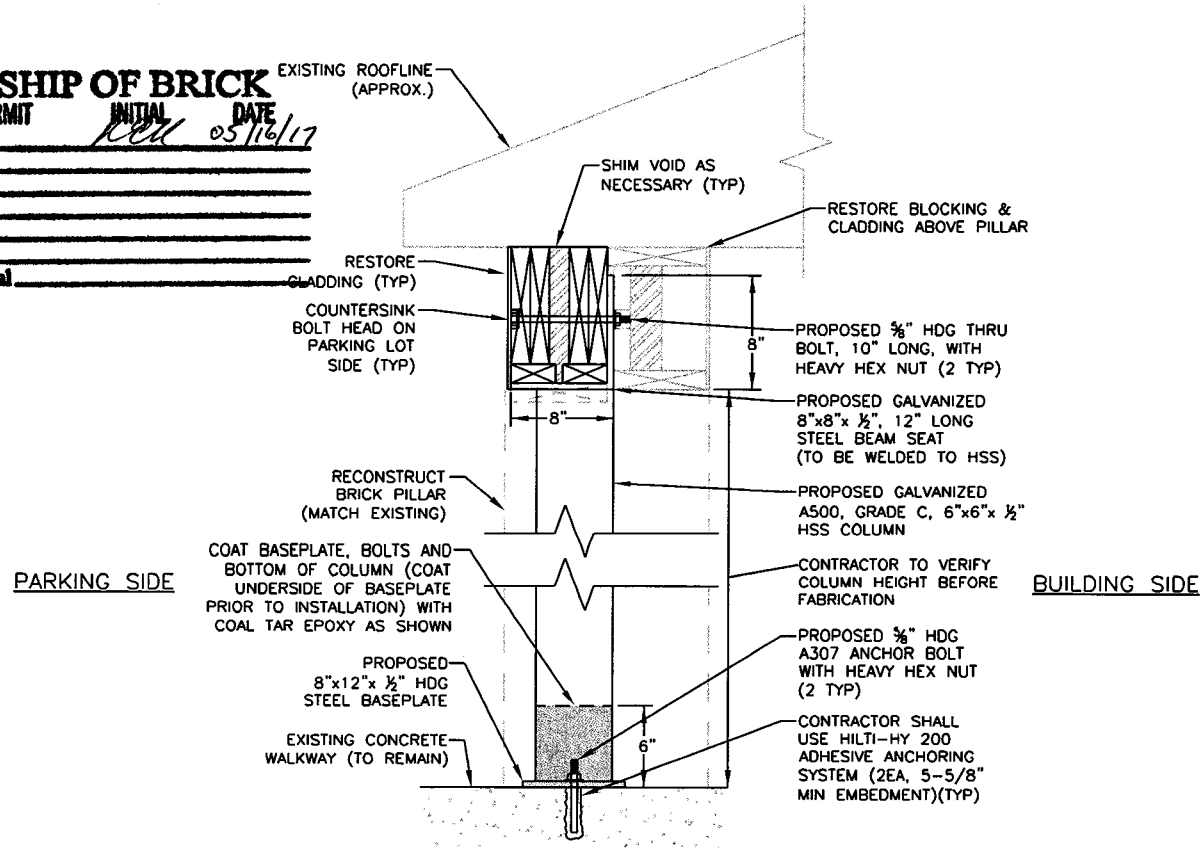
U.C.C. F110
(rev. 11/09)

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

FILE COPY

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode	KER	05/16/17
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		



SUPPORT COLUMN

N.T.S.

GENERAL NOTES

1. ALL WORK SHALL CONFORM TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING CODE (IBC) 2015 - NEW JERSEY EDITION.
2. CONTRACTOR IS RESPONSIBLE FOR AND SHALL VERIFY AND COORDINATE ALL DIMENSIONS AND DETAILS BEFORE PROCEEDING WITH WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE IMMEDIATE ATTENTION OF THE ENGINEER.
3. DETAILS SHOWN IN ANY SECTION APPLY TO ALL SIMILAR SECTIONS UNLESS OTHERWISE NOTED.
4. PROVIDE TEMPORARY BRACING AS REQUIRED TO SUPPORT LOADS WHICH NEW AND EXISTING STRUCTURES MAY BE SUBJECT TO DURING CONSTRUCTION.
5. CONTRACTOR SHALL CONFIRM ADEQUATE FOOTING THICKNESS PRIOR TO COMMENCING CONSTRUCTION OF REPLACEMENT SUPPORT COLUMN.
6. ASSUMED BEARING CAPACITY IS 2,000 PSF PER 2015 IBC.

HARDWARE

1. ALL STRUCTURAL STEEL SHALL CONFORM TO ASTM GRADE 50, FY=50 KSI, UNLESS OTHERWISE NOTED.
2. ALL STEEL HARDWARE, SHALL BE OF SUFFICIENT LENGTH FOR THEIR INTENDED USE. ALL BOLTS SHALL INCLUDE FLAT WASHERS AND HEAVY HEX NUTS.
3. ALL STEEL FASTENERS, BOLTS, WASHERS, NUTS, PLATES, ANGLES, AND CONNECTION HARDWARE SHALL BE HOT-DIP GALVANIZED PER ASTM A153, WITH 2.0 OZ. OF ZINC PER SQUARE FOOT.
4. ALL BOLTS SHALL BE ASTM A307.
5. ALL WELDS SHALL BE IN ACCORDANCE WITH THE LATEST AMERICAN WELDING SOCIETY SPECIFICATIONS. ALL WELDING WORK SHALL CONFORM TO AWS D1.1.

FILE COPY

REPLACEMENT SUPPORT COLUMN

INSITE
Engineering • Surveying • Planning

CERT. OF AUTHORIZATION
24GA28083200
1913 ATLANTIC AVENUE,
SUITE F4
WALL, NJ 08736
732-531-7100 (Ph)
732-531-7344 (Fx)
InSite@insiteeng.net
www.InSiteEng.net

Site Location:
Block 383.40, Lot 1, Township of Brick, Ocean County, New Jersey

Owner / Applicant:
Tri-Murti Assoc. % Opie Pandya, Block 383.40, Lot 1, Brick, NJ 08723

CAUTION: IF THIS DOCUMENT DOES NOT CONTAIN THE SIGNATURE AND RAISED SEAL OF THE PROFESSIONAL, IT IS NOT AN ORIGINAL AND MAY HAVE BEEN ALTERED.

NJPE LIC. NO. 43834
JONATHAN KER, PE

InSite Project No.
16-957-01

Drawing No.
16-957-01r0

Date
March 8, 2017

Revisions

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 320 BRICK BLVD

BLOCK: 383.40 **LOT:** 1

CONTRACTOR: KPS SONS CARPENTRY

CONTRACTOR'S ADDRESS: 46 PRINCETON AVE BRICK

Type of Construction(minor, new home): REPAIR WORK

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

Party responsible for removal: KPS

Dumpster Size: 14 YD

Destination of Debris: MAZZA TINTON FALLS

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

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

Signature

5/15/17
Date

KEN SOSNICKI
Print Name

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

KPS SONS CARPENTRY, LLC
Kenneth B. Sosnicki
46 Princeton Ave
Brick, NJ 08724

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

03/30/2017 TO 03/31/2018
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH01620100
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR