BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 18-1476

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII CB-001890

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambers Bridge Rd, Brick NJ
2. Name of Owner in Fee: Silvio M. Silvi
   Tel. [redacted] e-mail [redacted]
   Address 169 Route 37 West (street) Toms River (municipality) NJ 08755 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Minerva Torralba Tel. (732) 206-6081
   Address 249 Chambers Bridge Rd, Brick NJ e-mail 848-466-3169 fornandezrestaurante Mexicano@gmail.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Minerva Torralba
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
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	2-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 427-		

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 30
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 — Grant fit up
- ☐ 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		MFT	5/22/18		05/25/18	KER			
☐ Electrical									
☐ Plumbing					5-24-18				
☐ Fire Protection					5/25/18				
☐ 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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Minerva Torralba Torrarez Restaurante Mexicano

Address 249 Chambers Bridge Rd, Brick NJ

Telephone (848) 466-3169

Signature Minerva Torralba

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 09/10/2018
Control Number C-18-001890
Permit Number 18-1476
Permit Issue Date 05/29/2018
Certificate Number 18-1476

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNANDEZ RESTAURANTE Brick Township, NJ Block: 702 Lot: 11 Qual:

Owner in Fee: TAFF, R TRUST & SILVI, S

Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755

Telephone:

Contractor MINERVA TORRALBA

Address 249 CHAMBERSBRIDGE RD BRICK NJ 08723

Telephone: (848) 466-3169 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - - TORNANDEZ RESTAURANTE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/10/2018

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/06/2018
Control Number C-18-001890
Permit Number 18-1476
Permit Issue Date 05/29/2018
Certificate Number 18-1476

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNANDEZ RESTAURANTE Brick Township, NJ Block: 702 Lot: 11 Qual:

Owner in Fee: TAFF, R TRUST & SILVI, S

Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755

Telephone:

Contractor MINERVA TORRALBA

Address 249 CHAMBERSBRIDGE RD BRICK NJ 08723

Telephone: (848) 466-3169 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - - TORNANDEZ RESTAURANTE

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: 07/06/2018
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 07/06/2018
Conditions to be met:

Needs Final Plumbing Inspection

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/06/2018

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

APPLICATION FOR CERTIFICATE

Date Received	05/23/2018
Date Permit Issued	05/29/2018
Control #	C-18-001890
Permit #	18-1476
Date Issued	06/06/2018

IDENTIFICATION

Block 702 Lot 11 Qualifier

Work Site Location 249 CHAMBERS BRIDGE RD. TORNANDEZ RESTAURANTE Brick Township, NJ

Owner in Fee TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755

Telephone

Contractor MINERVA TORRALBA
Address 249 CHAMBERSBRIDGE RD BRICK NJ 08723

Telephone (848) 466-3169
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 680
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - TORNANDEZ RESTAURANTE

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Minerva Torralba
Owner/Agent

- ☐ OWNER
- ☑ AGENT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/29/18
Control #
Date Issued
Permit # 18-1476

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Rd Brick, NJ

Owner in Fee: Silvio M. Silvi

Tel. [redacted] e-ma [redacted]

Address 184 Route 37 West Toms River NJ.

Contractor: Tornadez Restaurante (street) Mexicano (municipality) Tel. (732) 206-6081 (zip code)

Address 249 Chambers Bridge Rd e-mail tornadezrestaurantemexicano@gmail.com

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	05/25/18	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/25/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 06/07/18
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			CC-R	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed **Constr. Class** Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 100.00
2. Rehabilitation $
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.

Sign here: Minerva Torrellas

Print name here: Minerva Torrellas

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New layout of Existing Rest. Space for new tenant. Removed counters.

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

26 Gas Tornandez Evy Havlik (C) 848-210-3032

Date Received 5/24/16
Control #
Date Issued
Permit # 16-FP-76

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

Block 702 Lot 11 Qualification Code
Work Site Location 249 Chambers Bridge Rd Brick, NJ.
Owner in Fee: Silvia M. Silvi
Tel [redacted] e-mail [redacted]
Address 189 Route 37 west Toms River NJ
Contractor: (street) GAylorD Mechanical (municipality) LLC Tel. 609 506-8314 (zip code)
Address 1012 Curtis Ave e-mail Chr.SGaylord52@Hotmail.com
PT Pleasant NJ 08742

Plumber

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 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 $ 300.00

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/Contractor sign here:
Print name here: Christopher E Gaylord
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Install Flat Top Grill
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		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 5/25/16 Approved by: LW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/25/16
Approved by: LW

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			6/13/16	JL
Other				

PLUMBING SUBCODE
TECHNICAL SECTION

Tornandez Restaurant

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 702 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Rd Brick, NJ

Owner in Fee: Silvio M Silvi

Tel. [redacted] e-mai [redacted]

Address 189 Route 37 west Toms River NJ
street municipality zip code

Contractor: GAylord Mechanical LLC Tel. 609 506-8314

Address 1012 Curtis Ave e-mail Chrisgaylord58@Hotmail.com
PT Pleasant NJ 08742

Contractor License No. 13132 Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

$280.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and [redacted] application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Christopher E Gaylord

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK GAS Drawing
1 Hand Sink install
Hook up 1 Gas Appliance

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 5-22-18
Approved by:

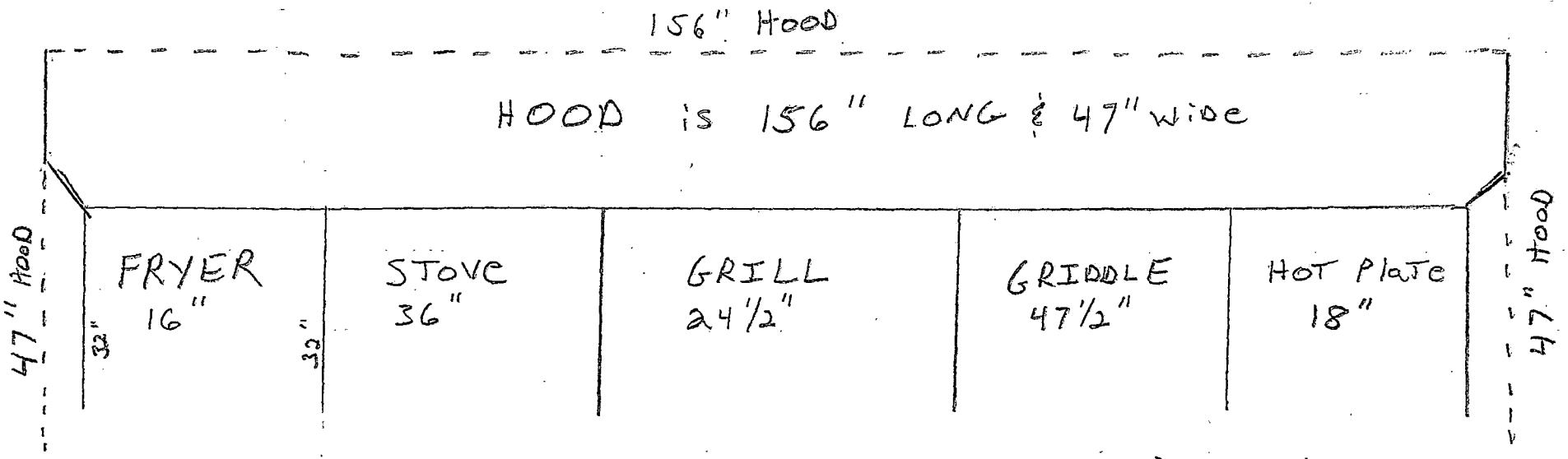
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-6-18
Approved by:

8-6-18

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 30 days			6-6-18	AR
Final			6-6-18	AR

249 Chambers Bridge Road
BRICK NJ

GAYLORD Mechanical
LLC

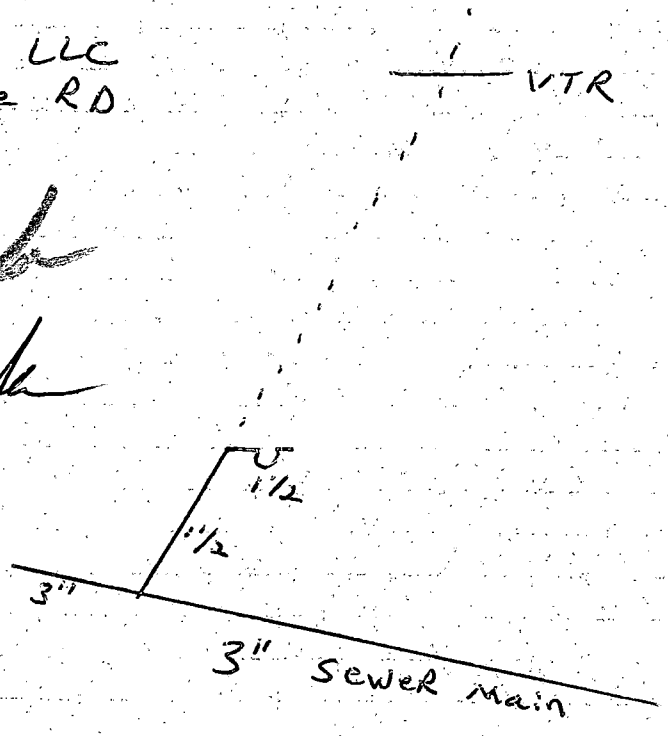


ALL Appliances TOTAL Length is 142"

ALL Appliances Width Are ABOUT 32"

* ALL Appliances Fit under Hood

GAYLORD Mechanical LLC
249 Chambers Bridge RD
Brick NJ

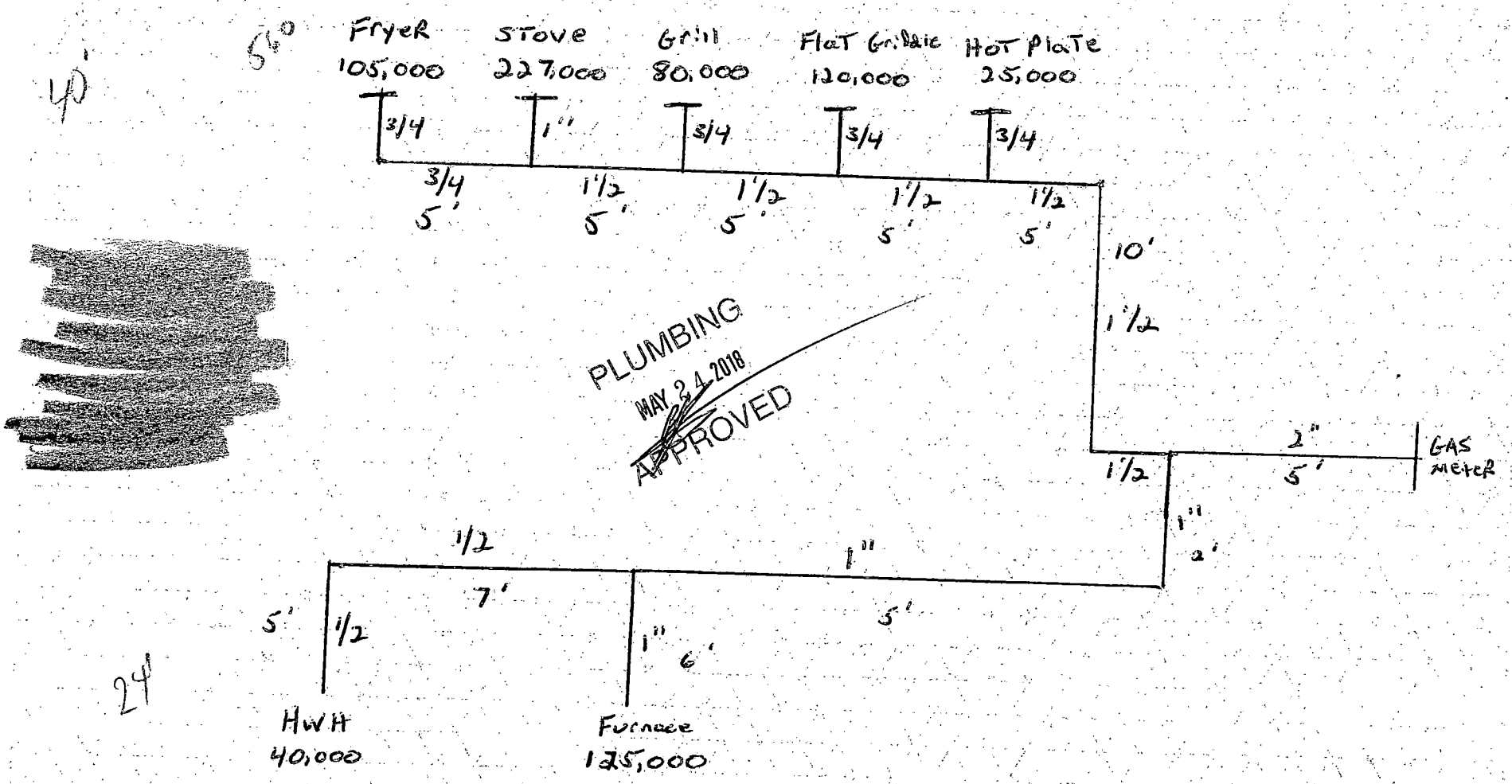


PLUMBING
MAY 24 2018
APPROVED

GAYLORD Mechanical LLC
249 Chambers Bridge RD
Brick NJ

722,000 TOTAL BTU
40 FOOT RUN

* ALL GAS PIPE is Existing
New Appliance Being Installed
is the Flat Griddle



CONSTRUCTION PERMIT

Date Issued 5/29/18
Control # C-18-001890
Permit # 18-1476

IDENTIFICATION Block: 702 Lot: 11 Qualifier

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNANDEZ RESTAURANTE Brick Township, NJ

Owner in Fee: TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755

Telephone:

Contractor: MINERVA TORRALBA
Address: 249 CHAMBERSBRIDGE RD BRICK NJ 08723

Telephone: (848) 466-3169
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - TORNANDEZ RESTAURANTE

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$150
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$427
Check No.	1370
Cash	$0
Credit	$0
Collected By	

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

Estimated Cost of Work $680

D Neumann Jr. 5/29/18
Construction Official Date

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

Certificate of Inspection

This certifies that the Automatic Restaurant Fire Suppression System
Located in Tornandez Restaurante
Name of Cooking Facility

at the following address 249 Chamberbridge Rd Brick, NJ
has been found to be in proper working order in accordance with the manufacturers instruction manual

NJDFS Permit P00231

Pyro Chef PCL
Make and Model of System

Daly Fire Protection, Inc.

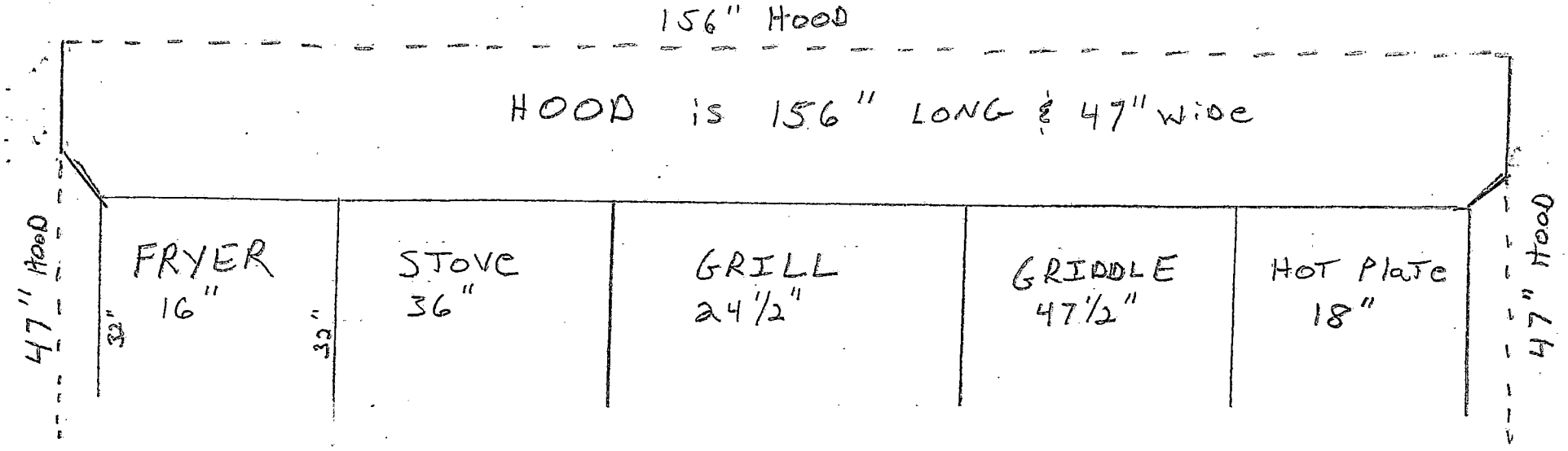
5-19
Date of Inspection

11-19
Date of Expiration

Technician

249 Chambers Bridge Road
BRICK NJ

GAYLORD Mechanical
LLC



ALL Appliances TOTAL Length is 142"

ALL Appliances Width Are ABOUT 32"

* ALL Appliances Fit Under Hood

Pre-Engineered Restaurant Fire Suppression Systems Report

DALY FIRE PROTECTION, INC.
14 Lorelei Drive
Howell, NJ 07731
732-458-3038
NJ Permit # P00231

Name Tolvandez Restaurante
Address 249 Chambersburg Rd
City Buck, NJ 08723
Telephone _____ Store No. _____
Owner or Manager _____

DATE OF SERVICE 5/2/18		TIME 11:00		AM X	PM
ANNUAL	SEMI-ANNUAL X	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Side					
MANUFACTURER Pyro	MODEL NUMBER PCC	WET X	DRY CHEMICAL		
CYLINDER SIZE MASTER 5.50		CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
FUSE LINKS 360°F	FUSE LINKS 450°F 5	FUSE LINKS 500°F	OTHER		
FUEL SHUT-OFF X	ELECTRIC N/S	GAS X	SIZE		
SERIAL NUMBER	LAST HYDRO TEST DATE 2017	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE PAGE NUMBER DRAWING NUMBER:					

1. All appliances properly covered w/correct nozzles
2. Duct and plenum covered w/correct nozzles
3. Check positioning of all nozzles
4. System installed in accordance w/MFG UL listing
5. Hood/duct penetrations sealed w/weld or UL device
6. Check if seals intact, evidence of tampering
7. If system has been discharged, report same
8. Pressure gauge in proper range (if gauged)
9. Check cartridge weight (if applicable)
10. Hydrostatic test date
11. 6 year maintenance date
12. Inspect cylinder and mount
13. Operate system from terminal link
14. Test for proper operation from remote
15. Check operation of micro switch
16. Check operation of gas valve
17. Nozzles clean and clear of debris
18. Proper nozzle covers in place
19. Check fuse links and clean
20. Replaced fuse links
21. Check travel of cable nuts/S-hooks
22. Piping & conduit securely bracketed and clear of debris
23. Proper separation between fryers and flame
24. Proper clearance-flame to filters
25. Exhaust fan in operating order
26. All filters replaced
27. Fuel shut-off in on position
28. Manual & remote set/seals in place
29. Replace systems covers
30. System operational & seals in place
31. Slave system operational
32. Clean cylinder & mount
33. Fan warning sign on hood
34. Personnel instructed in manual operation of system
35. Proper hand portable extinguishers
36. Portable extinguishers properly serviced
37. Service & Certification tag on system

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Fry	range	char Grill	Candy stove

COMMENTS 1- CLASS K 2- ABC serviced
1- PCC 5.50 tank exchanged for hydrotest.
1- Co2 cartridge replaced manually

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, references to Fire Suppression Systems contained in NFPA 96, and the manufacturer's manual, and was operated according to these procedures with results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO. P00231	DATE 5/2/18	TIME 1100	AM X	PM	CUSTOMER'S AUTHORIZED AGENT

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

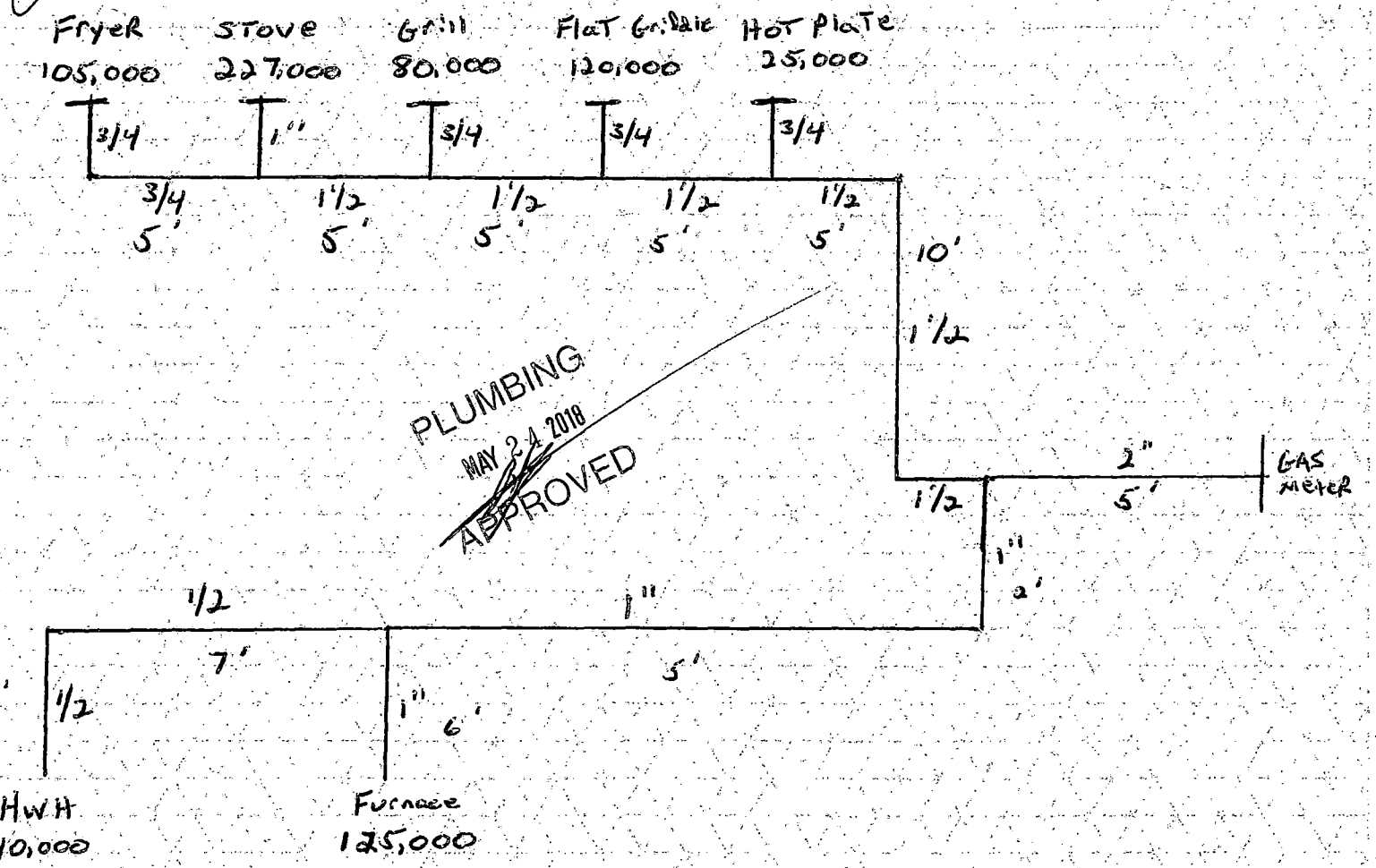
WHITE–CUSTOMER COPY YELLOW–DISTRIBUTOR PINK–AUTHORITY HAVING JURISDICTION

P/N SER100

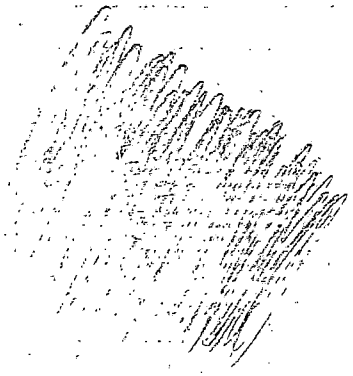
GAYLORD Mechanical LLC
249 Chambers Bridge RD
Brick NJ

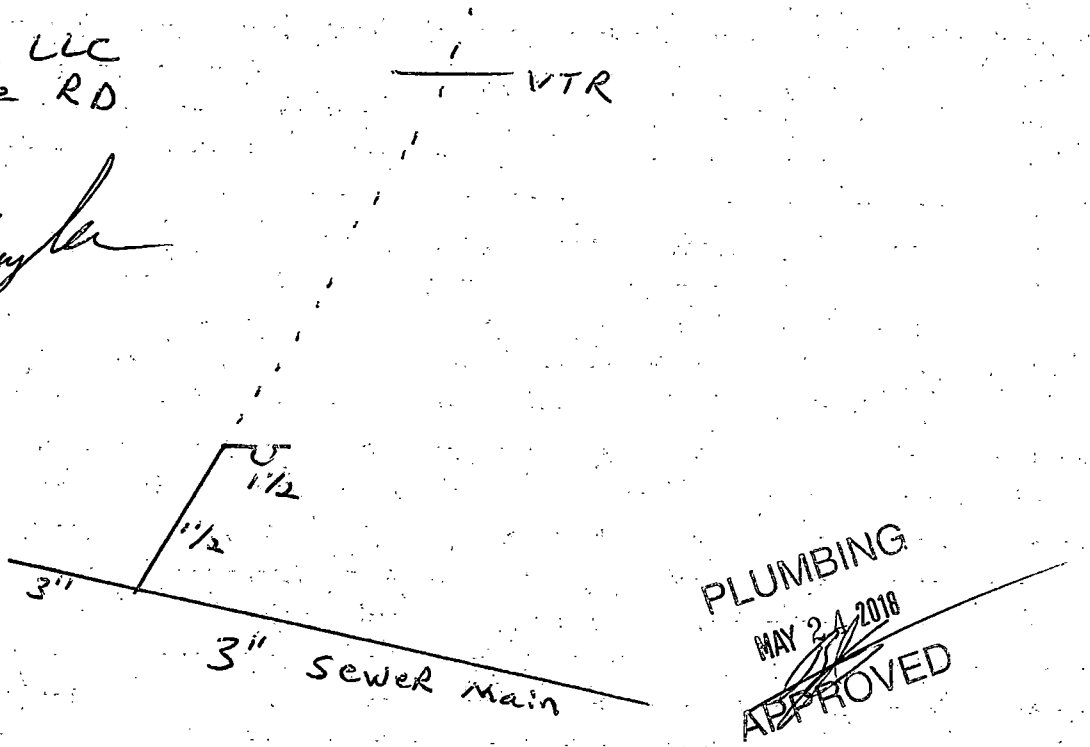
722,000 TOTAL BTU
40 FOOT RUN

* ALL GAS PIPE IS EXISTING
NEW APPLIANCE BEING INSTALLED
IS THE FLAT GRIDDLE



GAYLORD Mechanical LLC
249 Chambers Bridge RD
Brick NJ



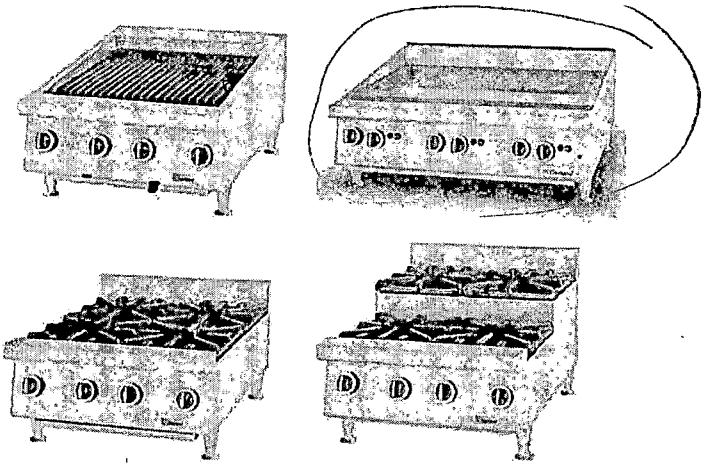


PLUMBING
MAY 2 4 2018
APPROVED

Garland

INSTRUCCIONES DE INSTALACIÓN Y OPERACIÓN

SERIE GT DE GARLAND EQUIPO DE GAS DE SERVICIO PESADO PARA USO SOBRE ENCIMERAS



PARA SU SEGURIDAD

NO ALMACENE O UTILICE GASOLINA U OTROS VAPORES O LÍQUIDOS INFLAMABLES EN LAS CERCANÍAS DE ESTE O CUALQUIER OTRO ARTEFACTO

ADVERTENCIA:

LA INSTALACIÓN, AJUSTE, MODIFICACIÓN, SERVICIO O MANTENIMIENTO INCORRECTO PUEDEN OCASIONAR DAÑOS A LA PROPIEDAD, LESIONES O LA MUERTE. LÉASE MINUCIOSAMENTE LAS INSTRUCCIONES DE INSTALACIÓN, OPERACIÓN Y MANTENIMIENTO ANTES DE INSTALAR O DAR MANTENIMIENTO A ESTE EQUIPO

LEA TODAS LAS SECCIONES DE ESTE MANUAL Y GUÁRDELO PARA FUTURAS CONSULTAS.

ESTE PRODUCTO HA SIDO CERTIFICADO COMO EQUIPO DE COCINA COMERCIAL Y DEBE SER INSTALADO POR PERSONAL PROFESIONAL SEGÚN LO ESPECIFICADO.

EN EL COMMONWEALTH DE MASSACHUSETTS ESTE PRODUCTO DEBE SER INSTALADO POR UN PLOMERO O INSTALADOR DE APARATOS DE GAS CON LICENCIA. NÚMERO DE APROBACIÓN: G-1-07-05-28

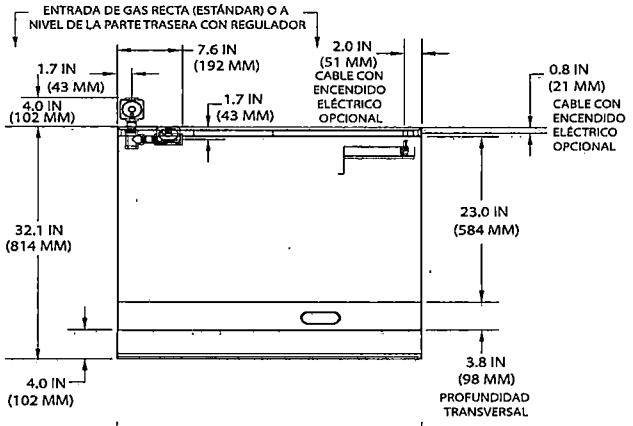
Para su seguridad:
Coloque en una ubicación prominente las instrucciones a seguirse en caso de que el usuario huela gas. Esta información se obtendrá consultando a su proveedor de gas local.

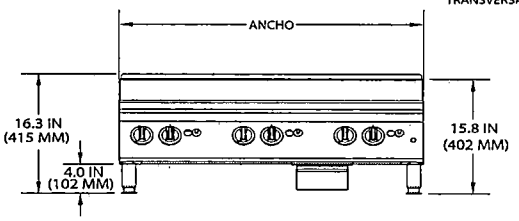
A los usuarios se les advierte que el mantenimiento y las reparaciones deben ser realizados por un agente de servicio autorizado de Garland/US Range que utilice repuestos genuinos de Garland/US Range. Garland/US Range no tendrá ninguna obligación con respecto a cualquier producto que haya sido incorrectamente instalado, ajustado, operado o no mantenido de acuerdo con los códigos nacionales y locales o las instrucciones de instalación provistas con el producto, o cualquier producto al que se le haya desfigurado, borrado o quitado su número de serie, o que ha sido modificado o reparado utilizando repuestos no autorizados o por agentes de servicio no autorizados. Para una lista de agentes de servicio autorizados, por favor consulte el sitio Web de Garland/US Range en http://www.Garland/US Range-group.com. La información contenida aquí, (incluso el diseño y las especificaciones de partes), puede ser reemplazada y esta sujeta a cambios sin previo aviso.

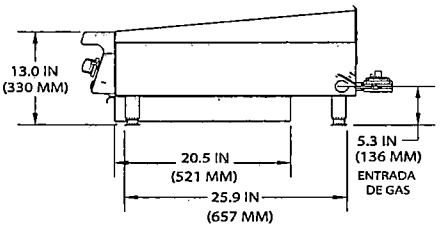
Parte # 4531237 Rev 2 (09/09/13)

© 2010 Garland Commercial Ranges Limited

ESPECIFICACIONES: PLANCHAS







Para usar con gas natural o propano únicamente. Clasificaciones de entrada de gas mostradas para instalaciones de hasta 2000 pies (610 m), sobre el nivel del mar. Especifique las altitudes por encima de 2000 pies y el tipo de gas requerido al realizar el pedido.

Los productos Garland/U.S. Range no están aprobados ni autorizados para el uso doméstico o residencial, sino que están diseñados únicamente para aplicaciones comerciales. Garland / U.S. Range no proporcionará servicio, garantía, mantenimiento o asistencia de ningún tipo que no sea en aplicaciones comerciales.

* Añada 7 in (178 mm) en la profundidad general con la opción de accesorio de riel para condimentos.

Modelo n.º	Ancho in (mm)	Altura (con patas estándar)	Profundidad in (mm)	Total Entrada (BTU)	Información de envío	
					lb/kg	Pies cúbicos
Criba estándar controlada por termostato (placa de acero de 1 in)						
GTGG24-GT24M	23-5/8 (600)	13 (330)	32 (814)	56,000	290/132	21
GTGG36-GT36M	35-7/16 (900)			84,000	405/184	29
GTGG48-GT48M	47-1/4 (1200)			112,000	595/270	37
GTGG60-GT60M	59-1/16 (1500)			140,000	705/320	42
GTGG72-GT72M	70-7/8 (1800)			168,000	810/368	50
Criba estándar controlada en forma manual (placa de acero de 1 in)						
GTGG24-G24M	23-5/8 (600)	13 (330)	32 (814)	54,000	280/127	21
GTGG36-G36M	35-7/16 (900)			81,000	395/180	29
GTGG48-G48M	47-1/4 (1200)			108,000	585/266	37
GTGG60-G60M	59-1/16 (1500)			135,000	688/313	42
GTGG72-G72M	70-7/8 (1800)			162,000	790/359	50

PRESIÓN OPERATIVA DE SUMINISTRO				PRESIÓN OPERATIVA DEL COLECTOR MÚLTIPLE				ESPACIOS LIBRES	
GAS NATURAL		PROPANO		GAS NATURAL		PROPANO		INSTALACIÓN A COMBUSTIBLE	
"WC	MBar	"WC	Mbar	"WC	MBar	"WC	Mbar	Lados	Parte trasera
7	17.5	11	27.5	4.5	11	10	24.5	6 in (152 mm)	6 in (152 mm)

OCEAN COUNTY HEALTH DEPARTMENT
SANITARY INSPECTION REPORT

Tornandez Restaurante Mexicano
Name of Establishment

249 Chambersbridge Rd 08723
Address

SATISFACTORY

DETAIL SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST
ON THESE PREMISES OR AT THE **OCEAN COUNTY HEALTH DEPARTMENT.**

Ocean County Health Department

Environmental Health Services
175 Sunset Ave.
PO Box 2191
Toms River, NJ 08754
(732) 341-9700 Ext. 7416
Fax - (732) 286-1495
www.ochd.org

Public Health
Prevent. Promote. Protect

Daniel E. Regenye, MHA, Health Officer A591

Karl Stine
Inspector's Signature

Karl Stine
Inspector's Name

B-2432
Inspector's Permanent Registration Number

Date: 4/25/18

NOTE: This report shall be posted in a conspicuous place near the public entrance of the establishment.

H.D. 164

5/24/18 Minerva

ECC

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-18-00565
DATE ISSUED 5/24/18

BLOCK: 702 LOT: 11 QUALIFIER: _____ SITE ADDRESS: 249 Chambers Bridge Rd, Brick NJ.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Tornandez Restaurante Mexicano
COMPLETE ADDRESS: 249 Chambers Bridge Rd Brick, NJ 08742
PHONE # _____ EMAIL: tornandezrestaurantemexicano@gmail.com

2. NAME OF APPLICANT: Minerva Torralba
APPLICANT ADDRESS: 249 Chambers Bridge Rd Brick, NJ 08723
PHONE #848-466-3169 EMAIL: tornandezrestaurantemexicano@gmail.com

3. RESPONSIBLE PERSON FOR WORK: Minerva Torralba
PHONE# 848-466-3169 FAX# _____

4. SIGNATURE OF APPLICANT: X minerva torralba

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Boba House
PROPOSED USE: Tornandez

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant fit-up Tornandez Restaurante Mexicano

ZONING REVIEW:
DATE REVIEWED: 5-23-18 DATE DENIED: DATE APPROVED: 5-23-18 INITIALS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

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

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

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

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

Choose which is applicable for submission

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

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

01/2010

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 5/23/18 DATE DENIED: — DATE APPROVED: 5/24/18 INTLS: JSZ

DATE:	COMMENTS:	INITIALS:
5/23/18	SENT TO Comm	JSZ
5/24/18	Eng exempt	ECC
5/24/18	Ret fr Eng	CMM

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.

FOR REFERENCE ONLY

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 5/24/18
Application Number: ZA-18-00610
Application Date: 5/23/2018
Project Number:
Permit Number: ZP-18-00565
Fee: $75.00

Zoning Permit

Worksite Location: **249 CHAMBERS BRIDGE RD.**
Unit 1
Brick Township, NJ 08723

Owner: **TAFF, R TRUST & SILVI, S**
Address: **1859 DINO BLVD**
TOMS RIVER, NJ 08755

Applicant: **Minerva Torralba**
Address: **249 Chambers Bridge Rd.**
Brick, NJ 08723

Block: **702** Lot: **11** Qualifier: _____ Zone: **B-3**

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

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant (Tornandez Restaurante Mexicano)**

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations to the unit. Changing from Boba House restaurant to Tornandez Restaurante Mexicano.

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 5/23/2018

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Assistant Zoning Officer — 5/23/2018 Date

Sean Kinnevy, Zoning Officer — 5/24/18 **Date**

1 RITA PLAZA

~~Birchwood Mall~~

LEASING PLAN

	Size	Sq. Ft.	Tenant
1	50.32×50	2,516	Chocolate Belles
2	20×50	1,000	Negative Zone
3	20×50	1,000	Mid Jersey Garage Doors
4	20×50	1,000	Vacant
5	20×50	1,000	Vacant
6	20×55	1,100	What's Cookin'
7	20×55	1,100	What's Cookin'

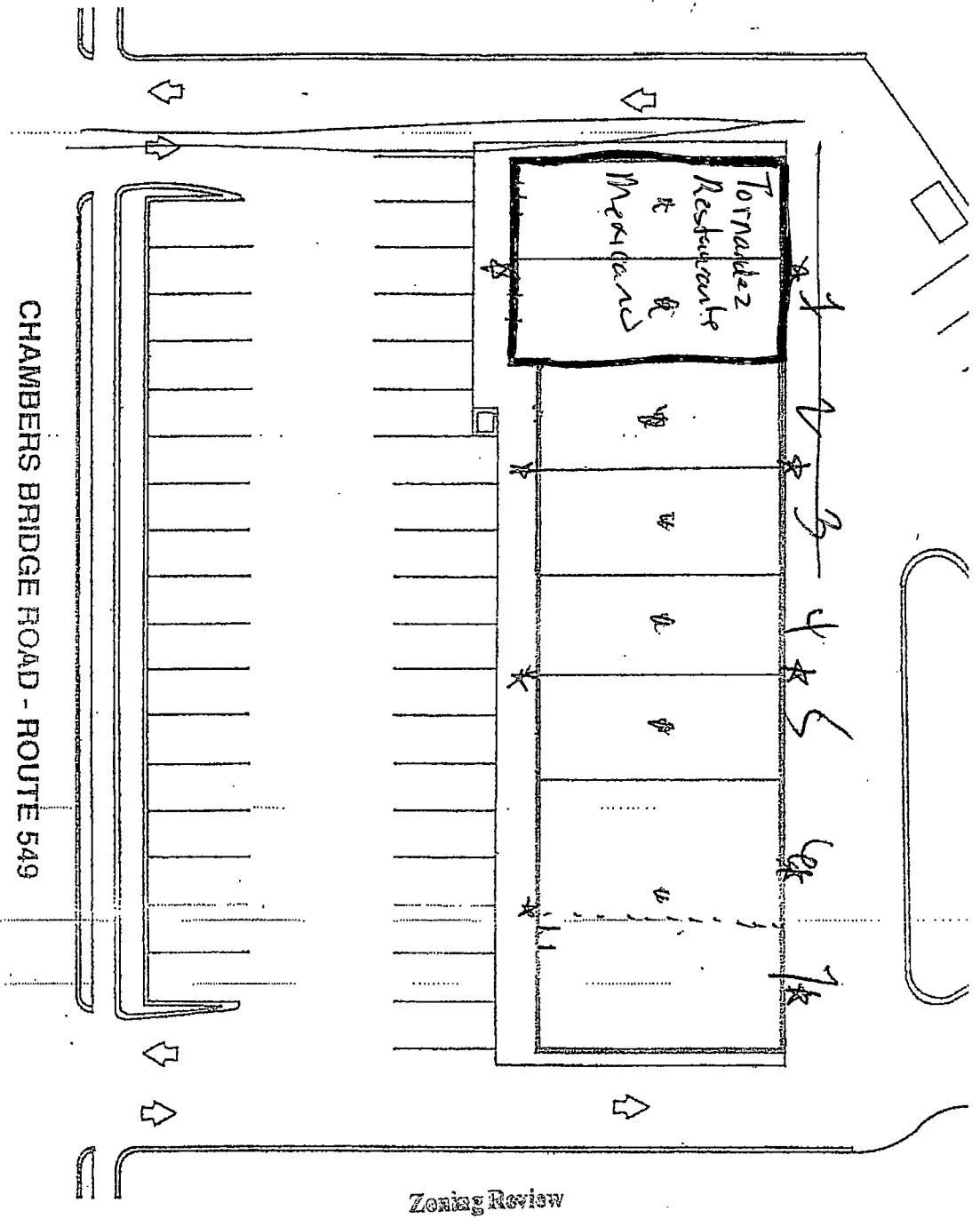
*Also available as a double unit of 2,200 sq. ft.

Coastal Group, Inc.

PROPERTIES

COLTS TOWNE PLAZA
41 Highway 34 South
Colts Neck, N.J. 07722

FOR LEASING INFORMATION
CALL STEVE SCHIFRIEN AT
(908) 431-2226



Zoning Review
Approval
By: Tenant fit up
Date: 5-23-18

Sparklinsm.com

Sparklin Surface Maintenance, LLC

Fully Insured

P.O. BOX 8565
RED BANK, NJ 07701

732-621-3630

PLACE: Fernandez Restaurant DATE: 4/20/2018

Contact Person: Sra. Minerva

Address: 249 Chambers Bridge Rd Brick NJ 08723

Phone Number

Receipt #

Pressure Washing and Sanitizing	OK	Not Applicable	Not OK See Comment
FAN	✓		
DUCT	✓		
FILTERS	✓		
HOOD	✓		
GREASE TRAP	✓		

Comments:

2% Per Month Charged on all the accounts over 30 days. $50 Dollars returned check charge
$250 Litigation Fee

☐ Cash ☐ Check #

Price: $ 375.00
Tax:
Total: $ 375.00

Signature: Minerva Fernandez

This sheet is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customers not as a certification of fire worthines or safety. Since conditions of use are beyond our control, we make no warrantee of the safety or function of any appliance and none is to be implied. We are not responsible for any appliance not functioning. Customer must remove all items before work is done. We are not responsible for fan wires, motors, circuit breakers, electric switches, or any electrical equipment that might not work after cleaning.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 702 LOT: 11 ADDRESS: 249 Chambers Bridge Rd, Brick NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 249 Chambers Bridge Rd Brick NJ
2. NAME OF OWNER IN FEE: Tornandez Restaurante Mexicano

   ADDRESS: 249 Chambers Bridge Rd PHONE #: (__) _____

   Brick, NJ 08723 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Same As Above

   ADDRESS: _____ PHONE #: (__) _____

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

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Minerva Torralba

   ADDRESS: 249 Chambers Bridge Rd, Brick NJ

PHONE #: (848) 466-3169 FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Tenant fit-up Tornandez Restaurante Mexicano

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

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

1 RITA PLAZA

~~Birchwood Mall~~

LEASING PLAN

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