mssolano4@gmail.com

BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-0321

CONSTRUCTION PERMIT APPLICATION C18-004692

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

I. IDENTIFICATION

1. Proposed Work Site at: Azteca Restaurant 244 Chambers Bridge Rd Brick
2. Name of Owner in Fee: Miguel Solano Silvina Solano
   Tel. ([redacted] e-mail [redacted]
   Address 244 Chambers bridge rd Brick 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Miguel Solano Tel. (732) 995-3522
   Address 244 Chambers Bridge Rd e-mail mssolano4@gmail.com
   Brick NJ
   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 _____
   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	6-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 156-		

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 (Alt. Commercial) ☑ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MP			03/04/19	BEK			
☐ Electrical		12/19/18							
☐ 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 03/05/2019
Control Number C-18-004692
Permit Number 19-0321
Permit Issue Date 02/06/2019
Certificate Number 19-0321

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. 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 AZTECA - MIGUEL SOLANO-ROJAS

Address 249 CHAMBERS BRIDGE RD BRICK NJ 08723

Telephone: (732) 995-7522 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: * * PRIOR WORK * *, ALTERATION - COMMERCIAL - - AZTECA ...RECONSTRUCT SERVICE COUNTER

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: 03/05/2019

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

7015 1520 0003 0453 0321

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Miguel Solano-Rojas
Street and Apt. No., or PO Box No. 6001 Ct.
City, State, ZIP+4® Jackson, NJ 08527

Postmark Here
ZIP 08723 02 4W 0000352772 DEC 07 2018
U.S. POSTAGE PITNEY BOWES $3.50 $2.80 $0.00

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instruction

7015 1520 0003 0453 0314

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To S. Silvi & R. Taft TRST
Street and Apt. No., or PO Box No. 1659 Dino Blvd
City, State, ZIP+4® Toms River NJ 08755

Postmark Here
ZIP 08723 02 4W 0000352772 DEC 07 2018
U.S. POSTAGE PITNEY BOWES $3.50 $2.80 $0.00

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instruction

7015 1520 0003 0453 0338

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Tomadez Restaurant
Street and Apt. No., or PO Box No. 949 Chambers Bridge Rd.
City, State, ZIP+4® Brick NJ 08723

Postmark Here
ZIP 08723 02 4W 0000352772 DEC 07 2018
U.S. POSTAGE PITNEY BOWES $3.50 $2.80 $0.00

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instruction

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S. Silvi & R. Taff Trust
1859 Dino Blvd.
Toms River NJ 08755

9590 9402 4363 8190 2847 21

2. Article Number *(Transfer from service label)*

7015 1520 0003 0653 0314

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* SILVIO SILVI C. Date of Delivery 12/6/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

V-18-00778

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Miguel Solano-Rojas
10 Owl Ct.
Jackson NJ 08527

9590 9402 4363 8190 2847 45

2. Article Number *(Transfer from service label)*

7015 1520 0003 0653 0321

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tornadez Restaurant
249 Chambers Bridge Rd.
Brick, NJ 08723

9590 9402 4363 8190 2847 38

2. Article Number *(Transfer from service label)*

7015 1520 0003 0653 0338

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

TOWNSHIP OF BRICK
DIVISION OF ENGINEERING, LAND USE & INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723

U.S. POSTAGE PITNEY BOWES
ZIP 08723 $ 006.67⁰
02 4W
0000352772 DEC. 07. 2018

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7015 1520 0003 0653 0338

UTF

Tornadez Restaurant
249 Chambers Bridge Road
Brick, NJ 08723

RETURN RECEIPT REQUESTED

08723$2808 C020

TOWNSHIP OF BRICK
DIVISION OF ENGINEERING, LAND USE & INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723

U.S. POSTAGE PITNEY BOWES
ZIP 08723 $ 000.47⁰
02 4W
0000352772 DEC. 07. 2018

UTF

Tornadez Restaurant
249 Chambers Bridge Road
Brick, NJ 08723

NIXIE 076 FE 1 0012/13/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF BC: 08723280701 *0451-07361-07-39

08723$2808 C020
08723>2807

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 12/5/2018
Violation #: V-18-00278

IDENTIFICATION

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNADEZ RESTAURANT Brick Township, NJ
Block: 702 Lot: 11 Qualification Code:
Owner in Fee: TAFF, R TRUST & SILVI, S
Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755
Agent/Contractor:
Address:

Miguel
732 995 7522

To: [X] Owner [ ] Agent/Contractor [X] Other: MIGUEL SOLANO-ROJAS
6 OWL COURT
JACKSON, NJ 08527

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: NEW FRONT COUNTER INSTALLED

[X] On 12/5/2018, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/19/2018 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 12/7/18
Construction Official

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNADEZ RESTAURANT Brick Township, NJ
Block: 702
Lot: 11
Owner: TAFF, R TRUST & SILVI, S
Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-18-00278
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1030
Issue Date: 12/5/2018
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: NEW FRONT COUNTER INSTALLED

Certified Mail Number:

Enforcement Details

Inspection Date: 12/5/2018
Notice Date: 12/5/2018
Compliance Date: 12/19/2018
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: $2,000.00
Total Paid: $0.00
Total Owed: $2,000.00

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

REQUEST TO CONDUCT AN INSPECTION

INSPECTOR: Dave Bahrenburg **DATE:** 11/8/18

REGISTRATION NO.: 1-6133

AS A RESULT OF:

[ ] COMPLAINT
[X] ROUTINE INSPECTION
[ ] REQUESTED INSPECTION
[ ] OTHER - BUREAU BUSINESS

THE BUREAU OF FIRE SAFETY CONDUCTED AN INSPECTION AT THE FOLLOWING PREMISE:

249 Chambers Bridge Road (was Tornadez Restaurante)

249 Chambers Bridge Road

Block: 702 Lot: 11

THE INSPECTION WAS FOUND TO HAVE VIOLATIONS WHICH MAY INVOLVE THE JURISDICTION OF:

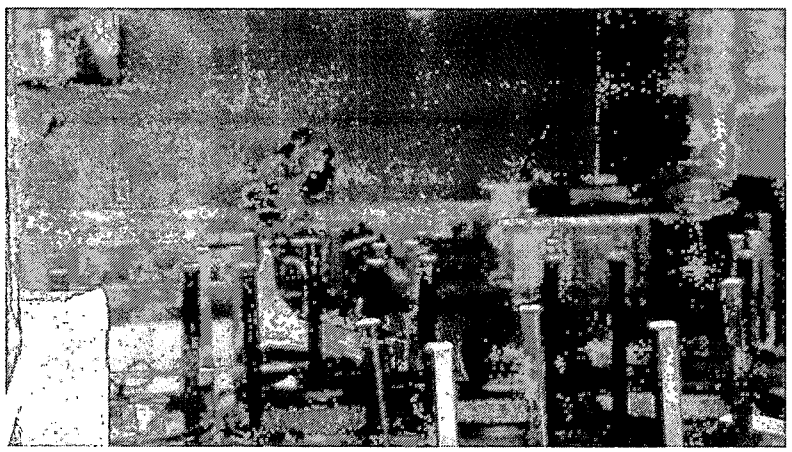
[X] CONSTRUCTION OFFICIAL - Dan Newman
[ ] BUILDING SUB-CODE
[ ] ELECTRICAL SUB-CODE
[ ] PLUMBING SUB-CODE
[ ] FIRE SUB-CODE - Kevin C. Batzel
[ ] CODE ENFORCEMENT
[ ] RENTAL INSPECTION
[ ] ZONING - Sean Kinnevy
[ ] OTHER:

IT IS THE BUREAU'S REQUEST THAT AN INSPECTION BY YOUR OFFICIALS BE CONDUCTED. THE MOST NOTICED AREA BY OUR INSPECTORS ARE:

Upon routine annual inspection, it was found that there is work being performed without permits. Please see attached photos.

PURSUANT TO N.J.A.C. 5:71-3.5(c) TO BE REPORTED, ANY FINDINGS NOT WITHIN THE INSPECTOR'S AUTHORITY TO THE OFFICIAL HAVING JURISDICTION.

cc:

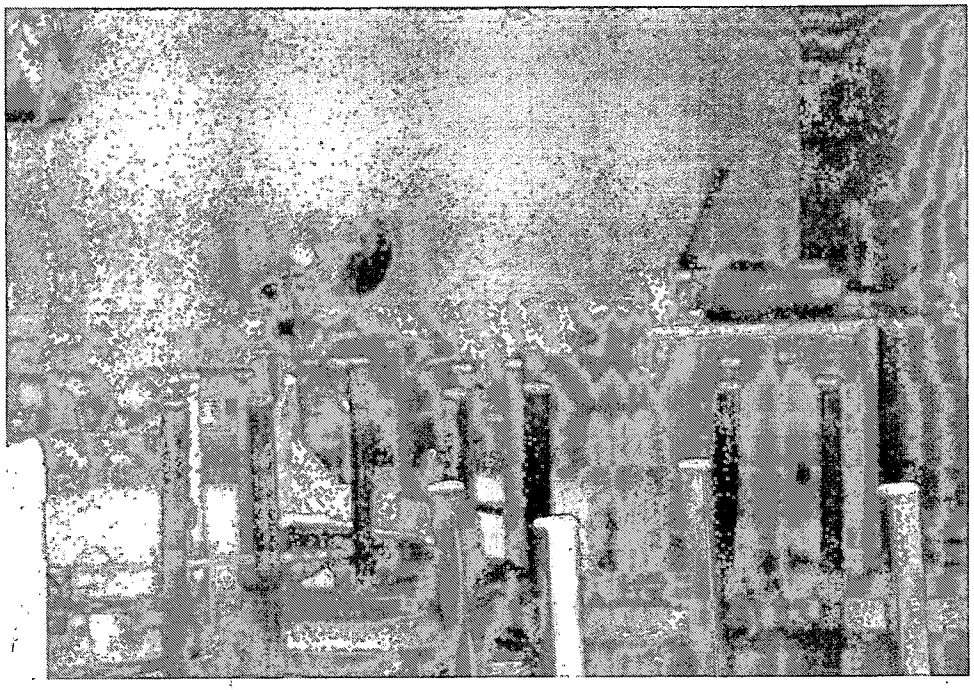


11/8/18 DB

EXIT

EXIT

NORTHROP GRUMMAN




THANK YOU


249
RITA PLAZA
DIVAS
BEAUTY SALON
UNISEX
The Chocolate Belles
CANDY BAKING & CAKE DECORATING SUPPLIES
CLASSES AVAILABLE
732-920-2266
Dance

Investigation Report

18-2807 Permit #

Date assigned to investigator: 11/8/18

Block 702 Address 249 Chambers Bridge Rd (Tornadez Restaurante)

Lot 11 Owner Name

Follow up investigation: Y or N If Y indicate previous investigation date:

Site conditions to investigate:

Interior work being done - counter top removal

Date of Investigation: 11/13/18

Conditions Found:

JOB has Permit # 18-2807

Action taken or recommended: None

Posted: Y or (N) Photos taken Y or (N) Recommended follow date: Regular Inspection

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

REQUEST TO CONDUCT AN INSPECTION

INSPECTOR: Dave Bahrenburg **DATE:** 11/8/18

REGISTRATION NO.: 1-6133

AS A RESULT OF:

[ ] COMPLAINT
[X] ROUTINE INSPECTION
[ ] REQUESTED INSPECTION
[ ] OTHER - BUREAU BUSINESS

THE BUREAU OF FIRE SAFETY CONDUCTED AN INSPECTION AT THE FOLLOWING PREMISE:

249 Chambers Bridge Road (was Tornadez Restaurante)

249 Chambers Bridge Road

Block: 702 Lot: 11

THE INSPECTION WAS FOUND TO HAVE VIOLATIONS WHICH MAY INVOLVE THE JURISDICTION OF:

[X] CONSTRUCTION OFFICIAL - Dan Newman
[ ] BUILDING SUB-CODE
[ ] ELECTRICAL SUB-CODE
[ ] PLUMBING SUB-CODE
[ ] FIRE SUB-CODE - Kevin C. Batzel
[ ] CODE ENFORCEMENT
[ ] RENTAL INSPECTION
[ ] ZONING - Sean Kinnevy
[ ] OTHER:

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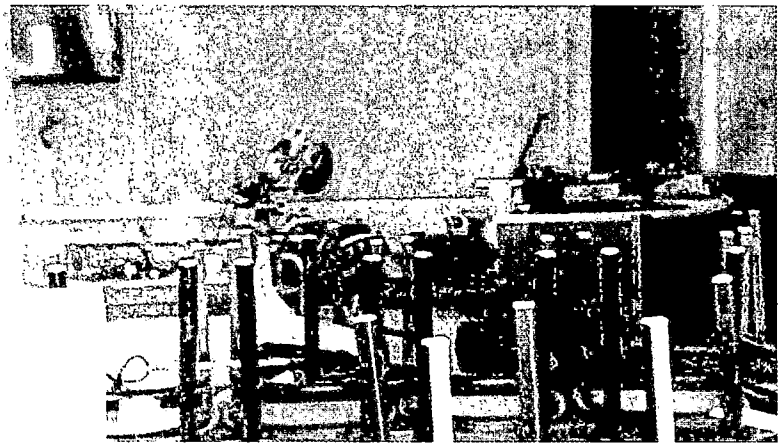
Upon routine annual inspection, it was found that there is work being performed without permits. Please see attached photos.

PURSUANT TO N.J.A.C. 5:71-3.5(c) TO BE REPORTED, ANY FINDINGS NOT WITHIN THE INSPECTOR'S AUTHORITY TO THE OFFICIAL HAVING JURISDICTION.

cc:

249 Chambers Bridge



11/8/18 DB

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 Miguel Solano

Address 249 N Bamboo Bridge rd. Brick 08723

Telephone (732) 995 7522

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/14/2019
Control Number C-18-004692
Permit Number 19-0321
Permit Issue Date 2/6/2019
Certificate Number 19-0321

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. 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 AZTECA - MIGUEL SOLANO-ROJAS

Address 249 CHAMBERS BRIDGE RD BRICK NJ 08723

Telephone: (732) 995-7522 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: * * PRIOR WORK * *, ALTERATION - COMMERCIAL - - AZTECA ...RECONSTRUCT SERVICE COUNTER

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: 2/14/2019

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

Azteca

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/6/19
Control #

Date Issued
Permit # 19-0321

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 N.J. 08723

Owner in Fee: Chambers Bridge Realty Silvino Silva

Tel. [redacted]

Address 249 Chambers Bridge Brick. 08723
street municipality zip code

Contractor: Miguel Solano-Rojas Tel. 732995-7522

Address 249 Chambers Brdg Rd Brick e-mail mssolano4@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	02/04/19	MR
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/04/19
Approved by: MR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 02/12/19
Approved by: MR

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			2-11-19	MR
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 $ 3,000
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: [signature]

Print name here: Miguel Solano-Rojas

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Move Back a countertop with cabinet attached.

COMMERCIAL

PRIOR WORK - Verify compliance w/ ALL ACCESSIBILITY REQ'TS

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 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 2/6/19
Control # C-18-004692
Permit # 19-0321

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor AZTECA - MIGUEL SOLANO-ROJAS
Address 249 CHAMBERS BRIDGE RD BRICK NJ 08723
Owner in Fee TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755
Telephone: (732) 995-7522
Lic. No. or Bldrs. Reg. No.
Telephone:
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:
** PRIOR WORK **; ALTERATION - COMMERCIAL - AZTECA ...RECONSTRUCT SERVICE COUNTER

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$156
Check No.	
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 $3,000

D Newman Jr. 2/5/19
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.

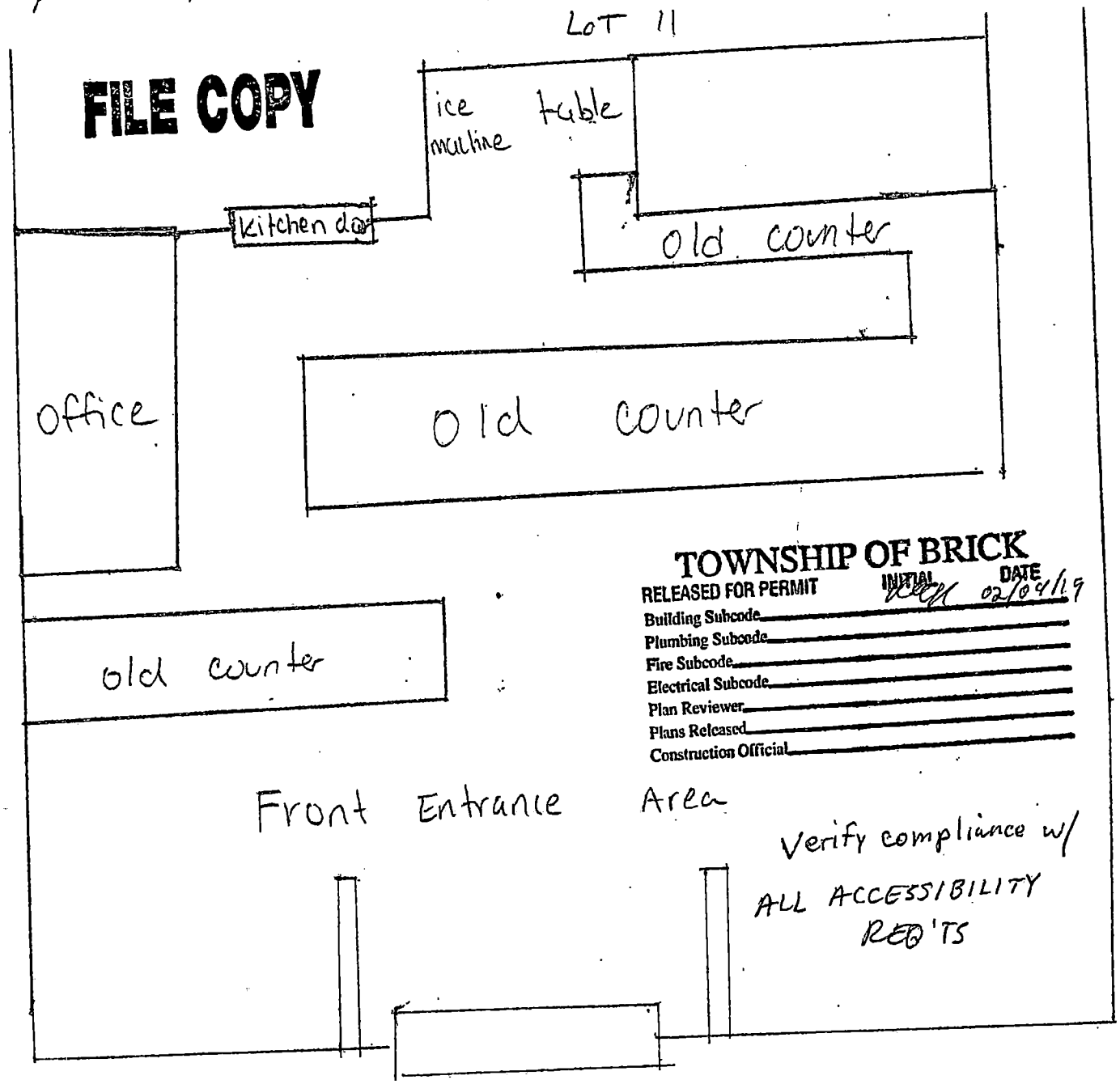
- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [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.

AzTeca Mexican Restaurant Block 702 Zone B-2
Lot 11

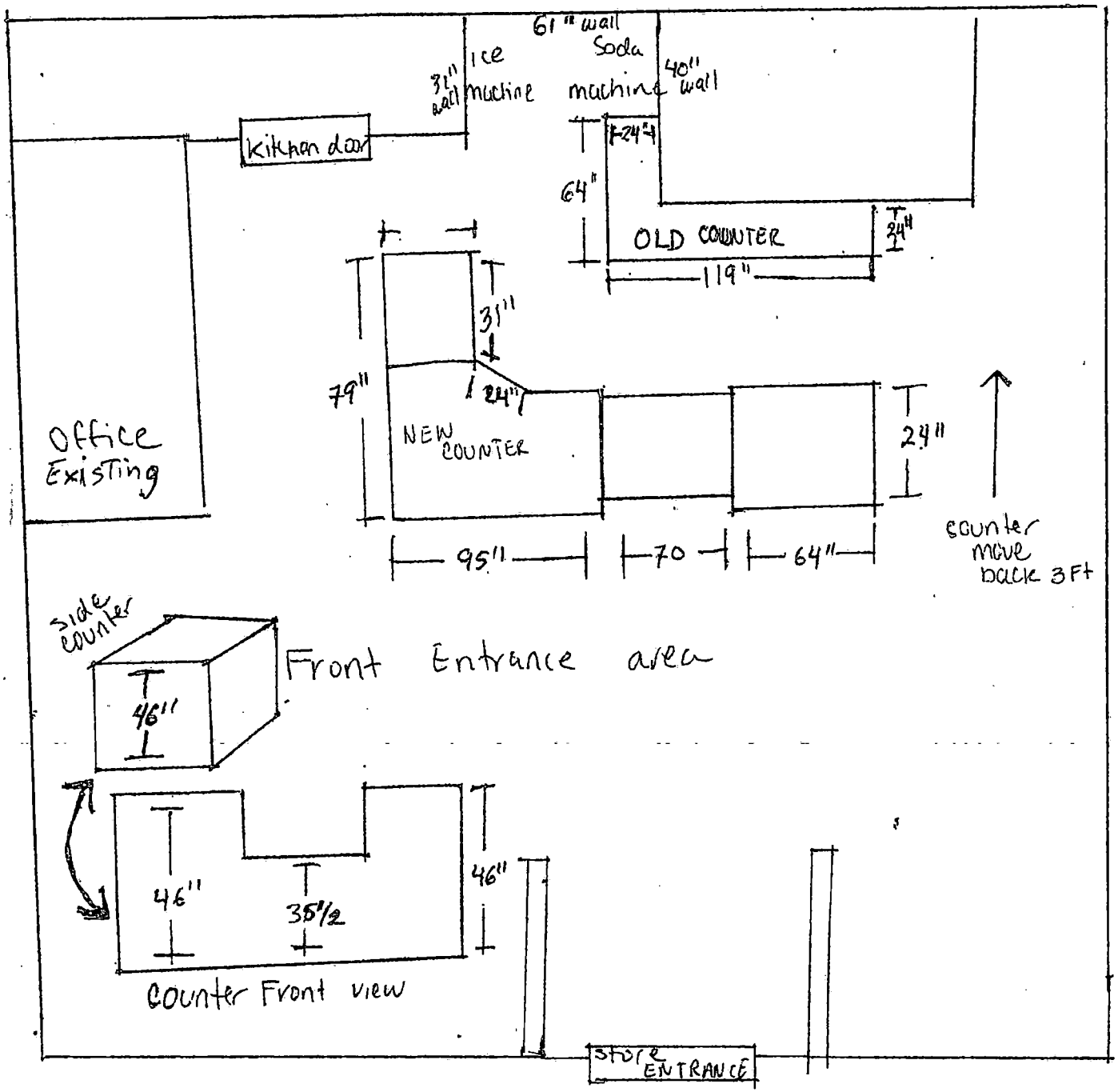


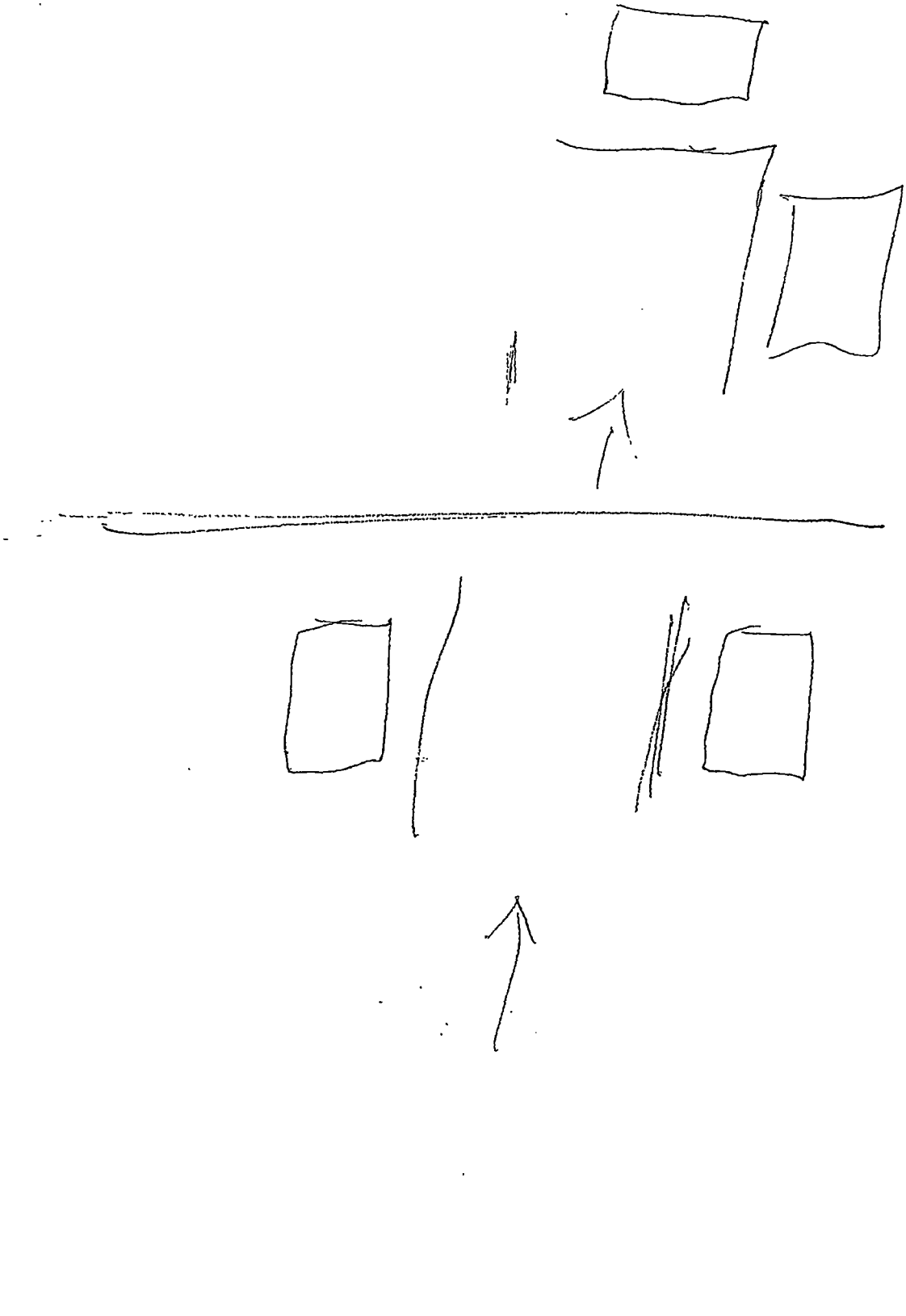
Verify compliance w/
ALL ACCESSIBILITY
REQ'TS

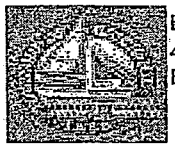
FILE COPY

AzTeca Mexican Restaurant. Block 10C Lot 11 Zone B-2

249 Chambersbridge Rd Brick NJ 08723







Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNADEZ RESTAURANT Brick Township, NJ
Block: 702
Lot: 11
Owner: TAFF, R TRUST & SILVI, S
Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-18-00278
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1030
Issue Date: 12/5/2018
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: NEW FRONT COUNTER INSTALLED

Certified Mail Number:

Enforcement Details

Inspection Date: 12/5/2018
Notice Date: 12/5/2018
Compliance Date: 12/19/2018
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 12/5/2018
Violation #: V-18-00278

IDENTIFICATION

Work Site Location: 249 CHAMBERS BRIDGE RD. TORNADEZ RESTAURANT Brick Township, NJ

Block: 702 Lot: 11 Qualification Code:

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

Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755

Agent/Contractor:

Address:

To: [X] Owner [ ] Agent/Contractor [X] Other: MIGUEL SOLANO-ROJAS
6 OWL COURT
JACKSON, NJ 08527

ACTION

[ ] On_____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on_____ revealed the following violation(s) remain:

NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: NEW FRONT COUNTER INSTALLED

[X] On 12/5/2018, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On_____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on_____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/19/2018 an additional penalty of $2,000.00 per [X] week [ ] day shall result.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: Construction Official Date: 12/7/18

U.C.C. F212 equiv (rev. 4/2003)