BLOCK 852 LOT 4 QUALIFICATION CODE ______ ADDRESS (SITE) 1759 Route 88 PERMIT NO. 05-1158

CONSTRUCTION PERMIT APPLICATION

C28-04

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

I. IDENTIFICATION

1. Propsed Work Site at: 1789 Route 88 Brick N.J.
2. Name of Owner in Fee: LMVI Ent Inc Tel. (732) 539-2971
   Address 1789 Route 88 Brick N.J. (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Rite Construction Tel. (201) 925-0720
   Address 232 E Midland Ave Paramus N.J.
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 20-0832912 FAX: (201) 261-5566
5. Architect or Engineer GK+A Arch. Tel. (201) 896-0333
   Address 36 Ames Ave Rutherford N.J. 07070
6. Responsible Person in Charge of Work Bill Lawton
   Tel. (201) 925-0720 FAX (201) 261-5566

Call #

tenant Fit-up

V. FEE SUMMARY (for office use only)

			1A Update	1B Update
1. Building	$	5560		
2. Electrical		390		40
3. Plumbing		770	100.50	
4. Fire Protection		219		130
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				40
8. Subtotal	$			
9. DCA Training Fee		300	14	
10. Subtotal			44	
11. Cert. of Occupancy				
12. Other		30		
13. TOTAL	$	7269	[illegible]	210

1C

called 3/9/14

18

148

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no		
11. Max. Live Load		
12. Max. Occupancy Load		

COMMERCIAL

COMMERCIAL

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		2	2						
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					2-28-05	[illegible]	Need lift + follow		SPK [illegible]
6. ☐ Plumbing					3-3-05	[illegible]			
7. ☒ Electrical					4/130/[illegible]				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	▨								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CM	1/20/05		1/20/05	M			
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT A.H.B.T. - MANDATORY FEE

LDS BR 10304064

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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. 5:32-2.15(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 Rite Construction William Landon

Address 232 E Midland Ave

Paramus NJ.

Telephone (201) 925-0720

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 852 Lot 4 Qualification Code

Work Site Location 1789 Route 88 Brick N.J.

Owner in Fee LMBI Est., Inc.

Address 1789 Route 88 Brick NJ.

Tel. (732) 539-2971

Contractor Rite Construction

Address 232 E Midland Ave Paramus N.J. 07652

Tel. (201) 925-0720

Lic. No. or Bldrs. Reg. No. 20-0832912

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

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 $ 185,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee.

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 04/15/2005
Control # C28-04
Permit # 05-1158

IDENTIFICATION Block: 852 Lot: 4 Qualifier

Work Site Location: 1759 ROUTE 88-IHOP TENANT FIT UP , NJ

Contractor
Address

Owner in Fee LMVI ENT INC
Address 1789 ROUTE 88 BRICK NJ -

Telephone:
Lic. No. or Bldrs. Reg. No.

Telephone: 732/539-2971
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

Estimated Cost of Work $222,000

Construction Official

04/15/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$5,560
Electrical	$390
Plumbing	$770
Fire Protection	$219
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$300
CO Fee	
Other	$30
Total	$7,269
Check No.	1009
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

PERMIT UPDATE

Date Update Issued 10/07/2005
Control # C-05-138074
Permit # 05-1158+C

IDENTIFICATION Block: 852 Lot: 4 Qualifier

Work Site Location: 1759 ROUTE 88-IHOP TENANT FIT UP , NJ

Owner in Fee: LMVI ENT INC
Address: 1789 ROUTE 88 BRICK NJ -
Telephone: 732/539-2971

Contractor: LMVI ENT INC
Address: 1789 ROUTE 88 BRICK NJ -
Telephone: 732/539-2971
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $13,000

Construction Official

10/07/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$18
CO Fee	
Other	$0
Total	$148
Check No.	4004
Cash	$0
Credit	$0
Collected By	Ann Marie Hanl...

U.C.C. F170
equiv (rev 8/03)

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

PERMIT UPDATE

Date Update Issued 08/24/2005
Control # C-05-137443
Permit # 05-1158+B

IDENTIFICATION Block: 852 Lot: 4 Qualifier
Work Site Location: 1759 ROUTE 88-IHOP TENANT FIT UP , NJ
Owner in Fee LMVI ENT INC
Address 1789 ROUTE 88 BRICK NJ -
Telephone: 732/539-2971

Contractor LMVI ENT INC
Address 1789 ROUTE 88 BRICK NJ -
Telephone: 732/539-2971
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE), COMMUNICATION POINTS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $30,000

Construction Official

08/24/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$40
CO Fee	
Other	$0
Total	$210
Check No.	8784
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)

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

PERMIT UPDATE

Date Update Issued 06/16/2005
Control # C-05-135993
Permit # 05-1158+A

IDENTIFICATION Block: 852 Lot: 4 Qualifier
Work Site Location: 1759 ROUTE 88-IHOP TENANT FIT UP , NJ
Contractor ALEX CALLANDER
Address 1416 WINESAP DRIVE MANASQUAN NJ
Owner in Fee LMVI ENT INC
Address 1789 ROUTE 88 BRICK NJ -
Telephone: (732) 528-9191
Lic. No. or Bldrs. Reg. No.
Telephone: 732/539-2971
Federal Employee. No. 151-443417

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $10,000

Construction Official

06/16/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$64
Check No.	9376
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

UPDATE 05-1158-1D
DATE 10/19/05
INITIALED BY
FOR Change of Contractor

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 852 Lot 4 Qualification Code
Work Site Location 1759 Rt 88

Owner in Fee LMVL ENT INC
Address 1759 Rt 88 Brick NJ

Tel. (732) 539-2974
Contractor Rite Construction
Address 232 Emigland Ave Paramus NJ

Tel. (201) 925 0770 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: change of contractor

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

FEE (Office Use Only)
$

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

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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

05-1158
4-15-05

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

Block 852 Lot 4
Work Site Location 1789 Route 88
Brick NJ.
Owner in Fee LMVT Ent Inc.
Address 1789 Route 88
Brick NJ.
Tele. (732) 539-2971
Contractor Rite Construction
Address 232 E Midland Ave
Paramus NJ 07652
Tele. (201) 925-0720 Fax (201) 261-5566
Lic. No. or Bldrs. Reg. No. 20-0832912
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4-11-05	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 185,000
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior Build out; plumbing, Elec., sprinkler, Interior walls, Ductwork, Ceilings, Flooring, wall covering, lighting, Kitchen, BATH Rooms HVAC
PLANS ATTACHED

See Architects letter Attached TO Plan CS-1. FM

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

FEE (Office Use Only)
$

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

UPDATE 05-1158
DATE 5/24/05
INITIALED BY
FOR Change of Contractor Only

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 852 Lot 4
Work Site Location 1759 Rt 88 BRICK, NJ
Owner in Fee LMVI ENTERPRISES INC.
Address 1759 Rt 88 BRICK, NJ
Tele. (201) 921-4825
Contractor J. IORIO CONSTRUCTION
Address 44 MACARTHUR AVE Lodi, NJ 07644
Tele. ( )
Lic. No. or Blders. Reg. No.
Federal Emp. No. or Social Security No. 142-16-5320

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)
FEE
$

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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1 + 2) $

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 01/05/2005
Control # C28-04
Date Issued 04/15/2005
Permit # 05-1158

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

Block 852 Lot 4 Qualification Code

Work Site Location: 1759 ROUTE 88-IHOP

Owner in Fee: LMVI ENT INC

Address 1789 ROUTE 88 BRICK NJ

Tel. 732/539-2971

Contractor: J IORIO CONSTRUCTION

Address 44 MACARTHUR AVENUE LODI NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present 0 Proposed B
Constr. Class Present 0 Proposed 0
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $0
2. Rehabilitation $185,000
3. Total (1+2) $185,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE OF CONTRACTOR
05-25-05

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$5,560
☐ Roofing	$0
☐ Siding	$0
☐ Fence ____ Height (exceeds 6')	$0
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$300
TOTAL FEE	$5,810

Applicant: When submitting this form to your Local Construction Code

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

05-1158 1A
8-24-05
(105-13744)

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

Block 852 Lot 4
Work Site Location Route 70 + 88 Brick, NJ

Owner in Fee/Occupant Lou Maschi
Address Route 70 + 88
Brick, NJ 08723
Tele. (732) 539297)
Contractor JM Security
Address 591 Fischer BLVD
Toms River NJ 08753
Tele. (732) 929-2636 Fax (732) 270-1277
Lic. No. D00439 34BA00098600 34FA00081800
Federal Emp. No. 223262411

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 15,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8 23 05
Approved by: MM

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
1		Emergency & Exit Lights
9		Communications Points
33		Alarm Devices/F.A.C. Panel
8		SPEAKER FOR MUSIC
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
8		CAMERAS

FEE (Office Use Only)

TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

Security system
4 motions
4 doors
phone lines
data lines
fire system
11 smokes
4 horn + strobes
5 heat detectors
8 cameras

U.C.C. F120 (rev 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 05-1158 4-15-05

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

Block 852 Lot 4
Work Site Location 1789 Route 88 Brick NJ.
Owner in Fee/Occupant LMVI Ent Inc
Address 1789 Route 88 Brick NJ.
Tele. (732) 539-2971
Contractor RACING ELECTRIC
Address 239 NORTH 21st Ave.
KENILWORTH N.J. 07033
Tele. (973) 522-0444 Fax (973) 522-0444
Lic. No. 8328
Federal Emp. No. 22 375 2601

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 17000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 4/13/05
Approved by: [signature]

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

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

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
120		Lighting Fixtures	
85		Receptacles	
12		Switches	
9		Detectors	
—		Light Poles	
		Motors—Fract. HP	
20		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
2	15	KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
4	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	15	WALK in Box	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

05-1158
4-15-05

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

Block 852 Lot 4
Work Site Location 1789 Route 88 Brick NJ.

Owner in Fee LMUJ Ent Inc
Address 1789 Route 88 Brick NJ.

Tele. (732) 539-2971
Contractor Rite Construction
Address 232 E Midland Ave
Paramus NJ.
Tele. (201) 925-0720 Fax (201) 261-5566
Lic. No.
Federal Emp. No. 20-0832912

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 4,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2-28-05
Approved by: KLO

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Sprinkler Heads will be Adjusted Hood and Ansul for Kitchen Both will be under Seperate App. Exit Fixtures and Smoke Detectors NEED 2 HOOD permits
Water Supply Source City WATER
Method of Alarm/Suppression System Supervision need Design

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
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 Exit + Emergency	~~16~~	35
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System	~~3~~ 4	
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F140
(rev. 3/96)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 05 1158 +B
Control #
Date Issued 8-24-05
Permit # (05 1374B)

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

Block 852 Lot 4 Qualification Code
Work Site Location RT 70 & 88
BRICK, NJ
Owner in Fee Lou MASCHI
Address RT 88 & 70

Tel (732) 539-2971
Contractor JM Security
Address 591 Fischer Blvd
Toms River, NJ 08753
Tel (732) 929-2636 FAX (732) 270 1277
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34FA00081800
Fire Alarm Contractor No. P00439
Federal Emp. No. 22-3262411

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

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

Total Cost of Fire Protection Work $ 15,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. James Lord
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: STROBES Security Fire, Smokes, Pulls DATA, Phones
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	20	
Supervisory Devices (i.e., tampers, low/high air)	—	
Signaling Devices (i.e., horn/strobes, bells)	6	
Other Devices Duct det	3	
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		
Fired Appliances [ ] Gas or [ ] Oil		
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
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8-15-05
Approved by:

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

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

05-1858-C
9/9/05

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/7/05
Permit # (05-138074

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

Block 852 Lot 4 Qualification Code
Work Site Location IHOP 1759 Hwy. 88
Brick N.J. 08723
Owner in Fee ~~Phoenix~~ LMVI Ent Inc.
Address 1759 Rt. 88
Brick N.J. 08723
Tel (732) 539-2971
Contractor Absolute Sprinkler + Piping
Address P.O. Box 4066
Brick, N.J. 08723
Tel (732) 477-9578 FAX (732) 477-2977
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P000102
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. 22-3612011

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Fire Suppression/Standpipe System:
[ ] New OR [✓] Existing
Location of Main Control Valve: Valve Room

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

Total Cost of Fire Protection Work $ 13,000— ← estimate

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant fit-out, 58 Relocate: 5 adds Remounted 2 caps. 2/10/06

Water Supply Source City/Town
Method of Alarm/Suppression System Supervision Tamper/Flow

	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)	63	225
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Call for test pressure

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 148.
TOTAL FEE $ 148.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[✓] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 9/14/05
Approved by: ECR

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 05-1158 4-15-05

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

Block 852 Lot 4
Work Site Location 1789 Route 88 Brick NJ.

Owner in Fee LMUF Ent. Inc
Address 1789 Route 88 Brick NJ.

Tele. (732) 539-2971
Contractor Russoniello Plumbing + Heating
Address 1 Country Oaks Rd
Lebanon NJ 08833
Tele. (908) 497-1250 Fax ( ) same
Lic. No. 9053
Federal Emp. No. 522093444

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 16,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7/20/
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

11
2

U.C.C. F130
(rev. 3/96)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 01/05/2005
Control # C28-04
Date Issued 04/15/2005
Permit # 05-1158

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

Block 852 Lot 4 Qualification Code

Work Site Location: 1759 ROUTE 88-IHOP

Owner in Fee: LMVI ENT INC

Address 1789 ROUTE 88 BRICK NJ

Tel. 732/539-2971

Contractor: WILLIAM DALTON PLUMBING & HTG

Address 555 NEW JERSEY AVE BRICK NJ

Tel. 732/458-2424 Fax.

Contractor License No. 10633

Federal Employee No. 22-3643817

Change of contractor 04-7-05

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $16,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$60
1	Urinal/Bidet	$10
0	Bath Tub	$0
5	Lavatory	$50
0	Shower	$0
20	Floor Drain	$200
0	Sink	$0
1	Dishwasher	$10
0	Drinking Fountain	$0
0	Washing Machine	$0
4	Hose Bibb	$40
1	Water Heater	$40
0	Fuel Oil Piping	$0
1	Gas Piping	$10
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
6	Backflow Preventor	$300
1	Greasetrap	$50
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$300
TOTAL FEE	$792

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

05-1158+A
outside sewer only
6-16-05

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

Block 852 Lot 4
Work Site Location 1759 Rt 88 Brick

Owner in Fee LMCT Ent. Inc.
Address Same

Tele. (732) 537-2471
Contractor ~~R~~ Alex Cathcart
Address 1416 Winegar Dr.
Manalapan NJ

Tele. (732) 380 8845 Fax (732) 528 2220
Lic. No. 8230
Federal Emp. No. 151 44 3417

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/16/05
Approved by: [signature]

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
~~1~~	Greasetrap	
1	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	~~100~~ 50
Minimum Fee	$	14
DCA Training Fee	$	
TOTAL FEE	$	~~114~~ 64

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Township of Brick
Zoning Permit

Approved: Wednesday, January 19, 2005 **Number:** 47

Block 852 **Lot** 4 **Zone:** B-3, Highway Dev.

Property Address: 1759 Route 88

Applicant: Bill Lawton; LMVI Ent, Inc.

Property Owner John Gazonas

Existing Use: Meridian Health Care offices.

Proposed Use: Meridian Health Care offices/IHOP restauarnt.

Proposed Construction: Interior alterations of 5,840 square feet for a tenant fit-up for an IHOP restaurant
10,500 square feet existing offices. 3,643 square feet unused office/retail tenant space.

Conditions: Abridged site plan approved by the Planning Board on January 13, 2005. ABR-227-CU012/04.
An additional zoning permit is required for any sign or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
SEP 28 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

RECEIVED
SEP 28 2004
ZONING

BLOCK 852 LOT 4 QUALIFIER

PROPERTY ADDRESS 1759 Route 88 Brick NJ Spaces D, E, F

PERSONAL NAME OF APPLICANT Bill Lawton

BUSINESS NAME OF APPLICANT LMVI Eat Inc

MAILING ADDRESS OF APPLICANT 232 E Midland Ave Paramus NJ 07652

PROPERTY OWNER'S FULL NAME John Gazonas

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Shell is built Empty Space inside - Previous movie theatre

PROPOSED USE OF PROPERTY (check all that apply)

JAN 19 2005

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) IHOP Restaurant Use

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) Tenant fit up

COMMERCIAL

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 9/27/04

Reviewed by Zoning Office SC Date 9/29/4 ☑ Approved ☐ Denied
SC 11/30/4
SC 1/19/4

9/27/04

March 2003

RITE CONSTRUCTION
232 E. MIDLAND AVENUE
PARAMUS, NJ 07652-4634
(201) 261-5566

327489

COMMERCE BANK/NORTH
PARAMUS, NJ 07652
55-95/212

1660

2/14/2005

PAY TO THE ORDER OF Township of Brick

$ **1,110.00

One Thousand One Hundred Ten and 00/100********** DOLLARS

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

MEMO I-Hop; Mandatory Deposit

[redacted]

From:

Re: Affordable Housing Fees

Business/Development: I Hop

Owner/Applicant: Rite Construction

Property Address: 1759 Rt. 88

Block: 852 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 2/15/05

Check Number 1660

Preliminary Fee Paid $1110.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathy Tinbergen
Signature

2-15-05
Date

OFFICE OF AFFORDABLE HOUSING

AHRT PRELIMINARY APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 852 LOT 4 SITE ADDRESS 1759 Rt. 88
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS CE Hall
APPLICANT Ritz Construction PHONE NUMBER 201-925-0110
APPLICANT ADDRESS 232 P. Midland Ave. CITY & STATE Paramus NJ. 07652

Jack 732-539-2971

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

~~◊~~ Commercial is .01%

~~◊~~ The estimated equalized assessed value of the proposed construction is

$ 222,000

Frederick R Millman — 1/25/05

Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee *1110.00 Date 2/15/05
Check # 16660 Receipt # 327487

Final Fee _____ Date _____
Check# _____ Reciept # _____

Total Fee Due/Paid *2220.00
Balance Due _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

1/20/05 - Ta Pieces in
1/26/05 - Mailed Letter

_____
Office of Affordable Housing

Come hungry. IHOP RESTAURANT

Home
Menu
Company Information
Jobs @ IHOP
Locations
Franchise Information
Investor Information
Contact IHOP
Gift Certificates

Breakfast Anytime

IHOP has been serving delicious breakfasts for over 40 years. We've got a wide variety of pancakes to choose from, including our legendary **Chocolate Chip Pancakes, Banana Nut Pancakes, Buttermilk Pancakes, *Country* Griddle Cakes**SM, and our famous **fruit-topped pancakes**. We also serve a selection of **Crepe Style International Pancakes** and **French Toast**.

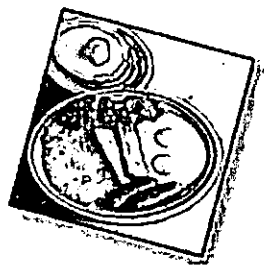
Just click below to see our breakfast choices.

IHOP Signature Breakfasts | Classic Egg Breakfasts and Combinations | Pancake Originals
Omelette Feast | Pancakes, Waffles and French Toast Specialties

IHOP Signature Breakfasts

Breakfast Sampler

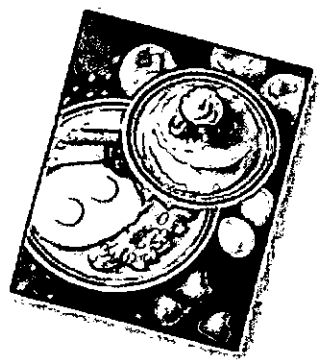
Talk about good tastes! Two eggs any style, two bacon strips, two pork sausage links, two ham strips, hash browns and two fluffy buttermilk pancakes



Rooty Tooty Fresh and Fruity®

It's two delicious! Two eggs, two bacon strips, two pork sausage links and two buttermilk pancakes crowned with your choice of fruit topping and whipped topping

- Blueberry
- Strawberry
- Cinnamon-Apple



International Passport Breakfast

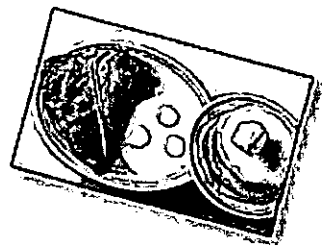
The best of all worlds! Two eggs, two bacon strips, two sausage links and your choice of two same-style pancakes

- Swedish
- French
- German
- Buttermilk

back to top

classic egg breakfasts and combinations

Fruity *Country* Griddle Cakes Combo℠	Two *Country* Griddle Cakes covered with strawberries or warm fruit compote and crowned with whipped topping. Served with two eggs, two bacon strips or pork sausage links and hash browns
Country Fried Steak & Eggs	Country fried steak smothered in country gravy. Served with a trio of eggs and three fluffy buttermilk pancakes
Three Eggs & Pancakes	A trio of eggs served with three delicate buttermilk pancakes. Also available with corned beef hash or ham
Harvest Grain 'N Nut® Combo	Two hearty pancakes made with whole-grains, oats and nuts and served with two eggs and your choice of two bacon strips or two pork sausage links and hash browns
T-Bone Steak & Eggs	Mouth-watering T-bone steak served with three eggs and three buttermilk pancakes
Bacon & Eggs or Sausage & Eggs	Three eggs served with three fluffy buttermilk pancakes and your choice of four bacon strips or our savory pork sausage links



back to top

pancake originals

Especially delicious with ... Bacon or Sausage Ham Hash Browns

Crepe-Style International Pancakes	Four delicate crepe-style pancakes • German Pancakes - With lemon butter • French Pancakes - With orange sauce • Swedish Pancakes - With lingonberries and lingonberry butter
Chocolate Chip Pancakes	Four rich, chocolate batter pancakes filled with chocolate chips, and topped with powdered sugar and whipped topping
***Country* Griddle Cakes℠**	A delicious blend of buttermilk and real Cream of Wheat® with a light, crispy texture. Available with strawberries or warm fruit compote and whipping topping
Harvest Grain 'N Nut Pancakes	Hearty whole grains, wholesome oats, almonds and English walnuts. Available with strawberries or warm fruit compote and whipping topping
Buttermilk Pancakes	Farm-fresh buttermilk gives these pancakes a delicious country flavor
Potato Pancakes	Five old-fashioned potato pancakes served with sweet applesauce or sour cream
Banana Nut Pancakes	Four banana-flavored pancakes garnished with fresh banana, chopped pecans and whipped topping. Served with banana flavored

syrup

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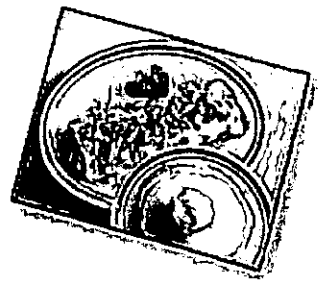
omeLette feast

Big three-egg omelettes with three buttermilk pancakes.
Substitute Harvest Grain 'N Nut® Pancakes or *Country* Griddle Cakes℠ for just a little more
Especially delicious with ... Bacon or Sausage Ham Hash Browns

Colorado Omelette	A meat lover's delight. Bacon, pork sausage, shredded beef, ham, onions, green peppers and Cheddar cheese. If desired, steak sauce or salsa is available
Country Omelette	A delicious blend of ham, cheese, onions and hash browns. Topped with sour cream
The Big Steak Omelette	Tender strips of steak, hash browns, green peppers, onions, mushrooms, tomatoes and Cheddar cheese. If desired, steak sauce or salsa is available
International Omelette	A world of flavor. Featuring plenty of ham, cheese, green peppers, onions and salsa
Build Your Own Omelette	Begin with a fluffy three-egg omlette and your choice of cheese. Then add your favorite ingredients



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pancakes, waffLes and frenCh toast specialties

Especially delicious with ... Bacon or Sausage Ham Hash Browns

Vive La French Toast	French taste, American-style! Three extra thick slices, served with one egg and two bacon strips or two pork sausage links
French Toast	Six fluffy triangle-shaped slices, dusted with powdered sugar
Cheese Blintzes	Three light, crepe-style pancakes, filled with a combination of cheeses, and served with dairy fresh sour cream and strawberries or warm fruit compote.
Belgian Waffle	Available with strawberries or warm fruit compote and whipped topping
Pigs in Blankets	Four savory pork sausage links tucked into four tasty buttermilk pancakes

Fruit Pancakes

Your choice of four fluffy buttermilk pancakes smothered with the topping of your choice

- **Strawberry International**
  Sweet strawberries and whipped topping
- **Blueberry Pancakes**
  Rich blueberry compote, served warm, and whipped topping
- **Cinnamon-Apple Pancakes**
  Flavorful cinnamon-apple compote, served warm, and whipped topping

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Additional items may be available in different markets

Private
Site Map

IHOP Corp.
450 N. Brand Blvd. Glendale, CA 91203-1903 Tel: 818-240-6055 Fax: 818-637-4730

Come hungry. IHOP RESTAURANT

Home
Menu
Company Information
Jobs @ IHOP
Locations
Franchise Information
Investor Information
Contact IHOP
Gift Certificates

Lunch & Dinner Too!

Everyone thinks of **IHOP** for breakfast, but we also have great lunches and dinners. No matter what you're looking for, we've got something appetizing waiting for you.

Just click below to see our lunch and dinner choices.

Appetizers | Sandwiches | Salads
Dinner Entrees | Burgers | Seniors

appetizers

Chicken Strips	Golden brown, tender chicken strips. Served with a delicious honey mustard sauce
Cheese Sticks	Lightly breaded Mozzarella sticks served with marinara sauce
Sampler	All your favorites. Onion rings, chicken strips and cheese sticks. Served with honey mustard and marinara sauce.
Today's Soup	
Garlic Cheese Bread	

back to top

sandwiches

All sandwiches are served with choice of fries, onion rings, soup or salad.

Breast of Chicken	Grilled chicken breast served with lettuce, tomato and mayonnaise on a grilled bun. Available with bacon and/or with cheese
Philly Cheese Steak	Thinly sliced roast beef piled high on a French roll, then smothered in Provolone cheese, grilled onions and bell peppers
Turkey Sandwich	Smoked turkey topped with cheese, lettuce, tomato and mayonnaise
Double BLT	A great double decker with six strips of bacon, sliced tomato, crisp lettuce and mayonnaise on toast

International Club	A classic double decker combination of smoked turkey, crisp bacon, tomato, lettuce and mayonnaise on toast. Available with cheese
Hamburger Club	Our delicious double-decker toasted sandwich features a juicy burger, bacon, lettuce, tomato and mayonnaise. Available with cheese

back to top

salads

Southwestern Chicken Fajita Salad

Lightly seasoned chicken, bell pepper and onion, tossed in a zesty dressing with mixed greens. Topped with shredded Cheddar and Monterey Jack cheeses, tomato, ripe olives, sour cream and guacamole. Served in a crispy tortilla shell, served with garlic cheese bread

Grilled Chicken Caesar Salad

Tender grilled chicken served on crisp romaine lettuce with Parmesan cheese and croutons, tossed in our classic Caesar dressing. Also available without chicken. Served with garlic cheese bread

back to top

DINNER ENTREES

All entrees (except pasta) served with dinner roll and corn bread cakes, soup or salad, vegetable and your choice of baked potato (after 4:00 p.m.), seasoned red potatoes, mashed potatoes, French fries, hash browns or onion rings

Herb Roasted Chicken	Tender half chicken, lightly dusted with herbs. Try it with our delicious seasoned red potatoes
Grilled Chicken Breast	Boneless breast of chicken, gently grilled
Dixie Fried Chicken Strips	Golden brown crispy strips of chicken
Old-Fashioned Pot Roast	Flavorful and oh so tender, our pot roast is topped with carrots, tomatoes, onions and a rich, brown gravy. We recommend our mashed potatoes with this
T-Bone Steak	A big, juicy steak, cooked just the way you like it, topped with a golden fried onion ring
Country Fried Steak	Tender beef, dipped in batter and deep fried, then smothered in our country gravy
Signature Sampler	Deep fried shrimp, a tender golden

brown chicken strip and a juicy steak

Golden Fried Shrimp Tender, plump shrimp, lightly breaded and golden brown

back to top

BURGERS

Our burgers are served with a choice of fries, onion rings, soup or salad.

Sourdough Bacon Burger Melt Our delicious burger with crisp bacon strips and Cheddar cheese. Served on Parmesan grilled sourdough bread

IHOP Burger A thick, juicy burger topped with lettuce, tomato and mayonnaise and served on a fresh bun. Available with bacon and/or with cheese

Monster Cheeseburger Two big burger patties smothered in American and Provolone cheeses. Served with lettuce, tomato and mayonnaise on a grilled bun

Patty Melt Our juicy hamburger smothered with sauteed onions, American cheese and served on grilled rye

back to top

SENIORS

Sorry, no coupons or discounts on senior items.

Soup or Salad & Half Sandwich A bowl of soup or a fresh salad and a half smoked turkey sandwich, topped with cheese, lettuce, tomato and mayonnaise

Old-fashioned Pot Roast Flavorful and oh so tender, our pot roast is topped with carrots, tomatoes, onions and a rich, brown gravy. Served with choice of two of the following: soup, salad or vegetable or potato

Country Fried Steak Tender beef, dipped in batter and deep fried, then smothered in our country gravy. Served with choice of two of the following: soup, salad or vegetable or potato

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Additional items may be available in different markets

IHOP Corp.

Come hungry. IHOP RESTAURANT

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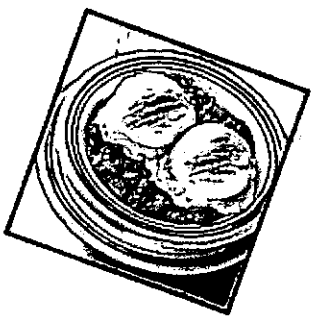
The Dessert Tray

Apple Crisp

An old-fashioned treat! We cover our cinnamon flavored apple filling with cookie dough and walnut topping and add two big scoops of ice cream



Fruit Crepe

Our delicate fruit crepe is crowned with ice cream and whipped topping. Choice of strawberries, blueberry compote or cinnamon-apple compote

Ice Cream Sundae

A goblet of vanilla ice cream smothered with your choice of hot fudge, strawberries, or warm fruit compote. Plus whipped topping and nuts

Ice Cream Scoop

Additional items may be available in different markets.

Private
Site Map

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450 N. Brand Blvd. Glendale, CA 91203-1903 Tel: 818-240-6055 Fax: 818-637-4730

Come hungry. IHOP RESTAURANT

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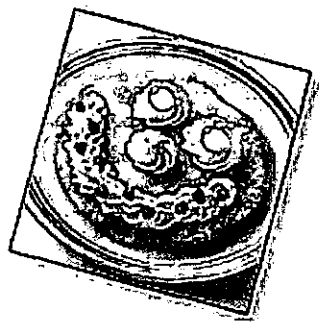
Kids Corner

for children 12 and under

This is the place to be if you're a cool pancake-eating kid! Look here for food that's prepared just for you.

Funny Face	A big chocolate chip pancake with a whipped topping smile. Buttermilk version available upon request
Silver Five	Five silver dollar sized buttermilk pancakes with an egg and bacon
Egg Sandwich	Egg, bacon and cheese on a toasted English muffin. Served with hash browns
Rooty Jr.®	Kid-sized version of our famous Rooty Tooty. On egg, one bacon strip, one pork sausage link and a fruit-topped buttermilk pancake
Cheese Omlette	With two buttermilk pancakes
French Toast	Two triangles of French toast with two bacon strips
Pigs in Blankets	Two pork sausage links rolled in buttermilk pancakes and served with hash browns
Chicken Strips	With French fries
Hamburger	Served with fries in a basket. Available with cheese
Drinks	Soft Drinks, Milk, Chocolate Milk, Hot Chocolate
Dessert	Ice Cream Sundae



TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

November 30, 2004

Bill Lawton
LMVI Enterprises, Inc.
232 East Midland Avenue
Paramus, NJ 07652

Re: Block 852, Lot 4
1759 Route 88
Zoning permit application

Dear Mr. Lawton:

Your application for a zoning permit for renovations for a tenant fit-up for an IHOP Restaurant in the building on the referenced cannot be approved unless a site plan is first submitted and approved by the Planning Board as per Chapter 190-240 of the Township Code.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Township Planner
Kate MacDonald, Assistant Zoning Officer
Lisa Rose Tavalaiccio, Zoning Permit Clerk
Daniel Newman, Jr., Construction Official

1/19/05 - Resubmit SP

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
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Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

September29, 2004

Bill Lawton
LMVI Enterprises, Inc.
232 East Midland Avenue
Paramus, NJ 07652

Re: Block 852, Lot 4
1759 Route 88
Zoning permit application

Dear Mr. Lawton:

Your application for a zoning permit for renovations for a tenant fit-up for an IHOP Restaurant in the building on the referenced property cannot be approved unless a site plan is first submitted and approved by the Planning Board as per Chapter 190-240 of the Township Code.

Very truly yours,

11/3/04- Resubmitted SK

Sean Kinnevy
Zoning Officer

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Township Planner
Kate MacDonald, Assistant Zoning Officer
Lisa Rose Tavalaiccio, Zoning Permit Clerk
Daniel Newman, Jr., Construction Official
Judith Fox Nelson, Planning Board Secretary

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management

Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042

Tara B. Paxton, AICP/PP
Assistant Municipal Planner
(732) 262-4783

Fax: (732) 262-8954
http://www.twp.brick.nj.us

January 13, 2005

Laurelton Plaza Offices, LLC
PO Box 1802
Point Pleasant Beach, NJ 08742

Re: ABR-227-CU012/04
Laurelton Plaza Offices, LLC
Block 852, Lot 4
1759 Route 88

Attn: John Gazonas

Dear Mr. Gazonas:

At the January 5, 2005 work session, the Planning Board discussed your request for an abridged site plan approval for a change of use of an abandoned movie theatre to the conversion of 5,840 SF of the vacant space to an IHOP restaurant. There will be 3,643 SF of unleased space remaining in the building. Attached is a copy of the report from Michael P. Fowler, Municipal Planner, and the Bureau of Fire Safety report dated December 20, 2005. The applicants agreed to install scrubbers as agreed with the Planning Board engineer. The applicant agreed trash collection will be no earlier than 6 AM.

After discussion, the Planning Board granted your request for abridged site plan at the meeting of January 12, 2005 subject to compliance with the Bureau of Fire Safety report. All other necessary approvals must be obtained.

Yours truly,

Judith Fox Nelson

Judith Fox Nelson, Secretary

Cc: Dan Kelly, Chairman
Michael P. Fowler, AICP/PP
Kevin Batzel, Bureau of Fire Safety
Nicholas Montenegro, Esq.

Let 1/19/05

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

500 Herbertsville Road
Brick Township, New Jersey 08724
(732) 458-4100
FAX: (732) 458-4153

December 20, 2004
District 2

Office of the Planning Board
401 Chambers Bridge Road
Brick, New Jersey 08723

BLOCK: 852 LOT: 4 OWNER/APPLICANT: John Gazonas, Laurelton Plaza Offices, Inc.
P. O. Box 1802
Point Pleasant Beach, NJ 08742

A.B.R. #: 227

ENGINEER/FILE #: Lindstrom, Diessner and Woodcock, LLC

SITE PLAN FEE: Received

LOCATION: 1759 Route 88 West

PROPOSED USE/DESCRIPTION: Existing vacant space to be occupied by restaurant of approximately 5,840 square feet, 180 seats, and 12 employees. No other changes proposed.

The above referenced abridged site plan has been reviewed with the following fire safety recommendations.

1. Building to have additional fire zone installed between building and proposed compactor location as indicated. Also two no parking fire zone signs and one no parking fire and pavement marking and striping to be added.
2. A walkway has been constructed in the vicinity of a rear exit from the building and the area of the fire department connection. The fire department connection is to be relocated 2 feet away from the existing stair closure.

Note only one copy of the plan was received.

Very truly yours,

Kevin C. Batzel
Bureau Chief/Fire Marshal

KCB/mt

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management

Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042

Tara B. Paxton, AICP/PP
Assistant Municipal Planner
(732) 262-4783

Fax: (732) 262-8954
http://www.twp.brick.nj.us

TO: Brick Township Planning Board

FROM: Michael P. Fowler, AICP/PP
Office of Land Use Management

DATE: January 5, 2005

RE: Abridged Site Plan
ABR-227-CU-12/04
John Gazonas, Laurelton Plaza Offices, LLC
Block 852, Lot 4

We are in receipt of the above application for a Change of Use and in reviewing same offer the following comments for your consideration.

Existing Conditions:

The subject site contains the old Laurelton Movie Theatre. The Board has previously granted an Abridged Site Plan Change of Use to allow the conversion of approximately 10,500 sq ft of space to offices for Meridian Health Care. Subsequently, the Applicant received Minor Site Plan approval from the Board to utilize the remaining 10,000 sq ft of space for office/retail uses. Certain site improvements were required as a condition of the approval. Those improvements have been initiated.

Proposal:

The Applicant proposes to utilize 5,840 sq ft of the remaining vacant space for an IHOP Restaurant. There will be 3,643 sq ft of unleased space following IHOP's occupancy of the building.

Ordinance Compliance:

Item	Required	Proposed
Variance	None may be required	None required
Parking	No additional may be required	No additional spaces required
Internal Driveways	No alteration required, no intrusion	No alteration or intrusion
Drainage	No alteration to existing drainage	No alteration to drainage
Landscaping	No reduction or Intrusion	No reduction no intrusion
Notice	Must be given to property owners Within 200 feet	Notice given December 14, 2004
Property Maintenance	Must be fully adhered to	Property maintenance codes adhered to as per letter from Brick Township Code Enforcement dated 12/23/04
Taxes	Taxes must be paid to date	Taxes are paid to date
Prior Approvals	Must be in full compliance	In compliance/under construction

The application is eligible for approval of a Change of Use/Abridged Site Plan. The Board may have concerns with the time & frequency of trash pick-up, hours of operation and the emission of smoke and/or odors related to food preparation. Approval should be conditioned upon the applicant satisfying the concerns stated in the Bureau of Fire Safety letter dated 12/20/04.

MPF/kb

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042
Tara B. Paxton, AICP/PP
Assistant Municipal Planner
(732) 262-4783
Fax: (732) 262-8954
http://www.twp.brick.nj.us

January 13, 2005

Laurelton Plaza Offices, LLC
PO Box 1802
Point Pleasant Beach, NJ 08742

Re: ABR-227-CU012/04
Laurelton Plaza Offices, LLC
Block 852, Lot 4
1759 Route 88

Attn: John Gazonas

Dear Mr. Gazonas:

At the January 5, 2005 work session, the Planning Board discussed your request for an abridged site plan approval for a change of use of an abandoned movie theatre to the conversion of 5,840 SF of the vacant space to an IHOP restaurant. There will be 3,643 SF of unleased space remaining in the building. Attached is a copy of the report from Michael P. Fowler, Municipal Planner, and the Bureau of Fire Safety report dated December 20, 2005. The applicants agreed to install scrubbers as agreed with the Planning Board engineer. The applicant agreed trash collection will be no earlier than 6 AM.

After discussion, the Planning Board granted your request for abridged site plan at the meeting of January 12, 2005 subject to compliance with the Bureau of Fire Safety report. All other necessary approvals must be obtained.

Yours truly,

Judith Fox Nelson, Secretary

Cc: Dan Kelly, Chairman
Michael P. Fowler, AICP/PP
Kevin Batzel, Bureau of Fire Safety
Nicholas Montenegro, Esq.

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

COMMERCIAL

Date: 9/27/04

Block: 852 Lot: 4

Property Address: 1759 Route 88 Brick NJ.

I, _____ (name) of _____ (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 1/20/05 Signed: _____

Rejected on: _____ Signed: _____

Comments:

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C28-04

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1759 Rt 88

DATE REVIEWED: 2 2305

REVIEWED BY: MW

CONTACT CALLED/FAXED: Plan

925 0770 NA

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf.Report **

P.1 Feb 25 2005 14:06

Telephone Number	Mode	Start	Time	Page	Result	Note
12012615566	NORMAL	25,14:05	0'41"	2	* O K	

faxed electrical + bldg rejection slips on 2/25/05

Bldg Elect Fire Plumbing (Please mark s

CONTROL NUMBER C 28-04

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1759 Route 88

DATE REVIEWED: 2-25-05

REVIEWED BY: Fitty

CONTACT CALLED/FAXED: 201-261-5566 Bill Kaufton

(1) Employee Bathroom Not ADA Compliant IF Scale on D

(2) Dwgs A-5 Section 8,9,10,11 Show soffit loading on B
Bar Joist, Supply Engineering Data on loading (mou

(3) Dwg A-13 Section #1 Notes Roof Trus - Supply Engine

(4) Doors #1 #3 #9 are exit doors yet width only DET
are Existing, Supply Total width UR Occupancy load

(5) Roof mounted Equipment screen Details NOT supplied

Franklinplan review template

(7) N/A Sprinkler Relocation Data

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 032210

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

ESTABLISHMENT INFORMATION

PHONE # 1-718-645-1442 (TEMP.) ~~732 NO PHONE YET~~

ESTABLISHMENT TRADING NAME: I.H.O.P.

NUMBER AND STREET: 1759 Rt 88

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: I

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☑ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: I.H.O.P.

NUMBER AND STREET

CITY OR MUNICIPALITY

STATE

ZIP CODE

COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
11/7/04	08:30	09:15

COMPLAINT NO.

COMPLAINT REC.

COMPLAINT INSPECTED

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☑ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☑ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE
  NO. OF MACHINES
- ☐ FROZEN DESSERTS
- ☐ OTHER

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): JOSEPH A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: B 0375

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
I.H.O.P.		11-19-04
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph C. Capio	Brick	Begin

(REG.) NO.	REMARKS (Please specify area)
	The attached plans have been reviewed by this office. They are in substantial compliance with Chapter XII of the N.J. Sanitary Code. This office shall be notified prior to opening for an inspection

(Attach additional sheets if necessary)

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER L M V I Ent. Inc. DATE 03-03-05

PROPERTY ADDRESS 1759 Route 88 BLOCK 852 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	6	( )	30	( )	
4. LAVATORY	5	( )	5	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK	5	( )	7.5	( )	
8. SERVICE SINK	1	( )	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER	1	( )	1.5	( )	
11. WASHING MACHINE		( )		( )	
12. URINAL	1	( )	4	( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	4	( )	5.5	( )	
		TOTALS	56.5		

GALLONS PER MINUTE 33

SIZE of SERVICE 2"

DATE: 03-03-05 APPROVED BY: _____

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER_____

Resubmit 4/12 See letter

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1 N O P

DATE REVIEWED: 7/23/05

REVIEWED BY: [signature]

CONTACT CALLED/FAXED: (1) panel ≤ 4 #1/cu? only 100 amps
plus 200A Breaker Panel B is also wrong? Redraw
1 line (2) a.i.c Rating (3) permits allowed (4) wire method

201 925-0770

N/A

Frank/plan review template

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C 28-04

RESUBMIT
DATE 4/8/05 SL

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1759 Route 88

DATE REVIEWED: 2-25-05

REVIEWED BY: FM

CONTACT CALLED/FAXED: 201-261-5566 Bill Lawton

(1) Employee Bathroom NOT ADA compliant IF Scale on Drwg A-1 is Correct on A-2

(2) Drwg A-5 Section 8,9,10,11 Show SOFFIT LOADING on Bottom Chord of F. Bar Joist, Supply Engineering Data on LOADING (moment - End Reaction)

(3) Drwg A-13 Section #1 Notes ROOF TRUSS - Supply Engineered Sealed Plans

(4) Doors #1 #3 #9 are Exit Doors yet width only Defined on #1 as others are Existing, Supply Total width VS Occupancy LOAD

(5) ROOF mounted Equipment screen Details ~~NOT~~ SUPPLIED

Frank/plan review template

(6) NO Sprinkler Relocation Data

gk+a ARCHITECTS,PC
Gary Kliesch and Associate Architects

Gary Kliesch, AIA
Principal

Jacob Solomon, AIA
Principal

April 5, 2005

Mr. Frank Mizer, Building Official
Brick Township Building Department
401 Chambersbridge Road
Brick, NJ 08723

Re: Plan Revisions, Proposed IHOP Restaurant
1759 route 88, Brick, NJ
Block 852, Lot 4

Dear Mr. Mizer,

We have addressed your comments dated February 25, 2005. The drawings revisions are summarized as follows:

1. Employee bathroom has been revised to be ADA compliant.
2. Soffit details have been altered to show bearing on top chord of roof truss or secured directly to roof deck.
3. Signed and sealed roof truss drawings for new tower will be provided to building department prior to fabrication. Roof truss fabricator shall be chosen by General Contractor upon award of construction contract and appropriate documents will be forwarded to the building department for review.
4. Table 1003.2.3 requires .15 inches for occupant egress width, or 30" required for 200 occupants. Door number 1 is 72" wide. As two means of egress are required, existing doors number 3 and 9 are 36" wide each, providing an total egress width of 144".
5. Roof mounted equipment shall be screened with a proposed 6 foot high chain link fence with vinyl slats secured to the roof deck.
6. Sprinkler relocation note is on Sheet A-4, indicating new heads to be provided below dropped ceiling. Flow calculations to be provided by sprinkler installer.

Revised drawings are enclosed for your review. Please feel free to contact this office if you should have any questions. Thank you.

Very truly yours,

Jacob Solomon, AIA
Principal
gk+a Architects, PC

36 Ames Avenue
Rutherford, NJ 07070
Tel. 201.896.0333
Fax 201.896.9469
Email@GKandA.biz

gk+a ARCHITECTS,PC
Gary Kliesch and Associate Architects

Gary Kliesch, AIA
Principal

Jacob Solomon, AIA
Principal

April 5, 2005

Mr Marcel Renson, Electrical Official
Brick Township Building Department
401 Chambersbridge Road
Brick, NJ 08723

Re: Plan Revisions, Proposed IHOP Restaurant
1759 route 88, Brick, NJ
Block 852, Lot 4

Dear Mr. Renson,

We have addressed your comments dated February 25, 2005. The drawings revisions are summarized as follows:

1. Electric riser has been revised on Sheet E-6.
2. AIC rating is 42000 AIC. Electric panel ratings have been noted on E-6.
3. Electrical contractor to revise permit application for all proposed work.
4. Wiring method and wiring sizes has been added to Sheet E-6.

Revised drawings are enclosed for your review. Please feel free to contact this office if you should have any questions. Thank you.

Very truly yours,

Jacob Solomon, AIA
Principal
gk+a Architects, PC

36 Ames Avenue
Rutherford, NJ 07070
Tel. 201.896.0333
Fax 201.896.9469
Email@GKandA.biz

gk+a ARCHITECTS,PC
Gary Kliesch and Associate Architects

LETTER OF TRANSMITTAL

To: Mr. Frank Mizer
Brick Township Building Official
401 Chambersbridge Road
Brick, NJ 08723

Date: 4/6/2005 **Job #:** 04-078
Attention:
RE: IHOP
1759 Route 88, Brick

We are sending you: ☑ Attached
☐ Under separate cover via _____ the following items

☐ Prints ☐ Plans ☐ Change orders
☐ Samples ☐ Copy of ☐ Originals
☐ Specifications ☐ Shop Drawings ☐ _____

Copies / Sets	Date	No / Dwg's	Description
2 Copies		(See Encl.)	Revisions as per 2/25/05 Letter
1			LETTER TO MIZER
1			LETTER TO RENSON

These item(s) are transmitted to you for:
☐ Approval ☐ As requested ☐ Bids Due: _____
☐ Your Use ☐ Review and Comments ☐ _____

Delivery Type: ☐ Regular Mail ☑ Overnight ☐ Pick-up ☐ Delivery

Printing ☑ In-House ☐ Service **Reimbursable:** ☑ Yes ☐ No

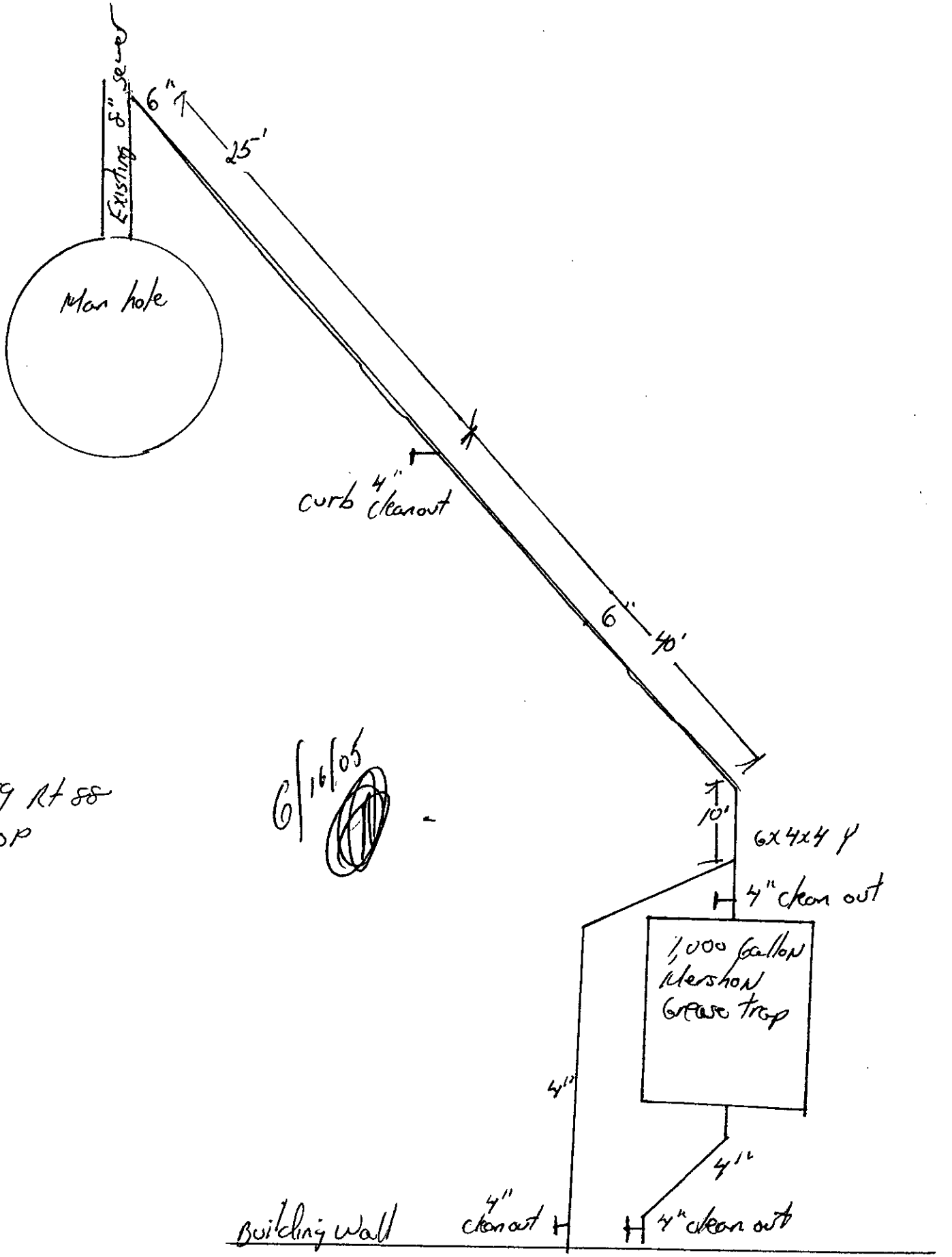
Remarks: Revised drawings which address comment letter 2/25/05 to continue permit review process for issuanceof building permits. Thnak you

36 Ames Avenue
Rutherford, NJ 07070
Tel. 201.896.0333
Fax. 201.896.9469
Email@gkanda.biz

Recv'd by: _____
Copy to: File
Signed: Jacob Solomon, AIA

ALEXANDER CALLANDER PLUMBING

2526 RAMSHORN DRIVE
MANASQUAN, NJ 08736
(732) 528-9191



1759 Rt 88
IHOP

6/16/05

gk+a ARCHITECTS,PC
Gary Kliesch and Associate Architects

Gary Kliesch, AIA
Principal

Jacob Solomon, AIA
Principal

August 10, 2005

Mr.Bernie Reilly, Plumbing Official
Brick Township Building Department
401 Chambersbridge Road
Brick, NJ 08723
732-262-8954

Re: Proposed IHOP Restaurant
1759 route 88, Brick, NJ
Block 852, Lot 4

Dear Mr. Reilly,

Please note that the 2" water service specified on Sheets P-1, P-3 and P-6 and installed is acceptable to this office. Please note that due to the fact the plumbing contractor did not locate the gas meter as indicated on our drawings, it was located in a meter room approximately another 35 feet further causing us to upgrade to a 4" gas supply. This change is acceptable to this office. Please feel free to contact this office if you should have any questions. Thank you.

Very truly yours,

Gary Kliesch, AIA
Principal
gk+a Architects, PC

cc: Mr. L. Maschi

36 Ames Avenue
Rutherford, NJ 07070
Tel. 201.896.0333
Fax 201.896.9469
Email@GKandA.biz

Limitations of Fire Alarm Systems

Manufacturer recommends that smoke and/or heat detectors be located throughout a protected premise following the recommendations of the current edition of the National Fire Protection Association Standard 72, National Fire Alarm Code (NFPA 72), manufacturer's recommendations, state and local codes, and the recommendations contained in Guide for the Proper Use of System Smoke Detectors, which is made available at no charge to all installing dealers. A study by the Federal Emergency Management Agency (an agency of the United States government) indicated that smoke detectors may not go off or give early warning in as many as 35% of all fires. While fire alarm systems are designed to provide warning against fire, they do not guarantee warning or protection against fire. Any alarm system is subject to compromise or failure to warn for a variety of reasons. For example:

- Particles of combustion or "smoke" from a developing fire may not reach the sensing chambers of the smoke detector because:
  - Barriers such as closed or partially closed doors, walls, or chimneys may inhibit flow.
  - Smoke particles may become "cold" and stratify, and may not reach the ceiling or upper walls where detectors are located.
  - Smoke particles may be blown away from detectors by air outlets.
  - Smoke particles may be drawn into air returns before reaching the detector.

In general, smoke detectors on one level of a structure cannot be expected to sense fires developing on another level.

- The amount of "smoke" present may be insufficient to alarm smoke detectors. Smoke detectors are designed to alarm at various levels of smoke density. If such density levels are not created by a developing fire at the location of detectors, the detectors will not go into alarm.
- Smoke detectors, even when working properly, have sensing limitations. Detectors that have photoelectronic sensing chambers tend to detect smoldering fires better than flaming fires, which have little visible smoke. Detectors that have ionizing-type sensing chambers tend to detect fast flaming fires better than smoldering fires. Because fires develop in different ways and are often unpredictable in their growth, neither type of detector is necessarily best and a given type of detector may not provide adequate warning of a fire.
- Smoke detectors are subject to false alarms and nuisance alarms. For example, a smoke detector located in or near a kitchen may go into nuisance alarm during normal operation of kitchen appliances. In addition, dusty or steamy environments may cause a smoke detector to falsely alarm. If the location of a smoke detector causes an abundance of false alarms or nuisance alarms, do not disconnect the smoke detector; call a professional to analyze the situation and recommend a solution.
- Smoke detectors cannot be expected to provide adequate warning of fires caused by arson, children playing with matches (especially within bedrooms), smoking in bed, violent explosions (caused by escaping gas, improper storage of flammable materials, etc.).
- Heat detectors do not sense particles of combustion and are designed to alarm only when heat on their sensors increase at a predetermined rate or reaches a predetermined level. Heat detectors are designed to protect property, not life.
- Warning devices (including horns, sirens, and bells) may not alert people or wake up sleepers who are located on the other side of closed or partially open doors. A warning device that activates on a different floor or level of a dwelling or structure is less likely to awaken or alert people. Even persons who are awake may not notice the warning if the alarm is muffled by noise from a stereo, radio, air conditioner or other appliance, or by passing traffic. Audible warning devices may not alert the hearing-impaired (strobes or other devices should be provided to warn these people). Any warning device may fail to alert people with a disability, deep sleepers, people who have recently used alcohol,or drugs, or people on medication or sleeping pills.
  - Please note that:
    i) Strobes can, under certain circumstances, cause seizures in people with conditions such as epilepsy.
    ii) Studies have shown that certain people, even when they hear a fire alarm signal, do not respond or comprehend the meaning of the signal. It is the property owner's responsibility to conduct fire drills and other training exercises to make people aware of fire alarm signals and instruct on the proper reaction to alarm signals.
    iii) In rare instances, the sounding of a warning device can cause temporary or permanent hearing loss.
- Telephone lines needed to transmit alarm signals from a premises to a central station may be out of service or temporarily out of service. For added protection against telephone line failure, back-up radio transmission systems are recommended.
- System components, though designed to last many years, can fail at any time. As a precautionary measure, it is recommended that smoke detectors be checked, maintained, and replaced per manufacturer's recommendations.
- System components will not work without electrical power. If system batteries are not serviced or replaced regularly, they may not provide battery backup when AC power fails.
- Environments with high air velocity or that are dusty or dirty require more frequent maintenance.

In general, fire alarm systems and devices will not work without power and will not function properly unless they are maintained and tested regularly.

While installing a fire alarm system may make the owner eligible for a lower insurance rate, an alarm system is not a substitute for insurance. Property owners should continue to act prudently in protecting the premises and the people in the premises and should properly insure life and property and buy sufficient amounts of liability insurance to meet their needs.

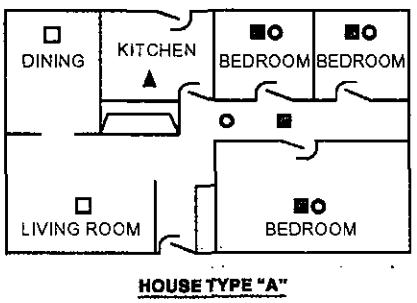
Requirements and recommendations for use of fire alarm systems including smoke detectors and other fire alarm devices:

Early fire detection is best achieved by the installation and maintenance of fire detection equipment in all rooms and areas of the house or building in accordance with the requirements and recommendations of the current edition of the National Fire Protection Association Standard 72, *National Fire Alarm Code* (NFPA 72), the manufacturer's recommendations, State and local codes and the recommendations contained in Guide for the Proper Use of System Smoke Detectors, which is made available at no charge to all installing dealers. For specific requirements, check with the local Authority Having Jurisdiction (ex. Fire Chief) for fire protection systems.

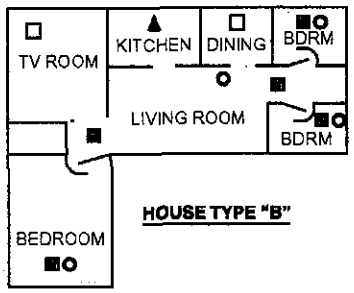
Requirements and Recommendations include:

- For residential applications, smoke detectors shall be installed outside of each separate sleeping area in the immediate vicinity of the bedrooms and on each additional story of the family living unit, including basements and excluding crawl spaces and unfinished attics.
- Smoke detectors shall be installed in sleeping rooms in new construction and it is recommended that they shall also be installed in sleeping rooms in existing construction.
- It is recommended that more than one smoke detector shall be installed in a hallway if it is more than 30 feet long.
- It is recommended that there shall never be less then two smoke detectors per apartment or residence.
- It is recommended that smoke detectors be located in any room where an alarm control is located, or in any room where alarm [illegible] connections to an AC source or phone lines are made. [illegible] are not so located, a fire within the room could prevent the control from reporting a fire.
- All fire alarm systems require notification devices, including sirens, bells, horns, and/or strobes. In residential applications, each automatic alarm initiating device when activated shall cause the operation of an alarm notification device that shall be clearly audible in all bedrooms over ambient or background noise levels (at least 15dB above noise) with all intervening doors closed.
- It is recommended that a smoke detector with an integral sounder (smoke alarm) be located in every bedroom and an additional notification device be located on each level of a residence.
- To keep your fire alarm system in excellent working order, ongoing maintenance is required per the manufacturer's recommendations and UL and NFPA standards. At a minimum the requirements of Chapter 7 of NFPA 72 shall be followed. A maintenance agreement should be arranged through the local manufacturer's representative. Maintenance should be performed annually by authorized personnel only.
- The most common cause of an alarm system not functioning when a fire occurs is inadequate maintenance. As such, the alarm system should be tested weekly to make sure all sensors and transmitters are working properly.
- Although designed for long life, fire alarm devices including smoke detectors may fail at any time. It is recommended that residential smoke detectors shall be replaced every 10 years.
- Any smoke detector, fire alarm system or any component of that system which fails shall be repaired or replaced immediately.

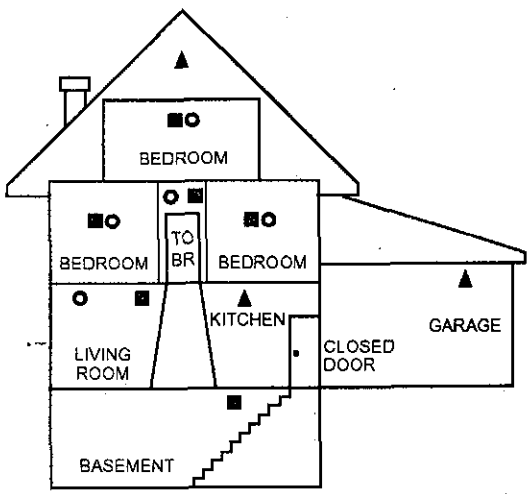
Typical System Installations per NFPA 72



HOUSE TYPE "A"



HOUSE TYPE "B"



HOUSE TYPE "C"

■ - Smoke Detectors required

■○ - Smoke Detectors required with integral sounders recommended

▲ - Heat Activated Detectors required

□ - Smoke Detectors for additional protection

○ - Notification Devices

As of January 2000, this document supersedes any previous liability information enclosed with this product.

INSTALLATION AND MAINTENANCE INSTRUCTIONS

i³ Series

Photoelectric Smoke Detector

Models: 2W-B, 2WT-B
4W-B, 4WT-B

SYSTEM SENSOR®
3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6495
www.systemsensor.com

Before Installing

Please read thoroughly System Sensor manual A05-1003, *Applications Guide for System Smoke Detectors*, which provides detailed information on detector spacing, placement, zoning, wiring, and special applications. Copies of this manual are available from System Sensor at no charge.

NOTICE: This manual shall be left with the owner/user of this equipment.

IMPORTANT: This detector must be tested and maintained regularly following NFPA 72 requirements. At a minimum, cleaning should be performed annually.

General Description

Models 2W-B and 2WT-B are 2-wire photoelectric smoke detectors; models 4W-B and 4WT-B are 4-wire photoelectric smoke detectors. All models incorporate a state-of-the-art optical sensing chamber and an advanced microprocessor. The microprocessor allows the detector to automatically adjust its sensitivity back to the factory setting when it becomes more sensitive due to contaminants settling in its chamber. In order for this feature to work properly, the chamber must never be opened while power is applied to the smoke detector. This includes cleaning, maintenance or screen replacement. Should it become necessary, the screen/sensing chamber is field replaceable. Models 2WT-B and 4WT-B also feature a restorable, built-in, fixed temperature (135°F) thermal detector and are also capable of sensing a freeze condition if the temperature is below 41°F.

All i³ Series detectors are designed to provide open area protection. Two-wire models must be used with compatible UL Listed panels only.

When used with an i³ Series compatible control panel or the i³ Series 2W-MOD module (refer to installation manual D500-46-00), the 2W-B and 2WT-B are capable of generating a "maintenance needed" signal. The 2W-MOD can indicate a need for cleaning, replacement, or a freeze condition (2WT-B only) at the control panel or module.

Installation of the 2W-B, 2WT-B, 4W-B, and 4WT-B detectors is simplified by the use of a mounting base that may be pre-wired to the system, allowing the detector to be easily installed or removed. The mounting base installation is further simplified by the incorporation of features compatible with drywall fasteners.

Two LEDs on the detector provide a local visual indication of the detector's status:

Table 1: Detector LED Modes

	Green LED	Red LED
Power-up	Blink 10 sec	Blink 10 sec
Normal (standby)	Blink 5 sec	—
Out of sensitivity	—	Blink 5 sec
Freeze Trouble	—	Blink 10 sec
Alarm	—	Solid

After an initial power-up delay, the red and green LEDs will blink synchronously once every ten seconds. It will take approximately 80 seconds for the detector to finish the power-up cycle (see Table 2).

Table 2: Power-up Sequence for LED Status Indication*

Condition	Duration
Initial LED Status Indication	80 seconds
Initial LED Status Indication (if excessive electrical noise is present)	4 minutes

*Refer to Electrical Specifications for start-up time in conjunction with panel alarm verification.

NOTE: If, during power-up, the detector determines there is excessive electrical noise in the system such as those caused by improper grounding of the system or the conduit, both LEDs will blink for up to 4 minutes before displaying detector status (see Table 2).

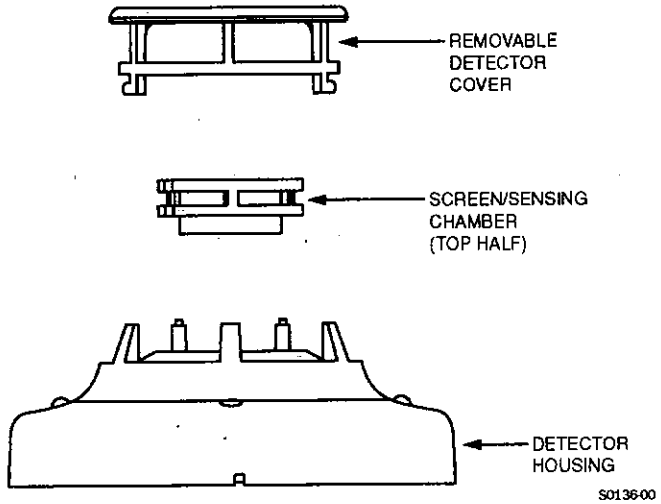
After power-up has completed and the detector is functioning normally within its listed sensitivity range, the green LED blinks once every five seconds. If the detector is in need of maintenance because its sensitivity has shifted outside the listed limits, the red LED blinks once every five seconds. When the detector is in the alarm mode, the red LED latches on. The LED indication must not be used in lieu of the tests specified under **Testing.** In a freeze trouble condition, the red LED will blink once every 10 seconds (refer to Table 1).

To measure the detector's sensitivity, the i³ Series Model SENSRDR Infrared Sensitivity Reader tool (see Figure 4) should be used.

Models 2W-B and 2WT-B also include an output that allows an optional Model RA400Z Remote Annunciator to be connected.

1. Remove the detector cover by turning counterclockwise. (See Figure 5.)
2. Vacuum the cover or use canned air to remove any dust or debris.
3. Remove the top half of the screen/sensing chamber by lifting straight up (Figure 5).
4. Vacuum or use canned air to remove any dust or particles that are present on both chamber halves.
5. Replace the top half of the screen/sensing chamber by aligning the arrow on the screen/sensing chamber with the arrow on the housing. Press down firmly until the screen/sensing chamber is fully seated.
6. Replace the detector cover by placing it over the screen/sensing chamber and turning it clockwise until it snaps into place.
7. Reinstall the detector and test. (See the **Testing** section.)
8. Notify the proper authorities when the system is back in service.

Figure 5: Removing/Replacing Screen/Sensing Chamber



Electrical Specifications	**2-wire**	**4-wire**	
System Voltage – Nominal:	12/24	12/24	Volts Non-polarized
Min.:	8.5	8.5	Volts
Max.:	35	35	Volts
Max. Ripple Voltage:	30	30	% peak to peak of applied voltage
Max. Standby Current:	50	50	μA average
Peak Standby Current:	100	—	μA
Max. Alarm Current:	130	20	mA 12 Volt Systems
(For 2W-B and 2WT-B, panel must limit current)	130	23	mA 24 Volt Systems
Alarm Contact Ratings:	—	0.5	Amp @ 30 V AC/DC
Alarm Reset Time:	0.3	0.3	sec
Max. Start-up Capacitance:	0.1	—	μF
Latching Alarm:	Reset by momentary power interruption		
Maximum Initial Start-up Time:	45	15	sec
Alarm Verification* Start-up Time:	15	15	sec

*Assumes the panel's alarm verification reset time is 10 seconds or less. Should the alarm verification reset exceed 10 seconds, use the maximum initial start-up time.

Physical Specifications

Heat Sensor (Model 2WT-B and 4WT-B):	135°F (57.2°C)
Freeze Trouble (Model 2WT-B and 4WT-B):	41°F (5°C)
Operating Temperature Range:	
2W-B and 4W-B:	32 to 120°F (0 to 49°C)
2WT-B and 4WT-B:	32 to 100°F (0 to 37.8°C)
Operating Humidity Range:	0 to 95% RH non-condensing
Storage Temperature Range:	–4 to 158°F (–20 to 70°C)
Diameter (including base):	5.3 inches
Height (including base):	2.0 inches
Weight:	6.3 oz.

Please refer to insert for the Limitations of Fire Alarm Systems

Three-Year Limited Warranty

System Sensor warrants its enclosed smoke detector to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for this smoke detector. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the repair or replacement of any part of the smoke detector which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. After phoning System Sensor's toll free number 800-SENSOR2 (736-7672) for a Return Authorization number, send defective units postage prepaid to: System Sensor, Repair Department, RA #_____, 3825 Ohio Avenue, St. Charles, IL 60174. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to repair or replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

FCC Statement

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.

Note: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

INSTALLATION AND MAINTENANCE INSTRUCTIONS

SpectrAlert Horns, Strobes, and Horn/Strobes

SYSTEM SENSOR
A Division of Pittway
3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6495

For use with the following models:

Horns:	12/24 volt:	H12/24*, H12/24W*
Strobes:	12 volt:	S1215, S121575, S1215W, S121575W
	24 volt:	S2415*, S241575F(FUEGO), S241575*, S2475*, S24110*, S2415W*, S241575W*, S2475W*, S24110W*
Combo:	12 volt:	P1215, P121575, P1215W, P121575W
	24 volt:	P2415*, P241575F(FUEGO) P241575*, P2475*, P24110*, P2415W*, P241575W*, P2475W*, P24110W*

* ULC models add suffix "A", 24-volt models only

SPECTRAlert

Specifications

Voltage Range:	DC or Full-Wave Rectified (CAUTION: H12/24(A) and H12/24W(A) will not operate on coded power supplies.) Horn: 10.5 to 30 Volts; H12/24A and H12/24WA (ULC) 20 to 30 volts Strobes & Horn/Strobes: 12-volt models–10.5 to 17 volts; 24-volt models–20 to 30 volts; (with MDL module): 12-volt models–11 to 17 volts; 24-volt models–21 to 30 volts
Flash Rate:	1 Flash Per Second
Operating Temperature:	32° F to 120° F (0° C to 49° C)
Light Output:	Models with 15 only in the model number are listed at 15 candela Models with 1575 are listed at 15 candela per UL 1971 but will provide 75 candela on axis (straight ahead) Models with 75 are listed at 75 candela Models with 110 are listed at 110 candela
Sound Output:	Sound output levels are established at Underwriters Laboratories in their reverberant room. Always use the sound output specified as UL Reverberant Room when comparing products.
Listings:	UL S4011 (Horns and Horn/Strobes), UL S5512 (Strobes), ULC CS548 (Horns), ULC CS549 (Strobes and Horn/Strobes), Factory Mutual, CSFM, MEA

General Description

The SpectrAlert series notification appliances are designed to meet the requirements of most agencies governing these devices, including: NFPA, The National Fire Alarm Code, UL, ULC, FM, CSFM, MEA. Also, check with your local Authority Having Jurisdiction for other codes or standards that may apply.

The SpectrAlert series can be installed in systems using 12- or 24-volt panels having DC or full-wave rectified (FWR) power supplies. The series can also be installed in systems requiring synchronization (module MDL required) or systems that do not require synchronization (no module required).

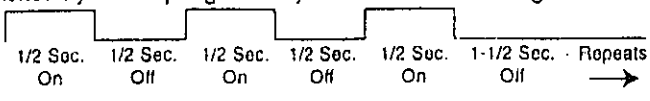
NOTICE: This manual should be left with the owner/user of this equipment.

Fire Alarm System Considerations

Temporal and Non-Temporal Coded Signals:

The American National Standards Institute and the National Fire Alarm Code require that all horns used for building evacuation installed after July 1, 1996, must produce Temporal Coded Signals.

Signals other than those used for evacuation purposes do not have to produce the Temporal Coded Signal. Temporal coding is accomplished by interrupting a steady sound in the following manner:



Power Supply Considerations

Panels typically supply DC filtered voltage or FWR (full-wave rectified) voltage. The system design engineer must calculate the number of units used in a zone based on the type of panel supply. Be certain the sum of all the device currents do not exceed the current capability of the panel. Calculations are based on using the device current found in the subsequent charts and must be the current specified for the type of panel power supply used.

Wire Sizes

The designer must be sure that the last device on the circuit has sufficient voltage to operate the device within its rated voltage. When calculating the voltage available to the last device, it is necessary to consider the voltage drop due to the resistance of the wire. The thicker the wire, the less the voltage drop. Generally, for purposes of determining the wire size necessary for the system, it is best to consider all of the devices as "lumped" on the end of the supply circuit (simulates "worst case").

Typical wire size resistance:

18 AWG solid:	Approximately 8 ohms/1,000 ft.
16 AWG solid:	Approximately 5 ohms/1,000 ft.
14 AWG solid:	Approximately 3 ohms/1,000 ft.
12 AWG solid:	Approximately 2 ohms/1,000 ft.

Example: Assume you have 10 devices on a zone and each requires 50 mA average and 2000 Ft. of 14 AWG wiring (total length = outgoing + return). The voltage at the end of the loop is 0.050 amps per device x 10 devices x 3 ohms/1,000 ft. x 2000 ft = 3 volts drop.

Strobe only:

	AVERAGE CURRENT (mA)												PEAK CURRENT (mA)												IN RUSH CURRENT (mA)											
	12V Models						24V Models						12V Models						24V Models						12V Models						24V Models					
	10.5V		12V		17V		20V		24V		30V		10.5V		12V		17V		20V		24V		30V		10.5V		12V		17V		20V		24V		30V	
Candela	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR
15	133	159	114	157	81	128	50	61	43	60	38	60	460	460	450	460	420	460	135	204	135	208	135	185	80	108	92	124	140	190	97	129	116	152	147	198
15/75	168	182	142	171	99	150	56	65	49	64	44	62	480	520	490	520	460	480	150	199	150	207	150	198	76	104	88	126	160	185	97	135	118	164	147	211
30	NA	NA	NA	NA	NA	NA	78	84	67	82	58	72	NA	NA	NA	NA	NA	NA	183	201	183	219	183	216	NA	NA	NA	NA	NA	NA	97	129	116	152	147	198
75	NA	NA	NA	NA	NA	NA	145	170	123	159	102	141	NA	NA	NA	NA	NA	NA	350	440	340	460	330	460	NA	NA	NA	NA	NA	NA	190	240	230	280	290	380
110	NA	NA	NA	NA	NA	NA	168	220	140	191	115	174	NA	NA	NA	NA	NA	NA	460	560	450	570	420	620	NA	NA	NA	NA	NA	NA	190	230	220	290	290	370

Horn Only:

			AVERAGE CURRENT (mA)											
			12V Models						24V Models					
	High/Low	Temp	10.5V		12V		17V		20V		24V		30V	
Tone	Volume	/Non	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR
Electro-mech.	High	Temp	10	11	10	10	14	14	19	21	25	18	29	26
		Non	10	16	10	19	14	25	17	29	23	34	30	42
	Low	Temp	NA	NA	NA	NA	NA	NA	11	12	13	13	17	16
		Non	NA	NA	NA	NA	NA	NA	12	16	14	19	17	24
3000 Hz Interrupt.	High	Temp	11	13	11	11	16	16	24	26	28	23	37	33
		Non	11	17	11	21	14	28	19	34	27	39	35	45
	Low	Temp	NA	NA	NA	NA	NA	NA	14	14	17	15	21	19
		Non	NA	NA	NA	NA	NA	NA	13	18	16	21	22	25

Horn/Strobe 15 cd:

			AVERAGE CURRENT (mA)											
			12V Models						24V Models					
	High/Low	Temp	10.5V		12V		17V		20V		24V		30V	
Tone	Volume	/Non	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR
Electro-mech.	High	Temp	143	170	124	167	95	142	69	82	68	78	67	87
		Non	143	170	124	167	95	142	67	90	66	94	68	103
	Low	Temp	NA	NA	NA	NA	NA	NA	61	73	56	73	55	76
		Non	NA	NA	NA	NA	NA	NA	62	77	57	79	55	86
3000 Hz Interrupt.	High	Temp	144	172	125	168	97	144	74	87	71	83	75	94
		Non	144	173	125	168	95	148	69	95	70	99	73	106
	Low	Temp	NA	NA	NA	NA	NA	NA	64	75	60	75	59	80
		Non	NA	NA	NA	NA	NA	NA	63	79	59	81	60	86

Horn/Strobe 1575 cd:

			AVERAGE CURRENT (mA)											
			12V Models						24V Models					
	High/Low	Temp	10.5V		12V		17V		20V		24V		30V	
Tone	Volume	/Non	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR	DC	FWR
Electro-mech.	High	Temp	178	193	152	181	113	164	75	86	74	82	73	88
		Non	178	193	152	181	113	164	73	94	72	98	74	104
	Low	Temp	NA	NA	NA	NA	NA	NA	67	77	62	77	61	77
		Non	NA	NA	NA	NA	NA	NA	68	81	63	83	61	86
3000 Hz Interrupt.	High	Temp	179	195	152	183	115	166	80	91	77	87	81	95
		Non	179	196	152	183	113	168	75	99	76	103	79	107
	Low	Temp	NA	NA	NA	NA	NA	NA	70	79	66	79	86	81
		Non	NA	NA	NA	NA	NA	NA	69	83	65	85	66	87

Horn/Strobe 30 cd:

			AVERAGE CURRENT (mA)					
			24V Models					
	High/Low	Temp	20V		24V		30V	
Tone	Volume	/Non	DC	FWR	DC	FWR	DC	FWR
Electro-mech.	High	Temp	97	105	92	100	87	98
		Non	95	113	90	116	86	114
	Low	Temp	89	96	80	95	75	87
		Non	90	98	81	101	75	96
3000 Hz Interrupt.	High	Temp	102	108	95	105	95	105
		Non	97	116	94	121	93	117
	Low	Temp	92	98	84	97	79	91
		Non	91	100	83	103	80	97

Horn/Strobe 75 cd:

			AVERAGE CURRENT (mA)					
			24V Models					
	High/Low	Temp	20V		24V		30V	
Tone	Volume	/Non	DC	FWR	DC	FWR	DC	FWR
Electro-mech.	High	Temp	164	191	148	167	131	167
		Non	163	188	146	169	132	169
	Low	Temp	156	182	136	162	119	156
		Non	157	182	137	162	119	157
3000 Hz Interrupt.	High	Temp	169	196	151	172	139	174
		Non	164	192	150	175	137	177
	Low	Temp	159	184	140	164	123	160
		Non	158	188	139	163	124	162

Horn/Strobe 110 cd:

			AVERAGE CURRENT (mA)					
			24V Models					
	High/Low	Temp	20V		24V		30V	
Tone	Volume	/Non	DC	FWR	DC	FWR	DC	FWR
Electro-mech.	High	Temp	186	241	165	209	144	200
		Non	186	238	163	211	145	202
	Low	Temp	180	232	153	204	132	189
		Non	181	232	154	204	132	190
3000 Hz Interrupt.	High	Temp	193	246	168	214	152	207
		Non	188	242	167	217	150	210
	Low	Temp	183	234	157	206	136	193
		Non	182	232	156	205	137	195

Sound Output Guide

			UL Reverberant Room dBA@ volts DC						Anechoic dBA @10 ft./volts DC					
			10.5	12	17	20	24	30	10.5	12	17	20	24	30
Temporal	Low Volume	Electromechanical	NA	NA	NA	75	75	79	NA	NA	NA	94	96	98
		3000 Hz Interrupted	NA	NA	NA	75	79	79	NA	NA	NA	94	96	98
	High Volume	Electromechanical	75	75	79	82	82	82	94	95	98	100	101	102
		3000 Hz Interrupted	75	75	79	82	85	85	94	95	98	100	101	102
Non-Temporal	Low Volume	Electromechanical	NA	NA	NA	79	82	85	NA	NA	NA	94	96	98
		3000 Hz Interrupted	NA	NA	NA	82	82	85	NA	NA	NA	94	96	98
	High Volume	Electromechanical	79	79	85	85	88	88	94	95	98	100	101	102
		3000 Hz Interrupted	79	82	85	88	88	88	93	95	98	100	101	102

The same number of devices using 12 AWG wire will produce only 2 volts drop. The same devices using 18 AWG wire will produce 8 volts drop.Consult your panel manufacturer's specifications, as well as SpectrAlert's operating voltage range to determine acceptable voltage drop.

Horn Selections

Horns are factory set for high volume, temporal code, and electromechanical tone.

Tones:

Two tones may be selected using the jumper plugs located on the printed circuit board. With the jumper offset, the tone is the Electromechanical sound. With the jumper in place, the tone is a 3 kHz sound.

NOTE: When powered from FWR supply, tones will be modulated (turned on and off) by 120Hz causing the tones to sound different from DC power.

Temp/Non-Temp:

Temporal coding or Non-Temporal coding can be selected using the jumper plugs located on the printed circuit board. With the jumper offset, the tone pattern is the Temporal Coded Signal. With the jumper in place, the Non-Temporal code (continuous) tone is active.

High/Low Volume:

High or low volume may be selected using the jumper plugs located on the printed circuit board. With the jumper in place, the sound output level is the high level. With the jumper offset, the sound output level is the low level. The low volume setting must NOT be used when the device is powered from a 12-volt panel.

NOTE: Always power down devices before setting jumpers.

tem Operation: Non-Synchronized Devices

Figure 1A. Any combination of models powered by a 2-wire circuit:

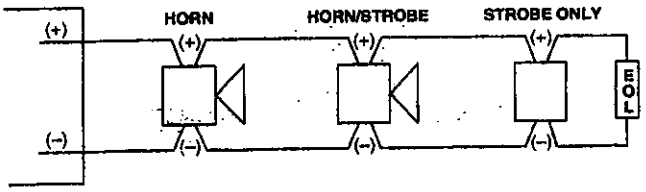


Figure 1B: Horns and strobes powered in tandem:

NOTE: Supply power must be continuous for proper operation.

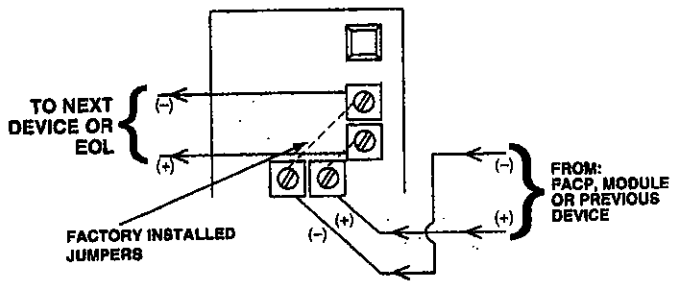


Figure 2A. Any combination of models powered by a 4-wire circuit to provide independent horn and strobe operation (Remove factory installed jumpers, see Figure 2B):

NOTE: Strobes must be powered continuously for horn operation.

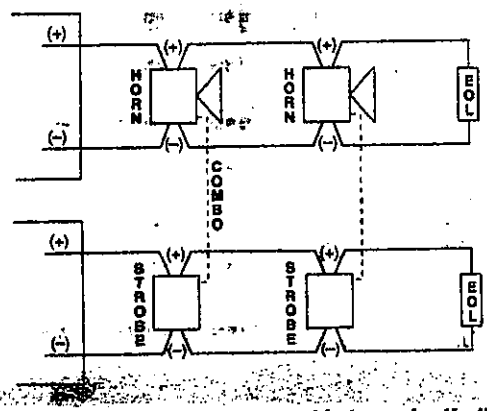
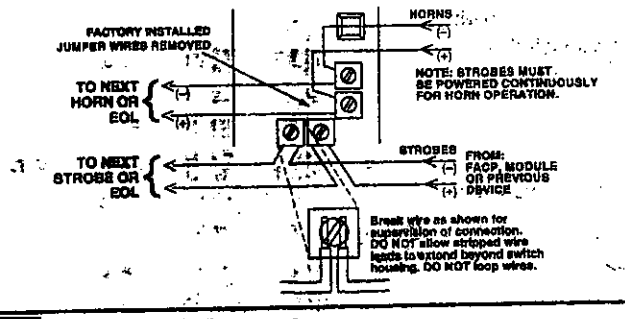


Figure 2B: Horns and strobes powered independently (Horn operated on coded power supply):

NOTE: Strobes must be powered continuously for horn operation.



⚠WARNING

The Limitations of Horn/Strobes

The horn and/or strobe will not work without power. The horn/strobe gets its power from the fire/security panel monitoring the alarm system. If power is cut off for any reason, the horn/strobe will not provide the desired audio or visual warning.

The horn may not be heard. The loudness of the horn meets (or exceeds) current Underwriters Laboratories' standards. However, the horn may not alert a sound sleeper or one who has recently used drugs or has been drinking alcoholic beverages. The horn may not be heard if it is placed on a different floor from the person in hazard or if placed too far away to be heard over the ambient noise such as traffic, air conditioners, machinery or music appliances that may prevent alert persons from hearing the alarm. The horn may not be heard by persons who are hearing impaired.

NOTE: Strobes must be powered continuously for horn operation.

The signal strobe may not be seen. The electronic visual warning signal uses an extremely reliable xenon flash tube. It flashes at least once every second. The strobe must not be installed in direct sunlight or areas of high light intensity (over 60 foot candles) where the visual flash might be disregarded or not seen. The strobe may not be seen by the visually impaired.

The signal strobe may cause seizures. Individuals who have positive photic response to visual stimuli with seizures, such as persons with epilepsy, should avoid prolonged exposure to environments in which strobe signals, including this strobe, are activated.

The signal strobe cannot operate from coded power supplies. Coded power supplies produce interrupted power. The strobe must have an uninterrupted source of power in order to operate correctly. System Sensor recommends that the horn and signal strobe always be used in combination so that the risks from any of the above limitations are minimized.

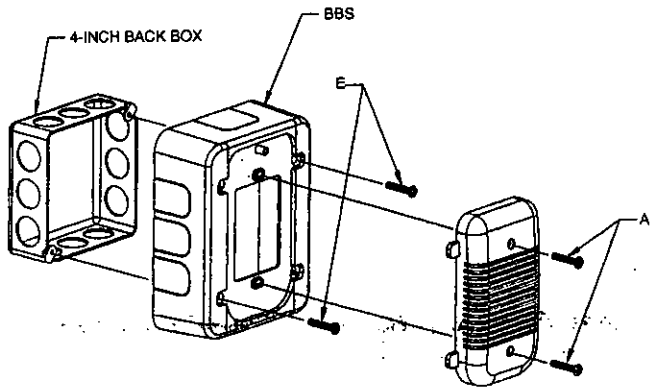
Three-Year Limited Warranty

System Sensor warrants its enclosed horn, strobe, or horn/strobe to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for this horn, strobe, or horn/strobe. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the repair or replacement of any part of the horn, strobe, or horn/strobe which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. After phoning System Sensor's toll free number 800-SENSOR2 (736-7672) for a Return Authorization number, send defective units postage prepaid to: System Sensor, Repair Department, RA #_____, 3825 Ohio Avenue, St. Charles, IL 60174. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to repair or replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

Mounting Diagrams:

Screw types used for mounting:
A = #8 x 1-1/4 plastite
B = 6-32 x 1-3/8 oval head
C = 6-32 x 1-5/16 pan head
D = #6 plastite
E = 8-32 x 3/4 flat head

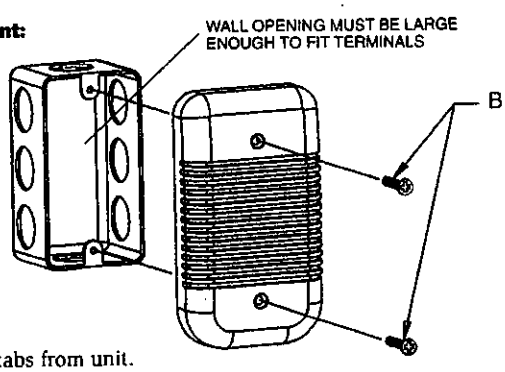
Horn surface mount:



1. Mount skirt to back box with screws E.
2. Complete field wiring.
3. Mount unit to skirt with screws A.

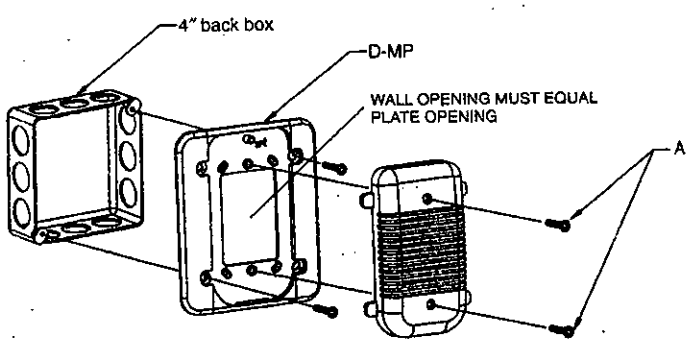
NOTE: Horn and skirt may also mount to a 2-inch box using screws B instead of screws A.

Horn direct mount:



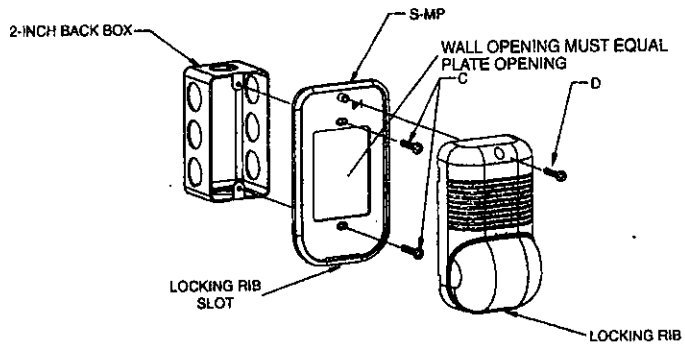
1. Break off four tabs from unit.
2. Complete field wiring.
3. Mount unit to back box with screws B, making sure wall opening is large enough for terminals to fit through.

Horn with universal mounting plate:



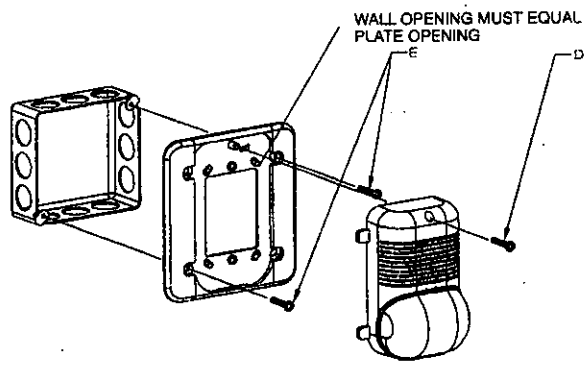
1. Mount plate to back box, making sure wall opening is equal to the plate opening.
2. Slip wires through plate.
3. Complete field wiring.
4. Mount unit to back box with screws A.

Strobe or Horn/Strobe with small footprint mounting plate:



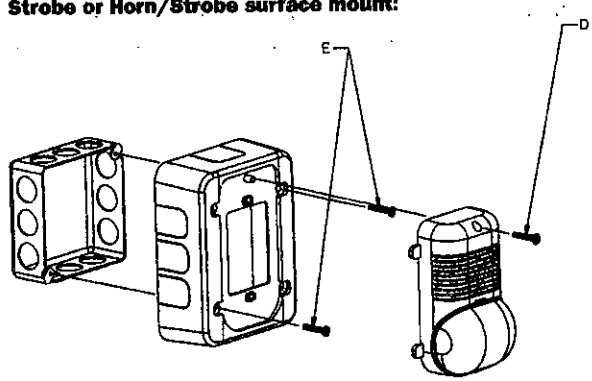
1. Screw plate to back box with screws C, making sure wall opening is equal to plate opening.
2. Break off four tabs from unit.
3. Complete field wiring.
4. Insert locking rib on unit into slot on plate.
5. Push into plate.
6. Secure unit to plate with screw D.

Strobe or Horn/Strobe with universal mounting plate:



1. Mount plate to back box with screws E, making sure wall opening is equal to plate opening.
2. Complete field wiring.
3. Insert locking rib into slot on plate.
4. Push into plate.
5. Secure unit to plate with screw D.

Strobe or Horn/Strobe surface mount:



1. Mount skirt to back box with screws E.
2. Complete field wiring.
3. Insert locking rib into slot on plate.
4. Push into recessed area.
5. Secure unit to skirt with screw D.

Note: The switch rating is 3 amps @ 30 Volts AC/DC

• Denotes solder connection

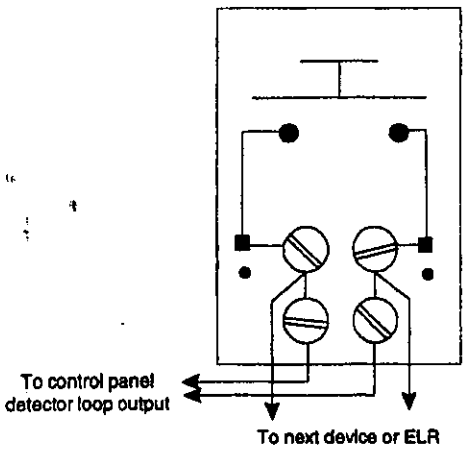
BG-10 Series

Manual Pull Station

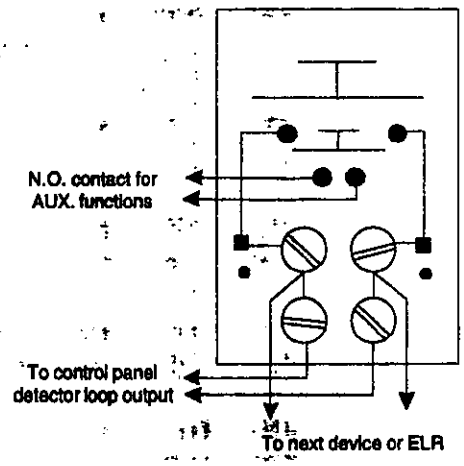
Product Installation Drawing

Document 15486: Rev: F 9/04/96 ECN 96-323

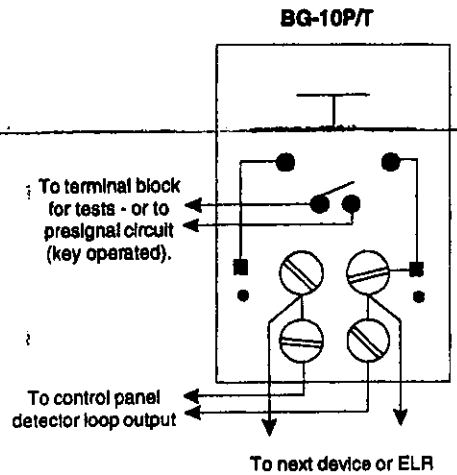
BG-10, BG-10L, BG-10WP, BG-10SP, HR-10, AR-10F



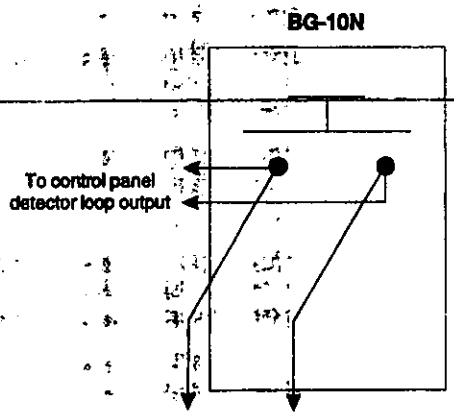
BG-10A



BG-10P/T



BG-10N



Description

The **BG-10 Series Pull Stations** are non-coded, dual-action, normally-open manual pull stations with the following options: **BG10A** (with AUX. switch); **BG-10L** (with key for reset); **BG-10P/T** (with key for presignal or test); **BG-10N** (without terminal block); **BG-10WP** (BG-10 enclosed in a weatherproof backbox); **HR 10** (Halon Release, with wiring the same as the BG-10); **AR-10F** (Agent Release, with wiring the same as the BG-10).

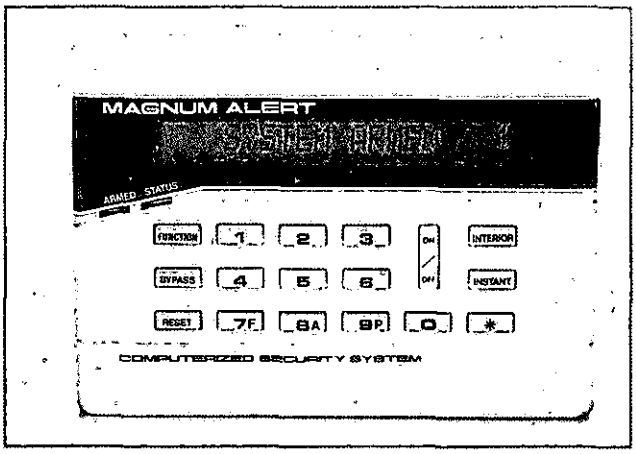
BG-10 Series Operation

When the dual-action door is pushed in and the handle pulled down, the N.O. push-type switches will close. The handle cannot be restored to its normal position until the station is manually reset by unscrewing the hex screw and pivoting the case downward, away from the backplate. When the handle is restored, return the case to its normal position and secure with the hex screw. Note: The BG-10L utilizes a mechanical key instead of a hex screw. The microswitch of the BG-10P/T is activated by rotating a key clockwise. The key cannot be removed while in this position.

FIRE·LITE® ALARMS INCORPORATED
12 Clintonville Road, Northford, CT 06472 Phone: 203-484-7161 FAX: 203-484-7118

MA3000

THE *ULTIMATE* BURGLARY/FIRE & ACCESS CONTROL PROTECTION IN ONE HIGHLY ADVANCED "DO-IT-ALL" MULTI-TASKING SYSTEM



ADVANCED FEATURES:

- 12 to 96 Fully Programmable Zones designed for UL *Commercial* and residential burglary and fire.
- Includes 8 True Partitions
- 96 Multi-function User Codes
- 800-Event History Log with Real Time Clock
- 255 Event Scheduler
- 8 to 64 Programmable Auxiliary Relay Outputs
- Provision for the Incorporation of Home Automation and Derived Channel/Long-Range Radio Phoneline Backup Systems
- Fuseless Auto-Resettable Polyswitches
- Built-In Access Control Capability - Up to 8 points of access control , enabled at the keypad(s). Access codes can be logged by station, user ID and time.
- The access control output is immediately available through the PMG wire at each keypad.
- Exclusive Sensor Watch Feature *continuously monitors motion* detectors for proper operation.

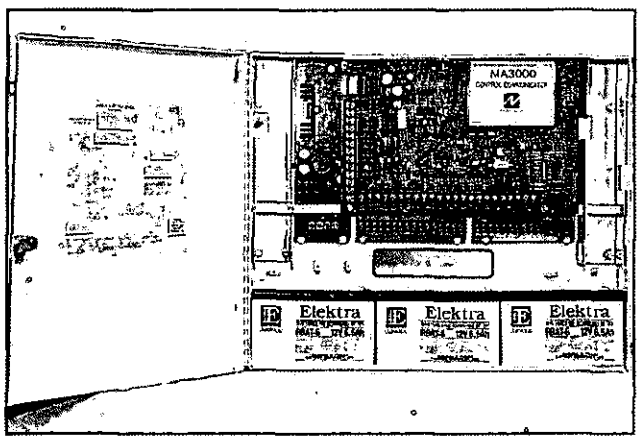
COMPLIANCES -

- UL Burglary/UL Fire; *Commercial* & Residential (NFPA 72A/C, 71); NFPA 71 Signaling Systems for Central Station, California State Fire Marshal (CSFM) Commercial Fire, FM (pending); D.O.C., FCC.

FALSE ALARM REDUCTION FEATURES:

MA3000 is the Industry's Premier System Engineered to Actually Combat 75% of All False Alarms:

- Forgiving Exit Delay Extension/Failure-to-Leave-in-Time Warning
- Final Disarm Warning Upon Entry
- Pre-Alarm Warning
- 2-Way Voice Communication (Optional)
- Cross-Zoning
- V.A.L.I.D. Feature



REMOTE PROGRAMMING & DIAGNOSTICS:

The Quickloader™ feature reduces service calls by letting the security company troubleshoot the system-over the phone lines-right from the office. High security callback procedures and encrypted codes protect both the security professionals and clients.

CONTROL

NAPCO

CONTROL PANEL

- 8 E.O.L Supervised, Programmable Zones for Burglary, 2- or 4- Wire Fire/Commercial Fire or Panic
- Expandability to 96 Zones with use of EZM multiplex modules or command centers zones
- 4 Programmable Relay Outputs (1 for pulse) for: bell, access control, fire reset, etc.
- Up to 96 Zones programmable for fire and "alarm verification by zone"
- 800 Event History Log with Real Time Clock
- Log can be sorted for printing or displayed at command center by 4 different categories: O/C, system troubles, alarm, fire
- Keypad Recall of Events in History Log
- Up to 8 Programmable Areas/ Partitions with Keypad Management Mode
- 96 individually-reporting User Codes w/ 4 programmable security levels each
- Secured Bypass Option-disallows bypassing by other than authorized users (based on security level)
- Two Separate Interior Bypass Options per area
- Auto Arm/Auto Disarm - Auto arming/ disarming at a predesignated time with holiday scheduling
- Manual Auto Arm - Enables delayed arming of system or area(s) by 1,2,3 or 4 hours
- 255 Event Schedule, Programmable for 296 types of events including: test timer, remote relay enable/disable, auto arm/disarm service reminder message, log download, and download at pre-designated increments of events
- On Board Supervised Printer Output - Capability to print log as events occur, or as selected, i.e., open/closes, or in entirety per programmed schedule or with keypad
- Programmable Log Download By Time and Volumes (600 - 750)
- Audible EZM Zone Locator
- Programmable E.O.L. Resistor by zone
- Diagnostics Mode
- Dynamic Battery Test (4 hr. intervals)
- Sensor Watch - Checks for sensor activity over selectable time duration
- Exit/Entry Follower Zones
- Chime-by-Zone-Selectable Duration
- Swinger Shutdown by Zone
- Disable by Zone Feature
- Separate Dealer, User Program and Download Codes
- Flexible Watch Modes by Area
- Fire verification by zone
- Auto Bypass, Interior Bypass, and Selectable Bypass
- 2 Separately Programmable Entry Delay Times; programmable Exit Delay Time
- 8 Stages of Lightning/RFI Protection
- "True" Dual Line Telco Cut Detection
- 24-hour protection programmable for all zones
- Fail to communicate indicated at keypads
- Armed Output
- Low Battery Output
- Resumes Previous Status After Power Outages
- *"Program Change Alert"* to CS - supervises integrity of original program

COMMUNICATOR

- Transmits in all Major Formats, Including High Speed Modem Formats: SIA 1986 & 1990, MODEM 2, POINT ID, 4/3/1
- Pager/Beeper Compatibility
- DPDT line seizure
- 4 Telephone numbers with subscriber ID numbers assignable by area
- Open/Close Suppression for Reduced Central Station Traffic
- Fail-to-Close Reporting and Fail-to-Open Reporting with Auto Open (Disarm)/Close (Arm)
- Telco Line Monitoring for Phone Line(s) with Programmable Testing Time(s) (2nd Line Provided by CF5530 Commercial Fire Module)
- Digital Dialer Test to Central Station from keypad
- Optional Reporting of Bypassed Zones
- Reports Sensor Watch "Troubles"
- Ability to Dial Touch Tone digit labeled ("*"key) to disable "Call Waiting" for the duration of the call (not usable in all areas)
- Open report after alarm
- Split, double and back-up reporting
- Conditional closing report with status
- Alarm and restore codes: on fire, fire trouble, low battery and AC loss

KEYPAD

- RP3000LCD - Backlit 16 Character LCD Custom Language Display
- Each Keypad Incorporates Built-in EZM for Four Additional, Fully-Programmable E.O.L.R. Multiplexed Zones
- Auto Scroll-Display of Open Zone(s)
- System Supports up to 15 Keypads, Providing a Total of up to 60 Additional Zones
- Fully-Supervised with Tamper Feature
- Each Keypad Includes 4 Independent, Selectable Keypad Panics: Ambush, Fire, Auxiliary, Panic
- Built-in Telephone List at Keypad: Four Programmable Emergency Phone Numbers
- Keypad Recall of Events in History Log
- Total or Selective History Log Print Commands at Keypad
- Manual Auto Arm Command - Provides Delayed Arming of System or Area(s) by 1 through 4 hours
- Overview/Management Mode Codes Enable Viewing of Status of Entire System or Each Area, and Provides Complete System Control Simply from One Keypad
- Complete Alphanumeric Zone Directory
- Backlit, Touch-Tone Full-Size Keys Brighten When Touched
- Up to 96 Multi-level User Codes Changeable by Authorized Users
- AC Fail Indication
- Diagnostic Modes Include: Fault Find, Locate & EZM Audible Zone-Locate
- Soft White to coordinate with any decor

SPECIFICATIONS

- **Input Power-**16.5 VAC, Class 2 Plug in TRF11 40VA Transformer or TRF14 50VA Transformer
- **Loop Resistance-**300 ohms max.; 50 ohms for 2-wire
- **Relay Outputs-**Burglary Output -12Vdc, 1.2A max., Fire Output-SPDT wet contacts 12Vdc, 2A, Reset and Aux. Relays-Resistive (cut for dry contacts)
- **Combined Standby Current-**(Remote EZM power + Auxiliary Output) (Household Burg/Fire and Commercial Burg) With TRF14 50VA Transformer: 0.9A with RBAT-6 Battery; 1.15A with 2 RBAT-4 Batteries (Commercial Fire) With TRF14 50VA Transformer: 0.5A with 3 RBAT-4 Batteries at max. bell output 1.2A (Requires PS3000 for 2.0A Bells)

SYSTEM COMPONENTS

- ☐ **MA3000LKDL** 12V UL Commercial/ Residential Burg/Fire/Access Control/ Communicator with TRF14 Transformer supplied.
- ☐ **H1518** UL Commercial/Merchantile Locking metal cabinet with16VAC/50VA Transformer supplied.
- ☐ **CB1518KIT** Commercial Burglary Kit (for H1518 Housing) w/ attack-resistant shielding partitions plus tamper switches
- ☐ **H1214** Standard UL Household Listed metal panel enclosure
- ☐ **RP3000LCD** Designer Backlit Alphanumeric Display Keypad. Built-in 4 Zone EZM Expansion Module, etc.
- ☐ **CF3000LCD** Fire-Dedicated Model Keypad with signal shutdown and system restoral functions, etc.
- ☐ **EZM3008** 8-Zone Expansion Module
- ☐ **CF5530** Supervised Dual Phone Line Switcher Module for Commercial Fire
- ☐ **RM/RB3008** Relay Board Provides 8 Programmable Form "C" Relay Outputs
- ☐ **PS3000** Heavy-Duty Power-Supply Module, 12Vdc, 4A for Commercial Use
- ☐ **MAV-15** Two-Way Voice/Listen-In Module.
- ☐ **RPB-3** Surface Mount Back Box w/ tamper for mounting keypads on concrete or tile (WHITE)
- ☐ **RPB-3RED** Surface Mount Back Box w/ tamper for mounting keypads on concrete or tile (RED)
- ☐ **RBAT-6** Maintenance-Free Rechargeable Battery, 12Vdc, 6.5 Ah
- ☐ **TRF14 Transformer**, 16Vac/50VA, Class 2
- ☐ **TRF15 Transformer**, 18Vac/100VA, Class 2, in separate enclosure.
- ☐ **PCBL** Parallel Printer Cable

NAPCO

333 Bayview Avenue, Amityville, NY 11701

Change of Contractor Permit # 05-1158

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Bill Dalton Plumbing
Address: 555 New Jersey Ave.
Brick NJ. 08724.
Phone #: 732-458-2424
Lis #: 10633
Federal Emp # or SSN 22-3686075

ORIGINAL

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

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

Signature: William E Dalton

Please Print Name: William E Dalton

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

Change of Contractor

Permit # 05-1158

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 RT 88 Brick
Block: 852 Lot: 4
Owner's Name: LMVI Ent. Inc.
Owner's Mailing Address: 1759 RT 88 Brick NJ.

Phone: (____)_____

BUILDING

Contractor: Iorio Construction
Address: 44 MacArthur Ave
Lodi, NJ 07644
Phone#: 201-893-6064
Lis #_____
Federal Emp # or SSN 140-67-2930

Technical Data

Description of Work: already done

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

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

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item Quantity

Lighting Fixtures_____
Receptacles_____
Switches_____
Detectors_____
Light Poles_____
Motors w/ Fract. HP_____
Emergency & Exit Lights_____
Communication Points_____
Alarm Devices/FAC Panel_____
Total_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool_____
Electric Range_____KW
Oven/Surface Unit_____KW
Electric Water Heater_____KW
Electric Dryer_____KW
Dishwasher_____KW
Garbage Disposal_____HP
A/C Unit –Central Air_____KW
Space Heater/Air Handler_____KW
Baseboard Heating_____KW
Motors 1+ HP_____
Transformer/Generator_____KW
Light Stander_____AMP
Service_____AMP
Subpanel_____AMP
Motor Control Center_____AMP
Sign/Outline Light_____KW
Furnace_____
Steam Boiler_____
Other:

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Land Use/ Bldg Dept Fax:732-262-8954

*** Transmit Conf. Report ***

Feb 25 2005 9:03

Telephone Number	Mode	Start	Time	Page	Result	Note
12012615566	NORMAL	25, 9:02	0'29"	1	* O K	

P.1

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C 28-04

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1759 Route 88

DATE REVIEWED: 2-25-05

REVIEWED BY: FM

CONTACT CALLED/FAXED: 201-261-5566 Bill Lawton

(1) Employee Bathroom Not ADA compliant IF Scale on Drwg A-1 is Correct on A-2

(2) Drwg A-5 Section 8,9,10,11 Show SOFFIT LOADING on Bottom chord of F. Bar Joist, Supply Engineering Data on LOADING (moment - End Reaction)

(3) Drwg A-13 Section #1 Notes ROOF TRUSS - Supply Engineered Sealed Plans

(4) Doors #1 #3 #9 are exit Doors yet width only Defined on #1 as others are Existing, Supply Total width US Occupancy 1040

(5) ROOF mounted Equipment screen Details Not Supplied

Frank/plan review template

(6) Relocation Data

R-8-04

BRICK TOWNSHIP PLANNING BOARD

MINOR SITE PLAN APPROVAL

WITH VARIANCES AND DESIGN WAIVER

File 2
App
App/Alt
App Eng
PB Alt
PB Eng
Zoning
Tax A
Eng
Cost

WHEREAS, JOHN GAZONAS/LAURELTON PLAZA OFFICES, LLC, AS APPLICANT, having a mailing address of P.O. Box 1802, Point Pleasant Beach, New Jersey 08742, has applied to the Brick Township Planning Board for minor site plan approval pursuant to N.J.S.A. 40:55D-47, 51, 60, and 70; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on January 14, 2004 in the Municipal Building, at which time testimony and exhibits presented on behalf of the applicant and all interested parties having been heard;

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 852, Lot 4, on the Municipal Tax Map.

2. The 2.57 acre tract property is located on the northwestern side of Route 88 and is in the B-3 (Highway Development) Zone. The site has frontage on three right-of-ways known as Route 88, Princeton Avenue and Forge Pond Road. The site is further located on the northwest side of the former Laurelton Circle, and was the former location of various Restaurants, and most recently the

11/3/04

Laurelton Movie Theater. At present, the total building area is 20,000 square feet, 10,000 square feet of which is currently being utilized for professional offices occupied by Meridian Health Care. The subject application is for re-development of the remaining 10,000 square feet in an anticipated mix of retail and office use—applicant could not identify specific tenants at present. Applicant has also proposed various other modifications to the subject site – including landscaping and parking improvements.

3. Applicant and its professionals testified that this project will complete the remodeling and updating of this "difficult" site. Applicant testified that Meridian Health Care has already leased half the available space (10,000 out of 20,000 square feet) space – for its "back office" needs – and this plan proposes utilizing the remaining 10,000 square feet for retail/office use. This Board has been impressed with the quality of the work accomplished at this site and anticipates continued progress in the renovation of this tract which will be beneficial to the applicant, its expected customers/clients and to the Township of Brick.

4. The application is shown on plans entitled, "Minor Site Plan of Lot 4, Block 852, Township of Brick, Ocean County, New Jersey," dated 5/1/03, last revised 11/25/03, consisting of two (2) sheets, as prepared by Lindstrom, Diessner & Woodcock, L.L.C. Applicant also supplied architectural plans entitled "Proposed Renovation for: Pharos Contracting, 1759 Route 88, Lot 4, Block 852, Brick Township, Ocean County, New Jersey" consisting of six (6) sheets, dated 3/20/03.

5. Birdsall Engineering, Inc., prepared a report to the Board dated January 6, 2004. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

6. Michael P. Fowler, AICP/PP, Municipal Planner, prepared a report to the Board dated January 7, 2004. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

7. Kevin Batzel of the Brick Township Board of Fire Safety prepared a report dated December 10, 2003. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

8. Applicant has sought a variance for front yard setback - (75 feet required, 25.9 feet existing from building to W. Princeton Avenue). Recognizing that this application represents an improvement over the existing vacant building, the Board finds that this existing variance for a front yard setback is reasonable. Applicant has also requested a variance for lot width – (200 feet required, 154 feet existing from building) which is a reasonable and existing condition. Applicant has also requested a variance for side yard setback (30 feet required, 29.57 feet existing from lot line shared with Lot 9), which is reasonable and nominal. Additionally, a variance for minimum accessory side yard setback (20 foot required, 13 feet provided) is requested, and same is reasonable.

Further, applicant requests a variance for maximum allowable impervious area (65% maximum – applicant contends existing impervious area is approximately 95%, and that with the landscaping and other modifications of this application, will reduce the total impervious surface to approximately 87.5% as designed, or perhaps less); that request is a reasonable improvement over the existing condition. Further, per section 190-108 a minimum of twenty percent

(20%) of the site area should be landscaped. Applicant and his engineer testified that the landscaping provided is a substantial upgrading to what is presently on site to an amount approaching 15% or more—and that is reasonable. Additionally, applicant has requested a variance from the requirement on Section 190-161B which requires that parking areas be set back twenty (20) feet from all right-of-ways, and applicant has provided approximately eight (8) feet from NJ State Highway Route 88 and zero (0) feet from West Princeton Avenue. However, both are existing conditions; and as this application actually improves the traffic circulation and the entrance of the site, this is reasonable. The applicant has also requested a variance from Section 190-161D, which requires that no parking areas of a business zone should be within twenty-five (25) feet of a residential zone boundary, whereas approximately two (2) feet is provided at the rear of the building by an existing condition – this is also reasonable.

After much Board discussion, Applicant agreed to reduce its sign area variance request (which Section 190-164 recites as a maximum of fifty (50) square feet) from the Applicant's originally submitted one hundred (100) square feet proposal to a the compromised amount of eighty (80) square feet. This Board recognizes that the existing signage is about one hundred twenty-six (126) square feet – and approves the reduction in size, as well as recognizing that the location of the building necessitates a larger, more aesthetically pleasing identification sign.

Applicant has further modified its application for a variance from Section 190-164 for minimum sign setback – and has agreed to place the sign at a beneficial location, to the satisfaction of the Board's Engineer/Planner. Applicant

has further requested a variance from Section 190-224.1 which requires that a screened refuse area should not be located within a front yard, accessory setback or buffer—and the existing/proposed trash enclosure is within the front yard setback of West Princeton Avenue. The applicant has testified that the enclosure is ninety (90') feet from the closest dwelling – and this variance is reasonable.

Applicant has also requested a variance from Section 190-258 for a minimum required buffer width from a business to a residential zone—sixty (60') feet required, two (2') feet proposed (existing condition). Applicant's modified enhanced buffer will improve this existing condition for the better.

Another variance request is from Section 190-259 for minimum landscaping of twenty-five percent (25%) of total lot area – whereas originally only 8.3% was proposed – together with Applicant's modified enhancements, the Applicant's landscaping approaches a total of 12% or more and is acceptable – particularly in view of the fact that the existing condition on site was approximately 95% impervious surface.

Applicant and his professionals further testified that based on adjacent parking areas, there seem to be sufficient quantity of parking spaces available that this application meets the parking space requirements of Section 190-160. As such, no variance is requested, and none is given.

Although some Board members may have wanted the applicant to agree to perform additional remedial work at the parcels, including "green banking", it is understood that this application represents a substantial renovation and improvement of a difficult and problematic site; and is an attempt to significantly

upgrade the area. Therefore, together with all of the applicant's representations, the enumerated variances are therefore granted.

9. Design waivers are required as follows:

(a) Applicant proposes a waiver from the requirement recited in Section 190-220 that stormwater management calculations be required to ascertain they are in accordance with N.J.A.C. 5:21-7 Stormwater Management. After further review, the Board Engineer has received the representations and materials from Applicant's Engineer that same is acceptable – same is to be provided to satisfaction of Board Engineer.

(b) Applicant also proposes a waiver from the requirement in Section 190-260A that the area of the landscaping within parking lots must be a minimum of 5% of the parking area and must contain at least one (1) shade tree for every 10 parking stalls. Applicant proposes to plant one (1) shade tree for every 14 stalls. This is a reasonable accommodation.

(c) Applicant proposes a waiver from the requirement in Section 190-260B, that planting strips be provided along adjoining parking lots providing control of vehicular movements from one parking lot to the other. With certain changes to the satisfaction of Board's Engineer, then same is reasonable.

(d) Applicant proposes a waiver from the requirement in Section 190-161M, that a minimum three foot (3') high berm is required along Route 88 and Forge Pond Road adjacent to the parking lot. Applicant recommended certain modifications, such as an enhanced area along Forge Pond Road to an approximate two (2) to three (3) foot height—because of the change in elevation of the parking areas—such changes to be completed to the satisfaction of Board's Engineer.

(e) Applicant proposes a waiver from the requirement in Section 190-224.ID., that a minimum five (5) foot wide landscaped area be provided along three sides of a trash enclosure. Applicant agreed to comply with same to satisfaction of Board's Engineer.

10. With the exception of the variances and design waivers granted hereinabove, the applicant has complied with the requirements of the minor site plan ordinance. The plan is consistent with the intent and purpose of the Master Plan and the Municipal Development Ordinance. Accordingly the Board finds that the benefits of the proposed development outweigh any detriments, and the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Township Zoning Ordinance or Master Plan.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 28th day of January 2004, that this application be approved subject to the following conditions:

1. The applicant shall comply with all standard Planning Board conditions for minor site plan approval as set forth on Attachment 'A.'

2. The applicant shall comply with all representations and agreements made by the applicant, its attorney or other professionals during the presentation of this case.

3. The applicant shall comply with the following paragraphs contained in the report of Birdsall Engineering dated January 6, 2004: 4(a) (b) (c) (d), 5(a) (cross access agreement has been supplied to Board's attorney) (b) (c) (d) (three (3) spaces) (e) (four-sided screen to be constructed to the satisfaction of Board's Engineer and Planner) (f) (proposal deemed sufficient) (g) (h) (i) (j), 6 (a) (hours

of operation anticipated at 6:30 a.m. to 10:00 p.m. with lights turned off no later than 11:00 p.m.) (b) (c) (Applicant's proposal to be reviewed to satisfaction of Board's Engineer/Planner) (d) (i) (ii) (iii) (e) (Applicant agreed to meet with Board's Landscape Architect for additional creative landscape design modifications to the satisfaction of the Board's Professionals) (f) (Applicant agreed to planters on the sidewalk, adjacent to building, to the satisfaction of Board's Engineer/Planner) 7, 8, 9 (a) (b) 10, 11, 12.

4. The applicant shall comply with the following comments contained in the report from Michael P. Fowler, AICP/PP dated January 7, 2004: V. Comments: A (Applicant addressed concerns of Board Professionals) B. (Applicant agreed to placement of handicapped spaces, crosswalks and depressed curbing to the satisfaction of Board's Engineer/Planner) C. (Applicant agreed to comply with residential house side shields and outdoor lighting turn off at 11:00 p.m., one hour after closing) D. (Applicant will provide to satisfaction of Board's Engineer/Planner, recognizing difficulty of site) E. (Applicant agreed to a six (6) foot high board on board fence relocated to Applicant's side of property adjacent to Lots 9, 10 and 16 to satisfaction of Board's Engineer/Planner) F. (Applicant has agreed to Board's Engineer/Landscape Architect to review and be satisfied as to the size, number and variety of proposed plantings) G. Applicant has agreed to relocate fence to Applicant's side of property and work together with Board's Engineer/Planner, to their satisfaction, in regard to trees and vegetation, as well as the berm and change of grade) H. (the display of applicant which was provided at the public hearing, and applicant's testimony that anticipated future tenants are unknown other than Meridian Healthcare) I. (After discussion – Board and Board's Professionals acknowledged that a plan of

"green banking" of 10% of available parking or 20% of excess – is probably not appropriate at this time) J. (Applicant advises do not intend to violate any cross-access easement(s) in place – but represented that as far as they could ascertain, there are no cross-access easements with the subject site and Lot 6, the State Legislative Constituent Offices Building) K (Applicant will agree to any workable solution to the satisfaction of Board's Engineer/Planner) L. and M.

5. The applicant shall comply with the comments contained in the report from Kevin Batzel, Bureau of Fire Safety, dated December 10, 2003.

6. Applicant has agreed that the mechanicals on the roof will be screened on all four sides, and will work to accomplish same to the satisfaction of Board's Engineer and Planner.

MOVED BY: Mr. Reilly

SECONDED BY: Mr. Vespi

VOTING IN THE AFFIRMATIVE: Mr. Vespi, Mr. Petoia, Mrs. LaDuke, Mr.Dockery, Mr. Aiello, Mr. Reilly, Councilwoman Scaturro, Mr. Kelly

VOTING IN THE NEGATIVE:

PRESENT, BUT NOT VOTING Mr. Gross, Mr. Brando

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT:

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 28th day of January, 2004.

IN WITNESS WHEREOF, I have set my hand this 30th day of January, 2004.

Judith Fox Nelson

JUDITH FOX NELSON
Clerk of the Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall submit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

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

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

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planning Board.