BLOCK 820 LOT 60 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-3560

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-004224

I. IDENTIFICATION

1. Proposed Work Site at: 1563 Rt. 88 Brick NJ 08724
2. Name of Owner in Fee: MAHA PUJA 1 LLC
   Tel. 908 910 2826 e-mail VJK7503@gmail.com
   Address 1563 (street) Rt. 88 Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Owner Tel. _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____ ✓
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Scott Spivak
   Tel. 908 910 2826 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75-	1A	
2. Electrical		40 ✓	
3. Plumbing		50 ✓	
4. Fire Protection	65- ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 141-	90-	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MV	4/24/13		07/30/13	WEK			
☐ Electrical					9/10/13	JS			
☐ Plumbing									
☐ Fire Protection				8/1/13		WEK	8/21/13		MDL
☐ Elevator		Eng Exempt			7/29/13	ECC			
TOTAL COST	0								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/20/2013
Control Number C-13-004224
Permit Number 13-3560
Permit Issue Date 8/22/2013
Certificate Number 13-3560

Certificate

Construction Code Division

(Certificate of Continued Occupancy)

Identification

Work Site Location: 1563 ROUTE 88 Brick Township, NJ Block: 820 Lot: 60 Qual:

Owner in Fee: MAHA PUJA 1 LLC

Owner Address: 54 TODD CIRCLE NORTH BRUNSWICK NJ 08902

Telephone: (908) 910-2826

Contractor MAHA PUJA 1 LLC

Address 54 TODD CIRCLE NORTH BRUNSWICK NJ 08902

Telephone: (908) 910-2826 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP

Certificate Comments: Fire maintenance records indicate use as deli existing more than 10 years. New work has not changed the use of structure by present owner. No Imminent Hazards exist. CCO is being issued for continued non-conforming use. Additional work may require occupancy/use certificate.

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $75.00
Check Number: 1007
Collected By: Christopher Romano

Date Printed: 9/20/2013 U.C.C. F260 (rev. 08/05)

Calk 9/22/13 TB

13-3560

CONSTRUCTION PERMIT

Date Issued 8-22-13
Control # C-13-004224
Permit #

IDENTIFICATION Block: 820 Lot: 60 Qualifier

Work Site Location: 1563 ROUTE 88 Brick Township, NJ

Owner in Fee: MAHA PUJA 1 LLC, 54 TODD CIRCLE NORTH BRUNSWICK NJ 08902
Telephone: (908) 910-2826

Contractor: MAHA PUJA 1 LLC
Address: 54 TODD CIRCLE NORTH BRUNSWICK NJ 08902
Telephone: (908) 910-2826
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

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

Estimated Cost of Work $500

David F Newman Jr
Construction Official

8/21/13
Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$141
Check No.	1007
Cash	$0
Credit	$0
Collected By	

150
191

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

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

REQUIRED INSPECTIONS

08/22/13 10:57AM 00155845948
XXXX SERVICE
BUILDING $75.00
FIRE $65.00
DCA $1.00
CHECK $141.00

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued
Control # C-13-005070
Permit # 13-3560+A

IDENTIFICATION Block: 820 Lot: 60 Qualifier
Work Site Location: 1563 ROUTE 88 Brick Township, NJ

Owner in Fee: MAHA PUJA 1 LLC
54 TODD CIRCLE NORTH BRUNSWICK NJ 08902
Telephone: (908) 910-2826

Contractor: MAHA PUJA 1 LLC
Address: 54 TODD CIRCLE NORTH BRUNSWICK NJ 08902
Telephone: (908) 910-2826
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:
TENANT FIT UP

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$90
Check No.	
Cash	$0
Credit	$0
Collected By	

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

Estimated Cost of Work $2

David J. Newman Jr
Construction Official

Date

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

OCCUPANCY LOAD

76 **MAXIMUM:** Tables / Chairs Stools / waiting area

NOTE: This sign shall be conspicuously posted near the main entrance of the room or space assigned, as required by N.J.A.C. 5:70-3, 1003.4 of the N.J. Uniform Fire Code. No person or persons shall permit overcrowding or admittance of any person beyond the established posted occupant load. This occupant load may be re-posted as determined by the code, based on an approved floor plan. Any changes in the approved floor plan or arrangement shall be reported to the Fire Safety Bureau, prior to the changes occurring.

LOCATION: Taylor Sam
1562 Rt 88

USE GROUP: A-2 REG NO: _____

DATE: _____

OWNER/OCCUPANT: _____

SIGNATURE: _____

BRICK TOWNSHIP FIRE DEPARTMENT
FIRE
BTFD
SAFETY

_____
Kevin C. Batzel, Bureau Chief

Brick Township Bureau of Fire Safety
500 Herbertsville Road
Brick, NJ 08724
(732) 458-4100
bureau@brickfire.org

- An alternate occupant load may be posted based on an approved floor plan only. Contact the Fire Bureau with a proposed floor plan via the assembly/occupancy notification form in advance.

Revised 11/2010

Taylor

Occupancy

(2) Doors (36) 150+150 = 300

Sam (60x40) Sq Ft 2400 ÷ 15 = 160

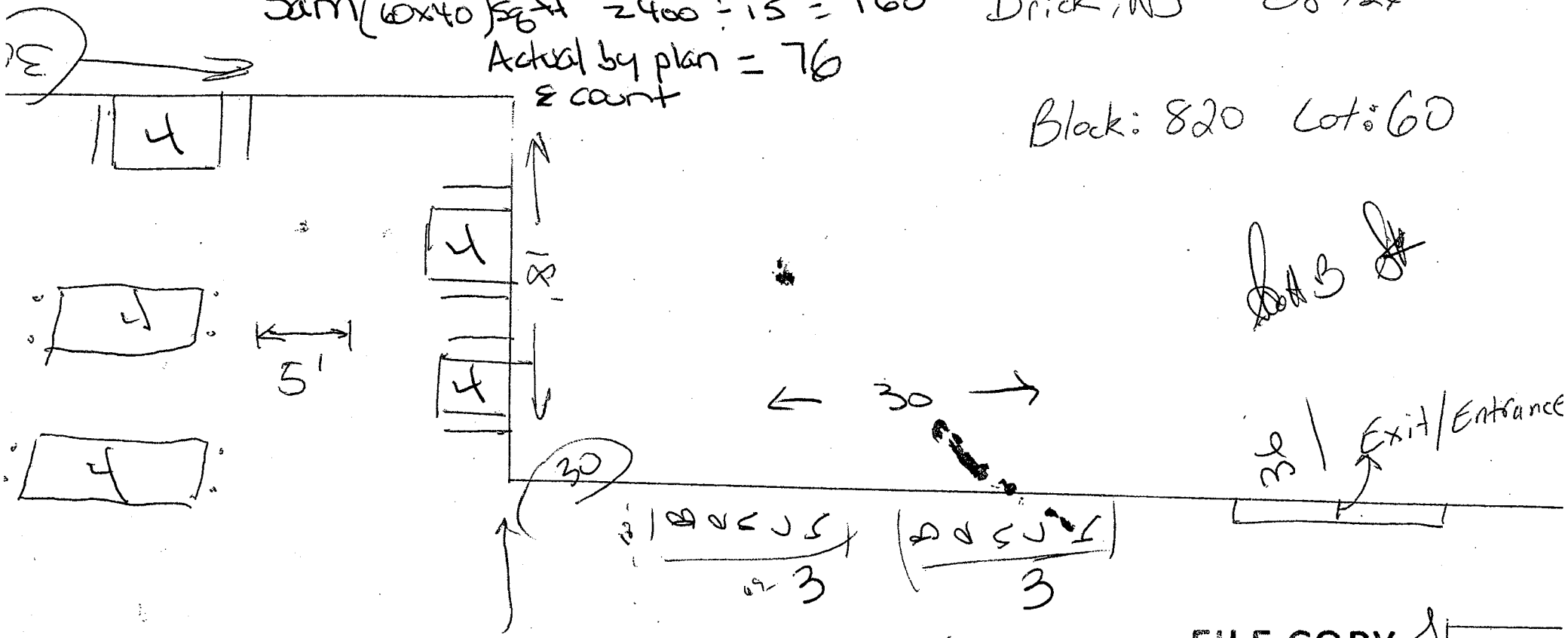
Actual by plan = 76

& count

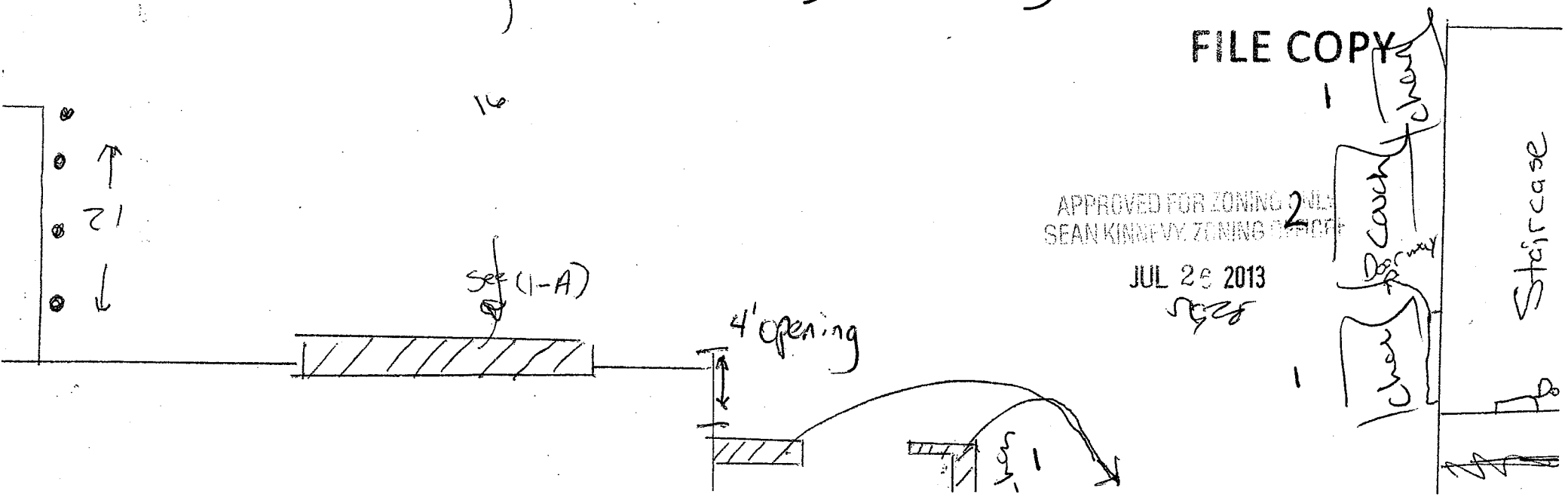
1563 Rt. 88

Brick, NJ 08724

Block: 820 Lot: 60



FILE COPY



APPROVED FOR ZONING ONLY
SEAN KINGFVY ZONING OFFICER
JUL 26 2013

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-3560+A

Date Issued
Permit # 9-10-13

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

Block 820 Lot 60 Qualification Code

Work Site Location 1563 Rt. 88 Brick Township NJ

Owner in Fee: MAHA PUJA LLC

Tel. (908) 910 2826 e-mail

Address 54 Todd Circle (street) North Brunswick (municipality) 08902 (zip code)

SELF

Contractor: Scott Spivak Tel. ( )

Address 3288 Longpoint Dr. Toms River NJ e-mail vak7503@gmail.com

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 0

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 sign/Contractor sign and seal here: Scott B Spivak

Print name here: Scott B. Spivak

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CCO

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9-10-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [X] CCO [ ] CA

Date: 9-20-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final CCO	9-12-13		9-20-13	

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

DAN Wall mount

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 9-10-13

Date Issued / Permit # 13-3560+A

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

Block 820 Lot 60 Qualification Code

Work Site Location 1563 Rt 88 Brick NJ 08724

Owner in Fee: Maha Puja 1 LLC

Tel. (908) 910 2826 e-mail vak7503@gmail.com

Address 54 Todd Circle (street) N. Brunswick (municipality) NJ (zip code) 08902

SELF

Contractor: Scott Spivak Tel. (908) 910 2826

Address 3288 Long Point Dr. e-mail vak7503@gmail.com

TR, NJ 08753

Contractor License No. — Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 0

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 sign/Contractor sign and seal here:

Print name here: Scott B. Spivak

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CCO

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		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	
		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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[x] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9/10/13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9/10/13

Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	9-12-13	9-17-13	09	
Barrier-Free	DO			

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

As per DCA 061

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 13-3560

Date Issued
Permit # 8-22-13

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

Block 820 Lot 60 Qualification Code _____

Work Site Location 1563 Rt. 88 Brick NJ 08724

Owner in Fee: MAHAPUJA I LLC Scott/Dawn Spivak.

Tel. (908) 910 2826 e-mail vak7503@gmail.com

Address 1563 Rt. 88 (street) Brick (municipality) 08724 (zip code)

Contractor: Tenant Tel. (____) _____

Address _____ e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	07/30/13	KEK
[ ] Footings/Foundations	____	____
[ ] Structural/Framework	____	____
[ ] Exterior	____	____
[ ] Interior	____	____

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

SUBCODE APPROVAL for PERMIT
Date: 07/30/13
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] CCO [ ] CA
Date: 09/19/13
Approved by: KEK

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final *	9/5/13			
Barrier-Free				

CCO Inspection For Pre-Existing Use VISUAL ONLY 09/19/13 KEK

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 400
3. Total (1+ 2) $ _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Scott B Spivak

Print name here: Scott B. Spivak

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New cosmetic wall

Tenant Fit-up.

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

FEE (Office Use Only)

$ _____

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

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

Taylor Sam
Country Store

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

("Old" country store)

Date Received / Control # 13-3540

Date Issued / Permit # 8-22-13

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

Block 820 Lot 60 Qualification Code _____

Work Site Location 1563 Rt. 88 Brick 08724

Owner in Fee: MAHAPUJA 1 LLC

Tel. (908) 910 2826 e-mail vak7503@gmail.com

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: Tenant Tel. (____) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ ~~X~~ 1.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[✓] Fire Protection Plans Approved

Date: 8/23/13 Approved by: MW

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8-27-13

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 9-16-13

Approved by: [signature]

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			9/13/13	MW
Other _____				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Scott B Spk

Print name here: Scott B. Spivak

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Review Only

Method of Alarm/Suppression System Supervision _____

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

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

AISH FIRE PROTECTION CO.
Permit # P01201
P.O. Box 15
Lakewood. NJ 08701
732-367-1444

DATE OF SERVICE 8/6/13	TIME 2:00	A.M.	P.M. ✓		
ANNUAL	SEMI-ANNUAL ✓	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS RIGHT OF HOOD				UL 300 ☑ YES ☐ NO	
MANUFACTURER RANGE GUARD	MODEL NUMBER RG-465	WET ✓	DRY CHEMICAL		
CYLINDER SIZE MASTER 4 GAL.	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE			
FUSE LINKS 360° F.	FUSE LINKS 450° F. 2	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF	ELECTRIC	GAS ✓	SIZE		
SERIAL NUMBER	LAST HYDRO TEST DATE 2005	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:	DRAWING NUMBER:	DATE			

CUSTOMER

Name TAYLOR SAM'S

Address 1563 RT. 88

City BRICK State NJ ZIP

Telephone (732) 458-7267 Store No.

Owner or Manager SCOTT

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

FLAT GRIDDLE	2 BURNER STOVE	GRILL	FRYER

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

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS: REPLACED 2 450° LINKS

On this date, this pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual with the results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO. P01201	DATE: 8/6/13	TIME: 2:30	AM	PM ✓	CUSTOMER'S AUTHORIZED AGENT

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

CUSTOMER COPY

MGS PROPANE
309 Route 72
Barnegat, NJ 08005
609-698-7000 fax 609-698-1814

From: Michele Styler

To: Brick Twp Fire Inspector
Attn: Richard Orlando
Ph#

Date: 9/6/2013
Re: W/O of Removal of Tank
Fax# 732-262-8954 & 732-458-4153

Number of pages including cover: 2

Please Read ☐ Please Reply ☐ Please File ☐

Dear Mr. Orlando,

Herewith please find a copy of work order #25003 showing the removal of a 1000# propane storage tank from 1563 Route 88 in Brick, NJ.

The tank was picked up on July 10, 2013 and is in our possession.

Thank you.

If you received this transmission in error or you are not the intended recipient of this transmission, please contact us at 609-698-7000. Thank you!

MGS PROPANE
MGS Propane
309 Rt. 72
Barnegat, NJ 08005
Telephone: (609) 698-7000

ASAP

WORK ORDER & INVOICE 25003

☐ NEW CUSTOMER
☐ EXISTING CUSTOMER
TAKEN BY: JR
DATE: 100312
TIME: 12:29
APPOINTMENT:
DATE:
TIME:

CUSTOMER NAME: MAHA PUJA LLC 911 1506
ADDRESS: 1563 Route 88 West
CITY, STATE, & ZIP: BRICK NJ 08723
ALTERNATE ADDRESS: 1563 ROUTE 88 WEST
CITY, STATE, & ZIP: BRICK NJ 08724
ACCOUNT NUMBER: 14152
HOME: (732) 773-6667
CELL: ( ) -

CHECK TYPE OF SERVICE

☐ TANK/EQUIPMENT: COMPANY OWNED ____ CUSTOMER OWNED ____
☐ TANK/EQUIPMENT REMOVAL: % BEFORE 15 % AFTER 15
SIZE 100 SERIAL # 141524
☐ NEW CUSTOMER INSTALLATION*
☐ OUT-OF-GAS* ☐ LIT PILOTS* ☐ CYCLED APPLIANCES ON/OFF
☐ DISCONNECT (Lockout Tank) TAG* #
☐ RECONNECT*
☐ MOVE-IN (New Renter/Owner)*
☐ NEW CUSTOMER-OWNED ACCOUNT*
☐ OTHER SERVICE explain:

*Follow company's policies and procedures

DIRECTIONS: 1-1000 PUMPER W/O 43.000 MOVIN
-CAPPED @ 15%
INSTRUCTIONS: OU Tank & all fill plant equip
per DCA ~~Refrigerator~~
Will work into fence removal -

REGULATOR PRESSURE TEST:	Delivery	Lock-Up	Make	Model #	Mfg. Date
INTEGRAL TWIN STAGE	IN W.C.	IN W.C.			
1ST STAGE	PSIG	PSIG			
2ND STAGE	IN W.C.	IN W.C.			
2ND STAGE (if applicable)	IN W.C.	IN W.C.			

LEAK TEST:	Test Pressure	START	End	Time Held
HIGH PRESSURE: TP less 10 psi	PSIG	PSIG	PSIG	MINUTES
LEAK TEST:	System Pressure	START	End	Time Held
INTERMEDIATE: 1st stage less 5 psi	PSIG	PSIG	PSIG	MINUTES
LOW PRESSURE: 9" w.c. +/- 1/2" w.c.		IN W.C.	IN W.C.	MINUTES

PRESSURE TEST (NEW PIPING):	Test Medium	START	End	Time Held
PRESSURE TEST: 1.5 x W.P. (MIN 3 PSI)	Circle one: Air or Inert Gas	PSIG	PSIG	MINUTES

WORK PERFORMED/COMMENTS: remove 1-underfill
Decals and Decals removed

APPLIANCES	Mfr.	Model	Serial #
Furnace 1			
Furnace 2			
Space Heater 1			
Space Heater 2			
Kitchen Range			
Water Heater			
Clothes Dryer			
Gas Logs 1			
Gas Logs 2			
Other	PUMPING STATION		

TANK(S)	Size	Mfr.	Date	Serial #
ASME / DOT	01000	JUNK		TANK-141524
ASME / DOT				
ASME / DOT				
ASME / DOT				
ASME / DOT				
ASME / DOT				

METER	Size	Mfr.	Date	Serial #
Meter 1				
Meter 2				

QTY.	DESCRIPTION	SR or Item	AMOUNT

SUMMARY	PROD CODE	Total
APPLIANCE		
PARTS/FITTINGS		
LABOR	405	removed Ø
OTHER		
SALES TAX		
TOTAL BILLING $		
AMOUNT RECEIVED $		
PAYMENT TYPE	CASH or CHECK #	

A late charge may be assessed on unpaid balances at 1.50% per month (18% APR).

"I am satisfied with the work performed and agree to pay for services completed".
PRINT NAME
CUSTOMER'S SIGNATURE
DATE

"I certify that the above-noted information and test results are accurate".
PRINT NAME: George E Hunter
EMPLOYEE'S SIGNATURE:
DATE: 7-10-13 TIME: START 10.20 END 11.05 AM/PM

NEW CUSTOMER ACKNOWLEDGEMENT

_____ (Please print name)

- can detect the odor of propane and know how to turn off the gas supply in case of emergency.
- have received the propane safety information pamphlet (PERC) Propane Education & Research Council.
- understand my gas company representative did not conduct a comprehensive inspection of my entire gas system. I understand this inspection covers propane/LP-Gas items and equipment visible and accessible to the service technician and represents the conditions existing on the date of the inspection and does NOT cover latent or manufacturing defects, the internal working of sealed equipment or structural components or vent systems and cannot be construed to cover future or unforeseen happenings.
- had gas system deficiencies and/or corrections, if any, clearly explained to me and am satisfied with the service work performed.

NEW CUSTOMER'S SIGNATURE _____ DATE: _____

COMPANY USE ONLY
Received by: Date:

Attn: Richard Orlando

(732) 899-3400
(800) 564-4346
FAX (732) 202-1610

HEIM ELECTRONICS, INC.

Industrial, Commercial, Residential

SECURITY AND FIRE SYSTEMS – CCTV – SOUND – COMMMUNICATIONS
ACCESS CONTROL & HOME THEATERS
FAMILY OWNED AND OPERATED SINCE 1976

FIRE ALARM INSPECTION AND TESTING REPORT

Inspection Date: 08-06-13 & 08-12-13	Service Tech: MTY	Premise Account #: 4752M
Premise Name: Jersey Girls, LLC		
Premise Address: 1563 Route 88 Brick, NJ 08723		
Premise phone #: 732-458-0377	Premise Contact: Scott 908-910-2826	

Fire Alarm Registration #P00532

This inspection report is solely based on the testing and inspection of the specific fire protection components as noted on the report. This report in no way constitutes a fire protection engineering or loss prevention survey and does not address the level of protection provided by the system, the acceptability of the equipment installed, or the overall design, engineering or fire code compatibility or acceptability of the system(s) and all related components. This inspection and certification is strictly limited to those items specifically tested and the results of the tests at the time of the actual inspection.

The results of this inspection indicated that the system at the time of inspection was:

☒ Found to be in operational condition at this time
☐ In need of repairs in order to be in operational condition

TYPE OF TRANSMISSION	INSPECTION/SERVICE	ALARM TRANSMISSION
	☐ Weekly	☒ Central Station: Securall
☒ Digital	☐ Monthly	Phone #: 1-800-624-1180
	☐ Quarterly	
☐ Long Range Radio (R/F)	☐ Semi-Annually	☐ Police Dept.
☐ Multiplex	☒ Annually	☐ Fire Dept.
☐ Other (specify)	☐ Other (specify)	☐ Other (specify)

Panel Manufacture Control: Ademco	Model #: Vista 32FB
Circuit Style:	Number of Circuits: 2

LAST DATE SYSTEM HAD SERVICE PERFORMED:
SIGNALING LINE CIRCUITS: QUANTIY: STYLE(S):
PRIMARY POWER SOURCE: ☒ 110 VAC SINGLE PHASE
SECONDARY POWER SOURCE: ☐ STANDBY GENERATOR ☒ BATTERY
IF SYSTEM IS EQUIPPED WITH A REMOTE ANNUNCIATOR, DO ALL INDVIDIUAL INDICATORS ILLUMINATE: ☒ YES *or* ☐ NO
ANNUNICATOR LOCATION: Front Door MANUFACTURER: Ademco MODEL #:6139CR

USER CONTROL FUNCTION TEST / **PANEL VISUAL TEST**

	GOOD	N/A	INOP		GOOD	N/A	INOP
RESET	☒	☐	☐	AC POWER	☒	☐	☐
TROUBLE SILENCE	☒	☐	☐	SYSTEM TROUBLE	☒	☐	☐
FUSES	☒	☐	☐	ZONE TROUBLE	☒	☐	☐
ALARM SILENCE	☒	☐	☐	ZONE ALARM	☒	☐	☐
LAMPS	☒	☐	☐	GROUND FAULT	☒	☐	☐

SECONDARY POWER SOURCE

PANEL MANUFACTURE POWER SUPPLY: Ademco MODEL #: SA1451
BATTERY TEST: QTY: 1 VOLTS 12 AMP HOUR RATING 7 BATTERY TYPE Lead
CHARGER OUTPUT VOLTAGE: VDC: 13.70
OPEN BATTERY VOLTAGE: VDC: 13.60
BATTERY OPERATION UNDER PIMARY POWER INTERRUPTION: VDC:
BATTERY VOLTAGE: VDC (5 MINUTES): 13.30
BATTERY VOLTAGE IN ALARM: VDC (5 MINUTES): 12.90
DID BATTERY APPEAR SATISFACTORY? ☒ YES *or* ☐ NO
CIRCUIT STYLE: # OF CIRCUITS (ZONES):
SIGNALING LINE CIRCUITS; QUANTITY: STYLE(S:)
PRIMARY POWER SOURCE: ☐ 110 VAC SINGLE PHASE
SECONDARY POWER SOURCE: ☐ STANDBY GENERATOR ☐ BATTERY

USER CONTROL FUNCTION TEST

	GOOD	N/A	INOP
RESET	☒	☐	☐
TROUBLE SILENCE	☒	☐	☐
FUSES	☒	☐	☐
ALARM SILENCE	☒	☐	☐
LAMPS	☒	☐	☐

PANEL VISUAL TEST

	GOOD	N/A	INOP
AC POWER	☒	☐	☐
SYSTEM TROUBLE	☒	☐	☐
ZONE TROUBLE	☒	☐	☐
ZONE ALARM	☒	☐	☐
GROUND FAULT	☐	☒	☐

SECONDARY POWER SOURCE BELL SUPPLY

PANEL MANUFACTURE POWER SUPPLY:	MODEL #:
BATTERY TEST:	
QTY: VOLTS: AMP HOUR RATING:	BATTERY TYPE:
CHARGER OUTPUT VOLTAGE:	VDC: 13.6
OPEN BATTERY VOLTAGE:	VDC: 13.4
BATTERY OPERATION UNDER PIMARY POWER INTERRUPTION:	VDC:
BATTERY VOLTAGE:	VDC (5 MINUTES): 13.4
BATTERY VOLTAGE IN ALARM:	VDC (5 MINUTES): 13.1
DID BATTERY APPEAR SATISFACTORY? ☒ YES *or* ☐ NO	

NOTIFICATION APPLIANCE INFORMATION

APPLIANCE:	*QUANTITY OF:*	*CIRCUIT STYLE:*
BELLS	N/A	N/A
HORN	N/A	N/A
HORN/STROBES	N/A	N/A
STROBES	N/A	N/A
CHIMES	N/A	N/A
SPEAKERS	2	2-Wire
OTHER (SPECIFY)	N/A	N/A
OTHER (SPECIFY)	N/A	N/A

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

DEVICE:	*QUANTITY OF:*	*CIRCUIT STYLE:*
PHOTO SMOKE DETECTOR	N/A	N/A
DUCT DETECTOR	N/A	N/A
HEAT DETECTOR	5	2-Wire
LOW TEMPERATURE	N/A	N/A
MANUAL PULL STATIONS	N/A	N/A
BEAM TYPE SMOKE DETECTOR	N/A	N/A
WATER FLOW SWITCHES	N/A	N/A
SUPERVISORY SWITCHES	N/A	N/A
ANSUL SWITCHES	N/A	N/A
OTHER (SPECIFY)	N/A	N/A
OTHER (SPECIFY)	N/A	N/A
OTHER (SPECIFY)	N/A	N/A

DEFECTS NOTED	REPAIRS/CORRECTED
1. bad battery	replaced
2. no phone line for central	customer had phone line repaired and system tested to central station.
3.	
4.	

HEIM ELECTRONICS INC. (EDP)
08/12/13 00:00 - 08/12/13 23:59

ACTIVITY REPORT

ACCOUNT #4752M

TIME ZONE: EASTERN

JERSEY GIRLS
1563 ROUTE 88 WEST
BRICK, NJ 08724

1563 ROUTE 88 WEST
BRICK, NJ 08724

DAY	DATE	TIME	REPORT	ZONE	DESCRIPTION
MON	08/12/13	02:34:53AM	24 TEST 602	0	Area=1 CID MISMATCH CID:7324580377 602 - TEST - PERIODIC
		11:07:17AM	START N/A	N	REINSTAE IC-MICHAEL YACULLO 111 72
		11:11:39AM	FIRE	8	STORE HEAT DETECTORS Area=1 CID MISMATCH CID:7324580377 110 - FIRE - ALARM NO ACTION ON FILE
		11:12:10AM	RESTORE	8	STORE HEAT DETECTORS Area=1 CID MISMATCH CID:7324580377 110 - FIRE ALARM NO ACTION ON FILE
		12:00:00PM	END N/A	@	
		12:31:18PM	CHG INSTALL	OP72	
		12:31:18PM	TIMER START	D1	

- No change to kitchen Supp 8/14 2013
- Needs Alarm report
- 1 Fire Ext upstairs hall
- Propane tank destruction report
- Final walk thru

Scott Spivak
3288 Long Point Dr
Toms River 08753
908-910-2826 C1

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 8-22-13
Application Number: ZA-13-00948
Application Date: 07/26/2013
Project Number:
Permit Number: 13-00908
Fee: $50

Zoning Permit

Worksite Location: **1563 ROUTE 88**
Brick Township, NJ

Block: **820**
Lot: **60**
Qualifier:
Zone: **B-1**

Owner: **MAHA PUJA 1 LLC**
Address: **54 TODD CIRCLE**
NORTH BRUNSWICK, NJ 08902

Applicant: **Scott B. Spivak**
Address: **1563 Route 88**
Brick, NJ 08724

Application Approved Date: 07/26/2013

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

Use is: Restaurant

Nonconforming Use is:

Work Description:

Rehabilitation - Interior alteration for a tenant fit-up for a new business, "Taylor Sam" restaurant, to replace the "Country Store" restaurant.

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

All signs which have been erected without a zoning permit must be removed immediately.

Upon review it was determined that the Development Application:

09/22/13 10:57AM 00155&#5949
*X08 SERV.008
#00908
ZPA $50.00
CHECK $50.00

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

Sean Kinney, ZO
Office of Zoning,

07/26/2013
Date

Michael P. Fowler, Township Planner

7/26/13
Date

Certificate of Inspection

This certifies that the Automatic Restaurant Fire Suppression System located in TAYLOR SAM'S
Name of Cooking Facility

at the following address 1563 RT. 88 BRICK
has been found to be in proper working order in accordance with the manufacturers instruction manual.

RANGE GUARD RG-4GS
Model and Make of System

N/A
Serial Number

AISA FIRE PROTECTION CO.
Name of Servicing Company

Technician

8/6/13
Date

AISH FIRE PROTECTION CO.

PERMIT # P01201
P.O. BOX 15 • LAKEWOOD, NJ 08701
732-367-1444
www.aishfireprotection.com • info@aishfireprotection.com

Invoice 09750

DATE: 8/6/13
ORDER NO.:
BILL TO:

NAME: TAYLOR SAM'S
ADDRESS: 1563 RT 88
BRICK

SALESPERSON	DATE SHIPPED	SHIPPED VIA	TOTAL TAGS	TERMS
CK			2	

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	☑ Kitchen Suppression System Inspection	95	95 —
2	☑ Fusible Links	7	14 —
2	☑ Annual Fire Extinguisher Inspection	6	12 —
	☐ Tech Time		
		Subtotal	121 —
		Tax	8 47
		Total	129 47

PD CK 1002

Received By:

HEIM ELECTRONICS, INC.
1868 Route 88 East
Brick, NJ 08724
FAMILY OWNED AND OPERATED SINCE 1976
732-899-3400
www.heimelectronics.com

WORK ORDER

REQUESTED BY	DATE CALLED
Scott	8/9/13
DATE SERVICED	ACCOUNT #
8/12/2013	9152m

TECH	TIME IN	TIME OUT
MM	10:30	11:15

JOB NAME Jersey Girls
ADDRESS 1543 Rout 88 West
CITY / STATE / ZIP Brick
PHONE NO. 908-910-2826

1 HR

☐ REGULAR ☐ WARRANTY
☐ MAINTENANCE ☐ ESTIMATE
☐ CONTRACT JOB

DESCRIPTION OF WORK REQUESTED:
customer new phone line send signals through to Secuall.

DESCRIPTION OF WORK PERFORMED:
X SENT FIRE SIGNALS TO CENTRAL STATION. THEY WERE RECEIVED ACCOUNT IS WORKING + ACTIVE.

QTY	PART #	DESCRIPTION

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE

Thank You

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

AISH FIRE PROTECTION CO.
Permit # P01201
P.O. Box 15
Lakewood, NJ 08701
732-367-1444

DATE OF SERVICE 8/6/13	TIME 2:00	A.M.	P.M ✓		
ANNUAL	SEMI-ANNUAL ✓	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS: RIGHT OF HOOD				UL 300 ☑ YES ☐ NO	
MANUFACTURER: RANGE GUARD	MODEL NUMBER: RG-465	WET ✓	DRY CHEMICAL		
CYLINDER SIZE MASTER: 4 GAL.	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE			
FUSE LINKS 360° F.	FUSE LINKS 450° F.: 2	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF	ELECTRIC	GAS ✓	SIZE		
SERIAL NUMBER	LAST HYDRO TEST DATE: 2005	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:	DRAWING NUMBER:	DATE			

CUSTOMER

Name TAYLOR SAM'S

Address 1563 RT. 88

City BRICK State NJ ZIP

Telephone (732) 458-7267 Store No.

Owner or Manager SCOTT

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

FLAT GRIDDLE	2 BURNER STOVE	GRILL	FRIER

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

COMMENTS: REPLACED 2 450° LINKS

On this date, this pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual with the results indicated above.

X							
SERVICE TECHNICIAN	PERMIT NO. P01201	DATE: 8/6/13	TIME: 2:30	AM	PM ✓	CUSTOMER'S AUTHORIZED AGENT	

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

CUSTOMER COPY

Scott Spivak
Taylor Sam's
1563 Rt. 88 Brick
Block 820 Lot 60

Mr. Orlando,

There will be no new gas fired appliances being installed at this location.

Thank you,

Scott B. Spivak
Tenant

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 820 LOT: 60 ADDRESS: 1563 Rt. 88

IDENTIFICATION:

1. WORK SITE ADDRESS: 1563 Rt. 88 Brick 08724
2. NAME OF OWNER IN FEE: MAHAPUJA 1 LLC

   ADDRESS: 1563 Rt. 88 PHONE #: (908) 910 2826

   Brick NJ 08724 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: _____

   ADDRESS: _____ PHONE #: (__) _____

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

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Scott B. Spivak

   ADDRESS: 1563 Rt. 88 Brick NJ 08724

PHONE #: (908) 910 2826 FAX #: (__) _____ E-MAIL: vsk75036@gmail.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

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

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:
Bob Moore – President
Susan Lydecker – Vice President
Domenick Brando
John Ducey
Jim Fozman
Joseph Sangiovanni
Dan Toth

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

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

Date: 7/24/13

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 820 Lot: 60

Property Address: 1563 Rt. 88 Brick NJ 08724

I, Scott Spivak (name) of 1563 Rt. 88 Brick NJ 08724 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

SH BSK
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:_____ Signed:_____

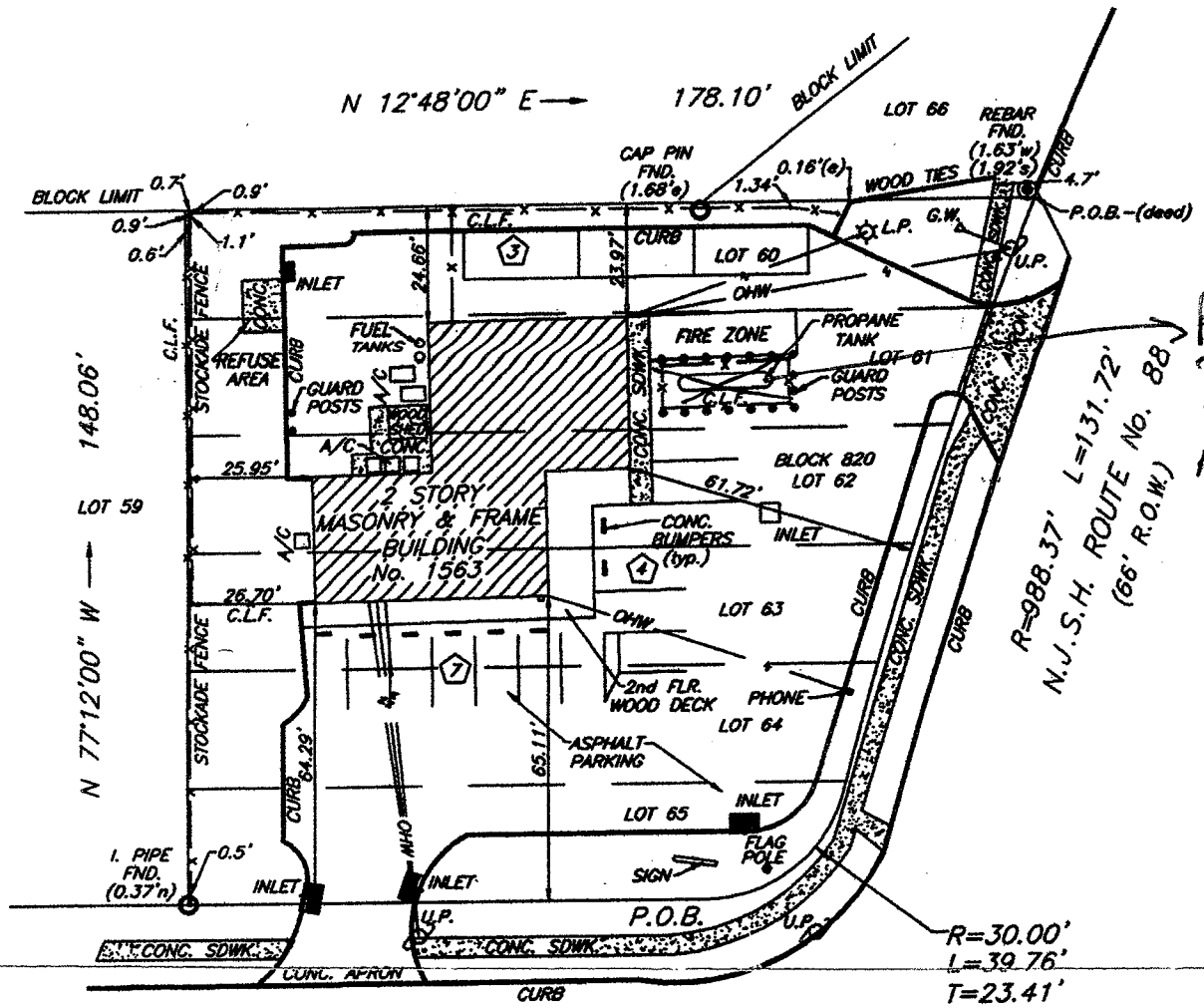
Rejected on:_____ Signed:_____

Comments:

311 ACCESS BRICK TOWNSHIP

*NO CORNERS SET PER WRITTEN AGREEMENT

NORTH PER DEED



Propane Tank Removed As of 7/29/13

S 12°48'00" W 108.53'

FORGE POND ROAD
(70' R.O.W.)

APPROVED FOR ZONING ONLY
SEAN KINKAID ZONING OFFICER

JUL 26 2013

RECEIVING CLERK (m)
DATE REC'D 7/24

ZONING PERMIT APPLICATION

PERMIT # 13-00908
DATE ISSUED 8-22-13

BLOCK: 820 LOT: 60 QUALIFIER: — SITE ADDRESS: 1563 Rt. 88

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Mahapuja 1 LLC
COMPLETE ADDRESS: 1563 Rt. 88
Brick NJ 08724
PHONE # 908 910 2826 EMAIL: vak7503@gmail.com

2. NAME OF APPLICANT: Scott B. Spivak
APPLICANT ADDRESS: 1563 Rt. 88
Brick NJ 08724
PHONE # 908 910 2826 EMAIL: vak7503@gmail.com

3. RESPONSIBLE PERSON FOR WORK: Same
PHONE# — FAX# —

4. SIGNATURE OF APPLICANT: Scott B Sp

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: ~~Restaurant~~
PROPOSED USE: Restaurant

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

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

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

HEIGHT: — (*IF APPLICABLE)

OTHER "Taylor Sam" (former "Country Store")

DESCRIPTION: Tenant fit up.

ZONING REVIEW:
DATE REVIEWED: 7/26/13 DATE DENIED: — DATE APPROVED: 7/26/13 INTLS: SGB

(SEE BACK PAGE)

OFFICE USE ONLY

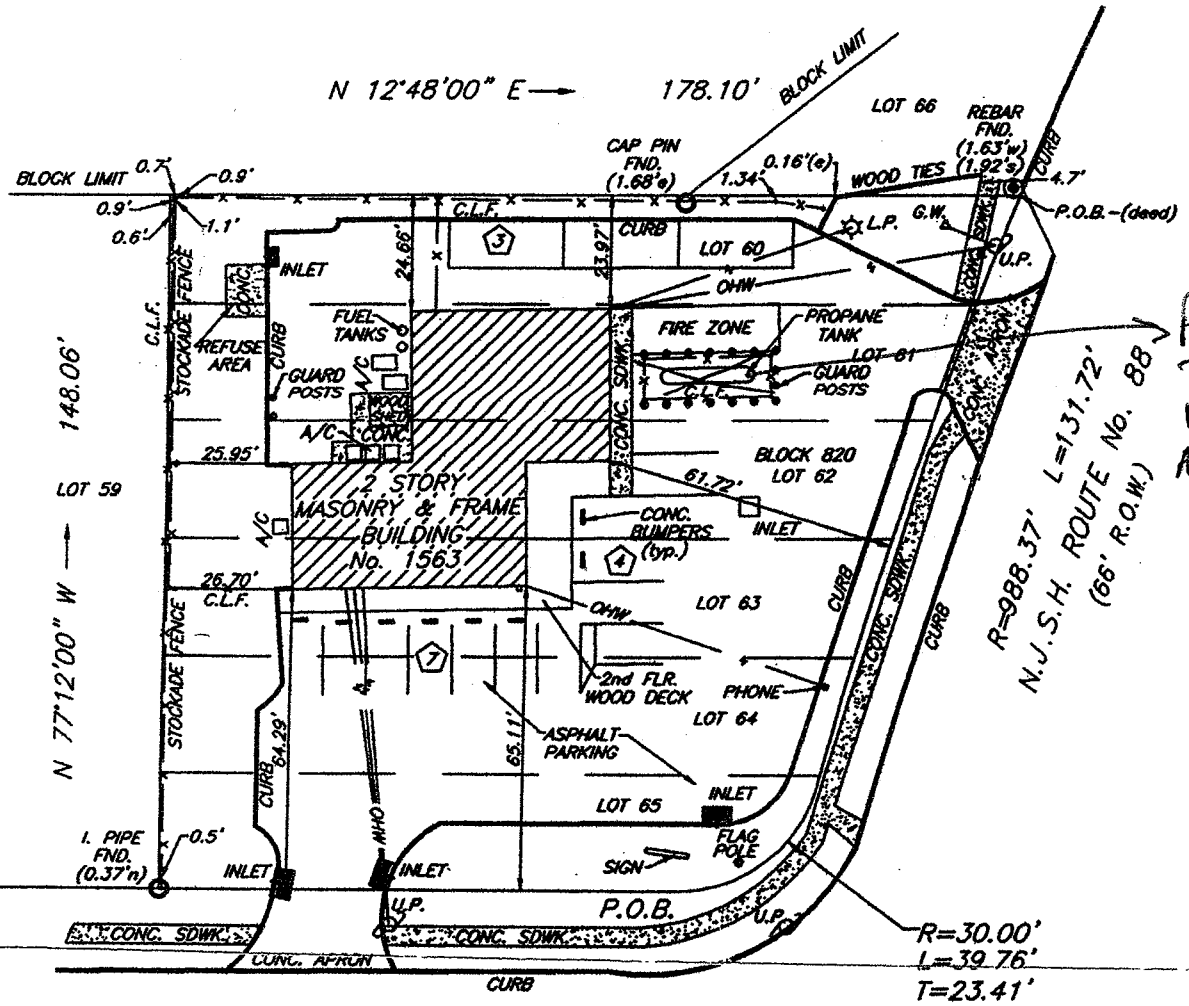
ZONING REVIEW:

DATE REVIEWED: 7/26/13 DATE DENIED: — DATE APPROVED: 7/26/13 INTLS: JG2S

DATE:	COMMENTS:	INITIALS:

*NO CORNERS SET PER WRITTEN AGREEMENT

NORTH PER DEED



Propane Tank Removed As of 7/26/13

— S 12°48'00" W 108.53'

FORGE POND ROAD
(70' R.O.W.)

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 26 2013

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-00948
Application Date: 07/26/2013
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1563 ROUTE 88**
Brick Township, NJ

Block: **820**
Lot: **60**
Qualifier:
Zone: **B-1**

Owner: **MAHA PUJA 1 LLC**
Address: **54 TODD CIRCLE**
NORTH BRUNSWICK, NJ 08902

Applicant: **Scott B. Spivak**
Address: **1563 Route 88**
Brick, NJ 08724

Application Approved Date: 07/26/2013

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

Use is: Restaurant
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alteration for a tenant fit-up for a new business, "Taylor Sam" restaurant, to replace the "Country Store" restaurant.

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

All signs which have been erected without a zoning permit must be removed immediately.

Upon review it was determined that the Development Application:

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

Sean Kinney, ZO
Office of Zoning,

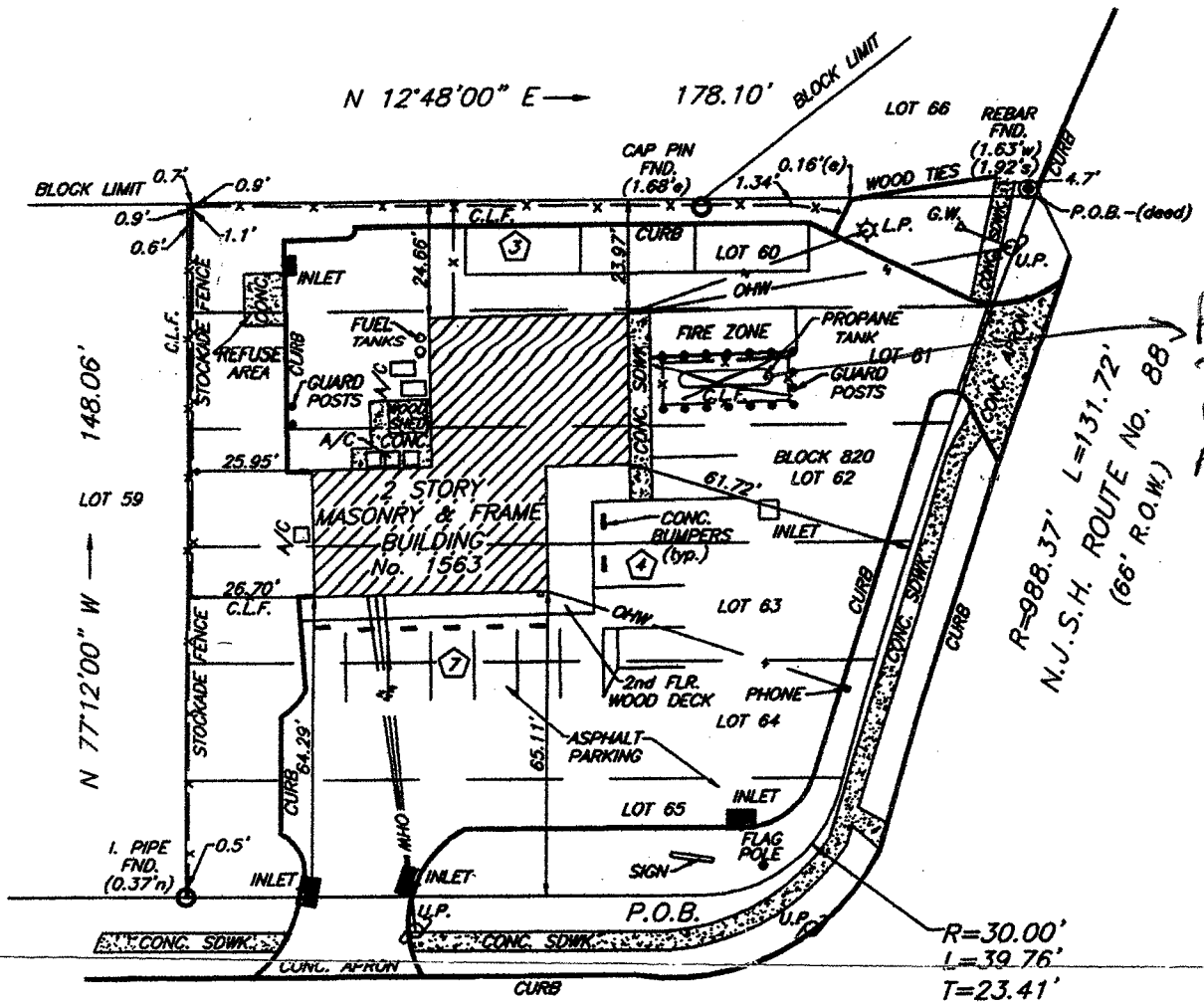
07/26/2013
Date

Michael F. Fowler, Township Planner

7/26/13
Date

*NO CORNERS SET PER WRITTEN AGREEMENT

NORTH PER DEED



APPROVED FOR ZONING ONLY
SEAN KINNEVY ZONING OFFICER

JUL 26 2013

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	SC/25	9/20/13							ZA-13-00948
☐ 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	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	

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.				

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

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

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 7/24/13

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone _____

Signature _____

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

- No change kitchen Supp 8/14 2013
- Needs Alarm report
- 1 Fire Ext upstairs hall
- Propane tank destruction report
- Final walk thru

Scott Spivak
3288 Long Point Dr
Toms River 08753
908-910-2826 C1

9/5/13 MV — Final Rej —

1) No Prior insp —

2) Not Ready for insp —

Elect + Plumb Concerns —

ie... open wires — incorrect elect runs —

incorrect plumbing —

Note: Addition Permits Read for permits completness

(B) tech