

✓ CHZ
PIZZA

3. Use Group: Pizza Restaurant
3. Change in Use Group, indicate Former: Pizza Restaurant

LDS BR 10504632

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 Paulo Polanco 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 _____

Address _____

Telephone (_____) _____

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 _____	Barrier Free _____	Other _____
Electrical _____		Flood Hazard _____	
Plumbing _____		As Built Elevation Cert. _____	
Fire Protection _____			
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/16/2001
Control #
Permit # 01-1502

UDC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 852 Lot 1

Work Site Location 1743 RT 88 W - ONE PACE

BIDS INSPECTION

Contractor MELANIE SCOTTO

Address 17 PATTEN ST

Owner In Fee, PALUNDO, PAOLO

Address 17 PATTEN ST

Address 17 PATTEN ST

Telephone

Telephone FREEHOLD, NJ 07728-

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 13-4781089

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter B only)

DESCRIPTION OF WORK:

BUILDING INSPECTION FOR NEW TENANT NO CHANGE OF USE 05-16-01 PER JOE CURIAZZA

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 \$ 150

Construction Official Michael J. 302/904 05/16/2001

U.C.C. F170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	0
Cert. of Occupancy	0
Other	0
Total	35
Check No.	
Cash	X
Collected By	LRT

#1502
BUILDING
TOTAL
CASH
CHANGE

\$35.00
\$35.00
\$0.00

XX02 SERV.002

05/16/01 9:40AM 000000#3680

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2001
Date Issued 5/16/01
Control # C8-25
Permit # 01-1502

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

Block 852 Lot 1 Quad
Work Site Location 1743 RT 88 W - CHE PIZZA

BLDG INSPECTION

Owner in Fee PALIMBO, PAOLO

Address 17 PATTEN ST

FREEHOLD, NJ 07728-

Telephone

Contractor MELANIE SCOTTO

Address 17 PATTEN ST

FREEHOLD, NJ 07728-

Telephone (732) 780-7774 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 13-4781089

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ SCO ☐ CA			Mechanical	
Date: 5/16/01			TCO	
Approved By: [Signature]			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	B	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0			2. Alteration \$ 150
Height of Structure	0 Ft.			3. Total (1+2) \$ 150
Area Largest Floor	0 Sq. Ft.			
New Bldg. Area/All Floors	0 Sq. Ft.			Industrialized Building:
Volume of New Structure	0 Cu. Ft.			☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.			☐ HUD

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

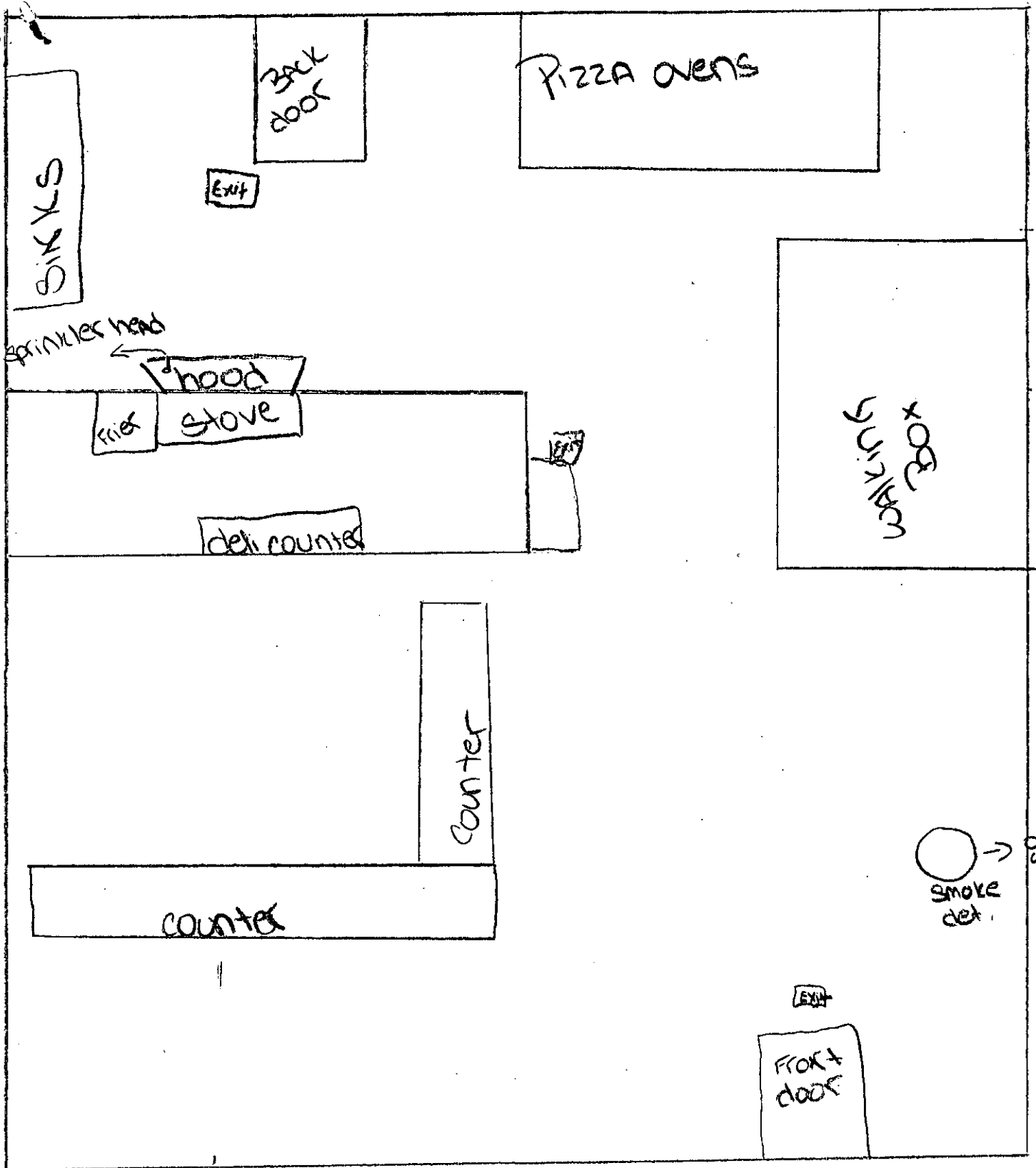
BUILDING INSPECTION FOR NEW TENANT NO CHANGE OF USE 05-16-01 PER JOE CURIAZZA

Inspector [Signature]

TYPE OF WORK

☐ New Building		FEE (Office Use Only)
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence	0	Height (exceeds 6')
☐ Sign	0	Sq. Ft.
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

Paid ☐ Check #	Administrative Surcharge	\$ 0
Collected by: DCA Training Fee	Minimum Fee	\$ 30
	TOTAL FEE	\$ 35



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.



DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS

Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: Che PIZZA !!!

Site Address: 1743 Rt 88

Block: 852 Lot: 1

Owner's Name: 174 A.P.P.S. LLC. C/O G.B. Ltd.

Owner's Address: P.O. Box 5008

City: Freehold State: NJ Zip Code: 07728

Tenant's Name: PAOLO PALUMBO

Tenant's Address: 17 Patten St

City: Freehold State: NJ Zip Code: 07728

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

Paolo Palumbo
(Signature)

5/4/01
(Date)

Sworn and subscribed before me on this 4 day of May 2001.

Despina K. Lines
(Notary's Signature)

DESPINA K. LINES
Notary Public of New Jersey
My Commission Expires March 13, 2004

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1743 Rt. 88 West.
Block: 852 Lot: 1
Owner's Name: Freehold Regional P.P.S. Inc. C/O Bldg.
Owner's Mailing Address: P.O. Box 5008
Freehold NJ 07728
Phone: ()

BUILDING

Contractor: Melanie Scott
Address: 17 Patten St.
Freehold NJ 07728
Phone#: 732-788-7774
Lis # [REDACTED]
Federal Emp # o [REDACTED]

Technical Data

Description of Work:

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

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

Cost of Alteration: \$ 150-

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: Melanie Scott

Please Print Name Melanie Scott

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	_____
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: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL