Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 852 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1743 route 88 Brick NJ 08724 unit 5 PERMIT NO. 19-2682

CONSTRUCTION PERMIT APPLICATION

19-003022

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

I. IDENTIFICATION

1. Proposed Work Site at: 1743 Route 88 Brick NJ 08724 unit 5
2. Name of Owner in Fee: LPB APTS, LLC
   Tel. (732) 780-8888 e-mail Kjacobs@gbltdnj.com
   Address 63 West main st (street) Freehold (municipality) NJ 07728 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Raul Escobedo Tel. (848) 241-4092
   Address 259 Birch DR. Brick NJ 08723 e-mail mennylu22@hotmail.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer LARRY C. JOHNSON Contact 848-203-6574
   Address 40A Conner AVE Somerset NJ 08873 e-mail leftjohn@comcast.net
   Tel. (732) 828-1187 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Raul Escobedo
   Tel. (848) 241-4092 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 0		
2. Electrical	0		
3. Plumbing	0		
4. Fire Protection	0		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	760 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 760 -		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	one	
2. Height of Structure	19 ft.	
3. Area — Largest Floor	1416 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load	100 LB	
7. Max. Occupancy Load	45 persons	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation		
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

INTERIOR ALT

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Received	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	$15000				10/02/19	DEK			
☑ Electrical	$7500	8/15/19		8/27/19	10-16-19	JSC	MM		
☑ Plumbing	$8000				10-4-19	DD			
☑ Fire Protection	$10000				8-25-19	RL			
☐ Elevator		Eng	Ex Email		8/25/19	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Bussines B
2. Use Group, Proposed: Restaurant A3
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Tacos LOS Compas

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Raul Escobedo

Address 254 Birch DR.
Brick NJ 08723

Telephone (848) 241-4092

Signature Raul Escobedo

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/14/2020
Control Number C-19-003022
Permit Number 19-2682
Permit Issue Date 10/16/2019
Certificate Number 19-2682

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1743 ROUTE 88 Brick Township, NJ Block: 852 Lot: 1 Qual:

Owner in Fee: LP & APTS, LLC%G B LTD

Owner Address: 2O BOX 5008 FREEHOLD NJ 07728

Telephone: (732) 780-8888

Contractor TACOS LOS COMPAS

Address 254 BIRCH DRIVE BRICK NJ 08724

Telephone: (848) 241-4092 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 45

Description of Work/Use: TENANT FIT UP - - TACOS LOS COMPAS

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/14/2020

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

BUILDING SUBCODE
TECHNICAL SECTION

Tacos Los Compas

Date Received / Control # 10/16/19

Date Issued / Permit # 19-2682

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 Qualification Code

Work Site Location 1743 Route 88 Brick nj 08724 unit 5

Owner in Fee: LDR APTS LLC

Tel. 732-780-8888 e-mail Kjacobs@gbltdnj.com

Address 63 west main st (street) Freehold (municipality) NJ (zip code) 07728

Contractor: JCL GUTTERS INC Tel. 973-277-7819

Address PO BOX 221 e-mail deleonjuan266@gmail.com

WYTHNG. NJ 08759

Contractor License No. or Builder Registration No. 13VH03331600 Exp. Date 03/21/20

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

Federal Emp. ID No. 20-154-2604 FAX:

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:

Print name here: Juan deleon

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Framming Subdivision and countertop, flooring paint, drywalls - and painting.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10/21/19	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 10/22/19

Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 08/06/20

Approved by: KEK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			X 6/15/20	KEK
Truss Sys./Bracing				
Barrier-Free				
Insulation			7/13/20	KEK
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/5/20	KEK
Barrier-Free				

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 $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories One

Height of Structure 19 ft.

Area — Largest Floor 1416 sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load 100 LB

Max. Occupancy Load 45

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 15,000.00
3. Total (1+ 2) $ _____

* 6/30/2020 will Apoxsee up All plates will seal at Insulation and Sound proof bath areas.

(B) tech

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/16/19
Control #
Date Issued
Permit # 19-2682

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 Qualification Code ELECTRICAL

Work Site Location 1743 ROUTE 88 WEST BRICK 08724 unit 5

Owner in Fee: LP + APTS, LLC

Tel. (732) 780 8888 e-mail KJACOBS@CBLTdNJ.com

Address 63 west main st. Freehold NJ 07728
street municipality zip code

Contractor: PHASE I ELECTRIC LLC Tel. (908) 9178125

Address 1657 DIVISION AV. e-mail
PISCATAWAY N.J. 08854

Contractor License No. 14281 Exp. Date

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

Federal Emp. ID No. 223761618 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present BUSSINES B STORE Proposed Restaurant A3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7,500.00

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:

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD 2 NEW LIGHTS INSIDE BATHROOM AND ALSO RELOCTE LIGHTS AS NECESSARY

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
8		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
3		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	
0		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2	1	HP Motors 1/+ HP HOOD FANS	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date 10-16-19 Approved by: VM
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-15-19
Approved by: VM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-5-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			6-29-20	VM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			8-5-20	
Other				
Service				
Final			9/5/2020	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8 S 20 Present with #7 counter
of for T.C.O

e

tech.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/16/19

Date Issued / Permit # 19-2682

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 Qualification Code

Work Site Location 1743 Route 88 Brick NJ 08724

Owner in Fee: LPR APTS LLC

Tel. 732 780-8888 e-mail Kjacobs@gbltdnj.com

Address 63 west main st Freehold NJ 07728

Contractor: Michael Waltz / Integrity Pro (street / municipality) Tel. 973 536-9417 (zip code)

Address 44 N. Grove st. #2 e-mail

East Orange NJ 07017

Contractor License No. 10863 Exp. Date Jun 30 21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 154 54 0843 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Store Proposed Store-Rest.

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 8,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Plumbing Plans Approved

Date: 10-21-19 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 10-21-19

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 8-11-20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			6-30-20	WM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	6-3-20		8-3-20	JM
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	8-5-20		8-11-20	WM

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: Michael Waltz

Print name here: MICHAEL WALTZ

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK as per submitted plans. 2 bath 1-gas line. 1-Heater

COMMERCIAL

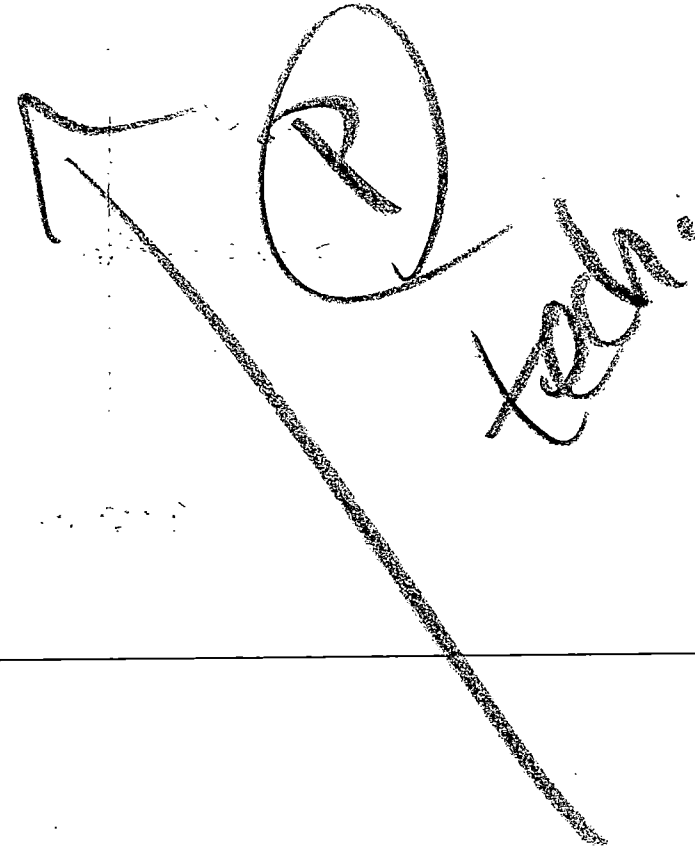
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
1	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
5	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks 3 bay Sink	
1	Other Mop Sink	

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

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

6-30-20 WM
Valve + Union at Roof Valve
3½" Above Roof + Parapet
Paint Gas
Re Test

Final 8-5-20
Wall Hung Lavs ② ADA spec.
110° Handsink & Lavs
130° WH



Tacos Los Campos A-3 1416 SS81 45 occup 8/20/18

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/16/19
Control #
Date Issued
Permit # 19-2682

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 Qualification Code
Work Site Location 1743 Route 88 West Brick NJ 08724 unit 5

Owner in Fee: LP & APTS, LLC
Tel. 7327808888 e-mail kbarrett@gbltdnj.com
Address 63 West Main Street Freehold NJ 07728
street municipality zip code
Contractor: Leader Restaurant Services Tel. 7326456629
Address 103 Groveville Road Chesterfield NJ 08515 e-mail

Carlos Santana 908-247-[illegible]

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01539
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date 10/31/2021
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 463949825 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 $ 10,000.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[X] 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
[X] Fire Protection Plans Approved
Date [illegible] Approved by [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date [illegible]
Approved by
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date 8/21/20
Approved by

INSPECTIONS Type:	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	Light test	[illegible]	[illegible]	

(2) 2AUDX (1) [illegible] (1) CO Carb

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: [signature]
Print name here: George Chavarria P01539
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Installation of ten foot Hood and Fire System.
Water Supply Source
Method of Alarm/Suppression System Supervision

H/S for kitchen Supp & CO & CO2 [illegible]

	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	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	4	
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

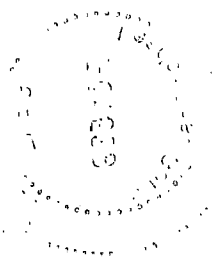
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F140 (rev. 02/11) Internet version

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

(2 small holes)

2nd light test SS 6/1/20



Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
OK per MUA on 8/14/2020 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

☑ System is Compliant with NJAC 5:70-3 ☐ System is Non-Compliant

IS FORM WILL BE FILED WITH THE LOCAL AHJ

LEADER RESTAURANT SERVICES LLC

103 Groveville Rd • Chesterfield, NJ 08515
1-855-965-7378 • www.myleaderservices.com
Lic. #P01539 • ***Hablamos Español***

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
	8/5/20	

SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS
Buckeye	4 Gallon	BTR-10	1

COMPANY	CONTACT	PHONE	FAX
Tacos Los Compas	Carlos	848-241-4092	

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
1743 Route 88	Brick Township	NJ	08724	

AHJ / FIRE PROTECTION DISTRICT: Brick Township.

INSPECTION TYPE: ☑ INITIAL ☐ ANNUAL ☐ SEMI-ANNUAL ☐ _____

Initial Actions / Observations	Y	N	N/A
1 Last Serviced By? INITIAL			
2 Were building personnel notified of the inspection?	☑	☐	☐
3 Was the monitoring company notified?	☐	☐	☑
4 System found charged and functioning at time of technician's arrival?	☑	☐	☐
5 System un-tampered with since last visit?	☑	☐	☐
6 System found to be at proper pressure upon arrival?	☑	☐	☐

Visually Check System	Y	N	N/A
7 Baffle-type filters installed in hood?	☑	☐	☐
8 System [and appliance layout] appear unchanged since last service?	☑	☐	☐
9 Were the nozzle caps in place at time of arrival?	☑	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	☑	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☑	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☑	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☑	☐	☐
14 Nozzle(s) properly positioned over appliances?	☑	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☑	☐	☐
16 Is there a fan warning sign on hood?	☑	☐	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☑	☐	☐

Hazard Inspection	Y	N	N/A
18 Hazard configuration appeared to remained unchanged?	☑	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☑	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☑	☐	☐

System Functional Test	Y	N	N/A
21 System disarmed per manufacturer's recommendations?	☑	☐	☐
22 Mechanical detection line tested and found to operate properly?	☑	☐	☐
23 Proper number and placement of detectors/links?	☑	☐	☐
24 Did the system operate properly from activation of a manual pull station?	☑	☐	☐
25 Gas shut-off valve installed and working properly? (Note location)	☑	☐	☐
26 Replaced links with proper temperature rating?	☑	☐	☐
4 at 360° Degrees _____ at _____ Degrees			
_____ at _____ Degrees _____ at _____ Degrees			
_____ at _____ Degrees _____ at _____ Degrees			
27 Is the manual reset for electric gas valves operational?	☑	☐	☐
28 Did all electrical appliances shut off upon system operation?	☑	☐	☐
29 Did all gas appliances shut off upon system operation?	☑	☐	☐
30 Did the make-up air shut down?	☑	☐	☐
31 Did the alarm system activate when the system tripped?	☑	☐	☐
32 Did control head(s)/cylinder releasing device(s) operate properly?	☑	☐	☐

Cylinders and Agent	Y	N	N/A
33 Cylinder Pressure 195 psi	☑	☐	☐
34 Hydrostatic test date of cylinder checked. Due: 2032	☑	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	☑	☐	☐
36 Are all cylinders securely mounted?	☑	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 16 grams	☑	☐	☐
	☑	☐	☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
Tacos Los Compas	Carlos	848.241.4092	

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
1743 Route 88	Brick Township	NJ	08724	

System Reactivation	Y	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?	☑	☐	☐
39 Detection [link] line has proper tensioning?	☑	☐	☐
40 Was the control head reset?	☑	☐	☐
41 Were all fuel sources and power restored?	☑	☐	☐
42 Were all pilot lights supplied by the gas valve relit?	☑	☐	☐
43 Microswitch/relay(s) reset – electric appliances "on"?	☑	☐	☐
44 Are all nozzle caps in place?	☑	☐	☐
45 Were all filters reinstalled?	☑	☐	☐
46 Were all cartridges reinstalled? (if applicable)	☑	☐	☐
47 Tandem/slave releasing device(s) reset properly?	☑	☐	☐

Final	Y	N	N/A
48 Operator's manual on site?	☑	☐	☐
49 Class K portable extinguisher available and properly serviced?	☑	☐	☐
50 Remote manual release free from obstructions & operable?	☑	☐	☐
51 Has the system been placed back in service?	☑	☐	☐
52 Monitoring company notified that the system is back in full service?	☐	☐	☑
53 Were building personnel notified of the system condition?	☑	☐	☐
54 Have you received a signature from the building personnel?	☐	☐	☑
55 Inspection tag affixed to system?	☑	☐	☐

Description of Deficiencies

Comments and Recommendations

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ **A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.**

Authorized Customer Representative

SIGNATURE: Carlos Santiago

PRINT NAME: Carlos Santiago

Authorized Company Representative

SIGNATURE: George Chavarria

PRINT NAME: George Chavarria

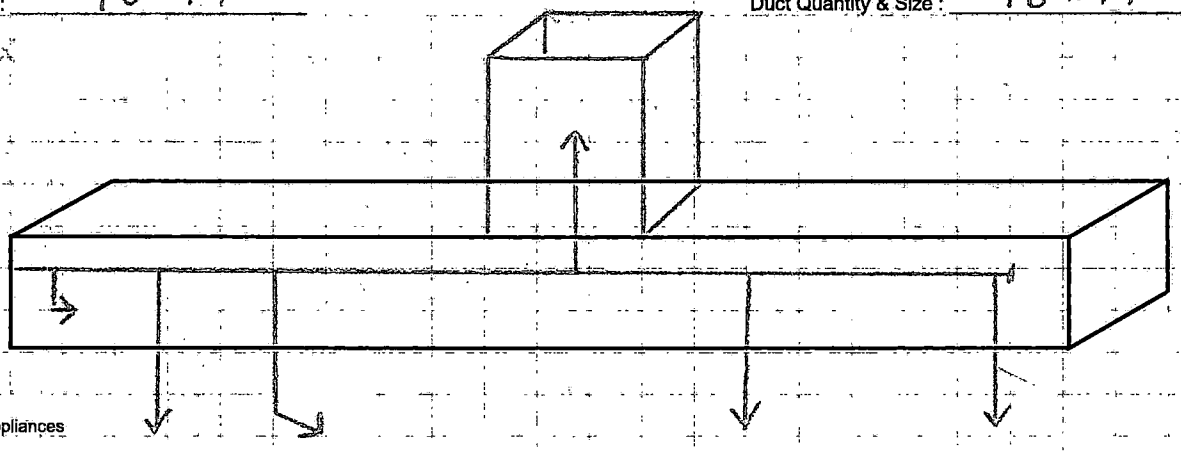
CERTIFICATION NUMBER P01539

KITCHEN SYSTEM REPORT - PAGE 3

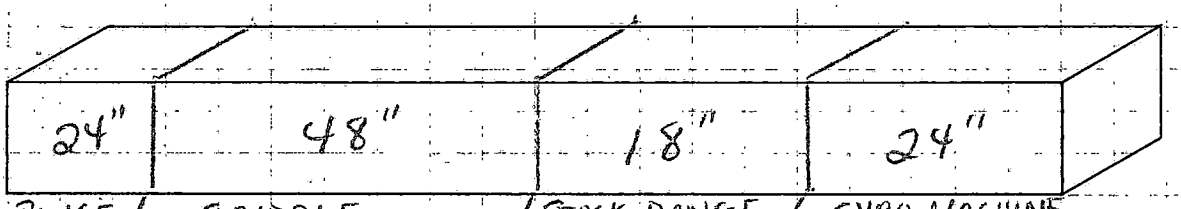
COMPANY	CONTACT	PHONE	FAX
Tacos Los Compas	Carlos	848-241-4092	
ADDRESS	**CITY**	**STATE / ZIP**	**CUSTOMER NUMBER**
1743 Route 88	Brick Township	NJ 08724	

Hood Size: 10' FT

Duct Quantity & Size: 16" x 14"



Label All Appliances



RANGE / GRIDDLE / STOCK RANGE / GYRO MACHINE

Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ✓ No ____

Nozzle Quantity: Duct 1 Plenum ____ Appliance ____

Remote Pull: Yes ✓ No ____ Location Left of Hood by Exit Door.

Gas Valve: Yes ✓ No ____ Size: 1½

Gas Valve Style: Electrical ____ Mechanical ✓

Gas Valve Location: By Control Head above ceiling tile Type: (Release) / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Friday, August 14, 2020 10:44 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 1743 rt.88 Tacos

We were out there this morning & they are ok to CO.

SUSAN M. STANISZ
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

APPLICATION FOR CERTIFICATE

Date Received	8/15/2019
Date Permit Issued	10/16/2019
Control #	C-19-003022
Permit #	19-2682
Date Issued	

IDENTIFICATION

Block 852 Lot 1 Qualifier

Work Site Location 1743 ROUTE 88 Brick Township, NJ

Owner in Fee LP & APTS, LLC%G B LTD
2O BOX 5008 FREEHOLD NJ 07728

Telephone (732) 780-8888

Contractor TACOS LOS COMPAS
Address 254 BIRCH DRIVE BRICK NJ 08724

Telephone (848) 241-4092
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous A-3 Current

FINAL COST OF CONSTRUCTION: $ 40500
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - TACOS LOS COMPAS

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

SIGNED: Carlos Santoz
Owner/Agent

- [ ] OWNER
- [x] AGENT

CONSTRUCTION PERMIT

Date Issued 10/16/19
Control # C-19-003022
Permit # 19 2682

IDENTIFICATION Block: 852 Lot: 1 Qualifier
Work Site Location: 1743 ROUTE 88 Brick Township, NJ
Owner in Fee: LP & APTS, LLC%G B LTD
2O BOX 5008 FREEHOLD NJ 07728
Telephone: (732) 780-8888

Contractor: TACOS LOS COMPAS
Address: 254 BIRCH DRIVE BRICK NJ 08724
Telephone: (848) 241-4092
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - TACOS LOS COMPAS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$76
CO Fee	$0.00
Other	$0
Total	$76
Check No.	
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $40,500

Construction Official 10/15/19 Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-19-01644
DATE ISSUED 10/16/19

BLOCK: 852 LOT: 1 QUALIFIER: _____ SITE ADDRESS: 1743 Route 88 Brick NJ 08724 #5

IDENTIFICATION:

1. NAME OF OWNER IN FEE: LP & APTS, LLC
COMPLETE ADDRESS: 63 West Main st. Freehold NJ 07728
PHONE # 732-780-8888 EMAIL: Kjacobs@gbltdnj.com

2. NAME OF APPLICANT: Raul Escobedo
APPLICANT ADDRESS: 249 Brick Dr Brick NJ
PHONE # 848 241 4092 EMAIL: mennylu22@hotmail.com

3. RESPONSIBLE PERSON FOR WORK: Raul Escobedo
PHONE# 848-241-4092 FAX# _____

4. SIGNATURE OF APPLICANT: Raul Escobedo

FOR OFFICE USE ONLY

FEE SUMMARY: Waived Vacant +1 years

APPLICATION FEE: $ Ø
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Bussines B
PROPOSED USE: Restaurant A3

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

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Interior fit-out for restaurant

ZONING REVIEW:
DATE REVIEWED: 8-26-19 DATE DENIED: _____ DATE APPROVED: 8-26-19 INTLS: CM

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

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

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

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

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

Choose which is applicable for submission

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

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

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/16/19
Application Number: ZA-19-01003
Application Date: 8/19/2019
Project Number:
Permit Number: ZP-19-01144
Fee: $0.00

Zoning Permit

Worksite **1743 ROUTE 88**
Location: **Brick Township, NJ 08724**

Owner: **LP & APTS, LLC%G B LTD**
Address: **2O BOX 5008**
FREEHOLD, NJ 07728

Applicant: **Raul Escobedo**
Address: **234 Brich Dr.**
Brick , NJ 08723

Block: **852** Lot: **1** Qualifier: _____ Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant (Tacos Los Compas)**

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterartions for tenant. Changing from a retail business to a restaurant. (Tacos Los Compas)

Additional Zoning Permit is required for additional work.

Application Approved Date: 8/26/2019

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Zoning Officer — 8/26/2019 Date

REAL ESTATE INVESTMENTS • MANAGEMENT
63 West Main Street, Box 5008, Freehold, New Jersey 07728
Tel. (732) 780•8888 Fax (732) 577•0129

G B LTD. Oper. Co., Inc.
Since 1975

August 14, 2019

Raul Escobedo
254 Birch Drive
Brick, NJ 08723

Re: Laurelton Plaza – Store 5

Dear Tenant:

In accordance with your request, this letter shall confirm that the space you are leasing for your new restaurant has been vacant since the prior tenant, Shore Core Records, moved out on 5/4/2015.

Should you need any further information please call me at this office.

Very truly yours,
G.B. Ltd. Oper. Co., Inc.

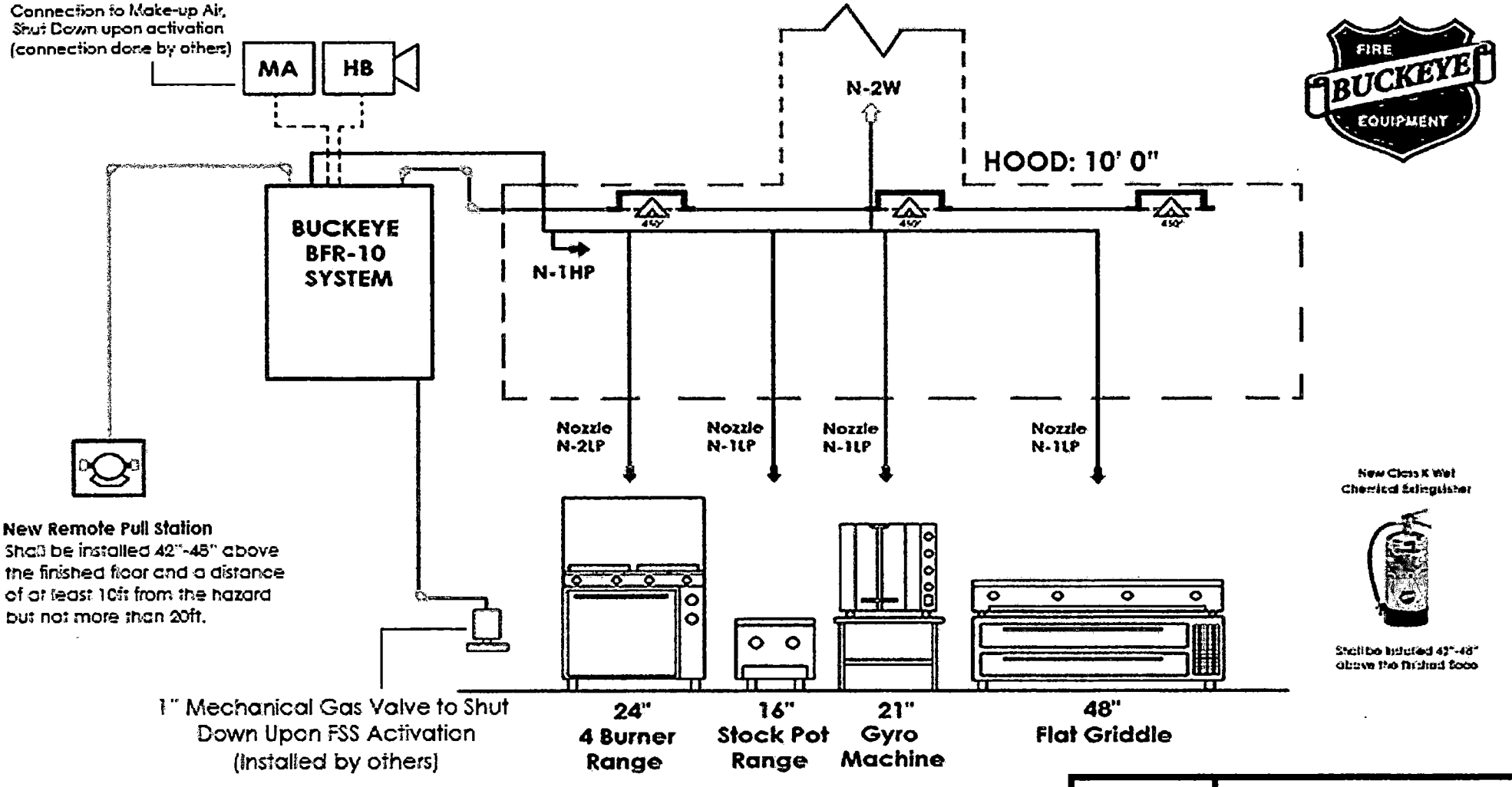
Kim Barrett
Property Administrator

CC: LP & Apt., LLC Attn: Carl P. Gross
G.B. Ltd. Oper. Co., Inc. Attn: Kevin Jacobs and Handri Kadash

NEW BUCKEYE SYSTEM

BUCKEYE BFR-10 - 10 FLOW POINT SYSTEM

8 FLOW POINTS USED OUT OF 10 AVAILABLE



Requirements	Supply	Duct	Plenum	Appliances
Pipe Size:	3/8 in	3/8 in	3/8 in	3/8 in.
Maximum Length:	40 ft. (12.2 m)	6 ft. (1.8 m)	4 ft. (1.2 m)	10 ft. (3 m)
Maximum Rise:	6 ft. (1.8 m)	4 ft. (1.2 m)	2 ft. (.6 m)	2 ft. (.6 m)
Minimum Tees:	1	1	2	3
Minimum 90° Elbows:	9	4	4	6
Maximum Flow Points:	5	2	2	3

GEORGE H. PEARSON, AIA
ARCHITECT
7 GORDON AVENUE
LAWRENCEVILLE, NEW JERSEY 08648

SEAL

Jobsite:	Taqueria Los Compas 1743 Route 88 West Brick, NJ 08724
Designed by:	Leader Restaurant Services 103 Groveville Road, Chesterfield NJ 08515
Date:	July 7, 2019
System:	BUCKEYE BFR-10
Sheet:	1 OF 2

GENERAL NOTES:

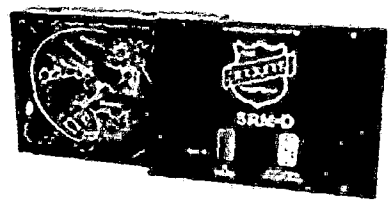
1. System shall be Pre-Engineered
2. System shall be manufactured by Buckeye Fire Equipment Co.
3. System to be installed by Leader Restaurant Services
4. Buckeye fire systems have the following listings and approvals: Underwriters Laboratories Inc, UL 300/ UL 1254/ UL EX 3470
5. Installation requirements, nozzle limitations, and design criteria shall comply with the Buckeye BFR-10 Manual and all addendums as published by Buckeye
6. Pipe and fittings shall be scheduled 40 black, chrome plated or stainless. Galvanized pipe shall not be used.
7. All required electrical work shall be performed by others and is not included on this shop drawing.
8. All required plumbing work shall be performed by others and is not included on this shop drawing.

NEW BUCKEYE SYSTEM

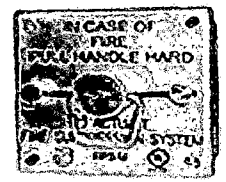
BUCKEYE BFR-10, 10 FLOW SYSTEM
8 FLOW POINTS USED OUT OF 10 AVAILABLE

Below are the pictures of the compenants being installed at the worksite.

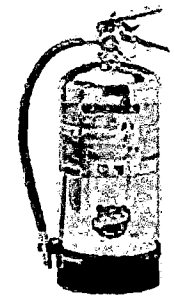
New Buckeye BFR-10 Cylinder



New Buckeye System Releasing Module



New Buckeye Pull Station



New Buckeye Class K Fire Extinguisher

ANSI NFPA NSF

GEORGE H. PEARSON, AIA
ARCHITECT
7 GORDON AVENUE
LAWRENCEVILLE, NEW JERSEY 08648

SEAL

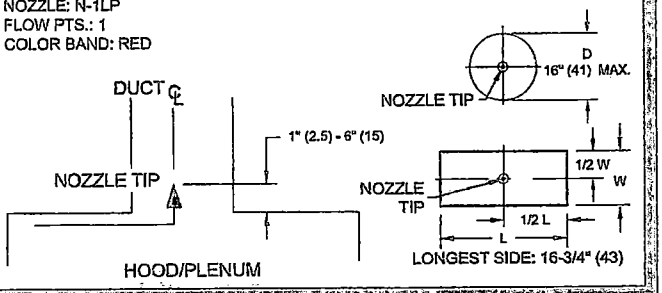
Jobsite:	Taqueria Los Compas 1743 Route 88 West Brick, NJ 08724
Designed by:	Leader Restaurant Services 103 Groveville Road, Chesterfield NJ 08515
Date:	July 7, 2019
System:	BUCKEYE BFR-10
Sheet:	2 OF 2

Buckeye *KITCHEN MISTER* Coverage Summary Sheet

This summary sheet is provided as a quick reference, a complete understanding of the technical manual (BFR-TM) is required. The most current Buckeye *Kitchen Mister* Restaurant Cooking Area Fire Suppression System Technical Manual (Part Number: BFR-TM) supersedes this reference sheet. It is essential that this reference sheet be compared with the current technical manual before using. Dimensions given in inches (cm) unless otherwise noted.

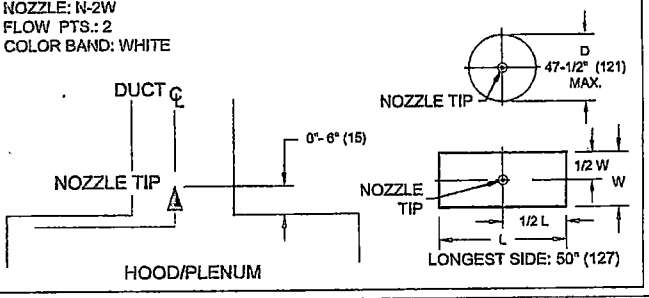
DUCT, SMALL [50" (127) MAXIMUM PERIMETER]

NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED



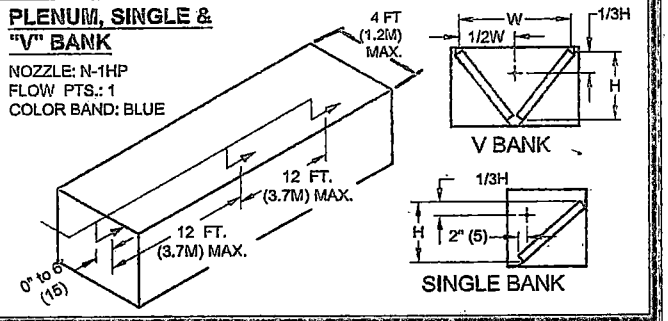
DUCT, LARGE [150" (381) MAXIMUM PERIMETER]

NOZZLE: N-2W
FLOW PTS.: 2
COLOR BAND: WHITE



PLENUM, SINGLE & "V" BANK

NOZZLE: N-1HP
FLOW PTS.: 1
COLOR BAND: BLUE



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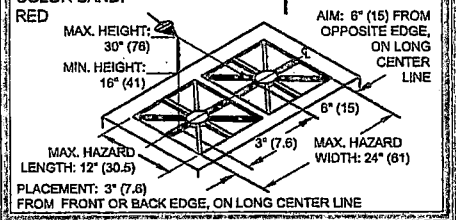
RANGE, TWO BURNER (LOW PROXIMITY)

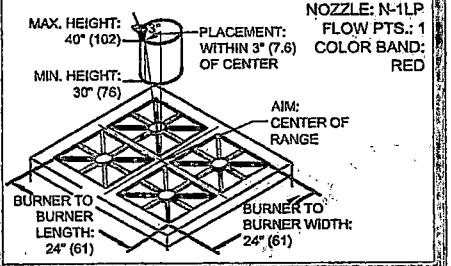
NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED

CAN BE USED WITH BACK-SHELF, SHELF MUST NOT INTEFERE WITH NOZZLE DISCHARGE



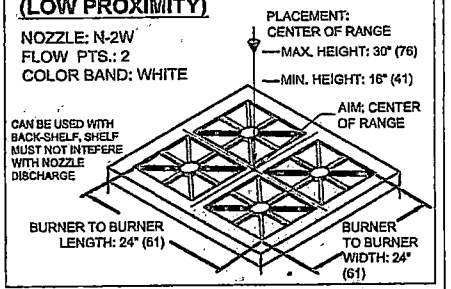
RANGE, FOUR BURNER, (HIGH PROXIMITY)

NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED



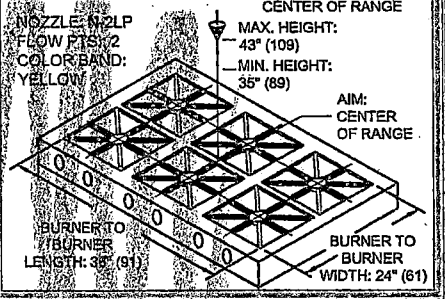
RANGE, FOUR BURNER, (LOW PROXIMITY)

NOZZLE: N-2W
FLOW PTS.: 2
COLOR BAND: WHITE



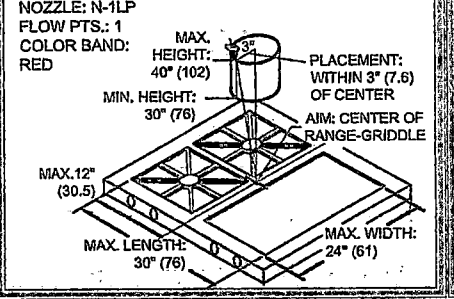
RANGE, SIX BURNER

NOZZLE: N-2LP
FLOW PTS.: 2
COLOR BAND: YELLOW



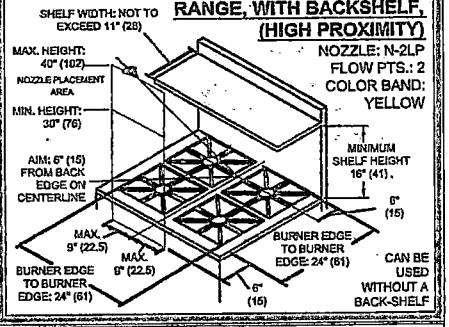
RANGE/GRIDDLE COMBINATION

NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED



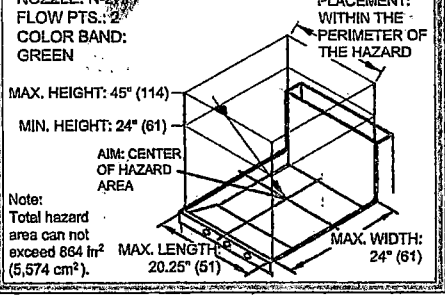
RANGE, WITH BACKSHELF, (HIGH PROXIMITY)

NOZZLE: N-2LP
FLOW PTS.: 2
COLOR BAND: YELLOW



DEEP FAT FRYER, LG. SINGLE VAT

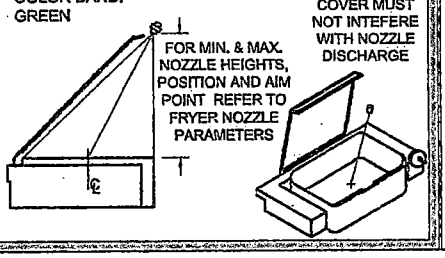
NOZZLE: N-2HP
FLOW PTS.: 2
COLOR BAND: GREEN



TILTING SKILLET

NOZZLE: N-2HP
FLOW PTS.: 2
COLOR BAND: GREEN

HAZARD COVERAGE AREA: 20.25" (51) x 24" (61)



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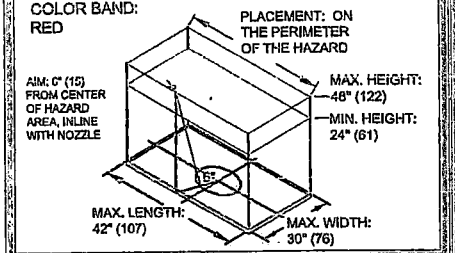
Buckeye *KITCHEN MISTER* Coverage Summary Sheet

This summary sheet is provided as a quick reference, a complete understanding of the technical manual (BFR-TM) is required. The most current Buckeye *Kitchen Mister* Restaurant Cooking Area Fire Suppression System Technical Manual (Part Number: BFR-TM) supersedes this reference sheet. It is essential that this reference sheet be compared with the current technical manual before using. Dimensions given in inches (cm) unless otherwise noted.

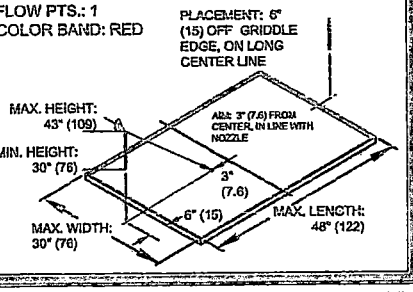
GRIDDLE, STANDARD [42"(107) MAX.]

NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED



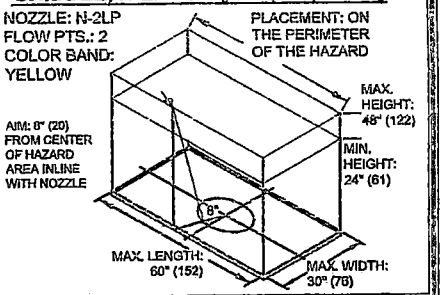
GRIDDLE, LARGE [48" (122) MAX.]

NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED



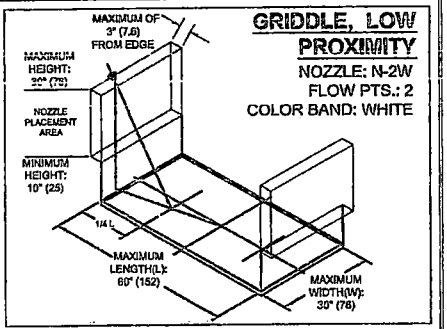
GRIDDLE, X-LARGE [60" (152) MAX.]

NOZZLE: N-2LP
FLOW PTS.: 2
COLOR BAND: YELLOW



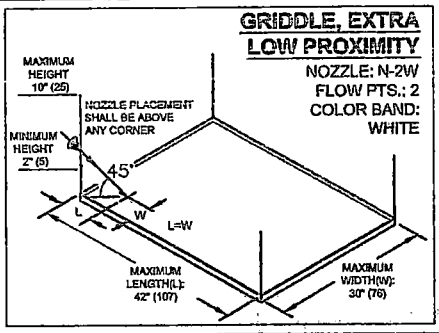
GRIDDLE, LOW PROXIMITY

NOZZLE: N-2W
FLOW PTS.: 2
COLOR BAND: WHITE



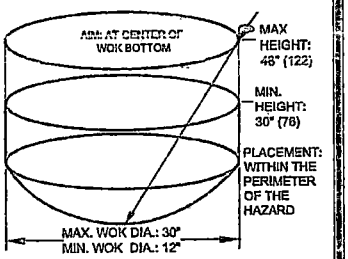
GRIDDLE, EXTRA LOW PROXIMITY

NOZZLE: N-2W
FLOW PTS.: 2
COLOR BAND: WHITE



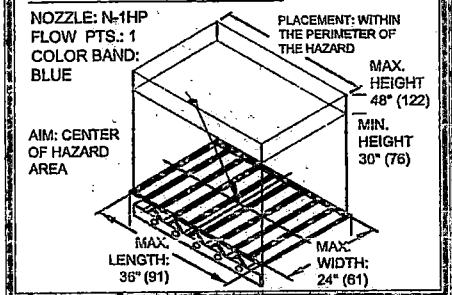
WOK

NOZZLE: N-1HP
FLOW PTS.: 1
COLOR BAND: BLUE



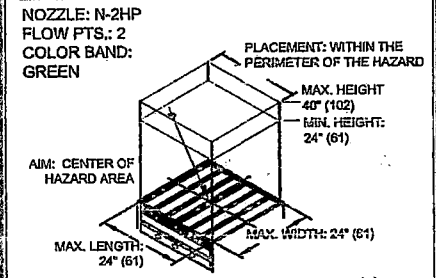
RADIANT CHARBROILER

NOZZLE: N-1HP
FLOW PTS.: 1
COLOR BAND: BLUE



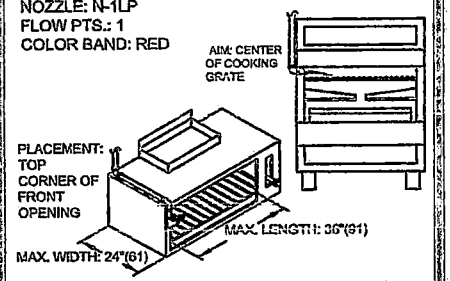
LAVA ROCK CHARBROILER

NOZZLE: N-2HP
FLOW PTS.: 2
COLOR BAND: GREEN



BROILER AND UPRIGHT BROILER

NOZZLE: N-1LP
FLOW PTS.: 1
COLOR BAND: RED



MAXIMUM PIPING PER CYLINDER SIZE				
CYLINDER SIZE	MAX. FLOW POINTS	MAX. PIPE VOLUME ALLOWED (mL)	MAX. PIPE VOL.BETWEEN ANY TWO NOZZLES (mL)	MAX. # OF ELBOWS
BFR-5	5	1500	1000	20
BFR-10	10	2500	2000	25
BFR-15	15	2800*	2500	25
BFR-20	20	2800*	2500	25

* Total volume of 3/8" piping allowed is 2500 mL.

Piping Limitations:
- > 3/8" (17.1 mm OD) or 1/2" (21.3 mm OD) Sch. 40 black pipe.
- > Pipe sized largest to smallest only.
- > No "traps" allowed.
- > Max. number of elbows between any (2) nozzles: 5.
- > Max. vertical rise: 10 feet (3 m).
- > Max. vertical rise from nozzle to supply line: 2 feet (0.6 m).

Minimum Piping Requirements (Wok, Range, & DFF only):
- > Min. # of elbows before closest nozzle: 5.
- > Min. pipe volume before closest nozzle: 360 mL.
- > Total system pipe volume: 600 mL.
- > Minimum number of flow points in system: 3.

CONDUIT AND BUCKEYE SHIELDED CABLE (BSC) LIMITATIONS						
FUNCTION	MAX. CONDUIT LENGTH FT (M)	MAXIMUM NUMBER OF CORNER PULLEYS	MAX. LENGTH OF BSC FT (M)	MAXIMUM NUMBER OF BENDS IN THE BSC (MIN. BEND RADIUS)	BSC TO CONDUIT TRANSITIONS (NUMBER OF BSC)	MAXIMUM NUMBER OF FUSIBLE LINKS AND HOLDERS
FUSIBLE LINK LINE; CONDUIT & BSC	25 (7.6)	8	35 (10.7)	6 [9" (23)]	6	10
GAS VALVE LINE; CONDUIT & BSC	25 (7.6)	8	35 (10.7)	6 [9" (23)]	6	NA
RPS-M LINE; CONDUIT & BSC	25 (7.6)	8	35 (10.7)	6 [9" (23)]	6	NA
FUSIBLE LINK LINE; CONDUIT ONLY	150 (45.7)	35	NA	NA	NA	20
GAS VALVE LINE; CONDUIT ONLY	150 (45.7)	35	NA	NA	NA	NA
RPS-M LINE; CONDUIT ONLY	150 (45.7)	35	NA	NA	NA	NA
FUSIBLE LINK LINE; BSC ONLY	NA	NA	35 (10.7)	6 [9" (23)]	6	10
GAS VALVE LINE; BSC ONLY	NA	NA	35 (10.7)	6 [9" (23)]	6	NA
RPS-M LINE; BSC ONLY	NA	NA	35 (10.7)	6 [9" (23)]	6	NA

> BSC CAN NOT be coiled or looped when installed.

PIPE SIZE (SCH. 40)	PIPE VOLUME
3/8 in. (17.1 mm OD) pipe	37.5 mL./ft. (123mL/m)
1/2 in. (21.3 mm OD) pipe	59.8 mL./ft. (196mL/m)

REMOTE CYLINDER ACTUATION LIMITATIONS			
ACTUATION CARTRIDGE PART NUMBER	NUMBER OF CYLINDER(S) THAT CAN BE ACTUATED	MAX. LENGTH OF 1/4" (0.6) OD COPPER TUBING	MAX. LENGTH OF TUBING BETWEEN CYLINDERS
BFR-AC-S	1-3	15 FEET (4.6 m)	3 FEET (0.9 m)
BFR-AC-L	1-5	25 FEET (7.6 m)	3 FEET (0.9 m)

Buckeye *Kitchen Mister* Restaurant Cooking Area Fire Suppression System

Features and Benefits

System Overview

The Buckeye *Kitchen Mister* Restaurant System is the uncomplicated, cost effective, dealer friendly restaurant system that distributors have always wanted.

The *Kitchen Mister* incorporates every good idea from existing systems, adds common sense features distributors have wanted for years, and includes innovative technologies that eliminate conduit, corner pulleys, and multiple fusible link brackets. The result is a system that is easier to design and install, has the lowest installed cost, and offers end users the latest in fire fighting technology (specially designed misting nozzles produce the perfect agent droplet size, almost immediately extinguishing any kitchen fire and affording the Buckeye *Kitchen Mister* the best coverages of any system on the market).

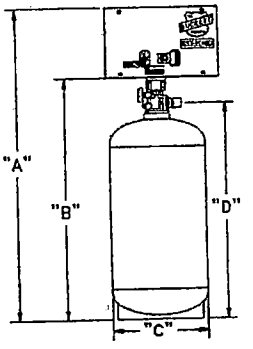
If you use it once, you'll never go back to older more complicated systems!

Summary Of Key Features

1. Easy Transition From Existing Systems

A. Familiar Technology

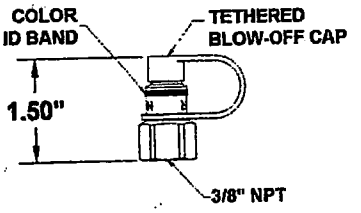
- **Cylinders**: Four (4) stored pressure cylinders designated by flow point capacity NOT agent volume:
  - BFR-5 5 Flow Points
  - BFR-10 10 Flow Points
  - BFR-15 15 Flow Points
  - BFR-20 20 Flow Points



Model Number	A inches (cm)	B inches (cm)	C inches (cm)	D inches (cm)	Max. Flow Points	Weight lbs. (kg)	Mounting Bracket
BFR-5	24.8" (63)	16.2" (41)	10" (25)	13.4" (34)	5	42 lbs. (19)	MB-1
BFR-10	34.4" (87)	25.8" (66)	10" (25)	23" (58)	10	74 lbs. (33)	MB-2
BFR-15	44.8" (114)	36.2" (92)	10" (25)	33.4" (85)	15	107 lbs. (48)	MB-2
BFR-20	42.4" (108)	33.8" (86)	12" (31)	31" (79)	20	130 lbs. (60)	MB-2

- **Nozzles**: The Buckeye *Kitchen Mister* only uses five nozzles. Each nozzle has a unique color band (in addition to an etched model number) for easy identification:

N-1LP	1 Flow Point Low Proximity	w/ Red Band
N-1HP	1 Flow Point High Proximity	w/ Blue Band
N-2LP	2 Flow Point Low Proximity	w/ Yellow Band
N-2HP	2 Flow Point High Proximity	w/ Green Band
N-2W	2 Flow Point Very Low Proximity	w/ White Band



State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

LEADER RESTAURANT SERVICES LLC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Portable Fire Extinguisher
Kitchen Fire Suppression System

P01539	07/24/2018 to 10/31/2021	
Permit ID	Date Issued	Lapse Date

Sheila Y. Oliver
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

LEADER RESTAURANT SERVICES LLC

And is authorized to provide services on the following systems: PFE, KFSS

07/24/2018 to 10/31/2021 (Date Issued – Lapse Date)

P01539 (Permit ID)

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:
AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 984-7860.

Sincerely,

Sheila Y. Oliver
Commissioner

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, September 11, 2019

To: LP & APTS, LLC%G B LTD
2O BOX 5008
FREEHOLD, NJ 07728

RE: Plumbing Subcode
Block: 852 Lot: 1 Qual:
1743 ROUTE 88
Permit Number: Control Number: C-19-003022
Last Submit Date: Friday, August 30, 2019

Dear LP & APTS, LLC%G B LTD,

The following comments were made during the Plan Review process:
NJAC 5:23-2.15(a)5 statement that all required State, county, and local prior approvals have been given, including such certification as the construction official may require;

The application appears to be acceptable but please provide documentation of approval from the County Department of Health. They can be reached at:
175 Sunset Avenue
P.O. Box 2191
Toms River, NJ 08754
732 341-9700

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit after Bldg
9/23/19

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 9/20/2019 **Business ID:** OW000696
Business: Tacos los Compas
1743 Route 88 West

Brick, NJ 08714

Inspection: OH001397
File Number: 053910
Phone: 848-241-4092
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Notes

DUE TO THE FACT THAT SEVERAL MEATS WILL BE USED AND AS PER THE OWNER BUTCHERING WILL TAKE PLACE.

FOOD MANAGER SAFE TRAINING MUST BE CERTIFICATION IS REQUIRED.

A 2 INCH AIR GAP MUST BE PROVIDED BELOW THE 3 COMPARTMENT SINK.

AIR DRY FACILITIES MUST BE INPLACE AT THE 3 COMPARTMENT SINK.

ALL FLOOR, WAL CEILING AND EQUIPMENT SURFACES MUST BE SMOOTH, CLEANABLE AND DURABLE.

ONCE ALL CONSTRUCTION HAS BEEN COMPLETED AND ALL FINAL CLEAN UPS. CALL FOR A PRE OPERATIONAL INSPECTION. 24 HRS. NOTICE ARE REQUIRED. ALL REFRIGERTAION UNITS ETC. MUST BE OPERATIONAL.ALL NECESSARY THERMOMETERS ETC. MUST BE PROVIDED.

NO FOOD CAN BE ONSITE.

CALL/ MR MCCOY. 732-341-9700 X 7479.

Inspector

Acknowledged Receipt :

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 9/20/2019 **Business ID:** OW000696
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NO FOOD CAN BE ONSITE.

CALL/ MR MCCOY. 732-341-9700 X 7479.

RECEIVED
SEP 26 2019
BUILDING

Inspector

Acknowledged Receipt :

MENU

Tacos

- Lengua
- Carnita
- Cueritos
- Cabeza
- Tripa
- Longaniza
- Costilla
- Suadero
- pollo
- Steak
- al pastor

Quesadilla

- al pastor
- pollo
- steak
- Compechona
- longaniza
-
-

Alambres

- Steak
- pollo
- mixto
-
-

Vebidas

- Jarritos
- Coca
- Aguas frescas

'19 SEP 16 AM9:30

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, August 27, 2019

To: LP & APTS, LLC%G B LTD
2O BOX 5008
FREEHOLD, NJ 07728

RE: Electrical Subcode
Block: 852 Lot: 1 Qual:
1743 ROUTE 88
Permit Number: Control Number: C-19-003022
Last Submit Date: Tuesday, August 27, 2019

Dear LP & APTS, LLC%G B LTD,

Your request is hereby denied based upon the following infractions.

Fire alarm devices not listed on electrical application.

Sincerely,

Patrick Callahan, Subcode Official

CC:

Resubmit after Bldg. 9/23/19

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, October 08, 2019

To: LP & APTS, LLC%G B LTD
2O BOX 5008
FREEHOLD, NJ 07728

RE: Electrical Subcode
Block: 852 Lot: 1 Qual:
1743 ROUTE 88
Permit Number: Control Number: C-19-003022
Last Submit Date: Monday, October 07, 2019

Dear LP & APTS, LLC%G B LTD,

Your request is hereby denied based upon the following infractions. 1. who is wiring the hood fan it is not on the electrical technical section

Sincerely,

Marcel Renson, Subcode Official

CC:

Resubmit 10/14/19

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of August 15, 2019 3:30 PM

Return to Search Results

Name: MICHAEL A WALTZ

Address: East Orange,NJ

Profession/License Type: Master Plumbers,Master Plumber

License No: 36BI01086300

License Status: Active

Status Change Reason:

Issue Date: 3/9/2000

Expiration Date: 6/30/2021

Board Action: YES*
Please visit DCA's website to see the final disposition documents.

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public r such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the A not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

State Board of Examiners of Master Plumbers at (973) 504-6420

LARRY C. JOHNSON, ARCHITECT AI 08215

40A Camner Avenue
Somerset, NJ 08873
732 828-1187
732 745-4736 FAX
Proj. No. 1944

July 15, 2019

Township of Brick
Building department
Township of Brick, New Jersey 08723

RE: 1743 RT.88
UNIT 5

Please note the following:

1. Permit jackets By Owner.
2. Zoning Application By Owner.
3. Engineering form filled out. By Owner
4. Plot Plans By Owner.
5. Plumbing/Electric techs. By Others.
6. Not Required.
7. 2 sets of plans. Attached.
8. Not Required.
9. Not Required.
10. REScheck. Not Required.
11. Cooking Equipment brochures By Owner.
12. Gas Riser on A7.
13. Plumbing Riser on A6.
14. Not Required.
15. Not Required.
16. Not Required.
17. Smoke Detectors now on plan.
18. Only NEW electrical devices are shown on the plan.
19. Not Required.

I trust this information is sufficient for your needs. If you have any additional concerns relating to this issue I can be reached at 732-828-1187.

Sincerely

Larry C. Johnson
Architect AI 08215

LARRY C. JOHNSON, ARCHITECT AI 08215

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Sincerely

Larry C. Johnson
Architect AI 08215

REAL ESTATE INVESTMENTS • MANAGEMENT
63 West Main Street, Box 5008, Freehold, New Jersey 07728
Tel. (732) 780•8888 Fax (732) 577•0129

G B LTD. Oper. Co., Inc.
Since 1975

Directors:
Carl P. Gross, Esq.
Henry H. Bloom

Chief Operating Officer:
Handri Kadash

Superintendent of Properties:
Robert Malkoff
Kevin J. Jacobs, Asst.

Executive Administrative Assistant:
Kerri Moshos

Senior Accountant:
Kimberly Skorka

Senior Property Administrator:
Laura Swiney

Property Administrator:
Kim M. Barrett
Cindy Giampolo

Senior Administrator:
Zachary J. Gross, Esq.

August 14, 2019

Raul Escobedo
254 Birch Drive
Brick, NJ 08723

Re: Laurelton Plaza – Store 5

Dear Tenant:

In accordance with your request, this letter shall confirm that the space you are leasing for your new restaurant has been vacant since the prior tenant, Shore Core Records, moved out on 5/4/2015.

Should you need any further information please call me at this office.

Very truly yours,
G.B. Ltd. Oper. Co., Inc.

Kim Barrett
Property Administrator

CC: LP & Apt., LLC Attn: Carl P. Gross
G.B. Ltd. Oper. Co., Inc. Attn: Kevin Jacobs and Handri Kadash

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Kimberly Skorka

Senior Property Administrator:
Laura Swiney

Property Administrator:
Kim M. Barrett
Cindy Giampolo

Senior Administrator:
Zachary J. Gross, Esq.

July 25, 2019

Tacos Los Compas, LLC
Suite 5
Laurelton Plaza
1743 Route 88
Brick, NJ 08724

RE: YOUR TENANCY AT LAURELTON PLAZA

Dear Tenant,

Please allow this letter to serve as the Landlord's approval to complete the work noted in the plans drawn by Larry C. Johnson, Architecture Planning Interiors dated July 8, 2019 pages A1, A2, A3, A4, A5, A6 and A7 at your sole cost and expense.

In accordance with Section 9 of your lease agreement, all work shall be done in a good and workmanlike manner, and in accordance with all applicable federal (including ADA Compliance), state and municipal laws and regulations, and in accordance with all regulations promulgated by governmental agencies having jurisdiction, and further in accordance with prevailing safety standards in the industry.

If you have any questions, please contact the office.

Very truly yours,
G.B. Ltd. Oper. Co., Inc.

Kevin J. Jacobs
Assistant Superintendent of Properties

G:\1-Companies\15 LP APTS LLC\Leases-Plaza\15-5 TACO\fitup file\lp raul fit up plan approval letter 7 25 19.docx

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers H

AS LICENSED

Michael A. Waltz
T/A INTEGRITY PLBG and HTG
44 N Grove St #2
ast Orange NJ 07017

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

06/07/2019 TO 06/30/2021
VALID

36BI01086300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
AS LICENSED
Michael A. Waltz
Master Plumber
E
06/07/2019 TO 06/30/2021
VALID
SIGNATURE
36BI01086300
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PLEASE DETACH HERE

Phone
(973) 5369417

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of August 15, 2019 3:27 PM

Return to Search Results

Name: CARLOS H PAIZ

Address: Piscataway,NJ

Profession/License Type: Electrical Contractors,Electrical Contractor

License No: 34EI01428100

License Status: Active

Status Change Reason: Reinstatement

Issue Date: 4/1/1998

Expiration Date: 3/31/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Electrical Contractors (973)504-6410

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

Carlos H. Paiz
1657 Division Avenue
Piscataway NJ 08854-2113

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

03/31/2015 TO 03/31/2018
VALID

34EI01428100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
Carlos H. Paiz
Electrical Contractor

03/31/2015 TO 03/31/2018
VALID

34EI01428100
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Electrical Contr
P.O. Box 45000
Newark, NJ 07101

PLEASE DETACH HERE

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 852 **LOT** 1 **ADDRESS** 1743 Route 88 Brick NJ 08724 unit 5

IDENTIFICATION:

1. WORK SITE ADDRESS 1743 Route 88 Brick nj 08724 unit 5
2. APPLICANT _____
3. NAME OF OWNER IN FEE LP & APTS, LLC
   ADDRESS 63 West Main st. Freehold nj 07728
   PHONE 732-780-8888 EMAIL Kjacobs@gbltdnj.com
4. PRINCIPAL CONTRACTOR Raul Escobedo
   ADDRESS 254 Birch DR. Brick NJ 08723
   PHONE 848-241-4092 EMAIL mennylu22@hotmail.com
5. ARCHITECT OR ENGINEER LARRY C. JOHNSON
   ADDRESS 40A Camner Ave. Somerset NJ 08873
   PHONE 732-828-1187 EMAIL leftjohn@comcast.net
6. RESPONSIBLE PERSON FOR WORK Raul Escobedo
   ADDRESS 254 Birch DR. Brick nj 08723
   PHONE 848-241-4092 EMAIL mennylu22@hotmail.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

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	_____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

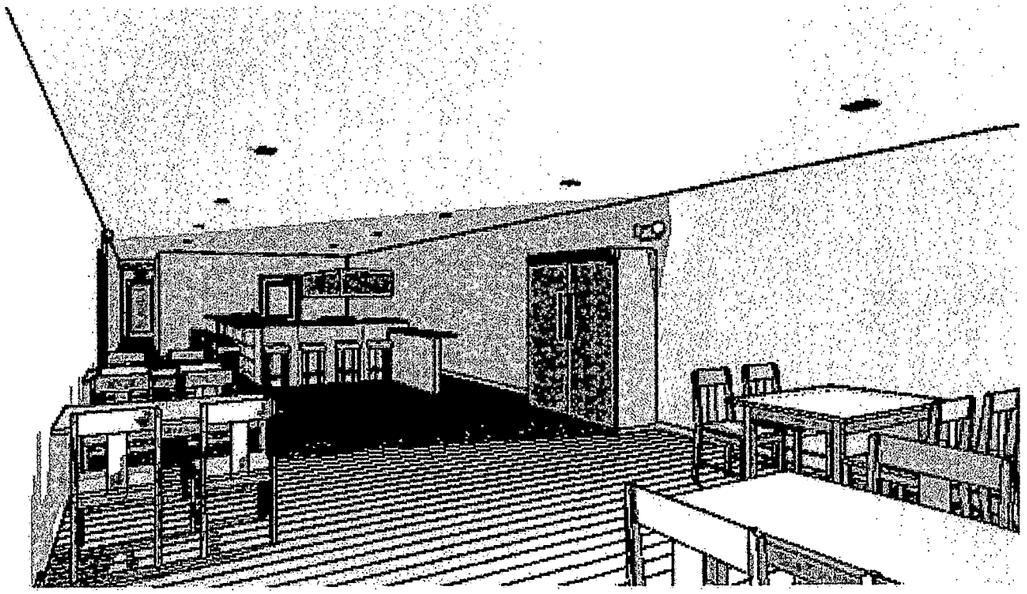
☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☑ DESCRIPTION tenant Fit up

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

INTERIOR FIT-OUT FOR RESTAURANT
1743 RT. 88, BRICK TWP.
NEW JERSEY



CODES:

IBC 2015, NEW JERSEY EDITION
FUEL GAS SUBCODE - INTERNATIONAL FUEL GAS CODE 2015
MECHANICAL SUBCODE - IMC 2015
ENERGY SUBCODE - ASHRAE 90 1-2013
ELECTRICAL SUBCODE - [redacted]NATIONAL ELECTRICAL CODE - (NFPA 70)/2014
NATIONAL STANDARD PLUMBING CODE 2015
ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES - ICC A117.1-2009

BUILDING/SITE CHARACTERISTICS

1 Number of Stories 1
2 Height of Structure 12' +/- ft.
3 Area- Largest Floor 1416 sf.
4 New Building Area 00 sf.
5 Volume of New Structure 00 CF.
6 Construction Classfication 5B
7 Total Land Area Disturbed 00 sf.
8 Flood Hazard Zone No
9 Base Floor Elevation NA.
10 Wetlands yes no X
11 Max. Live Load - 100 LB.
12 Max. occupancy Load 45.
USE A3
REHABILIATION SUBCODE
CURRENT AS OF 08/20/2018

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		10/02/19
Plumbing Subcode		10-4-19
Fire Subcode		
Electrical Subcode	10-15-19	
Plan Reviewer		
Plans Released		
Construction Official		

INTERIOR FIT-OUT FOR RESTAURANT
UNIT 5 1743 RT. 88, BRICK TWP., NEW JERSEY
PROPRIETOR: TACOS LOS COMPAS LLC

LARRY C. JOHNSON
ARCHITECTURE
PLANNING
INTERIORS
40A Camner Ave.
Somerset NJ 08873
732 828-1187
AI 08215

REVISED JULY 15, 2019

DATE	DRAWN BY	PROJ. NO
JULY 8, 2019	LCJ	1944

COVER SHEET

A1
1 OF 7

FILE COPY

LITE OCR

Construction Official _____

Plans Reviewed _____

Plan Keviewer _____

Electrical Subcode _____

Fire Subcode _____

Plumbing Subcode _____

Building Subcode _____

RELEASED FOR PERMIT INITIAL DATE

TOWNSHIP OF BRICK

GENERAL NOTES

1. It is the contractor's responsibility to inspect and assess the project and to fulfill the intent of the work indicated by the contract documents. The contractor shall verify all conditions and dimensions with the contract drawings. Deviations from the contract documents necessitated by field conditions shall be brought to the attention of the architect.

2. All trades i.e. mechanical, electrical, plumbing, and carpentry, etc. shall perform all work in accordance with any and all applicable codes currently in effect at the time of construction. General contractor to verify applicable codes prior to start of construction.

3. Contractor to insure stability of structure at all times during the construction period.

4. Keep construction area in an orderly fashion, secure or remove all debris at the end of each day.

5 Contractor shall maintain heat, water and electrical service to the greatest extent possible.

6. Do not scale drawings. Refer to written text and dimensions for information.

7. Final locations of ceiling mounted light fixtures; detectors and registers shall be as par direction of owner and architect.

8. The contractor shall provide adequate blocking and or supports in wall for equipment and accessories attached thereto.

9. All ceiling mounted light fixtures in closets shall have completely enclosed lamps.

10. The perimeters of all water closets and sinks and splashes at counters shall be caulked where they contact either floors or walls. Color of caulk shall be selected by owner.

11. All heating ventilating air-condition and exhaust ductwork to be rigid steel or flex type.

12. The Heating Contractor shall adjust and tune the heating system to provide ample heating in the winter to maintain 70-degree interior when exterior temp is 0 degrees. The Air Conditioning System shall maintain 70 degree interior when exterior temp is 100 degree.

13. All fire stopping and draft stopping shall be as per code.

14. NOT USED

15. All plumbing fixtures shall be selected by Contractor, contractor to provide delivery and instillation. Color shall be white.

16. All new partitions shall be 2x4 wood studs 16" o.c. with 2 2x4 top plate & 1 bottom plate. Also, metal studs shall also be used in accordance with all IBC 2015 REQUIREMENTS.

17. One layer of 1/2" gyp. bd. On ceilings, if required one layer of 5/8" gyp. bd. on each side of all interior partitions.

18. Insulation, R38 at roof and R30 at floor, R21 in exterior walls and 2" sound insulation in Toilet Room walls, unless other wise noted. Insulation shall not be stuffed.

19. Ceramic tile on Toilet Floors.

20. Plumbing fixtures shall be Kohler,or equql. white.

21. Provide hard-wired interconnected Smoke and CO Detectors, if required.

22. All lumber shall be NO. 2 and better.

23. Provide 2-2x10 Headers over all windows and doors, unless noted otherwise.

24. The contractor shall take special care to maintain a dry interior condition at all times.

INTERIOR FIT-OUT FOR RESTAURANT
UNIT 5-1743 RT. 88, BRICK TWP., NEW JERSEY
PROPRIETOR: TACOS LOS COMPAS LLC

LARRY C. JOHNSON
ARCHITECTURE PLANNING INTERIORS
40A Camner Ave.
Somerset NJ 08873
732 828-1187
AI 08215

REVISED JULY 15, 2019

DATE	DRAWN BY	PROJ. NO
JULY 8, 2019	LCJ	1944

GENERAL NOTES

A2
2 OF 7

FILE COPY

KITCHEN LIGHTS SHALL BE VAPOR PROOF.

RFP PANELS ON WALLS, FULL HEIGHT

K CLASS FIRE EXTINGUISHER WALL MOUNT

WASHABLE STORAGE SHELVING

NEW STROBE IN EACH H.C. TOIL.

FREEZER CHEST

52" REACH-IN REF.

4 BURNER 124,000 BTU

48" GRIDDLE 113,000 BTU

STOCK POT 80,000 BTU

GAS GYRO 62,400 BTU & 120V.

18 GA. 1" S/S INSUATED PANEL EXTEND 18" BEYOND HOOD IN ALL DIRECTIONS

EXISTING EMERGENCY LIGHT

CO DETECTOR 5 FT. HI

DRINK COOLER

NEW HORN AND STROBE

CO DETECTOR 5 FT. HI.

REGISTER

MOP SINK

5'-1" H.C. TOIL

H.C. TOIL 5'-1"

7'-4"

3'-2 7/16"

WH

FD COOKING LINE

10 FT. S/S HOOD ABOVE

REPOSITION LIGHT FIXTURES

HAND WASH SINK

42" HI COUNTER

36" HI COUNTER FOR H.C.

KITCHEN/PREP
11'-3" X 15'-8"
175 SQ FT.

DINING
24'-10" X 19'-2"
671 SQ FT

671 SQ. FT / 15 = 45 PERSONS FOR SEATING

NON SLIP TILE FLOORING

19'-2"

EXISTING WATER METER ABOVE

13'-11"

EXISTING ELEC. PANEL

11'-7 1/2"

S/S WORK TABLE

3 COMP. SINK

FL. SINK

3'-2 1/2"

PREP SINK

EXISTING LIGHT FIXTURES TO REMAIN, TYP.

LIGHTED EXIT SIGNS WITH REMOTES ARE EXISTING TYP.

CO DETECTOR 5 FT. HI.

ARMSTRONG WASHABLE CEILING TILE OR EQUAL.

ABC CLASS FIRE EXTINGUISHER WALL MOUNT

20 LB. GREASE TRAP

ABC CLASS FIRE EXTINGUISHER WALL MOUNT

FLOOR PLAN

SCALE 3/16"=1'-0"

FILE COPY

INTERIOR FIT-OUT FOR RESTAURANT
UNIT 5, 1743 RT. 88, BRICK TWP., NEW JERSEY
PROPRIETOR: TACOS LOS COMPAS LLC

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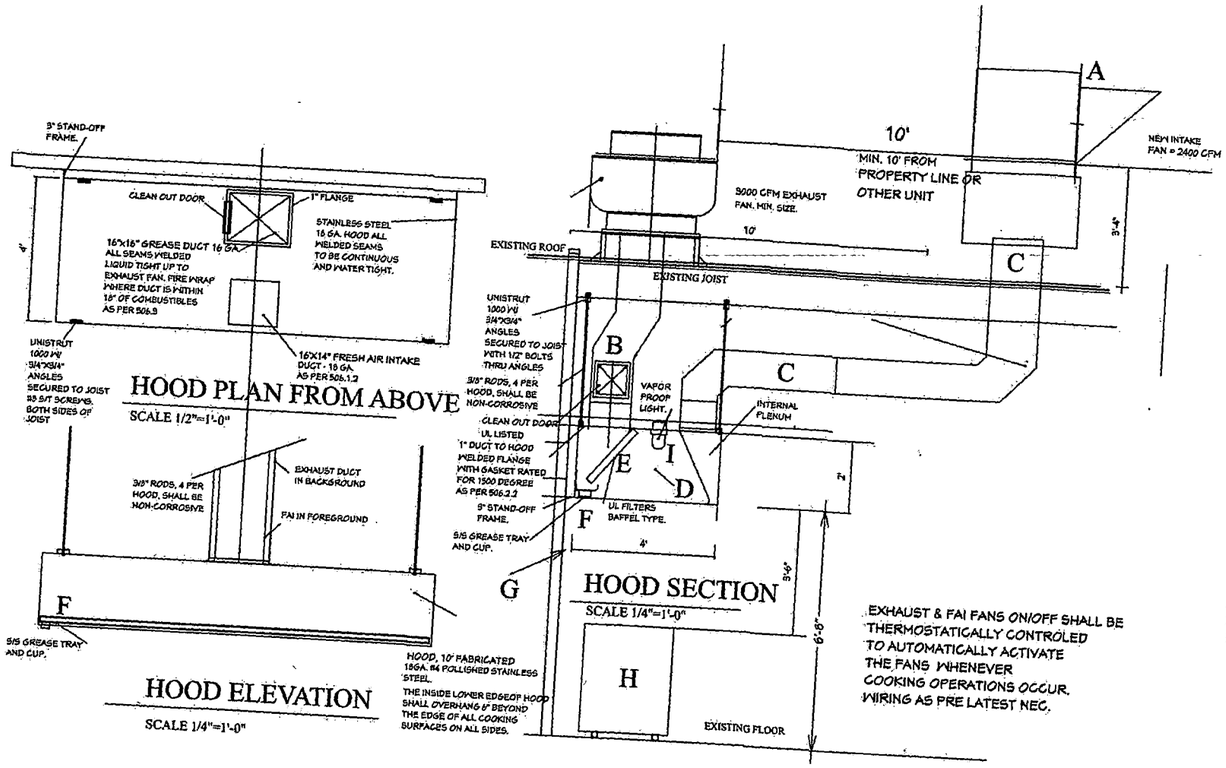
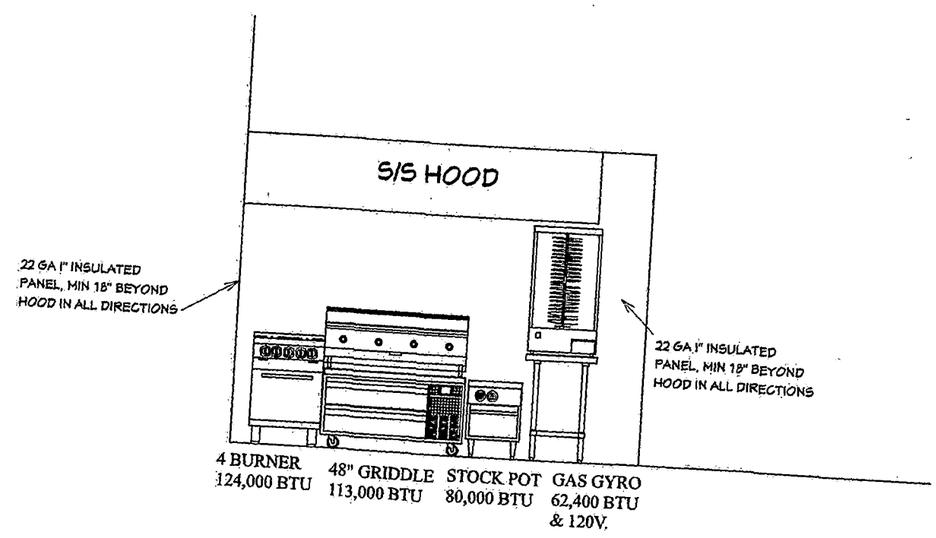
FLOOR PLAN

A3

3 OF 7





COOKING LINE

SCALE 1/4"=1'-0"

INTERIOR FIT-OUT FOR RESTAURANT
UNIT 5-1743 RT. 88, BRICK TWP., NEW JERSEY
PROPRIETOR: TACOS LOS COMPAS LLC

LARRY C. JOHNSON
ARCHITECTURE PLANNING INTERIORS
40A Camner Ave.
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HOOD & EQUIP SECTION & ELEV.

A4

4 OF 7

FILE COPY

FILE COPY

NEW 10'-0" – TYPE 1 HOOD

Exhaust Fan: (SEE PLAN AND NOTES AT BOTTOM OF THIS SHEET)

A. Make-up Air Fan: (SEE DRAWING) shall be in compliance with IMC 508.1 & 508.1.1.

B. Exhaust Duct:

NOTE: Exhaust duct within 18" of a combustible to be insulated with 1-layer of 1-1/2" fully encapsulated, UL Listed Insulated Blanket. The blanket is equal to a 0" clearance to combustible

C. Make-up Air Duct:

D. Hood: All Stainless Steel 18 ga. All external joints and seams of hood shall be welded liquid tight. Hood shall be secured in place by 3/8" threaded support rods. OR 300 lb. gal. link chain. Installation shall comply with International Mechanical Code (Chapter 5).

E. Filters: U.L. Classified Aluminum, Baffle filters. (Section 507.11 International Mechanical Code)

F. Removal Grease Tray: with removable grease cup.

G. Wall Panel: with mineral wool insulation 1" to wall cover with S/S 22 ga.

H. Cooking appliance. (SEE ELEVATION)

I. Vapor Proof Light.

HOOD EXHAUST (IFC 609 and 507.13)
ALTERNATE FORMULA
HEAVY DUTY TEMPERATURE
300 CFM per. Lf. = 3000 CFM

NOTE: WHERE FANS AND EQUIPMENT IS INSTALLED WITHIN 10' TO THE EDGE OF THE ROOF EDGE, A GUARD RAIL SHALL BE PROVIDED IN ACCORDANCE WITH THE PROVISIONS OF IBC 1013. AND 1707.7 (MIN. 42" HIGH, AND RESIST LOADS OF 50 LB. /LIN. FT.).

INTERIOR FIT-OUT FOR RESTAURANT
UNIT 5 1743 RT. 88, BRICK TWP., NEW JERSEY
PROPRIETOR: TACOS LOS COMPAS LLC

LARRY C. JOHNSON
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40A Camner Ave.
Somerset NJ 08873
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AI 08215

REVISED JULY 15, 2019

DATE	DRAWN BY	PROJ. NO
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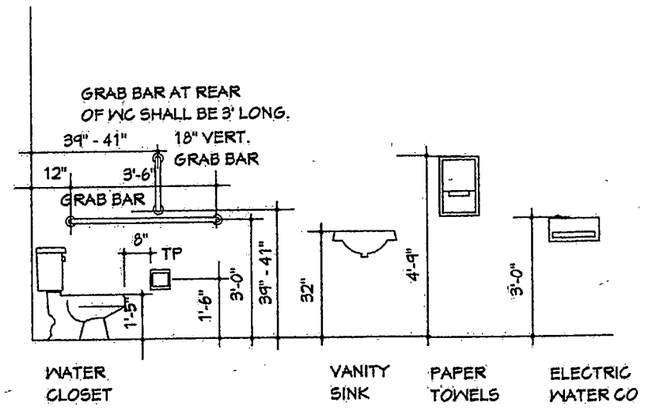
HOOD NOTES.

A5
5 OF 7

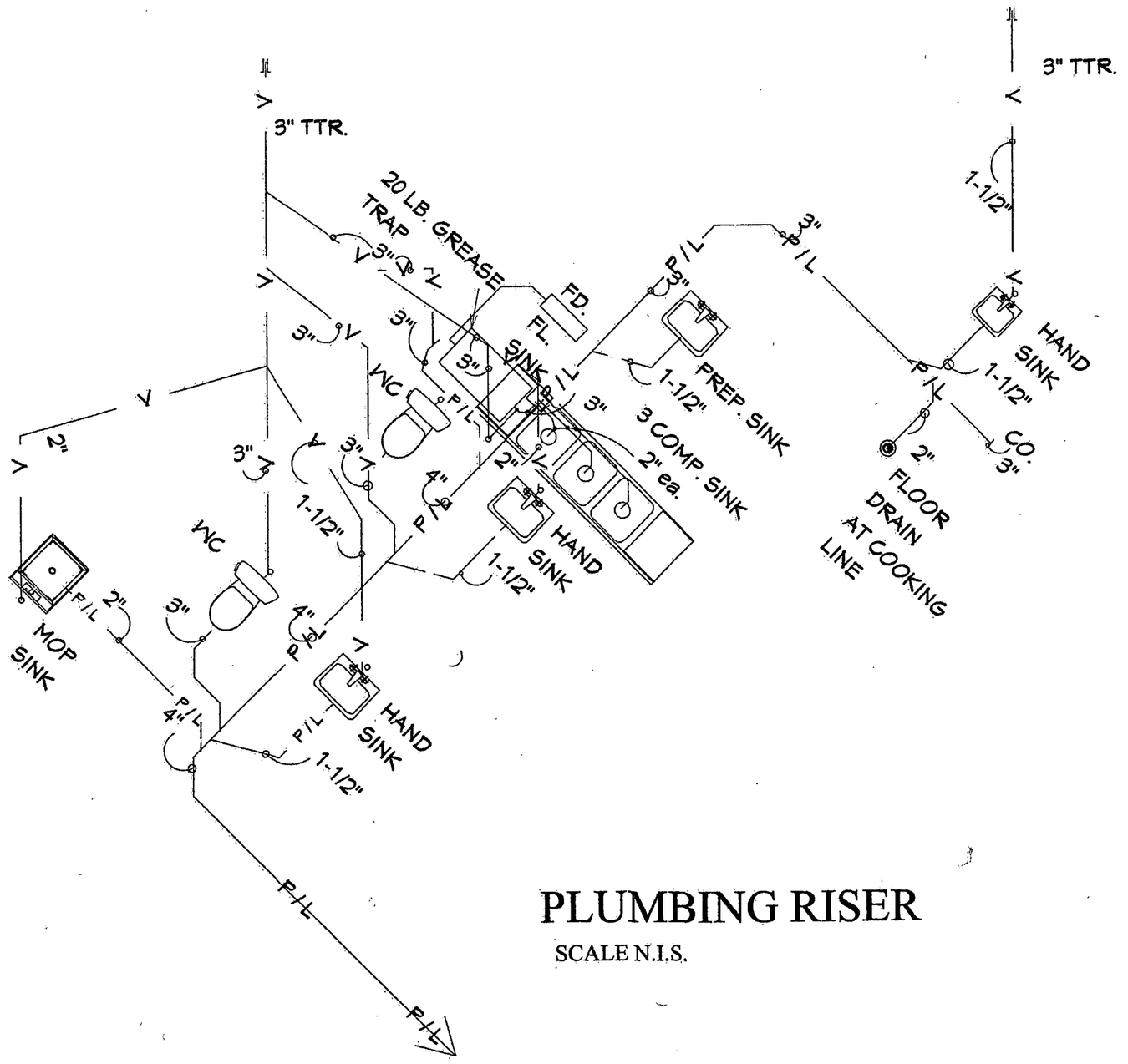
FILE COPY

FILE COPY



TYPICAL FIXTURE HEIGHTS

SCALE N.I.S.



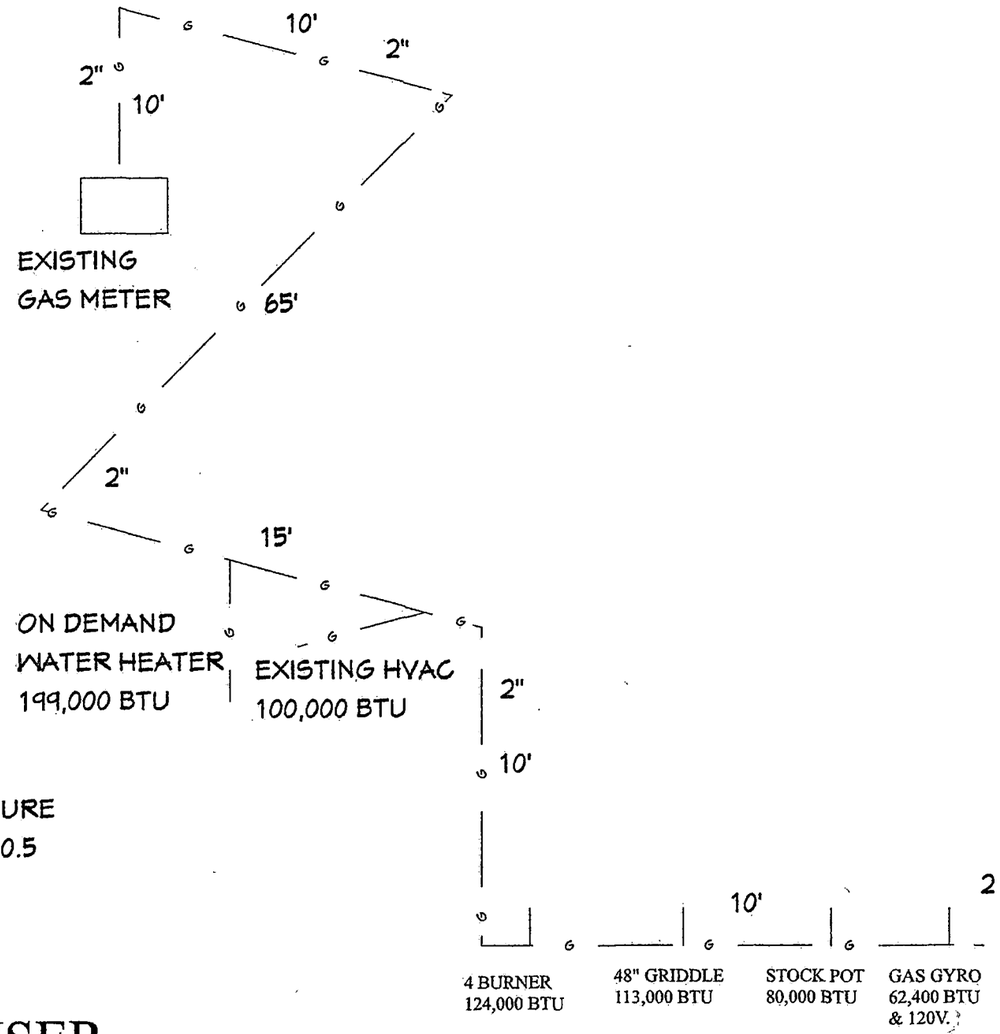
PLUMBING RISER

SCALE N.I.S.

FILE COPY

INTERIOR FIT-OUT FOR RESTAURANT UNIT 5 - 1743 RT. 88, BRICK TWP., NEW JERSEY PROPRIETOR: TACOS LOS COMPAS LLC	LARRY C. JOHNSON 40A Camner Ave. Somerset NJ 08873 732 828-1187	ARCHITECTURE PLANNING INTERIORS AI 08215	REVISED JULY 15, 2019 DATE: JULY 8, 2019 / DRAWN BY: LCJ / PROJ. NO: 1944	PLUMBING	A6 6 OF 7

FILE COPY



TOTAL BTU = 678,400

TOTAL PIPE RUN
FROM METER = 120 FT.

2" PIPE CARRIES 1,020 BTU
FOR 125 FT.
GAS TABLE FOR IPS WITH A PRESSURE
OF 0.5 AND A PRESSURE DROP OF 0.5
INCH WATER COLUMN AND 0.80
SPECIFIC GRAVITY.

GAS RISER

SCALE N.I.S.

INTERIOR FIT OUT FOR RESTAURANT
UNIT 5-1743 RT. 88, BRICK TWP., NEW JERSEY
PROPRIETOR: TACOS LOS COMPAS LLC

LARRY C. JOHNSON
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GAS RISER

A7
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