RECEIVED
OCT 20
BUILDING

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Rasoka Bonanza Restaurant Brick Blvd
2. Owner Name: _____ Tel. (___) _____
   Address Corner of Brick Blvd & Mastick Rd
3. Principal Contractor: Allied Fire & Safety Tel. (201) 741-2113
   Address 3851 Hwy 35 Red Bank N.J. 07701
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-1940807
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☒ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 1,000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10309633

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Allied Fire & Safety TEL.(201) 741-213

ADDRESS 381 Hwy # 35

Red Bank N.J. 07701

SIGNATURE

BLOCK NO. 470A LOT NO. 17 SUBDIVISION _____ PERMIT NO. 8944

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	10-30-86	✓			
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			12-5		
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION				5/6/87	
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	35.00
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY approval	20.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 55.00

DATE 10/30/86 Collected By Lola

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

FIRE SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8944
DATE ISSUED 10-28-86
REVISION DATE
Block 470.A Lot 17
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Rocco's Pizza
Address Cor Rock Blvd & [illegible]
Rockaway N.J
Tel. ( )

Contractor ALLIED Fire & Safety
Address 351 Hwy #35
Red Bank N.J 07701
Tel. (201) 741-2113

Work Site Address Cornelison & Brick Blvd
Same
Lic. No.
Federal Emp. No. 22-1940507

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☒ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: Non Exit
Estimated Cost of Work: $ 1000.00 $ 35.00

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $

B5. OTHER

Reinstall Existing System $ 36.00

Subtotal $ 36.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 35.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 94/01
DATE ISSUED 3-22-96
REVISION DATE
Block 1170.A Lot 17
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner
Address
Tel. ( )
Work Site Address
Lic. No.
Federal Emp. No.
Contractor
Address
Tel. ( )

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☒ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ 12,000.00 $ 350.00

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $

B5. OTHER

Re-Install Exist. Sys. $ 0
$
$

Subtotal $ 350.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 350.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
	No Suppression test But Certificate from Co. Dunn 11-87.

JOB SUMMARY

☐ No Plans Required
☑ ~~Plan Review~~ Approved
Date: 10-20-86
Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 5/8/87
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				5/8/87
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

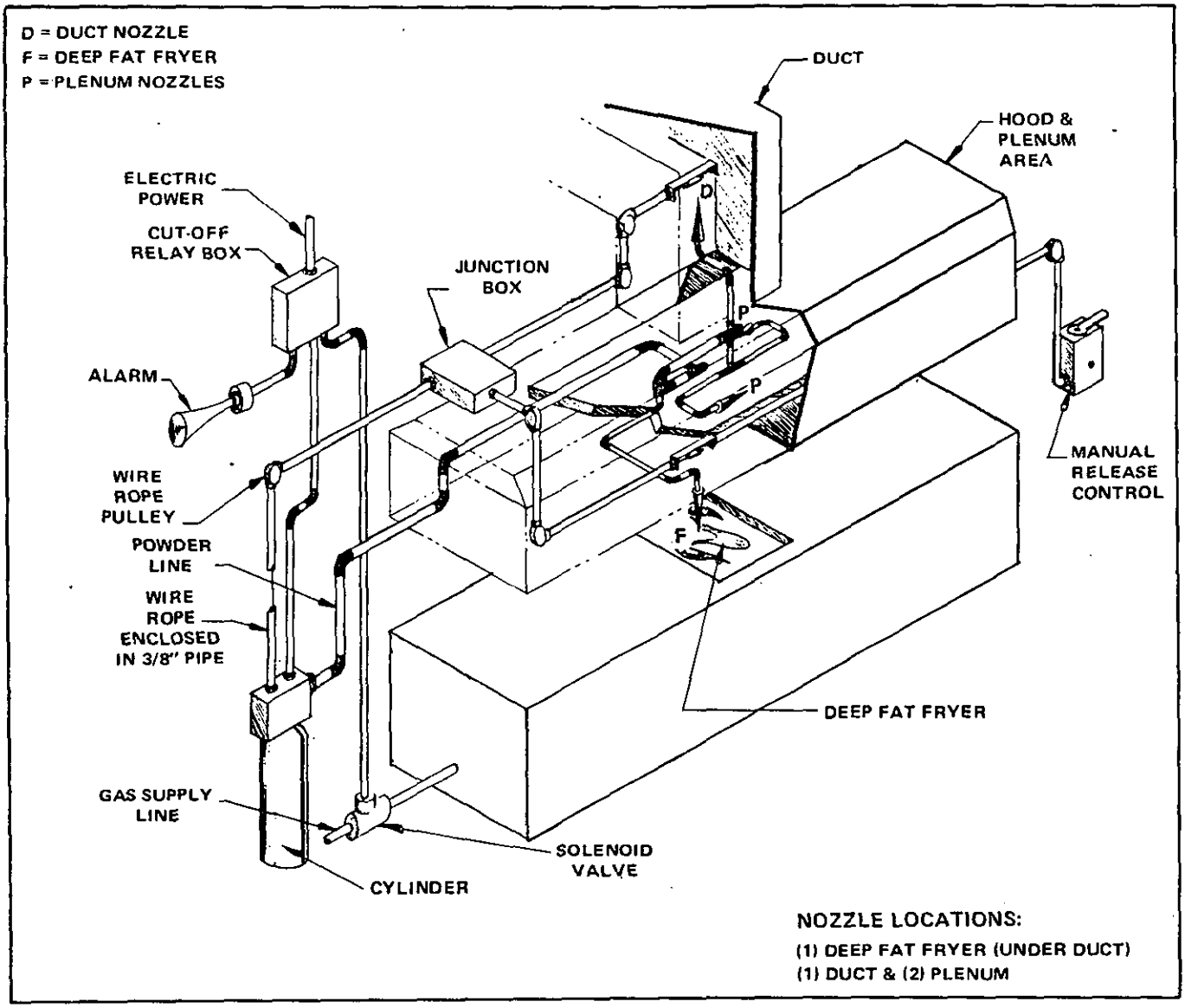

Figure 5

10/20/84
GR

SECTION II
APPLICATIONS ENGINEERING

The ESR-10 Fire Extinguishing system has been pre-engineered to fit most hood and duct installations. It has been tested by UL who have accepted it forlisting with specific limitations (maximum and minimum on: 1) the size of the hazard it can protect, 2) the dry chemical nozzles and 3) the fusible link assembly locations, remote manual release pull and piping.

The application engineer must perform the following, using the fire extinguishing system check-out table . . . . . .

1. *Measure the hazard.* (Check that it is within the capability of the ESR-10)
2. *Select the proper type and number of nozzles.*
3. *Select the extinguisher location.* (Affects dry chemical piping and need for remote pull box.)
4. *Lay out the dry chemical piping and nozzle locations.* (Check that the dry chemical piping limits on length, arrangement and 90° bends are not exceeded.
5. *Select the number and locations of fusible link assembly.*
6. *Lay out the actuator piping.* (Check that the limitations on length and 90° bends are not exceeded.)
7. *Select the accessories:*
   Gas Valve shut off to deep fat fryer (including cut-off relay).

   Cut-off relay for electrically heated deep fryers.
   Alarms

I. The Kitchen Hood System Protection Requirements

Categorize the hood system, identify and measure its components, and determine the type and number of nozzles required.

A. DUCT - HEADER - RISER

1. Single Duct

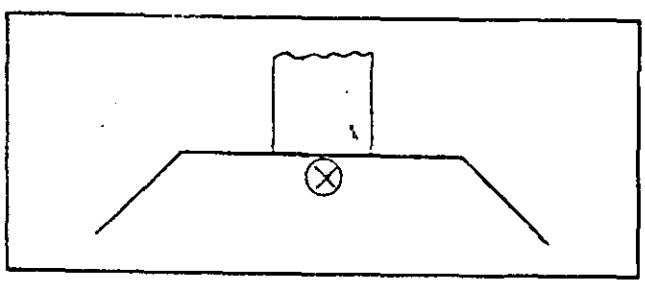

Figure 6a: Single Duct

DUCT - HEADER - RISER

2. Dual Duct

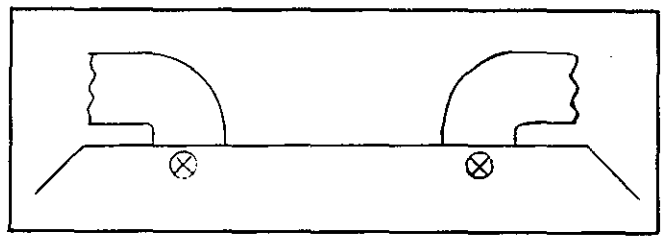

Figure 6b: Dual Duct

DUCT - HEADER - RISER

3. Header - Riser

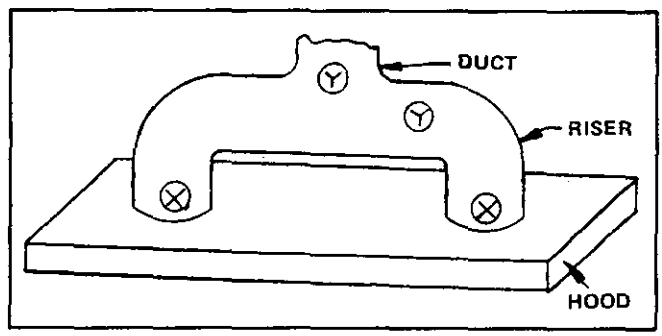

Figure 6c

Measure the diameter or perimeter of all points "X" and "Y". Nozzles are required at all locations marked "X". (Some authorities may also require a nozzle at the common duct.)

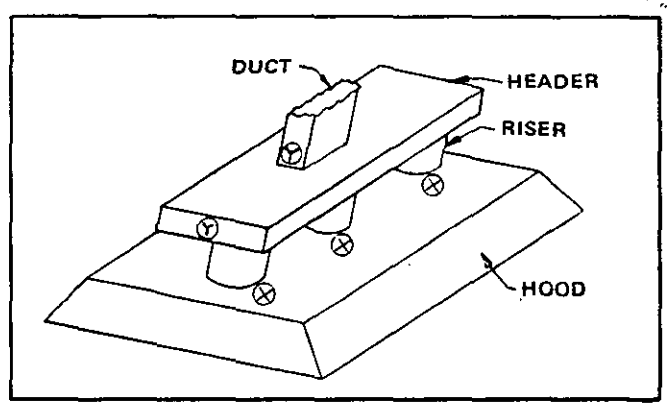

Figure 6d: Header and Riser

Measure the diameter if round, the perimeter if square, rectangular, or irregularily in shape. (The largest side cannot exceed 36")

HOOD: 1 SIZE: 32 X 24 FILTERS: 2 SIZE 20X20

DUCTS: 1 SIZE: 10 X 10 CONDITION: NEW

APPLIANCE COVERAGE:

UPRIGHT BROILER:		SIZE		SIZE		SIZE	
CHAR BROILER:		SIZE		SIZE		SIZE	
DEEP FAT FRYER:		SIZE		SIZE		SIZE	
GRIDDLE:		SIZE		SIZE		SIZE	
OPEN BURNER RANGE:	1	SIZE	27X32	SIZE		SIZE	
WOKS:		SIZE		SIZE		SIZE	

OTHER:

COMMENTS:

DIAGRAMS: