BLOCK 1170.09 LOT 3.04 QUALIFICATION CODE _____ ADDRESS (SITE) 906 Route 70 PERMIT NO. 11-26049

CONSTRUCTION PERMIT APPLICATION

C-11-002990

COMMERCIAL

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

I. IDENTIFICATION

1. Proposed Work Site at: BRICK DINER RESTAURANT.
2. Name of Owner in Fee: BILL HAPIS.
   Tel. (201) 693 3248 e-mail _____
   Address 906 ROUTE 70 WEST BRICK NJ. 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: QUALITY CONSTRUCTION Tel. (201) 233 7119
   Address 416 LOWTHER AVE e-mail _____
   CLIFFSIDE PARK NJ. 07011
   License No. OR, if new home, Builder Reg. No. 13VH03534900 Exp. Date 12-31-11
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer CALISIS ARCHITECTURE LLC. Contact _____
   Address 901 80TH STR N.B NJ.07047 e-mail _____
   Tel. (201) 6621001 FAX: (201) 6624110
6. Responsible Person in Charge once Work has Begun _____
   Tel. (201) 2337119 FAX: (201) 9175902

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 750	+49	
2. Electrical		40 ✓	
3. Plumbing			
4. Fire Protection			
5. Elevator/Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		8	
10. Subtotal	$ 42		
11. Cert. of Occupancy			
12. Other		44	
13. TOTAL	$ 792		

VI. BUILDING/SITE CHARACTERISTICS

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

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 Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	25,000	(Calisis)	8/10/11	8/16/11 KW			8-25-11		JH
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
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:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
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

U.C.C. F100-1 (rev. 8/08)

6

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
	Paul 732-456-7033	

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 Wiking Pappanikolaou

Address 212 Dana Ave

Cliffside Park NJ. 07011

Telephone (201) 233-3119

Signature _____ 8-10-11

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

BUILDING SUBCODE TECHNICAL SECTION

COMMERCIAL

Date Received 8/31/11
Control #

Date Issued
Permit # 11-2649

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

Block 1170.09 Lot 3.04 Qualification Code

Work Site Location BRICK DINER RESTAURANT, 906 ROUTE 70 WEST, BRICK NEW J. 08724

Owner in Fee: BILL HAPIS

Tel. (200) 693-3248 e-mail

Address 906 ROUTE 70 BRICK NJ 08724
street municipality zip code

Contractor: QUALITY CONTRUCTION Tel. (201) 233-7119

Address 416 LOMTON AVE e-mail

CLIFFSIDE NJ. 07011

Contractor License No. or Builder Registration No. 13VH03534900 Exp. Date 12-31-11

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

Federal Emp. ID No. [redacted] FAX: (201) 9175902

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	8-25-11	JA
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8-25-11
Approved by: KA / JA

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 25,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
STUCCO AS SHOWN. THE PLANS SEPARATE WALL IN THE DINING ROOM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] 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
[X] Other
[X] Demolition

FEE (Office Use Only)
$

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

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

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

COMMERCIAL

5/7/13 MW

Met w/ owner to discuss Special Insp Requirements

Also Spoke to Arch to discuss what concerns were

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received 4/26/13
Control #
Date Issued
Permit # 11-26491 A

92

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

Block 1170-09 Lot 304 Qualification Code

Work Site Location 906 Rt#70 [illegible] / Brick Diner / Brick

Owner in Fee: STONE FOOD LLC

Tel. (732) 458-7023 e-mail

Address SAME AS ABOVE

Contractor: Lynn Electric LLC (street / municipality) Tel. (732) 804-3778 (zip code)

Address 2 Grace St. Fords NJ. 08863 e-mail

Contractor License No. 16344 Exp. Date 3/2015

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

Federal Emp. ID No. 263107117 FAX: (732) 738-5470

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Restaurant Utility Co.

Est. Cost of Elec. Work $ 5,00000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date / / Approved by:
[✓] Electric Plans Approved
Date 4/25/13 Approved by: JS

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-25-13
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/18/13
Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	OUTSIDE	LIGHTS	5-6-13	JD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-11-13	JD
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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: Lynn A. Slawinski

Print name here: LYNN A. SLAWINSKI

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

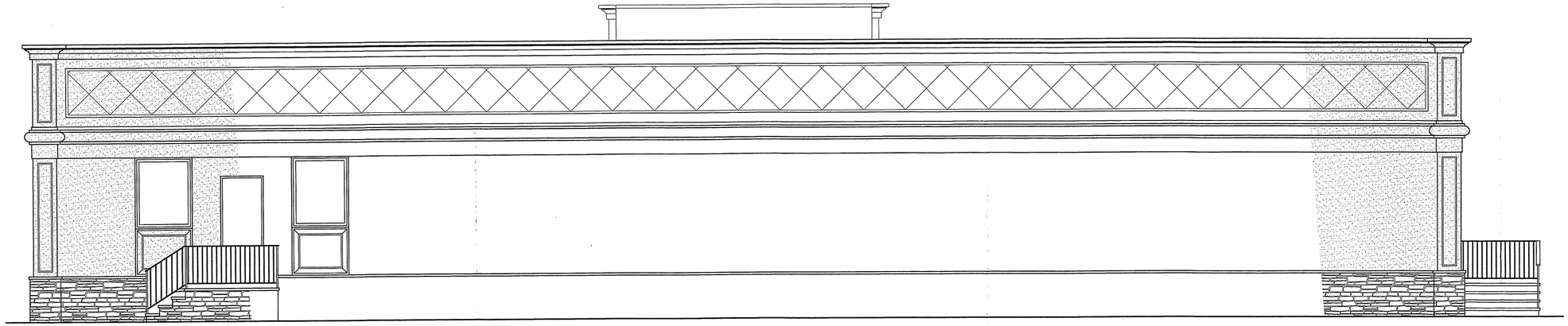
QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
X		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW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

COMMERCIAL

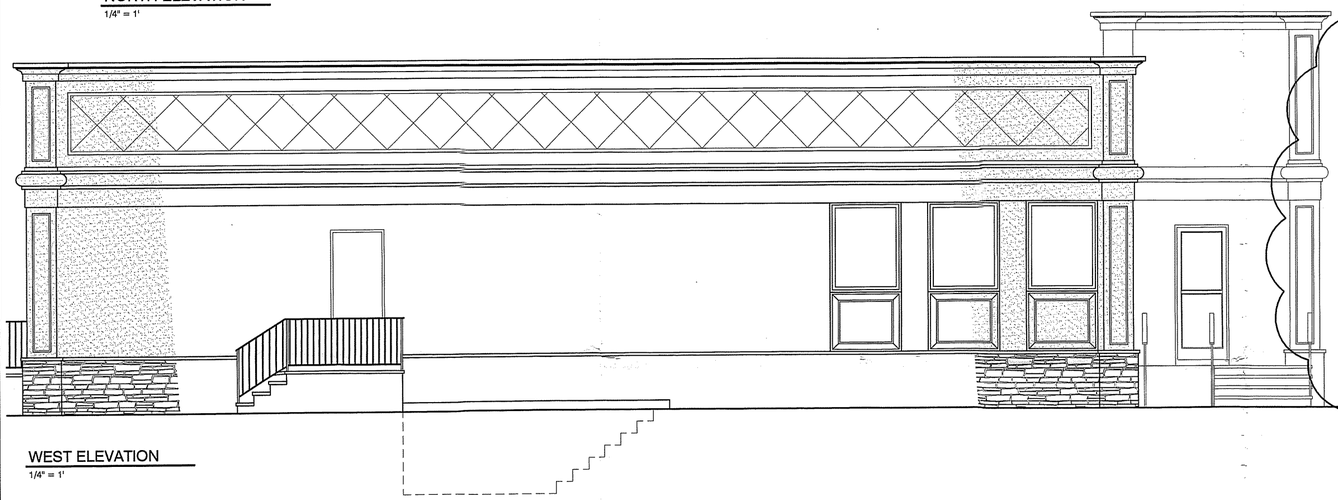
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

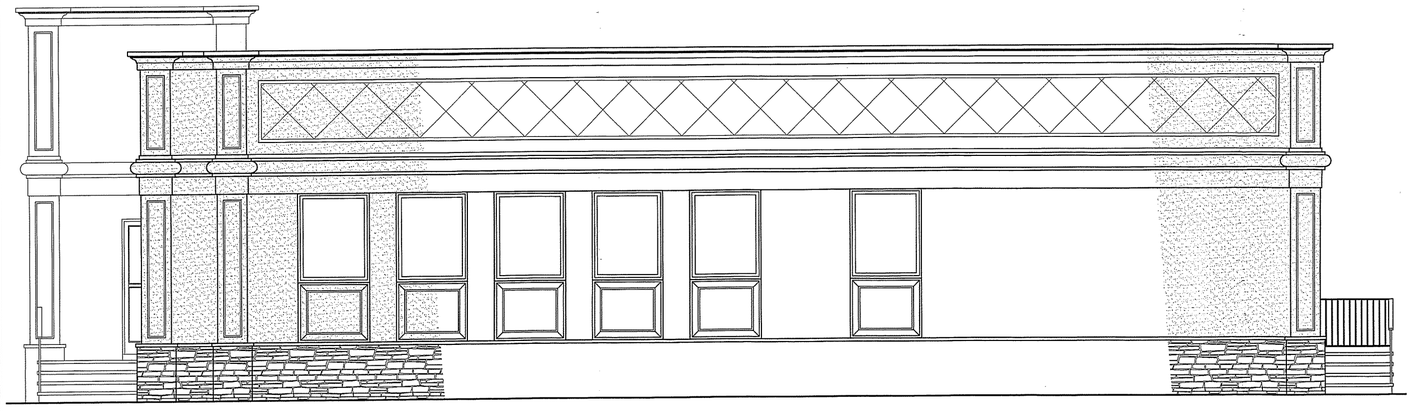
Reorder call: (732) 534-3000



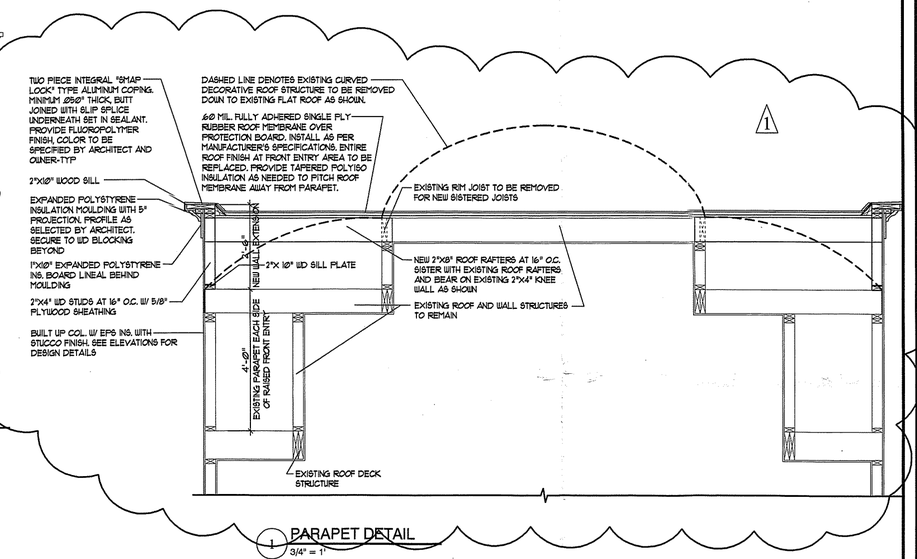
NORTH ELEVATION
1/4" = 1'



WEST ELEVATION
1/4" = 1'



EAST ELEVATION
1/4" = 1'



1 PARAPET DETAIL
3/4" = 1'

Kaltsis Architecture, L.L.C.
ARCHITECTS - PLANNERS
901 80th Street, North Bergen, NJ 07047
Tel: 201.662.1001 Fax: 201.662.4110
Email: dkaltsis@kaltsisgroup.com
Web: www.kaltsisgroup.com

Demetrios Kaltsis, A.I.A.
NJ. LIC.# 21AI017213

CIVIL ENGINEER

STRUCTURAL ENGINEER

M.E.P. ENGINEER

NO.	DESCRIPTION	DATE
1	FOR PERMIT	08-09-11
2	REV. FOR BLDG DEPT	08-23-11

PROJECT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

OWNER/TENANT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

SHEET DESCRIPTION

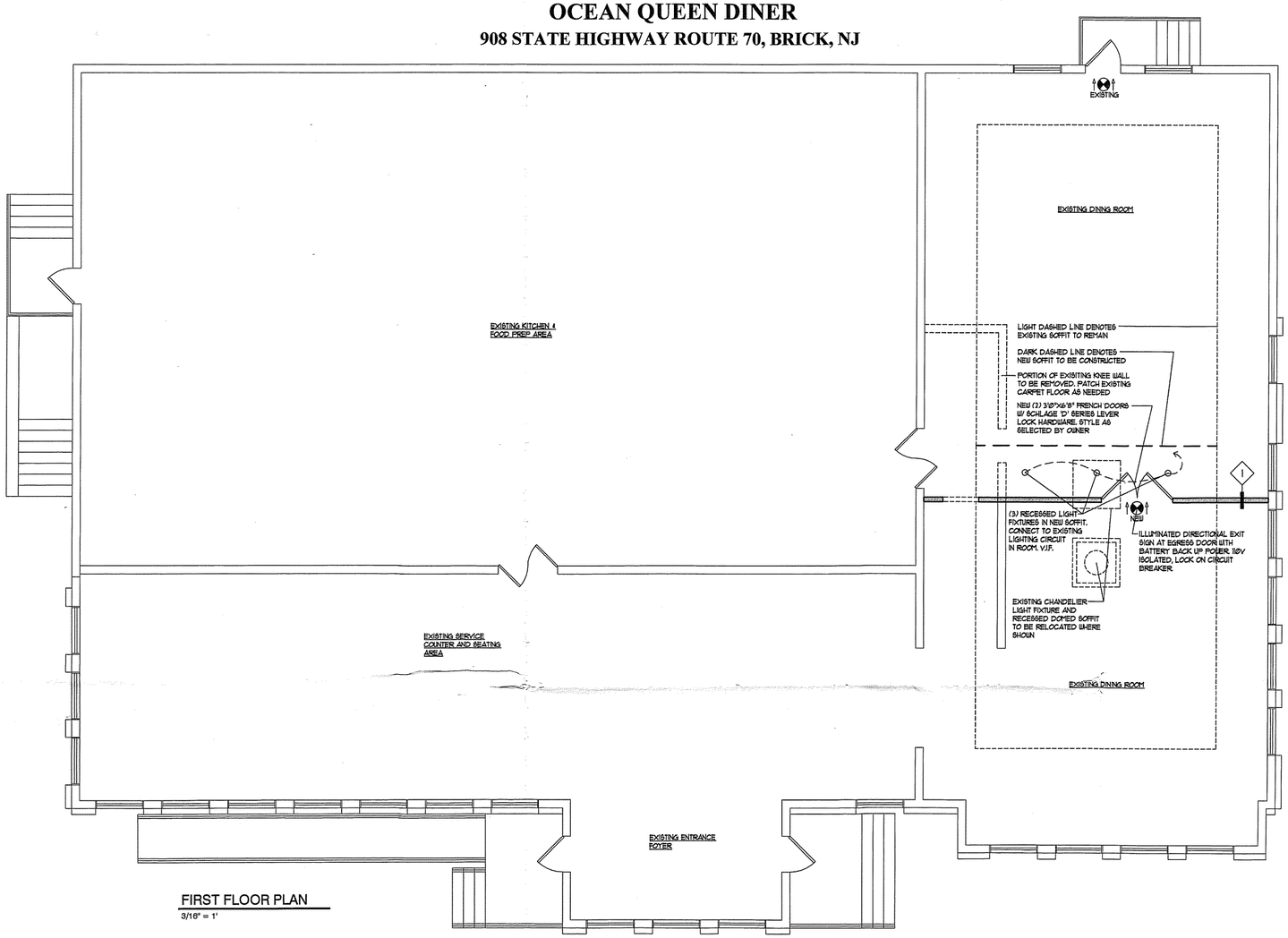
SIDE AND REAR ELEVATIONS AND PARAPET DETAIL

SCALE: AS NOTED	A-2
DRAWN BY: DK	
DATE: 08-09-11	
JOB NO.: C-11-029	2 OF 2

PROPOSED RENOVATION

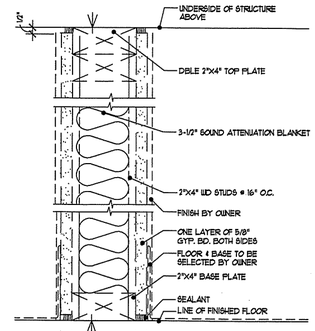
OCEAN QUEEN DINER

908 STATE HIGHWAY ROUTE 70, BRICK, NJ



FIRST FLOOR PLAN

3/16" = 1'



1 PARTITION TYPE 1

SCALE: 3" = 1'-0"

2009 I.B.C. CODE NOTES:

USE GROUP: A-2 ASSEMBLY, RESTAURANT/DINER
CONSTRUCTION CLASSIFICATION: 5B
SPRINKLERED = NO

DEMOLITION NOTES:

CONTRACTOR SHALL PROVIDE AND MAINTAIN ADEQUATE PROTECTION FOR ALL PERSONS ADJACENT TO AREAS FOR ALL PHASES OF CONSTRUCTION FOR THE ENTIRE LENGTH OF THIS CONTRACT.

THE CONTRACTOR SHALL NOT DISTURB THE OPERATIONS OF EXISTING ADJACENT BUILDING OCCUPANTS AND SHALL COORDINATE WITH TENANT, THE BUILDING MANAGEMENT AND THE ARCHITECT FOR SCHEDULING OF WORK PRIOR TO COMMENCEMENT

WORK THAT IS SUBJECT TO DAMAGE OF CONTINUING CONSTRUCTION OPERATIONS SHALL BE ADEQUATELY PROTECTED. UPON COMPLETION, THE ENTIRE WORK SHALL BE DELIVERED IN PROPER, WHOLE AND UNBLEMISHED CONDITION, CLEANED AND READY FOR OCCUPANCY.

CONTRACTOR SHALL PROVIDE TEMPORARY STRUCTURAL SHORING AS REQUIRED TO COMPLETE THE WORK WITHOUT WEAKENING THE EXISTING BLDG. STRUCTURE.

CONTRACTOR SHALL CONSULT THE ARCHITECT SHOULD QUESTIONS ARISE REGARDING UNDERMINING EXISTING BLDG. STRUCTURE.

SPECIAL CARE SHALL BE TAKEN TO INSURE THAT NO DAMAGE OCCURS IN ANY OTHER AREA OF THE BLDG. DURING DEMOLITION OF INDICATED AREAS.

THE WORK AREA SHALL BE KEPT CLEAN ON A DAILY BASIS. ALL DEBRIS SHALL BE PUT IN A CONTAINER AT DAYS END.

GENERAL NOTES:

ALL CONSTRUCTION WORK SHALL CONFORM TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING/RESIDENTIAL CODE 2006 NEW JERSEY EDITION, THE NJAC REHABILITATION SUBCODE CHAPTER 6, AND ALL AUTHORITIES HAVING JURISDICTION

CONTRACTOR SHALL SECURE ALL LICENSES AND PERMITS NECESSARY FOR THE COMPLETION OF THIS WORK, AND SHALL PAY ALL COSTS IN CONNECTION THEREWITH. WHERE LOCAL REGULATIONS REQUIRE INSPECTION, THIS CONTRACTOR SHALL MAKE ALL ARRANGEMENTS, FOR SAME, PAYING ALL COSTS, AND SHALL SECURE A CERTIFICATE OF FINAL INSPECTION AND APPROVAL OF THE WORK, WHICH CERTIFICATE SHALL BE TURNED OVER TO THE OWNER BEFORE FINAL PAYMENT IS MADE.

THE CONTRACTOR SHALL VISIT THE PREMISES AND BECOME FAMILIAR WITH THE EXISTING CONDITIONS BEFORE ISSUING BID.

CONTRACTOR, ONLY, WILL BE RESPONSIBLE FOR MEASUREMENT CORRECTNESS.

THE ARCHITECT WILL NOT BE RESPONSIBLE WHERE CONSTRUCTION DEVIATES FROM DRAWINGS

CONTRACTOR SHALL VERIFY AND COORDINATE ALL EXISTING CONDITIONS WITH PROPOSED NEW WORK AND SHALL NOTIFY THE ARCHITECT ON ANY DISCREPANCIES THAT MAY OCCUR BEFORE PROCEEDING WITH THE WORK.

DIMENSIONS SHOWING ARE APPROXIMATE. FINAL DIMENSIONS TO BE DETERMINED IN THE FIELD, ACCORDING TO LOCATION OF EXISTING JOISTS, BEAMS, PIPES, ETC.

ALL STRUCTURAL WORK SHALL BE COORDINATED WITH MECHANICAL, ELECTRICAL, PLUMBING, ETC., REQUIREMENTS. DISCREPANCIES, AND/OR INTERFERENCE'S SHALL BE REPORTED TO THE ARCHITECT IMMEDIATELY.

THE CONTRACTOR SHALL PROTECT AND PRESERVE ALL EXISTING ITEMS TO REMAIN AND SHALL REPAIR AND REPLACE ANY DAMAGED ITEMS TO APPROVAL BY THE ARCHITECT AND WITHOUT ANY ADDITIONAL COST TO THE OWNER.

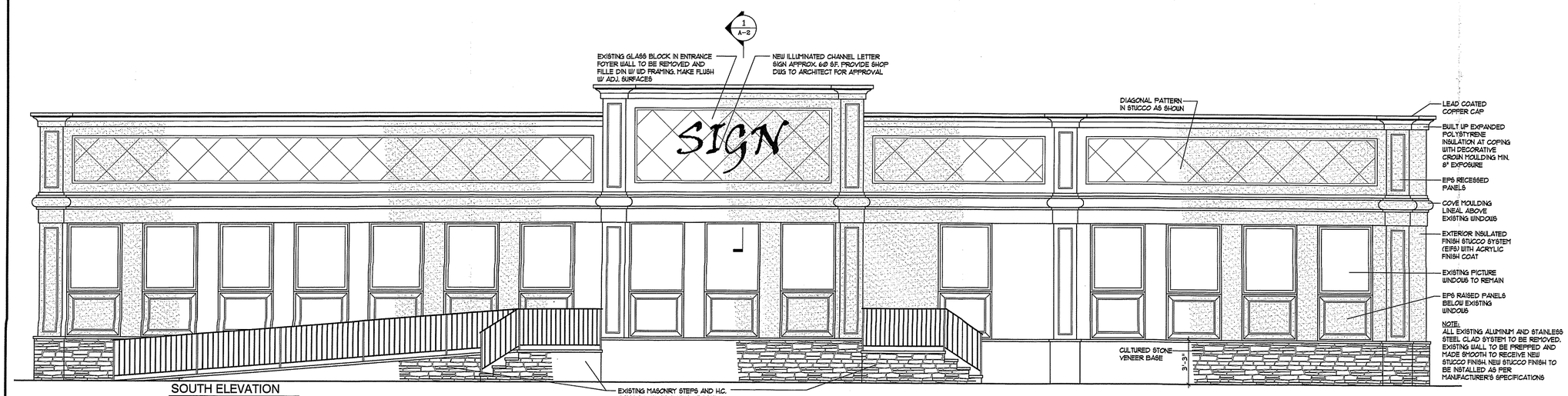
CONTRACTOR TO INCLUDE ALL NECESSARY WORK AND MATERIAL TO FINISH PROJECT WITHIN THE SAME EXISTING QUALITY.

ALL ELECTRICAL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE AND APPLICABLE FEDERAL, STATE AND LOCAL CODES.

GYPSUM WALLBOARD APPLICATIONS SHALL COMPLY WITH THE APPLICABLE REQUIREMENTS OF "AMERICAN STANDARD SPECIFICATION"

ALL CONTRACTORS AND THEIR SUBCONTRACTORS SHALL CARRY INSURANCE TO PROTECT THE OWNER FROM CLAIMS OF DAMAGES FOR PERSONAL INJURIES, INCLUDING DEATH, WHICH MAY ARISE IN CONNECTION WITH THE PROJECT.

ALL WORK SHALL BE SUBJECT TO FINAL INSPECTION AND ACCEPTANCE BY THE OWNER



SOUTH ELEVATION

1/4" = 1'

Kaltsis Architecture, L.L.C.
ARCHITECTS - PLANNERS
901 80th Street, North Bergen, NJ 07047
Tel: 201.662.1001 Fax: 201.662.4110
Email: dkaltsis@kaltsisgroup.com
Web: www.kaltsisgroup.com

Demetrios Kaltsis, A.I.A.
NJ. LIC.# 21A1017213

CIVIL ENGINEER

STRUCTURAL ENGINEER

M.E.P. ENGINEER

NO.	DESCRIPTION	DATE
1	FOR PERMIT	08-09-11

PROJECT

~~BRICK DINER RESTAURANT~~
~~OCEAN QUEEN DINER~~
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

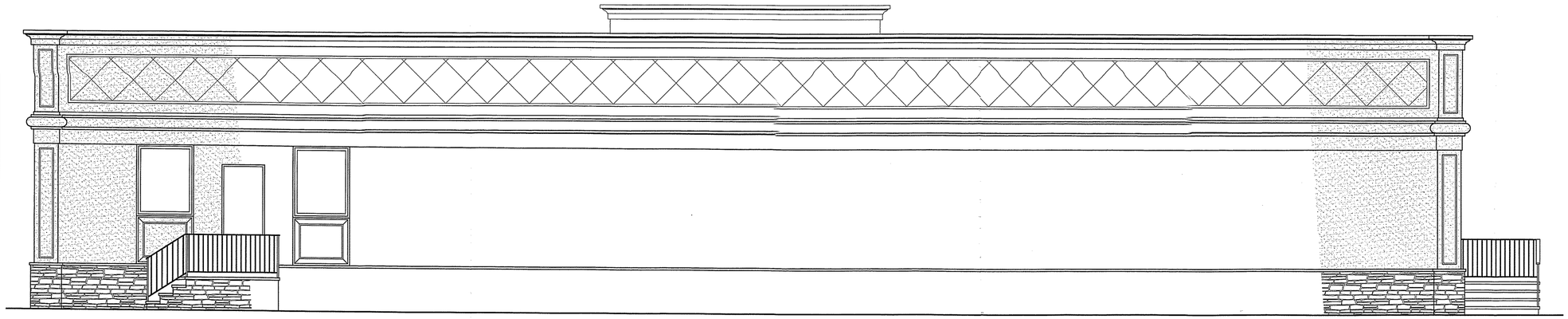
OWNER/TENANT

~~BRICK DINER RESTAURANT~~
~~OCEAN QUEEN DINER~~
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

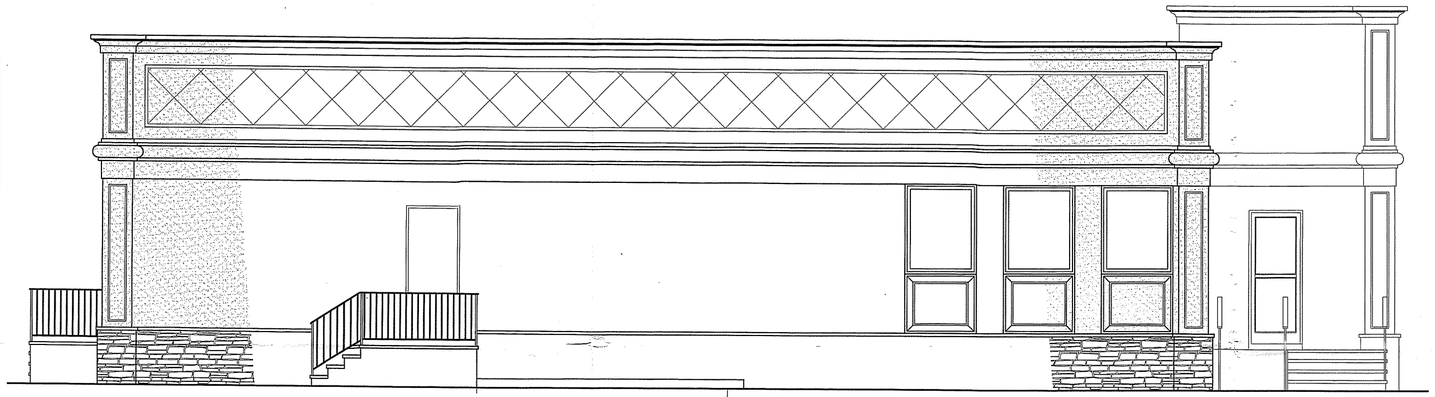
SHEET DESCRIPTION

FIRST FLOOR PLAN, GENERAL NOTES & DETAILS

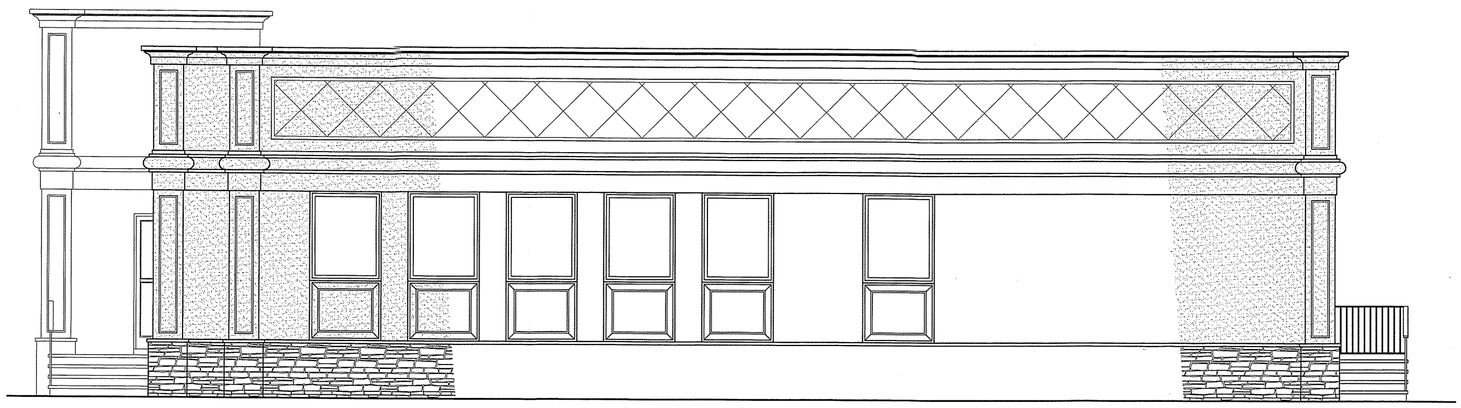
SCALE: AS NOTED	A-1
DRAWN BY: DK	
DATE: 08-09-11	
JOB NO.: C-11-029	1 OF 2



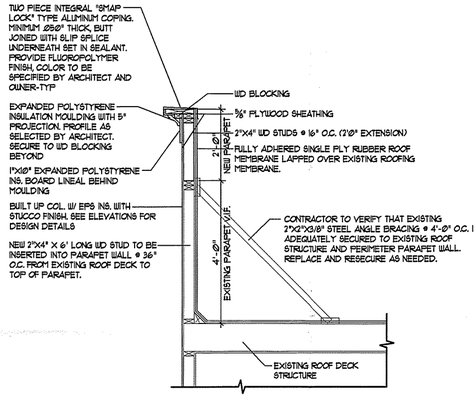
NORTH ELEVATION
1/4" = 1'



WEST ELEVATION
1/4" = 1'



EAST ELEVATION
1/4" = 1'



1 PARAPET DETAIL
3/4" = 1'

Kaltsis Architecture, L.L.C.
ARCHITECTS - PLANNERS
901 80th Street, North Bergen, NJ 07047
Tel: 201.662.1001 Fax: 201.662.4110
Email: dkaltsis@kaltsisgroup.com
Web: www.kaltsisgroup.com

Demetrios Kaltsis, A.I.A.
NJ. LIC.# 21AI017213

CIVIL ENGINEER

STRUCTURAL ENGINEER

M.E.P. ENGINEER

NO.	DESCRIPTION	DATE
1	FOR PERMIT	08-09-11

PROJECT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

OWNER/TENANT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

SHEET DESCRIPTION

SIDE AND REAR ELEVATIONS AND PARAPET DETAIL

SCALE: AS NOTED	A-2
DRAWN BY: DK	
DATE: 08-09-11	
JOB NO.: C-11-029	2 OF 2

Kaltsis Architecture , L.L.C.
901 80th Street
North Bergen, NJ 07047
201-662-1001

May 7, 2013

Michael Vecchio
Building Sub Code Official
Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

RE: Brick Diner
908 State Highway Route 70
Brick, NJ 08723

Dear Mr. Vecchio;

This office has performed an inspection of the EIFS stucco being applied at the above mentioned location. The purpose of this inspection was to ensure proper installation of the EIFS stucco system.

This is a barrier type EIFS wall system, not a wall drainage system. This barrier wall system relies primarily on the base coat portion of the exterior skin to resist water penetration, and a secondary drainage plane behind the insulation is not required. The Pactiv building wrap installed, along with proper sealing and flashing at all other components of the exterior wall, i.e. window and door openings, should prevent water from migrating behind the EIFS. As such, the EIFS stucco application is found to be satisfactory.

As a precautionary measure, a weeped starter trap with drip edge shall be cut/let into the EIFS stucco system a minimum 6 inches from grade.

If you have any questions regarding the above mentioned matter, please do not hesitate to call.

Yours Truly,

Demetrios Kaltsis, A.I.A.
NJ Lic. #17213

Cc: Billy, Owner

1170.09
3.04
11-2649

Kaltsis Architecture , L.L.C.
901 80th Street
North Bergen, NJ 07047
201-662-1001

May 7, 2013

Michael Vecchio
Building Sub Code Official
Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

RE: Brick Diner
908 State Highway Route 70
Brick, NJ 08723

Dear Mr. Vecchio;

This office has performed an inspection of the EIFS stucco being applied at the above mentioned location. The purpose of this inspection was to ensure proper installation of the EIFS stucco system.

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If you have any questions regarding the above mentioned matter, please do not hesitate to call.

Yours Truly,

Demetrios Kaltsis, A.I.A.
NJ Lic. #17213

Cc: Billy, Owner

Letter OK, Hard Copy to Follow

Last Submit Date: Thursday, August 11, 2011

Date: Tuesday, August 16, 2011

Dear KAI-BOY CORP. % OCEAN QUEEN,

The following comments were made during the Plan Review process:

Structural calcs for parapet work:

1) Snow drift calcs based on new parapet height.

2) Verify adequate connection @ new-to-old parapet framing.

Sincerely,

Kenneth Anderson, Subcode Official

08/17/2011 WED 15:04 FAX 7322622941 Brick Comm Dev/Land Use 001

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	2058
DESTINATION ADDRESS	912016624110
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	08/17 15:03
USAGE T	00'20
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Fact Arch
8/17/11

Subcode Official Review

To: 6 LAWRENCE DR. BRICK, NJ 08724 CC:

RE: Building Subcode
Block: 1170.09 Lot: 3.04 Qual:
906 ROUTE 70
Permit Number: Control Number: C-11-002990
Last Submit Date: Thursday, August 11, 2011

Date: Tuesday, August 16, 2011

Dear KAI-BOY CORP. % OCEAN QUEEN,

The following comments were made during the Plan Review process:

Structural calcs for parapet work:

1) Snow drift calcs based on new parapet height.

2) Verify adequate connection @ new-to-old parapet framing.

Sincerely,

KAnderson 8/16/11

Kenneth Anderson, Subcode Official

8/31/11

CONSTRUCTION PERMIT

Date Issued 8/31/11
Control # C-11-002990
Permit # 11-2849

IDENTIFICATION Block: 1170.09 Lot: 3.04 Qualifier
Work Site Location: 906 ROUTE 70 Brick Diner Restaurant Brick Township, NJ
Owner in Fee KAI-BOY CORP. % OCEAN QUEEN
6 LAWRENCE DR. BRICK NJ 08724
Telephone:

Contractor QUALITY CONSTRUCTION
Address 416 Compton Avenue Cliffside Park NJ 07011
Telephone: (732) 262-0531
Lic. No. or Bldrs. Reg. No. 13VH03534900
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL wall in dining room

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $25,000

Construction Official

8-31-11
Date

PAYMENTS (Office Use Only)

Building	$750
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$42
CO Fee	
Other	$0
Total	$792
Check No.	4792
Cash	$0
Credit	$0
Collected By	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 4/26/13
Control #
Date Issued
Permit # 11-26491-A

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

Block 1170-09 Lot 304 Qualification Code

Work Site Location 906 Rt 70

Owner in Fee: STONE FOOD LLC

Tel. (732) 458-7027 e-mail

Address SAME AS ABOVE
street municipality zip code

Contractor: Lynn's Electric LLC Tel. (732) 801-3778

Address 2 Grace St. e-mail
Toms NJ 08753

Contractor License No. 16344 Exp. Date 3/2015

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

Federal Emp. ID No. 263107117 FAX: (732) 738-5470

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,0000

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: Lynn Ferreira

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

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

[ ] Electric Plans Approved

Date 4/26/13 Approved by JP

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date 4/26/13

Approved by JP

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date

Approved by

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
T.C.O.				
Other				
Service		5/3		
Final				
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

Reorder call: (732) 534-3000

Update

Date Received 4/26/12
Control #
Date Issued
Permit # 11-30497 A

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 1170-09 Lot 304 Qualification Code

Work Site Location 906 Rt #70

Owner in Fee: Strong Food LLC

Tel. (732) 458-7027 email

Address Same As Above

Contractor: Lynn's Electric LLC Tel. (732) 804-3778

Address 2 Grace St. e-mail

Fords NJ 08863

Contractor License No. 16344 Exp. Date 3/2015

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

Federal Emp. ID No. 263107117 FAX: (732) 738-5470

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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: Lynn Stawinski

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

Reorder call: (732) 534-3000

4/25/13 Spoke to Contractor DNV

4/26/13

PERMIT UPDATE

Date Update Issued
Control # C-13-002393
Permit # 11-2649+A

IDENTIFICATION Block: 1170.09 Lot: 3.04 Qualifier
Work Site Location: 906 ROUTE 70 Brick Diner Restaurant Brick Township, NJ
Owner in Fee: KAI-BOY CORP. % OCEAN QUEEN, 6 LAWRENCE DR. BRICK NJ 08724
Telephone:

Contractor: QUALITY CONSTRUCTION
Address: 416 Lawton Ave. Cliffside Park NJ 07010
Telephone: (201) 233-7119
Lic. No. or Bldrs. Reg. No. 13VH03534900
Federal Employee. No. 13vh03534900

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRICAL ALTERATIONS wall in dining room

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

Estimated Cost of Work $5,000

Daniel J. Newman Jr. — Construction Official
4/25/13 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$48
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

04/26/13 [illegible] 00155882454
906 SERV.066
ELECTRIC $40.00
DCA $8.00
[illegible] $48.00
CHANGE $0.00

☐ 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:

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/31/11
Control #
Date Issued
Permit # 11-2649

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

Block _____ Lot _____ Qualification Code _____

Work Site Location BRICK DINER RESTAURANT
906 ROUTE 70 WEST BRICK NJ. 08724

Owner in Fee: BILL LIAPIS

Tel. (908) 693-3248 e-mail _____

Address 906 ROUTE 70 BRICK NJ 08724
street municipality zip code

Contractor: QUALITY CONTRUCTION Tel. (201) 233-7119

Address 416 NEWTON AVE e-mail _____
CLIFFSIDE NJ. 07010

Contractor License No. or Builder Registration No. 13VH03534900 Exp. Date 12-31-11

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

Federal Emp. ID No. 43-1407853400000 FAX: (201) 917-5905

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	9-26-11	JL
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9-26-11
Approved by: KA / JL

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 95,000

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
STUCCO AS SHOWN ON THE PLANS.
SEPARATE WALL IN THE
DINING ROOM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] 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
[X] Other _____
[X] Demolition

FEE (Office Use Only)
$ _____

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/31/11
Control #
Date Issued
Permit # 11-2649

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

Block _____ Lot _____ Qualification Code _____

Work Site Location BRICK DINER RESTAURANT
306 ROUTE 70 WEST BRICK NJ 08724

Owner in Fee: [illegible]

Tel. (732) 833-3214 e-mail _____

Address 306 (street) [illegible] (municipality) [illegible] (zip code)

Contractor: QUALITY CONSTRUCTION Tel. (201) 233-7119

Address 116 LINCOLN AVE e-mail _____
CLIFFSIDE NJ 07010

Contractor License No. or Builder Registration No. 13VH03934600 Exp. Date 11-31-11

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

Federal Emp. ID No. 22-[illegible] FAX: (201) 313-5077

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 15,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIDING AS SHOWN ON PLANS.
SEPARATE WALL IN THE
DINING ROOM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] 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
[X] Other _____
[X] Demolition

FEE (Office Use Only)
$ _____

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

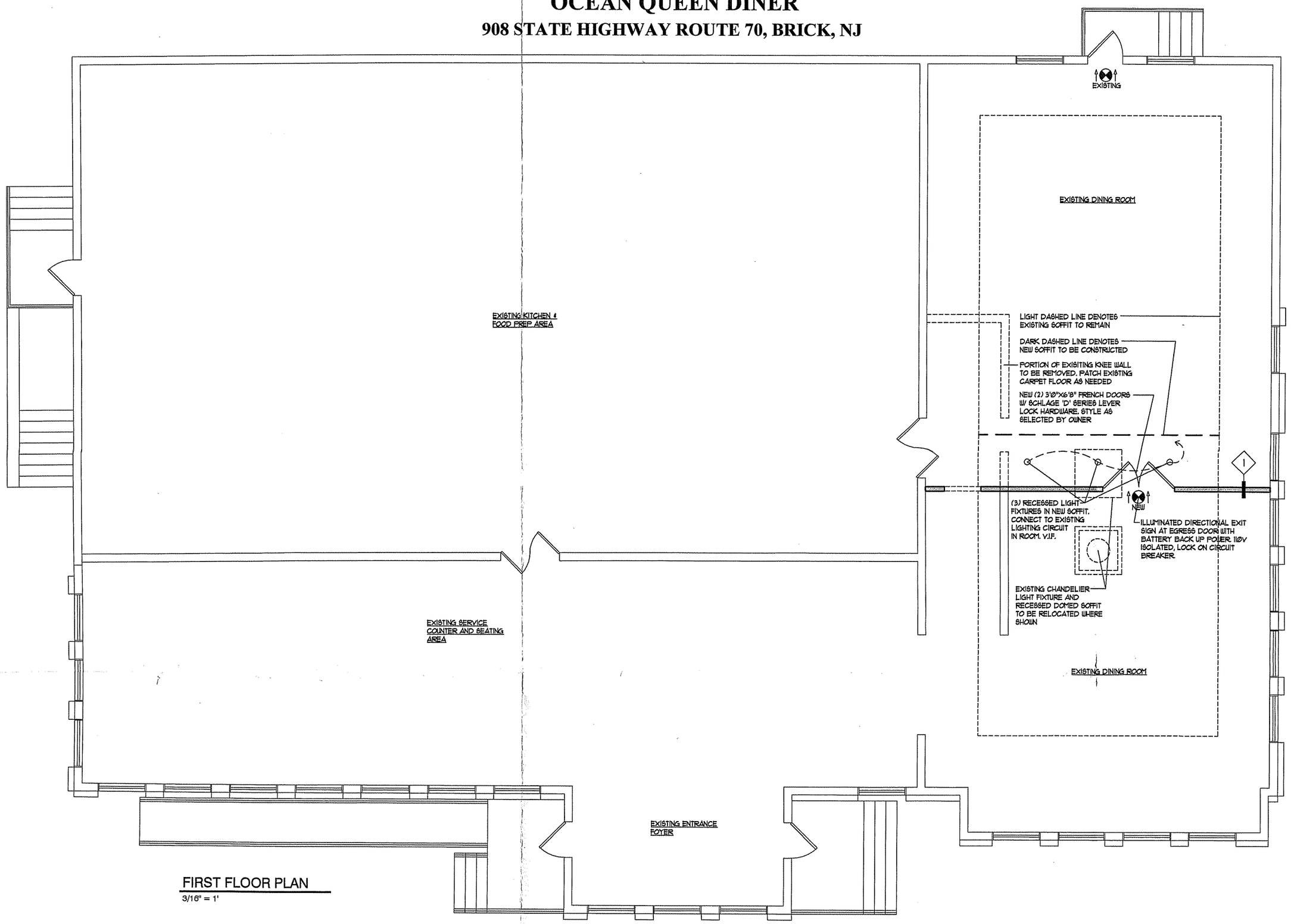
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

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

PROPOSED RENOVATION

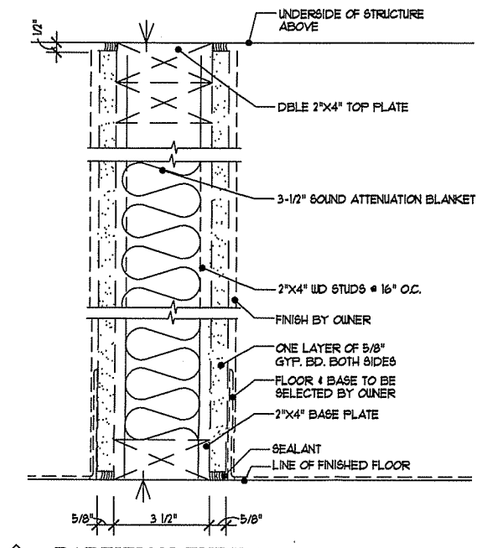
OCEAN QUEEN DINER

908 STATE HIGHWAY ROUTE 70, BRICK, NJ



FIRST FLOOR PLAN

3/16" = 1'



1 PARTITION TYPE 1

SCALE: 3" = 1'-0"

2009 I.B.C. CODE NOTES:

USE GROUP: A-2 ASSEMBLY, RESTAURANT/DINER
CONSTRUCTION CLASSIFICATION: 5B
SPRINKLERED = NO

DEMOLITION NOTES:

CONTRACTOR SHALL PROVIDE AND MAINTAIN ADEQUATE PROTECTION FOR ALL PERSONS ADJACENT TO AREAS FOR ALL PHASES OF CONSTRUCTION FOR THE ENTIRE LENGTH OF THIS CONTRACT.

THE CONTRACTOR SHALL NOT DISTURB THE OPERATIONS OF EXISTING ADJACENT BUILDING OCCUPANTS AND SHALL COORDINATE WITH TENANT, THE BUILDING MANAGEMENT AND THE ARCHITECT FOR SCHEDULING OF WORK PRIOR TO COMMENCEMENT

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CONTRACTOR SHALL CONSULT THE ARCHITECT SHOULD QUESTIONS ARISE REGARDING UNDERMINING EXISTING BLDG. STRUCTURE.

SPECIAL CARE SHALL BE TAKEN TO INSURE THAT NO DAMAGE OCCURS IN ANY OTHER AREA OF THE BLDG. DURING DEMOLITION OF INDICATED AREAS.

THE WORK AREA SHALL BE KEPT CLEAN ON A DAILY BASIS. ALL DEBRIS SHALL BE PUT IN A CONTAINER AT DAYS END.

GENERAL NOTES:

ALL CONSTRUCTION WORK SHALL CONFORM TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING/RESIDENTIAL CODE 2006 NEW JERSEY EDITION, THE NJAC REHABILITATION SUBCODE CHAPTER 6, AND ALL AUTHORITIES HAVING JURISDICTION

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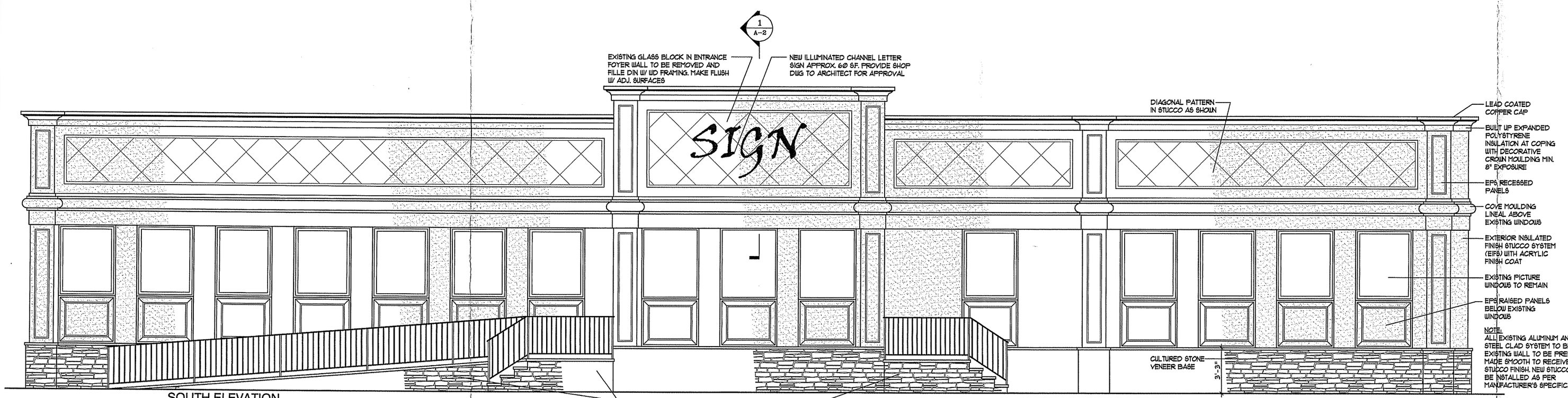

SOUTH ELEVATION

1/4" = 1'

Kaltsis Architecture, L.L.C.
ARCHITECTS - PLANNERS
901 80th Street, North Bergen, NJ 07047
Tel: 201.662.1001 Fax: 201.662.4110
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Web: www.kaltsisgroup.com

Demetrios Kaltsis, A.I.A.
NJ. LIC.# 21AI017213

CIVIL ENGINEER

STRUCTURAL ENGINEER

M.E.P. ENGINEER

NO.	DESCRIPTION	DATE
1	FOR PERMIT	08-09-11

PROJECT

~~OCEAN QUEEN DINER~~
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

OWNER/TENANT

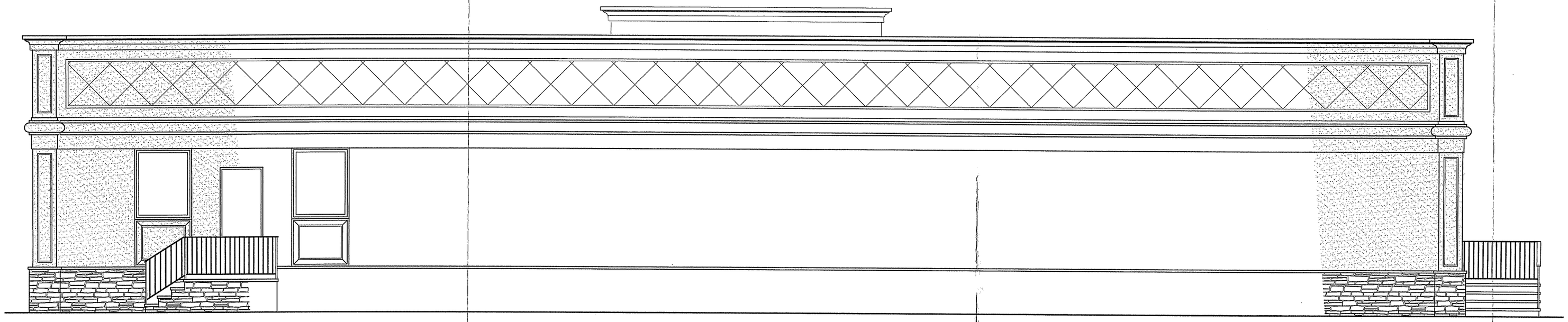
~~OCEAN QUEEN DINER~~
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

SHEET DESCRIPTION

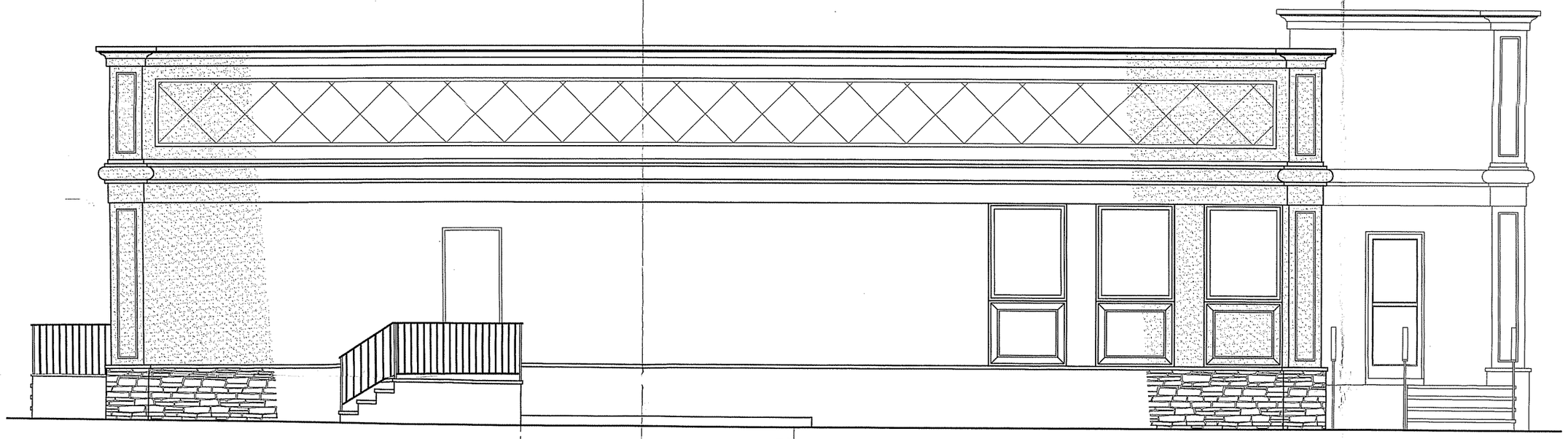
FIRST FLOOR PLAN, GENERAL NOTES & DETAILS

SCALE: AS NOTED
DRAWN BY: DK
DATE: 08-09-11
JOB NO.: C-11-029

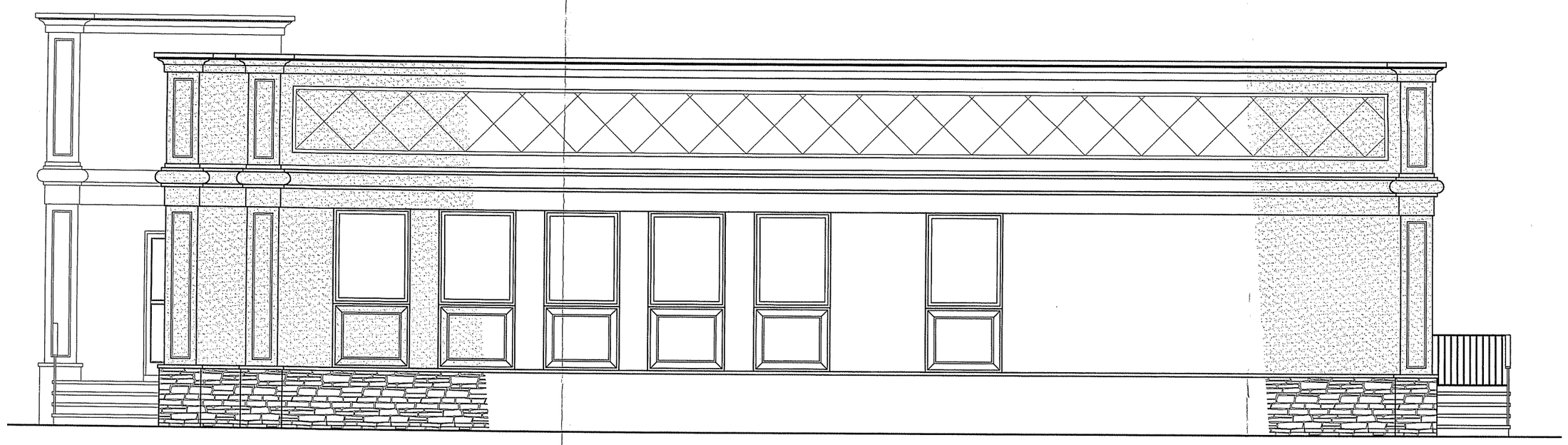
A-1



NORTH ELEVATION
1/4" = 1'



WEST ELEVATION
1/4" = 1'



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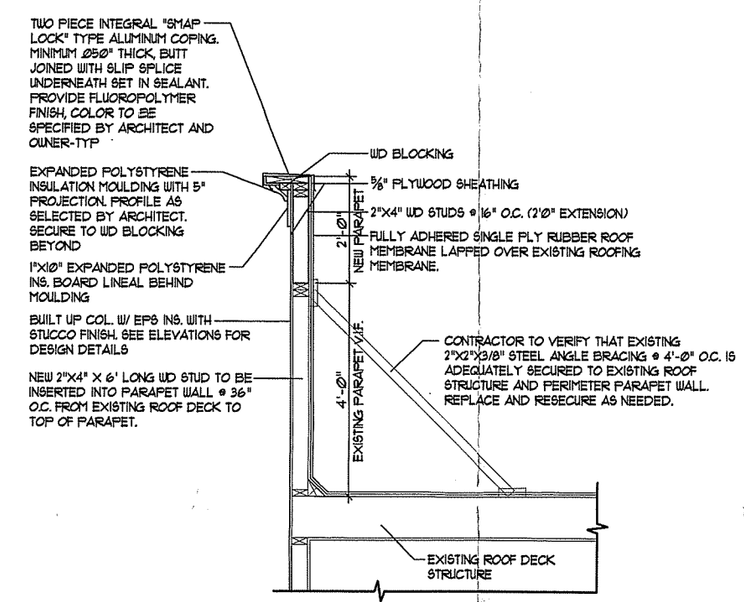

1 PARAPET DETAIL
3/4" = 1'

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NO.	DESCRIPTION	DATE
1	FOR PERMIT	08-09-11

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908 STATE HIGHWAY ROUTE 70
BRICK, NJ

OWNER/TENANT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

SHEET DESCRIPTION

SIDE AND REAR ELEVATIONS AND PARAPET DETAIL

SCALE: AS NOTED	A-2
DRAWN BY: DK	
DATE: 08-09-11	
JOB NO.: C-11-029	2 OF 2

Kaltsis Architecture , L.L.C.
901 80th Street
North Bergen, NJ 07047
201-662-1001

August 23, 2011

Kenneth Anderson
Building SubCode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

RE: Ocean Queen Diner
906 Route 70
Brick, NJ

Dear Mr. Anderson;

With regards to your comments letter dated August 16, 2011; we offer the following clarification;

The previously submitted architectural plans dated August 9, 2011 do not accurately represent the existing condition of the front entry roof structure. We are submitting revised architectural plans which accurately depict the existing condition. The revised plan shows the existing decorative curved roof structure being removed (See attached photograph) down to the existing roof rafters. The existing roof rafters will then be extended to brace the new exterior wall extension. As such, there is no parapet extension being proposed and no increase in snow load due to drift as a result.

Kindly review and advise if any additional information is required.

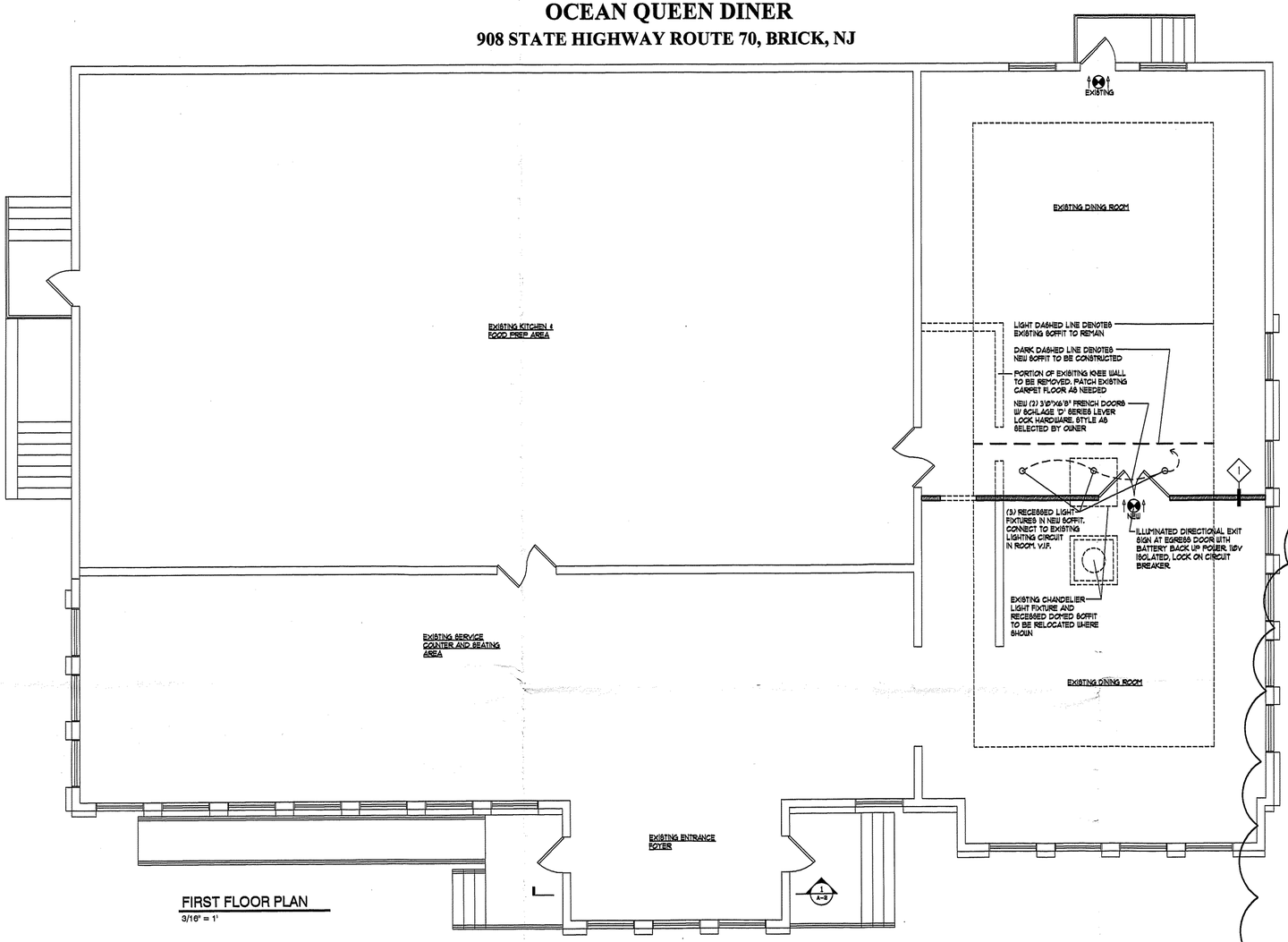
Yours Truly,

Demetrios Kaltsis, A.I.A.
NJ Lic. #17213

PROPOSED RENOVATION

OCEAN QUEEN DINER

908 STATE HIGHWAY ROUTE 70, BRICK, NJ



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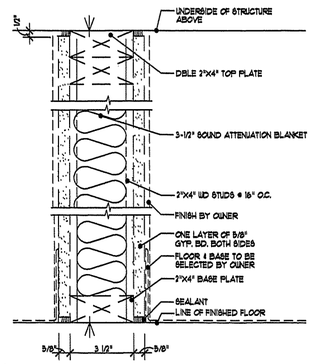
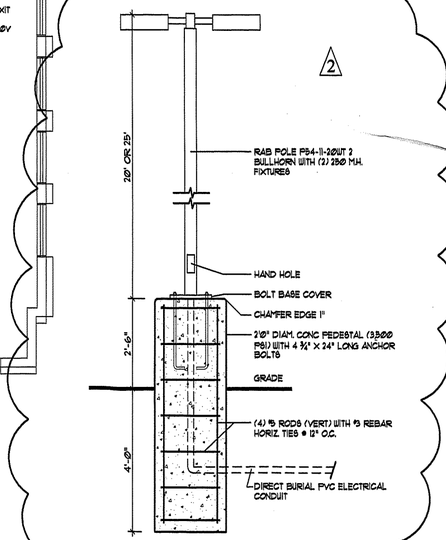


1 PARTITION TYPE 1

SCALE: 3" = 1'-0"



LIGHT POLE DETAIL

NOT TO SCALE

SOUTH ELEVATION

1/4" = 1'

2009 I.B.C. CODE NOTES:

USE GROUP: A-2 ASSEMBLY, RESTAURANT/DINER
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CIVIL ENGINEER

STRUCTURAL ENGINEER

M.E.P. ENGINEER

NO.	DESCRIPTION	DATE
1	FOR PERMIT	08-09-11
2	REV. FOR BLDG DEPT	08-23-11
3	REV. FOR BLDG DEPT	04-17-13

PROJECT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

OWNER/TENANT

OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

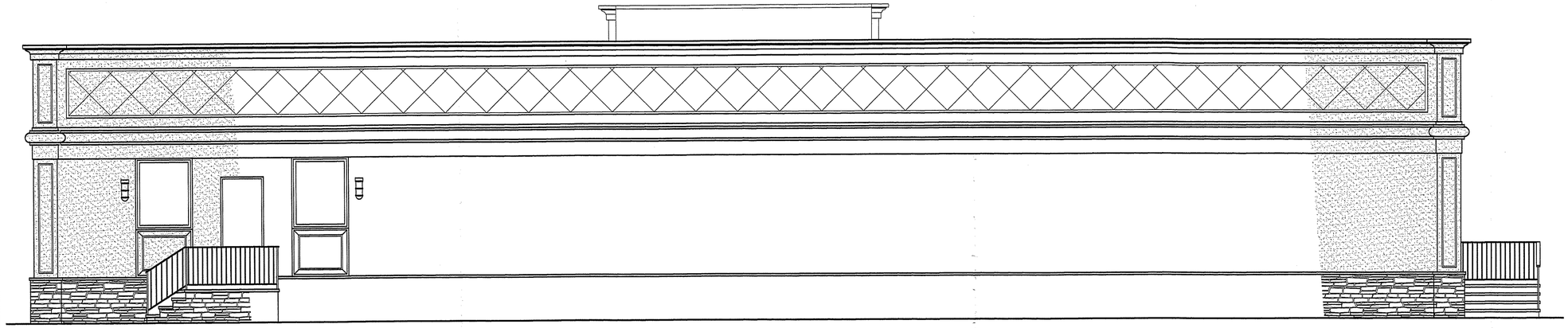
SHEET DESCRIPTION

FIRST FLOOR PLAN, GENERAL NOTES & DETAILS

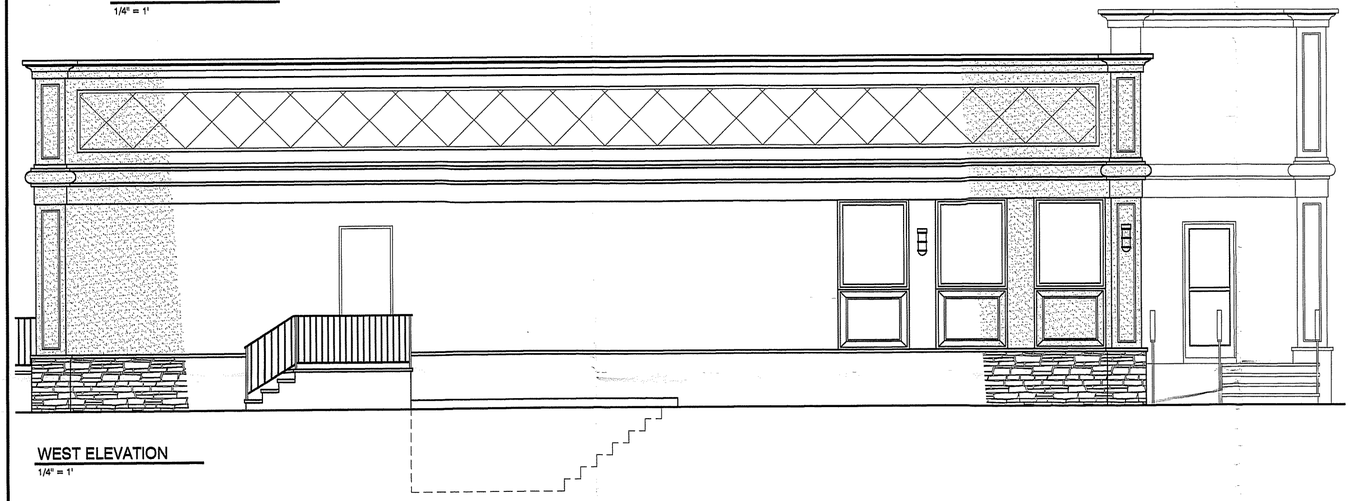
SCALE:	AS NOTED
DRAWN BY:	DK
DATE:	08-09-11
JOB NO.:	C-11-029

A-1

1 OF 2



NORTH ELEVATION
1/4" = 1'



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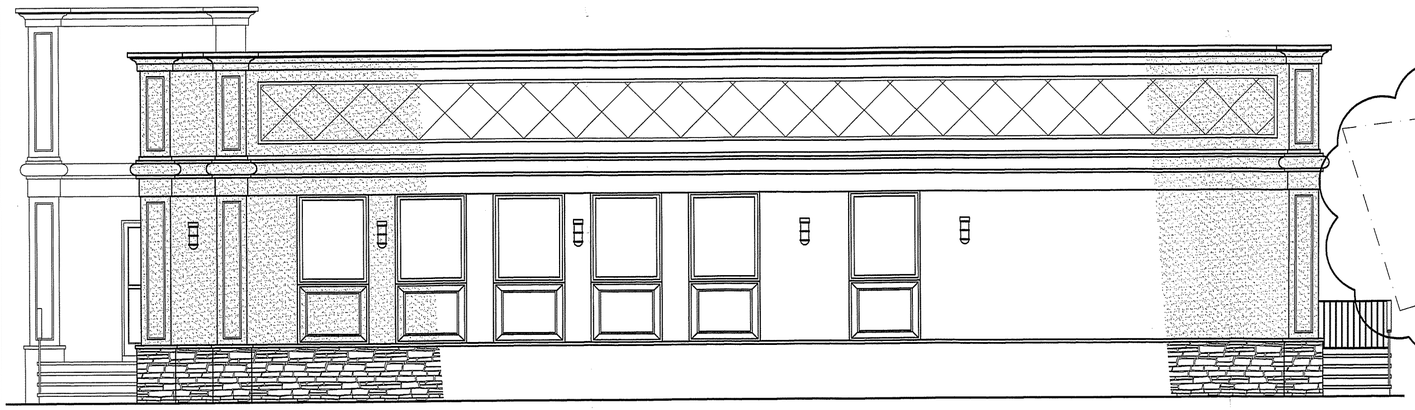

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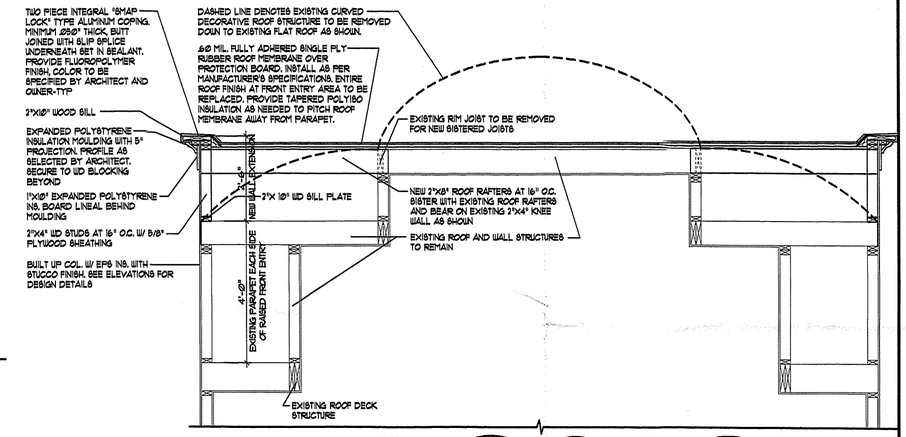

1 PARAPET DETAIL
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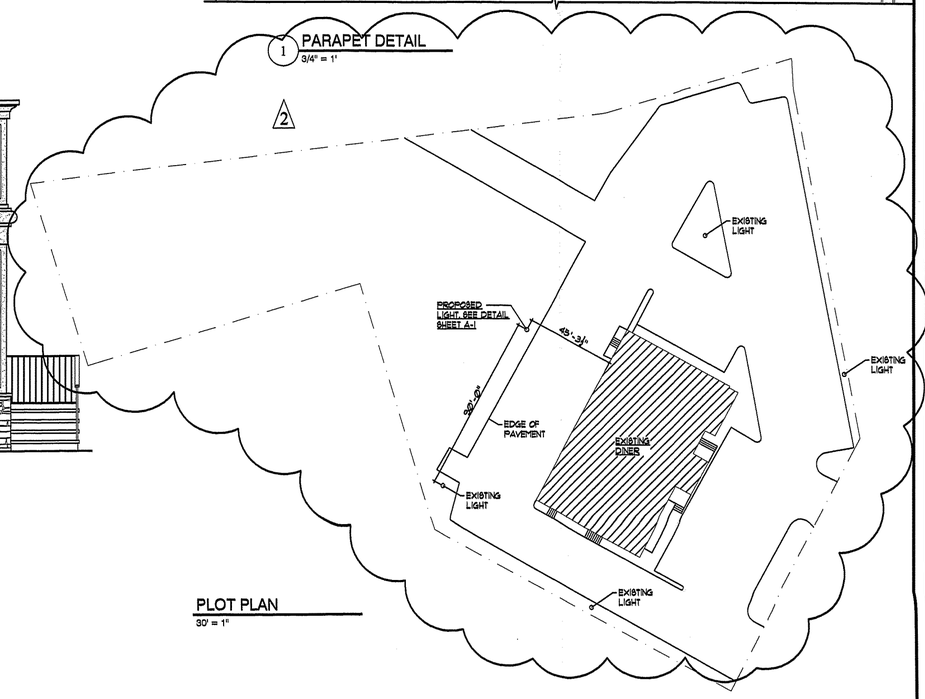

PLOT PLAN
30' = 1"

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BRICK, NJ

OWNER/TENANT
OCEAN QUEEN DINER
908 STATE HIGHWAY ROUTE 70
BRICK, NJ

SHEET DESCRIPTION
SIDE AND REAR ELEVATIONS AND PARAPET DETAIL

SCALE: AS NOTED	A-2
DRAWN BY: DK	
DATE: 08-09-11	
JOB NO.: C-11-029	2 OF 2