

BLOCK 1170.09 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 912 Rt 70 PERMIT NO. 13-4673



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C13-005343

I. IDENTIFICATION

1. Proposed Work Site at: Brick Motor Inn 912 Rt 70

2. Name of Owner in Fee: A & Y Brothers, LLC.
Tel. (732) 859-3969 e-mail Yogi1964@yahoo.com
Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: YOGESH PATEL Tel. (732) 859-3969
Address 108 Fellswood Dr. Moorestown, NJ 08057 e-mail Yogi1964@yahoo.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. 46-1453174 FAX: (732) 840-3112

5. Architect or Engineer: NJ Architecture LLC Contact Nehal Jhaveri
Address 34 Woodhurst Dr. Voorhees, NJ e-mail njarchitect@gmail.com
Tel. (973) 960-9072 FAX: (856) 282-1133

6. Responsible Person in Charge once Work has Begun: YOGESH PATEL
Tel. (732) 859-3969 FAX: (732) 840-3112

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1857</u>		
2. Electrical	<u>65</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>115</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>1995</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	
2. Height of Structure	
3. Area - Largest Floor	
4. New Building Area	
5. Volume of New Structure	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	
10. Flood Hazard Zone	
11. Base Flood Elevation	
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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building		<u>CR</u>			<u>11/01/13</u>	<u>KEX</u>			
☐ Electrical					<u>10/15/13</u>	<u>ST</u>			
☐ 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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☒ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/05/2015
Control Number C-13-005343
Permit Number 13-4673
Permit Issue Date 11/12/2013
Certificate Number 13-4673

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 912 ROUTE 70 Brick Township, NJ Block: 1170.09 Lot: 2 Qual: _____
Owner in Fee: A & Y BROTHERS LLC
Owner Address: 108 FELLSWOOD DR MOORESTOWN NJ 08057
Telephone: (732) 859-3969
Contractor A & Y BROTHERS LLC
Address 108 FELLSWOOD DR MOORESTOWN NJ 08057
Telephone: (732) 859-3969 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL ...EXTERIOR RENOVATIONS - FACADE, STAIRS, WALKWAY, RAILINGS, WINDOWS/DOORS, LIGHTING

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: _____

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 *Joseph Pata* Date 9/19/13

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

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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



BUILDING 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 1270.09 Lot 2 Qualification Code _____
Work Site Location Brick Meter Inn
918 Rt 70, Brick, NJ 08724

Owner in Fee: _____
Tel. (732) 859-3969 e-mail Yogi1964@yahoo.com

Address 108 Fellswood Dr, Moorestown, NJ 08057
Contractor: YOGESH PATEL municipality Moorestown, NJ 08057 Tel. (732) 859-3969 e-mail Yogi1964@yahoo.com

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>11/01/13</u>	<u>YGP</u>	☒ All	Footing	<u>11-22-13</u>	<u>11-27-13</u>	<u>12-19-13</u>	<u>YGP</u>
☐ Footings/Foundations			☐ Structural/Framework	Foundation				
☐ Exterior			☐ Interior	Slab				
☐ Joint Plan Review Required:			☐ Truss Sys./Bracing	Frame				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Barrier-Free	Truss Sys./Bracing				
SUBCODE APPROVAL for PERMIT	<u>11/01/13</u>	<u>YGP</u>	☐ Insulation	Barrier-Free				
Date:			☐ Finishes -Base Layer	Barrier-Free				
Approved by:			☐ Finishes -Final	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	<u>11/01/13</u>	<u>YGP</u>	☐ Energy	Barrier-Free				
Date:			☐ Mechanical	Barrier-Free				
Approved by:			☐ TCO	Barrier-Free				
☐ CO ☐ CCO	<u>11/01/13</u>	<u>YGP</u>	☐ Other	Barrier-Free				
Date:			☐ Barrier-Free	Barrier-Free				
Approved by:			☐ Barrier-Free	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 _____

*NR

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: Yogi Patel

D. TECHNICAL SITE DATA

Print name here: _____

DESCRIPTION OF WORK

Exterior facade Renovation,
Stair replacement,
conc. walkway,
Railing replacement,
Door, windows replacement,
exterior lights on building,
second floor deck replacement,
All work direct replacement.

(Exterior only)

Interior work being done at later date

Date Received 11/12/13
Control # 13-4673
Date Issued _____
Permit # _____

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____

☐ Sign _____ Height (exceeds 6') _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

See Attached

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



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 117009 Lot 2 Qualification Code _____

Work Site Location Beck Rd at 70

Owner in Fee: Beck Rd at 70

Tel (732 859 3969) e-mail _____

Address Beck Rd at 70

Contractor Beck Rd Electric Tel. (732 859 3969)

Address 1938 Tuckers Mill Rd e-mail _____

Contractor License No. 12814 Exp. Date 3/31/15

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

Federal Emp. ID No. 26 0471406 FAX: (732 262 9722)

Building Occupied as Hotel Utility Co. _____

Est. Cost of Elec. Work \$ 3000.00

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure _____
☐ Partial-Under-slab Utilities Approved	Rough _____	Failure _____
Date: _____	Barrier-Free _____	Approved Initial _____
☒ Electric Plans Approved	Trench _____	7-14-20
Date: <u>10/29/13</u>	Temp. Serv. _____	
Approved by: <u>JD</u>	Const. Serv. _____	
Joint Plan Review Required:	TCO _____	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other _____	
SUBCODE APPROVAL FOR PERMIT	Service _____	
Date: <u>10/29/13</u>	Final _____	
Approved by: <u>JD</u>	Barrier-Free _____	
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued _____	
Date: <u>7/10/14</u>	Final Cut-in-Card Date Issued _____	
Approved by: <u>JD</u>	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, or 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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK _____

SIZE _____

ITEMS _____

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS _____

Pool Permittwith UVW 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 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Date Received 11/12/13
Control # _____
Date Issued 11/24/13
Permit # _____

David Hays

FEE (Office Use Only)

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

11-22-13 Noorine Res

PEIR'S Poured before Eusp

Cont. to Air 2 up & over the Eusp.

11-27-13 W - Feeding Vented

↳ North and westside only

12-16-13 W - Feeding Bay -

↳ No Feeding - water in holes - ~~the~~ work in Progress

1/9/14 PASSED 7 of 8 LAST FRONT RIGHT LEGS 148 REC'D. BEFORE

↳ 01/15/14. Last front right Feeding - water in hole. Need Re-Insp'n

2/4/14 PASSED LAST FOOTING

✓ Btech

Parents Concerned
Re: Ice in hole

2/21/14 CONTRACTOR NOT ON SITE
NO PLANS ON SITE

Room not listed per water damage location

2/28/14 1st Floor OPEN ceiling R/W 1st Floor only

↑ (E) tech



BUILDING SUBCODE TECHNICAL SECTION



Date Received 09/19/2013
Control # C-13-005343
Date Issued 11/12/2013
Permit # 13-4673

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 2 Qualification Code

Work Site Location: 912 ROUTE 70 Brick Township, NJ

Owner in Fee: A & Y BROTHERS LLC

Address 108 FELLSWOOD DR MOORESTOWN NJ 08057

Tel. (732) 859-3969

Email

Contractor: A & Y BROTHERS LLC

Address 108 FELLSWOOD DR MOORESTOWN NJ 08057

Email

Tel. (732) 859-3969

Fax

Contractor License No. or, if new home, Bids Reg. No.

Exp.

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

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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		Dates (Month/Day)	
Type:	Failure	Failure	Approval
Footing			
Footing Bonding			
Foundation			
Slab			
Frame			
Truss Sys./Bracing			
Barrier-Free			
Insulation			
Finishes-Base Layer			
Finishes-Final			
Energy			
Mechanical			
TCO			
Other			
Final			
Barrier-Free			

TYPE OF WORK		FEE (Office Use Only)	
☐ New Building			
☐ Addition			
☒ Rehabilitation			\$1,815
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Retaining Wall			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz Abatement NJAC 5:17			
☐ Other			
☐ Demolition			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATION - COMMERCIAL... EXTERIOR RENOVATIONS -
FACADE, STAIRS, WALKWAY, RAILINGS, WINDOWS/DOORS,
LIGHTING

B. BUILDING CHARACTERISTICS	
Use Group	Present
Constr. Class	Present
Number of Stories	
Height of Structure	
Area - Largest Floor	
New Bldg. Area / All Floors	
Volume of New Structure	
Total Land Area Disturbed	

Proposed B	If Industrial Building:
State Approved	HUD
Est. Cost of Bldg. Work:	
1. New Bldg.	
2. Rehabilitation	
3. Total (1+2)	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/1/2014
Control Number C-13-005343
Permit Number 13-4673
Permit Issue Date 11/12/2013
Certificate Number 13-4673

Certificate

Construction Code Division
(Temporary Certificate of Occupancy)

Identification

Work Site Location: 912 ROUTE 70 Brick Township, NJ Block: 1170.09 Lot: 2 Qual: _____
Owner in Fee: A & Y BROTHERS LLC
Owner Address: 108 FELLSWOOD DR MOORESTOWN NJ 08057
Telephone: (732) 859-3969
Contractor A & Y BROTHERS LLC
Address 108 FELLSWOOD DR MOORESTOWN NJ 08057
Telephone: (732) 859-3969 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL ... EXTERIOR RENOVATIONS - FACADE, STAIRS, WALKWAY, RAILINGS, WINDOWS/DOORS, LIGHTING

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: 10/1/2014 or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: 10/1/2014

Conditions to be met:

Final building inspection

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

2-18-14 JFD Framing not approved several types of Simpson
hangers used & all for exterior application. No hangers
specified on plan. Architect needs to verify & submit list
to Bldg Dept. Columns enclosed w/ plywood, also construction
to remove pieces of plywood on 6' diameter columns to insure
attachment *also owner OK to install brick + steel veneer. JFD

✓ Btech

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION Brick Motor Inn PERMIT # 13-4673

ISSUED TO _____ BLOCK _____ LOT _____

PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO STOP WORK (But Pour all open footings that were the Balance of Pier for ~~see insp.~~ ~~were in evidence.~~)

Upon inspection, violations of the _____

The following orders are hereby issued for their correction: _____

Engineer must visit site and give a complete assessment.

Areas of Concern include:

1) Structural Posts and their connections (Open all areas of connection)

2) Girders overspanned

3) Sidewalk over pitched

4) 2nd Floor balcony over pitched

5) Step Risers not equal

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

6) Girder Splices

DATE 12-19-13

BY W

INSPECTOR

White - Original

Yellow - Field Copy

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 13-4673

Permit Number
13-4673

		Owner					
Inspection Date	Inspection Type	Inspector	Subcode	Result	Location	Work Type	Work Description
11/21/2013	FOOTING	Jack Pizzi	Building	Fail	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
11/26/2013	FOOTING	Michael Vecchio	Building	Pass	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
12/16/2013	FOOTING	Michael Vecchio	Building	Not Ready	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
12/19/2013	FOOTING	Michael Vecchio	Building	Pass	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
01/07/2014	FOOTING	State Inspector two	Building	Fail	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
01/08/2014	FOOTING	State Inspector two	Building	Cancelled	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
01/09/2014	FOOTING	State Inspector two	Building	Pass	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
01/15/2014	FOOTING	Ken Kisell	Building	Not Ready	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
01/21/2014	FOOTING	State Inspector two	Building	Cancelled	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
02/04/2014	FOOTING	State Inspector two	Building	Pass	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
02/11/2014	FRAMING	State Inspector two	Building	Pass	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL
02/13/2014	FRAMING	State Inspector two	Building	Cancelled	A & Y BROTHERS LLC 912 ROUTE 70	Alteration	ALTERATION - -COMMERCIAL

peirs poured before inspection,
contractor to dig alongside 2 peirs to
check the depth

No Access

Column

Column

Cancelled as per no inspector
Column

Cancelled as per Yogi on 2/12

Cancelled as per Yogi on 2/12



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 13-4673

13-4673

02/14/2014	PARTIAL ROUGH	Thomas Olson	Electrical	Cancelled	A & Y BROTHERS LLC	Alteration	ALTERATION - -COMMERCIAL	Cancelled as per contractor on 2/12
02/18/2014	FRAMING	State Inspector two	Building		912 ROUTE 70			
					A & Y BROTHERS LLC	Alteration	ALTERATION - -COMMERCIAL	
					912 ROUTE 70			

From:

Nehal Jhaveri, RA

N J Architecture LLC

34 Woodhurst dr, Voorhees, NJ 08043

njarchitects@gmail.com

Phone: 732-858-1652, Fax: 856-282-1133

Date: 02/20/2014

TO: BRICK TOWNSHIP, BUILDING CODE ENFORCEMENT

Re: BRICK MOTOR INN

SUBJECT: JOISTS HANGERS

Dear Sir,

As per your concern about the use of galvanized joists hangers for the exterior deck, I have visually inspected the joists hangers. I found these galvanized joists hangers to be appropriate for exterior use which seemed to be your concern.

I hope this will satisfy the concern you had. Please feel free to contact us for any further information that may help in proceeding with the above application.

Thank you

Regards

Nehal Jhaveri, RA

NJ LIC# 01818200

CHITECH

134673
1170.09/2

Keil Engineering

10 Oakbourne Court
Bordentown, NJ 08505

609-298-6954

December 23, 2013

Brick Motor Inn
912 Route 70
Brick, NJ 08724

12/24/13 m-
App'd to continue work-

Attention: Yogi Patel

Re: 912 Route 70
Brick, NJ 08724
Building inspection relating to ongoing construction
File No 13 - 095

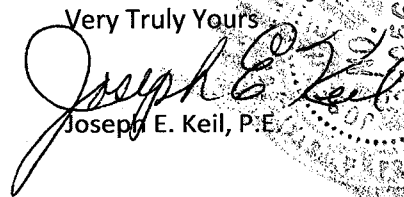
Dear Mr. Patel:

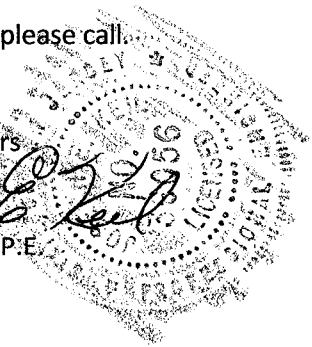
On December 20, 2013 I performed an inspection at the above-referenced structure at the request of Yogi Patel, the owner of the Brick Motor Inn. The purpose of my inspection was to address the concerns of the "STOP WORK" order issued by the Dover Township construction inspection Department. In the following sections of this letter, I will address the issues raised by the building inspector in the same numerical sequence as his "STOP WORK" letter.

- 1. Structural posts and their connections (open all areas of connection)** – during my on-site inspection, I had the contractor open up the base connection and the connection of the post to the wood girder. I concur with the building inspectors assessment of these connections. Therefore, all parging and wood blocking should be removed from around the 6 x 6 columns/posts and connections should be made at the base and at the girder in accordance with my attached sketch "Timber Column Connection Detail".
- 2. Girders Overspanned** - the girders are not overspanned. However, typically, one of the three 2" x 12" is not continuous in each span from post to post. Therefore, I recommend that these girders be screw laminated together in accordance with my detail labeled "Nail Pattern For Girder". Additionally, there is one span that should be removed in its entirety and replaced with (3) - 2" x 12" timber. I have attached a plan view showing the span that requires total replacement. All other spans should be screw/ laminated together in accordance with my detail.
- 3. Sidewalk Over- pitched** – the sidewalk is over pitched. I found the slope of the sidewalk ranged from 3.9% to 7.2%. The plans and code require approximately a 2% slope. Therefore, I recommend that the sidewalk be removed in areas where the slope does not the 2% cross slope requirement.

4. **2nd Floor Balcony Over pitched** – the second floor balcony is over pitched. I found several of the areas to be pitched approximately 3%. The balcony should not have any pitch and should be level. Therefore, I recommend that the girders be jacked as required to facilitate the leveling of the second floor balcony. Once this is done, the girder should be attached to the 6" x 6" post in accordance with my detail.
5. **Step Risers Not Equal** – I concur that the risers were not equal height. Therefore, the stairs will be removed and reconstructed so that all risers are equal height.
6. **Girder Splices** – I concur with the builder inspectors assessment of the one girder at the rear of the building (second span from the end) not being structurally sound. See plan view for exact location. Therefore, this girder should be replaced in its entirety with (3) – 2" x 12" timber. I found all other spans to be structurally sound once they are screw/ laminated in accordance with my attached detail.

If you should have any questions or require any additional information please call.

Very Truly Yours

Joseph E. Keil, P.E.



Attachments – 3 sketches

312 BT 70
332 CK 22

NEAL JAYBER, RA
34 WOODHURST DR
VOCHEES, NJ 08033
PHONE: (613) 960-8075
FAX: (636) 262-1133
E-MAIL: njarcnicks@gmail.com

CONSULTANTS :

1000

5

1

DATE	TYPE
------	------

--	--

$$\frac{1}{\sqrt{2}}$$

DRAWING TITLE:

PLAN & WINE

DATE : _____ SCALE : _____

DRAIN BY:

SEAL	30
------	----

CONFIDENTIAL

27

[illegible]

ANIMON SCHEDULE						
MARK	QTY.	MANUFACTURER	MODEL	AC SIZE	BOX OF HEADS PER ANIMON	REMARKS
(A)	13	AMERICAN	STANDARD	1/2" x 1/2"	10	NO. 1 - DATE RANGE 0.45-0.55
(B)	1	AMERICAN	STANDARD	1/2" x 1/2"	10	NO. 2 - DATE RANGE 0.45-0.55
(C)	1	AMERICAN	STANDARD	1/2" x 1/2"	10	NO. 3 - DATE RANGE 0.45-0.55
(D)	2	AMERICAN	STANDARD	1/2" x 1/2"	10	NO. 4 - DATE RANGE 0.45-0.55
(E)	1	AMERICAN	STANDARD	1/2" x 1/2"	10	NO. 5 - DATE RANGE 0.45-0.55

ALCOHOL 200 SERIES WINDOWS OR SIMILAR VINYL GLAZED WINDOWS

[illegible]

DOOR NOTE:
ALL EXISTING DOORS AND FRAMES
TO BE REPLACED WITH POLYCARBONATE
CORE METAL DOORS PAINTED WITH
THE SAME BLUE DOORS.

WINDOW NOTE:
ALL EXISTING WINDOWS AND FRAMES
TO BE REPLACED WITH ANOZIZED
ALUMINUM THERMAL INSULATED
GLASS UNITS. ALL GLASS TO BE
PAINTED BLUE. SEE NOTE ON THE
OTHER SIDE.

CURTAIN TRACKS:
GO TO VERTICALLY COIL TYPE
HANGING SYSTEM ON EX-
TERIOR WALLS. COIL TYPE
CANNERS SUGGESTION REPLACE
BEATING AND APPLY NEW
COIL TYPE TRACK HANGER AS PER

STUCCO ENHANCEMENT DELIVERED. APPROXIMATELY 100 TO 150 VERTICALLY APPLIED STUCCO ENHANCEMENT DELIVERED ON EXISTING BRICKWORK. BRICKWORK TO BE REPAIRED OR REPLACED AT THE DISCRETION OF THE ARCHITECT. OWNERS SUGGESTION REPLACE BRICKWORK AND APPLY NEW "HARD" STUCCO AS PER MANUAL SPECIFICATIONS AND RECOMMENDATIONS.

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3'0"

3'0"

4'0"

D

KEIL ENGINEERING

10 Oakbourne Rd
Bordentown, NJ 08505

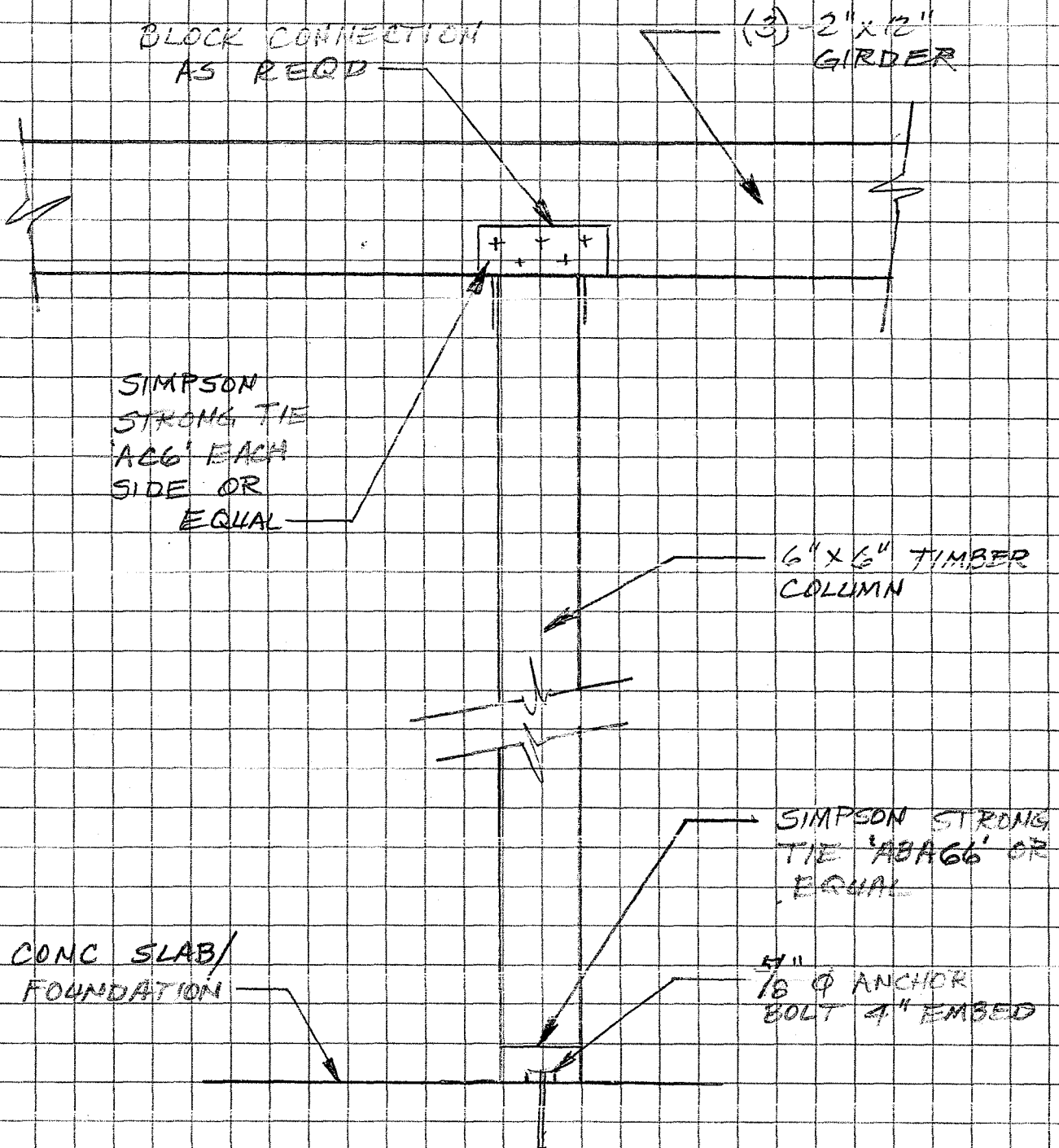
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

CHECKED BY _____ DATE _____



TIMBER COLUMN CONNECTION DETAIL

N.T.S.

KEIL ENGINEERING

10 Oakbourne Rd
Bordentown, NJ 08505

JOB _____

SHEET NO. _____

OF _____

CALCULATED BY _____

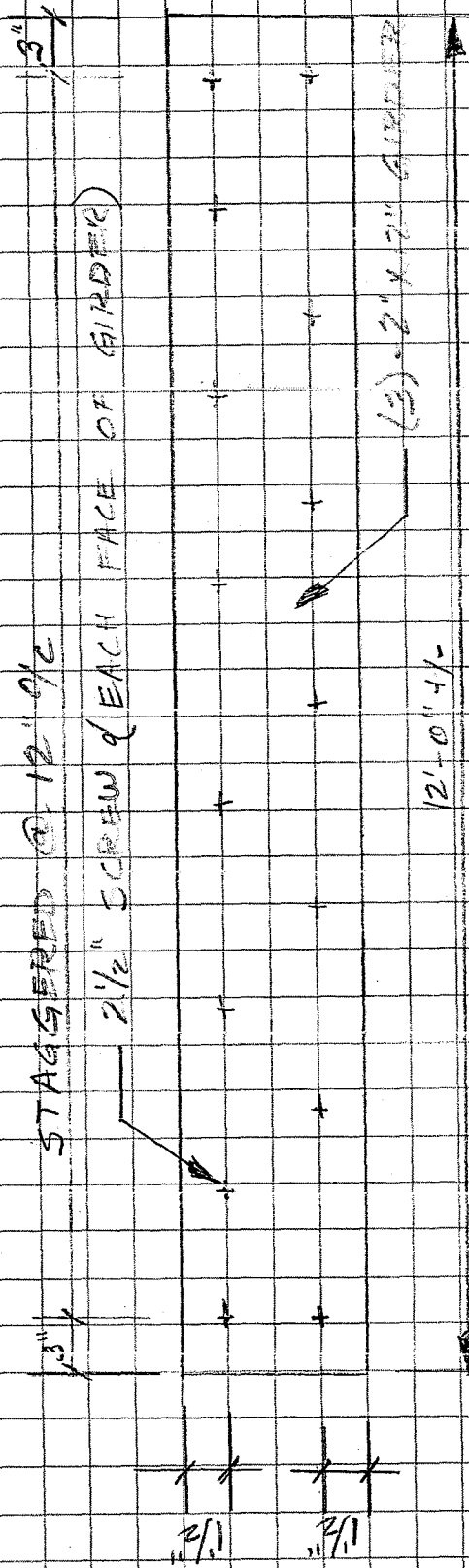
DATE _____

CHECKED BY _____

DATE _____

CHECKED BY _____

DATE _____



NAIL PATTERN FOR GIRDER

N.T.S.

INSPECTOR: Russell Harris

DATE: Thurs. 7/31/14

JOB: Brick Motor SECTION: N/A
IUN (A & Y Brothers, LLC)

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: 912 Route 70

TEMPERATURE: 80's

BLOCK: 1170.09

LOT: 2

**ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

Russell Harris

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

From:
Nehal Jhaveri, RA
N J Architecture LLC
34 Woodhurst dr, Voorhees, NJ 08043
njarchitects@gmail.com
Phone: 732-858-1652, Fax: 856-282-1133
Date: 02/20/2014

TO: BRICK TOWNSHIP, BUILDING CODE ENFORCEMENT

Re: BRICK MOTOR INN

SUBJECT: JOISTS HANGERS

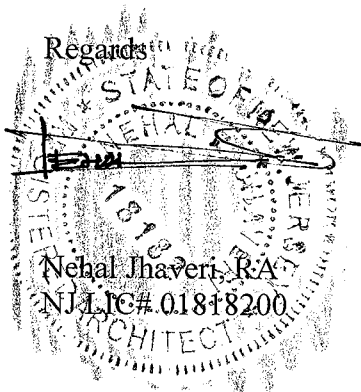
Dear Sir,

As per your concern about the use of galvanized joists hangers for the exterior deck, I have visually inspected the joists hangers. I found these galvanized joists hangers to be appropriate for exterior use which seemed to be your concern.

I hope this will satisfy the concern you had. Please feel free to contact us for any further information that may help in proceeding with the above application.

Thank you

Regards





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.

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.

Block 1170.00 Lot 2 Qualification Code _____

Work Site Location 912 at 70

Owner in Fee: Beckhoff Electric LLC

Tel: 732 839 3969 e-mail _____

Address Beckhoff Electric LLC

Contractor License No. 18314 Exp. Date 3/31/15

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

Federal Emp. ID No. 26 0471406 FAX: 732 260 9702

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Occupied as Hotel [] Temporary [] Other _____

Est. Cost of Elec. Work \$ 3000.00 Utility Co. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
[] Partial -Underslab Utilities Approved	Rough _____	Barrier-Free _____
Date: _____ Approved by: _____	Trench _____	Temp. Serv. _____
[] Electric Plans Approved	Temp. Serv. _____	Constr. Serv. _____
Date: <u>10/29/13</u> Approved by: <u>JS</u>	TCO _____	Other _____
Joint Plan Review Required:	Other _____	Service _____
[] Bldg. [] Plumb. [] Fire. [] Elev.	Final _____	Barrier-Free _____
SUBCODE APPROVAL for PERMIT	Barrier-Free _____	Temp. Cut-in-Card Date Issued _____
Date: <u>10/29/13</u>	Barrier-Free _____	Final Cut-in-Card Date Issued _____
Approved by: <u>JS</u>	Barrier-Free _____	Annual Pool Inspection _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____	Date of Grounding and Bonding _____
[] CO [] CCO [] CA	Barrier-Free _____	Certification _____
Date: _____	Barrier-Free _____	
Approved by: _____	Barrier-Free _____	

D. TECHNICAL SITE DATA

Print name here: _____
[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

DESCRIPTION OF WORK Interior and Exterior

QTY SIZE 40

ITEMS Exterior

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 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Date Received 11/12/13

Control # 134473

Date Issued _____

Permit # _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 11/12/13
Control # 6-13-005343
Permit # 13-4673

IDENTIFICATION Block: 1170.09 Lot: 2 Qualifier _____
Work Site Location: 912 ROUTE 70 Brick Township, NJ Contractor A & Y BROTHERS LLC
Owner in Fee A & Y BROTHERS LLC Address 108 FELLSWOOD DR. MOORESTOWN NJ 08057
108 FELLSWOOD DR. MOORESTOWN NJ 08057 Telephone: (732) 859-3969
Telephone: (732) 859-3969 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL EXTERIOR RENOVATIONS - FACADE, STAIRS, WALKWAY,
RAILINGS, WINDOWS/DOORS, LIGHTING

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 \$68,000

Daniel Newman
Construction Official

11/1/13
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,815
Electrical	\$65
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$115
CO Fee	
Other	\$0
Total	\$1,995
Check No.	<u>1149</u>
Cash	\$0
Credit	\$0
Collected By	

150
2,045

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 five 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; 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.

1170.09/2
13-4673

Keil Engineering

10 Oakbourne Court
Bordentown, NJ 08505

609-298-6954

December 23, 2013

Brick Motor Inn
912 Route 70
Brick, NJ 08724

Attention: Yogi Patel

Re: 912 Route 70
Brick, NJ 08724
Building inspection relating to ongoing construction
File No 13 – 095

Dear Mr. Patel:

On December 20, 2013 I performed an inspection at the above-referenced structure at the request of Yogi Patel, the owner of the Brick Motor Inn. The purpose of my inspection was to address the concerns of the "STOP WORK" order issued by the Dover Township construction inspection Department. In the following sections of this letter, I will address the issues raised by the building inspector in the same numerical sequence as his "STOP WORK" letter.

- 1. Structural posts and their connections (open all areas of connection)** – during my on-site inspection, I had the contractor open up the base connection and the connection of the post to the wood girder. I concur with the building inspectors assessment of these connections. Therefore, all parging and wood blocking should be removed from around the 6 x 6 columns/posts and connections should be made at the base and at the girder in accordance with my attached sketch "Timber Column Connection Detail".
- 2. Girders Overspanned** - the girders are not overspanned. However, typically, one of the three 2" x 12" is not continuous in each span from post to post. Therefore, I recommend that these girders be screw laminated together in accordance with my detail labeled "Nail Pattern For Girder". Additionally, there is one span that should be removed in its entirety and replaced with (3) – 2" x 12" timber. I have attached a plan view showing the span that requires total replacement. All other spans should be screw/ laminated together in accordance with my detail.
- 3. Sidewalk Over- pitched** – the sidewalk is over pitched. I found the slope of the sidewalk ranged from 3.9% to 7.2%. The plans and code require approximately a 2% slope. Therefore, I recommend that the sidewalk be removed in areas where the slope does not the 2% cross slope requirement.

Very Truly Yours
Joseph E. Keil, P.E.

Very Truly Yours
Joseph E. Keil, P.E.

KEIL ENGINEERING

10 Oakbourne Rd
Bordentown, NJ 08505

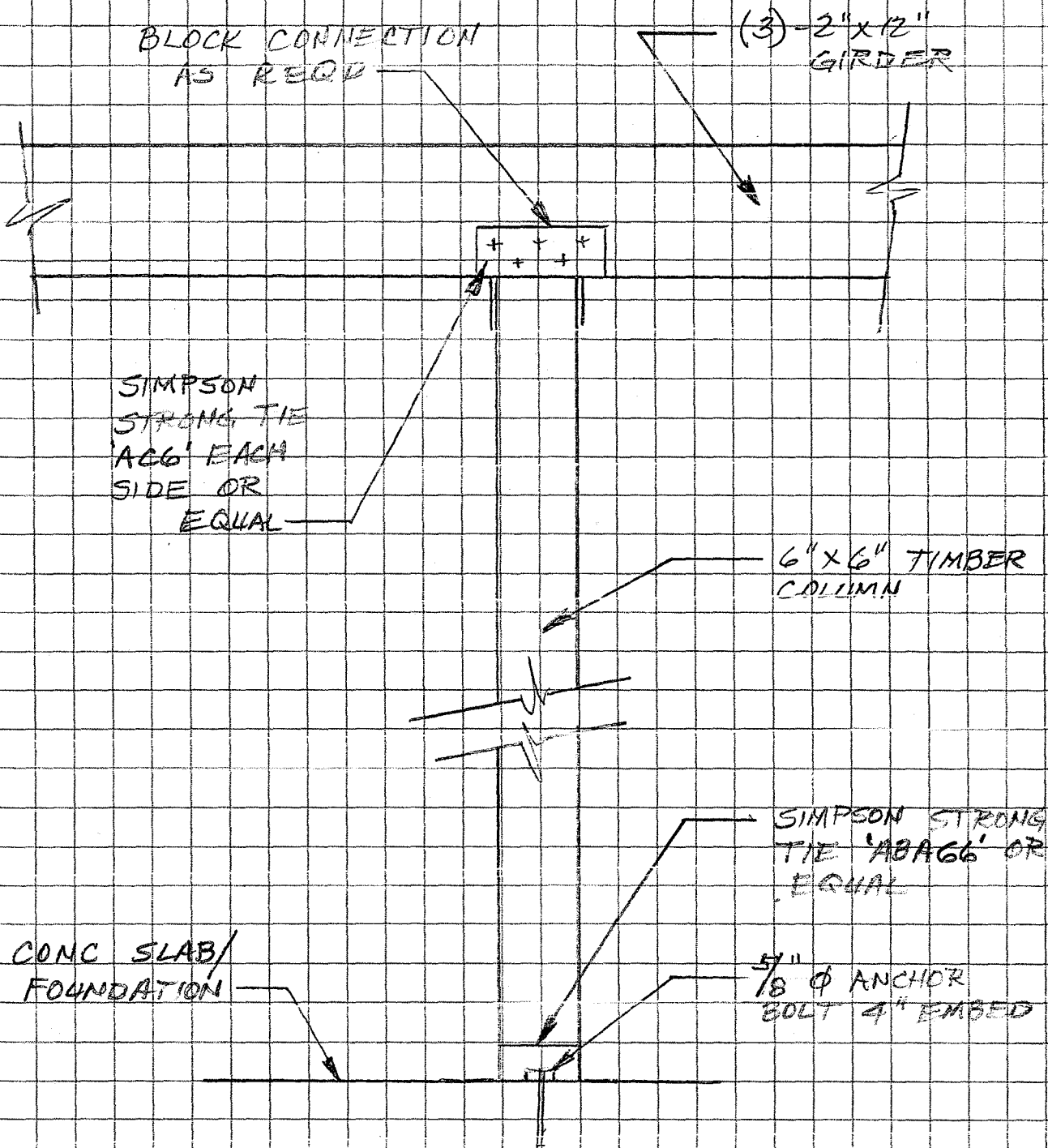
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

CHECKED BY _____ DATE _____



TIMBER COLUMN CONNECTION DETAIL

N.T.S.

KEIL ENGINEERING

10 Oakbourne Rd
Bordentown, NJ 08505

JOB _____

SHEET NO. _____

OF _____

CALCULATED BY _____

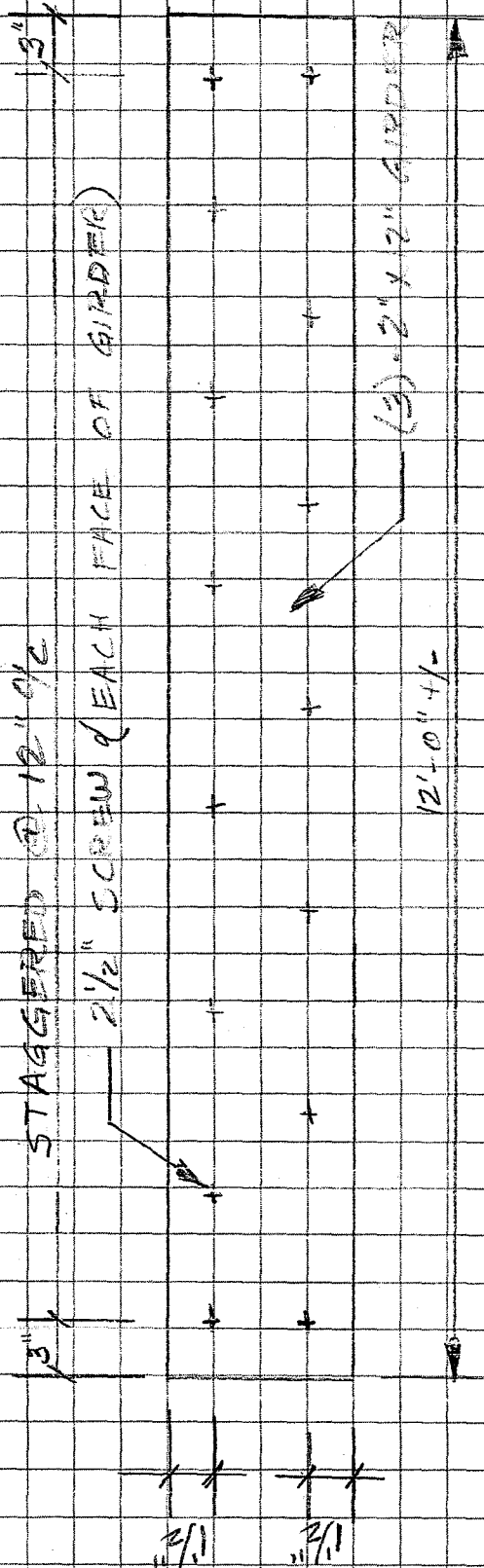
DATE _____

CHECKED BY _____

DATE _____

CHECKED BY _____

DATE _____



NAIL PATTERN FOR GIRDER

N.T.S.



BUILDING 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 2 Qualification Code _____

Work Site Location Brick Meter Inn

918 Rt 10, Brick, NJ 08724

Owner In Fee: _____

Tel. (732) 859-3969 e-mail logi1964@yahoo.com

Address 108 Fellswood Dr, Moorestown, NJ 08057

Contractor: MOORESTOWN MOORESTOWN, NJ 08057 Tel. (732) 859-3969

Address 108 Fellswood Dr, Moorestown, NJ 08057 e-mail logi1964@yahoo.com

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required 11/6/13 Type: _____

☐ All _____ Type: _____

☐ Footings/Foundations _____ Type: _____

☐ Structural/Framework _____ Type: _____

☐ Exterior _____ Type: _____

☐ Interior _____ Type: _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: 11/01/13 _____

Approved by: NAH _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☐ CA _____

Date: _____

Approved by: _____

Barrier-Free _____

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 _____

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: Logi1964

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Exterior facade Renovation, (Exterior only)

Stair replacement, Interior work

conc. walkway, being done at

Railing replacement, later date

Door, windows replacement,

exterior lights on building,

second floor deck replacement.

All work direct replacement.

TYPE OF WORK: _____

☐ New Building

☐ Addition

☐ 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)

11/12/13

13-4673

Date Received

Control #

Date Issued

Permit #

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)

RECEIVING CLERK
DATE REC'D 11-28-13

ZONING PERMIT APPLICATION

PERMIT # 28-13-01219
DATE ISSUED 11/21/13

BLOCK: 1170.09 LOT: 2 QUALIFIER: _____ SITE ADDRESS: 912 Rt 70, Brick, NJ 08724

IDENTIFICATION:

ORCA

1. NAME OF OWNER IN FEE: Art Brothers LLC Brick Meter Inn.

COMPLETE ADDRESS: 912 Rt 70

PHONE # 732- EMAIL: Yogi1964@yahoo.com

2. NAME OF APPLICANT: YOGESH PATEL

APPLICANT ADDRESS: 108 Fellswood Dr.

PHONE # 732-859-3969 EMAIL: Yogi1964@yahoo.com

3. RESPONSIBLE PERSON FOR WORK: YOGESH PATEL

PHONE # 732-859-3969 FAX # 732-840-3112

4. SIGNATURE OF APPLICANT: Yogesh Patel

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: Replacing all Existing Deck Not changing Size of Location

DESCRIPTION: Rei Raising Concrete Cont. Sidewalk, Not Extending at all.

ZONING REVIEW: 10/23/13 DATE REVIEWED: 10/23/13 DATE DENIED: _____ DATE APPROVED: 10/23/13 INTLS: _____ (SEE BACK PAGE)

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50

OTHER: \$ _____

TOTAL: \$ 50

REQUIRED BY APPLICANT

RESIDENTIAL: ✓

COMMERCIAL: ✓

EXISTING USE: Hotel

PROPOSED USE: Hotel

BOARD APPROVAL: _____ PB _____ ZB _____

RESOLUTION#: _____

APPROVAL DATE: _____

[illegible]

ZONING REVIEW:

DATE REVIEWED: 10/23/13 DATE DENIED: — DATE APPROVED: 10/23/13 INTLS: SC20

100

[illegible]



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-13-01294
Application Date: 10/21/2013
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **912 ROUTE 70**
Location: **Brick Township, NJ**

Block: **1170.09**
Lot: **2**
Qualifier: _____
Zone: **B-3**

Owner: **A & Y BROTHERS LLC**
Address: **108 FELLSWOOD DR**
MOORESTOWN, NJ 08057

Applicant: **Yogesh Patel**
Address: **108 Fellswood Dr.**
Moorestown, NJ 08057

Application Approved Date: 10/23/2013

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

Use is: Commercial Motor Inn

Nonconforming Use is: _____

Work Description:

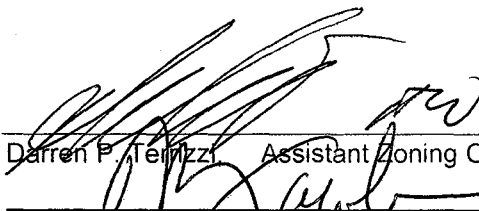
**Deck/Porch - Replace all existing deck same size & location.
Raising concrete sidewalk , not extending at all.**

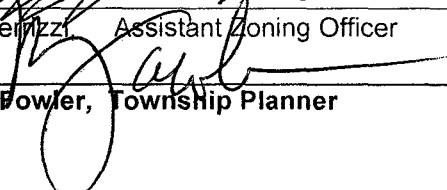
Same size & location.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Development Application:

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


Darren P. Terlizzi, Assistant Zoning Officer


Michael P. Fowler, Township Planner

10/23/2013

Date

10/23/13

Date



Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1027 Fax(732) 262-2941

Application Number: ZA-13-01294
Permit Number: _____
Project Number: _____
Fee: \$50

Denial of Application

Date: 10/09/2013

To: Yogesh Patel
108 Fellswood Dr.
Moorestown, NJ 08057

RE: 912 ROUTE 70
Block: 1170.09 Lot: 2 Qual: Zone: B-3

Dear Yogesh Patel,
Your request is hereby denied based upon the following requirements:

The property survey and the construction plans must match. The property survey does not show the dimensions of the deck and set backs.

Sincerely,

Cheryce Moore

Office of Zoning, Cheryce Moore

Resubmit
10-21-13
DT/CB

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSJ
PERMIT #: _____

BLOCK: 1170.09 LOT: 2 ADDRESS: 912 Rt 70

IDENTIFICATION:

1. WORK SITE ADDRESS: Beick Motor Inn 912 Rt 70

2. NAME OF OWNER IN FEE: A & Y Brothers, LLC

ADDRESS: 108 Fellswood Dr. PHONE #: 732-859-3969

Moorestown, NJ 08057 FAX #: 732-840-3112

3. PRINCIPAL CONTRACTOR: NOGESH PATEL

ADDRESS: 108 Fellswood Dr. PHONE #: 732-859-3969

Moorestown, NJ 08057 FAX #: 732-840-3112

4. ARCHITECT OR ENGINEER: NJ Architecture, LLC

Nehal Thayer ADDRESS: 34 Woodhurst Dr. PHONE #: 973-960-9072

Jersey, NJ 5. RESPONSIBLE PERSON FOR WORK: NOGESH PATEL

ADDRESS: 108 Fellswood Dr. Moorestown, NJ 08057

PHONE #: 732-859-3969 732-840-3112 709-1964-0450

FAX #: 732-840-3112 E-MAIL: noyesh@noyesh.com

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☐ OTHER Conc. Walkway - Raising / Resurfacing

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ 1717

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: _____

ENGINEERING REVIEW:

As Already Has Permit for Parking - Reconsr. / OK

DATE RECEIVED: 10/26/13 DATE REJECTED: _____ DATE APPROVED: 10/26/13 INITIALS: KSJ

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Department of Community Development & Land Use

Township Council:

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



Juan Carlos Bellu
Director

732-262-1027

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

Date: _____

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 1170.09 Lot: 2

Property Address: 912 Rt 70

I, NOGESH PATEL of 912 Rt 70, Brick, NJ 08724
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 10/28/13 Signed: KSS

Rejected on: _____ Signed: _____

Comments:



* Already has permit for party lot Reconst. will include w/ that permit.

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	<i>TR</i>	10/23/17							2A-B-01294
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

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. _____	_____	_____	_____