BLOCK 854-2 LOT 2 QUALIFICATION CODE C10-002230 ADDRESS (SITE) _____ PERMIT NO. 10-1692

Pulled

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 849 Rt 70 Brick
2. Name of Owner in Fee: Evangelistra Partners
   Tel. (732) 840-0286 e-mail _____
   Address 631 Hunderst Ct (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Husky D & M Tel. ( ) _____
   Address 59 Burton Pl Brick NJ 08723 e-mail _____
   License No. OR, if new home, Builder Reg. No. 36BI00335500 Exp. Date 6-2012
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 156542116 0009 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 10		
2. Electrical	50		
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 1		
8. Subtotal	$		
9. State Permit Surcharge Fee	50		
10. Subtotal	$ 156		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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 ____	

COMMERCIAL

IIa. PROPOSED WORK

- ☑ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

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									
☐ Electrical					6-29-10	SD			
☑ Plumbing	300.00				6/30/10	MH			
☐ Fire Protection					6/8/10	DS			
☐ 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*

	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 _____

A-2

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

Address 59 Burton Pkwy
Brick NJ 08723

Telephone (732) 206-0095

Signature James A Burley

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/14/2010
Control Number C-10-002230
Permit Number 10-1692
Permit Issue Date 07/01/2010
Certificate Number 10-1692

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 849 ROUTE 70 Brick Township, NJ Block: 854 Lot: 2 Qual:

Owner in Fee: EVANGELISTRA PARTNERS

Owner Address: 631 WINDEREST COURT BRICK NJ 08724

Telephone: (732) 840-0286

Contractor HURLEY P & H

Address 59 BURTON PKWY BRICK NJ 08723

Telephone: (732) 206-0095 Fax:

License Number or Builders Registration Number: 36BI00335500 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS, FIRE RESTORATION, PLUMBING ALTERATIONS KETTLE COOKER

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/14/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/1/10
Control # C-10-002230
Permit # 10-1692

IDENTIFICATION Block: 854 Lot: 2 Qualifier
Work Site Location: 849 ROUTE 70 Brick Township, NJ

Owner in Fee: EVANGELISTRA PARTNERS
631 WINDEREST COURT BRICK NJ 08724
Telephone: (732) 840-0286

Contractor: HURLEY P & H
Address: 59 BURTON PKWY BRICK NJ 08723
Telephone: (732) 206-0095
Lic. No. or Bldrs. Reg. No.: 36BI00335500
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:
ELECTRICAL ALTERATIONS, FIRE RESTORATION, PLUMBING ALTERATIONS KETTLE COOKER

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 $450

Construction Official — Date 7-1-10

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$156
Check No.	
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.

ELECTRIC	$40.00
PLUMBING	$50.00
FIRE	$65.00
DCA	$1.00
TOTAL	$156.00

☐ 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/1/10
Control #

Date Issued
Permit # 10-1692

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

Block 854 Lot 2 Qualification Code

Work Site Location 849 RT 70E Brick NJ 08724

Owner in Fee Enugilated Partners

Address 631 Windcrest ct Brick NJ 08724

Tel (732) 840 1555

Contractor R.J.R. Electric Company

Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460

Contractor License No. 11207

Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	6-29-10	GT

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

U.C.C. F120 (rev. 07/03) Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/1/10
Control # 10-1692
Date Issued
Permit #

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

Block 854 Lot 2 Qualification Code ______
Work Site Location 849 Rt 70E B. NJ 08724

Owner in Fee [illegible]
Address 631 [illegible] B[illegible] NJ 08724

Tel (732) 840 1555
Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460
Contractor License No. 11207
Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ ______

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		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 $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[✓] No Plans Required 6-29-10 SP
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] 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				

Dates (Month/Day)

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. 07/03) Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6-7-10
Control #

Date Issued 7-1-10
Permit # 10-1692

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

Block 854 Lot 2 Qualification Code

Work Site Location 814 Rt 70 Brick

~~Evangelistra Partners~~

Owner in Fee: c/o Evangelistra Partners

Tel. (732) 840-0286 e-mail

Address 631 Windcrest Ct Brick NJ 08724
street municipality zip code

Contractor: Hurley P+H Tel. (732) 206 0095

Address 59 Bigelow Pl Brick e-mail 6-2012

Contractor License No. 3608100335500 Exp. Date 06/2012

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

Federal Emp. ID No. 135547116000 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 7/2/10 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-1-10
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Kettle cooker
F-10

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater Bi-connect not required As per MAP	
✓ 1	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/1/10
Control #
Date Issued
Permit # 10-1692

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

Block 85 Lot 2 Qualification Code

Work Site Location 819 Rt 70 Brick

~~Evangelestra Rodney~~

Owner in Fee: & Evangelestra Partners

Tel. (732) 840-0286 e-mail

Address 631 Windward Ct Brick NJ 08724
street municipality zip code

Contractor: Hurley Pipe Tel. (732) 206 0095

Address 59 Bigelow Pl Brick e-mail 6-2011

Contractor License No. 34BA00335100 Exp. Date 6/30/2012

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

Federal Emp. ID No. 12-6[illegible]004 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 7/2/10 Approved by: MK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-1-10
Approved by: B

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Kettle cracker

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater BIR COMPLET	
	Fuel Oil Piping not replaced	
✓ 1	Gas Piping AS PER MARK	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, Newark, NJ 07102

Sharon M. Joyce
Acting Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07102
(973) 504-6200

LICENSEE VERIFICATION LETTER

DATE: Wed Jun 30 14:15:04 EDT 2010

TO WHOM IT MAY CONCERN

This is to verify that the licensee was issued a New Jersey license. The current information for this license is reported below.

The BOARD's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Master Plumbers
OCCUPATION: Master Plumber

LICENSE NUMBER: 36BI00335500 STATUS: Active
NAME: MILTON F HURLEY
ADDRESS: 808 BARTLETT PLACE

TOMS RIVER NJ 08753

LICENSE ISSUED: 07/01/1969
EXPIRATION DATE: 06/30/2011
CHANGE OF STATUS DATE: //

VERY TRULY YOURS,
David Szuchman
Director

OPERATOR MANUAL

IMPORTANT INFORMATION, KEEP FOR OPERATOR

This manual provides information for:

OM-AH/1E Domestic
STEAM JACKETED KETTLE WITH STANDARD ELECTRONIC IGNITION

MODEL: AH/1E
- Self-Contained
- Gas Heated
- Floor Mounted
- Stationary

THIS MANUAL MUST BE RETAINED FOR FUTURE REFERENCE. READ, UNDERSTAND AND FOLLOW THE INSTRUCTIONS AND WARNINGS CONTAINED IN THIS MANUAL.

FOR YOUR SAFETY
Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

POST IN A PROMINENT LOCATION
Instructions to be followed in the event user smells gas. This information shall be obtained by consulting your local gas supplier. As a minimum, turn off the gas and call your gas company and your authorized service agent. Evacuate all personnel from the area.

WARNING
Improper installation, adjustment, alteration, service or maintenance can cause property damage, injury or death. Read the installation, operating and maintenance instructions thoroughly before installing or servicing this equipment.

NOTIFY CARRIER OF DAMAGE AT ONCE
It is the responsibility of the consignee to inspect the container upon receipt of same and to determine the possibility of any damage, including concealed damage. Unified Brands suggests that if you are suspicious of damage to make a notation on the delivery receipt. It will be the responsibility of the consignee to file a claim with the carrier. We recommend that you do so at once.

Manufacture Service/Questions 888-994-7636.

Information contained in this document is known to be current and accurate at the time of printing/creation. Unified Brands recommends referencing our product line websites, unifiedbrands.net, for the most updated product information and specifications.

PART NUMBER 121051, REV. F (5/08)

GROEN

UNIFIED BRANDS
FOODSERVICE EQUIPMENT SOLUTIONS
A DOVER COMPANY

1055 Mendell Davis Drive
Jackson, MS 39272
888-994-7636, fax 888-864-7636
groen.com

KETTLE CHARACTERISTICS

Model	Kettle Capacity Gallons (Liters)	Jacket Capacity Gallons (Liters)	Kettle Diameter Inches (Millimeters)	Kettle Depth Inches (Millimeters)	Overall Width Inches (Millimeters)	Front-to-Back, Inches (Millimeters)	Rim Height Inches (Millimeters)
AH/1E-20	20 (75)	4.5 (17)	20 (508)	18 (457)	36.75 (933.5)	39 (990.6)	40 (1016)
AH/1E-40	40 (150)	7 (26.5)	26 (660)	22(559)	38.25 (971.55)	45 (1143)	42 (1066.8)
AH/1E-60	60 (225)	9.5 (36)	30 (762)	25 (635)	41 (1041.4)	49 (1244.6)	49 (1244.6)
AH/1E-80	80 (300)	11.5 (43.5)	32 (813)	29 (737)	42.5 (1079.4)	51 (1295.4)	55.5 (1409.7)
AH/1E-100	100 (375)	11.5 (43.5)	32 (813)	35 (889)	42.5 (1079.4)	51 (1295.4)	61.5 (1562.1)

Inspection & Unpacking

WARNING

THIS UNIT MUST BE INSTALLED BY PERSONNEL WHO ARE QUALIFIED TO WORK WITH ELECTRICITY AND PLUMBING. IMPROPER INSTALLATION CAN CAUSE INJURY TO PERSONNEL AND/OR DAMAGE TO THE EQUIPMENT. THE UNIT MUST BE INSTALLED IN ACCORDANCE WITH APPLICABLE CODES.

The unit arrives completely assembled, except for the TDO valve and flue gas converter, which are usually packed separately and shipped inside the kettle.. The unit is strapped on a skid in a heavy box. Inspect the box carefully for damage. Open the container and check the unit for hidden damage. Report shipping damage or shipment errors to the delivery agent.

Write down the model number, serial number, and installation date for your unit at the top of the Maintenance and Service Log at the back of this manual. Keep the manual with the unit.

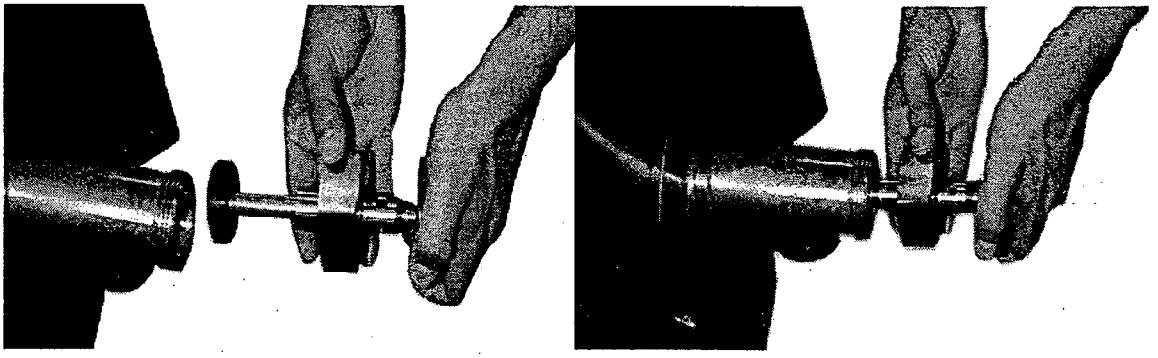
To remove the kettle from the box, cut any straps from around the box. Detach the box sides from the skid. Pull the box up off the unit, taking care to avoid damage or injury from any staples left in the box walls. When installation is to begin, cut the straps holding the kettle to the skid, and lift the kettle straight up off the skid. Examine the packing materials to make sure no loose parts are discarded with the materials.

CAUTION

SHIPPING STRAPS ARE UNDER TENSION AND CAN SNAP BACK WHEN CUT. TAKE CARE TO AVOID PERSONAL INJURY OR DAMAGE TO THE UNIT BY STAPLES LEFT IN THE WALLS OF THE CARTON.

UNIT WEIGHS FROM 468 LBS. (212 KG) TO 1120 LBS. (508 KG). FOR SAFE HANDLING, INSTALLER SHOULD OBTAIN HELP AS NEEDED AND USE MATERIAL HANDLING EQUIPMENT TO REMOVE THE UNIT FROM THE SKID AND MOVE IT TO ITS PLACE OF INSTALLATION.

Once the kettle is unpacked, the tangent draw-off valve is easily attached, as shown below. The large nut which attaches the valve to the kettle should be **hand tightened** only.



Assemble and attach the tangent draw-off valve after the kettle is unpacked.

Equipment Description

Groen AH/1E steam kettles are stainless steel, floor mounted kettles with a self-contained steam source heated by gas. A closed steam jacket covers the lower ⅔ of the kettle. Heat from the gas burner boils water in the jacket to produce steam under pressure. To ignite the burners, Model AH/1 uses electronic spark ignition.

The kettles are stationary (non-tilting). Liquids can be removed through the tangent draw-off valve.

Exposed surfaces are stainless steel. Insulated sheathing protects the kettle body, and a housing encloses the controls. Three tubular legs support the unit. Bullet feet adjust to level the kettle.

A one piece dome cover is hinged to the kettle on the AH/1E-20. Covers for 40, 60, 80, and 100 gallon kettles are supplied with counterbalancing spring actuators to hold the covers in the fully open or closed position.

Controls provided include the ON/OFF switch, to control electric power for the unit, and the thermostat, to set the cooking temperature. The automatic controls and a brief description of each are as follows.

a. Gas pressure regulator: Protects the unit from high pressure in the gas supply line

b. Automatic gas valves: Allow gas into the burners as needed

c. Pressure limit switch: Turns off the burner when jacket pressure reaches 27 PSI. Lights the burner when pressure drops to 22 PSI.

d. Safety valve: Lets steam out of the jacket if the steam pressure exceeds 30 PSI.

e. Low-water cutoff: Turns off the burner if the water level in the jacket gets too low for safe operation

Instruments also are provided to show what is happening inside the unit. These are:

a. Water level sight glass: Indicates whether there is enough water in the steam jacket.

b. Pressure/vacuum gauge: Shows steam pressure, and whether too much air has entered the jacket.

c. Heating indicator light: Indicates that the kettle is being heated.

d. Power on indicator light: Glows when the unit is turned on.

e. Low water indicator light: Lights to show that jacket water needs to be replenished.

The kettle body is welded into one piece and has a rim reinforced by a rectangular bar. The interior and exterior of the kettle is polished to a 180 emery grit finish. The unit is ASME shop inspected and registered with the National Board for working pressures up to 30 PSI.

The standard 2 inch tangent draw-off is a 316 stainless steel, compression disc valve. A removable strainer with ¼ inch holes keeps pieces of product from entering the draw-off during cooking.

The jacket is filled at the factory with water containing rust inhibitors. The kettle can operate at steam pressures up to 30 PSI, which provide temperatures of 150°F (65°C) to approximately 270°F (135°C). This range allows warming, simmering, boiling, or braising.

For AH/1 kettles, options include:

a. Larger (3 inch) draw-off

b. Solid disc strainer or strainer with ⅛ inch perforations

c. Water fill faucets

d. Automatic, metered water filler (Gallon Master)

e. Basket Inserts (Model TRI-BC)

f. Kettle brush kit

g. Gallon etch marks

h. Flanged feet

KETTLE CHARACTERISTICS

		Firing Rate, BTU/hour	
Kettle	**Ignition**	**Natural Gas**	**Propane Gas**
AH/1E-20	Spark	85,000	85,000
AH/1E-40	Spark	100,000	85,000
AH/1E-60	Spark	145,000	145,000
AH/1E-80	Spark	145,000	145,000
AH/1E-100	Spark	145,000	145,000

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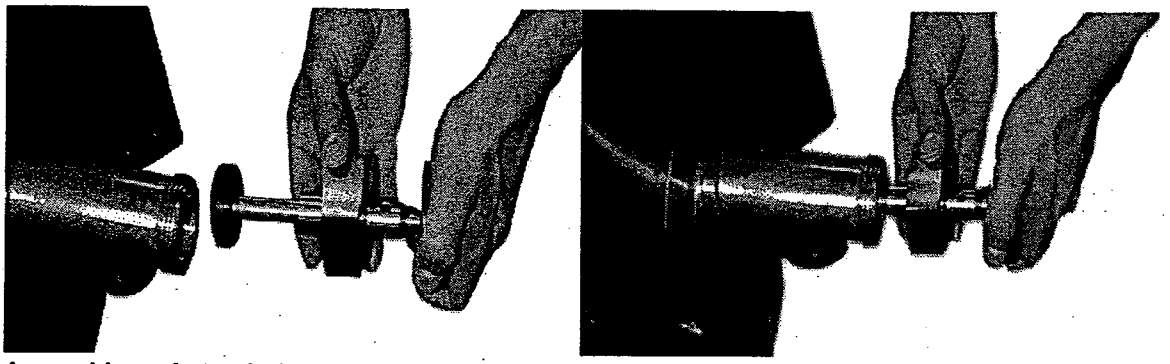

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d. Automatic, metered water filler (Gallon Master)

e. Basket Inserts (Model TRI-BC)

f. Kettle brush kit

g. Gallon etch marks

h. Flanged feet

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AH/1E-60	Spark	145,000	145,000
AH/1E-80	Spark	145,000	145,000
AH/1E-100	Spark	145,000	145,000

PLAN REVIEW RECORD

REVIEWED BY: QJP LICENSE #: _____ RES: ____ COMM: ____

ADDRESS: 849 Route 70 DATE: _____

BLOCK: 854 LOT: 2 ZONING: _____

BUILDING DESCRIPTION: Rainbow diner

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

CORRECTION LIST

DESCRIPTION	CODE SECTION	CHECK OFF
permit application dropped off on 6/23/10 after 4:00 - left on front counter. I spoke to Hucky F+H on 6/24/10 he is only doing the plumbing portion. Electric to follow - Fire tech is missing cut of work. Also verify the rest of the information on that its complete. Also called on 6/24/10 to: owner in fee @ 732-840-0266 left message on machine that application is incomplete and will be in the Reject drawer until someone comes in to take care of this	Fire tech to	Make sure
Owner in fee	Correct	

PLAN REVIEW RECORD

REVIEWED BY: DJP LICENSE #: _____ RES: ____ COMM: ____

ADDRESS: 849 Route 70 DATE: _____

BLOCK: 854 LOT: 2 ZONING: _____

BUILDING DESCRIPTION: Rainbow Diner

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

CORRECTION LIST

DESCRIPTION	CODE SECTION	CHECK OFF
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Owner in fee	Correct	

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/1/10
Control # CCO-008250
Date Issued
Permit # 10-1692

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

Block 85.11 Lot 2 Qualification Code
Work Site Location 849 Rt 70 Brick

Owner in Fee: Evangelistra Partners
Tel. (732) 840 0286 e-mail
Address 631 Windcrest ct Brick (street) (municipality) NJ 08724 (zip code)
Contractor: Hurley P+H Tel. (732) 2060095
Address 59 Burton Pkwy e-mail
Brick NJ 08723

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other
Location:
Total Cost of Fire Protection Work $ 4,50

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: KITH. COOKER existing low [illegible]
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	1	65
Fireplace Venting/Metal Chimney		
Other		

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: 6/8/10 Approved by: CO
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-25-10
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Date Received 7/1/10
Control # [illegible]
Date Issued
Permit # 10-1692

FIRE PROTECTION 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 851 Lot 1 Qualification Code ______
Work Site Location 849 Rt 7 Brick

Owner in Fee: [illegible]
Tel. (732) [illegible] 0786 e-mail ______
Address [illegible] Brick [illegible]
street municipality zip code
Contractor: [illegible] Tel. (732) [illegible]
Address [illegible]
Brick NJ 08723

Fire Protection Equipment, NJ Div of Fire Safety Permit No. ______
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ______
Fire Alarm Contractor No. ______ Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
Federal Emp. ID No. ______ FAX: ( ) ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______
Constr. Class: Present ______ Proposed ______
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
Other ______
Location: ______

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity ______
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ______
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ______

Total Cost of Fire Protection Work $ ~~X~~ 50—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: [illegible] Approved by: [illegible]
[ ] Fire Protection Plans Approved
Date: ______ Approved by: ______
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6-[illegible]
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. [signature]
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Kitch. Cooker existing [illegible]
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	65
Fireplace Venting/Metal Chimney		
Other		

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