BLOCK 670 LOT 10.01 QUALIFICATION CODE ______ ADDRESS (SITE) 2700 Hooper Ave PERMIT NO. 16-3403 1A +B +C +D

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

732-300-1794 Nelson
C-16-004521

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

I. IDENTIFICATION

1. Proposed Work Site at: 2700 Hooper Ave
2. Name of Owner in Fee: Nelson Monroy (Villa Vittoria)
   Tel. (732) ~~[illegible]~~ e-mail nelsonmonroy1@gmail.com
   Address 2700 Hooper Ave (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: John Winton Tel. (732) 581-4935
   Address 70 Hadley Ave e-mail ______
   Toms River, NJ 08753
   License No. OR, if new home, Builder Reg. No. 13VH00848700 Exp. Date 3/31/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. ______ FAX: (732) 255-8582
5. Architect or Engineer Paul G. Amelchenko Contact Paul
   Address 917 Main Street Belmar e-mail
   Tel. (732) 974-0406 FAX: (732) 974-0309
   Amelchenko@optimum.net
6. Responsible Person in Charge once Work has Begun
   Tel. (732) 581-4935 FAX: (732) 255-8582

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	150-	3882	
2. Electrical				1740
3. Plumbing				822
4. Fire Protection				415
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee		5-		
10. Subtotal	$			
11. Cert. of Occupancy			610	
12. Other 20 EP		150		
13. TOTAL	$	155-		

600 540
124 57

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	1E	C+F
2. Height of Structure ______ ft.		
3. Area — Largest Floor	170 sq. ft.	140 A
4. New Building Area ______ sq. ft.		
5. Volume of New Structure	3150 cu. ft.	
6. Max. Live Load	10 PSF	100
7. Max. Occupancy Load	156	180
8. If Industrialized Building: State Approved	HUD 180	
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

Fire Restoration

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	Rejection	Re-viewer
☒ Building	2500	MFF			11/16/16	KQK			
☒ Electrical		9/23/16		10/31/16		PJ	6/1/17	[illegible]	PJ
☐ Plumbing					2-6-17	[illegible]			
☐ Fire Protection				11/10/16		[illegible]	2/1/17		[illegible]
☐ Elevator	[illegible]	[illegible]	10/11/16	10/11/16	10/27/16	[illegible]			
TOTAL COST	2500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use) 1G
1. State Specific Use: ______
2. Use Group, Proposed: 150-E
3. Change In Use Group, Indicate Present: 175-K
4. No. of dwelling units: Total Units Income-restricted 23-BA
   Gained, Sale 353
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: A-2
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: +A - BUILDING SUBCODE ONLY
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Please CC affidavits to Arch. Paul

KSS

Rolled PLANS OSAF

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

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____	_____	_____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name John Winton

Address 70 Hadley Ave.
Toms River, NJ 08753

Telephone (732) 581-4335

Signature _____

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
9/29/16	SENT TO Cmm	JCS
9/30/16	Sent to Eng	CMM
12/6/16	Paul A. (Arch.) Came in & dropped off new plans. He will be getting us new plumbing prior to submitting to plmb.	NP
12/9/16	- Called Paul & left V.M. - need to find out when plans will be in	NP
1/11/17	- Spoke to Bill (Contractor) now using all new equip. So will be getting me plans ASAP.	NP

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/23/2017
Control Number C-16-004521+A
Permit Number 16-3403+A
Permit Issue Date 11/17/2016
Certificate Number 16-3403

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 2700 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 10.01 Qual:

Owner in Fee: IL GIARDINO SUL MARE LLC

Owner Address: 2700 HOOPER AVE BRICK NJ 08723

Telephone: (732) 581-4335

Contractor JOHN WINTON

Address 70 HADLEY AVE TOMS RIVER NJ 08753-

Telephone: (732) 341-2959 Fax:

License Number or Builders Registration Number: 095864 Federal Emp. Number: 14-2288905

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 156

Description of Work/Use: FIRE RESTORATION ADDITION - VILLA VITTORIA RESTORATION & ADDITION

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: 10/22/2017
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 10/22/2017
Conditions to be met:

Need Final Plumbing Inspection

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/23/2017

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/7/17
Control #
Date Issued
Permit # 16-8403+C

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

Block 630 Lot 10.01 Qualification Code
Work Site Location 2700 Hooper Ave.
Owner in Fee: Welson Monroy (Villa Vitoria)
Tel. 732 581-4535 e-mail
Address 2700 Hooper Ave (street) (municipality)
Contractor: Air Concepts Htg & Clg, Inc. Tel. (732) 473-0696 (zip code)
Address 1117 Beach Ave e-mail airconceptsnj@yahoo.com
Beachwood, NJ 08722
Contractor License No. 19HC00028000 Exp. Date 06/30/2018
Home Improvement Contractor Registration No. or Exemption Reason 13VH03344700
Federal Emp. ID No. 204838688 FAX: (732) 473-0671

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 $ 65,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2-2-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-13-17
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 60 days			8-9-17	
Final		8-7-17	9-10-17	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: Justin Houlihan
[ ] Licensed Plumbing Contractor [ ] Registered Architect/Engr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
6 Zones Heat + A/C

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	
	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	
6	Other A/C	

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

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 2/17/17
Control #
Date Issued
Permit # 16-3403+B

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

Block 670 Lot 10.01 Qualification Code
Work Site Location 2700 Hooper Ave. Brick, NJ 08723
Owner in Fee: Nelson Monroy (Villa Vittoria)
Tel. (732) 581-4335 e-mail
Address 2700 Hooper Ave. Brick, NJ 08723 (street / municipality / zip code)
Contractor: PAT WORRALL Tel. (609) 709-6994
Address 301 SPRAY AVE e-mail
BEACHWOOD NJ. 08722
Contractor License No. 10637 Exp. Date 6-17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. FAX: (732) 255-8582

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed
Building Sewer Size 4" Public Sewer X Private Septic
Water Service Size 1" Public Water X Private Well
Est. Cost of Plumbing Work $ 15,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2-6-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-15-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4-27-17	
Rough			5-17-17	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			5-17-17	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 days 6-7-17			8-9-17	
Final			8-11-17	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: PAT WORRALL
[X] Licensed Plumbing Contractor [ ] Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADA BATHROOM x 2 And direct replacement of existing Fixtures.

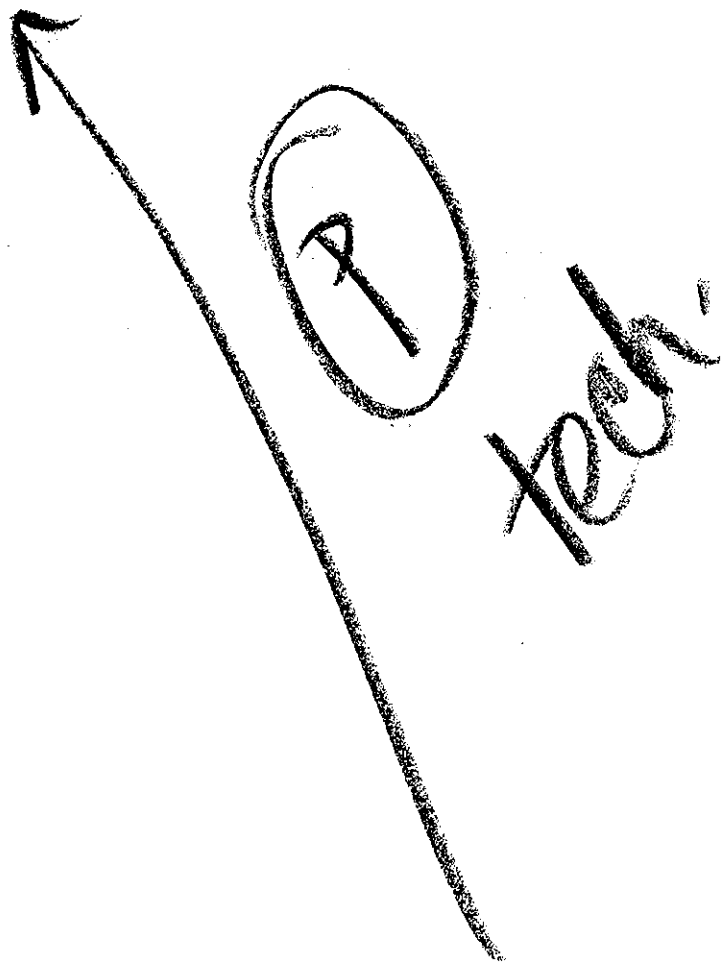
QTY.	FIXTURE/EQUIPMENT
4	Water Closet
1	Urinal/Bidet
	Bath Tub
4	Lavatory
	Shower
2 4	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
10	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
1	Stacks
2	Other Floor Sinks
	Contractor

FEE (Office Use Only)

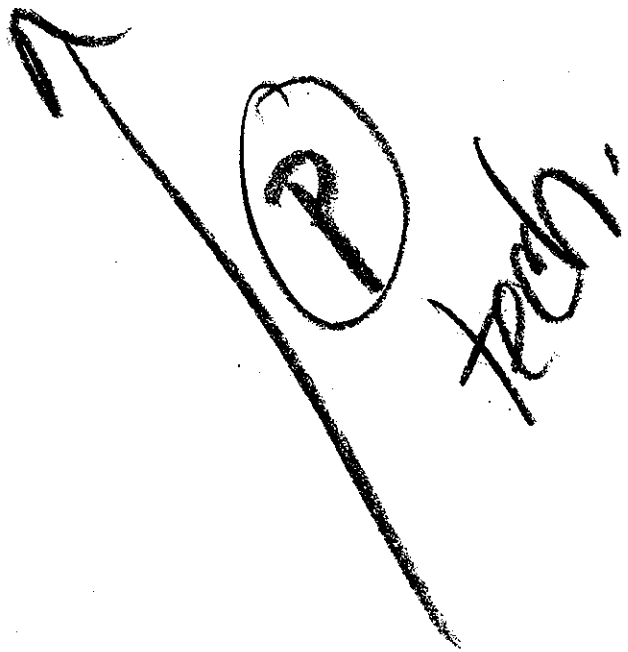
	$
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

8-7-17
Not Enough Combustion Air



Not Ready
8-9-17
TRO 60 days
Tempering 1110°. At LAVS



VILLA VITTORIO

Update

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/1/17
Control #
Date Issued
Permit # 16-3403+G

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

Block 670 Lot 10.01 Qualification Code

Work Site Location 2700 OLD HOOPER AVE, BRICK N.J. 08724

Owner in Fee: NELSON MONROY

Tel. (732) 300 1794 e-mail villavittoria@comcast.net

Address 2700 OLD HOOPER AVE, BRICK NJ 08724
street municipality zip code

Contractor: CUSTOM DESIGNED SECURITY INC. Tel. (732) 830 7900

Address 1358 HOOPER AVE PMB 281 e-mail karen@customdesignedsecurity.com
TOMS RIVER N.J. 08753

Contractor License No. 13VH00090867 Exp. Date 4/30/19

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

Federal Emp. ID No. 222 862 397 FAX: (888) 889 7194

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7450.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: John Gregory

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALLATION OF BURGLAR + FIRE ALARM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
40		Communications Points	
1		Alarm Devices/F.A.C. Panel	
41		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	

6 MOTIONS
2 KEYPADS
5 PULL STATIONS
9 SMOKE DET.
12 HORN STROBES
3 STROBES
1 FACP
1 NAC

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 6/1/17 Approved by: RJC

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

SUBCODE APPROVAL for PERMIT
Date: 6/1/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/9/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	8-7-17		8/9/17	RF
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

AP# 3371500042 "VILLA VITTORIA" 2/17/17

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 620 Lot 10.01 Qualification Code

Work Site Location 2700 Hooper Ave. Brick, NJ 08723

Owner in Fee: Nelson Mourey (Villa Vittoria)

Tel. (732) 581-4855 e-mail

Address 2700 Hooper, Ave Brick NJ. 08723

Contractor Eric G. Larson Jr Elect Cont Inc Tel. (732) 505-1436

Address 3801 Cameron Way Manchester N.J. 08759 e-mail

Contractor License No. 11350 Exp. Date 3/31/18

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

Federal Emp. ID No. 22-3790684 FAX: (732) 505-9711

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 65,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) applicant for the above application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Rewire Restaurant Due to Grease Fire

QTY.	SIZE	ITEMS	FEE (Office Use Only)
100		Lighting Fixtures	
70		Receptacles	
45		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
20		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
235		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	
1	11.5	KW Dishwasher	
		HP Garbage Disposal	
(1) 5	4.0	KW Central A/C Unit	
(1) 8	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
3	1	HP Motors 1/+ HP — HOOD	
		KW Transformer/Generator	
2	400	AMP Service	
1	150	AMP Subpanels	
1	60	AMP Motor Control Center	
1	100	KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 1/25/17 Approved by: AJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 1/25/17

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 8/9/17

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			5/12/17	RS
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Open Ceiling			7-12-17	MM
Service			6/26/17	RS
Final 8-7-17 MM			8/9/17	RS
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 6/26/17

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

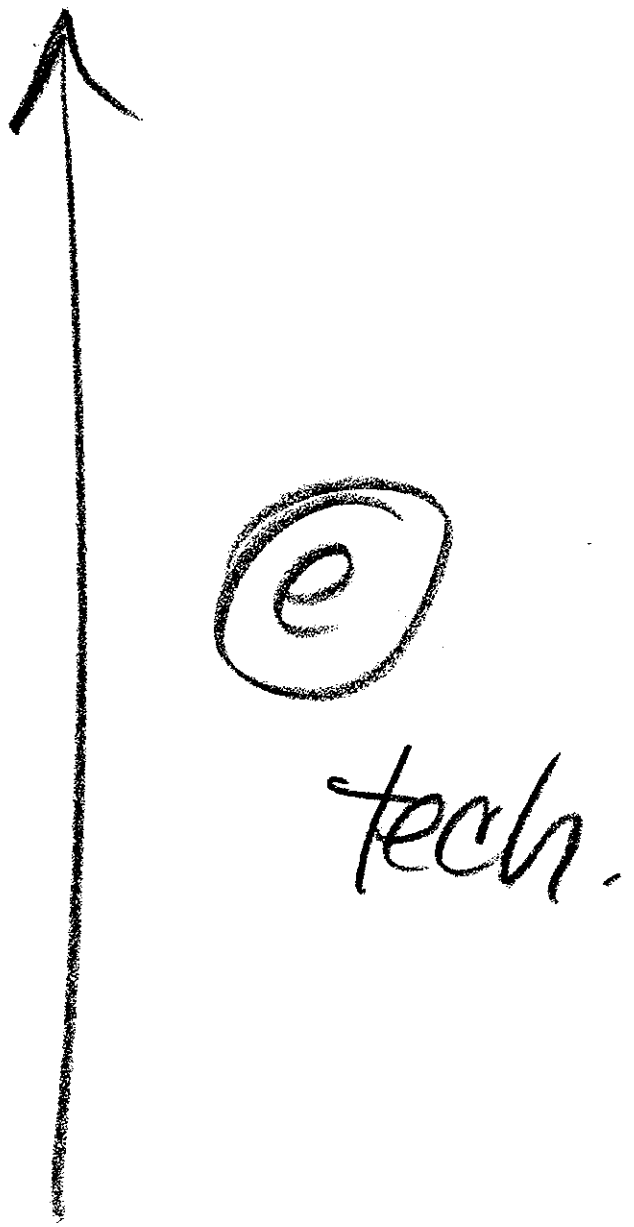
Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

8-7-17 um...
not trending



8-7-17 VM
Visit Reading

2600 cfm

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/29/16
Control #

Date Issued
Permit # H6-3403

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

Block 670 Lot 10.01 Qualification Code

Work Site Location 2700 Hooper Ave. Brick, NJ 08723

Owner in Fee: Nelson Moorey (Villa Vittoria)

Tel. (732) 581-4335 e-mail

Address 2700 Hooper Ave Brick NJ
street municipality

Contractor: John Winston Tel. (732) 581-4335
zip code

Address 20 Hadley Ave. e-mail
Toms River NJ 08753

Contractor License No. or Builder Registration No. 13VH00648700 Exp. Date 3/31/17

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

Federal Emp. ID No. FAX: (732) 255-8582

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 08/23/17
Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing (4 piers)		*	12-15-16	JC
Footing Bonding				
Foundation				
Slab				
Frame * 5-18-17		*	7-11-17	SC
Partial Frame - kitchen clg Jsts above ceiling			07/13/17	WK
			7-12-17	SC
Insulation * 5/26/17			5/30/17	WK
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			8-15-17	JC
~~Other~~ sheathing			12-15-16	JC
Final * 08/02/17		* 5-16-17	8-21-17	JC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 2
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2500.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: John Winston

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fire Demolition
Interior and Exterior
Fire damage only

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
[X] Demolition

FEE (Office Use Only)
$

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

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

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

Node1 to Node2	Elev1 Elev2	K Fact	Qa Qt	Nom Act	Fitting or Eqv.	Ln.	Pipe Ftng's Total	CFact Pf/Ft	Pt Pe Pf	******* Notes ******
310	9.67		60.01	2.5	T	16.474	4.170	120	11.234	
to						0.0	16.474		0.0	
305	9.67		119.57	2.635		0.0	20.644	0.0401	0.828	Vel = 7.03
			0.0							
305			119.57						12.062	K Factor = 34.43
311	9	5.60	14.86	1	E	2.0	1.170	120	7.042	
to					T	5.0	50.000		-0.290	
312	9.67		14.86	1.049	Vcfd	43.0	51.170	0.0751	3.844	Vel = 5.52
312	9.67		0.0	1.5	2E	9.9	6.670	120	10.596	
to						0.0	9.900		0.0	
313	9.67		14.86	1.682		0.0	16.570	0.0075	0.125	Vel = 2.15
313	9.67		14.93	1.5	T	9.9	4.670	120	10.721	
to						0.0	9.900		0.0	
309	9.67		29.79	1.682		0.0	14.570	0.0272	0.397	Vel = 4.30
			0.0							
309			29.79						11.118	K Factor = 8.93
314	9	5.60	14.94	1	E	2.0	2.000	120	7.116	
to					T	5.0	50.000		-0.290	
302	9.67		14.94	1.049	Vcfd	43.0	52.000	0.0758	3.944	Vel = 5.55
			0.0							
302			14.94						10.770	K Factor = 4.55
315	9	5.60	14.92	1	E	2.0	1.500	120	7.097	
to					T	5.0	50.000		-0.290	
308	9.67		14.92	1.049	Vcfd	43.0	51.500	0.0757	3.896	Vel = 5.54
			0.0							
308			14.92						10.703	K Factor = 4.56
316	9	5.60	14.94	1	E	2.0	1.340	120	7.118	
to					T	5.0	50.000		-0.290	
317	9.67		14.94	1.049	Vcfd	43.0	51.340	0.0759	3.895	Vel = 5.55
317	9.67		0.0	1.5		0.0	12.000	120	10.723	
to						0.0	0.0		0.0	
318	9.67		14.94	1.682		0.0	12.000	0.0077	0.092	Vel = 2.16
318	9.67		15.01	1.5	T	9.9	5.330	120	10.815	
to						0.0	9.900		0.0	
310	9.67		29.95	1.682		0.0	15.230	0.0275	0.419	Vel = 4.32
			0.0							
310			29.95						11.234	K Factor = 8.94
319	9	5.60	14.93	1	E	2.0	1.500	120	7.108	
to					T	5.0	50.000		-0.290	
313	9.67		14.93	1.049	Vcfd	43.0	51.500	0.0758	3.903	Vel = 5.54
			0.0							
313			14.93						10.721	K Factor = 4.56
320	9	5.60	15.00	1	E	2.0	1.340	120	7.179	
to					T	5.0	50.000		-0.290	
318	9.67		15.0	1.049	Vcfd	43.0	51.340	0.0765	3.926	Vel = 5.57
			0.0							
318			15.00						10.815	K Factor = 4.56
321	9	5.60	15.01	1	E	2.0	1.340	120	7.185	
to					T	5.0	50.000		-0.290	
322	9.67		15.01	1.049	Vcfd	43.0	51.340	0.0765	3.929	Vel = 5.57

* 12-15-16 Footings Appr. will Need letter on 4 Remaining [redacted] Pier Footings JG

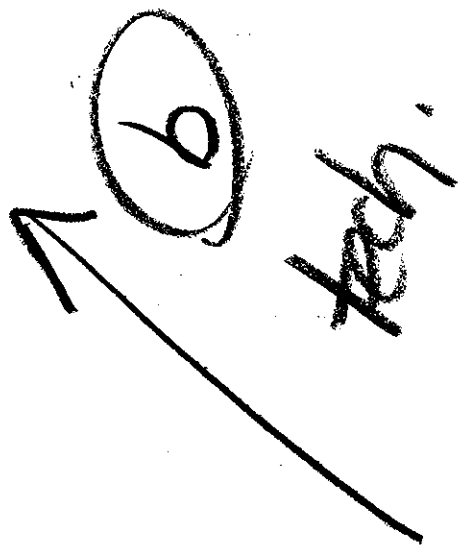
* 5-18-17 Frame Fail 1) Need All Penetrations sealed Floor to Floor
2) Need Fire Blocks on Mechanical Room to attic area
3) Need Joist Hangers @ ceiling ~~Joist~~
4) Request as soto visit From D.P. To Discuss Items on Plans That can't Be Met. JR

* 5/26/17 BM Insulation - Not Ready

* 7-11-17 Frame. ok met with Architect on load points Issues will check collection on open ceiling Insp. JG

* 7-12-17 Above ceiling ok check Flitch Plate, and Firestop at kitchen entry JG

* 08/02/17 FINAL Insp'n Rej.
NOT READY - Int. Finishes still being done.
FINAL FIRE SUBCODE Not done until tomorrow.
Chk Insp'n comments From 7-12-17. CT
Chk Accessible Bathroom Maneuvering Clearance as per Fig. 404.2.3.2 attached OK
Chk Handrail height @ Rear Stairway Mech Equip Deck 34" (Min) — 38" (Max) OK



* 8-9-17 See Above
+ panic Devices @ exit Door
Reconfigured Emergency exit signs
Have all fixtures in place.

JG

* 8-16-17 Final Fail Need mid support @ stairs, under sink ADA Protection. OK Final ADA signage + striping OK

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
300	9.0	5.6	7.0	na	14.82	0.1	140	7.0
301	9.67		10.74	na				
302	9.67		10.77	na				
303	9.67		10.93	na				
304	9.67		11.92	na				
305	9.67		12.06	na				
C	9.67		14.99	na				
D	9.17		15.24	na				
TOR	9.17		19.44	na				
BOR	2.0		26.34	na				
SPQ	2.0		34.21	na				
UG	-4.5		37.07	na				
TEST	0.0		35.36	na	100.0			
306	9.0	5.6	7.04	na	14.86	0.1	144	7.0
307	9.67		10.61	na				
308	9.67		10.7	na				
309	9.67		11.12	na				
310	9.67		11.23	na				
311	9.0	5.6	7.04	na	14.86	0.1	100	7.0
312	9.67		10.6	na				
313	9.67		10.72	na				
314	9.0	5.6	7.12	na	14.94	0.1	60	7.0
315	9.0	5.6	7.1	na	14.92	0.1	144	7.0
316	9.0	5.6	7.12	na	14.94	0.1	144	7.0
317	9.67		10.72	na				
318	9.67		10.81	na				
319	9.0	5.6	7.11	na	14.93	0.1	120	7.0
320	9.0	5.6	7.18	na	15.0	0.1	144	7.0
321	9.0	5.6	7.19	na	15.01	0.1	130	7.0
322	9.67		10.82	na				
323	9.67		10.89	na				
324	9.0	5.6	7.26	na	15.09	0.1	120	7.0
325	9.0	5.6	7.23	na	15.05	0.1	96	7.0

The maximum velocity is 9.67 and it occurs in the pipe between nodes 305 and C

Node1 to Node2	Elev1 Elev2	K Fact	Qa Qt	Nom Act	Fitting or Eqv.	Ln.	Pipe Ftng's Total	CFact Pf/Ft	Pt Pe Pf	******* Notes ******
300	9	5.60	14.82	1	2E	4.0	2.010	120	7.000	
to					T	5.0	52.000		-0.290	
301	9.67		14.82	1.049	Vcfd	43.0	54.010	0.0747	4.035	Vel = 5.50
301	9.67		0.0	1.5		0.0	3.330	120	10.745	
to						0.0	0.0		0.0	
302	9.67		14.82	1.682		0.0	3.330	0.0075	0.025	Vel = 2.14
302	9.67		14.93	1.5		0.0	6.000	120	10.770	
to						0.0	0.0		0.0	
303	9.67		29.75	1.682		0.0	6.000	0.0272	0.163	Vel = 4.30
303	9.67		15.09	1.5	T	9.9	7.160	120	10.933	
to						0.0	9.900		0.0	
304	9.67		44.84	1.682		0.0	17.060	0.0581	0.992	Vel = 6.47
304	9.67		0.0	2.5	T	16.474	4.520	120	11.925	
to						0.0	16.474		0.0	
305	9.67		44.84	2.635		0.0	20.994	0.0065	0.137	Vel = 2.64
305	9.67		119.58	2.5	E	8.237	32.260	120	12.062	
to						0.0	8.237		0.0	
C	9.67		164.42	2.635		0.0	40.497	0.0723	2.926	Vel = 9.67
C	9.67		0.0	2.5		0.0	0.500	120	14.988	
to						0.0	0.0		0.217	
D	9.17		164.42	2.635		0.0	0.500	0.0720	0.036	Vel = 9.67
D	9.17		0.0	2.5	3E	24.711	33.450	120	15.241	
to						0.0	24.711		0.0	
TOR	9.17		164.42	2.635		0.0	58.161	0.0723	4.203	Vel = 9.67
TOR	9.17		0.0	2.5	T	16.474	7.170	120	19.444	
to					B	9.61	45.304		3.105	
BOR	2		164.42	2.635	S	19.22	52.474	0.0723	3.793	Vel = 9.67
BOR	2		0.0	4	2E	26.334	6.460	120	26.342	
to					Zai	0.0	26.334		7.640	* * Fixed Loss = 7.64
SPQ	2		164.42	4.26		0.0	32.794	0.0070	0.228	Vel = 3.70
SPQ	2		0.0	4		0.0	6.500	120	34.210	
to						0.0	0.0		2.815	
UG	-4.5		164.42	4.26		0.0	6.500	0.0071	0.046	Vel = 3.70
UG	-4.5		0.0	4	E	14.534	20.000	140	37.071	
to					G	2.907	17.441		-1.949	
TEST	0		164.42	4.1		0.0	37.441	0.0063	0.236	Vel = 4.00
			100.00							Qa = 100.00
TEST			264.42						35.358	K Factor = 44.47
306	9	5.60	14.86	1	E	2.0	1.500	120	7.037	
to					T	5.0	50.000		-0.290	
307	9.67		14.86	1.049	Vcfd	43.0	51.500	0.0751	3.866	Vel = 5.52
307	9.67		0.0	1.5		0.0	12.000	120	10.613	
to						0.0	0.0		0.0	
308	9.67		14.86	1.682		0.0	12.000	0.0075	0.090	Vel = 2.15
308	9.67		14.91	1.5	T	9.9	5.330	120	10.703	
to						0.0	9.900		0.0	
309	9.67		29.77	1.682		0.0	15.230	0.0272	0.415	Vel = 4.30
309	9.67		29.79	2.5		0.0	10.500	120	11.118	
to						0.0	0.0		0.0	
310	9.67		59.56	2.635		0.0	10.500	0.0110	0.116	Vel = 3.50

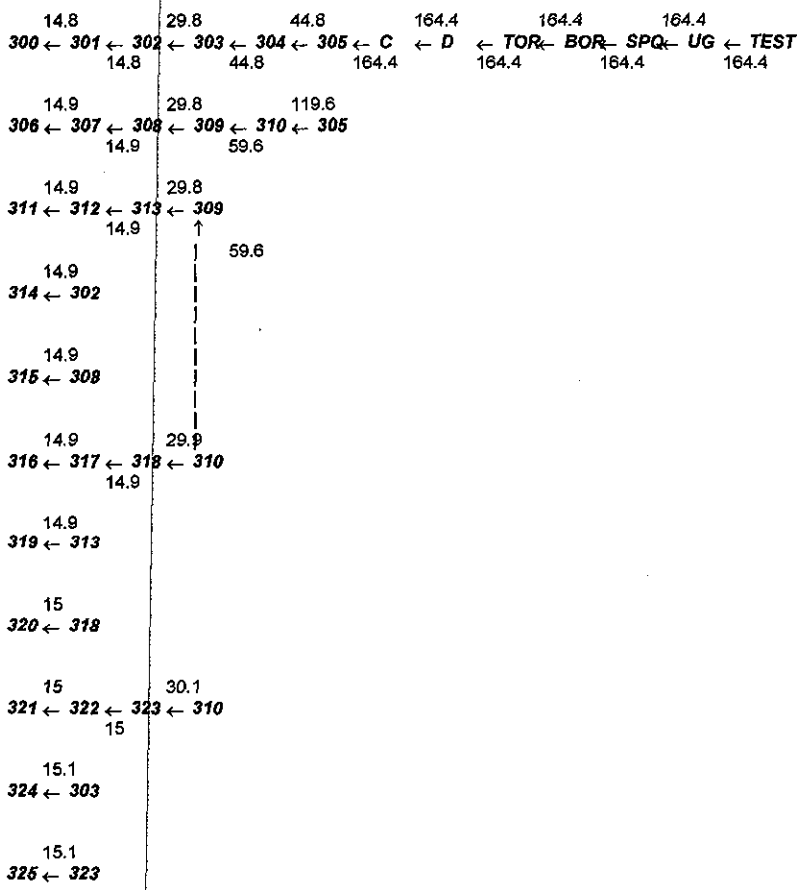
Fitting Legend

Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
B	NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E	NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
G	NFPA 13 Gate Valve	0	0	0	0	0	1	1	1	1	2	2	3	4	5	6	7	8	10	11	13
S	NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T	NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Vcfd *	½ in VicFlex AH2 - 60 in Long	0	0	43					0	0	0	0	0	0	0	0	0	0	0	0	0
Zai	Ames 4000SS	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.


14.8
300 ← 301 ← 302
14.8
29.8
← 303 ← 304
44.8
44.8
← 305 ← C
164.4
164.4
← D ← TOR
164.4
164.4
← BOR ← SPO
164.4
164.4
← UG ← TEST
14.9
306 ← 307 ← 308
14.9
29.8
← 309 ← 310
59.6
119.6
← 305
14.9
311 ← 312 ← 313
14.9
29.8
← 309
59.6
14.9
314 ← 302
14.9
315 ← 308
14.9
316 ← 317 ← 318
14.9
29.9
← 310
14.9
319 ← 313
15
320 ← 318
15
321 ← 322 ← 323
15
30.1
← 310
15.1
324 ← 303
15.1
325 ← 323

Water Supply Curve C

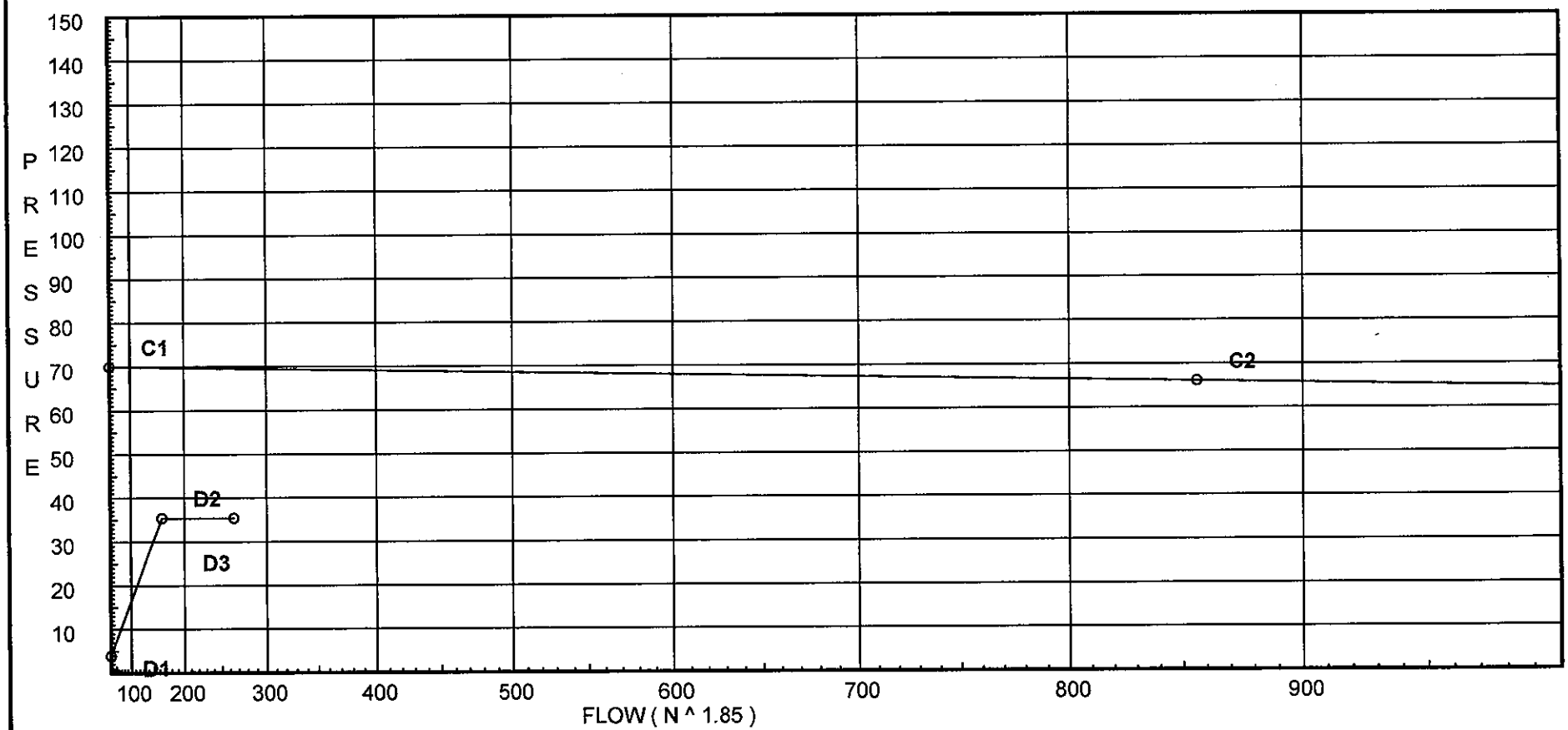
Deangelo Fire Protection
Villa Victoria Brick Restaurant

Date 12-01-2016

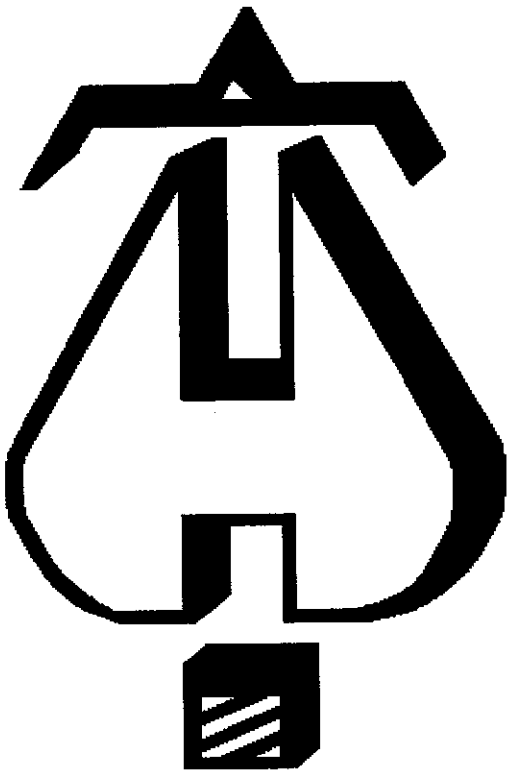
City Water Supply:
- C1 - Static Pressure : 70
- C2 - Residual Pressure: 66
- C2 - Residual Flow : 856

Demand:

D1 - Elevation	: 3.898
D2 - System Flow	: 164.415
D2 - System Pressure	: 35.358
Hose (Demand)	: 100
D3 - System Demand	: 264.415
Safety Margin	: 34.187



Node1 / to / Node2	Elev1 / Elev2	K Fact	Qa / Qt	Nom / Act	Fitting or Eqv.	Ln.	Pipe Ftng's Total	CFact Pf/Ft	Pt / Pe / Pf	******* Notes ******
209	9.67		0.0	1.5		0.0	12.000	120	15.604	
to						0.0	0.0		0.0	
210	9.67		18.03	1.682		0.0	12.000	0.0108	0.130	Vel = 2.60
210	9.67		18.10	1.5	T	9.9	7.080	120	15.734	
to						0.0	9.900		0.0	
207	9.67		36.13	1.682		0.0	16.980	0.0390	0.662	Vel = 5.22
			0.0							
207			36.13						16.396	K Factor = 8.92
211	7.83	5.60	18.38	1	E	2.0	1.330	120	10.767	
to					T	5.0	50.000		-0.364	
212	8.67		18.38	1.049	Vcfd	43.0	51.330	0.1113	5.711	Vel = 6.82
212	8.67		0.0	1.5	2E	9.9	13.000	120	16.114	
to						0.0	9.900		-0.433	
213	9.67		18.38	1.682		0.0	22.900	0.0111	0.255	Vel = 2.65
213	9.67		18.24	1.5	T	9.9	4.920	120	15.936	
to						0.0	9.900		0.0	
203	9.67		36.62	1.682		0.0	14.820	0.0399	0.592	Vel = 5.29
			0.0							
203			36.62						16.528	K Factor = 9.01
214	9	5.60	18.10	1	E	2.0	1.500	120	10.450	
to					T	5.0	50.000		-0.290	
210	9.67		18.1	1.049	Vcfd	43.0	51.500	0.1082	5.574	Vel = 6.72
			0.0							
210			18.10						15.734	K Factor = 4.56
215	9	5.60	18.15	1	E	2.0	1.500	120	10.500	
to					T	5.0	50.000		-0.290	
206	9.67		18.15	1.049	Vcfd	43.0	51.500	0.1087	5.598	Vel = 6.74
			0.0							
206			18.15						15.808	K Factor = 4.56
216	9	5.60	18.20	1	E	2.0	1.170	120	10.562	
to					T	5.0	50.000		-0.290	
202	9.67		18.2	1.049	Vcfd	43.0	51.170	0.1093	5.592	Vel = 6.76
			0.0							
202			18.20						15.864	K Factor = 4.57
217	9	5.60	18.24	1	E	2.0	1.170	120	10.610	
to					T	5.0	50.000		-0.290	
213	9.67		18.24	1.049	Vcfd	43.0	51.170	0.1098	5.616	Vel = 6.77
			0.0							
213			18.24						15.936	K Factor = 4.57



. . . Fire Protection by Computer Design

Deangelo Fire Protection
707 Old Shore Road, Unit-5
Forked River, N.J. 08731
908-783-0539

Job Name	:	Villa Victoria Brick Restaurant
Drawing	:	
Location	:	
Remote Area	:	
Contract	:	
Data File	:	5951 Villa Victoria Brick Submittal Area 3.WXF