BLOCK 670 LOT 10.01 QUALIFICATION CODE _____ ADDRESS (SITE) 2700 Hooper Ave PERMIT NO. 04-3345

6/15

CONSTRUCTION PERMIT APPLICATION

C67-27

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

I. IDENTIFICATION

1. Propsed Work Site at: VILLA VICTORIA
2. Name of Owner in Fee: SALDIETRO, GUISEPPE Tel. ( ) _____
   Address 2700 OLD HOOPEN BRICK 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A PLUS FIRE + SAFETY Tel. (732) 840-3473
   Address 2060 RT 88 BRICK NJ 08724
   License No. OR, if new home, Builder Reg. No. P0017 Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer BLUE EMBER DESIGNS Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun STEVE ERRICO
   Tel. (732) 840-3473 FAX: (732) 849-1840

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
(4) Fire Protection		92	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge		1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	(93)	

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection					N/A		8/12/04		OK
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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

LDS BR 10305937

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.vii:

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. 5:32-2.15(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 A PLUS FIRE

Address 2060 RT 88

BRICK NJ

Telephone (732) 840 3473

Signature

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

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/06/2004
Control #
Permit # 04-3345

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 670 Lot 10.01 Qual

Work Site Location 2700 OLD HOOPER AVE
FIRE SUPPRESION
Owner in Fee VILLA VITTORIA/SALIPIETRO
Address SAME
BRICK, NJ 08723-
Telephone (732)920-1550

Contractor A PLUS FIRE
Address P.O. BOX 1213
BRICK, NJ 08723-
Telephone (732)840-3473
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 73-2840343

08/06/04 11:40AM 001558#1754
XX07 SERV.007
#3345
FIRE $92.00
DCA $1.00
CHECK $93.00

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATENENT
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATENENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
FIRE SUPPRESION SYSTEN

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 92
Elevator Devices 0
Other
DCA State Permit Fee 1
Cert. of Occupancy 0
Other
Total 93
Check No. 1685
Cash
Collected By JNL

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 $ 500

D Neuman Jr Insp 08/06/2004
Construction Official Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Fire Subcode 04-3345

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 670 Lot 10.01 Qual

Work Site Location 2700 OLD HOOPER AVE

FIRE SUPPRESION

Owner in Fee VILLA VITTORIA/SALIPIETRO

Address SAME

BRICK, NJ 08723-

Tele.(732)920-1550

Contractor A PLUS FIRE

Address P.O. BOX 1213

BRICK, NJ 08723-

Tele.(732)840-3473

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 73-2840343

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar

[ ] Other

Location:

Total Est Cost of Fire Prot Work $ 500

Fire Alarm System

New [ ] Existing [ ]

Location of Panel:

Fire Suppression/Standpipe Sys

New [ ] Existing [ ]

Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Plumb [ ] Elevator

[X] Fire Plans Approved

Date: 6-17-04

Approved By: JB

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8-12-04

Approved By: JB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys			8-11-04	JB
Mechanical				
Smoke Ctl				
TCO				
Final			8-11-04	JB
Other				

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

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	Hood is Existing
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	1	92
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	92
DCA State Permit Fee	$	1

Paid [ ] Check #

Collected by:

U.C.C. F140 (rev. 3/96)

A+ PLUS FIRE
& SAFETY EQUIPMENT CO., LLC
P.O. BOX 1213 • BRICK, NJ 08723
(732) 840 - FIRE (3473)

Date 8/11/04

Name: Villa Victoria
Address: 2700 Old Hooper Ave
Brick, NJ 08724
Phone: [W] [H]
For: Dual Dyo Tpx II
(MFG. TYPE & SIZE of SYSTEM)
Type of Shut Off: LPG
Appliances:

SEMI-ANNUAL INSPECTION & SERVICE REPORT CHECK LIST

- ☑ Insert safety pin or remove cartridge to deactivate system.
- ☑ Check proper pressure in gauge or weight cartridge.
- ☑ Are filters present and in proper place?
- ☑ Check for grease build-up in hood.
- ☑ Check fan is operating properly.
- ☑ Check for automatic gas or electric shut off.
- ☑ Check discharge nozzles (all) are free of grease and in the proper discharge position.
- ☑ Check cable for possible fraying or weak spots.
- ☑ Change all 360° fusible links (clean all 500 degree links).
- ☑ Check that all filters and covers are replaced.
- ☑ Reactivate system - safety pin removed - cartridge replaced - tension reset.
- ☑ Place inspection and service tag on system.
- ☑ Check for (and service) proper hand portables.
- ☑ Instruct personnel on operation of system.
- ☑ Test fired system and operationally checked satisfactorily.

Comments: New UL 300 Wet Chemical Kitchen Fire Suppression System - Same Cooking Equipment.

Customer's Signature

Serviceman's Signature

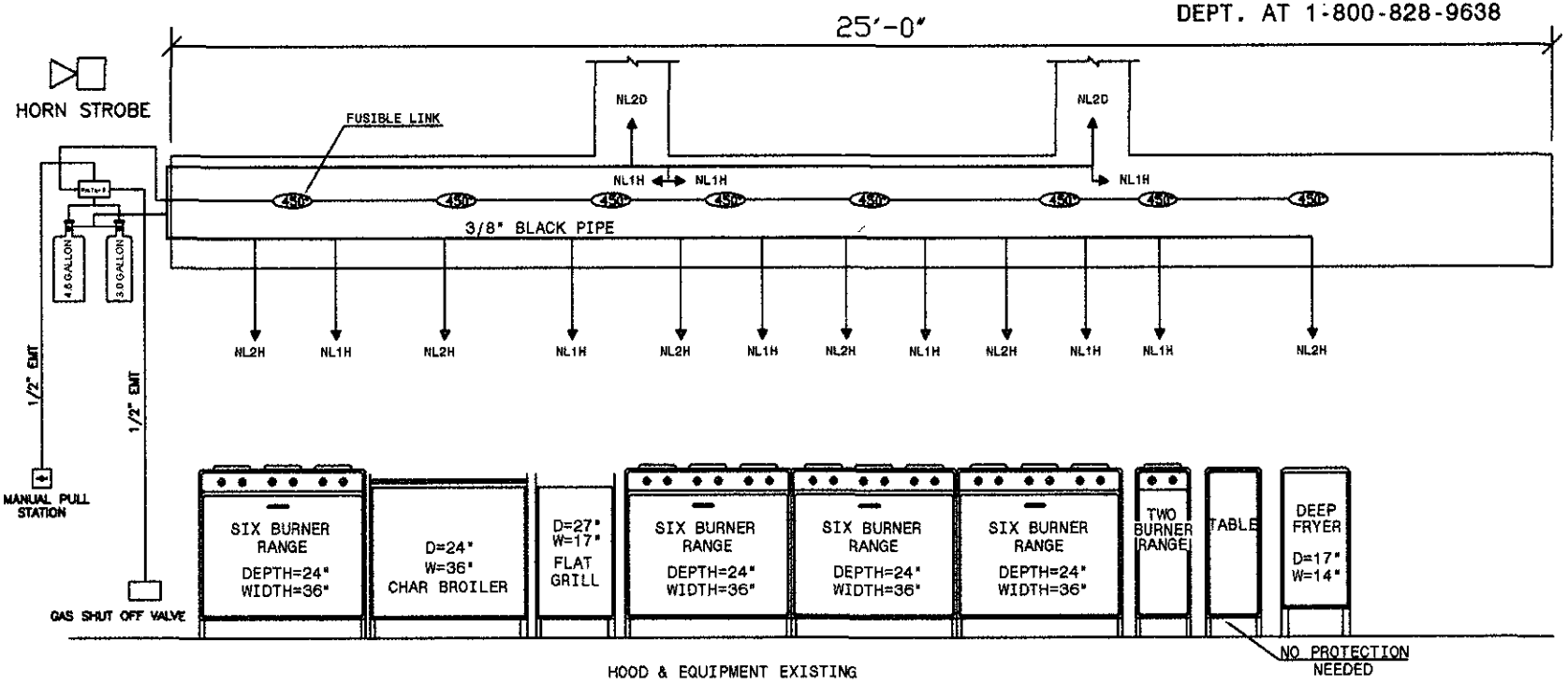
NEW PRE-ENGINEERED, UL STANDARD 300
4.6 & 3.0 GALLON PROTEX II KITCHEN FIRE SUPPRESSION SYSTEM.

NOZZLE SCHEDULE:

NOZZLE TYPE	# FLOW POINTS
(9) NL1H	1
(6) NL2H	2
(2) NL2D	2

OF FLOW POINTS AVAILABLE: 25
OF FLOW POINTS USED: 25

TO REQUEST A MANUAL FREE OF CHARGE PLEASE CALL HEISER CUSTOMER SERVICE DEPT. AT 1-800-828-9638



HOOD & EQUIPMENT EXISTING

NOTES
-HOOD, DUCT, AND FAN BY OTHERS.
-SYSTEMS SHALL CONFORM TO STATE AND LOCAL CODES.
-COOKING APPLIANCES SHALL BE WITHIN 6" FROM END OF HOOD.
-PRE-ENGINEERED, U/L STANDARD 300 NFPA 17A APPROVED, PROTEX II WET CHEMICAL KITCHEN SUPPRESSION SYSTEM.
-ALL EQUIPMENT & MAKEUP AIR SHALL SHUT DOWN UPON SYSTEM ACTIVATION.

JOB INFORMATION

NAME:
VILLA VITTORIA

ADDRESS:
2700 OLD HOOPER AVE.
BRICK, N.J. 08723

DATE: 5/21/04

DRAWN BY: BLUE EMBER DESIGNS CO.

A PLUS FIRE & SAFETY EQUIP. CO., LLC
2060 HWY. 88 E. ~ STORE "B"
BRICK, N.J. 08724
N.J. BUSINESS PERMIT # P00117

PHONE:732-840-FIRE (3473)
FAX:732-892-1840

aplusfire@aol.com www.aplusfire.com

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____ No. of outlets_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: A Plus FIRE & SAFETY
Address: 2060 RT 88
BRICK NJ 08724
Phone #: 732-840-3473
Lis #: P00117
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
CO Detectors _____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other: FIRE SUPPRESSION SYSTEM

Estimated Cost of Fire Work #_____

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

Signature:_____

Print Name:_____