

BLOCK 854 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 849 Rt 70 Brick PERMIT NO. 06-1164



CONSTRUCTION PERMIT APPLICATION

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

06-100591

I. IDENTIFICATION

1. Proposed Work Site at: 849 Rt 70 Brick
2. Name of Owner in Fee: Agha Khastafan Maintain Per
Address S.A.A. street municipality zip code
3. Ownership in fee: Public _____ Private ☒
4. Principal Contractor: Thomas Gorn Tel. (732) 920 5721
Address 409 Crestview Terr Brick
License No. OR, if new home, Builder Reg. No. 9677 Exp. Date 6/08
Federal Employee No. 22-3767562 FAX: (732) 920 0334
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Thomas Gorn
Tel. (732) 920 5721 FAX: (732) 920 0334

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
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. 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 _____

and water meter connecting to
existing. Sprinkle system

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rev'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates	Re- viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☒ Plumbing	<u>750</u>							
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. Number 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



CONSTRUCTION PERMIT

Date Issued 04/24/2006
Control # C-06-100591
Permit # 06-1164

IDENTIFICATION Block: 854 Lot: 2 Qualifier _____
Work Site Location: 849 ROUTE 70 Brick Township, NJ Contractor THOMAS GARON
Address 409 CRESTVIEW TERR BRICK NJ
Owner in Fee AGHIA ANASTIAFORD
Address 849 ROUTE 70 BRICK NJ 08724 Telephone: 732/920-5721
Telephone: (732) 840-1555 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3767562

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:

AUXILIARY METER, BACKFLOW PREVENTER/LAWN SPRINKLER

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 \$475

Construction Official _____ Date 04/24/2006

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$65
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$66
Check No.	4970
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ 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.



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

Work Site Location 849 Rt 70. Brick NJ

Owner In Fee Aghia Anastasiadis / Raibhus Diner.

Address S. # 19

Telephone 932-840-1555

Contractor Thomas Garon

Address 409 Crestwood Ter

Telephone 932-5721 Fax 920-0334

Lic. No. 4677 Federal Emp. No. 22-3767562

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic
Building Sewer Size Public Water Private Well
Water Service Size Est. Cost of Plumbing Work \$ 475.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
Joint Plan Review Required:		Type:	Failure	Failure	Approval	Initial
☒ No Plans Required		Slab				
☐ Building	☐ Electric	Rough				
☐ Fire	☐ Elevator	Water				
☐ Plumbing Plans Approved		Sewer				
Date <u>1/30/00</u>		Fixtures				
Approved by: <u>[Signature]</u>		Gas Equipment				
		Gas Piping				
		Solar				
		TCO				
SUBCODE APPROVAL						
☐ CO	☐ CCO	☐ CA				
Date:						
Approved by:						

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.

Signature — Contractor's Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



D. TECHNICAL SITE DATA (List of all fixtures,)

NO. 1

DATE RECEIVED 06-11-04

DATE ISSUED 4-24-06

CONTROL # 4-24-06

PERMIT # 4-24-06

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	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Sewer Connection	
Water Service Connection	
Stacks	
Other <u>Aut water meter.</u>	
Other	
Other	
Other	

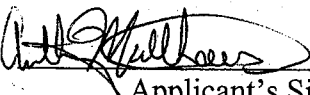
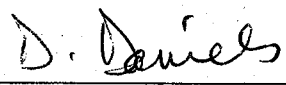
Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

Aut. water meter connecting to existing sprinkler system.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 3/2/06
Applicant's Name: RAINBOW DINER / AGHIA ANASTASIA FOOD Telephone No. 732-840-1555
Mailing Address: 849 RT 70
Service Location: Same
Account Number: 444862 Block: 854 Lot: 2
Size of Existing Service: 1 1/2" Size of Existing Meter: 1 1/2" *will let us know meter size*
 Applicant's Signature
 Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer.
3. Call the Township of Brick Plumbing Department (732- 262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in a tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$4.61 per 1,000 gallons.