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

CONSTRUCTION PERMIT APPLICATION

C06-10059

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

I. IDENTIFICATION

1. Proposed Work Site at: 849 Rt 70 Brick
2. Name of Owner in Fee: Aghia Anastiafad / Rainbow Diner Tel. (732) 840 1558
   Address SOA. (street / municipality / zip code)
3. Ownership in fee: Public ______ Private ✓
4. Principal Contractor: Thomas Garn Tel. (732) 920 5721
   Address 409 Crestwood Brck
   License No. OR, if new home, Builder Reg. No. 9677 Exp. Date 10/08
   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 Garn
   Tel. (732) 920 5721 FAX: (732) 920 0334

aux water meter connecting to existing sprinkle system

V. FEE SUMMARY (for office use only)

				Update	Update
1.	Building	$			
2.	Electrical				
3.	Plumbing		65		
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	$			
7.	Less 20% for State Plan Review				
8.	Subtotal	$	1		
9.	State Permit Fee Surcharge				
10.	Subtotal	$			
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	$	66		

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

D+ 08-3890

VOID Seen Perm 1-07

II. PROPOSED WORK

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		[initials]	3/21/06						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing	475.00				4/3/06	[initials]			
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

called 4/11/06

U.C.C. F100-1 (rev. 04/03)

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

Owner in Fee AGHIA ANASTIAFORD
Address 849 ROUTE 70 BRICK NJ 08724

Telephone: (732) 840-1555

Contractor THOMAS GARON
Address 409 CRESTVIEW TERR BRICK NJ

Telephone: 732/920-5721
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 constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $475

Construction Official

04/24/2006
Date

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

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.

☐ 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.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

06-11164
4-24-06

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 Anastia Ford / Rainbow Dinner.
Address S. A A.
Tele (732) 840-1555
Contractor Thomas Garon
Address 104 Crestview Terr Brick NJ 08723
Tele. (232) 920 5721 Fax (732) 920 0334
Lic. No. 9677
Federal Emp. No. 22-3767562.

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 $ 475.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/30/06
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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.

Thomas Garon
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	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	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Aux water meter.	
	Other	
	Other	

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

Aux. water Meter Connecting to existing sprinkler system.

U.C.C. F130 (rev. 3/96)

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

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: 044802 Block: 854 Lot: 2

Size of Existing Service: 1½" Size of Existing Meter: 1½" Will let us know meter size

Applicant's Signature

D. Daniels
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.