BLOCK 854 LOT 2 QUALIFICATION CODE C07-0057 166+A ADDRESS (SITE) VIOLATION PERMIT NO. 07-3890+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 849 Rt 70
2. Name of Owner in Fee: Vasilias Hrisafiwis
   Tel. (732) 840-1555 e-mail
   Address 849 RT 88 East (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Mark Austin Tel. (732) 616-3587
   Address 770 Acorn Dr e-mail
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02697100
   Federal Emp. ID No. FAX: (732) 920-1374
5. Architect or Engineer Contact
   Address e-mail ✓
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Mark Austin
   Tel. (732) 616-3587 FAX: (732) 920-1374

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 840	✓	
2. Electrical	45	✓	40 ✓
3. Plumbing		30 ✓	
4. Fire Protection	65	✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 50		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		50	40
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

IIa. PROPOSED WORK

☐ Minor Work Alteration ☐ New Building ☐ Addition ☐ Demolition
☐ Repair A/C unit ☐ 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	30,000		12/6/07		12-6-07		3-20-08		
☑ Electrical	6,600				12/20/07		4-9-08		
☐ Plumbing					12/19/07		5-12-08 + DONLY		
☑ Fire Protection	400				12-20-07				
☐ Elevator	40,000								
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income restricted*
   Before Construction
   After Construction
   Net Gain or Loss
B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
C. MIXED USE -List secondary use(s):

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

VIOLATION
VIOLATION
VIOLATION
CALLED 03/11/11

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/1/2013
Control Number C-07-005766
Permit Number 07-3890
Permit Issue Date 12/14/2007
Certificate Number 07-3890

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: 849 ROUTE 70 BRICK NJ 08724

Telephone: (732) 840-1555

Contractor Nick Healy

Address 112 Coral Drive Brick NJ 08723

Telephone: (732) 245-1400 Fax:

License Number or Builders Registration Number: 13VH01874700 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: REMOVE & REPLACE FRONT STEPS AND CONCRETE RAMP.

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: 5/1/2013

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

PERMIT UPDATE

NEW JERSEY

Date Update Issued
Control # C-08-000834
Permit # 07-3890+C

12/23/12

IDENTIFICATION Block: 854 Lot: 2 Qualifier

Work Site Location: 849 ROUTE 70 Brick Township, NJ

Contractor MARK AUSTIN
Address 770 ACORN DRIVE BRICK NJ 08723-

Owner in Fee EVANGELISTRA PARTNERS
849 ROUTE 70 BRICK NJ 08724

Telephone: 732/616-3587
Lic. No. or Bldrs. Reg. No.

Telephone: (732) 840-1555
Federal Employee. No. 14-0589830

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

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $200

Construction Official Date 3-11-11

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.

#3890
ELECTRIC $40.00
$40.00
CASH $40.00
CHANGE $0.00

☐ 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.

CONSTRUCTION PERMIT

Date Issued 12/14/2007
Control # C-07-005766
Permit # 07-3890

IDENTIFICATION Block: 854 Lot: 2 Qualifier
Work Site Location: 849 ROUTE 70 Brick Township, NJ
Owner in Fee EVANGELISTRA PARTNERS
849 ROUTE 70 BRICK NJ 08724
Telephone: (732) 840-1555

Contractor MARK AUSTIN
Address 770 ACORN DRIVE BRICK NJ 08723-
Telephone: 732/616-3587
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 14-0589830

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ALTERATION REMOVE & REPLACE FRONT STEPS AND CONCRETE RAMP.

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 $5,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$120
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$30
Total	$157
Check No.	0808
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

PERMIT UPDATE

Date Update Issued 4/23/2008
Control # C-08-001782
Permit # 07-3890+D

IDENTIFICATION Block: 854 Lot: 2 Qualifier
Work Site Location: 849 ROUTE 70 Brick Township, NJ
Owner in Fee EVANGELISTRA PARTNERS
849 ROUTE 70 BRICK NJ 08724
Telephone: (732) 840-1555

Contractor MARK AUSTIN
Address 770 ACORN DRIVE BRICK NJ 08723-
Telephone: 732/616-3587
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 14-0589830

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 AUXILIARY METER AND BACKFLOW PREVENTER

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 $500

Construction Official _____ 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.	
Cash	$66
Credit	$0
Collected By	Inspection Account

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.

CONSTRUCTION PERMIT

Date Issued 12/14/2007
Control # C-07-005766+A
Permit # 07-3890+A

IDENTIFICATION Block: 854 Lot: 2 Qualifier
Work Site Location: 849 ROUTE 70 Brick Township, NJ
Owner in Fee EVANGELISTRA PARTNERS
849 ROUTE 70 BRICK NJ 08724
Telephone:

Contractor MARK AUSTIN
Address 770 ACORN DRIVE BRICK NJ 08723-
Telephone: 732/616-3587
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 14-0589830

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

HVAC REMOVE EXISTING ACOUSTIC CEILING IN MENS, LADIES & CORRIDOR AND REPLACE W/ NEW STEEL FRAME & DRY WALL CEILING. ALSO ADD A/C RTU FOR VESTIBULE AREA.

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 $37,550

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$840
Electrical	$45
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$50
CO Fee	
Other	$0
Total	$1,000
Check No.	8080
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

PERMIT UPDATE

Date Update Issued 12/19/2007
Control # C-07-006026
Permit # 07-3890+B

IDENTIFICATION Block: 854 Lot: 2 Qualifier

Work Site Location: 849 ROUTE 70 Brick Township, NJ

Owner in Fee: EVANGELISTRA PARTNERS
849 ROUTE 70 BRICK NJ 08724

Telephone: (732) 840-1555

Contractor: MARK AUSTIN
Address: 770 ACORN DRIVE BRICK NJ 08723-

Telephone: 732/616-3587
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 14-0589830

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:
PLUMBING ALTERATIONS

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 $110

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$50
Check No.	4509
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

Steps

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3890

Date Issued / Permit # 12-14-07

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 Route 70 Brick, NJ 08724

Owner in Fee Vasilios Frisafiwis

Address 849 Rt 70 East Brick NJ 08723

Tel. (732) 840-1555

Contractor Mark Austin

Address 770 Acorn Dr Brick NJ 08723

Tel. (732) 616-3587 FAX (732) 920-1374

Contractor License No. or Builder Registration No. 13VH02697100

Federal Emp. No

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove + replace front steps and concrete ramp

See (Paul DeMassi Permit Plans)

Must Meet IBC 2006

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-6-07	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-20-08
Approved by: FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final *2/20/08 W			*3/19/08 W	
Barrier-Free				

*10/25/12 W

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 5000-

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	
Constr. Class	Present	Proposed	
No. of Stories			
Height of Structure			Ft.
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5000-
3. Total (1+ 2) $ 5000-

See Pg 07-3890+A

No Tech Card -

U.C.C. F110 (rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Rainbow Diner

Date Received / Control # 07-3890+A

Date Issued / Permit # 12-14-07

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 70
Brick NJ 08723

Owner in Fee Vasilias Haisafiosis
Address 849 Rt 88 East.
Brick NJ 08723
Tel. (732) 840-1555

Contractor Mark Austro
Address 770 Acorn Dr.
Brick NJ
Tel. (732) 616-3587 FAX (732) 920-8374

Contractor License No. or Builder Registration No. 13VH02697100

Federal Emp. No

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing acoustic ceiling in Mens, ladies + Corridor and replace w/ New steel frame + dry wall ceiling
Also Add 2 ton AC RTU for Vestibule Area.
*RTU - must be 10' From Edge or protection provided (FM)

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other A/C RTU.
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-6-07	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-20-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame *1/25/08 MV				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			*3/19/08 MV	
Barrier-Free				

*Note: Final Approved as a CCO Insp. Arch. letter certifies work done. A/C Seattle was cut in Ceiling Assembles to show addn. Straps every 4'. Visuals were limited.

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$ 35,000
3. Total (1+ 2)	$ 35,000

→ Not all work on Permit was done. No HVAC or Ramp work is included in this final.

COMPLETED FINAL

U.C.C. F110 (rev. 07/03)

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

1/7/08

To: Brick Bldg Dept.
From: Mark Austin
Re: Rainbow Diner Permit # 07-3890+A

Please be informed that as of 1-5-07 I am no longer the contractor at the Rainbow Diner located at 849 RT 70.
The Owner refused to make progress payment and decided to have me escorted off the premises via the Brick Twp. Police.

Thank you
Mark Austin

8542

PAUL J. DE MASSI AIA AND ASSOCIATES, PA
Architects and Planners

576 Valley Brook Avenue
Lyndhurst, N. J. 07071

Area Code 201 438-0944

Facsimile 201 438-0598

4 January 2007

Block 854 Lot 2

Permit # 07-3890

Township of Brick Building Department
401 Chambersbridge Road
Brick, New Jersey 08723

Attention:
Michael Vecio

Re:
Rainbow Diner, Route 70

Dear Mr. Vecio:

This is to confirm and reiterate the findings of my inspection at the above referenced project as reported to you by me in our phone conversation yesterday, Thursday, 3 January 2008.

My drawings show the non-structural suspended metal stud ceiling framed east to west (parallel to Route 70). However, the Contractor has framed the ceiling members north and south (perpendicular to Route 70), which also meets with my approval. The suspended framing is hung from the metal joists with steel straps which will be supplemented with additional steel straps not to exceed 4'-0" on center in each direction.

Furthermore, it should be noted that the ceiling members are framed tight to the metal joists which is also acceptable and meets with our approval.

In addition, all other requirements of our drawings including sprinkler heads must be adhered to.

If you should have any questions with regard to this matter, or if I can be of any further assistance to you please do not hesitate to call.

Very truly yours,

Paul J. De Massi AIA NCARB PP CID

PDM/ddv

c.c. Rainbow Diner

PAUL J. DE MASSI AIA
AND ASSOCIATES, PA
Architects and Planners

576 Valley Brook Avenue
Lyndhurst, N. J. 07071

Area Code 201 438-0944

Facsimile 201 438-0598

Denise

4 January 2007

RECD JAN 1 0 2008

Township of Brick Building Department
401 Chambersbridge Road
Brick, New Jersey 08723

Attention:
Michael Vecio

Re:
Rainbow Diner, Route 70

Blk 854 / Lot 2 Permit # 073890

Dear Mr. Vecio:

This is to confirm and reiterate the findings of my inspection at the above referenced project as reported to you by me in our phone conversation yesterday, Thursday, 3 January 2008.

My drawings show the non-structural suspended metal stud ceiling framed east to west (parallel to Route 70). However, the Contractor has framed the ceiling members north and south (perpendicular to Route 70), which also meets with my approval. The suspended framing is hung from the metal joists with steel straps which will be supplemented with additional steel straps not to exceed 4'-0" on center in each direction.

Furthermore, it should be noted that the ceiling members are framed tight to the metal joists which is also acceptable and meets with our approval.

In addition, all other requirements of our drawings including sprinkler heads must be adhered to.

If you should have any questions with regard to this matter, or if I can be of any further assistance to you please do not hesitate to call.

Very truly yours,

Paul J. De Massi AIA NCARB PP CID

PDM/ddv

c.c. Rainbow Diner

Rainbow Diner

Inspector	Inspector Active	InspectionType	Result	Result Comments	Inspection Comments	Closure Notes	Permit Subcodes	Location Address	Location Address 2
Michael Vecchio		Final	Fail				B E F	849 ROUTE 70	
Kevin Batzel		Final	Fail	unit not installed			B E F	849 ROUTE 70	
Paul Grosko		PARTIAL ROUGH	Pass				B E F	849 ROUTE 70	
Paul Grosko		OPEN CEILING	Pass				B E F	849 ROUTE 70	

Spoke with Bill 1-30-08 Waiting For Architects letter regarding sprinkler inside ceiling Area.

1/7/08

To: Brick Bldg Dept.
From: Mark Austin
Re: Rainbow Diner Permit # 07-3890+A

Please be informed that as of 1-5-07 I am no longer the contractor at the Rainbow Diner located at 849 RT 70.
The Owner refused to make progress payment and decided to have me escorted off the premises via the Brick Twp. Police.

Thank you
Mark Austin

8542

BUILDING SUBCODE TECHNICAL SECTION

Change of Contractor only

Date Received
Date Issued
Control #
Permit # 07-3890 tA

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

Block 854 Lot L-2
Work Site Location RAINBOW DINER
849 ROUTE 70
Owner in Fee EVANGELISTRA PARTNERS
Address 849 ROUTE 70
BRICK, NJ 08724
Tele. (732) 840-1555
Contractor BALSTOLE GENERAL CONTRACTORS
Address 291 HERBERTSVILLE RD
BRICK, NJ 08724
Tele. (732) 4588777 Fax (732) 8404575
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2375324

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATHROOM RENOVATIONS

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received
Control # 07-3890 ~~EX~~ C

Date Issued
Permit # 07-3890+C

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 70 Brick NJ 08724

Owner in Fee Evangelistra Partners

Address 849 RT 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 $ 400

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)
18		Lighting Fixtures	
		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
21		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

[X] No Plans Required — Date 10-19-12 Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11/8/12

Approved by: JJ

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-25-12	DJ
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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Rainbow Diner

Date Received / Control # 07-3890+4

Date Issued / Permit # 12-14-07

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 70 Brick NJ 08723

Owner in Fee Vasilias Hristofilis

Address 849 RT 88 East Brick NJ 08723

Tel (732) 840-1555

Contractor Robert J McLaughlin Elec Contr Inc.

Address 12-8th St Bainegat, N.J. 08005

Tel (609) 660-0306 FAX (609) 709 2686

Contractor License No. 10990

Federal Emp. No. 22-345 1834

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Renovation

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500 —

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.

Robert McLaughlin

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
16		Lighting Fixtures
2		Receptacles
1		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
1	2	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
		HVAC

FEE (Office Use Only)

COMMERCIAL

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 12/20/07

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 11/8/12

Approved by: JJ

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv. PARTIAL				
TCO PARTIAL FW			1/2/08	SB
Other TEMP CELLING			1/2/08	SB
Service				
Final 2/20 COVER SB			10-25-12 DJ	
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) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	12/14/2007
Control Number	C-07-005766+A
Permit Number	07-3890+A

Construction Inspection

Identification

Work Site Location: 849 ROUTE 70 Brick Township, NJ
Block: 854
Lot: 2
Owner in Fee: EVANGELISTRA PARTNERS
Owner Address: 849 ROUTE 70 BRICK NJ 08724
Telephone:

Inspection Details

Start Date: 02/20/2008
Start Time:
Subcode:
Inspector: Paul Grosko
Inspection Level: Progress inspection
Inspection Type: Final
Result: Fail
Result Comments:

This morning EC of record stated he has done no work at Rainbow Diner. E Inspections have been done in good faith with the understanding paperwork was correct.

Met on job with Mr. Paul J De Massi, Architect, and Mr. George Stavrou, President of Bayshore General Contractors Inc. Both stated they did not know who has done the electrical work to-date, but could find out. Additionally, they don't know who has been doing, or will be doing the HVAC and duct work on plans. They say they can find out.

Actual EC and HVAC contractor to provide min. NEC and UCC code requirements, and bring job into compliance.

Properly file C of C along with updates, as required. Check over job. Call each tech for required inspections.
Show job copy of approved E plans and meet with inspector to provide access to installation and all equipment for inspection.

Report copy presented to GC and Architect.

Inspection Comment:

PAUL J. DE MASSI AIA
AND ASSOCIATES, PA
Architects and Planners

576 Valley Brook Avenue
Lyndhurst, N. J. 07071

PAUL J. DE MASSI AIA NCARB PP
President/CEO

Area Code 201 438-0944
Facsimile 201 438-0598

Bayshore
General Contractors Inc.

291 Herbertsville Road • Brick, New Jersey 08724

George Stavrou
President

Tel: (732) 458-8777
Fax: (732) 840-4575
Cell: (732) 239-5247

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 4/22/2008
Control # C-08-001782
Date Issued 4/23/2008
Permit # 07-3890+D

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 ROUTE 70 Brick Township, NJ

Owner in Fee: EVANGELISTRA PARTNERS

Address 849 ROUTE 70 BRICK NJ 08724

Email

Tel. (732) 840-1555

Contractor: TONY SILANO

Address 9 ADDISON COURT BRICK NJ 08724-

Email

Tel. (732) 202-9183 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. 16-40

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☑ CA

Date: 11-8-12

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10/25/12	

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$50
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
1	Other AUXILIARY METER	$15
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1
TOTAL FEE	$66

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
Control #

Date Issued 12/19/07
Permit # 07-3890+B

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 70 Rainbow Water
Block
Owner in Fee Vasilios Hrisafis
Address 849 RT 70 East
Block
Tel (732) 840 1555
Contractor Sun Control HVACR Services
Address 2705 6th Ave
Toms River NJ 08753
Tel (732) 814 9068 FAX ( )
Contractor License No. ~~15550~~ Trac Pipe 10112691-02033
Federal Emp. No. 156 507183

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Gas Line Rooftop
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 110 ea

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/19/07
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	2/24/06			
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	10/25/12			

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 (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater 90' 1" 93,000
	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 NC
1	Other
	Other

FEE (Office Use Only)

$

COMMERCIAL PLAN REVIEW

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

Void Plans Sent Back

U.C.C. F130 (rev. 01/04)

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

TO FREEHOLD BUILDING & PLUMBING DEPT

Nick Catt
7322451400

Nicholas Healy

Concrete Stamping • Brick • Block • Stone

112 COLTS NECK NJ 07724

Free Estimates

Insured
899-6753

PROPOSAL SUBMITTED TO KAINROW DAIRY	PHONE / DATE 12/12/12
STREET	JOB NAME TO FREEHOLD PLUMBING INSPECTOR
CITY, STATE & ZIP CODE COLTS NECK NJ 07724	JOB LOCATION KAINROW DAIRY
ARCHITECT / DATE OF PLANS	JOB PHONE

We hereby submit specifications and estimates for TO WHOM IT MAY CONCERN -

SUN CONTROL WAS HIRED BY BILL THE OWNER OF THE KAINROW DAIRY TO INSTALL ROOFTOP AIR CONDITIONING UNIT WAS PAID A DEPOSIT AND NEVER RETURNED IN 2007 WORK WAS NEVER COMPLETED ON ROOFTOP UNIT OR AND GAS PIPE WAS NOT INSTALLED

All materials are the property of the contractor until Paid in Full.

We Propose hereby to furnish material and labor - complete in acccordance with the above specifications for the sum of:

Payment to be made as follows: _____ Dollars ($_____)

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance _____ Signature _____

BUILDING SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received
Control # 07-3890

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 70 EAST

Owner in Fee: BILL BASILIOS HRISAFIS

Tel. (732) 600 8868 e-mail

Address 631 WINDCREST CT BRICK NJ 08724
(street) (municipality)

Contractor: NICK HEALY Tel. (732) 295-1400 (zip code)

Address 112 CORAL DRIVE BRICK e-mail

Contractor License No. or Builder Registration No. 13VH01884700 Exp. Date 12/31/2010

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

Federal Emp. ID No. 22-2813728 FAX: (732) 892-3001

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HAND RAMP - REPAIR - PORCH
FRONT STEPS - PARTIAL

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: 10/25/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab			12-10-07	JH
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final *12/30/08 MV			10/23/12 MV	
Barrier-Free				

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 _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
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) $ 5000

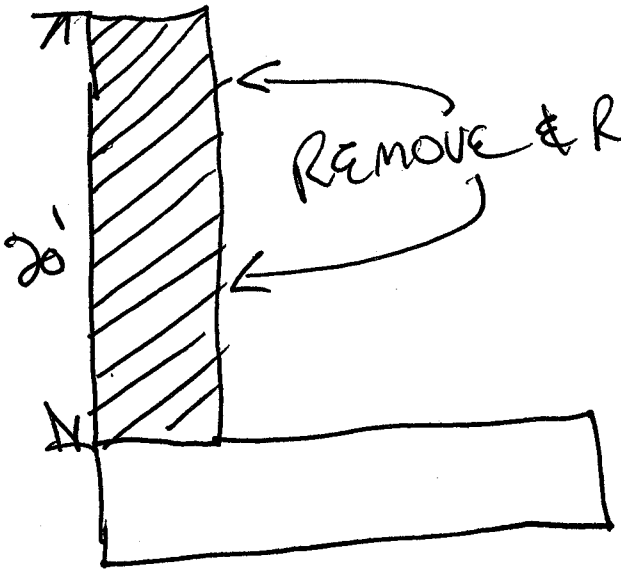
U.C.C. F110
(rev. 12/07)

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

*Step Risers + Run Not to Code

#1

EXISTING HANDICAP REPAIR
RAMP ON LEFT SIDE OF BUILDING



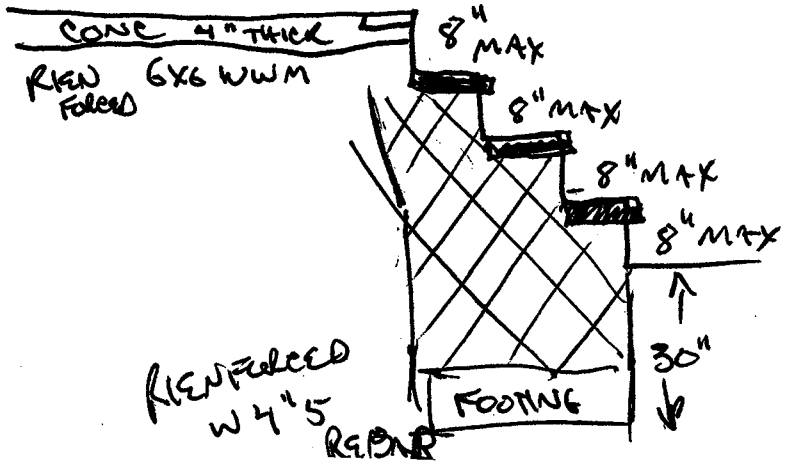
#2 INSTALL NEW ROUND STEPS ON FRONT OF EXISTING FRONT PORCH

1) REMOVE EXISTING SQUARE STEPS BELOW TO ALLOW FOR NEW

2) INSTALL 8" DEEP X 3' WIDE FOOTINGS W/ 4 #5 REBAR

3) INSTALL FORMS AND BLOCK TO MAKE ROUND BASE

4) INSTALL LIMESTONE TREDS ON TOP O ROUND BASE



MUNICIPALITY BRICK

APPLICATION FOR A VARIATION

Date Received _____ Control # _____
Date Issued _____ Permit # 023890
Date Revised _____ Date Permit Issued 07

RAINBOW RINK

IDENTIFICATION Block 854 Lot 2

Work Site Location 849 RT 70 EAST

Owner in Fee BILL BASILIOS HARSAFINIS

Address 631 WINDCREST CT BRICK NJ 08724

Tele. (732) 600 8868

FEE $ 40 (Determined by Enforcing Agency)

Contractor NICK ITALY

Address 112 CORAL DRIVE BRICK NJ 08724

Tele. (____) _____

Lic. No. _____

Federal Emp. No. _____

or Social Security No. 142629158

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).: INSPECTOR STATED AFTER PORCH WAS CONSTRUCTED THAT 7" RISE IS COMMERCIAL CODE - HOWEVER DRAWINGS INDICATE ON ORGINAL NOT TO EXCEED 8" - BUILDING DEPARTMENT ALSO ASKED ME TO PROVIDE NEW DRAWING TO INDICATE MY INTENSIONS

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.: OLD PORCH WAS NON CONFORMING LAST STEP WAS 9"

(X) Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: NEW PORCH WAS CONSTRUCTED TO REFLECT 1ST AND 2ND DRAWINGS - HOWEVER THERE ARE TWO EXISTING HANDI RAMPS 1 IN WHICH IS A CLOSER APPROACH AND PROVIDES SAFE ACCESS

DATE 1/6/2010 SIGNED Nick Italy APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [X] GRANT the above variation request, in accordance with *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons:

(X) REDUCED EXISTING RISER FROM 8 1/2" TO 7 3/4" +/-. FIT NEW STAIR INTO EXISTING SITE CONSTRAINTS.

Date 1/13/2010 — Building Subcode Official — Plumbing Subcode Official

Elevator Subcode Official — Electrical Subcode Official — Fire Subcode Official

ACO 1-13-10
Construction Official

U.C.C. Form F-1608

Brick Township

401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1030

Receipt

Payment Date 10/23/2012

Transaction # PMT-12-07013

Receipt #

Issued To MARK AUSTIN

Description variation for Rainbow Diner

Date Printed 10/23/2012

Check Number

Cash	$40.00
Check	$0.00
Charge	$0.00
Total Paid	$40.00

update 07-3890+D

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/23/08
Permit # 07-3890+D

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 Route 70 RAINBOW DINER

Owner in Fee 849 ROUTE 70 EAST BRICK

Address

Tel ( ) TONY SILANO

Contractor

Address 9 Addison Ct Brick NJ

Tel (732) 203-9183 FAX ( )

Contractor License No. 1640

Federal Emp. No.

called 4/22/08

B. PLUMBING CHARACTERISTICS AUX METER

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 4-22-08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 5-12-08

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				

Approved 11/26/08 5/6/08 5/9/08

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 (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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
1	Other Aux meter	

Aux METER

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

September 27, 2012

Evangelistra Partners
Rainbow Diner
849 Route 70
Brick, NJ 08724

Dear Evangelistra Partners:

Re: Open Permit Application 07-3890 and all Updates+A+B+C+D

Our records indicate that you have an outstanding open permit application for the removal and replacement of the front steps and concrete ramp for property 849 Route 70, Rainbow Diner located in Brick New Jersey.

In order to close out your open permit application and issue you the final certificate, you are required to obtain all final inspections and remit $40.00 for the electrical alteration permit application update 07-3890+C and receive all respective inspections and final certificate.

Please contact our inspection desk at 732-262-4627 to schedule the necessary inspections. Should you have further inquiries, please contact this office at 732-262-1030.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/ls

c: Principal Contractor Mr. Mark Austin

311 ACCESS BRICK TOWNSHIP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3890+A

Date Issued Permit # 12-14-07

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 BRICK RT 70 EAST

Owner in Fee VASILIOS

Address 849 RT 70 EAST BRICK

Tel (732) 840-1555

Contractor Sun Control HVACR Services

Address 2705 6th

Tel (732) 814-9068 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible / Capacity

Total Cost of Fire Protection Work $ 50

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: HVAC

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		
Fired Appliances [~~Gas~~ or [ ] Oil	1	1
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] ~~No Plans Required~~

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12-26-07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9-25-12

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			9/27	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	1-2708	2-2708	9/27	
Other				

See Brett

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.

Steps

BLOCK 854 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 849 Route 70 PERMIT NO. 07-3890

Rainbow diner

CONSTRUCTION PERMIT APPLICATION

07-005766

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

I. IDENTIFICATION

1. Proposed Work Site at: 849 Route 70
2. Name of Owner in Fee: Vasilios Hrisafinis
   Tel. (732) 840-1555 e-mail _____
   Address 849 RT 70 (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Mark Austin Tel. (732) 616-3587
   Address 770 Acorn Dr. e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02267100
   Federal Emp. ID No. _____ FAX: (732) 920-1374
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mark Austin
   Tel. (732) 616-3587 FAX: (732) 920-1374

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 120 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 7		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ -		
11. Cert. of Occupancy	30		
12. Other			
13. TOTAL	$ 157 -		

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 _____

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- Steps
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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	5000 -	✓	11/20/07		12-6-07	FT			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	5000 -								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: 6/28/11

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

A.H.B.T. - EXEMPT

IMPORTANT

MUNICIPALITY BRICK

APPLICATION FOR A VARIATION

Date Received _____ Control # _____
Date Issued _____ Permit # 073890
Date Revised _____ Date Permit Issued 07

RAINBOW DINER

IDENTIFICATION Block 8541 Lot 2

Work Site Location 849 RT 70 EB

Owner in Fee BILL BASILIOS HARSAFINIS

Address 631 WINDSOR CT BRICK NJ 08724

Tele. (732) 600 8868

FEE $ 40 (Determined by Enforcing Agency)

Contractor NICK HEALY

Address 112 CORAL DRIVE BRICK NJ 08724

Tele. (____) _____

Lic. No. _____

Federal Emp. No. _____

or Social Security No. 142 629 158

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).: INSPECTOR STATED AFTER PORCH WAS CONSTRUCTED THAT 7" RISE IS COMMERICAL CODE - HOWEVER DRAWINGS INDICATE ON ORGINAL NOT TO EXCEED 8" - BUILDING DEPARTMENT ALSO ASKED ME TO PROVIDE NEW DRAWING TO INDICATE MY INTENSIONS

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.: OLD PORCH WAS NON CONFORMING LAST STEP WAS 9"

(X) Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: NEW PORCH WAS CONSTRUCTED TO REFLECT 1ST AND 2ND DRAWINGS - HOWEVER THERE ARE TWO EXISTING HANDI RAMPS 1 IN WHICH IS A CLOSER APPROACH AND PROVIDES SAFE ACCESS

DATE 1/6/2010 SIGNED Nick Healy APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [/] GRANT the above variation request, in accordance with *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons:

(X) REDUCED EXISTING RISER FROM 8 1/2" TO 7 3/4" +/-. FIT NEW STAIR INTO EXISTING SITE CONSTRAINTS.

Date 1/13/2010 — Building Subcode Official — Plumbing Subcode Official

Elevator Subcode Official — Electrical Subcode Official — Fire Subcode Official

Construction Official AEO 1-13-10

U.C.C. Form F-1608

Brick Township

401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1027

Receipt

Payment Date 01/06/2010

Transaction # PMT-10-00042

Receipt #

Issued To MARK AUSTIN

Description

Date Printed 01/06/2010

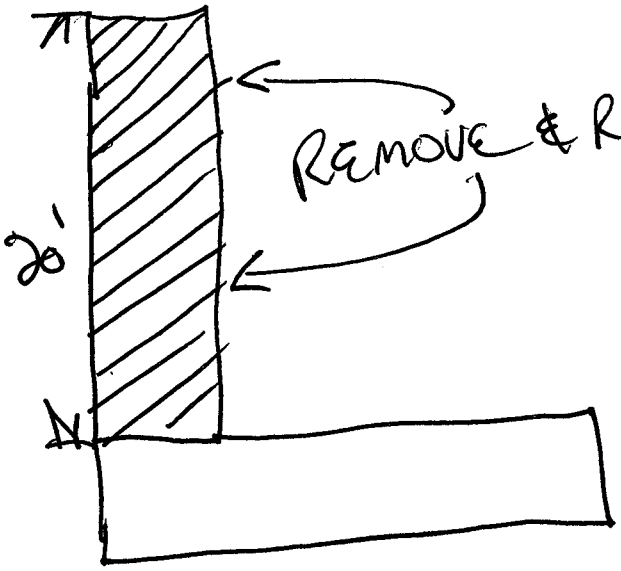
Check Number

Cash	$40.00
Check	$0.00
Charge	$0.00
Total Paid	$40.00

01/06/10 11:51AM 001558W5360
XX02 SERV.002
#00042
MISC $40.00
XXTOTAL $40.00
CASH $40.00
CHANGE $0.00
01/06/10 11:51AM 001558W5360 XX02
XXTOTAL $40.00

#1

EXISTING HANDICAP REPAIR
RAMP ON LEFT SIDE OF BUILDING



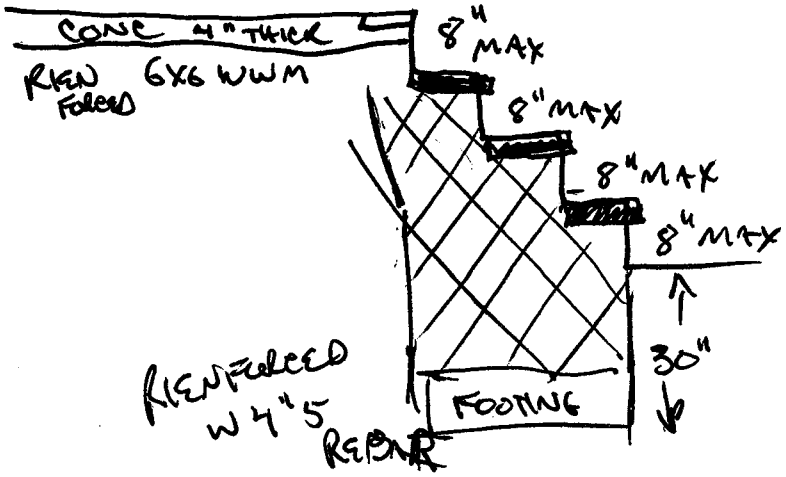
#2 INSTALL NEW ROUND STEPS ON FRONT OF EXISTING FRONT PORCH

1) REMOVE EXISTING SQUARE STEPS BEHIND TO ALLOW FOR NEW

2) INSTALL 8" DEEP X 3' WIDE FOOTINGS W/ 4 #5 REBAR

3) INSTALL FORMS AND BLOCK TO MAKE ROUND BASE

4) INSTALL LIMESTONE TREADS ON TOP O ROUND BASE



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Department of Engineering

Date: 11-28-07

PLOT PLAN EXEMPT FORM

Block: 854 Lot: 2

Property Address: 849 RT 70

I, Mark Dustin (name) of 770 Acorn Dr. Brick NJ 08723 (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 12/6/07 Signed:

Rejected on: Signed:

Comments:

CONDITIONAL

311 ACCESS BRICK TOWNSHIP

Township of Brick
Zoning Permit

Approved: Thursday, November 29, 2007 **Number:** 1400

Block 854 **Lot** 2 **Zone:** B-3 Hwy. Dev.

Property Address: 849 Route 70

Applicant: Mark Austin, Custom Homes by Mark Austin

Property Owner: Vasilais Hrisafiwis

Existing Use: Restaurant "Rainbow Diner"

Proposed Use: Restaurant "Rainbow Diner"

Proposed Construction: Replace existing steps, railing and concrete ramp.

Conditions: Same size, height and location. An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
NOV 29 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 854 LOT 2 QUALIFIER

PROPERTY ADDRESS 849 RT 70

PERSONAL NAME OF APPLICANT Mark Austin

BUSINESS NAME OF APPLICANT Custom Homes By Mark Austin

MAILING ADDRESS OF APPLICANT 770 Acorn Dr. Brick NJ 08723

PROPERTY OWNER'S FULL NAME Vasilios Hrisafiwis

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Rainbow Diner

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Rainbow Diner

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition - Height _____ Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☑ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 11-28-07

Reviewed by Zoning Office SE Date 11/29/07 (X) Approved ( ) Denied

11/28/07

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

March 17, 2011

R.J.R. Electric Company
875 Lynnwood Avenue
Brick, NJ 08724

Re: Block: 854, Lot: 2
849 Route 70

Dear Sir or Madam:

Please be advised that a recent review of our files has found that you have a permit application that is ready for pick up for electrical alterations dated 3/11/11. The cost of this permit is $ 40.00.

Please advise this office within the next fourteen (14) business days of your intent in regard to this permit application for work. If your intent is to not do the work, please provide this office with written confirmation of this.

Thank you for your prompt attention to this matter.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/b

311 ACCESS BRICK TOWNSHIP

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 07-3890-ER-C

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 70 Brick NJ 08724

Owner in Fee Evangelistra Partners

Address 849 RT 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 $ 400

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)
18		Lighting Fixtures	
		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
21		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

[ ] No Plans Required Date 10-14-97 Initial

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.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

September 21, 2009

Evangelista Partners
849 Route 70
Brick, NJ 08724

RE: Permit # 07-3890
Rainbow Diner

Dear Sir/Madam:

A recent review of our files show that the following items are still outstanding and require your attention:

07-3890+A	Still requires final Electrical (failed last inspection on 2/20/08)
	Still requires final Fire (failed last inspection on 2/27/08)
07-3890+B	Still no final Plumbing Inspection
07-3890+C	Not picked up, fee due is $40.00. This will require inspection.

Be advised that you will be unable to receive a Certificate of Approval for the project unless the above items are taken care of. Also be aware that a Certificate of Approval is required to be issued when the work is completed. Failure to receive a Certificate of Approval subjects the owners to monetary penalties.

Should you wish to discuss this matter, or should you have any questions, please feel free to contact this office at your convenience.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/b

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

October 30, 2009

Mr. Vasilias Hrisafiwis
849 Route 70
Brick, NJ 08724

Re: Permit Update 07-3890

Dear Mr. Hrisafiwis:

Enclosed please find your check in the amount of $66.00 for the above referenced update. Please be advised the amount due is only $40.00. Please submit the correct check and I will be happy to issue the update.

If you have any questions regarding this matter, please feel free to contact me by calling (732) 262-1024.

Sincerely,

M. F. Rinaldi

Mary Jane Rinaldi
Sr. Permit Clerk

Cc: File

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: 4/16/08

Applicant's Name: Rain Bow Diner Telephone No. 732-840-1533

Mailing Address: 849 Rt 70 Brick, NJ 08724-2910

Service Location: Same

Account Number: 1444802 Block: 854 Lot: 2

Size of Existing Service: 1 1/2" Size of Existing Meter: 1 1/2"

Raymond J Beha
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 $5.05 per 1,000 gallons.

Change of contractor only

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

07-3890+A

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

Block 854 Lot L-2

Work Site Location RAINBOW DINER
849 ROUTE 70

Owner in Fee EVANGELISTRA PARTNERS

Address 849 ROUTE 70
BRICK, NJ 08724

Tele. (732) 840-1555

Contractor BALTIMORE GENERAL CONTRACTORS

Address 291 HERBERTSVILLE RD
BRICK NJ 08724

Tele. (732) 458877 Fax (732) 8404575

Lic. No. or Bidrs. Reg. No.

Federal Emp. No. 22-2375324

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATHROOM RENOVATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ _____

NOTICE AND ORDER OF PENALTY

Permit/Control #: 07-3890
Date Issued: 10/22/2012
Violation #: V-12-00309

IDENTIFICATION

Work Site Location: 849 ROUTE 70 Brick Township, NJ

Block: 854 Lot: 2 Qualification Code: _____

Owner in Fee: EVANGELISTRA PARTNERS

Owner Address: 849 ROUTE 70 BRICK NJ 08724

Agent/Contractor: _____

Address: _____

To: ☒ Owner ☐ Other:

☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

☑ On 10/22/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 11/5/2012 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1080

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 10-22-12

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 849 ROUTE 70 Brick Township, NJ
Block: 854
Lot: 2
Owner: EVANGELISTRA PARTNERS
Owner Address: 849 ROUTE 70 BRICK NJ 08724
Telephone: (732) 840-1555
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 10/22/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: It is found that you have failed to get the required permit for the following work: you failed to pick up and pay ($40.00) for electrical alterations C-07-3890 dated 03/11/11.
Certified Mail Number: 7011 2970 0002 5222 1092

Enforcement Details

Inspection Date: 10/22/2012
Notice Date: 10/22/2012
Compliance Date: 11/5/2012
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must obtain and pay for the proper permit. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

September 27, 2012

Evangelistra Partners
Rainbow Diner
849 Route 70
Brick, NJ 08724

Dear Evangelistra Partners:

Re: Open Permit Application 07-3890 and all Updates+A+B+C+D

Our records indicate that you have an outstanding open permit application for the removal and replacement of the front steps and concrete ramp for property 849 Route 70, Rainbow Diner located in Brick New Jersey.

In order to close out your open permit application and issue you the final certificate, you are required to obtain all final inspections and remit $40.00 for the electrical alteration permit application update 07-3890+C and receive all respective inspections and final certificate.

Please contact our inspection desk at 732-262-4627 to schedule the necessary inspections. Should you have further inquiries, please contact this office at 732-262-1030.

Sincerely,

Daniel F. Newman, Jr.
Construction Official

DFN/ls

c: Principal Contractor Mr. Mark Austin

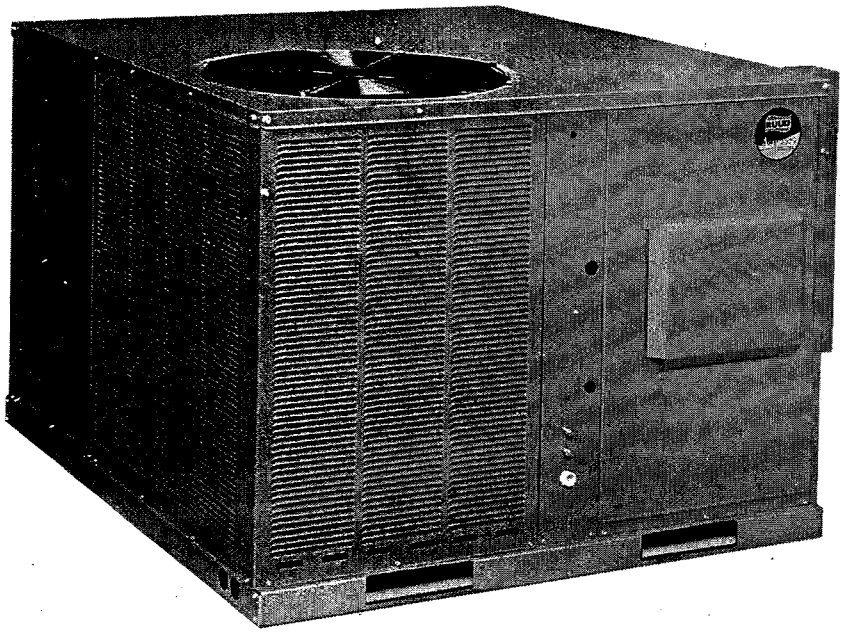
311 ACCESS BRICK TOWNSHIP

RUUD

PACKAGE GAS ELECTRIC UNITS

FORM NO. R22-838 REV. 5
Supersedes Form No. R22-838 Rev. 4

RRNA- SUPER HIGH EFFICIENCY 13-SEER SERIES
NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]



Accredited by the RvA
ISO 9001:2000
Certificate Number: 30164

c UL us LISTED

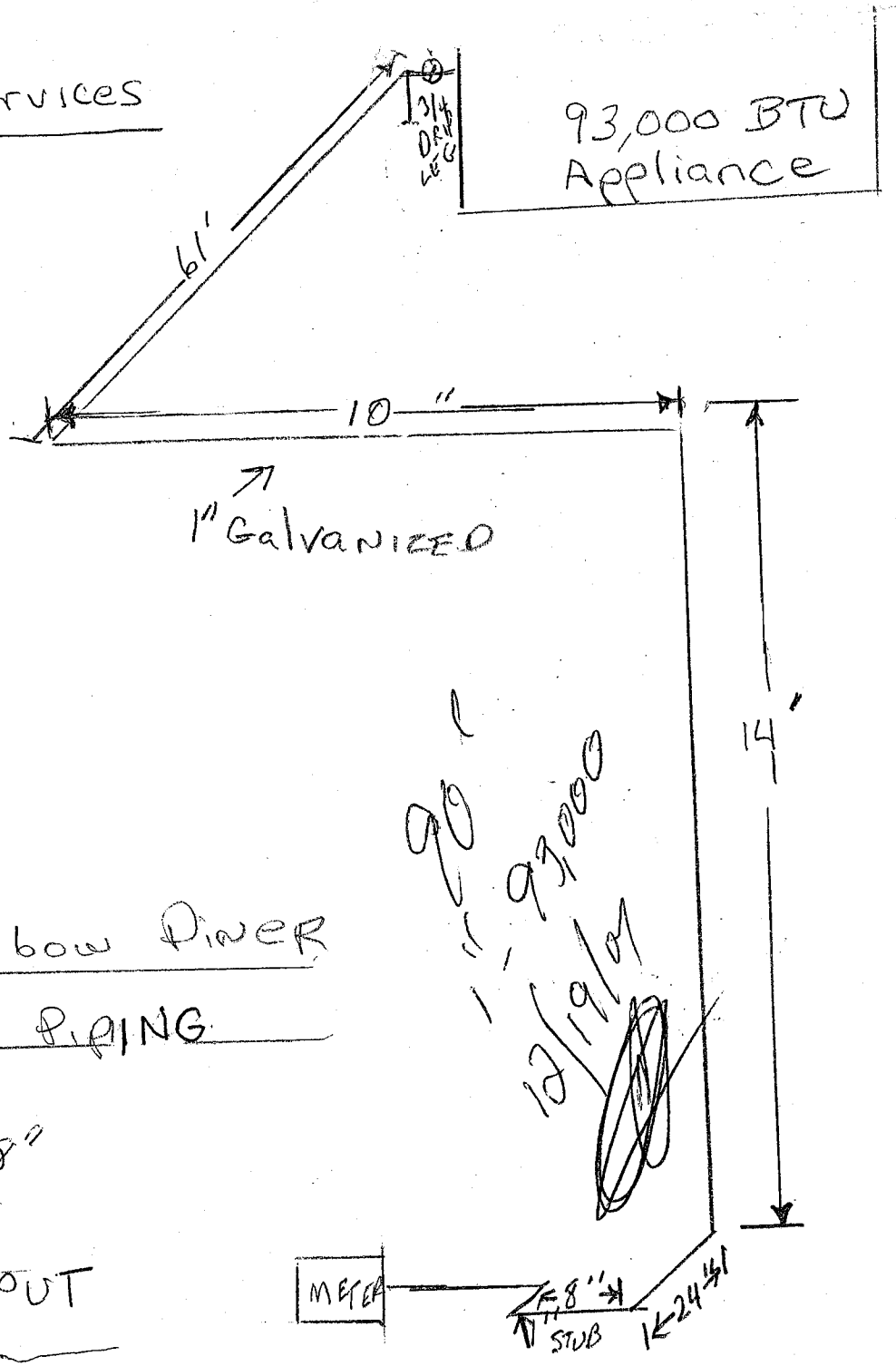
ARI PERFORMANCE CERTIFIED
ARI Standard 210/240 UAC

member gama

Jc.

12/17/07

Sun Control HVACR Services



Rainbow Diner

Gas Piping

Total Run 88'8"

1" Galvanized

93,000 BTU INPUT

07-057606+B

NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]

Model RRNA- Series	B024JK04E	B024JK04X	B024JK06E	B024JK06X
Cooling Performance[1]				CONTINUED →
Gross Cooling Capacity Btu [kW]	24,800 [7.27]	24,800 [7.27]	24,800 [7.27]	24,800 [7.27]
EER/SEER[2]	11.8/13	11.8/13	11.8/13	11.8/13
Nominal CFM/ARI Rated CFM [L/s]	800/800 [378/378]	800/800 [378/378]	800/800 [378/378]	800/800 [378/378]
ARI Net Cooling Capacity Btu [kW]	24,000 [7.03]	24,000 [7.03]	24,000 [7.03]	24,000 [7.03]
Net Sensible Capacity Btu [kW]	17,171 [5.03]	17,171 [5.03]	17,171 [5.03]	17,171 [5.03]
Net Latent Capacity Btu [kW]	6,829 [2]	6,829 [2]	6,829 [2]	6,829 [2]
Net System Power kW	2.04	2.04	2.04	2.04
Heating Performance (Package Gas/Electric)[3]				
Heating Input Btu [kW]	40,000 [11.72]	40,000 [11.72]	60,000 [17.58]	60,000 [17.58]
Heating Output Btu [kW]	31,000 [9.08]	31,000 [9.08]	47,000 [13.77]	47,000 [13.77]
Temperature Rise Range °F [°C]	30-60 [16.7/33.3]	30-60 [16.7/33.3]	40-70 [22.2/38.9]	40-70 [22.2/38.9]
AFUE (%)[4]	80	80	80	80
Steady State Efficiency (%)	81	81	81	81
No. Burners	2	2	3	3
No. Stages	1	1	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]
Compressor				
No./Type	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll
Outdoor Sound Rating (dB)[5]	76	76	76	76
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm] OD	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	10.56 [0.98]	10.56 [0.98]	10.56 [0.98]	10.56 [0.98]
Rows / FPI [FPcm]	1 / 18 [7]	1 / 18 [7]	1 / 18 [7]	1 / 18 [7]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	5.54 [0.51]	5.54 [0.51]	5.54 [0.51]	5.54 [0.51]
Rows / FPI [FPcm]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]
Refrigerant Control	TX Valves	TX Valves	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	2500 [1180]	2500 [1180]	2500 [1180]	2500 [1180]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/9x7 [229x178]	1/9x7 [229x178]	1/9x7 [229x178]	1/9x7 [229x178]
Drive Type/No. Speeds	Direct/2	Direct/2	Direct/2	Direct/2
No. Motors	1	1	1	1
Motor HP	1/4	1/4	1/4	1/4
Motor RPM	1075	1075	1075	1075
Motor Frame Size	48	48	48	48
Filter—Type	Field Supplied	Field Supplied	Field Supplied	Field Supplied
Furnished	No	No	No	No
(No.) Size Recommended in. [mm]	(1)1x20x20 [25x508x508]	(1)1x20x20 [25x508x508]	(1)1x20x20 [25x508x508]	(1)1x20x20 [25x508x508]
Refrigerant Charge Oz. [g]	69.6 [1973]	69.6 [1973]	69.6 [1973]	69.6 [1973]
Weights				
Net Weight lbs. [kg]	381 [173]	381 [173]	385 [175]	385 [175]
Ship Weight lbs. [kg]	421 [191]	421 [191]	425 [193]	425 [193]

See Page 21 for Notes.

[ ] Designates Metric Conversions

NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]

Model RRNA- Series	B036JK06X	B036JK08E	B036JK08X	B036JK10E
Cooling Performance[1]				CONTINUED →
Gross Cooling Capacity Btu [kW]	37,400 [10.96]	37,400 [10.96]	37,400 [10.96]	37,400 [10.96]
EER/SEER[2]	11.7/13	11.7/13	11.7/13	11.7/13
Nominal CFM/ARI Rated CFM [L/s]	1200/1200 [566/566]	1200/1200 [566/566]	1200/1200 [566/566]	1200/1200 [566/566]
ARI Net Cooling Capacity Btu [kW]	36,000 [10.55]	36,000 [10.55]	36,000 [10.55]	36,000 [10.55]
Net Sensible Capacity Btu [kW]	25,736 [7.54]	25,736 [7.54]	25,736 [7.54]	25,736 [7.54]
Net Latent Capacity Btu [kW]	10,264 [3.01]	10,264 [3.01]	10,264 [3.01]	10,264 [3.01]
Net System Power kW	3.07	3.07	3.07	3.07
Heating Performance (Package Gas/Electric)[3]				
Heating Input Btu [kW]	60,000 [17.58]	80,000 [23.44]	80,000 [23.44]	100,000 [29.3]
Heating Output Btu [kW]	47,000 [13.77]	62,000 [18.17]	62,000 [18.17]	77,000 [22.56]
Temperature Rise Range °F [°C]	30-60 [16.7/33.3]	40-70 [22.2/38.9]	40-70 [22.2/38.9]	45-85 [25/47.2]
AFUE (%)[4]	80	80	80	80
Steady State Efficiency (%)	81	81	81	81
No. Burners	3	4	4	5
No. Stages	1	1	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]
Compressor				
No./Type	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll
Outdoor Sound Rating (dB)[5]	76	76	76	76
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm] OD	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	14.8 [1.37]	14.8 [1.37]	14.8 [1.37]	14.8 [1.37]
Rows / FPI [FPcm]	1 / 22 [9]	1 / 22 [9]	1 / 22 [9]	1 / 22 [9]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	5.54 [0.51]	5.54 [0.51]	5.54 [0.51]	5.54 [0.51]
Rows / FPI [FPcm]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]
Refrigerant Control	TX Valves	TX Valves	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	2700 [1274]	2700 [1274]	2700 [1274]	2700 [1274]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]
Drive Type/No. Speeds	Direct/3	Direct/3	Direct/3	Direct/3
No. Motors	1	1	1	1
Motor HP	1/2	1/2	1/2	1/2
Motor RPM	1075	1075	1075	1075
Motor Frame Size	48	48	48	48
Filter—Type	Field Supplied	Field Supplied	Field Supplied	Field Supplied
Furnished	No	No	No	No
(No.) Size Recommended in. [mm]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]
Refrigerant Charge Oz. [g]	83.2 [2359]	83.2 [2359]	83.2 [2359]	83.2 [2359]
Weights				
Net Weight lbs. [kg]	417 [189]	422 [191]	422 [191]	426 [193]
Ship Weight lbs. [kg]	457 [207]	462 [210]	462 [210]	466 [211]

See Page 21 for Notes.

[ ] Designates Metric Conversions

NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]

Model RRNA- Series	B042JK10X	B048CK06E	B048CK08E	B048CK10E
Cooling Performance[1]				CONTINUED →
Gross Cooling Capacity Btu [kW]	42,500 [12.45]	50,500 [14.8]	50,500 [14.8]	50,500 [14.8]
EER/SEER[2]	11.5/13	11.6/13	11.6/13	11.6/13
Nominal CFM/ARI Rated CFM [L/s]	1400/1350 [661/637]	1600/1600 [755/755]	1600/1600 [755/755]	1600/1600 [755/755]
ARI Net Cooling Capacity Btu [kW]	41,000 [12.01]	48,500 [14.21]	48,500 [14.21]	48,500 [14.21]
Net Sensible Capacity Btu [kW]	28,511 [8.35]	34,516 [10.11]	34,516 [10.11]	34,516 [10.11]
Net Latent Capacity Btu [kW]	12,489 [3.66]	13,984 [4.1]	13,984 [4.1]	13,984 [4.1]
Net System Power kW	3.57	4.18	4.18	4.18
Heating Performance (Package Gas/Electric)[3]				
Heating Input Btu [kW]	100,000 [29.3]	60,000 [17.58]	80,000 [23.44]	100,000 [29.3]
Heating Output Btu [kW]	77,000 [22.56]	48,600 [14.24]	64,800 [18.99]	81,000 [23.73]
Temperature Rise Range °F [°C]	45-85 [25/47.2]	30-60 [16.7/33.3]	40-70 [22.2/38.9]	45-85 [25/47.2]
AFUE (%)[4]	80	80	80	80
Steady State Efficiency (%)	81	81	81	81
No. Burners	5	3	4	5
No. Stages	1	1	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]
Compressor				
No./Type	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll
Outdoor Sound Rating (dB)[5]	76	78	78	78
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm] OD	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	16.65 [1.55]	16.23 [1.51]	16.23 [1.51]	16.23 [1.51]
Rows / FPI [FPcm]	1 / 22 [9]	2 / 22 [9]	2 / 22 [9]	2 / 22 [9]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	7.39 [0.69]	7.39 [0.69]	7.39 [0.69]	7.39 [0.69]
Rows / FPI [FPcm]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]
Refrigerant Control	TX Valves	TX Valves	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	3500 [1652]	3300 [1557]	3300 [1557]	3300 [1557]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]
Drive Type/No. Speeds	Direct/3	Direct/3	Direct/3	Direct/3
No. Motors	1	1	1	1
Motor HP	1/2	3/4	3/4	3/4
Motor RPM	1075	1075	1075	1075
Motor Frame Size	48	48	48	48
Filter—Type	Field Supplied	Field Supplied	Field Supplied	Field Supplied
Furnished	No	No	No	No
(No.) Size Recommended in. [mm]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]
Refrigerant Charge Oz. [g]	104 [2948]	153.6 [4355]	153.6 [4355]	153.6 [4355]
Weights				
Net Weight lbs. [kg]	437 [198]	452 [205]	457 [207]	462 [210]
Ship Weight lbs. [kg]	477 [216]	492 [223]	497 [225]	502 [228]

See Page 21 for Notes.

[ ] Designates Metric Conversions

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 Mark Austin

Address 720 Acorn Dr
Rock NJ 08723

Telephone (723) 816-3587

Signature _____

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

2/20/08 MV Final Req—

1) Ceiling closed up w/o Framing approved
2) Change of contractor form Reqd-

(5) Tech Back

1/2/or w Frame Rej—

1) Part of Ceiling Already concealed— (Work started prior to permit)
- areas that are open do not match plans submitted.
- Framing is not typical of any construction technique

Re-Frame as per plans or Design Professional to visit site and comment on work completed thus far

* Note: Additional support needed at all areas—

(B) Tech #1 Back

1/2/08 PARTIAL RW AT AREA OF MENS + WOMENS REST ROOMS TOWARDS PANEL. EC WILL COMPLETE RW IN BASEMENT AT FUTURE TIME. WIPS IN BASEMENT. PARTIAL CEILING AS ABOVE + HALL OUTSIDE M+W REST ROOMS.

2/20/08 CONTACTED EC OF RECORD WHO STATED HE WAS DONE AND WORK AT RAINBOW DINER. SEE ATTACHED REPORT PROVIDED TO PAUL DEMASSI, ARCH, AND GEORGE STAVKOU, GENERAL CONTRACTOR, AT TOS. EC + HVAC APPEAR TO BE 2 PARTS. BOTH UNKNOWN TO ABOVE ARCH + GC. BOB EVANS COOLING + AC LEFT JOB AS I ENTERED.

↑ (E) Tech + A Back

rooftop unit not yet installed

3 sprinkler heads ok inside. for above ceiling.
no permit for heads required. only raised up not relocated. or added.

rooftop not yet installed

9/24/12 OK

Same as above.

no contractor on site.

(F) Tech Back

4/28/08

0- RVP INSTALLED FOR SPRINKLERS, 10.5.3 LETTER 0

CONTINUOUS PRESSURE — R.V.B. SUB, OR RPB

5/2/08

0- R.V.B NOT 12" ABOVE HIGHEST HEAD

(P) Tech Back

2/20/08

(1) - BOOT TOP NOT INSTALLED OR CAPS PAPE

10/25/12 - MB

(1) MR. HRISAFINIS STATED THAT THEY NEVER INSTALLED CAPS LINE OR BOOT TOP UNIT -

NICK
APPLY
732-245-1400

(1) Tech Back
+B

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 Mark Austin

Address 770 Acorn Dr.
Brick NJ 08723

Telephone (732) 616-3587

Signature _____

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

NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]

Model RRNA- Series	B048DK10E	B048JK06E	B048JK06X	B048JK08E CONTINUED →
Cooling Performance[1]				
Gross Cooling Capacity Btu [kW]	50,500 [14.8]	50,500 [14.8]	50,500 [14.8]	50,500 [14.8]
EER/SEER[2]	11.6/13	11.6/13	11.6/13	11.6/13
Nominal CFM/ARI Rated CFM [L/s]	1600/1600 [755/755]	1600/1600 [755/755]	1600/1600 [755/755]	1600/1600 [755/755]
ARI Net Cooling Capacity Btu [kW]	48,500 [14.21]	48,500 [14.21]	48,500 [14.21]	48,500 [14.21]
Net Sensible Capacity Btu [kW]	34,516 [10.11]	34,516 [10.11]	34,516 [10.11]	34,516 [10.11]
Net Latent Capacity Btu [kW]	13,984 [4.1]	13,984 [4.1]	13,984 [4.1]	13,984 [4.1]
Net System Power kW	4.18	4.18	4.18	4.18
Heating Performance (Package Gas/Electric)[3]				
Heating Input Btu [kW]	100,000 [29.3]	60,000 [17.58]	60,000 [17.58]	80,000 [23.44]
Heating Output Btu [kW]	81,000 [23.73]	47,000 [13.77]	47,000 [13.77]	62,000 [18.17]
Temperature Rise Range °F [°C]	45-85 [25/47.2]	30-60 [16.7/33.3]	30-60 [16.7/33.3]	40-70 [22.2/38.9]
AFUE (%)[4]	80	80	80	80
Steady State Efficiency (%)	81	81	81	81
No. Burners	5	3	3	4
No. Stages	1	1	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]
Compressor				
No./Type	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll
Outdoor Sound Rating (dB)[5]	78	78	78	78
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm] OD	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	16.23 [1.51]	16.23 [1.51]	16.23 [1.51]	16.23 [1.51]
Rows / FPI [FPcm]	2 / 22 [9]	2 / 22 [9]	2 / 22 [9]	2 / 22 [9]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	7.39 [0.69]	7.39 [0.69]	7.39 [0.69]	7.39 [0.69]
Rows / FPI [FPcm]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]
Refrigerant Control	TX Valves	TX Valves	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	3300 [1557]	3300 [1557]	3300 [1557]	3300 [1557]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]
Drive Type/No. Speeds	Direct/3	Direct/3	Direct/3	Direct/3
No. Motors	1	1	1	1
Motor HP	3/4	3/4	3/4	3/4
Motor RPM	1075	1075	1075	1075
Motor Frame Size	48	48	48	48
Filter—Type	Field Supplied	Field Supplied	Field Supplied	Field Supplied
Furnished	No	No	No	No
(No.) Size Recommended in. [mm]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]
Refrigerant Charge Oz. [g]	153.6 [4355]	153.6 [4355]	153.6 [4355]	153.6 [4355]
Weights				
Net Weight lbs. [kg]	462 [210]	461 [209]	461 [209]	466 [211]
Ship Weight lbs. [kg]	502 [228]	501 [227]	501 [227]	506 [230]

See Page 21 for Notes.

[ ] Designates Metric Conversions

NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]

Model RRNA- Series	B036JK10X	B042CK04E	B042CK06E	B042CK08E
Cooling Performance[1]				CONTINUED →
Gross Cooling Capacity Btu [kW]	37,400 [10.96]	42,500 [12.45]	42,500 [12.45]	42,500 [12.45]
EER/SEER[2]	11.7/13	11.5/13	11.5/13	11.5/13
Nominal CFM/ARI Rated CFM [L/s]	1200/1200 [566/566]	1400/1350 [661/637]	1400/1350 [661/637]	1400/1350 [661/637]
ARI Net Cooling Capacity Btu [kW]	36,000 [10.55]	41,000 [12.01]	41,000 [12.01]	41,000 [12.01]
Net Sensible Capacity Btu [kW]	25,736 [7.54]	28,511 [8.35]	28,511 [8.35]	28,511 [8.35]
Net Latent Capacity Btu [kW]	10,264 [3.01]	12,489 [3.66]	12,489 [3.66]	12,489 [3.66]
Net System Power kW	3.07	3.57	3.57	3.57
Heating Performance (Package Gas/Electric)[3]				
Heating Input Btu [kW]	100,000 [29.3]	40,000 [11.72]	60,000 [17.58]	80,000 [23.44]
Heating Output Btu [kW]	77,000 [22.56]	32,400 [9.49]	48,600 [14.24]	64,800 [18.99]
Temperature Rise Range °F [°C]	45-85 [25/47.2]	20-50 [11.1/27.8]	30-60 [16.7/33.3]	40-70 [22.2/38.9]
AFUE (%)[4]	80	80	80	80
Steady State Efficiency (%)	81	81	81	81
No. Burners	5	2	3	4
No. Stages	1	1	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]
Compressor				
No./Type	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll
Outdoor Sound Rating (dB)[5]	76	76	76	76
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm] OD	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	14.8 [1.37]	16.65 [1.55]	16.65 [1.55]	16.65 [1.55]
Rows / FPI [FPcm]	1 / 22 [9]	1 / 22 [9]	1 / 22 [9]	1 / 22 [9]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	5.54 [0.51]	7.39 [0.69]	7.39 [0.69]	7.39 [0.69]
Rows / FPI [FPcm]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]
Refrigerant Control	TX Valves	TX Valves	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	2700 [1274]	3500 [1652]	3500 [1652]	3500 [1652]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]	1/10x9 [254x229]
Drive Type/No. Speeds	Direct/3	Direct/3	Direct/3	Direct/3
No. Motors	1	1	1	1
Motor HP	1/2	1/2	1/2	1/2
Motor RPM	1075	1075	1075	1075
Motor Frame Size	48	48	48	48
Filter—Type	Field Supplied	Field Supplied	Field Supplied	Field Supplied
Furnished	No	No	No	No
(No.) Size Recommended in. [mm]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]
Refrigerant Charge Oz. [g]	83.2 [2359]	104 [2948]	104 [2948]	104 [2948]
Weights				
Net Weight lbs. [kg]	426 [193]	422 [191]	427 [194]	432 [196]
Ship Weight lbs. [kg]	466 [211]	462 [210]	467 [212]	472 [214]

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NOMINAL SIZES 2-5 TONS [7.0-17.6 kW]

Model RRNA- Series	B024JK08E	B024JK08X	B030JK04E	B030JK04X
Cooling Performance[1]				CONTINUED →
Gross Cooling Capacity Btu [kW]	24,800 [7.27]	24,800 [7.27]	31,200 [9.14]	31,200 [9.14]
EER/SEER[2]	11.8/13	11.8/13	11.1/13	11.1/13
Nominal CFM/ARI Rated CFM [L/s]	800/800 [378/378]	800/800 [378/378]	1000/1000 [472/472]	1000/1000 [472/472]
ARI Net Cooling Capacity Btu [kW]	24,000 [7.03]	24,000 [7.03]	30,000 [8.79]	30,000 [8.79]
Net Sensible Capacity Btu [kW]	17,171 [5.03]	17,171 [5.03]	20,984 [6.15]	20,984 [6.15]
Net Latent Capacity Btu [kW]	6,829 [2]	6,829 [2]	9,016 [2.64]	9,016 [2.64]
Net System Power kW	2.04	2.04	2.7	2.7
Heating Performance (Package Gas/Electric)[3]				
Heating Input Btu [kW]	80,000 [23.44]	80,000 [23.44]	40,000 [11.72]	40,000 [11.72]
Heating Output Btu [kW]	62,000 [18.17]	62,000 [18.17]	31,000 [9.08]	31,000 [9.08]
Temperature Rise Range °F [°C]	55-85 [30.6/47.2]	55-85 [30.6/47.2]	20-50 [11.1/27.8]	20-50 [11.1/27.8]
AFUE (%)[4]	80	80	80	80
Steady State Efficiency (%)	81	81	81	81
No. Burners	4	4	2	2
No. Stages	1	1	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]	0.5 [12.7]
Compressor				
No./Type	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll	1/Copeland Scroll
Outdoor Sound Rating (dB)[5]	76	76	76	76
Outdoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm] OD	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	10.56 [0.98]	10.56 [0.98]	10.56 [0.98]	10.56 [0.98]
Rows / FPI [FPcm]	1 / 18 [7]	1 / 18 [7]	1 / 18 [7]	1 / 18 [7]
Indoor Coil—Fin Type	Louvered	Louvered	Louvered	Louvered
Tube Type	Rifled	Rifled	Rifled	Rifled
Tube Size in. [mm]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]	0.375 [9.5]
Face Area sq. ft. [sq. m]	5.54 [0.51]	5.54 [0.51]	5.54 [0.51]	5.54 [0.51]
Rows / FPI [FPcm]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]	2 / 15 [6]
Refrigerant Control	TX Valves	TX Valves	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan—Type	Propeller	Propeller	Propeller	Propeller
No. Used/Diameter in. [mm]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]	1/22 [558.8]
Drive Type/No. Speeds	Direct/1	Direct/1	Direct/1	Direct/1
CFM [L/s]	2500 [1180]	2500 [1180]	2500 [1180]	2500 [1180]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075	1075	1075
Indoor Fan—Type	FC Centrifugal	FC Centrifugal	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/9x7 [229x178]	1/9x7 [229x178]	1/10x9 [254x229]	1/10x9 [254x229]
Drive Type/No. Speeds	Direct/2	Direct/2	Direct/3	Direct/3
No. Motors	1	1	1	1
Motor HP	1/4	1/4	1/2	1/2
Motor RPM	1075	1075	1075	1075
Motor Frame Size	48	48	48	48
Filter—Type	Field Supplied	Field Supplied	Field Supplied	Field Supplied
Furnished	No	No	No	No
(No.) Size Recommended in. [mm]	(1)1x20x20 [25x508x508]	(1)1x20x20 [25x508x508]	(1)1x24x24 [25x610x610]	(1)1x24x24 [25x610x610]
Refrigerant Charge Oz. [g]	69.6 [1973]	69.6 [1973]	72 [2041]	72 [2041]
Weights				
Net Weight lbs. [kg]	390 [177]	390 [177]	399 [181]	399 [181]
Ship Weight lbs. [kg]	430 [195]	430 [195]	439 [199]	439 [199]

See Page 21 for Notes.

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