BLOCK 854 LOT 2 ADDRESS (SITE) 849 Rt 70 EAST BRICK PERMIT NO. 2247-97

RECEIVED
July 23 1997

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 849 RAIN BOW DINER Rt 70 EAST
2. Name of Owner in Fee: EVANGELISTA PARTNERS Tel. (908) 840-0286
   Address 849 ROUTE 70 EAST BRICK N.J. (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: PARKSIDE MANOR INC Tel. (908) 525-9200
   Address 3010 BORDENTOWN AVE PARLIN N.J. 08859
   License No. OR, if new home, Builder Reg. No. 010358 Exp. Date MAY 31/99
   Federal Emp. No. 22 264 5600 Social Security No.
5. Architect or Engineer DANIEL L. BACH Tel. (908) 462-0215
   Address 42 EAST MAIN ST. FREEHOLD N.J.
6. Responsible Person in Charge of Work BILL HRISAFAKIS PAGE-294-6387 / Steve PONTOS Tel. (908) 525-9200

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	ADD'NS 260 / ALTER	$ 2760		
2. Electrical				
3. Plumbing				
4. Fire Protection		35	35	
5. Elevator Devices				
6. Subtotal		$ 3020		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee		$ 120	132	
10. Subtotal		$		
11. Cert. of Occupancy		35		
12. Other	ZBA+PP	$ 40		
13. TOTAL		$ 3222		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1. Number of Stories	ONE		
2. Height of Structure	14'4"	ft.	
3. Area—Largest Floor	5387	sq. ft.	500
4. New Building Area	207	sq. ft.	
5. Volume of New Structure	4848	cu. ft.	10400
6. Construction Classification	3B/2C		
7. Total Land Area Disturbed	2	sq. ft.	
8. Flood Hazard Zone			
9. Base Flood Elevation		ft.	
10. Wetlands yes	N	sq. ft.	
no	150		
11. Max. Live Load	150		
12. Max. Occupancy Load			

II. PROPOSED WORK

Kitchen + Lobby ADDITION / Re-Build / ALteration

	Est. Cost
1. Minor work (single trade)	
2. Small Job ($5,000 and no prior approvals)	
3. New Building	50,000
4. Addition	
5. Alteration	100,000
6. Fire Protection	10,000
7. Plumbing	36,000
8. Electrical	40,000
9. Elevator Devices	
10. Asbestos Abatement	
11. ☑ Demolition	20,000
TOTAL COSTS	290,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
6/29/97			8-1-97	FM	Bldg 12/23/97		Bldg
7/23/97						10-29-97	
		8-7-97	8-14-97		ADD +570K		
					Plmg 12/23/97		
					Fire 1/20/98		
			7/28/97				

III. DO YOU WANT: (optional)
1 ☐ Partial Releases 2. ☐ Prototype Process

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction
After Construction
Net gain or loss

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
Sprinklers
7. ☐ Smoke Control Systems in Open Wells
8. ☐ Underground Storage Tanks
9. ☐

SITE PLAN 840/555 Bill
PRELIMINARY APPROVAL
AHBT FINAL APPROVAL
LDS BR 10103525

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(■) Check if contractor.

Agent Name PARKSIDE MAJOR INC

Address 3010 BORDENTOWN AVE PARLIN 08859

Telephone (908) 525 9200 OR Page 294-6387

Signature Steve Kontos Date 6/23/97

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED **(office use only)**

	No.		DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 2247	12/29/97	1-30-98
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 12-29-97
Control #
Permit #97-2247

IDENTIFICATION

Block 854 Lot 2
Work Site Location 849 Route 70 East
Brick, N.J.
Owner in Fee Evangelistra Partners
Address 849 Route 70 East
Brick, N.J.
Tele. ( )
Contractor Parkside Manor Inc
Address 3010 Bordentown Ave
Parlin, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Addition/Alteration to Diner (after Fire)

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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.

XXXXX☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than January 30, 19 98 or the owner will be subject to a fine or order to vacate:

Pending compliance with Engineering and Fire.

30 day TCO

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 7/30/97
Control #
Permit # 2247-97

IDENTIFICATION Block 854 Lot 2

Work Site Location 849 Rt 70 East Rainbow Avenue

Owner in Fee Evangelista Patricia

Address Same

Tele. ( ) ____

Contractor Parkside Manor Inc

Address 3010 Hardenbergh Ave Parlin NJ 08859

Tele. ( ) ____

Lic. No. or Bldrs. Reg. No. ____ Exp. Date **0004**

Federal Emp. No. 22 260 [illegible] BLDR

or Social Security No. ____ DSA #

0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER ____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Addition + Alteration

footing + foundation

$20 To 400

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ Addn 50003 Alter 110003

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			0.00
Building	2nd - 2 fl		
Plumbing	BUILDING	2	50.00
Electrical	BUILDING	27	50.00
Fire Protection	N.C.A.	1	57.00
Other	C / O		35.00
Other	INSPECT		15.00
DCA Training Fee	17 PAGE # 37		15.00
Cert. of Occ.	3 FIFTH	32	22.00
Other 2nd	3 FIFTH	32	22.00
Total	32 CHANGE		0.00
Check No. 1972	NJ 5 & 002GA005		09042
Cash			
Collected By:			

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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 Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued
Control # 2247-97 R
Permit #
Date Permit Issued 1-27-78

IDENTIFICATION Block 854 Lot 2

Work Site Location 849 RT. 70 EAST
RAINBOW DINER

Owner in Fee ACIA ANASTASIA FOODS INC

Address 849 RT. 70 EAST
BRICK, NJ 08724

Tele. (732) 840-1555

Contractor CONTROL SYSTEMS

Address 1740 5th AVE
TOMS RIVER, NJ 08757

Tele. (732) 341-4018 (JEFF SILVA)

Lic. No. or Bldrs. Reg No.

Federal Emp. No. or Social Security No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: INSTALLATION ~~OF~~ OF ALARM PANEL TO MONITOR TO CENTRAL STATION OF SPRINKLER SYSTEM TAMPER & WATER FLOW

Estimated Cost of Work $ 500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	X)
Electrical	
Plumbing	
Fire Protection	35
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	-
Other	-
Total	35
Check No.	707
Cash	
Collected By:	

U.C.C. Form F-1908

1 WHITE – INSPECTOR COPY 2 CANARY – OFFICE COPY 3 PINK – OFFICE COPY 4 GOLD – APPLICANT COPY

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued 8-15-97
Control #
Permit #
Date Permit Issued 2247-97

IDENTIFICATION Block 854 Lot 2
Work Site Location 249 R4 20 E.
Owner in Fee Evangelista Owner
Address same
Tele. (____)

Contractor ____
Address ____
Tele. (____)
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____
or Social Security No. ____

Is hereby granted permission to perform the following work:

[ ] BUILDING [4] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [4] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Addition

4843 N.

Estimated Cost of Work $ ~~[illegible]~~ 46,000.

J Curriaga
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	465
Fire Protection	35
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	500
Check No.	
Cash	
Collected By:	DNT

U.C.C. Form F-1908

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Rainbow Diner

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued 8/20/97
Control #
Permit #
Date Permit Issued

2247-97

IDENTIFICATION Block 854 Lot 2
Work Site Location 844 Route 70 E.

Owner in Fee Evans Hy, Jr. Diner
Address Saint.
Tele. (133) 540-1555- (Phil)

Contractor
Address

Tele. ( )
Lic. No. or Bldrs. Reg No.
Federal Emp. No.
or Social Security No. **0004**
2247*#

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: D.C.H. Fees Not Collected on R x F Updates

Estimated Cost of Work $ 0

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
BLOCK		0.00
Building	854 #	
Electrical	LOT	0.00
Plumbing	2 #	
Fire Protection	D.C.A.	32.00
Elevator Devices	TOTAL	32.00
Other	CHECK	32.00
DCA Training Fee	3 ADVANCE	0.00
Cert. of Occ./07 MN. S 00000005		10:24
Other		
Total	32 — ins.	
Check No.	1263	
Cash		
Collected By:	JJ	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK - OFFICE COPY 4 GOLD - APPLICANT COPY

Called

UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 11-12-97
Control #
Permit #
Date Permit Issued 2241-97

IDENTIFICATION Block 854 Lot 2
Work Site Location RAINBOW DINER
849 RT 70 E. BRICK

Owner in Fee
Address 849 RT 70 E
BRICK NJ
Tele. (___) 780 1555

Contractor FIRE PROTECTION TECH.
Address 6 STATION PL
HOWELL NJ 08729
Tele. (732) 363 5955
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ___
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: INSTALL 4" WET SPRINKLER SYSTEM THROUGHOUT BLDG

Estimated Cost of Work $ 14,000.00

J Cuozzo Jr
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	155 -
Elevator Devices	
Other	
DCA Training Fee	11
Cert. of Occ.	
Other	
Total	166 -
Check No.	18710
Cash	
Collected By:	MJ

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK - OFFICE COPY 4 GOLD - APPLICANT COPY

(Rainbow Diner)

UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 12/18/91
Control #
Permit # 91-2247
Date Permit Issued

IDENTIFICATION Block 854 Lot 2
Work Site Location 49 Rt 9N

Owner in Fee Evangelism Ministries
Address 49 Rt 9N Ems
Tele. (914) 565-0666

Contractor Daly Fire Protection
Address [redacted]
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg No [redacted]
Federal Emp. No. [redacted]
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Kitchen Hood.

Estimated Cost of Work $ ✓

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35
Check No.	
Cash	
Collected By:	

PAID

COPY

U.C.C. Form F-1908

1 WHITE – INSPECTOR COPY 2 CANARY – OFFICE COPY 3 PINK – OFFICE COPY 4 GOLD – APPLICANT COPY

UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 12-17-97
Control #
Permit # 97-2247
Date Permit Issued

458 5038

IDENTIFICATION Block 954 Lot 2

Work Site Location 149 Rt 70
Brick Twp NJ

Owner in Fee Evangelism Partners
Address 949 Rt 70 East
Brick Twp NJ
Tele. (___) 840-0256

Contractor Data Base Protection
Address 14 Lorelei Drive
Howell NJ 07731
Tele. (___) 458-3038
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Se

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Extend Hyd L

20,000 sq ft

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	92
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	92
Check No:	5196
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE – INSPECTOR COPY 2 CANARY – OFFICE COPY 3 PINK – OFFICE COPY 4 GOLD – APPLICANT COPY

PERMIT UPDATE

Date Update Issued 970903
Control #
Permit # 907386
Date Permit Issued 970808

Brick
IDENTIFICATION Block 854 Lot 2

Work Site Location 849 Rt 70 EAST

Owner in Fee RAINBOW DINNER
Address SAME AS ABOVE

Tele. (____)

Contractor MILLION DOLLAR Electric
Address PO Box 4321
HIGHLAND PARK NJ 08904
Tele. (800) 684-3609
Lic. No. or Bldrs. Reg. No 8175
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
400 AMP SUB PANEL 100-
FIRE Detection System
15 smoke Detectors
3 Lighting poles IN 5
PARKing Lot
2 SIGNS

Estimated Cost of Work $ 10,000

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	105
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	8.
Cert. of Occ.	
Other	
Total	105.-
Check No.	
Cash	113.-
Collected By:	BB

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/08/99
Date Issued 11/08/99
Control #
Permit # 97-2937+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 2 Qual
Work Site Location 849 ROUTE 70 RAINBOW DINER
TO KEEP ACTIVE/SIGN
Owner in Fee EVAGELASTRA PARTNERS
Address 849 EAST RTE 70
BRICK, NJ 08723-
Tele.(908)840-0286
Contractor DESIGN NEON
Address 151 INDUSTRIAL WAY E BLDG B
EATONTOWN, NJ 07724-
Tele.(732)935-1488 Fax (__)
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]

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

TO KEEP ACTIVE , SIGN INCOMPLETE

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-3-00
Approved By: KM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8-3-00	KM
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other TO ACTIVE	35
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 1072 Minimum Fee	$ 0
Collected by: TL TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/08/99
Date Issued 11/08/99
Control #
Permit # 97-2937+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 1 Qual

Work Site Location 849 ROUTE 70 RAINBOW DINER

TO KEEP ACTIVE/SIGN

Owner in Fee EVAGELASTRA PARTNERS

Address 849 EAST RTE 70

BRICK, NJ 08723-

Tele.(908)840-0286

Contractor DESIGN NEON

Address 151 INDUSTRIAL WAY E BLDG 9

EATONTOWN, NJ 07724-

Tele.(732)535-1486 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 93-51488

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

TO KEEP ACTIVE , SIGN INCOMPLETE

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required.
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence	0 Height (exceeds 6')	0
[ ] Sign	0 Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[X] Other	TO ACTIVE	35
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [X] Check # 1072	Minimum Fee	$ 0
Collected by: TL	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/25/97
Date Issued
Control #
Permit # 2937-97

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

Block 854 Lot 2
Work Site Location 849 RT. 70
BRICK, NJ
Owner in Fee BILL HRISAFINIS
Address 849 ROUTE 70 E
BRICK NJ 08723
Tele. (732) 840-1555
Contractor DESIGN NEON
Address 151 INDUSTRIAL WAY EAST BUILDING B
EATONTOWN N.J. 07724
Tele. (732) 935-1488
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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 [signature]

D. TECHNICAL SITE DATA (1)

DESCRIPTION OF WORK DOUBLE FACED 18"x9" BOX (18'x7') WITH NEON. BOX IS-063 ALUMINUM
(2) EXTERIOR BORDER OF 15MM RED NEON. SINGLE STRIP AROUND 3 SIDES OF BUILDING
(3) 4'x6' SINGLE SIDED BOX SIGN WITH 3/16" PLEXI FACE + RED VINYL LETTERS "DINER"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-24-97	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[✓] Sign 24 Sq. Ft. (Box)
[ ] Pool
[ ] Asbestos Abatement
[✓] Other NEON 196 linear feet
[✓] Other RAINBOW 162 Sq inches
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
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) $

Paid [ ] Check #
Collected by:

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

U.C.C. Form F-110B

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

A-3 WS

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/29/97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location 849 Rt. 70 EAST RAINBOW DINER BRICK TOWN N.J.
Owner in Fee EVANGELISTA PARTNERS
Address 849 ROUTE 70 EAST BRICK, N.J.
Tele. (908) 840-0286
Contractor DARKSIDE MANOR INC
Address 3010 BORDENTOWN AVE PARLIN, N.J.
Tele. (908) 525-9200
Lic. No. or Bldrs. Reg. No. 010358
Federal Emp. No. 22 2645600 or Social Security 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 RENOVATION & ADDITION 520 sq ft

COMPLETE SET

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	8-1-97	FM
[X] All		
[X] Footing	7-29	FM
[X] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 30 Day temp. 12-23-97
Approved By: FM
9-10-00

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			7/30/97	WS
Foundation *			8/4/97	
Slab				
Frame partial			10-9-97	FM
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	12-5-97	12-22-97		FM

$800

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group	Present A3	Proposed A3	
Constr. Class	Present 3B	Proposed 3B	
No. of Stories	ONE		
Height of Structure	14.411		Ft.
Area—Largest Floor	5387.		Sq. Ft.
New Bldg. Area/All Floors	200.		Sq. Ft.
Volume of New Structure	48 483		Cu. Ft.
Total Land Area Disturbed	200		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 50.00
2. Alteration $ 400,000
3. Total (1+2) $ 450,000

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

8/4/97 Foundation ok up to 1st grade beam -

8/18/97 Remainder foundation

10-6-97 Inspect Fire stops within SOFFIT (FM)

10-9-97 Partial Framing (Front Area only) check Conduit on Bar Joist

12-15-97 Final Sec List

12-22-97 (1) Conduit still supported from bottom chord, same as 10-9-97

(2) Toilet Tissue Dispenser — mis-Located.

(3) Bridging still Not per — AISC

(4) Web stiffeners still Not Completely installed welder Not From orig FAB + No certifications in possession Also using 70XX which is Not Rod For Plat welding and Deck (No Penetration)

(5)

12/23/97 Bolts on center Beam + some welding Not Comple

8-3-00 BOLTS still Loose (FM)

4-10½ & 4-1.c

A-3
W2

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/29/97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location 849 Rt. 70 EAST RAINBOW DINER BRICK TOWN N.J.
Owner in Fee EVANGELISTA PARTNERS
Address 849 ROUTE 70 EAST BRICK, N.J.
Tele. (908) 840-0286
Contractor PARKSIDE MANOR INC
Address 3010 BORDENTOWN AVE PARLIN, N.J.
Tele. (908) 525-9200
Lic. No. or Bldrs. Reg. No. 010358
Federal Emp. N[redacted] Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[X] Footing	7-29	FM
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

9-10-00 FM

$100

B. BUILDING CHARACTERISTICS

Use Group	Present A3	Proposed A3	
Constr. Class	Present 3B	Proposed 3B	
No. of Stories	ONE		
Height of Structure	14.4	Ft.	
Area—Largest Floor	5387	Sq. Ft.	
New Bldg. Area/All Floors	200	Sq. Ft.	
Volume of New Structure	48 483	Cu. Ft.	
Total Land Area Disturbed	200	Sq. Ft.	

Est. Cost of Bldg. Work:

1. New Bldg. $ 50.00
2. Alteration $ 400,000
3. Total (1+2) $ 450,000

11.21.28 14

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: ~~DEMOLITION~~ RENOVATION & ADDITION 520 sq ft

-OK 4/1

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [V] Roofing
  - [V] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

7/11

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
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
Work Site Location RAINBOW DINER 849 RT. 70

Owner in Fee/Occupant AGIA ANASTASIA FOODS INC.
Address DBA: RAINBOW DINER
849 RT. 70 EAST, BRICK NJ 08724
Tele. (732) 840-1555
Contractor CONTROL SYSTEMS
Address 1740 5th AVE
TOMS RIVER, NJ 08757
Tele. (732) 341-3018 Fax ( ) [redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 5.12.98
Approved by: B. Kochetzky

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other	1.26.98		5.12.98	
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3.12.98

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 Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	JAN 12 98 000207
		Receptacles	
		Switches	SPRINKLER
		Detectors	ALARM PANEL
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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	
		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	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 35.—

CK# 701

U.C.C. F120 (rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

970808. 007386

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

Block 8321 Lot 2
Work Site Location 849 ROUTE 70 EAST
BRICK N.J. 08724
Owner in Fee/Occupant RAINBOW DINER
Address SAME
Tele. (908) 840-1555
Contractor MILLION DOLLAR ELECTRIC INC
Address PO BOX 4321
HIGHLAND PARK NJ 08904
Tele. (800) 684-3609 Fax ( )
Lic. No. 8172
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 140,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
172		Lighting Fixtures
74		Receptacles
12		Switches
258		Detectors
		Light Poles
5		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
1	60A	KW Dishwasher
		HP Garbage Disposal
3	60A	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	800	AMP Service
3	200	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)	
TOTAL NUMBERS	$
Administrative Surcharge	$
Minimum Fee	$ 677
DCA Training Fee	$ 32
TOTAL FEE	$ 709.-

CK 345 RDF

U.C.C. F120 (rev. 3/96)

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

Change of contractor

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 970806.007386

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

Block 854 Lot 2
Work Site Location 849 ROUTE 70 EAST
BRICK N.J. 08724
Owner in Fee/Occupant RAINBOW DINER
Address 849 ROUTE 70 EAST
BRICK NJ 08724
Tele. (732) 840 - 1555
Contractor EG ELECTRICAL CONTRACTORS INC.
Address 162 PEIGM

Tele. (732) 613-1416 Fax ( )
Lic. No. 8540 [redacted]
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DINER Utility Co. GPU
Est. Cost of Elec. Work $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5.12.98
Approved by: B. Koelbel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12.2.97	
Temp. Serv.				
Constr. Serv.				
TCO				
Other	4.22.98			
Service	12.23.97			
Final	12.19.97		5.12.98	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 5.12.98

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
172		Lighting Fixtures	
74		Receptacles	
12		Switches	
15		Detectors	
3		Light Poles	
6		Motors—Fract. HP	
20		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	
1	60A	KW Dishwasher	
		HP Garbage Disposal	
3	60A	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	800A	AMP Service	
4	200A	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
CK 3.25 Minimum Fee	$	677
DCA Training Fee	$	32
RCF TOTAL FEE	$	709 -

U.C.C. F12D (rev. 3/96)

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

R/W Kitchen area

(1) Bx used commercial coolers (walk ins

(2) fans on Roof Need Switches (3)
(3) Roof Signs Rated (1) 22.5 Amp on #12 wire AL BB 307910
2 - 22 Amp on #12 wire UL BB 307909
E 155736
(4) Need jumper across water Meter to Sprinkler System
(5) Need platform for Service panels (2) over 6½ high
(6) Hot water heater on Dish washer calls for 15 or 20 Amp fuses

(Needs Paperwork)

Need site work to be completed.

Change of Contractor

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 970806.007386

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

Block 854 Lot 2
Work Site Location 849 ROUTE 70 EAST
BRICK N.J. 08724
Owner in Fee/Occupant RAINBOW DINER
Address 849 ROUTE 70 EAST
BRICK NJ. 08724
Tele. (732) 840 - 1555
Contractor EG ELECTRICAL CONTRACTORS INC.
Address 162 PRIGM
Tele. (732) 613-1416 Fax ( )
Lic. No. 8540
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DINER Utility Co. GPU
Est. Cost of Elec. Work $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
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
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 12/29 AM 07

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
172		Lighting Fixtures	
74		Receptacles	
12		Switches	
25		Detectors	
2		Light Poles	
6		Motors—Fract. HP	
20		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	
1	60A	KW Dishwasher	
		HP Garbage Disposal	
3	60A	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	800A	AMP Service	
4	200A	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
CK 315 Minimum Fee	$	177
DCA Training Fee	$	32
TCPF TOTAL FEE	$	209 -

U.C.C. F120 (rev. 3/96)

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

RECEIVED
JAN 09 1998

4 of CHAMBER BUILDERS

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2247-97.
Control #
Permit # 1-27-98

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

Block 854 Lot 2
Work Site Location 849 RT. 70 EAST
RAINBOW DINER
Owner in Fee AGIA ANASTASIA FOODS INC
Address 849 RT. 70 EAST
BRICK NJ 08724
Tele. (732 840-1555
Contractor CONTROL SYSTEMS
Address 1740 5th AVE
TOMS RIVER, NJ 08757
Tele. (732 341-4018
Lic. No.
Federal Emp. No. _____ or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Sprinkler & alarm
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1-27-98
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] COO [X] CA
Date: 1-30-98
Approved by: [signature]

INSPECTIONS: *Type:*	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Jeff Silver
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision
Central Supervision — ALARM PANEL TO MONITOR TO CENTRAL STATION, SPRINKLER WATERFLOW & TAMPER
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or ~~Oil~~ Fired Appliance		
OTHER Fire Alarm Panel		25

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

461 CHAMBER PRODUCTS

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2247-97
Control #
Permit # 1-27-98

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

Block 854 Lot 2
Work Site Location 849 RT. 70 EAST
RAINBOW DINER
Owner in Fee AGIA ANASTASIA FOODS INC.
Address 849 RT. 70 EAST
BRICK NJ 08724
Tele. (732 840-1555
Contractor CONTROL SYSTEMS
Address 1740 5th AVE
TOMS RIVER, NJ 08757
Tele. (732 341-4018
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 10/17
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Jeff Silver
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision
Central Supervision — ALARM PANEL TO MONITOR TO CENTRAL STATION. SPRINKLER WATERFLOW & TAMPER
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or ~~Oil~~ Fired Appliance		
OTHER Fire Alarm Panel		35

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B — 1 White = Inspector Copy; 2 Canary = Office Copy; 3 Pink = Office Copy; 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-12-97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location RAINBOW DINER
849 RT 70 E BRICK
Owner in Fee
Address 849 Rt 70 E
BRICK NJ 08724
Tele. (732) 780 1555
Contractor FIRE PROTECTION TECHNOLOGIES
Address 6 STATION PL CAL
HOWELL NJ 07731
Tele. (732) 363 5955
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 14,000.00 [ ]-Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 10-29-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	12-22-97			
Smoke Test	12-22-97			
Mechanical				
TCO				
Other hydrotest			12/11/97	
Other 9:30				
Other 12/11/97				

12/11/97 Note approval pending documentation on use of bushing

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.

K Higgenbotham
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source NEW CITY
Method of Valve Supervision TAMPER
Local Alarm Supervision YES
Central Supervision YES
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity N/A	Fuel
Combustible Liquid Storage Tanks	( ) Capacity	Fuel
L.P.G. Storage Tanks	( ) Capacity	Fuel
L.N.G. Storage Tanks	( ) Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	91	
Dry Sprinkler Heads	3	120
TOTAL	94	
Smoke Detectors	~~N/A~~	
Heat Detectors FLOW ALARM	1	35
TOTAL TAMPER SW	1	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	✓	
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 155

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Hydro on 12

(1) bushing used Not permitted by NFPA 13
being replaced 12/15/97 EF
documentation needed RE proper fittings not on market to use same

(2) proper wall pentration seal properly
(3) also as built for changes

(4) fire rate caulking corridor fire rated walls.

(5) head close to heating vents

12/15/97 Pre final See attached

MC 12-22-97 FIRE SPRINKLER FROM TEST - FAIL - CONTRACTOR NOT PRESENT FOR TEST
NOTE (1) NO TAMPER ALARM ON RISER VALVES / FLOW - NO CENTRAL STATION - NOT ARMED
(2) COOKING SUPPRESSION SYSTEM NOT HOOKED UP - PULL HANGING OUT OF BOX
(3) NO COOKING SUPPRESSION PLANS OR PERMIT ??
[illegible]

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-12-97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location RAINBOW DINER
849 RT 70 E BRICK
Owner in Fee
Address 849 RT 70 E
BRICK NJ 08724
Tele. ( ) 780 1555
Contractor FIRE PROTECTION TECHNOLOGIES
Address 6 STATION PL
HOWELL NJ 07731
Tele. (732) 363 5955
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 14,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 10/29/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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

Water Supply Source NEW 4" CITY
Method of Valve Supervision TAMPER
Local Alarm Supervision YES
Central Supervision YES
Proprietary Supervision —

Flammable Liquid Storage Tanks ( ) Capacity N/A Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	91	
Dry Sprinkler Heads	3	
TOTAL	94	120
Smoke Detectors	N/A	
Heat Detectors	FLOW ALARM 1	
TOTAL	TAMPER ALARM 1	35
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 155

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-15-97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location 849 Rt. 70 EAST RAINBOW DINER BRICK TOWN, N.J.
Owner in Fee EVANGELISTRA PARTNERS
Address 849 Rt. 70 EAST BRICK N.J.
Tele. (908) 840-0286
Contractor HERITAGE OF OCEAN COUNTY INC
Address 70 Gordz RD
LAKEWOOD N.J.
Tele. (908) 367-7388
Lic. No. 9[redacted]
Federal Emp. No. [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class. Present 3B Proposed 3B
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2400 [ ] Other

1/30/98
1) Fire Alarm o/c
2) Sign door Sprinkler control
3) Needs sprinkler for new cooler basement GL

D. TECHNICAL SITE DATA

Description of Work ADDITION A-3 (+5%)

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision FIRE DAMAGE REPAIR +25%
Central Supervision
Proprietary Supervision
- UPDATE SPRINKLER LATCH DATE
- UPDATE SUPP/HOOD LATCH DATE

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

PROVIDE UPDATE

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	BASEMENT ONLY	OK-update
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	ALARMS ONLY	
Heat Detectors		
TOTAL		
Stand Pipes PROVIDE UPDATE		OK update
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER FIRE EXTIN	2	35

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8-14-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 2/18/98
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Rainbow	FD1097			
Other				
Other TCO 30			12/24/97	

3 items 1/31/98

Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee $
	DCA Training Fee $
Collected by:	TOTAL FEE $ 35

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.

1) Sign for Basement Sprinkler Control Valves
2) Update Permit Panel
3) Provide to Central Remote Station
Mount Fire Ext.
All Else OK GL

SIGNATURE

Mr 10-10-97 FIELD INSPECTION - MET WITH FIRE SPRINKLER CONT
RE: LOCATION F.D. conn + DIPHL

Bushings used throughout not permitted
3-13 B OK GJ

Penetrations throug wall floors
as built drawings OK

Coolers installed 1/31/98
no sprinklers.
Ext TCO 30 days.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-15-97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location 849 Rt. 70 EAST RAINBOW DINER BRICK TOWN, N.J.
Owner in Fee EVANGELISTRA PARTNERS
Address 849 Rt. 70 EAST BRICK N.J.
Tele. (908) 840-0286
Contractor HERITAGE OF OCEAN COUNTY, INC
Address 70 Cedar RD LAKEWOOD, N.J.
Tele. (908) 367-3388
Lic. No. 9215
Federal Emp. No. [redacted] Social Security No. 130 [illegible]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class: Present 3B Proposed 3B
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2400 [ ] Other

D. TECHNICAL SITE DATA

Description of Work ADDITION A-3 +5%
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision FIRE DAMAGE REPAIR +25%
Central Supervision
Proprietary Supervision a. UPDATE SPRINKLER LATH DATE
b. UPDATE SUPP/HOOD LATH DATE

Flammable Liquid Storage Tanks	( ) Capacity	Fuel
Combustible Liquid Storage Tanks	( ) Capacity	Fuel
L.P.G. Storage Tanks	( ) Capacity	Fuel
L.N.G. Storage Tanks	( ) Capacity	Fuel

PROVIDE UPDATE

	Number
Wet Sprinkler Heads	BASEMENT ONLY
Dry Sprinkler Heads	
TOTAL	
Smoke Detectors	ALARMS UPDATE
Heat Detectors	
TOTAL	
Stand Pipes	
Kitchen Hood Exhaust Systems	

Pre-Engineered Systems
- CO_2 Suppression
- Halon Suppression
- Foam Suppression
- Dry Chemical
- Wet Chemical

Gas or Oil Fired Appliance EXT. 2
OTHER

FEE (Office Use Only)

35

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 35

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8/19/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other TCO 30			12/24/97	
Other				

3 Items 12/31/98

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12/17/97
Control #
Permit # 97-2247 Update

RAINBOW FOR FOOD

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

Block 854 Lot 2
Work Site Location 49 NT 70
Rainbow Diner
Owner in Fee Evangelista Partners
Address 949 NT 70 East
Brick Twn, NJ
Tele. ( ) 840-0236
Contractor Daly Fire Protection
Address 14 Lorelei Drive
Howell, NJ 07731
Tele. ( )
Lic. No. [redacted]
Federal Emp. N [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Hood & Exhaust
Constr. Class. Present Proposed & Suppression
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 20,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11-6-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 12/19/97
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			12/19/97	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source Fire Supp
Method of Valve Supervision and Hood/Duct
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	35
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	90
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

RAINBOW FOR FOOD

SUBCODE
TECHNICAL SECTION

Date Issued 12/11/97
Control #
Permit # 97-2247
Update
TC

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

Block 854 Lot 2
Work Site Location 45 NT 70
Brick Plaza
Owner in Fee EVSAS Clifton Partners
Address 945 NT 70 East
Brick, NJ
Tele. (___) 840-0206
Contractor Daly Fire Protection
Address 14 Laurel Drive
Howell, NJ 07731
Tele. (___)
Lic. No. ___
Federal Emp. No [redacted] or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class. Present ___ Proposed ___
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 20,000 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11-6-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source FIRE SUPP
Method of Valve Supervision AND HOOD/DUCT
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ___ Fuel ___
Combustible Liquid Storage Tanks ( ) Capacity ___ Fuel ___
L.P.G. Storage Tanks ( ) Capacity ___ Fuel ___
L.N.G. Storage Tanks ( ) Capacity ___ Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	35
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	90
Gas or Oil Fired Appliance		
OTHER ___		

COMPUTER GENERATED

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

840-1555

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-15-97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location 849 RT 70 EAST RAINBOW DINER BRICKTOWN, N.J.
Owner in Fee EVANGELISTA PARTNERS
Address 849 ROUTE 70 EAST BRICK, N.J.
Tele. (908) 840-0286
Contractor HERITAGE OF OCEAN COUNTY INC
Address 70 Cindy Rd
LAKEWOOD, N.J.
Tele. (908) 367-3388
Lic. No. 9215
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present A3 Proposed A3
Building Sewer Size 4 Public Sewer ✓ Private Septic
Water Service Size 1½ Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-13-97
Approved by: DN

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: DN
Date: 12-23-97

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab				
Rough	10-9-97		10-16-97	DN
Water			9-23-97	DN
Sewer			9-22-97	DN
Fixtures	12-17-97		12-23-97	DN
Gas Equipment			12-23-97	DN
Gas Piping			10-10-97	DN
Solar				
TCO				
Backflow Fire line			11-20-97	DN

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	70
2	Urinal/Bidet	20
	Bath Tub	
5	Lavatory	50
	Shower	
3	Floor Drain	30
12	Sink	120
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	35
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer Fire line	35
1	Greasetrap	35
1	Water Cooled A/C or Refrigeration Unit	35
	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 465
DCA Training Fee $
Collected by: TOTAL $ 465

U.C.C. Form F-130B

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

10-9-97 ~

Must bring vent 6" above fixture

12-17-97 - service station not done

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-15-97
Date Issued
Control #
Permit # 2247-97

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

Block 854 Lot 2
Work Site Location 849 Rt 70 EAST RAINBOW DINER BRICKTOWN, N.J.
Owner in Fee EVANGELISTAA PARTNERS
Address 849 ROUTE 70 EAST BRICK, N.J.
Tele. (908) 840-0286
Contractor HERITAGE OF OCEAN County INC
Address 70 Cindy Ln
LAKEWOOD, N.J
Tele. (908) 367-3328
Lic. No. 92 [redacted] or Social Security No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present A3 Proposed A3
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1½ Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-13-97
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	70
2	Urinal/Bidet	20
	Bath Tub	
5	Lavatory	50
	Shower	
3	Floor Drain	30
12	Sink	120
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer Fire line	35
1	Greasetrap	35
1	Water Cooled A/C or Refrigeration Unit	35
	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 465
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 23, 1997 1997 - 2102

Block 854 Lot 2 Zone B-3, H.D.

Property Address: 849 Route 70

Owner: Evangelista Partners (Phone): (732) 840-0286

Applicant: Steve Kontos (Phone): Same

Mailing Address: Parkside Manor, Inc., 3010 Bordentown Avenue, Parlin, N.J. 08859

Existing Use: Rainbow Diner restaurant.

Proposed Use: Rainbow Diner restaurant.

Proposed Construction (if any): Adding 520 square feet of building construction to the kitchen area, 14'4" high, one-story with basement, and enclosing the front foyer.

Conditions: Site plan approved by Planning Board.
Case No. 2111 (1866) APFSP-11/96.
Resolution No. R-51-97 approved May 14, 1997.
Site plan maps signed July 23, 1997.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which 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
Municipal Planner

Sean Kinnevy
Zoning Officer

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 854 LOT 2

ESTABLISHMENT INFORMATION

PHONE #: 840-1555

ESTABLISHMENT TRADING NAME: RAINBOW DINER

NUMBER AND STREET: 849 RT. 70 EAST

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: I

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: BILL HRISAFINIS

NUMBER AND STREET: C/O RAINBOW DINER

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
8-5-97	0855	0930

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

~~Herbert W. Roeschke~~
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1493

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
RAINBOW DINER	TO BE OBTAINED	08/5/97
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICK	Begin 0855

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLANS HAVE BEEN FOUND
	TO BE IN SATISFACTORY COMPLIANCE WITH
	CHAPTER XII.
	NOTE! THIS DEPARTMENT TO BE NOTIFIED
	AT LEAST 48 HOURS PRIOR TO INTENDED
	OPENING FOR A PRE OPERATIONAL
	INSPECTION.

(Attach additional sheets if necessary)

H.D. 67

DANIEL L. BACH
ARCHITECT

42 East Main Street
Freehold, New Jersey 07728

(908)462-0215
Fax (908)462-7853

LETTER OF TRANSMITTAL

TO Township of Brick
401 Chambers Bridge Road
Brick, N.J.
FAX: 732-920-4850
262-8954 ✓

DATE	JOB NO
12-19-97	
ATTENTION: Frank Miller	
RE: Rainbow Diner	
Re Tr	
Brick, N.J.	
Cover + 2 pages	

GENTLEMEN:

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			Letter Dated 12/19/97

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ _____ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Comments of corrections Regarding your Letter of 12/15/97

Hard copy mailed to your office

COPY TO Knots

SIGNED: Al J. Bach

If enclosures are not as noted, kindly notify us at once.

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

December 19, 1997

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

Att: Frank Mizer
Building Code Ofgficial

Re: Rainbow Diner, Route 70
Brick, New Jersey

Dear Mr. Mizer,

Reference is made to the copy of items to be completed that you faxed to Steve Kontos, on 12/15/97.

The following comments refers to your list:

1. "Girder not centered on masonry pier"

   comment: the off center load being transferred from the steel beam thru the bearing plate onto the masonry pier is allowable.

2. "3 steel columns not centered on girder"

   comment: the contractor will add web stiffeners of min. 1/4" thickness to each side of the girder, over the column.

3. "penetrations thru decking not supported by steel framing"

   comment: the penetrations thru the concrete floor slab and related steel ribbed slabform without secondary support, is allowable for the approx. 8" x 8" and smaller penetrations. The concrete is fully capable of bearing the load on the adjacent surfaces to the penetrations.

4. "Refrigerant line supported by steel hanger of dissimmilar metal and tied with electrical wire"

   comment: the proper hangers will be installed.

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

5. "excessive chopping of wall leaving no support same area as above"

   comment: the wall will be filled in with masonry, by the contractor.

6. "horizontal bridging not bolted to wall some locations:

   comment: the contractor will install the proper bolting.

7. "formwork still remaining in pour south end basement, also same area no support for decking"

   comment: the existing dividing wall between the large Dining Room and the New Bathroom area is remaining and is supported on the existing 3/4" plywood sub-floor over a 2" x 12" bearing on the inside of the existing foundation wall and onto a 2" x __ wood plate. The formwork that is visible consists of a combination of solid 2" x 12" blocking in one area and 2" x 4" vertical supports in another area on the other side of the girder framing into the wall. This blocking or formwork is to remain.

8. "mechanical equipment lines hung from bottom chord of bar joist"

   comment: the hangers will be transferred to the top chord of the bar joists.

10. "no lintel in opening from old to new basement"

    comment: the opening is being blocked up by contractor.

1st Floor

3. "railings on front steops, 2 problems"

   comment: the 2 problems have been addressed by the contractor

All of the above noted comments are being addressed by the contractor and will be completed within the next few days.

Very truly yours.

Daniel L. Bach - Architect

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 7-24-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 854 LOT 2 SITE ADDRESS 849 RT 70 EAST

TYPE OF SITE Commercial TYPE OF BUSINESS Rainbow Diner
(Residential/Commercial)

APPLICANT Evangelista Partners CITY & STATE Brick, NJ 08723
Steve Kontos

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 420,000

Frederick R. Millman, CTA, Tax Assessor

7/24/97

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 420,000

Frederick R. Millman, CTA, Tax Assessor

12/10/97

Date

CERTIFICATE OF COMPLIANCE

BLOCK 854 LOT 2 SITE ADDRESS 849 RT 70 E

TYPE OF SITE Commercial TYPE OF BUSINESS Rainbow Diner

Residential/Commercial

APPLICANT [illegible] PHONE NUMBER 240-0236

APPLICANT ADDRESS [illegible] CITY & STATE Perla, N.J. 08859

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $420,000.00 ($4200.00) Date 7-25-97

Required Deposit on Estimate $ 2100.00 Date 7-25-97

Check # 353 Receipt # 6577

Actual Assessment: 420,000.00 Date 12-10-97

Actual Required Fee: $4200.00

Minus Deposit of Estimate $ 2100.00

Balance Due $ 2100.00

Amount Paid in Full $ 4200.00 Date 12-29-97

Check # 0000 Receipt # 3263

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

CK # 0000

2100.00
2 %
2125.00
fine for both

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 9-9-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 854 LOT 2 SITE ADDRESS 849 RT. 70

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Sign

APPLICANT Rainbow Diner CITY & STATE Brick NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 5,000

Frederick R. Millman, CTA, Tax Assessor

9/10/97

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 5,000

Frederick R. Millman, CTA, Tax Assessor

12/10/97

Date

CERTIFICATE OF COMPLIANCE

BLOCK 854 LOT 7 SITE ADDRESS 849 RT 70

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Sign

APPLICANT Bill Hamilton PHONE NUMBER 840-1555

APPLICANT ADDRESS 849 RT 70 E CITY & STATE Brick NJ

CASE # _____ NAME OF BUSINESS Rainbow Diner

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: 5000 00 (50 00) Date 9-10-97

Required Deposit on Estimate $ 25.00 Date 9/22/97

Check # 620 Receipt # 9922

Actual Assessment: 5000 00 Date 12-10-97

Actual Required Fee: $ 50.00

Minus Deposit of Estimate $ 25.00

Balance Due $ 25.00

Amount Paid in Full $ 5000 Date 12-29-97

Check # 0000 Receipt # 3263

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

PUNCHLIST FOR
TEMPORARY CERTIFICATE OF OCCUPANCY
RAINBOW DINER
December 29, 1997

Note: All work to be completed by 5/1/98

---

1. Provide as-built plans to Township, Planning Board approval required for as-built construction of site.
2. Install four (4) bollards in dumpster area.
3. Install pavement overlay (1 1/2") over utility trenches at Wallis/Ware Street intersection. Overlay to curb limits.
4. Remove existing curbing in courtyard area
5. As-built drainage system to compare to approved plan. Raise inlet grates to grade.
6. Install two (2) "No Parking Fire Lane" signs at Wharf St. entrance and at left side of building
7. Install "No Parking Fire Zone" pavement markings per approved plan
8. Verify site lighting
9. Install 4' high post & rail fence
10. Acquire Planning Board approval to change gates from board on board to chain link.
11. Install remaining 40 feet of board on board fence and relocate fence to proper location.
12. Grade site per approved plan.
13. Install all landscaping
14. Clean up site at perimeter
15. Repair pavement/stone at southern parking area adjacent to highway
16. Restripe lot (Parking/Aisles/Handicap Areas) per approved plan
17. Acquire final C.O. from Ocean County Soil Conservation District
18. Acquire approval from Bureau of Fire Safety
19. Repair stone area at southwestern corner of site
20. Install all signage per approved plan

CARL A. MOENKE, P.E.

37 Main Street, 3rd Floor Suite
Toms River, New Jersey 08753
(732) 818-1599
Fax: (732) 818-1644

FAX TRANSMISSION COVER SHEET

Date: 12-22-9
To: Gary Licknack, Fire Subcode Official
Fax: 262-8954
Subject: Rainbow Diner
Sender: *Carl A. Moenke, P.E.*

YOU SHOULD RECEIVE 3 *PAGE(S), INCLUDING THIS COVER SHEET!*
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL .

Duct Smoke Detector Letter - Original is being mailed to you.

CAM

M-308.1.2.1 Kitchen exhaust: Commercial kitchen exhaust terminations shall conform to the requirements of Sections M-506.7 through M-506.7.2.

M-308.2 Opening protection: Outside air exhaust and intake openings shall be protected with corrosion-resistant screens, louvers or grilles. Openings shall be protected against all local weather conditions.

SECTION M-309.0 SYSTEMS CONTROL

M-309.1 Controls required: Air distribution systems shall be equipped with smoke detectors *labeled* for installation in air distribution systems, as required by this section.

M-309.2 Where required: Smoke detectors shall be installed where indicated in Sections M-309.2.1 through M-309.2.2.1.

M-309.2.1 Supply air systems: Smoke detectors shall be installed in supply air systems with a design capacity greater than 2,000 cubic feet per minute (cfm) (0.94 m^3/s), downstream of the air filters and ahead of any branch connections.

M-309.2.2 Return air systems: Smoke detectors shall be installed in return air systems with a design capacity greater than 15,000 cfm (7.08 m^3/s), in the return air duct or plenum upstream of any filters, exhaust air connections, outdoor air connections, or decontamination equipment. Systems that exhaust greater than 50 percent of the supply air shall have smoke detectors in both the return and exhaust air ducts or plenums.

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street - 3rd Floor Suite
Toms River, NJ 08753
(732) 818-1599
Fax: (732) 818-1644

December 22, 1997

Via Facsimile & U. S. Mail

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Gary Licknack, Fire Subcode Official

RE: Rainbow Diner & Restaurant Renovations Project, State Highway No. 70, Brick, New Jersey; Duct Smoke Detectors - Comm # 97056.

Dear Mr. Licknack:

Enclosed, please find a copy of the 1993 BOCA National Mechanical Code, Article M-309.2.1. Duct Smoke Detectors are required for supply air systems with a nominal design capacity ***GREATER*** than 2,000 cfm. The new HVAC Units on the above referenced Project have a nominal design capacity of 2,000 cfm. Thus, by Code, these new HVAC Units are not required to have Duct Smoke Detectors.

If you have any questions concerning this matter, please contact me at **(732) 818-1599**.

Sincerely,

Carl A. Moenke
12-22-97

Carl A. Moenke, PE

CAM/cmm

cc: Daniel L. Bach & Associates
Bill Hrisfanis - Owner
Steve Kontos - General Contractor
File No. 97056 – Construction Phase

M-308.1.2.1 Kitchen exhaust: Commercial kitchen exhaust terminations shall conform to the requirements of Sections M-506.7 through M-506.7.2.

M-308.2 Opening protection: Outside air exhaust and intake openings shall be protected with corrosion-resistant screens, louvers or grilles. Openings shall be protected against all local weather conditions.

SECTION M-309.0 SYSTEMS CONTROL

M-309.1 Controls required: Air distribution systems shall be equipped with smoke detectors *labeled* for installation in air distribution systems, as required by this section.

M-309.2 Where required: Smoke detectors shall be installed where indicated in Sections M-309.2.1 through M-309.2.2.1.

M-309.2.1 Supply air systems: Smoke detectors shall be installed in supply air systems with a design capacity greater than 2,000 cubic feet per minute (cfm) (0.94 m^3/s), downstream of the air filters and ahead of any branch connections.

M-309.2.2 Return air systems: Smoke detectors shall be installed in return air systems with a design capacity greater than 15,000 cfm (7.08 m^3/s), in the return air duct or plenum upstream of any filters, exhaust air connections, outdoor air connections, or decontamination equipment. Systems that exhaust greater than 50 percent of the supply air shall have smoke detectors in both the return and exhaust air ducts or plenums.

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street - 3rd Floor Suite
Toms River, NJ 08753
(732) 818-1599
Fax: (732) 818-1644

December 22, 1997

Via Facsimile & U. S. Mail

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Gary Licknack, Fire Subcode Official

RE: Rainbow Diner & Restaurant Renovations Project, State Highway No. 70, Brick, New Jersey; Duct Smoke Detectors - Comm # 97056.

Dear Mr. Licknack:

Enclosed, please find a copy of the 1993 BOCA National Mechanical Code, Article M-309.2.1. Duct Smoke Detectors are required for supply air systems with a nominal design capacity ***GREATER*** than 2,000 cfm. The new HVAC Units on the above referenced Project have a nominal design capacity of 2,000 cfm. Thus, by Code, these new HVAC Units are not required to have Duct Smoke Detectors.

If you have any questions concerning this matter, please contact me at **(732) 818-1599**.

Sincerely,

Carl A. Moenke
12-22-97

Carl A. Moenke, PE

CAM/cmm

OK > 2000 cf.

cc: Daniel L. Bach & Associates
Bill Hrisfanis - Owner
Steve Kontos - General Contractor
File No. 97056 – Construction Phase

To: - INSURANCE SERVICES OFFICE OF NEW JERSEY
744 BROAD STREET, NEWARK NEW JERSEY 07102

CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS — WATER SPRAY SYSTEMS
PART "A" GENERAL

PROCEDURE

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: RAINBOW DINER — DATE: 12/23/97

PROPERTY ADDRESS: 899 ROUTE 70 BRICK NJ

PLANS

ACCEPTED BY INSPECTION AUTHORITY('S) NAMES: BRICK TOWNSHIP FPB

ADDRESS: 401 CHAMBERS BRIDGE RD BRICK

INSTALLATION CONFORMS TO ACCEPTED PLANS	YES ☒	NO ☐
EQUIPMENT USED IS APPROVED	YES ☒	NO ☐
IF NO, STATE DEVIATIONS		

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT IF NO, EXPLAIN	YES ☒	NO ☐
HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT IF NO, EXPLAIN	YES ☒	NO ☐

TEST DESCRIPTION

FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs.

Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.

HYROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.

LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory and necessary repairs made.

PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.

PART "B" — UNDERGROUND PIPING

LOCATION

FEEDS BLDGS. N/A

UNDERGROUND PIPES AND JOINTS

PIPE TYPE AND CLASS: _____ TYPE JOINT: _____

CONFORMS TO _____ STANDARD IF NO, EXPLAIN	YES ☐	NO ☐
JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN	YES ☐	NO ☐

TESTS REQUIRED

FLUSHING -:- HYDROSTATIC -:- LEAKAGE

FLUSHING TESTS

NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)			YES ☐
HOW WAS FLUSHING FLOW OBTAINED	PUBLIC WATER ☐	TANK OR RESERVOIR ☐	FIRE PUMP ☐
THROUGH WHAT TYPE OPENING		HYD. BUTT ☐	OPEN PIPE ☐
LEAD-INS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)			YES ☐
HOW WAS FLUSHING FLOW OBTAINED	PUBLIC WATER ☐	TANK OR RESERVOIR ☐	FIRE PUMP ☐
THROUGH WHAT TYPE OPENING		Y CONN. TO FLANGE & SPIGOT ☐	OPEN PIPE ☐

FORM N.J.S (REV 2-73)

HYDROSTATIC TEST

ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI. FOR _____ HOURS

LEAKAGE TEST

TOTAL MOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS

ALLOWABLE LEAKAGE _____ GALS. _____ HOURS

HYDRANTS

NUMBER INSTALLED | TYPE AND MAKE

ALL OPERATE SATISFACTORILY YES ☐ NO ☐

CONTROL VALVES

WATER CONTROL VALVES LEFT WIDE OPEN YES ☐ NO ☐
IF NO, STATE REASON

REMARKS

DATE LEFT IN SERVICE

PARTS A & B SIGNATURES

NAME OF SPRINKLER CONTRACTOR | FOR PROPERTY OWNER (SIGNED) TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) | DATE

PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

LOCATION

SERVES BLDGS. ENTIRE BUILDING

TESTS REQUIRED

1 HYDROSTATIC TEST OF ALL PIPING
2 PNEUMATIC TEST OF ALL DRY PIPING
3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

SPRINKLERS OR SPRAY NOZZLES

MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING
RELIABLE	"G" PENDENT	1/2"	75	165°
"	"G" UPRIGHT	1/2"	31	165°

PIPE AND FITTINGS

MATERIAL AND KIND CONFORMS TO ANSI STANDARD
IF NONE, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE SEC.
VANE	POTTER	VWF-5	0	30

DRY PIPE VALVES

N/A

MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS: TIME TO TRIP THROUGH TEST PIPE — WITHOUT Q.O.D. MIN.	WITHOUT Q.O.D. SEC.	WITH Q.O.D. MIN.	WITH Q.O.D. SEC.	WATER PRESS. P.S.I.	AIR PRESS. P.S.I.	TRIP POINT AIR PRESS. P.S.I.	TIME WATER REACHED TEST OUTLET MIN.	TIME WATER REACHED TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO

IF NO, EXPLAIN

DELUGE & PREACTION VALVES

OPERATION PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐

PIPING SUPERVISED YES ☐ NO ☐ | DETECTING MEDIA SUPERVISED YES ☐ NO ☐

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES ☐ NO ☐

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES ☐ NO ☐
IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	DOES EACH CIRCUIT OPERATE VALVE RELEASE NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	MAXIMUM TIME TO OPERATE RELEASE SEC.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS
DRY PIPING PNEUMATICALLY TESTED YES ☐ NO ☐
EQUIPMENT OPERATE PROPERLY YES ☒ NO ☐
IF NO, STATE REASON

DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE 70 PSI | RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: PSI

BLANK TESTING GASKETS

NUMBER USED N/A | LOCATIONS | NUMBER REMOVED

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN 12/18/97

PART "C" SIGNATURES

NAME OF SPRINKLER CONTRACTOR FIRE PROTECTION TECHNOLOGIES | FOR PROPERTY OWNER (SIGNED) | TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) Karl K Higgenbotham

Test

732 363 5955

Range Hood Systems Report

SERVICE COMPANY

Daly Fire Protection
14 Lorden Drive
Howell, NJ 07731

DATE OF SERVICE	TIME	A.M.	P.M.
12/18/97	11:00	X	

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
			Test-	

LOCATION OF SYSTEM CYLINDERS: Right side wall

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyro	5.5/3.5	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
5.5	3.5	

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
7		2	

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
		X	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name Rainbow Diner

Address 845 RT 70

City Brickstown, NJ

Telephone 946-1555 Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

				upright			Dump	clean	ref	small	small
fryer	range	Hot Plate	Convection oven	Broiler	1F	1F	station				

1. All appliances properly covered w/correct nozzles	✓	20. Replaced fuse links	✓
2. Duct and plenum covered w/correct nozzles	✓	21. Check travel of cable nuts/S-hooks	✓
3. Check positioning of all nozzles.	✓	22. Piping & conduit securely bracketed	✓
4. System installed in accordance w/MFG UL listing	✓	23. Proper separation between fryers & flame	✓
5. Hood/duct penetrations sealed w/weld or UL device	✓	24. Proper clearance-flame to filters	✓
6. Check if seals intact, evidence of tampering	✓	25. Exhaust fan in operating order	✓
7. If system has been discharged, report same	✓	26. All filters replaced	✓
8. Pressure gauge in proper range (If gauged)	✓	27. Fuel shut-off in on position	✓
9. Check cartridge weight (If applicable)	✓	28. Manual & remote set/seals in place	✓
10. Hydrostatic test date	✓	29. Replace systems covers	✓
11. 6 year maintenance date	✓	30. System operational & seals in place	✓
12. Inspect cylinder and mount	✓	31. Slave system operational	✓
13. Operate system from terminal link	✓	32. Clean cylinder & mount	✓
14. Test for proper operation from remote	✓	33. Fan warning sign on hood	✓
15. Check operation of micro switch	✓	34. Personnel instructed in manual operation of system	✓
16. Check operation of gas valve	✓	35. Proper hand portable extinguishers	✓
17. Clean nozzles	✓	36. Portable extinguishers properly serviced	✓
18. Proper nozzle covers in place	✓	37. Service & Certification tag on system	✓
19. Check fuse links and clean	✓	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS: Test completed + Fire ext. throughout Bldg.

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X		12/18/97	11:00	X		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

CUSTOMER COPY

M-308.1.2.1 Kitchen exhaust: Commercial kitchen exhaust terminations shall conform to the requirements of Sections M-506.7 through M-506.7.2.

M-308.2 Opening protection: Outside air exhaust and intake openings shall be protected with corrosion-resistant screens, louvers or grilles. Openings shall be protected against all local weather conditions.

SECTION M-309.0 SYSTEMS CONTROL

M-309.1 Controls required: Air distribution systems shall be equipped with smoke detectors *labeled* for installation in air distribution systems, as required by this section.

M-309.2 Where required: Smoke detectors shall be installed where indicated in Sections M-309.2.1 through M-309.2.2.1.

M-309.2.1 Supply air systems: Smoke detectors shall be installed in supply air systems with a design capacity greater than 2,000 cubic feet per minute (cfm) (0.94 m^3/s), downstream of the air filters and ahead of any branch connections.

M-309.2.2 Return air systems: Smoke detectors shall be installed in return air systems with a design capacity greater than 15,000 cfm (7.08 m^3/s), in the return air duct or plenum upstream of any filters, exhaust air connections, outdoor air connections, or decontamination equipment. Systems that exhaust greater than 50 percent of the supply air shall have smoke detectors in both the return and exhaust air ducts or plenums.

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street - 3rd Floor Suite
Toms River, NJ 08753
(732) 818-1599
Fax: (732) 818-1644

December 22, 1997

Via Facsimile & U. S. Mail

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Gary Licknack, Fire Subcode Official

RE: Rainbow Diner & Restaurant Renovations Project, State Highway No. 70, Brick, New Jersey; Duct Smoke Detectors - Comm # 97056.

Dear Mr. Licknack:

Enclosed, please find a copy of the 1993 BOCA National Mechanical Code, Article M-309.2.1. Duct Smoke Detectors are required for supply air systems with a nominal design capacity ***GREATER*** than 2,000 cfm. The new HVAC Units on the above referenced Project have a nominal design capacity of 2,000 cfm. Thus, by Code, these new HVAC Units are not required to have Duct Smoke Detectors.

If you have any questions concerning this matter, please contact me at **(732) 818-1599.**

Sincerely,

Carl A Moenke
12-22-97

Carl A. Moenke, PE

CAM/cmm

cc: Daniel L. Bach & Associates
Bill Hrisfanis - Owner
Steve Kontos - General Contractor
File No. 97056 – Construction Phase

M-308.1.2.1 Kitchen exhaust: Commercial kitchen exhaust terminations shall conform to the requirements of Sections M-506.7 through M-506.7.2.

M-308.2 Opening protection: Outside air exhaust and intake openings shall be protected with corrosion-resistant screens, louvers or grilles. Openings shall be protected against all local weather conditions.

SECTION M-309.0 SYSTEMS CONTROL

M-309.1 Controls required: Air distribution systems shall be equipped with smoke detectors *labeled* for installation in air distribution systems, as required by this section.

M-309.2 Where required: Smoke detectors shall be installed where indicated in Sections M-309.2.1 through M-309.2.2.1.

M-309.2.1 Supply air systems: Smoke detectors shall be installed in supply air systems with a design capacity greater than 2,000 cubic feet per minute (cfm) (0.94 m^3/s), downstream of the air filters and ahead of any branch connections.

M-309.2.2 Return air systems: Smoke detectors shall be installed in return air systems with a design capacity greater than 15,000 cfm (7.08 m^3/s), in the return air duct or plenum upstream of any filters, exhaust air connections, outdoor air connections, or decontamination equipment. Systems that exhaust greater than 50 percent of the supply air shall have smoke detectors in both the return and exhaust air ducts or plenums.

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street - 3rd Floor Suite
Toms River, NJ 08753
(732) 818-1599
Fax: (732) 818-1644

December 22, 1997

Via Facsimile & U. S. Mail

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Gary Licknack, Fire Subcode Official

RE: Rainbow Diner & Restaurant Renovations Project, State Highway No. 70, Brick, New Jersey; Duct Smoke Detectors - Comm # 97056.

Dear Mr. Licknack:

Enclosed, please find a copy of the 1993 BOCA National Mechanical Code, Article M-309.2.1. Duct Smoke Detectors are required for supply air systems with a nominal design capacity ***GREATER*** than 2,000 cfm. The new HVAC Units on the above referenced Project have a nominal design capacity of 2,000 cfm. Thus, by Code, these new HVAC Units are not required to have Duct Smoke Detectors.

If you have any questions concerning this matter, please contact me at **(732) 818-1599.**

Sincerely,

Carl A. Moenke
12-22-97

OK > 2000 cf.

Carl A. Moenke, PE

CAM/cmm

cc: Daniel L. Bach & Associates
Bill Hrisfanis - Owner
Steve Kontos - General Contractor
File No. 97056 – Construction Phase

To: - INSURANCE SERVICES OFFICE OF NEW JERSEY
744 BROAD STREET, NEWARK NEW JERSEY 07102

CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS — WATER SPRAY SYSTEMS
PART "A" GENERAL

PROCEDURE

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: RAINBOW DINER — DATE: 12/23/97

PROPERTY ADDRESS: 849 ROUTE 70 BRICK NJ

PLANS

ACCEPTED BY INSPECTION AUTHORITY('S) NAMES: BRICK TOWNSHIP FPB

ADDRESS: 401 CHAMBERS BRIDGE RD BRICK

INSTALLATION CONFORMS TO ACCEPTED PLANS — YES ☒ NO ☐

EQUIPMENT USED IS APPROVED — YES ☒ NO ☐

IF NO, STATE DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT — YES ☒ NO ☐

IF NO, EXPLAIN

HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT — YES ☒ NO ☐

IF NO, EXPLAIN

TEST DESCRIPTION

FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs.

Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.

HYROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.

LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory and necessary repairs made.

PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.

PART "B" — UNDERGROUND PIPING

LOCATION

FEEDS BLDGS. N/A

UNDERGROUND PIPES AND JOINTS

PIPE TYPE AND CLASS — TYPE JOINT

CONFORMS TO _____ STANDARD — YES ☐ NO ☐

IF NO, EXPLAIN

JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD — YES ☐ NO ☐

IF NO, EXPLAIN

TESTS REQUIRED

FLUSHING -:- HYDROSTATIC -:- LEAKAGE

FLUSHING TESTS

NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD — YES ☐

BY (COMPANY)

HOW WAS FLUSHING FLOW OBTAINED

PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP ☐

THROUGH WHAT TYPE OPENING

HYD. BUTT ☐ OPEN PIPE ☐

LEAD-INS FLUSHED ACCORDING TO _____ STANDARD — YES ☐

BY (COMPANY)

HOW WAS FLUSHING FLOW OBTAINED

PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP ☐

THROUGH WHAT TYPE OPENING

Y CONN. TO FLANGE & SPIGOT ☐ OPEN PIPE ☐

HYDROSTATIC TEST

ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI. FOR _____ HOURS

LEAKAGE TEST

TOTAL MOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS

ALLOWABLE LEAKAGE _____ GALS. _____ HOURS

HYDRANTS

NUMBER INSTALLED | TYPE AND MAKE

ALL OPERATE SATISFACTORILY YES ☐ NO ☐

CONTROL VALVES

WATER CONTROL VALVES LEFT WIDE OPEN YES ☐ NO ☐
IF NO, STATE REASON

REMARKS

DATE LEFT IN SERVICE

PARTS A & B SIGNATURES

NAME OF SPRINKLER CONTRACTOR | FOR PROPERTY OWNER (SIGNED) TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) | DATE

PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

LOCATION

SERVES BLDGS. ENTIRE BUILDING

TESTS REQUIRED

1 HYDROSTATIC TEST OF ALL PIPING
2 PNEUMATIC TEST OF ALL DRY PIPING
3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

SPRINKLERS OR SPRAY NOZZLES

MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING
RELIABLE	"G" PENDENT	1/2"	95	165°
"	"G" UPRIGHT	1/2"	31	165°

PIPE AND FITTINGS

MATERIAL AND KIND CONFORMS TO ANSI STANDARD
IF NONE, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE SEC.
VANE	POTTER	VWF-5	0	30

DRY PIPE VALVES

N/A

MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS: TIME TO TRIP THROUGH TEST PIPE — WITHOUT Q.O.D. MIN.	WITHOUT Q.O.D. SEC.	WITH Q.O.D. MIN.	WITH Q.O.D. SEC.	WATER PRESS. P.S.I.	AIR PRESS. P.S.I.	TRIP POINT AIR PRESS. P.S.I.	TIME WATER REACHED TEST OUTLET MIN.	TIME WATER REACHED TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO

IF NO, EXPLAIN

DELUGE & PREACTION VALVES

OPERATION PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐

PIPING SUPERVISED YES ☐ NO ☐ | DETECTING MEDIA SUPERVISED YES ☐ NO ☐

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES ☐ NO ☐

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES ☐ NO ☐
IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	DOES EACH CIRCUIT OPERATE VALVE RELEASE NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	MAXIMUM TIME TO OPERATE RELEASE SEC.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS
DRY PIPING PNEUMATICALLY TESTED YES ☐ NO ☐
EQUIPMENT OPERATE PROPERLY YES ☒ NO ☐
IF NO, STATE REASON

DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE 70 PSI | RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: PSI

BLANK TESTING GASKETS

NUMBER USED: N/A | LOCATIONS | NUMBER REMOVED

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 12/18/97

PART "C" SIGNATURES

NAME OF SPRINKLER CONTRACTOR: FIRE PROTECTION TECHNOLOGIES | FOR PROPERTY OWNER (SIGNED) | TITLE

FOR SPRINKLER CONTRACTOR (SIGNED): Karl K Liggenbach

Doug Test

732 363 5955

Range Hood Systems Report

SERVICE COMPANY

Daly Fire Protection
14 Larch Drive
Howell, NJ 07731

DATE OF SERVICE	TIME	A.M.	P.M.
12/18/97	11:00	X	

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
			Test-	

LOCATION OF SYSTEM CYLINDERS: Right side wall

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Ryan	5.5/3.5	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
5.5	3.5	

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
7		2	

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
		X	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name Rainbow Diner

Address 645 Rt 70

City Brickton, NJ

Telephone 946-1555 Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

				upright			Dump	clean	ref	s.s.ll	s.s.ll
fryer	fryer	Hot top	Convection oven	Broiler	1F	1F	station				

1. All appliances properly covered w/correct nozzles	✓	20. Replaced fuse links	✓
2. Duct and plenum covered w/correct nozzles	✓	21. Check travel of cable nuts/S-hooks	✓
3. Check positioning of all nozzles.	✓	22. Piping & conduit securely bracketed	✓
4. System installed in accordance w/MFG UL listing	✓	23. Proper separation between fryers & flame	✓
5. Hood/duct penetrations sealed w/weld or UL device	✓	24. Proper clearance-flame to filters	✓
6. Check if seals intact, evidence of tampering	✓	25. Exhaust fan in operating order	✓
7. If system has been discharged, report same	✓	26. All filters replaced	✓
8. Pressure gauge in proper range (If gauged)	✓	27. Fuel shut-off in on position	✓
9. Check cartridge weight (If applicable)	✓	28. Manual & remote set/seals in place	✓
10. Hydrostatic test date	✓	29. Replace systems covers	✓
11. 6 year maintenance date	✓	30. System operational & seals in place	✓
12. Inspect cylinder and mount	✓	31. Slave system operational	✓
13. Operate system from terminal link	✓	32. Clean cylinder & mount	✓
14. Test for proper operation from remote	✓	33. Fan warning sign on hood	✓
15. Check operation of micro switch	✓	34. Personnel instructed in manual operation of system	✓
16. Check operation of gas valve	✓	35. Proper hand portable extinguishers	✓
17. Clean nozzles	✓	36. Portable extinguishers properly serviced	✓
18. Proper nozzle covers in place	✓	37. Service & Certification tag on system	✓
19. Check fuse links and clean	✓	NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS: Test completed + Fire ext. hung throughout Bldg.

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X		12/18/97	11:00	X		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

CUSTOMER COPY

Ocean County Construction Inspection Department

FIELD CORRECTION NOTICE

LOCATION Rainbow Dinner PERMIT NO. _____

ISSUED TO _____

PERMIT HOLDER AND.OR ALL RESPONSIBLE PARTIES.

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction: _____

1) Sign Basement Sprinkler Control Valve 4" high
2) Mount fire Ext.
3) Tamper and flow to remote or central
update Permit for panel

TCO 30 days.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____.

DATE 12/16/97 BY _____ INSPECTOR

C.M.D. 109 Green - Original Pink - Field Copy Goldenrod - File Copy

Ocean County Construction Inspection Department

FIELD CORRECTION NOTICE

LOCATION Rainbow Diner PERMIT NO. _____

ISSUED TO _____

PERMIT HOLDER AND.OR ALL RESPONSIBLE PARTIES.

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction:

1) Sign Basement Sprinkler Control Valve 4" high
2) Mount fire Ext.
3) Tamper and flow to remote or central
update Permit for panel

TCO 30 days.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 12/16/97 BY Doug Diehl
INSPECTOR

C.M.D. 109 Green - Original Pink - Field Copy Goldenrod - File Copy

Plan Indicated CFM at 2000 Duct Det Required on letter from AE indicating 6000

Ocean County Construction Inspection Department

FIELD CORRECTION NOTICE

LOCATION Rainbow PERMIT NO. _____

ISSUED TO _____

PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES.

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction: _____

X 5) All Sprinkler signage NFPA 26 Hydraulic data tags, to be installed chain locks. OK 12-22-97 MM

X 6) Fire Extinguisher for Kit o Restaurent Seating o basements OK 12-22-97 MM

7) Sealed as built sprinkler drawings NFPA Test (forms)

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

_____

DATE 12/19/97 BY _____

INSPECTOR

C.M.D. 109 Green - Original Pink - Field Copy Goldenrod - File Copy

8) Removal of all bushing from sprinkler system and documentation of Re hydro.

Prc final

Ocean County Construction Inspection Department

FIELD CORRECTION NOTICE

LOCATION Rainbow PERMIT NO. _____

ISSUED TO _____

PERMIT HOLDER AND.OR ALL RESPONSIBLE PARTIES.

3 APPROVAL STICKER FROM J.E. 12-19-97

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction: _____

1) Test Kitchen system all appliances and hood fans to be operationgable (plans on job) (Test Cert.) full test with wet chemical per manufactures specs
2) Documentation CFM of Air Distribution system < 2000 CFM
3) flow test sprinkler when complete
4) Seal all opening in wall included fire mastic caulk corridor walls

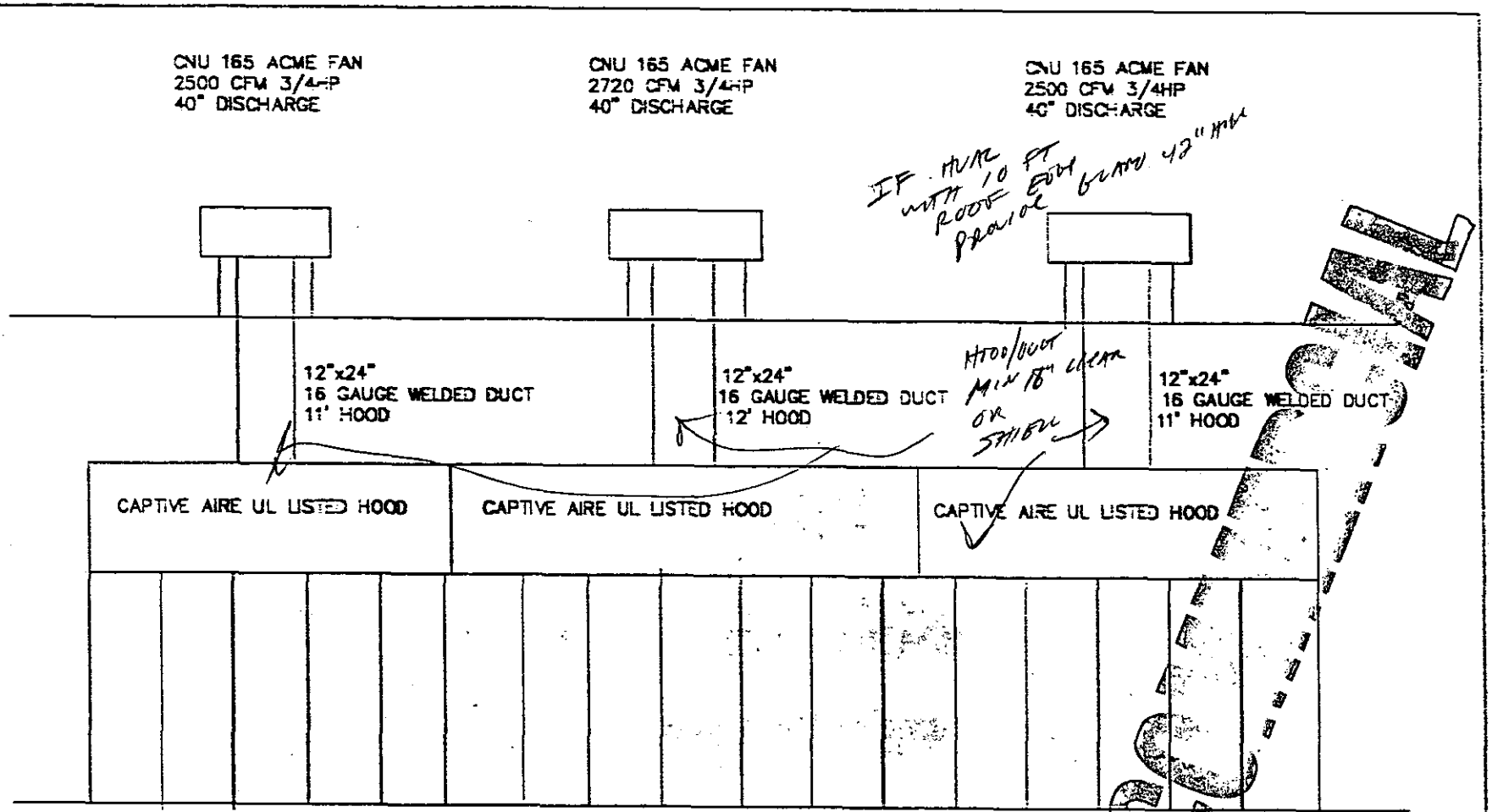
PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 12/15/97 BY _____

INSPECTOR

C.M.D. 109 Green - Original Pink - Field Copy Goldenrod - File Copy

Note forgot to check Insp. test value o Location on this date check on Rough



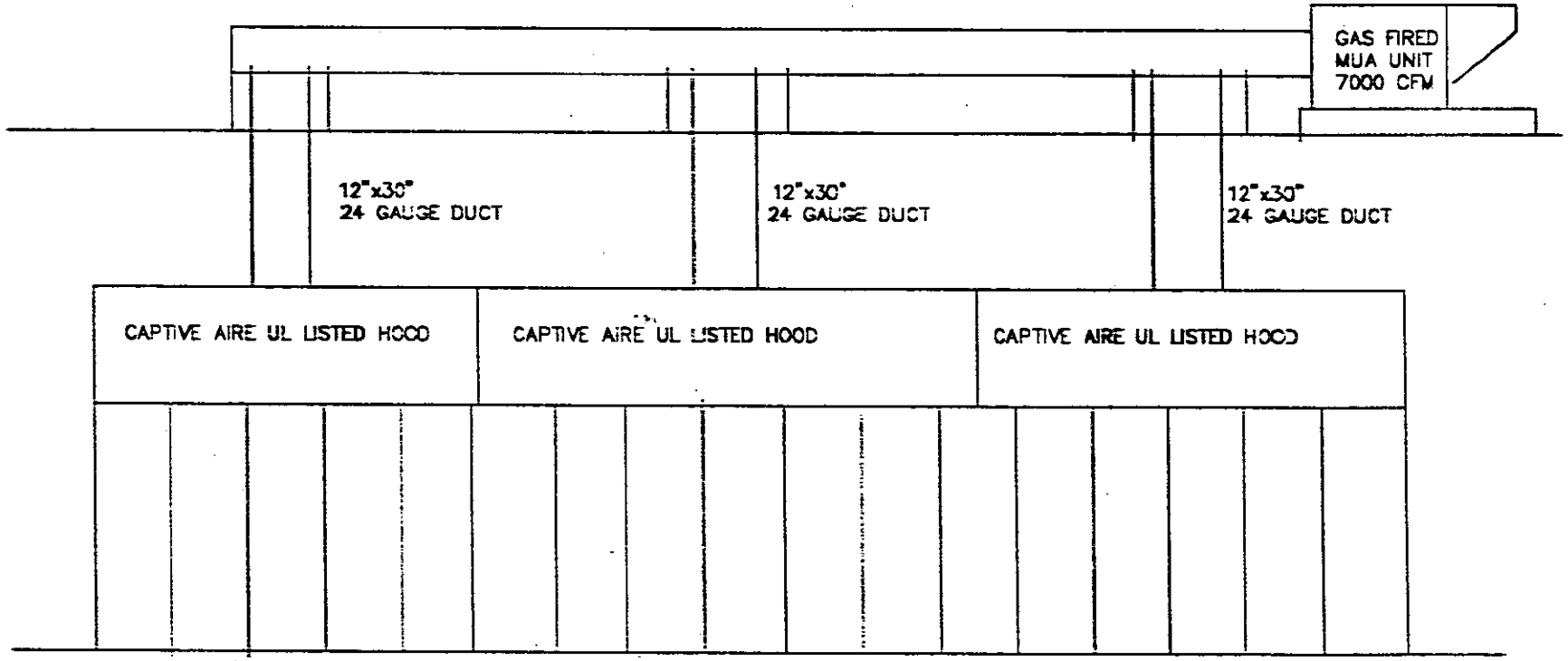
HOODS WILL HAVE A 4" BACK FILLER, 3" AIR SPACE, 24 GAUGE GALVANIZED HEAT SHIELD AND BE SPACED 1" OFF COMBUSTIBLE AS PER BOCA ARTICLE 11, REDUCED CLEARANCE TABLE

JOB	Rainbow Diner
LOCATION	Route 70 Bricktown, NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		11-6-03	
Energy			
Electrical			

ALL FANS & UNITS LOCATED AT LEAST 10 FEET FROM ROOF EDGE.
FANS & MUA UNIT LOCATED 10 FEET APART



22 GAUGEINSULATED STAINLESS STEEL WALL PANELS

HOODS WILL HAVE A 4" BACK FILLER. 3" AIR SPACE, 24 GAUGE GALVANIZED HEAT SHIELD AND BE SPACED 1" OFF COMBUSTIBLE AS PER BOCA ARTICLE 11 REDUCED CLEARANCE TABLE

JOB	RainbowDiner
LOCATION	Route70 Bricktown,NJ
DATE	*DWG. #*
DWN. BY	*CHKD. BY*
REV.	*SCALE* Not To Scale

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

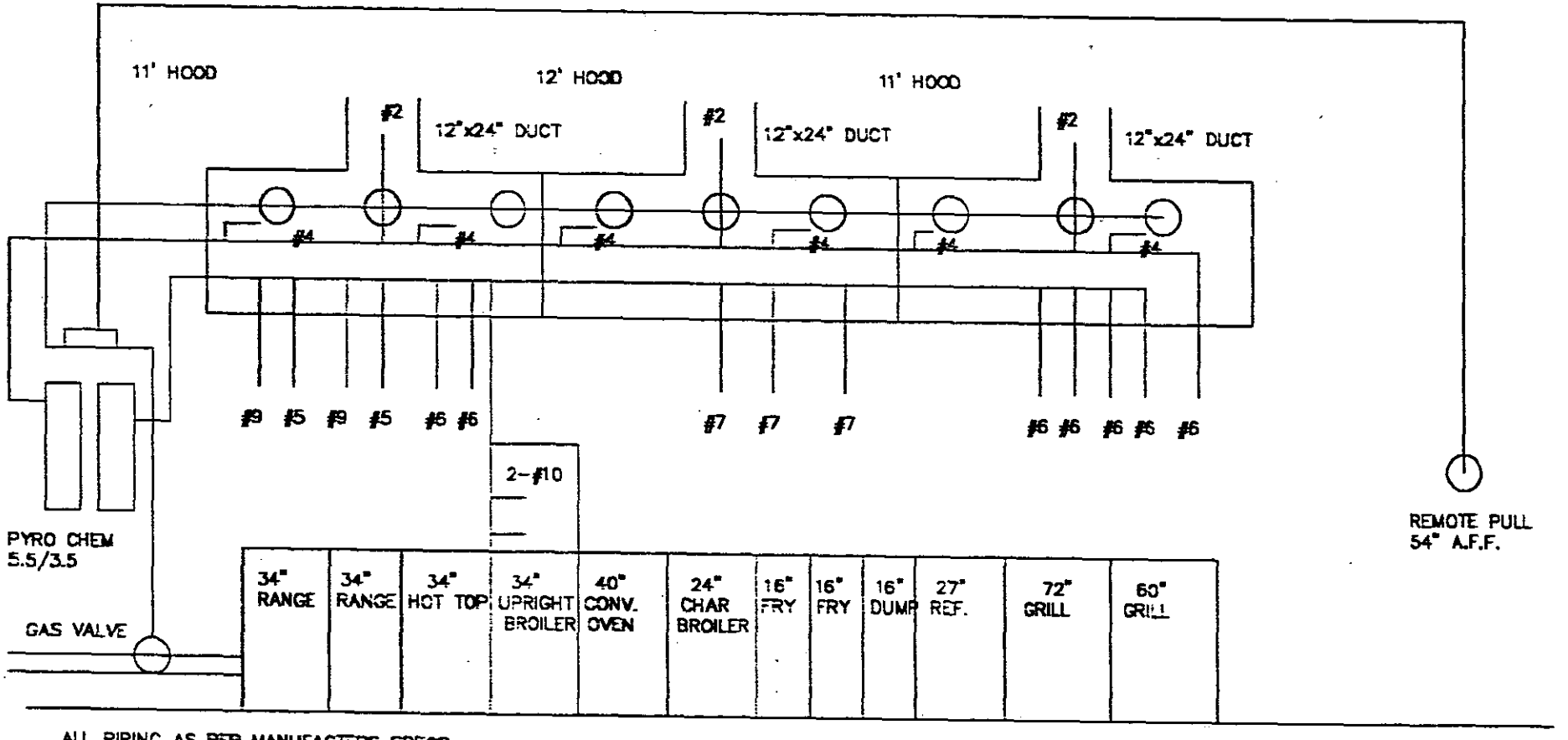
Plumbing

Building

Fire 11-6-44

Energy

Electrical



ALL PIPING AS PER MANUFACTERS SPECS
6" OVERHANG ON ALL OPEN SIDES
33 POINTS ALLOWED 32.5 POINTS USED

○ DENOTES FUSIBLE LINKS

JOB	RainbowDiner
LOCATION	Route70 Bricktown,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

LICENSE #
DALY FIRE PROTECTION
16 LORELEI DRIVE HOWELL, NJ 07731
PH [illegible] FAX [illegible]

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		11-6-87	
Energy			
Electrical			

PYRO CHEM UL 300 NOZZLE CHART AND POINT VALUE
NOZZLE #1 NLD-1 POINT VALUE 1
NOZZLE #2 NLD-2 POINT VALUE 2
NOZZLE #3 NLD-3 POINT VALUE 3
NOZZLE #4 NL-A POINT VALUE 1
NOZZLE #5 NLF-1.25 POINT VALUE 1.25
NOZZLE #6 NL-R POINT VALUE 1
NOZZLE #7 NL-F2 POINT VALUE 2
NOZZLE #8 NL-F1 POINT VALUE 1
NOZZLE #9 NL-RH2 POINT VALUE 2
NOZZLE #10 NL-UB POINT VALUE 1/2

TANK SIZE AND POINTS ALLOWED
PCL-2.40 EIGHT (8) POINTS
PCL-3.50 THIRTEEN (13) POINTS
PCL-5.50 TWENTY (20) POINTS
SYSTEMS CAN BE TIED TOGETHER ADD POINTS TOGETHER FOR TOTAL

FUSIBLE LINKS WILL BE 360 DEGREES

PIPE SIZING
PCL 2.40 GALLON 3/8" SCH. 40
PCL 3.50 GALLON 3/8" SCH. 40
PCL 5.50 GALLON MAIN SUPPLY 1/2" DROPS 3/8"

EXHAUST FAN WILL REMAIN RUNNING AND MAKE-UP AIR UNIT WILL SHUT DOWN WHEN FIRE SYSTEM DISCHARGES.

ALL PIPING AS PER PYRO CHEM TECHNICAL MANUAL
THE OPERATING TEMPERATURE RANGE OF THE PYRO CHEM, INC. SYSTEM is 32 DEGREE MINIMUM TO 120 DEGREE MAXIMUM.

JOB	RainbowDiner
LOCATION	Route70 Bricktown,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

License #
DALY FIRE PROTECTION
16 Lorraine Drive Howell, NJ 07731
Ph [illegible] Fax [illegible]

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire

Energy

Electrical

11-6-97 Hood/Dick/Sue

RECEIVED

NOV 0 6 1997

DIV. OF INSPECTION

List of Electrical Equipment for the Rainbow Diner

Refrigerated walk-in storage unit (208V, 3-φ, 8.0A)
3 Evaporator coils (208, 1-φ, 4.5A)
3 Compressors (208V, 3-φ, 6.5A)
Mixer, 60 Quart-Welbuilt W60 → (208V, 3-φ, 6.0A)
Metro proof cabinet TC905 → (120V, 1-φ, 13.2A)
Reach-in refrigerator, 2-sec traul #22010 → (120V, 8.5A)
Reach-in freezer, 2-sec traul #22010 w/tray slide (120V, 14.9A, 1-φ)
11 ft. refrigerator grill stand remote SMB24 120V, 3.5A
Low refrigerator custom made remote compressor 120V, 6A,
Fire supression system (3 EXHAUST FANS 3-φ, 208V, 6.2A + ONE MAKE-UP AIR FAN UNIT 208V, 3-φ, 5.2A
Reach in refrigerator 1 sec traul G10010 2 door (120V, 8.5A, 1-φ)
Fish file refrigerator (120V, 3.5A)
Sandwich unit (120V 4.2A)
Countertop convection steamer 3 pan VUL 9000 (208V, 40A, 1-φ)
2 Microwave oven C 500 100-Amana RC900 (120V, 1750 WATTS)
Dishwasher, conveyor type X66 insinger X66 (208V, 3-φ, 60A FOR HEATER UNITS + 208V, 3-φ, 20A FOR CONTROL CKTS.)
Warming drawers Duke DUKDW3 (208V, 1-φ, 1.0KW)
6 ft. Sandwich unit custom remote (120V, 6.1A)
Bev air door glass reach in M749 (120V, 10.5A)
2 Ice machine w/bin 2 KM630 → (EACH MACHINE 208V, 1-φ, 5.0A)
Dessert/Pastry case → (120V, 1-φ, 8.0A)
Refrigerated milk dispensor → (120V, 1-φ, 1.6A)
Coffee brewer → (208, 1-φ, 36A)
Coffee urn
Hot chocolate dispenser (120V, 6.5A, 1-φ)
Hobart meat saw → (208V, 3-φ, 6.8A)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.ghshost.com/brick
http://www.twp.brick.nj.us

Date: 9.30 99

Dear Homeowner:

This letter is to inform you that permit # 97-2937 for a Sign + neon strip has expired without recieving its final inspections. In order to recieve your final ✓ building, ___ fire, ___ electric, ___ plumbing inspection(s), you must first reinstate your permit. The fee for reinstatement is $35.00 for each subcode. You can make payment Monday through Friday 8am to 3:30pm downstairs in the Municipal Complex. If you have any questions feel free to contact Nicole at 262-4627.

Thank you for your cooperation on this matter.

Sincerely,

JPC

Joseph Curiazza
Construction Official

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 12-24-97.

NAME Rainbow Diner

ADDRESS 849 Route 70 E. Brick, NJ 08723

PROPERTY LOCATION 849 Hwy. 70 East

Account No. L444802 Block 854 Lot 2

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

INSPECTOR: Tom Rospos

DATE: 3/17/00

JOB: Rainbow Diner

SECTION: off

TYPE OF WORK: Temp C.O.

WEATHER: Rain

LOCATION: Rt 70 (East

TEMPERATURE: 45° F

BLOCK: 854

LOT: 2

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk		✓
4. Road Pavement	✓	
5. Landscaping & Sodding		✓ (N/A)
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		✓
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: Extend Temp CO to July 18, 2000 Applicant is applying to Planning Board to reflect As-built conditions during april 2000.

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

Frank K. Noyes MUNICIPAL ENGINEER

3/17/00

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: RAINBOW DINER SCD NO.: 6086

BLOCK NO.(s) 854 LOT NO.(s) 2

8

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions
		APPLICANT REMAINS RESPONSIBLE FOR COMPLETE GERMINATION OF ALL SEEDED AREAS.

TOTAL FEES DUE: $

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT:

AUTHORIZED DISTRICT SIGNATURE:

DATE: 12/10/97

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

LOT NO.(s)

Conditional Compliance

Comments

TOTAL FEES D

... with the ... Soil Erosion and Sediment Control ... stated above ... Soil Conservation District ...

INSPECTOR: KEN SHAFER

DATE: 6-30-00

JOB: RAINBOW DINER

SECTION:

TYPE OF WORK: FINAL C.O.

WEATHER:

LOCATION: Rt 70 EAST

TEMPERATURE:

BLOCK: 854 LOT: 2

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

RAINBOW DINER ADD'N

Certificate of Occupancy Single Family Dwelling

Location 849 Rt 70 Block 854 Lot 2

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building	Approved.	T.C.O. OK	Final 8/10/00
Plumbing	Approved.	12/23/97 OK	
Fire	Approved.	3/18/98 OK	
Electric	Approved.	5/12/98 OK	
Ctf of Comp BTMUA	Approved.	OK	
HOW	Approved.	OK 12/24/97	6/30/00
Engineering	Approved.	T.C.O. 8/1/98	~~4/18/00~~
Soil	Approved.	Final OK	
Affordable Housing	Approved.	OK 9/10/97	
Commercial Occupancy Load	Completed		
Public Works Garbage Can Receipt	Received		
Application for CO	Completed		

8/2/00

New Jersey Natural Resources
Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road
Forked River, NJ 08731
(609) 971-7002

SOIL EROSION AND SEDIMENT CONTROL CERTIFICATION

JULY 21, 1997

VASILIOS HRISAFINIS
RAINBOW DINER
849 ROUTE 70 EAST
BRICK NJ 08724

RE: **SCD #6086** RAINBOW DINER;
BLOCK 854, LOT 2;
BRICK TOWNSHIP

Pursuant to Chapter 251, Soil Erosion and Sediment Control Act, P.L. 1975, the Ocean County Soil Conservation District hereby grants certification of the soil erosion and sediment control plan for the above-referenced project, subject to the following:

1. That the applicant carries out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey promulgated by the State Soil Conservation Committee.

2. THE APPLICANT MUST NOTIFY THE DISTRICT OFFICE, BY MAIL, AT LEAST 48 HOURS PRIOR TO INITIAL LAND DISTURBANCE.

3. A letter must be written notifying the District office of project completion within 48 hours immediately following completion.

4. Changes in the certified plan relating to or that will affect land disturbance on the site must be submitted to the District office for re-evaluation and approval.

5. A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

6. Failure to comply with any of the above conditions may result in the issuance of a Stop Construction Order.

NOTE: This certification is limited to the controls specified in this plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency. THIS CERTIFICATION SHALL EXPIRE IN 3-1/2 YEARS.

Sigmond Zsoldos
SUPERVISOR

AP-66

(File)

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(908) 262-1041
Fax (908) 262-8954
http://gbshost.com/brick

OK 7/23/97 SK

July 9, 1997

Bill Hrisafixis
Parkside Manor, Inc.
3010 Bordentown Avenue
Parlin, N.J. 08859

RE: Block 854, Lot 2
849 Route 70 - Rainbow Diner
Zoning Permit Application

Dear Mr. Hrisafixis:

Your zoning permit application on the referenced property is denied because the site plan map has not been signed by the Planning Board.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

SK/cas

c: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP\PP, Municipal Planner

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 7-24-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 354 LOT 2 SITE ADDRESS 849 RT 70 EAST

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Rainbow Diner

APPLICANT Evangelista Partners (Steve Kuntz) CITY & STATE Brick NJ 08723

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 120,000

[signature]
Frederick R. Millman, CTA, Tax Assessor

7/24/97
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____

Residential/Commercial

APPLICANT _____ PHONE NUMBER _____

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

❒ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

❒ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

❒ Residential is .005%

☒ Commercial is .01%

Estimated Assessment: _____ Date 7-25-17

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048
Fax (908) 262-8954
http://gbshost.com/brick

July 25, 1997

Steve Kontos
Evangelista Partners
Parkside Manor, Inc.
3010 Bordentown Avenue
Parlin, NJ 08859

RE: Mandatory Development Fee
Block 854, Lot 2, 849 Rt. 70 East

To Whom it May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on June 23, 1997, for the above block and lot at $420,000.00, resulting in an estimated fee of $4,200.00

Therefore, it is required that one half of the estimated fee ($2,100.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curlazza
Acting Construction Official
(908) 262-1024
Fax (908) 920-4850
http://gbshost.com/brick

FACISIMILE CORRESPONDENCE

(908) 262-8954

Date 7/29/97 To Fax No. 908 462-7853 Pages 2

To: ARCHITECT: DANIEL BACH

ATTN: SAME

From: TINA - BUILDING DEPT

Message

RE: QUESTIONS "RAINBOW DINER

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: Plan Review #

Fee: Date: 7-28-97

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION Rainbow Diner RT 70
(Street address)

BUILDING DESCRIPTION Block 854 Lt 2
849 RT 70 East

REVIEWED BY

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	(1) No Floor Plan, Showing Seating That is Scaled in Dining Area	
	(2) Exct Access Travel Distance	
	(3) Railing Design & Slope on H.C. Ramp	
	(4) Is Unit Sprinklered ?	
	Plumbing, Fire, Elect Needed	

06/93

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION Rainbow Diner Rt 70
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DN

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	NO plumbing techs	
(2)	Board of health Approval needed	
(3)	need separate facilities for each sex including staff Bathrooms NSPC 7.24.4	
(4)	staff Bathrooms must be handicap as per BOCA 1108.2	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

RECEIVED

JUL 30 1997

DIV. OF INSPECTION

Date: July 30, 1997

Dear Mr. Curiazza,

In my projection of the total cost of construction for the alteration amount I included furniture, equipment and site plan expense, Please change the total cost from $300,000. to $100,000.

The addition to the building remains at $50,000.

Sorry for the inconvenience

Very truly yours,

V. Hrisafektis

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION Rainbow Diner Rt 70
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DJV

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.* 5 plumbers total

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	NO plumbing techs	
(2)	Board of health Approval needed	
(3)	need separate facilities for each sex including staff Bathrooms NSPC 7.24.4	
(4)	staff Bathrooms must be handicap as per BOCA 1108.2	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 7-28-97

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION Rainbow Diner RT 70
(Street address)

BUILDING DESCRIPTION Block 854 Lt 2
849 RT 70 East

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	No Floor Plan Showing Seating That is scaled in Dining Area	
2	Exit Access Travel Distance 60	1/12 slopt
3	Railing Design & Slope on H.C. Ramp 36	Rong
4	Is Unit Sprinklered ? NO	
	Plumbing, Fire, Elect Needed	
	Occ Load 204	
	Needed Exit width 4'-0"	
	Provided 6'-0"	

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curlazza
Acting Construction Official
(908) 262-1024
Fax (908) 920-4850
http://gbshost.com/brick

FACISIMILE CORRESPONDENCE

(908) 262-8954

Date 8/7/97 To Fax No. 462-7853 Pages 1

To: DANIEL L BACH, ARCHITECT

ATTN: _____

From: TWA/BRICK BUILDING DEPT

Message REVIEW & ITEMS THAT MUST BE ADDRESSED FOR FIRE

BOCA®

PLAN REVIEW RECORD

Valuation: _____

Fee: _____

Plan Review # 8-97

Date 8-7-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK TWP BLOCK: 854 LOT: 2
(City, County, Township, etc.)

BUILDING LOCATION 849 RT 70 EAST
(Street address)

BUILDING DESCRIPTION ADDITION +5% / FIRE DAMAGE

REVIEWED BY FIRE

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	FILL OUT FIRE APPLICATION - INCOMPLETE INFO.	
2	INDICATE % OF INCREASE	
3	SHOW 42" ISLE WIDTH ON PLANS BETWEEN SEATS	
4	INDICATE INTERIOR FINISHS	
5	SHOW EXIT WIDTH COMPLIANCE WITH TAB	1009.2
6	INDICATE TRAVEL DISTANCE - CELLAR	
7	FIRE STOP OVERHANG "BACK" TO UNDERSIDE ROOF	
8	HEAT ROOF TOP - 10 FT - GLARES	
9	ENCLOSE STAIR TO CELLAR	
10	HEAT - SYSTEM CONTROL - OVER 2000 ? ALARM	
11	PROVIDE SUPP PLANS / HOOD / DUCT	
12	FIRE SPRINKLER PLANS - PSI, GPM ON	
	SYSTEM - CITY PSI, GPM, HAZ CLASS, F.D. CONN, ETC.	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

ARCHITECT - DAN BACH
FREE H2O
462-0215

BOCA®
PLAN REVIEW RECORD

Valuation: _____
Fee: _____

Plan Review # 8-97
Date 8-7-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK TWP BLOCK: 854 LOT: 2
(City, County, Township, etc.)

BUILDING LOCATION 849 RT 70 EAST
(Street address)

BUILDING DESCRIPTION ADDITION +5% / FIRE DAMAGE

REVIEWED BY FIRE MQ

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	FILL OUT FIRE APPLICATION - INCOMPLETE INFO.	
2	INDICATE % & INCREASE	
3	SHOW 42" ISLE WIDTH ON PLANS BETWEEN SEATS	
4	INDICATE INTERIOR FINISHS	
5	SHOW EXIT WIDTH COMPLIANCE WITH TAB	1009.2
6	INDICATE TRAVEL DISTANCE - CELLAR	
7	FIRE STOP OVERHANG "BACK" TO UNDERSIDE ROOF	
8	MAZ ROOF TOP - 10 FT - GLARES	
9	ENCLOSE STAIR TO CELLAR	
10	HAZ - SYSTEM CONTROL - OVER 2000 ? ALARM	
11	PROVIDE SUPP PLANS / HOOD / DUCT	
12	FIRE SPRINKLER PLANS - PSI, GPM ON	
	SYSTEM - CITY PSI, GPM, HAZ CLASS, FD CONN, ETC.	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

ARCHITECT - DAN BACH
FREE HOLD
462-0215

3/87

DANIEL L. BACH
ARCHITECT

42 East Main Street
Freehold, New Jersey 07728

(908)462-0215
Fax (908)462-7853

LETTER OF TRANSMITTAL

TO FRANK MISER
BRICK TOWNSHIP BLDNG. DEPT.

DATE 8/4/97 JOB NO. RB 1-97
ATTENTION FRANK MISER
RE: RAINBOW DINER

GENTLEMEN:

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
	SHEET 1		ADDENDUM # 1 TO SHEETS (2)
	of 4		SUBMITTED ON AUGUST 1, 1997

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as *submitted* ☐ Resubmit ____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit ____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return ____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

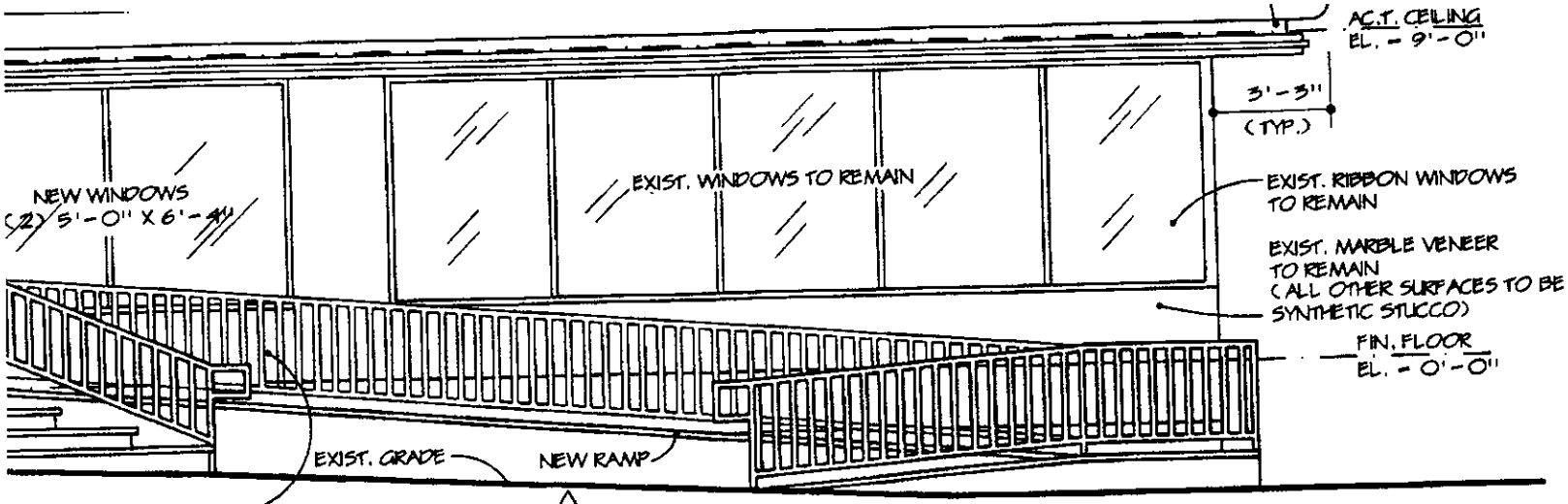
REVISED RAILING CONFIGURATIONS W/ 4" VERTICAL SPACING TYPICAL.

IF ANY MORE QUESTIONS, PLEASE CALL

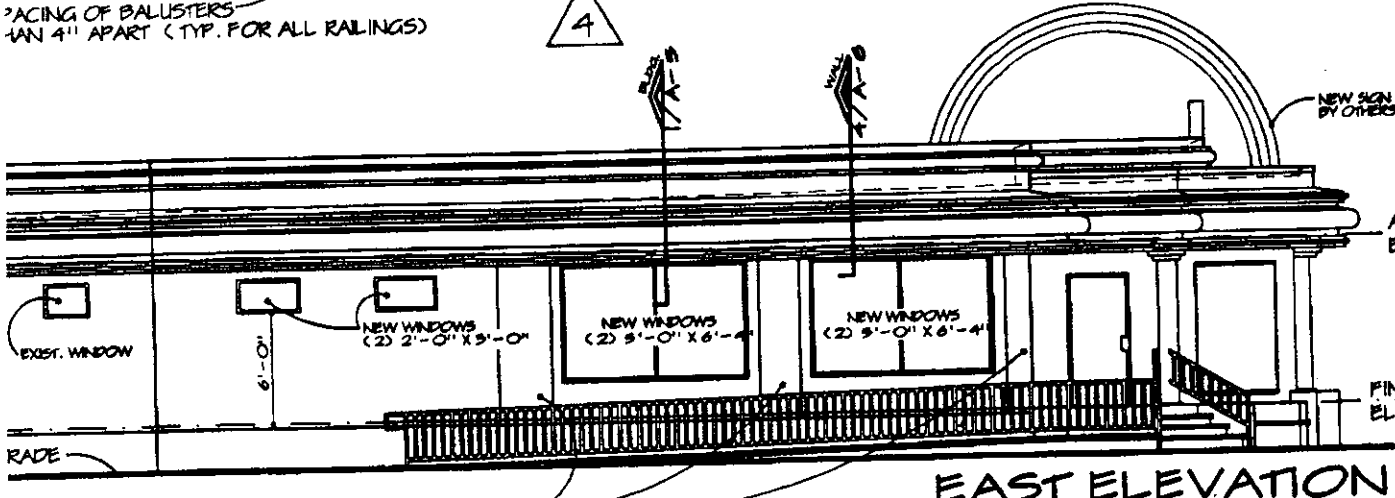
THANKS,
GREG

COPY TO

SIGNED: [signature]

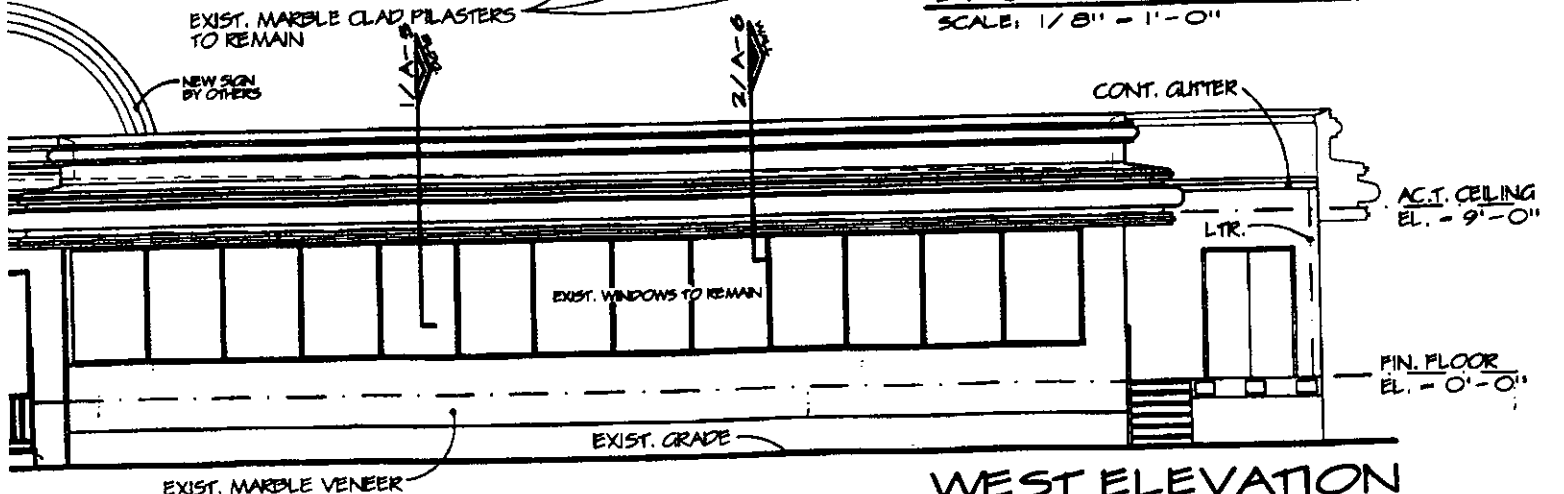


4



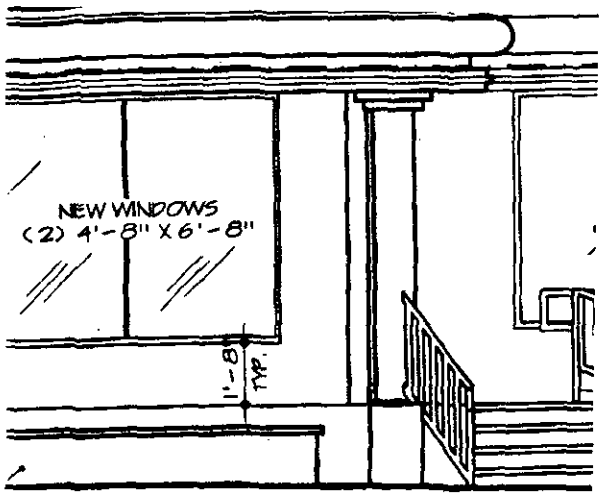
EAST ELEVATION

SCALE: 1/8" = 1'-0"



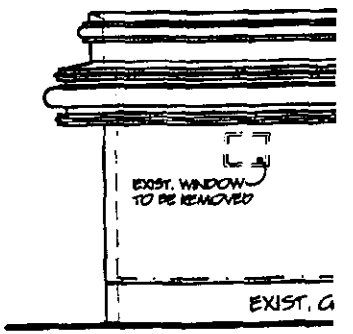
WEST ELEVATION

SCALE: 1/8" = 1'-0"



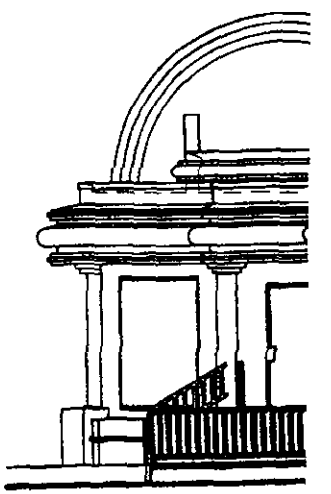
NEW PLANTERS (TYP)

NEW RAILING – SI
TO BE NO MORE TI

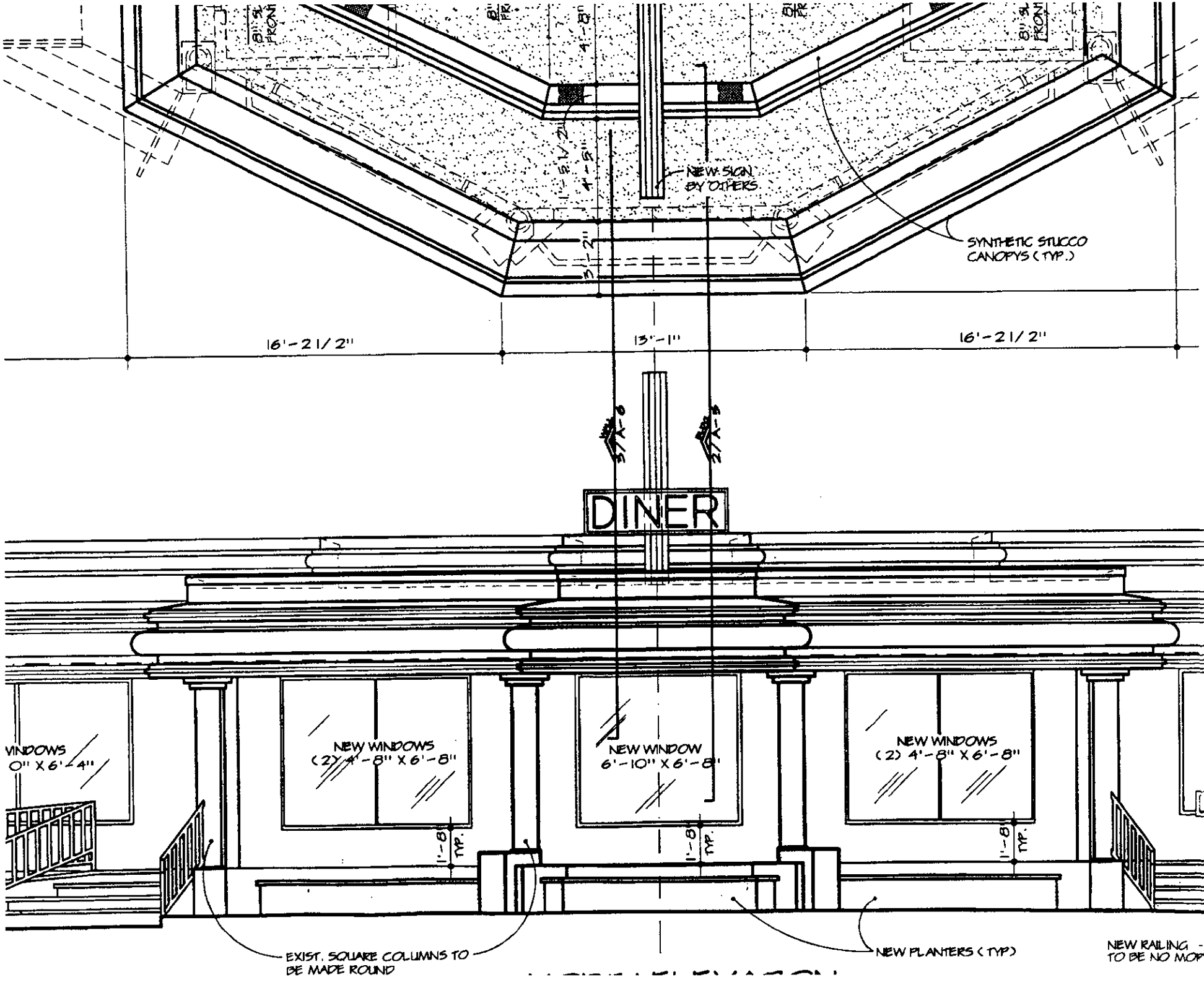


CEILING
9'-0"

OR
-0"



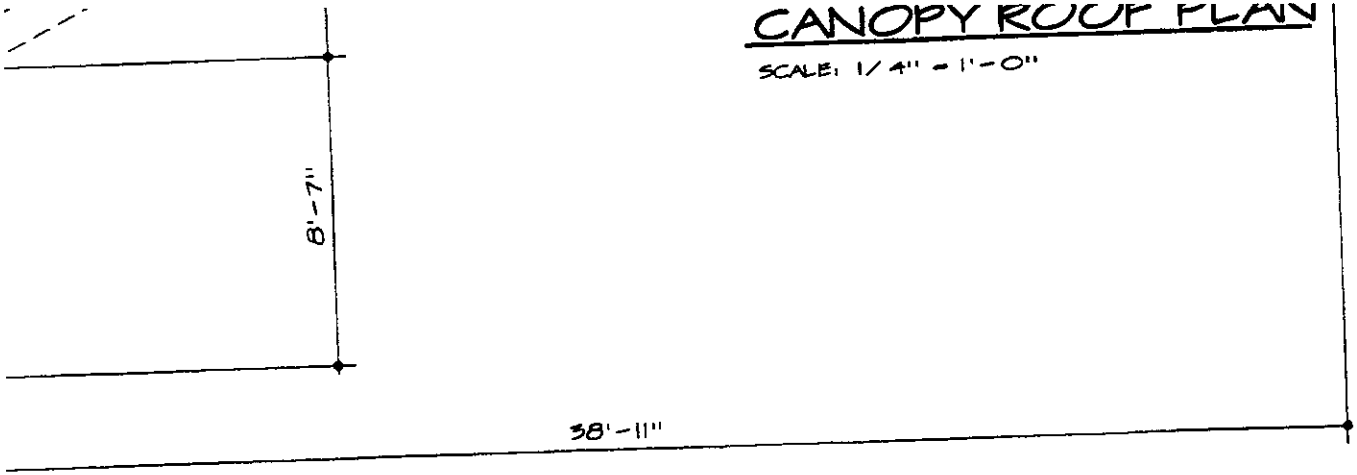
4

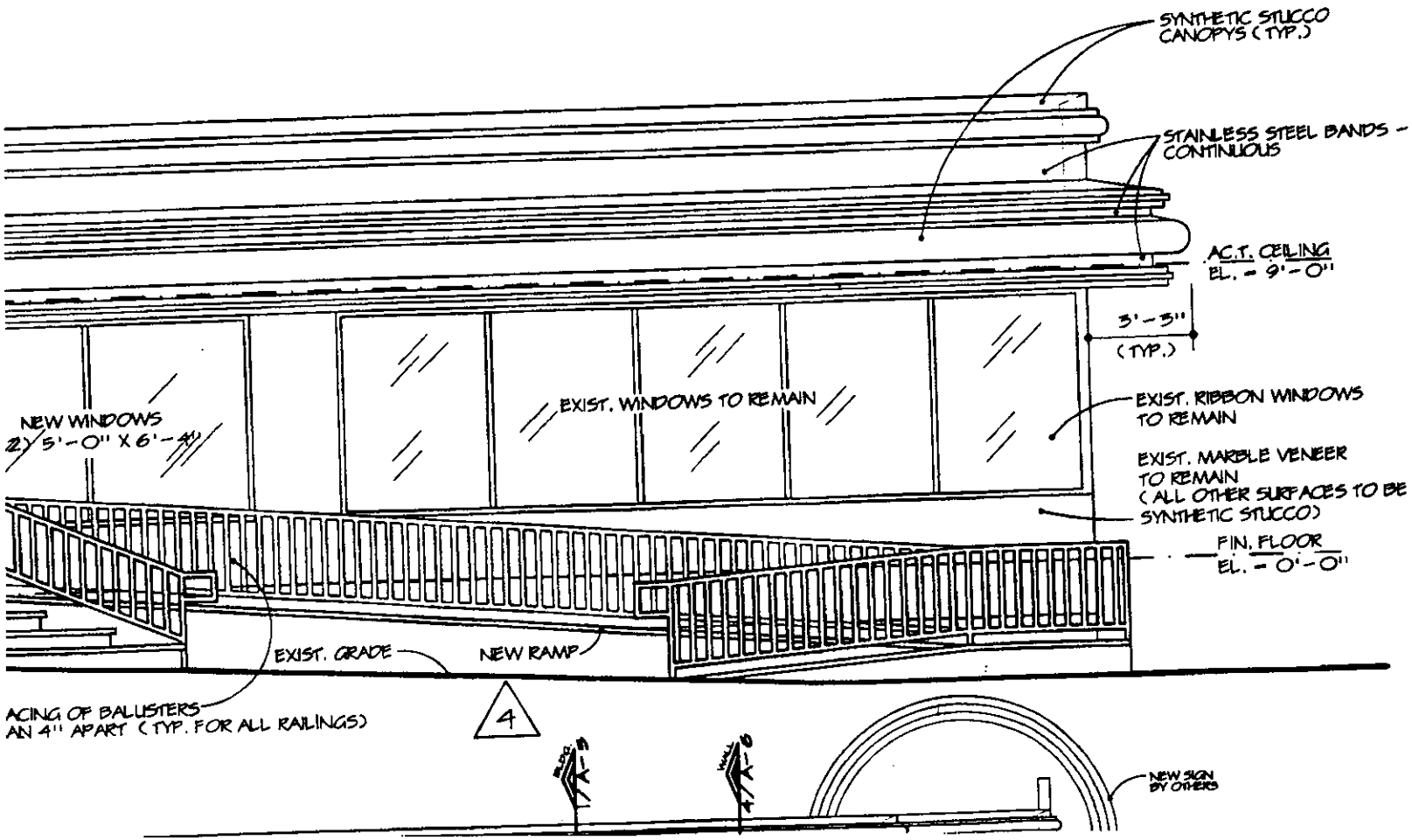


EXIST. MARBLE VENEER
TO REMAIN
(ALL OTHER SURFACES TO BE
SYNTHETIC STUCCO)
5'-5"
(TYP.)
NEW V
(2)5'-
14'-10"

CANOPY ROOF PLAN

SCALE: 1/4" = 1'-0"

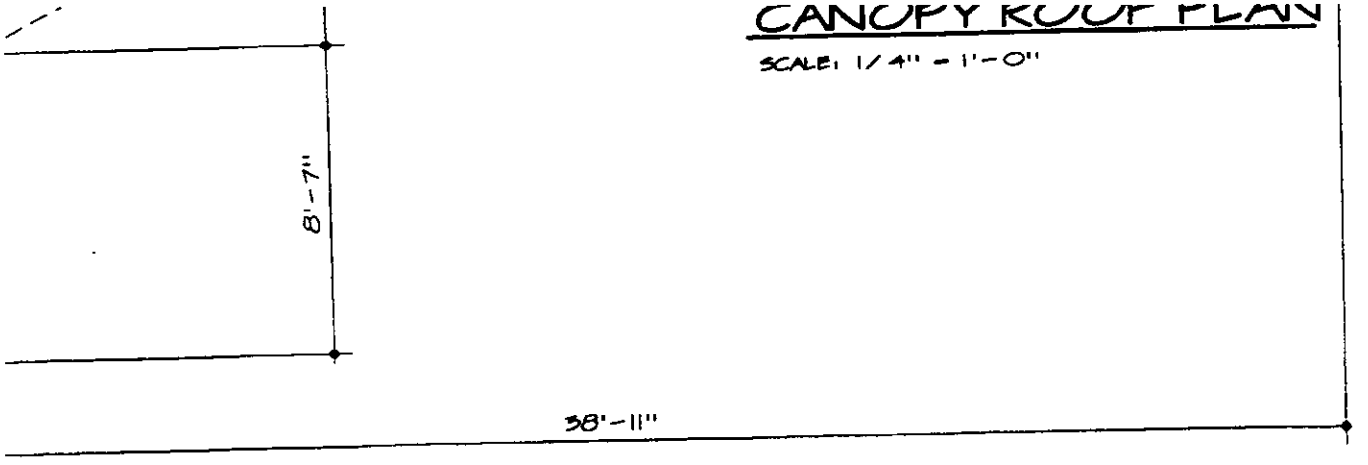


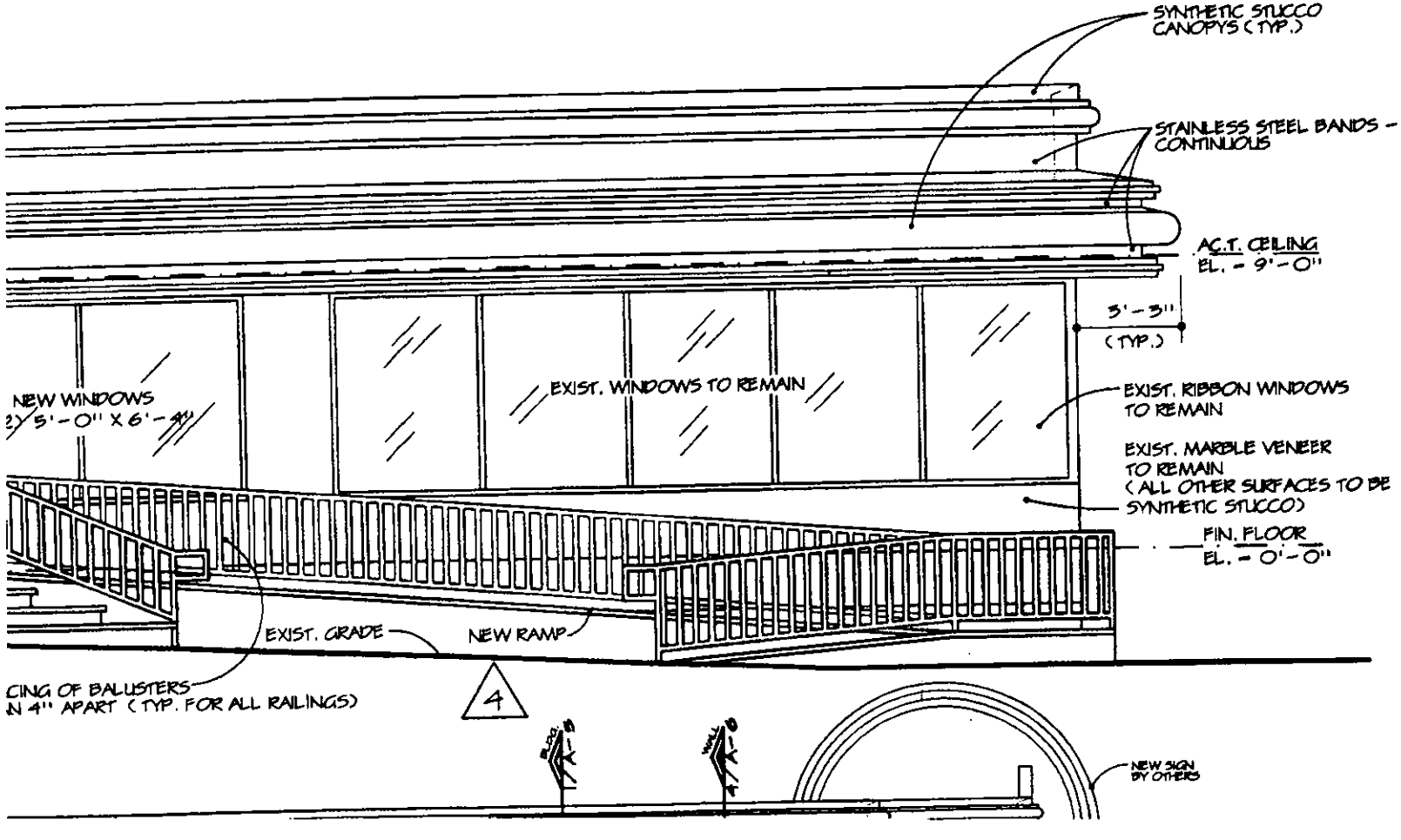


SHEET 4 of 4 SHEETS

CANOPY ROOF PLAN

SCALE: 1/4" = 1'-0"





CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street – 3rd Floor Suite
Toms River, NJ 08753
(908) 818-1599
Fax: (908) 818-1644

July 31, 1997

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Dan Newman, Plumbing Subcode Official

RE: Grease Interceptor Calculations For The Rainbow Diner Project - Comm # 97056.

Dear Mr. Newman:

The following are the requested Grease Interceptor Calculations for the above referenced Project:

Triple Sink Dimensions = **24" x 24" x 12"** Per Compartment

Total Sink Capacity (TSC) = **3 x 24" x 24" x 12" = 20,736 cu. in.**

TSC In Gallons = **20,736 cu. in. x 1 gal. / 231 cu. in. = 89.766 gal.**

Actual Drainage Load (ADL) = **75%** Of TSC

ADL = **0.75 x 89.766 gal. = 67.3 gal.**

For A Two (2) Minute Drain Period, Flow Rate = **25 gal. per min.**

For A One (1) Minute Drain Period, Flow Rate = **50 gal. per min.**

Drainage piping for the Grease Interceptor is 3-inch diameter piping. The National Standard Plumbing Code, Table 11.3.1 indicates that for a completely full 3-inch diameter pipe at 1/4 inch slope, the discharge flow rate is **49.6** gallons per minute (without the required Flow Control Device). Per the Plumbing and Drainage Institute (PDI) Standard G101, for these conditions, the correct Grease Interceptor size is **50 GPM** with a **100 pound** grease capacity.

Additionally, the PDI Standards recommend that the total capacity, in gallons, of the fixtures connected to the Grease Interceptor should not exceed 2-1/2 times the flow rating of the Grease Interceptor. The total capacity of the Triple Sink is **89.766** gallons. If you divide the total capacity by 2-1/2, you get a minimum required flow rating of **35.9** GPM. By this calculation method, a Grease Interceptor size of **50 GPM** with a **100 pound** grease capacity is required.

Since both methods determined the same size Grease Interceptor, the Drawings have been revised. The Drawings now specify that the Grease Interceptor shall have a flow rating of **50 GPM** with a **100 pound** grease capacity, Jay R. Smith Model No. **8350-GT**, or equal.

If you have any questions concerning these Calculations, please contact me at **(908) 818-1599.**

Sincerely,

Carl A. Moenke
7-31-97

Carl A. Moenke, PE

CAM/cmm

cc: File No. 97056
Daniel L. Bach & Associates
Bill Hrisafinis - Rainbow Diner
Steve Kontos - General Contractor

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street – 3rd Floor Suite
Toms River, NJ 08753
(908) 818-1599
Fax: (908) 818-1644

July 31, 1997

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Dan Newman, Plumbing Subcode Official

RE: Grease Interceptor Calculations For The Rainbow Diner Project - Comm # 97056.

Dear Mr. Newman:

The following are the requested Grease Interceptor Calculations for the above referenced Project:

Triple Sink Dimensions = **24" x 24" x 12"** Per Compartment

Total Sink Capacity (TSC) = **3 x 24" x 24" x 12" = 20,736 cu. in.**

TSC In Gallons = **20,736 cu. in. x 1 gal. / 231 cu. in. = 89.766 gal.**

Actual Drainage Load (ADL) = **75%** Of TSC

ADL = **0.75 x 89.766 gal. = 67.3 gal.**

For A Two (2) Minute Drain Period, Flow Rate = **25 gal. per min.**

For A One (1) Minute Drain Period, Flow Rate = **50 gal. per min.**

Drainage piping for the Grease Interceptor is 3-inch diameter piping. The National Standard Plumbing Code, Table 11.3.1 indicates that for a completely full 3-inch diameter pipe at 1/4 inch slope, the discharge flow rate is **49.6** gallons per minute (without the required Flow Control Device). Per the Plumbing and Drainage Institute (PDI) Standard G101, for these conditions, the correct Grease Interceptor size is **50 GPM** with a **100 pound** grease capacity.

Additionally, the PDI Standards recommend that the total capacity, in gallons, of the fixtures connected to the Grease Interceptor should not exceed 2-1/2 times the flow rating of the Grease Interceptor. The total capacity of the Triple Sink is **89.766** gallons. If you divide the total capacity by 2-1/2, you get a minimum required flow rating of **35.9** GPM. By this calculation method, a Grease Interceptor size of **50 GPM** with a **100 pound** grease capacity is required.

Since both methods determined the same size Grease Interceptor, the Drawings have been revised. The Drawings now specify that the Grease Interceptor shall have a flow rating of **50 GPM** with a **100 pound** grease capacity, Jay R. Smith Model No. **8350-GT**, or equal.

If you have any questions concerning these Calculations, please contact me at **(908) 818-1599.**

Sincerely,

Carl A. Moenke
7-31-97

Carl A. Moenke, PE

CAM/cmm

cc: File No. 97056
Daniel L. Bach & Associates
Bill Hrisafinis - Rainbow Diner
Steve Kontos - General Contractor

CARL A. MOENKE, PE

Mechanical & Electrical Systems
37 Main Street – 3rd Floor Suite
Toms River, NJ 08753
(908) 818-1599
Fax: (908) 818-1644

July 31, 1997

Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

ATTN: Dan Newman, Plumbing Subcode Official

RE: Grease Interceptor Calculations For The Rainbow Diner Project - Comm # 97056.

Dear Mr. Newman:

The following are the requested Grease Interceptor Calculations for the above referenced Project:

Triple Sink Dimensions = **24" x 24" x 12"** Per Compartment

Total Sink Capacity (TSC) = **3 x 24" x 24" x 12" = 20,736 cu. in.**

TSC In Gallons = **20,736 cu. in. x 1 gal. / 231 cu. in. = 89.766 gal.**

Actual Drainage Load (ADL) = **75%** Of TSC

ADL = **0.75 x 89.766 gal. = 67.3 gal.**

For A Two (2) Minute Drain Period, Flow Rate = **25 gal. per min.**

For A One (1) Minute Drain Period, Flow Rate = **50 gal. per min.**

Drainage piping for the Grease Interceptor is 3-inch diameter piping. The National Standard Plumbing Code, Table 11.3.1 indicates that for a completely full 3-inch diameter pipe at 1/4 inch slope, the discharge flow rate is **49.6** gallons per minute (without the required Flow Control Device). Per the Plumbing and Drainage Institute (PDI) Standard G101, for these conditions, the correct Grease Interceptor size is **50 GPM** with a **100 pound** grease capacity.

Additionally, the PDI Standards recommend that the total capacity, in gallons, of the fixtures connected to the Grease Interceptor should not exceed 2-1/2 times the flow rating of the Grease Interceptor. The total capacity of the Triple Sink is **89.766** gallons. If you divide the total capacity by 2-1/2, you get a minimum required flow rating of **35.9** GPM. By this calculation method, a Grease Interceptor size of **50 GPM** with a **100 pound** grease capacity is required.

Since both methods determined the same size Grease Interceptor, the Drawings have been revised. The Drawings now specify that the Grease Interceptor shall have a flow rating of **50 GPM** with a **100 pound** grease capacity, Jay R. Smith Model No. **8350-GT**, or equal.

If you have any questions concerning these Calculations, please contact me at **(908) 818-1599.**

Sincerely,

Carl A Moenke
7-31-97

Carl A. Moenke, PE

CAM/cmm

cc: File No. 97056
Daniel L. Bach & Associates
Bill Hrisafinis - Rainbow Diner
Steve Kontos - General Contractor

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

August 4, 1997

Township of Brick
401 Chambersbridge Road
Brick, N. J. 08723

Att: Michael Clayton
Fire Code Official

Re: Rainbow Diner
849 Route 70 East
Brick, N. J.

Dear Mr. Clayton,

Reference is made to my letter dated August 12, 1997, regarding answer to comments from you dated 8/7/97.

Refer to Item 9 - Enclose stair to cellar metal stair

Comment - After reviewing BOCA 713.3, exception 2, we concur with the interpretation that you had advanced, in that this section does not apply if any one of the listings of 2.1 thru 2.5 apply to this situation. This stair is a required means of egress, therefore;

the entire stair enclosure extending from the Basement floor level up to the underside of the roof deck, will be enclosed with a one-hour fire rated assembly, consisting of 358SW20 16" o.c. metal studs, with 5/8" firecode gypsum wallboard on both sides (U-465). There will be a 3-0" x 6'-8" h.m door and frame with a Class C, 20 min label on both basement and first floor levels opening in the direction of the egress.

We would appreciate your approval and issuance of building permit for this project. The release for the Item 11 hoods over the kitchen ranges, and Item 12 fire sprinkler in the basement, will be done upon submission by those contractors responsible for that design and filing.

Very truly yours,

Daniel L. Bach

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

DANIEL L. BACH
ARCHITECT

42 East Main Street
Freehold, New Jersey 07728

(908)462-0215
Fax (908)462-7853

LETTER OF TRANSMITTAL

DATE	JOB NO.
8-14-97	

ATTENTION: MICHAEL CLAYTON

RE: RAINBOW DINER RESTAURANT
BRICK, N.J.

cover + 1 page

TO Township of Brick
401 Chambersbridge Road
Brick, N.J. 08723
FAX: 262-8951

GENTLEMEN:

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	8/14/97		Letter

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Hard copy to follow

COPY TO Rainbow Diner

SIGNED: [signature]

RAINBOW DINER

BOCA®
PLAN REVIEW RECORD

Valuation: _____

Fee: _____

Plan Review # 8-97

Date 8-7-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK TWP BLOCK: 854 LOT: 2
(City, County, Township, etc.)

BUILDING LOCATION 849 RT 70 EAST
(Street address)

BUILDING DESCRIPTION ADDITION +5% / FIRE DAMAGE

REVIEWED BY FIRE / MR - PLANS APP 8-14-97
- SPRINKLER & SUPP TO BE UP DATED

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

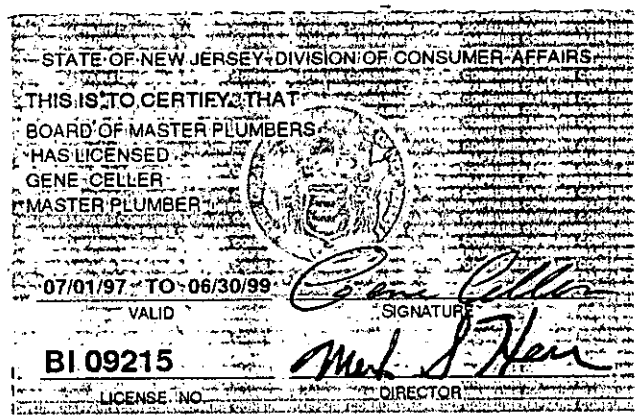
CORRECTION LIST

No.		DESCRIPTION	Code Section
1		FILL OUT FIRE APPLICATION - INCOMPLETE INFO.	
2	✓	INDICATE % ☒ INCREASE	
3	✓	SHOW 42" ISLE WIDTH ON PLANS BETWEEN SEATS	
4	✓	INDICATE INTERIOR FINISHES	
5	✓	SHOW EXIT WIDTH COMPLIANCE WITH TAB	1009.2
6	✓	INDICATE TRAVEL DISTANCE - CELLAR	
7	✓	FIRE STOP OVERHANG "BACK" TO UNDERSIDE ROOF	
8	✓	HEAT ROOF TOP - 10 FT - GUARDS - SEE ARCH'L ☆	
9	✓	ENCLOSE STAIR TO CELLAR - MINOR LEVEL	
10	✓	HEAT - SYSTEM CONTROL - OVER 2000? ALARM? N/A	
11		PROVIDE SUPP PLANS / HOOD / DUCT	
12		FIRE SPRINKLER PLANS - DSI, DRM ON SYSTEM - CITY DSF, DRM, HAZ CLASS, F.D. CONN, ETC.	

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

ARCHITECT - DAN BACH
FREE HOLD
462-0215



STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT
BOARD OF MASTER PLUMBERS
HAS LICENSED
GENE CELLER
MASTER PLUMBER

07/01/97 TO 06/30/99
VALID

SIGNATURE

BI 09215
LICENSE NO.

DIRECTOR

SIZING FOR WATER AND SEWER SERVICES

Property Owner Rainbow Diner Date 8-13-97

Property Address 849 Rt 70 Block 854 Lot 2

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	7	(5) 35	( )
2. Lavatory	5	(2) 10	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	12	(2) 48	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal	2	(5) 10	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. 1/2 supply kit eq.	7	(4) 28	( )
18. 3/8 supply kit eq	2	(2) 4	( )

Total 139

Gallons per minute 53

Size of Service 2" required by Architect

Date: 8-13-97

Approved: _____
Brick Township Plumbing Inspector

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

August 4, 1997

Township of Brick
401 Chambersbridge Road
Brick, N. J. 08723

Att: Michael Clayton
Fire Code Official

Re: Rainbow Diner
849 Route 70 East
Brick, N. J.

Dear Mr. Clayton,

Reference is made to my letter dated August 12, 1997, regarding answer to comments from you dated 8/7/97.

Refer to Item 9. - Enclose stair to cellar metal stair

Comment - After reviewing BOCA 713.3, exception 2, we concur with the interpretation that you had advanced, in that this section does not apply if any one of the listings of 2.1 thru 2.5 apply to this situation. This stair is a required means of egress, therefore;

the entire stair enclosure extending from the Basement floor level up to the underside of the roof deck, will be enclosed with a one-hour fire rated assembly, consisting of 358SW20 16" o.c. metal studs, with 5/8" firecode gypsum wallboard on both sides (U-465). There will be a 3-0" x 6'-8" h.m door and frame with a Class C, 20 min label on both basement and first floor levels opening in the direction of the egress.

We would appreciate your approval and issuance of building permit for this project. The release for the Item 11 hoods over the kitchen ranges, and Item 12 fire sprinkler in the basement, will be done upon submission by those contractors responsible for that design and filing.

Very truly yours,

Daniel L. Bach

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

1997

Craig Testing Laboratories, Inc.

P.O. Box 427 • 5435 Harding Highway, Mays Landing, NJ 08330
Phone (609) 625-3212 • Fax (609) 625-1798

RECEIVED
OCT 0 9 1997
DIV. OF INSPECTION

WELDER AND WELDING OPERATOR QUALIFICATION TEST RECORD

Welder or welding operator's name Jason Hager Identification no. 156-84-1715
Welding process SMAW Manual X Semiautomatic _____ Machine _____
Position 3G Upward and 4G
(Flat, horizontal, overhead or vertical — if vertical, state whether upward or downward)
In accordance with procedure specification no AWS D1.1
Material specification A-36
Diameter and wall thickness (if pipe) — otherwise, joint thickness 3/8"
Thickess range this qualifies _____

FILLER METAL

Specification no. 7018 Classification _____ F no. _____
Describe filler metal (if not covered by AWS specification) _____
Is backing strip used? Yes
Filler metal diameter and trade name 1/8" Lincoln
Flux for submerged arc or gas for gas metal arc or flux cored arc welding _____

VISUAL INSPECTION (9.25.1)

Appearance Satisfactory Undercut None Piping porosity _____

Guided Bend Test Results

Type	Result	Type	Result
3G Root	Satisfactory	4G Root	Satisfactory
3G Face	Satisfactory	4G Face	Satisfactory

Test conducted by C. Pitale Laboratory test no. 471 A
per _____ Test date March 8, 1997

Fillet Test Results

Appearance _____ Fillet size _____
Fracture test root penetration _____ Macroetch _____
(Describe the location, nature, and size of any crack or tearing of the specimen.)
Test conducted by _____ Laboratory test no. _____
per _____ Test date _____

RADIOGRAPHIC TEST RESULTS

Film identification	Results	Remarks	Film identification	Results	Remarks

Test witnessed by _____ Test no. _____
per _____

We, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in accordance with the requirements of section 5, Part C or D of ANSI/AWS D1.1. (1996) Structural Welding Code-Steel.
year

Reviewed by: Chris Cannan
Chris Cannan
Vice President

Manufacturer or contractor H & R Welding
Authorized by Bob Hager
Date March 1, 1997

Carl A. Moenke, P.E.
37 Main Street - Third Floor Suite
Toms River, New Jersey 08753
(732) 818-1599

LETTER OF TRANSMITTAL **October 8, 1997**

TO: Brick Township Municipal Offices
Building Department
401 Cedar Bridge Road
Brick, NJ 08723

RE: Dan Newman, Plumbing Subcode Official

RE: Rainbow Diner & Restaurant Renovations Project, State Highway No. 70, Brick, New Jersey; Comm. No. 97056.

WE ARE SENDING YOU THE FOLLOWING:

Copies	Date	No.	Description
3	10/07/97	Ea.	Three (3) Signed/Sealed Copies of the Revised Sanitary Drainage Schematic.
3	10/07/97	Ea.	Three (3) Signed/Sealed Copies of the Revised Gas Piping Schematic.

THESE ARE TRANSMITTED: For your use, as requested, and for approval.

Copy to: File No. 97056

Signed: Carl A. Moenke

Carl A. Moenke, P.E.

cc: Daniel L. Bach, A.I.A.

BOCA®

PLAN REVIEW RECORD

Valuation: _____ Plan Review # 9-97

Fee: _____ Date 9-9-97

(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK TWP
(City, County, Township, etc.)

BUILDING LOCATION 849 ROUTE 70 E
(Street address)

BUILDING DESCRIPTION PLAN REVISION - "OMITTED FIRE SPRINKLER FROM BASEMENT" - PROVIDE OPENINGS

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	MUST PROVIDE 20 ☒ IN EACH 50 FT - 85 FT TOTAL	
2	STORAGE INDICATED ON PLAN - MUST SPRINKLER	

ARCHITECT
DAN BACH
FREEHOLD
462-0215

RAINBOW DINER

FIRE SPRINKLER

A) .15 DENSITY over 1500

B) 12 / 15 GPM HEADS in remote $\frac{1500}{130} = 165.12$

C) 19.5 GPM flow

D) 12.11 PSI $\frac{19.5}{5.6} = 3.48 \times 3.48 = 12.11$

E) .15 X 1500 = 225 X 1.15 = 258.75 TOTAL WATER

F) ✓ Hose 250 GPM

258
250
508 TOTAL REQUIRED

INSPECTOR: K Shafer

DATE: 12/29/97

JOB: Rainbow Diner SP II

SECTION: off Rt 70

TYPE OF WORK: Temp CO

WEATHER: Rainy

LOCATION: Rt 70 (East)

TEMPERATURE: 40°s

BLOCK: 854 LOT: 2

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk		✓
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		✓
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

Final Eng List attached

ok KJS 12/29/97

RECOMMENDATIONS:

☒ TEMP. C.O. Items to be completed by 5/1/98

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

August 19, 1997

RECEIVED
AUG 21 1997
DIV. OF INSPECTION

Township of Brick
401 Chambersbridge Road,
Brick, N. J. 08723

Att: Michael Clayton
Fire Code Official

Re: Rainbow Diner
849 Route 70 East
Brick, N. J.

Dear Mr. Clayton,

We have revised our Basement Floor Plan shown on sheet A2, by adding openings at grade level, on the rear exterior wall of the Basement. There are now two openings at 5.5 s.f. each, and one opening at 15 s.f. In addition, the opposite wall of the Basement is 39'-2" away.

Referring to BOCA 904.10 Windowless story, item 2, we have met all of the criteria listed in the code, for the elimination of the sprinkler system notes that are listed on sheet SN-1,
prepared by Carl A. Moenke P.E. dated 22 May 1997.

Therefore, the notes on our previous correspondence pertaining to the furnishing of Fire Sprinkler Plans will be eliminated.

Very truly yours,

Daniel L. Bach

cc: Rainbow Diner

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

August 19, 1997

Township of Brick
401 Chambersbridge Road
Brick, N. J. 08723

Att: Michael Clayton
Fire Code Official

Re: Rainbow Diner
849 Route 70 East
Brick, N. J.

Dear Mr. Clayton,

We have revised our Basement Floor Plan shown on sheet A2, by adding openings at grade level, on the rear exterior wall of the Basement. There are now two openings at 5.5 s.f. each, and one opening at 15 s.f. In addition, the opposite wall of the Basement is 39'-2" away.

Referring to BOCA 904.10 Windowless story, item 2, we have met all of the criteria listed in the code, for the elimination of the sprinkler system notes that are listed on sheet SN-1,
prepared by Carl A. Moenke P.E. dated 22 May 1997.

Therefore, the notes on our previous correspondence pertaining to the furnishing of Fire Sprinkler Plans will be eliminated.

Very truly yours,

Daniel L. Bach

cc: Rainbow Diner

99

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

August 4, 1997

Township of Brick
40. Chambersbridge Road
Brick, N. J. 08723

Attn: Michael Clayton
Fire Code Official

Re: Rainbow Diner
849 Route 70 East
Brick, N. J.

Dear Mr. Clayton,

Reference is made to my letter dated August 12, 1997, regarding answer to comments from you dated 8/7/97.

Refer to Item 9 - Enclose stair to cellar metal stair

Comment - After reviewing BOCA 713.3, exception 2, we concur with the interpretation that you had advanced, in that this section does not apply if any one of the listings of 2.1 thru 2.5 apply to this situation. This stair is a required means of egress, therefore;

the entire stair enclosure extending from the Basement floor level up to the underside of the roof deck, will be enclosed with a one-hour fire rated assembly, consisting of 358SW20 16" o.c. metal studs, with 5/8" firecode gypsum wallboard on both sides (U-465). There will be a 3-0" x 6'-8" h.m door and frame with a Class C, 20 min label on both basement and first floor levels opening in the direction of the egress.

We would appreciate your approval and issuance of building permit for this project. The release for the Item 11 hoods over the kitchen ranges, and Item 12 fire sprinkler in the basement, will be done upon submission by those contractors responsible for that design and filing.

Very truly yours,

Daniel L. Bach

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

RECEIVED

AUG 13 1997

DIV. OF INSPECTION

MIKE C/ATON

RAINBOW DINER

August 12, 1997

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Att: Michael Clayton
Fire Code Official

Re: Rainbow Diner
849 Route 70 East
Brick, NJ

Dear Mr. Clayton,

Reference is made to your fax to my office dated 8/7/97, and out meeting at your office on 8/12/97. We have addressed the items on your correction list, as follows:

Item 1 - Fill out Fire Application, incomplete information

Comment - This will be completed by Owner or Contractor.

Item 2 - Indicate percentage of area increase

Comment - This information is added to Sheet A-1

Item 3 - Show 42" aisle width between seats on plan

Comment - This information is added to Sheet A-1

Item 4 - Indicate interior finishes

Comment - This information is added to Sheet A-1. We have also enclosed the fire code summary (2 pages) for wall paneling. Note the FSC 100 for red oak and USG Acoustone ceiling panels with an FSC 15.

Item 5 - Show exit width compliance with table 1009.2

Comment - This information is added to Sheet A-1

Item 6 - Indicate travel distance in cellar

AST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

DANIEL L. BACH

ARCHITECT / ENVIRONMENTAL DESIGNER

Comment - This information is added to Sheet A-1

Item 7 - Firestop overhang "back" to underside of roof

Comment - This information is added to Sheet A-6

Item 8 - HVAC rooftop - 10 ft. - guard

Comment - The 1 unit that is scaled at 8 ft. from the north roof edge will be relocated to be minimum 10 ft. from roof edge.

Item 9 - Enclose stair to cellar metal stairs

Comment - We have enclosed the stair on the first floor only with a 1-hour fire enclosure wall and 20 minute door, as permitted by BOCA 710 with exception.

Item 10 - HVAC system control - over 2,000 - alarm

Comment - As shown on Sheet SN-1 of drawing prepared by Carl Moenke, P.E. RTU # 1, 2, and 3 have 2,000 CFM nominal, therefore smoke detectors in the ducts are not required.

Item 11 - Provide supp. plans/hood/duct

Comment - These plans will be provided by the Contractor designing, supplying, and installing the two hoods in the kitchen.

Item 12 - Fire sprinkler plans

Comment - These plans will be provided by the Contractor designing, supplying, and installing the fire sprinklers located in the basement

We request a partial release of the plans prepared by Daniel L. Bach, Architect, and Carl Moenke, P.E. The plans for Items 11 and 12, above, will be submitted at a later date by others, for your full release at that time.

Very truly yours,

42 EAST MAIN STREET, FREEHOLD, NEW JERSEY 07728 908 / 462-0215 FAX 462-7853

Typical Flame Spread Ratings

Most untreated wood species commonly used as interior Finish materials have flame spread classifications less than 200. The highest flame spread classification permitted by the Model Codes is 200. Therefore, these untreated wood species are acceptable for many uses as Interior Finish or Trim depending upon the use of the building and the area in which the finish is installed as indicated in the tables which follow. Untreated lumber does not have a label from recognized testing laboratories, nor have all lumber species been tested. However, there have been sufficient tests accomplished through various testing laboratories to utilize these numbers in assigning flame spread classifications.

The following table lists untreated wood species that have been tested in accordance with ASTM E-84 with their respective flame spread classifications.

TABLE II

Flame Spread Classifications of Natural Wood Species

AWI	August 1, 1980
Wood Species	Flame Spread Classification [FSC]
Birch, Yellow	105-110
Cedar, Eastern Red	110
Cedar, Pacific Coast Yellow	73-78
Cedar, Western Red	70
Cherry	76
Cottonwood	115
Cypress	145-150
Cypress, Bald	144
Elm	76
Fir, Amibilis	45-74
Fir, Douglas	70-100
Gum, Red	140-155
Hemlock, West Coast	60-75
Maple	109-113
Maple, Hard	104
Oak, Red	100
Oak, White	77-100
Pecan	84
Pine, Canadian White	63-69
Pine, Eastern White	85
Pine, Idaho White	72
Pine, Lodgepole	65-110
Pine, Northern White	120-215
Pine, Ponderosa	105-230
Pine, Red	127-134
Pine, Southern Yellow	129-195
Pine, Western White	75
Poplar, Yellow	170-185
Redwood	70-95
Spruce, Canadian	57-67
Spruce, Northern	65
Spruce, Western	100
Walnut	101
Walnut, Black	131-138

Decorative Laminates Note

Laminates applied to partitions have also come into prevalent use as an interior finish material. When this application exceeds 1/28th of an inch in thickness, it is subject to regulation by the Model Codes. A review of the available literature on several manufacturers' products indicates that these laminates in general have flame spread classifications less than 200. In some cases the flame spread ratings even fall into the Class A or I flame spread category of 25 or less. In virtually all cases the smoke development rating does not exceed 450.

The flame spread classification of laminates can be materially affected by the substrate to which the material is applied. Where flame spread classifications are assigned by Model Codes, in general it is assumed that a noncombustible substrate is used. Decorative laminates installed on cabinetry and casework is not regulated by the Model Codes. Further information regarding the application of laminates as Interior Finish should be obtained directly from the Model Code involved.

Sprinklered vs. Nonsprinklered

In all the Model Codes, increases in the flame spread classifications of interior finish materials are permitted when automatic sprinklers are installed throughout the building. The general rule allows the flame spread classification to be increased by one category, i.e., Class A to Class B or Class I to Class II, where automatic sprinkler protection is provided. However, certain Use Areas do not permit an increase in flame spread classifications of interior finish materials. The tables which follow should be consulted for this information. Automatic sprinklers have been shown to reduce the hazard of fire and the rate of fire development so that the requirements for fire retardant treatment of interior finish materials are not as critical. The Model Codes generally acknowledge this fact and provide incentives for installing automatic sprinklers by reducing the economic impact of other fire protection features such as reducing requirements of Interior Finish flame spread classifications. It should be noted that the flame spread classification is not allowed to exceed 200 even when automatic sprinkler protection is provided.

Summary

Interior Finish and Trim is regulated by all four Model Codes by establishing maximum flame spread classifications for various building Use Groups and Use Area applications. All Model Codes also establish a maximum smoke development rating for Interior Finish materials. Generally the Model Codes permit the relaxation of Interior Finish flame spread classification requirements when automatic sprinklers are installed.

Interior Finish materials and Trim are considered finished surfaces when on walls and ceilings only. Trim is generally less regulated than other Interior Finishes. The Model Codes do not regulate fixed or movable furniture nor cabinetry and casework whether freestanding or attached to a wall surface. They also do not regulate Interior Finish materials which have a thickness of 1/28th of an inch or less unless they pose an unusual hazard.

attached to the building are also not regulated since they are considered fixed furniture or furnishings. To date no Model Codes have attempted to control the use of furniture within buildings. Refer to Figures 1 and 2 for a typical example of non-regulated furniture.

Discussion of Interior Finish and Trim

The various Model Codes define "Interior Finish" similarly. In its most general terms Interior Finish is defined as wall coverings, paneling, grille work, ceilings and acoustical wall or ceiling finishes applied to the wall and ceiling surfaces of buildings. Interior Finish does not include doors, windows, cabinets, floor coverings, and wall coverings 1/28th of an inch or less in thickness. The specific definition of Interior Finish for each Model Code is included in the flame spread classification charts beginning on page 6.

"Trim" refers to such items as mouldings, baseboards, railings and door and window trim. Under the BOCA Basic/National Building Code and the Life Safety Code, Trim includes interior finishes that cover wall and/or ceiling areas that are 10 percent or less of the total wall and ceiling areas in a given room. This 10 percent rule can be used for any room by using this formula:

$$A = \frac{2H(L + W) + L \times W}{10}$$

A = area of interior finish to be applied to the room,
H = ceiling height of room,
L = length of room,
W = width of room.

If A is less than or equal to the computed formula, then the applied interior finish may be considered trim by the 10 percent rule. Under the Uniform Building Code and the Standard Building Code trim may be of wood with no specified flame spread classification. The BOCA Basic/National Building Code and the Life Safety Code permit a maximum flame spread classification of 200 for Interior Trim in any application.

An interior finish material including trim is considered the surface or facing materials that compose the exposed portion or interior face of a wall or ceiling whether it be an architectural or acoustical treatment or the structure itself. It includes the construction of the wall if there is no finish material applied to the basic wall construction.

Open Plan

The model codes do not specifically address the "open plan" or "landscaping concept" where the furniture and casework are used both as furniture and to delineate rooms and traffic conrol aisles.

Discussion of Flame Spread Classifications

The Model Codes have different requirements for flame spread classifications for Interior Finish and Trim based on the Use Group of the building and the Use Area in which the finish material is located. The basic classifications are summarized as follows:

TABLE 1

Model Code Designations

Flame Spread Classification (Max. Rating)	Basic Nat'l (BOCA)	Standard (SBC)	Uniform (UBC)	Life Safety (NFPA 101)
25	I	A	I	A
75	II	B	II	B
200	III	C	III	C

The flame spread classifications are derived from the Method of Test for Surface Burning Characteristics of Building Materials (ASTM E-84). This test is more well known in the industry as the Steiner Tunnel Test. It is referenced in all the Model Codes for ascertaining flame spread ratings of materials and is also designated as UL No. 723 and NFPA No. 255.

Note: Smoke Development

All model codes regulate the generation of smoke by Interior Finish materials. In all cases they specify a maximum smoke development rating of 450 where red oak is 100 and asbestos cement board 0.

Discussion of Test

The Steiner Tunnel Test (ASTM E-84) uses a 25-foot tunnel furnace in which interior finish products are installed on the ceiling of the furnace and exposed to a 4½ foot long gas diffusion flame at one end. An air flow is maintained through the furnace from the flame to the discharge end of the furnace. At the discharge end of the furnace there is a thermocouple and a photoelectric meter. The thermocouple is used to measure the temperature increase in the furnace to determine the fuel contribution of the material tested. The photoelectric cell measures smoke generated during the test and determines the smoke development. The furnace has visual ports on the side which allow observation of the flame spread along the finish material.

The test is generally run for 10 minutes. The maximum flame spread is measured and a flame spread classification number calculated. Asbestos cement board generates a value of 0 flame spread and red oak a value of 100. From this range the flame spread classifications for various Interior Finish materials are generated so that an evaluation of their relative hazard potential can be made by regulatory officials. The Model Codes have adopted specific allowable flame spread classifications for various installations of Interior Finish materials. These are specified in the "tables" which follow this discussion. (See pages 6 through 15).

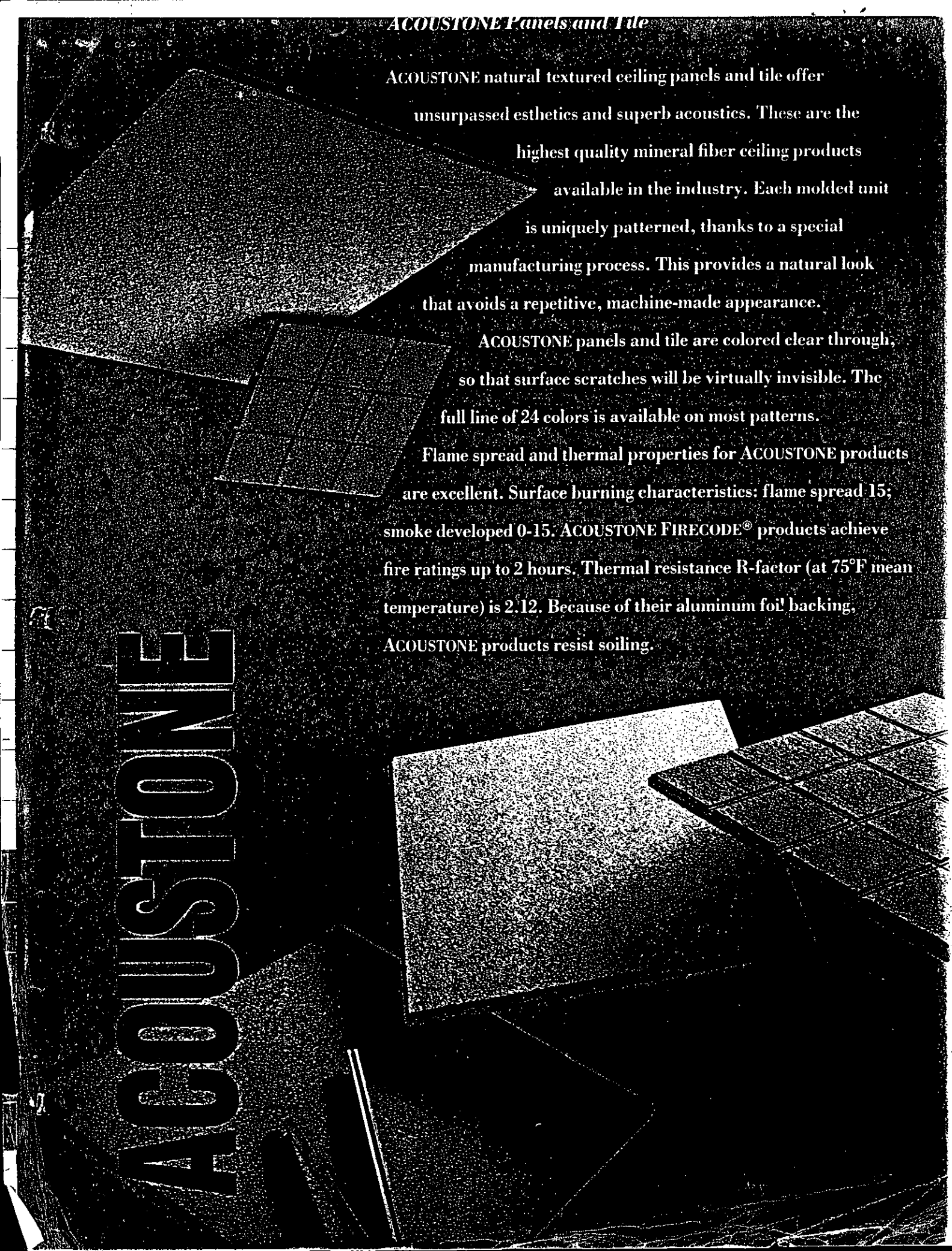
Test methods are not completely accurate for all flame spread classifications and smoke development ratings as has been demonstrated in several round robin testing programs between the various testing laboratories. Therefore, all flame spread classifications generated under the Steiner Tunnel Test should be taken within the context of a relative evaluation of the flame spread characteristics of a material and not as an absolute measurement of hazard potential.

ACOUSTONE Panels and Tile

ACOUSTONE natural textured ceiling panels and tile offer unsurpassed esthetics and superb acoustics. These are the highest quality mineral fiber ceiling products available in the industry. Each molded unit is uniquely patterned, thanks to a special manufacturing process. This provides a natural look that avoids a repetitive, machine-made appearance.

ACOUSTONE panels and tile are colored clear through, so that surface scratches will be virtually invisible. The full line of 24 colors is available on most patterns.

Flame spread and thermal properties for ACOUSTONE products are excellent. Surface burning characteristics: flame spread 15; smoke developed 0-15. ACOUSTONE FIRECODE® products achieve fire ratings up to 2 hours. Thermal resistance R-factor (at 75°F mean temperature) is 2.12. Because of their aluminum foil backing, ACOUSTONE products resist soiling.



HYDRAULIC DESIGN INFORMATION SHEET

Name:RAINBOW DINER
Location:Route 70 Brick, NJ 08723
Building:
Contractor:Fire Protection Technologies
Calculated By:K. Giggenbach
Construction: [ ]-Combustible [x]-Non-Combustible
Occupancy:Rest. Seating - Light Hazard; Rest. Service & Storage - Ord. Gr. 1

Date:9/21/97
System No. 1
Contract No. 97022
Drawing No. 1
Ceiling Height:10.0 Ft.

SYSTEM DESIGN

[X]-NFPA 13: [X]-LT. HAZ. [X]-ORDINARY HAZARD GROUP:1 [ ]-EX.HAZARD.
[ ]-NFPA 231 [ ]-NFPA 231C: FIGURE: CURVE:
[ ]-OTHER (Specify):
[ ]-SPECIFIC RULING: MADE BY: DATE:

Area of Sprinkler Operation: 1500 sq. ft.
Density: .15
Area Per Sprinkler: varies
Hose Allowance GPM: Inside: 250
Hose Allowance GPM: Outside:
Rack Sprinkler Allowance:

* System Type *
[x]-WET [ ]-DRY [ ]-DELUGE [ ]-PRE-ACTION

* SPRINKLER OR NOZZLE *
Make: Reliable Model: G
Size: 1/2" K-Factor: 5.62
Temperature Rating: 165

CALCULATION SUMMARY

GPM Required:570.81 PSI Required:49.40
"C" Factor Used: Overhead:120 Underground:140

WATER SUPPLY

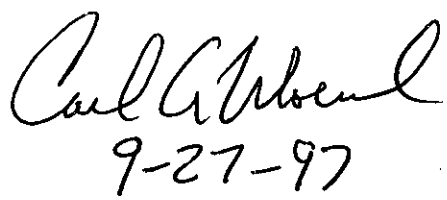
* WATER FLOW TEST *
Date & Time:9/16/97 2:30pm
Static PSI: 74.0
Residual PSI: 67.0
GPM Flowing: 990.0
Elevation:

* PUMP DATA *
Rated Capacity:
At PSI:
Elevation:

* TANK OR RESERVOIR *
Capacity:
Elevation:

* WELL *
Proof Flow:

Location: Princeton Avenue Brick
Source Information: FPT & Brick MUA



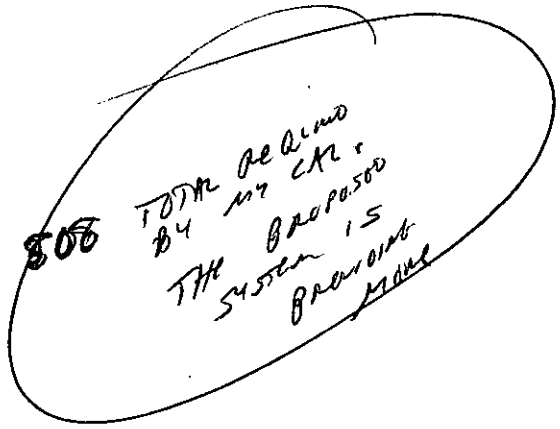
"THE" Sprinkler Program by FPE Software, Inc.

File: RAINBOW 09/25/97

H Y D R A U L I C S U M M A R Y

WATER SUPPLY INFORMATION

Static (psi):	74.00
Residual (psi):	67.00
@ (gpm):	990.00
Hose (gpm):	250.00
System req. (gpm):	570.81
@ (psi):	49.40
Supply available:	71.47 psi
Safety Margin:	22.08 psi



Maximum velocity in the system is: 18.87 ft/sec

Continuity at all nodes satisfied to 0.01 gpm

Pipe Type Legend

10 = Schedule 10
40 = SCHEDULE 40
AD = Actual Diameter

Fitting Type Legend

T = (Table 2) Tee or Cross (Flow Turned 90°)
E = (Table 2) 90° Standard Elbow
G = (Table 2) Gate Valve
G = (Table 1) Gate Valve
E = (Table 1) 90° Standard Elbow
T = (Table 1) Tee or Cross (Flow Turned 90°)

Notes:

Fricton Loss through Backflow Preventer = 6.0 PSI.
Restaurant Seating Area & Crawlspace desined for a Light Hazard.
Restaurant Serving Area & Basement Storage designed for an Ordinary Group 1 Hazard.

"THE" Sprinkler Program by FPE Software, Inc.

File: RAINBOW

Node	Pressure (psi)	Flow (gpm)	Elevation (feet)	K-Factor	Area (ft^2)	Density (gpm/ft^2)
S01	13.14	20.37	16.00	5.62	100	0.204
S02	14.33	21.27	16.00	5.62	110	0.193
S03	15.45	22.09	16.00	5.62	100	0.221
S04	17.34	23.40	16.00	5.62	100	0.234
S05	8.94	16.80	16.00	5.62	112	0.150
S06	9.54	17.36	16.00	5.62	21	0.827
S07	10.29	18.02	16.00	5.62	110	0.164
S08	13.54	20.68	16.00	5.62	120	0.172
S09	17.17	23.28	16.00	5.62	120	0.194
S10	13.24	20.45	16.00	5.62	120	0.170
S11	14.55	21.43	16.00	5.62	120	0.179
S12	15.85	22.37	16.00	5.62	120	0.186
S13	18.72	24.31	16.00	5.62	120	0.203
S14	18.12	23.92	16.00	5.62	120	0.199
S15	19.87	25.05	16.00	5.62	120	0.209
B01	20.12	0.00	16.00			
B02	20.03	0.00	16.00			
B03	21.18	0.00	16.00			
B04	24.17	0.00	16.00			
L01	21.61	0.00	16.00			
L02	23.35	0.00	16.00			
A01	22.03	0.00	15.50			
A02	22.25	0.00	15.50			
A03	23.13	0.00	15.50			
A04	24.97	0.00	15.50			
A05	28.95	0.00	15.50			
A06	34.56	0.00	6.00			
A07	35.89	0.00	6.00			
A08	39.68	0.00	6.00			
M01	40.40	0.00	6.00			
M02	44.71	0.00	0.00			
M03	49.40	570.81	0.00	SOURCE		

Begin Node	End Node	Flow (gpm)	Diameter (inches)	Type	Fittings	Length (feet)	Eqv Length (feet)	Tot Length (feet)	Friction (psi/ft)	C-Value	Pe (psi)	Pf (psi)	Velocity (ft/sec)
S02	S01	20.37	1.097	10		11.00	0.00	11.00	0.108	120	0.00	1.19	6.91
S03	S02	41.64	1.442	10		10.50	0.00	10.50	0.107	120	0.00	1.13	8.18
S04	S03	63.73	1.442	10		8.00	0.00	8.00	0.236	120	0.00	1.89	12.52
B01	S04	87.13	1.682	10	T	6.00	8.00	14.00	0.199	120	0.00	2.78	12.58
A01	B01	87.13	1.682	10	T	0.50	8.00	8.50	0.199	120	0.22	1.69	12.58
A02	A01	87.13	2.635	10		10.00	0.00	10.00	0.022	120	0.00	0.22	5.13
A03	A02	183.28	2.635	10		10.00	0.00	10.00	0.088	120	0.00	0.88	10.78
A04	A03	271.84	2.635	10		10.00	0.00	10.00	0.183	120	0.00	1.83	15.99
A05	A04	320.81	2.635	10	T	4.00	12.00	16.00	0.249	120	0.00	3.98	18.87
A06	A05	320.81	3.260	10	E	10.00	7.00	17.00	0.088	120	4.12	1.50	12.33
A07	A06	320.81	3.260	10	E	8.00	7.00	15.00	0.088	120	0.00	1.32	12.33
A08	A07	320.81	3.260	10	E	36.00	7.00	43.00	0.088	120	0.00	3.80	12.33
M01	A08	320.81	4.260	10	E	20.00	10.00	30.00	0.024	120	0.00	0.72	7.22
M02	M01	320.81	4.026	40	2E2GT	10.00	44.00	54.00	0.032	120	2.60	1.71	8.09
M03	M02	320.81	4.000	AD	GET	150.00	41.24	191.24	0.025	140	0.00	4.69	8.19
S06	S05	16.80	1.097	10	E	6.00	2.00	8.00	0.076	120	0.00	0.61	5.70
S07	S06	34.16	1.442	10		10.00	0.00	10.00	0.074	120	0.00	0.74	6.71
S08	S07	52.18	1.442	10	2E	14.00	6.00	20.00	0.163	120	0.00	3.26	10.25
S09	S08	72.86	1.442	10		12.00	0.00	12.00	0.302	120	0.00	3.63	14.31
B02	S09	96.15	1.682	10	T	4.00	8.00	12.00	0.238	120	0.00	2.86	13.88
A02	B02	96.15	1.682	10	T	0.40	8.00	8.40	0.238	120	0.22	2.00	13.88
S11	S10	20.45	1.097	10		12.00	0.00	12.00	0.109	120	0.00	1.31	6.94
S12	S11	41.88	1.442	10		12.00	0.00	12.00	0.108	120	0.00	1.30	8.23
S13	S12	64.25	1.442	10		12.00	0.00	12.00	0.239	120	0.00	2.87	12.62
B03	S13	88.56	1.682	10	T	4.00	8.00	12.00	0.205	120	0.00	2.46	12.79
A03	B03	88.56	1.682	10	T	0.50	8.00	8.50	0.205	120	0.22	1.74	12.79
S15	S14	23.92	1.097	10		12.00	0.00	12.00	0.146	120	0.00	1.75	8.12
L01	S15	48.97	1.442	10		12.00	0.00	12.00	0.145	120	0.00	1.74	9.62
L02	L01	48.97	1.442	10		12.00	0.00	12.00	0.145	120	0.00	1.74	9.62
B04	L02	48.97	1.682	10	T	4.00	8.00	12.00	0.068	120	0.00	0.82	7.07
A04	B04	48.97	1.682	10	T	0.50	8.00	8.50	0.068	120	0.22	0.58	7.07

Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
S01	20.37	5.62	16.0	13.14	1.097		11.0	0.108
S02	21.27	5.62	16.0	14.33	120		0.00	0.00
	20.37				6.91		11.00	1.19
S02	21.27	5.62	16.0	14.33	1.442		10.5	0.107
S03	22.09	5.62	16.0	15.45	120		0.00	0.00
	41.64				8.18		10.50	1.13
S03	22.09	5.62	16.0	15.45	1.442		8.0	0.236
S04	23.40	5.62	16.0	17.34	120		0.00	0.00
	63.73				12.52		8.00	1.89
S04	23.40	5.62	16.0	17.34	1.682		6.0	0.199
B01	0.00		16.0	20.12	120	T	8.00	0.00
	87.13				12.58		14.00	2.78
B01	0.00		16.0	20.12	1.682		.5	0.199
A01	0.00		15.5	22.03	120	T	8.00	0.22
	87.13				12.58		8.50	1.69
A01	0.00		15.5	22.03	2.635		10.0	0.022
A02	0.00		15.5	22.25	120		0.00	0.00
	87.13				5.13		10.00	0.22
A02	0.00		15.5	22.25	2.635		10.0	0.088
A03	0.00		15.5	23.13	120		0.00	0.00
	183.28				10.78		10.00	0.88
A03	0.00		15.5	23.13	2.635		10.0	0.183
A04	0.00		15.5	24.97	120		0.00	0.00
	271.84				15.99		10.00	1.83
A04	0.00		15.5	24.97	2.635		4.0	0.249
A05	0.00		15.5	28.95	120	T	12.00	0.00
	320.81				18.87		16.00	3.98
A05	0.00		15.5	28.95	3.260		10.0	0.088
A06	0.00		6.0	34.56	120	E	7.00	4.12
	320.81				12.33		17.00	1.50
A06	0.00		6.0	34.56	3.260		8.0	0.088
A07	0.00		6.0	35.89	120	E	7.00	0.00
	320.81				12.33		15.00	1.32
A07	0.00		6.0	35.89	3.260		36.0	0.088
A08	0.00		6.0	39.68	120	E	7.00	0.00
	320.81				12.33		43.00	3.80
A08	0.00		6.0	39.68	4.260		20.0	0.024
M01	0.00		6.0	40.40	120	E	10.00	0.00
	320.81				7.22		30.00	0.72

Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
M01	0.00		6.0	40.40	4.026		10.0	0.032
M02	0.00		0.0	44.71	120	2E2GT	44.00	2.60
	320.81				8.09		54.00	1.71
M02	0.00		0.0	44.71	4.000		150.0	0.025
M03	570.81	SOURCE	0.0	49.40	140	GET	41.24	0.00
	320.81				8.19		191.24	4.69
S05	16.80	5.62	16.0	8.94	1.097		6.0	0.076
S06	17.36	5.62	16.0	9.54	120	E	2.00	0.00
	16.80				5.70		8.00	0.61
S06	17.36	5.62	16.0	9.54	1.442		10.0	0.074
S07	18.02	5.62	16.0	10.29	120		0.00	0.00
	34.16				6.71		10.00	0.74
S07	18.02	5.62	16.0	10.29	1.442		14.0	0.163
S08	20.68	5.62	16.0	13.54	120	2E	6.00	0.00
	52.18				10.25		20.00	3.26
S08	20.68	5.62	16.0	13.54	1.442		12.0	0.302
S09	23.28	5.62	16.0	17.17	120		0.00	0.00
	72.86				14.31		12.00	3.63
S09	23.28	5.62	16.0	17.17	1.682		4.0	0.238
B02	0.00		16.0	20.03	120	T	8.00	0.00
	96.15				13.88		12.00	2.86
B02	0.00		16.0	20.03	1.682		.4	0.238
A02	0.00		15.5	22.25	120	T	8.00	0.22
	96.15				13.88		8.40	2.00
S10	20.45	5.62	16.0	13.24	1.097		12.0	0.109
S11	21.43	5.62	16.0	14.55	120		0.00	0.00
	20.45				6.94		12.00	1.31
S11	21.43	5.62	16.0	14.55	1.442		12.0	0.108
S12	22.37	5.62	16.0	15.85	120		0.00	0.00
	41.88				8.23		12.00	1.30
S12	22.37	5.62	16.0	15.85	1.442		12.0	0.239
S13	24.31	5.62	16.0	18.72	120		0.00	0.00
	64.25				12.62		12.00	2.87
S13	24.31	5.62	16.0	18.72	1.682		4.0	0.205
B03	0.00		16.0	21.18	120	T	8.00	0.00
	88.56				12.79		12.00	2.46
B03	0.00		16.0	21.18	1.682		.5	0.205
A03	0.00		15.5	23.13	120	T	8.00	0.22
	88.56				12.79		8.50	1.74

Node Node	NodeFlow NodeFlow PipeFlow	Kfactor Kfactor	Elev. Elev.	Pressure Pressure	Diameter HWC Velocity	Fittings	Length EqvLgth TotLgth	FricLoss ElevLoss TotFric
S14	23.92	5.62	16.0	18.12	1.097		12.0	0.146
S15	25.05	5.62	16.0	19.87	120		0.00	0.00
	23.92				8.12		12.00	1.75
S15	25.05	5.62	16.0	19.87	1.442		12.0	0.145
L01	0.00		16.0	21.61	120		0.00	0.00
	48.97				9.62		12.00	1.74
L01	0.00		16.0	21.61	1.442		12.0	0.145
L02	0.00		16.0	23.35	120		0.00	0.00
	48.97				9.62		12.00	1.74
L02	0.00		16.0	23.35	1.682		4.0	0.068
B04	0.00		16.0	24.17	120	T	8.00	0.00
	48.97				7.07		12.00	0.82
B04	0.00		16.0	24.17	1.682		.5	0.068
A04	0.00		15.5	24.97	120	T	8.00	0.22
	48.97				7.07		8.50	0.58

Units Legend

Flow = gpm
Elev. = feet
Pressure = psi
Diameter = inches

Velocity = ft/sec
Length,
EqvLgth,
TotLgth = feet

FricLoss,
ElevLoss,
TotFric = psi

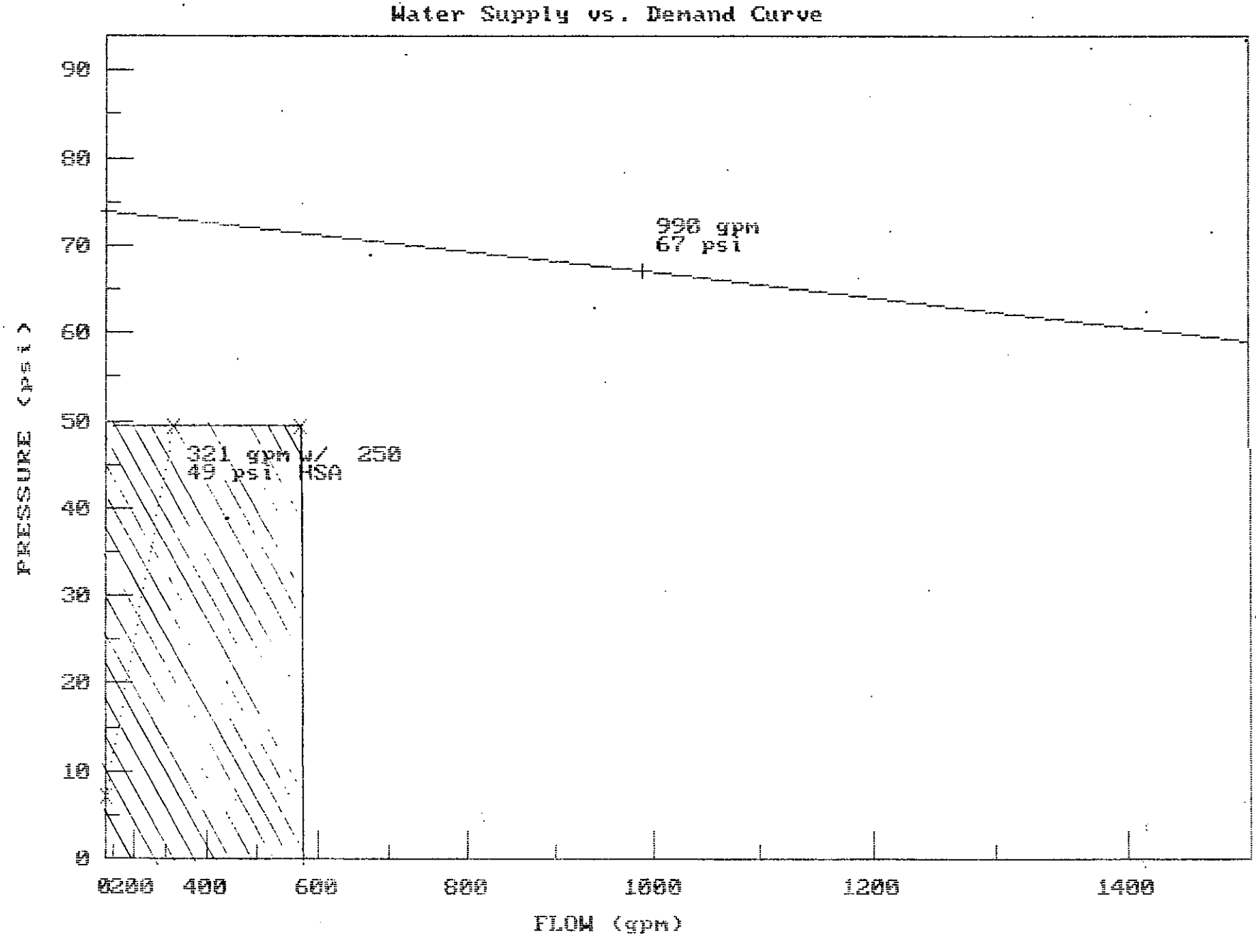
Reference	Nozzle Type & Location		Flow in gpm	Pipe Size in.	Fitting & Devices		Pipe Eqiv. Length	Friction Loss psi/ft	Req. psi Notes
S01	5.62	q	20.37	1.097		lgth	11.0		Pt 13.14
to		Q	20.37	120		ftg	0.00	0.108	Pf 1.19
S02						tot	11.00		Pe 0.00
S02	5.62	q	21.27	1.442		lgth	10.5		Pt 14.33
to		Q	41.64	120		ftg	0.00	0.107	Pf 1.13
S03						tot	10.50		Pe 0.00
S03	5.62	q	22.09	1.442		lgth	8.0		Pt 15.45
to		Q	63.73	120		ftg	0.00	0.236	Pf 1.89
S04						tot	8.00		Pe 0.00
S04	5.62	q	23.40	1.682		lgth	6.0		Pt 17.34
to		Q	87.13	120	T	ftg	8.00	0.199	Pf 2.78
B01						tot	14.00		Pe 0.00
B01		q	0.00	1.682		lgth	.5		Pt 20.12
to		Q	87.13	120	T	ftg	8.00	0.199	Pf 1.69
A01						tot	8.50		Pe 0.22
A01		q	0.00	2.635		lgth	10.0		Pt 22.03
to		Q	87.13	120		ftg	0.00	0.022	Pf 0.22
A02						tot	10.00		Pe 0.00
A02		q	0.00	2.635		lgth	10.0		Pt 22.25
to		Q	183.28	120		ftg	0.00	0.088	Pf 0.88
A03						tot	10.00		Pe 0.00
A03		q	0.00	2.635		lgth	10.0		Pt 23.13
to		Q	271.84	120		ftg	0.00	0.183	Pf

1.83								
A04					tot	10.00		Pe
0.00								
A04		q	0.00	2.635	lgth	4.0		Pt
24.97								
to		Q	320.81	120	T ftg	12.00	0.249	Pf
3.98								
A05					tot	16.00		Pe
0.00								
A05		q	0.00	3.260	lgth	10.0		Pt
28.95								
to		Q	320.81	120	E ftg	7.00	0.088	Pf
1.50								
A06					tot	17.00		Pe
4.12								
A06		q	0.00	3.260	lgth	8.0		Pt
34.56								
to		Q	320.81	120	E ftg	7.00	0.088	Pf
1.32								
A07					tot	15.00		Pe
0.00								
A07		q	0.00	3.260	lgth	36.0		Pt
35.89								
to		Q	320.81	120	E ftg	7.00	0.088	Pf
3.80								
A08					tot	43.00		Pe
0.00								
A08		q	0.00	4.260	lgth	20.0		Pt
39.68								
to		Q	320.81	120	E ftg	10.00	0.024	Pf
0.72								
M01					tot	30.00		Pe
0.00								

Reference	Nozzle Type & Location		Flow in gpm	Pipe Size in.	Fitting & Devices		Pipe Eqiv. Length	Friction Loss psi/ft	Req. psi Notes
M01		q	0.00	4.026		lgth	10.0		Pt 40.40
to		Q	320.81	120	2E2GT	ftg	44.00	0.032	Pf 1.71
M02						tot	54.00		Pe 2.60
M02		q	0.00	4.000		lgth	150.0		Pt 44.71
to		Q	320.81	140	GET	ftg	41.24	0.025	Pf 4.69
M03	SOURCE					tot	191.24		Pe 0.00
S05	5.62	q	16.80	1.097		lgth	6.0		Pt 8.94
to		Q	16.80	120	E	ftg	2.00	0.076	Pf 0.61
S06						tot	8.00		Pe 0.00
S06	5.62	q	17.36	1.442		lgth	10.0		Pt 9.54
to		Q	34.16	120		ftg	0.00	0.074	Pf 0.74
S07						tot	10.00		Pe 0.00
S07	5.62	q	18.02	1.442		lgth	14.0		Pt 10.29
to		Q	52.18	120	2E	ftg	6.00	0.163	Pf 3.26
S08						tot	20.00		Pe 0.00
S08	5.62	q	20.68	1.442		lgth	12.0		Pt 13.54
to		Q	72.86	120		ftg	0.00	0.302	Pf 3.63
S09						tot	12.00		Pe 0.00
S09	5.62	q	23.28	1.682		lgth	4.0		Pt 17.17
to		Q	96.15	120	T	ftg	8.00	0.238	Pf 2.86
B02						tot	12.00		Pe 0.00
B02		q	0.00	1.682		lgth	.4		Pt 20.03
to		Q	96.15	120	T	ftg	8.00	0.238	Pf

2.00										
A02							tot	8.40		Pe
0.22										
S10		5.62	q	20.45	1.097		lgth	12.0		Pt
13.24										
to			Q	20.45	120		ftg	0.00	0.109	Pf
1.31										
S11							tot	12.00		Pe
0.00										
S11		5.62	q	21.43	1.442		lgth	12.0		Pt
14.55										
to			Q	41.88	120		ftg	0.00	0.108	Pf
1.30										
S12							tot	12.00		Pe
0.00										
S12		5.62	q	22.37	1.442		lgth	12.0		Pt
15.85										
to			Q	64.25	120		ftg	0.00	0.239	Pf
2.87										
S13							tot	12.00		Pe
0.00										
S13		5.62	q	24.31	1.682		lgth	4.0		Pt
18.72										
to			Q	88.56	120	T	ftg	8.00	0.205	Pf
2.46										
B03							tot	12.00		Pe
0.00										
B03			q	0.00	1.682		lgth	.5		Pt
21.18										
to			Q	88.56	120	T	ftg	8.00	0.205	Pf
1.74										
A03							tot	8.50		Pe
0.22										

Reference	Nozzle Type & Location		Flow in gpm	Pipe Size in.	Fitting & Devices		Pipe Eqiv. Length	Friction Loss psi/ft	Req. psi Notes
S14	5.62	q	23.92	1.097		lgth	12.0		Pt
18.12									
to		Q	23.92	120		ftg	0.00	0.146	Pf
1.75									
S15						tot	12.00		Pe
0.00									
S15	5.62	q	25.05	1.442		lgth	12.0		Pt
19.87									
to		Q	48.97	120		ftg	0.00	0.145	Pf
1.74									
L01						tot	12.00		Pe
0.00									
L01		q	0.00	1.442		lgth	12.0		Pt
21.61									
to		Q	48.97	120		ftg	0.00	0.145	Pf
1.74									
L02						tot	12.00		Pe
0.00									
L02		q	0.00	1.682		lgth	4.0		Pt
23.35									
to		Q	48.97	120	T	ftg	8.00	0.068	Pf
0.82									
B04						tot	12.00		Pe
0.00									
B04		q	0.00	1.682		lgth	.5		Pt
24.17									
to		Q	48.97	120	T	ftg	8.00	0.068	Pf
0.58									
A04						tot	8.50		Pe
0.22									
									Pt
24.97									


Water Supply vs. Demand Curve
998 gpm
67 psi
321 gpm w/ 250
49 psi HSA
PRESSURE (psi)
90
80
70
60
50
40
30
20
10
0
0200
400
600
800
1000
1200
1400
FLOW (gpm)

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		10-29-97	
Energy			
Electrical			

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Joseph J. Przywara
Public Health Coordinator

August 6, 1997

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: PROPOSED FLOOR PLANS
Block 854 Lot 2
Rainbow Diner
849 Route 70 East
Brick, NJ 08723

Dear Sir,

I have reviewed the floor plans for the above referenced proposed food establishment and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Sincerely,

Steve Klaniecki
Sanitary Inspector

SK:bd

CC: Township of Brick Board of Health

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 854 LOT 2

ESTABLISHMENT INFORMATION

PHONE #: 840-1555

ESTABLISHMENT TRADING NAME: RAINBOW DINER

NUMBER AND STREET: 849 RT. 70 EAST

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: I

ESTABLISHMENT CODE: 22

GOODS
- ☐ ~~DESTROYED~~
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: BILL HRISAFINIS

NUMBER AND STREET: C/O RAINBOW DINER

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
8-5-97	0855	0930

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

~~Herbert W. Roeschke~~
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

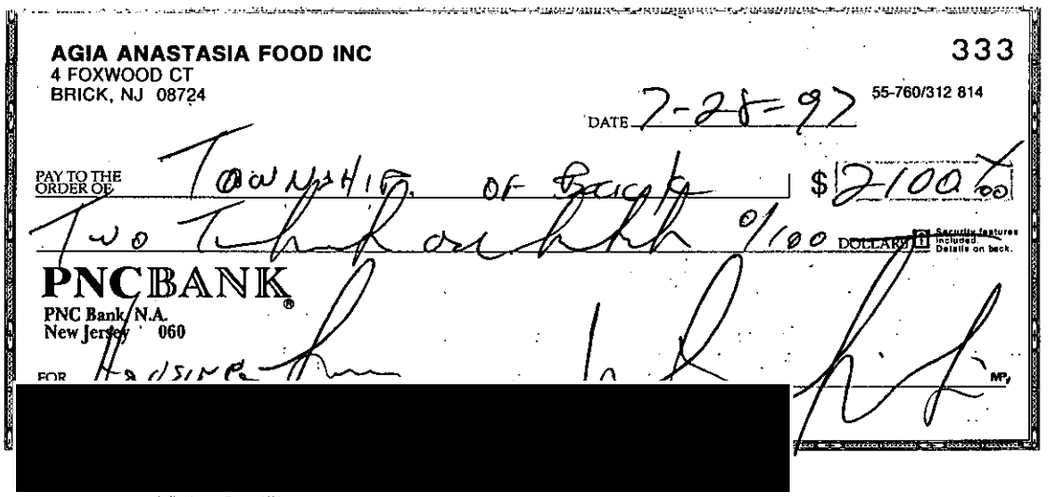
CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
RAINBOW DINER	TO BE OBTAINED	08/5/97
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 0855

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLANS HAVE BEEN FOUND
	TO BE IN SATISFACTORY COMPLIANCE WITH
	CHAPTER XII.
	NOTE! THIS DEPARTMENT TO BE NOTIFIED
	AT LEAST 48 HOURS PRIOR TO INTENDED
	OPENING FOR A PRE OPERATIONAL
	INSPECTION.

(Attach additional sheets if necessary)

H.D. 67



AGIA ANASTASIA FOOD INC
4 FOXWOOD CT
BRICK, NJ 08724

333

DATE 7-28-97

55-760/312 814

PAY TO THE ORDER OF Township of Brick $ 2100 00

Two Thousand One Hundred 0/100 DOLLARS

Security features included. Details on back.

PNCBANK
PNC Bank, N.A.
New Jersey 060

FOR Planning Fee

[redacted]

ordable Housing
A. Wolfe
sing Administrator
262-1048

Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 7-28-97

Business/Development: Agia Anastasia Food Inc.

Owner/Applicant: Rainbow Diner

Property Address: 849 RT 70 E

Block: 854 Lot: 2

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial)

Residential

Inclusionary Development Fee

Check Number 333

Estimated Fee 4200.00

Deposit Amount $ 2100 00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check No.: _____

Final Fee: _____

Less Deposit: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27d-301 et seq. and N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

_____ 7.28.97

Signature Date

ACCOUNT NO. 8006096353 CHECK NUMBER 0000

NAME AC-A ANASTASIA FOODS DATE 12-29-97 55-760/312

PAY TO THE ORDER OF Township of Brick $ 2125.00

Two Thousand One Hundred Twenty-five 00/100 DOLLARS

PNC Bank, National Association
New Jersey

MEMO Affordable Housing

[redacted]

Fax (908) 262-8954
http://gbshost.com/brick

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 12-29-97

Business/Development: Rainbow Diner

Owner/Applicant: AFA Anastasia Food

Property Address: 849 RT 70 E

Block: 854 Lot: 2

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____
Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number: 0000
Final Fee: $ 4250.00
Less Deposit: $ 2125.00

Final Payment $ 2125.00

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

12-29-97
Date

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

849 Rt. 70 EAST RAINBOW DINER 854 2
Work Site Address Block Lot

EVANGELISTRA PARTNERS
Owner's Name, Address, Phone

PARKSIDE MANOR INC. 3010 BORDENTOWN AVE, PARLIN, N.J.
Contractor's Name, Address, Phone

Construction RESTAURANT DINER
Describe type (Single -family home, etc.)

Demolition ROOF, SIDING, CONCRETE CEMENT BLOCKS
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material WOOD, ALUMINUM, CONCRETE CEMENT BLOCK + Asphalt ROOF + METAL

Name, address and phone of party responsible for removal of debris:
I-KARUS 488 TENNANT RD Morganville NJ 07751

Size of dumpster: 30 yds. 20 yds.

Destination of discarded debris: NEW JERSEY LICENSE FACILTY.

Hauler's DEP Permit No.: NJ 14101

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

STEVE KONTOS 6/23/97
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? ✓?

Certified tipping receipts attached? ✓?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

BRICK TOWNSHIP PLANNING BOARD

AMENDED PRELIMINARY AND FINAL SITE PLAN APPROVAL
WITH VARIANCES AND DESIGN WAIVERS

RESOLUTION R-51-97 PAGE 1

CASE NO. 2211 (1866) APFSP-11/96 May 14, 1997

WHEREAS, Vasilias Hrisafiwis/Rainbow Diner, having a mailing address of 849 Route 70 East, Brick, New Jersey 08724, has applied to the Brick Township Planning Board for amended Preliminary and Final Site Plan Approval with variances and design waivers pursuant to N.J.S.A. 40:55D-46, 50, 51 and 60; and

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on April 23, 1997 in the municipal building at which time and testimony and exhibits were presented on behalf of the applicant, and all interested parties having been heard; and

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is designated as Lot 2, Block 854 on the Municipal Tax Map.

2. The property is located in the B-3 General Business Zone.

3. The proposed site plan seeks to amend a previous site plan, consisting of an existing diner and associated parking by adding 8,772 sq. ft. of paved parking area on adjacent land to be leased from the N.J.D.O.T. This plan provides 74 parking spaces, and is adding 520 sq. ft. of building construction to the kitchen area, and is enclosing the front foyer.

4. Lynch, Giuliano & Associates prepared a report to

File - 2 Hrisafiwis Cronone Cannon Ford Conley Bldg. Eng 2 Zoning BFS. CAH

maps designed 7-23-97

the Board dated April 23, 1997. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference, however, items 15 and 17 are eliminated.

5. Michael P. Fowler prepared a report to the Board dated April 23, 1997. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference with the following exception - items V (C) and (F) are eliminated.

6. Kevin C. Batzel prepared a report to the Board dated December 20, 1996. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference.

7. The Traffic Safety Officer prepared a report to the Board dated December 19, 1996. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference.

8. The following variances have been applied for:

Bulk Requirement	Provided	Required
Lot Area	1.25 AC. including leased land	2.0 AC.
Front Yard Setback	21.25 Feet to foyer area	75 ft.
Side Yard Setback For and Accessory Use	4 ft.	20 ft.

The existing and proposed site does not provide the required 60 ft. landscaped buffer area adjacent to a residential area as required for the B-3 Zone in Section 190-258(H).

9. The following design waivers have been applied for:

- Parking within 10 feet of the side property line.

The applicant provides a parking setback of only 4 feet along

the northerly property line and 6.8 feet adjacent to the leased parking area.

- A waiver of the requirement to provide a soil boring.

- A waiver of requirement to provide existing building architectural plans.

- A waiver is required for driveway width. A maximum width of 30 feet is permitted and 36 feet is provided.

- As per Section 190-259(A), the minimum landscaped area requirements are 25%. The applicant proposes approximately 22% and therefore, requires a waiver.

- As per Section 190-260(J), the parking stall size should be 10 ft. by 20 ft. The applicant has proposed 37 stalls of 9 ft. x 18 ft.

- Parking is not permitted within 20 feet of the front property line. The parking facilities abut the front property line adjacent to Dock Street.

- A minimum isle width of 25 feet is required and 18 feet is provided.

- The two driveways on Route 70 exceed 28 feet in width requiring a divider barrier. Divider barriers are not proposed.

- Berming and street trees are required adjacent to the site's Route 70 frontage but not provided.

10. The Board finds that the aforesaid variances and waivers are reasonable and should be granted in that are existing a number of the conditions are existing. The proposed reconfiguration of the existing site and the additional parking area eliminates or reduces the extent of

the variances/waivers, provides a more functional circulation pattern and will ameliorate the existing parking deficiencies experienced by the restaurant. The site will also be improved aesthetically with the addition of landscaped areas.

11. The applicant has complied with the requirements of the site plan ordinance and the overall development plan for this property constitutes a substantial upgrading of the property and is consistent with the intent and purpose of the Municipal Development Ordinance. Accordingly, the Board finds that the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Township Zoning Ordinance or Master Plan. Strict application of zoning laws would result in an exceptional and undue hardship to applicant.

NOW, THEREFORE, BE IT RESOLVED by the Brick Township Planning Board on this 14th day of May , 1997, that this application be approved subject to the following conditions:

1. The applicant shall comply with all standard Planning Board conditions for site plan approval as set forth on attachment "A."

2. The applicant shall comply with all representations and agreements made by the applicant or its attorney during the presentation of this case.

3. The applicant shall comply with all the terms and conditions proposed in the report of Lynch, Giuliano and Associates dated April 23, 1997.

4. The applicant shall comply with all the terms and

conditions proposed in the report of Michael P. Fowler dated April 23, 1997. Sections V(c) and (f) is to be deleted.

5. The applicant shall comply with all the terms and conditions proposed in the report of Kevin C. Batzel dated December 20, 1996.

6. The applicant shall comply with all conditions proposed in the report in the Traffic Safety Officer dated December 19, 1996.

7. The applicant shall comply with the landscape requirements of the Trash Storage Ordinance.

8. The 2 parking stalls adjacent to Route 70 as shown on the plans are to be eliminated and that area must be curbed and landscaped.

9. The applicant shall provide 74 parking spaces, said location subject to the approval of the Board Planner and the Board Engineer.

10. The applicant shall shift the trash area one stall to the south.

11. A curbed landscaped island is to be provided at the end of each row of parking stalls in lieu of the proposed striping.

12. The 3 handicap parking spaces shall be moved to the southern side of the building, said location subject to the approval of the Board Planner and Engineer.

13. All parking for the diner shall be on site. The sign designating additional parking available at the Siperstein site shall be removed.

14. The applicant shall provide a 4 ft. board on board fence along the southwest property line.

15. The single parking stall adjacent to the southerly property line will designated as an employee parking stall

MOVED BY Mrs. LaDuke

SECONDED BY: Mrs. Fox

VOTING IN THE AFFIRMATIVE: Mr. Cevasco Mrs. Fox Mr. Haney Mrs. LaDuke Mr. Petoia Mr. Underwood

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT: Councilwoman Hartman Mr. Reo Mr. Scherer Mr. Aiello Mr. Bruno

CERTIFICATION

I, E. Joan Kull, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly ADOPTED by the said Planning Board of the Township of Brick at a regular meeting held on the 14th day of May , 1997.

IN WITNESS WHEREOF, I have set my hand this 20th day of May , 1997.

E. Joan Kull

E. JOAN KULL
Clerk of the Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall resubmit this entire proposal for re-approval should there be any deviation from the terms and conditions of this resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the

applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

ACCOUNT NO. 8006096353 CHECK NUMBER 0000

NAME AC-A ANASTASIA FOOD DATE 12-29-97 55-760/312

PAY TO THE ORDER OF TOWNSHIP OF Brick $ 2125.00

Two Thousand One Hundred Twenty Five 00/100 DOLLARS

PNC Bank, National Association
New Jersey

MEMO Affordable Housing

[redacted]

eph C. Sc
nship Cour
Helen
Stephen C. A
Martin J. Ant
Victor Cantill
Lee Hartman
Mary Lou Powner
Michael A. Thulen

using
nistrator

Fax (908) 262-8954
http://gbshost.com/brick

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 12-29-97

Business/Development: Rainbow Diner

Owner/Applicant: AFA Anastasia Food

Property Address: 849 RT 70 E

Block: 854 Lot: 2

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____
Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number: 0000
Final Fee: $ 4250.00
Less Deposit: $ 2125.00

Final Payment $ 2125.00

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

12-29-97
Date