BLOCK 854 LOT 2 ADDRESS (SITE) 849 Rt. 70 PERMIT NO. 2937-97

RECEIVED
AUG 2 2 1997

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

20K

849 Rt 70

I. IDENTIFICATION

1. Proposed Work-site at: RAINBOW DINER
2. Name of Owner in Fee: BILL HRISAFINIS Tel. (732) 840-1555
   Address 849 ROUTE 70 E (street) BRICK (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: DESIGN NEON Tel. (732) 935-1488
   Address 151 INDUSTRIAL WAY
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. [redacted]
5. Architect or Engineer ____
   Address ____
6. Responsible Person in Charge of Work ____ Tel. (___) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	108		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		10		
10. Subtotal	$			
11. Cert. of Occupancy		15		
12. Other ZPA				
13. TOTAL	$	133		

IMPORTANT
MANDATORY FEE - COLLECTION

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area—Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed ____ sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ sq. ft.
    no ____
11. Max. Live Load ____
12. Max. Occupancy Load ____

Sign

II. PROPOSED WORK

		Est. Cost
1.	☑ Minor work (single trade)	$ 12,000
2.	☐ Small Job ($5,000 and no prior approvals)	
3.	☐ New Building	
4.	☐ Addition	
5.	☐ Alteration	
6.	☐ Fire Protection	
7.	☐ Plumbing	
8.	☐ Electrical	
9.	☐ Elevator Devices	
10.	☐ Asbestos Abatement	
11.	☐ Demolition	
	TOTAL COSTS	$ 12,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
	8/19/97		9-24-97				
CWR	9/9/97		9/9/97				

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

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

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

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:
2. Use Group: Diner.
3. Change in Use Group, Indicate Former:

ABT PRELIMINARY APPROVAL

LDS BR 10400816

U.C.C. Form F-100B

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 faot 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 X Design Neon

Address X 151 INDUSTRIAL WAY
EATONTOWN 07724

Telephone ( )

Signature _____ Date _____

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									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ 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)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

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

IDENTIFICATION Block 854 Lot 2

Work Site Location 841 Route 70

Owner in Fee Rainbow Diner

Address B. Nrusafinis 819 Rt 70

Tele. ( )

Contractor Ocean Neon

Address 151 Industrial Way

Eatontown NJ

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [✓] OTHER Sign

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Sign

PAYMENTS (Office Use Only)	854 #	
Building	108 LOT	0.00
Plumbing	2 #	
Electrical	BUILDING	108.00
Fire Protection	D.C.A.	10.00
Other	ZONEPLOT	15.00
Other	TOTAL	133.00
DCA Training Fee	CHECK	133.00
Cert. of Occ.	CHANGE	0.00
Other 09/25/97	NO. 5 00008A005	10:26
Total	133	
Check No.	#1324	
Cash		
Collected By:		

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 $ 1200

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
2937*#
BLOCK 54 # 0.00
LOT 2 # 0.00
BUILDING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
11/08/99 NO. 5 0013A005 11:59

Update Issued 11/08/99
Control #
Permit # 97-2937+A
Permit Issued 09/25/97

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 854 Lot 2 Qual

Work Site Location 849 ROUTE 70 RAINBOW DINER
TO KEEP ACTIVE/SIGN
Owner in Fee EVAGELASIRA PARTNERS
Address 849 EAST RTE 70
BRICK, NJ 08723-
Telephone (908)840-0286

Contractor DESIGN NEON
Address 151 INDUSTRIAL WAY E BLDG B
EATONTOWN, NJ 07724-
Telephone (732)935-1488
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TO KEEP ACTIVE , SIGN INCOMPLETE

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1072
Cash	
Collected By	TL

Estimated Cost of Work $ 10

Construction Official

11/08/99
Date

U.C.C. F190 (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. [redacted]
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

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 FLEX 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:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 NEON 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) $ _____

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

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:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	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)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2000
Date Issued 10/10/2000
Control #
Permit # 99-0421+A

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

Block 854.05 Lot 1 Qual
Work Site Location 831 RT 70 E BRENNEN BOAT CO
REINSTATE PERMIT
Owner in Fee BRENNAN, ED
Address SAME
BRICK, NJ 08723-
Tele.(732)840-1100
Contractor R. KREMER & SON
Address 321 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)477-8012 Fax (732)477-9224
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

REINSTATE EXPIRED PERMIT

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
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present 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
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2000
Date Issued 10/10/2000
Control #
Permit # 99-0421+A

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

Block 854.05 Lot 1 Qual
Work Site Location 831 RT 70 E BENNEN BOAT CO
REINSTATE PERMIT
Owner in Fee BRENNAN, ED
Address SAME
BRICK, NJ 08723-
Tele.(732)840-1100
Contractor R. KREHER & SON
Address 321 HANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)477-8012 Fax (732)477-9224
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

REINSTATE EXPIRED PERMIT

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

B. BUILDING CHARACTERISTICS

Use Group Present 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

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
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

CSE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/10/2000
Date Issued 10/10/2000
Control #
Permit # 99-0411+A

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

Block 854.05 Lot 1 Qual
Work Site Location 831 RT 70 E BRENNEN BOAT CO
REINSTATE PERMIT
Owner in Fee BRENNAN, ED
Address SAME
BRICK, NJ 08723-
Tele.(732)840-1190
Contractor R. KREMER & SON
Address 321 HAMTOLOKING RD
BRICK, NJ 08723-
Tele.(732)477-8812 Fax (732)477-9224
Lic. No. or Bldrs [redacted]
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REINSTATE EXPIRED PERMIT

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 [ ] COO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
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. Est. Cost of Bldg. Work:
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

1. New Bldg. $ 0
2. Alteration $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

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
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: September 8, 1997 1997 - 2431

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

Property Address: 849 Route 70

Owner: Bill Hrisafinis (Phone): (732) 840-1555

Applicant: Susan Gubitoza (Phone): (732) 935-1488

Existing Use: Rainbow Diner.

Proposed Use: Rainbow Diner.

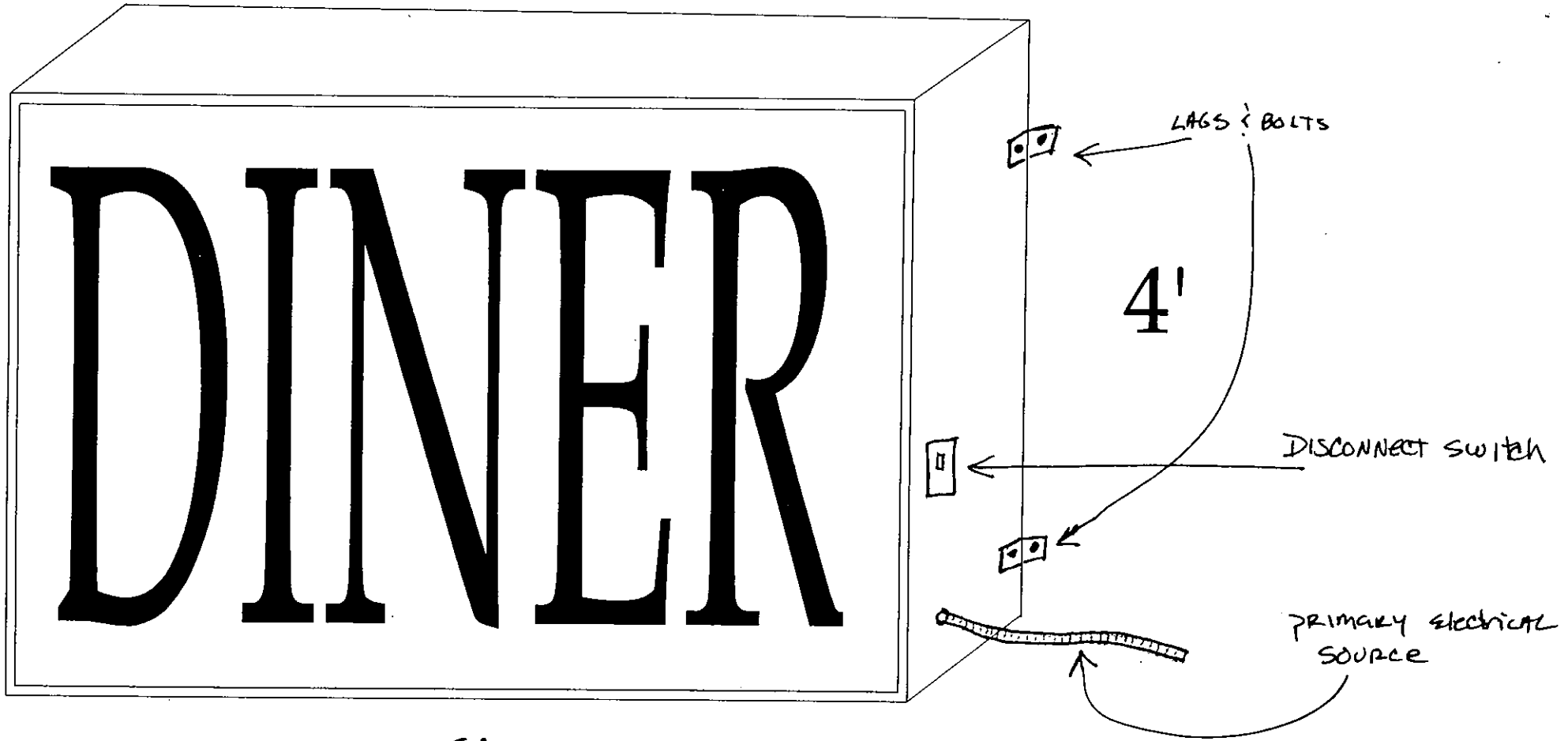
Proposed Construction (if any): Replacing signs destroyed by fire:
18' by 7' rainbow, 4' by 6' box "Diner",
15 mm red neon strip.

Conditions: Signs to be same size and location as previous signs.
Street address number must be posted as per Chapter 170 of the Township Code.

This permit shall be null, void and of no 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.

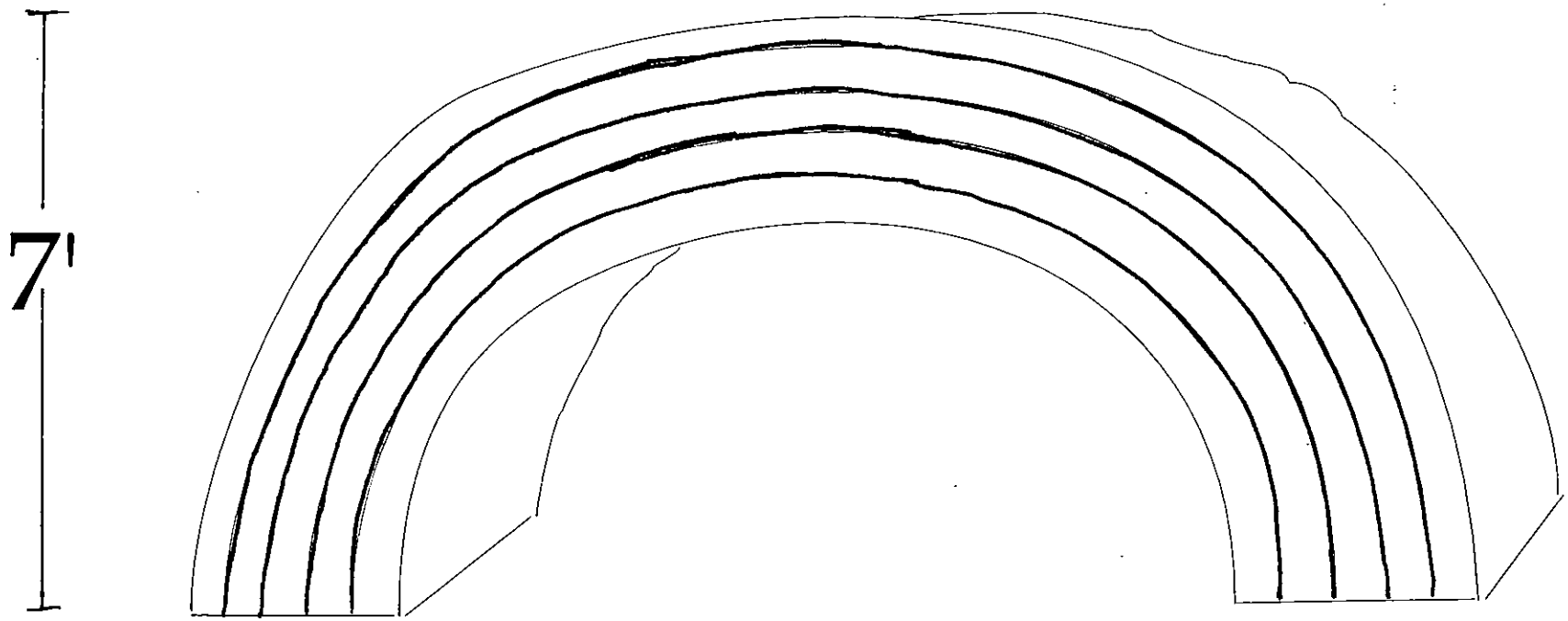
Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE: September 8, 1997
Sean Kinney — replace sign

BOX SIGN



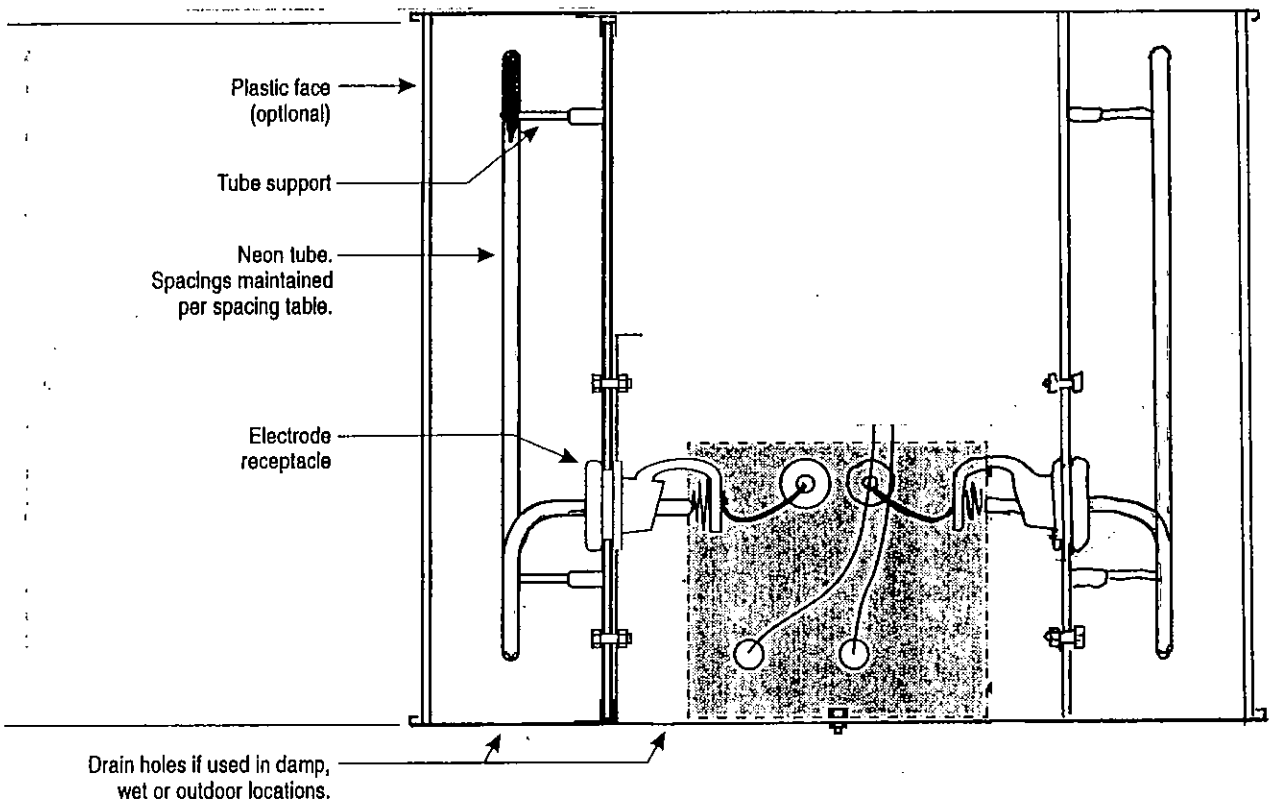
RAINBOW

SIDE VIEW

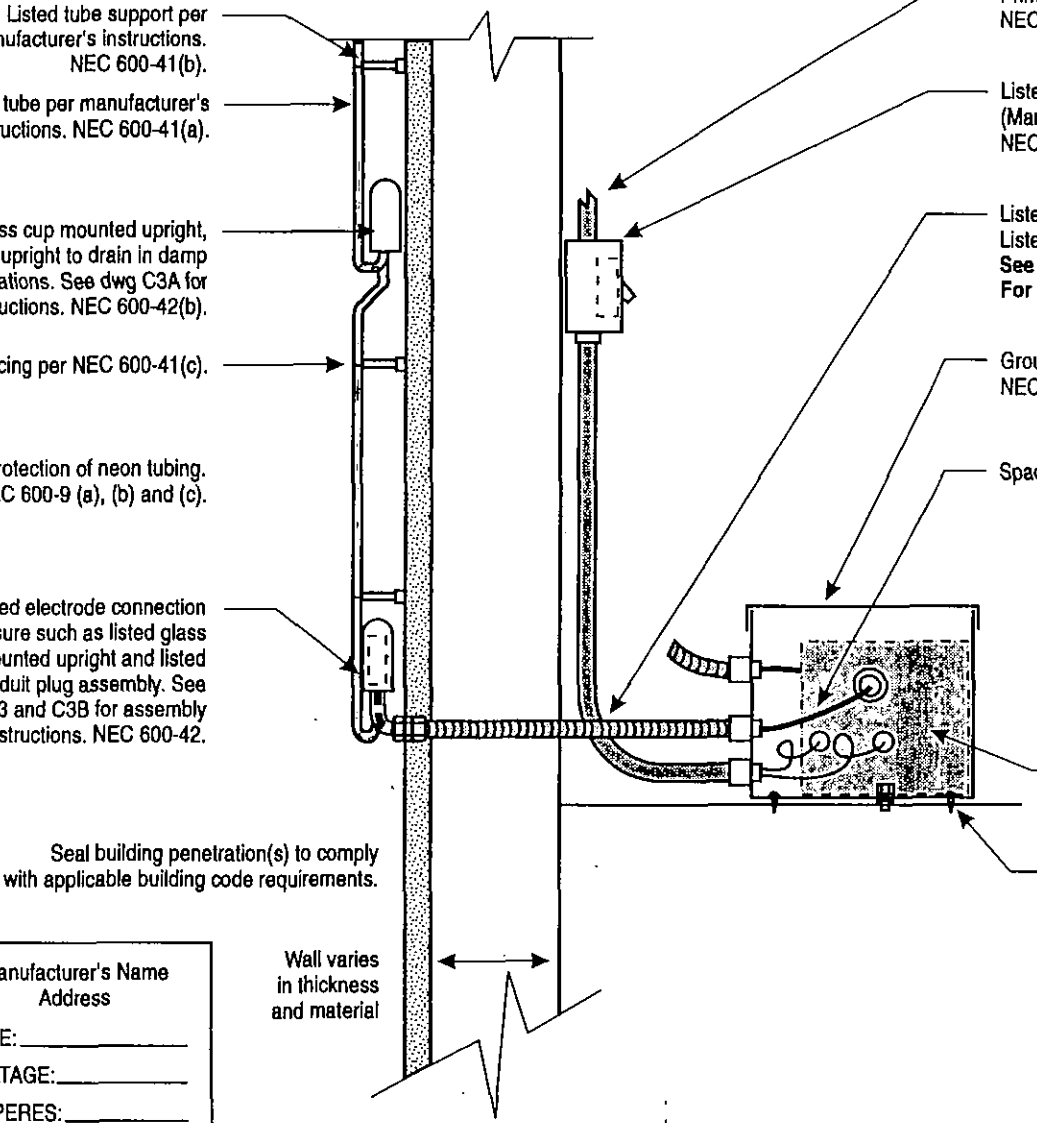
Double FACED

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE September 8 1997
Sean Kinney – replace signs

RAINBOW (INTERIOR) OF SIGN DOUBLE FACED



OUTLINE ON EXTERIOR OF BUILDING



Listed tube support per manufacturer's instructions. NEC 600-41(b).

Neon tube per manufacturer's instructions. NEC 600-41(a).

Listed glass cup mounted upright, horizontal or upright to drain in damp or wet locations. See dwg C3A for assembly instructions. NEC 600-42(b).

Spacing per NEC 600-41(c).

Protection of neon tubing. NEC 600-9 (a), (b) and (c).

Listed electrode connection enclosure such as listed glass cup mounted upright and listed conduit plug assembly. See dwgs C3 and C3B for assembly instructions. NEC 600-42.

Seal building penetration(s) to comply with applicable building code requirements.

Wall varies in thickness and material

Primary electrical source NEC 600-5.

Listed disconnect switch in primary to be within sight (maximum 50 ft.) of sign. (Many interpret transformer enclosure to be part of sign.) NEC 600-6.

Listed flex (metal shown). NEC 600-32
Listed GTO cable (minimum 105°C). NEC 600-32(b)
See dwg C6 and C7 for detail requirements.
For nonmetallic see dwg C6A and C7A.

Grounded transformer enclosure with sheet metal cover. NEC 600-7, 600-8 & 600-9.

Spacing 1-1/2 in. minimum. NEC 600-32(e).

At damp, wet or outdoor locations all raceway fittings and boxes must be weatherproof and include drain holes. NEC 600-8 & 600-9(d).

Listed transformer (NEC 600-23).

Accessibility. NEC 600-21.

Fasteners as required by local jurisdiction.

Manufacturer's Name Address
DATE:_____
VOLTAGE:_____
AMPERES:_____
No. LAMPS:_____

Markings per NEC 600-4

Installation of nonlisted outline lighting
(As per NEC Section 600-3)

FIELD INSTALLED SKELETON TUBING, INDOOR OR OUTDOOR GLASS CUPS AND CONDUIT PLUG ASSEMBLY	
	Date: April 1996
Scale None	IAEI Dwg. No. **NEC-T5**

(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

08/28/97 SK

August 28, 1997

Susan Gubitoza
Design Neon
151 Industrial Way East
Building B
Eatontown, N.J. 07724

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

Dear Ms. Gubitoza:

Your zoning permit application for signs on the referenced property is denied because Section 190-163A(7) of the Township Code prohibits signs projecting higher than the roofline.

In order to erect signs above the roofline, a variance must first be approved by the Board of Adjustment. Variance application forms can be obtained from Christine Papa, the Board Secretary.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

SK/cas

c: Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP\PP, Municipal Planner
Joseph Curiazza, Construction Official

August 21, 1997

Township Of Brick
Building and Permit Department
Chambers Bridge Road
Brick, New Jersey 08723

To whom it may concern:

I hereby give *Design Neon* authorization to act as my agent in obtaining permits for the signs for my Diner located on Route 70 East in Brick, New Jersey.

Sincerely,

Nick M Hrisafinis

CERTIFICATE OF COMPLIANCE

BLOCK 854 LOT 7 SITE ADDRESS 349 RT. 70

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

APPLICANT Bill Hoffmans PHONE NUMBER 840-1555

APPLICANT ADDRESS 349 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 sq (50⁰⁰) Date 9-10-97

Required Deposit on Estimate $ 25.00 Date 9/23/97

Check # 1261 Receipt # 9422

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

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:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

September 11, 1997

Mr. Bill Hrisafinis
849 Rt. 70 East
Brick, NJ 08723

RE: Mandatory Development Fee
Block 854 Lot 2; Rainbow Diner 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 August 22, 1997, for the above block and lot at $5,000.00, resulting in an estimated fee of $50.00.

Therefore, it is required that one half of the estimated fee ($25.00) 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

624

ODETTE P. HRISAFINIS
4 FOXWOOD CT.
BRICK, NJ 08724

55-760/312 814

9-23-97

Pay to the Order of Township of Brick $ 25.00

Twenty five Dollars and 00/100 Dollars

Security features included. Details on back.

PNCBANK Choice Plan
PNC Bank, N.A.
New Jersey 060

For Affordable Housing Odette P. Hrisafinis

[redacted]

Joseph C. S
Township Co
Hel
Ste
Mar
Victor C
Lee Hartman
Mary Lou Powner
Michael A. Thulen

housing
ministrator
3
54
CLASSIC
://gbshost.com/brick

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 9-23-97

Business/Development: Rainbow Diner

Owner/Applicant: Odette P. Hrisafinis

Property Address: 849 RT. 70

Block: 854 Lot: 2

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 624
Estimated Fee $ ~~25~~ 50.00

Deposit Amount $ 25.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number: _____
Final Fee: $_____
Less Deposit: $_____

Final Payment $_____

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

9-23-97
Date