Lot

BLOCK 672 (11-672) LOT 12 ADDRESS (SITE) 709 Rt 70 PERMIT NO. 98-0326

Rec 2/11/98

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 709 Rt 70
2. Name of Owner in Fee: TGI Friday's Tel. ( )
   Address 709 Rt 70 (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Bay Head Sprinklers Tel. (732) 892-0793
   Address 1115 Hwy 88, Pt. Pleasant, NJ
   License No. OR, if new home, Builder Reg. No. 0015819 Exp. Date _____
   Federal Emp. No. 22-3537602 Social Security No. _____
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Bill Ross Tel. (732) 892-0793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		105	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1.	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	106.	

#5 1/19

II. PROPOSED WORK

Sprinklers

	Est. Cost
1. ☐ Minor work (single trade)	
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	

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	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			2-11-98	BAB			

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:
3. Change in Use Group, Indicate Former:

Mech 2/18/98 OK

LDS BR 10109782

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.

(X) Check if contractor

Agent Name (Bay Head) SPRINKLERS

Address 1115 Hwy 88

Pt. Pleasant, NJ 08742

Telephone (732) 892-0793

Signature _____ Date 2/4/98

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	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/13/98
Control #
Permit # 98-0326

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 672 Lot 12

Work Site Location 709 RT 70 IGI FRIDAYS SPRINKLERS
Owner in Fee IGI FRIDAYS
Address 709 RT 70 BRICK, NJ 08723-
Telephone (732)914-1113

Contractor BAY HEAD SPRINKLERS
Address 1115 HWY 88 PT PLEASANT, NJ 08742-
Telephone (732)892-0793
Lic. No. or Bldrs. Reg. No. 0015819 Exp. Date / /
Federal Emp. No. 22-3537602
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 900

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	105
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	106
Check No.	5142
Cash	
Collected By:	AJP

ELECTRICAL SUBCODE TECHNICAL SECTION

Brick

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 672 Lot 12
Work Site Location 705 HWY 70 BRICK, NJ.
(T.G.I. FRIDAYS RESTAURANT)
Owner in Fee/Occupant DAN D'ONOFRIO
Address ROUTE 37 + 166 OUTER MALL
TOMS RIVER, NJ 08753
Tele. (732) 349-2710
Contractor BARBITT MECHANICAL + ELECTRICAL SERVICES
Address 1406 STAKES ROAD
MEDFORD, NJ 08055
Tele. (609) 835-2272 Fax (609) 265-1858
Lic. No. 10665A
Federal Emp. No. 223415611

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 400.00

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: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	3/4/98	5433		
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/12/98	5497

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 3/12/98
Approved by: 5433

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.

Steve Riley
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

MAR 4 98 0 0 1 6 4 4

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	1644
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	
1		140' EXPOSED NEON 12000/30 TRANS.	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
m TOTAL FEE $ 35.

Cash

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-13-98
Control #
Permit # 98-0326

COMMERCIAL

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

Block 672 Lot 12
Work Site Location 709 Rt 70 Brick Town
Owner in Fee TGI FRIDAY'S
Address 709 Rt 70 Brick Town
Tele. (732) 914-4113
Contractor BAY HEAD SPRINKLERS
Address 1115 Hwy 88 Pt. Pleasant NJ 08742
Tele. (732) 892-0793
Lic. No. 0015819
Federal Emp. No. 22-3537602 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-11-98
Approved by: [illegible]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: [illegible]
Date: 3-11-98

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Backflow			3-11-98	[illegible]

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)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
X	Backflow Preventer	35
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
20	Other Heads	70

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 105
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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