ECC

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1048 Cedar Bridge Rd PERMIT NO. 18-2390

CONSTRUCTION PERMIT APPLICATION

Rosalita's

ROSALITA'S

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

I. IDENTIFICATION

1. Proposed Work Site at: 1048 Cedar Bridge RD CT800450
2. Name of Owner in Fee: GR Brick LLC
   Tel. (732) 995-9561 e-mail _____
   Address 11½ Broadway, Freehold NJ 07728 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: TRI-State Quality Const. Tel. (201) 792-1569
   Address 164 Central Ave e-mail quality4@verizon.net
   Jersey City, NJ 07307
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07097600
   Federal Emp. ID No. 45-2579976 FAX: (201) 656-0587
5. Architect or Engineer W. Lerman Contact W. Lerman
   Address 84 Brighton Ave, Long Branch e-mail _____
   Tel. (732) 222-3200 FAX: (732) 222-3573
6. Responsible Person in Charge once Work has Begun Richard Jordan
   Tel. (732) 496-0818 FAX: (732) 987-4800

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2500		150
2. Electrical	150		150
3. Plumbing	324		
4. Fire Protection	1500	174	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	124	4	4
10. Subtotal	$ 70		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 4823	178	307

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	24 ft.	
3. Area — Largest Floor	1,932 sq. ft.	
4. New Building Area	9,997 sq. ft.	
5. Volume of New Structure	119964 cu. ft.	
6. Max. Live Load	100#/Ft.	
7. Max. Occupancy Load	179	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no X		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. - Subch. 8
- ☒ New Building
- ☒ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☒ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

Legal fit up

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional) FB 10-9-18

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		NP 6/25/18			05/27/18	MCK			
☒ Electrical					7/16/18	PS			
☐ Plumbing				7/18/18	8-2-18				
☐ Fire Protection				7/18/18		LW	8/2/18	MA	
☐ Elevator		Eng	exempt	7/11/18	ECC				
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Restaurant
2. Use Group, Proposed: A-2
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

[X] Check if contractor.

Agent Name Tri-State Quality Construction

Address 164 Central Ave
Jersey City, NJ 07307

Telephone (201) 792-6569

Signature Patty Arevalo

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/17/2019
Control Number C-18-002400
Permit Number 18-2390
Permit Issue Date 08/28/2018
Certificate Number 18-2390

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone:

Contractor TRI-STATE QUALITY CONSTRUCTION

Address 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569 Fax: (732) 987-4800

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 179

Description of Work/Use: TENANT FIT UP - - ROSALITA'S

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $150.00
Check Number: 1508
Collected By: Christopher Winters

Date Printed: 04/17/2019

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
7/11/18	SENT TO Owner	SG, JO
9/20/18	Called Richie - Updates + C + D Ready.	DP

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
TCO from Engineering until Tre is complete Passed 4/11/19 rec'd in bldg. 4/17/19 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/23/18

Date Issued / Permit # 18-2310-B

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

Block 621 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge RD Brick NJ

Owner in Fee: Federal Realty Investment

Tel. 732-995-9561 e-mail

Address PO Box 92129 Southlake, Texas 76092
street municipality zip code

Contractor: TRI-State Quality Const. Tel. 201-792-6569

Address 164 Central Ave e-mail

Jersey City, NJ

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 45-2579976 FAX 201-656-0587

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.

Sign here: [signature]

Print name here: Richard Jordan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revision to Egress for Rosalita

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10.31.18	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	10/31/18	
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[X] CO [ ] CCO [ ] CA		
Date:	04/19/19	
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			11-20-18	
Other				
Final			4-16-19	
Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____

No. of Stories 1

Height of Structure 1932 ft.

Area — Largest Floor 9997 sq. ft.

New Bldg. Area/All Floors 9997 sq. ft.

Volume of New Structure 119,964 cu. ft.

Max. Live Load 100 #/Sq. Ft.

Max. Occupancy Load 340

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ -0-
2. Rehabilitation $ -0-
3. Total (1+ 2) $ -0-

U.C.C. F110 (rev. 11/09)

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

Rosalita's

BUILDING SUBCODE
TECHNICAL SECTION

Date Received: 8/28/18
Control #:
Date Issued:
Permit #: 18-2390

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 1048 Cedar Bridge Rd
a/k/a. 56 Chambers Bridge Rd.

Owner in Fee: GR Brick LLC

Tel. (732) 995-9561 e-mail

Address 11½ Broadway, Freehold, NJ 07728
street municipality zip code

Contractor: TRI-State Quality Const. Tel. 201) 792-6569

Address 164 Central Ave e-mail Quality4@Verizon.Net
Jersey City, NJ 07307

Contractor License No. or Builder Registration No. ~~45-2579976~~ 13VH07097600 Exp. Date 3/31/2019

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

Federal Emp. ID No. 45-2579976 FAX: 201) 656-0587

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.

Sign here: Patsy Aversa

Print name here: Patsy Aversa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior Fit-out

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/27/18	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/27/18
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 11/26/18
Approved by: KEH

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame Partial			* 9-20-18	DSB
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 11-19-18			11-20-18	DSB
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed
No. of Stories 1
Height of Structure 24 ft.
Area — Largest Floor 1932 sq. ft.
New Bldg. Area/All Floors 9997 sq. ft.
Volume of New Structure 119964 cu. ft.
Max. Live Load 100#/Ft.
Max. Occupancy Load 340

Constr. Class Present X Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 50,000.00
2. Rehabilitation $
3. Total (1+ 2) $ 50,000.00

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 11/09)

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

* 9-20-18 Pocket Frame Booths + Dividers to Electric

* 11-19-18 Final Not Ready.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received / Control # 10/23/18

Date Issued / Permit # 18-2390AB

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

Block 699 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd Brick NJ Rosalita's

Owner in Fee: Federal Reality Investments

Tel. (732) 995-9561 e-mail

Address PO Box 92129 Southlake, Texas 76092
street municipality zip code

Contractor: Plmco Tel. (732) 323-8784

Address 308 Wilbur Ave e-mail
Manchester, NJ 08759

Contractor License No. 113158 Exp. Date 3/21

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

Federal Emp. ID No. 223347998 FAX: (732) 323-8794

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Restaurant Utility Co.

Est. Cost of Elec. Work $ 3500.00

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 sign/Contractor sign and seal here:

Print name here: Robert Perlmano

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: OPEN DINING ROOM.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
31		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
35		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		Ice machine	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 10/12/18 Approved by: PTE
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/12/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/5/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			10-30-18	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: 877-531-2233

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Rosalita's

Date Received 8/28/18
Control #
Date Issued
Permit # 18-2390

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

Block 67 Lot 1.01 Qualification Code

Work Site Location 1048 Cedar Bridge Rd (Rosalitas)

Owner in Fee: GR Brick LLC

Tel. 732-995-9561 e-mail

Address 11½ Broadway, Freehold NJ 07728
street municipality zip code

Contractor: Pemco Tel. 732 223-8784

Address 3208 Wilbur Ave e-mail
Manchester, NJ 08759

Contractor License No. 11358 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223347998 FAX: 732 223-8794

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 7/16/18 Approved by: PJC

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7/16/18

Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 11/8/18

Approved by: PJC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10-30-18	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-7-18	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Robert Pendimano

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fit-out

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
6		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Rosalita's

Date Received 8/28/18
Control #
Date Issued
Permit # 18-2390

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 1048 Cedar Brick Road (Rosalita's)

Owner in Fee: GR Brick LLC

Tel. (732) 995 9561 e-mail

Address 11 1/2 Broadway, Freehold NJ 07728

Contractor: Patsy Aversa t/a Bolker Plbg & Htg Inc. Tel. (201) 792 6569
(street / municipality / zip code)

Address 164 Central Avenue e-mail quality4@verizon.net
Jersey City NJ 07307

Contractor License No. 36BI00002500 Exp. Date 6/30/2019

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

Federal Emp. ID No. 22-3148028 FAX: (201) 656 0587

B. PLUMBING CHARACTERISTICS

Use Group Present ∞ Proposed

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 8000

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 sign/Contractor sign and seal here: Patsy Aversa

Print name here: Patsy Aversa

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK ~~Renovate kitchens and~~ Underground for future replace all kitchen equipment... Bathroo
Gas stoves on the existing pipe.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
12	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-27-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-19-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9/28	RC
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	11-7-18		11-19-18	RC

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To Reorder: Call 732.534.3000

update 401 Bar 5 - F. sinks
2 - F. drains
2 - AAV

2 - F. drains in both
deep seal traps

3) change of contractor

11-7-18
- Anti tip Brackets missing
- Final Gas connection to hood Equipment

Rosalita's

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 18-23904-C

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

Block 621 Lot 101 Qualification Code
Work Site Location [redacted] / Rosalitas
1048 Cedar Bridge Avenue Brick N.J.
Owner In Fee CR Brick
Address 1½ Broadway, Freehold, NJ
Tel (732) 995-9561
Contractor DeAngelo Fire Protection LLC
Address 207 Old Shore Road Unit #5
Forked River, N.J. 08731
Tel (732) 262-4412 FAX (732) 262-4414
Fire Protection Equipment, NJ Div of Fire Safety Permit No. NODFS P01312
Fire Protection Equipment, NJ Div of Fire Safety Installer No. C2FSS 104284
Fire Alarm Contractor No.
Federal Emp. No. 271137323

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work ($) 2,000.00

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New OR [X] Existing
Location of Main Control Valve: Exterior Room

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Revised Drawings Showing (4) pendent heads in Rosalitas
Water Supply Source City Main
Method of Alarm/Suppression System Supervision Water Flow

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	4	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 12-20-18
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-18-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/18/18	
Other				

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4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 18-2390+D ~~B~~

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

Block 61 Lot 1.01 Qualification Code

Work Site Location FRE Restaurant 56 CHAMBERS BRIDGE RD 1048 CEDAR Bridge Road, Brick NJ

Owner in Fee: FEDERAL Realty Trust LLC

Tel. e-mail

Address P.O. Box 92129 Southlake Texas 76092
street municipality state zip code

Contractor: EMT Inc Tel. 732 274-0040

Address 9-G CHRIS Court e-mail
Daytona NJ. 08810

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3328868-2 FAX: 732 274-9135

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ $7,500.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Jerry Cewchuo

Print name here: JERRY Cewchuo

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installing New Type (2) Hood Duct + Fan

Water Supply Source ~~PREPARED~~

Method of Alarm/Suppression System Supervision For ROSALITAS

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	Prepared
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10-31-18 Approved by: PD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-30-18
Approved by: CR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-5-18
Approved by: LJC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/5/18	LJC
Other				

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

U.C.C. F140 (rev. 02/11)

Rosalita's

154

9997 sqft 162 occup A-2 Rosalita's

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/28/18
Control #
Date Issued
Permit # 18-2390

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

Block 671 Lot 1.01 Qualification Code
Work Site Location 1048 Cedar Bridge Rd Rosalita's
Owner in Fee: GR Brick LLC
Tel. 732-995-9561 e-mail
Address 11½ Broadway Freehold, NJ 07728
Contractor: TRI-State Quality Const Tel 201 792-6569
Address 164 Central Ave e-mail quality4@verizon.net

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason 13VH07097600
Federal Emp. ID No. 45-2579976 FAX: 732 987-4800

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed
Constr. Class: Present X Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work $ 2,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here:
Print name here: Patsy Aversa
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Re-hook up Kitchen equipment
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Kitchen Equipment	12	

① Need current fire supp test cert for kitchen
② letter attached
Need both current fire alarm + fire sprinkler testing reports

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved 3/20/18
Date: Approved by: JD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/28/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/5/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/5/18	JD
Other				

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Results 8/17/18

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/28/18
Control #
Date Issued
Permit # 18-2390 +A

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

Block 69 Lot 1.01 Qualification Code
Work Site Location 1048 Cedar Bridge Rd Toms River, Cedar Bridge Rd.
Owner in Fee: GR Brick LLC
Tel. 732-995-9561 e-mail
Address 1140 Broadway, Freehold, NJ (street, municipality)
Contractor: Reliable Fire Protection Tel. 732 643-0075 (zip code)
Address 30 Meridian Rd e-mail service@reliable-fire-pro.com
Eatontown, NJ
Fire Protection Equipment, NJ Div of Fire Safety Permit No. PD00049
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 22-3103000 FAX: 732 643-0076

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed
Constr. Class: Present 2 Proposed

Heating System: [ ] New OR [X] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work $ 2,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:
Print name here: Dan Daly

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: adjust heads (ansul)
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		170
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other adjust heads (ansul)	4	4
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 8/28/18 Approved by: JO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/28/18
Approved by: JO HEB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/5/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/5/18	
Other				

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DeAngelo Fire Protection, LLC
707 Old Shore Road, Unit 5
Forked River, NJ 08731
(732) 262-4412
FAX: (732) 262-4414
deangelofire@gmail.com
NJDFS Permit# P01312

August 16, 2018

Brick Township Bureau of Fire Safety
500 Herbertsville Road.
Brick Township, New Jersey 08724

Attn: Richard Orlando, Assistant Bureau Chief

Re: Rosalitas/Tre, 1048 Cedar Bridge Ave, Brick, NJ 08728

Dear Assistant Chief Orlando:

This letter is to inform that DeAngelo Fire Protection, LLC, is the contractor hired to perform fire sprinkler work at the above referenced location. Please be advised no fire sprinkler work is required in Rosalitas. A fire sprinkler inspection will be performed prior to Certificate of Occupancy.

Should you have any questions please contact my office.

Thank you.

Very truly yours,
DEANGELO FIRE PROTECTION, LLC

Louis DeAngelo,
Managing Member

Beacon Protection
Protection and Convenience

August 17, 2018

City of Brick
Re: Fire Alarm at 1048 Cedar Bridge Rd

To Whom it May Concern,

Please be advised that we have been contracted by Tre's and Rosalita's Cantina to test, inspect and monitor the fire alarm system at the above address. At this time we are making no changes to the fire alarm panel or devices currently installed and are installing only a UL Listed TG7 radio for communication of signals. An NFPA72 report will be furnished to the customer upon completion of the test. Please feel free to contact me directly with any questions.

Sincerely,

Jeremy Carrion
Operations Manager
Beacon Protection Group, LLC
(800) 700-6400 Ext.704: Office
(203) 395-6941: Cell
jcarrion@beaconprotection.com
NJ Lic # 34BF00057200
NY Lic # 1200030244
CT Lic # 0192271-L5
MA Lic #22179A

DALY FIRE PROTECTION INC.

Twp. of Brick

401 Chambers Bridge Road

Brick, NJ 08723

Attn: Bldg. Dept / Rick Orlando

Re: Rosalita's

1048 Cedar Bridge Road

Brick, NJ 08724

We have visited the above site and reviewed the original plans and found the following:

1) New cooking equipment line-up will fit under the existing hood.
2) The existing hoods and equipment are manufactured by Captive Aire.
3) The hoods are UL Listed and are in working condition.
4) The new line-up requires more exhaust and mua air cfm. This will be accomplished by speeding up both exhaust and mua units. This will require pulley changes by Captive Aire Factory Tech.
5) The existing pollution control unit on roof needs routine maintenance by Captive Aire Factory Tech.
6) The existing fire suppression system is a UL 300 system.
7) The new cooking line-up requires that the existing 7.5-gallon system be upgrade to a 15-gallon system (drawings and permits will follow)

Respectfully submitted,

Dan Daly

Daly Fire Protection Inc.

NJDFS PERMIT NUMBER P00231

NJDFS INSTALLER NUMBER 153769

14 LORELEI DRIVE HOWELL, NJ 07731

E-MAIL DALYFIRE@AOL.COM

DEANGELO FIRE PROTECTION, LLC

707 Old Shore Rd., Unit 5, Forked River, NJ 08731
EMAIL: DEANGELOFIRE@GMAIL.COM • Tel: (732) 262-4412 • Fax: (732) 262-4414
NJDFS PO1312

INSPECTION REPORT - FIRE SPRINKLER SYSTEM

Location Rosa 1, Lus Date 10/19/18

Address 1048 Cedar Bridge Avenue Brick Twp

Attention _____

1. SPRINKLER SYSTEM	WET X	DRY
2. VALVES FOUND OPEN	YES X	NO
3. STATIC PRESSURE 75	RESIDUAL PRESSURE 57	
4. AIR PRESSURE n/a	DRY SYSTEM	
5. ALARMS LOCAL X	CENTRAL STATION X	
6. ALARMS TESTED (OK)	YES X	NO	NA
7. REPLACEMENT HEADS AND WRENCH	YES X	NO	NA
8. FIRE DEPARTMENT CONNECTION (OK)	YES X	NO	NA
9. ALL AREAS SPRINKLERED	YES X	NO	NA
10. PAINTED OR LOADED HEADS	YES	NO X	NA
11. PIPING CORRODED	YES	NO X	NA
12. PIPING PROPERLY SUPPORTED	YES X	NO	NA
13. STANDPIPES	YES	NO	NA X
14. FIRE PUMP STARTED	YES	NO	NA X
15. CIRCULATION RELIEF VALVE (OK)	YES	NO	NA X
16. CONTROL VALVES SEALED 2 Tampers	YES X	NO	NA
LOCKED ( ) MONITORED (X)			
17. INSPECTORS TEST FLOWED	YES X	NO	NA
18. YARD AND WALL HYDRANTS FLOWED	YES	NO X	NA
19. YARD AND WALL HYDRANTS N.S.T. THREAD	YES	NO	NA
20. ARE SPRINKLERS OBSTRUCTED BY HIGH PILES	YES	NO X	NA
21. ARE AREAS AROUND CONTROL VALVES AND INSPECTORS TEST ACCESSIBLE	YES X	NO	NA
22. ARE ALL SIGNS IN PLACE	YES X	NO	NA
23. ARE THERE TESTABLE BACKFLOW DEVICES	YES X	NO	NA
RPZ ____ DCV X PVB ____ MAKE ____			
24. DATE GAUGES REPLACED 2018			
WERE NEW GAUGES INSTALLED	YES X	NO	NA
25. WAS THERE AN ANTIFREEZE SYSTEM	YES	NO	NA X
FREEZE POINT ____			
26. REPAIRS AND ADDITIONS NEEDED	YES	NO X	NA
27. HAVE REPAIRS BEEN AUTHORIZED	YES	NO	NA X

INSPECTION AND TESTING FORM

41 Vreeland Ave.
Totowa, NJ 07512
855-382-5238

DATE: 10/10/18

TIME:

SERVICE ORGANIZATION

Name: Beacon Protection Group, LLC

Address: 41 Vreeland Ave Totowa, NJ 07512

Representative: Rick Ashley

License No.: 34FA000753000

Telephone: 855-382-5238

PROPERTY NAME (USER)

Name: Tests & Recalls

Address: 1048 Cedar Bridge Rd, Brick, NJ

Owner Contact:

Telephone:

MONITORING ENTITY

Contact: Affiliated Monitoring

Telephone: 855-382-5238

Monitoring Account Ref. No.: B910599

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☒ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Silent Knight

Model No.: 6808

Circuit Styles:

Number of Circuits:

Software Rev.:

Last Date System Had Any Service Performed:

Last Date that Any Software or Configuration Was Revised: N/A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
6		Manual Fire Alarm Boxes
		Ion Detectors
1		Photo Detectors
		Duct Detectors
4		Heat Detectors
1		Waterflow Switches
2		Supervisory Switches
2		Other (Specify): Annul

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
2		Strobes
		Speakers
50		Other (Specify): Horn/strobes

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 110, Amps 15

Overcurrent Protection: Type breaker, Amps 15

Location (of Primary Supply Panelboard): Electric Room

Disconnecting Means Location: _____

b. Secondary (Standby):

2-12V Storage Battery: Amp-Hr. Rating 7ah

Calculated capacity to operate system, in hours: 24 60

_____ Engine-driven generator dedicated to fire alarm system.

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐		
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (Specify)	☐	☐		
AHJ (Notified) of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☑	☐	
Interface Eq.	☐	☐	
Lamps/LEDS	☐	☐	
Fuses	☐	☐	
Primary Power Supply	☐	☐	
Trouble Signals	☐	☐	
Disconnect Switches	☐	☐	
Ground-Fault Monitoring	☐	☐	

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	☑		
Load Voltage		☐	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☑	☐	
NOTIFICATION APPLIANCES			
Audible	☑	☐	
Visual	☑	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
restaurant	pull stations	☐	☐			☐	☐
kitchen	pull stations	☐	☐			☐	☐
kitchen	Ansul	☐	☐			☐	☐
electric room	smoke	☐	☐			☐	☐
roof	duct detectors	☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Ed Goehrig Date: Time: _____

Signature: William Goehrig Digitally signed by William Goehrig

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Reliable FIRE PROTECTION

20 Meridian Road, Suite 1 • Eatontown, NJ 07724
350 Fifth Avenue, 59th Floor • New York, NY 10118
Phone: (732) 643-0075 or (800) 368-0024 • Fax: (732) 643-0076
www.ReliableFirePro.com • E-mail: Service@ReliableFirePro.com

Fire Suppression System Distributor Certificate of Installation

Job Name: Tre Pizza/Rosalita's
Job Address: 1048 Cedar Bridge Road, Brick, NJ 08724
Job Number: _____
Type of System: Ansul ☑ Pyro Chem ☐ Other _____

To be Completed by the Fire System Distributor

Company Name: Reliable Fire Protection
Address: 20 Meridian Road, Suite 1, Eatontown, NJ 07724
System Model: R-102 15.0
Serial Number: _____

Fuel/Energy Shut Off Device Gas Valve: Mechanical ☑ Electrical ☐ Size 1" Installed
Tested on 11/30/18 (Date) Electric Equipment Shut-down Tested: ☑ Yes ☐ No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17a (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

Installer's Name: Bob Ambron
Signature: [signature]
Date: 11/30/18

To be Completed by the Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Owner/Representative Name: _____ Title: _____
Signature: _____ Date: _____

To be Completed by the Authority Having Jurisdiction

Functional tests have been witnessed and the system performs as designed.

AHJ Name: [illegible] Jurisdiction: _____
Signature: [signature] Date: 11/30/18

Reliable
FIRE PROTECTION

20 Meridian Road, Suite 1 • Eatontown, NJ 07724
350 Fifth Avenue, 59th Floor • New York, NY 10118
Phone: (732) 643-0075 or (800) 368-0024 • Fax: (732) 643-0076
www.ReliableFirePro.com • E-mail: Service@ReliableFirePro.com

Fire Suppression System Distributor Certificate of Installation

Job Name: Tre Pizza/Rosalita's
Job Address: 1048 Cedar Bridge Road, Brick, NJ 08724
Job Number: _____
Type of System: Ansul ☑ Pyro Chem ☐ Other _____

To be Completed by the Fire System Distributor

Company Name: Reliable Fire Protection
Address: 20 Meridian Road, Suite 1, Eatontown, NJ 07724
System Model: PCU
Serial Number: _____

Fuel/Energy Shut Off Device Gas Valve: Mechanical ☐ Electrical ☐ Size_____ Installed
Tested on 11/30/18 (Date) Electric Equipment Shut-down Tested: ☐ Yes ☐ No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17a (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

Installer's Name: Bob Ambrosio
Signature: _____ Date: 11/30/18

To be Completed by the Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Owner/Representative Name_____ Title _____
Signature _____ Date _____

To be Completed by the Authority Having Jurisdiction

Functional tests have been witnessed and the system performs as designed.

AHJ Name _____ Jurisdiction_____
Signature _____ Date 11/30/18

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS _____

PERMIT NUMBER 12-3126 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___X Fire Code were in evidence and the following orders are hereby issued for their correction:

1. Labels for Nitrogen on door
2. re-install ceiling in bar storage
3. keys for fire sprinkler & fire alarm room
4. Fire alarm to be programmed point to point - central station to be programmed same
5. Need fire alarm report

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE _____ INSPECTOR _____

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS Rosedale

PERMIT NUMBER 18-2390 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric X Fire Code were in evidence and the following orders are hereby issued for their correction:

(1) Remove CO2 system from fire sprinkler room

(2) Roof Captive air system to be operational Rep needs to be present for test

(3) No gas to kitchen supp - need to test

(4) Fire alarm has ground fault - need full test.

X* Fire sprinkler insp with Decreto (5th)

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 11/7/17 INSPECTOR RO

INSPECTOR: ANTHONY MARANO | KURT OTTO

JOB: ROSALITAS SECTION: BRICK PLAZA

TEMPERATURE:

WEATHER: 58 | CLEAR

DATE: 4/11/19

TYPE OF WORK: TENANT FIT UP - FINAL CO

LOCATION: CEDAR BRIDGE AVENUE

BLOCK: 671 LOT: 1

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	✓	
9. As Built Survey/ Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☑ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

INSPECTOR: Anthony R. Marano

JOB: Rosalitas SECTION: Brick Plaza

TEMPERATURE:

WEATHER: 57° / clear

DATE: 12/3/18

TYPE OF WORK: TFU - Final

LOCATION: Cedarbridge ave

BLOCK: 671 LOT: 1

732-496-0818 - Richie Jordan

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	See 8
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	☆	
8. Safety	☆ ✓	
9. As Built Survey/ Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

- 7. Contractor to remain on site while continuing construction in other half of building.
- 8. While Contractor is still working on site, he will be required to contain a portion of the work area + dumpster location with construction barriers. This will prevent through traffic.

SITE SAFETY STILL CONTRACTOR RESPONSIBILITY

☆ Needs asbuilts for drainage relocation

☆ Should clean up site / Street sweep.

RECOMMENDATIONS:

☒ TEMP. C.O. - on Conditions above.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS

☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, November 29, 2018 1:53 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: FW: 1048 CEDAR BRIDGE AVE CRABSHACK/ROSALITAS

From: Susan Stanisz
Sent: Thursday, November 29, 2018 1:51 PM
To: Nichol Ponsi <nponsi@twp.brick.nj.us>
Cc: Susan Stanisz <sstanisz@brickmua.com>
Subject: FW: 1048 CEDAR BRIDGE AVE CRABSHACK/ROSALITAS

From: Susan Stanisz
Sent: Tuesday, November 27, 2018 11:57 AM
To: 'Matthew Fagen' <mfagen@twp.brick.nj.us>
Cc: Susan Stanisz <sstanisz@brickmua.com>
Subject: 1048 CEDAR BRIDGE AVE CRABSHACK/ROSALITAS

HI MATT. WE WERE OUT THERE & THEY ARE OK TO CO.

Susan M. Stanisz
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

APPLICATION FOR CERTIFICATE

Date Received 06/25/2018
Date Permit Issued 08/28/2018
Control # C-18-002400
Permit # 18-2390
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

Work Site Location 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone

Contractor TRI-STATE QUALITY CONSTRUCTION
Address 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone (201) 792-6569
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP A-2 Previous A-2 Current

FINAL COST OF CONSTRUCTION: $ 65000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - ROSALITA'S

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/05/2018
Control Number C-18-002400
Permit Number 18-2390
Permit Issue Date 08/28/2018
Certificate Number 18-2390

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone:

Contractor TRI-STATE QUALITY CONSTRUCTION

Address 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569 Fax: (732) 987-4800

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 179

Description of Work/Use: TENANT FIT UP - - ROSALITA'S

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 03/05/2019
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 03/05/2019
Conditions to be met:

Need Subcode Signoff from Fire Subcode. Need Final Engineering Approval.

Kenneth C Kuil - ACTING
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/05/2018

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

INSPECTOR: Anthony R. Marano

JOB: Rosalitas SECTION: Brick Plaza

TEMPERATURE:

WEATHER: 57° / clear

DATE: 12/3/18

TYPE OF WORK: TFU - Final

LOCATION: Cedarbridge ave

BLOCK: 671 LOT: 1

732-496-0818 - Richie Jordan

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	See 8
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	☆	
8. Safety	☆ ✓	
9. As Built Survey/ Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

7. Contractor to remain on site while continuing construction in other half of building.
8. While Contractor is still working on site, he will be required to contain a portion of the work area + dumpster location with construction barriers. This will prevent through traffic.

SITE SAFETY STILL CONTRACTOR RESPONSIBILITY

☆ Needs asbuilts for drainage relocation

☆ Should clean up site / Street sweep.

RECOMMENDATIONS:

☒ TEMP. C.O. - on Conditions above.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS

☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Rosalita's

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 18-23904-C

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

Block 671 Lot 101 Qualification Code
Work Site Location [redacted] / Rosalitas
1048 Cedar Bridge Avenue Brick N.J.
Owner In Fee GR Retail
Address 11a Broadway, Freehold, NJ
Tel (732) 995-9561
Contractor DeAngelo Fire Protection LLC
Address 207 Old Shore Road Unit #5
Forked River, N.J. 08731
Tel (732) 262-4412 FAX (732) 262-4414
Fire Protection Equipment, NJ Div of Fire Safety Permit No. NJDFS P01312
Fire Protection Equipment, NJ Div of Fire Safety Installer No. C2FSS 104284
Fire Alarm Contractor No.
Federal Emp. No. 271137333

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____
Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: ____
Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: Exterior Room
Total Cost of Fire Protection Work ($) 2000.00

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. [redacted]
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Revised Drawings Showing (4) pendent heads in Rosalitas
Water Supply Source City Main
Method of Alarm/Suppression System Supervision Water Flow

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	4	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 10/22/18
Approved by: [redacted]

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

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

PERMIT UPDATE

Date Update Issued 11/5/18
Control # C-18-002400+C
Permit # 18-2390+C

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone:

Contractor: TRI-STATE QUALITY CONSTRUCTION

Address: 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP - ROSALITA'S ...UPDATE +C - SPRINKLER HEADS

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 $2,000

Construction Official Date 10/24/18

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$120
Check No.	1523
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 11/5/18
Control # C-18-002400+D
Permit # 18-2390+D

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Contractor: TRI-STATE QUALITY CONSTRUCTION
Address: 164 CENTRAL AVE JERSEY CITY NJ 07307
Telephone: (201) 792-6569
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP - ROSALITA'S ...UPDATE +D - INSTALL TYPE 2 HOOD DUCT & FAN

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 $7,500

D. Mcurnaghy 10/29/18
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$140
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$154
Check No.	1523
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring; devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of HVACR Contractors

HAS LICENSED

Matthew P. Dwyer
7 Sussex Place
Jackson NJ 08527

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/21/2018 TO 06/30/2020
VALID

19HC00511200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Hydraulic Calculations

Tre / Rosalitas

1048 Cedar Bridge Avenue
Brick, N.J. 08723

DeAngelo Fire Protection, LLC
707 Old Shore Road / Unit 5
Forked River, N.J. 08731
Tel: 908-783-0539

Design Criteria

Hydraulic Calculation Data
Design Area Number: #1 Design Area Location: New Building Addition Hazard/Occupancy: Light Hazard Design Density: 0.10 gpm Design Area: 1020 sq.ft. Number of Sprinklers in Design Area: 9
System Flow: 245.67 gpm System Pressure: 32.88 psi Safety Margin: 38.65 psi Hose Allowance (Included): 100 gpm

MSGFire Inc.
Fire Protection Engineering
5142 West Hurley Pond Rd
Farmingdale, NJ 07727
Tel: 732-833-8500
Fax: 732-833-1212
Web: www.MSGFire.com

Certificate # 24GA28246400

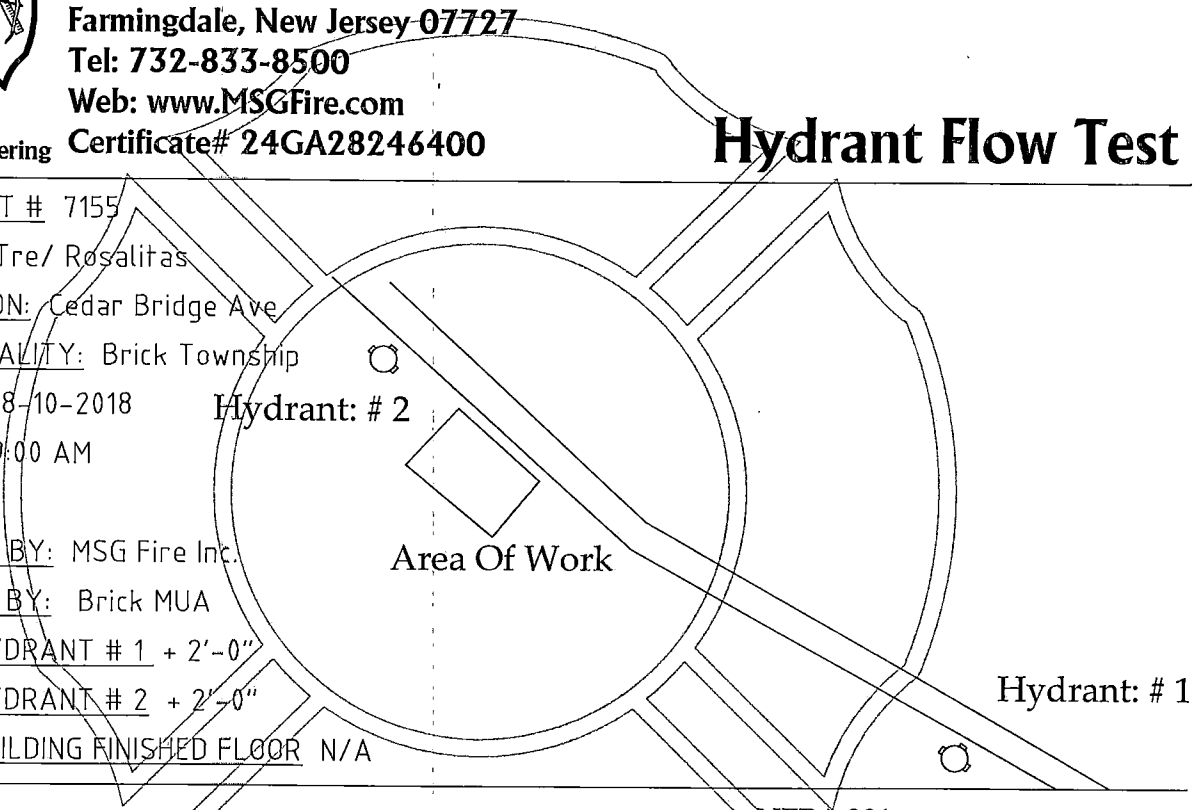
Contract No:	7155
Date:	10-17-2018
Submittal #	03
Calculated By:	FDS
Checked By:	MSG
Number of Calculations:	01

HYDRAULIC CALCULATION

MSGFire Inc.
5142 West Hurley Pond Road
Farmingdale, New Jersey 07727
Tel: 732-833-8500
Web: www.MSGFire.com
Certificate# 24GA28246400
Fire Sprinkler Engineering

Hydrant Flow Test

MSG FIRE PROJECT # 7155
PROJECT NAME: Tre/ Rosalitas
PROJECT LOCATION: Cedar Bridge Ave
PROJECT MUNICIPALITY: Brick Township
DATE OF TEST: 08-10-2018
TIME OF TEST: 09:00 AM
WEATHER: Sunny
TEST CONDUCTED BY: MSG Fire Inc.
TEST WITNESSED BY: Brick MUA
ELEVATION OF HYDRANT # 1 + 2'-0"
ELEVATION OF HYDRANT # 2 + 2'-0"
ELEVATION OF BUILDING FINISHED FLOOR N/A

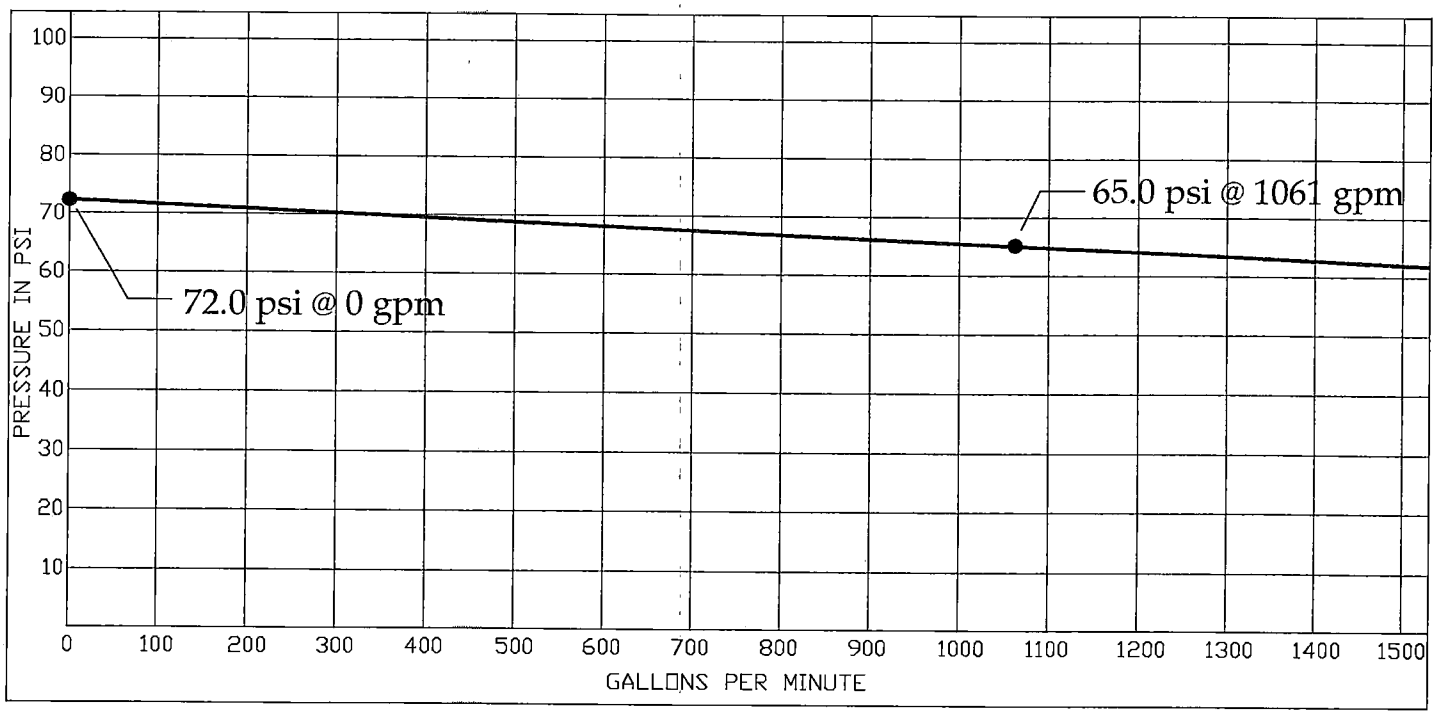


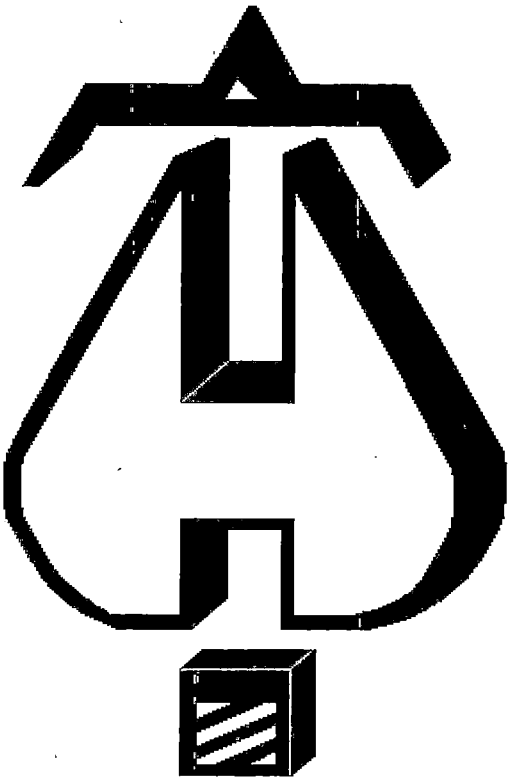
FLOW TEST RESULTS

Hydrant: # 1	Static psi: 72		Residual psi: 65	
Hydrant: # 2	p= 40	d= 2 1/2"	c= 0.90	Q= 1061

NFPA 291
$Q = 29.83\ cd^2\sqrt{p}$

Q = Gallons Flowing per Minute
c = Coefficiant of Hydrant Outlet
d = Diamiter of Flowing Outlet
p = Pitot Pressure in psi





. . . Fire Protection by Computer Design

Deangelo Fire Protection
707 Old Shore Rd. Unit 5
Forked River, NJ 08731
908-783-0539

Job Name	:	Tre / Rosalitas Brick
Drawing	:	SP-02
Location	:	1048 Cedar Bridge Avenue, Brick, N.J. 08723
Remote Area	:	#1
Contract	:	7155
Data File	:	7155 Tre Rosalitas Brick Draw Area 1.WXF

HYDRAULIC CALCULATIONS
for

Project name: Tre / Rosalitas Brick
Location: 1048 Cedar Bridge Avenue, Brick, N.J. 08723
Drawing no: SP-02
Date: 10-17-2018

Design

Remote area number: #1
Remote area location: New Building Addition
Occupancy classification: Light Hazard
Density: 0.1 - Gpm/SqFt
Area of application: 1020 - SqFt
Coverage per sprinkler: 159 - SqFt
Type of sprinklers calculated: Upright
No. of sprinklers calculated: 9
In-rack demand: N/A - GPM
Hose streams: 100 - GPM
Total water required (including hose streams): 245.673 - GPM @ 32.8833 - Psi
Type of system: Wet
Volume of dry or preaction system: N/A - Gal

Water supply information

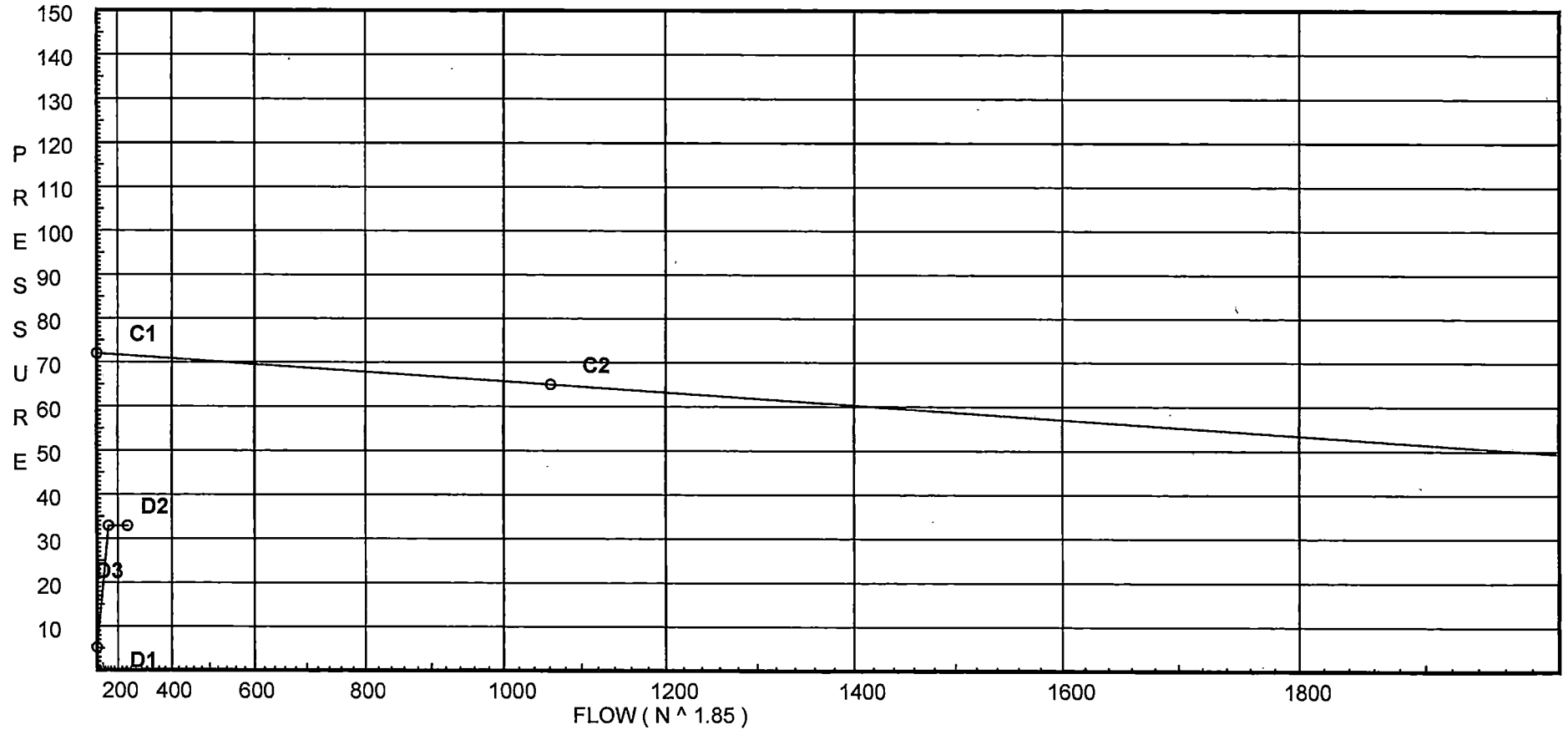
Date: 08-10-2018
Location: On Site
Source: MSG Fire

Name of contractor: Deangelo Fire Protection
Address: 707 Old Shore Rd. Unit 5 / / Forked River, NJ 08731
Phone number: 908-783-0539
Name of designer: MSG Fire
Authority having jurisdiction: Local
Notes: (Include peaking information or gridded systems here.) Safety Margin: 38.65 psi

City Water Supply:
- C1 - Static Pressure : 72
- C2 - Residual Pressure: 65
- C2 - Residual Flow : 1061

Demand:

D1 - Elevation	: 5.197
D2 - System Flow	: 145.673
D2 - System Pressure	: 32.883
Hose (Demand)	: 100
D3 - System Demand	: 245.673
Safety Margin	: 38.649



Fitting Legend

Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
E	NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
G	NFPA 13 Gate Valve	0	0	0	0	0	1	1	1	1	2	2	3	4	5	6	7	8	10	11	13
S	NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T	NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zia	Wilkins 350	Fitting generates a Fixed Loss Based on Flow																			

Unit Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
100	14.0	5.6	7.0	na	14.82	0.1	43	7.0
101	13.0		7.66	na				
102	13.0		8.31	na				
103	13.0		8.32	na				
104	13.0		8.92	na				
105	13.0		9.45	na				
106	13.0		10.83	na				
107	13.0		12.69	na				
108	11.5		14.41	na				
109	11.5		14.74	na				
110	9.5		17.17	na				
TOR	7.0		21.27	na				
BOR	2.0		24.83	na				
SPIG	2.0		32.79	na				
UG	-4.5		35.61	na				
TEST	2.0		32.88	na	100.0			
111	14.0	5.6	7.13	na	14.95	0.1	100	7.0
112	13.0		7.79	na				
113	14.0	5.6	7.98	na	15.82	0.1	133	7.0
114	14.0	5.6	8.48	na	16.31	0.1	159	7.0
115	14.0	5.6	9.62	na	17.37	0.1	170	7.0
116	13.0		10.65	na				
117	13.0		10.67	na				
118	14.0	5.6	8.42	na	16.25	0.1	100	7.0
119	13.0		9.38	na				
120	13.0		9.48	na				
121	13.0		9.77	na				
122	14.0	5.6	8.51	na	16.34	0.1	133	7.0
123	14.0	5.6	8.78	na	16.59	0.1	144	7.0
124	14.0	5.6	9.47	na	17.23	0.1	154	7.0
125	13.0		10.49	na				

The maximum velocity is 8.94 and it occurs in the pipe between nodes 105 and 106

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
100	14.82	1.049	E	2.0	1.000	7.000		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
101	14.82	0.0747		0.0	3.000	0.224		Vel = 5.50
101	0.0	1.049	T	5.0	3.680	7.657		
to		120.0		0.0	5.000	0.0		
102	14.82	0.0748		0.0	8.680	0.649		Vel = 5.50
102	0.0	1.682		0.0	2.230	8.306		
to		120.0		0.0	0.0	0.0		
103	14.82	0.0072		0.0	2.230	0.016		Vel = 2.14
103	14.95	1.682	2E	9.9	12.000	8.322		
to		120.0		0.0	9.900	0.0		
104	29.77	0.0273		0.0	21.900	0.597		Vel = 4.30
104	15.82	1.682		0.0	8.850	8.919		
to		120.0		0.0	0.0	0.0		
105	45.59	0.0600		0.0	8.850	0.531		Vel = 6.58
105	16.31	1.682	T	9.9	3.210	9.450		
to		120.0		0.0	9.900	0.0		
106	61.9	0.1055		0.0	13.110	1.383		Vel = 8.94
106	83.77	2.635	2E	16.474	15.680	10.833		
to		120.0		0.0	16.474	0.0		
107	145.67	0.0578		0.0	32.154	1.858		Vel = 8.57
107	-84.61	2.635	T	16.474	67.600	12.691		
to		120.0	E	8.237	24.711	0.650		
108	61.06	0.0116		0.0	92.311	1.067		Vel = 3.59
108	0.0	2.635	E	8.237	3.800	14.408		
to		120.0	T	16.474	24.711	0.0		
109	61.06	0.0116		0.0	28.511	0.330		Vel = 3.59
109	0.0	2.635	3E	24.711	93.990	14.738		
to		120.0	T	16.474	41.185	0.866		
110	61.06	0.0116		0.0	135.175	1.563		Vel = 3.59
110	84.61	2.635	T	16.474	11.020	17.167		
to		120.0	3E	24.711	41.185	1.083		
TOR	145.67	0.0578		0.0	52.205	3.016		Vel = 8.57
TOR	0.0	2.635	S	19.22	5.000	21.266		
to		120.0		0.0	19.220	2.166		
BOR	145.67	0.0578		0.0	24.220	1.399		Vel = 8.57
BOR	0.0	2.635	2E	16.474	6.690	24.831		
to		120.0	Zia	0.0	19.220	6.463		* Fixed Loss = 6.463
SPIG	145.67	0.0578	2G	2.746	25.910	1.497		Vel = 8.57
SPIG	0.0	6.16		0.0	6.500	32.791		
to		120.0		0.0	0.0	2.815		
UG	145.67	0.0009		0.0	6.500	0.006		Vel = 1.57
UG	0.0	6.16	2E	40.168	80.000	35.612		
to		140.0	G	4.304	44.472	-2.815		
TEST	145.67	0.0007		0.0	124.472	0.086		Vel = 1.57
	100.00							Qa = 100.00
	245.67					32.883		K Factor = 42.84
111	14.95	1.049	E	2.0	1.000	7.129		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
112	14.95	0.0760		0.0	3.000	0.228		Vel = 5.55

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
112	0.0	1.049	T	5.0	2.000	7.790		
to		120.0		0.0	5.000	0.0		
103	14.95	0.0760		0.0	7.000	0.532		Vel = 5.55
	0.0							
	14.95					8.322		K Factor = 5.18
113	15.82	1.049	T	5.0	1.000	7.980		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
104	15.82	0.0843		0.0	6.000	0.506		Vel = 5.87
	0.0							
	15.82					8.919		K Factor = 5.30
114	16.31	1.049	T	5.0	1.000	8.481		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
105	16.31	0.0893		0.0	6.000	0.536		Vel = 6.05
	0.0							
	16.31					9.450		K Factor = 5.31
115	17.37	1.049	T	5.0	1.000	9.619		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
116	17.37	0.1002		0.0	6.000	0.601		Vel = 6.45
116	0.0	1.682	T	9.9	8.000	10.653		
to		120.0		0.0	9.900	0.0		
106	17.37	0.0101		0.0	17.900	0.180		Vel = 2.51
106	-83.78	2.635		0.0	12.100	10.833		
to		120.0		0.0	0.0	0.0		
117	-66.41	-0.0135		0.0	12.100	-0.163		Vel = 3.91
	0.0							
	-66.41					10.670		K Factor = -20.33
118	16.25	1.049	T	5.0	1.000	8.418		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
119	16.25	0.0887		0.0	6.000	0.532		Vel = 6.03
119	0.0	1.682		0.0	11.000	9.383		
to		120.0		0.0	0.0	0.0		
120	16.25	0.0089		0.0	11.000	0.098		Vel = 2.35
120	16.33	1.682		0.0	8.850	9.481		
to		120.0		0.0	0.0	0.0		
121	32.58	0.0322		0.0	8.850	0.285		Vel = 4.70
121	16.60	1.682	T	9.9	3.210	9.766		
to		120.0		0.0	9.900	0.0		
117	49.18	0.0690		0.0	13.110	0.904		Vel = 7.10
	0.0							
	49.18					10.670		K Factor = 15.06
122	16.34	1.049	T	5.0	1.000	8.511		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
120	16.34	0.0895		0.0	6.000	0.537		Vel = 6.07
	0.0							
	16.34					9.481		K Factor = 5.31
123	16.59	1.049	T	5.0	1.000	8.780		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
121	16.59	0.0922		0.0	6.000	0.553		Vel = 6.16

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	16.59					9.766		K Factor = 5.31
124	17.23	1.049	T	5.0	1.000	9.467		K Factor = 5.60
to		120.0		0.0	5.000	0.433		
125	17.23	0.0988		0.0	6.000	0.593		Vel = 6.40
125	0.0	1.682	T	9.9	8.000	10.493		
to		120.0		0.0	9.900	0.0		
117	17.23	0.0099		0.0	17.900	0.177		Vel = 2.49
	0.0							
	17.23					10.670		K Factor = 5.27
107	84.61	2.635	T	16.474	90.600	12.691		
to		120.0	4E	32.948	49.422	1.516		
110	84.61	0.0211		0.0	140.022	2.960		Vel = 4.98
	0.0							
	84.61					17.167		K Factor = 20.42

PERMIT UPDATE

Date Update Issued 10/23/18
Control # C-18-002400+B
Permit # 18-2390+B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Contractor: TRI-STATE QUALITY CONSTRUCTION
Address: 164 CENTRAL AVE JERSEY CITY NJ 07307
Telephone: (201) 792-6569
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - ROSALITA'S ...UPDATE +B - EGRESS PLAN REVISION & ADD'L ELECTRICAL FIXTURES

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$307
Check No.	1577
Cash	$0
Credit	$0
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 $3,501

D. Nieves 10/12/18
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

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

W. LERMAN ARCHITECTURE

June 29, 2018

Attn: Dennis Tafuri
Joe Mosco
Rpb Kash

Dear Sirs,

Re: Seating Occupancy

The following is a total occupancy based on the total plan seating including booths, tables, bar counter and waiting areas:

Rosalitas – 179 seats

Tre -- 164 seats

Total – 343 seats.

If there is any further questions, please do not hesitate to call.

Sincerely

Wayne M. Lerman

RA, AIA, PP, NCARB, CID

RECEIVED
JUL 10 2018
BUILDING

121 Highway 36, Suite 200, West Long Branch, NJ 07764
T 732.222.3200 F 732.222.3573
www.wlermanarchitecture.com

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 1048 Cedar Bridge Rd

IDENTIFICATION:

1. WORK SITE ADDRESS: 1048 Cedar Bridge Rd
2. NAME OF OWNER IN FEE: Federal Reality Investment Trust
   ADDRESS: 56 Chambersbridge Rd PHONE #: 240-478-9791
   Brick, NJ FAX #: 732 987-4800
3. PRINCIPAL CONTRACTOR: TRI-State Quality Const.
   ADDRESS: 164 Central Ave PHONE #: (201) 792-6569
   Jersey City, NJ 07307 FAX #: 732 987-4800
4. ARCHITECT OR ENGINEER: W. Lerman
   ADDRESS: 121 Rt 36 Suite 200 PHONE: # 732 222-3200
   West Long Branch, NJ 07764
5. RESPONSIBLE PERSON FOR WORK: Richard Jordan
   ADDRESS: 164 Central Ave, Jersey City, NJ 07307

PHONE #: (201) 792-6569 FAX #: (201) 656058? EMAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____ : $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☒ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER Restaurant Addition

LENGTH: 40' WIDTH: 30' HEIGHT: 24'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

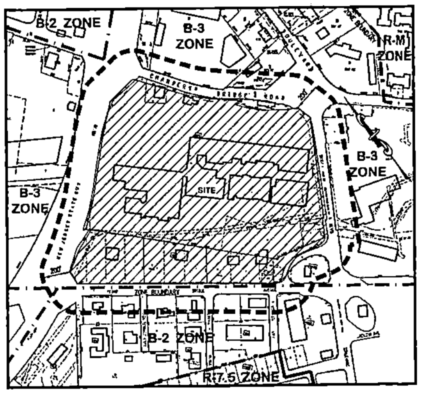
DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

200 Foot Property Owners List
Certified by the Township of Brick on July 6, 2012

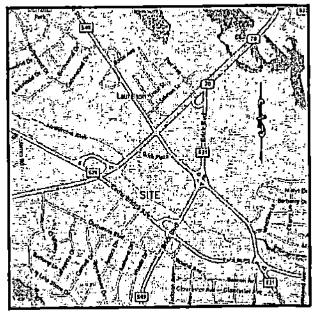
Lot	Block	Property Owner
3	440.05	THEODORE SMITH & SONS 810 BRICK BLVD. BRICK, NJ 08723
27.01	482	BRICKTOWN EQUITIES, LLC PO BOX 1030 BRICK, NJ 08723
25	483	VESPIA REALTY, LLC 14 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882
36	483	COLUMBUS CLUB CEDAR BRIDGE AVENUE BRICK, NJ 08723
23	484	MFB PROPERTIES, LLC 4 MILL POND LANE RUMSON, NJ 07760
24	484	COMERCE BANK/SHOPS C/O TD BANK TOWER B 300 WELLINGTON ST. 12TH FLOOR LONDON, ON CANADA N6A 4S4
21	485	ROBERT E CRANE 1771 NEW HAMPSHIRE AVENUE TOMS RIVER, NJ 08755
22	486	JERSEY CENTRAL POWER & LIGHT PO BOX 1911 MORRISTOWN, NJ 07962 1911
11	488.01	CEDAR BRIDGE TIGER MART INC 900 BRICK BLVD BRICK, NJ 08723
1	670	430 BRICK BLVD, LLC 80 MAIN STREET, # 510 WEST ORANGE, NJ 07052
1	670	2782 HOOPER LLC C/O MANDELBAUM 80 MAIN STREET, # 510 WEST ORANGE, NJ 07052
4	670	KENNEDY MALL ASSOCIATES 941 SHUNPIKE ROAD CHATHAM, NJ 07928
2	671	JAMES W CLAYTON, SR., ETAL C/O M KINNEY 1826 EAST JEFFERSON STREET ROCKVILLE, MD 20852 4041

200 Foot Property Owners List
Certified by the Township of Brick on July 6, 2012

Lot	Block	Property Owner
5	671	MREC, LLC 100 TICES LANE, SUITE 8 EAST BRUNSWICK, NJ 08816
3	672	OCEAN FEDERAL SAVINGS & LOAN ASSOC. 975 HOOPER AVENUE PURCHASING TOMS RIVER, NJ 08754
8	672	PARAMOUNT PLAZA AT BRICK, LLC 1195 ROUTE 70 LAKEWOOD, NJ 08701
13	672	ONE MORE ENTERPRISE, INC C/O TGI FRIDAY 2 WOODLAND DRIVE DALLAS, PA 18612
1	673	TRAHANAS REALTY, LLC 4 MANHATTAN AVENUE RYE, NY 10580
8	701	OCEAN COUNTY 101 HOOPER AVENUE TOMS RIVER, NJ 08753
7	701	BRICKTOWN VF, LLC C/O VORNADO REALTY 210 ROUTE 4 EAST PARAMUS, NJ 07652
17	701	GREATER AMERICAN LAND RESOURCES, INC PO BOX 2046 MORRISTOWN, NJ 07962
		STATE OF NJ - DOT 1035 PARKWAY AVENUE TRENTON, NJ 08618
		OCEAN COUNTY PLANNING BOARD 129 HOOPER AVENUE TOMS RIVER, NJ 08753
		COMCAST CABLE COMMUNICATIONS, INC 731 BRICK BLVD. BRICK, NJ 08723 ATTN: ANDY CORTES, CONSTRUCTION SUPERVISOR MONMOUTH CLUSTER



200' RADIUS MAP
SCALE: 1"=400'



LOCATION MAP
NOT TO SCALE

PRELIMINARY & FINAL MAJOR SITE PLAN

FOR

JOE'S CRAB SHACK

LOT 1.01 BLOCK 671

TOWNSHIP OF BRICK, OCEAN COUNTY, NJ

ZONING TABLE B-3 BUSINESS ZONE

	REQUIRED	EXISTING	PROPOSED
MIN. LOT AREA	5 AC.	46.63 AC.	46.63 AC.
MIN. LOT WIDTH	300 FT.	1580± FT.	1580± FT.
FRONT YARD SETBACK[1]	100 FT.	108± FT.	100.6 FT.
REAR YARD SETBACK	50 FT.	N/A	N/A
SIDE YARD SETBACK	50 FT.	N/A	N/A
SIDE YARD COMBINED	100 FT.	N/A	N/A
ACCESSORY SIDE YARD	20 FT.	N/A	N/A
ACCESSORY REAR YARD	50 FT.	N/A	N/A
MAX. BUILDING HT.[2]	35 FT. 2-STY	<35 FT.	23.5 FT. 1-STY
MAX BUILDING RIDGE[2]	38.5 FT.	<38.5 FT.	27 FT.
MAX. LOT COVERAGE[3]	30%	20.22%	20.36%
MIN. FLOOR AREA[5]	2,000 S.F.	>50,000 S.F.	8,848 S.F.
MIN. LANDSCAPE AREA[4]	25%	25%	25%

NOTES:

1. EXISTING FRONT YARD SETBACK SHOWN TO FORMER FED EX/KINKOS BUILDING. PROPOSED FRONT SETBACK SHOWN FOR PROPOSED JOE'S CRAB SHACK PLAYGROUND AREA.
2. PROPOSED MAXIMUM BUILDING HEIGHTS SHOWN FOR JOE'S CRAB SHACK.
3. EXISTING AND PROPOSED LOT COVERAGE BASED ON CALCULATIONS TAKEN FROM CMX AMENDED PRELIMINARY & FINAL SITE PLAN DATED 2/2/2009.
4. MINIMUM LANDSCAPE AREA CALCULATIONS TAKEN FROM CMX AMENDED PRELIMINARY & FINAL SITE PLAN DATED 2/2/2009.
5. EXISTING FLOOR AREA SHOWN FOR ENTIRE SHOPPING CENTER. PROPOSED FLOOR AREA SHOWN FOR JOE'S CRAB SHACK.

OFF-STREET PARKING REQUIREMENTS:

REQUIRED:
SHOPPING CENTERS CONTAINING MORE THAN 100,000 S.F. GROSS FLOOR AREA
– 4 SPACES PER 1,000 S.F.

TOTAL SPACES REQUIRED – 1,672

EXISTING:
TOTAL SPACES EXISTING – 2,146
(BASED ON PRIOR ENGINEERING PLANS)

PROPOSED:
TOTAL SPACES PROPOSED – 2,132

VARIANCES GRANTED:

SECTION 245-314.C.(6)(a)(1)	–	ALLOWS ONE (1) IDENTIFICATION WALL SIGN ON ONE (1) BUILDING FACADE WHEREAS A TOTAL OF SEVENTEEN (17) SIGNS ARE PROPOSED ON FOUR (4) BUILDING FACADES.
SECTION 245-311.J.	–	REQUIRES PARKING SPACES TO BE TEN (10) FEET IN WIDTH, WHEREAS NINE (9) FEET IS PROPOSED.
SECTION 245-311.J.	–	REQUIRES A MINIMUM TWO-WAY CIRCULATION AISLE WIDTH OF TWENTY-FIVE (25) FEET, WHEREAS TWENTY-FOUR (24) FEET IS PROPOSED.

STATUS OF OTHER AGENCY APPROVALS:

OCEAN COUNTY PLANNING BOARD	PENDING
BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY	PENDING
OCEAN COUNTY SOIL CONSERVATION DISTRICT	CERTIFIED 9/18/2012

LIST OF APPROVED SIGNS:

WEST ELEVATION

SIGN DESCRIPTION	AREA	NOTES
JOE'S CRAB SHACK	76 S.F.	INTERNALLY ILLUMINATED
EAT AT JOE'S (LETTERS)	52 S.F.	INTERNALLY ILLUMINATED
KING CRAB, STEAMPOTS, GRILLED FISH	13.3 S.F TOTAL	CANVAS, NON-ILLUMINATED

EAST ELEVATION

SIGN DESCRIPTION	AREA	NOTES
EAT AT JOE'S (LETTERS)	13 S.F.	INTERNALLY ILLUMINATED
DUNGENESS CRAB	6.5 S.F.	CANVAS, NON-ILLUMINATED

NORTH ELEVATION

SIGN DESCRIPTION	AREA	NOTES
PEACE, LOVE, CRABS	130 S.F.	ICONIC SIGNS, BACKLIT FOR HALO EFFECT

SOUTH ELEVATION

SIGN DESCRIPTION	AREA	NOTES
EAT AT JOE'S (LETTERS)	52 S.F.	INTERNALLY ILLUMINATED
JOLLY RODGER (PLAYGROUND AREA)	59 S.F.	EXTERNALLY ILLUMINATED
FISH N CHIPS (2), KING CRAB, BROILED SHRIMP, DUNGENESS CRAB	27.5 S.F. TOTAL	CANVAS, NON-ILLUMINATED

NOTE: THE USE OF NEON-ILLUMINATED SIGNS IS SPECIFICALLY PROHIBITED.

SHEET INDEX			
SHEET NO.	DESCRIPTION	LAST REVISION	REV.#
1	COVER SHEET & GENERAL NOTES	12/7/12	2
2	OVERALL EXISTING CONDITIONS PLAN	–	–
3	ENLARGED EXISTING CONDITIONS PLAN	10/25/12	1
4	SITE PLAN	12/7/12	2
5	GRADING & UTILITIES PLAN	12/7/12	2
6	LANDSCAPE & LIGHTING PLAN	12/7/12	2
7	SOIL EROSION & SEDIMENT CONTROL PLAN	10/25/12	1
8	CONSTRUCTION DETAILS	10/25/12	1

GENERAL NOTES:

1. PROPERTY KNOWN AS LOT 1.01 IN BLOCK 671, AS SHOWN ON BRICK TOWNSHIP TAX MAP SHEET 38.02. PROPERTY FORMERLY KNOWN AS LOTS 1, 5 & 6 IN BLOCK 408 AND LOTS 8 &11 IN BLOCK 671, PRIOR TO LOT CONSOLIDATION.
2. THE TOTAL TRACT AREA IS 46.63 ACRES. APPROXIMATE PAD SITE AREA 13,500 S.F. (0.31 ACRES).
3. OUTBOUND INFORMATION TAKEN FROM ELECTRONIC MEDIA AND DOES NOT CONSTITUTE A SURVEY. TOPOGRAPHIC INFORMATION AND FEATURES ON AND AROUND THE PAD SITE TO BE DEVELOPED WERE FIELD SURVEYED BY LINDSTROM, DIESSNER & CARR, P.C. ON 7/2/2012. ELEVATIONS BASED ON NAVD 88 DATUM.
4. PROPERTY LOCATED IN FLOOD ZONES A & X COMMUNITY NUMBER 345285 MAP NUMBER 34029C0192F EFFECTIVE DATE SEPTEMBER 29, 2006.
5. OWNER\APPLICANT: FEDERAL REALTY INVESTMENT TRUST
   DAVID T JOSS, DEVELOPMENT MANAGER
   50 E WYNNEWOOD ROAD, SUITE 200
   WYNNEWOOD, PA 19096-2013
6. THE PROPERTY IS LOCATED IN THE B-3 HIGHWAY BUSINESS ZONE.
7. THIS SET OF PLANS HAS BEEN PREPARED FOR THE PURPOSES OF MUNICIPAL AND REGULATORY AGENCY REVIEW AND APPROVAL, AND SHALL NOT BE UTILIZED AS CONSTRUCTION DOCUMENTS UNTIL ALL CONDITIONS OF APPROVALS HAVE BEEN SATISFIED ON THE DRAWINGS. THIS PLAN IS FOR SITE PLAN PURPOSES ONLY AND SHALL NOT CONSTITUTE A SURVEY DRAWING.
8. THE CONTRACTOR SHALL NOTIFY THE UNDERSIGNED PROFESSIONAL IMMEDIATELY IF ANY FIELD CONDITIONS ENCOUNTERED DIFFER MATERIALLY FROM THOSE REPRESENTED HEREON AND/OR IF SUCH CONDITIONS, IN THE CONTRACTOR'S OPINION WOULD OR COULD RENDER THE DESIGNS SHOWN HEREON INAPPROPRIATE OR INEFFECTIVE.
9. THE SITE DOES NOT CONTAIN ANY FRESHWATER WETLANDS, BUFFER AREAS, STATE OPEN WATER OR FLOOD PLAINS.
10. UTILITY CONNECTIONS SHOWN HEREON ARE FOR INFORMATIONAL PURPOSES AND MAY NOT REPRESENT FINAL LOCATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PERFORMING AND/OR COORDINATING ALL REQUIRED UTILITY WORK IN ACCORDANCE WITH RESPECTIVE AGENCIES REQUIREMENTS.
11. EXISTING UTILITIES:
    A. EXISTING UTILITY INFORMATION SHOWN HEREON HAS BEEN COLLECTED FROM VARIOUS SOURCES AND IS NOT GUARANTEED AS TO ACCURACY OR COMPLETENESS. THE CONTRACTOR SHALL VERIFY ALL INFORMATION TO HIS SATISFACTION PRIOR TO EXCAVATION.
    B. THE CONTRACTOR SHALL VERIFY AND COORDINATE WITH ALL UTILITIES ALONG THE LINE OF THE PROPOSED WORK A MINIMUM OF THREE (3) WORKING DAYS PRIOR TO CONSTRUCTION. CONTRACTORS SHALL NOT PROCEED WITH WORK IN STREETS WHERE UTILITIES HAVE NOT BEEN LOCATED OR MARKED BY UTILITY COMPANIES.
    C. WHERE EXISTING UTILITIES ARE CROSSED BY PROPOSED CONSTRUCTION, TEST PITS SHALL BE DUG BY THE CONTRACTOR PRIOR TO CONSTRUCTION TO ASCERTAIN EXISTING INVERTS, MATERIALS AND SIZE SO THAT CONFLICTS MAY BE AVOIDED.
12. ALL CURBS SHALL BE DEPRESSED WHERE SIDEWALKS AND CROSSWALKS INTERSECT AND WHERE HANDICAP RAMPS ARE INSTALLED.
13. ALL TRAFFIC SIGNAGE AND STRIPING SHALL BE IN ACCORDANCE WITH THE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES, LATEST EDITION.
14. ALL FIRE LANES, ZONES, SIGNAGE AND STRIPING SHALL BE INSTALLED BY THE DEVELOPER AT THE REQUEST OF THE BUREAU OF FIRE SAFETY IN ACCORDANCE WITH THE TOWNSHIP ORDINANCE.
15. ADJACENT FEATURES SHALL NOT BE SCALED AS THEY MAY BE SCHEMATIC, EXCEPT WHERE DIMENSIONS MAY BE SHOWN.
16. CONSTRUCTION DETAILS ARE INTENDED TO CONFORM TO TOWNSHIP REQUIREMENTS. IN THE EVENT OF DISCREPANCY, THE TOWNSHIP STANDARDS SHALL GOVERN.
17. ALL MATERIALS, WORKMANSHIP, AND CONSTRUCTION FOR SITE IMPROVEMENTS SHOWN HEREON SHALL BE IN ACCORDANCE WITH:
    A. N.J. DEPARTMENT OF TRANSPORTATION "STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION", 2007, AS SUPPLEMENTED.
    B. CURRENT, PREVAILING MUNICIPAL, COUNTY AND/OR STATE AGENCY SPECIFICATIONS, STANDARDS, CONDITIONS AND REQUIREMENTS.
    C. CURRENT, PREVAILING UTILITY COMPANY/AUTHORITY SPECIFICATIONS, STANDARDS AND REQUIREMENTS.
    D. CURRENT MANUFACTURERS SPECIFICATIONS, STANDARDS AND REQUIREMENTS.
18. THE CONTRACTOR SHALL NOTIFY THE UNDERSIGNED PROFESSIONAL IMMEDIATELY IF ANY FIELD CONDITIONS ENCOUNTERED DIFFER MATERIALLY FROM THOSE REPRESENTED HEREON. SUCH CONDITIONS COULD RENDER THE DESIGNS SHOWN HEREON INAPPROPRIATE OR INEFFECTIVE.
19. THE CONTRACTOR IS RESPONSIBLE FOR PROJECT SAFETY INCLUDING PROVISION OF ALL APPROPRIATE SAFETY DEVICES AND TRAINING REQUIRED.
20. ALL SUBGRADE SHALL BE REVIEWED AND APPROVED BY THE TOWNSHIP ENGINEER PRIOR TO THE INSTALLATION OF IMPROVEMENTS.
21. MATERIALS, WORKMANSHIP, CONSTRUCTION AND DETAILS FOR SITE IMPROVEMENTS ARE INTENDED TO BE IN CONFORMITY TO THOSE ISSUED BY THE BRICK TOWNSHIP ENGINEERING DEPARTMENT, OCEAN COUNTY ENGINEERING DEPARTMENT, BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY, OCEAN COUNTY SOIL CONSERVATION DISTRICT, AND ANY OTHER REGULATORY AGENCY OR FRANCHISED UTILITY HAVING JURISDICTION OVER THE PROJECT. CURRENT MANUFACTURERS SPECIFICATIONS, STANDARDS AND REQUIREMENTS MAY SUPPLEMENT THOSE IDENTIFIED ABOVE; THE NEW JERSEY DEPARTMENT OF TRANSPORTATION "STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION, 2007," OR LATEST STANDARD, MAY BE UTILIZED AS A DEFAULT WHERE NO OTHER GUIDANCE IS PROVIDED.
22. NO SANITARY CLEAN-OUTS AND/OR WATER SERVICE CURB VALVE/CURB BOXES SHALL BE INSTALLED IN THE DRIVEWAY APRONS OR WALKWAYS. IF DURING CONSTRUCTION, ANY SANITARY CLEAN-OUT AND/OR WATER SERVICE CURB VALVE/CURB BOXES ARE FOUND LOCATED IN THESE NOTED AREAS, THEY WILL BE REQUIRED TO BE RELOCATED BY THE OWNER/DEVELOPER AT THEIR COSTS.
23. SEPARATE CONTAINERS SHALL BE PROVIDED FOR SOLID WASTE AND RECYCLABLES. REMOVAL SHALL BE BY PRIVATE CARTING COMPANY.
24. ANY HAZARDOUS MATERIALS USED AND/OR STORED ON-SITE SHALL BE HANDLED IN ACCORDANCE WITH ALL APPLICABLE STATE & FEDERAL CODES.
25. BUILDING TO BE SUPPLIED WITH A FIRE SUPPRESSIONS SYSTEM.
26. ANY ROOF MOUNTED MECHANICALS SHALL BE SCREENED ON ALL FOUR SIDES.
27. ALL SITE LIGHTING WITH THE EXCEPTION OF SECURITY LIGHTING SHALL BE TURNED OFF ONE HOUR AFTER THE LAST BUSINESS CLOSES.
28. DELIVERY TRUCKS SHALL BE REQUIRED TO TURN OFF THE ENGINE DURING DELIVERIES.
29. ALL BUILDING MOUNTED SIGNS SHALL CONFORM TO THE SIGN ORDINANCE, SECTION 245-314.
30. AN ODOR CONTROL SYSTEM SHALL BE INSTALLED TO REMOVE SMOKE & ODORS FROM THE RESTAURANT EXHAUST SYSTEM.
31. SEE PLANS BY OTHERS FOR DETAILS OF ALL BUILDING MOUNTED FACADE SIGNS.
32. ALL LANDSCAPED AREAS SHALL BE IRRIGATED.
33. ALL EXISTING STRIPING REMOVED DURING CONSTRUCTION SHALL BE REPLACED.
34. ALL BUILDING MOUNTED LIGHTING SHALL BE AS SHOWN ON THE ARCHITECTURAL PLANS.
35. THE TRASH ROOM DOORS SHALL BE COMMERCIAL GRADE, ROLL-UP TYPE AND BE MANUALLY OPERATED. THE DOORS SHALL REMAIN LOCKED AT ALL TIMES. (SEE ARCHITECTURAL PLANS.)
36. THESE GENERAL NOTES APPLY TO ALL SHEETS IN THE SET.

Zoning Review
Approval
By: ae Tenant fit-up
Date: 2-11-18

THIS IS TO CERTIFY THAT THE WATER AND SEWER DESIGN CONFORMS WITH THE RULES AND REGULATIONS OF THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY.

STEPHEN T. SPECHT, P.E. ______ DATE
DIRECTOR OF ENGINEERING MUA #

THE SITE FOR WHICH MAJOR SITE PLAN APPROVAL WAS GRANTED BY THE BRICK TOWNSHIP PLANNING BOARD AS MEMORIALIZED BY RESOLUTION # ______ DATED ______ SHALL BE MAINTAINED AS ORIGINALLY APPROVED.

APPROVED AS A PRELIMINARY & FINAL MAJOR SITE PLAN BY THE BRICK TOWNSHIP PLANNING BOARD: (CASE NO. ______)

CHAIRMAN ______ DATE

SECRETARY ______ DATE

ENGINEER ______ DATE

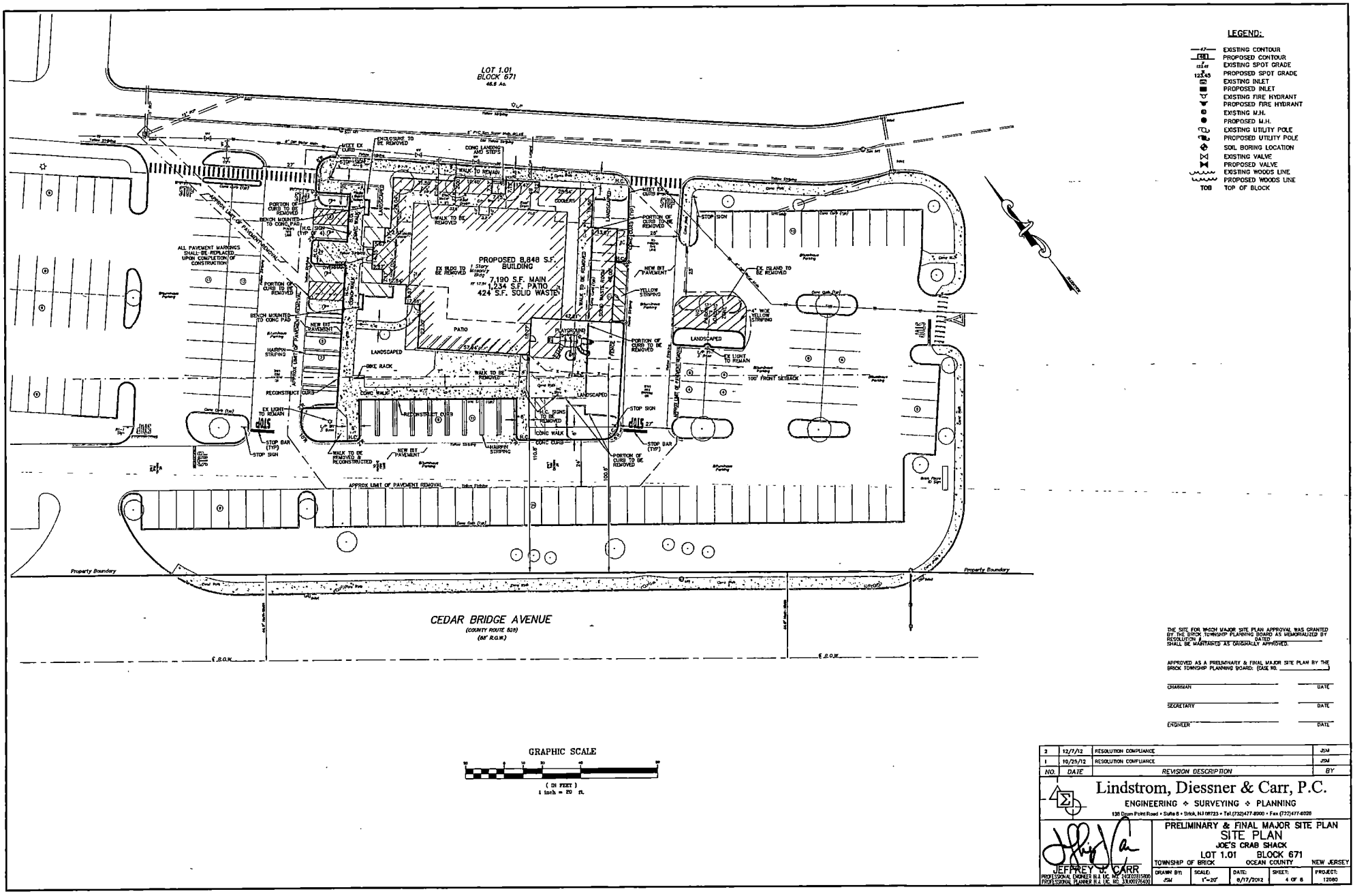
NO.	DATE	REVISION DESCRIPTION	BY
2	12/7/12	RESOLUTION COMPLIANCE	JSM
1	10/25/12	RESOLUTION COMPLIANCE	JSM

Lindstrom, Diessner & Carr, P.C.
ENGINEERING ✧ SURVEYING ✧ PLANNING
138 Drum Point Road • Suite 6 • Brick, NJ 08723 • Tel.(732)477-6900 • Fax.(732)477-8028

JEFFREY J. CARR
PROFESSIONAL ENGINEER N.J. LIC. NO. 24GE02815800
PROFESSIONAL PLANNER N.J. LIC. NO. 33LI00276400

PRELIMINARY & FINAL MAJOR SITE PLAN
COVER SHEET & GENERAL NOTES
JOE'S CRAB SHACK
LOT 1.01 BLOCK 671
TOWNSHIP OF BRICK OCEAN COUNTY NEW JERSEY

DRAWN BY:	SCALE:	DATE:	SHEET:	PROJECT:
JSM	NONE	8/17/2012	1 OF 8	12080



LEGEND:

- EXISTING CONTOUR
- PROPOSED CONTOUR
- EXISTING SPOT GRADE
- PROPOSED SPOT GRADE
- EXISTING INLET
- PROPOSED INLET
- EXISTING FIRE HYDRANT
- PROPOSED FIRE HYDRANT
- EXISTING M.H.
- PROPOSED M.H.
- EXISTING UTILITY POLE
- PROPOSED UTILITY POLE
- SOIL BORING LOCATION
- EXISTING VALVE
- PROPOSED VALVE
- EXISTING WOODS LINE
- PROPOSED WOODS LINE
- TOB TOP OF BLOCK

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

THE SITE FOR WHICH MAJOR SITE PLAN APPROVAL WAS GRANTED BY THE BRICK TOWNSHIP PLANNING BOARD AS MEMORIALIZED BY RESOLUTION # _____ DATED _____ SHALL BE MAINTAINED AS ORIGINALLY APPROVED.

APPROVED AS A PRELIMINARY & FINAL MAJOR SITE PLAN BY THE BRICK TOWNSHIP PLANNING BOARD: (CASE NO. _____)

CHAIRMAN _____ DATE _____

SECRETARY _____ DATE _____

ENGINEER _____ DATE _____

NO.	DATE	REVISION DESCRIPTION	BY
3	12/7/12	RESOLUTION COMPLIANCE	JSM
2	10/25/12	RESOLUTION COMPLIANCE	JSM

Lindstrom, Diessner & Carr, P.C.
ENGINEERING ✧ SURVEYING ✧ PLANNING
136 Drum Point Road • Suite B • Brick, NJ 08723 • Tel.(732)477-8000 • Fax (732)477-8026

JEFFREY J. CARR
PROFESSIONAL ENGINEER N.J. LIC. NO. 24GE03915500
PROFESSIONAL PLANNER N.J. LIC. NO. 33LI00276400

PRELIMINARY & FINAL MAJOR SITE PLAN
SITE PLAN
JOE'S CRAB SHACK
LOT 1.01 BLOCK 671
TOWNSHIP OF BRICK OCEAN COUNTY NEW JERSEY

DRAWN BY:	SCALE:	DATE:	SHEET:	PROJECT:
JSM	1"=20'	8/17/2012	4 OF 8	12080

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, July 18, 2018

To: FEDERAL REALTY INVESTMENT TRUST
%
PO BOX 92129 (ALTUS GROUP
SOUTHLAKE, TX 76092

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-18-002400
Last Submit Date: Monday, July 16, 2018

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

1. Need permit update, plan, and specifications for the fire sprinkler system as projected work will impact the fire sprinkler system. Please include copy of NJ fire suppression license.

2. Need permit update, plan, and specifications for any fire alarm system work. Please include copy of NJ Fire Alarm installer license.

3. Will need plan and permit update for the kitchen hood suppression work being perfomed for the new appliances.

Sincerely,

Richard Orlando, Subcode Official

CC:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, July 18, 2018

To: FEDERAL REALTY INVESTMENT TRUST
%
PO BOX 92129 (ALTUS GROUP
SOUTHLAKE, TX 76092

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-18-002400
Last Submit Date: Wednesday, July 18, 2018

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.Alll new proposed toilet rooms shall be ADA compliant.

Sincerely,

Bernie Reilly, Subcode Official

CC:

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1048 Cedar Bridge Rd

BLOCK: 671 **LOT:** 1.01

CONTRACTOR: TRI-State Quality Construction

CONTRACTOR'S ADDRESS: 164 Central Ave, Jersey City, NJ 07307

Type of Construction(minor, new home): Renovation

Type of Debris (shingles, siding, wood, etc.): metal studs, Sheetrock

Party responsible for removal: Rosetto

Dumpster Size: 40 yd.

Destination of Debris: Recycle Center

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission 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 of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Patsy Aversa

Signature

6/20/18

Date

Patsy Aversa

Print Name

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, August 06, 2018

To: FEDERAL REALTY INVESTMENT TRUST
%
PO BOX 92129 (ALTUS GROUP
SOUTHLAKE, TX 76092

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-18-002400
Last Submit Date: Thursday, August 02, 2018

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

1. Will need plan and permit update for the kitchen hood suppression work being perfomed for the new appliances by Daly Fire Protection

2. Need letter from fire alarm contractor that no work is being perfomed along with a current fire alarm anuual testing report.

3. Need letter from fire sprinkler contractor that no work is being perfomed along with a current annual fire sprinkler testing report.

Sincerely,

Richard Orlando, Subcode Official

CC:

DALY FIRE PROTECTION INC.

Twp. of Brick

401 Chambers Bridge Road

Brick, NJ 08723

Attn: Bldg. Dept / Rick Orlando

Re: Rosalita's

1048 Cedar Bridge Road

Brick, NJ 08724

We have visited the above site and reviewed the original plans and found the following:

1) New cooking equipment line-up will fit under the existing hood.
2) The existing hoods and equipment are manufactured by Captive Aire.
3) The hoods are UL Listed and are in working condition.
4) The new line-up requires more exhaust and mua air cfm. This will be accomplished by speeding up both exhaust and mua units. This will require pulley changes by Captive Aire Factory Tech.
5) The existing pollution control unit on roof needs routine maintenance by Captive Aire Factory Tech.
6) The existing fire suppression system is a UL 300 system.
7) The new cooking line-up requires that the existing 7.5-gallon system be upgrade to a 15-gallon system (drawings and permits will follow)

Respectfully submitted,

Dan Daly

Daly Fire Protection Inc.

NJDFS PERMIT NUMBER P00231

NJDFS INSTALLER NUMBER 153769

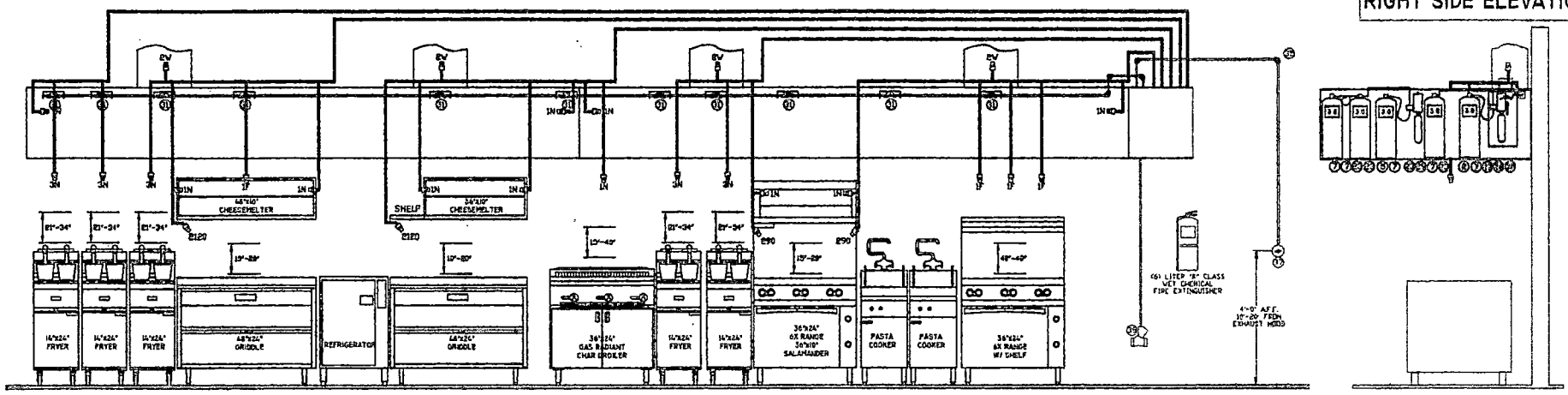
14 LORELEI DRIVE HOWELL, NJ 07731

E-MAIL DALYFIRE@AOL.COM

RevNo	Revision note	Date	Signature	Checked

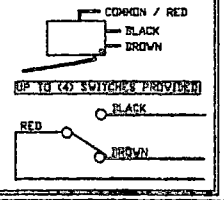
AIR CLEANER ANSUL SYSTEM TO BE CONNECTED TO KITCHEN ANSUL SYSTEM FOR SIMULTANEOUS DISCHARGE.

RIGHT SIDE ELEVATION



ELECTRIC NOTES:

- WIRING DIAGRAM TO BE USED AS A REFERENCE ONLY ALL CONNECTIONS TO BE VERIFIED BY A LICENSED ELECTRICIAN
- ALL WIRING TO BE DONE BY A LICENSED ELECTRICIAN
- EACH SWITCH HAS A SET OF SINGLE POLE, DOUBLE THROW CONTACTS RATED AT 21 AMP, 1 HP, 125, 250, 277 VAC OR 2 HP, 250, 277 VAC
- A RELAY MUST BE SUPPLIED BY OTHERS IF THE EQUIPMENT LOAD EXCEEDS THE RATED CAPACITY OF THE SWITCH
- ALL ELECTRICAL CONNECTIONS ARE TO BE MADE OUTSIDE OF THE FIRE SYSTEM CONTROL BOX
- ELECTRICIAN TO WIRE HORN/STROBE ALARM OR BUILDING ALARM TO ACTIVATE UPON FIRE SYSTEM DISCHARGE
- ELECTRICIAN TO WIRE MAKE-UP AIR TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
- ELECTRICIAN TO WIRE ANY ELECTRICAL EQUIPMENT UNDER EXHAUST HOOD TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
- ELECTRICIAN TO WIRE SOLENOID GAS VALVE WITH RESET RELAY TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE (IF APPLICABLE)



DISTRIBUTION PIPING REQUIREMENTS - 3.0 GALLON SYSTEM				
REQUIREMENTS	SUPPLY LINE	DUCT BRANCH	PLENUM BRANCH	APPLIANCE BRANCH
PIPE SIZE	3/8"	3/8"	3/8"	3/8"
MAX LENGTH	40'-0"	0'-0"	4'-0"	12'-0"
MAX. RISE	5'-0"	4'-0"	2'-0"	12'-0"
MAX. 90 ELBOW	9	4	4	6
MAX. TEES	1	0	0	4
MAX. FLOW #	11s	4	2	4

- SYSTEM MANUFACTURER - ANSUL
- MODEL # - R-102 15.0 GALLON
- U.L. EX. - 3470
- EXTINGUISHING AGENT - ANSULEX
- MAX FLOW POINTS ALLOWED - 55
- # OF FLOW POINTS USED - 45
- HOOD SIZE - (2)16'-0"
- DUCT SIZE - (4) 10"x18"
- SUPPLY PIPE SIZE - 3/8"
- BRANCH PIPE SIZE - 3/8"
- ALL PIPE SCHEDULE 40 BLACK PIPE
- ALL 1/2" CONDUIT

- THE INSTALLATION SHALL COMPLY WITH NFPA 96, NFPA 17A, THE MANUFACTURERS U.L. LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION
- EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
- FIRE SYSTEM SHALL SHUTDOWN FUEL TO ALL APPLIANCES UPON SYSTEM DISCHARGE
- ALL ELECTRIC UNDER EXHAUST HOOD SHALL SHUTDOWN UPON SYSTEM DISCHARGE
- MAKE-UP AIR SHOULD SHUTDOWN UPON SYSTEM DISCHARGE
- EXHAUST FAN SHOULD REMAIN ON DURING SYSTEM DISCHARGE
- REMOTE PULL STATION TO BE LOCATED A MINIMUM 10'-0" FROM HOOD ON THE PATH OF EGRESS FROM THE PROTECTED AREA
- FIRE SYSTEM INSTALLATION IS SUBJECT TO SEMI-ANNUAL INSPECTION BY THE AUTHORIZED INSTALLING CONTRACTOR TO WARANTEE OF SYSTEM OPERATION & PERFORMANCE
- GAS VALVE TO BE INSTALLED BY A LICENSED PLUMBER

ITEM	QUANTITY	PART #	DESCRIPTION	ITEM	QUANTITY	PART #	DESCRIPTION
1	0	429553	REGULATED RELEASE (MECHANICAL)	22	0	79694	1.5 ANSULEX
2	1	429550	REGULATED RELEASE (ELECTRICAL)	23	5	79372	3.0 ANSULEX
3	0	429870	ENCLOSURE ASSEMBLY	24	0	423439	101-10 CARTRIDGE
4	0	429878	BRACKET ASSEMBLY	25	0	423441	101-20 CARTRIDGE
5	1	429850	REGULATED ACTUATOR	26	1	423443	101-30 CARTRIDGE
6	0	429864	1.5 AGENT TANK	27	0	423429	LT-20-R CARTRIDGE
7	5	429862	3.0 AGENT TANK	28	0	423438	LT-30-R CARTRIDGE
8	0	429872	TWO TANK ENCLOSURE	29	1	423493	R-102 DOUBLE TANK CART.
9	11	419335	1N NOZZLE	30	0	423491	LT-A-101-30 CARTRIDGE
10	0	419336	1W NOZZLE	31	11	417360	DETECTOR
11	0	419334	1/2N NOZZLE	32	0	415745	360 FUSIBLE LINK
12	4	419337	2W NOZZLE	33	11	415746	450 FUSIBLE LINK
13	0	78076	2WH NOZZLE	34	0	73597	500 FUSIBLE LINK
14	5	419338	3N NOZZLE	35	20	423250	PULLEY ELBOW
15	0	419339	230 NOZZLE	36	0	427929	PULLEY TEE
16	0	419340	245 NOZZLE	37	1	4835	REMOTE PULL STATION
17	0	419341	260 NOZZLE	38	1	423881	MICROSWITCH
18	2	419342	290 NOZZLE	39	1	------	MECHANICAL GAS VALVE
19	2	419343	2120 NOZZLE	40	0	------	SOLENOID GAS VALVE
20	4	419333	1F NOZZLE	41	0	426151	MANUAL RESET RELAY
21	0	430913	1100 NOZZLE	42	1	418087-06	INSTALLATION MANUAL
				43	27	------	QUICK-SEAL ADAPTOR

ANSUL SYSTEM NOTES:

REMOTE PULL STATION REQUIREMENTS

- REMOTE PULL STATION TO BE LOCATED MINIMUM 10'-0" FROM HAZARD, ON THE PATH OF EGRESS, 48" ABOVE FINISHED FLOOR.
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM (2) REMOTE PULL STATIONS CAN BE USED PER SYSTEM (USING (1) PULLEY TEE)

DETECTION REQUIREMENTS

- FUSIBLE LINK DETECTOR TO BE LOCATED IN EACH DUCT OPENING AND ABOVE EACH PROTECTED APPLIANCE NOT LOCATED UNDER A DUCT
- MAXIMUM (15) SCISSOR STYLE DETECTORS CAN BE USED PER SYSTEM
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR DETECTION
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR DETECTION
- THE LAST DETECTOR ON A SYSTEM TO BE A TERMINAL DETECTOR

MECHANICAL GAS VALVE REQUIREMENTS

- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR GAS VALVE
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR GAS VALVE

ELECTRICAL SOLENOID GAS VALVE

- SOLENOID GAS VALVE TO BE CONNECTED TO THE ANSUL SYSTEM MICROSWITCH BY A LICANSED ELECTRICIAN
- A MANUAL RESET RELAY MUST BE USED TO RESET GAS VALVE TO RE-OPEN

DISTRIBUTION PIPING REQUIREMENTS

- ALL DISTRIBUTION PIPING MUST BE 3/8" SCHEDULE 40 BLACK IRON, CHROME PLATED, OR STAINLESS STEEL
- ALL THREADED CONNECTIONS LOCATED IN & ABOVE THE PROTECTED AREA MUST BE SEALED WITH PIPE TAPE.

PIPE HANGER GUIDELINES

- MAXIMUM 5FT. BETWEEN HANGERS
- HANGERS TO BE PLACED BETWEEN ELBOWS WHEN THE DISTANCE IS GREATER THAN 2FT.

Reliable Fire Protection

NEW JERSEY DIV. OF FIRE SAFETY PERMIT ID # P00040

NEW YORK CITY DEPT. OF BUILDINGS LICENSE # 1510

20 MERIDIAN ROAD SUITE 1
EATONTOWN, NJ 07724

350 FIFTH AVENUE - 59TH FLOOR
NEW YORK, NY 10018

PHONE: 732-643-0075 / 800-359-0024 FAX: 732-643-0076

www.reliablefirepro.com

PROJECT:

TRE' PIZZA &PASTA / ROSALITA'S

1048 CEDAR BRIDGE RD.
BRICK, NJ, 08724

1ST FLOOR-ANSUL R-102 SYSTEM

Drawn by	JPC
Checked by	KBC
Sheet	1 OF 2
Scale	NTS
Date	8/15/18
Drawing #	F-001.0.0
EID #	00000000

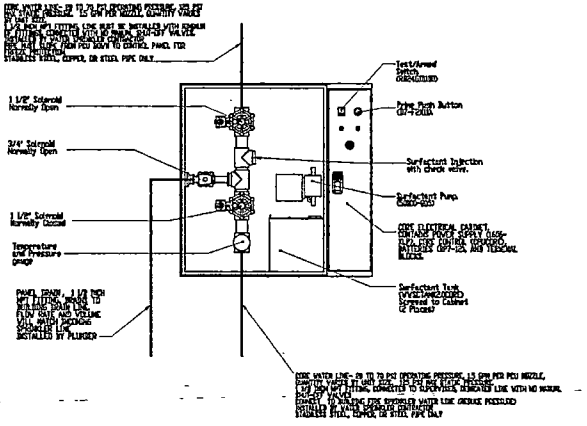
RevNo	Revision note	Date	Signature	Checked

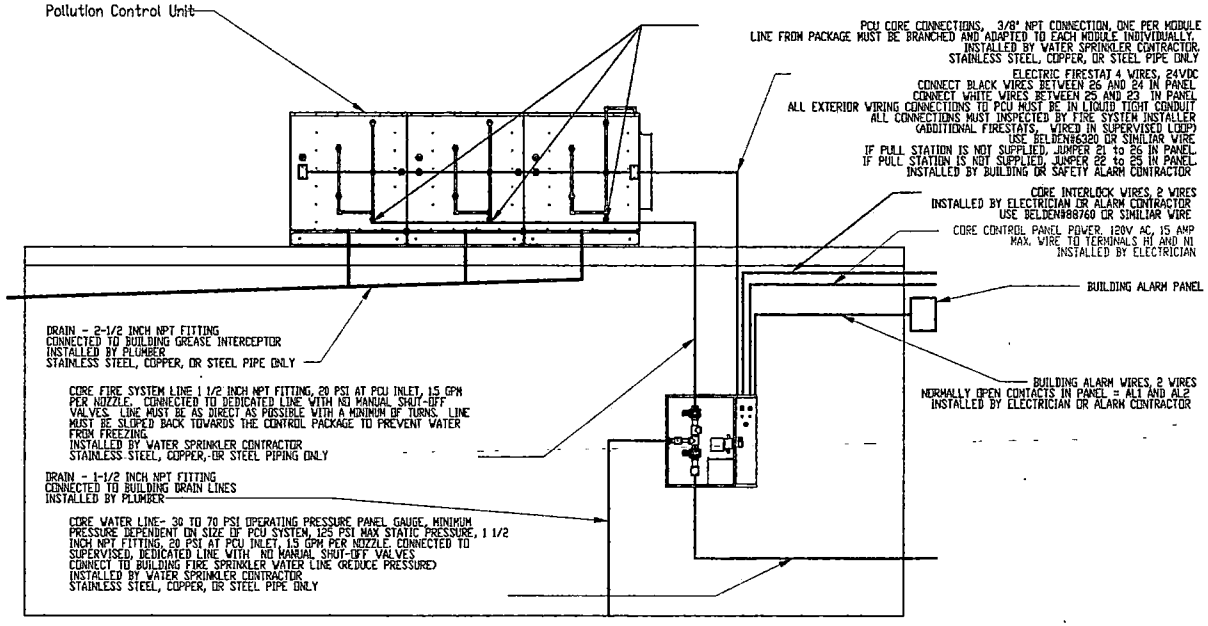
DESCRIPTION:
FAN #1 KB25 - EXHAUST FAN - POLLUTION CONTROL UNIT WITH CORE PROTECTION FIRE SYSTEM INSTALLED. INCLUDES STEEL PRE FILTER MODULE, HIGH EFFICIENCY MERV 14 FILTER MODULE, AND DOOR CONTROL MODULE PREPIPED WITH 25 3070-3/8HH-SS10 NOZZLES AND INCLUDES DOWNSTREAM PROTECTION. ELECTRIC FIRE DETECTOR AND NOZZLES ARE INCLUDED.

AIR CLEANER ANSUL SYSTEM TO BE CONNECTED TO KITCHEN ANSUL SYSTEM FOR SIMULTANEOUS DISCHARGE.

24V PCU CORE FIRE PROTECTION INSTALLATION SUMMARY

24V PCU CORE CONTROL CABINET VIEW





PCU FILTER SPECIFICATIONS					
DESIGN CFM - 7800					
MODULE	FILTER TYPE	FILTER EFFICIENCY	QTY	SIZE	S.P.(Clean) in.W.G.
1	Captrate SOLO	MERV 8	18	20X25X2	0.422
2	High Efficiency	MERV 14	18	20X25X4	0.367
3	DC 50/50 Carbon/Permanganate	N/A	18	20x25x4	0.713
					1.502 TOTAL

Reliable Fire Protection
NEW JERSEY DIV. OF FIRE SAFETY PERMIT ID # P00049
NEW YORK CITY DEPT. OF BUILDINGS LICENSE # 1510
20 MERIDIAN ROAD SUITE 1, EATONTOWN, NJ 07724
350 FIFTH AVENUE - 59TH FLOOR, NEW YORK, NY 10018
PHONE: 732-643-0076 / 800-368-0024 FAX: 732-643-0076
www.reliablefirepro.com

PROJECT:
TRE' PIZZA &PASTA / ROSALITA'S
1048 CEDAR BRIDGE RD.
BRICK, NJ, 08724

1ST FLOOR-ANSUL R-102 SYSTEM

Drawn by	JPC
Checked by	KBC
Sheet	2 OF 2
Scale	NTS
Date	8/15/18
Drawing #	F-001.0.0
EID #	00000000

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP 18-00967
DATE ISSUED 8/28/18

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 1048 Cedar Bridge Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment Trust
COMPLETE ADDRESS: 56 Chambersbridge Brick NJ
PHONE # 240-478-9791 EMAIL: jfmiller@federalrealty.com

2. NAME OF APPLICANT: 6R Brick LLC
APPLICANT ADDRESS: 11½ Broadway, Freehold, NJ 07728
PHONE # 732-995-9561 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Richard Jordan
PHONE# 732-496-0818 FAX# 732-987-4800

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: 1
COMMERCIAL: ✓
EXISTING USE: Joes Crab.
PROPOSED USE: Rosaleta

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: ~~X~~ *ADDITION X *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: 24' (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Renovate existing Restaurant and [illegible]

ZONING REVIEW:
DATE REVIEWED: 7-11-18 DATE DENIED: _____ DATE APPROVED: 7-11-18 INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 7/11/18 DATE DENIED: — DATE APPROVED: 7/11/18 INTLS: SG

DATE:	COMMENTS:	INITIALS:
7/11/18	SENT TO Owner	SG

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Stories	Eaves (feet)	Feet	Ridge (feet)		
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)							
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-I	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 8/28/18
Application Number: ZA-18-00813
Application Date: 07/11/2018
Project Number:
Permit Number: ZP-18-00967
Fee: $75.00

Zoning Permit

Worksite Location: **1048 Cedar Bridge Road**
56 Chambers Bridge Road - Brick Plzaa
Brick Township, NJ 08723

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **PO BOX 92129 (ALTUS GROUP**
SOUTHLAKE, TX 76092

Applicant: **TRI-STATE QUALITY CONSTRUCTION**
Address: **164 CENTRAL AVE**
JERSEY CITY, NJ 07307

Block: **671** Lot: **1.01** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant (Rosalita's-Formerly Joe's Crabshack)**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations to the existing building. Changing from Joe's Crabshack to Rosalita's restaurant.

Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 07/11/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 07/11/2018 Date

Sean Kinnevy, Zoning Officer — 7/11/18 **Date**

CONSTRUCTION PERMIT

Date Issued 8/28/18
Control # C-18-002400
Permit # 18-2390

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone:

Contractor: TRI-STATE QUALITY CONSTRUCTION

Address: 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP - ROSALITA'S

PAYMENTS (Office Use Only)

Building	$2,500
Electrical	$150
Plumbing	$324
Fire Protection	$1,500
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$124
CO Fee	$150.00
Other	$0
Total	$4,748
Check No.	1505
Cash	$0
Credit	$0
Collected By	

+175
4823

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 $65,000

D. Newman J.I. 8/27/18

Construction Official Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems; heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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- [x] A complete copy of released plans must be kept on the job site.

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

999 Forest 162 Group A-2

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/28/18
Control #
Date Issued
Permit # 18-2390

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

Block 611 Lot 1.01 Qualification Code
Work Site Location 1048 Cedar Bridge Rd Unit 11 (Kosher Tastes)
Owner in Fee: GK Brick LLC
Tel. 732-995-9561 e-mail
Address 11½ Broadway Freehold, NJ 07728
Contractor: TKJ-State Quality Const (street / municipality) Tel 201 792-6569 (zip code)
Address 164 Central Ave e-mail quality4@verizon.net

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason 13VH07097600
Federal Emp. ID No. 45-2579976 FAX: 732 987-4800

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 20 Proposed
Constr. Class: Present 2C Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work $ 2000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here:
Print name here: Patsy Aversa
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Re-hook up Kitchen equipment
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Kitchen Equipment	12	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Need current sprinkler test certs for kitchen
Need both current fire alarm & fire sprinkler testing certs

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 4/2/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/29/18
Approved by:

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

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

PERMIT UPDATE

Date Update Issued 8/27/18
Control # C-18-002400+A
Permit # +A

18-2390

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 1048 CEDAR BRIDGE RD Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone:

Contractor: TRI-STATE QUALITY CONSTRUCTION

Address: 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP - ROSALITA'S ...UPDATE +A - ANSUL SYSTEM

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 $2,000

D. Neuman Jr. 8/27/18

Construction Official / Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$170
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$174
Check No.	1603
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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