

JUMBO CHINA BUFFET
74 BRICK PLAZA, BRICK PERMIT NO. 02-4706



CONSTRUCTION PERMIT APPLICATION

C20.81

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

I. IDENTIFICATION

1. Proposed Work Site at: Jumbo China Buffet #4, 15Kilic Plaza, 15Kilic
2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT Tel. ()
Address _____
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: COLIN BLANCHARD Tel. ()
Address 1 DEARL ST. SAYREVILLE NJ 08772
License No. OR, if new home, Bullder Reg. No. 9479. Exp. Date _____
Federal Employee No. _____ FAX: ()
5. Architect or Engineer _____ Tel. ()
Address _____
6. Responsible Person in Charge of Work COLIN BLANCHARD
Tel. (732) 522-7950 FAX (732) 432-4012

REPLACEMENT HWH

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

2002

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

OPTIONAL (for office use only)[illegible]

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name COLIN BLANCHARD

Address 1 PEARL ST. SAYREVILLE, NJ 08772

Telephone (732) 432-4016

Signature Colin Blanchard

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/11/2002
Control #
Permit # 02-4706

IDENTIFICATION Block 671 Lot 8

Work Site Location 74 BRICK BLVD-JUMBO CHINA BU

REPLACEMENT HHM

Owner in Fee FEDERAL REALTY INVESTMENT

Address SAME

BRICK, NJ

Telephone ()

Contractor COLIN BLANCHARD

Address 1 PEARL ST

SAYREVILLE, NJ 08872-

Telephone (732)432-4016

Lic. No. or Bldrs. Reg. No. 9479

Federal Emp. No. 15-7667325

Is hereby granted permission to perform the following work:

☐ BUILDING

☒ PLUMBING

☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL

☐ FIRE PROTECTION

☐ DEMOLITION

☐ ELEVATOR DEVICES

☐ ASBESTOS ABATEMENT

☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACEMENT HHM FOR JUMBO CHINA BUFFET

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

12/11/2002
Date

H.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	37
Check No.	999
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/15/2002
Date Issued 12/11/02
Control # 0208
Permit # 02-4706

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 671 Lot 8 Qual
Work Site Location 74 BRICK BLVD-JUNBO CHINA BY

REPLACEMENT HH

Owner in Fee FEDERAL REALTY INVESTMENT

Address SAME

BRICK, NJ

Tele. ()

Contractor COLIN BLANCHARD

Address 1 PEARL ST

SAYREVILLE, NJ 08872-

Tele. (732) 432-4016

Lic. No. or Bldrs. Reg. No. 9479

Federal Emp. No. [REDACTED]

8. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] fire [] Elevator

[] Plumb. Plans Approved

Date: 11/15/02

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCG [] []

Approved by: [Signature]

Date: 11-16-02

INSPECTIONS

Type

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCD

Dates (Month/Day)

Failure Failure Approval Initial

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0

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NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

FEE (Office Use Only)

0

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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/15/2002
Date Issued 12/11/02
Control # C20-87
Permit # 02-4706

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 671 Lot 8 Qual
Work Site Location 74 BRICK BLVD-JUNBO CHINA BU

REPLACEMENT MMH

Owner in Fee FEDERAL REALTY INVESTMENT

Address SAME

BRICK, NJ

Tele. ()

Contractor COLIN BLANCHARD

Address 1 PEARL ST

SAYREVILLE, NJ 08872-

Tele. (732) 432-4016

Lic. No. of Bldgs. Reg. No. 9479

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:

[] Bidg [] Eject

[] Fire [] Elevator

Plumb. Plans Approved

Date: 11/15/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By:

Date:

INSPECTIONS

Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TOD

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

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

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/15/2002
Date Issued 12/1/02
Control # C20-87
Permit # 02-4726

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 671 Lot 8 Qual
Work Site Location 74 BRICK BLVD-JURGO CHINA BV

REPLACEMENT NHH

Owner in Fee FEDERAL REALTY INVESTMENT

Address SAME

BRICK, NJ

Tele. ()

Contractor COLIN BLANCHARD

Address 1 PEARL ST

SAYREVILLE, NJ 08872

Tele. (332) 432-4016

alic. No. or Bldg. Reg. No. 9479

Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 11/15/02

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By:

Date:

INSPECTIONS
Type Failure Dates (Month/Day)
Slab Initial
Rough
Water
Sewer
Fixtures
Gas Equip.
Gas Piping
Solar
TCO

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35

Paid [] Check #

Collected by:

DCA State Permit Fee

\$ 2

Signature/Contractor Seal [] Licensed Plumbing Contractor [] Exempt Applicant

BLK 671 LOT 8.

Jumbo 4 WA Buffet
74 BRICK PLAZA, BRUC, NJ 08723

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: Colin Blanchard
Address: 1 Pearl St.
Sayreville, N.J. 08872
Phone #: 732-432-4016
Lis #: 9479
Federal Emp # or SSN: [REDACTED]

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN: _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	<u>1 Replacement</u>
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Technical Data

Description of Work: _____
Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks capacity fuel
Combustible Storage Tanks capacity fuel
LPG Storage Tanks capacity fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Plumbing Work \$2000.00

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

Signature: Colin Blanchard
Please Print Name: COLIN BLANCHARD

CONTRACTOR'S SEAL

Estimated Cost of Fire Work _____

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

Signature: _____
Print Name: _____

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: _____
Block: _____ Lot: _____
Owner's Name: _____
Owner's Mailing Address: _____
Phone: (____) _____

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

____ New Building ____ Siding
____ Addition ____ Fence
____ Alteration ____ Pool
____ Roofing ____ Demolition
____ Asbestos Abatement ____ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL