BLOCK 671 LOT 8 ADDRESS (SITE) C24-6 PERMIT NO. 02-1572

OLD FLYS

MEL'S AMER. BAR & GRILL

CONSTRUCTION PERMIT APPLICATION

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

779-3932

#108

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA, BRICK TWP., NJ
2. Name of Owner in Fee: MEL'S AMERICAN BAR & GRILL Tel. (732) 840-5835
   Address BRICK PLAZA, BRICK TWP., NJ (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: CONTEK INT. INC. Tel. (732) 564-0001
   Address 280 LINCOLN BLVD., MIDDLESEX, NJ 08846
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-3759860 Social Security No. ____
5. Architect or Engineer NICK TSATATSARIS Tel. (201) 447-7044
   Address 20 WILSEY SQR., RIDGEWOOD, NJ 07450
6. Responsible Person in Charge of Work MR. KIAN RASEKHI Tel. (732) 564-0001

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	3510	35	63
2. Electrical		50		
3. Plumbing		125		
4. Fire Protection		65		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		138	1	
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	3888	36	63

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	1
2. Height of Structure	20 ft.	
3. Area—Largest Floor	2,907 sq. ft.	
4. New Building Area	— sq. ft.	
5. Volume of New Structure	43,605 cu. ft.	
6. Construction Classification	2C	
7. Total Land Area Disturbed	— sq. ft.	
8. Flood Hazard Zone	—	
9. Base Flood Elevation	ft.	
10. Wetlands yes / (no)	sq. ft.	
11. Max. Live Load	100	
12. Max. Occupancy Load	210	

II. PROPOSED WORK

interior renovation

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	109,000
6. ☒ Fire Protection	3,000
7. ☒ Plumbing	$ 11,000
8. ☒ Electrical	19,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☒ Demolition INTERIOR	3,000
TOTAL COSTS	150,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			5-7-02	FP			
			4-30-02				
			5-9-02				
			4-30-02				

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

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

LDS BR 10401398

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

X Signature _____ Date 4-26-02

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

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

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/08/200
Control #
Permit # 02-1572

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
INTERIOR ALTERATION
Owner in Fee/Occupant FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)492-1382
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION- WAS FLIXS IS NOW MEL'S AMERI
REMOVING PARTITIANS, REPLACING BATHFIXTURES, RAISING
SPRINKLER HEADS,

[ ] 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than September 8, 2002 or the owner will be subject to fine or order to vacate:
FINAL PLUMBING/FIRE ARE NEEDED

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

08/8/02

Daniel F. Meissner Jr.
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1017
Collected by: NIC

U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/08/200
Control #
Permit # 02-1572

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
INTERIOR ALTERATION
Owner in Fee/Occupant FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)492-1382
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION- WAS FLIXS IS NOW MEL'S AMERI
REMOVING PARTITIANS, REPLACING BATHFIXTURES, RAISING
SPRINKLER HEADS,

[ ] 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than September 8, 2002 or the owner will be subject to fine or order to vacate:
FINAL PLUMBING/FIRE ARE NEEDED

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

08/8/02
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1017
Collected by: NIC

U.C.C. F200 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/12/2002
Control #
Permit # 02-1572.3

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
INTERIOR ALTERATION
Owner in Fee/Occupant FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)492-1382
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION- WAS FLIXS IS NOW MEL'S AMERI
REMOVING PARTITIANS, REPLACING BATHFIXTURES, RAISING
SPRINKLER HEADS,

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1017
Collected by: MIC

U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BA
INTERIOR ALTERATION
Owner in Fee/Occupant FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)492-1382
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

[X] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been cons
accordance with the New Jersey Uniform Construction Code and is
for occupancy.

[ ] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed
accordance with the New Jersey Uniform Construction Code and is
If the permit was issued for minor work, this certificate was ba
was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy or Compliance, t
conditions must be met no later than _____, ___ or the o
subject to fine or order to vacate:

CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/11/2002
Control #
Permit # 02-1572.2

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 871 Lot 6 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
INTERIOR ALTERATION
Owner in Fee/Occupant FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)892-1382
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860G

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION- WAS FLIXS IS NOW MEL'S AMERI
REMOVING PARTITIANS, REPLACING BATHFIXTURES, RAISING
SPRINKLER HEADS,

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see fileG

[ ] 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.G

[ ] 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than October 11, 2002 or the owner will be subject to fine or order to vacate:
FINAL PLUMBING FIRE ARE NEEDED

[ ] 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 _____, ____.H

9/8/2002

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1013
Collected by: MIC

U.C.C. F280 (rev. 3/96)

CIF

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/11/2002
Control #
Permit # 02-1572.2

HCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 611 Lot 8 Qual
Work Site Location 1940 BRIDGE RD-HEL'S BAR
INTERIOR ALTERATION
Owner is Fee/Occupant FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK NJ 08723-
Telephone (732)892-1382
Contractor CONTEK INT INC
Address 206 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-8001 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. ID. 22-3725930003

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATION- WAS FLIKS IS NOW HEL'S AMERI
REMOVING PARTITIANS, REPLACING BATHFIXTURES, RAISING
SPRINKLER HEADS,

[ ] 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than October 11, 2002 or the owner will be subject to fine or order to vacate:
FINAL PLUMBING/FIRE NOT NEEDED

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see files

[ ] 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.

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 1011
Collected by: HIC

CONSTRUCTION OFFICIAL

O.C.C. 1750 (rev. 3/86)

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 671 Lot 8

Work Site Location 108 BRICK PLAZA
BRICK NJ

Owner in Fee MRS AMERICAN BAR + GRILL

Address 108 BRICK PLAZA
BRICK NJ. 08723

Tel. (732) 262-5222

Contractor _____

Address _____

_____

Tel. (_____) _____

License No. _____

Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP A3 Previous SAME Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all 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:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: Gerry Mele
OWNER/AGENT

- ☒ OWNER
- ☐ AGENT

U.C.C. F270
(rev 3/96)

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block _____ Lot _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (_____) _____

Contractor _____

Address _____

_____

Tel. (_____) _____

License No. _____

Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all 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:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____
OWNER/AGENT

- ☐ OWNER
- ☐ AGENT

COMMERCIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/10/02
Control #
Permit # 02-1572

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR & GRILL
BRICK PLAZA, BRICK TWP., NJ 08724
Owner in Fee MEL'S AMERICAN BAR & GRILL
Address BRICK PLAZA
BRICK TWP., NJ 08724
Tele. (732) 840-5835
Contractor CONTEK INT. INC.
Address 280 LINCOLN BLVD.
MIDDLESEX, NJ 08846
Tele. (732) 564-0001 FAX. 732-564-0004
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RENOVATION OF EXISTING RESTAURANT
MOVING BAR AREA & CHANGING BATH FIXTURES
Removal of Partitions
Recapping Sprinkler heads

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-7-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-10-02
Approved By: FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	HEADER		5/16/02	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO	Above Ceil		7/16/02	
Other				
Final			8/16/02	

B. BUILDING CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class Present 2C Proposed 2C
No. of Stories 1
Height of Structure 20' Ft.
Area—Largest Floor 2,907 Sq. Ft.
New Bldg. Area/All Floors N/A Sq. Ft.
Volume of New Structure 43,605 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 150,000.00
3. Total (1+2) $ 150,000.00

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

(Office Use Only)
FEE
$

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

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/10/2002
Control #
Permit # 02-1572

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-MEL'S BAR
INTERIOR ALTERATION
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)458-1382

Contractor CONTEX INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

05/10/02 1:04PM 000000H1623
XX06 SERV.006

H021572

BUILDING	$3510.00
ELECTRIC	$50.00
PLUMBING	$125.00
FIRE	$65.00
DCA	$138.00
CHECK	$3888.00

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR ALTERATION- WAS FLIXS IS NOW MEL'S AMERICAN BAR AND GRILL
MOVING PARTITIANS, REPLACING BATHFIXTURES, RAISING SPRINKLER HEADS,
RELOCATING BAR AREA

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 $ 173,000

PAYMENTS (Office Use Only)

Building	3,510
Electrical	50
Plumbing	125
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	138
Cert. of Occupancy	0
Other	
Total	3,888
Check No.	1017
Cash	
Collected By	MIC

Daniel F Newman 05/10/2002
Construction Official MB Date

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/08/2002
Control #
Permit # 02-1572+E
Permit Issued 05/10/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 471 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-MEL'S BAR
WET CHEMICAL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)492-1382

Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Telephone (732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-1904087

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET CHEMICAL

Estimated Cost of Work $ 1,400

X D Newman Jr /sr 08/08/2002
Construction Official Date

U.C.C. F190 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	66
Check No.	1110
Cash	
Collected By	TL

08/08/02 10:49AM 0000000N3908
XD4 SERV.004

R1572	
FIRE	$65.00
DCA	$1.00
SUBTOTAL	$66.00
CHECK	$66.00
CHANGE	$0.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/13/2002
Control #
Permit # 02-1572+0
Permit Issued 05/10/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-HEL'S BAR
COMMUNICATION POINTS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)892-1382

Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3739860

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
COMMUNICATION POINTS

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	
Cash	X
Collected By	AJR

06/13/02 11:11AM 0000002502
XX02 SERV.002
#1572
ELECTRIC $35.00
DCA $1.00
XXTOTAL $36.00
CASH $36.00
CHANGE $0.00
06/13/02 11:11AM 0000002502 XX02
XXTOTAL $36.00

Estimated Cost of Work $ 1,800

Construction Official 05/13/2002
Date

U.C.C. F190 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/20/2002
Control #
Permit # 02-1572+C
Permit Issued 05/10/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-MEL'S BAR
PLB/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)892-1382

Contractor RAMON MECH CONTRS
Address 425 EUCLID AVE
BRIELLE, NJ 08730-
Telephone (732)292-1235
Lic. No. or Bldrs. Reg. No. 5991
Federal Eqp. No. 14-1447896

06/20/02 1:08PM 0000000#2702
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#1572	
PLUMBING	$225.00
FIRE	$120.00
DCA	$18.00
#XXTOTAL	$363.00
CHECK	$363.00
CHANGE	$0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PLB/FIRE

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	225
Fire Protection	120
Elevator Devices	0
Other	
DCA Training Fee	18
Cert. of Occupancy	0
Other	
Total	363
Check No.	1045
Cash	
Collected By	IL

Estimated Cost of Work $ 23,000

Construction Official

06/20/2002
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/02/2002
Control #
Permit # 02-1572+B
Permit Issued 05/10/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-MEL'S BAR
ADD'L ELECTRIC FIXTURES
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)492-1382

Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Telephone (732)297-2587
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3291329

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADD'L WORK

Estimated Cost of Work $ 300

Construction Official

08/02/2002
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	63
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	63
Check No.	1094
Cash	
Collected By	TL

D.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/07/2002
Control #
Permit # 02-15724
Permit Issued 05/10/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-NEL'S BAR
ELEC PANEL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)892-1382

Contractor CONTRK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Telephone (732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759869

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#1572
ELECTRIC $40.00
**TOTAL $40.00
CASH $40.00
CHANGE $0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELEC PANEL

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	999
Cash	
Collected By	TL

Estimated Cost of Work $ 150

Construction Official 08/07/2002
Date

U.C.C. P190 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/09/2002
Control #
Permit # 02-1572+0
Permit Issued 05/10/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 621 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-MEL'S BBQ
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Telephone (732)892-1392

Contractor FIRE PRO TECH INC
Address 6 STATION PL
HOWELL, NJ 07731-
Telephone (732)363-5955
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3554109

09/02 10:44AM 000000003907
*304 SERV.004

#1572
FIRE $65.00
DCA $1.00
**TOTAL $66.00
CHECK $66.00
CHANGE $0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	66
Check No.	1110
Cash	
Collected By	TL

Estimated Cost of Work $ 1,500

Construction Official

09/08/2002
Date

U.C.C. F190 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/10/02
Control #
Permit # 02-1592

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR & GRILL
BRICK PLAZA, BRICK TWP., NJ 08724
Owner in Fee MEL'S AMERICAN BAR & GRILL
Address BRICK PLAZA
BRICK TWP. NJ 08724
Tele. (732) 840-5835
Contractor CONTEK INT. INC.
Address 280 LINCOLN BLVD.
MIDDLESEX, NJ 08846
Tele. (732) 564-0001 FAX. 732-564-0004
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-7-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present A3 Proposed A2
Constr. Class Present 2C Proposed 2C
No. of Stories 1
Height of Structure 20' Ft.
Area—Largest Floor 2,907 Sq. Ft.
New Bldg. Area/All Floors NA Sq. Ft.
Volume of New Structure 43,605 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 150,000.00
3. Total (1+2) $ 150,000.00

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RENOVATION OF EXISTING RESTAURANT
MOVING BAR AREA & CHANGING BATH FIXTURES
Removal of Partitions
Recapping sprinkler heads

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

(Office Use Only)
FEE
$

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/10/02
Date Issued
Control #
Permit # 02-1572

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR + GRILL
BRICK PLAZA BRICK TWP. NJ 08724
Owner in Fee/Occupant MEL'S AMERICAN BAR + GRILL
Address BRICK PLAZA
BRICK TWP. NJ 08724
Tele. (732)
Contractor Fitzgerald Electric
Address 1808 Briarwood Terr.
So. Plainfield N.J.
Tele. (732) 556-0968 Fax ( )
Lic. No. 359
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 19,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 5/8/02
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)	
	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 05/31/2002
Date Issued ~~01/01/1954~~
Control # 6-13-02
Permit # 02-1572+A

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
COMMUNICATION POINTS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)564-0001 Fax ( )
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Tele.(732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/3/02
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
9		Communications Points	
0		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 1

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/31/2002
Date Issued ~~01/01/1954~~
Control # 6-13-02
Permit # 02-1572+A

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
COMMUNICATION POINTS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)564-0001 Fax ( )
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Tele.(732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759880

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
9		Communications Points	
0		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	35
0		Pool Permit/with UG Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 1

U.C.C. T120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/26/2002
Date Issued 05/10/2002
Control #
Permit # 02-1572

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

Block 671 Lot 8 Qual

Work Site Location CEDAR BRIDGE RD-MEL'S BAR

INTERIOR ALTERATION

Owner in Fee FEDERAL REALTY

Address 21 BRICK PLAZA

BRICK, NJ 08723-

Tele.(732)297-2587 Fax ( )

Contractor THREE PHASE ELECTRIC

Address 1626 RT 130

N BRUNSWICK, NJ 08902-

Tele.(732)297-2587

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3291329

change of contractor 5/15/02

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 19,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
55		Lighting Fixtures	
25		Receptacles	
10		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
90		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0

Paid [X] Check # 1017 Minimum Fee $ 0

Collected by: NIC TOTAL FEE $ 50

DCA Training Fee $ 15

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/26/2002
Date Issued 05/10/2002
Control #
Permit # 02-1572

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-HEL'S BAR
INTERIOR ALTERATION
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)297-2587 Fax ( )
Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Tele.(732)297-2587
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3291329

change of contractor 5/15/02

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 19,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
55		Lighting Fixtures	
25		Receptacles	
10		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Energency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
90		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1017 Minimum Fee $ 0
Collected by: HIC TOTAL FEE $ 50
DCA Training Fee $ 15

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/26/2002
Date Issued 05/10/2002
Control #
Permit # 02-1572

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
INTERIOR ALTERATION
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)297-2587 Fax ( )
Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Tele.(732)297-2587
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3291329

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 19,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
55		Lighting Fixtures	
25		Receptacles	
10		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
90		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/EW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1017 Minimum Fee $ 0
Collected by: MIC TOTAL FEE $ 50
DCA Training Fee $ 15

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/04/2002
Date Issued 01/01/1954
Control # 6/2/02
Permit # 02-1572+B

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
ADD'L ELECTRIC FIXTURES
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)297-2587 Fax ( )
Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Tele.(732)297-2587
Lic. No. or Bldrs. Reg. No. 9017
Federal Emp. No. 22-3291329

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6-5-02
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
74		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Recaptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	2	KW Elect Sign/Outline Light	18
		Other	0
		Other	0

Paid [ ] Check # Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 63
DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/04/2002
Date Issued 01/01/1954
Control # 6/2/02
Permit # 02-1572+B

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
ADD'L ELECTRIC FIXTURES
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)297-2587 Fax ( )
Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Tele.(732)297-2587
Lic. No. or Bldrs. Reg. No. 9017
Federal Emp. No. 22-3291329

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6-5-02
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
74		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	2	KW-Elect Sign/Outline Light	18
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 63
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/07/2002
Date Issued 08/07/2002
Control #
Permit # 02-1572+F

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
ELEC PANEL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)564-0001 Fax ( )
Contractor CONTER INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Tele.(732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8/7/02
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 0

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

COMMERCIAL — ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/10/02
Date Issued
Control #
Permit # 02-1572

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR + GRILL
BRICK PLAZA, BRICK TWP. NJ 08724
Owner in Fee/Occupant MEL'S AMERICAN BAR + GRILL
Address BRICK PLAZA
BRICK TWP., NJ 08724
Tele. (732)
Contractor Fitzgerald Electric
Address 1808 Briarwood Terr.
Sea Girt, N.J.
Tele. (732) 556-0968 Fax ( ) _____
Lic. No. 359
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 19,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date: 5/8/02		
Approved by:		

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

TOTAL NUMBERS $ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

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

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2002
Date Issued 06/21/2002
Control #
Permit # 02-2255

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD - MEL'S
ELEC BURG
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)557-9747 Fax ( )
Contractor PROTEK SECURITY
Address PO BOX 1928
TOMS RIVER, NJ 08753-
Tele.(732)557-9747
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-9564600

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/21/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/8/02
Approved By:

INSPECTIONS Type I	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	6/21			
Temp Serv				
Const Serv	CEILING		6/21	
TCO				
Other				
Service				
Final			8/8/02	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
4		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

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

U.C.C. 5120 (rev. 2/94)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/26/2002
Date Issued 05/10/2002
Control #
Permit # 02-1572

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR BRICK PLAZA
INTERIOR ALTERATION
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)297-2587 Fax ( )
Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Tele.(732)297-2587
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3291329

change of contractor 5/15/02

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 19,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8-8-02
Approved By: VM

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough	5/31/02		6/7/02	JO
Temp Serv.			6/20/02	B
Const Set			6/20/02	B
TCO				
Other				
TCO			8/6/02	VM
Final			8/8/02	VM

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

OVER

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
55		Lighting Fixtures	
25		Receptacles	
10		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
90		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [X] Check # 1017 Minimum Fee	$	0
Collected by: NIC TOTAL FEE	$	50
DCA Training Fee	$	15

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

5 31 02

UPDATED NEED.

NO ELECTRICAL SIGNS PLAN ON SITE

6-7-02 PHONE- CORRECTIONS TO WIRING

ON OTHER PERMIT TO BE SUPPLIED

6/20/02 NO ALARM BELLS FOLLOW

① PROPERLY SECURE ALL LOW VOLTAGE

② FILE FOR ALL WORK - ALARM, SUB PANELS, SIGNS, ETC

LINE VOLTAGE ALL OK

ALARM IN DROP CEILING.

SIGNS - RATES 5 7 8 1 8

6/21/02 ① CEILING LOW VOLTAGE INCOMPLETE

② FILE FOR ALL WORK

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

02-1572+B

Date Received 05/31/2002
Date Issued ~~01/01/1954~~
Control # 6-13-02
Permit # 02-1572+A

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
COMMUNICATION POINTS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)564-0001 Fax ( )
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Tele.(732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6 5 02
Approved By: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8 8 02
Approved By: VM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO CEILING			6/28/02	BB
Other				
Service				
Final			8 8 02	VM

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
9		Communications Points	
0		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP.Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/07/2002
Date Issued 08/07/2002
Control #
Permit # 02-1572+F

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
ELEC PANEL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)564-0001 Fax ( )
Contractor CONTEK INT INC
Address 280 LINCOLN BLVD
MIDDLESEX, NJ 08846-
Tele.(732)564-0001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3759860

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8/7/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/8/02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			8/8/02	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 40
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/04/2002
Date Issued ~~01/01/1954~~ 6/12/02
Control #
Permit # 02-1572+B

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
ADD'L ELECTRIC FIXTURES
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)297-2587 Fax ( )
Contractor THREE PHASE ELECTRIC
Address 1626 RT 130
N BRUNSWICK, NJ 08902-
Tele.(732)297-2587
Lic. No. or Bldrs. Reg. No. 9017
Federal Emp. No. 22-3291329

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6-5-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-8-02
Approved By:

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

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

C. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
74		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	2	KW Elect Sign/Outline Light	18
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 63
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

JOB NEW JERSEY
ELECTRICAL
MODEL
TECHNICAL SECTION

Date Received 05/24/2002
Date Issued 01/01/1956
Control #
Permit # 02-1572+B

Sub Panel only

1 of 7

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 172

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR & GRILL
BRICK PLAZA BRICK TWP. NJ 08724
Owner in Fee MEL'S AMERICAN BAR & GRILL
Address BRICK PLAZA
BRICK TWP., NJ 08724
Tele. (732) 840-5835
Contractor CONTEK INT. INC.
Address 280 LINCOLN Blvd.
MIDDLESEX, NJ 08846
Tele. (732) 564-0001 Fax (732) 564-0004
Lic. No.
Federal Emp. No. 22-3759860

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A2 Proposed A2
Constr. Class Present 2C Proposed 2C
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 3,000.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 4-30-02
Approved by: CLB

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				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RENOVATION OF EXISTING RESTAURANT
Recapping Sprinkler heads – moving them
Water Supply Source
Method of Alarm/Suppression System Supervision (higher)

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

Alarm Systems [ ] 110v Interconnected [ ] System — NUMBER

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)) 19
Standpipes

Pre-engineered Systems
Wet Chemical
Dry Chemical
CO_2 Suppression
Foam Suppression
Halon Suppression
Other

Kitchen Hood Exhaust System
Smoke Control System
Gas [ ] or Oil [ ] Fired Appliances
Other

FEE (Office Use Only)

Call before moving heads

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

U.C.C. F140
(rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2002
Date Issued 01/01/1954
Control #
Permit # 02-1572+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 8 Qual
Work Site Location CEDAR BRIDGE RD-WEL'S BAR
PLG/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)292-1235 Fax ( )
Contractor MAHON MECHANICAL
Address 425 EUCLID AVE
BRIELLE, NJ
Tele.(732)292-1235
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 3,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-18-02
Approved By: KG
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	22	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

relocates

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	120
DCA Training Fee	$	2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/07/2002
Date Issued 01/01/1954
Control #
Permit # 02-1572+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 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
PLB/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)292-1235 Fax ( )
Contractor MAHON MECHANICAL
Address 425 EUCLID AVE
BRIELLE, NJ
Tele.(732)292-1235
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 3,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-12-02
Approved By: KCB

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supery

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	22	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	120
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

N.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2002
Date Issued ~~01/01/1964~~
Control # 8/8/02
Permit # 02-1572+E

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-WEL'S BAR
WET CHEMICAL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,400

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8-7-02
Approved By: ELD

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] NG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	8	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

FOR KITCHEN SYSTEM * NEED NEW HEADS

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 65
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2002
Date Issued ~~01/01/1954~~ 8/6/02
Control #
Permit # 02-1572+E

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
WET CHEMICAL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,400

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8-7-02
Approved By: KTD
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] UG [ ] UG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	8	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

FOR KITCHEN SYSTEM * NEED NEW HEADS

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	65
DCA Training Fee	$	1

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/08/2002
Date Issued ~~01/01/1954~~
Control # 8-8-02
Permit # 02-1572+D

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)363-5955 Fax ( )
Contractor FIRE PRO TECH INC
Address 6 STATION PL
HOWELL, NJ 07731-
Tele.(732)363-5955
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3554108

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supervy

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	8	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2002
Date Issued ~~01/01/1954~~
Control # 02
Permit # 02-1572+D

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)363-5955 Fax ( )
Contractor FIRE PRO TECH INC
Address 6 STATION PL
HOWELL, NJ 07731-
Tele.(732)383-5955
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3554108

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	8	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Paid [ ] Check #	Minimum Fee $	0
Collected by:	TOTAL FEE $	65
	DCA Training Fee $	1

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2002
Date Issued ~~01/01/1954~~ 8/8/02
Control #
Permit # 02-1572+E

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
WET CHEMICAL
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,400

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 8-7-02
Approved By: KER

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/10
Approved By: KER

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test	8/5 at 1:00		30 PSI	
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

8/6 at temp 30 PSI seen to replace heads
10-16 or 2 wet see back

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	8	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

FOR KITCHEN SYSTEM * NEED NEW HEADS

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 2/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2002
Date Issued ~~01/01/1954~~
Control # F-F-02
Permit # 02-1572+D

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

Block 671 Lot 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)363-5955 Fax ( )
Contractor FIRE PRO TECH INC
Address 6 STATION PL
HOWELL, NJ 07731-
Tele.(732)363-5955
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3554108

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8/7/02
Approved By: ER

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/9/02
Approved By: ER

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	10/16 VT see back			
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	8	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 65
	DCA Training Fee	$ 1

U.C.C. F140 (rev. 3/96)

COMMERCIAL FIRE SUBCODE TECHNICAL SECTION F

Date Received 5-10-02
Date Issued
Control #
Permit # 02-1572

occupancy 172

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR & GRILL, BRICK PLAZA, BRICK TWP. NJ 08724
Owner in Fee MEL'S AMERICAN BAR & GRILL
Address BRICK PLAZA, BRICK TWP., NJ 08724
Tele. (732) 840-5835
Contractor CONTEK INT. INC.
Address 280 LINCOLN Blvd., MIDDLESEX, NJ 08846
Tele. (732) 564-0001 Fax (732) 564-0004
Lic. No.
Federal Emp. No. 22-3759860

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A2 Proposed A2
Constr. Class Present 2C Proposed 2C
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 3,000.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 4-30-02
Approved by: KCB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-5-02
Approved by: KCB

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

Plans only
Kitchen hood to follow

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RENOVATION OF EXISTING RESTAURANT
Water Supply Source Recapping Sprinkler heads — moving them
Method of Alarm/Suppression System Supervision (higher)

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
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)	19	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Call before moving heads

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

U.C.C. F140
(rev. 3/98)

John
Mahoney
Mattox Meal
252 1235
521 3840

George Melassanos Owner

- Uncovered pans
- heads in Bathrooms
- Certify System Spec
- heads closet/Bathroom ?
- Fixtures ?
- clean up
- escutcheon plates.
-

Thomas Dziadwik
Contact Int. Inc.
564 0001

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2002
Date Issued 01/01/1954
Control #
Permit # 02-1572+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 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
PLG/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)292-1235 Fax ( )
Contractor MAHON MECHANICAL
Address 425 EUCLID AVE
BRIELLE, NJ
Tele.(732)292-1235
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 3,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6-18-02
Approved By: EWB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	22	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	120
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

UCC F140 (rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/10/02
Date Issued
Control #
Permit # 02-1572

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR & GRILL
BRICK PLAZA, BRICK TWP. NJ 08724
Owner in Fee MEL'S AMERICAN BAR & GRILL
Address BRICK PLAZA
BRICK TWP. NJ 08724
Tele. (732) 840 - 5835 0
Contractor THOMAS A. NOONE
Address 128 NORTHVALE AVE
NORTHVALE N.J. NJ 07647
Tele. (732) 767-8353 Fax (732) 775-4639
Lic. No. 5129
Federal Emp. No. [redacted]

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 $ 11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-9-02
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Rehab Renovation

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	
1	Water Closet	Replace existing
1	Urinal/Bidet	
	Bath Tub	
4	Lavatory	
	Shower	
2	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	
	Other	

FEE (Office Use Only)
$

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

126 each sex

	WC	LAV
M	2	1
W	2	2

U.C.C. F130 (rev. 3/96)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2002
Date Issued 01/01/1954
Control #
Permit # 02-1572+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 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
PLG/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)292-1235 Fax ( )
Contractor MAHON MECH COUNTRS
Address 425 EUCLID AVE
BRIELLE, NJ 08730-
Tele.(732)292-1235
Lic. No. or Bldrs. Reg. No. 5991
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
5	Floor Drain	50
6	Sink	60
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 225
	DCA Training Fee	$ 10

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2002
Date Issued 01/01/1954
Control #
Permit # 02-1572+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 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
PLG/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)292-1235 Fax ( )
Contractor MAHON MECH CONTRS
Address 425 EUCLID AVE
BRIELLE, NJ 08730-
Tele.(732)292-1235
Lic. No. or Bldrs [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[-] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/13/02
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
5	Floor Drain	50
6	Sink	60
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Replaced Fixtures

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 225
	DCA Training Fee	$ 16

U.C.C. F130 (rev. 3/98)

COMMERCIAL — PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/10/02
Date Issued
Control #
Permit # 02-1572

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

Block 671 Lot 8
Work Site Location MEL'S AMERICAN BAR + GRILL
BRICK PLAZA, BRICK TWP. NJ 08724
Owner in Fee MEL'S AMERICAN BAR + GRILL
Address BRICK PLAZA
BRICK TWP. NJ 08724
Tele. (732) 840 - 5835
Contractor THOMAS ARNONE
Address 128 NEPTUNE AVE
NEPTUNE City NJ 07753
Tele. (732) 774-8353 Fax (732) 775-4639
Lic. No. 5108
Federal Emp. No. [redacted]

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 $ 11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-9-02
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-29-02
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			6-3-02	
Rough			6-26-02	
Water				
Sewer				
Fixtures	8-6-02	8-23-02	8-29-02	
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Thomas Arnone
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Rehab Renovation

126 end exp

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	
1	Water Closet	Replace existing
1	Urinal/Bidet	
	Bath Tub	
4	Lavatory	
	Shower	
3	Floor Drain	
4	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
2	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

	WC	LAV
1	1	1
2	2	2

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F130 (rev. 3/96)

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

8-6-02

COMMERCIAL

① water heater needs a pan

② w. Heater needs a vacuum relief valve

③ Relief discharge leaves room no 10"
but can go to pan

8-23-02

Pan drain 3/4"

NO 10"

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2002
Date Issued 01/01/1954
Control #
Permit # 02-1572+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 8 Qual
Work Site Location CEDAR BRIDGE RD-MEL'S BAR
PLG/FIRE
Owner in Fee FEDERAL REALTY
Address 21 BRICK PLAZA
BRICK, NJ 08723-
Tele.(732)292-1235 Fax ( )
Contractor MAHON MECH COUNTRS
Address 425 EUCLID AVE
BRIELLE, NJ 08730-
Tele.(732)292-1235
Lic. No. or Bldrs. Reg. No. 5991
Federal Emp. No. [redacted]

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/13/02
Approved By: MD

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
5	Floor Drain	50
6	Sink	60
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

BACKFLOW FIXTURES

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 225
DCA Training Fee $ 16

U.C.C. F130 (rev. 3/96)

02-1572

update to

Counter Form
PLEASE PRINT

PLUMBING

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	
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:	

Estimated Cost of Plumbing 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

FIRE

Contractor: FIRE PRO TECH INC
Address: 6 STATION PL
HOWELL NJ 07731
Phone #: 732 363 5955
Lis #:
Federal Emp # or SSN 22-3559108

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New X Existing
Location of Furnace/Boiler:
Water Supply Source B " CITY
Method of Valve Supervision LOCKED
Local Alarm Supervision YES
Central Supervision: YES
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	ADD (7) MOVE (1)
Dry Sprinkler Heads	
Total	8
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 Fire Work $1,500.00

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: Karl K Giggenbach
Print Name: KARL K GIGGENBACH

update 02-0738

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: MEL'S RESTAURANT
Block: 671 Lot: 8
Owner's Name: MEL'S RESTAURANT
Owner's Mailing Address: 108 BRICK PLAZA
BRICK NJ
Phone: (732) 779 3932

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___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

National Electrical Code
Plan Review Record
Township of Brick

Date: 4-29-02

Site Address: Brick plaza

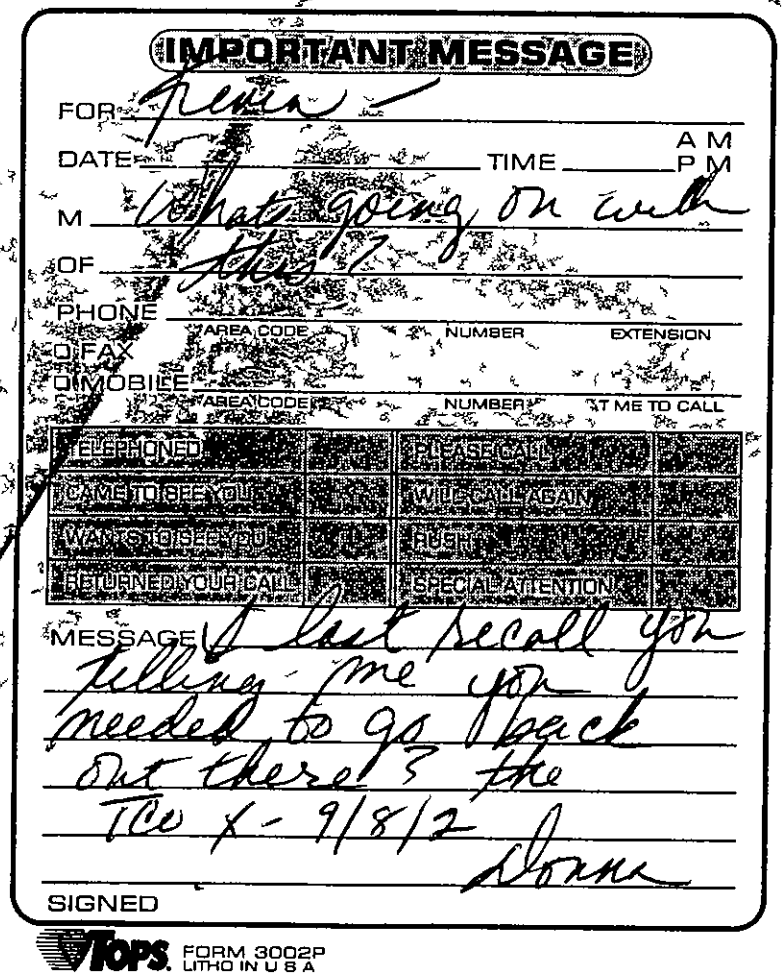
Reviewed By: UM

CORRECTION LIST

No.	Description
1	✓ permits all work ~~Low Voltage?~~ existing ~~alarm?~~ ~~Plans Complete~~ existing
2	load calcs on service for additional load ✓

Party Called and Phone #: George (owner) ; Electricians # disconnected

Resubmitted on: _____ **By:** _____



IMPORTANT MESSAGE

FOR Jenn

DATE _____ TIME _____ A M P M

M What going on with

OF Steve?

PHONE _____
AREA CODE NUMBER EXTENSION

☐ FAX

☐ MOBILE _____
AREA CODE NUMBER

AT ME TO CALL

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE I last recall you telling me you needed to go back out there & the TCU x-9/8/12

Donna

SIGNED

TOPS. FORM 3002P LITHO IN U S A

FAX 732-363-3031
PHONE 732-363-5955

Fire Pro Tech, Inc.
6 Station Place
Howell, New Jersey 07731

September 12, 2002

Brick Township Fire Prevention
510 Herbertsville Road
Brick, NJ 07050

Re: Mel's Restaurant
Brick Plaza
Brick, NJ

Attn: Kevin Batzel

Kevin:

In regards to the above referenced project, please review the following comments.

The changes made to the sprinkler system in the Kitchen/Storage area to fix problems noted during the annual inspection were performed in accordance with NFPA #13. Sprinkler heads were changed and added as required to provide proper coverage at this time in this area.

The alarms were tested and operated properly. The Inspector's Test valve for this system is located in the Stockroom Receiving area of the A & P Shopping center.

Should you have any questions or comments, please contact me at 732 363 5955.

Cordially,

Karl K. Giggenbach
President

Pc: file 01030

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Buck Plaza

Location Rel's Corner ..Block 671 .....Lot 8

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Bd of Health OK

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

		FINALS	FINALS	FINALS
8/6	X	BUILDING.....APPROVED.....	8/6/02 OK	
8/6	X	PLUMBING.....APPROVED.....	TCO after yr date	8/29/02
8/5	X	FIRE.....APPROVED.....		12/11/02 need Cert Plans u/s
8/6	X	ELECTRIC.....APPROVED.....	TCO 8/6/02	
		ENGINEERING.....APPROVED.....		
		O.C.SOIL.....APPROVED.....		
		COMMERCIAL OCCUPANCY CARD.....		
		C.C. FROM B.T.M.U.A.....		

Carol BTMUA OK

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

X AFFORDABLE HOUSING..... N/A .....

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

C/O letter

Rel's Bd 671 Lot 8 02-152

Nick Tsapatsaris & Associates
Architects ~ Engineers
20 Wilsey Square
Ridgewood, NJ 07450
Phone: (201) 447-7044 Fax: (201) 447-6074 Email: Ntsap@aol.com

Via Fax and Mail

April 11, 2002

Mr. Frank Mizer
Building Subcode Official
401 Chamberabridge Road
Brick Township, NJ 08723

Project: Mel's American Grille, Brick Township

Subject: Building Department Comments

Dear Mr. Mizer,

As per our conversation on April 10, 2002 you expressed concern for the following (2) Two areas on our Construction Documents dated April 8, 2002:

1. The occupancy calculation of the restaurant.
2. The required width for egress in inches.

I have broken down the occupancy calculation as follows:

Actual Seating	162
Stand Up Counter Area	8
Employees	30
Total Occupants	210

The required inches for egress will be 210 people x .15 for a fully sprinkled building or 31.5 inches therefore the elimination of one door will be allowable.

If you have any questions please feel free to contact me.

Sincerely,

Robert De Pippa, R.A.

Nick Tsapatsaris, P.E., R.A.
NJ License # 15195

5/1/02
George Dimico

pw 11-16-02 - Fire Door @ top of stairs NJ was used.

10-16-02 - heads replaced (cooking)

10-16-02 (E) - letter nothing to be under Ashleys
banquet wall

- ow loop signs redone

- certificate / permit for ansul? OK 8/9/02

- letter re: Karl Adressin spk. work done

- escutcheon plate
Front vestibule head

- missing.

-

As of 10-16-02

- replace fire door & frame
@ top of stairs

- letter re: Ashleys (under overhang)

- escutcheon plate @ front lobby entrance

- spk front foyer

12/11/02

To Brick Fire Department -

This is to ensure nothing will be stored under the overhang, as per fire inspection for "Mansion on the Plaza" located at 108 Brick Plaza Brick NJ.

George M

George Melassanos

OCEAN COUNTY HEALTH DEPARTMENT

SANITARY INSPECTION REPORT

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST
ON THESE PREMISES OR AT THE LOCAL DEPARTMENT OF HEALTH.

Mel's American Bar & Grill

FOOD ESTABLISHMENT

OCEAN COUNTY NEW JERSEY

STEVE KLANIECKI
Inspector's Name

Inspector's Name

B-1463
Inspector's Permanent Registration Number

8-7-02
Date

NOTE: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous place near the public entrance of the establishment." Specific references in the Detail Data Sheets are to Chapter 12 of the State Sanitary Code, and/or Title 24, N.J.S.A.

H.D.#20

M8665

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # (732) 262-5222

ESTABLISHMENT TRADING NAME: MEL'S AMERICAN BAR & GRILL

NUMBER AND STREET: 108 CEDAR BRIDGE ROAD

CITY OR MUNICIPALITY: BRICK | ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: To Be Obtained | COMMUN. CODE: 1506 | RISK: II

ESTABLISHMENT CODE: 22

GOODS: ☐ DESTROYED ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: GEORGE MELASTRAMOS

NUMBER AND STREET: C/O MELS

CITY OR MUNICIPALITY: BRICK | STATE: N.J.

ZIP CODE: 08723 | COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
8/7/08	1230	1355

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, NA.

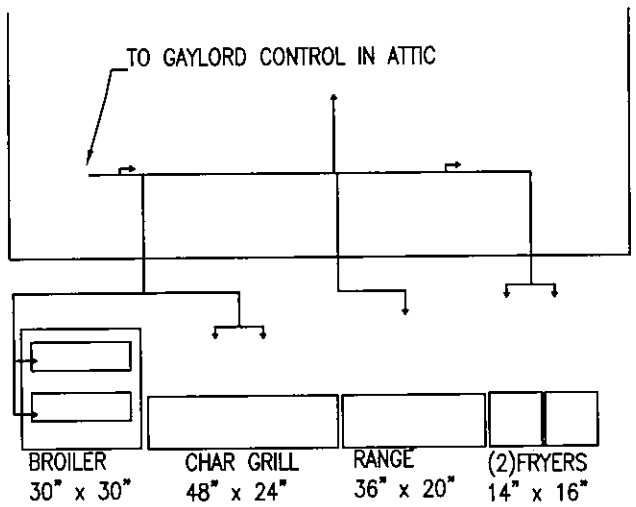
NAME OF INSPECTING OFFICIAL (Print): Stephen Klanicki

SIGNATURE OF INSPECTING OFFICIAL: [signature]

PERMANENT REG. NO.: B-1463

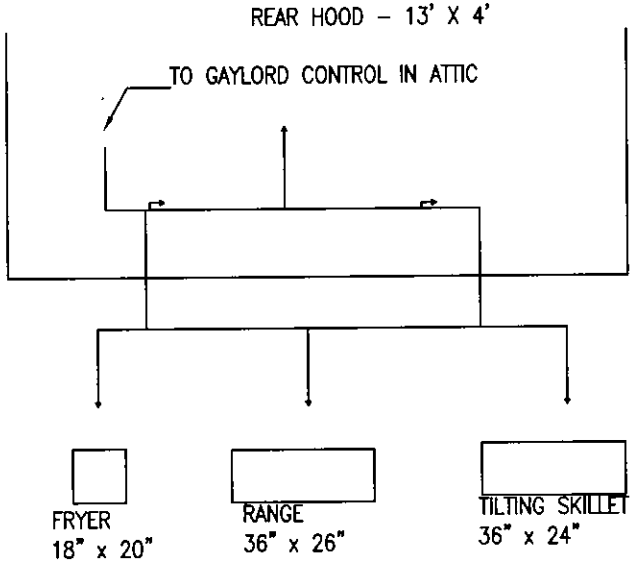
H.D.64

FRONT HOOD – 13' X 4'



1. FRONT HOOD – EXISTING HEADS USED – RELOCATED TO COVER NEW APPLIANCE CONFIGURATION.
2. REAR HOOD – EXISTING HEADS USED & ONE (1) NEW HEAD ADDED TO COVER APPLIANCES.
3. ALL HEADS OVER 5 YEARS OLD TO BE CHANGED PER NFPA & DIRECTION OF LOCAL AUTHORITY.

REAR HOOD – 13' X 4'



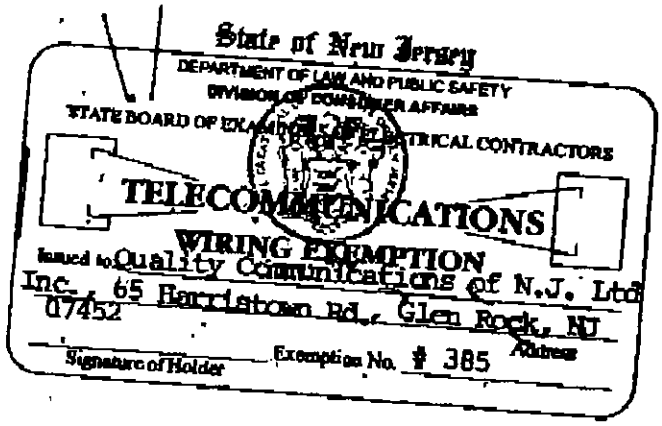
MEL'S RESTAURANT
BRICK, NEW JERSEY
KITCHEN SYSTEM MODIFICATIONS

Allied Fire & Safety Equipment Co., Inc.
617 Green Grove Road; Neptune, NJ 07754
PHONE 732-922-3399 FAX 732-918-8868

NORTH

DESIGNER	AB
SCALE	1/4" = 1'-0"
CHECK BY	
FILE NUMBER	
APPROVAL	CITY
DATE	8/6/02
DRAWING NO.	SP-1

MOS - BAR


State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
TELECOMMUNICATIONS
WIRING EXEMPTION
Issued to Quality Communications of N.J. Ltd
Inc., 65 Harristown Rd., Glen Rock, NJ
07452
Signature of Holder
Exemption No. # 385
Address

Nick Tsapatsaris & Associates
Architects ~ Engineers
20 Wilsey Square
Ridgewood, NJ 07450
Phone: (201) 447-7044 Fax: (201) 447-6074 Email: Ntsap@aol.com

Via Fax and Mail

May 7, 2002

Mr. Dan Newman
Building Sub Code Official
401 Chambersbridge Road
Brick Township, NJ 08723

Project: Mel's American Grille, Brick Township

Subject: Electrical Feeder Size

Dear Mr. Newman

Based on the existing maximum demand of 157 KW and the additional load required by the new equipment as shown on the plans, the minimum required service feeder size must be 585 amps.

Therefore the existing 800-amp service is sufficient for the new Electrical Loads.

If you have any questions please feel free to contact me.

Sincerely,

Robert De Pippa, R.A.

Nick Tsapatsaris, P.E., R.A.
NJ License # 15195

Nick Tsapatsaris & Associates
20 Wilsey Square
Ridgewood, NJ. 07450
Tel: (201) 447-7044 Fax: (201) 447-6074 email: ntsap@aol.com

Fax Cover Sheet

DATE: 4/11/2002

TO: MR FRANK MIZER

PHONE: 732 262 1000

FAX: 732 262 2839

FROM: Robert DePippa

PHONE: (201) 447-7044

FAX: (201) 447-6074

RE: MEL'S AMERICAN grille

CC: ARIS 732 262-4458

Number of pages including cover sheet: 2

Message

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # (732) 270-1140

ESTABLISHMENT TRADING NAME: MEL'S AMERICAN BAR & GRILL

NUMBER AND STREET: CEDAR BRIDGE ROAD & RT. 70

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: T. Be Obtained

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: GEORGE MELASPANOS

NUMBER AND STREET: 1960 HAZELWOOD ROAD

CITY OR MUNICIPALITY: TOMS RIVER

STATE: N.J.

ZIP CODE: 08753

COMMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
5/6/02	0850	0935

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco (O.) V, NA.

NAME OF INSPECTING OFFICIAL (Print): STEVE KLAMECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klamecki

PERMANENT REG. NO.: B-1463

1 of

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
MEL'S AMERICAN BAR & GRILL	TO BE OBTAINED	5-6-02
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICK	Begin 0830

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII.
	NOTE: THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 48 HOURS PRIOR TO INTENDED OPERATION FOR AN OPENING INSPECTION.

(Attach additional sheets if necessary)

H.D. 67

Page 1 of 1 Pages

Nick Tsapatsaris & Associates
Architects ~ Engineers
20 Wilsey Square
Ridgewood, NJ 07450
Phone: (201) 447-7044 Fax: (201) 447-6074 Email: Ntsap@aol.com

Via Fax and Mail

May 7, 2002

Mr. Dan Newman
Building Sub Code Official
401 Chambersbridge Road
Brick Township, NJ 08723

Project: Mel's American Grille, Brick Township

Subject: Electrical Feeder Size

Dear Mr. Newman

Based on the existing maximum demand of 157 KW and the additional load required by the new equipment as shown on the plans, the minimum required service feeder size must be 585 amps.

Therefore the existing 800-amp service is sufficient for the new Electrical Loads.

If you have any questions please feel free to contact me.

Sincerely,

Robert De Pippa, R.A.

Nick Tsapatsaris, P.E., R.A.
NJ License # 15195

Counter Form
PLEASE PRINT

PLUMBING

Contractor: MAHON MECH. CONTRS.
Address: 425 EUCLID AVE.
BRIELLE N.J. 08730
Phone #: 732-292-1235
Lis #: 5991
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	3
Urinals/Bidets	1
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	4
Shower	
Floor Drain	5
Sink	6
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	1
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:	

Estimated Cost of Plumbing Work $20,000

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: John W. Mahoney

Please Print Name: JOHN W. MAHONEY

CONTRACTOR'S SEAL

FIRE

Contractor: SAME
Address:

Phone #:
Lis #:
Federal Emp # or SSN

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	22 RELOCATE
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 Fire Work $3,000.

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:

Update
02-1572 +C

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 108 Brick Plaza Brick
Block: 671 Lot: 8
Owner's Name: George Melassanos
Owner's Mailing Address: 1960 - Hazelwood Rd Toms River
Phone: (732) 270-1140

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

Township of Brick
Counter Form
(PLEASE PRINT)

Change of Contractor

Site Location: Brick Plaza
Block: 671 Lot: 8
Owner's Name: Mel's American Bar + Grill 5/15/02
Owner's Mailing Address: Brick Plaza, Brick NJ
Phone: (732) 840-5835

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: Three Phase Electric Inc.
Address: 1626 RT 130
North Brunswick NJ 08902
Phone#: 732-297-4248
Lis #: 9017
Federal Emp # or SSN 22-3291329

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 William Dyer

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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_____
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:

Estimated Cost of Plumbing 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

FIRE

Contractor:_____
Address:_____

_____

Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

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 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)

Update 02-157A

Site Location: BRICK PLAZA, BRICK, NJ
Block: 671 Lot: 8
Owner's Name: MEIS AMERICAN BAR & GRILL
Owner's Mailing Address: 108 BRICK PLAZA
BRICK, NJ 08723
Phone: (732) 262-5222

BUILDING

Contractor: CONTEK INT. INC.
Address: 280 LINCOLN BLVD
MIDDLESEX NJ 08846
Phone#: 732-564-0001
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

INSTALL OF CAT.5 DATA CABLES FOR POINT OF SALE TERMINALS

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: QUALITY COMMUNICATIONS
Address:

Phone#: 732-262-5222
Lis #: ~~EXEMPTION~~ EXEMPTION # 385
Federal Emp # or SSN ~~EXEMPTION # 385~~ 22-2788608

Technical Data

Item	Quantity
Lighting Fixtures	—
Receptacles	—
Switches	—
Detectors	—
Light Poles	—
Motors w/ Fract. HP	—
Emergency & Exit Lights	—
Communication Points	9
Alarm Devices/FAC Panel	—
Total	9

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: $1800

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 DOUG FREDA

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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_____
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:

Estimated Cost of Plumbing 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

FIRE

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

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 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:_____

Update 02-1572
~~BP~~ 6/3/02
NIC

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: Cedar Bridge Ave - Mel's Amer. Bar + Grill
Block: 671 Lot: 8
Owner's Name: Federal Realty
Owner's Mailing Address: 21 Brick Plaza
Brick NJ 08723
Phone: ( ) 492-1388

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: Three Phase Elec.
Address: 1626 Rt. 130

Phone#: 297-~~2587~~ 4248
Lis #: 9017
Federal Emp # or SSN 22-3291329

Technical Data

Item	Quantity
Lighting Fixtures	55 + 74 (Additional) = 129
Receptacles	25
Switches	10
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 - 2 nlw - 2 KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: 300 -

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 William Dyer.

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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_____
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:

Estimated Cost of Plumbing 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

FIRE

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

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 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)

update 02-15-12 IF

Site Location: MELS American Bar + Grill
Block: 671 | 8 Lot: 8
Owner's Name: GEORGE MELASSANOS ✓
Owner's Mailing Address: 108 BRICK PLAZA
BRICK NJ. 08723
Phone: (732) 262-5222

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: Contek / Three Phase ✓
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 1 – 60	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

40 —

Estimated Cost of Electrical Work: 150 —

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: George Melo

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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	
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:	

Estimated Cost of Plumbing 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

FIRE

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

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 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:_____

Counter Form
PLEASE PRINT

02-1572
update fe

PLUMBING

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_____
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:

Estimated Cost of Plumbing 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

FIRE

Contractor: ALLIED FIRE & SAFETY Equip. Co INC
Address: P.O. Box 607
NEPTUNE NJ 07754
Phone #: 732-922-3399
Lis #:_____
Federal Emp # or SSN 22-1904087

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 Add (5) NOZZLES RELOCATE (5) NOZZLES
(DRAWING TO FOLLOW 8/6/02) 7

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 Fire Work $1,400

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: Al Bober

02-1572 + update

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: MEL'S RESTAURANT
Block: 671 Lot: 8
Owner's Name: MEL'S RESTAURANT
Owner's Mailing Address: 108 BRICK PLAZA
BRICK NJ
Phone: (732) 779-3932

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