Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 Hooper Ave PERMIT NO. 20-2525

CONSTRUCTION PERMIT APPLICATION

CAO-0002639

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 Hooper Ave Brick NJ 08723
2. Name of Owner in Fee: ~~Gordon Robotham~~ Nick Trahanas trahanasrealty@gmail.com
   Tel. (~~732~~) ~~6084912~~ 914 629 5614 e-mail ~~Icecreamteam20@yahoo.com~~
   Address ~~244 Oklahoma Dr~~ 2791 Hooper Ave (street) ~~Brick NJ~~ (municipality) ~~08723~~ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~Same as owner~~ Gordon Robotham Tel. (732) 6084912
   Address 244 Oklahoma Dr Brick NJ 08723 e-mail Icecreamteam20@yahoo.com
   License No. OR, if new home, Builder Reg. No. NA Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer PDR designs Contact Paul Bugarber
   Address 501 Laurel Ave Pt. Pl. Beach e-mail paul@pdrdesigns.com
   Tel. (732) 773-3000 FAX: (732) 367-7223
6. Responsible Person in Charge once Work has Begun owner
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 175 ✓		
2. Electrical	150 ✓	150 ✓	
3. Plumbing	150 ✓	150 ✓	
4. Fire Protection	0 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2 21		
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure No change ft.	
3. Area — Largest Floor No change sq. ft.	
4. New Building Area NA sq. ft.	
5. Volume of New Structure No change cu. ft.	
6. Max. Live Load 100	
7. Max. Occupancy Load 25	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed NA sq. ft.	
10. Flood Hazard Zone NA PER FIRM X	
11. Base Flood Elevation NA ft.	
12. Wetlands yes ____ no ✓	

ORIGINAL

IIa. PROPOSED WORK

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

Interior Fit Up

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					10/07/20	KEK			
☒ Electrical					9-28-2020	WM			
☐ Plumbing		8/17/20		9-16-20		DM			
☐ Fire Protection				9/3/20		ADD	9-30-20		1
☐ Elevator		Eng	8/26/20		Exempt 9/2/20	MP			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ice cream shop
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present 3B
   Proposed 3B

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

Ice Cream Scream

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/22/2020
Control Number C-20-002639
Permit Number 20-2525
Permit Issue Date 10/21/2020
Certificate Number 20-2525

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 2791 HOOPER AVE Brick Township, NJ 08723 Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS REALTY LLC

Owner Address: PO BOX 955 RIVERSIDE CT 06878

Telephone: (914) 629-5614

Contractor YOU SCREAM ICE CREAM

Address 244 OKLAHOMA DR BRICK NJ 08723

Telephone: (732) 608-4912 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 25

Description of Work/Use: TENANT FIT UP - - YOU SCREAM ICE SCREAM

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $150.00
Check Number: 163
Collected By: Christopher Winters

Date Printed: 12/22/2020

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 10/21/20

Date Issued Permit # 20-2525

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave Brick NJ 08723
YOU SCREAM FOR ICE CREAM

Owner in Fee: Nick Trahanas

Tel. 914 629 5614 e-mail trahanasrealty@gmail.com

Address 2791 Hooper Ave (street) Brick (municipality) 08723 (zip code)

Contractor: Self Tel.

Address e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10/07/20	MEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/07/20
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/07/20
Approved by: MEK

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			10/28/20	MEK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/07/20	MEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 3500.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Gordon Robertson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Add knee wall & tile, New counters

TENANT FIT UP

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/21/20
Control #
Date Issued
Permit #

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

Block 673 Lot 9 Qualification Code

Work Site Location 2791 Hooper Ave Brick NJ 08723

Owner in Fee: ~~Gordon Robertson~~ Nick Trahanas Trahanasrealty@gmail.com

Tel. ~~732 608 4912~~ 9146295614 e-mail ~~Jgracecarbone20@yahoo.com~~

Address ~~244 Oklahoma Dr~~ 2791 Hooper Ave Brick NJ 08723

Contractor: Eagle Electrical Cont. LLC (street / municipality) Tel. 732 966 0988 (zip code)

Address 283 Flicum St e-mail

Toms River

Contractor License No. 7323 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3424146 FAX: 732 506 6787

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 9-28-2020 Approved by: VM

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9-28-2020

Approved by: VM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12-11-2020

Approved by: VM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10-26-20	JN
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/11/2020	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Printname here: Gordon Simpson

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD outlets for Ice Machines & Counter top

COMMERCIAL

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/25/20
Control #
Date Issued
Permit # 20-2525-HA

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave
Brick, NJ 08723

Owner in Fee: Tatanas Realty llc

Tel. 914 629 5614 e-mail

Address PO Box 255 Riverside CT 06878
street municipality zip code

Contractor: Eagle Electrical Contr. llc Tel. 732 966 0985

Address 293 Elwood St e-mail
Toms River

Contractor License No. 7323 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3424146 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Gordon Simpson

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Water Heater change out

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	1.65	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/15/20
Approved by: TCC AC Tech

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	12/7/20 TC		12/14/20 TC	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

over

PLUMBING SUBCODE
TECHNICAL SECTION

you Scream Ice Scream

Date Received 11/25/20
Control #
Date Issued
Permit #

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave
Brick, NJ 08723

Owner in Fee: Trahanas Reality

Tel. 732 608.4912 e-mail

Address P.O. Box 955 Riverside Ct. 06878
street municipality zip code

Contractor: George E. Ruhnke Tel. 848 333.8930

Address 305 Birch Bark Dr. e-mail Ruhnke.George@Gmail.Com
Brick, NJ 08723

Contractor License No. 10402 Exp. Date 6/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 135562454 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4 Public Sewer ✓ Private Septic

Water Service Size 3/4 Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 700

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/16/20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	12-7-20		12-14-20	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: George E. Ruhnke

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement Hot Water Heater in Ceiling with Pan, Drain & Vacuum Breaker

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/14/20
Control # 20-0
Date Issued
Permit #

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave Unit 5

Owner in Fee: ~~Gordon Robertson~~ Nick Trahanas

Tel. 914 629 5614 e-mail Trahanasrealty@gmail.com

Address 2791 Hooper Ave Brick NJ 08723
street municipality zip code

Contractor: George E. Ruhnke Tel. 732 477-2030

Address 305 Birch Bark Dr. e-mail Ruhnke.George@Gmail.Com
Brick, NJ 08723

Contractor License No. 10402 Exp. Date 6/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 135562454 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4 Public Water Private Well

Est. Cost of Plumbing Work $ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date 10-14-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-19-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-16-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10-26-20	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	12-7-20		12/14/20	

* AAV under Handsink update WH

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: George E Ruhnke

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Repipe Domestic Water (Exposed) To Equipment and Sink

COMMERCIAL

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

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

U.C.C. F130 (rev. 10/17)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

829 sq ft "B" 250 occup 8/17/20

Yuscream Ice Cream

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 10/21/20

Date Issued Permit # 20-2525

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

Block 673 Lot 8 Qualification Code _____

Work Site Location 2791 Hooper Ave Brick NJ 08723

Owner in Fee: Nick Trahanas

Tel. (914) 629 5614 e-mail Trahanasrealty@gmail.com

Address 2791 Hooper Ave Brick NJ 08723
street municipality zip code

Contractor: Self Tel. ( ) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: X _____

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change of Use

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical - 1 ANSUL		
CO_2 Suppression - 2 co det		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/15/20

Approved by: LRC AES

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12-5-20

Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/7/20	
Other N/A			10-2020	RM

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

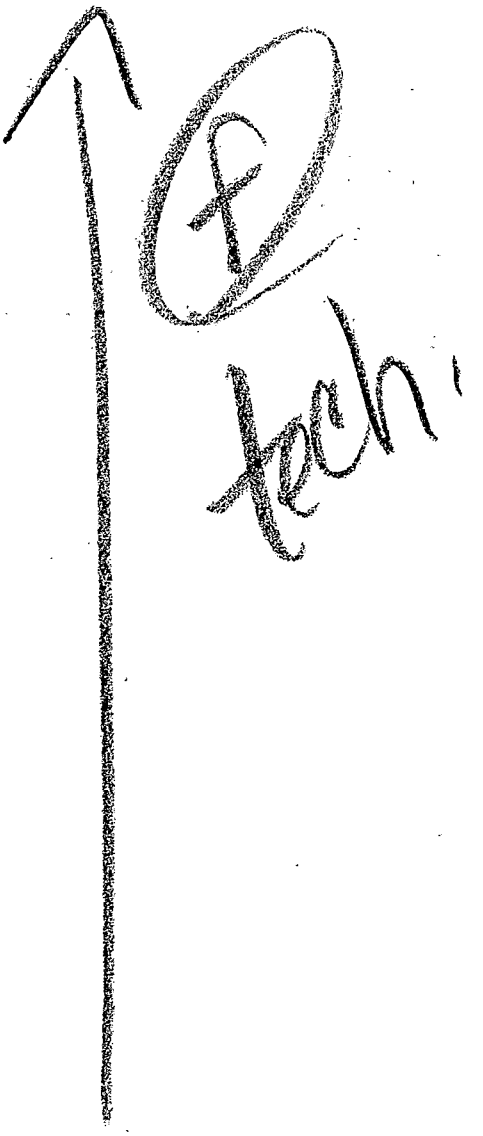
Reorder call: 877-531-2233

Erica Robertson
941-993-0566

863-216-1003

Gordon Robertson
732-608-4912

1 2



TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2791 Hooper Ave Brick NJ 08723

BLOCK: 673 **LOT:** 8

CONTRACTOR: Gordon Robertson

CONTRACTOR'S ADDRESS: 244 Oklahoma Dr Brick NJ 08723

Type of Construction(minor, new home):

Type of Debris (shingles, siding, wood, etc.): Paneling

Party responsible for removal: Self

Dumpster Size:

Destination of Debris: Ocean County landfill

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

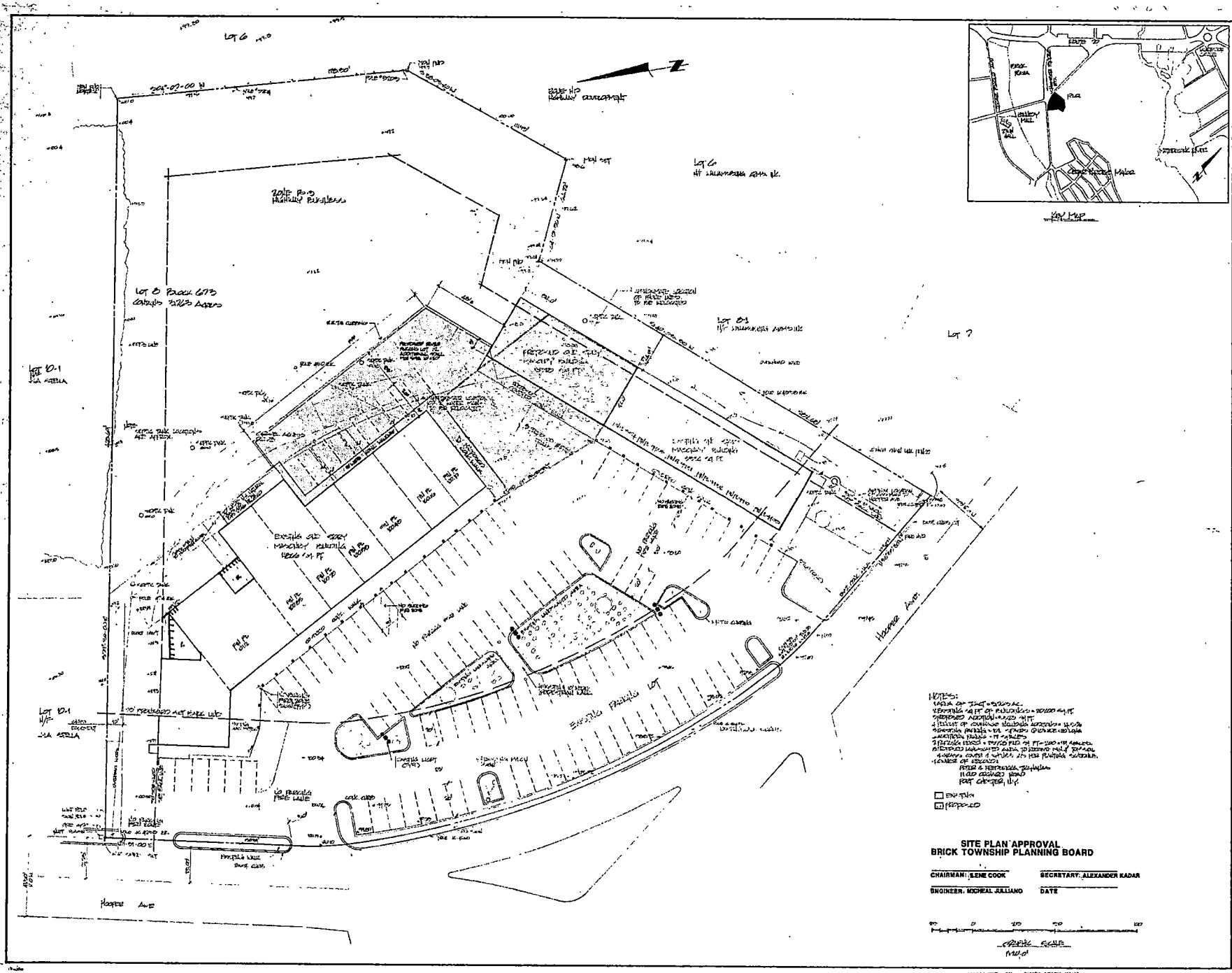
Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature ____/____/____

Date

Gordon Robertson

Print Name



BROWN/SULLIVAN, ASSOCIATES
Architecture & Planning
2314 MARKET STREET
CAMP HILL, PA 17011
TEL 215-507-7300
70 MAIN STREET
TOWNSEND, MA 01469
TOWN OF SHIRLEY, DESIGN CENTER
SHIRLEY, MA 01464

DATE: 2-2-00
REVISIONS AS NOTED

DRAWN BY: D.R.M.

PROPOSED BUILDING ADDITION – BRICK MALL
TAX MAP SHEET 39
LOTS 889 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

SITE PLAN
SCALE: 1" = 20'

A-1

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

Subcode Official Review

Date: Monday, October 12, 2020

To: YOU SCREAM ICE CREAM
244 OKLAHOMA DR
BRICK, NJ 08723

RE: Administrative Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-20-002639
Last Submit Date: Wednesday, September 16, 2020

Dear YOU SCREAM ICE CREAM,

The following comments were made during the Plan Review process:
October 12, 2020- The creation of the commercial kitchen diminishes the accessibility of the bathroom. The bathroom now passes through the kitchen.

Where only one accessible route is provided the accessible route shall not pass through kitchens, storage rooms, restrooms, closets, or similar spaces.

Sincerely,

Daniel F Newman Jr. Subcode Official

CC:

Resubmit

10/19/2020

MFE

PDRdesigns LLC
ARCHITECTURE
501 Laurel Ave, Suite 4, Point Pleasant Beach, NJ 08742
Phone (732) 703-3799
Fax (732) 367-7223
www.PDRdesigns.com
Email Paul@PDRdesigns.com

October 19, 2020

Township of Brick
Building Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

RECEIVED
OCT 19 2020
BUILDING

Dear Sir,

This letter is to address your concerns at the above referenced project.

1. The drawings for the above project have been revised to show an accessible path to the bathroom for both customers and employees.

Should you have any further questions regarding this project, please feel free to contact me at (732) 773-3000.

Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

PDRdesigns LLC
ARCHITECTURE
501 Laurel Ave, Suite 4, Point Pleasant Beach, NJ 08742
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Email Paul@PDRdesigns.com

October 19, 2020

Township of Brick
Building Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

RECEIVED
OCT 19 2020
BUILDING

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

Dear Sir,

This letter is to address your concerns at the above referenced project.

1. The drawings for the above project have been revised to show an accessible path to the bathroom for both customers and employees.

Should you have any further questions regarding this project, please feel free to contact me at 732-773-3000.

Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

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

Subcode Official Review

Date: Wednesday, September 16, 2020

To: YOU SCREAM ICE CREAM
244 OKLAHOMA DR
BRICK, NJ 08723

RE: Administrative Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-20-002639
Last Submit Date: Wednesday, September 16, 2020

Dear YOU SCREAM ICE CREAM,

The following comments were made during the Plan Review process:
Prior Approval- NJAC 5:23-2.15 (a) 5 A statement that all required State county and local prior approvals have been given, including such certification as the construction official may require;
Anyone who proposes work for a new or to remodel/upgrade an existing food establishment must submit plans to the local Health Department for review. N.J.A.C 8:24-9.
Brick Township is served by Ocean County Health Department.
175 Sunset Avenue
P.O. Box 2191
Toms River, NJ 08754
info@ochd.org
732-341-9700

Barrier Free issues
Please indicate the cost analysis showing the barrier free costs are not disproportionate (20%) to the total cost of the alteration.

NJAC 5:236-6(k)In a building required by Chapter 11 of the building subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work.

Creating a commercial kitchen the access to the bathroom diminishes the accessibility of the bathroom.

NJAC 5:23-6.6(c)3.
No work shall be undertaken that diminishes accessibility below that which is required by Chapter 11 of the building subcode.

IBC 1104.5 Accessible Route shall coincide with or be located in the same area as a general circulation path. Where the circulation path is interior, the accessible route shall also be interior. Where only one accessible route is provided the accessible route shall not pass through kitchens, storage rooms, restrooms, closets, or similar spaces.

Sincerely,

Daniel F Newman Jr , Subcode Official

Resubmit
9/22

CC:

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Phone (732) 703-3799
Fax (732) 367-7223
www.PDRdesigns.com
Email Paul@PDRdesigns.com

September 18, 2020

Township of Brick
Fire Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

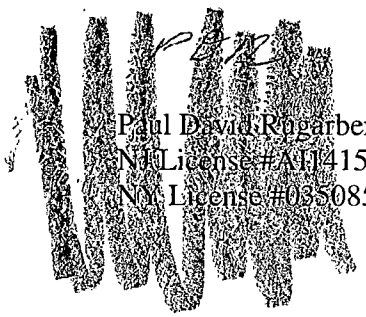
Dear Sir,

This letter is to address your concerns at the above referenced project.

1. The unit has an existing carbon monoxide detector. The client will test and install a new detector if existing is not functioning properly.
2. The unit has existing exit signs with emergency backup lights. These will also be tested and replaced if not functioning properly.

Should you have any further questions regarding this project, please feel free to contact me at (732)-773-3000.

Sincerely,



Paul David Rugarber, AIA
NJ License#AI14158
NY License #035085

9/21

PDRdesigns LLC
ARCHITECTURE
501 Laurel Ave, Suite 4, Point Pleasant Beach, NJ 08742
Phone (732) 703-3799 www.PDRdesigns.com
Fax (732) 367-7223 Email Paul@PDRdesigns.com

September 18, 2020

Township of Brick
Building Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

Dear Sir,

This letter is to address your concerns at the above referenced project.

1. The client has submitted plans to the Ocean County Health Department and will provide documentation of submittal and approval.
2. Please see the attached breakdown showing costs for the project and required percentage to make the space compliant which is disproportionate to the cost of the project.
3. Grab bars will be added to the bathroom to make that space as accessible as possible.
4. The accessible route meets the requirements of section 403.5 of the ICC A117.1-2009 accessibility code.

Should you have any further questions regarding this project, please feel free to contact me at (732) 773-3000.

Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

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Fax (732) 367-7223 Email Paul@PDRdesigns.com

September 18, 2020

Township of Brick
Building Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

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This letter is to address your concerns at the above referenced project.

1. The client has submitted plans to the Ocean County Health Department and will provide documentation of submittal and approval.
2. Please see the attached breakdown showing costs for the project and required percentage to make the space compliant which is disproportionate to the cost of the project.
3. Grab bars will be added to the bathroom to make that space as accessible as possible.
4. The accessible route meets the requirements of section 403.5 of the ICC A117.1-2009 accessibility code.

Should you have any further questions regarding this project, please feel free to contact me at (732)-773-3000.

Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

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

Subcode Official Review

Date: Monday, October 12, 2020

To: YOU SCREAM ICE CREAM
244 OKLAHOMA DR
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-20-002639
Last Submit Date: Thursday, October 8, 2020

Dear YOU SCREAM ICE CREAM,

The following comments were made during the Plan Review process:
See administrative denial.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

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

Subcode Official Review

Date: Thursday, September 03, 2020

To: TRAHANAS REALTY LLC
PO BOX 955
RIVERSIDE, CT 06878

RE: Fire Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-20-002639
Last Submit Date: Thursday, September 03, 2020

Dear TRAHANAS REALTY LLC,

Your request is hereby denied based upon the following infractions.

Need to meet NJ UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms. NJDCA Bulletin 2017-1

Exterior means of egress illumination required by UCC Rehab Subcode Subchapter 6 for exit discharge.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 9/22

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

Subcode Official Review

Date: Wednesday, September 16, 2020

To: YOU SCREAM ICE CREAM
244 OKLAHOMA DR
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-20-002639
Last Submit Date: Thursday, September 3, 2020

Dear YOU SCREAM ICE CREAM,

The following comments were made during the Plan Review process:
See administrative denial.

Also please identify if drinking water is available (7.21.8.c) or provide a drinking water facility.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 9/22

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the Barrier Free Subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   i. Windows, hardware, operating controls, electrical outlets and signage;
   ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply with the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.

This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ▶	$ 11,500
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶	$- 500 allow.
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$-
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶	$-
Remaining total cost of the project deducting **1.**, **2.**, & **3.** above. ▶	$ 11,000
Calculate **20%** of the remaining total cost. ▶	$ 2,200

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

9/21

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

Per Gordon 9/21

plumbing. = 7000

Elec. = 500

tile & counter work = 4000

~~$7900~~

11,500

2,200 toward ADA

install: 3 grab bars 850

Paper towel, T.P. soap 450

Repipe plumbing + shut off valves 900

PDRdesigns LLC
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Phone (732) 703-3799
Fax (732) 367-7223
www.PDRdesigns.com
Email Paul@PDRdesigns.com

September 18, 2020

Township of Brick
Plumbing Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

Dear Sir,

This letter is to address your concerns at the above referenced project.

1. A water cooler will be added to the space for drinking water.

Should you have any further questions regarding this project, please feel free to contact me at (732)-773-3000.

Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

9/21

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September 18, 2020

Township of Brick
Plumbing Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

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Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

9/21

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 8/4/2020 **Business ID:** OW000903
Business: You Scream Ice Cream
2791 Hooper Avenue

Brick, NJ 08723

Inspection: OH001915
File Number: 054909
Phone: 732 608 4912
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Notes

8-4-20, THIS FOOD PLAN IS SATISFACTORY.

ONCE CONSTRUCTION AND ALL FINAL CLEAN UPS ARE COMPLETE.

CONTACT ME TO ARRANGE FOR A PRE OPERATIONAL INSPECTION.

NO FOOD PRODUCTS CAN BE ONSITE .

24 HRS ARE REQUIRED. 732-684 7664.

Inspector

Acknowledged Receipt :

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 673 **LOT:** 8

ADDRESS: 2791 Hooper Ave Brick NJ 08723

OWNER: Gordon Robertson

1	WATER CLOSET (TOILET)
	URINAL/BIDET
	BATH TUB
1	LAVATORY (BATHROOM SINKS)
	SHOWER
	SINK (KITCHEN)
	DISHWASHER
	WASHING MACHINE
	HOSE BIBS (TOWNSHIP WATER ONLY)
1	MOP SINK

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 673 **LOT** 8 **ADDRESS** 2791 Hooper Ave Brick NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS 2791 Hooper Ave Brick NJ 08723
2. APPLICANT Gordon Robertson
3. NAME OF OWNER IN FEE ~~Gordon Robertson~~ Nick Trahanas
   ADDRESS ~~244 Oklahoma Dr Brick NJ 08723~~ 2791 Hooper Ave Brick NJ 08723
   PHONE ~~732 608 4912~~ 9146395614 EMAIL ~~Icecreamteam2@yahoo.com~~ Trahanasrealty@gmail.com
4. PRINCIPAL CONTRACTOR _____
   ADDRESS _____
   PHONE _____ EMAIL _____
5. ARCHITECT OR ENGINEER PDR (Paul Rugarber
   ADDRESS _____
   PHONE 732 703 3799 EMAIL Paul@pdrdesigns.com
6. RESPONSIBLE PERSON FOR WORK _____
   ADDRESS _____
   PHONE _____ EMAIL _____

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE N/A	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

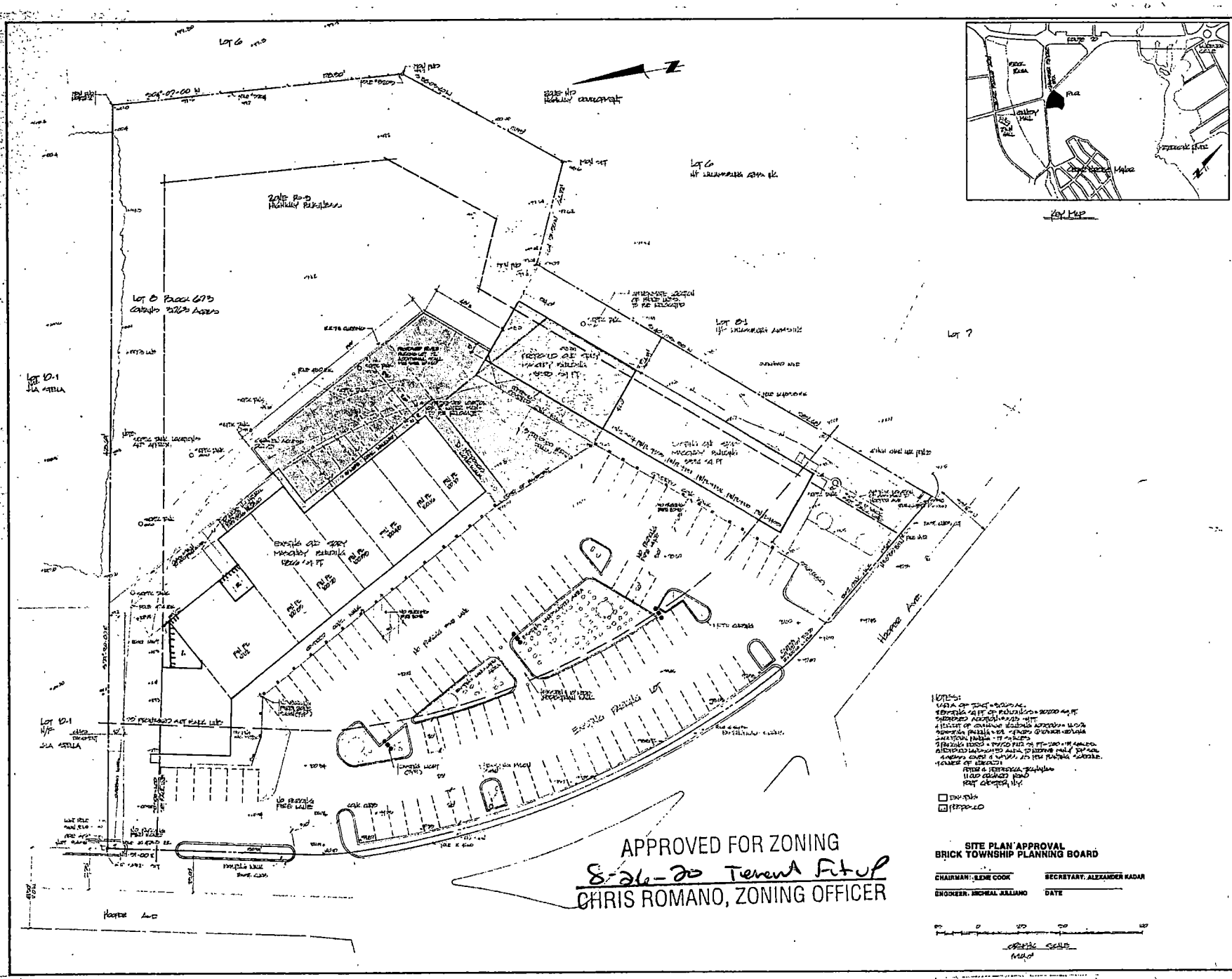
OCEAN COUNTY SOILS	_____
DRAINAGE EASEMENTS	_____
UTILITY EASEMENTS	_____
CONSERVATION EASEMENTS	_____
FEMA REQUIREMENTS	PFIRM-Zone X
D.E.P. PERMITS	_____
BOARD APPROVAL: ☐ PB ☐ ZB	
APPLICATION NUMBER	_____
APPROVED DATE	_____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING
☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE
☐ DESCRIPTION _____

ENGINEERING REVIEW:

DATE RECEIVED 8/26/20 DATE REJECTED _____ DATE APPROVED Exempt 9/2/20 INITIALS _____



BROWN/SULLIVAN, ASSOCIATES
Architecture & Planning

PROPOSED BUILDING ADDITION - BRICK MALL
TAX MAP SHEET 39
LOTS 8&9 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

SITE PLAN
A-1

Township of Brick

ENGINEERING PLOT PLAN REIVEW
CHECKLIST

BLOCK 673 LOT 8 DATE RECEIVED _____

PROPERTY ADDRESS 2791 Hooper Ave Brick NJ 08723

APPLICANT Gordon Robetson PHONE 7326084912

ADDRESS 244 Oklahoma Dr Brick NJ 08723

CONTRACTOR _____ PHONE _____

ADDRESS _____

TYPE OF WORK _____ ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

_____

_____

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

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

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 12/16/2020 MFF OK Per MUA on 12/22/2020 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/21/20
Application Number: ZA-20-01024
Application Date: 8/20/2020
Project Number:
Permit Number: ZP 20-01183
Fee: $75.00

Zoning Permit

Worksite **2791 HOOPER AVE**
Location: **Brick Township, NJ 08723**

Owner: **Nick TRAHANAS**
Address: **2791 Hooper Avenue**
Brick , CT 08723

Applicant: **NICK TRAHANAS**
Address: **2791 Hooper Avenue**
Brick , CT 08723

Block: **673** Lot: **8** Qualifier: _____ Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant You Scream Ice Cream**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Cartirdge World to "You Scream Ice Cream" store.

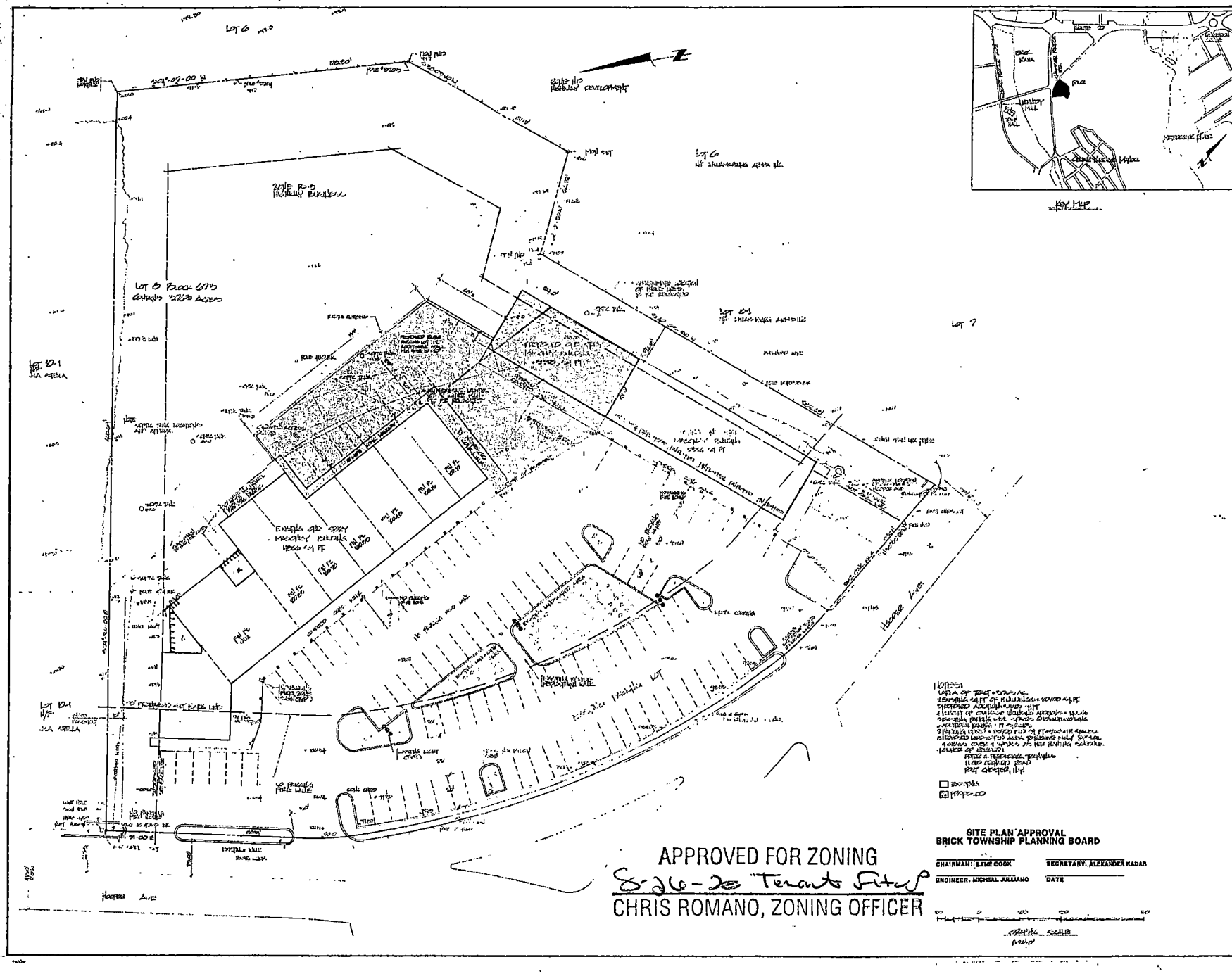
Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 8/26/2020

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Zoning Officer — 8/26/2020 Date



BROWN/SULLIVAN, ASSOCIATES
Architecture & Planning

DATE 7-1-22
REVISIONS

DRAWN BY: G.R.M.

PROPOSED BUILDING ADDITION – BRICK MALL
TAX MAP SHEET 39
LOTS 889 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

SITE PLAN
SCALE: 1"=20'

A-1

PDRdesigns LLC
ARCHITECTURE
501 Laurel Ave, Suite 4, Point Pleasant Beach, NJ 08742
Phone (732) 703-3799
Fax (732) 367-7223
www.PDRdesigns.com
Email Paul@PDRdesigns.com

September 18, 2020

Township of Brick
Fire Subcode Official
401 Chambersbridge Road
Brick, NJ 08723
Phone: 732-262-1027

Re:
You Scream Ice Cream
2791 Hooper Ave.
Unit 205
Brick, NJ 08723
Block: 673 Lot: 8

Dear Sir,

This letter is to address your concerns at the above referenced project.

1. The unit has an existing carbon monoxide detector. The client will test and install a new detector if existing is not functioning properly.
2. The unit has existing exit signs with emergency backup lights. These will also be tested and replaced if not functioning properly.

Should you have any further questions regarding this project, please feel free to contact me at (732)-773-3000.

Sincerely,

Paul David Rugarber, AIA
NJ License #AI14158
NY License #035085

Matthew Fagen

From: Silvana Vasco <svasco@brickmua.com>
Sent: Tuesday, December 22, 2020 11:10 AM
To: Matthew Fagen
Subject: 2791 Hooper Ave

Matt,

Brick utilities was at 2791 Hooper Ave block: 673 lot: 8 on December 18, 2020 everything is okay at the property.

Thank you,

Silvana Vasco
Customer Accounts
Brick Utilities
1551 Hwy. 88 West
Brick, New Jersey 08724-2399
732-458-7000 ext. 4224
Fax: 732-458-5378
svasco@brickmua.com

APPLICATION FOR CERTIFICATE

Permit # 20-2525
Date Issued
-or-
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 2791 Hooper Ave
Brick Nj 08723

Block 613 Lot 9 Qualification Code

Contractor Gordon Robertson

Owner in Fee Trahanas Reality

Address 2791 Hooper ave Brick NJ 08723

Address 2791 Hooper ave Brick Nj 08723
Suite 205

Tel. 9146295614

Tel. 7326084912

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 Retail Previous Food Current

FINAL COST OF CONSTRUCTION: $ 15,000

(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.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

SIGNED: Gordon R

OWNER/AGENT

☒ OWNER ☐ AGENT

U.C.C. F270 (rev. 8/2011)

PERMIT UPDATE

Date Update Issued 11/25/20
Control # C-20-004002
Permit # 20-2525+A

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ 08723
Owner in Fee: TRAHANAS REALTY LLC
PO BOX 955 RIVERSIDE CT 06878
Telephone: (914) 629-5614

Contractor: YOU SCREAM ICE CREAM
Address: 244 OKLAHOMA DR BRICK NJ 08723
Telephone: (732) 608-4912
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - YOU SCREAM ICE SCREAM ...UPDATE +A - WATER HEATER

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 $800

Daniel J Neerman (FF) 11-24-2020
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$301
Check No.	2067
Cash	$0
Credit	$0
Collected By:	

11/25/20 [illegible]
ELECTRICAL $150.00
PLUMBING $150.00
DCA $1.00
CHECK $301.00

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 10/21/20
Control # C-20-002639
Permit # 20-2525

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ 08723
Owner in Fee: TRAHANAS REALTY LLC, PO BOX 955 RIVERSIDE CT 06878
Telephone: (914) 629-5614

Contractor: YOU SCREAM ICE CREAM
Address: 244 OKLAHOMA DR BRICK NJ 08723
Telephone: (732) 608-4912
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - YOU SCREAM ICE SCREAM

PAYMENTS (Office Use Only)

Building	$175
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	$150.00
Other	$0
Total	$646
Check No.	163
Cash	$0
Credit	$0
Collected By	CC

475
721

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 $11,001

D Naumeidas III 10/20/20
Construction Official Date

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

10/21/20

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-01183
DATE ISSUED 10/21/20

BLOCK: 673 LOT: 8 QUALIFIER: — SITE ADDRESS: 2791 Hooper Ave Brick NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ~~Gordon Robertson~~ Nick Trahanas
   COMPLETE ADDRESS: 2791 Hooper Ave Brick NJ 08723
   914 629 5614 Trahanasrealty@gmail.com
   PHONE # ~~7326084912~~ EMAIL: ~~Eccreamdream20@yahoo.com~~

2. NAME OF APPLICANT: Self
   APPLICANT ADDRESS: _____
   PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Gordon Robertson
   PHONE# 7326084912 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ~~YES~~ CHL
EXISTING USE: Cartridge World
PROPOSED USE: ~~Cartridge World~~ JonScream IceCream

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

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit Up

ZONING REVIEW:
DATE REVIEWED: 8-26-20 DATE DENIED: _____ DATE APPROVED: 8-26-20 INTLS: [signature]

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/21/20
Application Number: ZA-20-01024
Application Date: 8/20/2020
Project Number:
Permit Number: ZP-20-0183
Fee: $75.00

Zoning Permit

Worksite **2791 HOOPER AVE**
Location: **Brick Township, NJ 08723**

Owner: **Nick TRAHANAS**
Address: **2791 Hooper Avenue**
Brick , CT 08723

Applicant: **NICK TRAHANAS**
Address: **2791 Hooper Avenue**
Brick , CT 08723

Block: **673** Lot: **8** Qualifier: _____ Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant You Scream Ice Cream**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Cartirdge World to "You Scream Ice Cream" store.

Additional Zoning Permit is required for additional work and signage.

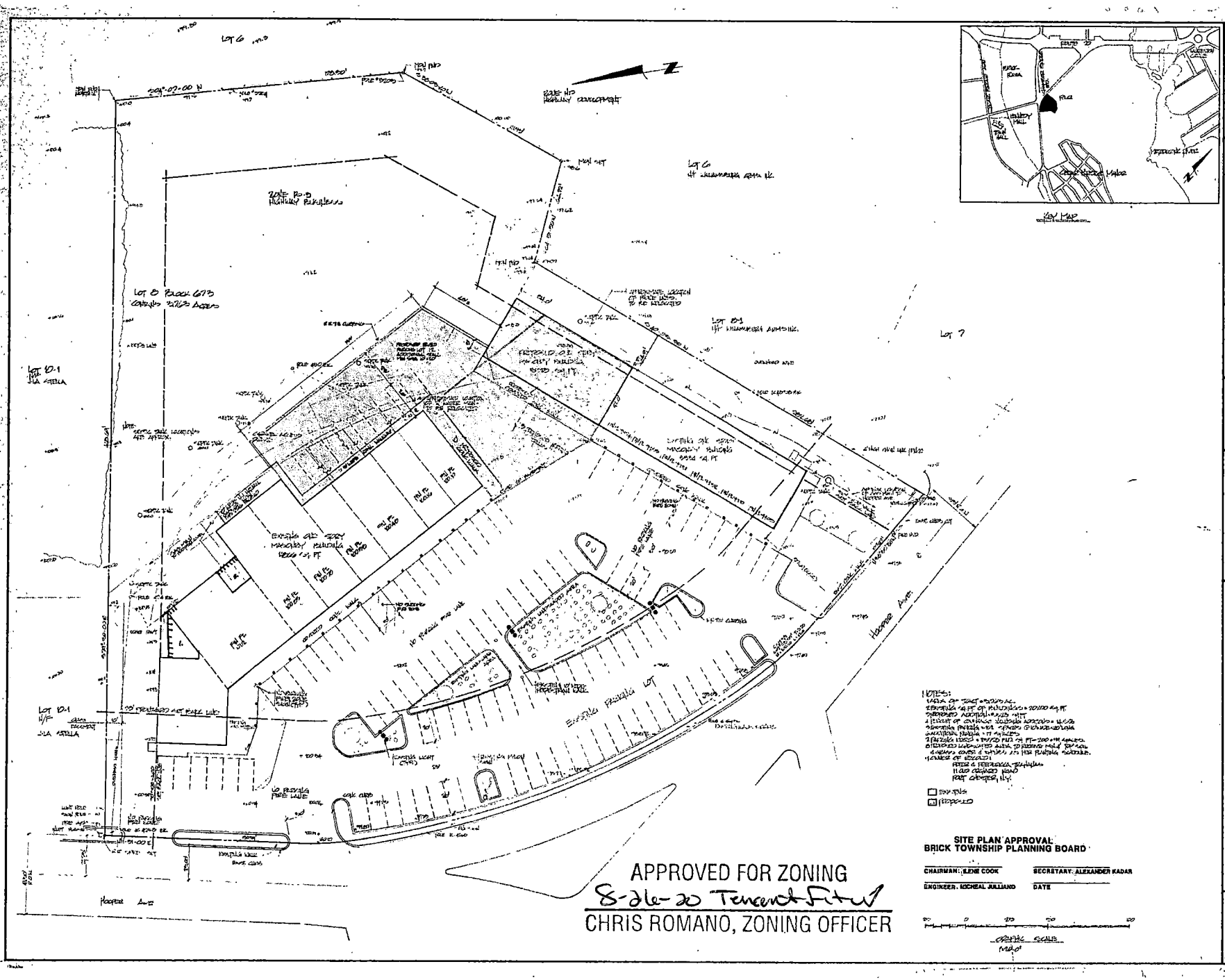
Application Approved Date: 8/26/2020

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Zoning Officer

8/26/2020
Date


LOT 6
LOT 6
LOT 8 BLOCK 673
LOT 10-1
LOT 10-1
LOT 10-1
LOT 7
EXISTING PARKING LOT
HOOPER AVE
KEY MAP
NOTES:
SITE PLAN APPROVAL
BRICK TOWNSHIP PLANNING BOARD
CHAIRMAN: IRENE COOK
SECRETARY: ALEXANDER KADAR
ENGINEER: MICHEAL JULLIANO
DATE
APPROVED FOR ZONING
8-26-20 Tenant Fit
CHRIS ROMANO, ZONING OFFICER
GRAPHIC SCALE
BROWN/SULLIVAN ASSOCIATES
Architecture & Planning
PROPOSED BUILDING ADDITION - BRICK MALL
TAX MAP SHEET 39
LOTS 889 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY
SITE PLAN
A-1