BLOCK 671 LOT 8 ADDRESS (SITE) #16 Brick Plaza. PERMIT NO. 696-97

RECEIVED
APR 2 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Armelo's Italian Experience + Gourmet Shoppe

1. Proposed Work-site at: Brick Plaza S/C #16.
2. Name of ~~Owner~~ Tenant in Fee: Silco Group INC Tel. (908) 840-1164
   Address 550 Kirk Land Brick, NJ 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Silco Group INC. Tel. (908) 840-1164
   Address 550 Kirk Land Brick, NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-3372407. Social Security No. _____
5. Architect or Engineer _____ Tel. _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

COPY

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	500

Interior Clean Out.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			4-2-97 JPC		8/19/97		OK

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

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS BR 10208690

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature Catherine A Dykeman Date 4/2/97

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		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dlg 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.				

CONSTRUCTION PERMIT

Date Issued 4/2/97
Control #
Permit # 696-97

IDENTIFICATION Block 671 Lot 8

Work Site Location Brick Plaza Store [illegible]

Owner in Fee [illegible] Group, Inc
Address 557 [illegible]
Brick [illegible]
Tele. (____)

Contractor [illegible] Group Inc
Address
Tele. (____) **0004**
Lic. No. or Bldrs. Reg. No. ____ Exp. Date 696*\#
Federal Emp. No. 22337240 0.00
or Social Security No. 671 \#

Is hereby granted permission to perform the following work:

[4] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior Clean Out

PAYMENTS (Office Use Only)		
	8 \#	0.00
Building	35 — BUILDING	35.00
Electrical	TOTAL	35.00
Plumbing	CHECK	35.00
Fire Protection	CHANGE	.00
Elevator Devices	04/02/97 NO. 5 0002A005	1 :48
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total	35 —	
Check No.	# 1004	
Cash		
Collected By:	[illegible]	

(see reverse side)

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 $ 500 —

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

U.C.C. Form F-1700

BUILDING SUBCODE TECHNICAL SECTION

COMPLETED

Date Received 4/2/97
Date Issued
Control #
Permit # 696-97

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 Armelis Italian Experience a Gourmet Shop Brick Plaza S/C # 16

Owner in Fee Seico Group Inc.

Address 552 Kurkland Brick, NJ 08724

Tele. (908) 840-1164

Contractor same

Address

Tele. (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. _____ 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.

Catherine A Lycosky
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR CLEAN OUT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 6-20-97		
Approved By: FMy		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	N/R GK		6/18/97 JC	
Insulation	(Elec)		6/19/97 JC	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/19/97 JC	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class 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.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] 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

6/2/97 - Truss's have been altered - contractor says this was done by D. Miller - called Miller. He will provide drawings - JL

NO rough plmb. approval

6/18 - Received truss certification - put in jacket

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/2/97
Date Issued
Control #
Permit # 696-97

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 Armuk's Italian Experience (restaurant) Brick Plaza S/C # 16
Owner in Fee Sicco Group Inc.
Address 550 Kirkland
Brick, NJ 08724
Tele. (908) 840-1164
Contractor same
Address ______
Tele. ( ) ______
Lic. No. or Bldrs. Reg. No. ______
Federal Emp. No. ______ 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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior Clean Out

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
			Type:				
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

Dates (Month/Day)

TYPE OF WORK: (Office Use Only) FEE

- [ ] New Building $ ______
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence ______ Height (6' or over)
  - [ ] Sign ______ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other ______
  - [ ] Other ______
- [ ] Demolition

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class 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.
Total Land Area Disturbed ______ Sq. Ft.

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

U.C.C. Form F-110B

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

CERTIFICATE OF COMPLIANCE

BLOCK [illegible] LOT [illegible] SITE ADDRESS [illegible]

TYPE OF SITE [illegible] TYPE OF BUSINESS [illegible]

Residential/Commercial

APPLICANT [illegible] PHONE NUMBER [illegible]

APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

CASE # [illegible] NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

❒ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

❒ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

❒ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: [illegible] Date [illegible]

Required Deposit on Estimate $ [illegible] Date [illegible]

Check # [illegible] Receipt # _____

Actual Assessment: 12 000 00 Date [illegible]

Actual Required Fee: $ 420 00

Minus Deposit of Estimate $ 210 00

Balance Due $ 210 00

Amount Paid in Full $ 420.00 Date 10-6-17

Check # 11-10 Receipt # 96

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

1140

SEICO GROUP, LTD
T/A ITALIAN EXPERIENCE
552 KIRK LN.
BRICK, NJ 08724

55-760/312 60

10-6 19 97

PAY TO THE ORDER OF Township of Brick $ 210.00

two Hundred and ten XX/XX DOLLARS

PNC BANK, N.A.
NEW JERSEY 060

FOR Apt. #1 [redacted]

Lee Hartm
Mary Lou Powner
Michael A. Thulen

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 10-6-97

Business/Development: Armelo's Italian Gourmet

Owner/Applicant: Seico Group LTD

Property Address: Brick Plaza #16

Block: 671 Lot: 98

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____
Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number: 1140
Final Fee: $ 420.00
Less Deposit: $ 210.00

Final Payment $ 210.00

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

10/6/97
Date