BLOCK 621 LOT 8 ADDRESS (SITE) #16 Brick Plaza PERMIT NO. 840-97

RECEIVED DEC 19 1996

CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION Completes: Sections I, II, III (optional), IV, VI and VII

OLD Forbes Liquor Pkg. + fire SHOP + REST. "ARMELO'S ITALIAN EXPERIENCE GOURMET"

I. IDENTIFICATION

1. Proposed Work-site at: Brick Plaza Shopping Center #16
2. Name of Tenant in Fee: Seico Group, Inc. Tel. (908) 840-1164
   Address 552 Kirk Lane (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Seico Group Inc. Tel. (908) 840-1164
   Address 552 Kirk Lane 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 Sana S. Macey Design Tel. (302) 658-3962
   Address P.O. Box 528 Wilmington, DE 19899
6. Responsible Person in Charge of Work Walter Dyciewski Tel. (908) 840-1164

Tenant Fit-up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 520 —		
2. Electrical			
3. Plumbing	265		
4. Fire Protection	310		
5. Elevator Devices			
6. Subtotal	$ 1085		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	32		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZFA	915		
13. TOTAL	$ 1132 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area—Largest Floor 2800 sq. ft.	
4. New Building Area N/A sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification _____	
7. Total Land Area Disturbed None sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no X	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

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	10,000 —
6. ☒ Fire Protection	10,000 —
7. ☒ Plumbing	10,000 —
8. ☒ Electrical	10,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☒ Demolition	10,000 —
TOTAL COSTS	50,000 —

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
WP	12/19/96				5/19/97		OK
			2-21-97	EM	8/29/97		DW
			3/12/97				
			4-11-97		8/19/97		OK
					8/4/97		
CWG	12/20/96		12/24/96				

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 _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use: Gourmet Shop + Restaurant
2. Use Group: Retail
3. Change in Use Group, Indicate Former: Liquor Store

MANDATORY - FEE MANDATORY - FEE

ABBT PRELIMINARY APPROVAL

LDS:BR 10208694

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 faot 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 Walter Dyczuk Date 12/19/96

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.

(X) Check if contractor.

Agent Name SEICO Group INC.

Address 552 KIRK LANE, BRICK N.J. 08724

Telephone (908) 840-1164

Signature Walter Dyczuk Date 12/19/96

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	
☐ 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.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 8/22/97
Control #
Permit # 840-97

IDENTIFICATION

Block 671 Lot 8
Work Site Location 16 Brick Plaza
Brick, N.J.
Owner in Fee Seico Group Inc
Address 552 Kirk Lane
Brick, N.J.
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hour
Maximum Live Load
Description of Work/Use:

Tenant Fit-Up / Armelo's Italian Experience & Gourmet Restaurant

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 4-11-97
Control #
Permit # 840-97

IDENTIFICATION Block 671 Lot 8

Work Site Location 16 BRICK PLAZA

Contractor Sirco Group, Inc.
Address

Owner in Fee Sirco Group, Inc.
Address 557 Kirk Pla.
Brick, NJ
Tele. (____)

Tele. (____)
Lic. No. or Bldrs. Reg. No. ________ Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER ________
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tenant fit up - Italian Shop & Restaurant

PAYMENTS (Office Use Only)

Building	510.—
Electrical	
Plumbing	265
Fire Protection	310
Elevator Devices	
Other	
DCA Training Fee	32
Cert. of Occ.	
Other	Zon. 15
Total	1132.—
Check No.	1005
Cash	
Collected By:	

0002
840#
BLOCK 0.00
671 #
LOT 0.00
8 #
BUILDING 510.00
PLUMBING 265.00
FIRE 310.00
DCA.A. 32.00
ZONEPLOT 15.00
TOTAL 1132.00
CHECK 1132.00
CHANGE 0.00
04/11/97 NO. 3 0019A005 15:54

(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 $ 50,000.—

J. Guarasa
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-170D

Brick

PERMIT UPDATE

Date Update Issued 970818
Control #
Permit # 901837
Date Permit Issued 970313

IDENTIFICATION Block 671 Lot 8

Work Site Location Rt 70 & CHAMBERSBRIDGE RD

Owner in Fee ARMELOS
Address A16 BCRK PLAZA
Tele. (903) 840 1164

Contractor LJM ELECT INC
Address 16 TECHNO DR
OLD BRIDGE NJ 08857
Tele. (908) 679 4760
Lic. No. or Bldrs. Reg. No. 5943
Federal Emp. No. 223106115
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: CONNECT SIGN TO BUILDING SIGN FEED.

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	m/f
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-11-97
Control #
Permit # 840-97

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 #16 BRICK PLAZA

Owner in Fee SEICO GROUP INC
Address 552 KINK LANE
BRICK, NJ 08724
Tele. (908) 840-1164
Contractor SAME AS ABOVE
Address

Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-337-2407 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 Walter Lynch

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT-UP.
WALL PARTIONS
REFRIGATORS ETC.
SEE PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2-24	WM
[ ] All		
[ ] 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			8/19	

B. BUILDING CHARACTERISTICS

Use Group	Present RETAIL	Proposed RETAIL
Constr. Class	Present	Proposed
No. of Stories	1	
Height of Structure		Ft.
Area—Largest Floor	2800	Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed	N/A	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 50 000
3. Total (1+2) $ 50,000

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

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAR 13 97 0 0 1 8 3 7

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 RT 70 & CHANGE BRIDGE RD.

Owner in Fee ARMELOS
Address #16 BRICK PLAZA
TOMS RIVER N.J.
Tele. (908) 840 1164
Contractor LJM ELECTRIC INC
Address 16 TROILUS DR
OLD BRIDGE N.J. 08857
Tele. (908) 679 4260
Lic. No. 5943
Federal Emp. No. 223106115 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 10,000.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 7/20/10
Approved by:

SUBCODE APPROVAL
[TCO] [ ] CCO [ ] CA
Date: 8/19/97
Approved By: 5943

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5/30/97	5943
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final 970915MM6455			8/19/97	5943

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.

Signature—Contractor Seal

[1] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Fixtures (1)	
28		Receptacles (2)	
6		Switches (3)	
108		Total 1 + 2 + 3	55-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal 41/60	
	___ Kw	Dryer	
1	___ Kw	A/C Unit ROOF TOP	7-
1		~~Burglar Alarms~~ 1/2 HP EXH FAN	
1		~~Intercoms~~ Panels 1/2HP MAKE UP AIR FAN	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
4	1/2 hp	Motors—Fractional H.P.	
2	2 hp	Motors—All Others	14-
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1		Other SIGN FEED	

Paid [ ] Check # 95	Administrative Surcharge	$
	Minimum Fee	$ 76-
	DCA Training Fee	$ 8-
Collected by:	TOTAL FEE	$ 84-

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

pd by Seico Group

552 Kirk Ln.
Brick

Bric

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAR 13 97 0 0 1 3 3 7

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

Block 67 Lot 8
Work Site Location RT 70 & CHATSWORTH BRIDGE RD.

Owner in Fee ARMELOS
Address #16 BRICK PLAZA
TOMS RIVER N.J.
Tele. (908) 840 1164
Contractor L M ELECTRIC INC
Address 16 TROILUS DR
OLD BRIDGE NJ. 08857
Tele. (908) 679 4260
Lic. No. 7943
Federal Emp. No. 223106115 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 10,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8/14/97
Approved by:

SUBCODE APPROVAL
[~~X~~] TCO [ ] TCO [ ] CA
Date: 8/14/97
Approved By 5937

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5/30/97	5937
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final 9709155mb6455			8/14/97	5937

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Fixtures (1)	
28		Receptacles (2)	
6		Switches (3)	
108		Total 1 + 2 + 3	55-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal 41/60	
	___ Kw	Dryer	
1	___ Kw	A/C Unit ROOF TOP	7-
1		~~Burglar Alarms~~ 1/2 HP EXH FAN	
1		~~Intercoms Panels~~ 1/2HP MAKE UP AIR FAN	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
4	1/2 hp	Motors—Fractional H.P.	14-
2	2 hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1		Other SIGN FEED	

Paid [ ] Check # 95	Administrative Surcharge	$
	Minimum Fee	$ 76-
	DCA Training Fee	$ 8-
Collected by:	TOTAL FEE	$ 84-

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Paid by Seico Group
552 Kirk Ln.
Brick

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

MAR 13 97 0 0 1 8 3 2

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 Rt 70 & CHANDLER BRIDGE RD.

Owner in Fee ARMILCS
Address #16 BRICK PLAZA
TOMS RIVER N.J.
Tele. (908) 840 1164
Contractor LJM ELECTRIC INC
Address 16 TROILUS DR
OLD BRIDGE N.J. 08857
Tele. (908) 679 4260
Lic. No. 5943
Federal Emp. No. 223106115 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 10000.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3/20/97
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Fixtures (1)	
29		Receptacles (2)	
6		Switches (3)	
108		Total 1 + 2 + 3	55 -
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit Roof Top	7 -
1		~~Burglar Alarms~~ 1/2 HP 1 x 1 FAN	
1		~~Intercoms Panels~~ 1/2 HP MAKE UP AIR FAN	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
4	1/2 hp	Motors—Fractional H.P.	
2	2 hp	Motors—All Others	14 -
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	___	Other SIGN FEED	

Paid [ ] Check # 95
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 76 -
DCA Training Fee	$ 8 -
TOTAL FEE	$ 84 -

U.C.C. Form F-120B RF 1 White = Inspector Copy 2-Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

paid by Seine Group
552 Kirk Ln.
Brick

CALL
840-1164

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-11-97
Control #
Permit # 840-97

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

Block 677 Lot 8
Work Site Location Chambersbridge Road Brick, NJ
#116 Brick Plaza
Owner in Fee Seico Group Inc T/A Armelo's Italian Rest.
Address 552 Kirk Lane
Brick, NJ 08724
Tele. (908) 840-1164
Contractor E.V.J. Inc
Address 35 Sheffield Avenue
Spotswood, NJ 08884
Tele. (609) 655-4700
Lic. No.
Federal Emp. No. 22-3328282 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 5,000.00 [ ] Other

Must be UL 300 545

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/2/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/22/97
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval (Month/Day)	Initial
Suppression Test			8/21/97	L
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other ~~A Hood/duct~~		8/21/97	8/22/97	
Other				
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.

Catherine A Dyckwisch
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Fire Sprk / Hood/duct
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	(✓)	35
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	(✓)	65
Gas or Oil Fired Appliance	6	210
OTHER		

Administrative Surcharge $ 310.
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

8/14/97 Not ready BB

8/15/97 Not ready BB

8-21-97 CA FIRE SUPP SYSTEM TESTED AND OK

8-22-97 CA FIRE SUPP / HOOD / DUCT - FAIL

(1) DUCT CLEAR TO WALL INTERIOR

(2) DUCT CLEAR TO ROOF ASSEMBLY

(3) HOOD CLEAR BEAM - INTERIOR

8-22-97 CA FIRE SUPP / HOOD / DUCT / - OK

Armelli's Rest.
Brick Plaza

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/16/97
Date Issued
Control # 1662-97
Permit #

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 56 CHAMBERS BRIDGE RD
BRICK PLAZA – STORE #15
Owner in Fee RONALD CONTESE
Address 151 CHAMBERS BRIDGE RD
BRICK NJ 08723
Tele. (803) 686-4216 OR 908-920-1775
Contractor ANGELO PUCCI
Address 570 CAROLINA AVE
BRICK NJ 08724
Tele. (908) 206-0694
Lic. No.
Federal Emp. No. ______ or Social Security [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed ______
Constr. Class. Present ______ Proposed ______
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ______
Location: ______

Total Est. Cost of Fire Prot. Work $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 6/16/97
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 8/22/97
Approved by: [initials]

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Suppression Test			8/21/97	[initials]
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other CA HOOD/DUCT	8/21/97		8/22/97	[initials]
Other				
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.

Angelo Pucci
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work FIRE SUPP/HOOD/DUCT

Water Supply Source ______
Method of Valve Supervision ______
Local Alarm Supervision ______
Central Supervision ______
Proprietary Supervision ______

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	-0-	
Dry Sprinkler Heads	-0-	
TOTAL	-0-	
Smoke Detectors	-0-	
Heat Detectors	-0-	
TOTAL	-0-	
Stand Pipes	N/A	
Kitchen Hood Exhaust Systems	N/A	
Pre-Engineered Systems		
CO_2 Suppression	NA	
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical Lite Battery Back up Emergency Exit Sign		35
Gas or Oil Fired Appliance	N/A	
OTHER Permit fee	N/A	

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

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

8-21-97 FIRE SUPPRESSION SYSTEM TESTED KNO ABB

8-21-97 CA HOOD/DUCT SYSTEM - FMC

(1) HOOD CLEAN - REAR INADEQUATE

(2) DUCT CLEAN - INADEQUATE TO SIDE WALL

(3) DUCT CLEAN - INADEQUATE THRU ROOF

8-22-97 CA HOOD/DUCT FIRE SUPP SYSTEM - ABB

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-11-97
Control #
Permit # 840-97

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 #16 BRICK PLAZA
BRICK TOWN N.J. BL. 70
Owner in Fee SEICO LTD.
Address 552 KIRK LA.
BRICK TOWNSHIP N.J. 08724
Tele. (908) 840-1164
Contractor MICHAEL LOCASCIO JR
Address 87 WOODVIEW DR.
OLD BRIDGE N.J. 08857
Tele. (908) 679-4034
Lic. No. 5566
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-11-97
Approved by: DN

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: DN
Date: 8-14-97

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Slab			5-22-97	
Rough	5-22-97	6-13-97	6-16-97	JK DN
Water				
Sewer				
Fixtures	8-14-97		8-19-97	DN
Gas Equipment			8-19-97	DN
Gas Piping EXISTING			8-19-97	DN
Solar				
TCO Yolk			8-19-97	DN

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.

Michael LoCascio Jr
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
	Bath Tub	
2	Lavatory	20
	Shower	
4 + 2 FL. SIKS	Floor Drain	60
4	Sink	40
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1 MOP SINK	Other	35

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 265
Collected by: _____ TOTAL $ _____

5-22-97 35 x 1/2 Fire NO Entry

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

By [redacted]

6-13-97 - ① Soda machine line used Y not ty
② PARTIALY covered rip down sheetrock
③ NO pitch on ¢ vents

8-14-97 - ① Not Ready
② water line not upgraded

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-11-97
Control #
Permit # 840-97

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 #16 PARK PLACE
OAK TOWN N.J. 07004
Owner in Fee SEED LTD.
Address 552 KILK LN.
OAK TOWN, NJ N.J. 08724
Tele. (908) 840-1164
Contractor Michael LoCASCIO JR
Address 87 WOODVIEW DR.
OLD BRIDGE N.J. 08857
Tele. (908) 679-4034
Lic. No. 5566
Federal Emp. No. _____ or Social Secur [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-11-97
Approved by: RJN

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

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.

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
	Bath Tub	
2	Lavatory	20
	Shower	
4 + 2 Fl. Sks	Floor Drain	60
4	Sink	40
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1 Mop Sink	Other	35

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

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: December 19, 1996 1996 - 1738

Block 671 Lot 8 Zone B-3, H.D.

Property Address: Chambers Bridge Road, Brick Plaza

Owner: Federal Realty Investment (Phone): 301-998-8100

Applicant: Seico Group, Inc. (Phone): 840-1164

Use: Unit No. 16 (former Forbes Liquor Store)

Proposed Construction (if any): Interior alteration for tenant fit-up for "Armelo's Italian Experience Gourmet Shop and Restaurant" 2,800 square feet.

Conditions: Zoning permit required for exterior sign.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Bowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 8/21/97

NAME Federal Realty c/o Armelo's Italian Experience

ADDRESS 1626 E. Jefferson St. Rockville, MD

PROPERTY LOCATION #22 Brick Plaza Shopping Center

Account No J961038 Block 671 Lot 8

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evan

CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
Residential/Commercial

APPLICANT _____ PHONE NUMBER _____

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

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: _____ Date_____

Required Deposit on Estimate $_____ Date_____

Check # _____ Receipt #_____

Actual Assessment: _____ Date_____

Actual Required Fee: $_____

Minus Deposit of Estimate $ _____

Balance Due $_____

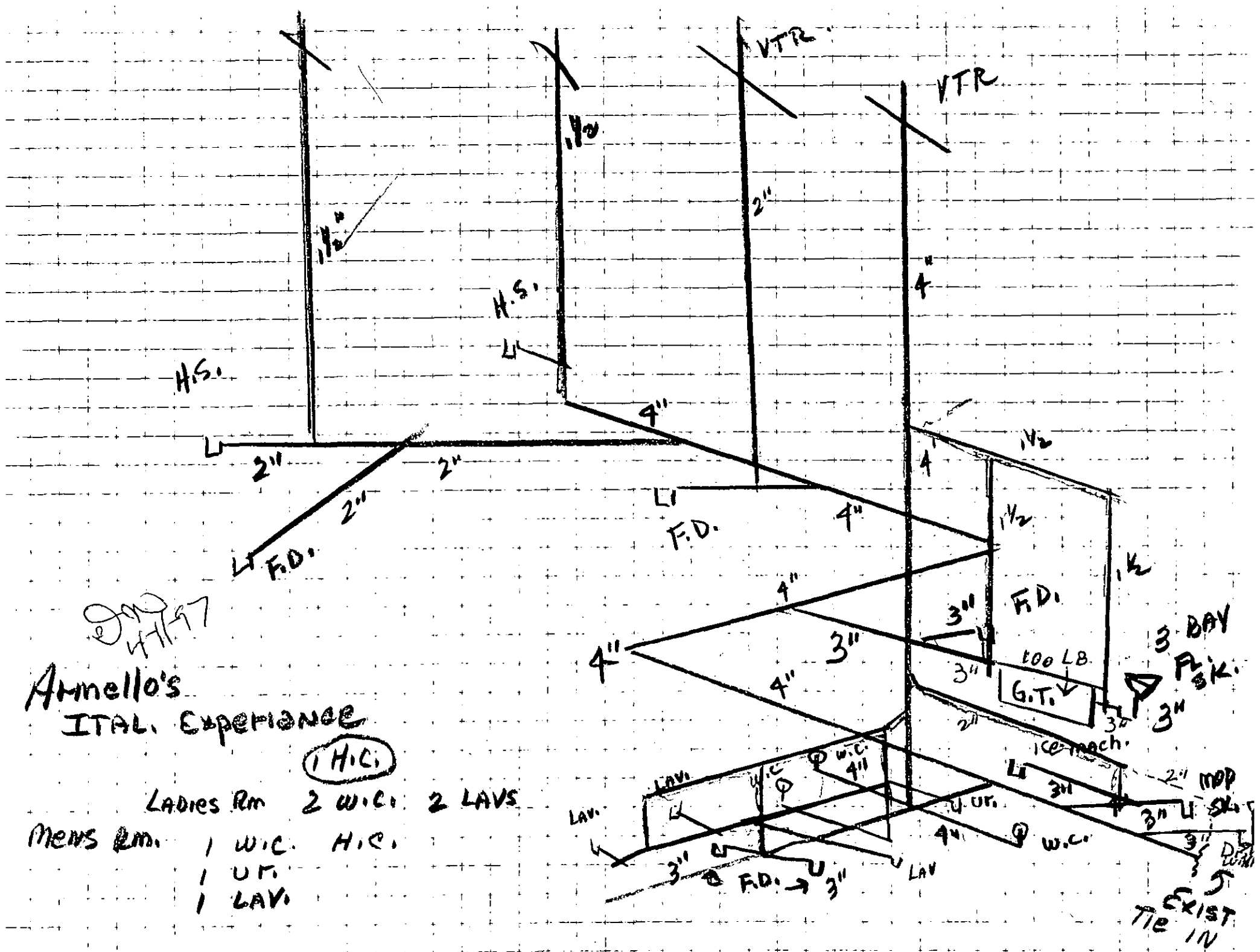
Amount Paid in Full $ _____ Date_____

Check # _____ Receipt #_____

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



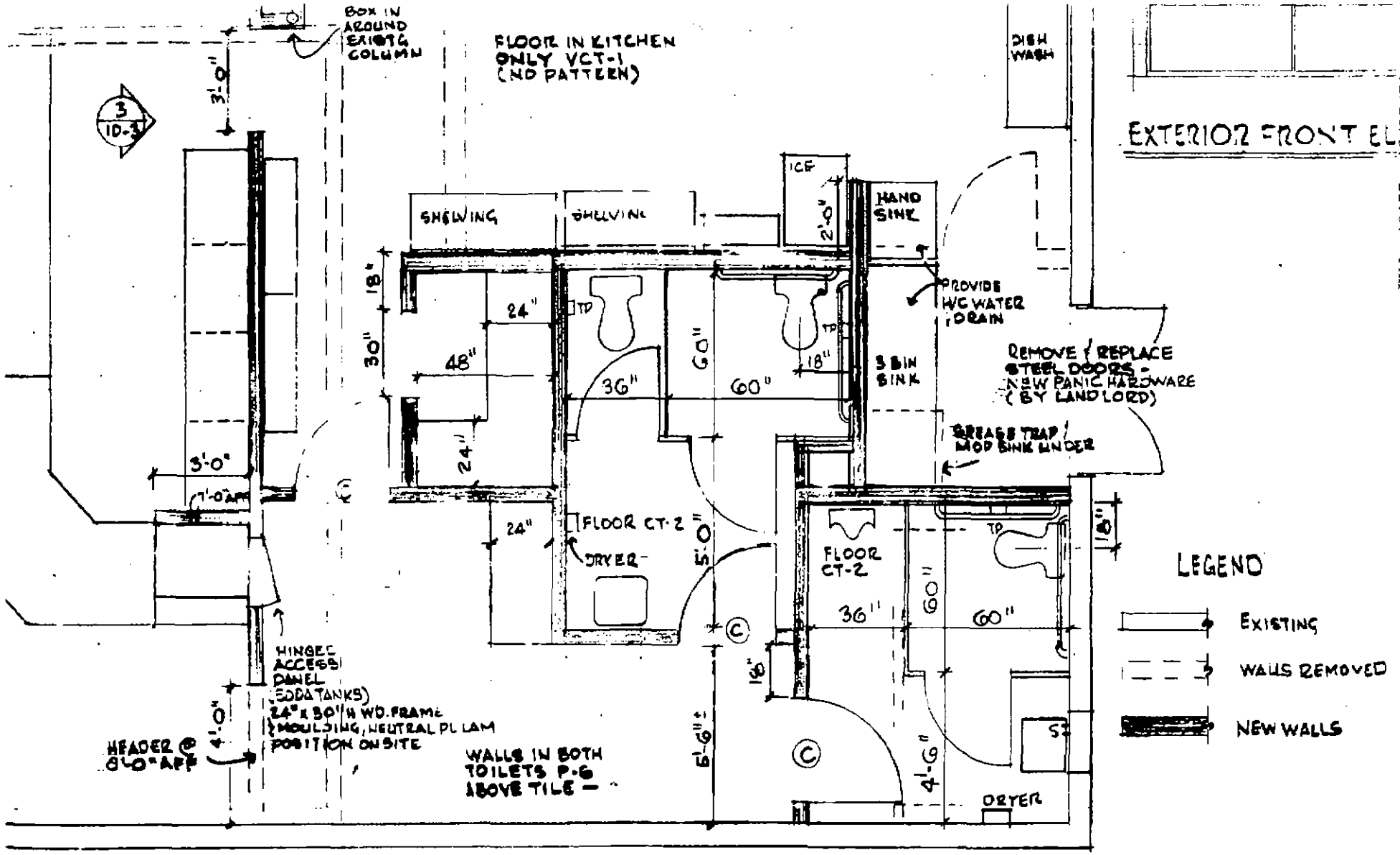
Annello's

ITAL. Experience

(1 H.C.)

Ladies Rm 2 W.C. 2 LAVS

Mens Rm. 1 W.C. H.C.
1 U.R.
1 LAV.



50 PERSON SEATING CAPACITY
4 EMPLOYEES

MACIEY DESIGN ASSOCIATES

Residential and Commercial
Interior Design/Space Planning
Design/Build
Lighting Design

1800 N. Lincoln St.
Wilmington DE 19806
302-658-3962
Fax 302-658-7824

FACSIMILE TRANSMITTAL

DATE: 2 26 97

TO: FRANK MIZER
1-908-262-8954

FROM: ERNIE Lundgren

TOTAL NO. OF PAGES 2
INCLUDING COVER SHEET

F. MIZER -

here are the changes you discussed w/ sara on the phone, any questions please call

thanx

REPLY REQUESTED ☐

MACIEY DESIGN ASSOCIATES

Residential and Commercial
Interior Design/Space Planning
Design/Build
Lighting Design

1800 N. Lincoln St.
Wilmington DE 19806
302-658-3962
Fax 302-658-7824

RECEIVED
FEB 27 1997
DIV. OF INSPECTION

FACSIMILE TRANSMITTAL

DATE: 2 26 97

TO: FRANK MIZER
1-908-262-8954

FROM: ERNIE Lundgren

TOTAL NO. OF PAGES 2
INCLUDING COVER SHEET

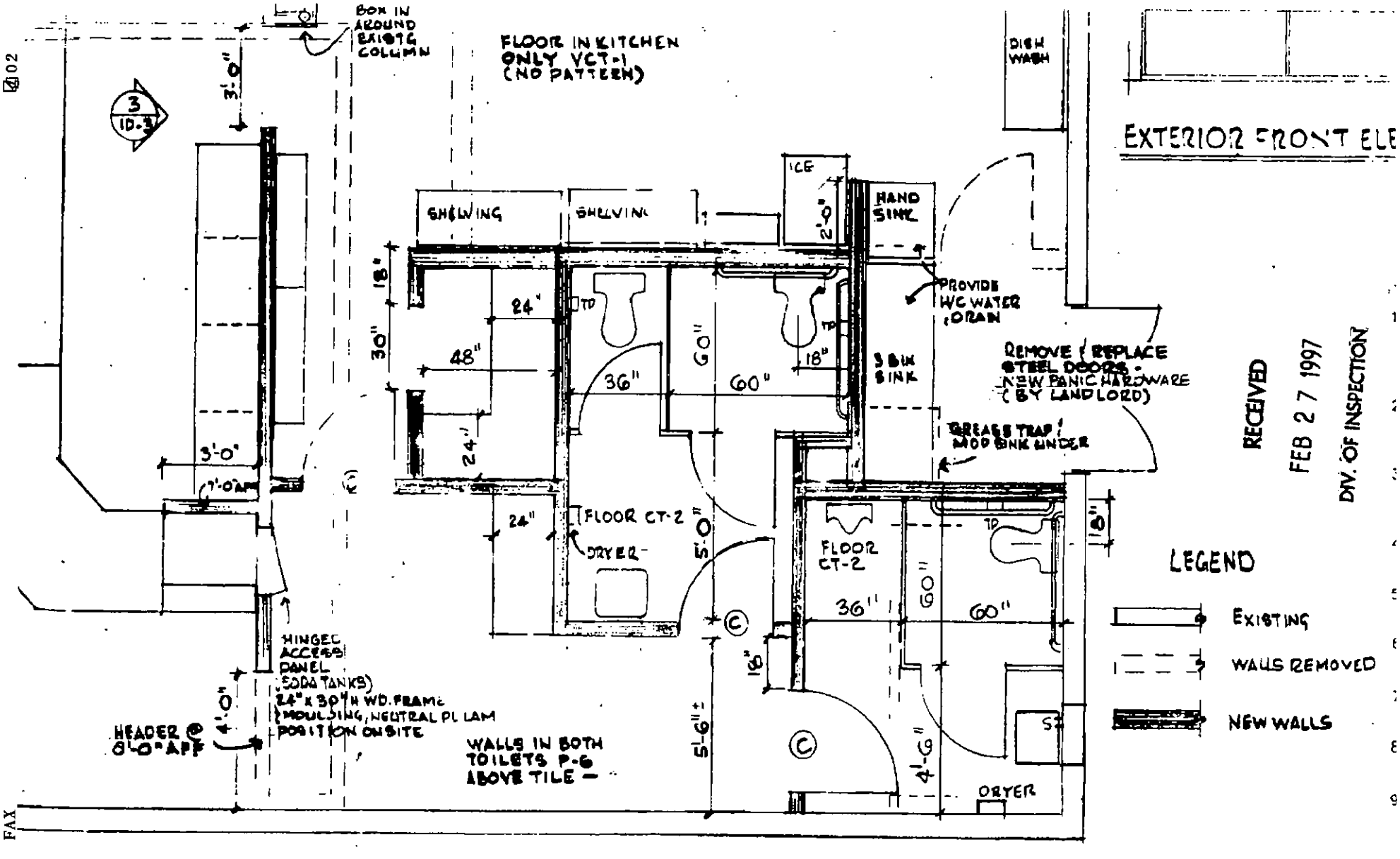
TO ALLISON

F. MIZER -

here are the changes you discussed w/ Sara on the phone, any Questions please call

thanx

REPLY REQUESTED ☐



RECEIVED
FEB 27 1997
DIV. OF INSPECTION

50 PERSON SEATING CAPACITY
4 EMPLOYEES

ARMELOS ITALIAN
EXPERIENCE
BRICK PLAZA
16
TOMS RIVER NJ

02/27/97 00:54 FAX 002

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

JURISDICTION _____ (City, County, Township, etc.)

BUILDING LOCATION _____ (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

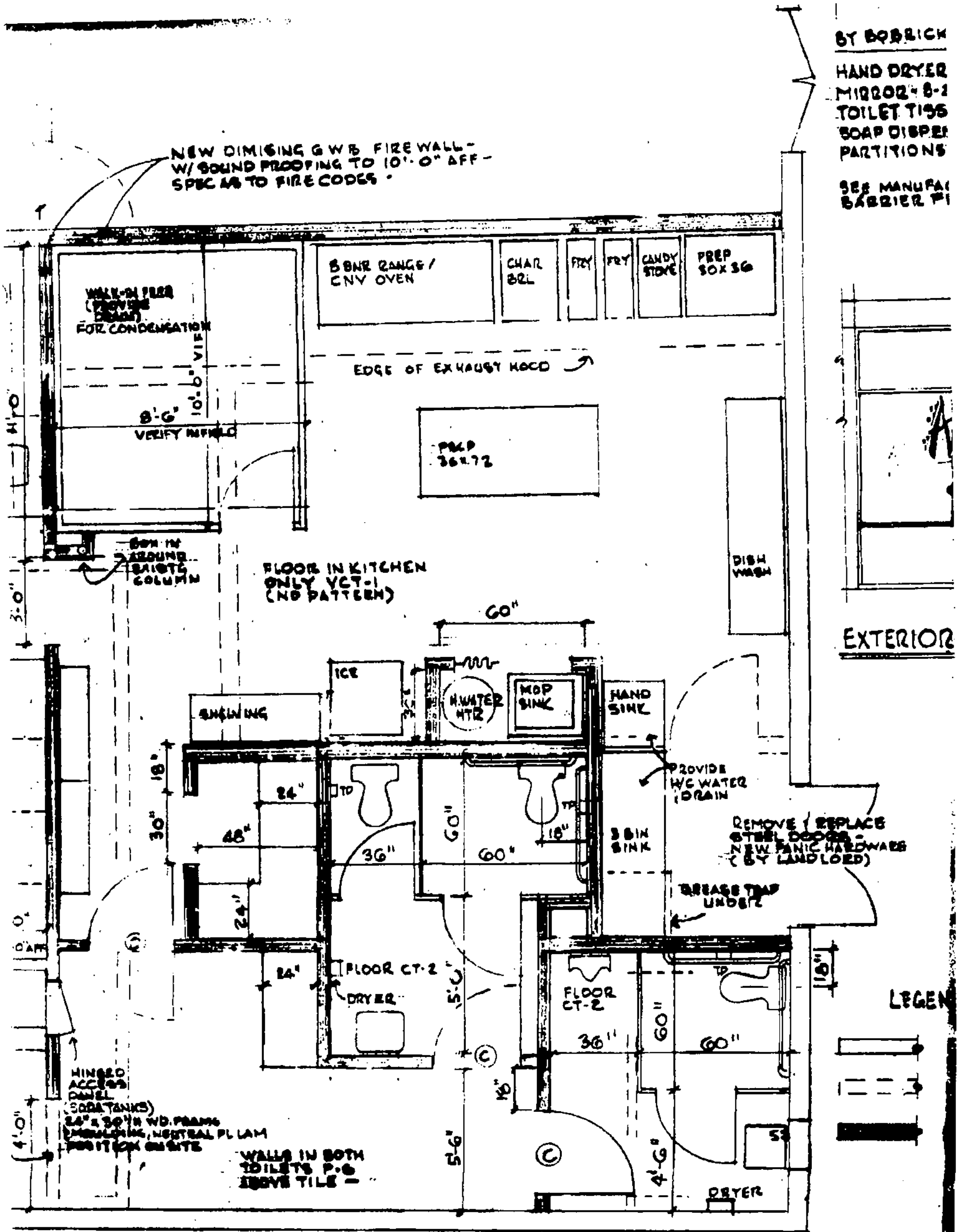
CORRECTION LIST

No.	DESCRIPTION	Code Section
	Must fill out Fire Tech Card	
	Change of use.	
	Need more Information on Different Hood	
	Change OF USE?	
	Occupancy LOAD? 50 CAP	
	Is Building Sprinklered? NO — Hemm	
	EXIT Access travel Distance	
	MENS ROOM DOES NOT MEET ADA	
	Door Header in Corridor To Rest Room LOW	
	~~Smoke Developed & Flame Spread int Canopy~~	

06/93

Spoke to Secretary Kathy 2/13/97 @ 11.30

Spoke To - Joe Gramox 2/18/97


BY BOBRICK
HAND DRYER
MIRROR
TOILET TISS
SOAP DISPE
PARTITIONS
SEE MANUFA
BARRIER F
NEW DIMISING GWB FIREWALL - W/ SOUND PROOFING TO 10'-0" AFF - SPEC AS TO FIRE CODES -
WALK-IN FRZR
FOR CONDENSATION
10'-6" VIF
8'-6"
VERIFY INFIELD
6 BNR RANGE / CNV OVEN
CHAR BRL
FRY
FRY
CANDY STOVE
PREP 30X36
EDGE OF EXHAUST HOOD
PREP 36X72
DISH WASH
EXTERIOR
FLOOR IN KITCHEN ONLY VCT-1 (NO PATTERN)
60"
ICE
SHELVING
H.WATER HTR
MOP SINK
HAND SINK
PROVIDE H/C WATER DRAIN
REMOVE & REPLACE STEEL DOORS - NEW PANIC HARDWARE (BY LANDLORD)
3 BIN SINK
GREASE TRAP UNDER
18"
30"
24"
48"
24"
36"
60"
60"
18"
FLOOR CT-2
DRYER
5'-0"
FLOOR CT-2
36"
60"
60"
18"
LEGEN
HINGED ACCESS PANEL (SODA TANKS) 24" x 30"H WD. FRAME ENCLOSING, NEUTRAL PL LAM POSITION ON SITE
WALLS IN BOTH TOILETS P-6 ABOVE TILE -
5'-6"
4'-6"
DRYER
3'-0"
4'-0"

BOCA®
PLAN REVIEW RECORD

Valuation: ____________

Fee: ____________

Plan Review # ____________

Date 2-25-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION Brick Plaza Space 16 — Italian Food
(Street address)

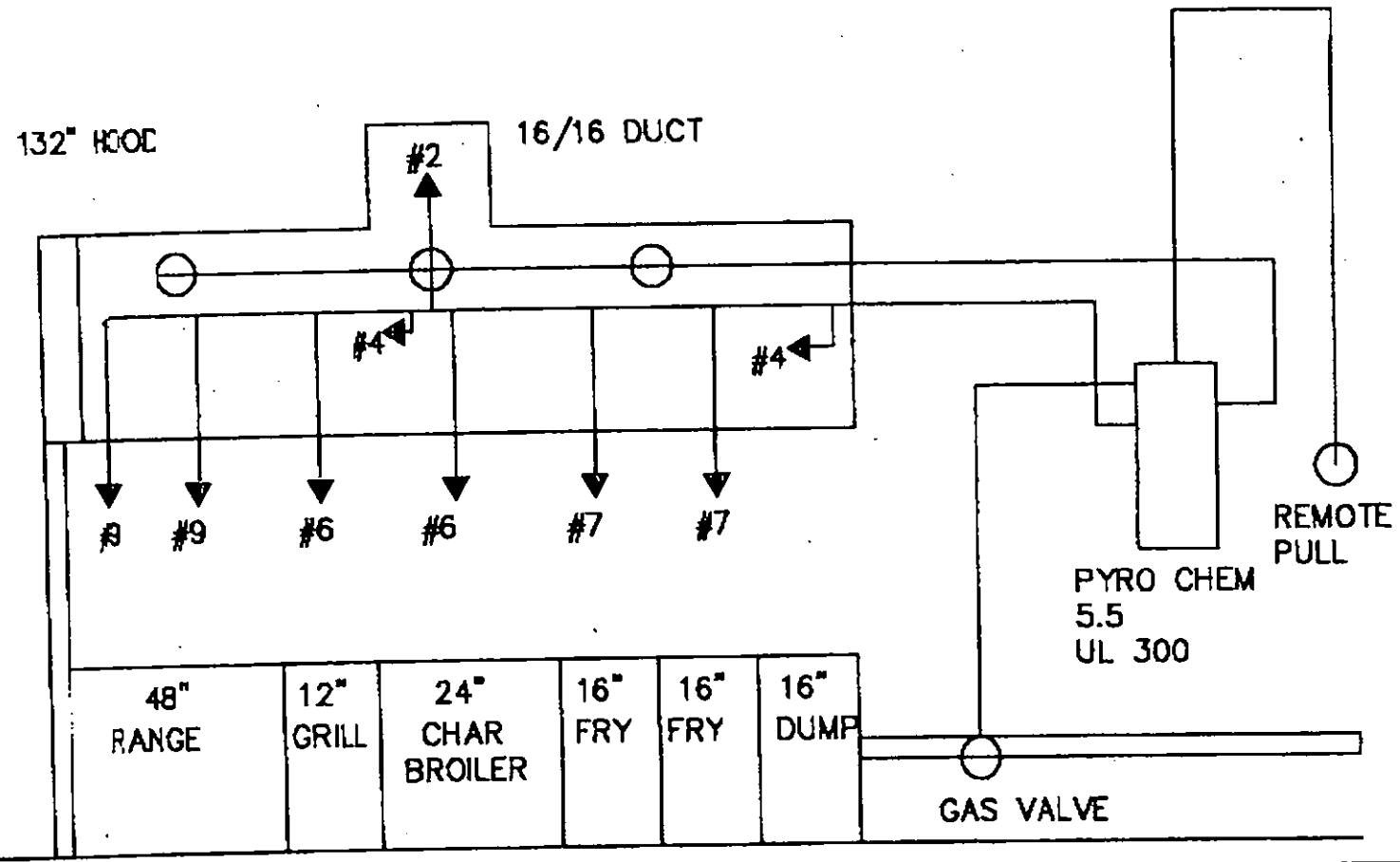
BUILDING DESCRIPTION ____________

REVIEWED BY ____________

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	Architect seal OK	
2	No plumbing Application	
3	Isometric sketch	
4	GAS sketch	
Fire	Must fill out Fire Tech Aprvl	
	for Suppression Sys in Kitchen Called	
	& NO of this appl	
	2-25-97	



ALL PIPING AS PER MANUFACTERS SPECS
20 POINTS ALLOWED 14 POINTS USED

D DENOTES FUSIBLE LINKS

Must be UL 300 SYS.

JOB	ARMELO'S ITALIAN EXPERIENCE
LOCATION	BRICK PLAZA
DATE	3-25-97
DWG. #	
DWN. BY	D.D.
CHKD. BY	MC
REV.	
SCALE	Not To Scale

DALY FIRE PROTECTION

PYRO CHEM UL 300 NOZZLE CHART AND POINT VALUE
NOZZLE #1 NLD-1 POINT VALUE 1
NOZZLE #2 NLD-2 POINT VALUE 2
NOZZLE #3 NLD-3 POINT VALUE 3
NOZZLE #4 NL-A POINT VALUE 1
NOZZLE #5 NLF-1.25 POINT VALUE 1.25
NOZZLE #6 NL-R POINT VALUE 1
NOZZLE #7 NL-F2 POINT VALUE 2
NOZZLE #8 NL-F1 POINT VALUE 1
NOZZLE #9 NL-RH2 POINT VALUE 2
NOZZLE #10 NL-UB POINT VALUE 1/2

TANK SIZE AND POINTS ALLOWED
PCL-2.40 EIGHT (8) POINTS
PCL-3.50 THIRTEEN (13) POINTS
PCL-5.50 TWENTY (20) POINTS
SYSTEMS CAN BE TIED TOGETHER ADD POINTS TOGETHER FOR TOTAL

FUSIBLE LINKS WILL BE 360 DEGREES

PIPE SIZING
PCL 2.40 GALLON 3/8" SCH. 40
PCL 3.50 GALLON 3/8" SCH. 40
PCL 5.50 GALLON MAIN SUPPLY 1/2" DROPS 3/8"

EXHAUST FAN WILL REMAIN RUNNING AND MAKE-UP AIR UNIT WILL SHUT DOWN WHEN FIRE SYSTEM DISCHARGES.

ALL PIPING AS PER PYRO CHEM TECHNICAL MANUAL
THE OPERATING TEMPERATURE RANGE OF THE PYRO CHEM, INC. SYSTEM is 32 DEGREE MINIMUM TO 120 DEGREE MAXIMUM.

JOB	
LOCATION	
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

DALY FIRE PROTECTION

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(908) 341-9700

Joseph J. Przywara
Acting Public Health Coordinator

March 14, 1997

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Proposed Floor Plans
Block 1149 Lot 5
Armelo's Italian Experience
1930 Route 88
Brick, NJ 08753

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,

Steve Klaniecki

Steve Klaniecki
Sanitary Inspector

SK:bd

cc: Brick Township Board of Health

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

Block 1199 Lot 5

PHONE # TEMP 970-1164

ESTABLISHMENT TRADING NAME: Armelino's Italian Express

NUMBER AND STREET: 1930 Rt. 88

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08753

ESTABLISHMENT LICENSE NO.: To Be Assigned

COMMUN. CODE: 1500

RISK: II

ESTABLISHMENT CODE: 22

GOODS: ☐ ☐

DESTROYED

EMBARGOED

EVALUATION

- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY

- ☒ Public - Community
- ☐ Individual (Public - Non-Comm ty)

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: John & Dina Fitzsimmons

NUMBER AND STREET: 7 Dublin Rd.

CITY OR MUNICIPALITY: Jackson

STATE: N.J.

ZIP CODE: 08527

COMMUN. CODE: 1511

TIME (2400 HRS)

DATE	BEGIN	END
3-13-97	1020	1100

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 _____

Herbert W. Rosecke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): Steve Kla

SIGNATURE OF INSPECTING OFFICIAL: [signature]

PERMANENT REG. NO.: B-1463

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Fantasy Tanning Experience	Tu 6. [illegible]	4-13-97
Signature of Inspecting Official	Municipality	Time (2400 Hours)
[signature]	Brick	Begin 1020

REG. NO.	REMARKS (Please specify area)
	The attached plan has been found to be in satisfactory compliance with Chapter XII The State Sanitary code
	Note: This Department to be notified at least 48 hours prior to intended operation for pre opening inspection.

(Attach additional sheets if necessary)

H.O. 67

Page 1 of 1 Pages

BOCA®
PLAN REVIEW RECORD

Valuation: _____

Fee: _____

Plan Review # _____

Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION SPACE 16 Brick PLAZA
(Street address)

BUILDING DESCRIPTION Armelo's ITALIAN Expres

REVIEWED BY D M

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
~~4~~	~~NO BOARD OF HEALTH O/C~~	
~~5~~	~~NO GAS sketch~~	
6	Size of gresse trap	
1	GAS sketch NOT code	
2	Size of gresse trap	
3	Dishwasher not on isometric	

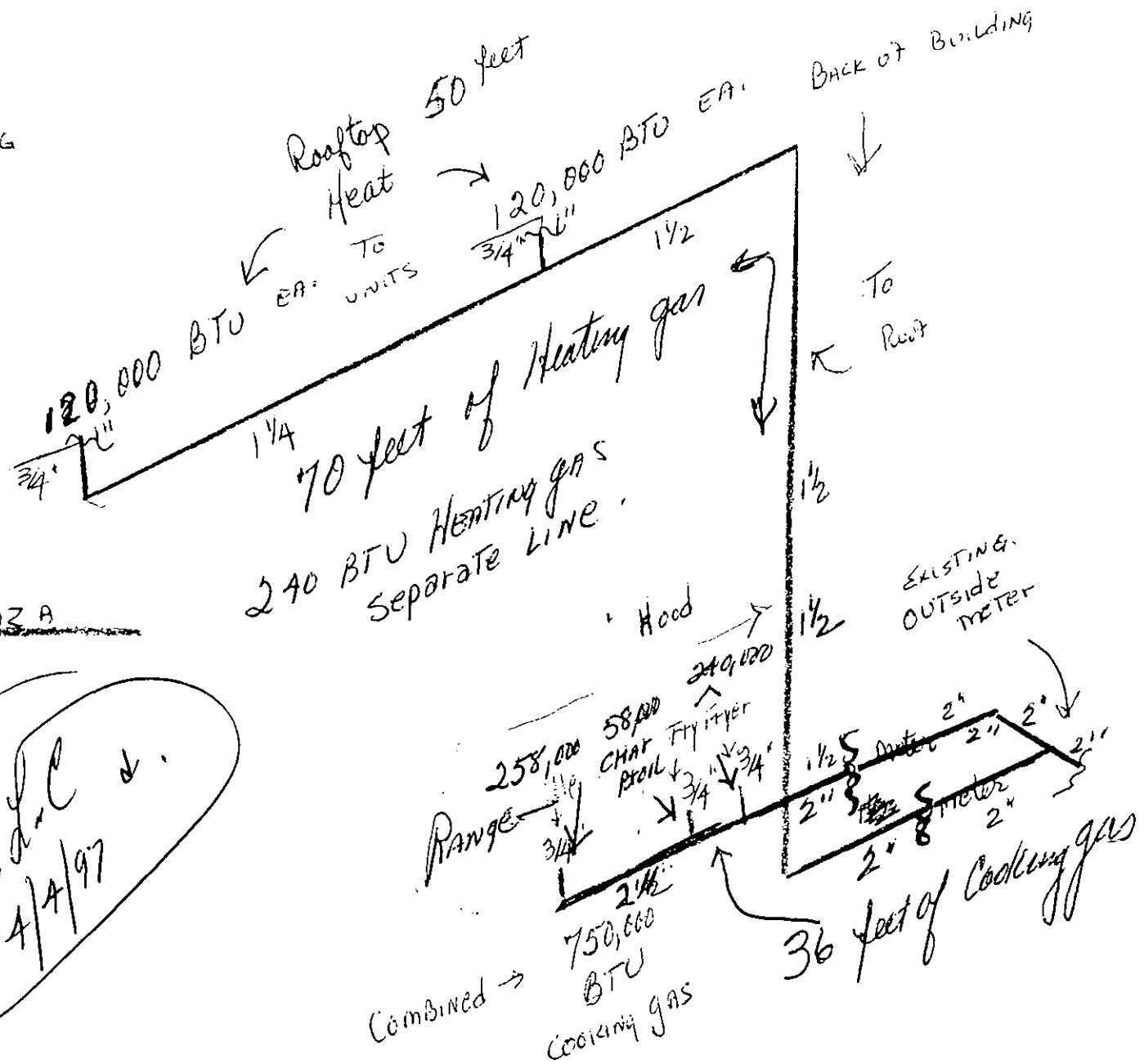
The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

GAS PIPING

Michael LoCascio Jr.
T/A Old Bridge Plumbing
87 Woodview Drive
Old Bridge, NJ 03857
N.J. Master Plumber Lic. #5566
908-679-4034
Pager 591-7184

Armello's Store # 16 Brick Plaza



W.L.C.
4/4/97

DP
4-11-97

SIZING FOR WATER AND SEWER SERVICES

Property Owner Armelo's Italian Date 4-11-97

Property Address Brick Plaza Space 16 Block 671 Lot 8

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	3	(5) 15	( )
2. Lavatory	2	(2) 4	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. 3 BAY Kitchen Sink	1	(4) 4	( )
6. ~~Service~~ MOP Sink	1	( ) 3	( )
7. ~~Laundry Tray~~ HAND SINK	2	( ) 4	( )
8. Dishwasher	1	( ) 4	( )
9. Washing Machine		( )	( )
10. Urinal	1	( ) 3	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 37

Gallons per minute 24

Size of Service 1 1/4

Date: 4-11-97

Approved: Daniel Mumper
Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner Armelo's Italian Date 4/11/97

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Zoning _____ Use Group _____

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6. ~~Service~~ MOP Sink	1	(3) 3	( )
7. ~~Laundry Tray~~ HAND SINK	2	( ) 4	( )
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16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 37

Gallons per minute 24

Size of Service 1 1/4

Date: 4-11-97

Approved: Daniel Mennen
Brick Township Plumbing Inspector

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

ESTABLISHMENT INFORMATION

PHONE # 920-5530

ESTABLISHMENT TRADING NAME AMELIO'S ITALIAN EXPERIENCE

NUMBER AND STREET 22 BRICK PLAZA

CITY OR MUNICIPALITY BRICK | ZIP CODE 08723

ESTABLISHMENT LICENSE NO. | COMMUN. CODE 1506 | RISK II

ESTABLISHMENT CODE: 10

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 WALTER DYCIENSKI

NUMBER AND STREET

CITY OR MUNICIPALITY | STATE

ZIP CODE | COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
8-15-97	10:45	

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) JOSEPH A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL Joseph A. Capr

PERMANENT REG. NO. R-0875

H.D.64

158-4100

For Information Call:
Permit No. 1837

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] ~~Rough~~	5/30/97	[illegible]
[ ] Service		
[ ] Other		
	8/19/97	[illegible]

TOWNSHIP OF BRICK

For Information Call: 262-1020
Permit No. 840-97

APPROVAL FOR PLUMBING

	Date	Inspector
[ ] Slab		
[X] Rough	6-16-97	[illegible]
[ ] Water		
[ ] Gas		
[ ] Mechanical		
[ ] Other		
[ ] Final		

U.C.C. Form F-223B

TOWNSHIP OF BRICK

UCC Uniform Construction Code

For Information Call:
Permit No.

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[X] Frame	Interior walls	
[ ] Mechanical	except plumb walls	
[ ] Other	ok	
[ ] Final		

TOWNSHIP OF BRICK

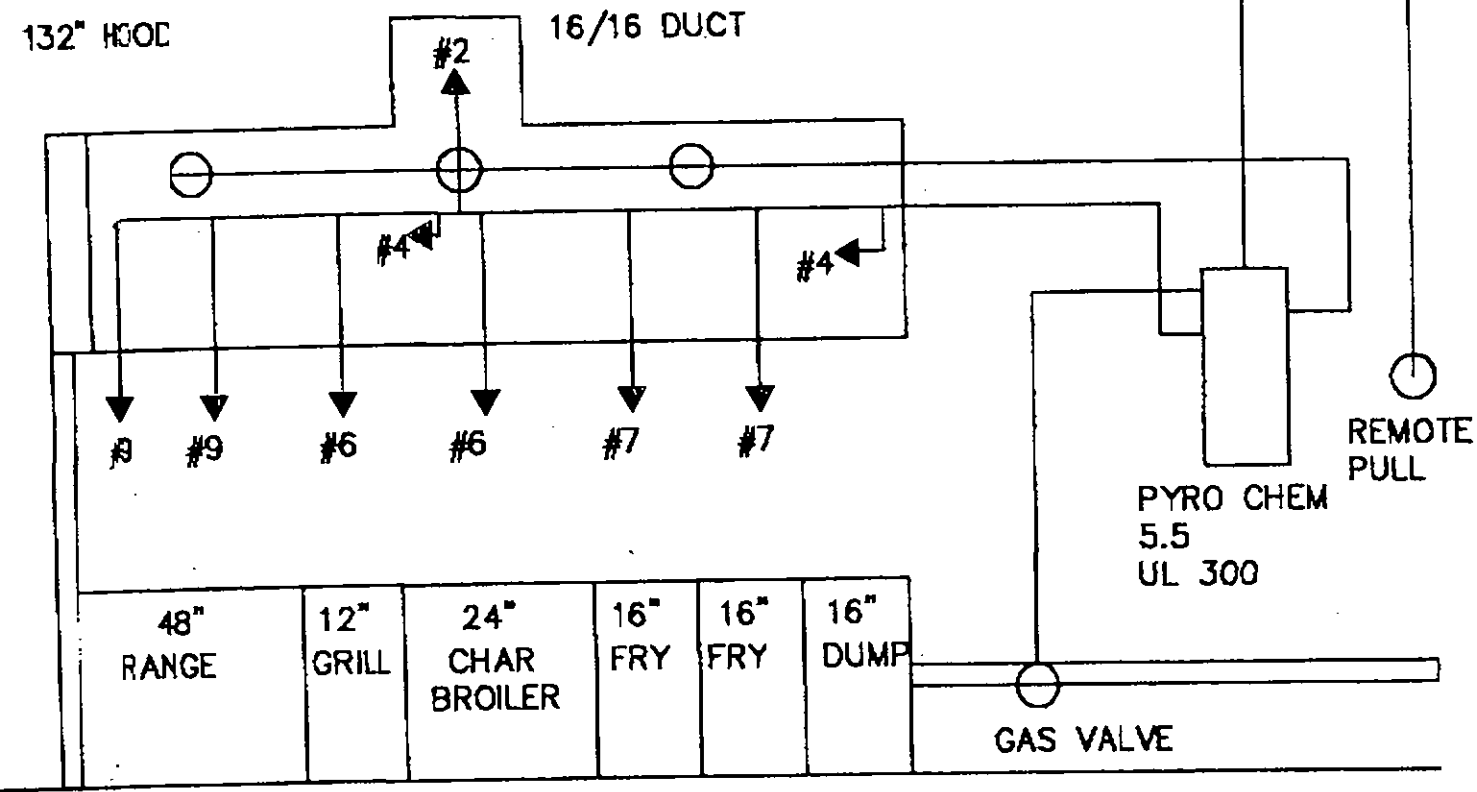
UCC Uniform Construction Code

For Information Call: ARMELOS
Permit No.

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Mechanical		
[ ] Other		
[X] Final	8/18/98	[illegible]

U.C.C. Form F-221B



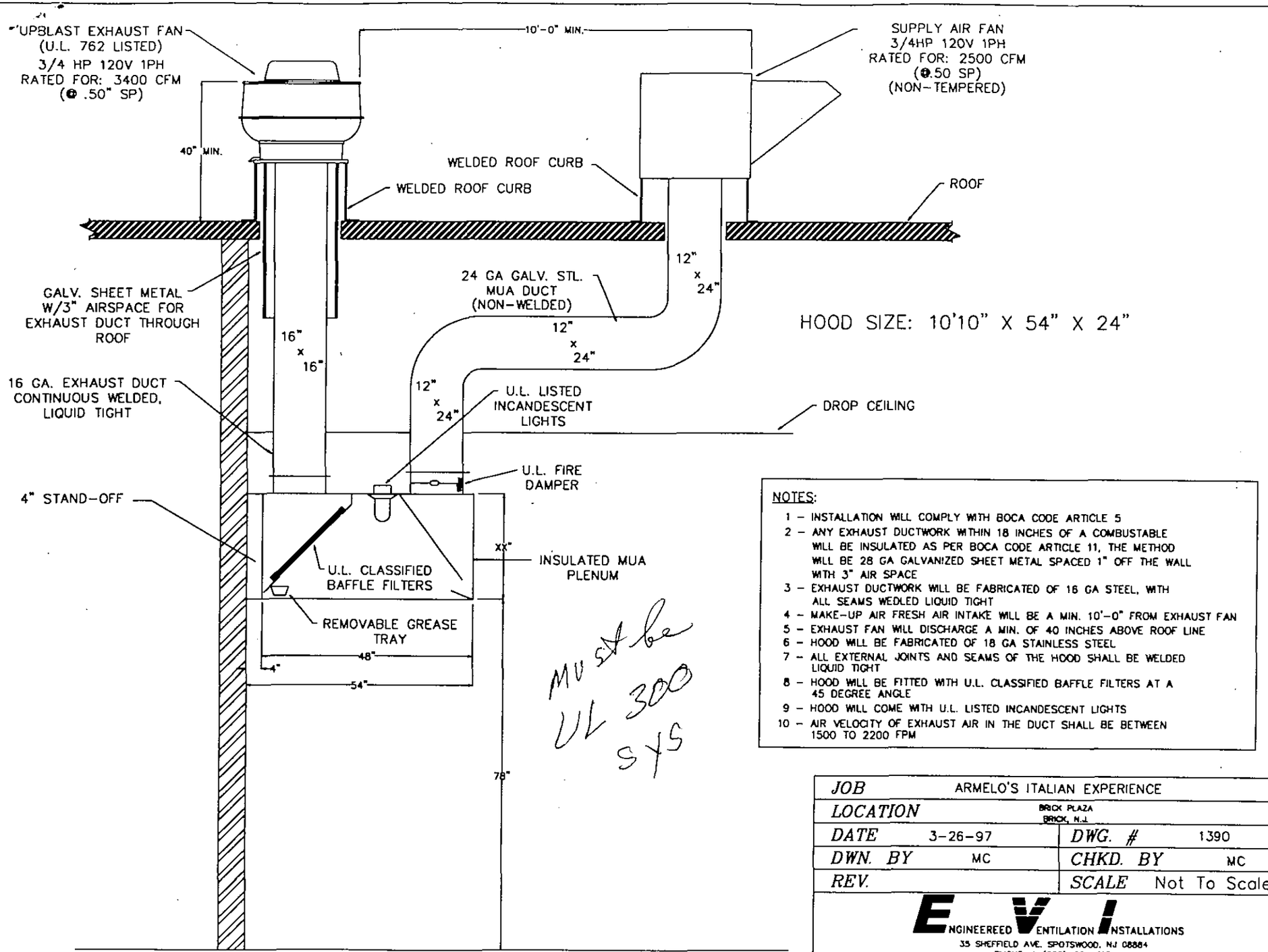
ALL PIPING AS PER MANUFACTERS SPECS
20 POINTS ALLOWED 14 PONTS USED

D DENOTES FUSIBLE LNKS

MUST BE UL 300

JOB ARMELO'S ITALIAN EXPERIENCE	
LOCATION BRICK PLAZA	
DATE 3-25-97	DWG. #
DWN. BY D.D.	CHKD. BY MC
REV.	SCALE Not To Scale

DALY FIRE PROTECTION

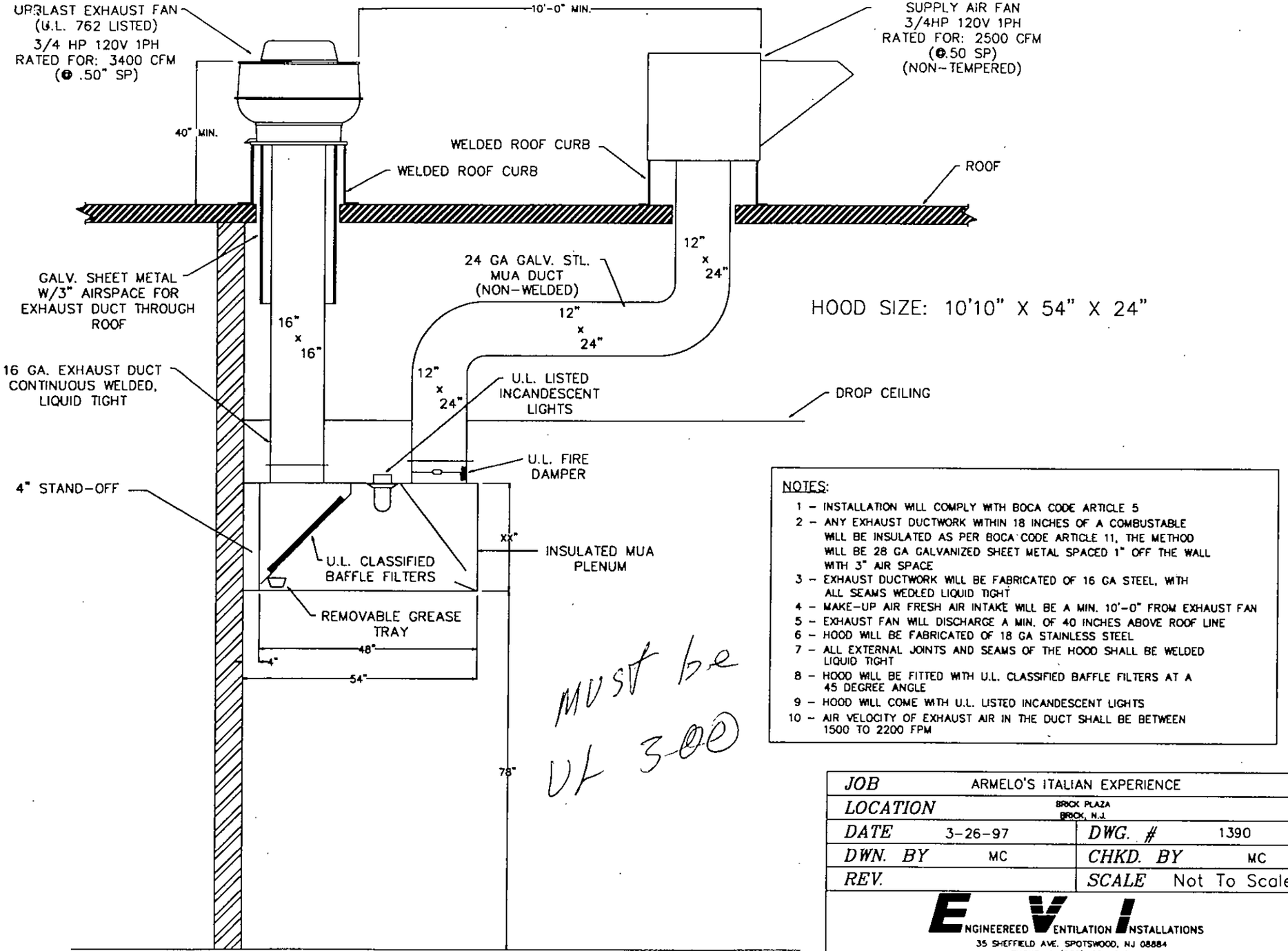


NOTES:

1 – INSTALLATION WILL COMPLY WITH BOCA CODE ARTICLE 5
2 – ANY EXHAUST DUCTWORK WITHIN 18 INCHES OF A COMBUSTABLE WILL BE INSULATED AS PER BOCA CODE ARTICLE 11, THE METHOD WILL BE 28 GA GALVANIZED SHEET METAL SPACED 1" OFF THE WALL WITH 3" AIR SPACE
3 – EXHAUST DUCTWORK WILL BE FABRICATED OF 16 GA STEEL, WITH ALL SEAMS WEDLED LIQUID TIGHT
4 – MAKE-UP AIR FRESH AIR INTAKE WILL BE A MIN. 10'-0" FROM EXHAUST FAN
5 – EXHAUST FAN WILL DISCHARGE A MIN. OF 40 INCHES ABOVE ROOF LINE
6 – HOOD WILL BE FABRICATED OF 18 GA STAINLESS STEEL
7 – ALL EXTERNAL JOINTS AND SEAMS OF THE HOOD SHALL BE WELDED LIQUID TIGHT
8 – HOOD WILL BE FITTED WITH U.L. CLASSIFIED BAFFLE FILTERS AT A 45 DEGREE ANGLE
9 – HOOD WILL COME WITH U.L. LISTED INCANDESCENT LIGHTS
10 – AIR VELOCITY OF EXHAUST AIR IN THE DUCT SHALL BE BETWEEN 1500 TO 2200 FPM

JOB	ARMELO'S ITALIAN EXPERIENCE		
LOCATION	BRICK PLAZA BRICK, N.J.		
DATE	3-26-97	*DWG. #*	1390
DWN. BY	MC	*CHKD. BY*	MC
REV.		*SCALE*	Not To Scale

ENGINEEREED VENTILATION INSTALLATIONS
35 SHEFFIELD AVE. SPOTSWOOD, NJ 08884
PHONE: 1-(908)-251-2181



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JOB	ARMELO'S ITALIAN EXPERIENCE		
LOCATION	BRICK PLAZA BRICK, N.J.		
DATE	3-26-97	DWG. #	1390
DWN. BY	MC	CHKD. BY	MC
REV.		SCALE	Not To Scale

ENGINEEREED VENTILATION INSTALLATIONS
35 SHEFFIELD AVE. SPOTSWOOD, NJ 08884
PHONE: 1-(908)-251-2181

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 12/24/96

Business/Development: Brick Plaza

Owner/Applicant: Seico Group

Property Address: _____

Block: 671 Lot: 8

DEPOSIT RECEIVED
- [x] Mandatory Development Fee
  - [x] Commercial
  - [ ] Residential
- [ ] Inclusionary Development Fee

Check Number 1009
Estimated Fee 420.00

Deposit Amount $ 210.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

- [ ] Mandatory Development Fee
  - [ ] Commercial
  - [ ] Residential
- [ ] Inclusionary Development Fee

Check No.: _____
Estimated Fee: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 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:

Holly Ruland
Signature

12.24.96
Date