BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 Hooper Avenue PERMIT NO. 05-0118

CONSTRUCTION PERMIT APPLICATION

C·B·13438

Called 1/13/05 JM L.M.

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

I. IDENTIFICATION

1. Proposed Work Site at: CHICKEN TOWNE BRICKMAN #103
2. Name of Owner in Fee: DEANGELIS FLOYD Tel. (___) _____
   Address 103 BRICK MAN (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: RENOVATION RESOURCES Tel. 732 255-1666
   Address 5 CARTER ST TOMS RIVER NJ
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22 3074116 FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun DUANE O'HARA
   Tel. 732 255-1666 FAX: 732 255 ~~1666~~ 6540

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	45	20
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	2	
7.	Less 20% for State Plan Review			1
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy		44	44
12.	Other			
13.	TOTAL	$		

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	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	20,000.	Z	Z		1-31-05	FM			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical	1900.				1-12-05	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☑ Demolition	21000.								
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10325018

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name RENOVATION RESOURCES INC / DUANE O'HARA

Address 5 CARTER ST TOMS RIVER NJ

Telephone (732) 255-1666

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
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.				
☐ Lead Abatement Clearance Certificate	No.				

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 1/14/2005
Control # C-05-131438
Permit # 05-0118

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVENUE RYE NJ 10580
Telephone:

Contractor RENOVATION RESOURCES
Address 5 CARTER ST TOMS RIVER NJ 08753-
Telephone: 732/255-1666
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:
ELECTRICAL ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,200

Construction Official — 1/14/2005 Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$47
Check No.	1816
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

PERMIT UPDATE

Date Update Issued 1/31/2005
Control # C-05-132349
Permit # 05-0118+A

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVENUE RYE NJ 10580
Telephone:

Contractor RENOVATION RESOURCES
Address 5 CARTER ST TOMS RIVER NJ 08753-
Telephone: 732/255-1666
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S)

CURTAIN WALL FOR SIGNAGE COUNTER TOP W/ HANDICAP ACCESS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $1,000

Construction Official

1/31/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	1825
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

Chicken Town Store #3
in Brick Mall

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/31/05
Date Issued
Control #
Permit # 05-0118+A
Update

called 2/1/05

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
Work Site Location 2791 HOOPER AVE
Owner in Fee THAHAS PETER
Address 4 MANHATTEN AVE RYE NY 10660
Tele. ( )
Contractor RENOVATION RESOURCES
Address 5 CARTER ST TOMS RIVER NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security N

OWNER

[redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CURTAIN WALL FOR SIGNAGE
COUNTER TOP W/ HANDICAP
ACCESS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[Y] All	1-31-05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 2-4-05		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			02/01/05	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			02/04/05	

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
$ _____

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) $ _____

Administrative Surcharge $ 40
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ 41

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 01/10/2005
Date Issued ~~12/31/1899~~ 1/14/05
Control # C-05-131438
Permit # 05-0118

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

Chicken Town Stake #103

Owner in Fee: TRAHANAS, PETER & FREDERICKA

Address 4 MANHATTAN AVENUE RYE NJ

Tel.

Contractor: SALSANO ELECTRIC CO

Address 102 BAY HARBOR BLVD BRICK NJ

Tel. 732/255-1470 Fax.

Lic No. 9042

Federal Employee No. 15-3665913

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work **$1,200**

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
4		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
2		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
10		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	PH Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
1	2	HP Motors 1/+ HP	$10
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge $0
Minimum Fee $0
State Permit Surcharge Fee $2
TOTAL FEE $47

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 1/20/05
Approved by: MM

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 01/10/2005
Date Issued 12/31/1899
Control # C-05-131438
Permit # 05-0118

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 Chickentown Store #403

Owner in Fee: TRAHANAS, PETER & FREDERICKA

Address 4 MANHATTAN AVENUE RYE NJ

COMMERCIAL

Tel.

Contractor: SALSANO ELECTRIC CO

Address 102 BAY HARBOR BLVD BRICK NJ

Tel. 732/255-1470 Fax.

Lic No. 9042

Federal Employee No. 15-3665913

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed U

☐ Pole/Pad # ____ ☐ Temporary ☐ Other

Building Occupied as ____ Utility Co. ____

Estimated Cost of Electrical Work $1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☒ No Plan Required

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 1 12 05
Approved by: [signature]

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 2 7 05
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	PARTIAL		1/14/05	[initials] am
Barrier-Free				
Temp. PARTIAL RW			1/31/05	[initials]
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			2/4/05	[initials]
Final				
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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures (REPLACE MENUS)	
4		Receptides → ADA OK	
0		Switches	
0		Detectors	
0		Light Poles	
2		Motors - Fract. HP (REPLACE MENUS)	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
10		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	PH Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
1	2	HP Motors 1/+ HP	$10
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$2
TOTAL FEE	$47

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

NO BEAMS REQUIRED PER-OVER - 1/12/05

1/12/05 WALLS + WIRES -

① PARTIAL RW OK ON CONDITION MEETS ADA AT FINAL -

② LEFT COPY OF ADA REACH RANGE REQUIREMENTS

1/31/05 REST PARTIAL RW OK ON CONDITION STILL MEETS ADA AT FINAL.

EC IN POSSESSION OF ADA ELECTRICAL COPY.

Bldg Elect Fire Plumbing (Please mark subcode)

Resubmit 1/31/05

CONTROL NUMBER C05-131438

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: Chicken Town (Brick Mall #103)

DATE REVIEWED: 1-24-05

REVIEWED BY: FM

CONTACT CALLED/FAXED: called Architect

Load on Bottom Chord NG

C
B
Architect

2250 Balmoral Avenue
Union, NJ 07083
908 875-3823

Fax

To:	Frank Miser	**From:**	Caesar Bustamante,AIA
Fax:	732 262-2839 / 732 262-8954	**Pages:**	2 including cover sheet
Phone:	732 262-1030	**Date:**	1/27/2005
Re:	Chicken Towne, Brick Mall Bricktown, New Jersey	**CC:**	File

☐ **Urgent** x **For your use** ☐ **Please Comment** ☐ **Please Reply**

• **Comments:** As per our conversation attached please find the revised detail for the soffit at chicken Towne. I've modified the location of the angles that support the metal studs. Thank you for your prompt attention in this matter.

Regards,

Caesar Bustamante, AIA

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 103 BRICK MALL
Block: 673 Lot: 8
Owner's Name: FLOYD DEANGELIS
Owner's Mailing Address: SAME

Phone: (973) 568 3876

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

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

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: SASSO Electric Co.
Address: 102 Bartlett Blvd.
Brick, NJ 08723
Phone#: (732) 255-1470
Lis #: 30
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	4
Receptacles	4
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	2 @ 1/6hp
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP 1 @ 1.5hp
Transformer/Generator KW
Sprinkler System
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: $4,200.00

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

Signature:

Please Print Name PAT SASSO

CONTRACTOR'S SEAL

01/27/05 01:24am P. 002
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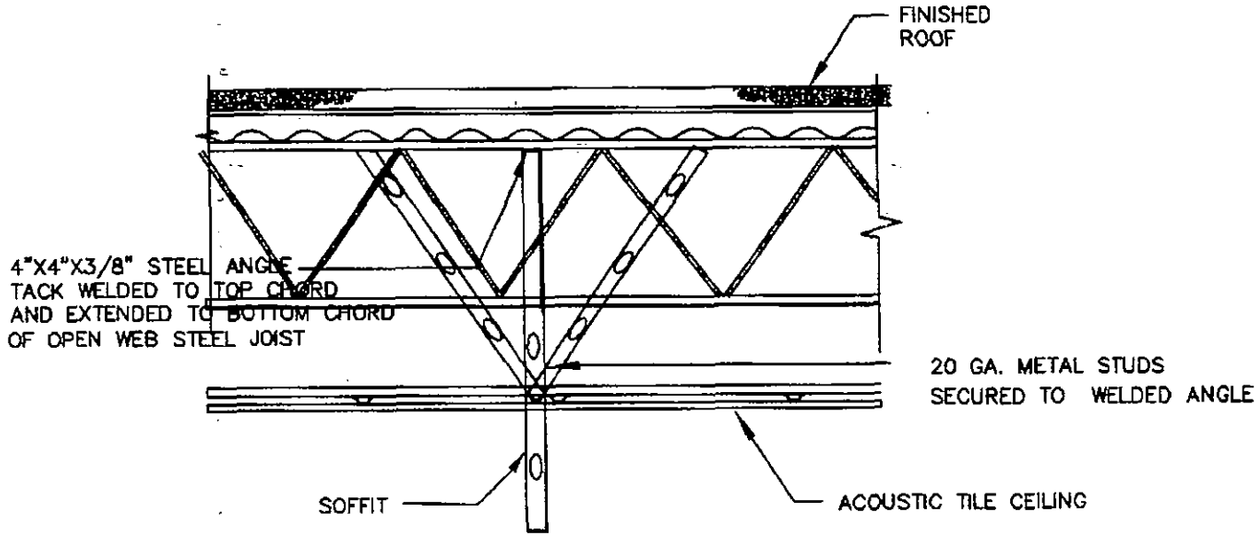
CBARCHITECT



NOTE:
SOFFIT TO BE SUSPENDED FROM ONE 4"X 4" X 3/8" STEEL ANGLE WELDED TO TOP CHORD OF JOISTS AND EXTENDING TO BOTTOM CHORD OF JOIST, SOFFIT TO CONSIST OF 3 1/2" 20 GAUGE METAL STUDS BRACED DIAGONALLY TO STRUCTURE

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DETAIL AT DISPLAY SOFFIT

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