Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	01/09/2008
Control Number	C-07-003731
Permit Number	07-2660
Permit Issue Date	08/27/2007
Certificate Number	07-2660

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: TRAHANAS, PETER & FREDERICKA

Owner Address: 4 MANHATTAN AVENUE RYE NJ 10580

Telephone: (914) 967-8957

Contractor HUMBERTO SALAZAR

Address 166 MAIN STREET LAKEWOOD NJ 08701

Telephone: (732) 364-6277 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: TENANT FIT UP

Certificate Comments: ENTRY FLOOR UNEVEN AND MUST BE REPAIR

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

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

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

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

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

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

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

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

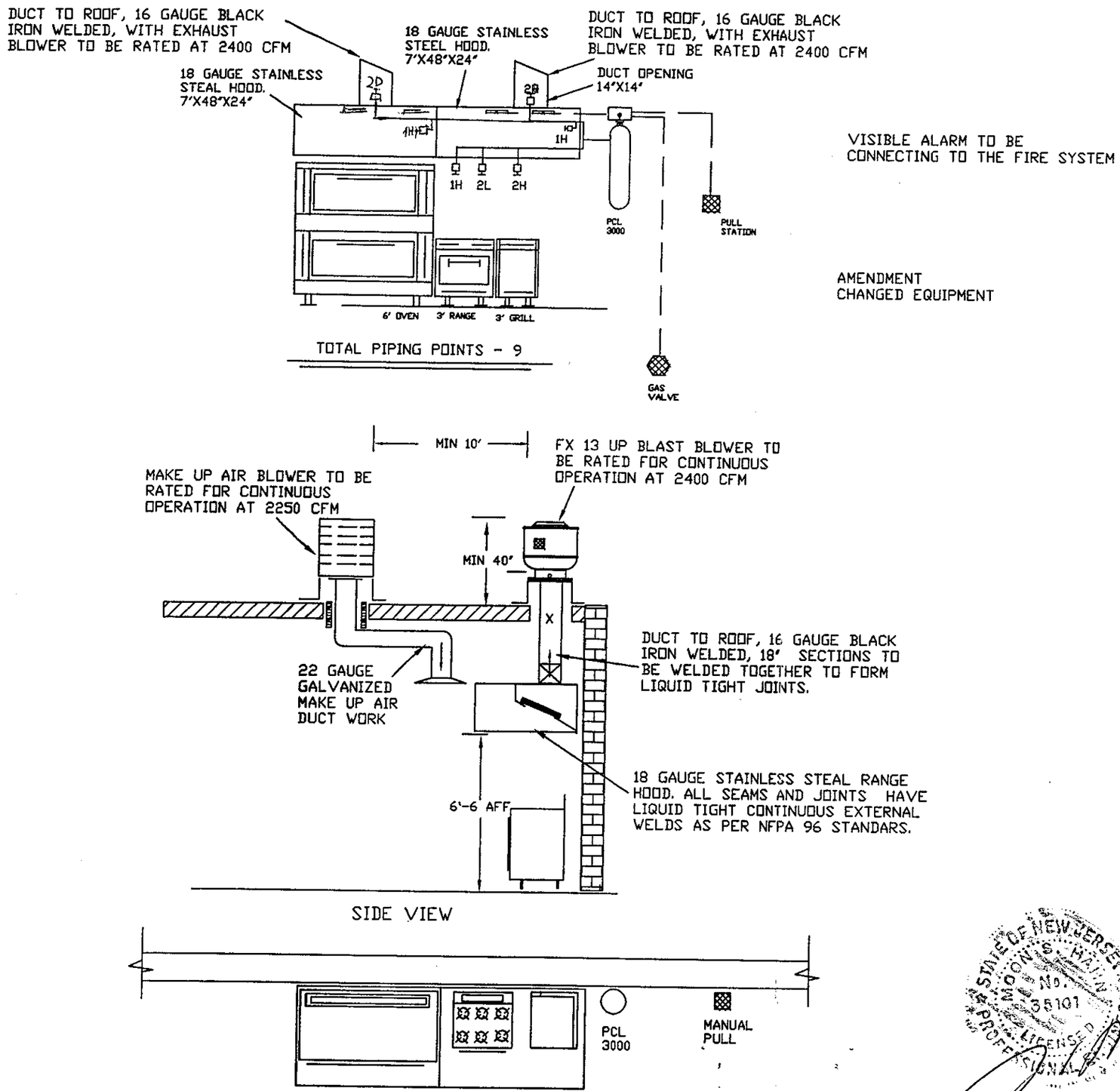
☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

a.c.o.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/08/2008



Notes:

The Installation shall comply with IMC 2000, NFPA and local codes.
The installation shall be arranged to shut down the fuel energy to the cooking equipment being vented.
The manual pull station shall be located between 10' and 35' from the range hood or separated from the hood by a rated wall.
This is a pre-engineering fire protection system.
All pipe fittings installed per manufacturer's specifications.
Remote manual pull station is located a minimum of 10' to 35' from hood.

Manufacturer	Protex 11
Model No.	PCL 3000
BSA Calendar No.	
Extinguishing Agent	Liquid
Containter Qty. & Size	3.0 Gal.

Fuel Cut Off
- [x] Mech.
- [ ] Elec.
- [ ] Elec. Cooking
- [ ] Gas pipe size

Detectors with temperature setting of 360 ^{0}
- [ ] Thermostats Qty.
- [x] Fusible Links Qty. 2

Nozzles Qty.

Surface	3
Broiler	0
Plenum	1
Duct	1

Pipe size – Schelude 40 Black steel – see drawing

Filters
- [ ] None water wash hood
- [x] BSA or Approved

Exhaust Fan
- [x] Continue running to aid in dispersement of fire extinguisher agent.
- [ ] Shut down on system activation.

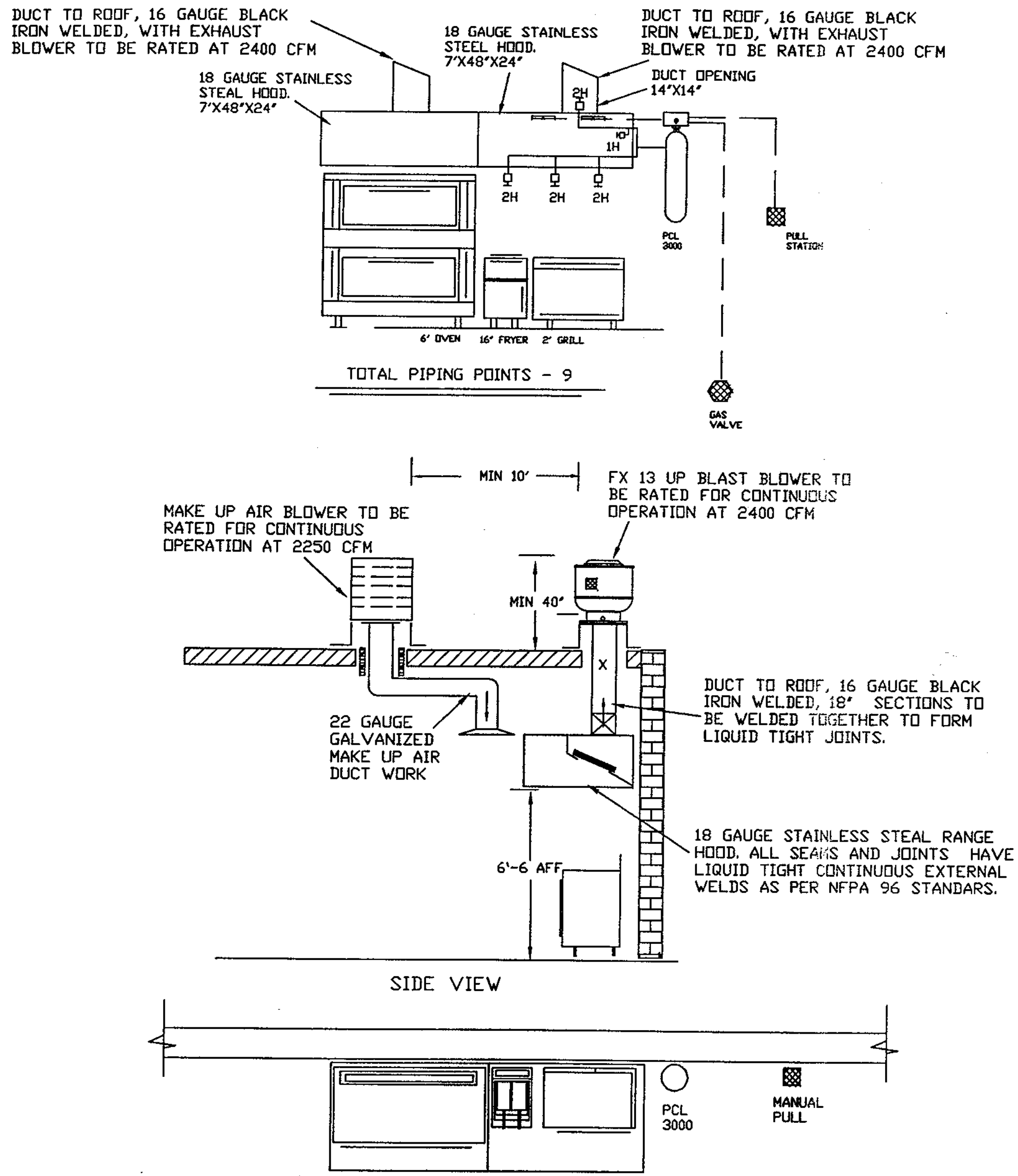
CONTRACTOR: Mega Fire Kitchen Ventilation Inc.
178-18 93rd Avenue
Jamaica, NY 11433
TELEPHONE: 718 526 6363

PROJECT: BRICK PIZZA
2796 HOOPER AVE., BRICK, NJ 08723

DRAWING NAME: First Floor Fire Suppression System

DATE:	FILE No.:	SHEET No:
12/20/07	FS342.dwg-2796H.NJ.dwg	PAGE 1
DRAWN BY: Nadira	SCALE: 1/4"=1'-0"	

STATE OF NEW JERSEY — JOHN S. HAINES — No. 35101 — LICENSED PROFESSIONAL ENGINEER



Notes:

The Installation shall comply with IMC 2000, NFPA and local codes.
The installation shall be arranged to shut down the fuel energy to the cooking equipment being vented.
The manual pull station shall be located between 10' and 35' from the range hood or separated from the hood by a rated wall.
This is a pre-engineering fire protection system.
All pipe fittings installed per manufacturer's specifications.
Remote manual pull station is located a minimum of 10' to 35' from hood.

Manufacturer	Protex 11
Model No.	PCL 3000
BSA Calendar No.	
Extinguishing Agent	Liquid
Containter Qty. & Size	3.0 Gal.

Fuel Cut Off
- [x] Mech.
- [ ] Elec.
- [ ] Elec. Cooking
- [ ] Gas pipe size

Detectors with temperature setting of 360 ^{0}
- [ ] Thermostats Qty. ______
- [x] Fusible Links Qty. 2

Nozzles Qty.

Surface	3
Broiler	0
Plenum	1
Duct	1

Pipe size – Schelude 40 Black steel – see drawing

Filters
- [ ] None water wash hood
- [x] BSA or Approved

Exhaust Fan
- [x] Continue running to aid in dispersement of fire extinguisher agent.
- [ ] Shut down on system activation.

CONTRACTOR: Mega Fire Kitchen Ventilation Inc.
178-18 93rd Avenue
Jamaica, NY 11433
TELEPHONE: 718 526 6363

PROJECT: BRICK PIZZA
279ϕ HOOPER AVE., BRICK, NJ 08723

DRAWING NAME: First Floor Fire Suppression System

DATE: 7/23/07	FILE No.: FS342.dwg-2796H.NJ.dwg	SHEET No: PAGE 1
DRAWN BY: Nadira	SCALE: 1/4"=1'-0"	

673

BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) C07003731 PERMIT NO. 07-2660

Salazar Pizza

CONSTRUCTION PERMIT APPLICATION

COMMERCIAL

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 - HOOPER - AVE
2. Name of Owner in Fee: PETER TRAHANAS
   Tel. (914) 967-8957 e-mail _____
   Address 4 MANHANHAN AVE REE AVE N.J. 10580 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: HUMBERTO SALAZAR Tel. (732-) 364-6277
   Address 166 MAIN ST LAKEWOOD N.J. 08701 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	12	61	48
2. Electrical		45		85
3. Plumbing		110		
4. Fire Protection		1500		
5. Elevator Devices				
6. Subtotal		29	5	
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZA		30		
13. TOTAL	$	1786	89	85

+C 45 — 1 — 46

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 _____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		SL	7/25/07		8-21-07	FM			
☐ Electrical					8.22.07	MM			
☐ Plumbing					8-14-07	AK			
☑ Fire Protection					8/23/07	RZA			
☐ Elevator		CWC	8/6/07		8/6/07				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

III. PLAN REVIEW (optional)

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

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

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

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.ix:

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. 5:23-2.15(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 HUMBERTO AMADOR

Address 166 MAIN ST OAKGLWOOD N.J. 08701

Telephone 732-364-6277

Signature

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

PERMIT UPDATE

Date Update Issued 01/03/2008
Control # C-08-000011
Permit # 07-2660+C

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ
Contractor HUMBERTO SALAZAR
Address 166 MAIN STREET LAKEWOOD NJ 08701

Owner in Fee TRAHANAS, PETER & FREDERICKA
4 MANHATTAN AVENUE RYE NJ 10580
Telephone: (914) 967-8957

Telephone: (732) 364-6277
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 $400

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$46
Check No.	
Cash	$46
Credit	$0
Collected By	Stephanie Capozzi

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 08/27/2007
Control # C-07-003731+A
Permit # 07-2660+A

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ
Contractor HUMBERTO SALAZAR
Address 166 MAIN STREET LAKEWOOD NJ 08701

Owner in Fee TRAHANAS, PETER & FREDERICKA
4 MANHATTAN AVENUE RYE NJ 10580
Telephone: (732) 364-6277

Telephone: (914) 967-8957
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:
ALTERATION INSTALL HOOD, DUCT & FIRE SYSTEM

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 $3,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$84
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$89
Check No.	
Cash	$89
Credit	$0
Collected By	Stephanie Capozzi

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 10/26/2007
Control # C-07-005236
Permit # 07-2660+B

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ
Owner in Fee: TRAHANAS, PETER & FREDERICKA
4 MANHATTAN AVENUE RYE NY 10580
Telephone: (914) 967-8957

Contractor: HUMBERTO SALAZAR
Address: 166 MAIN STREET LAKEWOOD NJ 08701
Telephone: (732) 364-6277
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:
SUBPANEL

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 $200

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$85
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$85
Check No.	
Cash	$85
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/27/07
Permit # 07-2660

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

Owner in Fee PETER TRAHADIS

Address 4 MANAWAKA AVE. RYE. N.Y. 10580

Tel. (914) 967-8957

Contractor HUMBERTO SALAZAR

Address 66 MARTIN ST - LAKEWOOD N.J. 08701

Tel. (732) 364-6277 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. 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

Salazar Pizza

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PIZZA PALOR

Tenant Fit up

Air Ballance Test Required

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-27-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-3-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			*11/29/07	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			*12/19/07	
Other				
Final	11/2/06		1/3/08	
Barrier-Free				

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge 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. Rehabilitation $ 3000.00
3. Total (1+ 2) $

U.C.C. F110 (rev. 07/03)

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

11/20/07 MW — Frame Appvd -

* Note: • Walls concealed at time of inspection.
No Problems Apparent @ insp.
• Unable to check ADA Blocking in Bathroom - Check Grab bars at final for sturdiness

12/19/07 MW — Rec. TCO

1) Access to Roof
2) Ada Signage @ Bathrm.

1/2/08 NO TEST

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/27/07
Control # 07-003731+A
Date Issued
Permit # 07-2660+A

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 279 Hooper Ave Brick NJ

Owner in Fee Humberto Salazar
Address 166 Main St Lakewood N.J. 08701

Tel. (732) 364-6277
Contractor Mega fire kitchen Vent
Address 178-18 93rd Ave, Jamaica NY 11433

Tel. (718) 526-6363 FAX (718) 262-9684
Contractor License No. or Builder Registration No. PO 1125
Federal Emp. No 75-3022803

JOB SUMMARY (Office Use Only)

PLAN REVIEW

		Date	Initial
[ ]	No Plans Required		
[X]	All	8-27-07	FA
[ ]	Footing		
[ ]	Foundation		
[ ]	Frame		
[ ]	Other		

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

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

INSPECTIONS

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

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 Distributed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3500
2. Rehabilitation $
3. Total (1+2) $

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

Signature

D. TECHNICAL SITE DATA

Salad Pizza

DESCRIPTION OF WORK
Install: Hood, Duct, & Fire System

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

COMMERCIAL

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Applicant Copy

INVOICE

C&M
Heating and Air Conditioning

717 Central Ave
Spring Lake Heights, NJ 07762
(732) 449-4063

No. 4171

INVOICE DATE: 12-5-07
CUSTOMER'S ORDER NO.:

SOLD TO: PIZZA
BRICKTOWN

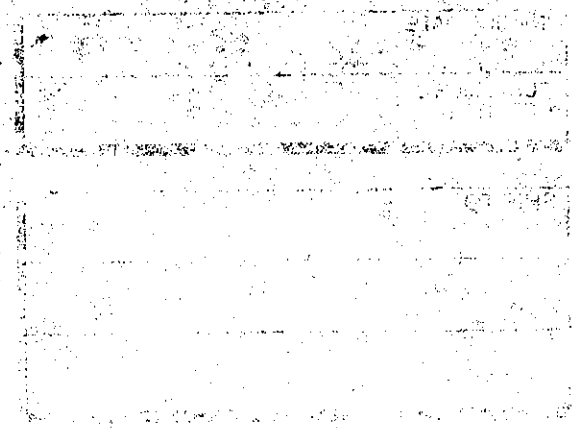
SHIP TO:

SALESPERSON	SHIPPED VIA	TERMS	F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		NO / HEAT		
	(1)	INSTALL NEW THERMOSTAT		
		FIX FAX DUCT IN ATTIC.		
		BAL. AIR FLOW		
		ON ALL REGISTER'S		
	(3)	INSTALL NEW FILTER'S		
	(1)	626 CFM		
	(2)	585 CFM		
	(3)	615 CFM		
	(4)	655 CFM		
	(5)	613 CFM		
	(6)	613 CFM		
				$450.00

adams
NC2812

INVOICE



Salazar Pizza

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/27/07
Permit # 07-2660

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 2796 Hooper Ave
Brick NJ 08723
Owner in Fee [redacted] Peter + Frederick Tranances
Address 2796 Hooper Ave
Brick NJ 08723
Tel ( )
Contractor John Palmer Plumbing & Heating
Address 142 Bretonian Dr.
Brick, NJ
Tel (732) 477-5964 FAX (732) 477-4913
Contractor License No. 9164
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 5000.00 Pizza Store

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-14-07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-27-07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-12-07	BJK
Rough				
Water				
Sewer				
Fixtures			9-12-07	
Gas Equipment				
Gas Piping			9/12/07	
LPGas Tank				
Fuel Oil 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.

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

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

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

125'
325 000
1 1/2"

FEE (Office Use Only)

$

COMMERCIAL

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

U.C.C. F130 (rev. 01/04)

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

UP Date #2

Date Received 07-26604C
Control #

Date Issued 1/3/08
Permit # (08-00011)

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave.
Brick NJ 08723

Owner in Fee TRAFFANS - PETER

Address 7 MANHATTAN AVE.
RYE. NY. 10580

Tel ( ) Solar at P28

Contractor Coastal Electric LLC

Address 17 Seville Drive
Brick NJ 08723

Tel (732) 920-3534 FAX (732) 920-7659

Contractor License No. 4558

Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400 -

C. CERTIFICATION IN LIEU OF OATH

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

Thomas Vanderhoof
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	2.6	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved
Date: 1/29/08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1/30/08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	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

UP DATE.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 07- 2660+B

Date Issued / Permit # 10-26-07

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 2091 Hooper Ave. BRICK NJ 08723

Owner in Fee TSAITANAS, PETER

Address 4 Manhattan Ave. Rye, NY 10580

Tel ( )

Contractor Coastal Electric LLC

Address 17 Seville Dr. Brick NJ 08723

Tel (732) 920-3532 FAX (732) 920-7659

Contractor License No. 4558

Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Pizza Store Utility Co.

Est. Cost of Elec. Work $ 200 -

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles 220 1 ϕ	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights 2	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1			
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater 1	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	60	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12607

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 1308

Approved by: MM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	I			
Final	12/19/07		1308 MM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

12/19/07 INCOMPLETE AND

FAXED COPY OF ATTACKED REPORT TO EC.

EC TO CALL 732 262 1099.

SA1Q2ar Pizza

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/07
Control #
Date Issued
Permit # 07-2660

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 2796 Hooper Ave
Brick NJ 08723

Owner in Fee [illegible] Peter & Fredericka Trohanos

Address 2796 Hooper Ave
Brick NJ 08723

Tel (____)

Contractor Coastal Electric LLC

Address 11 Seville Drive
Brick NJ 08723

Tel (732) 920-3532 FAX (732) 920-7659

Contractor License No. 4558

Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as Pizza Store Utility Co. ______

Est. Cost of Elec. Work $ $2800 -

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]

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
2		Lighting Fixtures
8		Receptacles
2		Switches
		Detectors
		Light Poles
1		Motors—Fract. HP
1		Emergency & Exit Lights (2)
		Communications Points
		Alarm Devices/F.A.C. Panel
14		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater (1)
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
1	1½	HP Motors 1/+ HP Compressor
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

$ ______

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 82207
Approved by: [initials]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			102507	[initials]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	I 12/19/07	[initials]	1308	[initials]
Barrier-Free				

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1308
Approved by: [initials]

12/19/02 LM COMPLETES + SEE + B ATTD
REPORT ATTACHED.

CONNECTICUT

FAXED TO EC 12/20/07

12/19/07 262 1099

INCOMPLETE + NO E PLANS ON JOB.

EC TO;

(1) LINE DIAGRAM SHOWING ALL NEW INSTALLATIONS ALONG WITH WIRE SIZES - SAY AL CU — SHOW LOAD CALCULATION FOR OLD + NEW TO SHOW EXISTING 100A SERVICE CAN SUPPORT ALL LOADS, ABOVE SEALED. CHECK M.R IF RE.

(2) NIPPLE BETWEEN OLD PANEL AND NEW SUB PANEL NEEDS LOCKNUTS ON BOTH SIDES OF PANEL CANS AND BUSHING ON NEW 3 PHASE SUB PANEL

(3) SHOW 20 AMP FREEZE OK WHEN CALLS FOR MAX 15.

(4) MARK SERVICE EQUIPMENT AND BACK DOOR WITH PERM. BLACKANDS.

(5) FILE FOR ALL WORK. WHEN READY CALL EACH TECH FOR INSPECTION, EC TO CALL 262 1099

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 10-26-07

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 2nd Hooper Ave.
BRICK NJ 08723
Owner in Fee FARHANAS PETER
Address 4 Manhattan Ave.
Rye, NY 10580
Tel ( )
Contractor COASTAL ELECTRIC LLC
Address 17 SEVILLE DR.
BRICK NJ 08723
Tel (732) 920-3532 FAX (732) 920-7659
Contractor License No. 4558
Federal Emp. No. 223459212

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as PIZZA STORE Utility Co.
Est. Cost of Elec. Work $ 200 -

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles 220 1 ϕ	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1			
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12607
Approved by: MML

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	I			
Final	12/19/07			
Barrier-Free				

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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick pizza

DG Amigos Pizzeria

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/27/07
Permit # 07-2660

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

Block 613 Lot 8 Qualification Code
Work Site Location 2794 Hooper Ave, # 785
Brick, NJ 08723
Owner in Fee HUMBERTO SACARIAS
Address 166 MAIN ST. OAKEWOOD, N.J. 08701
Cell 732-644-0826
Tel (732) 364-6277 848-525-4571
Contractor Mega Fire Kitchen Ventilation
Address 178-18 93rd Ave.
Jamaica, NY 11433
Tel (718) 526-6363 FAX (718) 262-9684
Fire Protection Equipment, NJ Div of Fire Safety Permit No. PO125
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. 75-3022803

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____

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

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $ 7000

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. Mateo Rehm
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Install Hood Duct & Fire System
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	3	
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 8/23/07
Approved by: RJD

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-2-08
Approved by: [signature]

As per updated plan

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			1-2-08	[signature]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			1-2-08	[signature]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	12-5-07	12-6-07	1-2-08	[signature]
Final				
Other ____				

U.C.C. F140 (rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

1/2 _ No fire extinguishers

1/2 = remove Deadbolt inside door

1/2 = need test cooling Supp. system

1/2 = need as built for cooling Supp. system.

1/2 = need audio/visual alarm for cooling Supp. system.

1/2 = move on back door.

12/26/07 — No Access 10th Avn

1-208

MEGA FIRE KITCHEN VENTILATION INC. DBA UNIQUE FIRE SYSTEMS

178-16 93rd Ave., Jamaica, NY 11433 * Tel. 718 526 6363 * 718 526 6204 * Fax 718 262 9684

RANGE HOOD SYSTEMS REPORT

Name Dos Amigo's
Address 2789 Hooper Ave.
City Brick State NJ Zip 08723
Tel:( )
Owner or Manager(Print)
Signature:

Submit canary color to local Fire Inspector.

SEMI-ANNUAL	RECHARGE	REPAIR		SYSTEM CONDITION:	
MANUFACTURER PROTEK II	MODEL # PCL 3000	WET DRY		OPERATIONAL	✓
CYLINDER SIZE 3.0 GAL.	CYLINDER LOCATION	RIGHT		PARTIALLY OPERATIONAL NOTED REPAIRS REQUIRED	
FUEL SHUTOFF GAS	ELECTRIC	GAS SIZE 2"		NON-OPERATIONAL SEC # 26	

EQUIPMENT LAYOUT	COMMENTS
Oven, Range, Grill	

		YES or NO			YES or NO
1	All appliances covered with correct nozzles	Y	14	Check operation of microswitch, if applicable	Y
2	Proper duct and plenum coverage	Y	15	Total appliance shutdown, gas/electric	Y
3	Checked positioning of all nozzles	Y	16	Check and clean fusible links	Y
4	Clean nozzles or replace if necessary	Y	17	Replace fusible links	N
5	Nozzle grease covers in place	Y	18	Central station monitoring, if applicable	N
6	System installed in accordance w/Mfg./UL listing	Y	19	Piping and conduit securely bracketed	Y
7	Hood/Duct installed per NFPA 96	Y	20	Proper separation between fryers and flame	Y
8	Seals intact note any evidence of tampering	Y	21	Exhaust fan in operating order	Y
9	Hydrostatic test due (12 years from date of manuf.)	—	22	All filters replaced, if necessary	Y
10	Remote manual from 10' to 35' max. from hood	Y	23	Hood and duct de-greased	Y
11	Operate system from terminal link	Y	24	10lb. BC type portable extinguisher(s) hung	Y
12	Test for operation from remote	Y	25	Service and Certification tag affixed	Y
13	Pressure gauge in charge range	Y	26	CONDITIONAL 30-Day Tag attached	

Corrective action required if #26 checked YES

On this date the above system was inspected in accordance with the procedures of the presently adapted editions of NFPA 17, 17A, 96, and the manufacturer's manual.

*Hood, Duct & Blowers Installation *Welding *Duct Insulation * Duct Fabrication *Stainless Steel
*Fire Extinguishers Sales & Service *Fire Suppression Systems *DOB Filings & Permits *Violations Removed

BLK 673
LOT 8

2791 HOOPER AVE

PIZZA STORE

NEW 60 AMP 3 Φ 120/208V SUB-PANEL.

WALK-IN FREEZER 4.8A @120V	3#12 CU 15	60 AMP.	MAIN PANEL BREAKER
SIGN. TIC; 6.2A @120V	3#12 CU 20	MAIN 4C #4 CU	
COUNTER OUTLETS. 10A @120V	3#12 CU 20	BREAKER	
HOOD EXHAUST FAN	3#12 CU 20	4#12 C-CU	WALK IN FREEZER COMPRESSOR
8.0A @ 208 VOLTS 1 Φ		20	12.5A @ 208 VOLTS 3 Φ
HOOD MAKE-UP AIR FAN	3#12 CU 20		
4.3A @ 208 VOLTS. 1 Φ			
		A	
	TOTAL SYSTEM DRAW	B	
		C	

A - 75 AMPS
B - 70 AMPS
C - 38 AMPS

EXISTING. 100 AMP 3 Φ 120/208 V. MAIN PANEL.

		100 A. 4#2 CU	EXISTING
		MAIN	
		BREAKER	
MIXER - 1 Φ 208V	3#12 CU 20	4#8 CU	HEAT/AC (EXISTING)
OUTLET (NEW) 10.0A		40.	24.8 @ 208V 3 Φ
BATH ROOM LTS + FAN.	3#12 CU 20		
EXISTING OUTLETS.	3#12 CU 20	20 3#12 CU	OUTLET SODA MACH. 15.8 @ 120V
EXT/BWK EXISTING LIGHTING 7.2A	3#12 CU 20	20 3#12 CU	ICE MACH. OUTLET 8.3 @ 120V
EXISTING OUTLETS	3#12 CU 20	20. 3#12 CU	WATER HTR. 12.5 @ 208V 1 Φ
EXISTING OUTLETS.	3#12 CU 20		

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 07-28-07

Block: 673 Lot: 8

Property Address: 2791-HOOPER AVE.

I, HUMBERTO SALVADOR, (name) of 166 MAIN ST. OAKWOOD (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

HUMBERTO S
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 8/6/07 Signed:

Rejected on: Signed:

Comments: Interior Only!

311 ACCESS BRICK TOWNSHIP

Township of Brick
Zoning Permit

Approved: Monday, July 30, 2007 **Number:** 981

Block 673 **Lot** 8 **Zone:** B-3, Highway Dev.

Property Address: 2791 Hooper Avenue; Brick Mall

Applicant: Humberto Salazar; 2 Amigos Pizza

Property Owner: Peter Trahanas

Existing Use: Vacant unit No. 206 (former Latino Muno clothing store).

Proposed Use: Pizza restaurant, take-out only.

Proposed Construction: Interior alterations for new business.

Conditions: No customer tables or eat-in area is permitted.
An additional zoning permit is required for any sign or banner, or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

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Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUL 27 2007

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 673 LOT 8 QUALIFIER —

PROPERTY ADDRESS 2791 HOOPER AVE BRICK TOWN

PERSONAL NAME OF APPLICANT HUMBERTO MAMAZAR

BUSINESS NAME OF APPLICANT 2 AMIGOS PIZZA

MAILING ADDRESS OF APPLICANT 166 MAIN ST LAKEWOOD NJ 08701

✓ PROPERTY OWNER'S FULL NAME PETER THANASIS

PRESENT USE OF PROPERTY (check all that apply)

✓ ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) RESTAURANT Vacant

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) PIZZA RESTAURANT - TAKEOUT ONLY

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT HUMBERTO S Date 08-20-07

Reviewed by Zoning Office JK Date 7/30/07 (A) Approved ( ) Denied

7/30/07

March 2003