BLOCK 673 LOT 8 QUALIFICATION CODE C1638 ADDRESS (SITE) 2791 Hooper Ave PERMIT NO. 03-0856

Called 3/14/03

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Chinese Take Out

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

I. IDENTIFICATION

1. Propsed Work Site at: 2791 Hooper Ave Brick Mall Brick NJ. 08724/11
2. Name of Owner in Fee: Peter + Frederick Ke Trahanas Tel. (914 [redacted]
   Address 4 Manhattan Ave (street) Rye (municipality) New York (zip code) 10580
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: H.K. General Contracting Co Tel. (718) 939-3922
   Address 57-20 Kissena Blvd. Flushing Queens 11355
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer Sir James L. Robinson Tel. (212) 966-7828
   Address 55a Delancy St. N.Y.C., N.Y. 10002
6. Responsible Person in Charge of Work James L. Robinson
   Tel. (212) 966-7828 FAX (212) 966-5611

Minor w/ Limited fit up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	185	
2.	Electrical		98	
3.	Plumbing		165	
4.	Fire Protection		790	35
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		19	1
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other		15	1
13.	TOTAL	$	1312	36

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 / not	
11.	Max. Live Load	
12.	Max. Occupancy Load	

Commercial Interior

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									
2.	☐ New Building			1/14		3-6-03	FM	7-3-03		
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection					3-4-03	DB	9-2-03		
6.	☐ Plumbing					3-7-03		7-25-03		
7.	☐ Electrical					3-12-03	RW	7-9-03		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EW	11/23/03		11/23/03				
	TOTAL COSTS									

OPTIONAL (for office use only)

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

AND INSTALLATION OF FIRE ALARM

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

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

LDS BR 10300805

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 Sir James L. Robinson

Address 55c Delancey St.
N.Y.C., N.Y. 10002

Telephone (212) 966 9828

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/23/2003
Control #
Permit # 03-0856

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 673 Lot 8 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee/Occupant TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
[redacted]
Telephone [redacted]
Contractor H K GENERAL CONTRACTING INC
Address 57-20 KISSENA BLVD
FLUSHING QUEENS, NY 11355-
Telephone (718)939-3922 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3574578

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT-UP VACANT STORE TO BE CHINESE TAKE-OUT

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 6925
Collected by: JB

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24R

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/23/2003
Control #
Permit # 03-0856

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 673 Lot 8 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee/Occupant TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
BYR NY 10580-
Telephone [redacted]
Contractor H K GENERAL CONTRACTING INC
Address 57-20 KISSENA BLVD
FLUSHING QUEENS, NY 11355-
Telephone (718)939-3922 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3574578

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT-UP VACANT STORE TO BE CHINESE TAKE-OUT

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

Fee $ 10
Paid [X] Check No. 6925
Collected by: JB

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/18/2003
Control #
Permit # 03-0856

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 673 Lot 8 Qual

Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee IRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone [redacted]

Contractor H K GENERAL CONTRACTING INC
Address 57-20 KISSENA BLVD
FLUSHING QUEENS, NY 11355-
Telephone (718)939-3922
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3574578

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT-UP VACANT STORE TO BE CHINESE TAKE-OUT FOOD STORE

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 $ 18,200

D F Newman Jr
Construction Official

03/18/2003
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	165
Electrical	98
Plumbing	165
Fire Protection	790
Elevator Devices	0
Other	
DCA State Permit Fee	19
Cert. of Occupancy	0
Other	15 ZP
Total	~~1,257~~ 1272
Check No.	6925
Cash	
Collected By	JB

03/18/03 11:26AM 000000H8335
XX06 SERV.006

H030856	
BUILDING	$185.00
ELECTRIC	$98.00
PLUMBING	$165.00
FIRE	$790.00
DCA	$19.00
ZPA	$15.00
CHECK	$1272.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/26/2003
Control #
Permit # 03-0856+A
Permit Issued 03/18/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 673 Lot 8 Qual

Work Site Location 2791 HOOPER AVE-CHINESE REST
FIRE
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone [redacted]

Contractor ACCUTECH TEAM SYSTEMS CO
Address 20-34 119TH ST
COLLEGE POINT, NY 11356-
Telephone (718)670-0017
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3248460

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE REVIEW

Estimated Cost of Work $ 800

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	4441
Cash	
Collected By	ERP

08/26/03 11:58AM 000000H3174
XX07 SERV.007

H030856	
ELECTRIC	$35.00
DCA	$1.00
CHECK	$36.00

08/26/2003
Construction Official — Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee IRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
PVC NY 10580-
Tele. [redacted]
Contractor H K GENERAL CONTRACTING INC
Address 57-20 KISSENA BLVD
FLUSHING QUEENS, NY 11355-
Tele.(718)939-3922 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3574578

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

TENANT FIT-UP VACANT STORE TO BE CHINESE TAKE-OUT FOOD STORE

NO Tables Allowed. !
take out only

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-603	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-30-03
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/30/03	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	185
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 7,000
3. Total (1+2)$ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 185
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee IRAHAMAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
[redacted]
Tele [redacted]
Contractor M & GENERAL CONTRACTING INC
Address 57-20 KISSENA BLVD
FLUSHING QUEENS, NY 11355-
Tele.(718)939-3922 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3574578

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP VACANT STORE TO BE CHINESE TAKE-OUT FOOD STORE

No Tables Allowed.
Take out only

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-6-03	FMM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	185
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 7,000
3. Total (1+2)$ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 185
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE NY 10580-
Tele [redacted]
Contractor H K GENERAL CONTRACTING INC
Address 57-20 KISSENA BLVD
FLUSHING QUEENS, NY 11355-
Tele.(718)939-3922 Fax (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3574578

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-6-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

(Dates: Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 7,000
3. Total (1+2)$ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

TENANT FIT-UP VACANT STORE TO BE CHINESE TAKE-OUT FOOD STORE

No Tables Allowed.
take out only

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	185
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 185
DCA State Permit Fee	$ 7

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele [redacted]
Contractor COMMUNET ELECTRIC CORP
Address 34 MONTEREY DR
HAZLET, NJ 07730-
Tele.(732)888-5518
Lic. No. or Bldrs. Reg. No. 10984
Federal Emp. No. 22-3638475

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ____ Proposed A-3
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 4,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 3/18/03
Approved By: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-29-03
Approved By: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	8/4/03	9-8-03	9-29-03	EG

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
10		Receptacles	
6		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
2		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
34		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
2	3	HP Motors 1/3 HP	18
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other WATER HEATER BOX	0
		Other 9 COMPRESSOR HOOD & FAN	0

COMMERCIAL

OVER

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	98
DCA State Permit Fee	$	5

Paid [ ] Check # ____
Collected by: ____

U.C.C. F120 (rev. 3/96)

8/4/03 (1) TALK FOR ALLOCATION

(2) SHOW APPROVED PLANS

(3) [illegible] / GROUNDING SYSTEM

(4) BRANCH CIRCUIT MAKE SERVICE EQUIP.

(5) SHOW WINDOW AIR OUTLETS

(6) CALL WHEN ABOVE COMPLETE AND READY

9-8-03 1) PLAN ON SITE NOT SIGNED ELECTRICAL

2) WALKING BOX NO SEAL TOGHT FITTING (W P SEAL TIGHT INSIDE)

3) NO SEAL OUT SIDE TEMP / INSIDE COOLER TEMP

4) SERVICE SPLICED NEEDS TO DIRECTLY TO PANEL TO METER

5) NO BOND BOSHING

6) 3 - SCREWS IN MULBERY COOLER RECEPTACLE

7) ARCHTECH TO REMOVE OUTLETS NOT INSTALLED ON PLAN

8) SWITCH ON FAN IN COOLER

9-25-03 IF GO TO BOND, MUST BE IT TO PANEL

BOND IN PANEL OK BOND BOSHING USED.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele [redacted]
Contractor COMMUNET ELECTRIC CORP
Address 34 MONTEREY DR
HAZLET, NJ 07730-
Tele.(732)888-5518
Lic. No. or Bldrs. Reg. No. 10984
Federal Emp. No. 22-3638475

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed A-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 4,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 3/20/03
Approved By: [signature]

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

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
10		Receptacles	
6		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
2		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
34		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
2	3	HP Motors 1/+ HP	18
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	100	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 98
DCA State Permit Fee	$ 5

U.C.C. F120 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Called 8/13

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/18/2003
Date Issued ~~01/01/1954~~ 8/26/03
Control #
Permit # 03-0856+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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
FIRE
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele [redacted]
Contractor ACCUTECH TEAM SYSTEMS CO
Address 20-34 119TH ST
COLLEGE POINT, NY 11356-
Tele.(718)670-0017
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3248460

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: Lt. Rear
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[✓] Fire Plans Approved
Date: 8-20-03
Approved By: JB

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	4	
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	3	
Other Devices (c) (s)	0	
TOTAL	9	35
Suppression Systems		
Fire Pump 0 GPM Type	0	03-0856
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood/Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/18/2003
Date Issued ~~01/01/1954~~ 8/26/03
Control #
Permit # 03-0856+A

Called 8/25

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
FIRE
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE NY 10580-
Tele [redacted]
Contractor ACCUTECH TEAM SYSTEMS CO
Address 20-34 119TH ST
COLLEGE POINT, NY 11356-
Tele.(718)670-0017
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3248460

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

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

JOB-SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	3	
Other Devices	0	
TOTAL	9	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood/Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele. [redacted]
Contractor NEW YORK BUSINESS FIRE SYSTEM
Address 40-50 192 ST
FLUSHING, NY 11358-
Tele.(718)888-2999
Lic. No. or Bldrs. Reg. No. 504C
Federal Emp. No. 11-3240773

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,700

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-4-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3.12.03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			7-16-03	
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final	7-16-03		8-29-03	
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

COMMERCIAL

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes; bel	0	
Other Devices	0	
TOTAL	2	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	~~28~~	~~65~~
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	1	92
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	12	552
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	790
DCA State Permit Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
[redacted]30-
Tele [redacted]
Contractor NEW YORK BUSINESS FIRE SYSTEM
Address 40-50 192 ST
FLUSHING, NY 11358-
Tele.(718)888-2999
Lic. No. or Bldrs. Reg. No. 504C
Federal Emp. No. 11-3240773

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,700

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-4-03
Approved By: SP

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	2	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	~~20~~	~~65~~
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	1	92
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	1	46
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	12	552
Other		0
Other		0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 790
DCA State Permit Fee	$ 2

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/18/2003
Date Issued ~~01/01/1954~~ 8/26/03
Control #
Permit # 03-0856+A

Called 8/18

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 Qual
Work Site Location 2791 HOOPER AVE-CHINESE REST
FIRE
Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
OVE NY 10580-
Tele. [redacted]
Contractor ACCUTECH TEAM SYSTEMS CO
Address 20-34 119TH ST
COLLEGE POINT, NY 11356-
Tele.(718)670-0017
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-3248460

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[✓] Fire Plans Approved
Date: 8-22-03
Approved By: JB

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			8-22-03	JB
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.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes/bells)	3	
Other Devices	0	
TOTAL	9	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	1

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual

Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP

Owner in Fee IRAHANAS, PETER & FREDERICKA

Address 4 MANHATTAN AVE
RYE, NY 10580-

Tele.([redacted]

Contractor PINNACLE CONSTRUCTION

Address 8 DEMORAY CT
PINEBROOK, NJ 07058-

Tele.(973)808-5514

Lic. No. or Bldrs. Reg. No. 10956

Federal Emp. No. 22-3390187

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-17-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 7-25-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	4-4-03		4-21-03	
Rough	6-20-03		6-9-03	
Water				
Sewer				
Fixtures	6-9-03		7-25-03	
Gas Equip.			6-9-03	
Gas Piping			6-9-03	
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.)

COMMERCIAL

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
2	Floor Drain	20
4	Sink	40
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
2	Greasetrap	70
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

401
580.00
2"

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	165
DCA State Permit Fee	$	5

Paid [ ] Check #
Collected by:

No Table
75Lb Grease Trap

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual

Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP

Owner in Fee TRAHANAS, PETER & FREDERICKA

Address 4 MANHATTAN AVE
[redacted]

Tele. [redacted]

Contractor PINNACLE CONSTRUCTION

Address 8 DEMORAY CT
PINEBROOK, NJ 07058

Tele. (973)808-5514

Lic. No. or Bldrs. Reg. No. 10956

Federal Emp. No. 22-3390187

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-19-03
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
2	Floor Drain	20
4	Sink	40
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
2	Greasetrap	70
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 165
	DCA State Permit Fee	$ 5

No Table
75Lb Grease Trap

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2003
Date Issued 3/18/03
Control # C16-38
Permit # 03-0856

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 Qual

Work Site Location 2791 HOOPER AVE-CHINESE REST
TENANT FIT UP

Owner in Fee IRAHANAS, PETER & FREDERICKA

Address 4 MANHATTAN AVE
RYE, NY 10580-

Tele [redacted]

Contractor PINNACLE CONSTRUCTION

Address 8 DEMORAY CT
PINEBROOK, NJ 07058

Tele.(973)808-5514

Lic. No. or Bldrs. Reg. No. 10956

Federal Emp. No. 22-3390187

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-12-03
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
2	Floor Drain	20
4	Sink	40
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
2	Greasetrap	70
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 165
	DCA State Permit Fee	$ 5

No Tables
75Lb Grease Trap

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: January 22, 2003 No. 3.0060

Block: 673 Lot: 8 Zone: B-3, Highway Development

Property Address: 2791 Hooper Avenue; Brick Mall

Applicant: James L. Robinson; Robinson Architects, P.C.

Property Owner: Peter Trahanas

Existing Use: Vacant retail unit (former Cingular phone store).

Proposed Use: Retail food store.

Proposed Construction: Interior alterations or tenant fit-up for take-out Chinese food store.

Conditions: Any additional work requires an additional zoning permit.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JAN 16 2003
ZONING

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 Mall

PERSONAL NAME OF APPLICANT SIR James L. Robinson, O.S.J.

BUSINESS NAME OF APPLICANT Robinson Architects, P.C.

PROPERTY OWNER Peter + Fredericka Trahanas

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Vacant Retail Store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Chinese Take Out Food Store

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)
☐ Addition
☒ Alteration
☐ Porch or deck (state heights)
☐ Shed (state height)
☐ Fence (state 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 [signature] Date 14 January 03

Reviewed by Zoning Office JC Date 1/22/03 (X) Approved ( ) Denied

Plumbing Plan Review Record

Resubmit 03.03.03

Work site location: 2791- Hooper ave. Brick NJ

Building Description: Tenant Fit up

Reviewed: [illegible] Bernie Kelly 732-262-1032.

Date: 1-30-03

Fax 732-262-8954

Correction list

No.	Description	Code section
	The total developed length in feet as needed for the gas pipe system, from the meter to the furthest gas outlet from the meter.	
	Provide sink sizes & calculations for the grease trap sizes.	

Faxed a copy to Robinson- (212) 966-5611

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 613 LOT 1 SITE ADDRESS 3791 Hudson Ave.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Tait Art & Frame
APPLICANT [illegible] PHONE NUMBER 914-967-5957
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

- Residential is .005 %
- Commercial is .01%
- The estimated equalized assessed value of the proposed construction is

$ 4,000

[signature] 2/4/09
Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required ~~20.00~~ 40.00 Date 2/4/09
Preliminary Paid 40.00 Check # 11
Receipt # 173

Final Total Fee Required ~~40.00~~ 40.00
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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.

1/30/09 - Tax Office
16[illegible]

_____
Office of Affordable Housing

UNIVERSAL GROUP OF NY, INC.
55C DELANCEY STREET
NEW YORK, NY 10002

1543

6846

1-108/210

Date 2/14/03

Pay to the order of TOWNSHIP OF BRICK $ 20.00

TWENTY Dollars

HSBC BANK, USA
NEW YORK, NEW YORK 10038

For DEP. INTO THE AFFORDABLE HOUSING TRUST FUND

[redacted]

Re: Affordable Housing Fees

Business/Development: Retail Food Store

Owner/Applicant: Universal Group of NY, Inc.

Property Address: 2291 Hooper Ave.

Block: 673 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial)

Residential

Inclusionary Development Fee

DATE: 2/21/03

Check Number 6846

Preliminary Fee Paid 20.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

2-21-03
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

Resubmit
03/03/03

National Fire Code
Plan Review Record
Township of Brick

Date: 2-27-03

Site Address: 2291 Hooper Ave.

Reviewed By: Ron Risser - Fire (732) 262-4624

CORRECTION LIST

No.	Description
~~1~~	~~[illegible]~~
1	Shows no sprinklers on permit. Bldg. not sprinklered - No drawings.
2	Verify address of Bldg. (location) plans show different addresses.

Party Called and Phone #: Architect (212) 966-7808 ext. # 221460 No answer

Resubmitted on: _____ By: _____

Faxed to (212) 966-5611

宇宙建築師
Robinson Architects P.C.
Website:www.jlrarchitects.com E-mail:www.rapc1848@mindspring.com

28 February 03

Township of Brick
Building Department
401 Chambers Bridge Road
Brick, NJ 087230

Re: Control # C16-38
Chinese Take-Out
2791 Hooper Ave
Brick, NJ

Attn : Mr. Ron Piszar
Fire Inspector

Dear Mr. Piszar,

We are respectfully replying to your Correction List (via fax) dated 25 February 03 as follows:

Item # 1 – Please refer to the revised Fire application form that we are resubmitting where we have removed the amount of wet sprinkler heads.
Item # 2 – Please refer to our revised plans where we show the correct address.

Thanks for your expeditious review. We trust our answers will allow for your approval.

Very truly yours,
Robinson Architects, P. C.

James L. Robinson OSJ / RA

55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 2-24-03

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

BUILDING LOCATION 2791 Hooper Ave
(Street address)

BUILDING DESCRIPTION _____

Resubmit 03.03.03

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
(1)	All incorrect information	
	(A) Building Code	
	(B) Occupancy load	

FAXED TO 212-966-5644

06/93

宇宙建築師
Robinson Architects P.C.
Website:www.jlrarchitects.com E-mail:www.rapc1848@mindspring.com

28 February 03

Township of Brick
Building Department
401 Chambers Bridge Road
Brick, NJ 087230

Re: Control # C16-38
Chinese Take-Out
2791 Hooper Ave
Brick, NJ

Attn : Mr. Bernard Reilly
Plumbing Sub-Code Official

Dear Mr. Reilly,

Per our telephone conversation on 24 February 03, we respectfully reply as follows:

Item # 1 – Please refer to our Drawing A2 where we note the dimensions of the piping on the Gas Riser Diagram.
Item # 2 – Please refer to our Drawing A2 where we have added the Grease Trap Calculations.

Thanks for your kind assistance and concise review. We trust our answers will allow for your approval.

Very truly yours,
Robinson Architects, P. C.

James L. Robinson OSJ / RA

55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611

宇宙建築師
Robinson Architects P.C.
Website:www.jlrarchitects.com E-mail:www.rapc1848@mindspring.com

28 February 03

Township of Brick
Building Department
401 Chambers Bridge Road
Brick, NJ 087230

Re: Control # C16-38
Chinese Take-Out
2791 Hooper Ave
Brick, NJ

Attn : Mr. Frank Mizer
Building Sub-Code Official

Dear Mr. Mizer,

We are respectfully replying to your Correction List (via fax) dated 24 February 03 as follows:

Item # 1 – Please refer to our Drawing A1 (Project Data) where we have corrected the Building Code listed thereon.
Item # 2 – Please refer to our Drawing A1 (Project Data and Floor Plan) where we have corrected and noted the Occupancy Load.

Thanks for your expeditious and concise review. We trust our answers will allow for your approval.

Very truly yours,
Robinson Architects, P. C.

James L. Robinson OSJ / RA

55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611

Ocean County Health Department

W

OCEAN COUNTY HEALTH DEPARTMENT

No: 028132

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE #: 212 966-7828

ESTABLISHMENT TRADING NAME: CHINESE TAKE-OUT

NUMBER AND STREET: 2796 HOOPER AVE.

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 26

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: MARIA NARVAEZ

NUMBER AND STREET: 55C DELANCEY ST.

CITY OR MUNICIPALITY: NEW YORK

STATE: N.Y.

ZIP CODE: 10002

COMMUN. CODE: —

TIME (2400 HOURS)

DATE	BEGIN	END
1/03/03	0845	0925

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): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: J Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

Twp 60

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 28132 W

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE #: 212 966-7828

ESTABLISHMENT TRADING NAME: CHINESE TAKE OUT

NUMBER AND STREET: 2791 HOOPER AVE

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: To Be Obtained

COMMUN. CODE: 1507C

RISK: II

ESTABLISHMENT CODE: 2C

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: ROBINSON ARCHITECT

NUMBER AND STREET: 55 C ORLANCK ST.

CITY OR MUNICIPALITY: NEW YORK

STATE: NY

ZIP CODE: 10002

COMMUN. CODE: 0000

TIME (2400 HOURS)

DATE	BEGIN	END
1-7-03	0820	0845

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): Steve Klayieckt

SIGNATURE OF INSPECTING OFFICIAL: Steve Klayieckt

PERMANENT REG. NO.: B-1463

H.D.64

宇宙建築師
Robinson Architects P.C.
E-mail:Jackrabbit85@hotmail.com

September 24, 2003

Township of Brick
Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Control # C16-38
Chinese Take-Out
2791 Hooper Avenue,
Brick, NJ

ATTN: Electrical Sub-code Inspector

Dear Sir or Madam:

We are respectfully for your permission to install one duplex receptacle instead of two at the waiting area due to the change of field condition. Attached please find a copy of amended power plan which shown the as built condition for your expeditious review.

Please feel free to direct all inquires to this office and we will act immediately to rectify the problems.

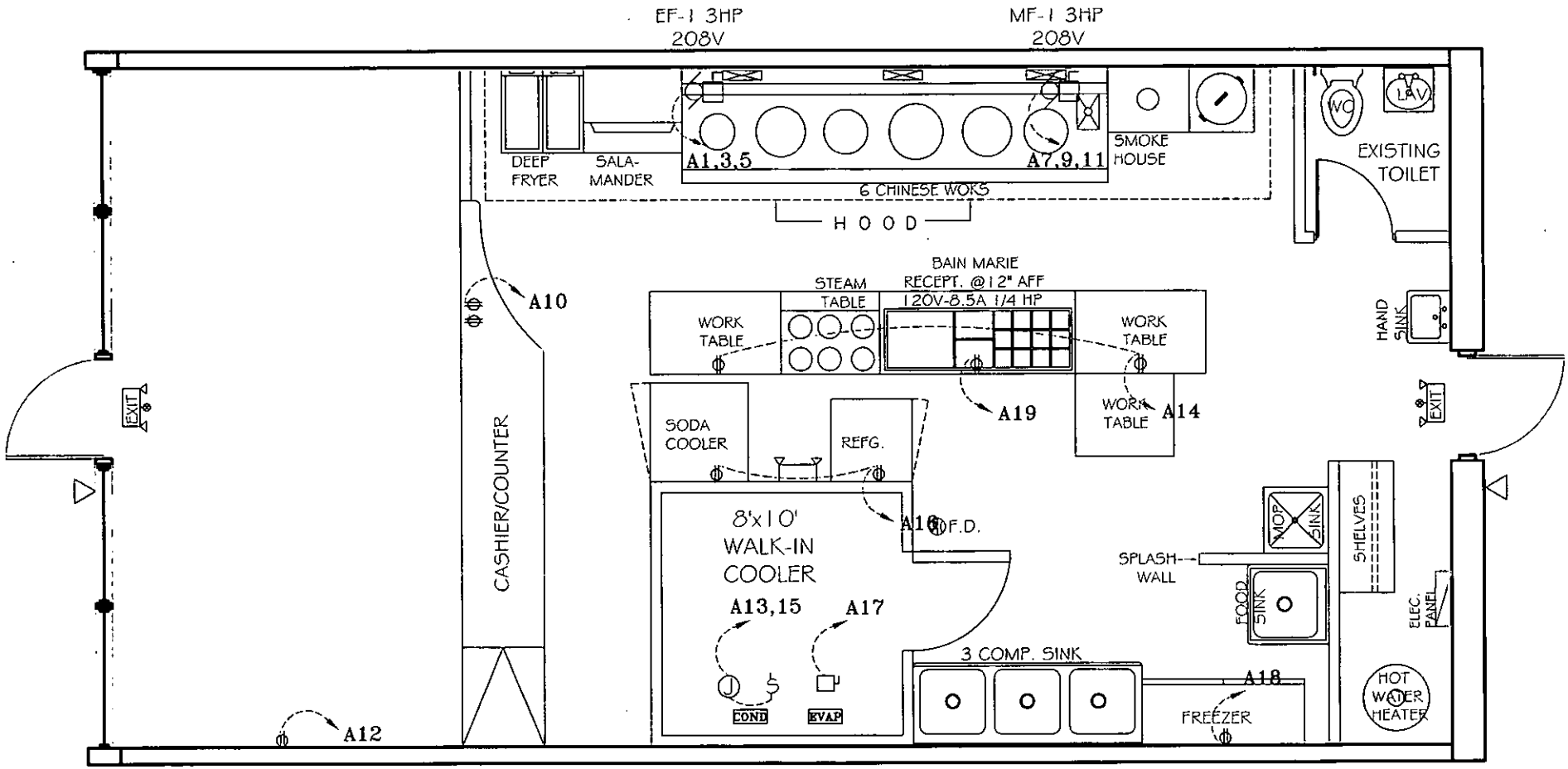
We thank you in advance for your kindest and kind assistance.

Very truly yours,
Robinson Architects, P.C.

James L. Robinson, R.A.

D214602_2791 Hooper Ave.NJ01

55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611

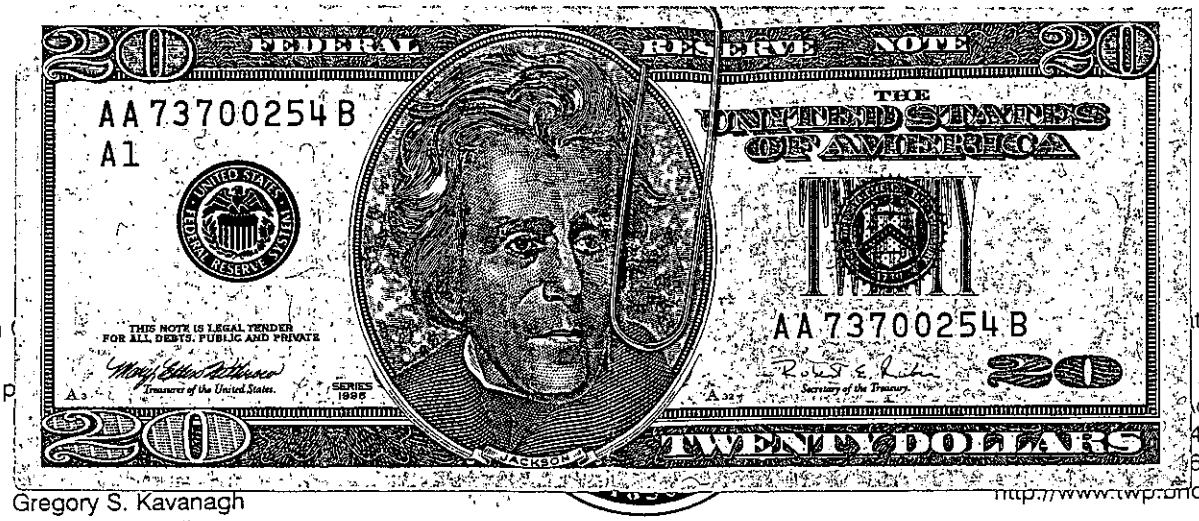


POWER PLAN

SCALE: 1/4"=1'-0"

PROPOSED CHINESE TAKE OUT
FOOD STORE
2791 HOOPER AVENUE
BRICK, NJ 08724

DATE: 9-24-03



Joseph (...tion & Finance

Township ... Housing
...dministrator
...46
...6256
http://www.twp.brick.nj.us

Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Retail Food Store

Owner/Applicant: Peter Fotiadis

Property Address: 2791 Hooper Ave

Block: 613 Lot: 8

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 8/21/03

Check Number Cash

Preliminary Fee Paid

Final Fee Paid $20.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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:

Kathy Fisbergen
Signature

8-21-03
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

03-0856

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 2791 Hooper Block 678 Lot 8

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS FINALS FINALS

BUILDING.....APPROVED..... 7-30-OK

PLUMBING.....APPROVED..... 7-23-OK

FIRE..... failed 7/18 APPROVED 9/2/03 OK

ELECTRIC..... failed 8/4 APPROVED 9/29/03

ENGINEERING.....APPROVED.....

O.C.SOIL.....APPROVED.....

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A..... OK (open Card)

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING..... OK 8/21/3

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

03-0856
NO CA

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 673 LOT 8 SITE ADDRESS 2791 Harper Ave.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Retail food store
APPLICANT Peter Trahanas PHONE NUMBER 914-967-8957
APPLICANT ADDRESS 4 Hartwater Ave. CITY & STATE Rye, NY. 10580

INCLUSIONARY DEVELOPMENT

Affordable — Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

~~N/A~~ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 4,000

Frederick R. Millman, CTA, Tax Assessor — Date 2/4/03

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 4,000

Frederick R. Millman, CTA, Tax Assessor — Date 7/31/03

Prelininary Fee Required ~~10.00~~ 20.00 Date 8/20/03
Preliminary Paid 20.00 Check # 6846
Receipt # 1543

Final Total Fee Required ~~20.00~~ 40.00
Preliminary Paid 20.00 Date 8/21/03
Final Paid 20.00 Check# cash
Balance Due 0 Receipt # 325058

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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.

Office of Affordable Housing

1/30/03 - Ta prelim.
2/6/03 - mailed ltr
7/30/03 Ta final

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Pinnacle Construction
Address: 8 Demoray Ct.
Pinebrook NJ 07058
Phone #: 973-808-5514
Lis #: 10956
Federal Emp # or SSN 22-3390187

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	2
Sink	4
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	2 (50 Pounds/Each)
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other: Cooking Qquipment:

Deep Fryer	2
Salamander	1
Chinese wok	6
Rice Cooker	1
Smoke House	1
Steam Table	1

Estimated Cost of Plumbing Work $5,000.00

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: CHUN-HSIUNG HUANG

CONTRACTOR'S SEAL

FIRE

Contractor: New York Business Fire System
Address: 40-50 192 st
Flushing NY 11358
Phone #: 718 888-2999
Lis #: 504 C
Federal Emp # or SSN 113-240-773-000

Technical Data

Description of Work:
Install Fire Suppression system in kitc

Heating Type: x Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	2
Total	
Stand Pipes	3/8" 1/2"
Kitchen Hood Exhaust System	1

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 1,700.

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:

Print Name: Peter Hou

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2796 Hooper Ave, Brick NJ 08724
Block: 673 Lot: 8
Owner's Name: Peter + Fredericka Tahanas
Owner's Mailing Address: 4 Manhattan Ave.
Rye, New York 10580
Phone: (914) 967-8857

BUILDING

Contractor: H.K General Contracting Co.
Address: 57-20 Kissena Blvd.
Flushing, Queens 11355
Phone#: 718-939-3922
Lis # 40651677
Federal Emp # or SSN 11-3574578

Technical Data

Description of Work: Vacant space to tenant fit-up Chinese Rest

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

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: $_____

Total Cost of New Building Work: $ 7,000

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: [signature]

Please Print Name Lin Shi Kang

ELECTRICAL

Contractor: COMMUNET ELECTRIC CORP.
Address: 34 MONTEREY DR.
HAZLET NJ 07730
Phone#: 732-888-5518
Lis #: 10984
Federal Emp # or SSN 22-3638475

Technical Data

Item	Quantity
Lighting Fixtures	15
Receptacles	10
Switches	6
Detectors	
Light Poles	
Motors w/ Fract. HP	3/4 HP
Emergency & Exit Lights	2
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	2 x 3HP
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	1-100 AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 4,500.00

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: [signature]

Please Print Name DEVIN LING

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Pinnacle Construction
Address: 8 Demoray Ct.
Pinebrook NJ 07058
Phone #: 973-808-5514
Lis #: 10956
Federal Emp # or SSN 22-3390187

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	2
Sink	4
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	2 (50 Pounds/Each)
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other: Cooking Qquipment:

Deep Fryer 2
Salamander 1
Chinese wok 6
Rice Cooker 1
Smoke House 1
Steam Table 1

Pat Dan 01.16.03

Estimated Cost of Plumbing Work $5,000.00

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: CHUN-HSIUNG HUANG

CONTRACTOR'S SEAL

FIRE

Contractor: New York Business Fire System
Address: 40-50 192 st
Flushing NY 11358
Phone #: 718 888-2999
Lis #: 504 C
Federal Emp # or SSN 113-240-773-000

Technical Data

Description of Work:
Install Fire Suppression system in kitche
Heating Type: x Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	20
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	2
Total	
Stand Pipes	3/8" 1/2"
Kitchen Hood Exhaust System	1

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical Wet Chemical 1

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances 12

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 1,700.

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: Peter Hou
Print Name: Peter Hou

Construction Permit # 03-0856

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2791 Hooper Ave. Brick, NJ 08723
Block: 673 Lot: 8
Owner's Name: Xue Xing Zou
Owner's Mailing Address: 663 40th Street, 2nd floor, Brooklyn NY 11232

Phone: (917) 714-8731

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: _____
Address: _____

Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
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	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical 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 _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing 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:_____

CONTRACTOR'S SEAL

FIRE

Construction Permit# 03-0856

Contractor: Accutech TEam Systesm Co., Ltd.
Address: 20-34 119th Street
Collge Point, NY 11356
Phone #: 718-670-0017
Lis #: NYS Lic. 12000042185
Federal Emp # or SSN NJ.# 113-248-460/000

Technical Data

Description of Work: Low Voltage FIre panel by Fire-LIte Alarms.

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:Central Station Monitoring
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	2 1
Heat Detectors	2
Total	3
2 pull stations, 2 horn/strobes	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work 800.00

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:_____

Print Name: Steven Lee

Construction Permit # 03-0856 LA

adding addl info

Township of Brick
Counter Form
(PLEASE PRINT)

UPDATE 03-0856
DATE 8-21-03
INITIALED BY
FOR FIRE

Site Location: 2791 Hooper Ave. Brick, NJ 08723
Block: 673 Lot: 8
Owner's Name: Xue Xing Zou
Owner's Mailing Address: 663 40th Street, 2nd floor, Brooklyn NY 11232

Phone: (917) 714-8731

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

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

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:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
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	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical 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

CONTRAC[illegible]EAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing 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:

CONTRACTOR'S SEAL

FIRE

Construction Permit# 03-08

Contractor: Accutech TEam Systesm Co., Ltd
Address: 20-34 119th Street
Collge Point, NY 11356
Phone #: 718-670-0017
Lis #: NYS Lic. 12000042185
Federal Emp # or SSN NJ.# 113-248-460/000

Technical Data

Description of Work: Low Voltage FIre panel h
Fire LIte Alarms.

Heating Type: ___Gas ___Oil ___Electric ___ Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision: Central Station Monitorin
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	Add One Horn/Strobe
Heat Detectors	to Existing Kitchen
Total	Hood System
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 800.00

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: Cecilia Casey
Print Name: CECILIA CASEY