BLOCK 673 LOT 8 QUALIFICATION CODE C16-73 ADDRESS (SITE) 2796 HOOPER AVE. PERMIT NO. 02-3069

CONSTRUCTION PERMIT APPLICATION

NOW: Little Italy Gourmet deli

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

I. IDENTIFICATION

1. Proposed Work Site at: BRICK MALL, 2796 HOOPER AVE.
2. Name of Owner in Fee: PETER TRAHANAS Tel. (914) 967-8957
   Address 4 MANHATTAN AVE. (street) RYE, N.Y. (municipality) 10580 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A. STRAVELLI Tel. (732) 279-1305
   Address 623 BAYVIEW DRIVE TOMS RIVER 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work ALFRED STRAVELLI JR.
   Tel. (732) 279-1305 FAX (____) _____

WAS: Papa JON$'S Pizza

Tenant F/T-UP

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	3339	$ 35	TH	
2. Electrical		60	25	
3. Plumbing		46		
4. Fire Protection		296		
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee		#13		
10. Subtotal				
11. Cert. of Occupancy				
12. Other		15		
13. TOTAL		$	35	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

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	$ 500								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing	$ 1000				8/13/02		10/10 OK		
7. ☑ Electrical	$ 2100				$502		9/15/02		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$ 3600								

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

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 Food
After Construction Food
Net Gain or Loss

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

COMMERCIAL

LDS BR-B 10427389

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. (X) Building C.2. (X) Fire Protection

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

D. (X) 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 Alfred Stinelli Jr Date 7/11/02

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

COMMERCIAL

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. _____	_____	_____	_____	_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/13/2002
Control #
Permit # 02-3069

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 673 Lot 8 Qual

Work Site Location 2796 HOOPER AVE-OLD PAPA JOHNS
SIGN/ALTERATIONS
Owner in Fee TRAHANA, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone (914)967-8937

Contractor AL STRAVELLI
Address 623 BAYVIEW DRIVE
TOMS RIVER, NJ 08753-
Telephone (732)279-1305
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
TENANT FIT UP

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 $ 14,200

D. Newman 08/13/2002
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	35
Electrical	62
Plumbing	45
Fire Protection	276
Elevator Devices	0
Other	
DCA Training Fee	13
Cert. of Occupancy	0
Other ZP	15
Total	~~431~~ 446
Check No.	999
Cash	
Collected By	MJR

8/13/02 3:01PM 0000004020
#02 SERV.002

#3069	
BUILDING	$35.00
ELECTRIC	$62.00
PLUMBING	$45.00
FIRE	$276.00
DCA	$13.00
ZPA	$15.00
CHECK	$446.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/01/2002
Date Issued 8/13/02
Control # C16-73
Permit # 02-3069

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 2796 HOOPER AVE-OLD PAPA JOHNS
SIGN/ALTERATIONS

Owner in Fee TRAHANA, PETER

Address 4 MANHATTAN AVE
RYE, NY 10580-

Tele.(914)967-8957

Contractor AL STRAVELLI

Address 623 BAYVIEW DRIVE
TOMS RIVER, NJ 08753-

Tele.(732)279-1305 Fax ( )

Lic. No. or Bldrs. Reg. 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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP

No other work under Rehab Code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-1-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-25-02
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9/4/02	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/25/02	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] 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	$ 17
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

1 Drug

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 07/11/2002
Date Issued 8/13/02
Control # C16-73
Permit # 02-3069

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 2796 HOOPER AVE-OLD PAPA JOHNS SIGN/ALTERATIONS
Owner in Fee TRAHANA, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele.( ) Fax ( )
Contractor B & J ELECTRIC
Address P.O. BOX 764
PT. PLEASANT, NJ 08742-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 30-0020750

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8502
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10 8 02
Approved By:

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9/5 for BB	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	10/3 for BB		10-8-02	

Temp. Cut-in Card Date Issued
Final Cut-in Card Date Issued 10/7/02 BB

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
7		Receptacles (2)	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
7		Communications Points (Should be)	
0		Alarm Devices/F.A.C. Panel	
7		TOTAL NUMBERS	35
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	2	HP Motors 1/+ HP	18
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	3	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

FILE EMBUM FOR THE WORK

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 62
DCA Training Fee $ 2

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

(1) MARK EQUIPMENT - CASES FANS AND PANEL

(2) DISCONNECT FOR EACH CASE OR BREAKER LOCK

(3) ALARM PERMIT & PROPERLY SECURE ALL CASES OR CELLS

(4) CUT SLEEVES FOR 2 MOTORS ON NAMEPLATE

(5) DISCONNECT ~~FOR EACH~~ MOTORS OR BREAKER LOCK

(6) ACCESS TO ALL EQUIPMENT

SEE 02 30 70 FOR SIGN

COMMENCIAL

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/29/2002
Date Issued 81302
Control # C67-38
Permit # 02-3070

A. IDENTIFICATION-APPLICANT: COMPLETE A[LL] APPLIC[ABLE] INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL U[NDERGROUND] DIG NO: 1-800-272-1000

Block 673 Lot 8 Qual
Work Site Location 2796 HOOPER AVE-OLD PAPA JOHNS SIGN/LITTLE ITALY DELI
Owner in Fee TRAHANA, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele.(732)477-8907 Fax ( )
Contractor BOB & SON SIGN COMPANY
Address P.O. BOX 277
BRICK, NJ 08723-
Tele.(732)477-8907
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2903790

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8102
Approved By: VMR

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10802
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Owen 10/3/02 BS 10802-8
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
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
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	2	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 26
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

10/3/07 MARK BARNETT & TIMES

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # update 03-3669 1 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

Work Site Location 1796 Hooper Ave Toms River

Owner in Fee/Occupant Little Italy Investment Corp

Address 276 Hooper Ave Brick

Tele. (732) 451-0901

Contractor Neiss Electrical

Address 1466 Route 88 Suite C Brick NJ

Tele. (732) 295-3400 Fax (732) 202-1610

Lic. No.

Federal Emp. No. 22-2400837

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7/13/12

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		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	
		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	
		.....	
		.....	

Administrative Surcharge	$	25
Minimum Fee	$	70
DCA Training Fee	$	
TOTAL FEE	$	

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2002
Date Issued 8/13/02
Control # C16-73
Permit # 02-3069

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 2796 HOOPER AVE-OLD PAPA JOHNS SIGN/ALTERATIONS
Owner in Fee TRAHANA, PETER
Address 4 MANHATTAN AVE RYE, NY 10580-
Tele.(609)587-6320 Fax ( )
Contractor AMERICAN FOOD SERVICE EQUIPMEN
Address 1437 EAST STATE ST HAMILTON TWP, NJ 08609-
Tele.(609)587-6320
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3142974

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10,000

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: 8-7-02
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-23-02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			10-23-02	DB
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			10-23-02	DB
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

	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)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
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	1	92
Dry Chemical	0	0
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	0	0
Other 3 Appliances		138
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~138~~ 276
DCA Training Fee	$	~~8~~ 10

Paid [ ] Check #
Collected by:

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 678 Lot 8
Work Site Location BRICK MALL
2796 HOOPER AVE. Old Papa Johns Store now Little Italy Gourmet Deli
Owner in Fee PETER TRAHANAS
Address 4 MANHATTAN AVE.
RYE, N.Y. 10580
Tele. (914) 967-8957
Contractor AMERICAN FOODSERVICE EQUIPMENT CO, INC
Address 1437 EAST STATE STREET
HAMILTON TWP, NJ 08609
Tele. (609) 587-6320 Fax (609) 588-0632
Lic. No.
Federal Emp. No. 22-3142974

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

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

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] 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 System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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.

David Caldwell VP
Signature

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(609) 468-7933

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen Hood Exhaust Fire Suppression

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2002
Date Issued 8/13/02
Control # C16-73
Permit # 02-3069

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 2796 HOOPER AVE-OLD PAPA JOHNS
SIGN/ALTERATIONS

Owner in Fee TRAHANA, PETER

Address 4 MANHATTAN AVE
RYE, NY 10580-

Tele.(732)920-9790 Fax ( )

Contractor SAVOIA PLUMBING

Address 203 PINE TREE DR
BRICK, NJ

Tele.(732)920-9790

Lic. No. or Bldrs. Reg. No. 11162

Federal Emp. No. 14-6605124

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
~~[ ]~~ Plumb. Plans Approved
Date: 8/2/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Approved By:
Date: 10-10-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	10-2-02		10-9-02	
Water				
Sewer				
Fixtures				
Gas Equip.			10-10-02	
Gas Piping	10-2-02		10-9-02	
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
0	Floor Drain	0
2	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

60' of Pipe
2" - 1 1/4
449,000

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 45
	DCA Training Fee	$ 1

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 02/11/2002
Date Issued / /
Control # 016-73
Permit #

① No gasket
② Vent for 10 W tied into building vents
(Sewer gas
③ Hype for 1.0 W

COMMERCIAL

Counter Form
PLEASE PRINT

COMMERCIAL

PLUMBING

Contractor: SAVOIA PLUMBING + HTG
Address: 203 PINE TREE DR
BRICK NJ 08723
Phone #: 732-920-9790
Lis #: 11162
Federal Emp # or SS [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	1-3 BAY SINK - 1-SINGLE 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 $1,000.00

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: Vincent Savoia
Please Print Name: VINCENT SAVOIA

CONTRACTOR'S SEAL

FIRE

Contractor: American Food Service Equipment Co. Inc.
Address: 1437 East State St.
Hamilton Twp., N.J. 08609
Phone #: (609) 587-6320
Lis #:
Federal Emp # or SSN 22-3142974

Technical Data

Description of Work:

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:
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	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	1

Pre-Engineered Systems:

CO2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	1

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 $10,000

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:
Print Name: DAVID CALDWELL

COMMERCIAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: _____

Block: _____ Lot: _____

Owner's Name: _____

Owner's Mailing Address: _____

_____

Phone: (_____) _____

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

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: $_____

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	K
Oven/Surface Unit	K
Electric Water Heater	K
Electric Dryer	K
Dishwasher	K
Garbage Disposal	
A/C Unit –Central Air	K
Space Heater/Air Handler	K
Baseboard Heating	K
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel	AI
Motor Control Center	AI
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2796 Hooper Ave
Block: 673 Lot: 8
Owner's Name: Al Stravelli
Owner's Mailing Address: 123 Bayview Dr
Toms River NJ 08753
Phone: (732) 279-1305

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

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: $_____

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: B+J Electric Inc
Address: PO Box 714
Ft. Pleasant NJ 08742
Phone#: 732-920-0120
Lis #: 2742
Federal Emp # or SSN 300020750

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	
Oven/Surface Unit	
Electric Water Heater	
Electric Dryer	
Dishwasher	
Garbage Disposal	
A/C Unit –Central Air	
Space Heater/Air Handler	
Baseboard Heating	
Motors 1+ HP	2
Transformer/Generator	
Light Stander	
Service	
Subpanel	
Motor Control Center	
Sign/Outline Light	
Furnace	
Steam Boiler	
Other:	7 direct lines

Estimated Cost of Electrical Work: 2700.00

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

Signature: Joseph Battaglio

Please Print Name Joseph Battaglio

CONTRACTOR'S SEAL

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: July 30, 2002 No. 2.1288

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

Property Address: 2796 Hooper Avenue; Brick Mall

Applicant: Alfred Starvelli, Jr.

Property Owner: Peter Trahanas

Existing Use: Vacant unit (former Papa John's Pizza).

Proposed Use: Delicatessen.

Proposed Construction: Interior alterations for tenant fit-up for "Little Italy Gourmet Deli".

Conditions: Interior work only.

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
JUL 16 2002
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.

RECEIVED
JUL 18 2002
ZONING

Block 673 Lot 8 Qualifier

PROPERTY ADDRESS BRICK MALL, 2796 HOOPER AVE.

PERSONAL NAME OF APPLICANT ALFRED STRAVELLI JR.

BUSINESS NAME OF APPLICANT LITTLE ITALY GOURMET DELI

PROPERTY OWNER PETER and FREDERICKA TRAHANAS

RECEIVED
JUL 29 2002
ZONING

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) food (WAS PAPA JOHNS)

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) TENANT FIT-UP

COMMERCIAL

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.

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 Alfred Stravelli Jr Date 7/11/02

Reviewed by Zoning Office SK Date 7/30/2 (X) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 693 LOT 8 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible], NJ 08753

INCLUSIONARY DEVELOPMENT

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

[illegible]

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

☒ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ ______

______ Frederick R. Millman, CTA, Tax Assessor ______ Date

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

$ 12,000

[signature] Frederick R. Millman, CTA, Tax Assessor 10/25/02 Date

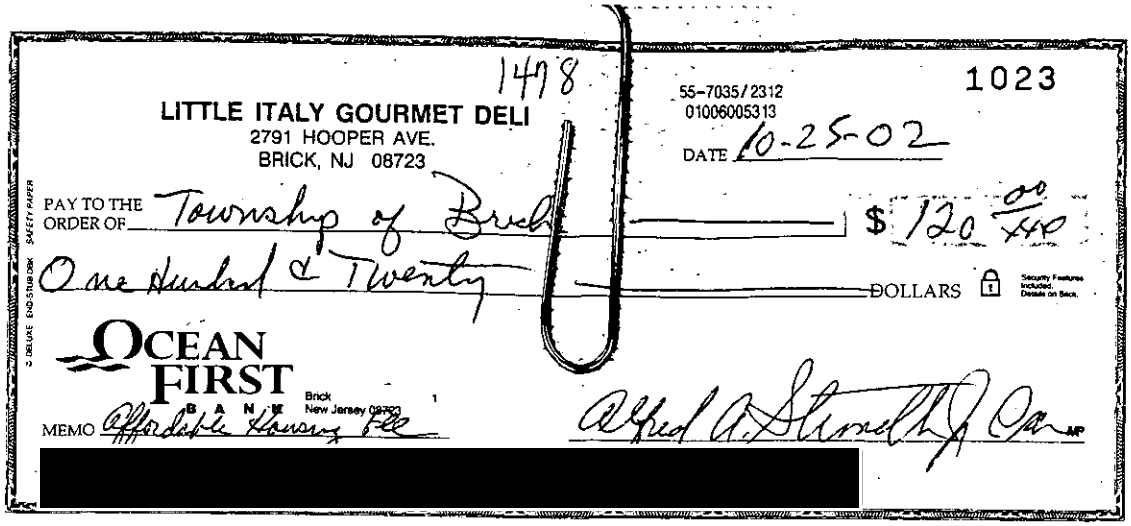
Prelininary Fee Required [illegible] Date ______
Preliminary Paid ______ Check # ______
Receipt # ______

Final Total Fee Required [illegible]
Preliminary Paid ______ Date [illegible]
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.

______
Office of Affordable Housing



1478

LITTLE ITALY GOURMET DELI
2791 HOOPER AVE.
BRICK, NJ 08723

55-7035/2312
01006005313

1023

DATE 10-25-02

PAY TO THE ORDER OF Township of Brick $ 120 00/100

One Hundred & Twenty DOLLARS

Security Features Included. Details on Back.

OCEAN FIRST BANK Brick New Jersey 08723

MEMO Affordable Housing Fee

Alfred A. Stimell Jr. CPA MP

[redacted]

Josep
Townsh

ration & Finance
le Housing
Administrator
046
)-6256
rick.nj.us

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

Business/Development: Little Italy Deli

Owner/Applicant: Little Italy Deli

Property Address: 2796 Hooper Ave

Block: 673 Lot: 8

DEPOSIT RECEIVED
Mandatory Development Fee
~~Commercial~~
Residential
Inclusionary Development Fee

DATE: 10/28/02

Check Number 1023

Preliminary Fee Paid $

Final Fee Paid 120.00

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:

Signature

Date 10/28/02

OFFICE OF AFFORDABLE HOUSING

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

ESTABLISHMENT INFORMATION

PHONE #: 279-1305 (Home)

ESTABLISHMENT TRADING NAME: LITTLE ITALY GOURMET DELI

NUMBER AND STREET: 2796 Hooper Ave

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 10

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☑ Public - Community
- ☐ Individual (Public - Non-Community)

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: ALFRED A. STRAVELLI

NUMBER AND STREET: 623 BAYVIEW DR

CITY OR MUNICIPALITY: TOMS RIVER

STATE: NJ

ZIP CODE: 08753

COMMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
8-8-02	08:45	~~09:00~~

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☑ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☑ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): Joseph A. Caprio

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: B-0375

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

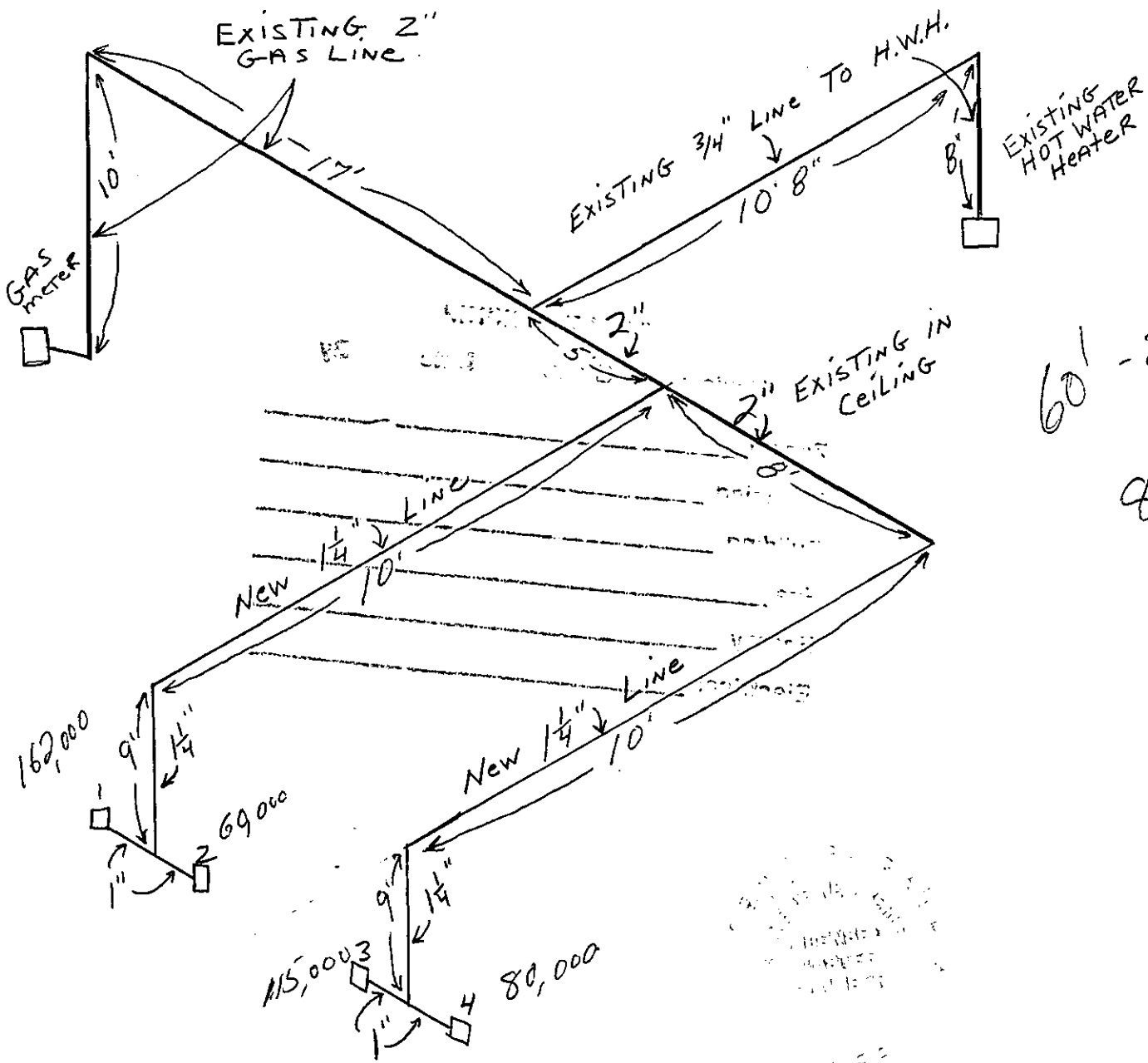
CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
LITTLE ITALY GOURMET DELI		8-8-02
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A Caprio	BRICK	Begin 08:45

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLANS HAVE BEEN REVIEWED & APPROVED
	THEY ARE IN SUBSTANTIAL COMPLIANCE WITH CHAPTER XII OF
	THE N.J. SANITARY CODE
	THIS OFFICE WILL BE NOTIFIED PRIOR TO OPENING FOR AN
	INITIAL INSPECTION
	LOF

(Attach additional sheets if necessary)

COMMERCIAL



60' - 2" - 1 1/4.

8/6/02

- GAS DIAGRAM -

ADDING FOUR GAS APPLIANCE TO EXISTING 2" GAS LINE

1) US RANGE — B.T.U's

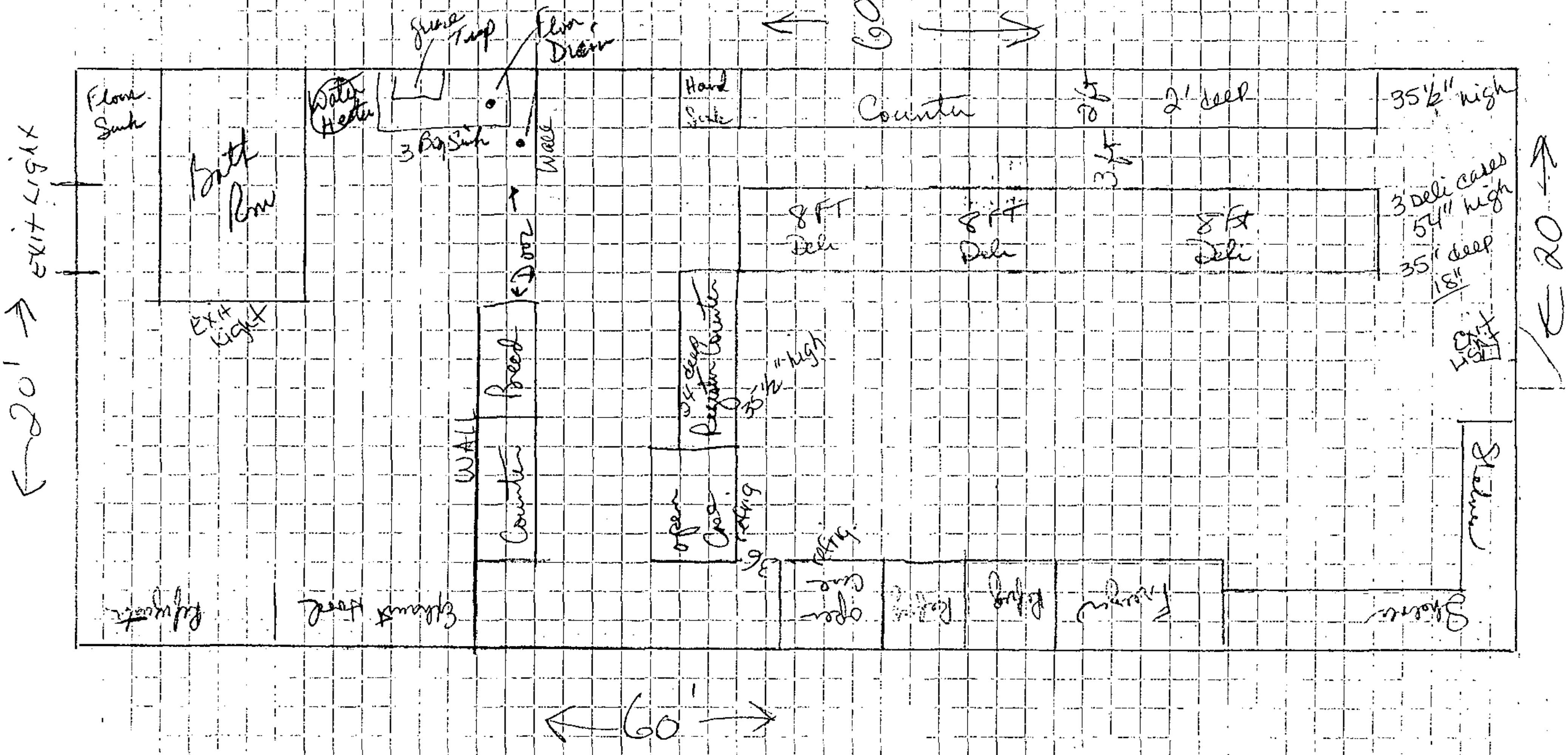
2) 18" CHARGRILL —

3) FRYER —

4) CONVECTION OVEN —

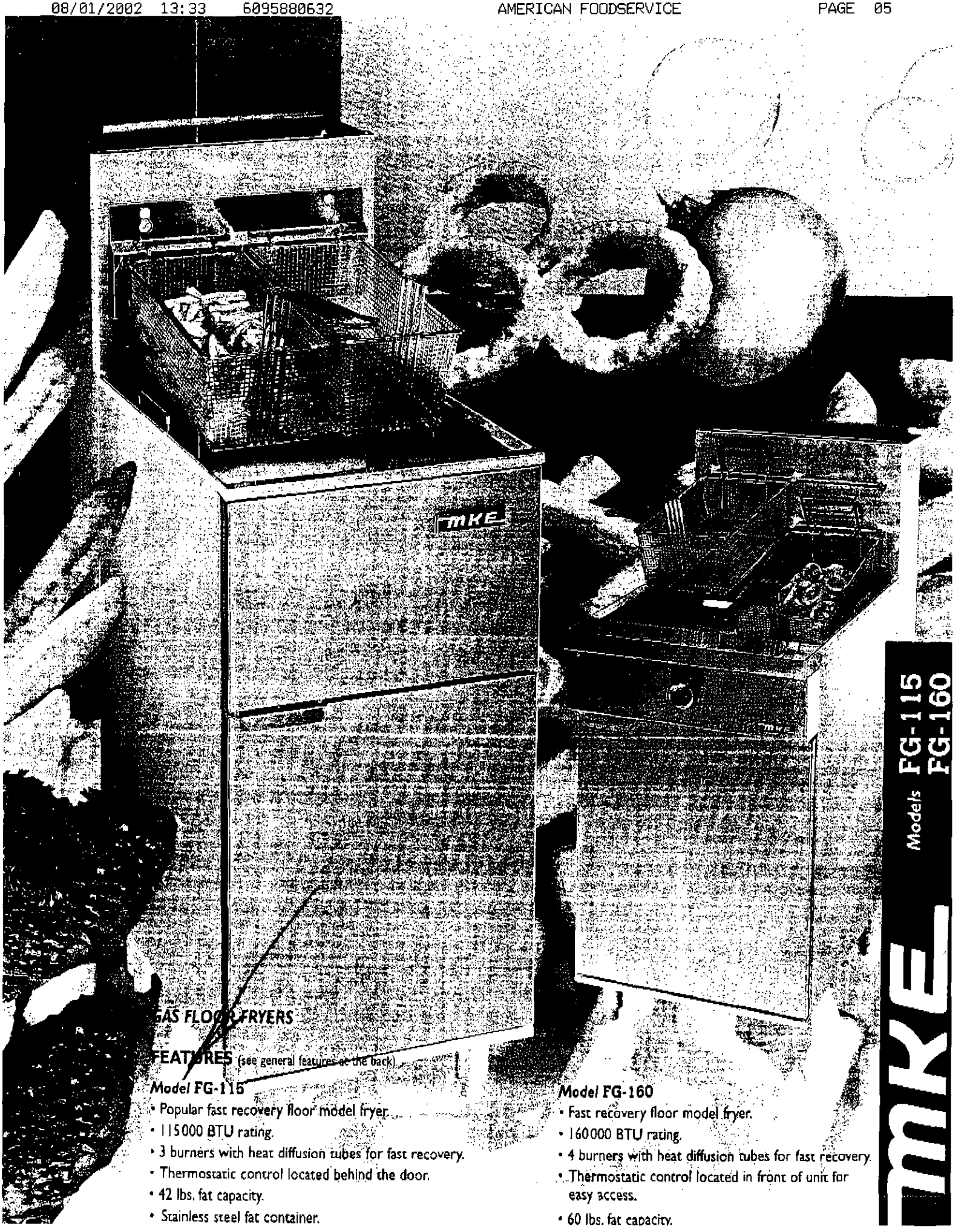
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			



COMMERCIAL

"PROPOSED



Models FG-115 FG-160

mKE

GAS FLOOR FRYERS

FEATURES (see general features on the back)

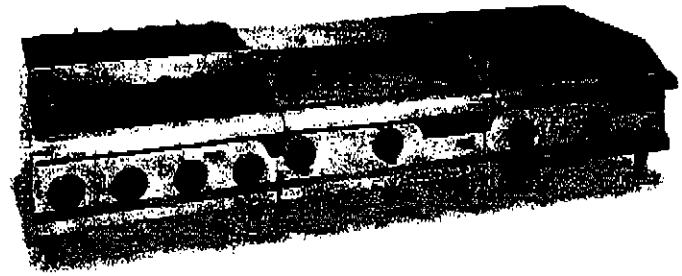
Model FG-115

- Popular fast recovery floor model fryer.
- 115000 BTU rating.
- 3 burners with heat diffusion tubes for fast recovery.
- Thermostatic control located behind the door.
- 42 lbs. fat capacity.
- Stainless steel fat container.

Model FG-160

- Fast recovery floor model fryer.
- 160000 BTU rating.
- 4 burners with heat diffusion tubes for fast recovery.
- Thermostatic control located in front of unit for easy access.
- 60 lbs. fat capacity.

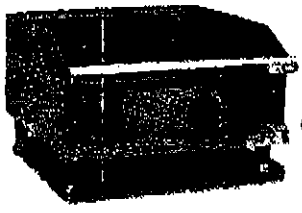
APW wyott Champion COOK SERIES



1

Charbroilers, Griddles, Hot Plates, Fryers, Cheesemelters, Counter Deck Oven

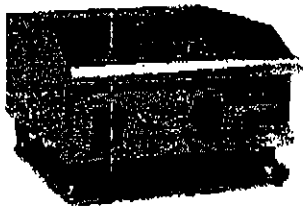
Gas CharRock Broilers, FOB Cheyenne



Gas CharRock Broilers feature all stainless and aluminized steel for welded construction. Cast iron rock holder under grates. One of the highest BTU ratings in the industry. Field convertible gas regulators (with the exception of 48" size). Cannot ship UPS. If shipping via air freight, dimensional weights apply. Freight class 85.

MODEL	BTU	DIMENSIONS	LBS	PRICE
GCRB-18H	60,000	15 1/2"H x 18"W x 25"D	126	934.00
GCRB-24H	80,000	15 1/2"H x 24"W x 25"D	157	1,064.00
GCRB-36H	120,000	15 1/2"H x 36"W x 25"D	224	1,452.00
GCRB-48H	160,000	15 1/2"H x 48"W x 25"D	289	2,048.00
GCRB-18H-CE	60,000	15 1/2"H x 18"W x 25"D	126	1,074.00
GCRB-24H-CE	80,000	15 1/2"H x 24"W x 25"D	157	1,191.00
GCRB-36H-CE	120,000	15 1/2"H x 36"W x 25"D	224	1,572.00
GCRB-48H-CE	160,000	15 1/2"H x 48"W x 25"D	289	2,156.00

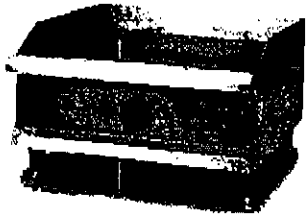
Gas Radiant Charbroilers, FOB Cheyenne



Gas Radiant Charbroilers feature stainless and aluminized steel, welded construction with heavy-duty stainless radiants. One of the highest BTU ratings in the industry. Easy clean-up. Field convertible gas regulators (with the exception of 48" size). Cannot ship UPS. If shipping via air freight, dimensional weights apply. Freight class 85.

MODEL	BTU	DIMENSIONS	LBS	PRICE
GCB-18H	60,000	15 1/2"H x 18"W x 25"D	107	1,202.00
GCB-24H	80,000	15 1/2"H x 24"W x 25"D	135	1,464.00
GCB-36H	120,000	15 1/2"H x 36"W x 25"D	202	1,958.00
GCB-48H	160,000	15 1/2"H x 48"W x 25"D	245	2,710.00
GCB-18H-CE	60,000	15 1/2"H x 18"W x 25"D	107	1,342.00
GCB-24H-CE	80,000	15 1/2"H x 24"W x 25"D	135	1,804.00
GCB-36H-CE	120,000	15 1/2"H x 36"W x 25"D	202	2,098.00
GCB-48H-CE	160,000	15 1/2"H x 48"W x 25"D	245	2,850.00

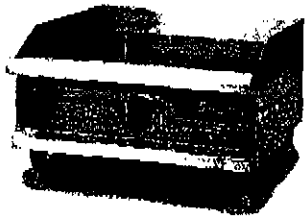
Thermostatic Gas Griddles, FOB Cheyenne



Gas Griddles feature a 3/4" griddle plate and a mechanical modulating valve/thermostat for maximum cooking control. 4" grease trough accepts full-sized spatulas. Stainless and aluminized steel, welded construction and 4" adjustable legs. Field convertible gas regulators (with the exception of 48" size). Cannot ship UPS. If shipping via air freight, dimensional weights apply. Freight class 85.

MODEL	BTU	DIMENSIONS	LBS	PRICE
GGT-24H	50,000	15 1/2"H x 24"W x 26 3/4"D	200	1,526.00
GGT-36H	75,000	15 1/2"H x 36"W x 26 3/4"D	263	1,910.00
GGT-48H	100,000	15 1/2"H x 48"W x 26 3/4"D	355	2,468.00
GGT-24H-CE	50,000	15 1/2"H x 24"W x 26 3/4"D	200	1,666.00
GGT-36H-CE	75,000	15 1/2"H x 36"W x 26 3/4"D	263	2,050.00
GGT-48H-CE	100,000	15 1/2"H x 48"W x 26 3/4"D	355	2,628.00

Manual Gas Griddles, FOB Cheyenne



Manual Gas Griddles feature a 3/4" flat polished steel griddle plate, full 4" grease trough and shut-off valve, stainless and aluminized steel, welded construction and 4" adjustable legs. Field convertible gas regulators (with the exception of 48" size). Cannot ship UPS. If shipping via air freight, dimensional weights apply. Freight class 85.

MODEL	BTU	DIMENSIONS	LBS	PRICE
GGM-24H	50,000	15 1/2"H x 24"W x 26 3/4"D	200	944.00
GGM-36H	75,000	15 1/2"H x 36"W x 26 3/4"D	263	1,226.00
GGM-48H	100,000	15 1/2"H x 48"W x 26 3/4"D	355	1,630.00
GGM-24H-CE	50,000	15 1/2"H x 24"W x 26 3/4"D	200	1,104.00
GGM-36H-CE	75,000	15 1/2"H x 24"W x 26 3/4"D	263	1,386.00
GGM-48H-CE	100,000	15 1/2"H x 24"W x 26 3/4"D	355	1,790.00

U.S. Range

Item #: _____
Model #: SDG-1/ SDG-2
Product Name: SunFire Series

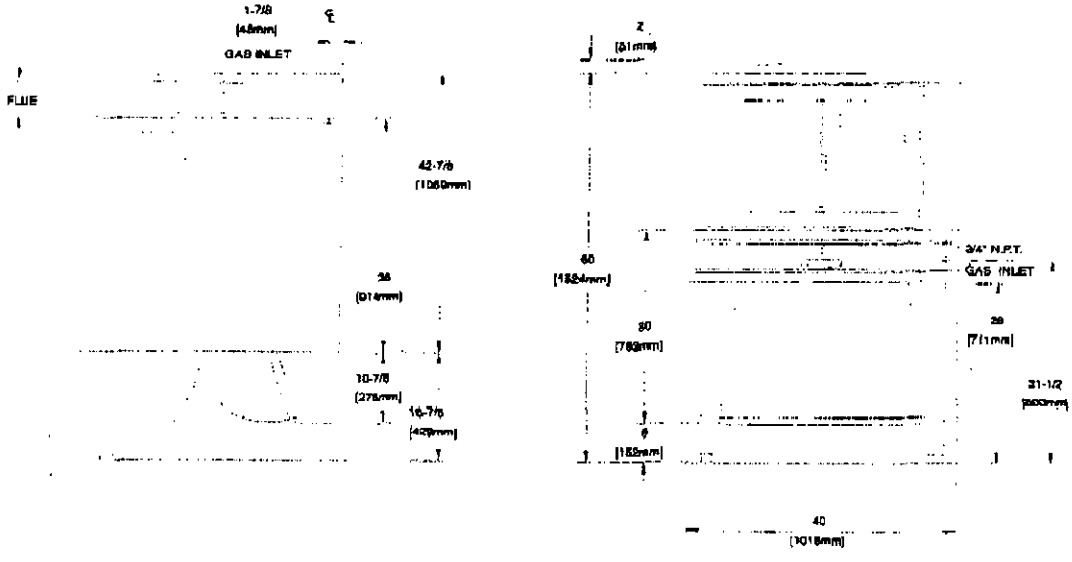
Installation Notes

Natural Gas (Available for LPG Operation) Electric 120 VAC/1 PH

SDG-1	SDG-2	SDG-1	SDG-2
80,000 BTU/HR One 3/4" NPT gas inlet	160,000 BTU/HR One 1" NPT gas inlet	One 3/4 HP Motor @ 8.5 amps	One 3/4 HP Motor @ 8.5 amps

Interior Dimensions (per deck)

Model #	W	H	D
SDG-1	29/736	20 1/3/520	28 1/2/723
SDG-2	29/736	20 1/3/520	28 1/2/723



SINGLE OVEN

Installation Notes

Combustible Wall Clearances

Sides	Back
1"	6"

For reduced clearances refer to ANSI Z223 1/NFPA #54

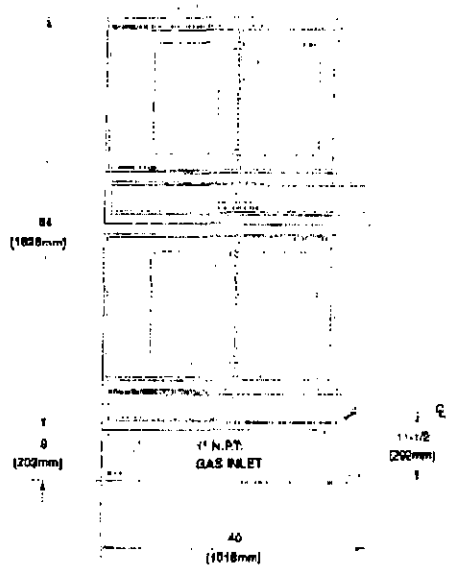
Important: for optimum performance operating
Gas Pressure: Natural 4" WC
LPG 9.5" WC

Entry Clearance

Crated	Uncrated
44 1/2"	32 1/2"
1130	826

Shipping Weight

SDG-1	700#/315 Kg.
SDG-2	1400#/630 Kg.



DOUBLE OVENS

Commercial cooking equipment requires an adequate ventilation system. For additional information refer to the National Fire Protection Association's standard #96

NOTE:
- Many local codes exist, and it is the responsibility of the Owner and Installer to comply with those codes.
- U.S. Range reserves the right to change or improve specifications without notification.
- These appliances are intended for commercial use by professionally trained personnel.

Form # SDG (11/00)

S-6-26

U.S. Range

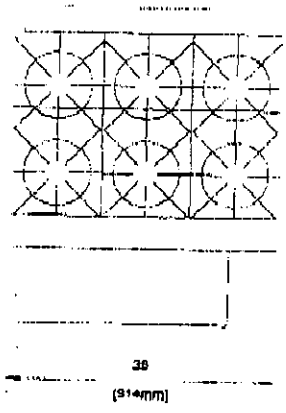
A WELBILT Company

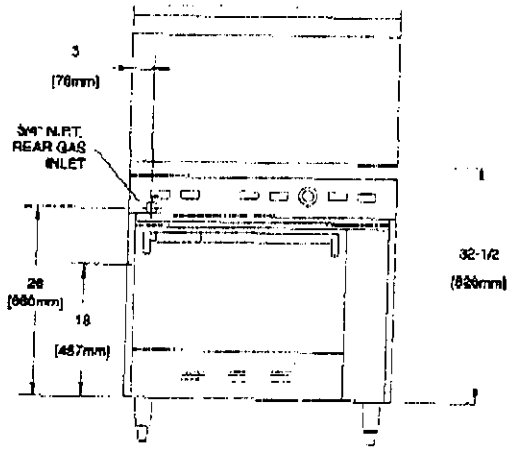
Item #: _____

Model: S-6-26

Product Name: SunFire 36" Range

Model No.	Description		Total BTU	Shipping Information Lbs.	Kg	Cube
☐ S-6-26	Six Open Burners	w/Oven	162,000	446	202	38
☐ S-6		w/o Oven	132,000	346	157	38
☐ S-1HT-4-26	12" Hot top, 4 Open Burners	w/Oven	136,000	460	209	38
☐ S-1HT-4		w/o Oven	106,000	360	163	38
☐ S-24G-2-26	24" Griddle, 2 Open Burners	w/Oven	122,000	480	218	38
☐ S-24G-2		w/o Oven	92,000	380	172	38

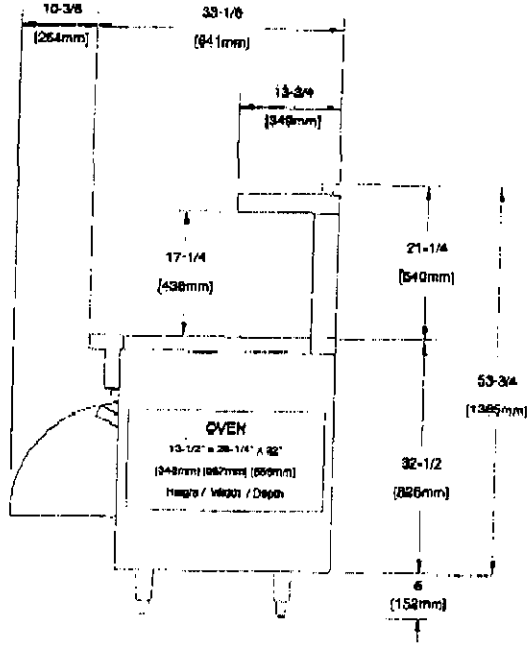




Specifications:

	Model
Description	36" Sunfire
Width	36"
Depth	33 1/8"
Height w/o Legs	32 1/2"
Height w/Legs	38 1/2"
Type of Gas	Natural/Propane
BTU-Griddle Burner	24,000 ea
BTU-OpenTop Burner	22,000 ea
BTU-HotTop	24,000 ea
BTU-Oven Burner-Standard	30,000 ea
Oven Interior-Standard	26 1/4" W x 22" D x 13 1/2" H

4.5" w.c. natural gas
10.0" w.c. propane gas



NOTE:
- Many local codes exist, and it is the responsibility of the Owner and Installer to comply with those codes.
- U.S. Range reserves the right to change or improve specifications without notification.
- These appliances are intended for commercial use by professionally trained personnel.
- 6" clearance from combustible walls required at rear of appliance.
- 9" clearance from combustible walls required at sides of appliance.

Form #S-6-26

SunFire Series 36" Range

U.S. Range

AMERICAN FOODSERVICE EQUIPMENT COMPANY

1437 E. State St. • Hamilton Township, NJ 08609

Phone: (609) 587-6320
Fax: (609) 588-0632

TO: MARY JANE RINALDI FROM: DAVE TURNER

DATE: 8/1/02

SUBJECT: LITTLE ITALY GOURMET DELI

☐ URGENT ☐ PLEASE COMMENT ☒ FOR REVIEW ☐ PLEASE REPLY

NOTES:

ATTACHED ARE SPEC SHEETS SHOWING ITEMS AND BTU'S FOR THE ITEMS WE ARE SUPPLYING.

TRUSTING THIS WILL SATISFY YOUR REQUEST.

PAGES INCLUDING COVER SHEET: 5

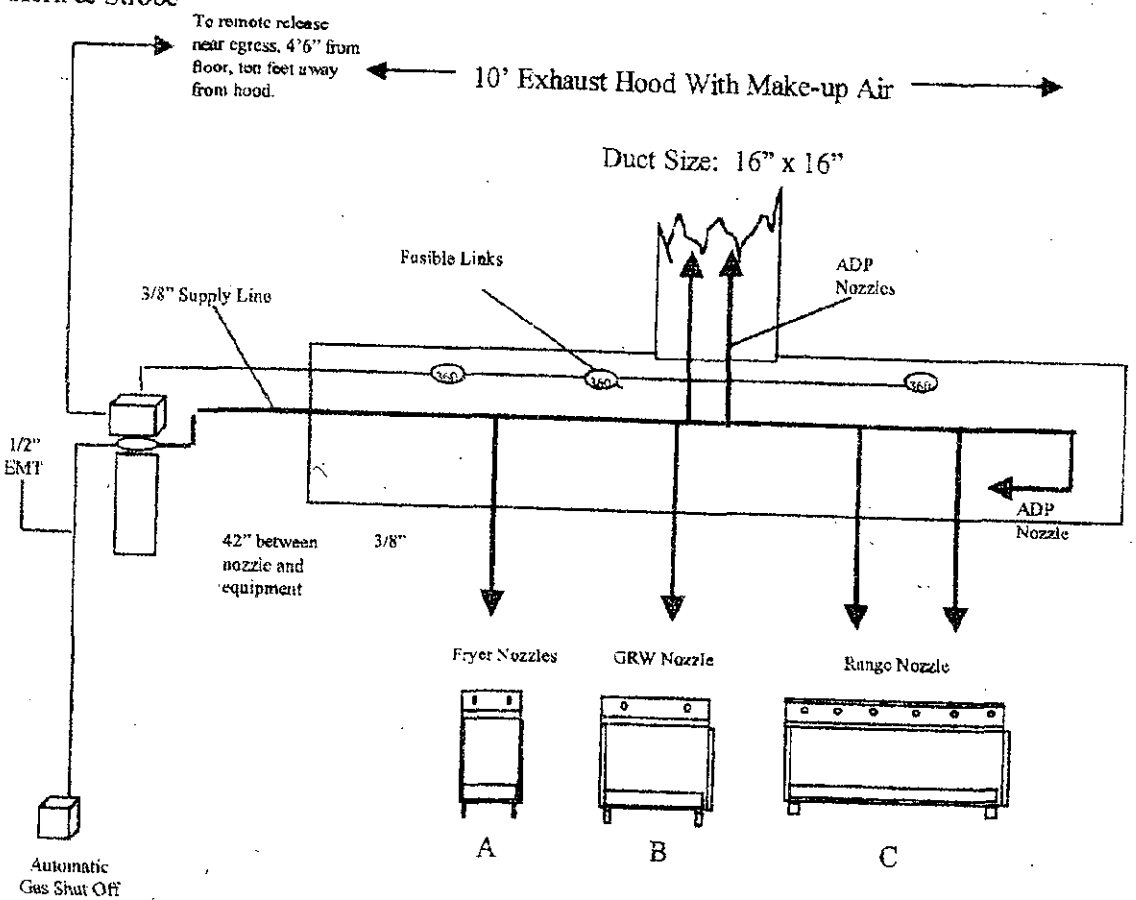
Prepared For:
Little Italy Gourmet Deli
2791 Hooper Avenue
Brick, NJ 08723

Prepared by:
All Out Fire Protection, L.L.C.
336 Grove Street, Building #3
Bridgewater, NJ 08807
(908) 722-9700

Warning Sign

Horn & Strobe

Fire Suppression System:
Existing, Pre-Engineered, UL Standard 300 Approved,
2.5 Gallon Range Guard Kitchen Fire Suppression System



Appliance Schedule
A - 16" Fryer
B - 18" Charbroiler
C - 36" 6- Burner Range

Hood, duct, and fan by others
System shall conform to state and local codes
Cooking appliances shall be within 6 inches from end of hood
Existing, Pre-engineered, U/L Standard 300 Approved, 2.5 Gallon Range Guard Wet Chemical Suppression System

Nozzle Schedule

Nozzle Type	Part #	# Flow Points
ADP	B120011	1
Fryer	B120012	2
GRW	B120013	2
Range	B120010	1

of Flow Points Available: 8
of Flow Points Used: 8
Reference Manual Part #: 9127100
Manual Issue Date: September, 1997
To request a manual free of charge, please call the Range Guard customer relations department at 800-446-3857.

Prepared For:
Little Italy Gourmet Deli
2791 Hooper Avenue
Brick, NJ 08723

Prepared by:
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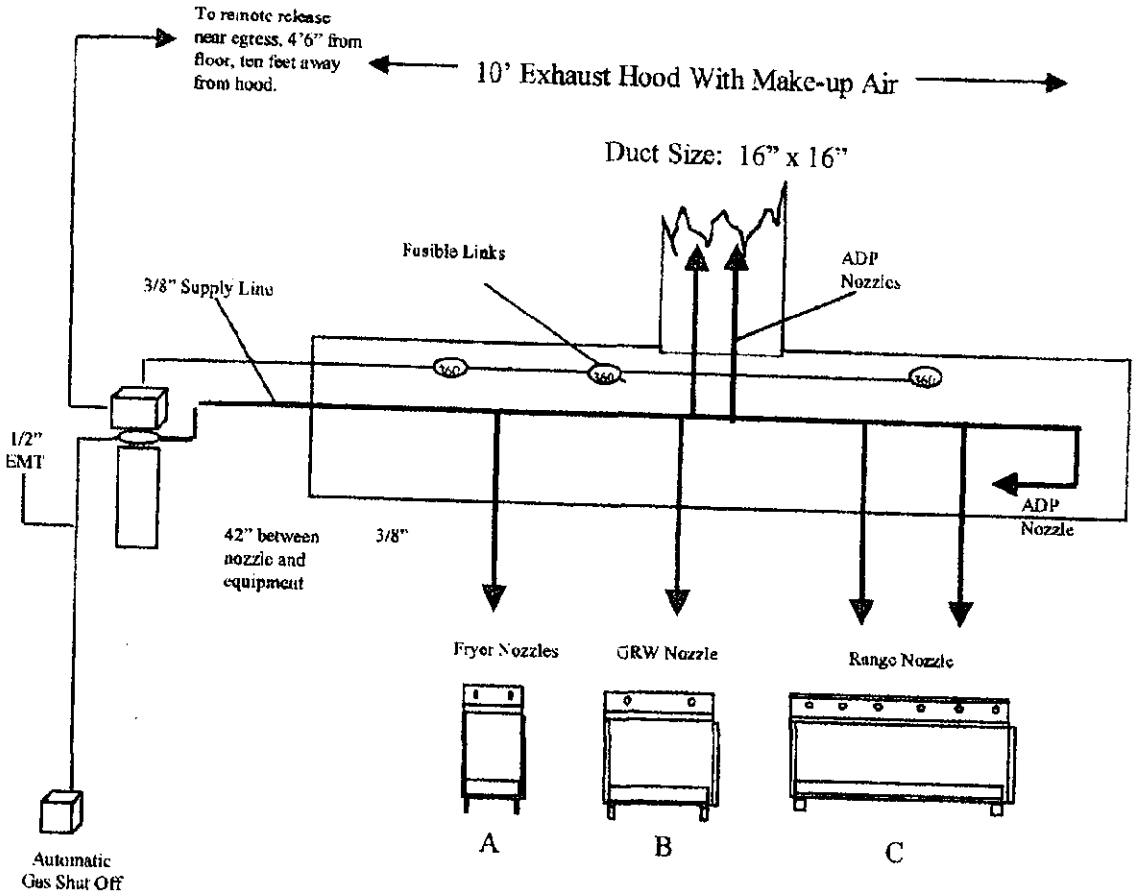

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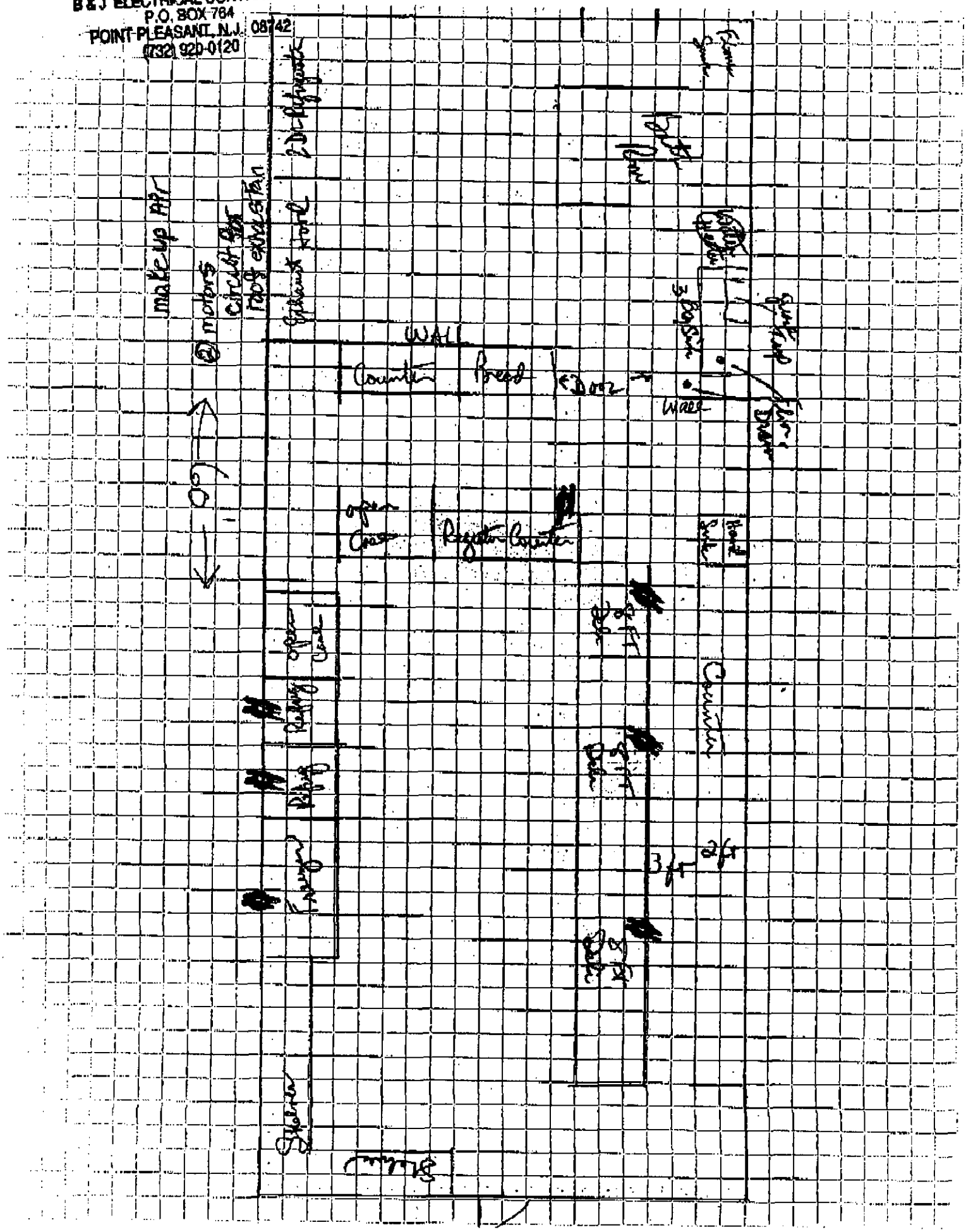
B & J ELECTRICAL CONTRACTOR
P.O. BOX 764
POINT PLEASANT, N.J. 08742
(732) 920-0120



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

7/30/12 OK SK

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

Alfred Stravelli, Jr.
623 Bayview Drive
Toms River, NJ
08753

Date: 7-26-2

Block: 673

Lot: 8

2796 Hooper Ave.

___ Your application for a zoning permit is incomplete. In order to review your application we need the following:

___ Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

___ A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

X Your application for a zoning permit is denied for the following reasons:

(2) Two separate applications are required for a sign permit and a tenant fit-up permit. (3) Three drawings of the sign are required.

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

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kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

RESUBMIT DATE 7/18/02 MF

Alfred Stravelli, Jr. Date: 7-16-2

623 Bayview Drive Block: 673

Toms River, NJ Lot: 8

08753 2796 Hooper Ave.

___ Your application for a zoning permit is incomplete. In order to review your application we need the following:

___ Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

___ A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

X Your application for a zoning permit is denied for the following reasons:

Construction drawings of the sign must be submitted.

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

JAMES E. MCGREEVEY
Governor

DAVID SAMSON
Attorney General
MARK S. HERR
Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

April 9, 2002

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit No. 2742E has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

Mr. Joseph Battaglio
B&J Electric Inc.
523 Eisenhower Drive
Pt. Pleasant, NJ 08742

This letter will be rendered invalid 140 days after the date of its issuance.

Sincerely,

Barbara A. Cook
Executive Director

BAC:lm

Plumbing Plan Review Record

Work site location: 2796 HOOPER AVE

Building Description: _____

Reviewed: [signature]

Date: 8/1/02

Correction list

No.	Description	Code section
1	- ORDER COUNTY HEALTH DEPARTMENT - REVIEW	sanitation Insp. report
2	- GAS SHUTOFF - LENGTH OF RUNS - 1¼	Food handling Establ.

OK