BLOCK 623 LOT 8 C19-8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-3094

8/7/98

CONSTRUCTION PERMIT APPLICATION

"Papa John"

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

I. IDENTIFICATION

1. Propsed Work Site at: 2796 Hooper Ave
2. Name of Owner in Fee: Peter Trahanas + Fredricka Trahanas Tel. (904) 967-8957
   Address 4 Manhattan Ave (street) Rye (municipality) New York 10580 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Edward Collins Tel. (610) 239-1040 ✓
   Address 777 W Germantown Pike Plymouth Meeting PA 19462
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 23 2744527 FAX: (_____) _____
5. Architect or Engineer Ronald Frank Tel. (_____) _____
   Address 44 Brace Rd Medford NJ 08055 ✓
6. Responsible Person in Charge of Work Bob Bezak ✓
   Tel. (215) 245-8026 FAX (_____) _____

610-496-3167

tenant fit-up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 510.-		
2. Electrical	101.-		
3. Plumbing	235.-		
4. Fire Protection	81.-		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	00.		
10. Subtotal			
11. Cert. of Occupancy			
12. Other 2nd + PP	$30		
13. TOTAL	$ 986.-		

AHBT FINAL APPROVAL

AHBT PRELIMINARY APPROVAL

COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure
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
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☒ Plumbing	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS ✓	

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
Rejected 8/14/98			9-9-98	TP	9/25/98		ok ✓
			8/13/98	gpc	9/25/98		ok
			9/1/98	MR	9/25/98	OK TCO	ok
							ok 9/29/98
EWC	8/21/98		8/21/98	DJ			

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

A.H.B.T. HANDLING FEE

LDS BR 10408839

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. (X) 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. (X) 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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) 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 [redacted] Date 8-7-99

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.

(X) Check if contractor.

Agent Name Edward Collins

Address 777 W Germantown Pike

Plymouth meeting [redacted] PA 19462

Telephone (610) 239 10400

Signature Ed Collins

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. 3094	6/28/98			
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 3094	9/30/98			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 9-30-98
Control #
Permit # 98-3094

IDENTIFICATION

Block 673 Lot 8
Work Site Location 2791 Hooper Avenue

Owner in Fee Peter Trahanas
Address 4 Manhattan Avenue
Rye, N.Y. 10580
Tele. ( )

Contractor Edward Collins
Address 777 W. Germantown Pike
Plymouth Meeting, Pa. 19462
Tele. ( )

Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Tenant fit-up "PAPA JOHNS PIZZA"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY xxxxx☒ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

J Piniazzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 9-28-98
Control #
Permit # 98-3094

IDENTIFICATION

Block 673 Lot 8
Work Site Location 2791 Hooper Avenue

Owner In Fee Peter Trahanas
Address 4 Manhattan Avenue
Rye, N.Y. 10580
Tele. ( )
Contractor Edward Collins
Address 777 W. Germantown, Pike
Plymouth Meeting, Pa. 19462
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Tenant fit-up "PAPA JOHNS PIZZA"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

XXXXX☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than October 12, 19 98 or the owner will be subject to a fine or order to vacate:

Pending compliance with Electrical.

J. Cuciazza
CONSTRUCTION OFFICIAL

OK 6/29/98

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/18/98
Date Issued 9/9/98
Control # C1948
Permit # 98-3094

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 PAPA JOHN
TENANT FIT UP

Owner in Fee TRALOUAS, PETE BRICK MALL

Address 4 MANHATTAN AVE
RYE, NY 10580-

Tele.(609)768-2936 Fax ( )

Contractor ASK THE PLUMBER INC

Address 2492 RICHARDS AVE
ATCO, NJ 08004-

Tele.(609)768-2936

Lic. No. or Bldrs. Reg. No. 6968

Federal Emp. No. 22-3045050

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 $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 9/3/98
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 9-28-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9/15/98	CAG
Rough			9-15-98	
Water				
Sewer				
Fixtures			9-28-98	
Gas Equip.			9-28-98	
Gas Piping			9-15-98	
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
1	Floor Drain	10
2	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
1	Interceptor / Separator	35
1	Backflow Preventer	35
1	Greasetrap	35
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other TRAP PRIMER	10
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	235
DCA Training Fee	$	5

Paid [ ] Check #
Collected by:

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

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/03/98
Date Issued 9/9/98
Control # C19-8
Permit # 98-3094

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 PAPA JOHN
TENANT FIT UP

Owner in Fee TRAIQUAS PETE BRICK MALL

Address 4 MANHATTAN AVE
RYE NY 10580-

Tele.(800)273-6967 Fax ( )

Contractor COLLID INC

Address 777 GERMANTOWN PIKE STE 532
PLYMOUTH MEETING, PA 19462-

Tele.(800)273-6967

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-2744527

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 $ 100

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: 9-3-98
Approved By: KAS

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-25-98
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			9-25-98	
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 Supply

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] 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	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 [X] or Oil [ ] Fired Appliances	1	46
Other EXIT/EMER LITES		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	81
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
~~**BUILDING**~~
~~**SUBCODE**~~
TECHNICAL SECTION

Date Received 08/18/98
Date Issued 9/9/98
Control # C19-8
Permit # 98-3094

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 PAPA JOHN
TENANT FIT UP
Owner in Fee TRALOUAS, PETE BRICK MALL
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele.(914)967-8957
Contractor COLLIO INC
Address 777 GERMANTOWN PIKE STE 532
PLYMOUTH MEETING, PA 19462-
Tele.(800)273-6967 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2744527

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[X] All — 9/9/98 — FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-25-98
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9/11/98	Cover
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other			9/24/98	over
Final				
BarrierFree				

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 $ 20,000
3. Total (1+2)$ 20,000

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

Note: See Architects Letter That concern Party walls THRU ROOF at 2HR Rating (Attached TO Plans)

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	510
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 510
DCA Training Fee	$ 16

Paid [ ] Check #
Collected by:

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

9/11/98 – Part walls R-Frame ok – no mech. app.
also Exist F/wall adjcnt. to conv. store
has void at top Block does not meet
underside of deck – need to refer to
Arch. for design to get 1 hr. rating. JK

9-21-98 – Arch. letter received (in File) on for fire wall
Repair – 2 layers 5/8" F.C. drywall to be applied.

9/23/98 – 1st layer 5/8" applied – JK

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/02/98
Date Issued 4/03/98
Control # C2-673
Permit # 98-1103

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

Block 673 Lot 8
Work Site Location 2791 HOOPER AVE
FACADE
Owner in Fee TRALOUAS, PETE BRICK MALL
Address 4 MANHATTAN AAAVE
RYE, NY 10580-
Tele.(914)967-8957
Contractor RICHARD TARRILLI
Address 13 TILTON RD
BRICK, NJ 08723-
Tele.(732)920-0756
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 92-00756
or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FACADE FOR BRICK MALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Req.
- [X] All 4-21-98 FG
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[X] CO [ ] CCO [ ] CA
Date: 9-25-98
Approved By: FG

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	Bldg. 2 of 3 Stages 5/18/98			
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9-25-98	FG

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		510
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 510
DCA Training Fee	$ 16

Paid [ ] Check #
Collected by:

U.C.C. Form F-1108

ELECTRICAL 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 673 Lot 8

Work Site Location 2796 Hooper Ave

9 Brick NJ

Owner in Fee/Occupant Papa John's Foods L.L.C.

Address 16 W Madison st. Baltimore Maryland 21201

Tele. ( )

Contractor Donald Washington Electric

Address 47 Annapolis Drive

Egg Harbor NJ

Tele. (609) 627 5033 Fax (783) 2597

Lic. No. EB 10950

Federal Emp. No. 153-58-7055

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

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.

Donald Washington

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
14		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
4		Emergency & Exit Lights	
6		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
45		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	
1	30Amp	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
12	1½	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Walk in Refrigator	
		.....	

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/18/98
Date Issued 9/19/98
Control # C19-8
Permit # 98-3094

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 PAPA JOHN
TENANT FIT UP
Owner in Fee TRALOUAS, PETE BRICK MALL
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele.(609)627-5033 Fax (609)783-2597
Contractor DON WASHINGTON ELECTRIC
Address 49 ANNAPOLIS DR
ERIAL, NJ
Tele.(609)627-5033
Lic. No. or Bldrs. Reg. No. 10950
Federal Emp. No. 15-3587055

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed A-3
[ ] Pole/Pad # [ ] Temporary [X] Other PAPA JOHNS REST
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 980901
Approved By: MM6455

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 980929
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			9809	11 MM6455
Temp Serv				
Const Serv				
TCO			980929	MM6455
Other				
Service				
Final			980929	MM6455

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)
16		Lighting Fixtures	
14		Receptacles	
4		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
4		Emergency & Exit Lights	
6		Communications Points	
0		Alarm Devices/F.A.C. Panel	
45		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
1	30	KW Central A/C Unit	40
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	2	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	107
DCA Training Fee	$	1

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/30/98
Date Issued
Control #
Permit # 98-2158

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

Block 673 Lot 8
Work Site Location 2791 Hooper Ave
Brick
Owner in Fee/Occupant Peter Trahanas
Address 4 Manhattan Ave
Rye, NY 10580
Tele. (914) 967-8957
Contractor Battaglia & Son
Address PO Box 764
Pt. Pleasant NJ 08742
Tele. (732) 920-0120 Fax (732) 899-3525
Lic. No. 2742
Federal Emp. No. 22-3067535

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-30-98
Approved by: MK6455

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

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

Joseph Battaglia
Applicant's Signature/Contractor's Seal and Signature

[X] 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	
		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	
7		Signs Building #1	35
~~1~~		~~Signs Building #2~~	

Change of Contractor

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	35

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 19, 1998 1998 - 1399

Block 673 Lot 8 Zone B-3, H.D.

Property Address: 2791 Hooper Avenue, Brick Mall

Owner: Peter Trahanas (Phone): (904) 967-8957

Applicant: Edward Collins (Phone): (610) 239-1040

Existing Use: Vacant retail unit.

Proposed Use: "Papa John's" take-out pizza.

Proposed Construction (if any): Interior renovations for take-out food store.

Conditions: Interior work only.

No customer seating or tables permitted.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 673 LOT 8

PROPERTY ADDRESS 2796 Hooper Ave BRICK 08723

NAME OF OWNER Peter Trahanas OWNER'S PHONE (908) 967-8957

NAME OF APPLICANT Edward Collins

APPLICANT'S COMPLETE ADDRESS 777 West Germantown Pike Plymouth meeting PA 19462

APPLICANT'S PHONE NUMBER (610) 239 1040 APPLICANT'S BUSINESS NAME Colloo Inc

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Clothing Store (VACANT)

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Pizza take out BUSINESS

☐ Other (please describe) _____

PROPOSED CONSTRUCTION Interior Partitions, Suspended Ceiling, Drywall + FRP panel.

All Dimensions 18-8 W 55-2 L 9' Ht (Ceiling)

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 Edward Collins Date 8-7-98

EDWARD COLLINS

Reviewed by Zoning Officer Date 8/19/98 ☒ Approved ☐ Rejected

Construction Office

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # TEMPORARY 609-667-1200

ESTABLISHMENT TRADING NAME: PAPA JOHN'S

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: ERIC W. DANNER

NUMBER AND STREET: 479 ROUTE 38 WEST

CITY OR MUNICIPALITY: MAPLE SHADE

STATE: N.J.

ZIP CODE: 08052

COMMUN. CODE: 15

TIME (2400 HOURS)

DATE	BEGIN	END
8-17-98	0950	1040

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 KLAMECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klamecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
PAPA JOHN'S	TO BE OBTAINED	8-17-98
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICK	Begin 0950

REG. NO.	REMARKS (Please specify area)
	The attached plans have been found To be in satisfactory compliance with chapter XII.
	NOTE: This Department is to be notified at least 48 hours prior to intended operation for an opening inspection
	STIP: Handwash sink will be installed in rear preparation area as per conversation with Eric Danver, Vice President / chief operating officer.

(Attach additional sheets if necessary)

ARCHITECTURAL MANAGEMENT, INC.

RONALD D. FRANKE, AIA
PRESIDENT

44 BRACE ROAD
MEDFORD, NJ 08055
(609) 654-9399
FAX (609) 654-9598

ARCHITECTURE
SPACE PLANNING
PROJECT MANAGEMENT

LICENSED IN:
DELAWARE
FLORIDA
KENTUCKY
MARYLAND
MASSACHUSETTS
NEW JERSEY
NORTH CAROLINA
OHIO
PENNSYLVANIA
VIRGINIA

NCARB CERTIFIED

RECEIVED
SEP 0 8 1998
DIV. OF INSPECTION

September 8, ±998

Brick Township Building Department
401 Chambersbridge Road
Brick Township, New Jersey 08723

Re: Papa John's Pizza
104 Cooper Avenue
Brick Twp., NJ

Per your Plan Review I submit the following:

Item 1. Both demising walls are (2) hr. CMU walls continuous thru roof.

Item 2. Pizza Oven shall be rotated so as to afford 3'-0" min. clearance on all sides.

If there are any further questions, please contact me.

Sincerely,

Ronald D. Franke, AIA NCARB
President

ARCHITECTURAL MANAGEMENT, INC.
44 BRACE ROAD
MEDFORD, N.J. 08055
(609) 654-9399
(609) 654-9598 FAX

TELEPHONE FACSIMILE COVER SHEET

FAX NUMBER: 732.602.2839

TO ATTN OF: C.O.

COMPANY:

FROM: Ron Franker

DATE: 9.8.98

MESSAGE: Re: Papa John's permit

NUMBER OF PAGES: 2 (INCLUDING COVER SHEET)

IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE TELEPHONE SENDER AT (609) 654-9399
AS SOON AS POSSIBLE

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 8-7-98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 673 Lot: 8

I, Edward Collins of [redacted],
(name) (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date: 8/21/98 By:

Rejected Date: By:

Remarks:

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-8-98

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

BUILDING LOCATION 2291 Hooper Ave.
(Street address)

BUILDING DESCRIPTION Tennent Fit up Papa John's

REVIEWED BY FCM

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)	Isle width Around Pizza oven Not To Code	1011.3
(2)	Tennant Seperation Wall Specs Listed For one side wall only	

Called 2/5 6:45 AM left message on # machine

06/93

673 8

ARCHITECTURAL MANAGEMENT, INC.

RONALD D. FRANKE, AIA
PRESIDENT

44 BRACE ROAD
MEDFORD, NJ 08055
(609) 654-9399
FAX (609) 654-9598

ARCHITECTURE
SPACE PLANNING
PROJECT MANAGEMENT

LICENSED IN:
DELAWARE
FLORIDA
KENTUCKY
MARYLAND
MASSACHUSETTS
NEW JERSEY
NORTH CAROLINA
OHIO
PENNSYLVANIA
VIRGINIA

NCARB CERTIFIED

September 16, 1998

Mr. Joseph Cariazza Construction Official
% Brick Township
401 Chambersburg Road
Brick Twp., NJ 08723

Re: Papa John's Pizza
104 Cooper Avenue
Brick Twp., NJ

Dear Sir,

The masonry demising wall on one side of our Store was not built tight to the underside of the metal roof deck. The contractor for Papa John's will have to put blocking and 2 layers 5/8" FC Drywall to fill this void. This will provide the 1 hr. Tenant seperation.

Sincerely,

Ronald D. Franke, AIA NCARB
President

613 8

ARCHITECTURAL MANAGEMENT, INC.

RONALD D. FRANKE, AIA
PRESIDENT

44 BRACE ROAD
MEDFORD, NJ 08055
(609) 654-9399
FAX (609) 654-9598

ARCHITECTURE
SPACE PLANNING
PROJECT MANAGEMENT

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NEW JERSEY
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OHIO
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VIRGINIA

NCARB CERTIFIED

September 16, 1998

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% Brick Township
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Brick Twp., NJ 08723

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104 Cooper Avenue
Brick Twp.. NJ

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Sincerely,

Ronald D. Franke, AIA NCARB
President

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

August 24, 1998

Mr. Edward Collins
777 W. Germantown Pike
Plymouth Meeting, PA 10580

RE: Mandatory Development Fee
Block 673, Lot 8; PaPa Johns Pizza, 2791 Hooper Ave.

Dear Mr. Collins:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on August 7, 1998, for the above block and lot at $11,470.00, resulting in an estimated fee of $114.70.

Therefore, you are required to submit half of the estimated fee ($57.35) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
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August 24, 1998

Mr. Edward Collins
777 W. Germantown Pike
Plymouth Meeting, PA 10580

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Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8-21-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 673 LOT 8 SITE ADDRESS 2791 Hooper AVE.

TYPE OF SITE FOOD (Residential/Commercial) TYPE OF BUSINESS Pizza / PAPA JOHN

APPLICANT Edward Collins CITY & STATE Plymouth Meeting, PA.

[X] Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 11.470.

Frederick R. Millman, CTA, Tax Assessor

8-24-98

Date

[X] Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 11.480

Frederick R. Millman, CTA, Tax Assessor

9-28-98

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 2796 Hooper Ave — Date Rec'd.:
Block: — Lot: — Date Issued:
Owner in Fee: Peter Trahanas — Control #:
Address: 4 Manhattan — Permit #:

State: — Zip: — Phone: ( )
SS #: — Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: ASK The Plumber Inc.
ADDRESS: 2492 Richards Ave
Atco, NJ. 08004
PHONE: 609-768-2936
LIC.#: BL0 6968
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 223045050

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
	Bath Tub
2	Lavatory
	Shower
1	Floor Drain
2	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
✓	Hose Bibb
✓	Gas Piping
	Fuel Oil Piping
1	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
1	Interceptor / Separator
1	Backflow Preventer
1	Greasetrap
1	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other trap primer

Estimated Cost of Plumbing Work: $ 6900.00
Signature: Andrew A Kupszy
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Collins Inc / Edward C Collins
ADDRESS: 777 Germantown Pike Suite 532
Plymouth meeting, PA 19462
PHONE: 800-273-6967
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 232744527

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Interior Partitions, Suspended Ceiling, Drywall, FRP Paneling.

TYPE OF WORK

☐ New Building
☐ Addition — ☐ Fence: Height (6' or More)
☑ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP — Present: — Proposed:
CONSTR. CLASS — Present: — Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: — Total Land Disturbed:
Signature: Edward C Collins

Estimated Cost of Building Work: 20,000
New Building (1): $
Alteration (2): $ 20,000
TOTAL (1+2): $ 20,000
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Don Washington

ADDRESS: 47 Annapolis Dr.
Erial, NJ.

PHONE: 609-627-5033

LIC. #: EB-10950 EXP. DATE:

FEDERAL EMPL. #: (or S.S. [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

Co2 Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

Other

Other:

Estimated Cost of Fire Protection Work: $ 0

Signature:

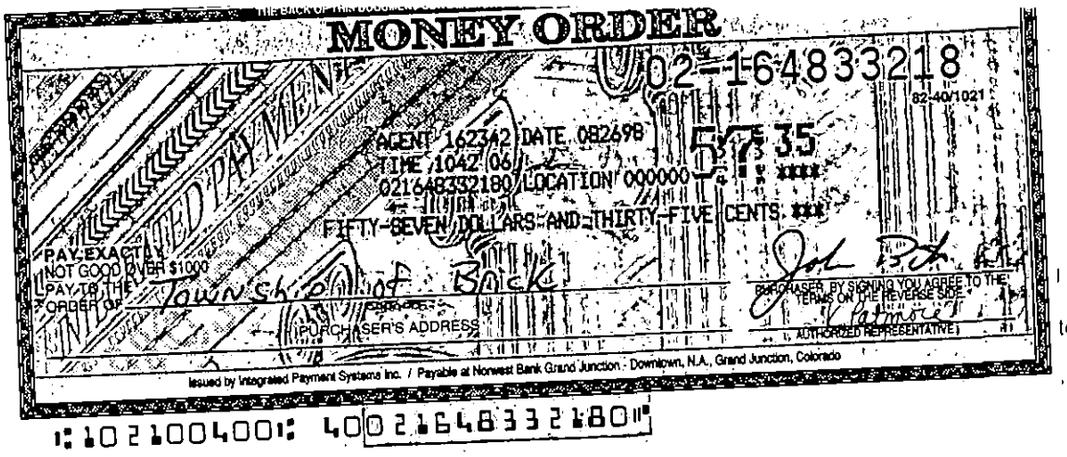
Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:



Joseph C. S

Township Coun

Victor Ca

Martin J.

Helen Fa

Gregory

Mary Lou

Kathy M.

Frederick J. Underwood, Sr.

tor

1456

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: Aug 26, 1998

Business/Development: PaPa John's Pizza

Owner/Applicant: Edward Collins

Property Address: 2791 Hooper Ave.

Block: 673 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number MO 02-164833218

Estimated Fee $ #114.70

Deposit Amount $ #57.35

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

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

8-26-98
Date

AHBT PRELIMINARY APPROVAL