

APPLICATION FOR CERTIFICATE OF LAND USE COMPLIANCE

(PLEASE PRINT CLEARLY)

Fees: Commercial: \$50.00. Residential: \$32.00*

*Fees in accordance with Resolution 11-60 dated 6/21/11 and Resolution 15-24 dated 3/3/15.
Check or Money Order Payable To "Casino Reinvestment Development Authority". No cash.

BUSINESS NAME: Setaara Restaurant
Applicant's Name: Mina Parah Phone: 484-410-9308
Applicant's Address: 170 N. Maine Ave, Atlantic City, NJ 08401
Applicant's Email: mina.parah@gmail.com
Applicant's Signature: [Signature]

PROPERTY INFORMATION
Street Address: 2322 Arctic Ave, Atlantic City Unit# 1st Floor.
Zoning District: NC-1 Block(s) 280 Lot(s) 3 Qualifier No. _____
Prior Use (Include total number of units, number of seats if restaurant and/or bar, describe fully.):
Please attach letter. VACANT COMMERCIAL

Proposed Use (Fully describe proposed use and/or signage, including total number of units; number seats if restaurant and/or bar attach sheets if necessary.): See Attach
RESTAURANT WITH WALL MOUNTED SIGN
(2' X 13.5' = 27 SF)

CERTIFICATION IN LIEU OF OATH (OWNER OR AGENT)

Owner Section (To be completed by the owner in fee of the property that is the subject of this application.)
Owner's Name: David Parah Phone: 609-992-1566
Owner's Address: P. Box 1387 Atlantic City, NJ 08404
Owner's Email: drparah@yahoo.com
I hereby certify that I am the owner in fee of the property that is the subject of this application.
Property Owner's Signature: [Signature] Date: 6-10-17

Agent Section (To be completed if owner in fee has authorized an agent for this application.)
Agent's Name: Mina Parah
Agent's Title: Restaurant owner.
Agent's Address: 170 N. Maine Ave Atlantic City NJ 08401
Agent's Email: minaparah@gmail.com
I hereby certify that I have been authorized by the owner in fee to make this application as his/her agent.
Agent's Signature: [Signature] Date: 6-19-17

Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE, LICENSE TO OCCUPY PUBLIC PROPERTY, LICENSE TO OCCUPY THE PUBLIC RIGHT OF WAY OR OTHER STATE AND LOCAL PERMITS. 2) THE AGENT BY THEIR SIGNATURE REPRESENTS THAT THE PROPERTY OWNER HAS GRANTED CONSENT TO THE AGENT TO SIGN ON THEIR BEHALF 3) THE CERTIFICATE WILL NOT BE ISSUED IF VIOLATIONS OF CHAPTER 163 EXIST. 4) THIS CERTIFICATE IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS OF CHAPTER 163 EXIST.

FOR OFFICE USE ONLY

Approved Denied

Conditions of Approval: Subject to applicant's satisfaction of all applicable requirements of the City of Atlantic City's Land Use Ordinances and regulations and compliance with all Federal, State and Local laws, SUBJECT TO LICENSE FROM CITY FOR SIGNAGE PROJECTING OVER PUBLIC SIDEWALK.

Application Number: #2017-06-2224 Fee Received: \$50.00 CK #116
Date Filed: 6/19/2017 Date Issued: 6/19/17

Authorization: [Signature]
Robert L. Reid, AICP, PP, Land Use Regulation Enforcement Officer

Distribution (City Departments):
Construction Division City Engineer Code Enforcement Fire Department
Police Department Mercantile Office Tax Assessor Health Department
CDBG Program Other

Casino Reinvestment Development Authority
APPROVED
Land Use Regulation and Enforcement Division
Rev. 04/29/16

Completed 6/19/2017



15 South Pennsylvania Avenue
Atlantic City, NJ 08401

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Fees: Commercial: \$50.00. Residential: \$32.00*

*Fees in accordance with Resolution 11-60 dated 6/21/11 and Resolution 15-24 dated 3/3/15.
Check or Money Order Payable To "Casino Reinvestment Development Authority". No cash.

BUSINESS NAME:

Applicant's Name: MINA + ABDULLAH PANAH Phone: 609-992-1566
Applicant's Address: 6 NORTH MISSISSIPPI AVE ATLANTIC CITY, NJ. 08401
Applicant's Email: minapanah@gmail.com
Applicant's Signature: [Signature]

PROPERTY INFORMATION

Street Address: 2324 ARTIC AVE, ATLANTIC CITY Unit# _____
Zoning District: DA Block(s) 280 Lot(s) 2 Condo. Qualifier No. _____
Prior Use (include total number of units, number of on-site parking spaces, number of seats if restaurant and/or bar, describe fully.):
1 STORE FRONT
2 - 2 BEDROOM APARTMENTS

LEON
609-338-3779

Proposed Use (Fully describe proposed use and/or signage, including total number of units; number of on-site parking spaces, number seats if restaurant and/or bar, attach sheets if necessary.):

1 STORE FRONT
2 - 2 BEDROOM APARTMENTS (RESOL # 275 OF 1995)

CERTIFICATION IN LIEU OF OATH (OWNER OR AGENT)

Owner Section (To be completed by the owner in fee of the property that is the subject of this application.)

Owner's Name: CONNIE + JOHN REALTY INC Phone: 917-291-2345
Owner's Address: 206-33 45 BAYSIDE DRIVE, NEW YORK 11361
Owner's Email: John.mg914@yahoo.com

I hereby certify that I am the owner in fee of the property that is the subject of this application.

Property Owner's Signature: [Signature] Date: 11/5/2018

Agent Section (To be completed if owner in fee has authorized an agent for this application.)

Agent's Name: CHAK 'LEON' TONG
Agent's Title: Realstate associate
Agent's Address: 1001 Tilton Road Northfield NJ 08225
Agent's Email: Ljtong@aol.com

I hereby certify that I have been authorized by the owner in fee to make this application as his/her agent.

Agent's Signature: [Signature] Date: 11-5-2017

Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE, LICENSE TO OCCUPY PUBLIC PROPERTY, LICENSE TO OCCUPY THE PUBLIC RIGHT OF WAY OR OTHER STATE AND LOCAL PERMITS. 2) THE AGENT BY THEIR SIGNATURE REPRESENTS THAT THE PROPERTY OWNER HAS GRANTED CONSENT TO THE AGENT TO SIGN ON THEIR BEHALF. 3) THE CERTIFICATE WILL NOT BE ISSUED IF VIOLATIONS EXIST. 4) THIS CERTIFICATE IS ISSUED BASED ON TRUE AND ACCURATE INFORMATION BEING PROVIDED BY THE APPLICANT AND MAY BE RESCINDED IF IT IS DETERMINED THAT VIOLATIONS EXIST.

FOR OFFICE USE ONLY

Approved ✓ Denied _____

Conditions of Approval: Subject to applicant's satisfaction of all applicable requirements of the City of Atlantic City's Code and NJAC 19:66 Land Use Regulations and compliance with all other Federal, State and Local laws.

NO SIGNAGE FOR STORE FRONT

Application Number: 2018-11-2531 Fee Received: \$50.00 check #1046496
Date Filed: 11/9/18 Date Issued: 11/9/18

Authorization: Robert L. Reid, AICP, PP, Land Use Regulation Enforcement Officer

Distribution (City Departments):
Construction Division _____
Police Department _____
CDBG Program _____
City Engineer _____
Municipal Office _____
Other _____
Code Enforcement _____
Tax Assessor _____
Fire Department _____
Health Department _____

Emailed 11/9/2018

Casino Reinvestment
Development Authority
APPROVED
Land Use Regulation and
Enforcement Division

ATLANTIC CITY DIVISION OF HEALTH
SANITARY INSPECTION REPORT

Sebees Restaurant
Name of Establishment

2322 North Ave.
Address

**CONDITIONALLY
SATISFACTORY**

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST
ON THESE PREMISES AND AT THE LOCAL DEPARTMENT OF HEALTH.

LOCAL BOARD OF HEALTH

LOCAL BOARD OF HEALTH (Name and Address)
Atlantic City Health Department
1301 Bacharach Boulevard
Atlantic City, NJ 08401

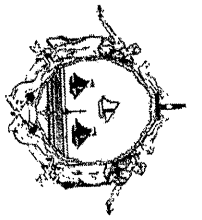
NAME OF INSPECTING OFFICIAL (Print) DATE

Harold R. Bross *7/3/2015*

SIGNATURE OF INSPECTING OFFICIAL PERMANENT REG. NO.

[Signature] *B1778*

NOTE: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous place near the public entrance of the establishment". Specific references in the Detail Sheets are to Chapter 24 of the State Sanitary Code, NJAC 8:24



City of Atlantic City
 Dept. of Licensing & Inspections
 Atlantic City, NJ 08401
 609-347-5660

Block: 280 Lot: 3 Quali:
 Work Site Location: 2322 ARCTIC AVE
 ATLANTIC CITY, NJ 08401

Owner in Fee: PANAH, DAUD
 Address: POB 1387
 ATLANTIC CITY, NJ 08401

Telephone:
 Agent/ Contractor: BREEZE ELECTRIC CO. INC.
 Address: 214 A FRANKFORD
 EGG HARBOR CITY, NJ 08240

Telephone: 609-593-6073

Lic. No./Bldgs. Reg. No.:

Federal Emp. No.:

Home Warranty No.:

Type of Warranty Plan: State Private

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

Anthony Cox, Sr.
 Construction Official

CERTIFICATE IDENTIFICATION

Date Issued: 7/18/2019
 Control Number: 2017-001554
 Permit Number: 18-CP-000102

Use Group: R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp. Date:

Description of Work/ Use:
 UPGRADING FRONT FACADE/ LIGHTING FIXTURES/RECEPTACLES,
 AMENDMENT INTERIOR ALTERATION

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

Total removal of lead-based paint hazards in scope of work

Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

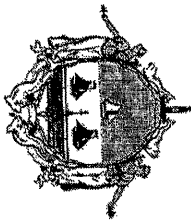
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Fees \$0.00

Paid

Date



City of Atlantic City
 Dept. of Licensing & Inspections
 Atlantic City, NJ 08401
 609-347-5660

CERTIFICATE IDENTIFICATION

Date Issued: 7/18/2019
 Control Number: 2018-000111
 Permit Number: 18-CP-000188

Block: 280 Lot:3 Quali:
 Work Site Location: 2322 ARCTIC AVE
 ATLANTIC CITY, NEW JERSEY 08401

Owner in Fee: PANAH, DAUD
 Address: POB 1387
 ATLANTIC CITY, NEW JERSEY 08401

Telephone: 484-410-9308
 Agent/ Contractor: POLARTEMP INC
 Address: P O BOX 55
 FRANKLINVILLE, NEW JERSEY 08322

Telephone: 856-694-0969
 Lic. No./Bldrs. Reg. No.: 13VH014360

Federal Emp. No.:
 Home Warranty No.:
 Type of Warranty Plan: State Private

CERTIFICATE OF OCCUPANCY
 This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE
 If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than 10/18/2019 or will be subject to fine or order to vacate.

Use Group: R-5
 Maximum Live Load:
 Construction Classification:
 Maximum Occupancy Load:
 Certificate Exp. Date:

Description of Work/ Use: DUCTLESS HEAT PUMP UNITS. (subject to INSTALLATION OF (4) mounting & install specs), INSTALL KITCHEN HOOD EXHAUST SYSTEM WHITEEXTERIOR DUCT SHAFT AND WRAP

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17
 This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

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

CERTIFICATE OF COMPLIANCE
 This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Anthony Cox, Sr.
 Construction Official

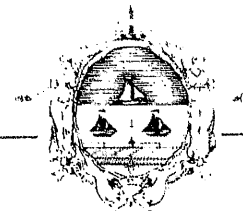
1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Fees \$35.00
 Paid Date 7/18/2019
 Collected by: Lamont Thomas

CITY OF ATLANTIC CITY

Atlantic City • New Jersey • 08401

ATLANTIC CITY DIVISION OF HEALTH



July 10, 2018

Plan Review Approval of
Setarra Restaurant
2322 Arctic Ave. Atlantic City, NJ.08401

To: Mrs. Mina Panah, Owner
Fred Vidi, Consultant

As a result of the resubmitted information and revised drawings, the Atlantic City Health Department is approving the construction of the restaurant pending all state and local approval agencies. Note that changes, modifications, and or corrections may be required during construction and pre-operational inspections. Please provide two (2) to three (3) day notification when scheduling pre-operational inspections. If you have any questions, call (609) 347-5671.

Sincerely

Harold Reaver
Chief Registered Environmental Health Specialist

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION



Date Issued **2-23-2018**
Control # **2018-00011**
Permit # **18-CP-000188**

CONSTRUCTION PERMIT NOTICE

Block **280** Lot **3** Qualification Code _____

Work Site Location: **2322 ARCTIC AVE**

AUTHORIZED FOR:

- BUILDING
- PLUMBING
- ELEVATOR DEVICES
- OTHER
- ELECTRICAL
- FIRE PROTECTION
- DEMOLITION

Description of Work:

INSTALL (4) DUCTLESS HEAT PUMP UNITS

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.
U.C.C.F.160 (re. 3/03)

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION



Date issued 7.18.18
Control # 2018-000891
Permit # 18CP-000188

CONSTRUCTION PERMIT NOTICE

Block 280 Lot 3 Qualification Code _____

Work Site Location: 2300 Arctic Ave
Atlantic City, New Jersey

AUTHORIZED FOR:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
 FIRE PROTECTION

Description of Work: Install Handrails w/ Anti-Lock Brakes
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.
U.C.C. F-150 (rev. 3/03)

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION



For Information Call: 347-5599
Permit No. 98-CO-00188

APPROVAL FOR
FIRE PROTECTION

	Date	Inspector
<input type="checkbox"/> Sprinklers	_____	_____
<input type="checkbox"/> Standpipes	_____	_____
<input type="checkbox"/> Special Supp.	<u>7-16-19</u>	<u>JM</u>
<input checked="" type="checkbox"/> Alarm	<u>over</u>	<u>JM</u>
<input type="checkbox"/> Mechanical	_____	_____
<input type="checkbox"/> Other	_____	_____
<input checked="" type="checkbox"/> Final	<u>7-16-19</u>	<u>JM</u>

UCCO Form FD-20A