C27-670 2193

BLOCK 670 LOT 4 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 98-1131

C/O 3/5/98

CONSTRUCTION PERMIT APPLICATION

(call) 262-0115: Cousins Market 20K

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

I. IDENTIFICATION

1. Propsed Work Site at: 3770 HOOPER AVE
2. Name of Owner in Fee: CESARE PASSARELLI Tel. (7) 270 1677
   Address 2406 7TH AVE TOMS RIVER NJ 08753
   street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: CESARE PASSARELLI Tel. ( ) 270 1672
   Address
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Employee No. FAX: ( )
   Architect or Engineer Tel. ( )
   Address
   Responsible Person in Charge of Work
   Tel ( ) FAX ( )

Exact fit up ✓

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 448		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal Penalty? 250	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other ZBA			
13. TOTAL	$		

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									
2. ☐ New Building		WP	3/5/98		4-7-98	FM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					4/7/98	[illegible]	6/4/98		OK
6. ☐ Plumbing					4-24-98	[illegible]	6/4/98		OK
7. ☐ Electrical							6/5/98		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	20,000	CWR	4/1/98		4/1/98	[illegible]			

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: DELI PACKAGE
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10404800

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 1137	6/12/98			
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 6-12-98
Control #
Permit # 98-1131

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 Hooper Ave.

Owner in Fee Cesare Passarelli
Address 2406-7th Ave.
Toms River, NJ 08753
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant fit-up "Cousins Deli and Produce"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY xxxx☑ 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 Cuniazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

0002
981131##

BLOCK 670 # 0.00
LOT 4 # 0.00
BUILDING 448.00
PLUMBING 30.00
FIRE 35.00
PENALTY 250.00
D.C.A. 16.00
ZONEPLOT 15.00
TOTAL 794.00
CHECK 749.00
CASH 45.00
CHANGE 0.00

04/24/98 NO. 5 0038A005 14:29

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/24/98
Control #
Permit # 98-1131

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 4

Work Site Location 1170 OLD HOOPER AVE
TENANT FIT UP
Owner in Fee COUSINS PRODUCE
Address SAME
BRICK, NJ 08723-
Telephone (732)270-1672

Contractor C. PASSARELLI
Address 2406 7TH AVE
TOMS RIVER, NJ 08753-
Telephone (732)270-1673
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No.
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
TENANT FIT UP FROM LADIES GYM TO PRODUCE

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 $ 20,010

J. Cuniazza
CONSTRUCTION OFFICIAL
WP

PAYMENTS (Office Use Only)

Building	448
Electrical	0
Plumbing	30
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occ.	0
Other 3pa 15.	
Total	~~529~~
Check No. Penalty 250.	2193
Cash	
Collected By:	WP

749.
794.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/27/98
Date Issued 4/24/98
Control # C27-670
Permit # 98-1131

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

Block 670 Lot 4
Work Site Location 1170 OLD HOOPER AVE
TENANT FIT UP
Owner in Fee COUSINS PRODUCE
Address SAME
BRICK, NJ 08723-
Tele.(732)270-1672
Contractor C. PASSARELLI
Address 2406 7TH AVE
TOMS RIVER, NJ 08753-
Tele.(732)270-1673
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

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 FROM LADIES GYM TO PRODUCE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-7-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	6-9-98			6/12/98

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		448
[ ] 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 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 $ 17,500
3. Total (1+2)$ 17,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 448
	DCA Training Fee	$ 14

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/05/98
Date Issued 4/24/98
Control # C27-670
Permit # 98-1131

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

Block 670 Lot 4
Work Site Location 1170 OLD HOOPER AVE
TENANT FIT UP
Owner in Fee COUSINS PRODUCE
Address SAME
BRICK, NJ 08723-
Tele.(732)270-1672
Contractor C PASSARELLI
Address 2406 7TH AVE
TOMS RIVER, NJ 08753-
Tele.(732)270-1673
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 09-5307331
or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 10 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4/7/98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/11/98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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 Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity 0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel	
L.P.G. Storage Tanks	( ) Capacity 0	Fuel	
L.N.G. Storage Tanks	( ) Capacity 0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other PLAN REVIEW		35
Other		0

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

U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/27/98
Date Issued 4/24/98
Control # C27-670
Permit # 98-1131

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

Block 670 Lot 4
Work Site Location 1170 OLD HOOPER AVE
TENANT FIT UP
Owner in Fee COUSINS PRODUCE
Address SAME
BRICK, NJ 08723-
Tele.(732)270-1672
Contractor MCLEAN PLG & HTG
Address 093 ROSEWOOD CIRCLE
BRICK, NJ
Tele.(732)262-0021
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Security No

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-24-98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 6-11-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5-19-98	
Rough	6-1-98		6-4-98	
Water				
Sewer				
Fixtures			6-11-98	
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
1	Floor Drain	10
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 30
DCA Training Fee $ 2

U.C.C. Form F-130B

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 27, 1998 1998 - 0321

Block 670 Lot 4 Zone B-3, H.D.

Property Address: 2770 Hooper Avenue, Kennedy Mall

Owner: Kennedy Mall Associates (Phone): ----

Applicant: Cesare Passarelli (Phone): (732) 270-1672

Existing Use: Vacant unit (former "Living Well Lady").

Proposed Use: Retail store, "Cousin's Market".

Proposed Construction (if any): Interior alterations for food store.

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 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

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 262-9110

ESTABLISHMENT TRADING NAME: D. J's Deli

NUMBER AND STREET: 2770 Hooper Ave.

CITY OR MUNICIPALITY: Brick | ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: To Be Obtained | 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: Dennis Kolowski

NUMBER AND STREET: 409 Fairfield Way

CITY OR MUNICIPALITY: Neptune | STATE: N.J.

ZIP CODE: 07753 | COMMUN. CODE: —

TIME (2400 HOURS)

DATE	BEGIN	END
3-2-98	0835	0910

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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

Tobacco O. V. NA.

NAME OF INSPECTING OFFICIAL (Print): Steve Klaniecki

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
O. J's Deli	To Be Obtained	3-2-98
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Steve Plamidi	Brick	Begin 0835

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLANS HAVE BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII, THE STATE SANITARY CODE.
	NOTE: THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 48 HOURS PRIOR TO INTENDED OPENING FOR A PRE OPERATIONAL INSPECTION.

(Attach additional sheets if necessary)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

1170

BLOCK 1170 LOT 4 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 1500000 Date 4-1-16

Estimated Required Fee $ 15000

Required Deposit on Estimate $ 7500 Date 4-6-16

Check # 1024 Receipt # 3512

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

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

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: 4-1-96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 170 LOT 4 SITE ADDRESS 2[illegible]

TYPE OF SITE [illegible] (Residential/Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] CITY & STATE [illegible] NJ

☒ 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:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

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

April 2, 1998

Mr. Cesare Passarelli
2406 7th Avenue
Toms River, NJ 08753

RE: Mandatory Development Fee
Block 670, Lot 4; Cousins Market Interior Alteration

To Whom it May Concern:

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 March 5, 1998, for the above block and lot at $15,000.00, resulting in an estimated fee of $150.00.

Therefore, it is required that one half of the estimated fee ($75.00) be submitted in the form of a check 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

luation: _____

e: _____

BOCA®
PLAN REVIEW RECORD

Plan Review # _____

Date 4-8-98

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

RISDICTION Elbg
(City, County, Township, etc.)

ILDING LOCATION 1170 Old Hooper ave
(Street address)

ILDING DESCRIPTION Cousins Produce

VIEWED BY BJH

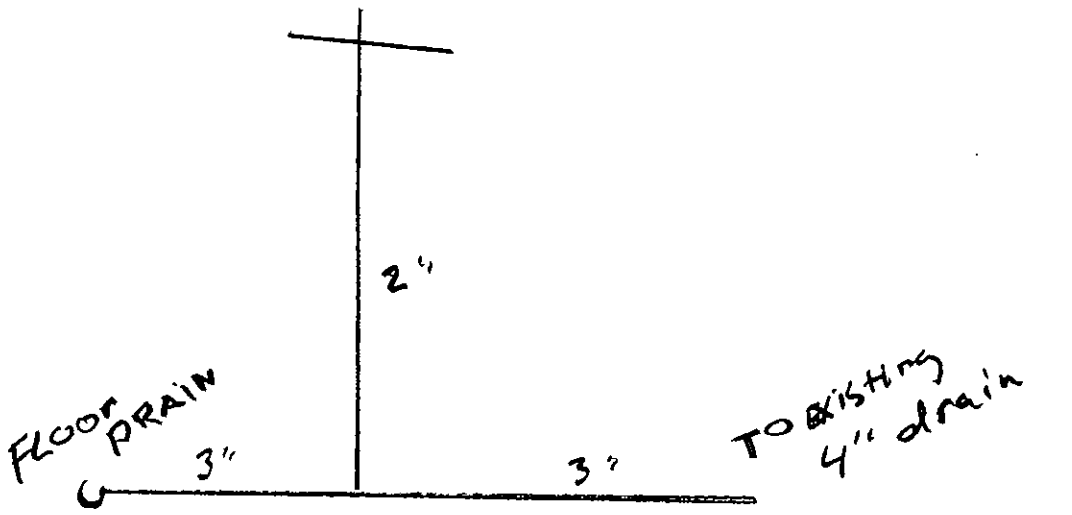
Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

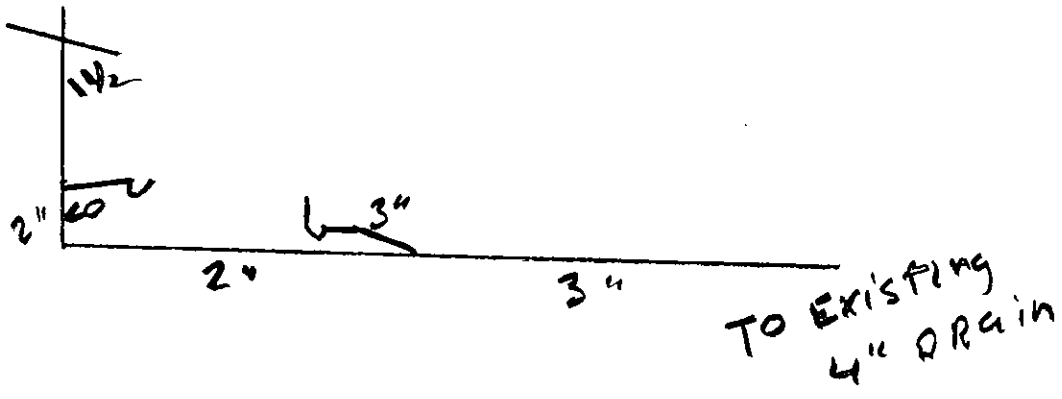
CORRECTION LIST 1900 -

No.	DESCRIPTION	Code Section
	~~B/L of health approval~~ is required OK	
	2 water closets & 1 Lav sink is required for the men according to ~~the group M~~ NJAC 5:23 26.31 (L) OK	
	~~Apartment was added~~	
	4/17/98 Resubmit a new DWV sketch is required	4-22-98
	Plumber was called	

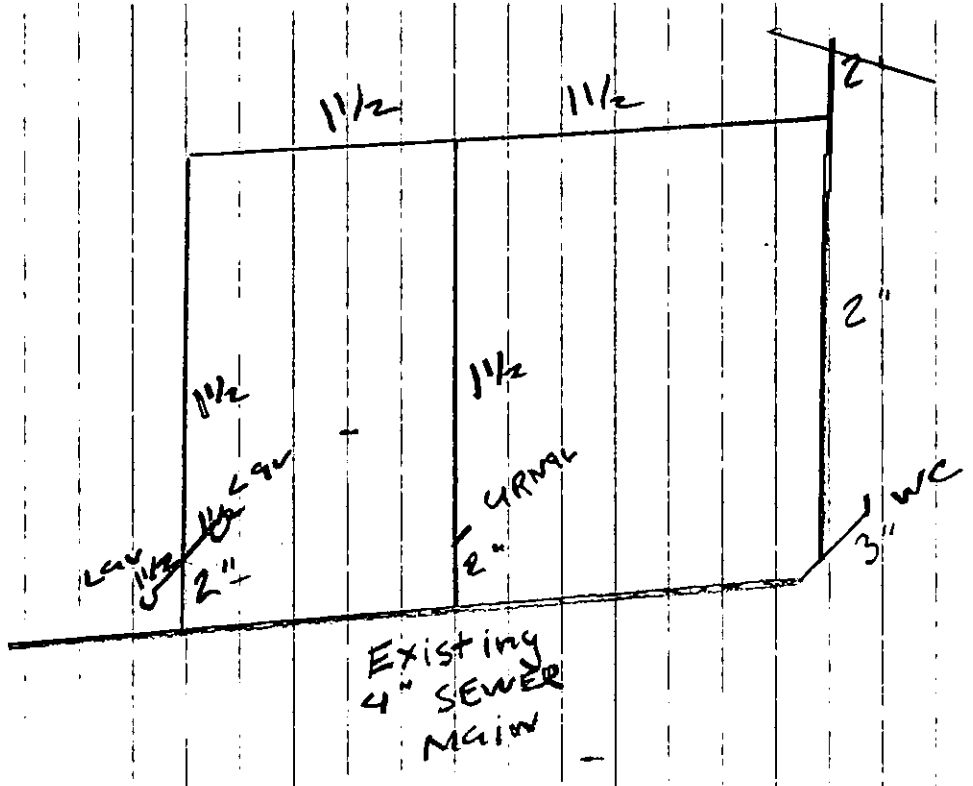
e plan review accomplished as indicated in this record is limited to those code sections specifically identified herein.
 NOTE: In order that we might develop other programs and provide additional services of benefit to the Code
ministration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795


2"
FLOOR DRAIN
3"
3"
TO EXISTING
4" drain


1½
2"
3"
2"
3"
TO EXISTING
4" DRain

Jerome McCa



Cousin's Plumbing
Jerry McCue

4-23-98

SIZING FOR WATER AND SEWER SERVICES

Property Owner Camino Produce Date 4-24-98

Property Address 2770 Hooper ave Block 670 Lot 4

Zoning _____ Use Group _____

Contractor Mc Lean Pa St License No. Registration 6623

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	4	(5) 20	( )
2. Lavatory	3	(2) 6	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	2	(4) 8	( )
6. Service Sink	1	(3) 3	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal	1	(5) 5	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

Total 42

Gallons per minute 29

Size of Service 1 1/4"

Date: 4-24-98

Approved: _____
Brick Township Plumbing Inspector

SITE LOCATION 270 HOOPER BLOCK 670 LOT 4 DESCRIPTION OF WORK GYM TO PRODUCE & DELI (STAND
OWNER CESARE PASSARELLI PHONE 362-0115 ADDRESS 2406 7TH AVE STATE NJ ZIP 08

BUILDING INSPECTION

Contractor SELF
Address 2406 7TH AVE Phone ( ) 270 1673
LIC # _____ FEDERAL EMP. NO.(or SSN [redacted]
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 [signature]

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ _____
ADDITION (3) $ _____ TOTAL (1+2+3) $ _____

BUILDING CHARACTERISTICS

USE GROUP ~~R-3~~	PRESENT GYM	PROPOSED PRODUCE/DELI
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	20,000

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

PLUMBING INSPECTION

Contractor McCue Plbg 993 Rahway Ave
Address Brick NJ. Phone (732) [redacted] 26 Address 8024
LIC # 6623 FEDERAL EMP. NO. (or SSN#) 142525502
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's Seal) [signature]

Estimated Cost of Plumbing Work: $ 2500.00

Sewer Size 4" existing Water Size existing

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
1	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
1	Floor Drain		Grease Trap
1	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater	X	Other urinal
	Fuel Oil Piping		Other
	Gas Piping		Other

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

Contractor SELF
Address _____ Phone ( )
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____
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's Seal) [signature]

Estimated Cost of Fire Prot. Work: $ _____
HEATING TYPE ( ) GAS ( ) OIL ( ) ELECTRICAL ( ) Solar
Location _____ HEATING SYSTEM ( ) NEW ( ) EXIS

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION

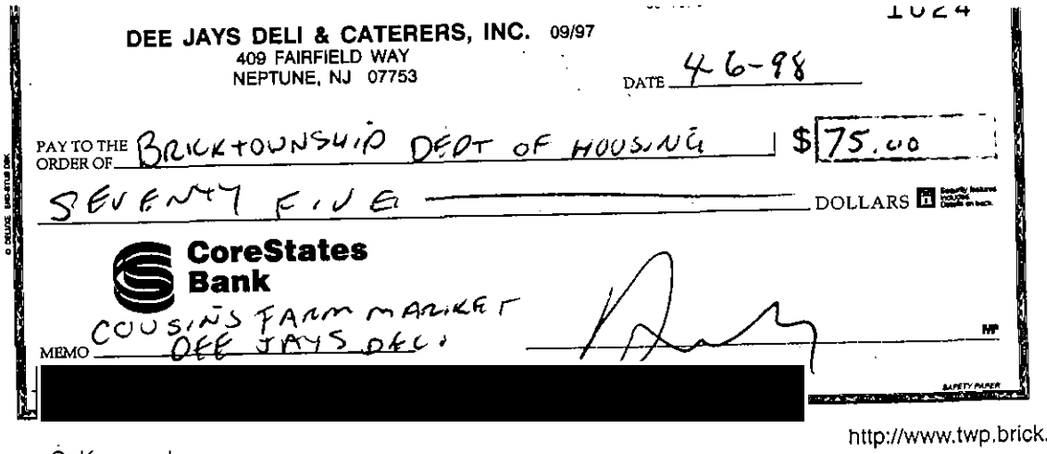
Flammable Liquid Storage Tanks	☐ Capacity _____	Fue
Combustible Liquid Storage Tanks	☐ Capacity _____	Fue
L.P.G. Storage Tanks	☐ Capacity _____	Fue
L.N.G. Storage Tanks	☐ Capacity _____	Fue

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Sys
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired A
			Other
	Stand Pipes		EXIT Lights
	Kitchen Hood Exhaust System		FIRE EXT.

SUBCODE OFFICIAL: ☒ Approved ☐ Disappr

COMMENTS Needs Exit Signs Emergency lite Battery Back up. Equip Storage Pull Sta & Bonney Faucet Bars on Doors.

EXAMINED COPY



DEE JAYS DELI & CATERERS, INC. 09/97
409 FAIRFIELD WAY
NEPTUNE, NJ 07753

1024

DATE 4-6-98

PAY TO THE ORDER OF BRICKTOWNSHIP DEPT OF HOUSING $ 75.00

SEVENTY FIVE DOLLARS

CoreStates Bank

MEMO COUSINS FARM MARKET DEE JAYS DELI

[redacted]

Joseph
Township
Vic
Ma
Hei
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

using
nistrator
) 920-1456
http://www.twp.brick.nj.us

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 4-6-98

Business/Development: Cousins Produce

Owner/Applicant: Dee Jays Deli & Caterers

Property Address: 1170 Hooper Ave

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 1024
Estimated Fee $ 150.00

Deposit Amount $ 75.00

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 # 4880071456

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

4-6-98
Date