BLOCK 670 LOT 4 STUFF YER FACE ADDRESS (SITE) PERMIT NO. 2486-95

RECEIVED

SEP 2 8 1995

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII STUFF YER FACE

I. IDENTIFICATION

1. Proposed Work-site at: 2770 HOOPER AVE BRICK N.J.
2. Name of Owner in Fee: MARK PLECONIS [redacted]
   Address 2674 BEECH DR (street) BRICK (municipality) N.J. 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: N/A Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer N/A Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work MARK PLECONIS [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review	3 —		
8. Subtotal	$		
9. DCA Training Fee	1.		
10. Subtotal	$ 2[illegible] —		
11. Cert. of Occupancy	$15.00		
12. Other ZPH			
13. TOTAL	$ 69 —		

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	
[illegible]e Flood Elevation ft.	
[illegible]tlands yes sq. ft.	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	1500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
JV			10/2/95				
	9/25/95						

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: RESTAURANT
2. Use Group: A-2 ASSOC (SYF)
3. Change in Use Group, Indicate Former:

LDS BR 10404801

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 Mark J Williams Date 9-27-95

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT - A.F.B.I. - EXPIRED

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.				

CERTIFICATE

Date Issued 11/3/95
Control #
Permit # 2486-95

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 Hooper Avenue
Brick, N.J.
Owner in Fee Mark Pleconis/Stuff Yer Face
Address Same

Tele. ( )
Contractor Self
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant Fit Up

Restaurant

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.

☐ **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:

Anthony J Cruz Jr
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

FEE
RE

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 10-2-95
Control #
Permit # 2486-95

IDENTIFICATION Block 670 Lot 4

Work Site Location 2770 Hooton Ave

Owner in Fee Mark Pleconis

Address [redacted]

Tele. ( ) [redacted]

Contractor Self.

Address "

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Decorating

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 $ 1500

A. Cuva
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	PLANRVW	30.00
Plumbing	D.C.A.	3.00
Electrical	C / O	1.00
Fire Protection	ZONEPLOT	20.00
Other	TOTALS	5.00
Other	CHECK	69.00
DCA Training Fee	CHANGE	69.00
Cert. of Occ. 10/02/95 NO. 5	0003A005	0.00
Other ZPA	15	10:36
Total	69.00	
Check No.	#1009	
Cash		
Collected By:	BE.	

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

"STUFF YER FACE"

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-2-95
Date Issued
Control #
Permit # 2486-95

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 2770 HOOPER AVE BRICK N.J. 08723
(KENNEDY MALL)
Owner in Fee MARK PLECONIS
Address 264 BIRCH DR. BRICK N.J. 08723
Tele. [redacted]
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/2/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11-1-95
Approved By: J. Thesler

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

B. BUILDING CHARACTERISTICS

Use Group Present RESTAURANT Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 9 Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 4,260 Sq. Ft.

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other DECORATING
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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 1070 Lot 4
Work Site Location 2770 HOOPER AVE. BRICK N.J. 08723
Owner in Fee MARK PLECONIS
Address 264 BIRCH DR. BRICK N.J. 08723
Tele. [redacted]
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 350.00 [ ] Other

JOB SUMMARY (Office Use Only)

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

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
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.

Mark J Pleconis
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source CITY
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	35	
Dry Sprinkler Heads	3	
TOTAL	38	
Smoke Detectors	4	
Heat Detectors	39	
TOTAL	43	
Stand Pipes	—	
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	5	
OTHER ANSUL SYST.	4 HEADS	

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

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

Township of Brick
401 Chambersbridge Road
Brick, New Jersey 08723

September 21, 1995

Re: Proposed Floor Plan
Block 670 Lot 4
STUFF YER FACE
2770 HOOPER AVENUE
BRICK, NEW JERSEY 08723

Dear Sir:

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,
Stephen Klaniecki
Stephen Klaniecki
Sanitary Inspector

cc: Brick Township Board of Health
Brick Towsnhip Construction Official (Arthur Cierzo)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 670 LOT 4

ESTABLISHMENT INFORMATION

PHONE #: 477-9080

ESTABLISHMENT TRADING NAME: STUFF YER FACE

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: 22

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: P.B.P. ASSOC., INC.

NUMBER AND STREET: 47 JENSEN ROAD

CITY OR MUNICIPALITY: SYRREVILLE

STATE: N.J.

ZIP CODE:

COMMUN. CODE: —

TIME (2400 HOURS)

DATE	BEGIN	END
9/20/95	0850	

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 _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): STEPHEN KLAMIECKI

SIGNATURE OF INSPECTING OFFICIAL: Stephen Klamiecki

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
STUFF YER FACE	TO BE OBTAINED	9/20/95
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Stephen Klamecki	BRICK	Begin 0850

REG NO.	REMARKS (Please specify area)
	The attached plans have been found to be in satisfactory compliance with Chapter XII
	NOTE: This Dept. shall be notified at least 24 hours prior to intended operation for a pre-operational inspection.

(Attach additional sheets if necessary)

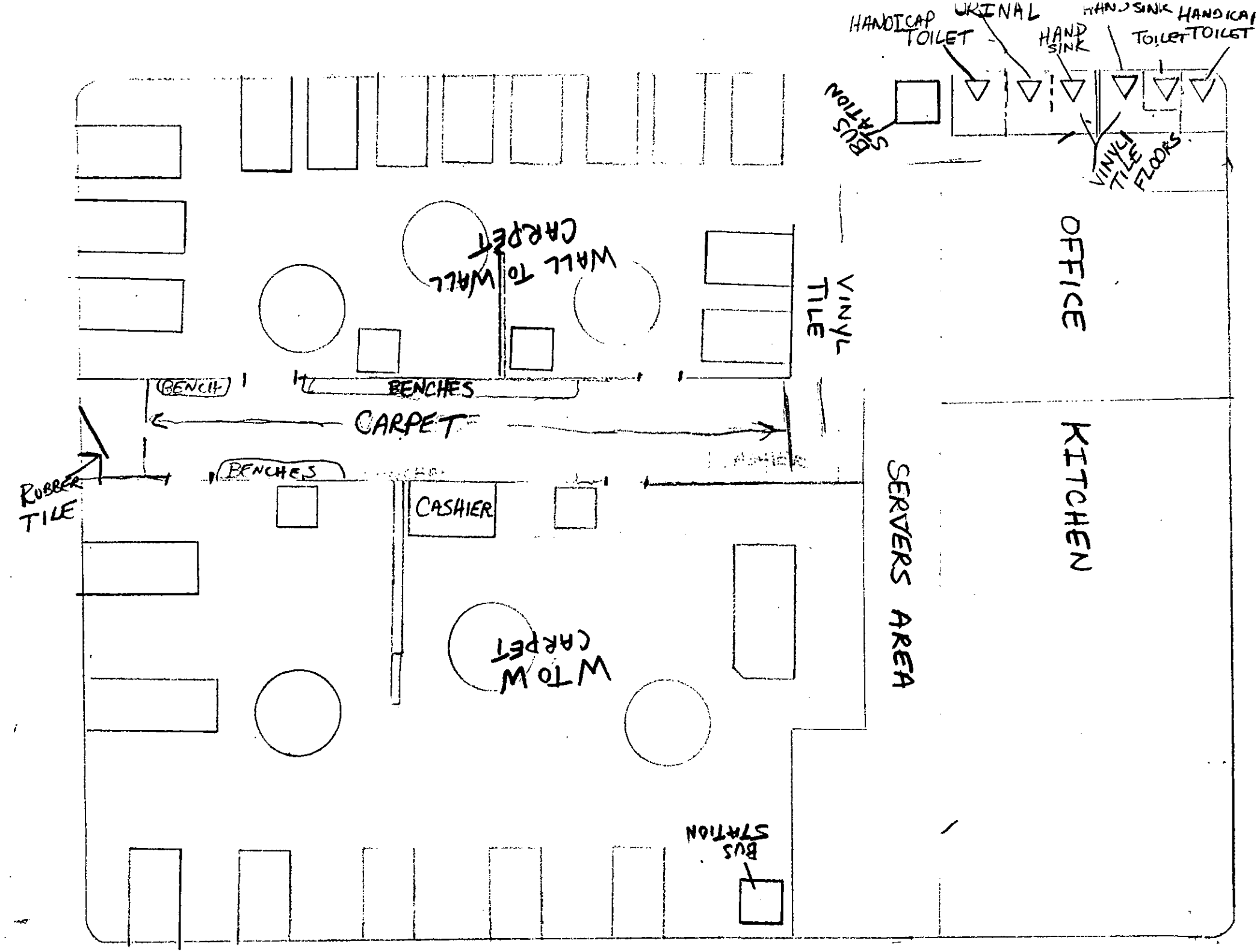
BLOCK # 670 LOT: 4

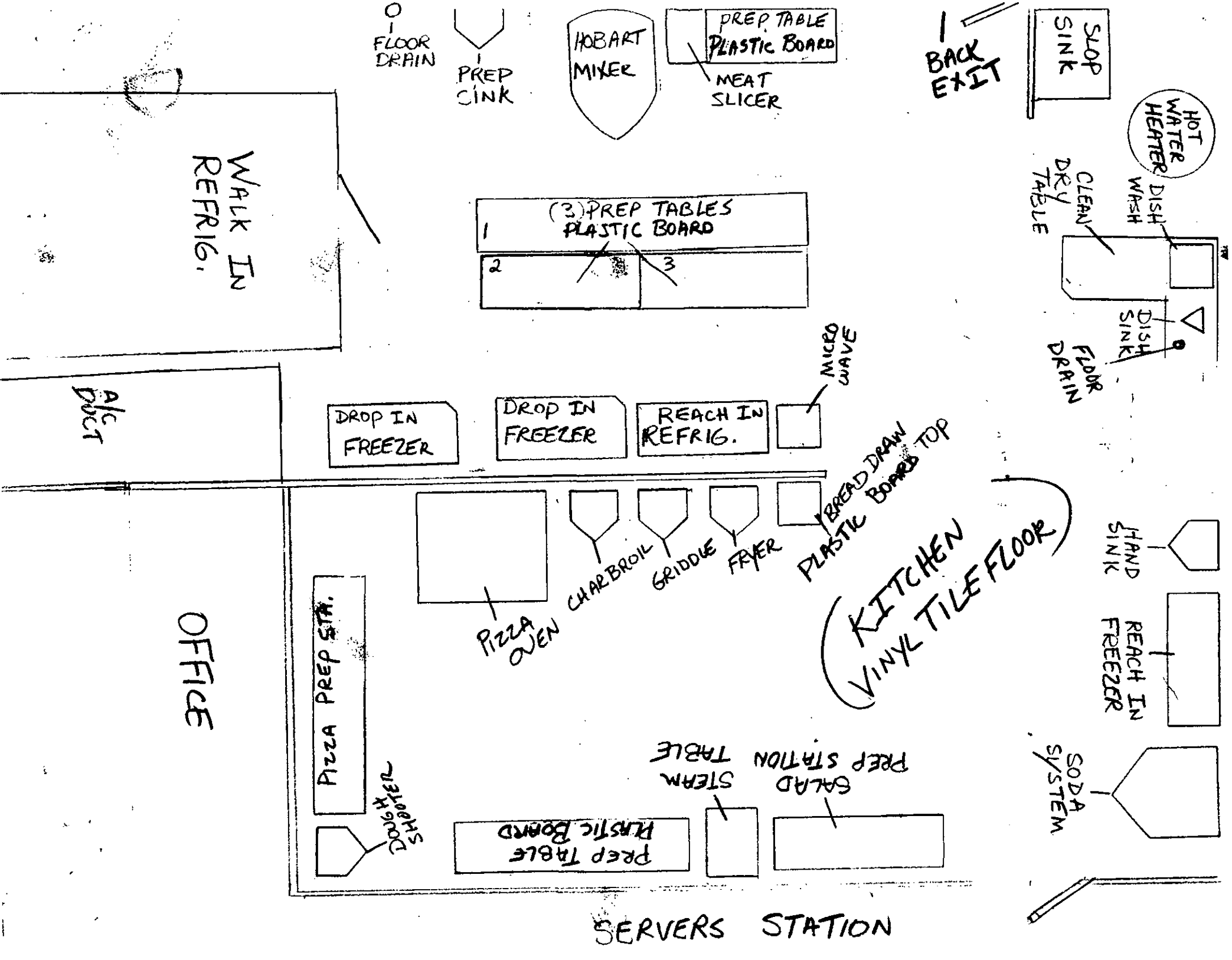
P.B.P. ASSOCIATES INC. T/A STUFF YER FACE
2770 HOOPER AVE. (KENNEDY PLAZA)
BRICK N.J. 08723

47 JENSEN RD.
SAYREVILLE N.J.

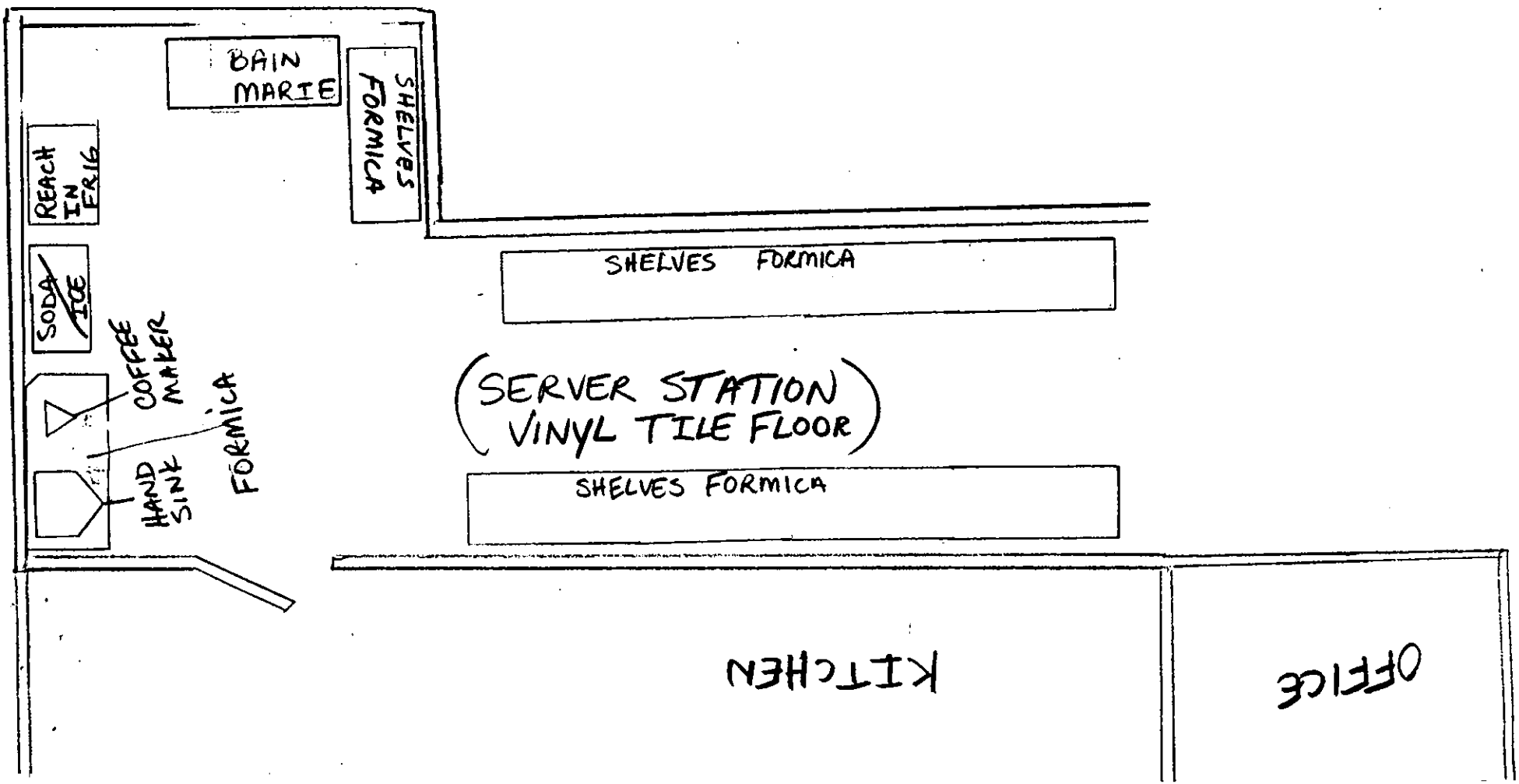
(908) 477-9080 - (RESTAURANT)

[redacted]


HANDICAP TOILET
URINAL
HAND SINK
HAND SINK
HANDICAP TOILET
BUS STATION
VINYL TILE FLOORS
OFFICE
WALL TO WALL CARPET
VINYL TILE
BENCH
BENCHES
CARPET
RUBBER TILE
BENCHES
CASHIER
KITCHEN
SERVERS AREA
WALL TO WALL CARPET
BUS STATION


1 FLOOR DRAIN
1 PREP SINK
HOBART MIXER
PREP TABLE PLASTIC BOARD
MEAT SLICER
1 BACK EXIT
SLOP SINK
HOT WATER HEATER
CLEAN DRY TABLE
DISH WASH
DISH SINK
FLOOR DRAIN
WALK IN REFRIG.
(3) PREP TABLES PLASTIC BOARD
1
2
3
A/C DUCT
MICRO WAVE
DROP IN FREEZER
DROP IN FREEZER
REACH IN REFRIG.
BREAD DRAW TOP PLASTIC BOARD
PIZZA OVEN
CHARBROIL
GRIDDLE
FRYER
KITCHEN VINYL TILE FLOOR
HAND SINK
REACH IN FREEZER
OFFICE
PIZZA PREP STA.
DOUGH SHOOTER
PREP TABLE PLASTIC BOARD
STEAM TABLE
SALAD PREP STATION
SODA SYSTEM
SERVERS STATION

SEATING AREA



PUBLIC SEWER SYSTEM.

2. FLOOR DRAINS 1. UNDER DISHWASHER
2. ALONG SIDE OF WALK IN BOX

RESTROOMS EACH HAVE A FLOOR DRAIN.

EQUIPMENT: ALL STAINLESS STEEL
ALL COMMERCIAL GRADE

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

Township of Brick
401 Chambersbridge Road
Brick, New Jersey 08723

September 21, 1995

Re: Proposed Floor Plan
Block 670 Lot 4
STUFF YER FACE
2770 HOOPER AVENUE
BRICK, NEW JERSEY 08723

Dear Sir:

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,
Stephen Klaniecki
Stephen Klaniecki
Sanitary Inspector

cc: Brick Township Board of Health
Brick Towsnhip Construction Official (Arthur Cierzo)

HALLWAY 44"
VINYL TILE FLOORS
FIRE DOOR PUSH BAR EXIT SIGN
EXIT SIGN
OFFICE
KITCHEN
HAND SINK
URINAL
HANDICAP TOILET
EXIT SIGN
HALLWAY 60"
SERVERS AREA
BUS STATION
VINYL TILE
BUS STATION
HALLWAY
W TO W CARPET
WALL TO WALL CARPET
BENCHES
CARPET
CASHIER
BENCHES
BENCH
EXIT SIGN
RUBBER TILE

TO WHOM IT MAY CONCERN.

(1.) ALL HALLWAYS are at LEAST 44" wide

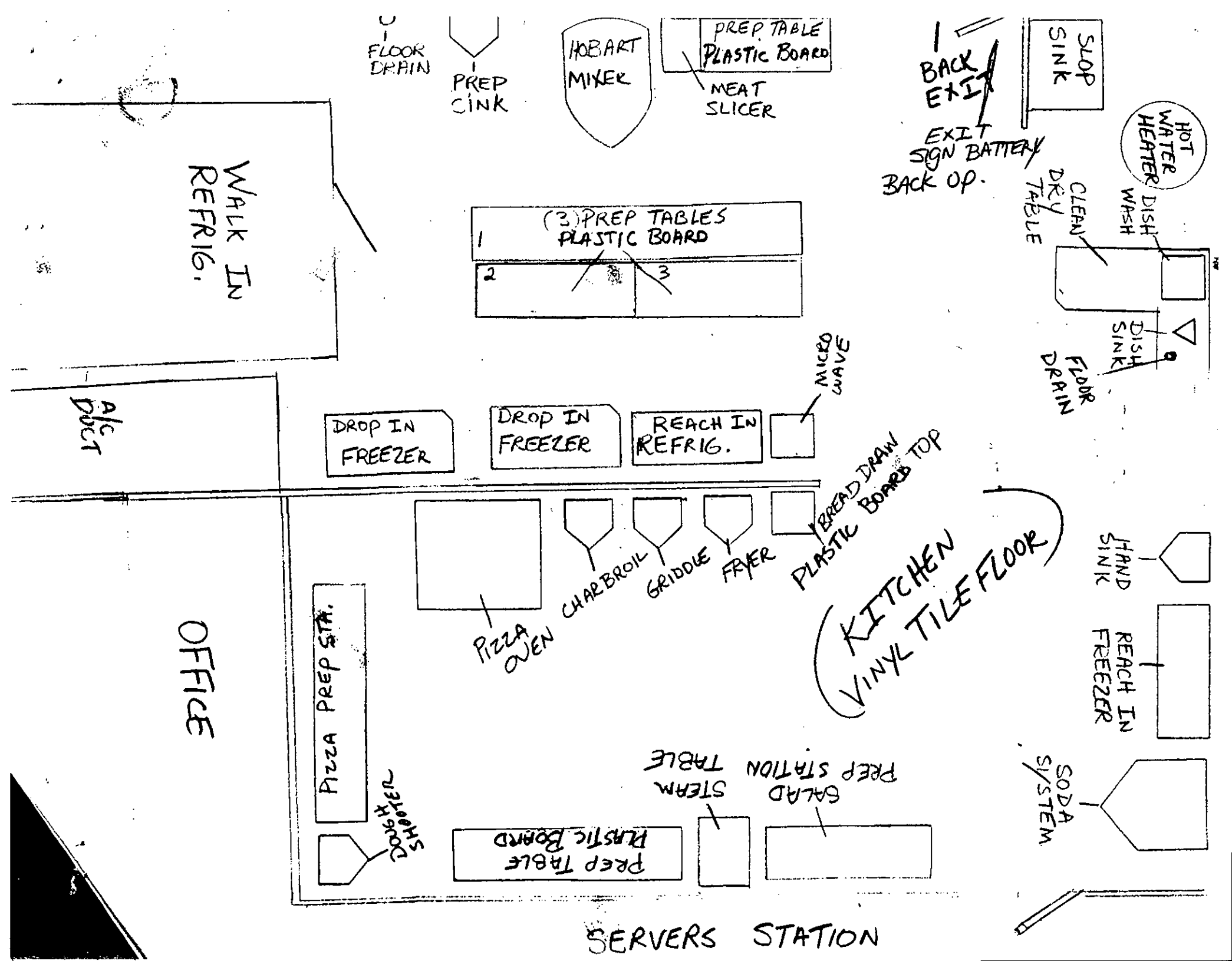
(2) ALL RED Highlighted walls are 6 FT. tall or Less.

(3) Red Highlighted walls are new installed walls.

(4.) all wall to wall carpeting is flame spread grade.

(5.) all Exit signs are battery back up. As well as back up ~~spotlights~~.

(6.) all panelling on walls are existing panelling from Poppy's restaurant.


FLOOR DRAIN
PREP SINK
HOBART MIXER
PREP TABLE PLASTIC BOARD
MEAT SLICER
BACK EXIT
EXIT SIGN BATTERY BACK UP.
SLOP SINK
HOT WATER HEATER
DISH WASH
CLEAN DRY TABLE
DISH SINK
FLOOR DRAIN
WALK IN REFRIG.
(3) PREP TABLES PLASTIC BOARD
1
2
3
A/C DUCT
DROP IN FREEZER
DROP IN FREEZER
REACH IN REFRIG.
MICRO WAVE
BREAD DRAW PLASTIC BOARD TOP
KITCHEN VINYL TILE FLOOR
HAND SINK
REACH IN FREEZER
SODA SYSTEM
PIZZA OVEN
CHARBROIL
GRIDDLE
FRYER
OFFICE
PIZZA PREP STA.
DOUGH SHOOTER
PREP TABLE PLASTIC BOARD
STEAM TABLE
SALAD PREP STATION
SERVERS STATION