BLOCK 670 LOT 4 ADDRESS (SITE) 2770 Hopper Ave PERMIT NO. 2877-93

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

RECEIVED SEP 27 1993 DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: Kennedy Mall 2770 Hopper Ave
2. Name of Owner Shen Chen T [redacted]
   Address [redacted]
3. Ownership Public ✓ Private
4. Principal Contractor: Ron Hopping Tel. (908 840-127[illegible]
   Address 407 Hopper Ave Bricktown NJ
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Emp. No. Social Security No [redacted]
5. Architect or Engineer Tel. ( )
   Address
6. Responsible Person in Charge of Work Ron Hopping Tel. (908 840-127[illegible]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	195		
2. Electrical				
3. Plumbing		90	60 - re-insp	✓
4. Fire Protection		46 -		
5. Elevator Devices				
6. Subtotal	$	331		
7. Less 20% for State Plan Review		5		
Subtotal	$			
9. DCA Training Fee		21		
10. Subtotal	$			
11. Cert. of Occupancy		20		
12. Other				
13. TOTAL	$	377		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
Area—Largest Floor sq. ft.	
New Building Area 1500 sq. ft.	
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 sq. ft.	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Tenant fit-up

	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	26000

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	cop	9-27-93		10/3/93	AK	2/2/94		
				12/9/93	AK	2/2/94		
				12/28/93	DG	2/11/94		
						1-31-94		
	Eng	9-29-93	ENA					

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: TCBY YOGURT
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-1008

LDS BR 10408677

occupancy 15 —

20K

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 Ron Hopping Date 9-21-93

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 Ron Hopping

Address 407 Hooper Ave

Brick Town NJ

Telephone (908) 840-1273

Signature Ron Hopping Date 9-21-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☒ Zoning Officer SK	comm. aff.	9/29/93							
☐ 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.H.B.T. - EXEMPT

9-29-93 SK

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. 2827	2-3-94			

CERTIFICATE

Date Issued 2-3-94
Control #
Permit # 2877-93

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 Hooper Avenue

Owner in Fee Shen Chen
Address [redacted]
Tele. ( )
Contractor Ron Hopping
Address 407 Harper Ave.
Brick, NJ
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 2 hours
Description of Work/Use:

T.C.B.Y. YOGURT

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:

Arthur J. Ciesza wp
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 2-3-94
Control #
Permit # 2877-93

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 Hooper Avenue

Owner in Fee Shen Chen
Address [redacted]
Tel. ( ) [redacted]
Contractor Ron Hopping
Address 407 Harper Ave.
Brick, NJ
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 2 hours
Description of Work/Use:

T.C.B.Y. YOGURT

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.

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☐ 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:

Arthur J. Ciongo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 12/10/93
Control #
Permit # 2877-93

IDENTIFICATION Block 670 Lot 4

Work Site Location 2773 Hooper Ave
Brick Township

Owner in Fee [illegible]

Address [redacted]

Tele. ( )

Contractor [illegible]

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

DESCRIPTION OF WORK:

Tenant fit up

PAYMENTS (Office Use Only)	
Building	195
Plumbing	90
Electrical	
Fire Protection	46
Other PR	5
Other	
DCA Training Fee	21
Cert. of Occ.	20
Other	
Total	377
Check No.	197
Cash	
Collected By:	

2877-93
BLOCK 670 9.00
LOT 4.00
BUILDING 195.00
PLUMBING 90.00
FIRE 46.00
PLAN REV 5.00
D C A 21.00
C O 20.00
TOTAL 377.00
CHECK 377.00
CHANGE 0.00
12/20/93 No. 5

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 $ 2,000

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 2/3/94
Control #
Permit # 2877-93
Date Permit Issued 12/10/93

IDENTIFICATION Block 6070 Lot 11
Work Site Location 2270 Harper Ave Contractor Ron Thompson
Address
Owner in Fee [redacted]
Address
Tele. ( ) Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

R - Insp. (3) fees

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	60
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	60
Check No.	1504
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/10/93
Date Issued
Control #
Permit # 2877-93

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

Owner in Fee Shen Chen
Address [redacted]
Tele. [redacted]
Cont
Address 407 Harper Ave
Sicklerville
Tele ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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 Don Hopping

TECHNICAL SITE DATA
DESCRIPTION OF WORK

tenant fit-up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	10/3/03	RL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date 2-25-94			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height 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.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/10/93
Date Issued
Control #
Permit # 2877-93

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 Harper Ave
Owner in Fee Shen Chen
Address [redacted]
Tele [redacted]
Contractor Don Hopping
Address 407 Harper Ave
Brick Town
Tele ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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 Don Hopping

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Tenant fit-up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	12/13/93	RL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date.			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height 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.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 20 93 0 1 6 5 9 0

Brick

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 (JCBrown TCBY)
BRICK NJ
Owner in Fee Fidelity Land Development TCBY
Address 641 Shunpike Road
CHATHAM NJ 07928
Tele. (201) 736 2800
Contractor SHAW ELECTRIC INC
Address 5 COLTON CT.
BAYVILLE NJ
Tele. (908) 269-0991
Lic. No. 9575
Federal Emp. No. 22 3071675 or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[x] Elec. Plans Approved
Date: 931119
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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.

[signature]
Signature—Contractor Seal

[x] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Fixtures (1)	
18		Receptacles (2)	
2		Switches (3)	
2C		Total 1 + 2 + 3	40
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	1.5 hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	~~Kw Transformers~~ kilowatt		84
	Kw	Generators	
1	200 Amp	Service Entrance	33
		Other	

	Administrative Surcharge	$
Paid [✓] Check # CASH	Minimum Fee	$ 157
	DCA Training Fee	$ 2
Collected by: ______	TOTAL FEE	$ 159

U.C.C. Form F-120B

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

pd. by owner

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 12/10/93
Date Issued
Control #
Permit # 2877-93

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 Hopper Ave.

Owner in Fee Kennedy Mall Asso.
Address 641 Shunpike Rd.
Chatham NJ. 07928
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Occupancy
Constr. Class. Present Proposed 15
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 12/9/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 2-2-94
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			2-2-94	
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 Sprinkler Ext. up
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		46 —
Smoke Detectors Common areas.		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46 —
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
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FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 12/10/93
Date Issued
Control #
Permit # 2877-93

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 Hopper Ave.

Owner in Fee Kennedy Mall 1550.
Address 641 Shunpike Rd.
Chatham NJ. 07928
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Occupancy
Constr. Class. Present Proposed 1 5
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 12/9/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Sprinkler Ext. w/p
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		46 —
Smoke Detectors Common areas.		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46 —
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/10/93
Date Issued
Control #
Permit # 2877-93

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 Kennedy Mall TCYB
2770 Hooper Ave.
Owner in Fee Kennedy Mall ASSO
Address 641 Shumpike Rd
Chatham NJ 07928
Tele. (201) 966 2800
Contractor NIELSEN Plumbing + Heating
Address 241 Cherry Quay Rd.
Brick NJ. 08723
Tele. (908) 920-1695 V
Lic. No. 8568
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 6000 est

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12-8-93
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 2-1-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	12-13-93		12-14-93	[signature]
Rough	~~12-13-93~~		12-27-93	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
CO	1-28-94	1-31-94		

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]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
	Bath Tub	10
2	Lavatory	
	Shower	
2	Floor Drain	10
3	Sink Comp. Hand, mop, sinks	15
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
~~1~~	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap Elec.	15
~~1~~	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 90-
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

12-13-93 slab pipes have floated

1-28-94 low faucets

1-31-94 Soda machine

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/10/93
Date Issued
Control #
Permit # 2877-93

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 TCYB
Owner in Fee Leonard Mill #550
Address 641 S Dumpike Rd
Cherry Hill NJ 07928
Tele. (201) 966 2800
Contractor Nielsen Plumbing + Heating
Address 241 Cherry Grove Rd.
Brick NJ 08723
Tele. (908) 920-1695
Lic. No. 8518
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 6000 est

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12-8-93
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water			1	
Sewer				
Fixtures				
Gas Equipment				
Gas Final	1			
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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
	Bath Tub	10
2	Lavatory	
	Shower	
2	Floor Drain	10
3	Sink Comb. + Hand. + Prep. sink	15
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	15
NA	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 90
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Wed 12/1

DAILY/WEEKLY INSPECTOR'S REPORT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

TOWNSHIP OF BRICK

FOR THE DAY/WEEK OF: ______ INSPECTOR: ______

DATE	TIME	PERMIT NO.	BLOCK	LOT	Type of Inspection	CONSTRUCTION LOCATION	Passed	Failed	Not Done	COMMENTS
	/		646.19	10	84 Mayfair Court		X			final
	MC		1093	9	243 Polls Rd					final re-insp
	/		870.11	16	7 Cottontail		X			final
	/			18	11	"	X			
	/		05	72	17 Beaver Hollow		X	"		
			~~503~~	~~[illegible]~~	~~[illegible] Elm [illegible]~~	~~Fence~~				
	/		382.29	18	240 Oklahoma	Fence	X			
	/		97-96		18 Noyerko	Fence	X			
	/		870.05	59	109 Sleepy Hollow	Fence	X			

Tony Orelli
all day

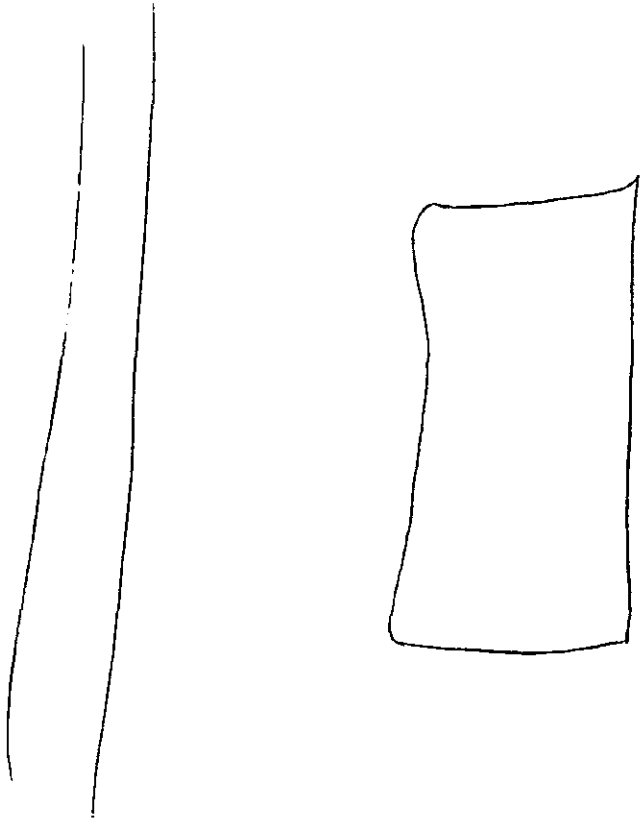
892-7129

313 Shawnee Dr.

345-5059

Frank

897
21.01



TOWNSHIP OF
BRICK NJ

12/10/93 NO. 5

0004
2877*#

BLOCK	0.00
670 #	
LOT	0.00
4 #	
BUILDING	195.00
PLUMBING	90.00
FIRE	46.00
PLAN RVW	5.00
D.C.A.	21.00
C / O	20.00
TOTAL	377.00
CHECK	377.00
CHANGE	0.00

0011A005 10:37

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Blk 670 Lot 4 **SANITARY INSPECTION REPORT**

ESTABLISHMENT INFORMATION

PHONE # 920-8347

ESTABLISHMENT TRADING NAME: TCBY

NUMBER AND STREET: 2770 Brick Blvd

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: —

COMMUN. CODE: 1516

RISK: II

ESTABLISHMENT CODE: 19

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: Shen Chen

NU [redacted]

CITY OR [redacted]

ZIP CODE

TIME (2400 HOURS)

DATE	BEGIN	END
9-30-93	800	830

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): FRANK C. TERRANOVA

SIGNATURE OF INSPECTING OFFICIAL: F C Terranova

PERMANENT REG. NO.: B-032

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
TCBY		9-30-93
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Frank Cerrano	Brick	Begin 800

REG. NO.	REMARKS (Please specify area)
Note:	Re submission plans are in "substantial compliance"
Note:	A "Pre-operational" inspection by this dept is MANDATORY!; please contact this dept 2 or 3 days before scheduled "opening" to make arrangements.

(Attach additional sheets if necessary)

H.D.67

Page ____ of ____ Pages

TCBY

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

T.C.B.Y.

OCCUPANCY

OCCUPANT LOAD 15
LIVE LOAD _____ P. S. F.
FIRE GRADING 2 HOURS
USE GROUP M

SIZING FOR WATER AND SEWER SERVICES

Property Owner Kennedy Mall Date 12-8-93

Property Address 2770 Harbor Ave Block 670 Lot 4

Zoning _____ Use Group _____

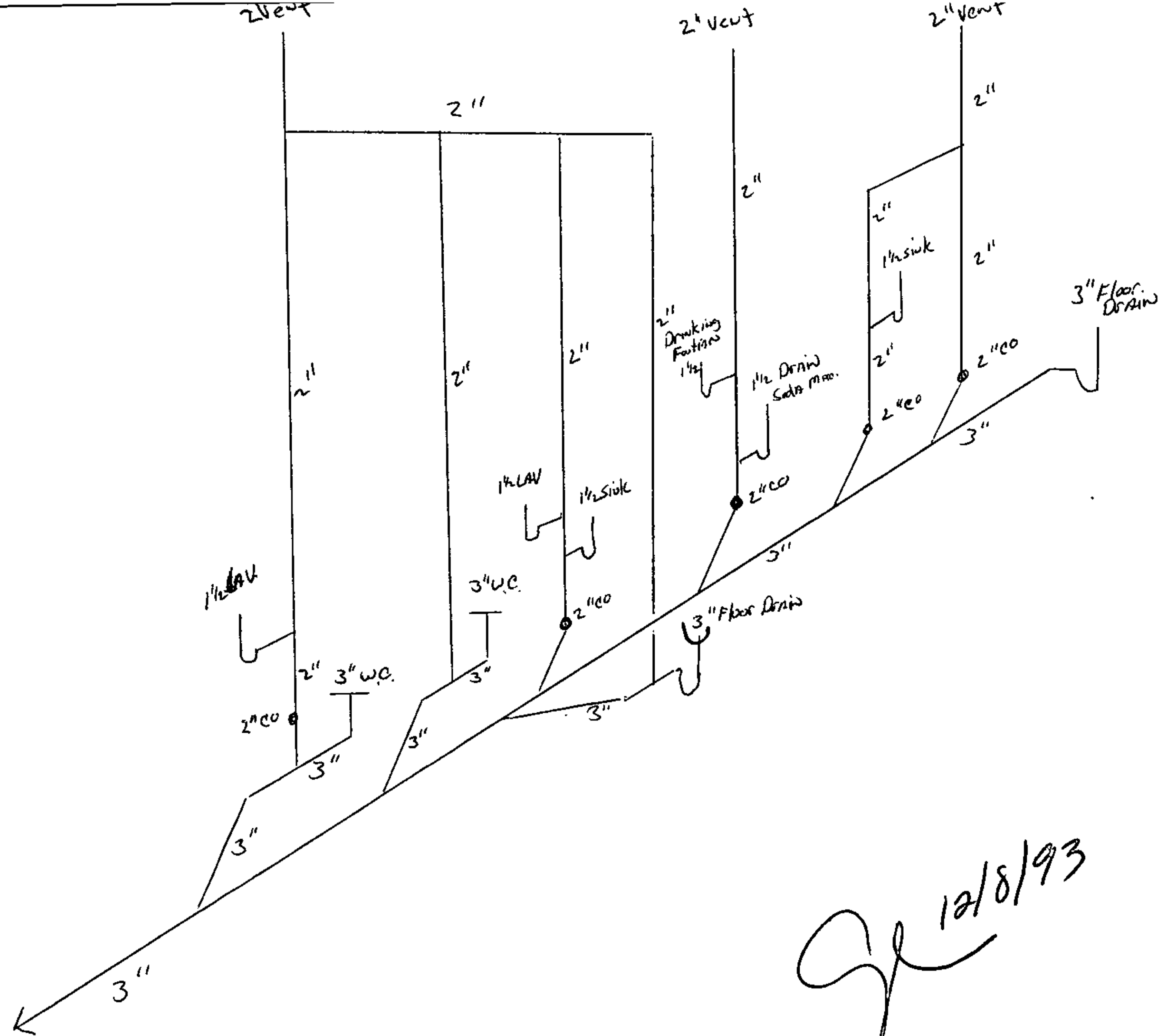
Contractor Nielsen License No. Registration 8568

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units		(dfu) Drainage Units	
1. Water Closet	2	(10)	20	( )	
2. Lavatory	2	(1)	2	( )	
3. Bath Tub		( )		( )	
4. Shower Stall		( )		( )	
5. ~~Kitchen Sink~~ Hand	1	(1)	1	( )	
6. Service Sink	1	(3)	3	( )	
7. ~~Laundry Tray~~ Copper	1	(3)	3	( )	
8. Dishwasher		( )		( )	
9. Washing Machine		( )		( )	
10. Urinal		( )		( )	
11. Floor Drain	1	( )	1/2	( )	
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			26 1/2		
Gallons per minute			193		
Size of Service			1"		

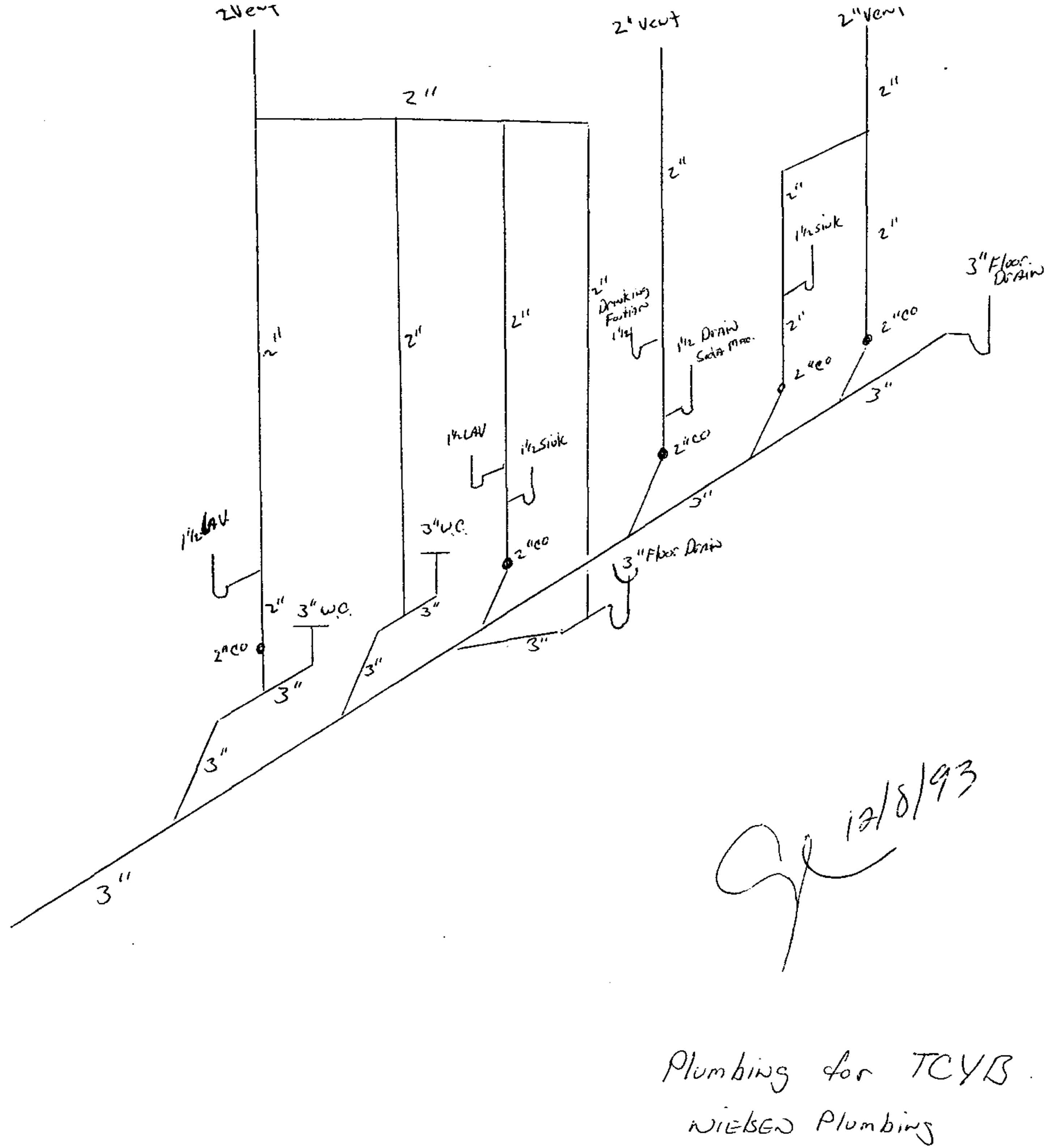
Date: _____ Approved: _____

Brick Township Plumbing Inspector



12/8/93

Plumbing for TCYB.
Wiebsen Plumbing


2"Vent
2" Vent
2"Vent
2"
2"
2"
2"
2" Drinking Fountain 1½
1½ Drain Soda Mac.
1½ Sink
1½ Sink
1½ LAV
1½ LAV
3" W.C.
3" W.C.
2"CO
2"CO
2"CO
2"CO
2"CO
3" Floor Drain
3" Floor Drain
3"
12/8/93
Plumbing for TCYB
WIEBEN Plumbing