Called 1-22-90 O/C Health OK

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

1-24-90

I. IDENTIFICATION

1. Proposed Work at: STORE 5 KENNEDY MALL BRICK NJ
2. Owner Name: ICE CREAM WORKS INC Tel. (201) 528 5289 477-0200
   Address CEDAR BRIDGE & BRICK BLVD BRICK NJ
3. Principal Contractor: PINELAND PLUMBING-SAME Tel. (201) 477 0854
   Address 807 MONTOLOKIN RD BRICK TOWN NJ 08723
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☒ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☑ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☑	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 200. —

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☑ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☑ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: Ice Cream Sales & Service

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor 1600 Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10109922

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 4 ~~4~~ 670 LOT NO. 2 25 SUBDIVISION _____ PERMIT NO. 27-90

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			1/5/90	[illegible]	[illegible]
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☒	PLUMBING			1-4-90	[illegible]	
☐	ELECTRICAL					
☐	FIRE PROTECTION			1-4-90	[illegible]	
☐	OTHER _____					

CC

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	✓ ALL CONSTRUCTION		3/16/90 [illegible]	
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	✓ PLUMBING		2-28-90 [illegible]	
	✓ ELECTRICAL		11-20-89 [illegible]	1-2-90
	✓ FIRE PROTECTION		3-16-90 [illegible]	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☑ Temporary Certificate of Occupancy — 4/18/90
Date Expired Comp. Work

☐ Temporary Certificate of Occupancy _____
Date Expired _____

☐ Certificate of Occupancy _____
No. _____

☐ Certificate of Continued Occupancy _____
No. _____

☐ Certificate of Approval _____
No. _____

☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 7.50
PLUMBING	70.00
ELECTRICAL	.
FIRE PROTECTION	40.00
OTHER _____	.
SUBTOTAL	$ 117.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 142.50

DATE: 1-23-90 Collected By: [illegible]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

CERTIFICATE

Date Issued 4/18/90
Control #
Permit # 27-90

IDENTIFICATION

Block 670 Lot 25
Work Site Location Store # 5 Kennedy Mall
Brick, N.J.
Owner in Fee Ice Cream Works, Inc
Address Lavallette, N.J.

Tele. ( )
Contractor Same
Address

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

Home Warranty No.
Use Group B Retail Ice Cream Store
Maximum Live Load
Description of Work/Use:

Commercial Alteration & C/O

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 6/30/90, 19 ____ or the owner will be subject to a *fine or* order to vacate: Pending completion of entire plaza

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1-23-90
Control #
Permit # 27-90

IDENTIFICATION Block 670 Lot 25

Work Site Location Store 5 Kennedy Mall.

Owner in Fee Va Cleanworks Inc.
Address (Adm. Bridge & Brick Blvd.)
Brick N.J.
Tele. ( )

Contractor JOE MORELLO & Reliable Plmg
Address N. BRANCH BOX 368 SOMERVILLE N.J. / 807 ... Brick N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date **0005**
Federal Emp. No. 27**
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Alter & Plmg.

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 $ 200.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	7.50
Plumbing	70
Electrical	
Fire Protection	40
Other	P/R 5
Other	
DCA Training Fee	
Cert. of Occ.	App 20
Other	
Total	142.50
Check No.	#1338
Cash	
Collected By:	

BLOCK 670 #	0.00
LOT 25 #	0.00
BUILDING	7.50
PLUMBING	70.00
FIRE	40.00
PLAN RVW	5.00
C / O	20.00
TOTAL	142.50
CHECK	142.50
CHANGE	0.00
01/23/90 NO. 5 0009A005	10:28

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 670 Lot 4-25
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Kennedy Mall Ass.
Address 241 Millburn Ave
Millburn, N.J. 07041
Tel. (201) 467-3100
Work Site Address Old Hooper's
Rt. 70 Brick Town

Contractor T.G. Miller
Address 399 Joyce Kilmer Ave.
New Brunswick
Tel. (201) 846 1414
Lic.No./Bus. Permit. 5389
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data Store 5 "Ice Cream Store" R1306646

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/Feeders			Other	
		COLUMN 1 $			COLUMN 2 $

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

S-15

#3425

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: 200 Amps 3 Phase _____ System Type

4 Wire 120/208 Volts _____ Wiring Method

Total No. of Meters: ONE

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy Tag = Inspector Copy

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 27-90
DATE ISSUED 1-23-90
REVISION DATE
Block 670 Lot 25
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner ICE CREAM WORKS INC
Address BRICK BLVD KENNEDY MALL
BRICK TOWN NJ 08723
Tel. (201) 528 5289
Work Site Address STORE 5
KENNEDY MALL BRICK TOWN NJ

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0854
Lic.No./Bus. Permit 1722
Federal Emp. No. 22-1853417

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

William R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/~~Bidet~~/Urinal	$ 10.-		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
4	Lavatory/Sink	20.-		Indirect Connection	
2	~~Shower~~/Floor Drain	10.-		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.-	1	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 60.-		COLUMN 2	$ 10.-

Fee	
COLUMN 1	$ 60.-
COLUMN 2	$ 10.-
SUBTOTAL	$
Minimum Plumbing Fee (if applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 70.-

C. PLUMBING CHARACTERISTICS

USE GROUP: Store Present _____ Proposed

Drainage – Material Sch 40 PVC Size 3-in

Building Sewer– Material _____ Size

Water Service– Material EXIST Size Tiny

Venting – Material Sch 40 PVC Size 2"

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-23-90
Control #
Permit # 27-90

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

Block 670 Lot 25
Work Site Location Old Hooper & Brick Blvd. Kennedy Mall
Owner in Fee ICE CREAM WORKS INC.
Address Lavallette, NJ
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-4-90
Approved by: JE
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3-16-90
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical	~~2-14-90~~		3/16-90	JE
TCO				
Other Final			3-16-90	JE
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.

James W Simpson
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 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		
Smoke Detectors	(1)	
Heat Detectors		
TOTAL	(1)	
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 Fire Extinguishers (2)		40.00
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 5 L 670 **ESTABLISHMENT INFORMATION**

PHONE # TEMP. 528 - 5289

ESTABLISHMENT TRADING NAME: ICE CREAM WORKS INC.

NUMBER AND STREET: CHAMBERS BRIDGE & BRICK BLVD. KENNEDY MALL - STORE 5

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK

ESTABLISHMENT CODE

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: JAMES W. HIGGINS, PRES

NUMBER AND STREET: 2601 RIVER ROAD

CITY OR MUNICIPALITY: MANAHAWKIN

STATE: N.J.

ZIP CODE: 08736

COMMUN. CODE: 0

TIME (2400 HOURS)

DATE	BEGIN	END
11-14-89	1500	1530

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 _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print): ELI GOLDMAN, R.S.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: B397

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
C.N. 2191
Toms River, N.J. 08754
201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

November 14, 1989

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

re: Proposed Floor Plans
Block 5 Lot 670
Ice Cream Works Inc.
Kennedy Mall-Stores
Chambers Bridge & Brick Blvd.
Brick, NJ 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 N.J. State Retail Food Code.

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

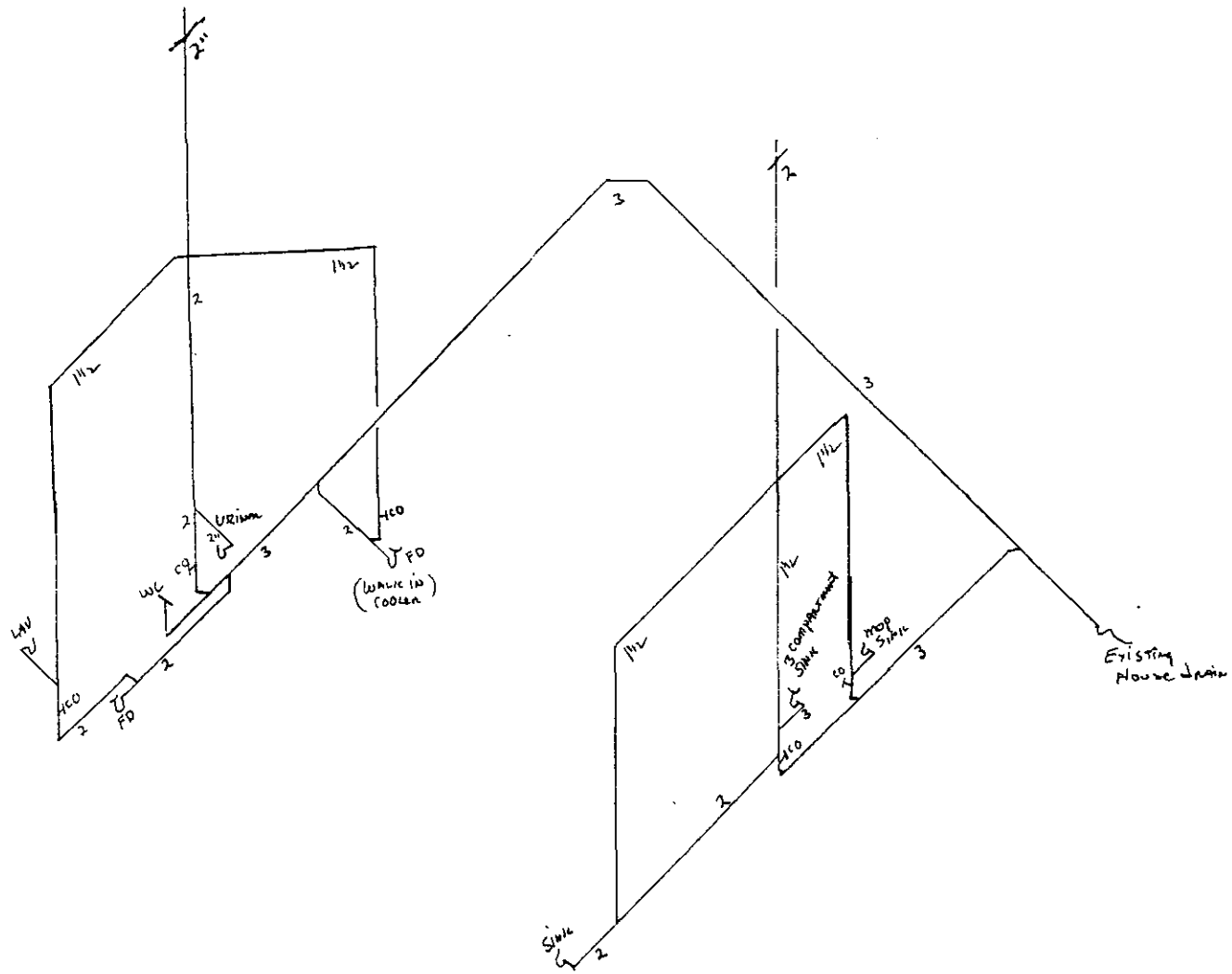
Very truly yours,

Ch. Kauffman

Principal Sanitary Inspector

cc: Brick Township Board of Health
Brick Township, Arthur Cierzo, Construction Official

EG/pjp


2"
1½
2
1½
2
Urinal
2"
3
2
4CO
FD
(WALK IN COOLER)
LAV
WC
CO
4CO
FD
2
2
1½
3
2
1½
3
3 COMPARTMENT SINK
MOP SINK
CO
3
4CO
3
SINK
2
3
Existing House Drain

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

September 12, 1990

To Whom It May Concern:

Our records indicate that there is a Certificate of Compliance in file dated 3/21/90 with payment received on 3/22/90 by the B.T.M.U.A.

The Building department issued a Temporary Certificate of Occupancy on 4/18/90 , with a final to be issued upon the completion of the entire shopping plaza.

It is our practice to have received the certificate of compliance from the B.T.M.U.A. prior to the issuance of a Temporary or Regular Certificate of Occupancy.

Very truly yours,

Arthur J. Cierzo
Construction Official

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

Date. 3/21/90

NAME. Kennedy Mall Associates

ADDRESS 241 Millburn Ave Millburn NJ

Ice Cream & Candy TOO

PROPERTY LOCATION Kennedy Mall-Store #5

Account No J946453 Block. 670 Lot. 5

Residential	Commercial—Specify Type	No of Units
C01		

Size Sewer Svc.	Size Water Svc.	Meter Size
4"	3/4"	3/4"

	WATER SVC.	SEWER SVC.
APPLICATION FEES	N/A	N/A
CONNECTION FEES	998.00	807.00
INSPECTION FEES	15.00	15.00
	97.75 Sewer Calls	
#189275 due 3-22-90		

For the Authority

PAGE 1

OCEAN COUNTY HEALTH DEPT
CN 2191
175 SUNSET AVE
TOMS RIVER N.J. 08754

ATT: ELI GOLDMAN

PLANS FOR:

ICE CREAM WORKS INC.
STORE 5 - KENNEDY MALL
CHAMBERBRIDGE & BRICK BLVD
BRICKTOWN N J 08723

AS PER MY CONVERSATION WITH YOU ON NOV 3, 1989, I AM SUBMITTING TO YOUR DEPT FOR YOUR ATTENTION THE PLAN LAYOUT OF THE ICE CREAM WORKS INC

THANK YOU

James M Montgomery

528 5289

IN ALL
3 PAGES.

2601 RIVER RD
BEVERLY MANASQUAN N J
08736

KENNEDY MALL
STORE 5
CHAMBRIDGE RD + BRICK BLVD
BRICK TOWN N J 08723

OWNER:
KENNEDY MALL ASSOCIATES
241 A MILLBURN AVE
MILLBURN N J 07041
PHONE 467 3100

LESSOR:
THE ICE CREAM WORKS INC
STORE 5 - KENNEDY MALL
CHAMBRIDGE ROAD + BRICK BLVD
BRICKTOWN N J 08723

JAMES W HIGGINS PRES.
2601 RIVER ROAD
MARMSQUAN N J 08736
PHONE 528 5289

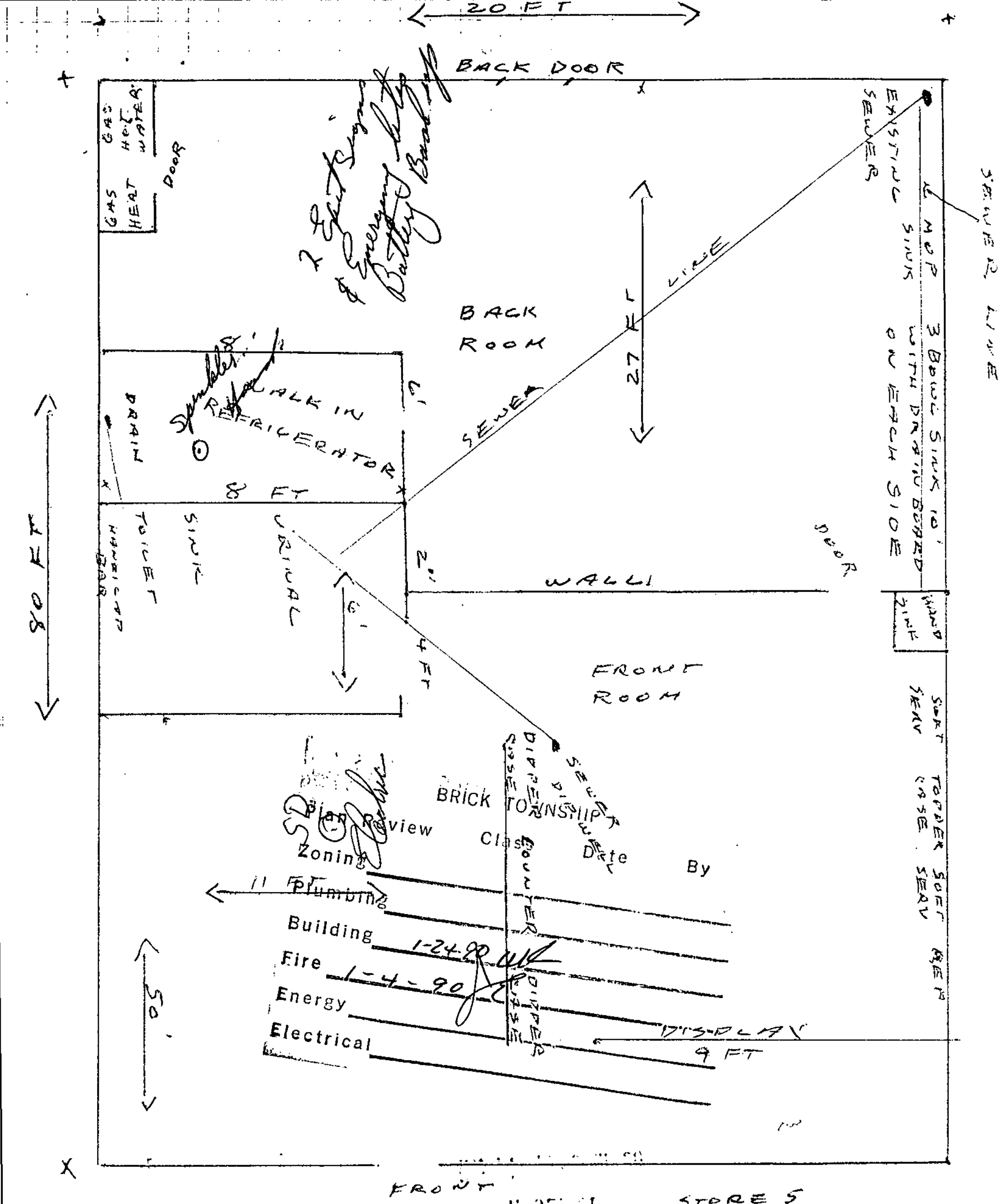
LOT 670
BLOCK 5

SPRINKLER SYSTEM IS INSTALLED

USE: ICE CREAM STORE

ROUGH PLUMBING IS INSTALLED
AND APPROVED BY PLUMBING DEPT (INSPECTOR)
BRICKTOWN N. J.

FLOOR THROUGH OUT STORE WILL BE
QUARRY TICE



FRONT DOOR

STORE 5
KENNEDY HALL
CHAMBERBRIDGE &
BRICK BLVD
BRICKTOWN NJ

THE ICE CREAM WERKS INC

OCEAN COUNTY HEALTH DEPARTMENT
C.N. 2191
Toms River, N.J. 08754
201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

November 14, 1989

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

re: Proposed Floor Plans
Block 5 Lot 670
Ice Cream Works Inc.
Kennedy Mall-Stores
Chambers Bridge & Brick Blvd.
Brick, NJ 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 N.J. State Retail Food Code.

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

Very truly yours,

Principal Sanitary Inspector

cc: Brick Township Board of Health
Brick Township, Arthur Cierzo, Construction Official

EG/pjp

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 5 L 670 ESTABLISHMENT INFORMATION

PHONE # TEMP. 528-5289

ESTABLISHMENT CODE

GOODS
☐ DESTROYED
☐ EMBARGOED

ESTABLISHMENT TRADING NAME: ICE CREAM WORKS INC.

NUMBER AND STREET: CHAMBERS BRIDGE & BRICK BLVD. (CONNERY MALL - STORE 5)

EVALUATION
☒ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.	COMMUN. CODE	RISK
	1506	

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: JAMES W. HIGGINS, PROP

NUMBER AND STREET: 601 RIVER ROAD

CITY OR MUNICIPALITY: NEW MILFORD

STATE: N.J.

ZIP CODE: 07646

COMMUN. CODE: 0

TIME (2400 HOURS)

DATE	BEGIN	END
11-14-89	1500	1530

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE	TYPE OF ESTABLISHMENT
☐ COMPLAINT	☒ RETAIL
☐ INITIAL INSPECTION	☐ WHOLESALE
☐ REINSPECTION	☐ VENDING MACHINE NO. OF MACHINES _____
☒ PLAN REVIEW	☐ FROZEN DESSERTS
☐ CONFERENCE	☐ OTHER _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print): ELI GOLDMAN, R.S.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: B397

H.D.64

PAGE 3 NOT SCALED 20'