Bd of Health O.K.
Plmg to follow

RECEIVED
DEC 13 1988
DIV. OF INSPECTION

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Kennedy Mall #9 Unit #10
2. Owner Name: Little Caesars Tel. (201)
   Address 214 A Sawmill Rd Brick NJ 08724
3. Principal Contractor: Modular Tel. (201) 899-8850
   Address P.O. Box 368, Somerville, NJ 08876
   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 + C/O
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 250 — ✓
2. ☐	Plumbing	2200 — ✓
3. ☐	Electrical	2400 — ✓
4. ☐	Fire Protection	60 — ✓
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$4910 — ✓

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: PIZZA — TAKE OUT

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 _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10310429

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 Claude A Dillon DATE 12-13-88

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. 670 LOT NO. 4-25 SUBDIVISION _____ PERMIT NO. 3409

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	_____		_____

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	12/13/88	JR	12-20-88	JM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____			2/14/89	DC	
☐	PLUMBING			12-19-88	JS	
☐	ELECTRICAL					
☐	FIRE PROTECTION			12-20-88	JE	
☐	OTHER _____					

Ceasars only
Temp
Soil
ok

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION		2-15-89	
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
2-15-89	✓ PLUMBING		2-14-89	DM
2-15-89	✓ ELECTRICAL		2-8-89	
2-15-89	✓ FIRE PROTECTION		2-15-89	JE
_____	OTHER Eng			rej 2/15/89

Clear

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

- ☑ Temporary Certificate of Occupancy — Date Issued 2-7-89
  Date Expired 3-17-89
- ☐ Temporary Certificate of Occupancy — _____
  Date Expired _____
- ☐ Certificate of Occupancy — _____
  No. _____
- ☐ Certificate of Continued Occupancy — _____
  No. _____
- ☐ Certificate of Approval — _____
  No. _____
- ☐ None

Eng
NG

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	$ 32.50
PLUMBING	50.00
ELECTRICAL	•
FIRE PROTECTION	30.
OTHER _____	•
SUBTOTAL	$ 117.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.–)
D.C.A. TRAINING FEE .0006 x _____ =	•
CERTIFICATE OF OCCUPANCY	20.–
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 142.50

DATE 12/21/88 Collected By Pat

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	$ •

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 3409
DATE ISSUED 2-17-89
Block 670 Lot 4-25
Subdivision

IDENTIFICATION

Owner Little Caesars
Address Kennedy Mall Unit #10
Brick, N.J.
Tel. ( )

Agent Modular
Address
Tel. ( )

Work Site Address Unit #10 Kennedy Mall
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ 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.

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than March 17, , 19 89 or the owner will be subject to a fine or order to vacate:

30 Day Temporary, to conform to Planning Bd Approvals & Eng.

30 Days Only!

D. DESCRIPTION OF WORK:

Alteration & C/O

USE GROUP A-3 FIRE GRADING 2 hours

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Take Out Pizzeria

FINAL COST OF CONSTRUCTION: $ 4910.00

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3409
DATE ISSUED 12-21-88
REVISION DATE
Block 670 Lot 4-25
Subdivision

A. IDENTIFICATION

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

Owner Little Caesars c/o Claude Abou Diwan
Address 214 A Sawmill Rd
Brick NJ 08724
Tel. (201) 899-8850
Work Site Address Kennedy mall
Brick Blvd & Hooper Ave

Contractor Self
Address
Tel. ( )
Lic. No.
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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alterations
Partitions – Counter

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 250

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant's Copy Manila = Inspector's Copy

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3409
DATE ISSUED 12-21-88
REVISION DATE
Block 620 Lot 4-25
Subdivision

A. IDENTIFICATION

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

Owner Little Caesars c/o Claude Abou-Diwan
Address 214A Sawmill Rd
Brick NJ 08724
Tel. (201) 899-8850
Work Site Address Kennedy Mall
Brick Blvd + Hooper Ave

Contractor
Address
Tel. ( )
Lic. No.
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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

Exit Lights & Battery Emergency Lights & Back up Fire Exit.

0
$
$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 3409
DATE ISSUED 12-21-88
REVISION DATE

Block 670 Lot 4-25
Subdivision

A. IDENTIFICATION

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

Owner Little Caesars c/o Claude
Address 214 A Sawmill Rd
Brick Town NJ
Tel. (201) 899-8850
Work Site Address Kennedy Mall
Store # 10 Brick Blvd + Hooper Ave

Contractor All Star Plumbing
Address 1889 Rt 9 Unit 100
Toms River, N.J
Tel. ( ) 505-1440
Lic.No./Bus. Permit 7272
Federal Emp. No. [redacted]

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.

Jim Wulf
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink	15.-		Indirect Connection	
4	Shower/Floor Drain	20.-		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 40.-		COLUMN 2	$ 10.-

Fee	
COLUMN 1	$ 40.-
COLUMN 2	$ 10.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 50.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	ABS	Size	3"
Building Sewer—	Material	—	Size	
Water Service—	Material	—	Size	
Venting —	Material	ABS	Size	2"

Estimated Cost of Plumbing Work: $ 3000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U C C. Form F-130 (8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

UCC SUBCODE
TECHNICAL SECTION

DATE ISSUED 3409
REVISION DATE
Block 670 Lot 4-25
Subdivision

2-15-89
Fire Extinguisher
Smoke detector
Exit Sign
Emergency Lite
OK

A. IDENTIFICATION

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

Owner Little Ceasars c/o Claude Abu-Lawley
Address 214 N. Sawmill Rd
Brick NJ 08724
Tel. (201) [illegible]
Work Site Address [illegible] Mall
Brick Blvd & Hooper Ave

Contractor
Address
Tel. ( )
Lic. No.
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

B1. SPRINKLERS — FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $ — $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:

Estimated Cost of Work: $ — $

B3. ALARM — FEE

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ — $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

B5. OTHER

[illegible] — $
[illegible] — $
[illegible] — $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems - Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank - Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 3409
DATE ISSUED 12-31-88
REVISION DATE
Block 670 Lot 4-25
Subdivision

A. IDENTIFICATION

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

Owner Little Caesars c/o Claude
Address 214 A Sawmill Rd
Brick Town NJ
Tel. (201) 899-8850
Work Site Address Kennedy Mall
Store # 10 Brick Blvd & Hooper Ave

Contractor All Star Plumbing
Address 1869 Rt 9 Unit 100
Toms River, N.J
Tel. ( ) 0505-1440
Lic.No./Bus. P[redacted]
Federal Emp. No. [redacted]

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 fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink	15.-		Indirect Connection	
4	Shower/Floor Drain	20.-		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 40.-		COLUMN 2	$ 10.-

Fee	
COLUMN 1	$ 40.-
COLUMN 2	$ 10.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 50.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	ABS	Size	3"
Building Sewer—	Material	—	Size	
Water Service—	Material	—	Size	
Venting —	Material	ABS	Size	2"

Estimated Cost of Plumbing Work: $ 3000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 12-19-88
Approved By: J. W. Lyle

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2/14/89
Inspected By: D Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				1-11-89
☒ Rough				1/20/89
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

R-0918052

MUNICIPALITY B.T

CUT-IN-CARD

LOCATION Unit # 10 UTILITY CO BP

"Little Caesar's Pizza BLK 670 LOT 4-25

OWNER Kennedy Mall Assoc OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

X FINAL ☐ TEMPORARY

SERVICE 200A This approval void after ____ days

AIR COND X ELECT HEAT ____ RANGE ____ WATER HEATER ____

COMMENTS ____ MISC ____

DATE 890228 PERMIT # 16466 INSPECTOR

Insp. Lic# 2483

Elec. 104

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 2-15-89

NAME Kennedy Mall Associates

ADDRESS 241 Millburn Ave. Millburn, NJ 07041

PROPERTY LOCATION Kennedy Mall - Ltl Caesers

Account No. J946412 Block 670 Lot 5

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Ewan

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

COMMUNITY DEVELOPMENT PROGRAM

Anthony W. Lazroe
Coordinator of Community Development
and
State & Federal Aid

(201) 477-3000

TO: Township Safety Committee DATE: February 14, 1989

FROM: Anthony W. Lazroe, Chairperson

RE: Meeting Date for Safety Committee

Please be advised that it is necessary to postpone the next meeting of the Township Safety Committee for one (1) week. Originally scheduled for Thursday, February 16, the meeting will now be held on Thursday, February 23.

Time of the meeting remains the same, i.e., 10:30AM, as does location.

Thanks for your understanding, and accept my apologies if this causes any inconvenience. I look forward to seeing you all on Thursday, February 23, at 10:30AM.

Sincerely,

Anthony W. Lazroe, Chairperson
Safety Committee

cc: Scott R. MacFadden
Business Administrator

Crub - ?
storm fence
Sign - no
Over Rear - Crub 200 replace
lighting ⊗

(fix)
(taf)

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 670 Lot 4-25 Address _____

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building No Seal on prints O.K.

Plumbing _____

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

_____

Arthur J. Cierzo,
Construction Official

Date _____

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 670 L 4-25

ESTABLISHMENT INFORMATION

PHONE # 849-8850 XTN 100

ESTABLISHMENT TRADING NAME: LITTLE CEASARS PIZZA

NUMBER AND STREET: KENNEDY MALL

BRICK BLVD. @ HOOPER AVE.

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08724

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: CLAUDE ABOU-DIWAN

NUMBER AND STREET: 214A SAWMILL RD.

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08724

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
12-8-88	1630	1655

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

No: _____

SANITARY INSPECTION REPORT

B 670 L 4-2J

ESTABLISHMENT INFORMATION

PHONE # 899-8850

ESTABLISHMENT TRADING NAME: LITTLE CAESAR'S PIZZA

NUMBER AND STREET: KENNEDY MALL BRICK BLVD. & HOOPER AVE.

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08724

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: CLAUDE ABOU-DIWAN

NUMBER AND STREET: 214 A SAWMILL RD.

CITY OR MUNICIPALITY: BRICK

STATE: N.J

ZIP CODE: 08724

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
12-2-88	0930	1000

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
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
LITTLE CAESAR'S PIZZA		12-2-~~89~~
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Eli Goldman	BRICKTOWN	Begin 0930

REG. NO.	REMARKS (Please specify area)
	REJECTED
	3 COMPT. SINK NEEDS GREASE TRAP.
	THERE MUST BE A HANDWASH SINK
	IN THE FOOD PREP AREA.
	A FLOOR DRAIN MUST BE PROVIDED FOR THE
	WALK-IN COOLER, EITHER WITHIN IT OR
	12" OUTSIDE OF THE WALL OR DOOR.

(Attach additional sheets if necessary)

INSPECTOR: K Shafer

DATE: 2/17/89

JOB: Kennedy Mall #SP 1731

SECTION: Brick Blvd to Hooper Ave

TYPE OF WORK: CO Inspection

WEATHER: Overcast

LOCATION: Hooper Ave
Ceasis only

TEMPERATURE: 30°s

BLOCK: 670

LOT: 4, 5, 8, 23, 25

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk		✓
4. Road Pavement		✓
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		✓
8. Safety	✓	see note

COMMENTS REFERENCING ITEM NUMBER:

8.) Safe @ front of site only

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ PLANNING BOARD ENGINEER

☐ MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: K Shafer

DATE: 2/15/89

JOB: Kennedy Mall SECTION: Brick Plaza
SP# 1737

TYPE OF WORK: C O Insp

WEATHER: Rainy

LOCATION: Brick Plaza / Hooper Ave

TEMPERATURE: 50's

BLOCK: 670 LOT: 5 & 25

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk		✓
4. Road Pavement		✓
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		60% ✓
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER: ① Driveway to rear of site ponding a.t. pavement restoration incomplete. Also note ponding (heavy) at front of store. ② Grading @ perimeters of site not done ③ Sidewalk incomplete @ east end of Building (prop) ④ Missing curb @ rear, west side of site. Us approvals. No FABC @ rear of prop stores installed, (5,6,7,8) Not started. Needs to have rear of site safe.

RETESTED 2/16/89 TC

RECOMMENDATIONS: Lighting incomplete

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

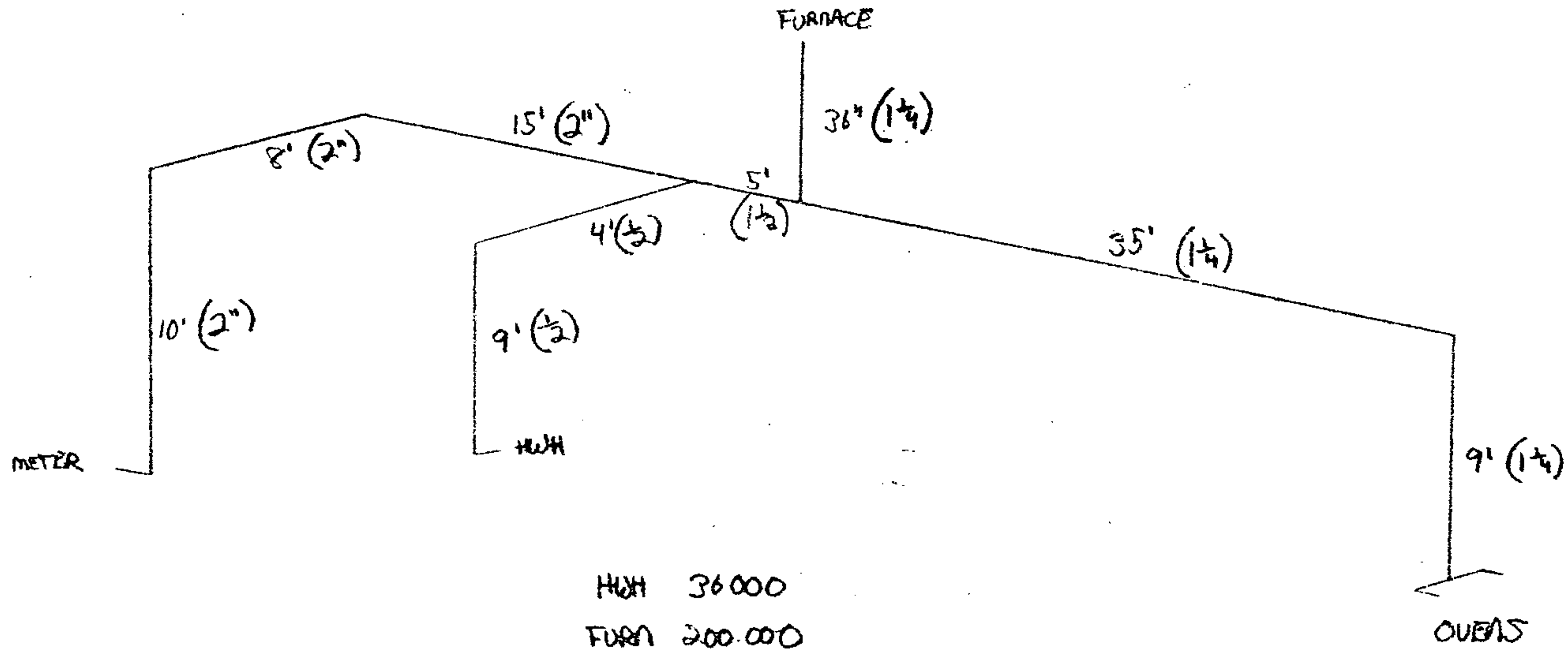
☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

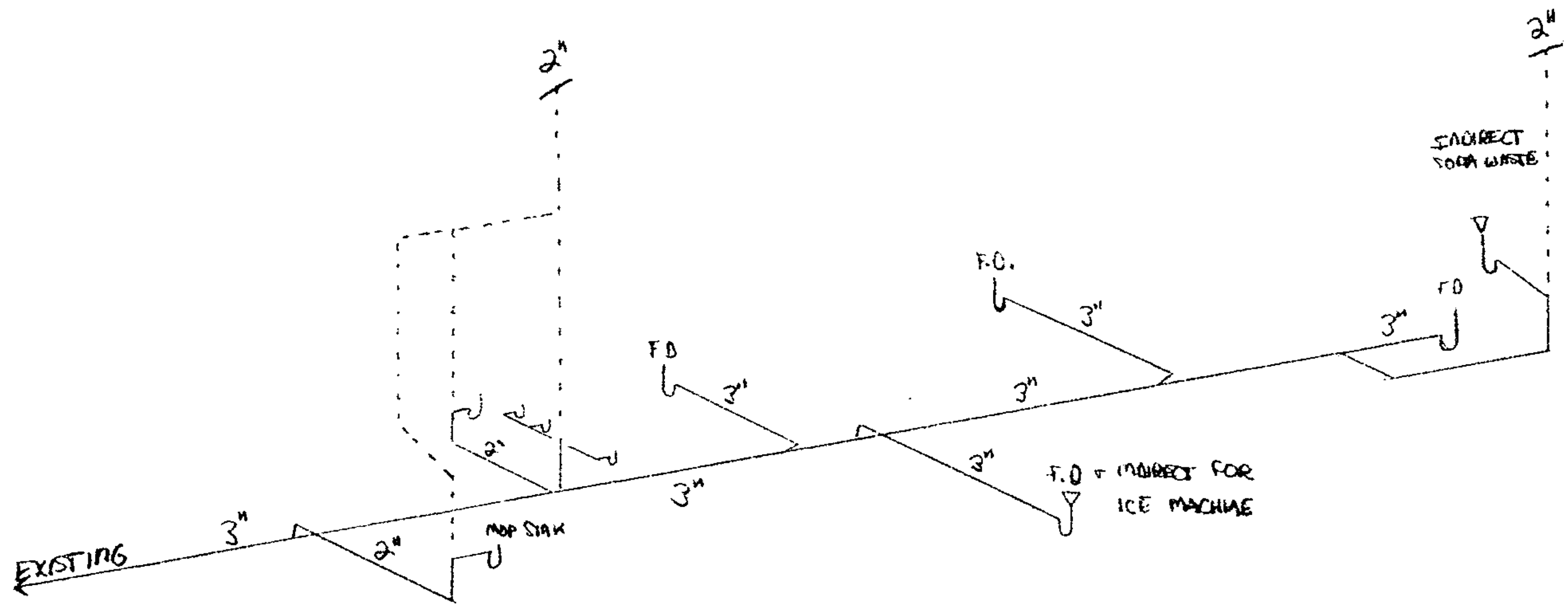
[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.



HWH 36000
FURN 200.000
2- OVEN'S 270 000 (135 EACH)
506000 BTU



Jim Wulfekotte