Dr Health ok

#8

Page 1

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DIV. OF INSP.

TOWNSHIP OF BRICK

Zeli's Rest + Deli

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Old Hooper Ave. - Kennedy Mall
2. Owner Name: Peter Pyros Tel. (___) 201-933-6148
   Address 134 BELFORD AVE RUTHERFORD N.J. 07070
3. Principal Contractor: SAME Tel. (___)
   Address Kennedy Mall Ford Mart, Inc
   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	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 30,000

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: REST. EAT IN + TAKE OUT

If Change in Use Group, Indicate Former: 29 Tables (80 SEATS

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 10109921

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 Peter Pappas DATE 2/8/89

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. 5+8 SUBDIVISION [redacted] PERMIT NO. 3649

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	_____

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	2/8/89	22	2-9-89	RAA	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 3			2/8/89	DC	
☒	PLUMBING			2/9/89	JT	
☐	ELECTRICAL					
☐	FIRE PROTECTION			2-11-89	RAA	
☐	OTHER				11	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
✓	ALL CONSTRUCTION			
	BUILDING		8-14-89 WS	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
✓	PLUMBING		7-12-89 JS	
✓	ELECTRICAL		7-14-89 BK	
✓	FIRE PROTECTION		7-11-89 JE	7-17-89
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: Eng. — Date Issued

☑ Temporary Certificate of Occupancy — 8-16-89
Date Expired 10-15-89

☐ 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	$ 225
PLUMBING	130
ELECTRICAL	
FIRE PROTECTION	65
OTHER Supplemental Fee	
SUBTOTAL	$ 420
– 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	$ 445

DATE 2/21/89 Collected By [signature]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUAN

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

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUN
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF BRICK

"Zeb's Restaurant & Deli"

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 3649

DATE ISSUED 8-16-89

Block 670 Lot 5

Subdivision

IDENTIFICATION

Owner Kennedy Mall Food Mart, Inc. Agent same

Address Old Hooper Ave. Address

Brick, NJ

Tel. ( ) Tel. ( )

Work Site Address Kennedy Mall Lic. No.

Old Hooper Ave. 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 October 15, 1989 or the owner will be subject to a fine or order to vacate:

P ending compliance with Engineering.

D. DESCRIPTION OF WORK:

Restaurant - Eat in and take out

USE GROUP A-3 FIRE GRADING 2 hours

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Restaurant

FINAL COST OF CONSTRUCTION: $ 30,000.

CONSTRUCTION OFFICIAL

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3644
DATE ISSUED 2-21-89
REVISION DATE
Block 610 Lot 5 & 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Zeb's Rest. & Deli
Address Kennedy Mall Brick

Tel. ( )

Work Site Address Same

Contractor Oxygen Supply Co
Address 1368 RT 9 Lakewood

Tel. ( )

Lic. No.

Federal Emp. No. 22-2116400 00

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.

Kevin P. Fahy
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Install Fire Suppression System Alteration to C/O

☐ 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 _____

Height of Structure _____ Ft.

Area–Largest Floor _____ Sq. Ft.

Total Building Area–All Floors _____ Sq. Ft.

Volume of Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ ~~1800.00~~

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION CODE — NEW JERSEY

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3647
DATE ISSUED 9-21-89
REVISION DATE
Block 670 Lot 57 &
Subdivision

A. IDENTIFICATION

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

Owner Zell's Rest & Hall
Address 1 Kennedy Mall
Brick
Tel. ( )
Work Site Address Same

Contractor Oxygen Supply Co
Address 1368 RT 9
Lakewood
Tel. ( )
Lic. No.
Federal Emp. No. 222/11640000

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.
[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

~~Install fire suppression system~~
Alteration + C/O

☐ 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: $ ~~1600~~.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	2-9-89	10s
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: ~~8-14-89 tos~~

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☑ Finishes				Temp 8-14-89 tos (YS)
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3649
DATE ISSUED 2-21-89
REVISION DATE
Block 670 Lot 548
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner ZEB's RESTAURANT & DELI
Address 134 BELFORD AVE.
RUTHERFORD, N.J. 07070
Tel. ( )
Work Site Address KENNEDY MALL

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0854
Lic.No./Bus. Permit 3610
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.

Daniel Yeaman
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$ 15.-		Garbage Disposal	$
1	~~Bathtub~~ URINAL	5.-		Air Conditioner Unit	
8	Lavatory/Sink	40.-		Indirect Connection	
3	Shower/Floor Drain	15.-		Sewer Ejector	
	Washing Machine		1	Grease Trap	25.-
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection		1	Other Gas	15.-
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 80.-		COLUMN 2	$ 50.-

Fee	
COLUMN 1	$ 80.-
COLUMN 2	$ 50.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 130.-

C. PLUMBING CHARACTERISTICS

USE GROUP: Present Deli Proposed

Drainage — Material Sch40 PVC Size 1½-3
Building Sewer— Material EXISTING Size EXISTING
Water Service— Material EXISTING Size EXISTING
Venting — Material Sch40 PVC Size 1½-3
Estimated Cost of Plumbing Work: $

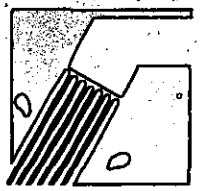
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 3647
DATE ISSUED 2-21-89
REVISION DATE
Block 670 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner ZEB'S AUSTIN ART & DELI
Address 134 FELTON AVE. ROTHERWOOD, N.J. 08070
Tel. ( )
Work Site Address KENNEDY MALL

Contractor ~~PINELAND PLBG. & HTG., INC.~~
Address ~~807 MANTOLOKING RD. BRICK TOWNSHIP, N.J. 08723~~
Tel. ( ) ~~201 477-0854~~
Lic.No./Bus. Permit 3615
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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$ 115.—		Garbage Disposal	$
1	Bathtub URINAL	55.—		Air Conditioner Unit	
8	Lavatory/Sink	140.—		Indirect Connection	
3	Shower/Floor Drain	115.—		Sewer Ejector	
	Washing Machine		1	Grease Trap	25.—
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.—		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	110.—
	Steam Boiler			Solar System	
	Water Util. Connection		1	Other Gas	45.—
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 80.—		COLUMN 2	$ 50.—

Fee	
COLUMN 1	$ 80.—
COLUMN 2	$ 50.—
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 130.—

C. PLUMBING CHARACTERISTICS

USE GROUP: Present ____ Proposed DeLi

		Present		Proposed
Drainage —	Material	Sch 40 PVC	Size	1½-3
Building Sewer—	Material	EXISTING	Size	EXISTING
Water Service—	Material	EXISTING	Size	EXISTING
Venting —	Material	Sch 40 PVC	Size	1½-3

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
3/14/89	Slab Rough Vent fitting

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 2-9-89
Approved By: J. W. Lyle

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 7-12-89
Inspected By: J. W. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				3/16/89 DM
☒ Rough				3/16/89 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3649
DATE ISSUED 2-21-89
REVISION DATE

Block 6710 Lot 5+8
Subdivision

A. IDENTIFICATION

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

Owner ZEBS Rest. & Deli
Address KENNEDY MALL
BRICK, N.J.
Tel. (201) 933 6148
Work Site Address ABOVE

Contractor Oxygen Supply Co
Address 1368 RT 9
LAKEWOOD, N.J.
Tel. (201) 370 2330
Lic. No.
Federal Emp. No. 222 111640 000

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: Kitchen
Estimated Cost of Work: $ 1000.00

$ 35

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 Signs	$ 30
Suppression Syst.	$ 35
Fire Ext.	$
S.D. Common Area	Subtotal $
Minimum Fire Protection Fee (If Applicable)	$
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 65

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

Suppression Pull Test on Syst. in Kitchen

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 36.
DATE ISSUED 2-21-84
REVISION DATE
Block 67.1 Lot 57 f
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner ZEBS Rest. & Deli
Address KENNEDY MALL
BRICK, N.J.
Tel. (201) 933 6148
Work Site Address ABOVE

Contractor Oxygen Supply Co
Address 1368 RT 9
LAKEWOOD, N.J.
Tel. (201) 370 2330
Lic. No.
Federal Emp. No. 222 111640.000

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: KITCHEN
Estimated Cost of Work: $ 1000.00

$ 35

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 Signs	0.50
Suppression Syst.	0.25
Fire Ext.	8.
S.D Common Area	Subtotal 0.
Minimum Fire Protection Fee (If Applicable)	0.
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$65.

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

Suppression Syst. Test on Syst. in Kitchen

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
7-11-89	Complies with Code.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 2-14-89
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 7-11-89
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				7-11-89
☐ TCO				
☒ Other Final				7/11/89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

SIZING FOR WATER AND SEWER SERVICES

Property Owner ZEB'S RESTAURANT + DELI Date 2-9-89

Property Address KENNEDY MALL Block 670 Lot 5+8

Zoning _____ Use Group _____

Contractor PINELAND License No. Registration 3610

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 46

Gallons per minute 27.2

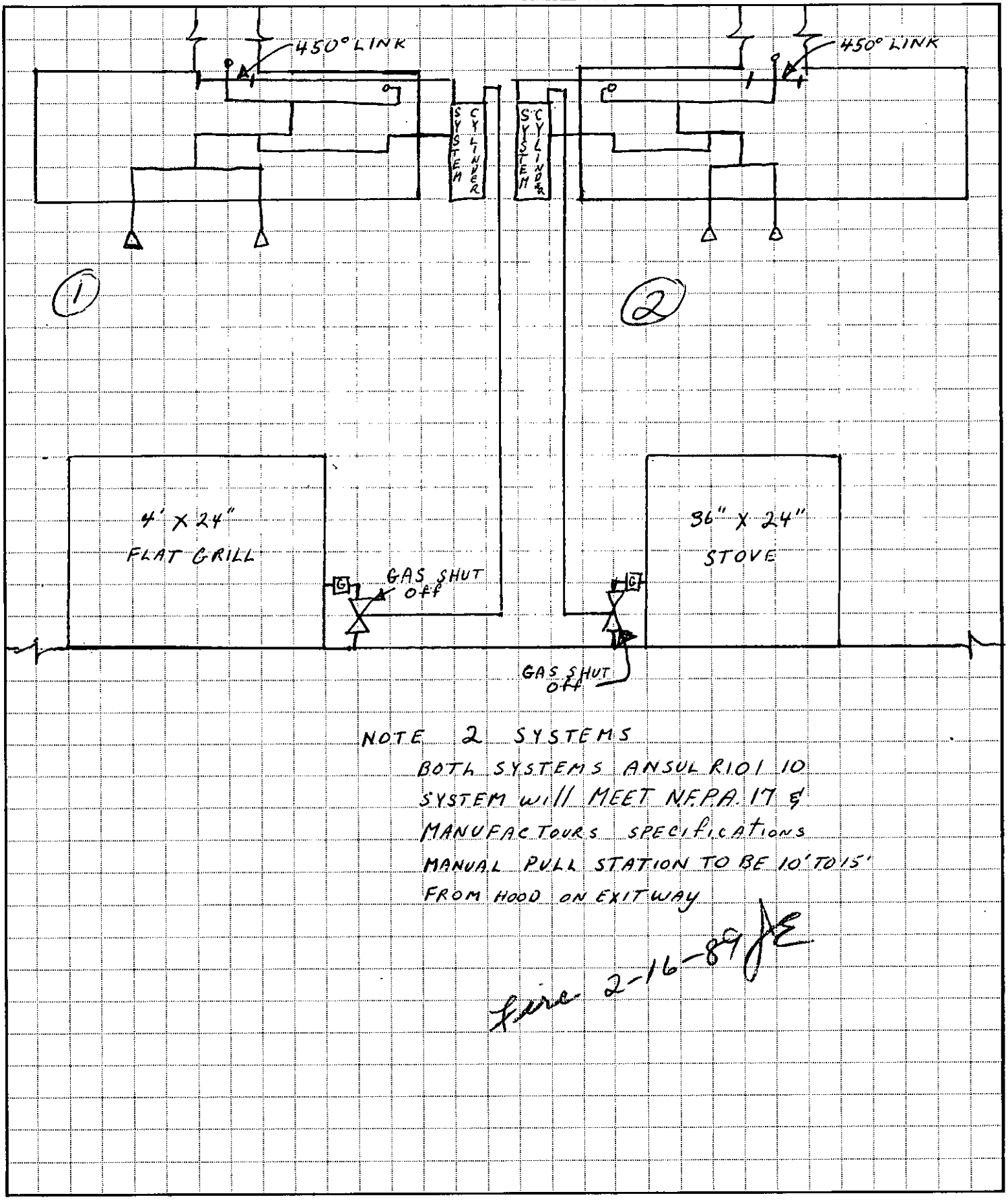
Size of Service 1 1/4"

Date: 2-9-89 Approved: J. W. Spl

Brick Township Plumbing Inspector

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

JOB ZEBS RESTAURANT
SHEET NO. 1 OF 5
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE _____



NOTE 2 SYSTEMS
BOTH SYSTEMS ANSUL R101 10
SYSTEM WILL MEET N.F.P.A. 17 &
MANUFACTOURS SPECIFICATIONS
MANUAL PULL STATION TO BE 10' TO 15'
FROM HOOD ON EXIT WAY

Fire 2-16-89 JE

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

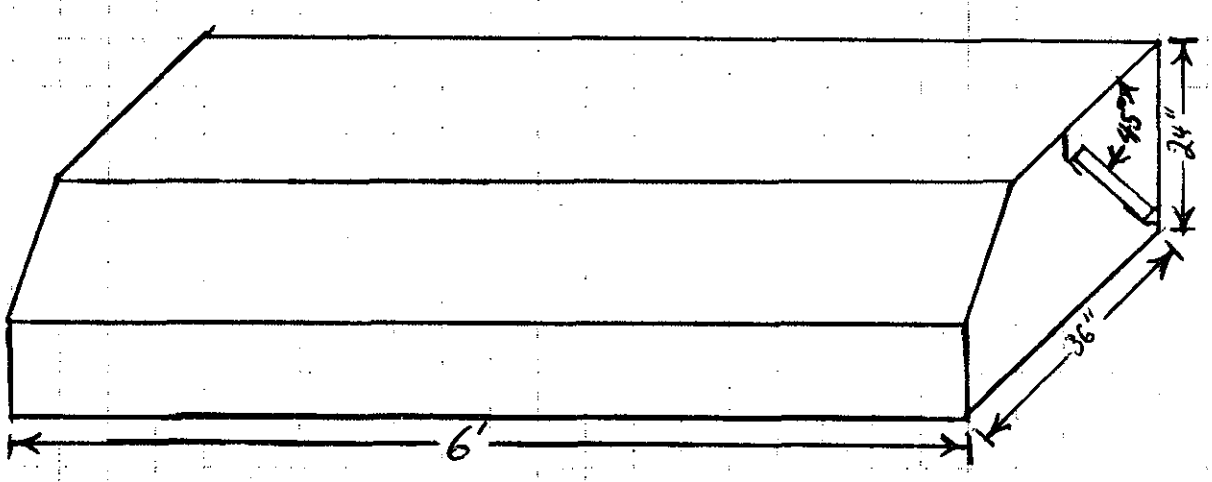
JOB Hood (1)

SHEET NO. 2 OF 5

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



NOTE

HOOD :

18 GAUGE METAL

ALL WELDED SEAMS

FILTERS ON A 45° ANGLE

DUCT :

16 GAUGE METAL

ALL WELDED SEAMS

WELDED A HOOD JOINT

INSULATED THIMBLE WHERE COMBUSTIBLES ARE TO CLOSE

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

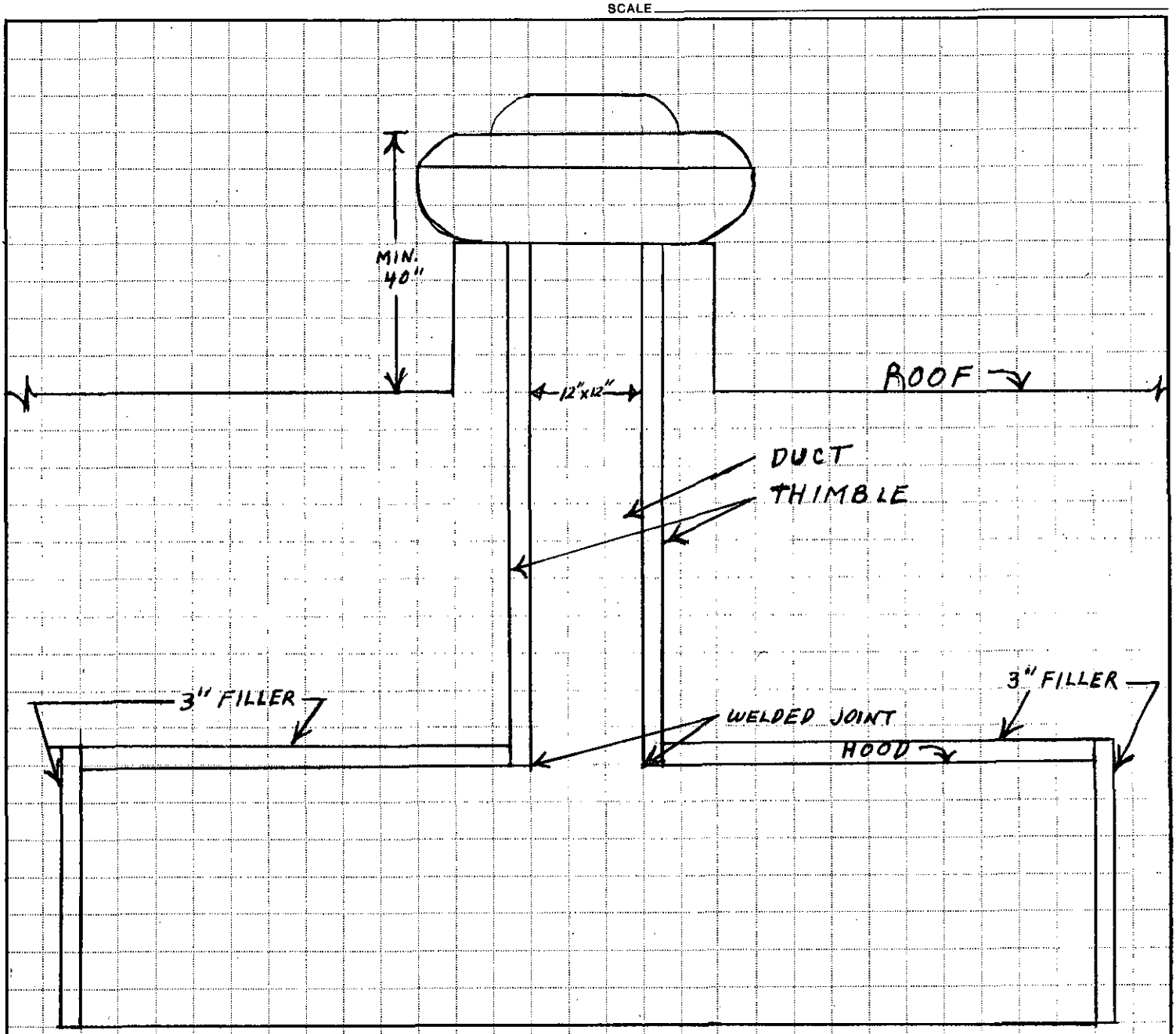
JOB Hood (1)

SHEET NO. 3 OF 5

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



NOTE:
FILLERS & THIMBLES
USED WHEN CLEARANCE
NOT ACCEPTABLE
FILLERS : 18 GAUGE METAL WITH
FIRE RETARDANT MATERIAL
THIMBLES 22 GAUGE METAL WITH
FIRE RETARDANT MATERIAL

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

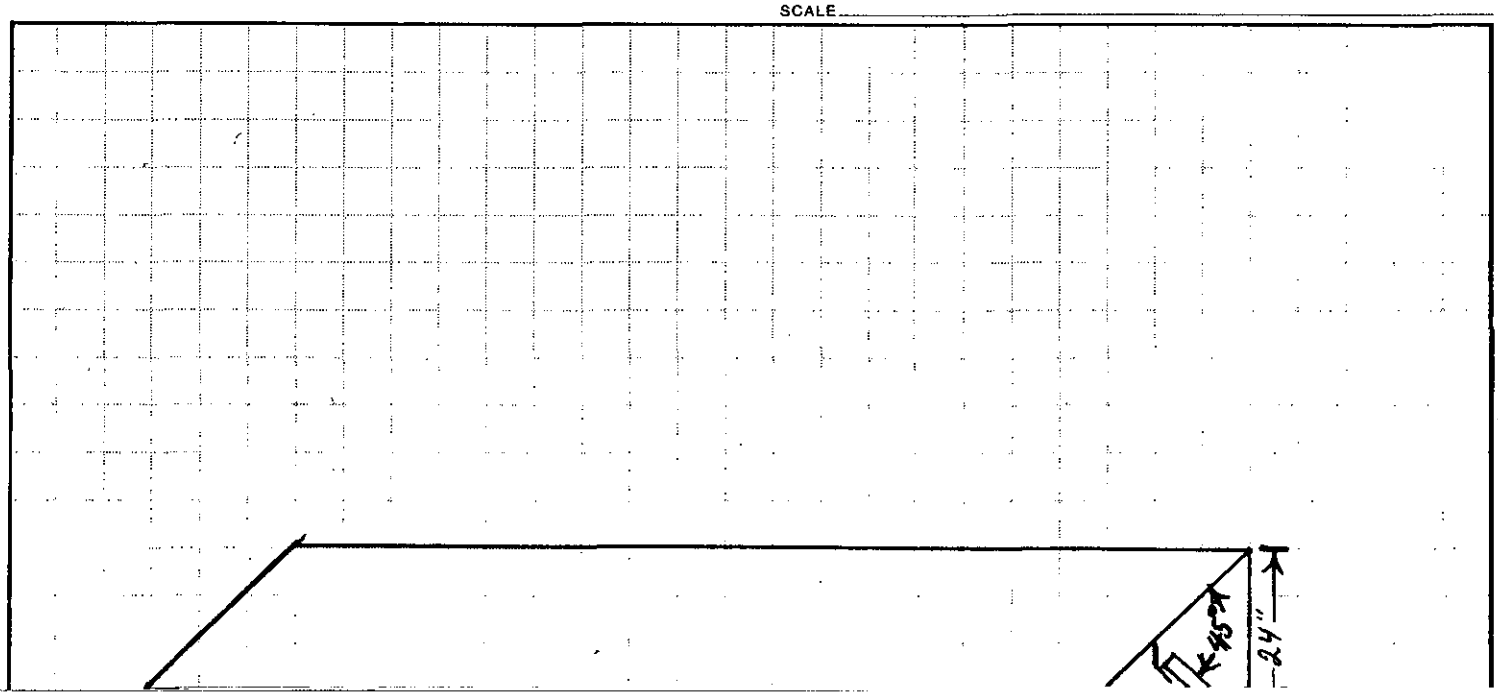
JOB Hood (2)

SHEET NO. 4 OF 5

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

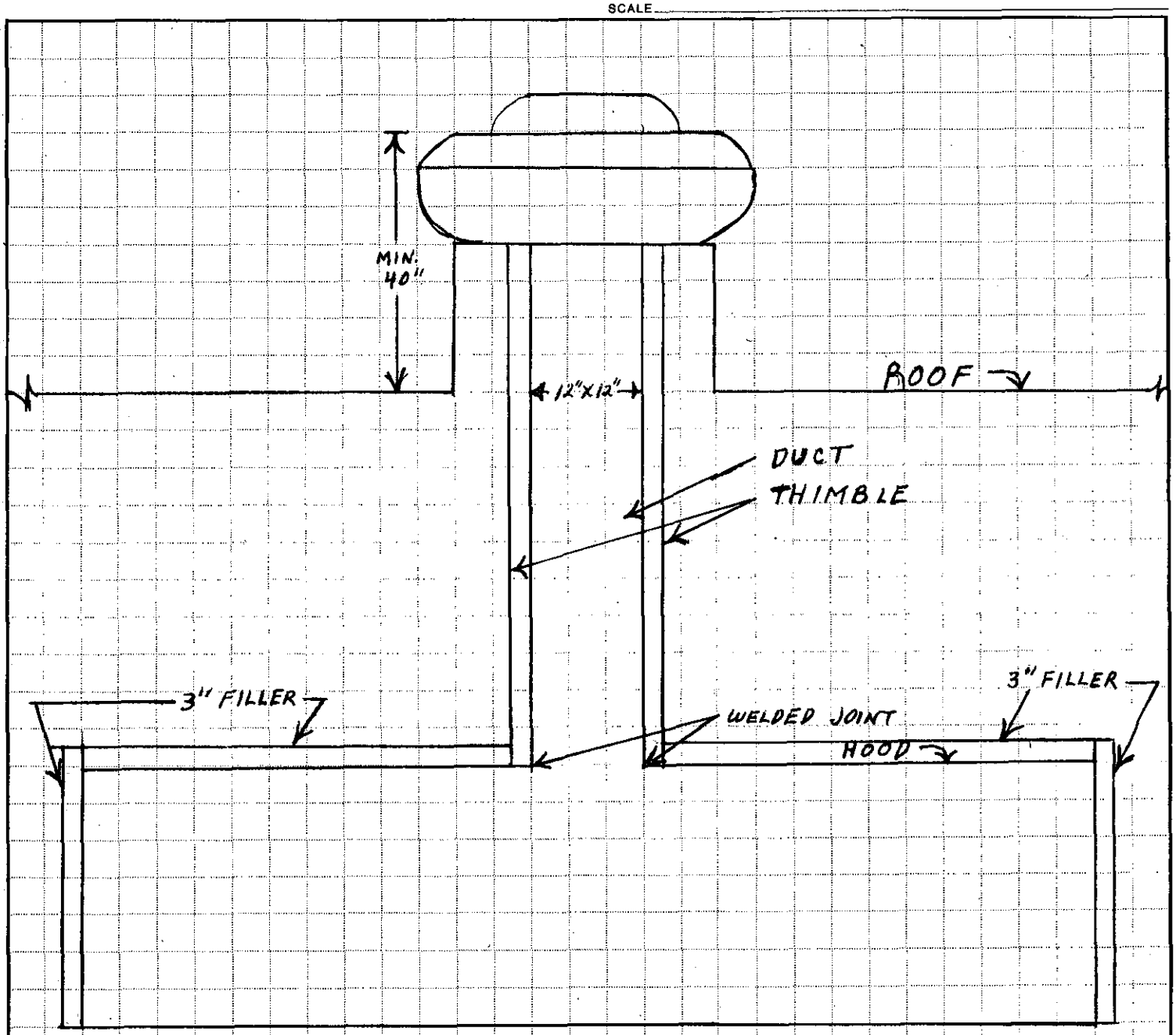
JOB Hood 2

SHEET NO. 5 OF 5

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



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THIMBLES 22 GAUGE METAL WITH
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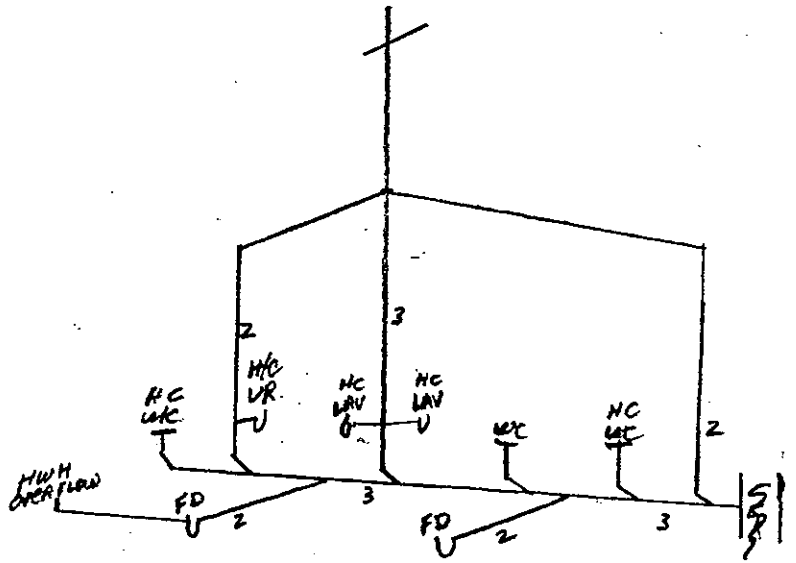
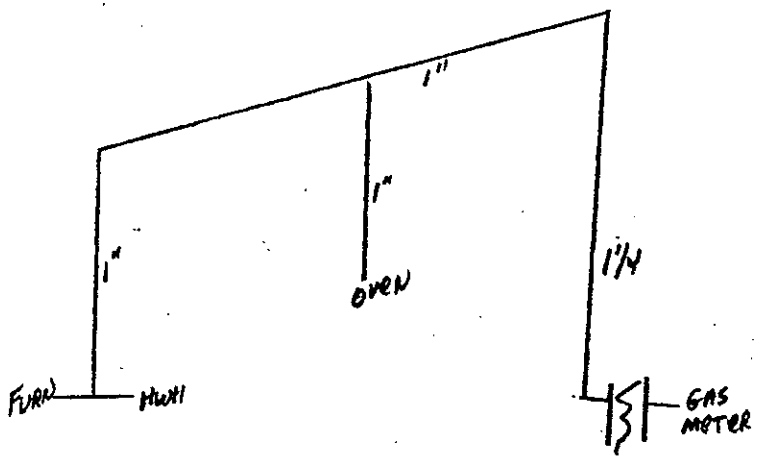
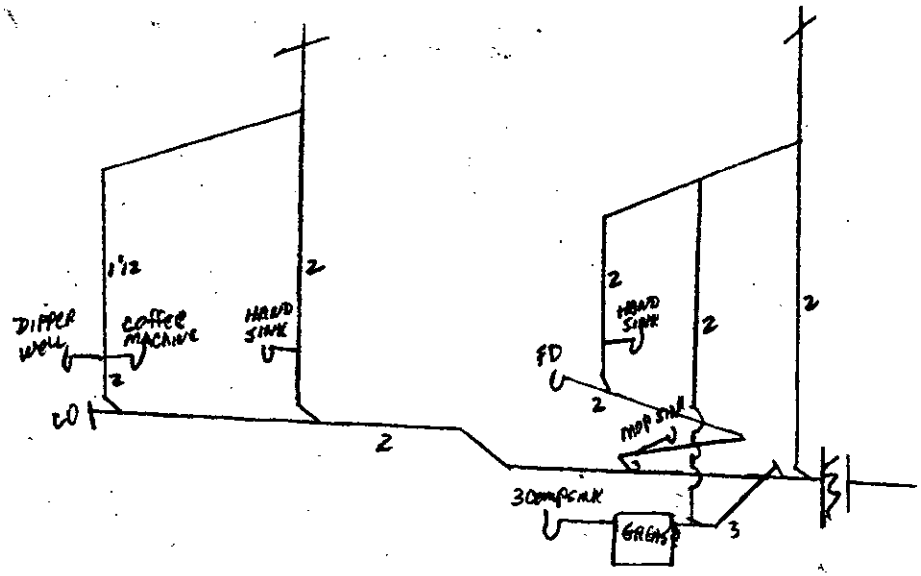
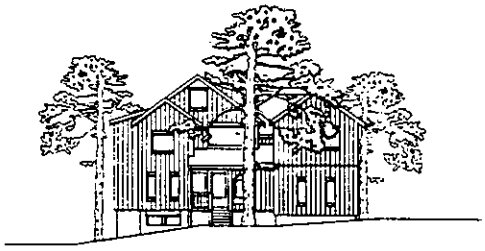






Kennedy PLAZA - Stores # 8 + 9 ARTHUR FREEDMAN -



P. A. MARCHETTA
A I A P P
ARCHITECT - PLANNER
SIXTY-THREE RIDGE ROAD
P.O. BOX 802
LYNDHURST, N.J. 07071
(201)935-4410

April 4, 1989

Arthur J. Cierzo
Construction Official
401 Changebridge Road
Brick Township, New Jersey 08723

Re: Addition to Kennedy Shopping Center
Brick Township, New Jersey J#88-012
PROPOSED DELI

Dear Mr. Cierzo:

The following changes and/or revisions shall be made to the drawings for the above captioned project dated December 28, 1988.

These revisions are as follows:

1. The vestibule at the entrance to the facility shall be eliminated.
2. The doorway and partitions at each end of the Deli counters to the right side of the entrance way shall be eliminated from the project.
3. The door and walls to either side of the slop sink and hot water heater area in the rear of this facility shall be removed.
4. The hot water heater shall be eliminated which is presently located adjacent to the furnace. A second furnace will be installed in this area in lieu of the hot water heater.

These revisions are being made as per the request of the tenant. I do not feel that these changes will affect the overall design or intent of the facility from what was originally planned.

If you have any questions regarding this matter, please do not hesitate to contact my office.

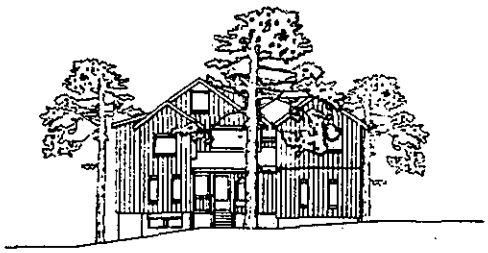
Sincerely,

Patrick A. Marchetta, A.I.A., P.P.
Architect/Professional Planner

PAM/hm

RECEIVED
APR 4 1989
DIV. OF INSPECTION

OK - 4-10-89



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Patrick A. Marchetta, A.I.A., P.P.
Architect/Professional Planner

PAM/hm

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 670 LOT 15-8-23-7 ESTABLISHMENT INFORMATION

PHONE #
TEMP. 933-6148

ESTABLISHMENT TRADING NAME COR BRICK BLVD. & HOOPER AVE.
ZEBS RESTAURANT & DELICATESSEN

NUMBER AND STREET
KENNEDY MALL FOOD MART INC.

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
FOOD MART INC.

NUMBER AND STREET
134 BELFORD AVE

CITY OR MUNICIPALITY: RUTHERFORD
STATE: NJ.

ZIP CODE: 07070-1626
COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
1-10-88	1100	1145

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.
B391

H.D.64

Proposal
SPECIFICATIONS AND ESTIMATE

FINELAND PLUMBING & HEATING, INC.
807 MANTOLOKING RD. BRICK TOWN, N. J. 08723
(201) 477-0854

No.

Page No. of Pages

PROPOSAL SUBMITTED TO		PHONE	DATE
Deli - Kennedy Plaza		201-933-6148	1/24/89
STREET		JOB NAME	
KENNEDY MALL FOLD MART CORP		Art Freedman	
CITY, STATE AND ZIP CODE		JOB LOCATION	
134 BELFORD AVE RUTHERFORD NJ 07070			
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby propose to furnish materials and labor necessary for the completion of:

Complete plumbing system to include the following:
All PVC piping tied into existing waste system
All type M luster copper
All American Standard or equal fixtures to include the following:
3 - white elongated toilets with open front seats
1 - 19 X 17 white wall hung lavs (2 in rest rooms - 2 in kitchen/grill area
1 - #6501 white urinal
1 - 4 mustee mop sink
1 - 50 Gallon natural gas water heater - chimney & flue by others
2 - floor drains in rest rooms - 1 in front of walk in cooler
1 - grease trap for 3 compartment sink
1 - waste & water line only for 3 compartment sink (sink, faucet, & strainer
1 - waste & water line for ice cream dipper well & coffee urn
1 - sprinkler head in furnace room
1 - Gas pipe system for 60,000 BTU stove, 60,000 BTU Grill, 48,000 BTU water heater (steam table to be electric)
All floor chopping to be by this firm - all debris removal and floor repair to be by others

WE PROPOSE hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Ten Thousand Five Hundred and 00/100 dollars ($ 10,500.00).

Payment to be made as follows:
$5000.00 upon completion of slab plumbing - $4000.00 upon completion of top rough plumbing - $1500.00 upon completion of finish plumbing

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature H. David Ulmann

Note: This proposal may be withdrawn by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature Peter Papanicolaou

Date of Acceptance: 2/6/89

Signature

INSPECTOR: Kenneth Shafer

DATE: 8/15/89

JOB: Kennedy Mall SECTION: Brick Plaza
SP# 1737

TYPE OF WORK: CO re Insp

WEATHER: Overcast

LOCATION: Brick Plaza, Hooper Ave

TEMPERATURE: 70's

BLOCK: 670 LOT: 5625

1 of 2

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	ongoing	✓
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER:

(1,4) Ponding in various locations, Pavement breaking up @ left side by Movie Centre.

see attached sheet for 2, 4-8

REJECTED 8/16/89 7x4

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.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

6 Mott Place, CN 2191, Toms River, NJ 08754
Telephone: 201-244-7048

RECEIVED
AUG 10 1989
DIV. OF INSPECTION

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK TOWNSHIP

PROJECT: Kennedy Mall Expansion - ALL UNITS SCD NO.: 2275

BLOCK NO.(s) 670 / LOT NO.(s) 5 & 25

Complete Compliance [X] Temporary Compliance [ ]

BLOCK NO.	LOT NO.	CONDITIONS
		The applicant shall remain responsible for proper stabilization of all areas until final bond release by the municipality.
		Applicant shall remain responsible to complete repairs to bulkhead as directed by the municipality. ALL areas disturbed during repairs to bulkhead will be permanently stabilized as per the certified plan.

Total Fees Due: $ X

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act. (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: Kerry Quinn

Date: 8/8/89

Distribution: White-Township Canary-Applicant Pink-District

A4687