RECEIVED

SEP 11 1984

TOWNSHIP OF BRICK BUILDING

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: 10 KENNEDY MALL, BRICKTOWN, NJ 08723
2. Owner Name: MICHAEL CHEUNG Tel. (212) 492-4146
   Address 705 59th Street, BROOKLYN, NY 11220
3. Principal Contractor: MA CONSTRUCTION Tel. (212) 674-2179
   Address 205 E. BROADWAY, NY, NY 10002
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 13-3127735
4. Architect or Engineer: HON K. CHOY Tel. (212) 219-3846 *
   Address 171 CANAL ST., Rm 203, NY, NY 10013
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	$10,000.00
2. ☒	Plumbing	4,000.00
3. ☒	Electrical	2,300.00
4. ☒	Fire Protection	1,200.00
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$17,500.00

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: CHINESE RESTAURANT

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 _____ ONE
15. Height of Structure 12 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 10511900

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 Hon K. Choy TEL.(212) 219-3846

ADDRESS 171 CANAL ST., Rm 203

NY, NY 10013

SIGNATURE Hon Kwong Choy

BLOCK NO. 670 LOT NO. 1 SUBDIVISION Kennedy Mall PERMIT NO. 2858

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 NA																	
☐ 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	BOCA 1984	☐ Flood Hazard	
☐ Building		☒ Energy	BOCA 1977	☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☒ Plumbing	NSPC 1983	☐ 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			11-9-84	DD	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Framing			9/11/84	DMC	
☑	PLUMBING	9-5-84	Dan	9-14-84	Dan	
☐	ELECTRICAL					
☑	FIRE PROTECTION			9-20-84	MC	ADD AS NOTED
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION		11-2-84 DMC	3/12/85 2 Fees
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING		11-2-84 Dan	
	ELECTRICAL			
X	FIRE PROTECTION	10-23-84	5-23-85 MC	Suppression test 11-
X	OTHER SUPP		10-23-84 MC	

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Temporary Certificate of Occupancy Date Expired _____	
☑ Certificate of Occupancy No. 2858	1-10-86
☐ 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	$ 135.00
PLUMBING	115.-
ELECTRICAL	•
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ 250.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(50.00)
D.C.A. TRAINING FEE .0006 x _____ =	37.50
CERTIFICATE OF OCCUPANCY	•
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 292.50

DATE 1-7-85 Collected By Palo

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

JADE PALACE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 2858

DATE ISSUED 1-10-86

Block 670 Lot 1

Subdivision Kennedy Mall

IDENTIFICATION

Owner Michael Cheung

Address 705-59th St.
Brooklyn, NY

Tel. ( )

Work Site Address 10 Kennedy Mall

Agent

Address

Tel. ( )

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 _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Restaurant

USE GROUP B

FIRE GRADING 2 hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE business

FINAL COST OF CONSTRUCTION: $ 17,500.

Arthur J. Ciego

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. 2858
DATE ISSUED 1/3/85
REVISION DATE

Block 670 Lot 1
Subdivision Kennedy Mall

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner MICHAEL CHEUNG
Address 705 59th St.
BROOKLYN, NY 11220
Tel. (212) 492-4146
Work Site Address 10 KENNEDY MALL
BRICKTOWN, NJ 08723

Contractor MA CONSTRUCTION INC
Address 205. E. BROADWAY
NY, NY 10002
Tel. (212) 674-2179
Lic. No.
Federal Emp. No. 13-3127735

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.

Hon K. Chow
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☒ 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: B Present B Proposed

No. of Stories ONE
Height of Structure 12 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: $ ____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE [illegible]

Block 670 Lot 1
Subdivision [illegible]

A. IDENTIFICATION

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

Owner [illegible]
Address [illegible]
[illegible]
Tel. ([illegible] **)** [illegible]
Work Site Address [illegible] MALL
[illegible]

Contractor MA [illegible]
Address [illegible]
[illegible]
Tel. ([illegible] **)** [illegible]
Lic. No.
Federal Emp. No. [illegible]

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.

[illegible signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

☒ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☒ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
	SUBTOTAL	$
	Minimum Building Fee (if applicable)	$
	Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: B Present B Proposed

No. of Stories ONE
Total Building Area—All Floors ______ Sq. Ft.
Height of Structure 12 Ft.
Volume of Structure ______ Cu. Ft.
Area—Largest Floor ______ Sq. Ft.
Total Land Area Disturbed ______ Sq. Ft.
Estimated Cost of Building Work: $ ______

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	11-9-84	EO
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 3-12-85

Inspected By: E Wyso

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				3-12-85 EO
☐ Architectural				
☒ Insulation				EO
☒ Finishes				EO
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2858
DATE ISSUED 1-3-85
REVISION DATE
Block 670 Lot 1
Subdivision Kennedy Mall

A. IDENTIFICATION

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

Owner MICHAEL CHEUNG
Address 705 59th St.,
BROOKLYN, NY 11220
Tel. (212) 492-4146
Work Site Address 10 KENNEDY MALL
BRICKTOWN, NJ 08723

Contractor IDEAL FIRE CONTROL INC.
Address 132 METROPOLITAN AVE
BROOKLYN, NY 11211
Tel. (212) 384-1215
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.

Hon Kuen Chow.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
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: KITCHEN HOOD
Estimated Cost of Work: $ 1,200.00 $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic OET FEE
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

EMERGENCY LIGHTING $ _____
EXIT LIGHTS $ _____
$ _____

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP — Present B Proposed
Heating Systems – Location: STORAGE ROOM
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

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2858
DATE ISSUED 1-3-85
REVISION DATE

Block 670 Lot 1
Subdivision Kennedy Mall

A. IDENTIFICATION

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

Owner MICHAEL CHEUNG
Address 705 59th St.,
BROOKLYN, NY 11220
Tel. (213) 492-4146
Work Site Address 10 KENNEDY MALL
BRICKTOWN, NJ 08723

Contractor IDEAL FIRE CONTROL INC
Address 132 METROPOLITAN AVE
BROOKLYN, NY 11211
Tel. (212) 384-1215
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.

Hon Kwong Cheung
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
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: KITCHEN HOOD
Estimated Cost of Work: $ 1,200.00 $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic DET FEE
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

EMERGENCY LIGHTING $ _____
EXIT LIGHTS $ _____
$ _____

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

C. FIRE PROTECTION CHARACTERISTICS

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

D. COMMENTS

CHIENSE
RESTAURANT

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
9-20-84	PLAN Review (1) FIRE EXT. BY KITCHEN DOOR AREA
	(2) SPRINKLER STORAGE ROOM
	(3) SUPPRESSION PLANS TO BE SUBMITTED BY ARCHITECT.
10-4-84	PLAN Review FOR SUPPRESSION SYSTEM OVER FRYERS - APP MG
10-23-84	SUPP TEST = APPROVED.
5-23-85	FINAL - APPROVED

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 9-20-84
Approved By: Mike Clayton

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 5-23-85
Inspected By: Mike Clayton

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				10-23-84 MG
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other FINAL				5-23-85
☐ Other				
☐ Other				
☐ Other				

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

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

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

A. IDENTIFICATION

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

Owner _____
Address 10 Rumsey Road Hooper & Brick Berkdown
Tel. 201-920-0880
Work Site Address Jade Palace

Contractor World Fire Prot -
Address 825 RT 33 PO Box K Hamilton Square NJ
Tel. (609) 587-6320
Lic. No. 22-247-9796
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 ANSUL R-102
Manual Pull: ☒ Yes ☐ No
Locations: /
Estimated Cost of Work: $ 1200.00

$ _____

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

_____ $ _____
_____ $ _____
_____ $ _____

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

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 = Inspection Copy

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
10-18-84	PLAN Review; APP AS NOTED
	@ Coode Pull or EXIT From K. Echo

JOB SUMMARY

- ☐ No Plans Required
- ☒ Plan Review Approved A-S NOTE

Date: 10-18-84

Approved By: Mike Clayton

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				11/8/85
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2858
DATE ISSUED 1-7-85
REVISION DATE
Block 670 Lot 1
Subdivision KENNEDY MALL

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MICHAEL CHEUNG
Address 705 59th Street,
BROOKLYN, NY 11220
Tel. (212) 492-4446
Work Site Address 10 KENNEDY MALL
BRICKTOWN, NJ

Contractor MARTIN FEENEY
Address 134 Judy Dr
Keasbey N.J.
Tel. (201) 442-8374
Lic.No./Bus. Permit 6704
Federal Emp. No. 157-36-4960

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.

Martin Feeney
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	
2	Lavatory/Sink	10	2	Indirect Connection	10
2	~~Shower~~/Floor Drain	10		Sewer Ejector	
	Washing Machine		1	Grease Trap	25
	Dishwasher			Interceptor	
1	Commercial Dishwasher	5		Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		2	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other Gas	15
	Sewer Util. Connection		3	Other Sinks	15
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 40		COLUMN 2	$ 75

Fee	
COLUMN 1	$ 40
COLUMN 2	$ 75
SUBTOTAL	$ 115
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 115

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material ABS & PVC Size 2 3 4
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material ABS or PVC Size 2 3 4
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 6038
DATE ISSUED 1-7-85
REVISION DATE
Block 670 Lot 1
Subdivision KENNEDY MALL

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner MICHAEL CHEUNG
Address 705 59th Street, BROOKLYN, NY 11220
Tel. (212) 492-4464
Work Site Address 13 KENNEDY MALL BRICKTOWN, NJ

When changing contractors, notify this office

Contractor MARTIN FEENEY
Address 134 Judy Dr KEASBEY N.J.
Tel. (201) 442-8374 6104
Lic.No./Bus. [redacted]
Federal Emp. N

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
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
	Bathtub			*Air Conditioner Unit*	
2	Lavatory/Sink		2	Indirect Connection	
2	Shower/Floor Drain	10		Sewer Ejector	
	Washing Machine		1	Grease Trap	25
	Dishwasher			Interceptor	
1	Commercial Dishwasher	5		Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		2	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other GAS	15
	Sewer Util. Connection		3	Other SINKS	15
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 40		COLUMN 2	$ 75

Fee	
COLUMN 1	$ 40
COLUMN 2	$ 75
SUBTOTAL	$ 115
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 115

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material ABS & PVC Size 2 3 4
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material ABS or PVC Size 2 3 4

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

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
9-20-84	10:25 AM Not open for Inspection
9-21-84	All vents incomplete DM

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA 11-7

Date: 11-2-84

Inspected By: D Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab	9-20-84			9-21-84 DM
☐ Rough	9-21-84			11-2-84 DM
☐ Water				
☐ Sewer				
☒ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

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

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

45

Office of
Division of Inspections

9-12-84 3:55 P.M.
Collect
1-212-492
4146
Not

9-17-84
man called 3
will call back
for Donald

CHECK LIST

Re: Block 670 Lot 1

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

Administrative	
Zoning	
Engineering	
Building	
Plumbing	X Rejected Drawing (Heat incept.) signing w/ S>
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 building 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

SIZING FOR WATER AND SEWER SERVICES

Property Owner Michael Cheung Date 10-25-84

Property Address 10 Kennedy Mall Block 670 Lot 1

Zoning _____ Use Group _____

Contractor Feeney License No. Registration 6704

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

WATER

Total 29 37

Gallons per minute 30

Size of Service 1 4"

Date: 10-25-84

Approved: D. McKeall
Brick Township Plumbing Inspector

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

September 7, 1984

Mr. Hon Keung Choy
171 Canal Street
Room 203
New York City, N.Y. 10013

re: Proposed Floor Plans
Chinese Restaurant
10 Kennedy Mall
Brick

Dear Mr. Choy:

I have reviewed the floor plans for the above-referenced proposed restaurant and have found them to be in substantial compliance with Chapter 12, the N.J. State Retail Food Code.

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

Sincerely,

Joseph A. Gallos/pjp
Joseph A. Gallos,
Principal Sanitary Inspector

cc: Brick Twp. Building Inspector
Brick Twp. Plumbing Inspector

JAG/pjp

OCEAN COUNTY HEALTH DEPARTMENT
C.N. 2191
Toms River, N.J. 08754
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Sincerely,

Joseph A. Gallos/pjp
Joseph A. Gallos,
Principal Sanitary Inspector

cc: Brick Twp. Building Inspector
Brick Twp. Plumbing Inspector

JAG/pjp

SIZING FOR WATER AND SEWER SERVICES

Property Owner Michael Cheung Date 9-20-84

Property Address Block 670 Lot 1

Zoning Use Group

Contractor FIERNEY License No. Registration 6706

Water Main Size Water Pressure Sewer Main Size

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	(3) 10	(6) 12
2. Lavatory	2	(2) 2	( ) 1
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	3	(3) 9	(3) 9
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(3) 3	(3) 3
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain	3	(2) 6	(3) 9
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.		( )	( )

WATER $15.00 Total 32

SEWER Gallons per minute 21

Size of Service 1"

Date: 9-20-84 Approved: D Mikeal
Brick Township Plumbing Inspe

SIZING FOR WATER AND SEWER SERVICE

Property Owner Michael Cheung Date 9-20-84

Property Address Block 670 Lot 1

Zoning Use Group

Contractor Feeney License No. Registration 6704

Water Main Size Water Pressure Sewer Main Size

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	(5) 10	(6) 12
2. Lavatory	2	(2) 4	(1) ~~2~~
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	3	(3) 9	(3) 9
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(3) 3	(3) 3
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain	3	(2) 6	(3) 9
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 32	~~37~~

WATER $15.00

~~SEWER~~ 1"

Gallons per minute 21

Size of Service 1" 4"

Date: 9-20-84

Approved: Brick Township Plumbing Inspe