BLOCK 701 LOT 7 ADDRESS (SITE) Rt 70 & CHAMBERSBRIDGE RD PERMIT NO. 1329-97

RECEIVED MAR 27 1997

CONSTRUCTION PERMIT APPLICATION

Manhattan / Bagel

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

DIV. OF INSPECTION

I. IDENTIFICATION

BRICKTOWN CENTER

1. Proposed Work-site at: Rt 70 & CHAMBERSBRIDGE RD BRICK
2. Name of Owner in Fee: LATHROP ENTERPRIZES INC Tel. (201) 587 1000
   Address PARK 80 WEST PLAZA II (street) SADDLEBROOK (municipality) NJ 07663 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MANHATTAN BAGEL CONSTRUCTION Tel. (908) 544 0155
   Address 246 INDUSTRIAL WAY WEST EATONTOWN NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22 298 1539 Social Security No. _____
5. Architect or Engineer Benchmark Group Tel. (501) 636-5004
   Address ROGERS ARKANSAS
6. Responsible Person in Charge of Work JAMES MASTERSON Tel. (908) 544 0155

Tenant Fit Up.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 910 -		
2. Electrical			
3. Plumbing	340	1200	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$	4.00 (Site Plan)	
7. ~~Less 20% Fee~~ Sub. State Plan Review	1534 -		
8. Subtotal	$		
9. DCA Training Fee	29 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZBA	$15		
13. TOTAL	$ 1578 -		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area—Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	2605
5. Volume of New Structure	cu. ft.	2605
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	20 000
6. ☑ Fire Protection	7000.00
7. ☑ Plumbing	9000.00
8. ☑ Electrical	~~6500.00~~
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	36,000 -

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
		3/27/97		5-14-97	PM	9/11/97		
				5/13/97		12/18/97		
				5/14/97	DN	9/11/97		DN
						9/11/97		DN
	CWO	9/5/97		9/9/97				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BO
4. ☐ Two-Family (R-4) CA
5. ☐ One-Family (R-3) BO
6. ☐ One-Family (R-4) CA

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: Bagel Shop.
3. Change in Use Group, Indicate Former:

LDS BR 10408800

AHBT PRELIMINARY APPROVAL

AHBT - MANDATORY FEE - COMMERCIAL

IMPORTANT

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, *in accordance with all applicable laws; and*, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

(✓) Check if contractor.

Agent Name JAMES MASTERSON MANHATTAN BAGEL CONST.

Address 246 INDUSTRIAL WAY WEST EATONTOWN NJ

Telephone (908) 544 0155

Signature James Masterson Date 3/27/97

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 7329	1-9-98	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CERTIFICATE

Date Issued 01/09/98
Control # ~~12/19/97~~ XXXXXXXX
Permit # 1329-97

IDENTIFICATION

Block 701 Lot 7
Work Site Location Rt 70 & Chambersbridge Rd
Brick, N.J.
Owner in Fee Lathrop Enterprises, Inc
Address Park 80 West Plaza II
Saddlebrook N.J. 07663
Tele. ( )
Contractor Manhattan Bagel Construction
Address 286 Industrial Way
West Eatontown, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group ~~B~~ 2 hour
Maximum Live Load
Description of Work/Use:

Tenant Fit-Up -- Manhattan Bagel

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

Joe Cuneo / Frank Mugg
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 09-23-97
Control #
Permit # 1329-97

IDENTIFICATION

Block 701 Lot 7
Work Site Location Rte 70 & Chambersbridge Rd
Brick, NJ 08723
Owner in Fee Lathrop Enterprises, Inc
Address Park 80 West Plaza II
Saddlebrook, NJ 07663
Tele. (201) 587-1000
Contractor Manhattan Bagel Construction
Address 246 Industrial Way
West Eastontown, NJ
Tele. (732) 544-0155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group B 2 hour
Maximum Live Load
Description of Work/Use:

"Manhattan Bagel" tenant fit-up

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than October 07, , 19 97 or the owner will be subject to a fine or order to vacate: upon fire final inspection

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

"Manhattan Bagel"

CONSTRUCTION PERMIT

Date Issued 5/2/97
Control #
Permit # 1329-97

IDENTIFICATION Block 701 Lot 7

Work Site Location Rt 70 + Cleaverbridge Rd. Contractor Manhattan Bagel Constr.

Address

Owner in Fee Lathrop Enterprises Inc.

Address Park Ridge East Plaza Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tenant fit-up

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 36000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building	910.-	
Plumbing	310.-	
Electrical		
Fire Protection	310.-	
Other Misc.		
Other		
DCA Training Fee	2.-	
Cert. of Occ.		
Other Sign	150.-	
Total	1,578.-	
Check No.	0625	
Cash		
Collected By:		

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

NOT entered 1/9/98

Manhattan Bagel

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE (NEW JERSEY)

Date Update Issued
Control #
Permit # 1389-97
Date Permit Issued

IDENTIFICATION Block 101 Lot 7

Work Site Location RT 20 & CHAMBERS BRIDGE RD.

Owner in Fee LATHROP ENTERPRISES
Address PARK WEST PLAZA II
SHADE BROOK NJ.
Tele. (201) 587-1000

Contractor Greg Larsen
Address 41 ...
Toms R... NJ 08753
Tele. (908) 349-1711 ##0004##
Lic. No. or Bldrs. Reg. No. 4151 1329##
Federal Emp. No [redacted]
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Relocated sprinkler heads and Install 3 new heads

Estimated Cost of Work $ 1800.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building		
Electrical	FIRE	120.00
Plumbing	D.C.A.	2.00
Fire Protection	120.00	122.00
Elevator Devices	CHECK	122.00
Other	CHANGE	0.00
DCA Training Fee	01/09/98 NO. 2 0017A005	15:27
Cert. of Occ.		
Other		
Total	122	
Check No.	# 2663	
Cash		
Collected By:		

U.C.C. Form F-190B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/9/98
Date Issued
Control #
Permit # 1329-97 update

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

Block 70 Lot 7
Work Site Location PT 70 & 7 HOHOKUS BRIDGE RD.

Owner in Fee LATHROP ENTERPRISES
Address PARK WEST PLAZA II
SADDLE BROOK NJ.
Tele. ~~(201)~~ 201 527-1000
Contractor Greg Larsen
Address 41 Grand Ave
Toms River NJ 08753
Tele. (908) 349-1711
Lic. No. 915
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 1,200.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1/9/98
Approved by: JH

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 12/19/97
Approved by: JC

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other			1/9/98	JH
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads	2	
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Relocated Sprinkler Heads and Installed Three new Wet and 2 Dry Heads		120.00

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Manhatten Bagel follow. Sprinkler permit to

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-21-97
Control #
Permit # 1329-97

COMMERCIAL

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

Block 701 Lot 7
Work Site Location RT 70 + CHAMBERSBRIDGE RD Brick
BRICKTOWN Center
Owner in Fee LATHROP ENTERPRIZES INC
Address PARK 80 WEST PLAZA II SADDLEBROOK NJ 07663

Tele. (201) 587-1000
Contractor DALY FIRE PROTECTION
Address 14 LORELI DR
HOWELL NJ 07731
Tele. (908) 458 3038
Lic. No.
Federal Emp. No. 22-3103081 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

Occupancy 49

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 5/13/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 12/19/97
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test			9-4-97	JA
Fire Alarm Test	9-19-97			
Smoke Test				
Mechanical				
TCO				
Other ROUGH	SPRINK	8-26-97		
Other				
Other FCO	9-19-97			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

James Martinez
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	2	70-
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	65
gas Units	5	175
Gas or Oil Fired Appliance		
OTHER Extinguishers	2	other Devices
Exit + Fire Emergency		
Administrative Surcharge		$ 310-
Minimum Fee		$
DCA Training Fee		$
TOTAL FEE		$

Paid [ ] Check #
Collected by:

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Brick MANHATTAN FRANK BAGEL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # APR 14 97 0 0 3 0 7 9

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

Block 701 Lot 7
Work Site Location Rt 70 + CHAMBERSBRIDGE RD BRICK
Bricktown Center
Owner In Fee LATHROP ENTERPRIZES INC
Address PARK 80 WEST PLAZA II SADDLEBROOK NJ 07663

Tele. (201) 587 1000
Contractor David J. Smith Dave's Elect.
Address 395 14TH ST.
Surf City NJ 08008
Tele. (609) 361-0236
Lic. No. 5525
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 6500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/11/97
Approved By: [signature] 5507

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	8/14/97 5493			
Temporary				
~~Constr. Serv.~~				
~~TCO~~ PANTHER?			8/29/97 5493 OVER	
Other SCAR OVER			7/29/97 5493 OVER	
Gateway Inspection			9/4/97 1105 6999	
Final			9/11/97 5493	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
43		Fixtures (1)
13		Receptacles (2)
5		Switches (3)
63		Total 1 + 2 + 3
	___ Kw	Range
1	4.5 Kw	Oven(s)
	___ Kw	Surface Unit
	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
1	5TON Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	___ hp	Whirlpool/spa
		Pool Bonding
	___ hp	Pool Filter Motor
		Pool Lights
1	4.5 Kw	Water Heater(s)
	___ Kw	Central heat: oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	___ hp	Heat Pump
	___ hp	Pump(s)
	___ Amp	Motor Control Center/Sub-Panels
2		Signs
		Light Standards
2	3/4 hp	Motors—Fractional H.P.
2	1/4 hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
1	200 Amp	Service Entrance
		Other

FEE (Office Use Only)

Administrative Surcharge	$ _____
Minimum Fee	$ 101.-
DCA Training Fee	$ 5.-
TOTAL FEE	$ 106.-

Paid [X] Check # 1870
RPF
Collected by: _____

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Catontown Rd
Mail to: Manhattan Bagel, 246 Industrial Dr.

Brick

477 7443
Manhatten Bagel.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-21-97
Control #
Permit # 1329-97

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

Block 701 Lot 7
Work Site Location Rt 70 + CHAMBERS BRIDGE RD BRICK

Owner in Fee LATHROP ENTERPRIZES IN
Address PARK 80 WEST PLAZA II SADDLE BROOK NJ 07663
Tele. (201) 587 1000
Contractor Greg Iversen
Address 41 Grand Ave
Toms River NJ
Tele. (908) 349-1711
Lic. No. 9157
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 5-14-97
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: [signature]
Date: 9-11-97

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			7-28-97	[initials]
Rough			8-7-97	[initials]
Water				
Sewer				
Fixtures	9-8-97		9-11-97	[initials]
Gas Equipment				
Gas Piping			8-11-97	[initials]
Solar				
TCO				
York			9-22-97	[initials]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	20
	Shower	
7	Floor Drain	70
6	Sink	60
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	10
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	35
1	Water Cooled A/C or Refrigeration Unit 1 2 TON 12 X 15 SPLIT	35
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 310

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MAN. Change of Contractor BAGEL

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-15-97
Date Issued
Control #
Permit # 1339-97

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

Block 701 Lot 7
Work Site Location Rt 70 + Chambersbridge rd.

Owner in Fee Lathrop Enterprises INC.
Address Park 80 west plaza II Saddlebrook N.J. 07663
Tele. (201) 587-1000
Contractor Big B Contracting.
Address 1364 Forecastle Dr. Marahawkin, N.J. 08050
Tele. (609) 597-6262
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Fit out For Bagel Shop.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation			RECEIVED	
Slab				
Frame METAL STUDS	8-8-97		JUL 15 1997	OK.
Insulation				
Finishes:				
Energy		DIV. OF INSPECTION		
Mechanical				
TCO				
Other				
Final N/R 9-9			9-22-97	SC FM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING
SUBCODE
TECHNICAL SECTION

Date Issued 5/21/97
Control #
Permit # 1329-97

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

Block 701 Lot 7
Work Site Location Rt 70 + CHAMBERS BRIDGE RD BRICK
BRICKTOWN CENTER
Owner in Fee LATHROP ENTERPRIZES INC
Address PARK 80 WEST PLAZA II SADDLEBROOK NJ 07663

Tele. (201) 587 1000
Contractor MANHATTAN BAGEL CONSTRUCTION
Address 246 INDUSTRIAL WAY WEST EATONTOWN NJ

Tele. (908) 544 0155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22 298 1539 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature James Mastino

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR FIT-OUT FOR BAGEL SHOP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5-14-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 20,000
3. Total (1+2) $ 20,000

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 31, 1997 1997 - 1347

Block 701 Lot 7 Zone B-3, H.D.

Property Address: Route 70, Caldor Plaza Shopping Center

Owner: Lathrop Enterprises, Inc. (Phone): (201) 587-1000

Applicant: James Masterson (Phone): (908) 544-0155

Mailing Address: 246 Industrial Way West, Eatontown, N.J. 07724

Existing Use: Vacant retail unit (former cosmetic store)

Proposed Use: Manhattan Bagel restaurant.

Proposed Construction (if any): Interior alterations for tenant fit-up for "Manhattan Bagel" restaurant.

Conditions: An additional zoning permit is required for any sign.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

MANHATTAN BAGEL
246 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724

FAX COVER SHEET

FROM: ANTHONY J. STELLUTO, CONSTRUCTION MANAGER
PHONE: 908-544-0155 X156
FAX PHONE: 908-544-1315

DATE: 5-6-97

NO. OF PAGES, INCLUDING COVER SHEET: 4

TO: FRANK MISER

REMARKS: __URGENT X FOR YOUR REVIEW __REPLY ASAP __PLEASE COMMENT

FLAME SPREAD INFO FOR MENU BOARDS

IF YOU REQUIRE ANY ADDITIONAL INFO,

PLEASE DO NOT HESITATE TO CALL

V. TEST RESULTS

The test results, calculated on the basis of observed flame travel and the areas under the recorder curves of furnace temperature and smoke density, are presented in the following table. In recognition of possible variations in results due to limitations of the test method, the numerical results are adjusted to the nearest figure divisible by 5.

Recorded data for flame spread rate, fuel contributed, and smoke density of the specimen are shown in the figures at the end of this report as a solid line on each graph.

CLASSIFICATION TABLE

Test Specimen	Flame Spread Rate	Fuel Contributed	Smoke Density
Asbestos-Cement Board	0	0	0
Red Oak Flooring	100	100	100
Acrylic® GP Acrylic Sheet, 0.250 in. (6.35 mm)	105	70	950

VI. OBSERVATIONS DURING AND AFTER TEST

The material started to sag at 19 seconds, with sustained ignition at 76 seconds. The flame front reached the end of the specimen, 25 ft (7.62 m), at 3.5 minutes. The material dripped and burned on the floor at 7 minutes. Afterflame continued until it was forcibly extinguished.

The material was consumed in the test.

Project No. 03-3836-424

I. INTRODUCTION

This report is a presentation of the results of a flame spread tunnel test on an Acrylite® GP acrylic sheet, 0.250-in. (6.35-mm), submitted for evaluation by CYRO Industries, of Wayne, New Jersey.

The report contains a description of the material, the preparation and conditioning of the specimen, the test procedure, and the test results. The results presented apply only to the specimen tested and not to the entire production of this or similar material. These reflect performance in the manner tested – not necessarily performance when used in combination with other materials. All test data are on file and are available for review by authorized persons.

The test was conducted in accordance with the provisions of ASTM Designation E 84-77, "Standard Method of Test for Surface Burning Characteristics of Building Materials." Except for methods of calculating flame spread rates, this test method is technically equivalent to that specified in ANS No. 2.5, NFPA No. 255, UL No. 723, UBC No. 42-1, and ASTM E 84-75.

The purpose of the test is to evaluate performance of a material in relation to that of asbestos-cement board and red oak flooring under similar fire exposure. The results are in terms of flame spread, fuel contributed and smoke developed during a 10-minute exposure and are expressed as a ratio with asbestos-cement board zero and red oak flooring 100.

II. DESCRIPTION OF MATERIALS

On July 3, 1978, three 21 × 100-in. (0.53 × 2.54-m) sheets of clear plastic were received from the Sponsor. They were identified as Acrylite® GP 0.250-in. (6.35-mm) acrylic sheets. The unit weight of the material was 1.98 lb/ft² (9.66 kg/m²).

III. PREPARATION AND CONDITIONING OF TEST SPECIMENS

The samples were received from the Sponsor pre-cut and required no further preparation. The three pieces made up a complete 21-in. × 25-ft (0.53 × 7.62-m) specimen when placed end-to-end in the tunnel. The material was supported by hexagonal wire mesh on 0.19-in. (4.76-mm) steel rods placed at 3-ft (0.91-m) intervals the entire length of the tunnel.

The specimen was conditioned for 37 days in an atmosphere maintained between 70° and 75°F temperature and 35 to 40 percent relative humidity.

IV. TEST PROCEDURE

The test was conducted on August 10, 1978, with Mr. Robert Siegler witnessing for the Sponsor. Reference data were obtained and furnace operation checked by conducting a 10-minute test with asbestos-cement board on the day of the test and by periodic tests with red oak flooring. This provided the zero and 100 references for flame spread rate, fuel contributed, and smoke density. Ignition over the burners was noted 60 seconds after the start of the test in the most recent calibration with red oak flooring. Each specimen to be evaluated was tested in accordance with the standard procedure.

SOUTHWEST RESEARCH INSTITUTE

Department of Structural Systems and Fire Research Section
POST OFFICE DRAWER 28510, 6220 CULEBRA RD, SAN ANTONIO, TEXAS 78284

INVESTIGATION OF SURFACE BURNING CHARACTERISTICS OF:

AN ACRYLITE® GP ACRYLIC SHEET, 0.250-IN. (6.35-MM)

Post-it® Fax Note 7671	Date 5/1	# of pages ▶ 3
To DEE	From JIM MAZZOCCO	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 908-544-1315	Fax #	

Project No. 03-5056-422d
Final Report

by C.A. Hafer

August 21, 1979

Prepared for
CY/RO Industries
Wayne, New Jersey 07470

Carl A. Hafer, Project Manager
Fire Research Section

SOUTHWEST RESEARCH INSTITUTE

Benchmark GROUP

RECEIVED

APR 29 1997

DIV. OF INSPECTION

April 24, 1997

Brick Township Building Dept.
401 Chambers Road
Brick, NJ 08723

Phone: (908) 262-1027
Fax: (908) 262-8954

ATTN: Plumbing Official

Re: Manhattan Bagel
Bricktowne Center
702 Route 70
Brick, NJ 08723

Dear Sir:

The four tables in Seating 101B are to be removed. This will bring the total seating count down to 36. The total occupant load with employees is now 41. This should bring us under the limit for single occupancy toilets.

If you have any further questions or comments, please contact L. Brown Pendleton or Dena Swann at 1-800-321-8721.

Sincerely,

JOHN R. ROBERTS, AIA

cc: T. Stelluto (MBC)
File

DS/JRR/vl APROJ1\3139\PLUMBING.LTR (04/24/97 11:14 AM)

Benchmark GROUP

April 24, 1997

Brick Township Building Dept.
401 Chambers Road
Brick, NJ 08723

Phone: (908) 262-1027
Fax: (908) 262-8954

ATTN: Plumbing Official

Re: Manhattan Bagel
Bricktowne Center
702 Route 70
Brick, NJ 08723

Dear Sir:

The four tables in Seating 101B are to be removed. This will bring the total seating count down to 36. The total occupant load with employees is now 41. This should bring us under the limit for single occupancy toilets.

If you have any further questions or comments, please contact L. Brown Pendleton or Dena Swann at 1-800-321-8721.

Sincerely,

JOHN R. ROBERTS, AIA

cc: T. Stelluto (MBC)
File

DS/JRR/vl APROJ1\3139\PLUMBING.LTR (04/24/97 11:14 AM)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

B 7.01 L 7

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 544 - 0155

ESTABLISHMENT TRADING NAME: Manhattan Bagel

NUMBER AND STREET: Chambersbridge Rd - 70

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: —

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 26

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: Jim Masterson

NUMBER AND STREET: 246 Industrial Way West

CITY OR MUNICIPALITY: Eatontown

STATE: NJ

ZIP CODE: —

COMMUN. CODE: 0724

TIME (2400 HOURS)

DATE	BEGIN	END
3-31-97	830	930

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☑ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☑ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): Frank C. Terranova

SIGNATURE OF INSPECTING OFFICIAL: [signature]

PERMANENT REG. NO.: B-1032

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Manhattan Bagel	—	3-31-97
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 830

REG. NO.	REMARKS (Please specify area)
Note:	Plans as submitted are found to be in compliance w/ applicable health codes and are therefore approved with the following stipulation:
	A pre-operational inspection of premises shall be conducted by this dept; this investigation must result in a satisfactory evaluation before store shall open to public.

(Attach additional sheets if necessary)

H.D. 67

Page of Pages

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(908) 341-9700

Joseph J. Przywara
Acting Public Health Coordinator

March 31, 1997

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RECEIVED
APR 2 1997
Code Enforcement

101

RE: Proposed Floor Plans
Block ~~7.01~~ Lot 7
Manhattan Bagel
Chambersbridge Road and Route 70
Brick NJ 08723

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

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

Very truly yours,

Frank C. Terranova

Frank C. Terranova
Sanitary Inspector

FCT:bd

cc: Brick Township Board of Health

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION Rt 70 & Chambersbridge Rd
(Street address)

BUILDING DESCRIPTION Manhattan Bagel

REVIEWED BY Dan Newman & Joe

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Doesn't have required fixtures NSPC 7.24.2 b and Table 7.24.1A	
FIRE	Need Total of all Gas appl. & Heating units	
	MUST Run Sprinklers in to Freezer & Cooler	
	need # of Sprinklers being Moved & Added	

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

SIZING FOR WATER AND SEWER SERVICES

Property Owner Manhattan Bagel Date 5-14-97

Property Address Chambers Bridge Rd Block 701 Lot 7

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 53

Gallons per minute 30

Size of Service 1 1/4"

Date: 5-14-97 Approved: Daniel Neuman
Brick Township Plumbing Inspector

BL - 7101
Lot- 7 OLD FEE SCHEDULE

LATHROP ENT. MANTECA SCHOOL

35	1 - 125A 480/277V SERVICE	✓
100	1 - 75 KVA 480/208/120V XFMR	
35	1 - 200A SUB PANEL	
7	1 - 5 fan RTU.	
7	1 - 6 KW W.H.	✓
7	1 - 2.7 KW BALL OVEN	✓
7	1 - 4.8 KW WALK-IN FREEZER 2.45 20	5+7 dan 30 MAX 20
7	1 - 2.8 KW WALK-IN COOLER	20A
7	1 - 1.5 KW BAIN MARIE X2	✓
7	1 - 1.2 KW BAGEL CASE	✓ BUILT
7	1 - 1.5 KW ICE MACHINE	
14	2 - 5.6 KW COFFEE-MACHINES	✓
7	1 - 2.8 KW TOASTER OVEN	✓
7	1 - 1.4 KW MUFFIN CAGE	✓
	FEDERAL 1645/20	
45	65 OUTLETS	✓
299		
101	A.D. APP. # 3079	
198	BAL. DUE	

pd. CK 147

MR - 198.00 9/3/97

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048
Fax (908) 262-8954
http://gbshost.com/brick

FACSIMILE CORRESPONDENCE

(908) 262- 8954

DATE: Sept. 22, 1997 To Fax No: 888-544-4016 No. of Pages 2 (Including Cover Sheet)

TO: Manhattan Bagel Construction Co.

ATTN:

FROM: Carol A. Wolfe, Affordable Housing Administrator

MESSAGE:

CONFIDENTIALITY NOTICE

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048
Fax (908) 262-8954
http://gbshost.com/brick

September 22, 1997

Manhattan Bagel Construction Co.
246 Industrial Way West
Eatontown, NJ 07724

RE: Mandatory Development Fee
Block 701 Lot 7; Manhattan Bagel, Caldor Plaza

To Whom it May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on April 1, 1997, for the above block and lot at $26,160.00, resulting in an estimated fee of $261.60.

One half of the estimated fee ($130.80) was received on April 9, 1997, in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The final assessment on September 22, 1997, was $26,200.00 resulting in a balance to be collected prior to issuance of the Certificate of Occupancy of ($131.20).

If you have any questions, please contact me.

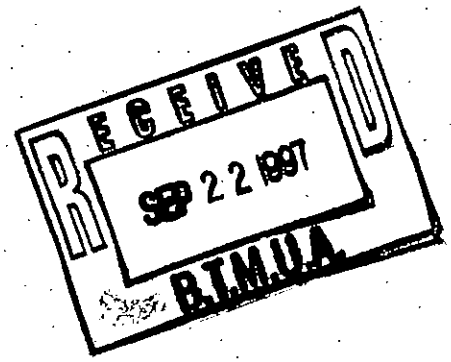
Sincerely,

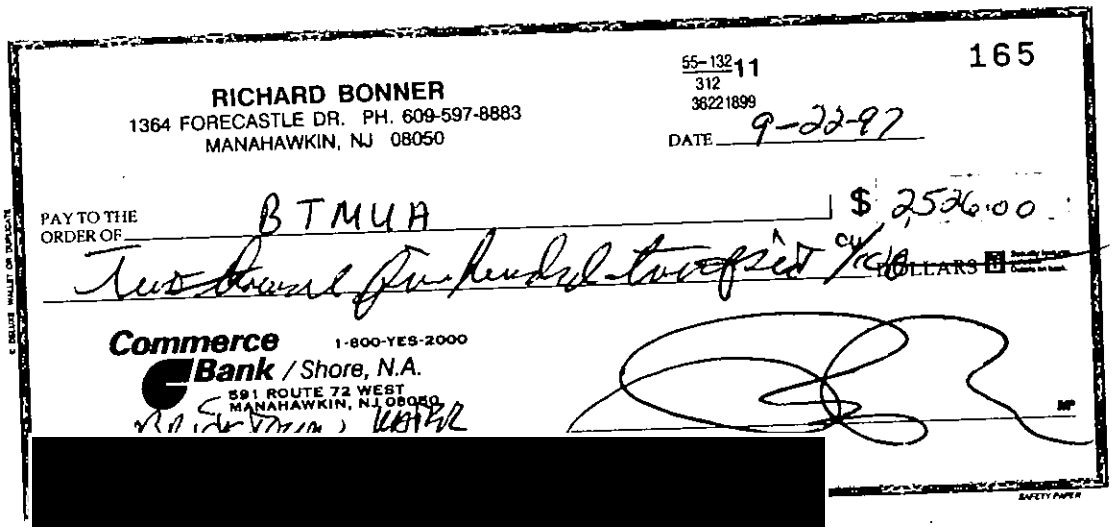
Carol A. Wolfe (CA)

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

TCO
Lines main
No meeter





RICHARD BONNER
1364 FORECASTLE DR. PH. 609-597-8883
MANAHAWKIN, NJ 08050

55-132/312 11
36221899

165

DATE 9-22-97

PAY TO THE ORDER OF BTMUA

$ 2526.00

Two thousand five hundred twenty six 00/100 DOLLARS

Commerce Bank / Shore, N.A.
1-800-YES-2000
591 ROUTE 72 WEST
MANAHAWKIN, NJ 08050

[redacted]

S U M M A R Y
O F
H Y D R A U L I C
C A L C U L A T I O N S
F O R
MANHATTAN BAGEL

SPRINKLER SYSTEM

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	75.00 psi @	0.00 gpm	23.70 psi
Design Area:	1500.00	67.00 psi @	704.00 gpm	@
				235.8 gpm
				+ 100.0 gpm Hose

Total Demand: 335.8 gpm @ 23.70 psi
System safety factor: 49.26 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:Description	Code:Description	Code:Description	Code:Description
A : Alarm Va	H : Deluge Val	O :	V : Vic.Cpl.
B : Butt'flyVa	I :	P : P.I.V	W :
C : Check Va	J :	Q :	X : Backflow P
D : DryPipeVa	K : Globe Val.	R : Det.Ck.Val	Y : Red.P.Back
E : Std. Elbow	L : LongTurnEl	S :	Z :
F : 45 Elbow	M : Meter	T : Std. Tee	
G : Gate Va	N :	U :	

11/12/97

Calcs By: D.FOLEY Checked: _____ 11/06/97

Summary of Sprinkler and Hose Flows

Job No:3381-S MANHATTAN BAGEL

Design density: .10

Supplied flow and pressure is based on 23.70 psi available at supply
(72.97 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	8.39		8.39	5.60	16.2	14.8	9.5%	A01
A02	8.35		8.35	5.60	16.2	14.8	9.5%	A02
A03	7.78		7.78	5.60	15.6	14.8	5.4%	A03
A04	7.73		7.73	5.60	15.6	14.8	5.4%	A04
A05	7.75		7.75	5.60	15.6	14.8	5.4%	A05
A06	7.89		7.89	5.60	15.7	14.8	6.1%	A06
A07	8.22		8.22	5.60	16.1	14.8	8.8%	A07
A08	7.76		7.76	5.60	15.6	15.6	0.0%	A08
A09	7.72		7.72	5.60	15.6	14.8	5.4%	A09
A10	7.74		7.74	5.60	15.6	14.8	5.4%	A10
A11	7.87		7.87	5.60	15.7	15.6	0.6%	A11
A12	7.76		7.76	5.60	15.6	15.6	0.0%	A12
A13	7.72		7.72	5.60	15.6	14.8	5.4%	A13
A14	7.73		7.73	5.60	15.6	14.8	5.4%	A14
A15	7.87		7.87	5.60	15.7	15.6	0.6%	A15

Calcs By: D.FOLEY Checked: 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

Job No:3381-S MANHATTAN BAGEL

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
-5.00	090	>>	235.8	>>	23.70	-0.10	-2.60	20.99	100	1.00	150.00	T2GE	81.13	231.13	0.000	8.110	140	235.8	1.5
1.00	100	>>	235.8	>>	20.99	-0.00	-0.43	20.55	101	2.00	1.00			1.00	0.002	6.065	120	235.8	2.6
2.00	101	>>	235.8	>>	20.55	-0.16	-4.77	15.62	102	13.00	17.00	2E2GA	66.00	83.00	0.002	6.357	120	235.8	2.4
13.00	102	>>	235.8	>>	15.62	-0.23	0.00	15.39	103	13.00	75.00	3E	42.00	117.00	0.002	6.357	120	235.8	2.4
13.00	103	>>	213.0	>>	15.39	-0.11	0.00	15.28	104	13.00	10.00			10.00	0.011	4.260	120	213.0	4.8
13.00	103	>>	22.8	>>	15.39	-6.10	0.00	9.29	113	13.00	280.00	2T	16.00	296.00	0.021	1.610	120	22.8	3.6
13.00	104	>>	190.4	>>	15.28	-0.09	0.00	15.19	105	13.00	10.00			10.00	0.009	4.260	120	190.4	4.3
13.00	104	>>	22.6	>>	15.28	-6.00	0.00	9.29	114	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.6	3.6
13.00	105	>>	168.0	>>	15.19	-0.07	0.00	15.12	106	13.00	10.00			10.00	0.007	4.260	120	168.0	3.8
13.00	105	>>	22.4	>>	15.19	-5.92	0.00	9.27	115	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.4	3.5
13.00	106	>>	145.6	>>	15.12	-0.06	0.00	15.06	107	13.00	10.00			10.00	0.006	4.260	120	145.6	3.3
13.00	106	>>	22.3	>>	15.12	-5.86	0.00	9.26	116	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.3	3.5
13.00	107	>>	123.4	>>	15.06	-0.04	0.00	15.02	108	13.00	10.00			10.00	0.004	4.260	120	123.4	2.8
13.00	107	>>	22.3	>>	15.06	-5.83	0.00	9.23	117	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.3	3.5
13.00	108	>>	101.1	>>	15.02	-0.03	0.00	14.99	109	13.00	10.00			10.00	0.003	4.260	120	101.1	2.3
13.00	108	>>	22.3	>>	15.02	-5.83	0.00	9.19	118	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.3	3.5
13.00	109	>>	76.8	>>	14.99	-0.02	0.00	14.97	110	13.00	10.00			10.00	0.002	4.260	120	76.8	1.7
13.00	109	>>	24.3	>>	14.99	-5.90	0.00	9.09	122	13.00	247.00	T	8.00	255.00	0.023	1.610	120	24.3	3.8
13.00	110	>>	51.2	>>	14.97	-0.01	0.00	14.97	111	13.00	10.00			10.00	0.001	4.260	120	51.2	1.1
13.00	110	>>	25.7	>>	14.97	-6.53	0.00	8.44	124	13.00	247.00	T	8.00	255.00	0.026	1.610	120	25.7	4.0
13.00	111	>>	25.6	>>	14.97	-0.00	0.00	14.96	112	13.00	10.00			10.00	0.000	4.260	120	25.6	0.6
13.00	111	>>	25.6	>>	14.97	-6.55	0.00	8.42	130	13.00	249.00	T	8.00	257.00	0.025	1.610	120	25.6	4.0
13.00	112	>>	25.6	>>	14.96	-6.55	0.00	8.41	135	13.00	249.00	T	8.00	257.00	0.025	1.610	120	25.6	4.0
13.00	113	>>	22.8	>>	9.29	-0.00	0.00	9.29	114	13.00	10.00			10.00	0.000	4.260	120	22.8	0.5
13.00	114	>>	45.4	>>	9.29	-0.01	0.00	9.27	115	13.00	10.00			10.00	0.001	4.260	120	45.4	1.0
13.00	115	>>	67.9	>>	9.27	-0.01	0.00	9.26	116	13.00	10.00			10.00	0.001	4.260	120	67.9	1.5
13.00	116	>>	90.2	>>	9.26	-0.02	0.00	9.23	117	13.00	10.00			10.00	0.002	4.260	120	90.2	2.0
13.00	117	>>	112.5	>>	9.23	-0.03	0.00	9.19	118	13.00	10.00			10.00	0.003	4.260	120	112.5	2.5
13.00	118	>>	134.7	>>	9.19	-0.05	0.00	9.15	119	13.00	10.00			10.00	0.005	4.260	120	134.7	3.0
13.00	119	>>	126.6	>>	9.15	-0.04	0.00	9.10	120	13.00	10.00			10.00	0.004	4.260	120	126.6	2.8
13.00	119	>>	8.1	>>	9.15	-0.09	0.00	9.06	123	13.00	21.00	T	8.00	29.00	0.003	1.610	120	8.1	1.3
13.00	120	>>	73.7	>>	9.10	-0.02	0.00	9.09	121	13.00	10.00			10.00	0.002	4.260	120	73.7	1.7
13.00	120	>>	36.9	>>	9.10	-0.55	0.00	8.55	127	13.00	3.00	T	8.00	11.00	0.050	1.610	120	36.9	5.8
13.00	120	>>	16.1	>>	9.10	-0.10	0.00	9.00	128	13.00	1.50	T	8.00	9.50	0.011	1.610	120	16.1	2.5
13.00	121	>>	36.8	>>	9.09	-0.00	0.00	9.08	129	13.00	10.00			10.00	0.000	4.260	120	36.8	0.8
13.00	121	>>	36.9	>>	9.09	-0.55	0.00	8.54	133	13.00	3.00	T	8.00	11.00	0.050	1.610	120	36.9	5.8
13.00	122	>>	8.1	>>	9.09	-0.04	0.00	9.06	123	13.00	12.00			12.00	0.003	1.610	120	8.1	1.3
13.00	122	>>	16.2	>>	9.09	-0.71	0.00	8.39	A01	13.00	1.00	TE	7.00	8.00	0.088	1.049	120	16.2	6.0
13.00	123	>>	16.2	>>	9.06	-0.70	0.00	8.35	A02	13.00	1.00	TE	7.00	8.00	0.088	1.049	120	16.2	6.0
13.00	124	>>	10.0	>>	8.44	-0.05	0.00	8.39	125	13.00	12.00			12.00	0.005	1.610	120	10.0	1.6
13.00	124	>>	15.6	>>	8.44	-0.66	0.00	7.78	A03	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	125	<<	5.5	<<	8.39	0.02	0.00	8.41	126	13.00	10.00			10.00	0.002	1.610	120	5.5	0.9
13.00	125	>>	15.6	>>	8.39	-0.66	0.00	7.73	A04	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	126	<<	21.1	<<	8.41	0.14	0.00	8.55	127	13.00	8.00			8.00	0.018	1.610	120	21.1	3.3
13.00	126	>>	15.6	>>	8.41	-0.66	0.00	7.75	A05	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	127	>>	15.7	>>	8.55	-0.67	0.00	7.89	A06	13.00	1.00	TE	7.00	8.00	0.083	1.049	120	15.7	5.8
13.00	128	>>	16.1	>>	9.00	-0.78	0.00	8.22	A07	13.00	2.00	TE	7.00	9.00	0.087	1.049	120	16.1	5.9
13.00	129	>>	36.8	>>	9.08	-0.55	0.00	8.53	138	13.00	3.00	T	8.00	11.00	0.050	1.610	120	36.8	5.8

11/12/97

Calcs By: D.FOLEY Checked: _____ 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

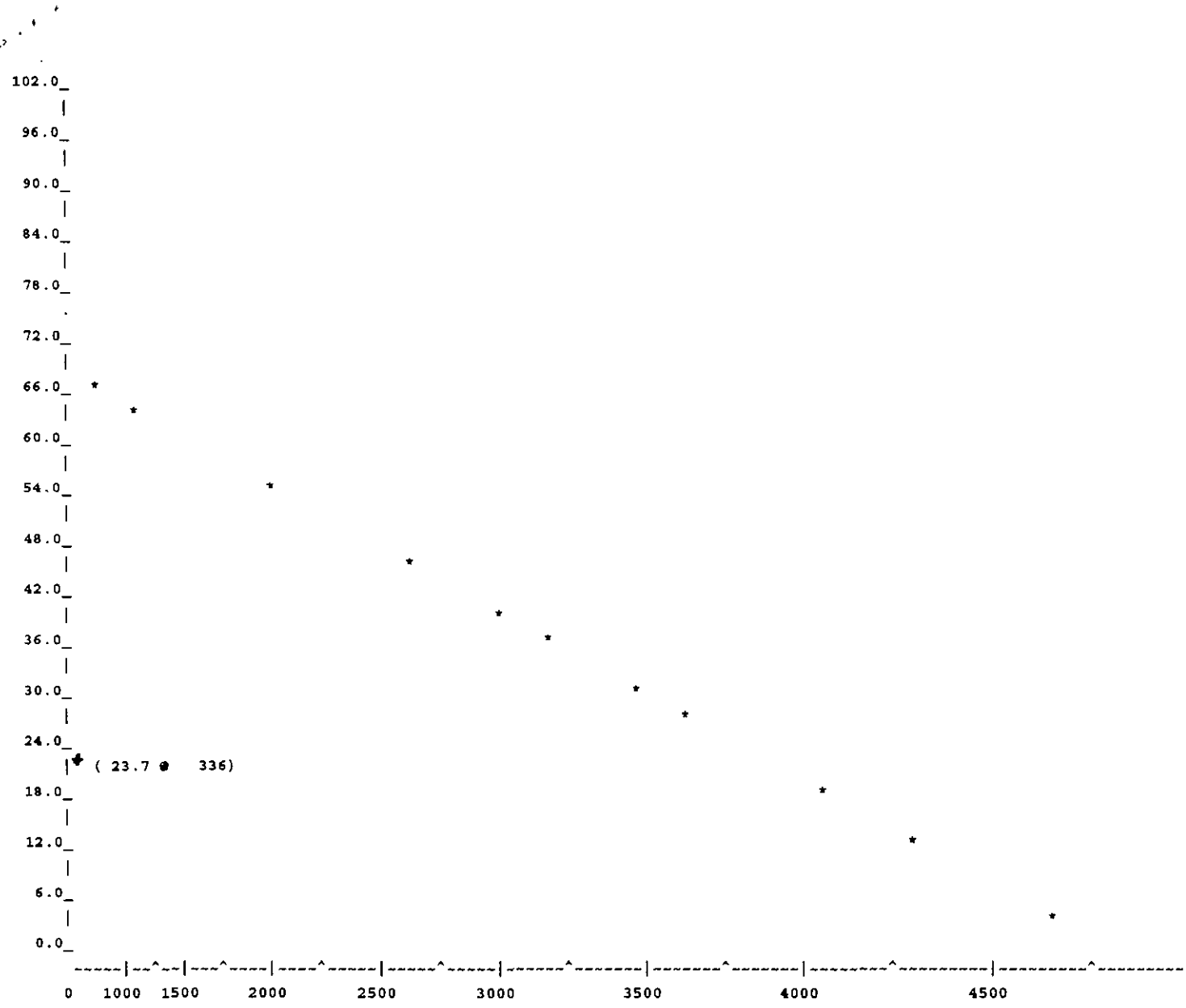
Flow and Pressure Summary

Job No:3381-S MANHATTAN BAGEL

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
13.00	130 >>	10.0 >>	8.42	-0.04	0.00	8.37	131	13.00	10.00			10.00	0.004	1.610	120	10.0	1.6
13.00	130 >>	15.6 >>	8.42	-0.66	0.00	7.76	A08	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	131 <<	5.6 <<	8.37	0.02	0.00	8.39	132	13.00	10.00			10.00	0.002	1.610	120	5.6	0.9
13.00	131 >>	15.6 >>	8.37	-0.65	0.00	7.72	A09	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	132 <<	21.1 <<	8.39	0.14	0.00	8.54	133	13.00	8.00			8.00	0.018	1.610	120	21.1	3.3
13.00	132 >>	15.6 >>	8.39	-0.66	0.00	7.74	A10	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	133 >>	15.7 >>	8.54	-0.67	0.00	7.87	A11	13.00	1.00	TE	7.00	8.00	0.083	1.049	120	15.7	5.8
13.00	135 >>	10.0 >>	8.41	-0.04	0.00	8.37	136	13.00	10.00			10.00	0.004	1.610	120	10.0	1.6
13.00	135 >>	15.6 >>	8.41	-0.66	0.00	7.76	A12	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	136 <<	5.6 <<	8.37	0.02	0.00	8.39	137	13.00	10.00			10.00	0.002	1.610	120	5.6	0.9
13.00	136 >>	15.6 >>	8.37	-0.65	0.00	7.72	A13	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	137 <<	21.1 <<	8.39	0.14	0.00	8.53	138	13.00	8.00			8.00	0.018	1.610	120	21.1	3.3
13.00	137 >>	15.6 >>	8.39	-0.66	0.00	7.73	A14	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	138 >>	15.7 >>	8.53	-0.67	0.00	7.87	A15	13.00	1.00	TE	7.00	8.00	0.083	1.049	120	15.7	5.8

Calcs By: D.FOLEY Checked: 11/6/97 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060



Pressure	vs. Flow
75.00	0.00
67.00	704.00
63.00	1286.00
0	4833.79

MANHATTAN BAGEL
SPRINKLER SYSTEM
Job Number:3381-S
11/06/97

11/6/97

S U M M A R Y
O F
H Y D R A U L I C
C A L C U L A T I O N S
F O R
MANHATTAN BAGEL

SPRINKLER SYSTEM

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	75.00 psi @	0.00 gpm	23.70 psi
Design Area:	1500.00	67.00 psi @	704.00 gpm	@ 235.8 gpm
				+ 100.0 gpm Hose

Total Demand: 335.8 gpm @ 23.70 psi
System safety factor: 49.26 psi

Notes:

Please file

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:Description	Code:Description	Code:Description	Code:Description
A : Alarm Va	H : Deluge Val	O :	V : Vic.Cpl.
B : Butt'flyVa	I :	P : P.I.V	W :
C : Check Va	J :	Q :	X : Backflow P
D : DryPipeVa	K : Globe Val.	R : Det.Ck.Val	Y : Red.P.Back
E : Std. Elbow	L : LongTurnEl	S :	Z :
F : 45 Elbow	M : Meter	T : Std. Tee	
G : Gate Va	N :	U :	

Calcs By: D.FOLEY Checked: 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Summary of Sprinkler and Hose Flows

Job No:3381-S MANHATTAN BAGEL

Design density: .10
Supplied flow and pressure is based on 23.70 psi available at supply
(72.97 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	8.39		8.39	5.60	16.2	14.8	9.5%	A01
A02	8.35		8.35	5.60	16.2	14.8	9.5%	A02
A03	7.78		7.78	5.60	15.6	14.8	5.4%	A03
A04	7.73		7.73	5.60	15.6	14.8	5.4%	A04
A05	7.75		7.75	5.60	15.6	14.8	5.4%	A05
A06	7.89		7.89	5.60	15.7	14.8	6.1%	A06
A07	8.22		8.22	5.60	16.1	14.8	8.8%	A07
A08	7.76		7.76	5.60	15.6	15.6	0.0%	A08
A09	7.72		7.72	5.60	15.6	14.8	5.4%	A09
A10	7.74		7.74	5.60	15.6	14.8	5.4%	A10
A11	7.87		7.87	5.60	15.7	15.6	0.6%	A11
A12	7.76		7.76	5.60	15.6	15.6	0.0%	A12
A13	7.72		7.72	5.60	15.6	14.8	5.4%	A13
A14	7.73		7.73	5.60	15.6	14.8	5.4%	A14
A15	7.87		7.87	5.60	15.7	15.6	0.6%	A15

11/12/97

Calcs By: D.FOLEY Checked:_____ 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

Job No:3381-S MANHATTAN BAGEL

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
-5.00	090 >>	235.8 >>	23.70	-0.10	-2.60	20.99	100	1.00	150.00	T2GE	81.13	231.13	0.000	8.110	140	235.8	1.5
1.00	100 >>	235.8 >>	20.99	-0.00	-0.43	20.55	101	2.00	1.00			1.00	0.002	6.065	120	235.8	2.6
2.00	101 >>	235.8 >>	20.55	-0.16	-4.77	15.62	102	13.00	17.00	2E2GA	66.00	83.00	0.002	6.357	120	235.8	2.4
13.00	102 >>	235.8 >>	15.62	-0.23	0.00	15.39	103	13.00	75.00	3E	42.00	117.00	0.002	6.357	120	235.8	2.4
13.00	103 >>	213.0 >>	15.39	-0.11	0.00	15.28	104	13.00	10.00			10.00	0.011	4.260	120	213.0	4.8
13.00	103 >>	22.8 >>	15.39	-6.10	0.00	9.29	113	13.00	280.00	2T	16.00	296.00	0.021	1.610	120	22.8	3.6
13.00	104 >>	190.4 >>	15.28	-0.09	0.00	15.19	105	13.00	10.00			10.00	0.009	4.260	120	190.4	4.3
13.00	104 >>	22.6 >>	15.28	-6.00	0.00	9.29	114	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.6	3.6
13.00	105 >>	168.0 >>	15.19	-0.07	0.00	15.12	106	13.00	10.00			10.00	0.007	4.260	120	168.0	3.8
13.00	105 >>	22.4 >>	15.19	-5.92	0.00	9.27	115	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.4	3.5
13.00	106 >>	145.6 >>	15.12	-0.06	0.00	15.06	107	13.00	10.00			10.00	0.006	4.260	120	145.6	3.3
13.00	106 >>	22.3 >>	15.12	-5.86	0.00	9.26	116	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.3	3.5
13.00	107 >>	123.4 >>	15.06	-0.04	0.00	15.02	108	13.00	10.00			10.00	0.004	4.260	120	123.4	2.8
13.00	107 >>	22.3 >>	15.06	-5.83	0.00	9.23	117	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.3	3.5
13.00	108 >>	101.1 >>	15.02	-0.03	0.00	14.99	109	13.00	10.00			10.00	0.003	4.260	120	101.1	2.3
13.00	108 >>	22.3 >>	15.02	-5.83	0.00	9.19	118	13.00	280.00	2T	16.00	296.00	0.020	1.610	120	22.3	3.5
13.00	109 >>	76.8 >>	14.99	-0.02	0.00	14.97	110	13.00	10.00			10.00	0.002	4.260	120	76.8	1.7
13.00	109 >>	24.3 >>	14.99	-5.90	0.00	9.09	122	13.00	247.00	T	8.00	255.00	0.023	1.610	120	24.3	3.8
13.00	110 >>	51.2 >>	14.97	-0.01	0.00	14.97	111	13.00	10.00			10.00	0.001	4.260	120	51.2	1.1
13.00	110 >>	25.7 >>	14.97	-6.53	0.00	8.44	124	13.00	247.00	T	8.00	255.00	0.026	1.610	120	25.7	4.0
13.00	111 >>	25.6 >>	14.97	-0.00	0.00	14.96	112	13.00	10.00			10.00	0.000	4.260	120	25.6	0.6
13.00	111 >>	25.6 >>	14.97	-6.55	0.00	8.42	130	13.00	249.00	T	8.00	257.00	0.025	1.610	120	25.6	4.0
13.00	112 >>	25.6 >>	14.96	-6.55	0.00	8.41	135	13.00	249.00	T	8.00	257.00	0.025	1.610	120	25.6	4.0
13.00	113 >>	22.8 >>	9.29	-0.00	0.00	9.29	114	13.00	10.00			10.00	0.000	4.260	120	22.8	0.5
13.00	114 >>	45.4 >>	9.29	-0.01	0.00	9.27	115	13.00	10.00			10.00	0.001	4.260	120	45.4	1.0
13.00	115 >>	67.9 >>	9.27	-0.01	0.00	9.26	116	13.00	10.00			10.00	0.001	4.260	120	67.9	1.5
13.00	116 >>	90.2 >>	9.26	-0.02	0.00	9.23	117	13.00	10.00			10.00	0.002	4.260	120	90.2	2.0
13.00	117 >>	112.5 >>	9.23	-0.03	0.00	9.19	118	13.00	10.00			10.00	0.003	4.260	120	112.5	2.5
13.00	118 >>	134.7 >>	9.19	-0.05	0.00	9.15	119	13.00	10.00			10.00	0.005	4.260	120	134.7	3.0
13.00	119 >>	126.6 >>	9.15	-0.04	0.00	9.10	120	13.00	10.00			10.00	0.004	4.260	120	126.6	2.8
13.00	119 >>	8.1 >>	9.15	-0.09	0.00	9.06	123	13.00	21.00	T	8.00	29.00	0.003	1.610	120	8.1	1.3
13.00	120 >>	73.7 >>	9.10	-0.02	0.00	9.09	121	13.00	10.00			10.00	0.002	4.260	120	73.7	1.7
13.00	120 >>	36.9 >>	9.10	-0.55	0.00	8.55	127	13.00	3.00	T	8.00	11.00	0.050	1.610	120	36.9	5.8
13.00	120 >>	16.1 >>	9.10	-0.10	0.00	9.00	128	13.00	1.50	T	8.00	9.50	0.011	1.610	120	16.1	2.5
13.00	121 >>	36.8 >>	9.09	-0.00	0.00	9.08	129	13.00	10.00			10.00	0.000	4.260	120	36.8	0.8
13.00	121 >>	36.9 >>	9.09	-0.55	0.00	8.54	133	13.00	3.00	T	8.00	11.00	0.050	1.610	120	36.9	5.8
13.00	122 >>	8.1 >>	9.09	-0.04	0.00	9.06	123	13.00	12.00			12.00	0.003	1.610	120	8.1	1.3
13.00	122 >>	16.2 >>	9.09	-0.71	0.00	8.39	A01	13.00	1.00	TE	7.00	8.00	0.088	1.049	120	16.2	6.0
13.00	123 >>	16.2 >>	9.06	-0.70	0.00	8.35	A02	13.00	1.00	TE	7.00	8.00	0.088	1.049	120	16.2	6.0
13.00	124 >>	10.0 >>	8.44	-0.05	0.00	8.39	125	13.00	12.00			12.00	0.005	1.610	120	10.0	1.6
13.00	124 >>	15.6 >>	8.44	-0.66	0.00	7.78	A03	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	125 <<	5.5 <<	8.39	0.02	0.00	8.41	126	13.00	10.00			10.00	0.002	1.610	120	5.5	0.9
13.00	125 >>	15.6 >>	8.39	-0.66	0.00	7.73	A04	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	126 <<	21.1 <<	8.41	0.14	0.00	8.55	127	13.00	8.00			8.00	0.018	1.610	120	21.1	3.3
13.00	126 >>	15.6 >>	8.41	-0.66	0.00	7.75	A05	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	127 >>	15.7 >>	8.55	-0.67	0.00	7.89	A06	13.00	1.00	TE	7.00	8.00	0.083	1.049	120	15.7	5.8
13.00	128 >>	16.1 >>	9.00	-0.78	0.00	8.22	A07	13.00	2.00	TE	7.00	9.00	0.087	1.049	120	16.1	5.9
13.00	129 >>	36.8 >>	9.08	-0.55	0.00	8.53	138	13.00	3.00	T	8.00	11.00	0.050	1.610	120	36.8	5.8

11/12/97

Calcs By: D.FOLEY Checked: _____ 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060

Flow and Pressure Summary

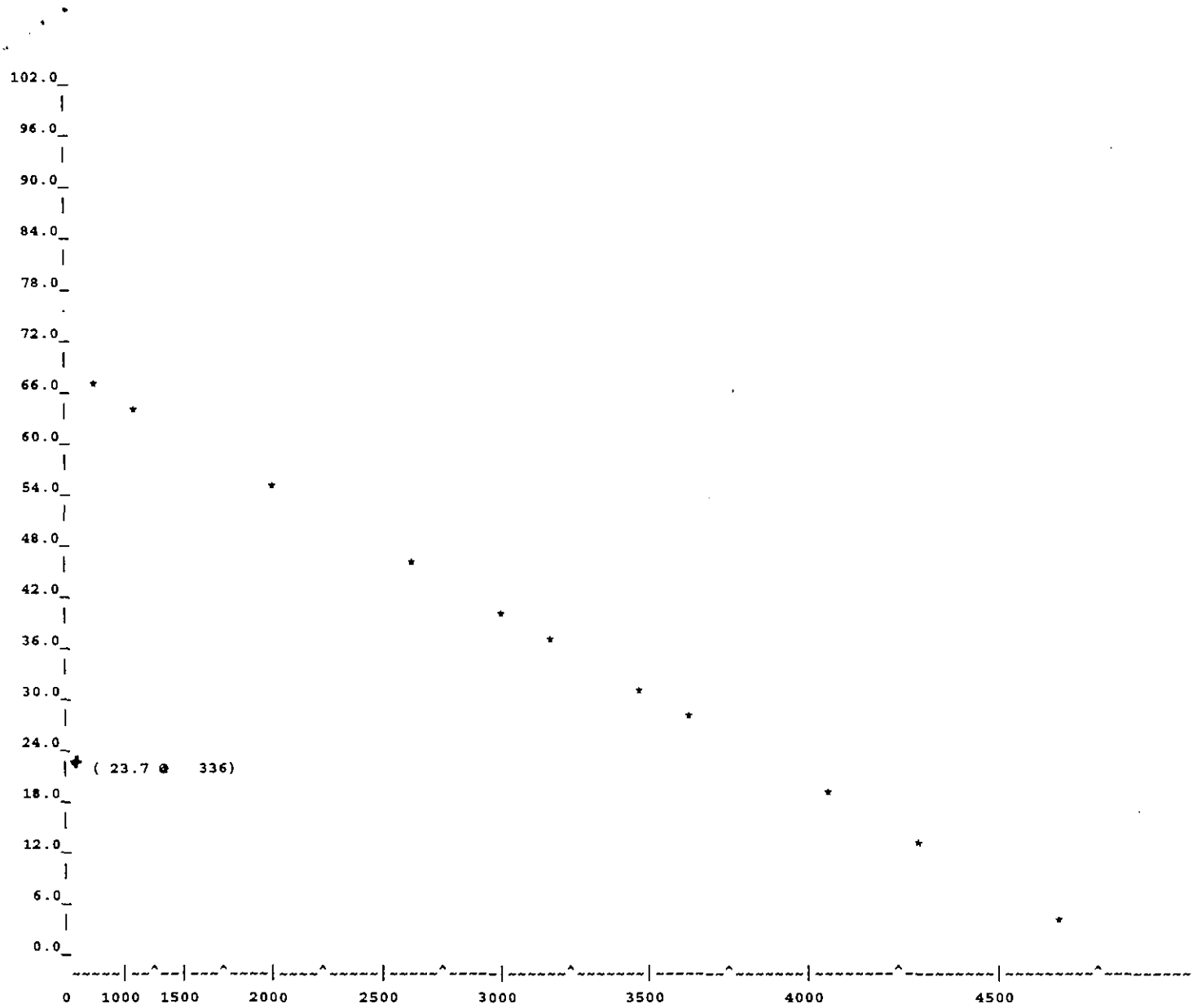
Job No:3381-S MANHATTAN BAGEL

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
13.00	130 >>	10.0 >>	8.42	-0.04	0.00	8.37	131	13.00	10.00			10.00	0.004	1.610	120	10.0	1.6
13.00	130 >>	15.6 >>	8.42	-0.66	0.00	7.76	A08	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	131 <<	5.6 <<	8.37	0.02	0.00	8.39	132	13.00	10.00			10.00	0.002	1.610	120	5.6	0.9
13.00	131 >>	15.6 >>	8.37	-0.65	0.00	7.72	A09	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	132 <<	21.1 <<	8.39	0.14	0.00	8.54	133	13.00	8.00			8.00	0.018	1.610	120	21.1	3.3
13.00	132 >>	15.6 >>	8.39	-0.66	0.00	7.74	A10	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	133 >>	15.7 >>	8.54	-0.67	0.00	7.87	A11	13.00	1.00	TE	7.00	8.00	0.083	1.049	120	15.7	5.8
13.00	135 >>	10.0 >>	8.41	-0.04	0.00	8.37	136	13.00	10.00			10.00	0.004	1.610	120	10.0	1.6
13.00	135 >>	15.6 >>	8.41	-0.66	0.00	7.76	A12	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	136 <<	5.6 <<	8.37	0.02	0.00	8.39	137	13.00	10.00			10.00	0.002	1.610	120	5.6	0.9
13.00	136 >>	15.6 >>	8.37	-0.65	0.00	7.72	A13	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	137 <<	21.1 <<	8.39	0.14	0.00	8.53	138	13.00	8.00			8.00	0.018	1.610	120	21.1	3.3
13.00	137 >>	15.6 >>	8.39	-0.66	0.00	7.73	A14	13.00	1.00	TE	7.00	8.00	0.082	1.049	120	15.6	5.8
13.00	138 >>	15.7 >>	8.53	-0.67	0.00	7.87	A15	13.00	1.00	TE	7.00	8.00	0.083	1.049	120	15.7	5.8

11/6/97

Calcs By: D.FOLEY Checked:_____ 11/06/97

Ser:*310303* Hypercalc Program by Crowley Design Group, (215)-337-7060



Pressure vs. Flow

75.00	0.00
67.00	704.00
63.00	1286.00
0	4833.79

MANHATTAN BAGEL
SPRINKLER SYSTEM
Job Number:3381-S
11/06/97

11/12/97

Big B Contracting, Inc.
1364 Forecastle Drive
Manahawkin, NJ 08050
Ph. # 1-609-597-6262
Fx. # 1-609-597-7511

facsimile transmittal

To: Mike Clayton **Fax:** 908-262-8954

From: Richard Bonner **Date:** October 8, 1997

Re: Cert. of Installation **Pages:** 2

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

RECEIVED
OCT 0 8 1997
DIV. OF INSPECTION

CONFIDENTIAL

09/25/97

CERTIFICATE OF INSTALLATION

An installation of a PYRO CHEM Liquid Fire Suppression System with remote pull station and a automatic fuel shut off has been installed and tested as per the manufacturer's specifications by **DALY FIRE PROTECTION INC.** The system is UL approved fire suppression system for cooking operations. The system has been installed at the following location:

Manhattan Bagel
644 Route 70
Bricktown, NJ

Signature of Installer _____
DALY FIRE PROTECTION INC.

Witness by: _____

* in accordance with NJAC 5:18-3 et seq. F-408
* in accordance with NFPA codes #96 & 17A

RECEIVED
OCT 0 8 1997
DIV. OF INSPECTION

MANHATTAN BAGEL

Sept. 22, 1997

To Whom It May Concern,

Until such time as we receive our C-O either my wife or myself, as the owners of the Manhattan Bagel of Brick will keep a fire-watch during all hours of operation.

Thank-you for your co-operation and understanding.

Sincerely,

Pete McCann

MANHATTAN BAGEL CO. 246 INDUSTRIAL WAY WEST EATONTOWN NJ 07724 TEL 908-544-0155 FAX 908-544-1315 www.manhattanbagel.com

BOCA® PLAN REVIEW RECORD

Valuation: _____ Plan Review # 9-17

Fee: _____ Date 9-17

NATIONAL BUILDING CODE

(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION BRICK
(City, County, Township, etc.)

BUILDING LOCATION RT 70 & CHAMBERS BRIDGE
(Street address)

BUILDING DESCRIPTION FIRE SPRINKLER - MANHATTEN BAGEL

REVIEWED BY FIRE

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	HYDRAULIC OR PIPE SCHEDULE	
2	PIPE SIZES INDICATE	
3	INDICATE PSI SYSTEM	
4	INDICATE FLOW GPM SYSTEM	
5	INDICATE CITY PSI & GPM	
6	HYDRAULIC CALS	
7	MORE TO FOLLOW	
	CUSTOMER CAME IN 9/23/97 12:45	
	GAVE COPY OF REJECTION NOTICE.	

FIRE SERVICES
46 MAIN
PORT MONMOUTH
787-6277

CALLED LEFT MESSAGE 9-17-97

3/87

TOWNSHIP OF BRICK

APPLICATION FOR A VARIATION

PERMIT NO. 1329-97
DATE ISSUED
Block 701 Lot 7
Subdivision

IDENTIFICATION

OWNER:
Name Frank Milton
Address 3 georgetown la.
Town/State/Zip Hazlet NJ. 07730

CONSTRUCTION LOCATION:
Name Manhattan Bagel
Address Rt 70 + Chambersbridge
Town/State/Zip Brick town

FEE

FEE: $
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

BOCA Requires a 3" air space with a 1" heat shield

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.:

Pre engineered and system is already installed

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:

Using a nationally recogonized equivalent code NFPA 96

DATE: Sept 18 1997 SIGNED: Fred Milton
APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☒ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

ate:

SUBCODE OFFICIAL

CONSTRUCTION OFFICIAL

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 9-23-97

NAME Vornado, Inc.

ADDRESS Park 80 West Plaza II Saddle Brook, NJ

PROPERTY LOCATION 702 Hwy. 70-Manhattan Bagel

Account No. G795318 Block 701 Lot 1-

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

TOWNSHIP OF BRICK

TYPES OF IMPROVEMENTS THAT REQUIRE BUILDING PERMITS AND THE REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

ADDITION: Submit two (2) plot plans showing the location of the addition and indicate the setbacks on the plot plan. Complete a Zoning Application and an Engineering cover sheet. Submit two (2) sets of drawings and cross section showing all materials your using from the footing to the roof. A finished elevation view of the sides of the addition. Also, a floor plan labeling the rooms, and size of windows in each room. If plumbing work is to be done by the homeowner, state this, otherwise a plumber must sign and seal the plumbing tech section. If the plans are drawn by the homeowner, the owner must sign each page of the plans and the owner's section of the application.

ELECTRIC: Permits for electric work must be obtained from the Ocean County Electrical Bureau, they are located at 2 Mott Place, Toms River, Tel # 908 929-4730.

ALTERATION: For inside changes, submit two (2) copies of the floor plan, existing and proposed.

BULKHEADS: On man made lagoons submit your permit from the State and complete a Zoning application, an Engineering/Bulkhead cover sheet, a Building Tech Section. Submit two (2) plot plans showing the location of the bulkhead. The bulkhead design must be sealed by an Engineer. On all other natural waterways such as the Metedeconk River, Kettle Creek, etc, both State and Army Corps permits are necessary.

DECK: Submit two (2) plot plans showing the location of the deck and the setbacks to your property lines. Indicate whether the deck is attached, or detached, and height from the ground. A Zoning Application must be completed and included in your package. Submit two (2) sets of plans showing how the deck will be constructed from the footing (depth of footings) to the rail. A top view & side view showing size of lumber you will use.

FENCES: Complete a Zoning application and submit two (2) plot plans showing the location of the fence by placing X's along the line that the fence will follow. Also indicate the height and type of fence and the distance from any streets.

FIREPLACE & WOOD STOVE: If a masonry chimney is being built on the outside of the house, submit two (2) plot plans showing location, a Zoning application and two (2) copies of a cross section of the foundation, hearth and throat. A wood burning stove should be installed according to manufacturers specifications. Submit brochure.

PLUMBING: Complete a Plumbing Tech Section and submit the heat loss, gas pipe sizing and a isometric sketch. Also, a list of the existing plumbing fixtures.

ROOFING: Just complete a Building tech section and a Construction Permit Application. If you are removing any sections of the roof, please complete the form indicating where the debris will be taken.

PORCH ENCLOSURES: If the dwelling is in a development governed by an Association, you must first receive the Association's approval. Bring in a copy of the approval. Complete a Zoning Application, Engineering cover sheet a Building Tech Section and a Construction Permit Application. Submit two (2) plot plans and two (2) plans or cross section showing how the porch will be constructed from the footing (if it's not there already) to the roof and the materials that will be used. Also, submit two (2) copies of the elevation view showing how the porch will be enclosed and the snow load. Indicate on your plot plan the location of the porch/dwelling and the distance to your property lines.

SHEDS: Complete a Zoning application, a Building Tech Section and a Construction Permit Application. Include two (2) plot plans and indicate the location of the shed and the distance to your property lines. If you are building the shed submit two (2) sets of plans how the shed will be constructed and the materials to be used. If the shed is pre-fab just state this on your application. In either case you must show how the shed will be anchored.

SIDING: Just complete a Building Tech Section and a Construction Permit Application.

SWIMMING POOLS: Complete a Building Tech Section, a Zoning application, an Engineering Cover Sheet if pool is in ground, and a Construction Permit Application. Submit two (2) plot plans showing the location of the pool and the distance to the property lines. Submit two (2) sealed pool designs, and a brochure of the filter system. A New State requirement, requires all doors that permit entry into the pool area to have a door alarm.
ABOVE GROUND: Submit two (2) plot plans showing the location of the pool and the distance to the property line, a brochure of pool and filter system. A New State requirement, requires the ladder or stairs to the pool be fenced in, and must have a self closing latched gate. If a chain link fence is to be used the link must be an 1' 1/4 not a 1' 1/2.

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Rt 70 AND CHAMBERS BRIDGE RD BRICK 701 7
Work Site Address Block Lot

LATHROP ENTERPRIZES INC PARK 80 WEST PLAZA II SADDLEBROOK NJ
Owner's Name, Address, Phone 201-587-2000 07663

MANHATTAN BAGEL CONSTRUCTION 246 INDUSTRIAL WAY WEST EATONTOWN NJ
Contractor's Name, Address, Phone 908 544 0155 07724

Construction INTERIOR FIT-OUT FOR BAGEL SHOP
Describe type (Single-family home, etc.)

Demolition ONE INTERIOR NON BEARING SHEETROCK WALL CONCRETE PLUMBING TRENCHES
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material INTERIOR SHEETROCK WALLS CERAMIC FLOOR TILE FRP FOR KITCHEN AREA

Name, address and phone of party responsible for removal of debris:

WASTE MANAGEMENT OF CENTRAL JERSEY 208 PATTERSON RD TRENTON

Size of dumpster: 20 YRD + 30 YRD

Destination of discarded debris:

Hauler's DEP Permit No.: 609-587-1500

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

JAMES MASTERSON James Martinez 3/27/97
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant


UNITED STATES POSTAL MONEY ORDER

6719501888 970922 087290 *131*20

SERIAL NUMBER YEAR, MONTH, DAY POST OFFICE U.S. DOLLARS AND CENTS

PAY TO Township of Brick

ADDRESS

CHECK WRITER'S IMPRINT AREA

FROM Manhattan Bagel

ADDRESS

ORDD NO OR USED FOR Affordable Housing Fee

NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

⑈000000B0021⑈ 6719501888⑈

Affordable Housing
Carol A Wolfe
Housing Administrator
(908) 262 1048
(908) 262 8954
pshost com/brick

Lee Hartman
Mar / Lou Powner
Michael A Thulen

To Scott M Pezarras Chief Financial Officer

From Carol A Wolfe Affordable Housing Administrator

Re Affordable Housing Fees

Date 9 22 97

Business/Development Manhattan Bagel

Owner/Applicant RT 70 & Chambers Bridge Rd

Property Address

Block 701 Lot 7

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____
Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 6719501888
Final Fee $ 262 00
Less Deposit $ 130 80

Final Payment $ 131 20

FOR DEPOSIT ONLY AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354 2C 93 is pursuant to N J S A 52 27D 301 et seq And N J A C 5 92 18 et seq

Received in Treasurer s Office by

H Thulen
Signature

9/22/97
Date