BLOCK 701 LOT 7, 9.03 ADDRESS (SITE) PERMIT NO. 2386-96

RECEIVED

AUG 2 1996

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

CHINA BUFFET

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

I. IDENTIFICATION

1. Proposed Work-site at: Caldor/Shop Rite Center, Chamber Bridge Rd/Rt70 Bricktown, N.J 08723
2. Name of Owner in Fee: Hong Li Hua (Tenant) Tel. (908) 286-2669
   Address 719 Prospect Ave. Prine Beach, NJ 08741 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Owner Tel. (___) ___
   Address Same as above
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer Robert T Lee Tel. (718) 268-8671
   Address 57 Russell Pl. Forest Hills, NY 11375
6. Responsible Person in Charge of Work Hong Li Hua Tel. (___) ___

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 160 -		
2. Electrical			
3. Plumbing	460 -		
4. Fire Protection	35 + 315 -		
5. Elevator Devices			
6. Subtotal	$ 970 -		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	10 -		
10. Subtotal	$		
11. Cert. of Occupancy	35		
12. Other 2PA	$15		
13. TOTAL	$ 1030 -		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 11'-00" ft.
3. Area—Largest Floor 4,080.00 sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
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 1,200
12. Max. Occupancy Load _____

II. PROPOSED WORK

Tenant fit-up

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	$6,000.00
6. ☒ Fire Protection	$1,600.00
7. ☒ Plumbing	$5,000.00
8. ☒ Electrical	$2,200.00
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	$14,800.00

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
	WP	8/21/96		9/19/96 RL		12/30/96		
						12/30/96 - OK Partial		
						12/30/96 - OK Partial + CO-12/27/96		
				9-16-96 DW		12/31/96 - OK-DW		
						12/27/96		
	EWR	8/28/96		WP	DW			

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
3. ☐ Pressure Vessels
4. ☒ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
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) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ___
After Construction 0
Net gain or loss ___

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

LDS BR 10312161

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

D. (X)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 Hong Li Hua Date 8/19/96

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 2386	12/31/96	1/2/97		
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 1-3-97
Control #
Permit # 2386-96

IDENTIFICATION

Block 701 Lot 7, 9.03
Work Site Location Chambersbridge Road & Rt. 70
Caldor Shopping Plaza
Owner in Fee Hong Li Hua
Address 719 Prospect Ave.
Pine Beach, NJ 08741
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up "CHINA BUFFET"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☑ **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:

Joseph Cuniazza
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 12/31/96
Control #
Permit # 2386-96

IDENTIFICATION

Block 701 Lot 7,9,03
Work Site Location Caldor/Shoprite Center
Chambers Bridge Rd & Rt 70
Owner in Fee Hong Li Hua - China Buffet
Address 719 Prospect Ave
Pine Beach, N.J. 08741
Tele. ( )
Contractor Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No. N/A
Use Group A-3 2 hour
Maximum Live Load
Description of Work/Use: Occupancy/140

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 1/2/97, 19 or the owner will be subject to a fine or order to vacate:

Final needed with Fire by 1/2/97 ok Fire 1/3/97

Frank Ciriaszya
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Brick

PERMIT UPDATE

Date Update Issued 961230
Control # 907689
Permit #
Date Permit Issued 960823

IDENTIFICATION Block 701 Lot 7 9.03
Work Site Location Calder Shopping center

Owner in Fee Hong Li Hua
Address 719 Prospect Ave. pine beach

Tele. ( ) [redacted]

Contractor MIT Electric
Address 527 Clifton Ave - Lakewood NJ 08753
Tele. ( ) 244-3052
Lic. No. or Bldrs. Reg. No. 2579
~~Federal Emp. No.~~ or Social Security No. [redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: fire suppression system

Estimated Cost of Work $ 125.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	m/c
Check No.	
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

Brick

PERMIT UPDATE

Date Update Issued 961211
Control # 907689
Permit #
Date Permit Issued 960823

IDENTIFICATION Block 701 Lot 7 9.03
Work Site Location CALDOR/SHOPRITE CTR
CHAMBERS BRIDGE RD & HWY 70 BRICKTOWN

Owner in Fee HONG LI HUA
Address 719 PROSPECT AVE
PINE BEACH, NJ 08741
Tele. (908) 505-0897 / OWNER
286-2669 / "MARY"

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

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES 1-SUB-PANEL
~~1-UNDER HOOD FOOD COMM'L REFRIGERATOR (SEE A-3)~~
DESCRIPTION OF WORK: ~~4 HOOD LIGHTS (SEE A-3)~~
~~1-SODA BAR A-3~~
~~1-HOT WATER HEATER (GAS)~~

Estimated Cost of Work $ 2,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35.-
Check No.	
Cash	pd 12-11-96
Collected By:	BJ

U.C.C. Form F-190B

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

CONSTRUCTION PERMIT

Date Issued 9/17/96
Control #
Permit # 2386-96

IDENTIFICATION Block 701 Lot 7 9.03

Work Site Location Caldon/Chambers Bridge Rd Contractor Owner

Address

Owner in Fee Hong Li Hua

Address 719 Prospect Ave Tele. ( ) 2386×#

Tele. ( ) Pine Beach NJ Lic. No. or Bldrs. Reg. No. Exp. Date BLOCK 0.00

Federal Emp. No. 701 #

or Social Security No. LOT 0.00

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 $ 12600

Ray Kurowski
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		#	
Building 160	BUILDING		160.00
Plumbing 460	PLUMBING		460.00
Electrical —	FIRE		35.00
Fire Protection 315	FIRE	35 —	35.00
Other	D.C.A.		10.00
Other	C / O		15.00
DCA Training Fee	ZONE/LOT		15.00
Cert. of Occ.	TOTAL —		1000.00
Other 210	CHECK —		1000.00
Total 1000	CHANGE —		0.00
Check No. 4523			
Cash 09/17/96 NO. 5	0013A005		10:37
Collected By: ZL			

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

china king buffet

12/30/96

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued 2386-96

IDENTIFICATION Block 701 Lot 7.903

Work Site Location CALDOR/SHOPRITE CENTER
CHAMBERBRIDGE RD & HWY 70

Owner in Fee HONG MARY
Address 719 PROSPECT AVE PINE BEACH NJ

Tele. (908) 505-0897

Contractor ANETA FIRE SPRINKLER CO.
Address 17 2ND AVE
LONG BRANCH NJ
Tele. (908) 229-6479
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security N [redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Estimated Cost of Work $ 4,000.00

COMMERCIAL

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	
Fire Protection	51
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	51
Check No.	
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

PERMIT

Date Update Issued 2386-96
Control #
Permit #
Date Permit Issued 9/11/96

IDENTIFICATION Block 701 Lot 7 9.03
Work Site Location Palace Shop-Rite
Phillipsburg NJ-NJ 70
Owner in Fee Hong Lia Wang
Address 719 Prospect Ave
Tele. (908) 454-2669

Contractor Master Fire Protection Systems
Address 1796 East Tremont Ave
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Fire Fun's

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	$ 100.00
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

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

Brick

PERMIT UPDATE

Date Update Issued 961203
Control # 907689
Permit #
Date Permit Issued 960823

IDENTIFICATION Block 701 Lot 7 9.03
Work Site Location CALDOR/SHOPRITE CENTER
CHAMBER BRIDGE RD & HWY 70
Owner In Fee HONG LI HUA
Address 71 PROSPECT AVE PINE BEACH
Tele. (908) 505-0897 - 286-2669

Contractor POWER MASTER ELEC
Address 30 W 47 ST
BAYONE NJ 07002
Tele. (201) 436-6020
Lic. No. or Bldrs. Reg. No. 7375
Federal Emp. No.
or Social Security No [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 6 fixtures hot buffet table
1 dishwasher 1 neon sign. 30 KW trans.
1 ice maker coffee machine

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total 42.-
Check No. 1685
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

Brick

PERMIT UPDATE

Date Update Issued 961209
Control #
Permit # 907689
Date Permit Issued 960823

IDENTIFICATION Block 701 Lot 7 9.03
Work Site Location CALDOR/SHOPRITE CTR
CHAMBER BRIDGE - & ROUTE 70
Owner In Fee BRICKTOWN NJ China Buffet
Address HONG LI HUA
71 PROSPECT AVE
PINE BEACH N.J 08741
Tele. (908) 505-0897 > MARY
286-2669

Contractor POWER MASTER ELEC.
Address 42 W 42 ST
BAYONNE NJ
Tele. (201) 436 6020
Lic. No. or Bldrs. Reg. No. 7375
Federal Emp. No.
or Social Security No. 137 42 8841

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES 2-LEFT WINDOW NEON SIGN
1-RIGHT WINDOW NEON SIGN

DESCRIPTION OF WORK: 3- ELUMATED PICTURE SIGNS
1-FREEZER BOX - INCUDED ON A3 ORGINAL APPROVED BLD PAINT PLAN

Estimated Cost of Work $ 2 000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total 7.00
Check No.
Cash pd. 12-9-96 KW
Collected By:

U.C.C. Form F-190B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit # 2386-96

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 9.03

Work Site Location Caldor/Shope Rite Center, Unit 20, Bricktown, NJ. 08723
Chamber Bridge Road/Rt 70

Owner in Fee Hong Li Hua (Tenant)

Address 719 Prospect Ave. Prine Beach NJ 08741

Tele. (908) 286-2669

Contractor Owner

Address Same as above

Tele. (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. _____ or Social Security No. [redacted]

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.

Hong Li Hua
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9/27/96	OK
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			12-30-96	

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [x] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [x] Other Erect partition, install kitchen
  - [ ] Other equipment, improve elect & plumb
- [ ] 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 $ 6,000.00
3. Total (1+2) $ 6,000.00

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

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit # 2386-96

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

Block 70.1 Lot 7 9.03

Work Site Location Caldor/Shope Rite Center, Unit 20, Bricktown, NJ. 08723
Chamber Bridge Road/Rt 70

Owner in Fee Hong Li Hua (Tenant)

Address 719 Prospect Ave. Prine Beach NJ 08741

Tele. (908) 286-2669

Contractor Owner

Address Same as above

Tele. (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. _____ or Social Security No. [redacted]

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	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	9/27/96			
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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 $ 6,000.00
3. Total (1+2) $ 6,000.00

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.

Hong Li Hua
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[x] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [x] Other Erect partition, install kitchen
  [ ] Other equipment, improve elect & plumb
[ ] Demolition

(Office Use Only)
FEE
$ _____

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit # 2386-96

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

Block 721 Lot 7 9.03

Work Site Location Caldor/Shops Rite Center, Unit 20, Brickтown, N.J. 08723
Chamber Bridge Road/Rt 70

Owner in Fee Hong Li Han (Tenant)

Address 719 Prospect Ave, Prine Beach NJ 08741

Tele. (908) 286-2669

Contractor Owner

Address Same as above

Tele. (____)

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ or Social Security No [redacted]

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.

Hong Li Han
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	11/			

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [X] Other Erect partition, install kitchen
  - [ ] Other equipment, improve elect & plumb
- [ ] Demolition

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 $ 6,000.00
3. Total (1+2) $ 6,000.00

(Office Use Only)

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

Paid [ ] Check # 1214 Cash
Collected by: _____

U.C.C. Form F-1108

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

Brick

change of cont includes updates
961203.907689, 961209.90768
- 961211.907689

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Aug 23
Date Issued
Control # 007689
Permit #

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 7.03
Work Site Location CAkes/shop-Rite center Brick tow Plaza
Chambersbridge & Rt 70
Owner in Fee Hung Li HUN
Address 719 Prospect Ave pnc beach NJ 08741
Tele. (____) 206-2669
Contractor BBI Electric
Address 555 Clifton Ave
TR NJ 08753
Tele. (____) 244-3052
Lic. No. 2178
Federal Emp. No. ____ or Social Security N[redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 5000 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
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved By: ____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
21		Fixtures (1)	
10		Receptacles (2)	
10		Switches (3)	
		Total 1 + 2 + 3	
1	Kw	~~Range~~ coffee mach.	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
1	hp	~~Whirlpool/spa~~ walk-in boxes	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	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	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

sub-panel update

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

U.C.C. Form F-120B
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3 Pink = Office Copy
4 Gold = Applicant Copy

Change of cont included updates
967203.907689, 961209.907689
961211.907689

Issued

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued Aug 23
Control # 007689
Permit #

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 9.03
Work Site Location Cable/Shop-Rite center Brockton Plaza
Chamberbridge & Rt 70
Owner in Fee Hong Li HUP
Address 719 Prospect Ave pine beach NJ 08741
Tele. (___) 286-2669
Contractor BBI Electric
Address 555 Clifton Ave
IR NJ 07753
Tele. (___) 344-3052
Lic. No. 379
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 $ 5000.00

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
[T] TCO [ ] CCO [ ] CA
Date: 12/31/97
Approved By: Rueba 5933

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	___	___	___	___
Temporary	___	___	___	___
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	___	___
Final	12/27/96	5933	12/31/97	5933

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.

Frank Battista
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
21		Fixtures (1)	
10		Receptacles (2)	
10		Switches (3)	
___		Total 1 + 2 + 3	___
1	___ Kw	~~Range~~ coffee mach.	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
1	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
1	___ hp	~~Whirlpool/spa~~ walk-in box	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s) Sub-panel update	___
___	___ 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	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
___	___ Amp	Service Entrance	___
___	___	Other	___

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

U.C.C. Form F-120B
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4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 23 96 0 0 7 6 8 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 9.03
Work Site Location caldor/hope Rte center, Unit 20, Bricktown, NJ. 08723 chamber Bridge Road/Rt 70
Owner in Fee HONG L H U.S.A.
Address 719 Prospect Ave Pine Beach NJ 08741
Tele. (908) 286-2669
Contractor Powermaster ECRC
Address 30 W 47 St
BAYONNE, NJ 07002
Tele. (201) 436-6020
Lic. No. 7375
Federal Emp. No. _____ or Social Security # [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2200

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/6/96
Approved by: MC

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.	12/4/96	5433		
TCO	11/25/96	5433 over		
Other	11/8/96	5433 over		
Service	12/11/96	5433 ATTACHED		
Final				

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.

Jack Chiang
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
15		Fixtures (1)
10		Receptacles (2)
10		Switches (3)
		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
1	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
1	___ hp	Whirlpool/spa WACK IN-BOX
		Pool Bonding
	___ hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat: EXH. FAN 5hp
		oil, gas or elec. FRESH AIR 3hp
	___ Kw	Baseboard Heat Units
		Thermostats
	___ hp	Heat Pump 5 SODA MACH NOT INSTALLED
	___ hp	Pump(s)
	___ Amp	Motor Control Center/Sub Panels
1		Signs outdoor
		Light Standards
	___ hp	Motors—Fractional H.P. SIGN
	___ hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
	___ Amp	Service Entrance
		Other

FEE (Office Use Only)
40
7
7
7
21

Paid [✓] Check # Cash
Collected by: JF

Administrative Surcharge	$
Minimum Fee	$ 89
DCA Training Fee	$ 2
TOTAL FEE	$ 91

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

RECEIVED

DEC 3 0 1996

China King Buffet

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/30/96
Date Issued
Control #
Permit # 2386-96

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

DIV. OF INSPECTION

Block 701 Lot 7 & 8 07

Work Site Location CALDOR/SHOPRITE CENTER CHAMBERS BRIDGE ROAD & HWY 70

Owner in Fee HONG MANG

Address 719 PROSPECT AVE PINEBEACH NJ

Tele. (908) 505-0897

Contractor ANETA SANTECH SYSTEM

Address 17 2ND AVE MELROSE HJ LONG BRANCH N.J

Tele. (908) 229-6479

Lic. No.

Federal Emp. No. or Social Security No [redacted]

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class. Present Proposed

Heating Systems [ ] New [ ] Existing

Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar,

[ ] Other

Location:

Total Est. Cost of Fire Prot. Work $ 1200.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/27/96 JE
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [X] CA
Date: 1-3-97 JE
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other T.C.O	tel 1/2/97 JE			
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

	Number	FEE (Office Use Only)
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 ____	
Wet Sprinkler Heads		50
Dry Sprinkler Heads		
TOTAL	1 Sprinkler	
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		

Administrative Surcharge $ 50.-
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit # ~~95~~ 2386-96

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

Block 701 Lot 7E9.05
Work Site Location Caldor / Shoprite Center Unit 20
Chambersbridge Rd & Rt 70, Brick town NJ
Owner in Fee Hong U Haa (tenant)
Address 749 Prospect Ave
Pine Beach, NJ 08741
Tele. (908) 286-6397
Contractor Same as above
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed A3
Constr. Class. Present M Proposed A5
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ooo 140
Location:
Total Est. Cost of Fire Prot. Work $ 1800 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 9/17/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

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	Need Panic Hardware on Door Exit Directs	35
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems	Exit Signs Emergency Lite Battery Backup	
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	Fire Extinguishers	
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 35-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
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FIRE SUBCODE
TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control # 2386-96
Permit #

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 9.03
Work Site Location CALDOR's SHOPRITE CENTER UNIT20
CHANBER BRIDGE RD , BRICKTOWN NJ 08723
Owner in Fee HONG LI HUA
Address 719 Phospect Ave Prine Beach NJ 08741
Tele. (908) 286-2669
Contractor MASTER FIRE PREVENTION SYSTEMS, INC.
Address 1776 EAST TREMONT AVENUE
BRONX NY 10460
Tele. (718) 828-6424
Lic. No.
Federal Emp. No. 13-2656642 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[X] Other fire suppression system
Location: over rangehood in the kitchen
Total Est. Cost of Fire Prot. Work $ 1,600.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 9/24/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

FIRE SUPPRESSION SYSTEM ONLY

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	1	30
Pre-Engineered Systems RANGEGUARD UL-300		65
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	19	175
OTHER		375
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy **PRO 105**

FIRE SUBCODE
TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control # 2356-96
Permit #

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 9.03
Work Site Location CALDOR's SHOPRITE CENTER UNIT20
CHAMBER BRIDGE RD , BRICKTOWN NJ 08723
Owner in Fee HONG LI HUA
Address 711 Church Ave Point Pleasant NJ 08741
Tele. ( ) [illegible]
Contractor MASTER FIRE PREVENTION SYSTEMS, INC.
Address 1776 EAST TREMONT AVENUE
BRONX NY 10460
Tele. (718) 828-6424
Llc. No.
Federal Emp. No. 13-2656642 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[X] Other fire suppression system
Location: over rangehood o in the kitchen
Total Est. Cost of Fire Prot. Work $ 1,600.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[X] CC CCO [ ] BA
Date: 1-3-97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			1-3-97	
TCO				
Other Exit Signs				
Other Emergency lts				
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
FIRE SUPPRESSION SYSTEM ONLY

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision OK
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	1	
Pre-Engineered Systems RANGEGUARD UL-300		175
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	175
OTHER		
	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$
Collected by	TOTAL FEE	$ 415 adjusted

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy **PRO 105**

China King Buffet

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12/30/96
Control #
Permit # 2386-96

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

Block 701 Lot 7.9.03
Work Site Location GALDEN/BRIGHTLITE CENTER
CHANNEL DRIVE ROUTE 70
Owner in Fee HONG KANG
Address 719 PROSPECT AVE NAVESINK NJ
Tele. (908) 505-0897
Contractor AMERICAN SAFETECH SYSTEM
Address 417 2ND AVE
MIDDLETOWN NJ LONG BRANCH NJ
Tele. (908) 229-6479
Lic. No.
Federal Emp. No. _____ or Social Security N [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 $ 1000 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/27/96
Approved by: JE
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other T.C.O			1/2/97	JE
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source fire service
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	10	50
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	4	
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		

COMMERCIAL

Administrative Surcharge $ 50
Paid [ ] Check # _____ Minimum Fee $
DCA Training Fee $
Collected by: _____ TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control # 2386-96
Permit #

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 9.03
Work Site Location CALDOR's SHOPRITE CENTER UNIT20
CHANBER BRIDGE RD , BRICKTOWN NJ 08723
Owner in Fee HONG LI HUA
Address 719 Prospect Ave Prine Beach NJ 08741
Tele. (908) 286-2669
Contractor MASTER FIRE PREVENTION SYSTEMS, INC.
Address 1776 EAST TREMONT AVENUE
BRONX NY 10460
Tele. (718) 828-6424
Lic. No.
Federal Emp. No. 13-2656642 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[X] Other fire suppression system
Location: over rangehood o in the kitchen
Total Est. Cost of Fire Prot. Work $ 1,600.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 9/17/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work
FIRE SUPPRESSION SYSTEM ONLY
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		1
TOTAL		
Stand Pipes		35
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems RANGEGUARD UL-300		65
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	39	175
OTHER		315
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy **PRO 105**

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit # ~~95~~ 2386-96

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

Block 701 Lot 7.69.05
Work Site Location Caldor / ShopRite Center Unit 20
Chambersbridge Rd & RT 70, Brktown NJ
Owner in Fee Hong G Hea (tenant)
Address 719 Prospect Ave
Pine Beach, NJ 08741
Tele. (908) 286-6397
Contractor Same as above
Address
Tele. (___)
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed A3
Constr. Class. Present M Proposed A3
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1800 [ ] Other

occ 140

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 9/17/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

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		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Need Panic Hardware on Door Exit Doors 35
Exit Signs Emergency Lite Battery Backups
Fire Extinguishers

Administrative Surcharge $ 35-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit # 2386-96

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

Block 701 Lot 79.03
Work Site Location 11 CHINA BUFFET
CALDAR / SHOPRITE CTR UNIT 20 BRICKTOWN
Owner in Fee Hong Li Hua (tenant)
Address 719 Prospect Ave.
Pine Beach, NJ 08741
Tele. (908) 286-2669
Contractor A. ARC PLBG HTG CO. INC.
Address 1236 So. Main Pt. St.
Hillside, NJ 07205
Tele. (908) 355-0990
Lic. No. 8674
Federal Emp. No. 22-3109088 or Social Security No.

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 $ 6800

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-16-96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

8674

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	50
1	Urinal/Bidet	10
	Bath Tub	
5	Lavatory 4 LAVS 1 HH60	50
	Shower	
10	Floor Drain	100
A-1	Sink 3 BAY, 2 BAY + slop & mop	40
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
3	Greasetrap	105
1	~~Water Cooled A/C~~ or Refrigeration Unit	35
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 460

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/17/96
Date Issued
Control #
Permit #

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

Block 7.1 Lot

Work Site Location

Owner in Fee

Address

Tele.

Contractor A. ... CO. INC.

Address 1836 ... St.

... NJ 07205

Tele. (908) 355-0390

Lic. No. 5674

Federal Emp. No. 22-2107788 or Social Security No.

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 $ 5800.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 9-16-96

Approved by:

SUBCODE APPROVAL:

[X] CO [ ] CCO [ ] CA

Approved By:

Date: 12-31-96

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab	10-10-96	10-21-96	10-29-96	
Rough			10-29-96	
Water				
Sewer				
Fixtures				
Gas Equipment	11-1-96			
Gas Piping				
Solar				
TCO				
Final	11-19-96	12-30-96		

No Roof Penetrations

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—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	50
	Urinal/Bidet	10
	Bath Tub	
	Lavatory	50
	Shower	
10	Floor Drain	100
	Sink	40
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	25
	Fuel Oil Piping	
	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	125
	Water-Cooled A/C	
	or Refrigeration Unit	25
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $

Paid [ ] Check # ______ Minimum Fee $

DCA Training Fee $

Collected by: ______ TOTAL $ 460

U.C.C. Form F-130B

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

DATE	JOB CONDITION/COMMENTS
10-10-96 -	① Not to plan ② No tests - WATER or DWV
10-23-96 -	NO WATER TEST
10-29-96 -	NO Roof penetrations
11-19-96 -	Doesn't meet plan
	① Dishwasher not indirect also goes into grease trap.
	② WATER line still needs to be upgraded
	③ Vents on grease traps must be higher
	④ recheck entire final
12-30-96	W.C. seats not open front style

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 27, 1996 1996 - 1275

Block 701 Lot 7, 9.03 Zone B-3, H.D.

Property Address: 124 Chambers Bridge Road

Owner: Caldor Shopping Center (Phone):

Applicant: Hong Li Hua (Phone): 286-2669

Use: Former Clothing Time Retail Unit

Proposed Construction (if any): Tenant-fit up with interior alterations for Li's Buffet Chinese Restaurant; 4,080 square feet.

Conditions:

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 no 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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 1-16-97.

NAME CHINA BUFFET

ADDRESS 674 HWY70 BRICK, NJ 08723

PROPERTY LOCATION 674 HWY 70

Account No. G270410 Block 701 Lot 7

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 Kevin Brewster

BLOCK

LOT

DATE

PLUMBING & MECHANICAL CHECK LIST

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

Fixture count wrong

check with RAY about H.C. BATH Needs details on Door swing

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 701 LOT 79.03

ESTABLISHMENT INFORMATION

PHONE # TEMP. 212-465-5397

ESTABLISHMENT TRADING NAME: LI'S BUFFET CHINESE REST.

NUMBER AND STREET: CHAMBERBRIDGE RD + RT. 70 UNIT 20

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

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: LUC SENIT ENG.

NUMBER AND STREET: 1 PENN PLAZA

CITY OR MUNICIPALITY: NEW YORK

STATE: NY

ZIP CODE: 10119

COMMUN. CODE: —

TIME (2400 HOURS)

DATE	BEGIN	END
8-28-90	1100	1120

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): STEPHEN KUNIECKI

SIGNATURE OF INSPECTING OFFICIAL: Stephen Kuniecki

PERMANENT REG. NO.: B-1463

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
LI'S BUFFET CHINESE REST	To be Obtained	8-28-96
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICK	Begin 1100

REG. NO.	REMARKS (Please specify area)
	The attached plans have been found to be in satisfactory compliance with chapter XII.
	Note: This Department is to be notified at least 48 hours prior to intended opening for a pre operational inspection.

(Attach additional sheets if necessary)

H.D. 67

Page 1 of 1 Pages

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

August 29, 1996

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

RE: Propesed Floor Plans
Block 701 Lot 79.03
Li's Buffet Chinese Restaurant
Chambersbridge Rd. & Rte. 70

Dear Sir,

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

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

Very truly yours,
Stephen Klaniecki
Stephen Klaniecki
Sanitary Inspector

cc: Brick Township Board of Health
Brick Township Construction Official (Arthur Cierzo)

SK:bd

TOWNSHIP OF BRICK

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

PLAN REVIEW #_____

PLAN REVIEW

DATE_____

Name Li China Buffet

Address Caldor Center unit 20

Block 701 Lot 7.903

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
_____	BUILDING SUBCODE	_____
_____	ELECTRICAL SUBCODE	_____
_____	PLUMBING SUBCODE	_____
_____	FIRE PROTECTION SUBCODE	_____

Plumbing Review

NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
1	No Board of health Approval	#7169	
2.	Plans by Engineer not Architect		
3.	No occupant load		
4	Plumbing Schematic does not meet Code. D1½ pipe under slab		
5.	Must Identify indirect wastes		
6.	Size of grease traps required to be on plan		
7	Gas pipe diagram does not show length of run from point of delivery to most remote outlet.		
8	Accessible WATER CLOSET. Openings only 4'6" wide.		
9	Plumbing Technical section does not match plan - plan shows urinal, A third Grease trap ~~is~~ on plan not on tech		
10.	1" existing WATER service is too SMALL - over 34 fixture units on line must be at least 1½ - ~~over fixtures~~		

SIZING FOR WATER AND SEWER SERVICES

Property Owner Hoay Li Hua Date 9-16-96

Property Address CAIDON/SHORRITE CIR Unit 20 Block 701 Lot 79.03

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	6	(5) 2530	( )
2. Lavatory	5	(2) 10	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	2	(4) 8	( )
6. Service Sink	2	(3) 6	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(4) 4	( )
9. Washing Machine		( )	( )
10. Urinal	1	(1) 5	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler- No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
Wok	1	(4) 4	( )
		( )	( )

Total 67

Gallons per minute 34

Size of Service 1 1/2

Date: 9-16-96 Approved: Daniel Neuman
Brick Township Plumbing Inspector

PAUL'S REQUEST

LI'S CHINA BUFFET
CALDOR/SHOPRITE CENTER
CHAMBER BRIDGE RD, and HWY 70
BRICKTOWN, NJ
TEL: 908 505 0897
908 286 2669

DECEMBER 10,1996

BLOCK 701.....LOT 7 9.03
OWNER: MARY HONG

LIST OF ALL EQUIPMENT INSTALLED.

ORGINAL APPLICATION FILED ON AUGUST 23, 1996 LISTED EQUIPMENT:

1 ELUMINATED OUTDOOR SIGN; "LI'S CHINA BUFFET"
3 SODA BOXS
1 3 HP FRESH AIR FAN
1 5 HP EXHUST FAN
1 WALK-IN BOX
1 DISHWASHER
10 SWITCHES
10 RECEPTACLS
15 FIXTURES

DECEMBER 3, 1996 "UPDATE" PERMIT FILED

6 WALL FIXTURE LIGHTS
1 HOT BUFFET FOOD BAR
1 30 KW TRANSFORMER
1 NEON WINDOW SIGN (RIGHT SIDE)
1 COFFEE MAKER
1 ICE CUBE MAKER
1 ICECREAM SOFT, MACHINE

DECEMBER 7, 1996 "UPDATE" PERMIT FILED.

2 NEON SIGNS LEFT WINDOW
1 NEON SIGN RIGHT WINDOW
3 ELUMATED PICTURE SIGNS (LEFT WALL) INDOOR.
1 WALK-IN FREEZER BOX,(see ORGINAL BLUEPRINT PG A-3)

DECEMBER 10, 1996

1 SUB-PANEL
1 UNDER HOOD FOOD TABEL, COMM'L REFRIGERATOR, 2 DOOR
1 SODA BAR, 6
4 HOOD LIGHTS