TOWNSHIP OF BRICK

"DORIAN'S"

# CONSTRUCTION PERMIT APPLICATION

## I. IDENTIFICATION

1. Proposed Work at: Calder Mall - Chambers Bridge Rd. & RT 70
2. Owner Name: FRANK R. FEISTEL Tel. (24) 270-4267
   Address 38 Bayshore Dr. Toms River N.J.
3. Principal Contractor: Steve Nelson Tel. (201) 349 2525
   Address 189 Rt. 37 West, Toms River, NJ.
   Lic. No. or Builder Reg. No. #12636 Federal Emp. No. #22-279 3435
4. Architect or Engineer: Lepley - McCorry Tel. (609) 693-9191
   Address 124 on main st, Forked River, N.J. 08731
5. Responsible Person in Charge of Work Steve Nelson Tel. (201) 349-2525

## II. PROPOSED WORK

### A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☑ Small Job ($5,000 and no Prior Approvals)
   *Complete only II.B., III and IV.A. and Page 2*
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

### B. CATEGORIES OF WORK

| Permit/Category | | Estimated |
|---|---|---|
| 1. ☐ | Building/ Structural | $ 1200 |
| 2. ☑ | Plumbing | 1800 |
| 3. ☑ | Electrical | 600.— |
| 4. ☑ | Fire Protection | 1000.— |
| 5. ☐ | Other | |
| 6. ☐ | Other | |
| | TOTAL COST | $ 4,600.— |

### C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

### A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:

Before Construction: ____

After Construction: ____

Net Gain (or loss): ____

### B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☑ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ____

State Specific Use: Pizza Restaurant

If Change in Use Group, Indicate Former: ____

## IV. BUILDING CHARACTERISTICS

### A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

### B. HEATING FUEL

| | Principal | Secondary | Type |
|---|---|---|---|
| 3. | ☑ | ☐ | Gas |
| 4. | ☐ | ☐ | Oil |
| 5 | ☐ | ☐ | Electric |
| 6. | ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. | ☐ | ☐ | Propane |
| 8. | ☐ | ☐ | Solar |
| 9. | ☐ | ☐ | Other ____ |

### C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

### D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

### E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure ____ Ft.
16. Area–Largest Floor 1500 Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. *Total Land Area Disturbed* ____ Sq. Ft.

701 7-815-16

LDS BR 10312153

# CERTIFICATION IN LIEU OF OATH

## I. OWNER SECTION

**I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.**

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE Frank R Leutle DATE 11/13/89

## II. AGENT SECTION

**I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.**

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

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

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. _____



# PRIOR APPROVALS CHECKLIST

| APPROVALS | LOCAL | | | | COUNTY | | | | REGIONAL | | | | STATE | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | |
| | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | |
| ☐ Planning Board | | | | | | | | | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | | | | | | | | | |
| ☐ Fire Department | | | | | | | | | | | | | | | | | |
| ☐ Police Department | | | | | | | | | | | | | | | | | |
| ☐ Health Department | | | | | | | | | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Community Affairs | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Transportation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Environmental Protection | | | | | | | | | | | | | | | | | |
| ☐ Other: _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |

## SUBCODES AND SPECIAL REGULATIONS APPLICABLE

| | EDITION OF CODE | | EDITION OF CODE | | |
|---|---|---|---|---|---|
| ☐ One and Two Family Dwellings | _____ | ☐ Mechanical | _____ | ☐ Flood Hazard | _____ |
| ☐ Building | _____ | ☐ Energy | _____ | ☐ As Built Elevation Certification | _____ |
| ☐ Electrical | _____ | ☐ Barrier Free | _____ | ☐ Other | _____ |
| ☐ Plumbing | _____ | ☐ Other | _____ | | _____ |
| ☐ | | | | | |

# PERMIT CONTROL

## I. PLAN REVIEW STATUS

*Updated at time of receipt of drawings and when plans are approved.*

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

| Plan Review Required | Type of Work | Plans Received By Date | Plans Received By Receiver | Approval Date | Reviewer | Comments |
|---|---|---|---|---|---|---|
| ☐ | BUILDING | | | 11-21-89 | [illegible] | |
| | Footings/Foundations | | | | | |
| | Framing | | | | | |
| | Architectural 2 | | | 11/14/89 | JE | |
| | Other _____ | | | 11/20/89 | JE | |
| ☒ | PLUMBING | | | | | |
| ☐ | ELECTRICAL | | | | | |
| ☒ | FIRE PROTECTION | | | 11-21-89 | JE | |
| ☐ | OTHER _____ | | | | | |

## II. PERMIT/INSPECTION STATUS

*Updated at time of permit and after final approvals.*

| Issue Date | Category | Revisions | Final Inspection | Comments |
|---|---|---|---|---|
| ✓ | ALL CONSTRUCTION | | 2/9/90 w/S. (no card) | |
| | BUILDING | | | |
| | Footings/Foundations | | | |
| | Framing | | | |
| | Architectural | | | |
| ✓ | Other _____ | | 2-2-90 | |
| | PLUMBING | | 1-24-90 | |
| ✓ | ELECTRICAL | | 2-9-90 JE | |
| ✓ | FIRE PROTECTION | | | |
| | OTHER _____ | | | |

## III. CERTIFICATES ISSUED

| CERTIFICATES TO BE ISSUED | Date Issued |
|---|---|
| ☑ Temporary Certificate of Occupancy (Site Comp.) Date Expired _____ | 2-22-90 |
| ☐ Temporary Certificate of Occupancy Date Expired _____ | |
| ☑ Certificate of Occupancy No. 5875 | 5-7-90 |
| ☐ Certificate of Continued Occupancy No. _____ | |
| ☐ Certificate of Approval No. _____ | |
| ☐ None | |

## IV. ON-GOING INSPECTIONS

| On-going Inspections Required (See Page 1, II.D.) | Date Posted to Log and Tickler |
|---|---|
| | |

## V. FEE SUMMARY

*Initial fee collection recorded in A; all others in section B.*

### A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

| | AMOUNT |
|---|---|
| BUILDING | $ 22.50 |
| PLUMBING | 75.00 |
| ELECTRICAL | . |
| FIRE PROTECTION | 100.– |
| OTHER Engineering Sys & Hood | . |
| SUBTOTAL | $ 197.50 |
| – LESS: 20% of subtotal (when plan review performed by state agency). | ( 5.– ) |
| D.C.A. TRAINING FEE .0006 x _____ | = . |
| CERTIFICATE OF OCCUPANCY | 20.– |
| OTHER _____ | . |
| OTHER _____ | . |
| TOTAL COLLECTED WHEN PERMIT ISSUED | $ 222.50 |

DATE _____ Collected By _____

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

| | Date | Collected By | AMOUNT |
|---|---|---|---|
| CERTIFICATE OF OCCUPANCY | | | . |
| OTHER | | | . |
| OTHER | | | . |
| – LESS: Refunds | | | ( . ) |
| TOTAL COLLECTED AFTER PERMIT ISSUED | | | $ . |

### C. TOTAL CONSTRUCTION FEES COLLECTED

| | AMOUNT |
|---|---|
| COLLECTED WITH PERMIT (VA) | $ . |
| COLLECTED AFTER PERMIT (VB) | . |
| TOTAL | $ . |

"Dorian's"

# CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5875

IDENTIFICATION

Block 701 Lot 7,8, 15, 16
Work Site Location Rt. 70 & Chambersbridge Rd.

Owner in Fee Frank R. Feistel
Address 38 Bayshore Dr.
Toms River, NJ
Tele. ( )
Contractor Steve Nelson
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

**Home Warranty No.** none
**Use Group** A-3 2 hours
**Maximum Live Load**
**Description of Work/Use:**

Restaurant - Pizza

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

## CERTIFICATE OF OCCUPANCY/APPROVAL

XX☒ **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:

Arthur J. Cuozzo
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 2/22/90
Control #
Permit # 5875

IDENTIFICATION

Block 701 Lot 7,8,15,16
Work Site Location Chambers Bridge Rd. & Rt 70
Brick, N.J.
Owner In Fee Frank R. Feistel "Dorian's"
Address 38 Bayshore Dr.
Toms River, N.J.
Tele. ( )
Contractor S. Nelson
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:
Alteration
-Restaurant/Pizza

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: Until entire sitemis completed

Arthur J. Lutz
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

# CONSTRUCTION PERMIT

Date Issued 11-21-89
Control #
Permit # 5875

IDENTIFICATION Block 701 Lot 7

Work Site Location Dorian's Isldor Mall

Owner in Fee Feistel
Address 38 Day Stars Dr.

Tele. ( ) 270-4267

Contractor Nelson
Address

Tele. ( )

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

Federal Emp. No.
or Social Security No.

**0003**
5875*#
BLOCK 0.00
BLOCK 0.00
701 #

**is hereby granted permission to perform the following work:**

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

alter

| PAYMENTS (Office Use Only) | | |
|---|---|---|
| Building | | 0.00 |
| Plumbing | BUILDING | 22.50 |
| Electrical | PLUMBING | 75.00 |
| Fire Protection | FIRE | 100.00 |
| Other | PLAN RVW | 5.00 |
| Other | C / O | 20.00 |
| DCA Training Fee | TOTAL | 222.50 |
| Cert. of Occ. | CHECK | 222.50 |
| Other | CHANGE | 0.00 |
| Total 11/21/89 NO. 5 | 002DA005 | 11:38 |
| Check No. | | |
| Cash | | |
| Collected By: | | |

7 #

**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 $** 4,600

A J Cerny
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

# BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5815
DATE ISSUED
REVISION DATE 12-21-81
Block 701 Lot 7
Subdivision

## A. IDENTIFICATION

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

Owner FRANK REISTEL
Address 38 Bay Shore Dr. Toms River N.J.
Tel. (201) 270-4207
Work Site Address Caldor Mall Chambers Bridge & Rt 70

Contractor STEVE NELSON BUILDERS
Address 189 RT. 37 WEST TOMS RIVER N.J. 08753
Tel. (201) 349-2525
Lic. No. #12636
Federal Emp. No. #22-2793435

**CERTIFICATION IN LIEU OF OATH:**

*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Steve Nelson
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

**DESCRIPTION OF WORK**

*Give detail description including materials used, dimensions, etc.*

C/O w Partitions

☑ See Plans

**TYPE OF WORK:**

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

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

## C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1 — Total Building Area–All Floors _____ Sq. Ft.

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

Area–Largest Floor 1800.- Sq. Ft. — Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 21200.-

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

# FIRE SUBCODE
## TECHNICAL SECTION

PERMIT NO. 5875
DATE ISSUED
REVISION DATE 11-21-89
Block 701 Lot 7
Subdivision

## A. IDENTIFICATION

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

Owner FRANK R FEISTEL
Address 38 13th Ave Shore Dr
Toms River N.J.
Tel. (201) 270-4267
Work Site Address Calder Mall
Chambers Bridge & RT 70

Contractor Oxygen Supply Co
Address 1368 RT 9
Lakewood N.J. 08701
Tel. (201) 370-2330
Lic. No.
Federal Emp. No. 22111640

CERTIFICATION IN LIEU OF OATH:
*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Daniel Mateyo
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### B1. SPRINKLERS

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

FEE: $

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ $CO_2$ ☐ Halon ☐ Foam ☒ Other Liquid
Manual Pull: ☒ Yes ☐ No
Locations: By Closest Exit — 15.00
Hood 15' on dotted ft — 45.00
Suppression Sys — 100.00
Estimated Cost of Work: $ 1000.00

### B3. ALARM

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

FEE: $

### B4. STAND PIPES

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

$

### B5. OTHER

Emergency Lites — $
Exit Signs with Batt — $
Pull Stations — $40.00
Subtotal — $60.00
Minimum Fire Protection Fee (If Applicable) — $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) — $100.00

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 1000.00

## D. COMMENTS

needs Test on Suppression Syst.

☐ Partial Releases ☐ Prototype Processing

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

# PLAN REVIEW AND INSPECTION – FIRE

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| 2-9-90 | Complies with Code |

## JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 11-21-89
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2-9-90
Inspected By: JE

INSPECTIONS

| Type | Failure Date | | | Approval Date |
|---|---|---|---|---|
| ☒ Fire Suppression Test | | | | 2-90-90 |
| ☐ Fire Alarm Test | | | | |
| ☐ Smoke Test | | | | |
| ☐ TCO | | | | |
| ☒ Other Final | | | | 2-90-90 |
| ☐ Other | | | | |
| ☐ Other | | | | |
| ☐ Other | | | | |

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

TOWNSHIP OF BRICK

# PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 5875
DATE ISSUED 11-21-87
REVISION DATE
Block 701 Lot 7
Subdivision

## A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner FRANK R FEISTEL
Address 38 BAYSHORE DR. TOMS RIVER N.J.
Tel. (201) 270-4242
Work Site Address Calder Mall Chambers Bridge & RT 70

Contractor GARY SWIRCZYNSKI
Address 504 MIDSHIP DR. TOMS RIVER, N.J. 08753
Tel. (201) 929-3527
Lic.No./Bus. Permit #6046
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

## B. TECHNICAL SITE DATA

*List all fixtures* "DORIAN'S" RESTAURANT

TYPE OF WORK:

| No. | Fixture | Fee | No. | Fixture | Fee |
|---|---|---|---|---|---|
| 1 | Water Closet/~~Bidet~~/~~Urinal~~ | $ 5.- | | Garbage Disposal | $ |
| | Bathtub | | | Air Conditioner Unit | |
| 3 | Lavatory/Sink | 15.- | 3 | Indirect Connection | |
| 2 | ~~Shower~~/Floor Drain | 10.- | | Sewer Ejector | |
| | Washing Machine | | 1 | Grease Trap | 25.- |
| | Dishwasher | | | Interceptor | |
| | Commercial Dishwasher | | | Backflow Device | |
| 1 | Water Heater | 5.- | | Reduced Pressure Backflow Device | |
| | Domestic Boiler/ Furnace | | 2 | Vent Stack | 10.- |
| | Steam Boiler | | | Solar System | |
| | Water Util. Connection | | 1 | Other 3 COMP. SINK | 5.- |
| | Sewer Util. Connection | | | Other | |
| | Hose Bibb | | | Other | |
| | Water Cooler | | | Other | |
| | COLUMN 1 | $ 35.- | | COLUMN 2 | $ 40.- |

| Fee | |
|---|---|
| COLUMN 1 | $ 35.- |
| COLUMN 2 | $ 40.- |
| SUBTOTAL | $ |
| Minimum Plumbing Fee (If applicable) | $ |
| Total Plumbing Fee *(Greater of Minimum or Subtotal)* | $ 75.- |

## C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material SCH #40 PVC Size 3", 2"
Building Sewer — Material M/A Size
Water Service — Material M/A Size
Venting — Material SCH #40 PVC Size 2", 1½"
Estimated Cost of Plumbing Work: $ 1800.-

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

# PLAN REVIEW AND INSPECTION – PLUMBING

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| | |
| | |
| | |
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## JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 11-20-89
Approved By: J. D. Lyle

### INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2-2-90
Inspected By: J. D. Lyle

### INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☒ Slab | | | | 12-1-89 |
| ☒ Rough | | | | 12-13-89 |
| ☐ Water | | | | |
| ☐ Sewer | | | | |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other _____ | | | | |

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

MUNICIPALITY BT

# CUT-IN-CARD

LOCATION Rt. 70 ~~Bowl~~ Caldor Shop. Center UTILITY CO ~~PSE~~

Dorians Restaurant BLK 701 LOT 7

OWNER Feistel OCCUPANT

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

☒ FINAL ☐ TEMPORARY This approval void after _____ days.

SERVICE _____ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS Additional wiring

DATE 7/01/24 PERMIT # 11658 INSPECTOR [signature]

Elec. 104 Insp. Lic # 2483

# THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

## CERTIFICATE OF COMPLIANCE

**Date** 11-14-89

**NAME** Vornado, Inc.

**ADDRESS** 174 Passiac St. Garfield, NJ

**PROPERTY LOCATION** Hwy 70, Pizza

**Account No.** G784883 **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** [signature]

All sewer assn. fees MBE collected upon issuance of water use of 72,000 gal

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

# SANITARY INSPECTION REPORT

## ESTABLISHMENT INFORMATION

PHONE # TEMPORARY 2704267

ESTABLISHMENT TRADING NAME: DORIAN'S FAMILY RESTAURANT

NUMBER AND STREET: CHAMBERSBRIDGE Rd

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: I

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: FRANK FEISTEL

NUMBER AND STREET: 38 BAY SHORE DR

CITY OR MUNICIPALITY: TOMS RIVER

STATE: NJ

ZIP CODE: 08753

COMMUN. CODE: 1507

## TIME (2400 HOURS)

| DATE | BEGIN | END |
|---|---|---|
| 11-14-89 | 09:10 | 09:30 |
| | | |

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

### INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

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

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print)

SIGNATURE OF INSPECTING OFFICIAL: Joseph A Caprio

PERMANENT REG. NO.: B-375

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

# DETAILED DATA SHEET
# SANITARY INSPECTION REPORT
# RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

| Establishment Trading Name | Establishment License No. | Date |
|---|---|---|
| DORIAN'S FAMILY RESTAURANT | | 11-14-89 |
| **Signature of Inspecting Official** | **Municipality** | **Time - (2400 Hours)** |
| Joe Caprio | BRICK | Begin 09:10 |

| REG. NO. | REMARKS (Please specify area) |
|---|---|
| | |
| 6.7.C | FLOOR DRAIN NOT SHOWN FOR WALK-IN FREEZER |
| | |
| | |
| 7.4.2 | MOP SINK IS LOCATED TOO CLOSE TO THE THREE |
| | COMPARTMENT SINK |

*(Attach additional sheets if necessary)*

H.D.67

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

# SANITARY INSPECTION REPORT

B-701 L-7

## ESTABLISHMENT INFORMATION

PHONE #
609 270-4267

ESTABLISHMENT TRADING NAME
ORIANS FAMILY RESTAURANT

NUMBER AND STREET
CHAMBERBRIDGE RD.

CITY OR MUNICIPALITY
BRICK

ZIP CODE
08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE
1506

RISK

ESTABLISHMENT CODE

GOODS
☐ DESTROYED
☐ EMBARGOED

EVALUATION
☑ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

WATER SUPPLY
☑ Public - Community
☐ Individual (Public - Non-Community)

## OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
ERSUN EGINTOL

NUMBER AND STREET
8 BAYSIDE RD.

CITY OR MUNICIPALITY
TOMS RIVER

STATE
N.J.

CODE
08753

COMMUN. CODE
1507

TIME (2400 HOURS)

| DATE | BEGIN | E |
|---|---|---|
| 11-16-89 | 0800 | 0 |
| | | |

COMPLAINT NO. _____
COMPLAINT REC. _____
COMPLAINT INSPECTED _____

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

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

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print)
ELI GOLDMAN, R.S.

SIGNATURE OF INSPECTING OFFICIAL
Eli Goldman

PER REC

54

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

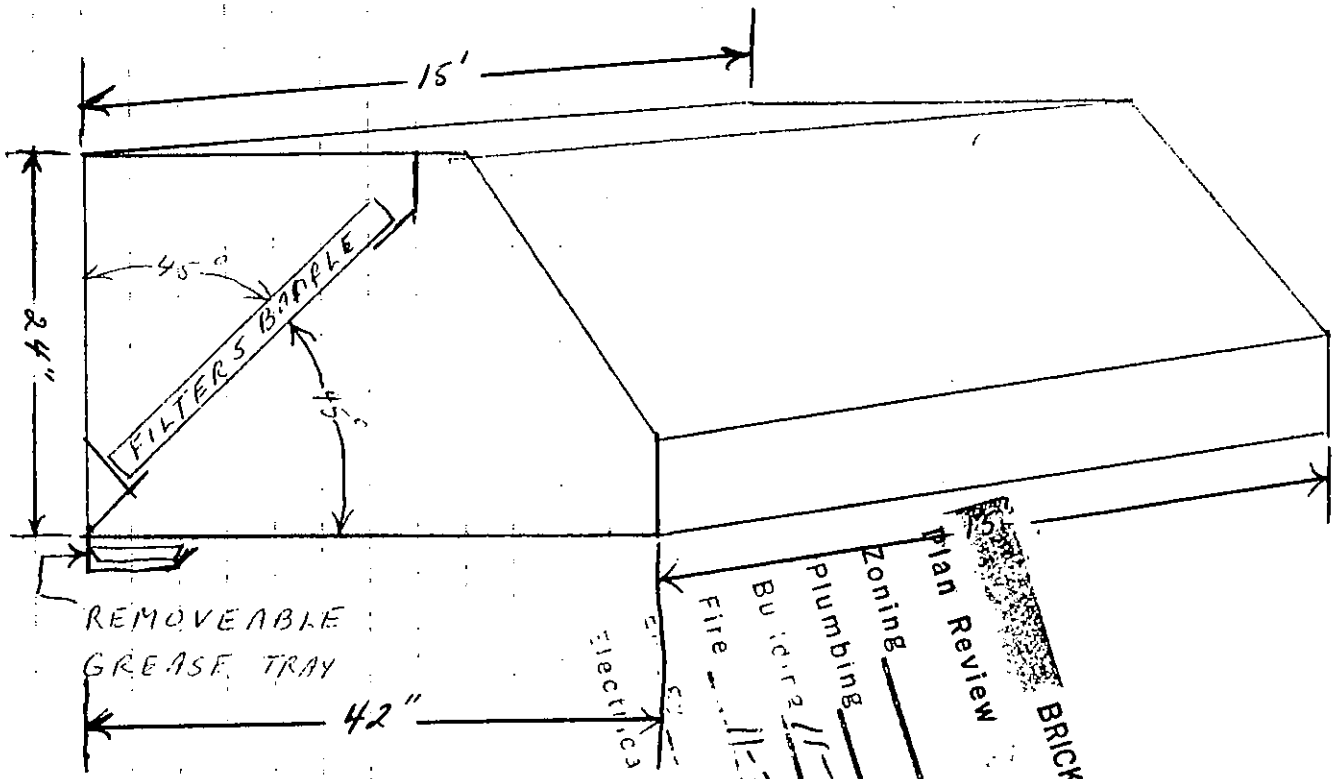
JOB _____

SHEET NO _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____




BRICK TOWNSHIP
Plan Review
Class
Zoning
Plumbing
Building 11-24-89
Fire
Electrical

NOTE:

Hood:
18 GAUGE METAL ALL WELDED SEAMS
WITH FILTERS ON A 45° ANGLE
REMOVEABLE GREASE TRAY

Duct
16 GAUGE METAL, all welded SEAMS
welded at Hood Joint.
Insulated where to close To
Combustibles

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

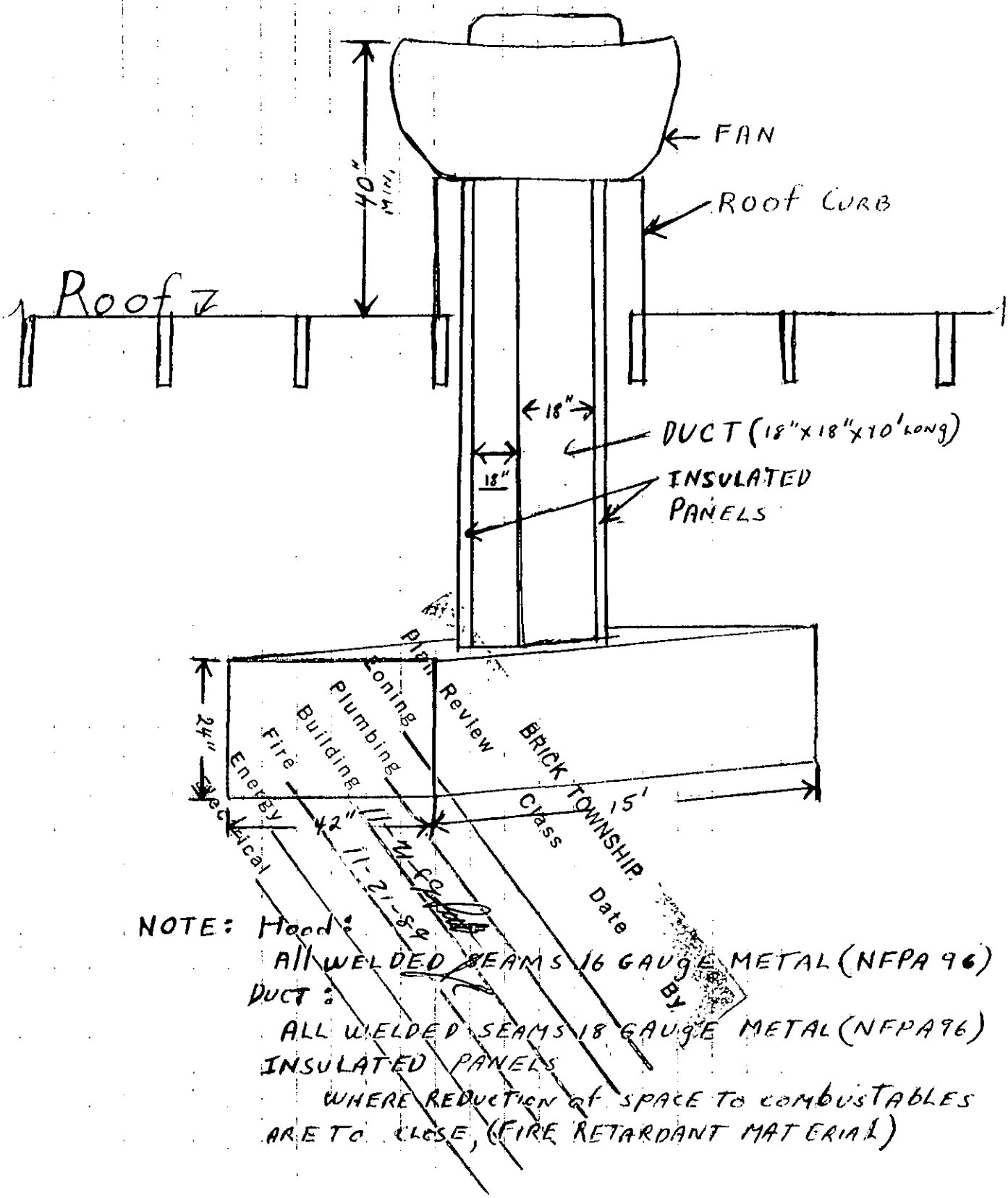
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____




NOTE: Hood:
ALL WELDED SEAMS 16 GAUGE METAL (NFPA 96)
DUCT:
ALL WELDED SEAMS 18 GAUGE METAL (NFPA 96)
INSULATED PANELS
WHERE REDUCTION OF SPACE TO COMBUSTABLES ARE TO CLOSE, (FIRE RETARDANT MATERIAL)

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

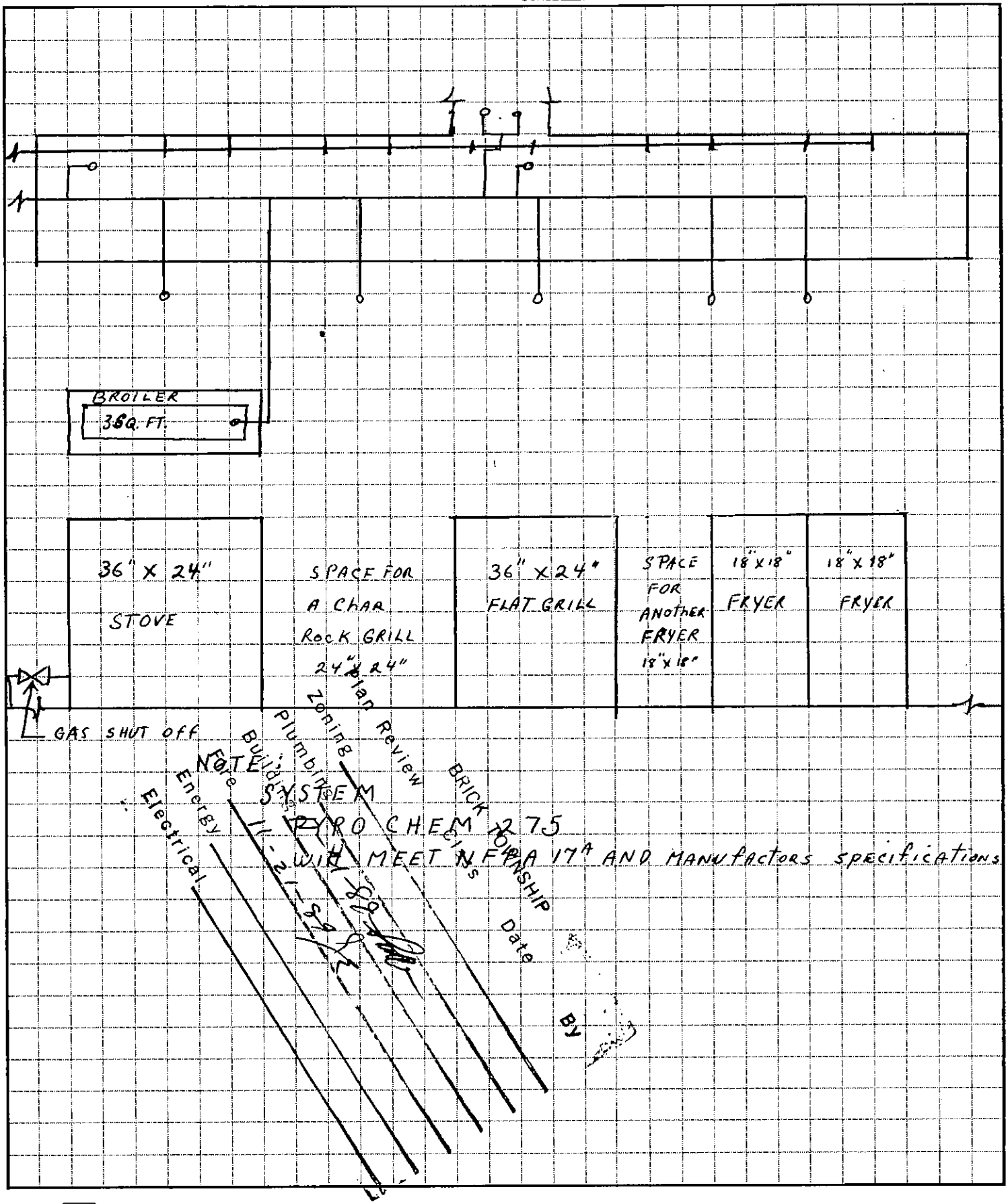
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



Dipolden

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B-701 L-7

**ESTABLISHMENT INFORMATION**

PHONE #
TEMP 270-4267

ESTABLISHMENT TRADING NAME
DORIANS FAMILY RESTAURANT

NUMBER AND STREET
CHAMBERSBRIDGE RD.

CITY OR MUNICIPALITY: BRICK
ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.
COMMUN. CODE: 1506
RISK

ESTABLISHMENT CODE

GOODS
☐ DESTROYED
☐ EMBARGOED

EVALUATION
☒ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

WATER SUPPLY
☒ Public - Community
☐ Individual (Public - Non-Community)

**OWNER INFORMATION**
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
FRANK EGITTO

NUMBER AND STREET
38 BAYSHORE RD.

CITY OR MUNICIPALITY: TOMS RIVER
STATE: N.J.

ZIP CODE: 08753
COMMUN. CODE: 1507

**TIME (2400 HOURS)**

| DATE | BEGIN | END |
|---|---|---|
| 11-16-89 | 0800 | 0820 |
| | | |

COMPLAINT NO. _____
COMPLAINT REC. _____
COMPLAINT INSPECTED _____

**INSPECTION TYPE**

☐ COMPLAINT
☐ INITIAL INSPECTION
☐ REINSPECTION
☒ PLAN REVIEW
☐ CONFERENCE

**TYPE OF ESTABLISHMENT**

☒ RETAIL
☐ WHOLESALE
☐ VENDING MACHINE
NO. OF MACHINES _____
☐ FROZEN DESSERTS
☐ OTHER _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print)
Eli Goldman, R.S.

SIGNATURE OF INSPECTING OFFICIAL
Eli Goldman

PERMANENT REG. NO.
B397

H.D.64

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

November 16, 1989

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

re: Proposed Floor Plans
Block 701 Lot 7
Dorians Family Restaurant
Chambersbridge Road
Brick, New Jersey 08727

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 N.J. State Retail Food Code.

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

Very truly yours,

Eli Goldman, R.S./BS

Principal Sanitary Inspector

cc: Brick Township Board of Health
Brick Township, Arthur Cierzo, Construction Official

EG/pjp

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

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Principal Sanitary Inspector

cc: Brick Township Board of Health
Brick Township, Arthur Cierzo, Construction Official

EG/pjp

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B-701 L-7

**ESTABLISHMENT INFORMATION**

PHONE #
TEMP 270-4767

ESTABLISHMENT CODE

GOODS
☐ DESTROYED
☐ EMBARGOED

ESTABLISHMENT TRADING NAME
DORIAN FAMILY RESTAURANT

EVALUATION
☑ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

NUMBER AND STREET
CHAMBERS BRIDGE RD.

CITY OR MUNICIPALITY
BRICK

ZIP CODE
08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE
1506

RISK

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
FRANK EGUTOL

NUMBER AND STREET
38 BAYBERRY RD.

CITY OR MUNICIPALITY
TOMS RIVER

STATE
N.J.

ZIP CODE
08753

COMMUN. CODE
1507

**TIME (2400 HOURS)**

| DATE | BEGIN | END |
|---|---|---|
| 11-16-89 | 0800 | 0820 |
| | | |

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COMPLAINT REC. _____

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☐ VENDING MACHINE
NO. OF MACHINES _____
☐ FROZEN DESSERTS
☐ OTHER _____

Mr. Charles Kauffman
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