Bd of Health O.K

RECEIVED

DEC 12 1989

DIV. OF INSPECTION

OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Cadoc Rt 70 & Chamberlain Rd.
2. Owner Name: Caddoc Tel. (203) 849-3912
   Address 20 Glover Ave Norwalk Ct.
3. Principal Contractor: SAME Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Merritt Waitz Tel. (203) 849-3912

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: Fire Repair

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$ 15000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units ____

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

Before Construction: ____

After Construction: ____

Net Gain (or loss): ____

B. NON-RESIDENTIAL

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

State Specific Use: ____

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 ____
15. Height of Structure ____ Ft.
16. Area–Largest Floor ____ Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. Total Land Area Disturbed ____ Sq. Ft.

LDS BR 10312129

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

SIGNATURE _____

BLOCK NO. 701 LOT NO. 7-8-15-16 SUBDIVISION _____ PERMIT NO. 5987

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	12-12-89	JH	12-14-89	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		2-9-90 LWS	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
✓	ELECTRICAL		12-21-89 & 2-8-90	
✓	FIRE PROTECTION		2-13-90 JH	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☐ Certificate of Occupancy — _____
No. _____

☐ Certificate of Continued Occupancy — _____
No. _____

☑ Certificate of Approval — 2-13-90
No. 5987

☐ 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	$ 112.50
PLUMBING	
ELECTRICAL	
FIRE PROTECTION 5 Sprinklerheads	65.–
OTHER _____	
SUBTOTAL	$ 177.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.–)
D.C.A. TRAINING FEE .0006 x _____ =	
CERTIFICATE OF ~~OCCUPANCY~~ PPP	20.–
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 202.50

DATE 12- Collected By JH Check

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	$

CERTIFICATE

Date Issued 2-13-90
Control #
Permit # 5987

IDENTIFICATION

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

Owner in Fee Caldors
Address 20 Glover Ave.
Norwalk, Ct.
Tele. ( )
Contractor same
Address

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

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

Fire repair to interior of commercial building

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:

Arthur J. Ciesco
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 12-13-89
Control #
Permit # 5987

IDENTIFICATION Block 701 Lot 7-8-15-16

Work Site Location Rt 70 + Chamberhead's

Owner in Fee Waldorf

Address 20 Flower Ave
Norwalk Ct

Tele. ( )

Contractor

Address

Tele. ( )

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

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Fire Repair

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 $15,000.00

R. J. Cleary
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	112.50 BLOCK	0.00
Plumbing	701 #	
Electrical	LOT	0.00
Fire Protection	65 — 7-8-15-16 #	
Other P/C	5 BUILDING	112.50
Other	FIRE	55.00
DCA Training Fee	PLAN RVW	5.00
Cert. of Occ/App	20.00	20.00
Other	TOTAL	202.50
Total	202.50 CASH	205.00
Check No.	CHANGE	2.50
Cash ✓		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5287
DATE ISSUED 12-13-89
REVISION DATE

Block 701 Lot 7-8-15-16
Subdivision

A. IDENTIFICATION

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

Owner CALDOC INC
Address 20 GLOVER AVE
NORWALK CT
Tel. (203) 849-3912
Work Site Address RT 70 & Chamberbridge

Contractor SELF
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

REPAIRS from FIRE DAMAGE

Roof over stockroom and dry wall in stockroom out to code. Replacing with ceiling tiles

☐ See Plans

TYPE OF WORK:

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

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 15,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required	12-12-89	
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 2-9-90

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				2-9-90
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 5987
DATE ISSUED 12-15-89
REVISION DATE
Block 701 Lot 7-8-15-16
Subdivision

A. IDENTIFICATION

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

Owner CALDOR INC
Address 20 GLOVER AVE
NORWALK CT.
Tel. (203) 849-3912
Work Site Address Rt. 70 & Chambersbridge

Contractor SELF
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

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

C. FIRE PROTECTION CHARACTERISTICS

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

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
2-9-90	No Entry No one will open Door.
2-13-90	Complies with Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 12-13-89
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2-13-90
Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other Final	2-9-90			2-13-90
☐ Other				
☐ Other				
☐ Other				

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

CUT-IN-CARD

MUNICIPALITY B. T.

LOCATION Rt. 70 + Chambers Bridge UTILITY CO PP

BLK 701 LOT 7-16

OWNER Caldors Inc. 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 Fire Repair

DATE 12/91221 PERMIT # 10662 INSPECTOR M. Martin

Insp. Lic # 2483

Elec. 104

CUT-IN-CARD

MUNICIPALITY BT

LOCATION Rt. 70 and Chamberbridge UTILITY CO _____

_____ BLK 701 LOT 7 & 18

OWNER Caldor 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 Fire damage renovation

DATE ~~9-20-88~~ PERMIT# 137 INSPECTOR J. [illegible]

Elec. 104 Insp. Lic# 2485

Town of Brick
Bricktown, N.J.

Re:Caldors 12/12/89 3:55 PM

To whom it may concern:

After the fire in the store on 12/11/89 I was called by Caldors to check the electrical system and to assertain its safety for the re-opening of the store.
The fire was contained in one corner of the store.

For the better part of 12/12/89 I have spent the day turning on the power to panels that were shut down for safety. Everything that has been turned on to now appears to be operating in a safe manner.

While we continue through the clean up any thing not found to be operating in a safe manner will be left off and repaired to code standards and the approiate permits taken out to accomplish same.

Any questions as to the condition of the electrical can be answered by myself at the address below.

Thanking for your cooperation in advance.

Very truly yours,

Allen Harrigan

Electrical Const. and Controls
P.O. Box 281
Keasbey, N.J. 08832
201-738-3878

Lic. 5354

Town of Brick
Bricktown N.J.

12/12/89

To: Code Offical

RE: CALDOR

This is to advise that we, CALDOR, are in the process of replacing 140 square feet of roof decking and roofing. We will replace the drywall in the stockroom and safe off the walls and ceiling at the same time.

Morrie Waitz
Assistant Director of
Construction

3

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

BLOCK 701
LOT 7-8/15-16

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 920-8400

ESTABLISHMENT CODE: 26

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: CALDOR'S SNACK BAR

NUMBER AND STREET: RT 70 & CHAMBERSBRIDGE Rd

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: #

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: EASTERN PRETZEL

NUMBER AND STREET: MAURICE AVE

CITY OR MUNICIPALITY: MASBETH LI NY

STATE: NY

ZIP CODE

COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
2-8-90	08:00	08:20

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): JOSEPH A CAPRIO

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
CALDOR SNACK BAR		2-8-90
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A. Capriu	Brick	Begin 0900

REG NO.	REMARKS (Please specify area)
	PLANS WERE FOUND TO BE IN COMPLIANCE
	WITH CHAPTER XII OF THE NJ STATE
	SANITARY CODE
	MANAGER WILL CALL THIS OFFICE PRIOR TO
	OPENING - APPROXIMATELY 2-18-90

(Attach additional sheets if necessary)

H.D.67

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

February 8, 1990

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

re: Proposed Floor Plans
Block 701 Lot 7-8/15-16
Caldor's Snack Bar
Route 70 & Chambersbridge Road
Brick

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,

Joseph A. Caprio

Principal Sanitary Inspector

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

JAC/pjp