BLOCK 701 LOT 7, 8, 15, 16 ADDRESS (SITE) Chandlersbridge + 70 PERMIT NO. 26-92

J. P. LEE'S RESTAURANT.

CONSTRUCTION PERMIT APPLICATION

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

RECEIVED DEC 13 1991 DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: CALDOR Shopping MALL, BRICKTOWN
2. Name of Owner in Fee: RICHARD LALLY / MARY FENDER Tel. (908) 495-6563
   Address 18 CREEK RD, PORT MONMOUTH, NJ. 07758 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60		
2. Electrical			
3. Plumbing	$105.00	✓	A92
4. Fire Protection	179.	3@2	76. pool 4 fire A92
5. Other			3-A92
6. Subtotal	344		
7. Less 20% for State Plan Review	5	✓	
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	369	OK	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Alter / 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. ☑ Fire Protection	
7. ☑ Plumbing	
8. ☑ Electrical 20/70	
9. ☐ Asbestos Abatement	
10. ☑ Demolition	
TOTAL COSTS	$ 800

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
WT			12-20-91		3-11-92		JC
			12-20-91		3/5/92		JE
					3/11/92		JE
					3/11/92		BK

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 ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use: 70
2. Use Group: B RESTAURANT To RESTAURANT
3. Change in Use Group, Indicate Former:

LDS BR 10312162

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature Mary Fendler Date 12/13/91

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
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other Zoning	SK	12/13/91	comm. alt.					
☐			restaurant					
☐								

COMMENTS

As built 1-5-92 for plg req. before C.O. issued

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☒ Certificate of Approval	No. 26	3-11-92	
☐ None			

CONSTRUCTION PERMIT

Date Issued 1/8/92
Control #
Permit # 26-92

IDENTIFICATION Block 701 Lot 7, 8, 15, 16

Work Site Location Caldor Shopping Center

Contractor Same

Address

Owner in Fee Kelly / M. Fiddler

Address 18 Creek Rd
Port Monmouth NJ

Tele. ( )

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:

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

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 $ 8000

PAYMENTS (Office Use Only)	
Building	60
Plumbing	105
Electrical	
Fire Protection	179
Other	PR
Other	
DCA Training Fee	
Cert. of Occ.	20
Other	
Total	369
Check No.	#1625
Cash	
Collected By	

20xx	
BLOCK	0.00
701 #	
LOT	0.00
7 #	
BUILDING	60.00
PLUMBING	105.00
FIRE	179.00
PLAN RVW	5.00
C / O	20.00
TOTAL	369.00
CHECK	369.00
CHANGE	0.00
01/06/92 NO 52 0025A005	10:01

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 3-5-92
Control #
Permit # 26-92
Date Permit Issued 1-8-92

IDENTIFICATION Block 701 Lot 7 8 15 16
Work Site Location 71-1 Chambers St Contractor Reliable Fire Protec.
Address
Owner in Fee H.C. Lodin
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
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Fire Suppression Sys

Estimated Cost of Work $ 3500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	701 # 17.8.15 #	
Building		
Plumbing	FIRE	20.00
Electrical	TOTAL	20.00
Fire Protection	120 CASH	20.00
Other	CHANGE	0.00
Other	03/04/92 MON 5 00124885	16:52
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

PERMIT UPDATE

Date Update Issued 2/19/92
Control #
Permit # 26-92
Date Permit Issued 1/8/92

IDENTIFICATION Block 701 Lot 7, 8, 15, 16
Work Site Location [illegible] Contractor Wm Cameron Corp
Address [illegible]
Owner in Fee [illegible]
Address [illegible]
Tele. ( ) [illegible]
Tele. ( ) [illegible]
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 [✓] FIRE PROTECTION
DESCRIPTION OF WORK:

fire Alarm

Estimated Cost of Work $ [illegible]

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building		
Plumbing		
Electrical		
Fire Protection	SY	
Other	##0007##	
Other	2688	
DCA Training Fee	BLOCK	0.00
Cert. of Occ.	701 #	
Other	LOT	0.00
Total	58 7 #	
Check No.	121 FIRE	38.00
Cash		
Collected By:	DC	

U.C.C. Form F-190A

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

PERMIT UPDATE

Date Update Issued 3/1/92
Control #
Permit # 2692
Date Permit Issued ~~2-6-92~~ 2/19/92

IDENTIFICATION Block 701 Lot 7 8, 15 16
Work Site Location _____
Owner In Fee J.D. LEE'S RESTAURANT
Address _____
Tele. (_____) _____

Contractor Richard Thompson
Address 11 Sidney Terr W. Cranbury NJ 07734
Tele. (908) 387-9741
Lic. No. or Bldrs. Reg. No. 9036
Federal Emp. No. _____
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Fire Sprinkler $30 Fee Fire
400 -

Estimated Cost of Work $ _____

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	[illegible]	
Plumbing	25##	
Electrical	ELEC	0.00
Fire Protection	30 - 781 #	
Other	LOT	0.00
Other	7 8	
DCA Training Fee	FIRE	0.00
Cert. of Occ.	TOTAL	0.00
Other	PLUMB	0.00
Total	BALANCE	0.00

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

CERTIFICATE

Date Issued 3-11-92
Control #
Permit # 26-92

IDENTIFICATION

Block 701 Lot 7,8,15 & 16
Work Site Location Chambersbridge Rd. & Rt. 70
J.P. Lees Restaurant
Owner in Fee Richard Lally & Mary Fendler
Address 18 Creek Rd.
Pt. Monmouth, N.J. 07758
Tele. ( )
Contractor
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

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

Fee $
Paid [ ] Check No.
Collected by:

Arthur J. Cleys
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

J.P. Lee's Restaurant

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/8/92
Date Issued ~~12-30-91~~
Control #
Permit # ~~2340-91~~ 26-92

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, 8, 15, 16
Work Site Location Calder Shopping Center, Bricktown
Owner in Fee Richard Kelly / Mary Fendler
Address 19 Creek Rd Port Monmouth, NJ 07758
Tele. (908) 495-6563 262-0002
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Mary Fendler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit-up.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	12/20/91	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[X] CO [ ] CCO [X] CA
Date: 1-3-92
Approved By: J. Edwards

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
~~Frame~~			1/22/92	JE
Insulation				
Finishes:	3/10/92			
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class Present ✓ Proposed
No. of Stories 1
Height of Structure Ft.
Area—Largest Floor 1805 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 5,000.-
3. Total (1+2) $ 5,000.-

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/8/92
Date Issued ~~12-30-91~~
Control #
Permit # ~~2340-91~~ 26-92

J.P. Lee's Restaurant

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 & 15, 16
Work Site Location Calder Shopping Center, Bricktown
Owner in Fee Richard Lally / Mary Fedder
Address 19 Creek Rd
Port Monmouth, NJ 07758
Tele. (908) 495-6563
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Mary Fedder

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit-up.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.				Dates (Month/Day)			
[✓] All	12/20/91		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class Present ✓ Proposed
No. of Stories 1
Height of Structure Ft.
Area—Largest Floor 1805 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 5,000.-
3. Total (1+2) $ 5,000.-

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [RK] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Job.- J.P. Lees

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 29 92 000090

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 8 8.2 15 16
Work Site Location Route 70 - Calder Shopping Center Brick Town
J.P. Lees
Owner in Fee Mary (Sandra) & Richard Lally J.P. Lees Rest
Address 8 Cecil Rd.
Port Monmouth, NJ 07758
Tele. (908) 741-5446
Contractor Monmouth Electric Service Inc.
Address Box-164
Shrewsbury, N.J.
Tele. (908) 741-5446
Lic. No. 2023
Federal Emp. No. 210684246 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 11,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 3-10-92
Approved by: B. Koelewijn

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	1 1-21-92/427		1-21-92	1427
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	3-5-92#24		3-10-92 BK#40	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3-10-92#CK
Line Dept. P.P.

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.

RPF
Signature-Contractor-Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Fixtures (1)	
10		Receptacles (2)	
15		Switches (3)	
73		Total 1 + 2 + 3	52
		Range	
		Oven(s)	
		Surface Unit	
1	20AMP 120V	Dishwasher - LOW TEMP	4
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
1	200AMP	Motor Control Center/Sub Panels	10
		Signs	
5		~~Light Standards~~ EXIT & EMERGENCY	
2	1/4 HP	Motors—Fractional H.P.	4
2	1HP	Motors—All Others	8
1	75 KVA	Transformers	32
		Generators	
		Service Entrance	
2	2HP	Other WALK-IN BOX-REF.	8

Administrative Surcharge $ _____
Paid [✓] Check # 3023 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 118

UCC Form F-120A 1 White-Inspector Copy 2 Canary-Office Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-5-92
Control #
Permit # 26-92

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

Block 701 Lot 5 6
Work Site Location 760 CHAMBERS BRIDGE RD.
BRICKTOWN, NJ. 08723
Owner in Fee J D LEE'S
Address 760 CHAMBERS BRIDGE RD.
BRICKTOWN, NJ. 08723
Tele. ( )
Contractor RELIABLE FIRE PROTECTION
Address 372 RT. 18
EAST BRUNSWICK, NJ. 08816
Tele. (908) 390-1166
Lic. No.
Federal Emp. No. 22-3103000 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
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ 3000.00 [ ] Other ____

Need Air Test on Both Syst.
recalc $80
more. Sm
Total $120

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 2-13-92
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 Syst. Two Syst

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		~~40~~
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical FS1-30	✓	60
Wet Chemical per 2 Y	✓	60
Gas or Oil Fired Appliance		
OTHER Hang Sngr & Test		80
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	120

Paid [ ] Check # ____
Collected by ____

U.C.C. Form F-140A 1 White = Inspector Copy 2 Canary = Office Copy

J. P. Lee's Restaurant

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/8/92
Date Issued ~~12-30-91~~
Control #
Permit # ~~2340-91~~

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

Block 701 Lot 7.05, 15, 16
Work Site Location Calder Shopping Center, Brick Town

Owner in Fee Richard Lally / Mary Fendler
Address 19 Creek Road, Port Monmouth NJ 07758
Tele. (908) 495-6563
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. 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
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

Permit for Suppression must be Taken out & Test Flow when Complete

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 12-20-91
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.

Mary Fendler
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work: Tenant fit-up 26-92

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		
Exit Signs (See plans)	1	20 —
Smoke Detectors		
Heat Detectors		
TOTAL	1	
Emergency Lites Battery Backups		
Stand Pipes		
Kitchen Hood Exhaust Systems	1 (12' Hood & 7' Duct)	19 —
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	100 —
OTHER Plan & Insp		40
Administrative Surcharge	$	
Minimum Fee	$	~~79~~
TOTAL FEE	$	

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/4/92
Control #
Permit # 2692

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 & 5, 16
Work Site Location Caldor Shopping Center
Owner in Fee J. P. Lees Restaurant
Address
Tele. ( )
Contractor Richard Thompson
Address 11 Sidney Terr
W. Keansburg, NJ 07734
Tele. (908) 787-4241
Lic. No. 9036
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 400 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 3-6-92
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 Sprinkler Meggesheimer

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	3	30 —
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 Plan Review		40
Administrative Surcharge		$
Minimum Fee		$ 70 —
TOTAL FEE		$ 70

Paid [ ] Check # _____
Collected by _____

U.C.C. Form F-140A

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/19/92
Date Issued
Control #
Permit # 26-92

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

Block 701 Lot 25, 15 & 16
Work Site Location Cades Shopping Ctr
Owner in Fee J. P. Lee's
Address
Tele. ( )
Contractor Wm Equipment Corp
Address Rockville Pike
Tele. ( ) 212-431-1998
Lic. No.
Federal Emp. No. 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
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-18-92
Approved by: JE
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		20 —
Stand Pipes	& 1 Exhaust over 20' high & 40' above Roof	
Kitchen Hood Exhaust Systems	6' one make up air & one at 12' make up air	18 —
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 38 —

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3-5-92 date
Control #
Permit # 26-92

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

Block 701 Lot 7, 8, 15, 16
Work Site Location 760 CHAMBERS BRIDGE RD.
BRICKTOWN, NJ. 08723
Owner in Fee JP LEE'S
Address 760 CHAMBERS BRIDGE RD.
BRICKTOWN, NJ. 08723
Tele. ( )
Contractor RELIABLE FIRE PROTECTION
Address 272 RT. 18
EAST BRUNSWICK, NJ. 08816
Tele. (908) 390-1166
Lic. No.
Federal Emp. No. 22-3103000 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
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 3000.00 [ ] Other

Need Air Test on Both Syst

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-13-92
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 3-6-92
Approved by:

INSPECTIONS: Suppression Test & Exhaust Hood.

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Suppression Test			3-6-92	JE
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.

Doug Coyne
SIGNATURE

D. TECHNICAL SITE DATA

Fire Suppression Syst.

Description of Work Two Syst

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		~~120~~
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
1 Dry Chemical FS1-30	✓	60
1 Wet Chemical PCL-2.4	✓	60
Gas or Oil Fired Appliance		
OTHER Hood Susp & Test		80
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$ 120

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update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/4/92
Control #
Permit # 26-92

update

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 & 15, 16
Work Site Location Caldor Shopping Center
Owner in Fee J. P. Lees Restaurant
Address
Tele. ( )
Contractor Richard Thompson
Address 11 Sidney Terr
W. Keansburg, NJ 07734
Tele. (908) 787-4741
Lic. No. 9036
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 400.— [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 2-6-92
Approved by:
SUBCODE APPROVAL:
[✓] CO [ ] CCO [X] CA
Date: 3-5-92
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			3-5-92	
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 Sprinkler Mezzanine

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	3	30.—
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 Plan Review		40
	Administrative Surcharge	$
Paid [ ] Check # _____	Minimum Fee	$ 70.—
Collected by _____	TOTAL FEE	$

U.C.C. Form F-140A

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4 Gold = Applicant Copy

Richard Thompson
PLUMBING

N.J. Lic. 9036

West Keansburg, NJ
Phone (908) 787-4741

3/4/92

Div. Insp.

To Joe Averesto,

Please be advised that on 2/17/92, I ordered Dry Pendant Sprinkler heads for J.P. Lees Resturant in the Caldor Shopping Mall. On 3/4/92 I placed a call with my supplier, the missing sprinkler heads should be in on or about 3/9-3/14/92.

Please understand that the 2 heads missing are for the (2) two walk-in boxes.

Thank You
Richard Thompson

Richard Thompson

Lee's Restaurant

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/8/92
Date Issued ~~12-30-91~~
Control #
Permit # ~~2340-91~~

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

Block 201 Lot ~~205~~ 5 6
Work Site Location Caldor Shopping Center, Bricktown
Owner in Fee Richard Lally / Mary Fendler
Address 18 Creek Road
Port Monmouth NJ 07758
Tele. (908) 495-6563
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

D. TECHNICAL SITE DATA

Tenant fit-up. 26-92

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

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 $ [ ] Other

Permit for Suppression must be Taken out & Test done when Complete

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Exit Signs (See plans)	1	20 —
Smoke Detectors		
Heat Detectors		
TOTAL	1	
Emergency Lites Battery Backups		
Stand Pipes		
Kitchen Hood Exhaust Systems	1 12' Hood 1 7' Exhaust	19 —
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	100 —
OTHER Flow & Tamp		40
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	179 —

Paid [ ] Check #
Collected by

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 12-20-91
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3/6/92
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			3-6-92	
Smoke Test			3-6-92	
Mechanical				
TCO Final			3-6-92	
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.

Mary Fendler
SIGNATURE

U.C.C. Form F-140A

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/19/92
Date Issued
Control #
Permit # 26-92

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

Block 70 Lot 75-15 16
Work Site Location Caddo Mapes Ck
Owner In Fee J. P. Lee's
Address
Tele. ( )
Contractor Wm Equipment Corp.
Address Market Ray
Tele. ( ) 212-431-1998
Lic. No.
Federal Emp. No. 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
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-18-92
Approved by: JE
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3-5-92
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			3-5-92	JE
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		20—
Stand Pipes	& 1 Exhaust vent 20' high & 40" above Roof	
Kitchen Hood Exhaust Systems	6' one make up air & one at 12' make up air	18—
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 38—
Collected by TOTAL FEE $

U.C.C. Form F-140A

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J. P. LEE'S RESTAURANT

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/8/92
Date Issued
Control #
Permit # 26-92

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, 8, 15, 16
Work Site Location CAldor Shopping MALL
Route 70, BRICKTOWN, NJ.
Owner In Fee MARY FENDLER AND RICHARD LALLY
Address 18 CREEK ROAD
PORT MONMOUTH, NJ 07758
Tele. (908) 495-6563
Contractor Harry Dwight & Son
Address 86 Asbury Ave
Atlantic Hlnds, NJ 07716
Tele. (908) 291 2887
Lic. No. 7203
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ #8900 (Thirty-Nine Hundred)

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[✓] Bldg. [ ] Elec. [ ] Fire
[✓] Plumb. Plans Approved
Date: 1-8-92
Approved by: gr

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 Final				
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.

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

STATE OF NEW JERSEY LICENSED 7203

Signature-Contractor-Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	Sink	20.00
1	Dishwasher	5.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.00
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	50.00
2	Greasetrap	50.00
1	Water Cooled A/C or Refrigeration Unit	5
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	
	Administrative Surcharge	10.—
Paid [ ] Check # _____	Minimum Fee	$ #105—
Collected by: _____	TOTAL	$

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J.P. Lee's Restaurant

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/8/92
Date Issued
Control #
Permit # 26-92

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, 14, 15, 16
Work Site Location Calidor Shopping MALL
Route ... Township NJ.
Owner in Fee MACY ... D ...
Address 12 ... ROAD
... Monmouth, NJ 077..
Tele. (908) 495-6563
Contractor ... Dwight & Son
Address 86 Ashley Ave
... NJ 0771.
Tele. (908) 291 2861
Lic. No. 7203
Federal Emp. No. ______ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______
Building Sewer Size ______
Water Service Size ______
Estimated Cost of Plumbing Work $ #3,900 (Thirty-Nine Hundred)

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[✓] Bldg. [ ] Elec. [ ] Fire
[✓] Plumb. Plans Approved
Date: 1-8-92
Approved by: [signature]

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Approved by: Jeff
Date: 3-13-92

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Slab			1-22-92	Jeff
Rough	1-22-92 Partial ok		1-23-92	Jeff
Water				
Sewer				
Fixtures				
Gas Equipment			1-22-92	Jeff
Gas Final				
Solar				
TCO				
CO	3-5-92			

Rochford Greene Insp 3/20/92

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	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	Sink	20.00
1	Dishwasher	5.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.00
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	50.00
2	Greasetrap	50.00
1	Water Cooled A/C or Refrigeration Unit	5
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10.—
Paid [ ] Check # ______ Minimum Fee $ #105—
Collected by: ______ TOTAL $ ______

U.C.C. Form F-130A 1 White = Office Copy 3 Pink = Applicant Copy 2 Canary = Office Copy 4 Hard = Inspector Copy

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

January 3, 1991

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

re: Proposed Floor Plans
Block 701 Lot 7,8,8.2, 15&16
J.P. Lees Restaurant
Chambersbridge Road & Rt 70
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,

Frank C. Terranova/as

Frank C. Terranova
Sanitary Inspector (Senior)

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

FCT/pjp

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Blk 701 Lots 7, 8, 8.2, 15.16

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE #

ESTABLISHMENT TRADING NAME: J. P. Lees Restaurant

NUMBER AND STREET: Chambersbridge Rd + Rt 70

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: Mary Fendler

NUMBER AND STREET: 18 Creek Rd.

CITY OR MUNICIPALITY: Port Monmouth

STATE: NJ

ZIP CODE: 07758

COMMUN. CODE: (908) 495-6563

TIME (2400 HOURS)		
DATE	BEGIN	END
12-31-91	900	930

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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): Frank C Tennworth

SIGNATURE OF INSPECTING OFFICIAL: Frank C Tennworth

PERMANENT REG. NO.: B 1032

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

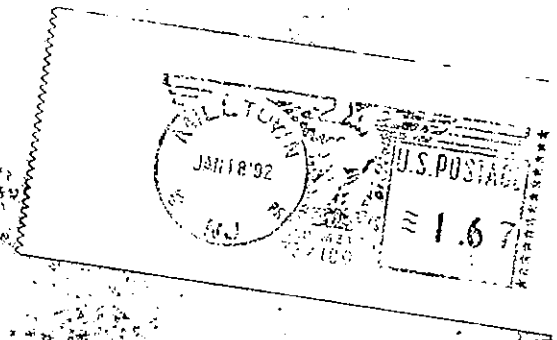
CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
J.P. Lees Restaurant	—	12-31-91
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 900

REG. NO.	REMARKS (Please specify area)
	Plans Approved —
	Initial inspection of premises by this dept is required prior to "opening".

(Attach additional sheets if necessary)

H.D.67



FIRST CLASS

CHRIS J. PERRINO, P.A.
Architect-Planner
69 Broad Street
Red Bank, NJ 07701

TO:
ME-SEARSO
401 CHAMBERS BRIDGE RD.
BRICK, N.J. 08723

CHRIS J. PERRINO, P.A.
ARCHITECT
69 Broad Street
RED BANK, NJ 07701

908([redacted]) 747-0137

LETTER OF TRANSMITTAL

DATE	JOB NO.
JAN. 17, 1992	300-1
ATTENTION	
RE: J. P. LEE'S RESTAURANT	

TO MR. SEARSO
401 CHAMBERS BRIDGE ROAD
BRICK, N.J. 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2	1-17-92	A1+2	REVISED DWGS, REVISION #2

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Chris Perrino

If enclosures are not as noted, kindly notify us at once.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block _____ Lot _____ Address _____

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

Administrative _____

Zoning _____

Engineering _____

Building ~~STAIR HEIGHT~~ CORRADOOR width Door Swing

Plumbing _____

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

_____

Arthur J. Cierzo,
Construction Official

Date _____

CHRIS J. PERRINO, P.A.
ARCHITECT
69 Broad Street
RED BANK, NJ 07701

(201) 747-0137

LETTER OF TRANSMITTAL

DATE	JAN. 14, 1992	JOB NO.	300-1
ATTENTION	MR. SEARSO		
RE:	J.P. LEES RESTAURANT		

TO MR. SEARSO,
401 CHAMBERS BRIDGE RD.
BRICK, N.J. 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2	1-14-92	A1	REVISED HANDICAP. LAV.

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

Call 2/7/91
Chas-Perrino Ar
will
(As Bo. Lt)

BLOCK 701

LOT 7-8-15-16

DATE 1-7-92

PLUMBING & MECHANICAL CHECK LIST

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH — (IN Direct)

LIST OF EXISTING FIXTURES

X GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS) BTU's sizing

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS — HAND-RAIL BAR'S

OTHER

PLUMBING & MECHANICAL CHECK LIST

BLOCK 701-.2

LOT 1

DATE 2/28/92

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

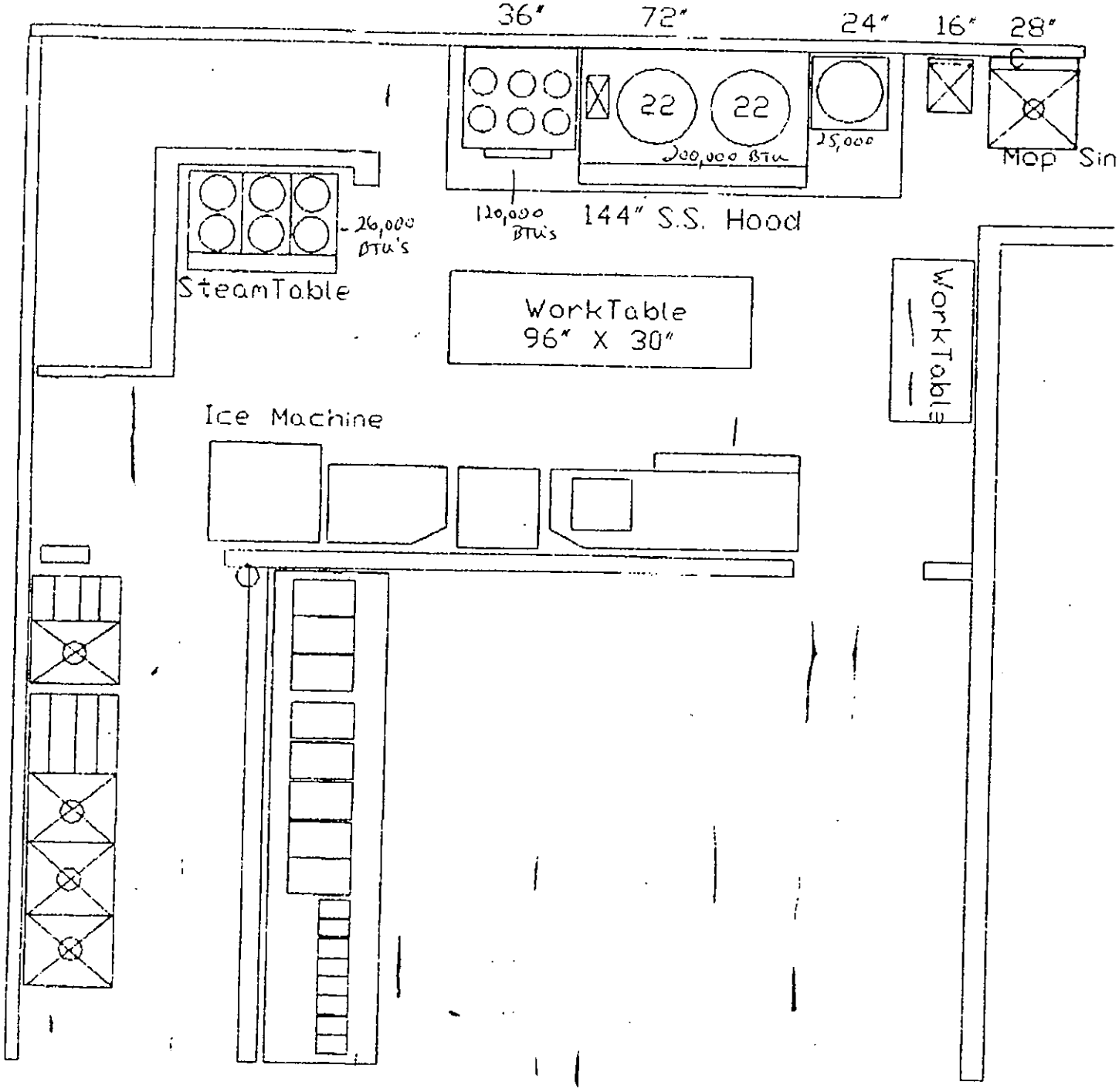
BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER INTERCEPTOR — BD of He

3-4-92 Bd of Health OK



J.P. LEE's
CALDOR Shopping

Bl 701 Lt 7, 8, 15 16
Permit 26-92

RECEIVED
JAN 10 1992
DIV. OF INSPECTION

3/9/92

Township of Brick
Fire Inspector - Mr. Evaristo

Re: J.P. Lee's
Chambersbridge Rd, Brick, NJ 08723
Block # 701 Lot # 7, 8, 8.2, 15, 16

As per your request, this letter is to advise you that the work in the kitchen area will be used for cooking soup only.

Mary Fowler
Lick-Mar Associates, Inc.
T/A J.P. Lee's

CHRIS J. PERRINO R.A., P.A.
ARCHITECT & PLANNER
69 BROAD STREET
RED BANK, N.J. 07701
201-747-0137

March 9,1992
Comm. No. 30D-1
REF: J.P. Lee's Restaurant
Bricktowne Center
Bricktown, N.J.

Ms, Mary Fendler
18 Creek Road
Port Monmouth, New Jersey 07758

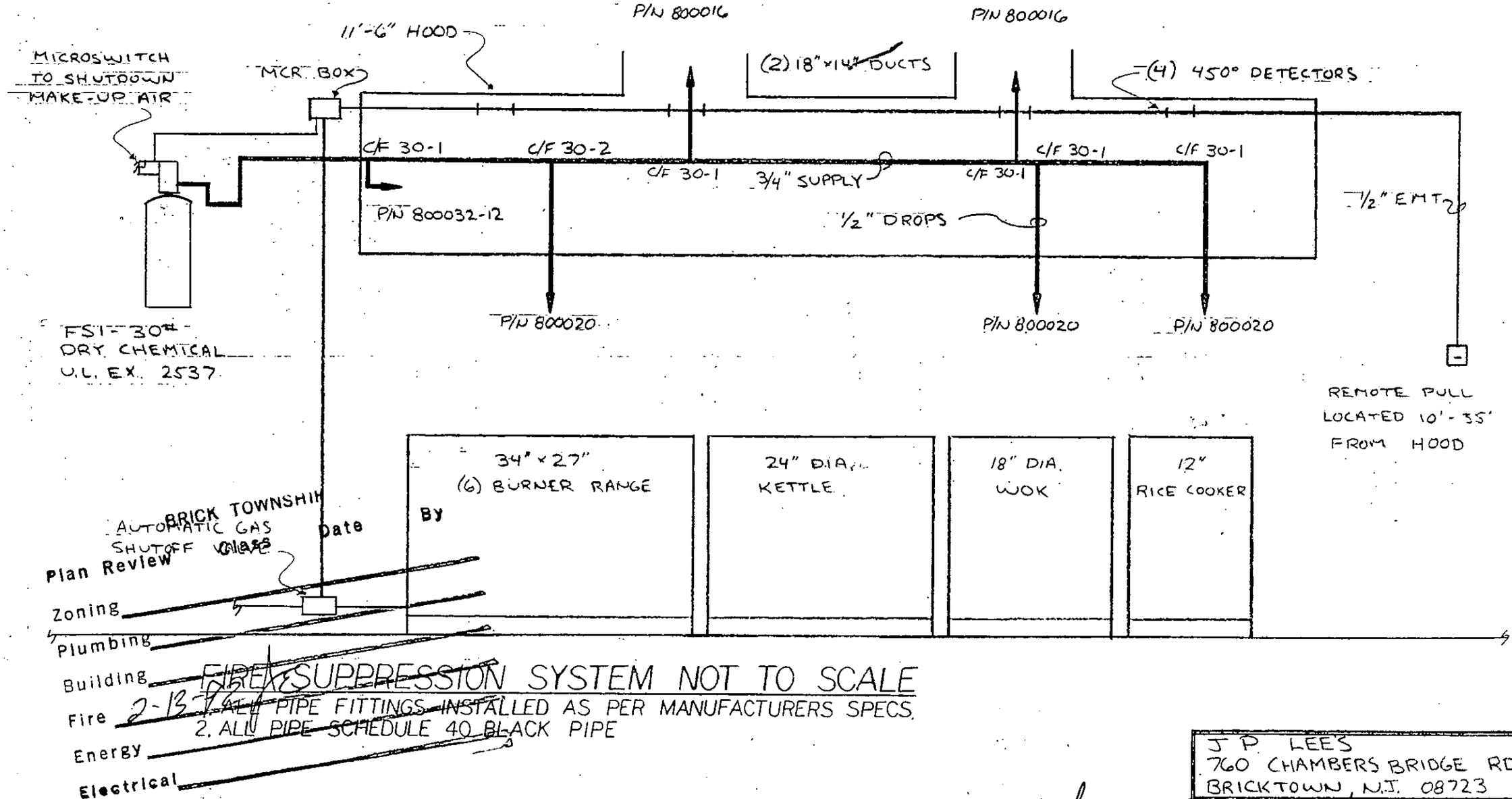
Dear Mary:

Please be advised that the actual seating capacity of your restaurant is 70 seats and not as stated in the original drawings.

Sincerely,

Chris J. Perrino R.A.

CJP/lp



BRICK TOWNSHIP

Date By

Plan Review

Zoning

Plumbing

Building

Fire

Energy

Electrical

FIRE SUPPRESSION SYSTEM NOT TO SCALE

2-13-92 1. ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURERS SPECS.

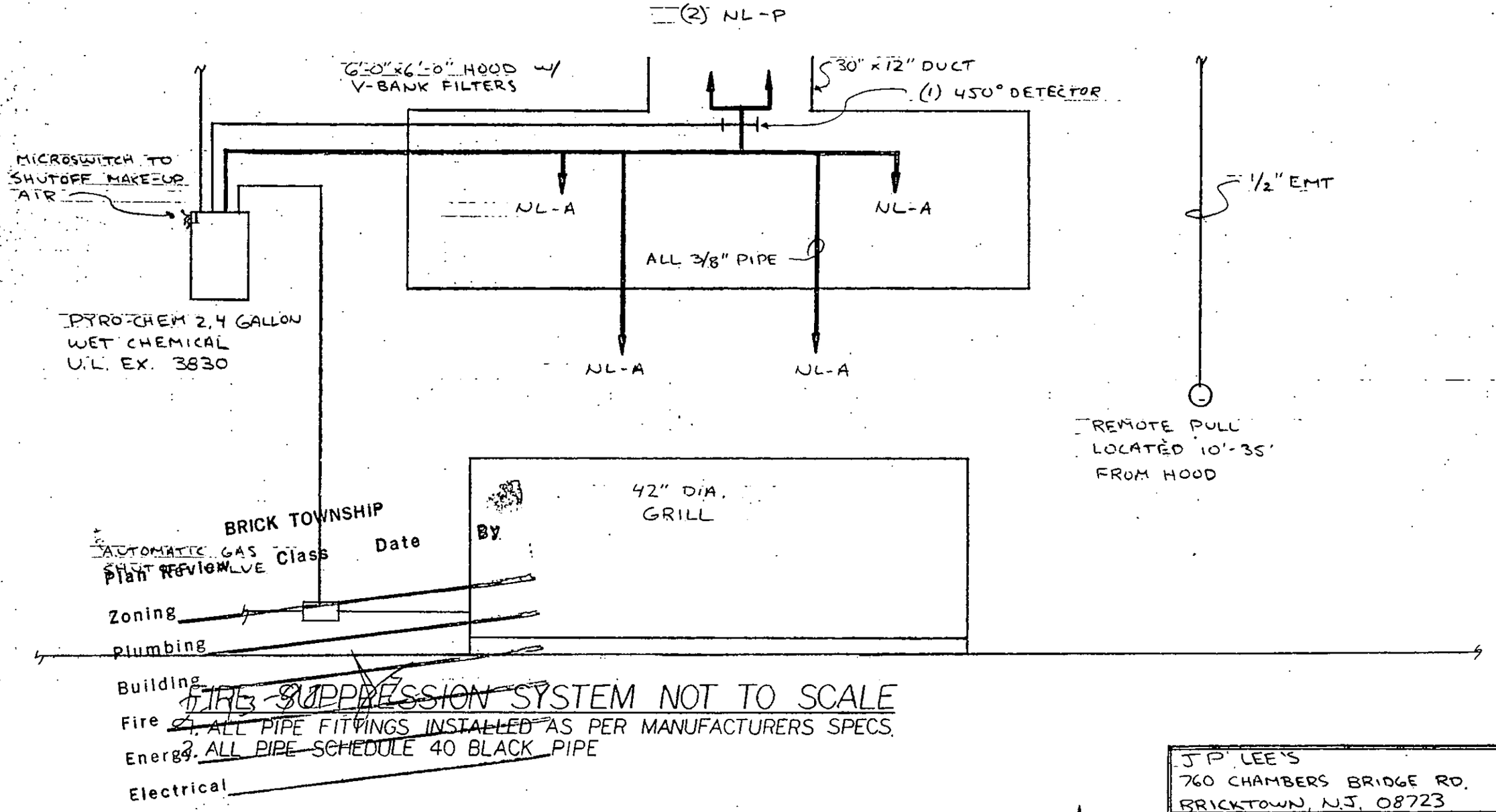
2. ALL PIPE SCHEDULE 40 BLACK PIPE

26-92 update

J P LEES
760 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J. 08723

RELIABLE FIRE PROTECTION

2-6-92 | SCALE ~ | DMC



FIRE SUPPRESSION SYSTEM NOT TO SCALE

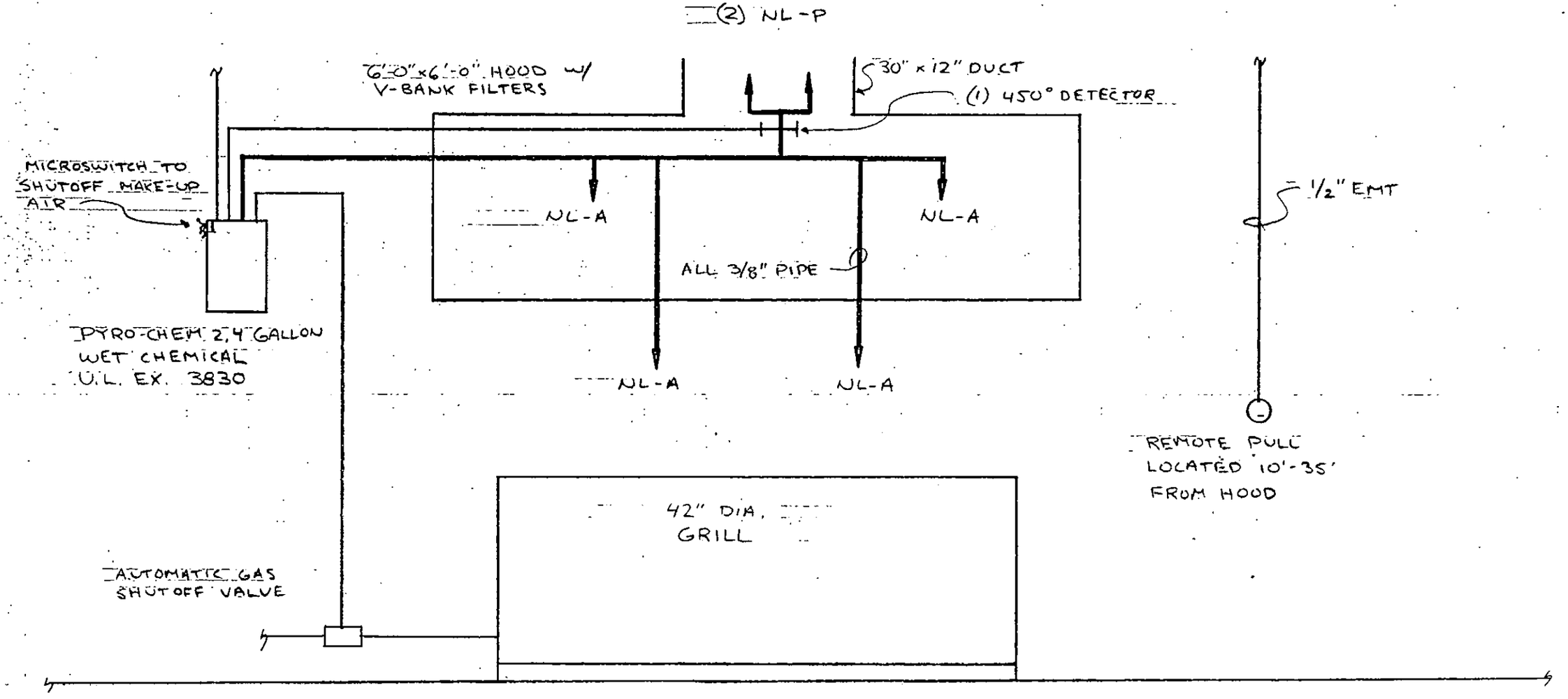
1. ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURERS SPECS.
2. ALL PIPE SCHEDULE 40 BLACK PIPE

26-92 update

JP LEE'S
760 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J. 08723

RELIABLE FIRE PROTECTION

2-6-92 | SCALE ~ | DMC



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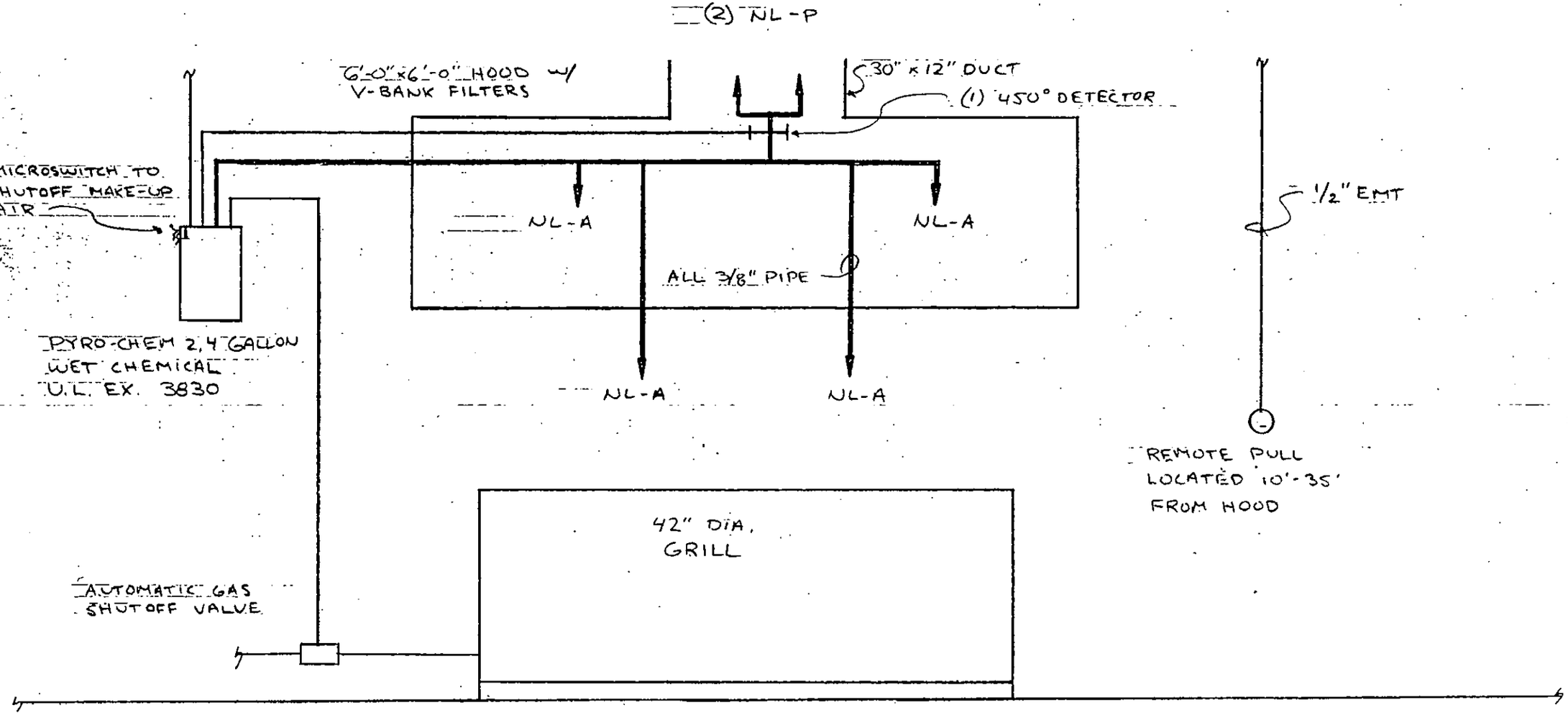
JP LEE'S
760 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J. 08723

RELIABLE FIRE PROTECTION

2-6-92 | SCALE ~ | DMC



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J P LEE'S
760 CHAMBERS BRIDGE RD.
BRICKTOWN, NJ. 08723

RELIABLE FIRE PROTECTION

2-6-92 | SCALE ~ | DMC