TL C1149-5

BLOCK 1149 LOT 5 QUALIFICATION CODE ______ ADDRESS (SITE) 1930 Rt. 88 PERMIT NO. 98-0503

RECEIVED JAN 0 8 1998

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

IV. OF INSPECTION

Int'l Buffet

I. IDENTIFICATION

1. Propsed Work Site at: LAUREL SQUARE SHOPPING CENTER 1930 RT 88 BRICK TOWN
2. Name of Owner in Fee: TONG ZHOU ZHANG Tel. (908) 653-1986
   Address 38 NORTH AVE. EAST. CRANFORD N.J. 07016 (street, municipality, zip code)
   Call Jeff Lam 212-732-3450
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: SUN CHUNG CONSTRUCTION Tel. (212) 925-6113
   Address 135-137 CHRYSTIE ST. NEW YORK N.Y. 10002
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. TF1269939 FAX: ( )
5. Architect or Engineer FRANK MILETO, A.I.A. Tel. (908) 876-9400
   Address 14 BEAVERBROOK DR., LONG VALLEY, N.J. 07853
6. Responsible Person in Charge of Work Johnny Cheung
   Tel. (212) 925-6113 FAX (212) 925-6805

Call 7.5

JeFF Lam

Interior renovation

Jeff Lam does not need CC

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	910	FA ✓	
2. Electrical				
3. Plumbing		595		
4. Fire Protection		230		
5. Elevator Devices				
6. Subtotal	$	1735	1690	
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		33		
10. Subtotal				
11. Cert. of Occupancy				
12. Other ZPA		$15		
13. TOTAL	$	1782	36	

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
		WP	1/8/98		2-24-98	FM	9/16/98		OK
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration	36,000								
5. ☑ Fire Protection	~~36,000~~ 2,400				1/27/98				
6. ☑ Plumbing	2,000			1-28-97	3/11/98		9/8/98		ok
7. ☑ Electrical	1,500						8/13/98		ok ✓
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ENG	1/12/98		1/12/98				
TOTAL COSTS	41,900								

OPTIONAL (for office use only)

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: Chinese Restaurant (INTERNL. BUFFET)
2. Use Group: A-3
3. Change in Use Group, Indicate Former:

PERMIT PRELIMINARY APPROVAL

IMPORTANT FEE - COMMERCIAL

LDS BR 10413681

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature_____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 LAM COMPANY, INC.

Address 108 MADISON ST.

NEW YORK, NY 10002

Telephone (212) 732-3450

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No. 0503	9/21/98			
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 9/16/98
Control #
Permit # 98-0503

IDENTIFICATION

Block 1149 Lot 5
Work Site Location 1930 Hwy 88/Laurel Sq Shopping Center
Brick, N.J.
Owner in Fee Tomg Zhon Zhang
Address 38 North Ave East
Cranford, N.J.
Tele. ( )
Contractor Sun Chung Construction
Address 135-137 Chrystie St
N.Y. N.Y. 10002
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Interior Renovation/International Buffett

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.

XX☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than September 21, , 19 98 or the owner will be subject to a fine or order to vacate: Pending Final Signature from Fire Insp. K. Batzel

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/21/98
Control #
Permit # 98-0503

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual
Work Site Location 1930 STATE HWY 88
TENANT FIT UP
Owner in Fee/Occupant TOMG ZHOU ZHANG
Address LAUREL SQ 1930 ROUTE 88
BRICK, NJ 08724-
Telephone ( ) -
Contractor SUN CHUNG CONSTRUCTION
Address 135-137 CHRYSTIE ST
NY, NY 1002 -
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 92-5611339

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FITYP/INTERIOR ALTERATION

Royal King Buffett

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] 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.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 10
Paid [X] Check No. 1690
Collected by: AJP

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/21/98
Control #
Permit # 98-0503

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual 198
Work Site Location 1930 STATE HWY 88
TENANT FIT UP
Owner in Fee/Occupant TONG ZHOU ZHANG
Address LAUREL SQ 1930 ROUTE 88
BRICK, NJ 08724-
Telephone ( ) -
Contractor SUN CHUNG CONSTRUCTION
Address 135-137 CHRYSTIE ST
NY, NY 1002 -
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 92-5611339

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FITYP/INTERIOR ALTERATION

Royal King Buffett

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] 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/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Frank Illegible 5/C
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 10
Paid [X] Check No. 1690
Collected by: AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/12/98
Control #
Permit # 98-0503

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5

Work Site Location 1930 STATE HWY 88
OLD SIZZLER/CHINESE BUFFE
Owner in Fee TOMG ZHOU ZHANG
Address LAUREL SQ 1930 ROUTE 88
BRICK, NJ 08724-
Telephone ( ) -

Contractor SUN CHUNG CONSTRUCTION
Address 135-137 CHRYSTIE ST
NY, NY 1002 -
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 92-5611339
or Social Security No. 126-99-39

Is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
TENANT FITYP/INTERIOR ALTERATION

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 $ 40,400

PAYMENTS (Office Use Only)	
Building	910
Electrical	0
Plumbing	595
Fire Protection	230
Elevator Devices	0
Other	
DCA Training Fee	33
Cert. of Occ.	0
Other	
Total	1,768
Check No.	1690
Cash	
Collected By:	AJP

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/02/98
Control #
Permit # 98-0503+A
Permit Issued 03/12/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 STATE HWY 88
BACKFLOW PREVENTER
Owner in Fee TOMG ZHOU ZHANG
Address LAUREL SQ 1930 ROUTE 88
BRICK, NJ 08724-
Telephone ( ) -

Contractor JERSEY COAST MECH INC
Address 130 ST LAWRENCE BLVD
BRICK, NJ 08723--
Telephone ( )
Lic. No. or Bldrs. Reg. No. 8798
Federal Emp. No. 22-2969044

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BACKFLOW PREVENTER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	
Cash	36
Collected By	Pat

Estimated Cost of Work $ 1,350

Construction Official

U.C.C. 8190 (rev. 3/96)

09/02/98 NO. 5 0045A005 14:23
09/02/98 PLUMBING 35.00
D.C.A. 1.00
TOTAL 36.00
CHECK 36.00
CHANGE 0.00
5 # LOT 0.00
1149 # BLOCK 0.00
0503## **0005**

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-12-98
Control #
Permit # 98-0503

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

Block 1149 Lot 5
Work Site Location CARMEL SQUARE SHOPPING CENTER
1930 RT 88 BRICK TOWN
Owner in Fee TONG ZHOU ZHANG
Address 38 NORTH AVE. EAST
CRANFORD N.J. 07016
Tele. (908) 653-1986
Contractor SUN CHUNG CONSTRUCTION
Address 135-137 CHRYSTIE ST.
NEW YORK N.Y. 10002
Tele. (212) 925-6113
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. TF1269939 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- INSTALLATION OF COOKING EQUIPMENT (SEE EQ. LIST)
- ADDITION OF NEW FULL+HALF WALLS (SEE DIAG.)
- NEW DOORS (SEE DOOR SCHED.)
- WALL FINISHING (SEE FINISH SCHED.)

(ALL DIAGRAMS ARE ATTACHED)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-24-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[X] CO [ ] CCO [ ] CA		
Date: 9-16-98		
Approved By: FM		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	5/8/98	JKG (over)	8/28/98	FM
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	9/11 over		9-16-98	FM

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

(Office Use Only) FEE

$ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	M	A-3
Constr. Class		
No. of Stories		
Height of Structure		Ft.
Area—Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 36,000.-

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

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

5/8/98 No Entry JKA

Hood OK TO Close (FM)
Short Dividers OK FM

9/11 EXIT DOOR IN D.R. HAS KEY LOCK
EXIT DOOR IN KIT - NO PANIC BAR

No stamp on WINDOWS IN D.R.
Rest. not cleaned - NO tables/chairs set up JL

Block

Rest To

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

BLDG- 2

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

Block 1149 Lot 5

Work Site Location 1930 RT88 BRICKTOWN N.J. 08724

Owner in Fee/Occupant F. Z. ZHANG

Address

Tele. (908) 653-1986

Contractor ALLECTRIC ELECTRICAL CONTRACTING INC

Address 1688 UTICA AVE BROOKLYN NY. 11234

Tele. (718) 252-2006 Fax (718) 252-2063

Lic. No. 10266

Federal Emp. No. 13-382-7723

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as RESTAURANT Utility Co.

Est. Cost of Elec. Work $ ~~2~~ 2500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 980429

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 980813

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Approval
	Dates (Month/Day)			
Rough	5/15		5/28	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 980716			980813	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
130		Lighting Fixtures	
30		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
4		Motors—Fract. HP	
7		Emergency & Exit Lights	
2		Telephone Communications Points	
		Alarm Devices/F.A.C. Panel	
185		TOTAL NUMBERS	$ 70
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	10KW	KW Dishwasher	9
		HP Garbage Disposal	
1	15KW	KW Central A/C Unit 7½ TON	40
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	120
2	200AMP	AMP Subpanels	
1	100AMP	AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
3		STEAM TABLE	27

MAY 1 98 0037386

Administrative Surcharge	$	
Minimum Fee	$	26
DCA Training Fee	$	2.-
TOTAL FEE	$	2168.-

RDF

pd. cash

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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. F120 (rev. 3/96)

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

4 MC cable

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # update 98-2213+A

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

Block 1149 Lot 5
Work Site Location 1930 RT88
BRICKTOWN N.J. 08724
Owner in Fee/Occupant
Address
Tele. ( )
Contractor AL-LECTRIC ELECTRICAL CONTRACTING INC
Address 1688 UTICA AVE
BROOKLYN N.Y. 11234
Tele. (718) 252-2006 Fax (718) 252-2063
Lic. No. 10266
Federal Emp. No. 11-2977504

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2508

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[/] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-20 90
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-9-13
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/8/13	

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

C. CERTIFICATION IN LIEU OF OATH

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

Ben
212 353 3313

Applicant's Signature/Contractor's Seal and Signature

[V] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
2		KW Elec. Sign/Outline Light	
		OUTDOOR SIGN	
		.....	

Administrative Surcharge	$	35
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

NO
Add

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLI[illegible]ORMATION WH[illegible]CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 869 1149 Lot 9 5

Work Site Location 1831 Route 88 Brick NJ 08723

Owner in Fee Tommy Jung

Address 1831 Rt-88 Brick NJ 08723

Tele. ( )

Contractor FireMaster

Address 133 Yellowbrook Rd Farmingdale NJ 07727

Tele. (732) 938 3473 Fax (732) 919-0503

Lic. No.

Federal Emp. No. 94-3077928

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 1300 ⁰⁰

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [X]

Location of Main Control Valve: North east corner of Bld.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: 6/11/96 JC

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			9-16-98	FM
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: Add one sprinkler in Freezer & move approx 11 heads to new ceiling height.

Water Supply Source City

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [ ] Flammable Liquid [ ] Combustible Liquid

[ ] LPG [ ] LNG Capacity ___ Fuel ___

Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	12	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

COMMERCIAL

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

U.C.C. F140
(rev. 3/96)

COMMERCIAL

9-11-98 @ 530 "10" Leaks from spk heads

200 Test failed

Went back 3 times

Alarm not working yet.

9-16-98 (FM) Held 200 L135

6 Seconds from Activation until water Discharge

Chain to Secore valves - 2 Locks

FOIL Dump ... Agent required and to be witnessed by this office

FIRE SUBCODE TECHNICAL SECTION

Rich

Date Received 3-12-98
Date Issued
Control # 980503
Permit #

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

Block 1149 Lot 5
Work Site Location 1930 Route 88
Bricktown, NJ 08724
Owner in Fee
Address
Tele. ( )
Contractor Master Fire Prevention, Inc.
Address 1776 East Tremont Avenue
Bronx, NY 10460
Tele. (718) 828-6424 908 246-2950 Firemaster Farmingdale
Lic. No.
Federal Emp. No. 13-2656642 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[X] Other fire suppression system for aboved kitchen
Location:
Total Est. Cost of Fire Prot. Work $2,400.00 [ ] Other

Sprinkler Shop drawing to be submitted A-3 for approval Before work done

AS BUILTS

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 3-27-98
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 4-1-98
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test	7-28	9-11	9-11	Ken
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

see back

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.

S. Mendez
SIGNATURE

Pending Sprinkler drawings Sealed By PE

D. TECHNICAL SITE DATA

Description of Work 100 to suppressed and Kitchen Hood suppression syste only
Water Supply Source AE
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	46
Pre-Engineered Systems		
CO_2 Suppression	92 x (2)	
Halon Suppression		184
Foam Suppression		
Dry Chemical		
Wet Chemical	(1) x (2)	
6 gal & 4 gal range guard UL-300		
Gas or Oil Fired Appliance		
OTHER		$ 230.00
	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$
Collected by	TOTAL FEE	$

Conditional

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

1/28/98 Complete

98-2600
#578-R-1023.0
AUSUL
1-800-3680024
DOUG JR

7-28 SVC 10[40]

- Failed Pressure test Pipe broke failed @ 75 LBS
- ~~New spare spk heads~~
- NO BACK flow preventor
- Chain OS&Y open
- Needs AL bumps
- Bowl head Kitchen

- OCC CORD
- Need paperwork for HOOD

- 16" shire bolt fry ex stove

WIN REST Equipt
318 Lafayette ST
NY
212 431 1858
1-800 5271238

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 1149 Lot 5
Work Site Location LAUREL SQUARE SHOPPING CENTER
1930 RT. 88 BRICK TOWN
Owner in Fee TOMG ZHOU ZHANG
Address 38 NORTH AVE. EAST
CRANFORD N.J. 07016
Tele. (908) 653-1986
Contractor FELDMAN MIDDLETON T/A ALLADIN PLUMBING
Address 411 IRVING TURNER BLVD
NEWARK N.J. 07112
Tele. (201) 242-4871 Fax (201) 622 7275
Lic. No. N.J. 7026
Federal Emp. No. 143-30-6779

B. PLUMBING CHARACTERISTICS

Use Group Present COMM Proposed COMMERCIAL
Building Sewer Size Y 4" Public Sewer _____ Private Septic _____
Water Service Size Y 1" Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ $2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Old town 3/9/98

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	$
3	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
1	Shower	
5	Floor Drain	
6	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
3	Greasetrap	
X	Sewer Connection	
X	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

(1) INSTALL DRAINAGE, WASTE & VENT FOR ABOVE FIXTURES
(2) INSTALL GAS LINE
(3) INSTALL WATER FROM METER TO FIXTURES

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

AUG 27 1998

PLUMBING SUBCODE TECHNICAL SECTION

Date Issued 1/4/98
Control #
Permit # 98-0503+A

DIV. OF INSPECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1600.

Block 1149 Lot 5
Work Site Location 1930 RT 88 BRICK NJ
Owner in Fee ROYAL KING BUFFET TOM CHANG
Address SAME
Tele. (732) 936-0366 (call)
Contractor JERSEY COAST MECH INC
Address 135 SOUTH VIEW DR BRICK NJ 08723
Tele. (732) 477-6007
Lic. No. 8798
Federal Emp. No. 222 969 044 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ # 1350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-2-98
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 9-4-98

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 36.

PERMIT CHANGE FOR INSTALLATION OF BACKFLOW PREVENTER ONLY

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit # 98-0503

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

Block 1149 Lot 5
Work Site Location LAUREL SQUARE SHOPPING CENTER
1930 RT. 88 BRICK TOWN
Owner in Fee TONG ZHOU ZHANG
Address 38 NORTH AVE. EAST
CRANFORD N.J. 07016
Tele. (908) 653-1986
Contractor FELDMAN MIDDLETON T/A ALLADIN PLUMBING
Address 616 IRVINE TURNER BLVD.
NEWARK N.J. 07112
Tele. (~~201~~ 973) 242-4871 Fax (973) 622-7275
Lic. No. ~~[illegible]~~ N.J. 7026
Federal Emp. No. 143-30-6779

B. PLUMBING CHARACTERISTICS

Use Group Present Comm. Proposed Comm.
Building Sewer Size 4" Public Sewer ____ Private Septic ____
Water Service Size 1" Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 3-11-98 DW
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-8-98
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	4-24-98		4-27-98	DW
Rough			9-8-98	DW
Water				
Sewer				
Fixtures	7-6-98		9-9-98	DW
Gas Equipment			9-8-98	DW
Gas Piping test	7-6-98		7-14-98	DW
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
~~X~~ 10	Water Closet	60
2	Urinal/Bidet	20
1	Bath Tub	
~~X~~ 4	Lavatory	40
1	Shower	
6	Floor Drain	60
6	Sink	60
1	Dishwasher	10
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	25
1	Water Heater	
1	Fuel Oil Piping	35
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
4	Backflow Preventer	140
3	Greasetrap	105
	Sewer Connection	
	Water Service Connection	
	Stacks	
3	Other Buffet Tables	30
1	Other ice Maker	10
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 595

New tenant 3/9/98

U.C.C. F130 (rev. 3/96)

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

7-27-98 ③ [illegible] vented

② No enough Air out roof

③ No test

4-27-98 - NO Entry

7-6-98

Buffet tables need Backflow devices

Soda & coffee drains incomplete

Lave 36" too high - faucets not metered self closing

M+W. Traps not insulated

Urinal - Traps not integral

Bowls not power assisted, not elongated

Gas Test both sides of anti valve

No Hot water

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 8, 1998 1998 - 0012

Block 1149 Lot 5 Zone B-3, H.D.

Property Address: 1930 Route 88, Laurel Square

Owner: New Plan Realty Trust (Phone): -----

Applicant: Tong Zhou Zhang (Phone): (732) 653-1986

Existing Use: Former Sizzler restaurant.

Proposed Use: Chinese Buffet restaurant.

Proposed Construction (if any): Interior alterations.

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

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Property Address: 1930 Route 88, Bricktown, N.J. 08724

Block: 1149 Lot: 5

Name of Property Owner: New plan Realty Trust / TONG ZHOU ZHANG

Name of person making application: TONG ZHOU ZHANG

Company Name: HAPPY Together Restaurant Inc

Mailing Address: 110 North Ave., W. Cranford, N.J. 07016

Telephone Number: 908-653-1986

Present or most recent use property(Check One): _____ Vacant Lot

_____ Single Family Dwelling _____ Residential Condominium Unit or Apt.

__V__ Commercial (Please Describe) LAUREL SQUARE Shopping Center

_____ Other (Please Describe) _____

Proposed Use: _____ Single-Family Dwelling _____ Residential Condo. or Apt.

__V__ Commercial (Please Describe) CHINESE FOOD RESTAURANT

_____ Other (Please Describe) _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): MINOR WORK + INSTALLATION OF COOKING EQUIPMENT, ADDITION OF NEW FULL + HALF WALLS, NEW DOORS, WALL FINISHING. PLEASE REFER TO ATTACHED DIAGRAMS.

Please submit with application 2 accurate plot plans either drawn by a surveyor or engineer, or hand-drawn on an 8 1/2" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

This application will not be accepted unless it is COMPLETELY filled out.

Signature of Applicant Tong Zhou Zhang Date 12/28/97

Received by Zoning Office: Date 1/8/98 Complete _____ Incomplete _____

NJ | INSPECTION RESULTS | UCCARS

Permit#: 98-0503 Name: TOMG ZHOU ZHANG
Subcode: FIRE Worksite: 1930 STATE HWY 88

Type	Init	Insp Date	P/F/N	Comments
DUMP TEST	KB	07/28/98	P	
FINAL	KB	07/22/98	N	CANCELLED BY CONTRACTOR
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

<F10> when done

Date: 01/28/98 Time: 10:05 am

Pages to Follow: 0

Comments : Proposed Chinese Restaurant
Block 1149, Lot 5, 1930 Rt. 88, Bricktown NJ

Please be advised that the existing building being altered into a Chinese Restaurant is equipped with a fire suppression system.

Some minor adjustment and relocation of heads may be required to accommodate the new plan. The sprinkler installation contractor will submit shop drawings, hydraulically designed for the modification. He has been notified to provide this information by copy of this letter.

Thank you - Frank D. Mileto

cc: Jeff Lam

cf:faxfrom2

FINISH SCHEDULE

KITCHEN & DRY STORAGE AREAS:

FLOOR: Vinyl compostition tile, coved to the walls, commercial grade.
WALLS: Stainless Steel and Gypsum firecode painted w/2-coats of epoxy paint, smooth surface, washable, light-in color.
CEILING: 2 x 4 Lay-in acoustical ceiling, non-perforated, non-fissured, smooth, washable, light-in color. Fire-rated.

DINING AREA:

FLOOR: Vinyl composition tile, coved to the walls, commercial grade.
WALLS: Formica.
CEILING: 2 x 2 Lay-in acoustical ceiling, commercial grade.

TOILET AREA:

FLOOR: Ceramic tile, coved to the walls, commercial grade.
WALLS: Gypsum Painted W/2 - coats semi-gloss enamel, smooth surface, washable.
CEILING: 2 x 4 Lay-in washable tile, non-fissured, commercial grade.

FINISH NOTES:

1. Provide cove base.
2. Provide light color enamel paint on dry wall.

EQUIPMENT SCHEDULE (ALL equipment are NSF approved)

No.	EQUIPMENT	MODEL NO.	MANUFACTURER	
1	Chinese Range Stove	WR-800	Win	N.S.F.
2	Deep Fryer	#14	Pitco	N.S.F.
3	Exhaust Hood	WH-400 (32'-0")	Win	N.S.F.
4	Smoke House	WSH-200	Win	N.S.F.
5	3-Compartments Sink W/D/B	412-22-3-24RL	Eagle	N.S.F.
6	Bain Marie	SUR60-24M	Beverage-Air	N.S.F.
7	Walk-in-Cooler	10'-0" x 10'-0"	Amerikooler	N.S.F.
8	Walk-in-Freezer	8'-0" x 8'-0"	Amerikooler	N.S.F.
9	Work Table	CUSTOM	Win	N.S.F.
10	Can Wash Sink	412-24-1	Eagle	N.S.F.
11	Hand Sink	HSA-10-F	Eagle	N.S.F.
12	Hot Water Heater	100 Gal.	A.O. Smith	N.S.F.
13	Salad Bar	CUSTOM	Win	N.S.F.
14	Salamander	IR36-280RL	Garland	N.S.F.
15	Rice Cooker	PR-10-CS	Paloma	N.S.F.
16	Reach-in Refrigerator	14-S38	National	N.S.F.
17	Range	H286-12G	Win	N.S.F.
18	Ice Machine	1200 lbs.	Manitowac	N.S.F.
19	Dishwasher	200B	Jackson	N.S.F.
20	Clean Dish Table	30" x 72"	Win	N.S.F.
21	Buffet Table	8 Pans	Win	N.S.F.
22	Soda Dispenser	(to be provided by local	distributor)	
23	Slop Sink	SLS-120	Win	N.S.F.
24	Ice Cream Machine	(to be provided by local	distributor)	

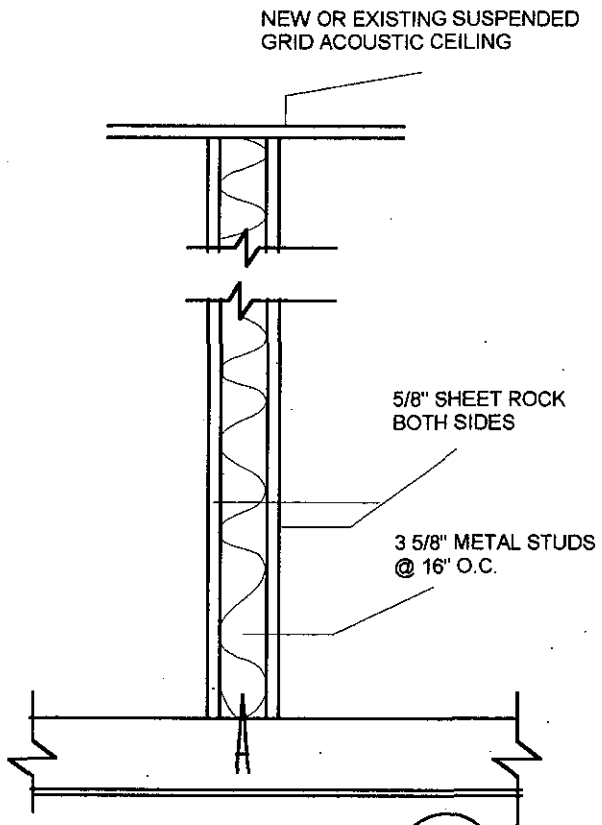
DOOR SCHEDULE

No.	DOOR	MATERIAL	FRAME	SIZE	REMARKS
1	Front / Main Entrance	Aluminum & Glass	Aluminum	3'-0" x 7'-0"	Conforms w/ BOCA 1017 specs.
2	Rear Exit	Aluminum	Aluminum	3'-0" x 7'-0"	Existing & conforms w/ BOCA 1017 specs.
3	Bathroom	Aluminum	Aluminum	3'-0" x 7'-0"	FRP finish
4	Walk-in Cooler	Aluminum	Aluminum	3'-0" x 6'-6"	Insulated door (see manufacturer's specs.)
5	Walk-in Freezer	Aluminum	Aluminum	3'-0" x 6'-6"	Insulated door (see manufacturer's specs.)
6	Kitchen Entrance	Aluminum	Aluminum	3'-0" x 7'-0"	

DOOR NOTES:

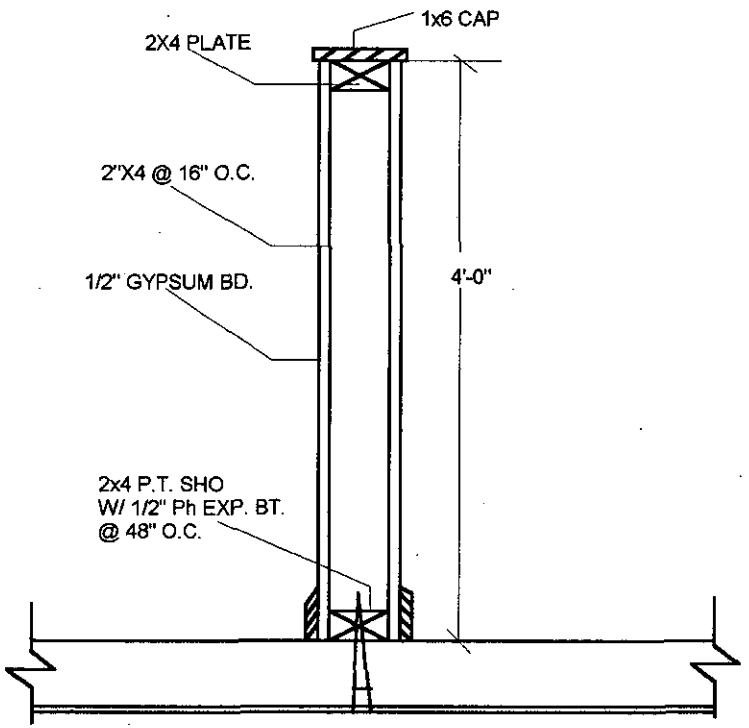
1. Latch side clearances at all doorways shall be in accordance w/ ADAAG 4.13.16.
2. All exits to be labeled.
3. Interior doors to be labeled as to intended use.
4. All bathroom doors are to be self-closing.
5. All doors to be lever operated and have a 1/2" threshold.

NEW FULL HEIGHT METAL STUD WALL



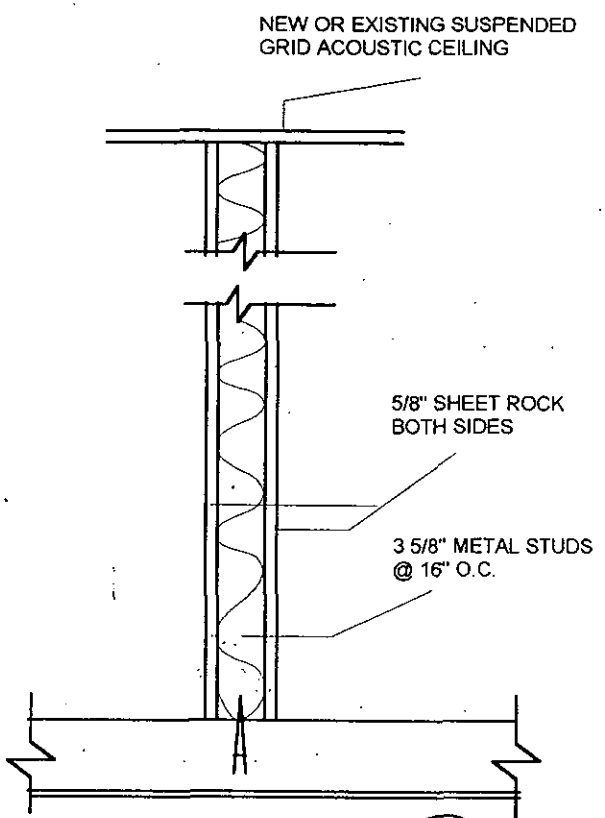
SECTION A / A-1
NTS

NEW WOOD STUD LOW WALL



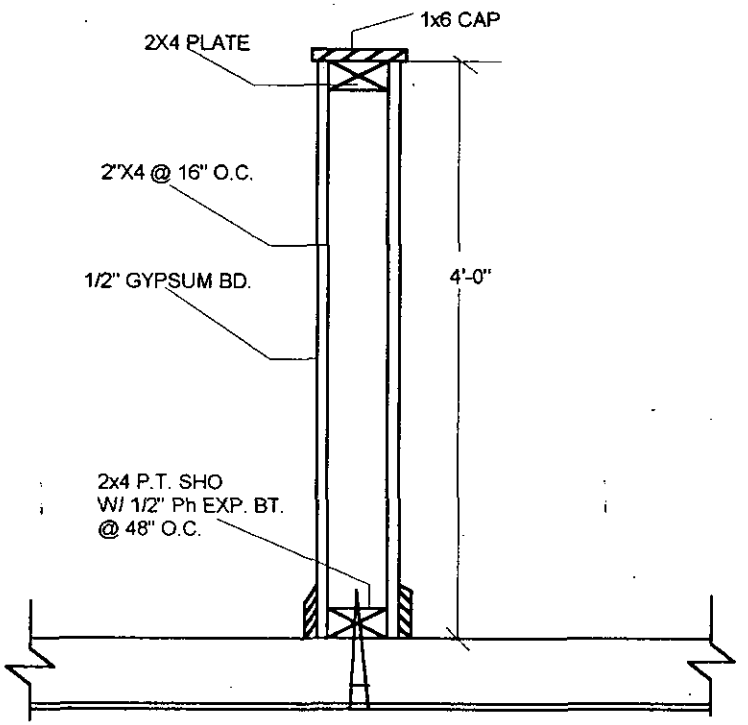
SECTION B / A-1
NTS

NEW FULL HEIGHT METAL STUD WALL



SECTION A / A-1
NTS

NEW WOOD STUD LOW WALL



SECTION B / A-1
NTS

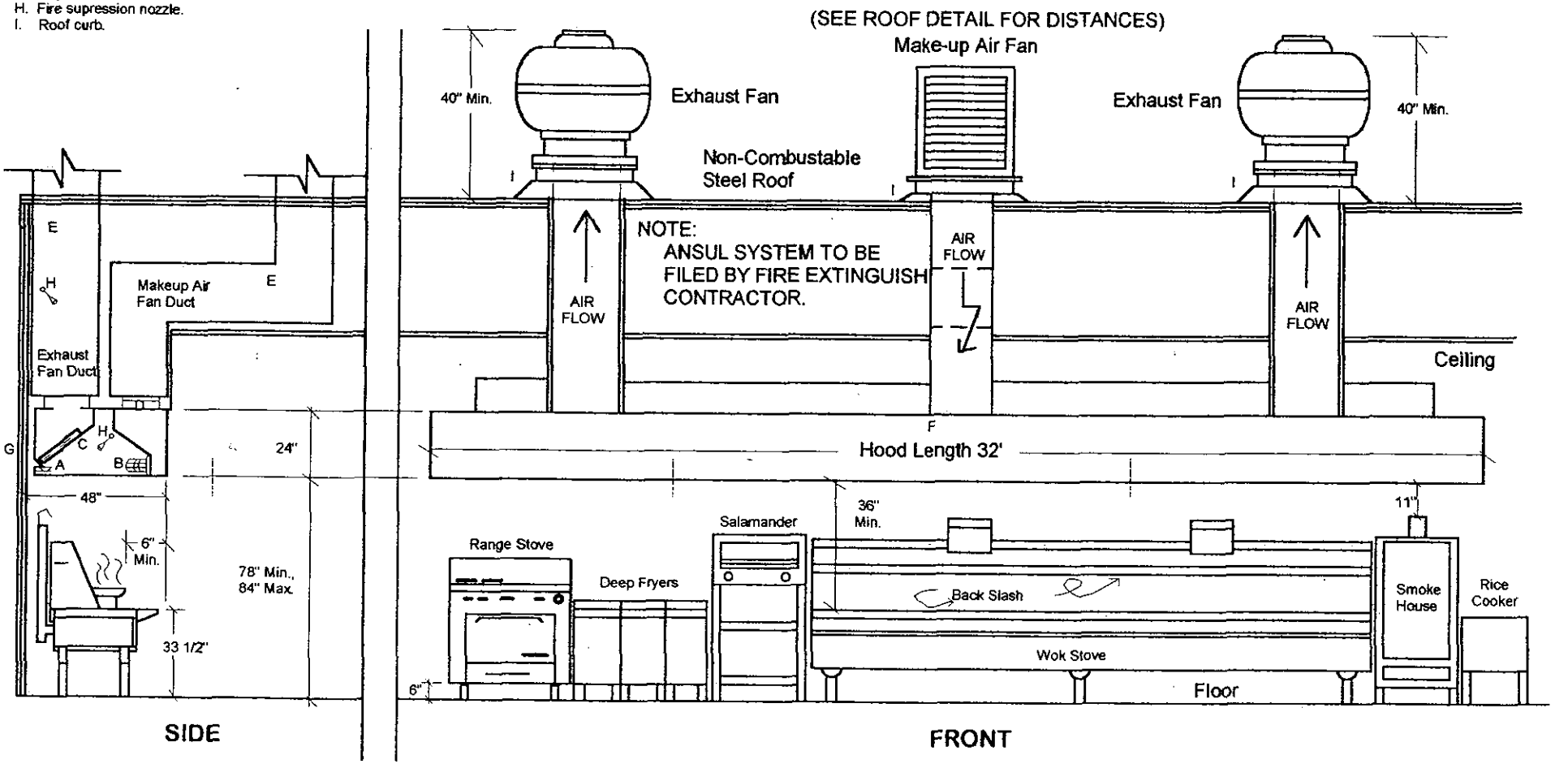
REMARKS:

A. Removable grease catcher (4-1.2.2.6)
B. UL listed vapor proof light with wire safety guard.
C. Baffle filter set 45 degree. UL listed. (821U)
D. 14"x22" UL listed fire damper
E. Ducts constructed of No. 16 MSG steel with all seams, joints, and penetrations welded as liquid-tight as per NFPA code 96.
F. Hood constructed of No. 18 MSG stainless steel, type 304 with fresh air return. All connection and seams were welded as liquid-tight to meet NFPA code 96 standard. NSF listed No. 1499.
G. Existing wall with 5/8" "X" type sheet rock with 26 ga. stainless steel surface. 2 hr. fire rated.
H. Fire supression nozzle.
I. Roof curb.

VENTILATION PLAN (NTS)

GENERAL NOTES:

1. Ventilators and installation MUST comply with NFPA code 96 plus all local fire codes.
2. Hood MUST be constructed of not less than 18 ga. stainless steel. All seams, joints, and penetrations shall have a liquid-tight continuous external weld. (2-1.2)
3. Ducts MUST be constructed of not less than 16 ga. carbon steel. All seams, joints, and penetrations shall be continuous external weld as liquid-tight. (3-3.1)
4. Make-up air MUST be not less than 80% of total exhausted air.
5. The fire extinguisher system MUST be installed by a local liscensed company; separate plan must be submitted to local Fire Dept. for approval.
6. All electrical work MUST be done by local liscensed electrician.
7. Hood to be hung right against the fire-protected wall.



FINISH SCHEDULE

KITCHEN & DRY STORAGE AREAS:

FLOOR: Vinyl compostition tile, coved to the walls, commercial grade.
WALLS: Stainless Steel and Gypsum firecode painted w/2-coats of epoxy paint, smooth surface, washable, light-in color.
CEILING: 2 x 4 Lay-in acoustical ceiling, non-perforated, non-fissured, smooth, washable, light-in color. Fire-rated.

DINING AREA:

FLOOR: Vinyl composition tile, coved to the walls, commercial grade.
WALLS: Formica.
CEILING: 2 x 2 Lay-in acoustical ceiling, commercial grade.

TOILET AREA:

FLOOR: Ceramic tile, coved to the walls, commercial grade.
WALLS: Gypsum Painted W/2 - coats semi-gloss enamel, smooth surface, washable.
CEILING: 2 x 4 Lay-in washable tile, non-fissured, commercial grade.

FINISH NOTES:

1. Provide cove base.
2. Provide light color enamel paint on dry wall.

Frank D. Mileto AIA
architect-professional planner
14 Beaver Brook Dr. Long Valley, N.J.07853
(908) 876-9400 fax (908) 876-9455

Fax Form

To: *Gary Licknack, Brick Fire Subcode Official*

732-262-8954

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax. (908) 920-4850

DATE: 12/29/97

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1149 Lot: 5

Dear Sir;

I, TONG ZHOU ZHANG (Name) of 110 North Ave W. Cranford (Address) request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / (is not) located in a flood zone.

Respectfully yours

Tong Zhou Zhang 908-653-1986.
Applicant's signature Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved DATE: _____ BY: _____

Rejected DATE: _____ BY: _____

REMARKS: _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]1996
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 49'000 00 Date 1-21-98

Estimated Required Fee $ 490 00

Required Deposit on Estimate $ 245 00 Date 1-23-98

Check # [illegible] Receipt # [illegible]

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

ORIGINAL
ILLEGIBLE

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

ORIGINAL
ILLEGIBLE

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 1-12-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Internet on Cable TV

APPLICANT Tony Thru Thing CITY & STATE Cranford NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 49,000

Frederick R. Millman, CTA, Tax Assessor

1/12/98

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

February 18, 1998

Sun Chung Construction
135-137 Chrystie St
New York, NY 10002

**re: Int'l Buffet-Laurel Square Shopping Ctr

On 02-02-98, your application for a interior renovation permit has been rejected or denied. You have been contacted by either phone or mail in regards to why the application has been rejected. If the information is not supplied within 14 days of this letter, we will consider the application null and void and it will be filed appropriately for a period of six (6) months.

If you have any questions or need an extension for any particular reason, please contact me at 732-262-1031.

Sincerely,

Lisa Rose Tavalaiccio
Control Person

Approval

J. Curiazza
Construction Code Official

/ajp

**1930 Rte 88

* Plumbing + fire rejected.

EQUIPMENT SCHEDULE (ALL equipment are NSF approved)

No.	EQUIPMENT	MODEL NO.	MANUFACTURER	
1	Chinese Range Stove	WR-800	Win	N.S.F.
2	Deep Fryer	#14	Pitco	N.S.F.
3	Exhaust Hood	WH-400 (32'-0")	Win	N.S.F.
4	Smoke House	WSH-200	Win	N.S.F.
5	3-Compartments Sink W/D/B	412-22-3-24RL	Eagle	N.S.F.
6	Bain Marie	SUR60-24M	Beverage-Air	N.S.F.
7	Walk-in-Cooler	10'-0" x 10'-0"	Amerikooler	N.S.F.
8	Walk-in-Freezer	8'-0" x 8'-0"	Amerikooler	N.S.F.
9	Work Table	CUSTOM	Win	N.S.F.
10	Can Wash Sink	412-24-1	Eagle	N.S.F.
11	Hand Sink	HSA-10-F	Eagle	N.S.F.
12	Hot Water Heater	100 Gal.	A.O. Smith	N.S.F.
13	Salad Bar	CUSTOM	Win	N.S.F.
14	Salamander	IR36-280RL	Garland	N.S.F.
15	Rice Cooker	PR-10-CS	Paloma	N.S.F.
16	Reach-in Refrigerator	14-S38	National	N.S.F.
17	Range	H286-12G	Win	N.S.F.
18	Ice Machine	1200 lbs.	Manitowac	N.S.F.
19	Dishwasher	200B	Jackson	N.S.F.
20	Clean Dish Table	30" x 72"	Win	N.S.F.
21	Buffet Table	8 Pans	Win	N.S.F.
22	Soda Dispenser	(to be provided by local	distributor)	
23	Slop Sink	SLS-120	Win	N.S.F.
24	Ice Cream Machine	(to be provided by local	distributor)	

DOOR SCHEDULE

No.	DOOR	MATERIAL	FRAME	SIZE	REMARKS
1	Front / Main Entrance	Aluminum & Glass	Aluminum	3'-0" x 7'-0"	Conforms w/ BOCA 1017 specs.
2	Rear Exit	Aluminum	Aluminum	3'-0" x 7'-0"	Existing & conforms w/ BOCA 1017 specs.
3	Bathroom	Aluminum	Aluminum	3'-0" x 7'-0"	FRP finish
4	Walk-in Cooler	Aluminum	Aluminum	3'-0" x 6'-6"	Insulated door (see manufacturer's specs.)
5	Walk-in Freezer	Aluminum	Aluminum	3'-0" x 6'-6"	Insulated door (see manufacturer's specs.)
6	Kitchen Entrance	Aluminum	Aluminum	3'-0" x 7'-0"	

DOOR NOTES:

1. Latch side clearances at all doorways shall be in accordance w/ ADAAG 4.13.16.
2. All exits to be labeled.
3. Interior doors to be labeled as to intended use.
4. All bathroom doors are to be self-closing.
5. All doors to be lever operated and have a 1/2" threshold.

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 95 LOT 1

ESTABLISHMENT INFORMATION

PHONE # Temp phone 212-732-3450

ESTABLISHMENT TRADING NAME: CHINESE BUFFET RESTAURANT

NUMBER AND STREET: 1930 RT. 88

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1500

RISK: II

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: MAO LIN

NUMBER AND STREET: C/O FRANK D. MICETO

CITY OR MUNICIPALITY: 14 Beaver Brook Drive, Long Valley

STATE: N.J.

ZIP CODE: 07853

COMMUN. CODE: 1

TIME (2400 HOURS)

DATE	BEGIN	END
1-9-97	0855	0920

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 _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): STEVE KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Chinese Buffet Restaurant	To be Obtained	1-9-97
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 0855

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

(Attach additional sheets if necessary)

Original Buffet Laurel Square

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: _____

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

BUILDING LOCATION 1930 Rt 88
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
①	Board of Health needed	
②	Plumbers seal not a seal for master plumber	NSPC
③	separate facilities must be provided for customers and employees	7.24.8
④	dishwasher can not run through grease interceptor	NSPC 6.2.1
⑤	Gas sketch not to code - 1,597,000 BTU's not allowed on 2½ pipe	
⑥	Riser diagram shows no vent for Buffet table	
	Called 1-28-98	
	2/24/98 - Plumbing resubmit - Not sure if all info is received?	

06/93

Attn: Jeff Lane

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: _____

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

BUILDING LOCATION 1930 Rt 88
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DW

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	CWAS undersized shows 110/ft w/ 1,597,200 BTU's on 2½" line	
(2)	Trap primers needed for floor drains	
(3)	Lavs in the public bathrooms must be metered self closing	
(4)	Plumbing tech doesn't match plans for fixture counts	
(5)	Show water sizing numbers	
	3/4/98- Resubmittal Called DW	
	Blueprints were resubmitted w/ initialed changes. Darry needs original changes made on a revised plan to approve.	
	Customer called 3-4-98 gave info	
	3/9/98 - Resubmit	

06/93

SIZING FOR WATER AND SEWER SERVICES

Property Owner Tong Zhao Zhang Date 3-4-98

Property Address 1930 Rt 88 Block 1149 Lot 5

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	5	( ) 25	( )
2. Lavatory	5	( ) 10	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink 3 comp.	1	(4) 4	( )
6. Service Sink	1	(3) 3	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 6	( )
9. Washing Machine		( )	( )
10. Urinal	2	( ) 10	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. 2 Hands wash	2	(2) 4	( )
18. 1/2 feed fixtures	10	(4) 40	( )

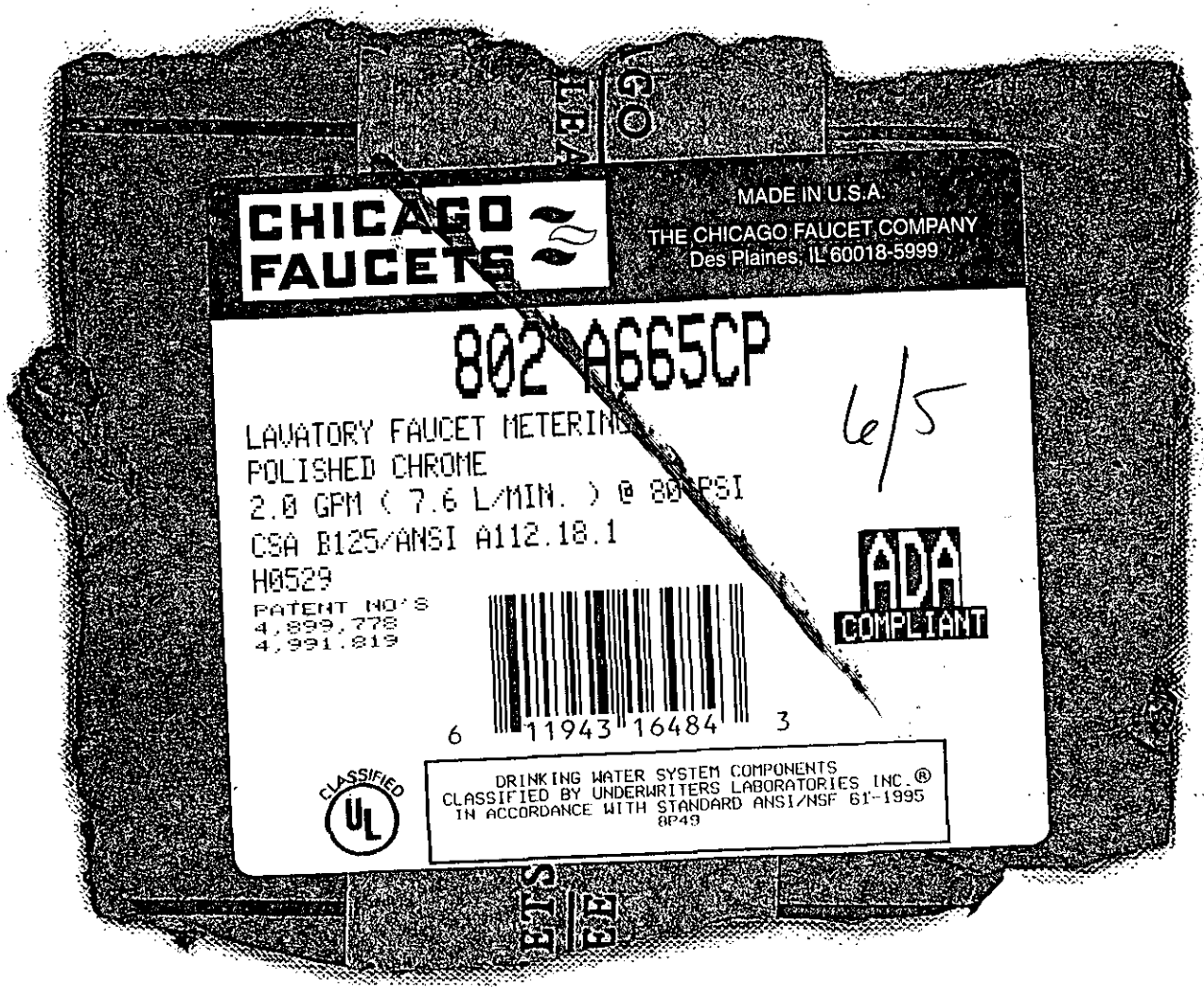
Total 107

Gallons per minute 40

Size of Service 1 1/2

Date: 3-4-98

Approved: _____
Brick Township Plumbing Inspector


CHICAGO FAUCETS
MADE IN U.S.A.
THE CHICAGO FAUCET COMPANY
Des Plaines, IL 60018-5999
802.A665CP
6/5
LAVATORY FAUCET METERING
POLISHED CHROME
2.0 GPM (7.6 L/MIN.) @ 80 PSI
CSA B125/ANSI A112.18.1
H0529
PATENT NO'S
4,899,778
4,991,819
ADA COMPLIANT
6 11943 16484 3
CLASSIFIED UL
DRINKING WATER SYSTEM COMPONENTS
CLASSIFIED BY UNDERWRITERS LABORATORIES INC.®
IN ACCORDANCE WITH STANDARD ANSI/NSF 61-1995
8P49

12/12/97 07:27 ☎2012[illegible]71 FANTASYLAND I 001

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
BOARD OF MASTER PLUMBERS

HAS LICENSED

FELDMAN MIDDLETON JR
T/A AAAA ALADDIN P&H INC
616 IRVINE TURNER BLVD
NEWARK NJ 07112-2760

FOR PRACTICE IN NEW JERSEY AS A(N): MASTER PLUMBER

07/01/97 TO 06/[illegible]/98
VALID

07025
LICENSE/REGISTRATION/CERTIFICATION #

Feldman Middleton
SIGNATURE OF RECIPIENT

Director
SIGNATURE

DIRECTOR

STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
BOARD OF MASTER PLUMBERS
HAS LICENSED
FELDMAN MIDDLETON JR
MASTER PLUMBER
07/01/97 TO [illegible]
VALID
LICENSE #

PLEASE ATTACH HERE
YOUR LICENSE/ID CARD
IF LOST PLEASE NOTIFY:
BOARD OF MASTER PLUMBERS
PO BOX 05008
NEWARK NJ 07101

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

January 21, 1998

Tomg Zhou Zhang
38 North Avenue
East Cranford, NJ 07016

RE: Mandatory Development Fee
Block 1149 Lot 5; International Buffet 1930 Rt. 88

To Whom it May Concern:

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

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on January 8, 1998, for the above block and lot at $49,000.00, resulting in an estimated fee of $490.00.

Therefore, it is required that one half of the estimated fee ($245.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

FRANK D. MILETO AIA
ARCHITECT- PROFESSIONAL PLANNER
14 Beaver Brook Drive
Long Valley, New Jersey 07853

office (908) 876-9400 fax (908) 876-9455
cell (908) 380-0147 page (973) 606-1010
Email fmileto@goes.com

November 14, 2000

Construction Code Official
Building Department
Brick Township
401 Chambersbridge Rd.
Brick Twp., NJ 08723

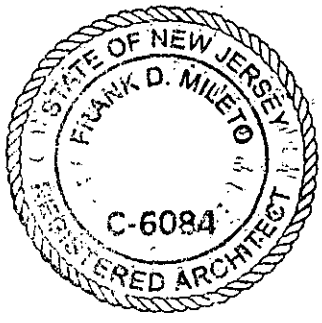
Re: Chinese Restaurant 1997 plans

Please release a copy of my plans for the above referenced project to Paramount Realty.

Thank You,

Frank D. Mileto

Frank D. Mileto AIA



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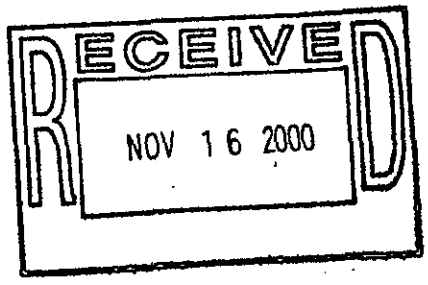
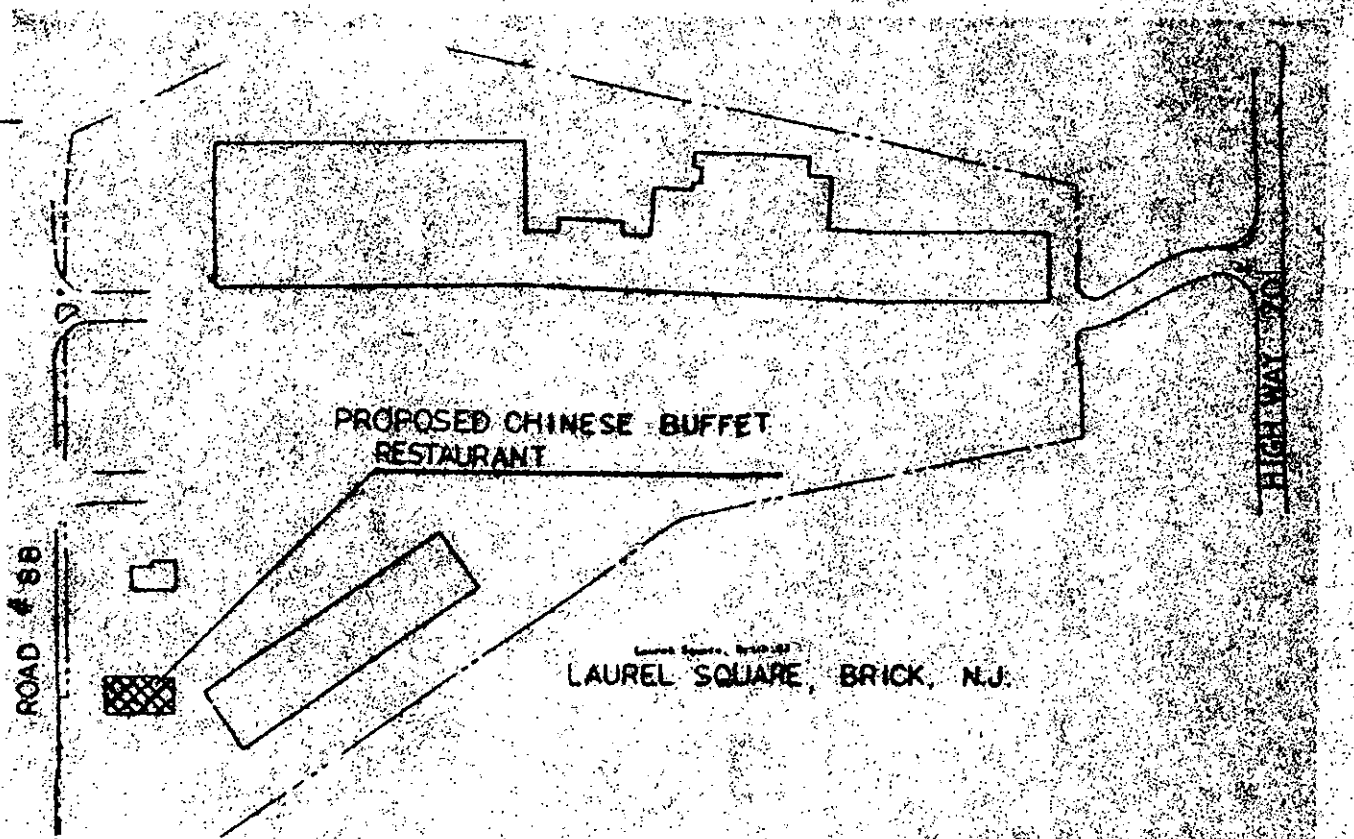




SITE PLAN (NO SCALE)

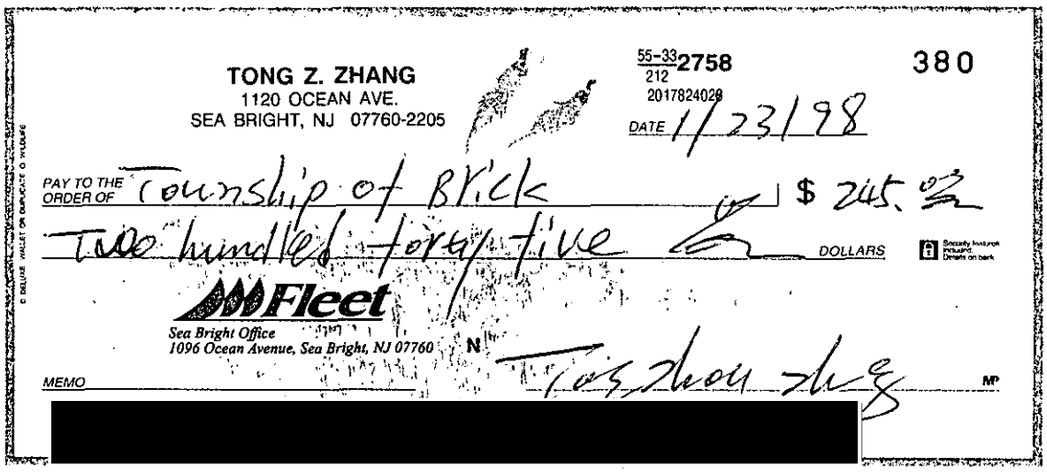
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE January 8, 1998
Sean Kinney - interior alterations

11'-0"

12'-0"

1' 3'-0"

mirror



TONG Z. ZHANG
1120 OCEAN AVE.
SEA BRIGHT, NJ 07760-2205

55-33/212 2758 380
2017824029
DATE 1/23/98

PAY TO THE ORDER OF Township of Brick $ 245.00
Two hundred forty five DOLLARS

Fleet
Sea Bright Office
1096 Ocean Avenue, Sea Bright, NJ 07760

MEMO Tong Zhang

[redacted]

Joseph C. Scarpelli, Mayor

Township Council
Helen Fayad, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Lee Hartman
Mary Lou Powner
Michael A. Thulen

(908) 262-1048
Fax (908) 262-8954
http://gbshost.com/brick

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 1-23-98

Business/Development: International Buffet

Owner/Applicant: Tong Z. Zhang

Property Address: 1930 RT 88

Block: 1149 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 380
Estimated Fee $ 490.00

Deposit Amount $ 245.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number: _____
Final Fee: $_____
Less Deposit: $_____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

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

Received in Treasurer's Office by:

Signature _____ Date 1/23/98