BLOCK 869.01 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1905 RT 88 E PERMIT NO. 06-0886

CONSTRUCTION PERMIT APPLICATION

C06-100531

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

I. IDENTIFICATION

1. Proposed Work Site at: 1905 Route 88 E
2. Name of Owner in Fee: Cluck n chicken Tel. ( ) 840 4224
   Address same (street / municipality / zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Northeast Fire Tel. ( ) 836 1300
   Address 1377 Gillam Ct Toms River
   License No. OR, if new home, Builder Reg. No. P00412 Exp. Date 10/06
   Federal Employee No. 201659441 FAX: ( ) 929-9217
5. Architect or Engineer n/a Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Andrew CIPOLLA
   Tel. ( ) 245-9298 FAX: ( ) 929-9217

Fire Supression System

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection		95	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		3	
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	98	

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	

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection	2000.		5/24/11		3-31-06	AB			
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	2000.								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10326448

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 Andrew Coppola

Address 1377 Gulf Rd E

Toms River

Telephone ( ) 836-1300

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. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
3/20/18	per phone call w/ contractor on how many wet chemical systems are being installed. -1-	QJP

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 04/03/2006
Control # C-06-100531
Permit # 06-0886

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier

Work Site Location: 1905 ROUTE 88 Brick Township, NJ

Owner in Fee: COUSINS MALL, INC.
Address: 400 ASHTON ST. LINDEN NJ 07036
Telephone:

Contractor: NORTHEAST FIRE EQUIPMENT LLC
Address: 1377 GILLIAN COURT TOMS RIVER NJ
Telephone: 732-836-1300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 201-44165-9

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE SUPPRESSION ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,000

Construction Official

04/03/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$95
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$98
Check No.	2697
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 4/3/06
Permit # 06-0886

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

Block 869.01 Lot 4 Qualification Code
Work Site Location 1905 RT 88 E

Owner in Fee Chuck N Chicken
Address SAME

Tel ( ) 840 4224
Contractor Northeast Fire Equipment LLC
Address 1377 Gillian Ct
Toms River
Tel ( ) 836-1300 FAX ( ) 929-9217
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00412
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153384
Fire Alarm Contractor No. NA
Federal Emp. No. 201659441

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $ 2000.--

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. ____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high 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)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	X - 1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

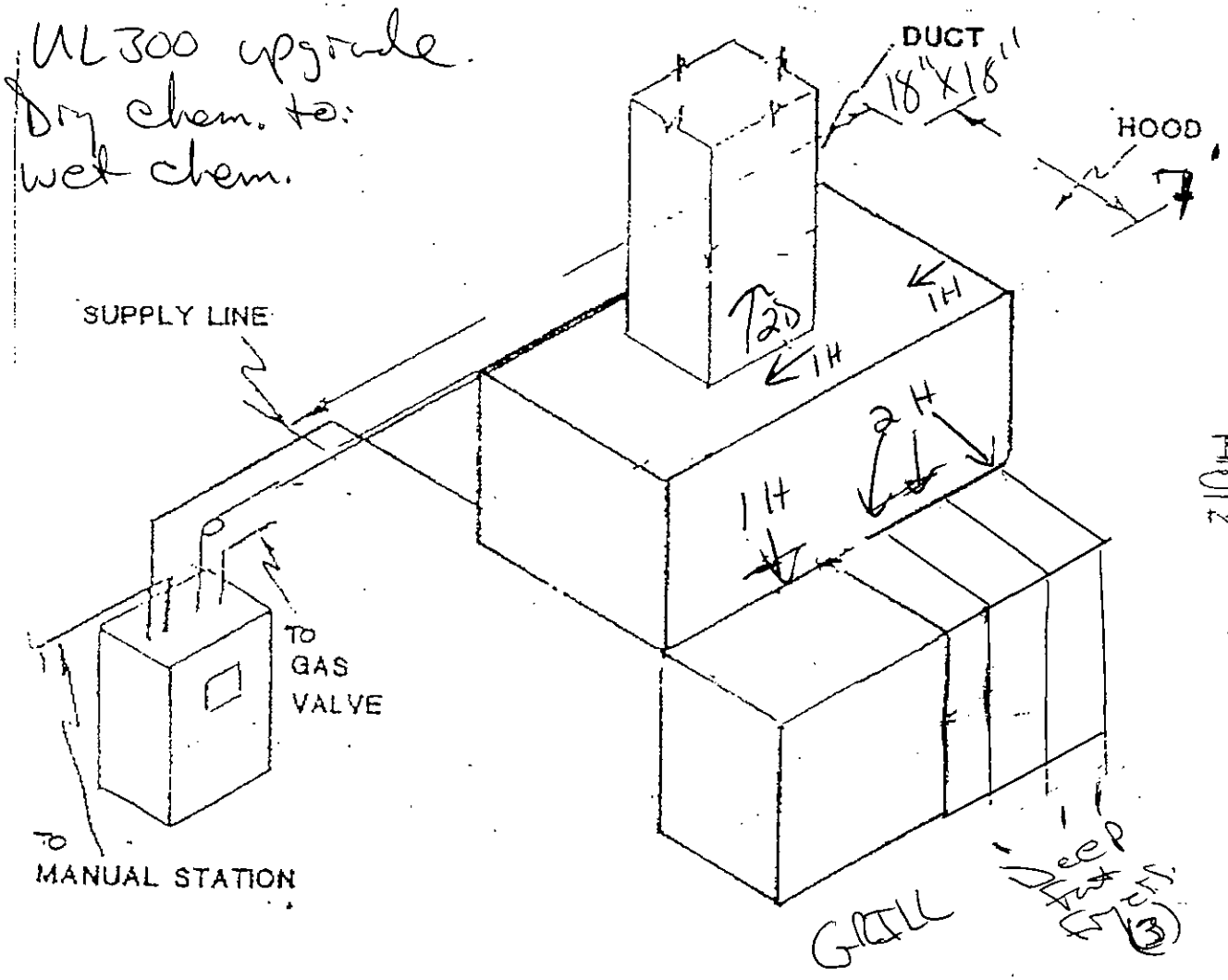
JOB SUMMARY (Office Use Only)

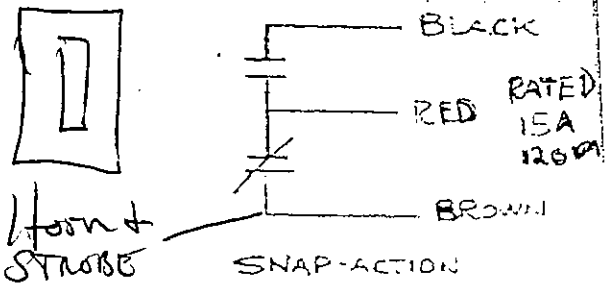
PLAN REVIEW
[X] ~~No Plans Required~~
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 3-31-06
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-11-06
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System				
Suppression Sys. (Hood)			4/4/06	[signature]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			4/4/06	[signature]
Final				
Other ____				

UL300 upgrade.
Dry chem. to:
wet chem.





INSTALLATION SHALL COMPLY WITH UL LISTED MANUAL U.L. NO. 300

Portable wet Chemical Fire Extinguisher

Cluck-U-Chicken
1905 RT88
Brick NJ 08723

DWN	CHK'D	DATE	DWG NO
		3/22/06	

MATERIAL LIST

NO	QTY	DESCRIPTION	PART NO
1	1	4.6 Gallon tank	
2	1	DUCT NOZZLE	
3	1	PLENUM NOZZLE	
4	4	APPLIANCE NOZZLE	
5	1	FUSIBLE LINK 360°	
8	1	PULL BOX	
7			

Andrew Cipolla
Lic # P412
732-836-1300
Fax 732-929-9217

Northeast Fire Equipment, LLC
Fire Extinguishers • Restaurant Fire Suppression Systems
Exit/Emergency Lighting

Range Hood Systems Report

Witnessed by Orlando

SERVICE COMPANY

Northeast Fire
(732) 836-1300

CUSTOMER

Name Chick-U-Un

Address 1905 Rt 88E

City Brick

Telephone (732) Store No.

Owner or Manager Keith

DATE OF SERVICE 4/10/06			TIME 2:30	A.M.	P.M. X
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION X	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Left of Hood					
MANUFACTURER Pyrochem	MODEL NUMBER PCL	WET Yes	DRY CHEMICAL No		
CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE			
FUSE LINKS 360°F.	FUSE LINKS 450°F. 3	FUSE LINKS 500°F.	OTHER		
FUEL SHUT-OFF Yes	ELECTRIC No	GAS Yes	SIZE		
SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE PAGE NUMBER: DRAWING NUMBER:					

1. All appliances properly covered w/correct nozzles	✓
2. Duct and plenum covered w/correct nozzles	✓
3. Check positioning of all nozzles	✓
4. System installed in accordance w/MFG UL listing	✓
5. Hood/duct penetrations sealed w/weld or UL device	✓
6. Check if seals intact, evidence of tampering	N/A
7. If system has been discharged, report same	N/A
8. Pressure gauge in proper range (if gauged)	✓
9. Check cartridge weight (if applicable)	✓
10. Hydrostatic test date	N/C
11. 6 year maintenance date	N/C
12. Inspect cylinder and mount	✓
13. Operate system from terminal link	✓
14. Test for proper operation from remote	✓
15. Check operation of micro switch	✓
16. Check operation of gas valve	✓
17. Clean nozzles	—
18. Proper nozzle covers in place	✓
19. Check fuse links and clean	—
20. Replaced fuse links	new ✓
21. Check travel of cable nuts/S-hooks	✓
22. Piping & conduit securely bracketed	✓
23. Proper separation between fryers and flame	✓
24. Proper clearance-flame to filters	✓
25. Exhaust fan in operating order	✓
26. All filters replaced	✓
27. Fuel shut-off in on position	✓
28. Manual & remote set/seals in place	✓
29. Replace systems covers	✓
30. System operational & seals in place	—
31. Slave system operational	✓
32. Clean cylinder & mount	✓
33. Fan warning sign on hood	✓
34. Personnel instructed in manual operation of system	—
35. Proper hand portable extinguishers New	✓
36. Portable extinguishers properly serviced	✓
37. Service & Certification tag on system	✓

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

grill	3 x deep fat fryers	2 burners	

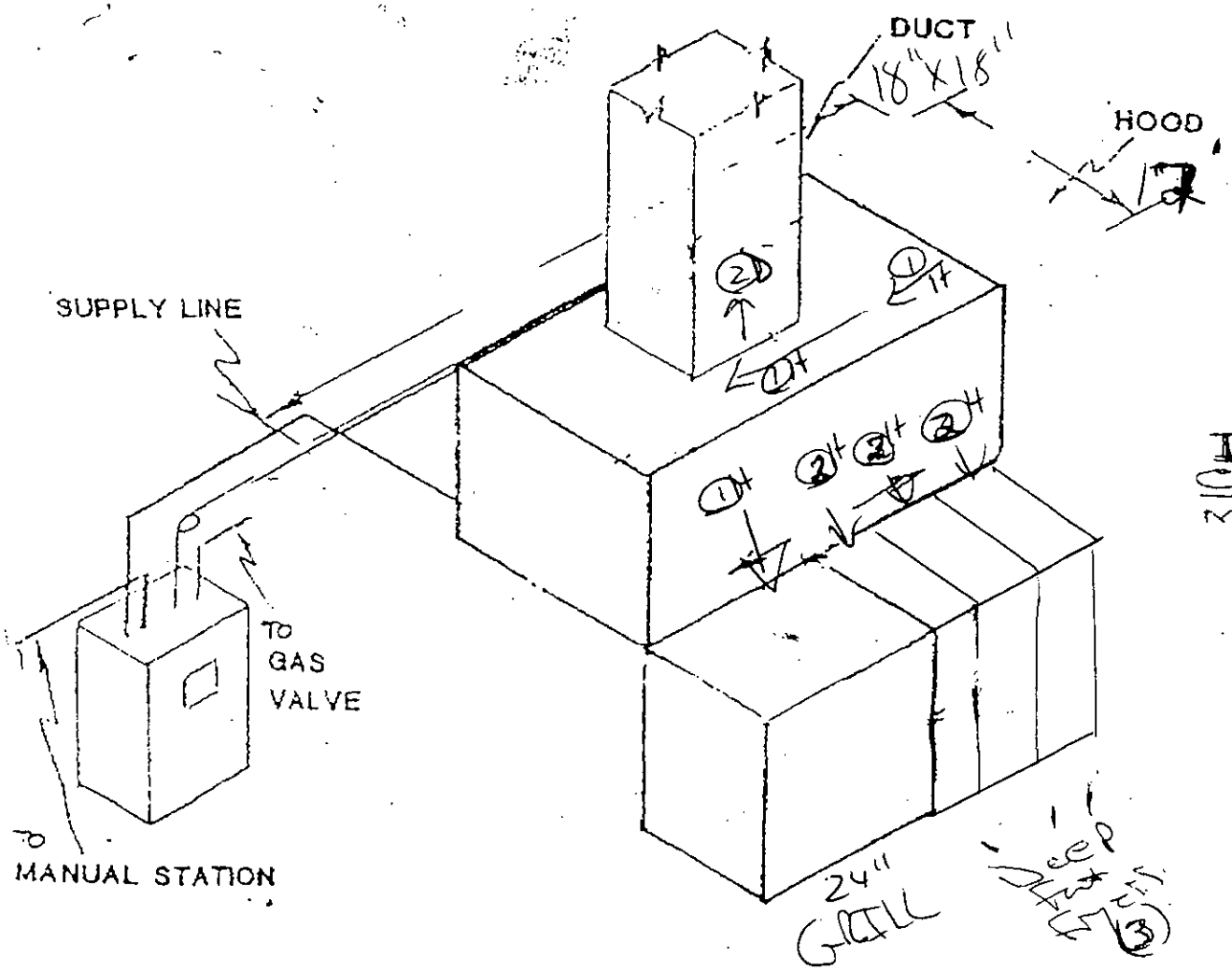
COMMENTS: UL 300 System upgrade Completed dry Chem to Wet Chemical.

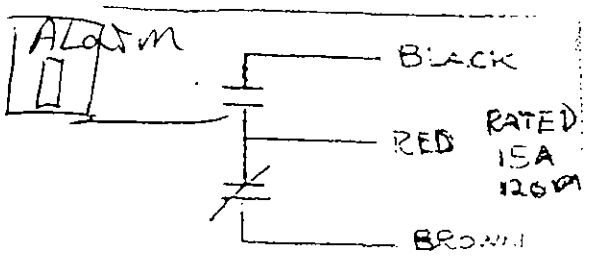
On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO. P412	DATE: 4/10/06	TIME: 2:30	AM	PM X	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE - CUSTOMER COPY YELLOW - DISTRIBUTOR PINK - AUTHORITY HAVING JURISDICTION





SNAP-ACTION
SWITCH
CONNECT AS REQ.

INSTALLATION SHALL COMPLY WITH UL LISTED MANUAL U.L. NO. 300

Wet Chemical portable fire extinguisher.

Cluck-U-Chicken
1905 RT88
Brick NJ 08723

DWN	CHK'D	DATE	DWG NO
		3/22/06	

MATERIAL LIST

NO	QTY	DESCRIPTION	PART NO
1	1	4.6 Gallon tank	
2	1	DUCT NOZZLE	
3	1	PLENUM NOZZLE	
4		APPLIANCE NOZZLE	
5	1	FUSIBLE LINK 360°	
8	1	PULL BOX	
7			

Andrew Cipolla
Bus. Permit # P412

732-836-1300
Fax 732-929-9217

Northeast Fire Equipment, LLC
Fire Extinguishers • Restaurant Fire Suppression Systems
Exit/Emergency Lighting

Ocean County Health Department

06-0886
869.04
B076-41

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # (732) 840-4224

ESTABLISHMENT TRADING NAME: Cluck-U-Chicken

NUMBER AND STREET: 1905 Rt 88

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☑ EMBARGOED

EVALUATION
- ☐ SATISFACTORY
- ☑ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Brown + Brown Food Inc.

NUMBER AND STREET: C/O.

CITY OR MUNICIPALITY: Same

STATE:

ZIP CODE:

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
6-20-06	15:45	16:45

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): Lawrence A. Newman

SIGNATURE OF INSPECTING OFFICIAL: L Q

PERMANENT REG. NO.: B-1762

H.D.64

lot

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Cluck-U-Chicken		6-20-06
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
CAN	Buck	15:45

REG. NO.	REMARKS (Please specify area)
10.8c	Previous Inspection Report not Available
6.11b	Screen door not maintained closed -
/	screens badly damaged.
5.1a	Cardboard used as shelf liners on shelves
/	stained and sticky - shelves must be easily
/	cleanable and non absorbent
7.1n	Ceiling tiles missing / badly stained.
7.1a	Floor behind and adjacent fryers had
/	an extremely heavy accumulation of grease
/	and food debris
7.1k	Wall surrounding slop sink was damaged
/	and had a heavy accumulation of food debris
5.3c	Storage racks encrusted with a black
/	material
7.1k	walls and sides of equipment by fryer
/	had a heavy accumulation of grease and
/	a black substance.
~~5.6b~~	~~Pan stored on floor between equipment~~
5.1a	Bare wood 'shelf' under microwave - must be
5.3c	easily cleanable and non absorbent
6.8g	Trash can in restroom not provided with lid.
5.3c	Cup dispenser behind counter encrusted

(Attach additional sheets if necessary)

H.D. 67

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DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Cluck-U-Chicken		6-20-06
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
L AN	Brick	11:45

REG. NO.	REMARKS (Please specify area)
/	with feed debris
5.1a	Counter area had missing formica in
/	several locations exposing bare wood.
6.10e	Dumpster lids open - must be
/	maintained "closed when not being loaded
/	No other discrepancies at this time

(Attach additional sheets if necessary)

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