



CONSTRUCTION PERMIT APPLICATION

Call 132-7404 Steven

1. Proposed Work Site at: 1105 RT 88 EAST BRICK N.J. 08724

2. Name of Owner in Fee: Stephen GIALANELLA Tel. (732) 840-3003
Address 246 VAN ZILE RD BRICK N.J. 08724
street municipality zip code
COUSINS MAIL, INC. 400 Ashford
Linden, NJ

3. Ownership in fee: Public ☐ Private ☒

4. Principal Contractor: Stephen GIALANELLA Tel. (732) 840-3003
Address 246 VAN ZILE RD BRICK N.J. 08724

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: () _____

5. Architect or Engineer _____ Tel. () _____
Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun Stephen GIALANELLA
Tel. (732) 840-3003 FAX: (732) 840-3003

1.	Building	\$		
2.	Electrical			
3.	Plumbing		65	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	\$		
7.	Less 20% for State Plan Review			
8.	Subtotal	\$		
9.	State Permit Fee Surcharge			
10.	Subtotal	\$		
11.	Cert. of Occupancy			
12.	Other <i>214</i>		30	
13.	TOTAL	\$		

1. Number of Stories _____

2. Height of Structure _____

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 _____

10. Wetlands yes _____
 no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

[illegible]

4. No. of dwelling units: All Units ^{Income-}~~restricted~~
Before Construction BAGGERS
After Construction CATERING
Net Gain or Loss

1. State Specific Use.
2. Use Group:
3. Change in Use Group, Indicate Former:

8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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:

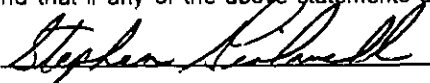
C.3. ☐ Electrical C.4. ☐ Plumbing

- 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

11/06/06

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

Address

Telephone ()

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	Other
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. _____	_____	_____	_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____ Date: _____

☐ Zoning Application approved

Initialed: _____ Date: _____

☐ Zoning permit updates:

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/08/2007
Tracking Number C-06-105612
Permit Number 06-3859
Permit Issue Date 11/22/2006
Certificate Number 06-3859

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1905 ROUTE 88 , NJ Block: 869.01 Lot: 4 Qual: _____
Owner in Fee: COUSINS MALL, INC.
Owner Address: 1905 ROUTE 88 BRICK NJ 08724
Telephone: (732) 840-3003
Contractor: COUSINS MALL, INC.
Address: 1905 ROUTE 88 BRICK NJ 08724
Telephone: (732) 840-3003 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

TENANT FIT UP NO WORK BEING DONE

Certificate Comments:

☐ **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.

☐ **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 Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 01/08/2007

Fee: \$0.00

Check Number: 1252

Collected By: Inspection Account

Page 1



CONSTRUCTION PERMIT

Date Issued 11/22/2006
Control # C-06-105612
Permit # 06-3859

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier _____
Work Site Location: 1905 ROUTE 88 , NJ Contractor COUSINS MALL, INC.
Address 1905 ROUTE 88 BRICK NJ 08724
Owner in Fee COUSINS MALL, INC.
Address 1905 ROUTE 88 BRICK NJ 08724 Telephone: (732) 840-3003
Telephone: (732) 840-3003 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

TENANT FIT UP NO WORK BEING DONE

Note: If construction 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 \$10

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$30
Total	\$95
Check No.	1252
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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

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

Block 869 Lot 1.9 Qualification Code 08724
Work Site Location 1905 RT 88 Back N.J. 08724

Owner Free Stephen Cialanella
Address 846 VAN ZIK RD BACK N.J. 08724

Tel 609-440-0836 FAX 609-440-0836
Contractor CAUSINO MALL, INC.
Address 440 Ashcroft Dr Linden, NJ 08702

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Federal Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☒ Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: Kitchen
Heating System: ☒ New or ☒ Existing ☐ HVAC Fire Suppression/Standpipe System:
Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____ Location of Main Control Valve: Kitchen

Location: _____
Fuel Storage Tank: ☒ Flammable or ☐ Combustible Capacity _____
Fuel Type: ☒ Flammable or ☐ Combustible

Total Cost of Fire Protection Work \$ 0

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Alarm System				
☐ Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☒ Fire Plans Approved	Pre-Eng. System				
Date: <u>11/22/05</u>	Mechanical				
Approved by: <u>Leo</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner (licensee) and am authorized to make this application. Leo Applicant's Signature/Contractor's Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

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

Flammable/Combustible Tanks _____
Alarm Systems _____

☐ System _____
☐ 110v Interconnected _____
☐ CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, puls, waterflow) _____

Supervisory Devices (i.e., lamps, low/high air) _____
Signaling Devices (i.e., horns/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 _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other Gas _____

Other Systems _____

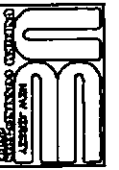
Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances ☒ Gas or ☐ Oil _____

Fireplace Venting ☒ Metal Chimney _____

Other _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 869 Lot 1.4 Qualification Code _____
Work Site Location 1905 RT 88 Back N.J. 08729

Owner in Fee Stephen Gialanella 732-798-4148
Address 846 VAN ZILE RD Back N.J. 08729

Tel () _____
Contractor COUSINS MFG. INC.
Address 490 Ashford 08836
Linden, NJ

Tel () _____ FAX () _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☒ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: Kitchen

Heating System: ☒ New or ☒ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____ Location of Main Control Valve: Kitchen

Location: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☒ Fire Plans Approved 11/22/05 Kevin

Date: 11/22/05

Approved by: ASO

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 11-22-05

Approved by: OK



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner record and authorized to make this application. Applicant's Signature/Contractor's Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/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 _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other Pro Chem PCL-240

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances ☒ Gas or ☐ Oil _____

Fireplace Venting metal Chimney

Other metal Chimney

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

COMMERCIAL

Date Received _____

Control # _____

Date Issued _____

Permit # _____

11-22-04

06-3859

**Township of Brick
Zoning Permit**

Approved: Monday, November 13, 2006 **Number:** 1411

Block 869.01 **Lot** 4 **Zone:** B-2, Gen. Business

Property Address: 1905 Route 88; Cousins Mall

Applicant: Stephen Gialanella; Creative Catering To Go

Property Owner: Cousins Mall, Inc.

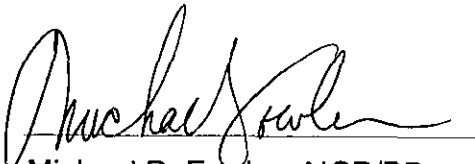
Existing Use: Vacant retail unit (former bagel shop).

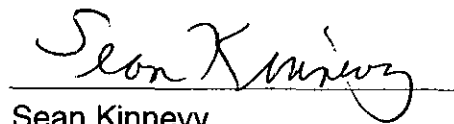
Proposed Use: Retail food shop.

Proposed Construction: Interior alterations for new business.

Conditions: An additional zoning permit is required for any sign or banner or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner


Sean Kinnevy
Zoning Officer

1CB
11/8/06

TOWNSHIP OF BRICK

2006

Permit N^o 0710

Not valid after
Nov. 30, 2006

RETAIL FOOD ESTABLISHMENT LICENSE

Permit is hereby granted to the (person) (partnership) (corporation) listed below to operate the business of a retail food establishment at:

Address.....1905 Route 88, Brick, New Jersey 08724.....

Name

Quick Stop Bagel & Deli Shop

This permit is not transferable and shall be framed and conspicuously displayed in the food handling establishment.
Violation of the ordinances or regulations of the Township of Brick is cause for revocation of this permit.

Date Issued
February 6, 2006
Fee Paid \$20.00

Virginia Demery
Municipal Clerk

OCEAN COUNTY HEALTH DEPARTMENT
SANITARY INSPECTION REPORT

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST
ON THESE PREMISES OR AT THE LOCAL DEPARTMENT OF HEALTH.

Quick Stop Deli

**FOOD
ESTABLISHMENT**



George J. McElroy
Inspector's Name
03-2062
Inspector's Permanent Registration Number
2/6/06
Date

H.D. #20

NOTE: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous place
near the public entrance of the establishment." Specific references in the Detail Data Sheets are
to Chapter 12 of the State Sanitary Code, and/or Title 24, N.J.S.A.