BLOCK 869.01 LOT 4 ADDRESS (SITE) 1905 Rt 88 E PERMIT NO. 101-93

Cluck University Chicken

RECEIVED JAN 1993

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1905 Rt 88 E
2. Name of Owner in Fee: Robert Brown Tel. (908) 892-3284
   Address 101 Jefferson DR (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: R.T. Brown Electrical Tel. (908) 892-3284
   Address 101 Jefferson DR Brick
   License No. OR, if new home, Builder Reg. No. 10584 Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer Tim McCory Tel. (___) 681-6617
   Address Belmar N.J
6. Responsible Person In Charge of Work Robert T Brown Tel. (908) 892-3284

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 115		
2. Electrical			
3. Plumbing	80		
4. Fire Protection	244		
5. Other			
6. Subtotal	$ 369		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 399		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

tenant fitup

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	1000.00
6. ☐ Fire Protection	1000.00
7. ☐ Plumbing	3000.00
8. ☐ Electrical	1000.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	$6000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
DL	1/21/93		1-22-93	RL	3/4/93		
			1-22-93	DL	3/2/93		
			1/22/93	DL	3-1-93		
					3-3-93		

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: Restaurant
2. Use Group: A-2
3. Change in Use Group, Indicate Former: A-2

RECEIVED JAN 1993 BUILDING INSPECTION

CLUCK UNIVERSITY CHICKEN

LDS BR 10313075

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 Robert T. Brown Date 1-19-93

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name R.T. Brown Electrical Contracting Inc

Address 101 Jefferson Drive
Bricktown N.J.

Telephone (908) 892-3284

Signature Robert T Brown Date

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☒ Planning Board	ASP	1/8/93							
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other Zoning	SIC	1/21/93	ada						
☒ Zoning	SIC	2/16/93	awaiting						
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 101	3-8-93	
☐ None			

New Jersey

CERTIFICATE

2-19-93

Date Issued 3-8-93
Control #
Permit # 101-93

IDENTIFICATION

Block 869.01 Lot 4
Work Site Location 1905 Rt. 88 East

Owner in Fee Robert Brown
Address 101 Jefferson Dr.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant fit-up "CLUCK UNIVERSITY CHICKEN"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XX☑ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ *CERTIFICATE OF CONTINUED OCCUPANCY*

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciarizo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Chuck Unemming Chucker

CONSTRUCTION PERMIT

Date Issued 1-22-93
Control #
Permit # 101-93

IDENTIFICATION Block 867.1 Lot 4

Work Site Location 1905 Rt 88E

Owner in Fee Robert Brown

Address 181 N. Hesan Dr Brick NJ

Tele. ( )

Contractor P.J. Brown Elec.

Address 101 Jefferson Dr Brick NJ

Tele. ( )

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

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Fit-up

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

Estimated Cost of Work $ 6000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS **(Office Use Only)** 0005**

Building	45 —	
Plumbing	88 —	.00
Electrical		
Fire Protection	244 —	.00
Other	P/R 5 —	
Other		.00
DCA Training Fee	5 —	.00
Cert. of Occ.	20 —	.00
Other		.00
Total	379 —	.00
Check No.	# 1003	.00
Cash		.00

Collected By: _____

1003 check

PERMIT UPDATE

Date Update Issued 2/19/93
Control #
Permit # 124-93
Date Permit Issued 1/22/93

IDENTIFICATION Block 869.1 Lot 41
Work Site Location 115 ST 48 FRONT
Owner in Fee [illegible]
Address 101 [illegible]
Tele. ( ) 792-2254

Contractor [illegible]
Address [illegible]
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] Other [illegible]
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

ORIGINAL
ILLEGIBLE

Estimated Cost of Work $ [illegible]

[illegible]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) **0007**

Building	23.—	
Plumbing	NOT	0.00
Electrical		
Fire Protection	1/2	23.00
Other		46.00
Other		2.00
DCA Training Fee		71.00
Cert. of Occ.		71.00
Other		0.00
Total		10:47
Check No.	[illegible]	
Cash		
Collected By:		

U.C.C. Form F-190A

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

Cluck-Univ. Chicken

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-22-93
Control #
Permit # 101-93

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

Block 869.1 Lot 4
Work Site Location 1905 Rt 88 E Brick town N.J.
Owner in Fee Robert T Brown
Address 101 Jefferson DR Brick town N.J.
Tele. (908) 892-3284
Contractor R.T. Brown
Address 101 Jefferson DR Brick N.J
Tele (908) 892-3284
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.	1/22/93	RA	Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame	1/29/93 Jacket		2/2/93	JC
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy	3/2/93	3/3/93 NR		
SUBCODE APPROVAL			Mechanical	A/C			
[ ] CO [ ] CCO [X] CA			TCO	In comp			
Date: 3/4/93			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 800.00
3. Total (1+2) $ _____

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.

Robert T Brown
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing a 5X8 Handicap Bathroom. 1 Dividing Partition. all metal studs ½ SHT ROCK No-Awning or Siding

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

(Office Use Only)
FEE
$ _____

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

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

update

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/19/93
Date Issued
Control #
Permit # 101-93

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
Work Site Location 1905 Rt 88 E BRICK

Owner in Fee Robert T Brown
Address 101 Jefferson DR
BRICK N.J.
Tele. (908) 892-3284
Contractor Capitol Awning
Address 104-03 180th St
JAMAICA NY 11433
Tele (800) 241-3539
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Robert T Brown
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 - 20' Awning

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2/18/93	RC
[ ] All		
[ ] Footing	NEEDS	
[ ] Foundation	FIRE	
[ ] Frame	TEST	
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/8/93
Approved By: J. Rueda

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 3000
2. Alteration $
3. Total (1+2) $

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

(Office Use Only)

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

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

Ready

Brick Mason

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 1 93 0 0 1 0 3 6

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

Block 3691 Lot 4
Work Site Location 1905 Rt 88 E
Bricktown N.J.
Owner in Fee Robert T Brown
Address 101 Jefferson DR
Bricktown N.J.
Tele. (908) 892-3284
Contractor R. T. Brown Electrical Contr INC
Address 101 Jefferson DR
Bricktown N.J.
Tele. (908) 892-3284
Lic. No. 10584
Federal Emp. No. _____ or Social Security No. _____

Check Uncle

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other remodeling
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 7 1000,00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 3-3-93
Approved by: Richard

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2-24-93	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	3R-93-24		3-3-93	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3-3-93
Line Dept. P.P.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application. Robert T Brown
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
25		Receptacles (2)	
10		Switches (3)	
45		Total 1 + 2 + 3	
1	gas	Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
4		Signs neon Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 40.00
Paid [ ] Check # 1005 Minimum Fee $ 1.00
Collected by: _____ TOTAL FEE $ 41.00

RF

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-22-93
Control #
Permit # 101-93

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

Block 869 Lot # 4
Work Site Location 1905 Rt 88 EAST. BRICK TOWN.
Owner in Fee Camp Holt
Address 1905 Rt 88 E. BRICK TOWN.
Tele. (908) 370-2330.
Contractor OXYGEN Supply Co
Address 1369 Rt 9 Lakewood NJ
Tele. ( )
Lic. No.
Federal Emp. No. 222-111-640-[illegible] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-22-93
Approved by:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3-2-93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			3-2-93	
Fire Alarm Test				
Smoke Test				
Mechanical			3-2-93	
TCO				
Other Final			3/4/93	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Tenant Fit up

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	[illegible]	
Dry Sprinkler Heads		
TOTAL		2
Smoke Detectors	1	46
Heat Detectors		
TOTAL	1	
Stand Pipes		
Kitchen Hood Exhaust Systems	1	33
Pre-Engineered Systems	Emergency Lites Battery Back up Exit Signs	
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	1	65
Wet Chemical		
Gas or Oil Fired Appliance	3 Gas appl.	99
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 244

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

update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/19/93
Date Issued
Control #
Permit # 101-93

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

Block 869-1 Lot 4
Work Site Location 1905 Rt 88

Owner in Fee Brown
Address 101 Jefferson Dr.
Delta 78
Tele. ( )
Contractor Rt Brown Elec.
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

certificate in jacket

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-18-93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 3-2-93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Amy			3-2-93	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Awning

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		46 —
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Fee Resistance

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 46 —

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-22-93
Control #
Permit # 101-93

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

Block 869.1 Lot 4
Work Site Location 1905 ROUTE 88 EAST BRICK TWN
CHUCK UNIVERSITY CHICKEN COMP
Owner in Fee ROBERT BROWN
Address 101 JEFFERSON DRIVE
BRICK TOWN NJ
Tele. ( ) 223 4992
Contractor ART CARBO
Address 631 FLETCHER AVE
MANASQUAN
Tele. ( ) 2234992
Lic. No. 2200
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed _____
Building Sewer Size EXT 4"
Water Service Size EXT 1"
Estimated Cost of Plumbing Work $3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1/22/93
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: _____
Date: 3-1-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	1-26-93		1-28-93	
Rough	~~1-26-93~~		2-1-93	
Water				
Sewer				
Fixtures				
Gas Equipment			1-26-93	
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5
	Shower	
4	Floor Drain	20
3	Sink	15
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
4	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 80.-
	Minimum Fee	$
	TOTAL	$

Paid [ ] Check # _____
Collected by: _____

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

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

JOB Clark University Chicken Co
SHEET NO. 1905 Rt 88 Brick — OF
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE _____

NOTE

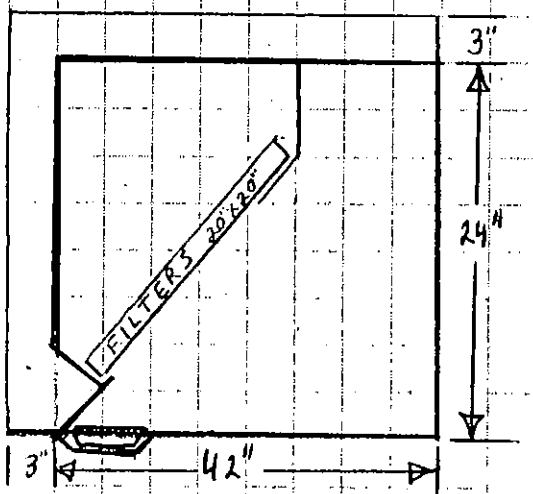
HOOD : ALL WELDED SEAMS 18 GAUGE METAL.

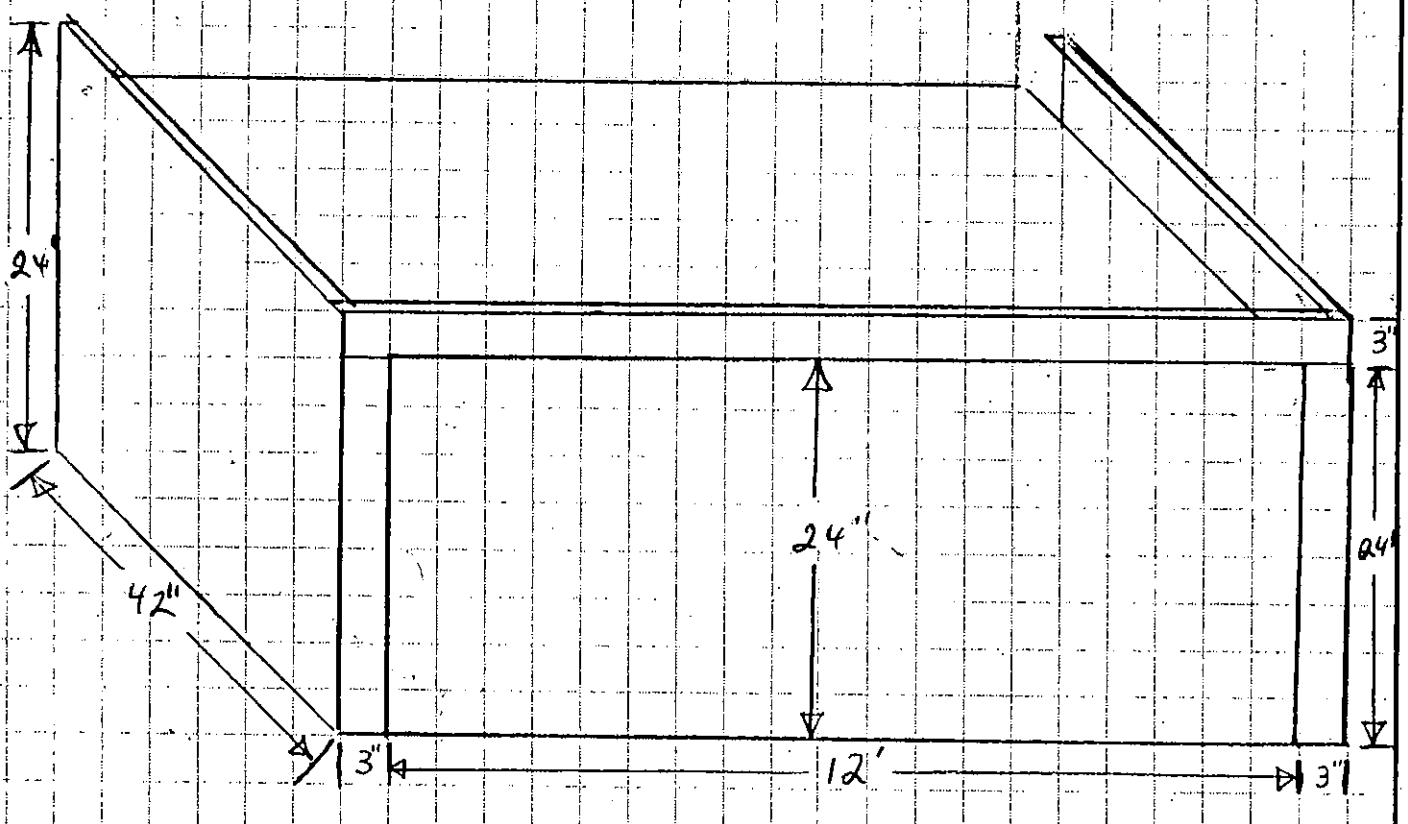
FILLERS 3" SPACERS PROVIDED WITH FIRE RETARDANT MATERIAL WHEN TO CLOSE TO COMBUSTABLE. 18 GAUGE METAL.

DUCT; ALL WELDED SEAMS 16GAUGE WITH CLEAN OUT WHERE REQUIRED BY CODE

FILTERS: GALVANIZED BAFFLE TYPE TO CATCH GREASE. REMOVABLE

GREASE CUP : REMOVABLE TO CATCH GREASE AND TO BE ABLE CLEAN. EASY.





OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

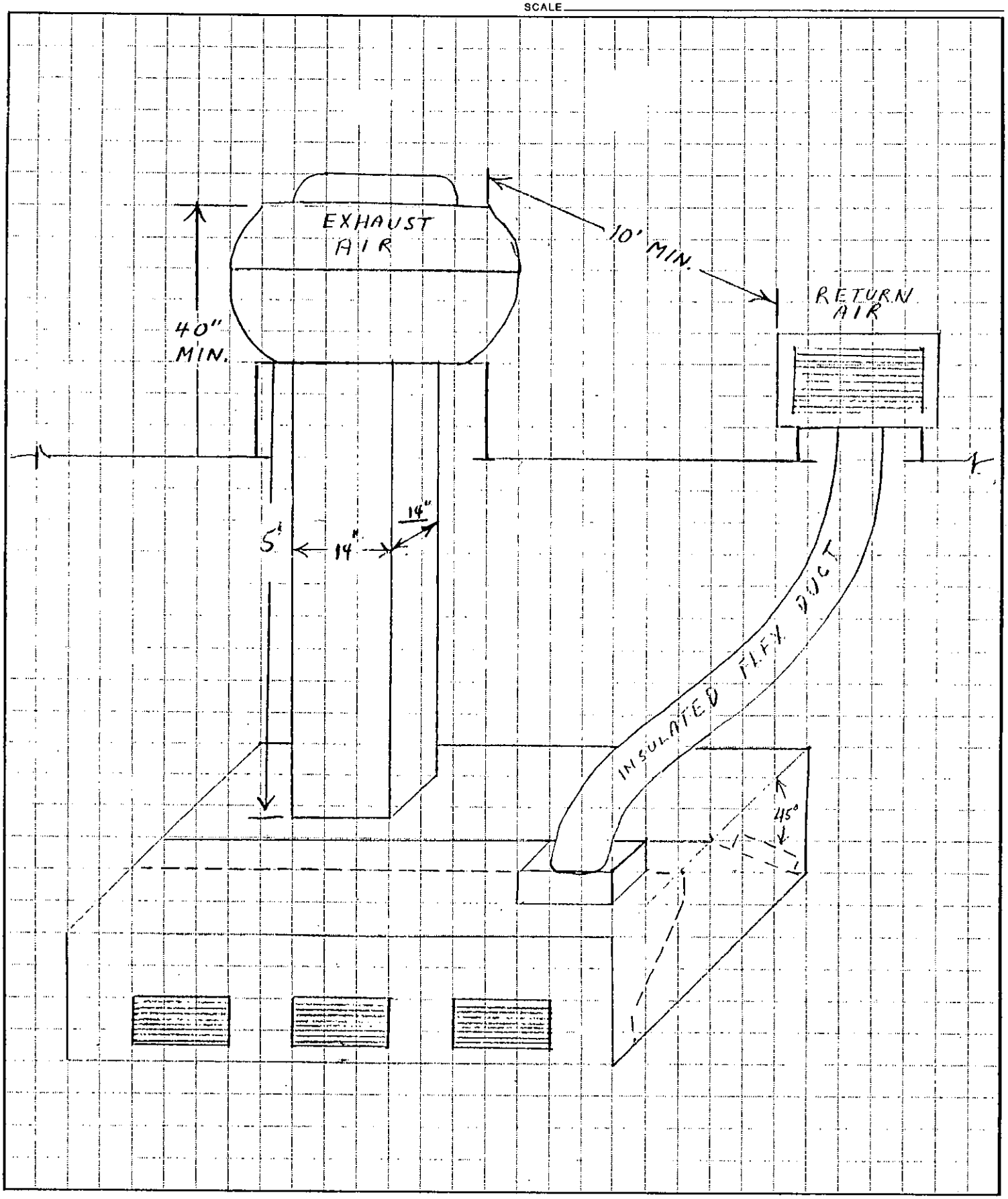
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

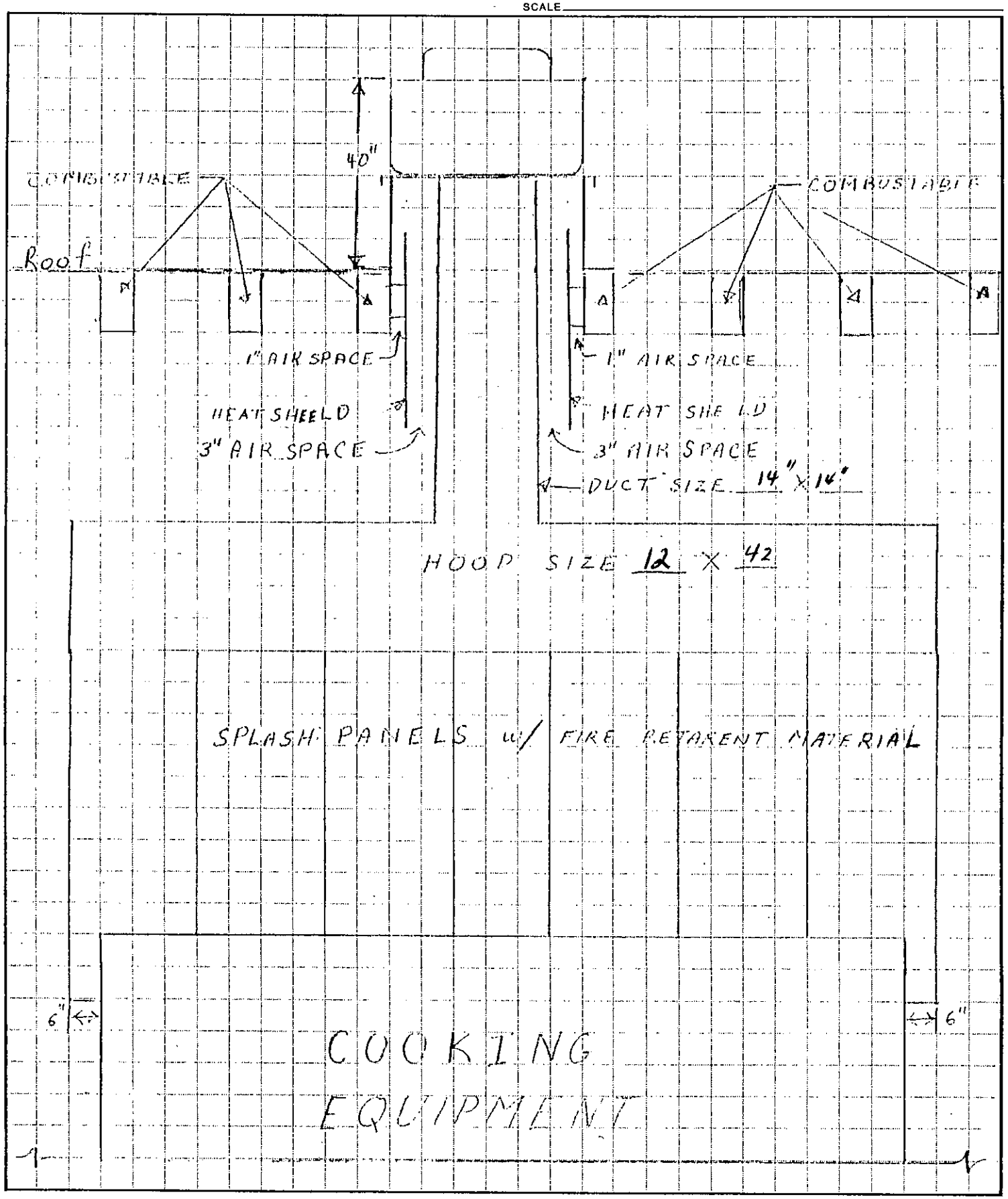
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



OXYGEN SUPPLY CO., INC.
1368 Route 9 -
LAKEWOOD, NJ 08701
(201) 370-2330

JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____

NOTE SYSTEM FSI 30 DRY CHEM

PIPE A – B 3/4" .

PIPE D-G, D-H, C-J, F-K, EI, 1/2"

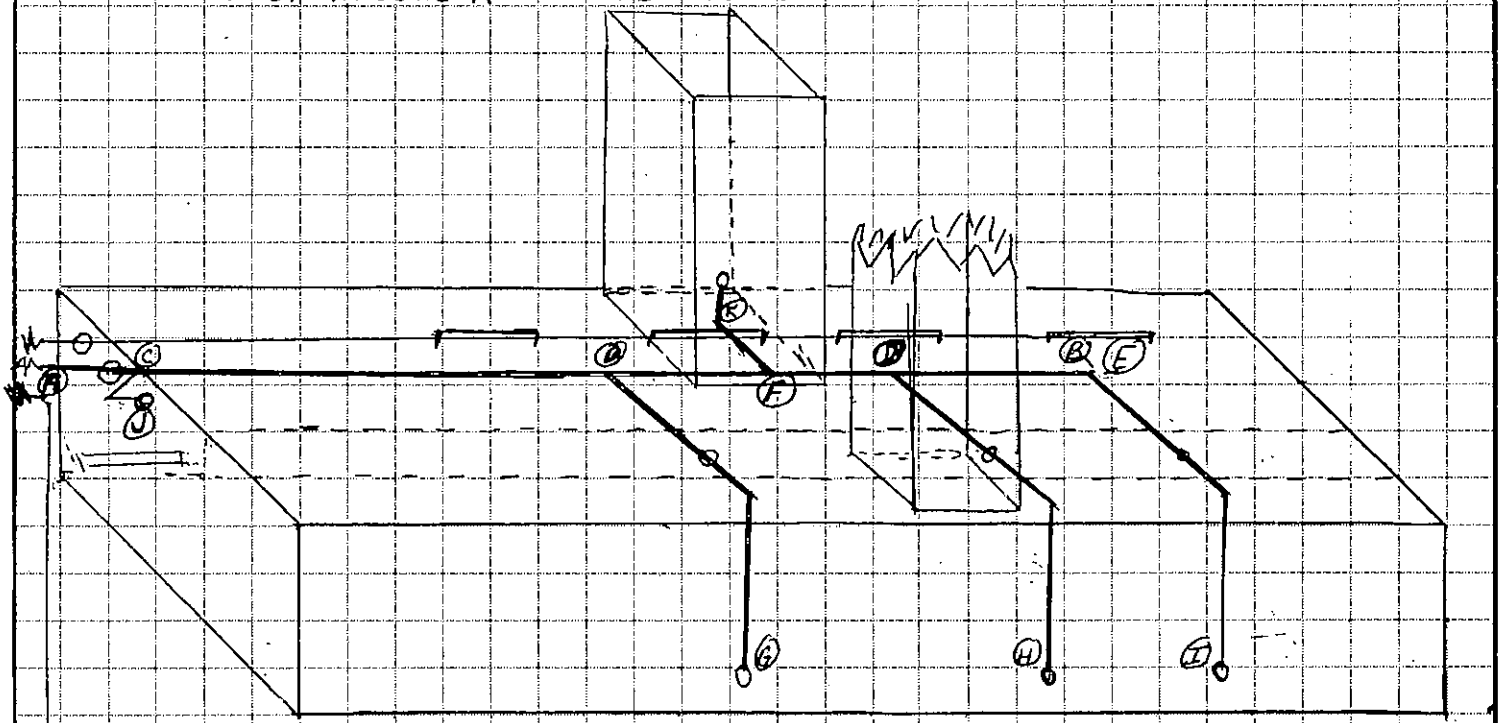
CHEM FLOWS C-3, D-1, F-1, E-3,

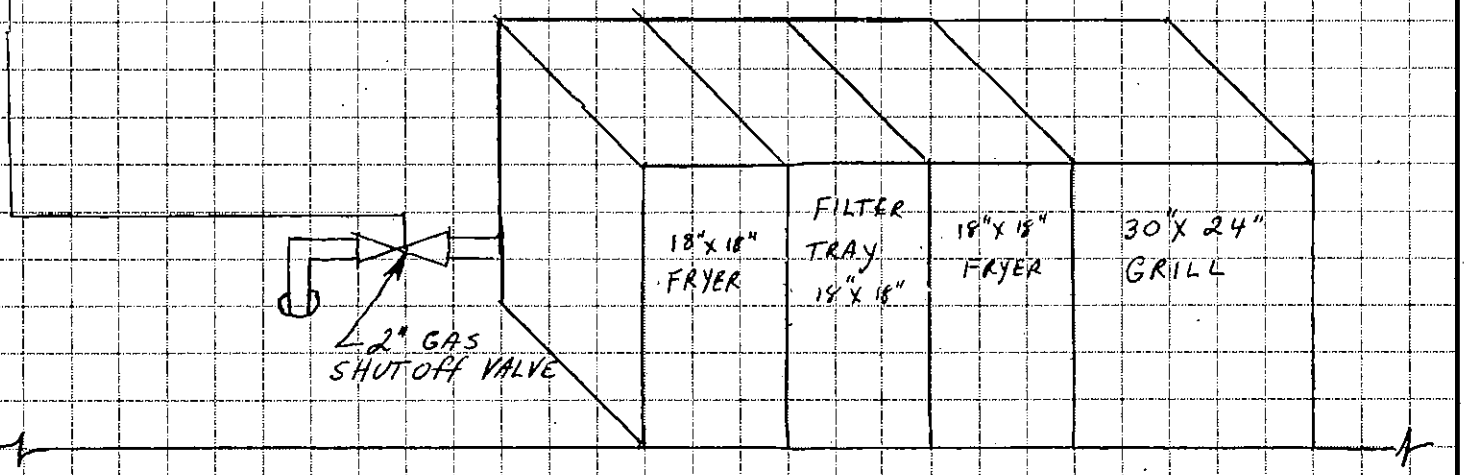
LINK DECTECTORS 450°

APPLIANCE NOZZLES G, H, I, – GH 27"X27", I 60"X40"

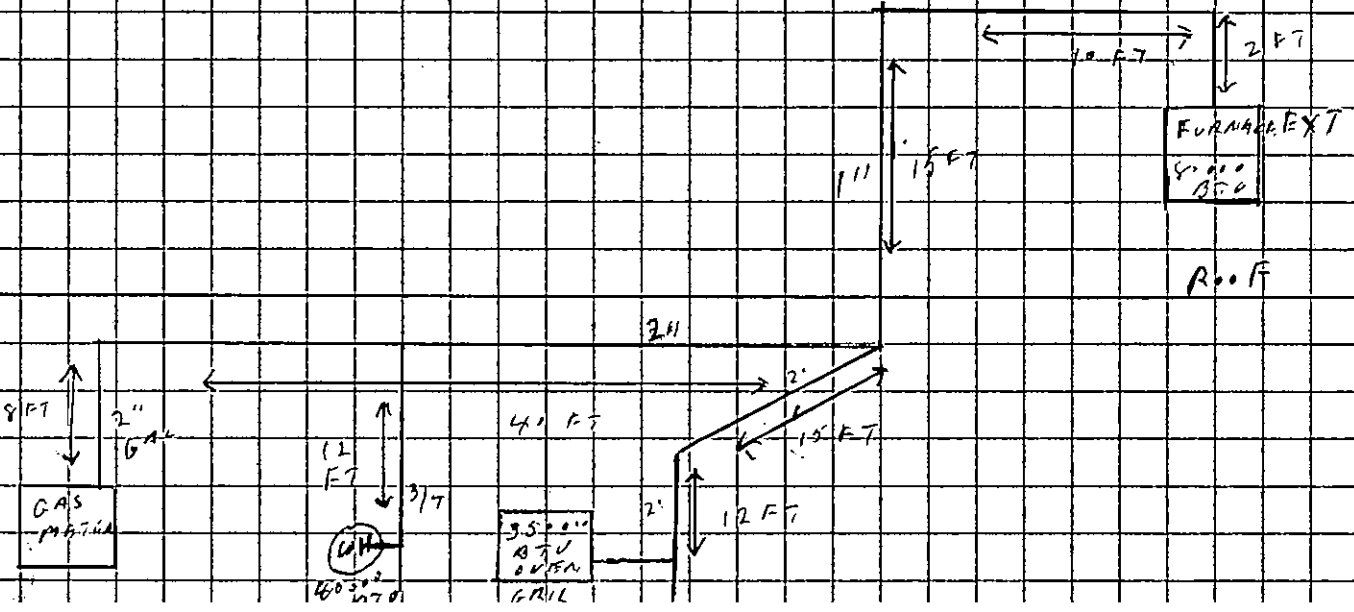
PLENUM NOZZLE J 12'X4'

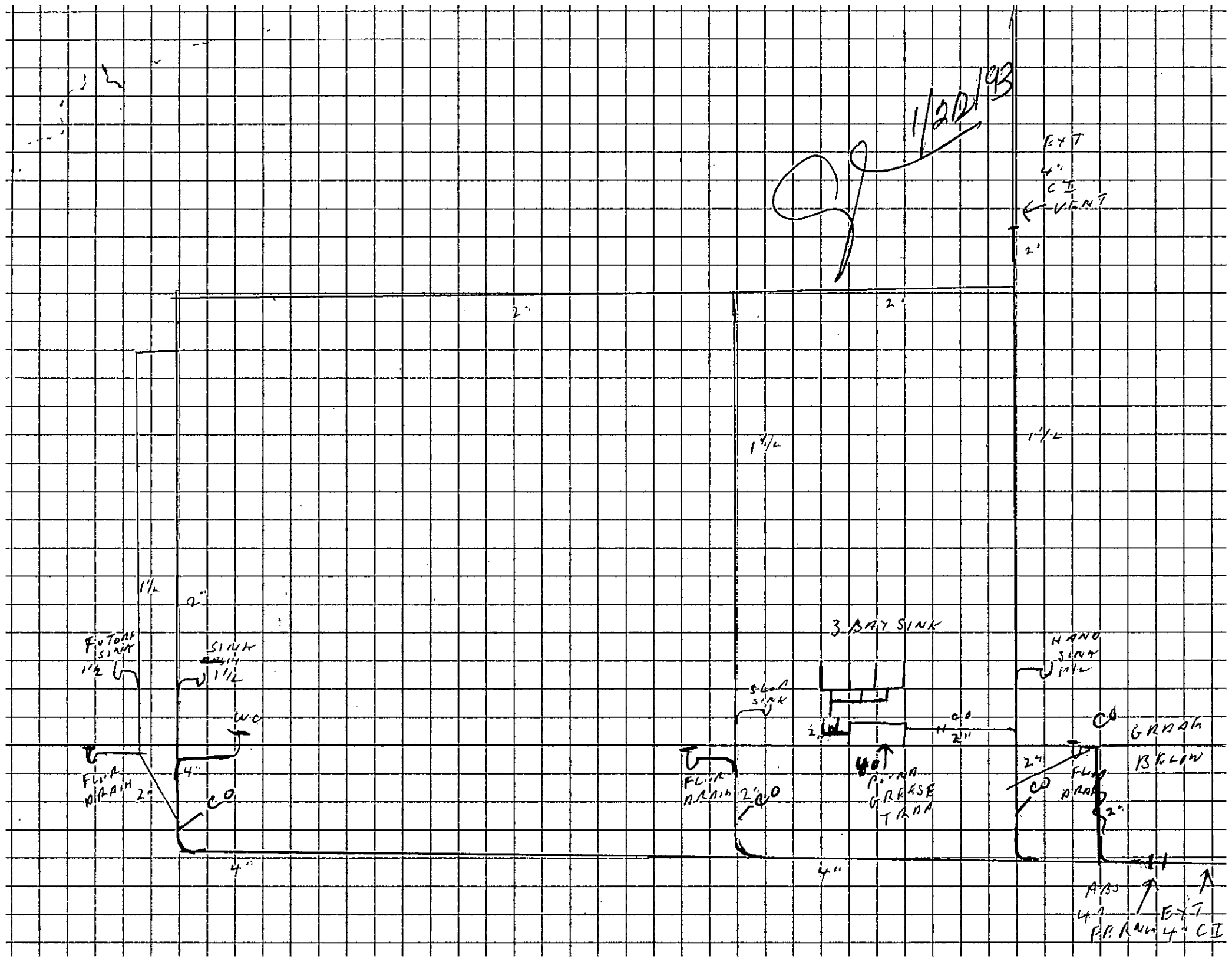
DUCT NOZZLE K 100" PERMITTER UNLIMITED LENTH.





1/22/93


10 FT
2 FT
FURNACE EXT
111
15 FT
ROOF
211
2'
8 FT
2" GAL
GAS METER
40 FT
15 FT
12 FT
12 FT
3/7
UH
35,000 BTU HEATER
GRILL


1/20/93
EXT
4"
C II
VENT
2"
2"
2"
1 1/2
1 1/2
1 1/2
2"
FUTURE SINK
1 1/2
SINK
1 1/2
WC
4"
FLOOR DRAIN
2"
CO
4"
SLOP SINK
FLOOR DRAIN
2"
CO
3 BAY SINK
2"
CO
2"
40 GAL GREASE TRAP
HAND SINK
1 1/2
CO
GREASE
BELOW
2"
FLOOR DRAIN
2"
CO
2"
4"
ABS
4"
EXT
4" C II
FLOOR DRAIN

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

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

Click University

re: Proposed Floor Plans
Block 869.1Lot 4

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the N.J. State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,

Joseph A. Caprio /mf.

Joseph A. Caprio
Sanitary Inspector

cc: Brick Township Board of Health
Brick Township Construction Official (Art Cierzo)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

ESTABLISHMENT INFORMATION

PHONE # 892-5612 TEMP

ESTABLISHMENT TRADING NAME BLOCK 869.1 LT 4
CLUCK UNIV CHICKEN

NUMBER AND STREET
R+88

CITY OR MUNICIPALITY: BRICK
ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.
COMMUN. CODE: 1506
RISK: II

ESTABLISHMENT CODE: 39

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
ROBERT BROWN

NUMBER AND STREET
101 JEFFERSON DR

CITY OR MUNICIPALITY: BRICK
STATE: NJ

ZIP CODE: 08724
COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
1-20-93	08:55	09:15

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print)
Joseph A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL
Joseph A. Caprio

PERMANENT REG. NO.
B-375

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
CLUCK UNIV. CHICKEN		1-20-93
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph C. Caprio	BRICK	Begin 0855

REG. NO.	REMARKS (Please specify area)
	The attached plans have been reviewed
	+ approved. They are in substantial compliance
	with Chapter XII of the NJ State Sanitary Code
Note:	A splash guard shall be provided between the
	3 compartment sink + the slop sink

(Attach additional sheets if necessary)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

OFFICE OF: PLANNING BOARD

(201) 477-3000

January 8, 1993

Mr. John Brown
34 Island Drive
Brick, N.J. 08724

Re: ABR-123-10/92
John Brown
Block 869.01, Lot 4

Dear Mr. Brown:

As requested in your letter of December 28, 1992, a 4th site inspection has been made and the attached report issued. After discussion with you at the January 6th Executive Session, the Planning Board has detemined that abridged site plan approval can be granted as long as there is compliance with the following:

a. No more than 6 spaces shall be required by this unit. No increase of spaces would be required if the seating is limited to 16 with 3/4 employess per shift or 20 seats with 2 employees.

b. The facility shall be closed to the public at 12:00 Midnight, however, delivery service may operate until 3:00 A.M.

By copy of this letter, we are authorizing the Division of Inspections to issue a building permit, provided there is compliance with all other applicable ordinances of the Township of Brick.

Yours truly,

E. Joan Kull

E. Joan Kull, Secretary

att.

cc: Kenneth B. Fitzsimmons
Sean Kinnevy, Zoning Officer
Division of Inspections
Code Enforcement
Camp Realty

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

OFFICE OF:

(201) 477-3000

TO: Brick Township Planning Board

FROM: Richard E. Garnett, P.L.S., P.P.

DATE: January 4, 1993

RE: Abridged Site Plan Application ABR-123-10/92
Change of Use
John Brown - Applicant/Tenant
Camp Realty (Cousins Mall) - Owner
1905 Route 88 East

FOURTH INSPECTION AND REVIEW

As an update to our reports of December 7, 1992, November 4, 1992 and October 19, 1992, we have conducted a 4th inspection of the above referenced site and find that the previously mentioned deficiencies have been corrected.

We now offer a full review of the application.

Existing Conditions:

Subject property is Block 869.01, Lot 4, a 40,000 s.f. site known as "Camp Mall". Current uses are Regency Cleaner's (1140 s.f.) Travel Exchange (1140 s.f.) a Bagel Shop (1140 s.f., 10 seats, 3 emp.) Brick Hospital Thrift Shop (2280 s.f.) News Stand (1140 s.f.) Amici Hair Salon (1140 s.f.) and 1 vacant retail unit (1140 s.f.).

Current Zoning is B-2.

Proposal:

The applicant is proposing a change of use from retail (vacant 1140 s.f.) to "Cluck University" a restaurant.

Ordinance Compliance:

Item	Ordinance	Provided
Use	Must be permitted/ conforming	Permitted conforming
Variance	None may be required	None required
Parking	No add'l. spaces may be required	49 exist, (53 current demand) No increase req'd if seating is limited to 16 with 3/4 employees per shift or 20 seats with 2 employees. (No more than 6 spaces may be req'd by this unit).
Internal Driveway Fire lanes	No alteration or relocation	No alteration or relocation
Operating	No increase	11AM-3AM proposed (Previous hours unknown)
Buffer	No add'l. req'd. No reduction	Sparsely planted buffer. No add'l req'd by this use.
Landscaping	No reduction	No reduction (site not landscaped)
Property Maintenance Codes	Must be fully adhered to	Complies
Taxes/ Assessments	Must be paid to date	Paid to date
Previous site plan approvals	Must be in full compliance	Complies

Recommendation:

Provided that the seating count and number of employees per shift are limited as specified above, abridged site plan approval may be granted.

Please note the attached letter from Sean Kinnevy, Zoning Officer, granting permission for a temporary dumpster for cleaning purposes unit February 1, 1993.

REG/kmd/kb

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Richard E. Garnett, P.L.S., P.P.
Municipal Surveyor/Planner
(908) 477-3000, Ext. 275
Fax: (908) 920-4850

December 17, 1992

Cousins Mall Inc. t/a Camp Realty
John Datillo, Jr.
400 Ashton St.
Linden, NJ 07036

FAX 486-8610

Re: Block 869.01, Lot 4
1905 Route 88 - Camp Mall

DearMr. Datillo:

This letter is to confirm that you may have a temporary dumpster on the referenced property in order to collect debris from cleaning out the unit of the former bagel shop. This dumpster will not affect your Planning Board application or approval and must be removed by February 1, 1993.

The permanent dumpsters must be located as per the site plan and within a chain-link fence with slats enclosed onall sides with one side being a gate. The Planning Board will consider your application at its next meeting on January 6 if you submit a letter requesting an inspection on January 4 and the gate with slats is in place and all other conditions are still satisfactory.

Very truly yours,

Sean Kinnevy
Zoning Officer

cc: Scott MacFadden, Acting Mayor
Planning Board

Certificate of Flame Resistance

REGISTERED APPLICATION CONCERN No.

GA-217

ISSUED BY

JOHN BOYLE & COMPANY, INC.
Salisbury Road
Statesville, NC 28677
704-872-8151

Date treated or manufactured

This is to certify that the materials described below have been flame-retardant treated (or are inherently nonflammable).

FOR Cluck University Chicken ADDRESS Route 1 South

CITY Monmouth Junction, STATE New Jersey

Certification is hereby made that: (Check "a" or "b")

[ ] (a) The articles described below this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

[X] (b) The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used _____ Reg. No. _____

The Flame-Retardant Process Used WILL NOT Be Removed By Washing

JOHN BOYLE & COMPANY, INC.

Name of Applicator or Production Superintendent

JOHN BOYLE & COMPANY, INC.

By Walter Conine

Specialty Products Manager

CAPITOL Awnings & Canopies

105-15 180th Street
Jamaica, New York 11433
718-454-6444
212-505-1717
800-241-3539
Fax 718-657-8374

CLUCK UNIVERSITY CHICKEN - AWNING SPECIFICATIONS

(continued)

E) GRAPHICS:

All graphics which shall include the Cluck University Chicken logo, chicken head, and fresh food that's fun, are all to be heat transfered onto the base fabric. After the heat transfer process has occurred a final coating of Tedlar top coat will then be heat transfered onto the fabric.

F) INSTALLATION:

All awnings shall be installed by qualified awning personnel only. Insurance certificates to be supplied upon request.

G) WARRANTY: (fabric)

Catco Supply Inc. warrants to its customer that all colors of Signtech fabric with Super Glasskote top finish when used in a back lit awning application and when fabricated, installed and properly maintained on a semi-annual basis, will not fade excessively or undergo excessive color degradation or mildew staining to the extent that the awning becomes ineffective for its intended advertising or identification purpose when viewed at a normal distance for a period of (8) years. If the material does not perform under the above conditions Catco Supply Inc. will supply to the awning company sufficient fabric to produce a new duplicate awning at the current price.

CAPITOL Awnings & Canopies

105-15 180th Street
Jamaica, New York 11433
718-454-6444
212-505-1717
800-241-3539
Fax 718-657-8374

CLUCK UNIVERSITY CHICKEN - AWNING SPECIFICATIONS

A) FABRIC:

Awning base fabric to be coated vinyl on 100% polyester 20 x 20 500 base scrim. Thickness: 22 mil. Coated with Tedlar Super Glasskote PVF after graphics application to protect both sign and fabric with top coat. Color to be 2037 yellow.

B) FRAME:

Structural frame to be constructed of 1 x 1 galvanized steel architectural tubing and 1/2 round galvanized steel architectural tubing. Top and side panels to be constructed of milliken staple in extrusion. All welded joints shall be ground smooth and prime painted. Lengths shall vary from location to location, but drop shall be 5' and projection shall be 3' with a 36" sign face unless otherwise specified by owner.

C) LIGHTS:

Illumination shall be provided by proper usage of a continuous row of double tube high out put zero ballast exterior fixtures. All fixtures shall be pre-wired to a single seal-tite pigtail ready for final tie in by owner.

D) CEILINGS:

Bottom of all awnings shall be covered by 1/2" x 1/2" square acrylic white egg crate. All exposed steel at bottom shall be painted white to blend in with egg crate.