BLOCK 670 LOT 9 ADDRESS (SITE) Deli Plus Towne Hall Shoppes 990 Cedarbridge Ave Suite A-7 PERMIT NO. 155491

RECEIVED
AUG 14 1991
Deli

CONSTRUCTION PERMIT APPLICATION

BUILDING

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

I. IDENTIFICATION

1. Proposed Work-site at: 990 Cedarbridge Ave Suite A-7
2. Name of Owner in Fee: John Jones Provident Bank Lessee Tel. (908) 920-2555
   Address Phila - PA. (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: John Jones Tel. (908) 920-2555
   Address 28 Birch Dr Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work John Jones Tel. (908) 920-2555

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15-		
2. Electrical			
3. Plumbing	30-		
4. Fire Protection	20		
5. Other			
6. Subtotal	$ 65-		
7. Less 20% for State Plan Review	5-		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 90-	1K.	

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

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	
5. ☒ Alteration	1606
6. ☒ Fire Protection	100.-
7. ☒ Plumbing	300.-
8. ☒ Electrical	525.-
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS ✓	1925.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	8-14-91		8/20/91		8-29-91		
					8-29-91		
			8-20-91		8-27-91		
			9-3-91		9-3-91		

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:
2. Use Group: Deli
3. Change in Use Group, Indicate Former:

LDS BR 10510948

20K

UCC Form F 100A

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 8/13/91

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	JK	8/14/91	del.						
☐									
☐									

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. 1554	9-7-91	
☐ Certificate of Occupancy	No.		
☒ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 9/4/91
Control #
Permit # 1554-91

IDENTIFICATION

Block 670 Lot 9
Work Site Location 990 Cedarbridge Ave Suite A-7
Brick, N.J.
Owner in Fee John Jones/Deli Plus
Address Same

Tele. ( )
Contractor John Jones
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Fit - Up

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☒ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 8/20/91
Control #
Permit # 1554-91

IDENTIFICATION Block 670 Lot 9

Work Site Location 990 Old Bridgeboro Rd

Owner in Fee J. Jones
Address [illegible]

Tele. ( )

Contractor John Jones
Address [illegible]

Tele. ( )

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

Federal Emp. No. _____
or Social Security No. 1554*#

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Tenant Fit-up + C/O

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 $ 1925

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building 15	BLOCK 670 #	0.00
Plumbing 30	LOT 9 #	0.00
Electrical	BUILDING	15.00
Fire Protection 20	PLUMBING	30.00
Other	FIRE	20.00
Other PID 5	PLAN RVW	5.00
DCA Training Fee	CERT.	20.00
Cert. of Occ. 20	TOTAL	90.00
Other	CHECK	90.00
Total 90	CHANGE	0.00
Check No ✓		
Cash		
Collected By [illegible]	08/20/91 AM 5 0023A005	09:39

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/20/91
Date Issued
Control #
Permit # 1554-91

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

Block 670 Lot 9
Work Site Location 990 CEDAR BRIDGE AVE SUITE A-7
BRICK NJ 08723 TOWNE HAIR SHOPS
Owner in Fee PROVIDENT BANK
Address PHILA PA JOHN JONES - LESSEE

Tele. ( )
Contractor JOHN JONES
Address 28 BIRCH DR
477 BRICK NJ
Tele. (908) 920-0750 OR 920-2555
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	8/20/91	AL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 8/29/91			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 $ ____
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.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

OPENING DELI
INSTALLING COUNTERS & EQUIPMENT
NO COOKING

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [X] Other CHANGE STORE USE TO DELI

(Office Use Only)
FEE $ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/20/91
Date Issued
Control #
Permit # 1554-91

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

Block 670 Lot 9
Work Site Location 990 CEDAR BRIDGE AVE SUITE A-7
BRICK NJ 08723 TOWNE HALL SHOPS
Owner in Fee PROVIDENT BANK
Address PHILA PA JOHN JONES - LESSEE

Tele. ( )
Contractor JOHN JONES
Address 28 BIRCH DR
477 BRICK NJ
Tele. (908) 920-0750 OR 920-2555
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security N [redacted]

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

OPENING DELI
INSTALLING COUNTERS & EQUIPMENT
NO COOKING
1554-91

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/20/91	AA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
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 $
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
  [X] Other CHANGE STORE USE TO DELI

(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

ROUGHING & FINAL FOR
QUILL RAN 5 NEW FEED
FOR 7 RECEPTIALS,
KEY IN BEAUTY PARLOR NEXT DOOR
Brick TOWN HALL PLAZA

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 28 91 0 0 6 6 0 8

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

Block 67 Lot 9
Work Site Location 990 CEDAR BRIDGE AVE
BRICK
Owner in Fee QUILL PLUS
Address
Tele. ( )
Contractor R.J. ELECTRICAL INC.
Address 245 WEST WOOD PL.
BRICK N.J.
Tele. (908) 840 0409
Lic. No. 7089
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [X] Other BUISNESS
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 525

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:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-3-91	1427

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

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.

Le Roy R Jackson
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
7		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	40
		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	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
1		Other COPPER MACHINE	

Administrative Surcharge $
Paid [✓] Check # 1133 Minimum Fee $
Collected by: TOTAL FEE $ 40 —

m

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/20/91
Date Issued
Control #
Permit # 1554-91

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

Block 670 Lot 9
Work Site Location TOWNE HALL SHOPPES - 990 CEDARBRIDGE AVE
SUITE A-7 BRICK NJ 08723
Owner in Fee PRUDENT BANK - JOHN JONES - LESSEE
Address PHILA PA

Tele. (908) 477-0750 OR 920-2555
Contractor JOHN JONES
Address 28 BIRCH DR
BRICK NJ 08723
Tele. (908) 477-0750 OR 920-2555
Lic. No.
Federal Emp. No. _____ or Social Security N [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: ROOF
Total Est. Cost of Fire Prot. Work $ 100.— [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 8/29/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/29/91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other CA FOR EXIST USE				8-29-91

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 EQUIPMENT IS IN - REQUEST INSPECTION REN TO EXISTING B USE

Description of Work SEE ARCHITECT PLANS

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		
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		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 20

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/20/91
Date Issued
Control #
Permit # 1554-91

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

Block 670 Lot 9
Work Site Location TOWNE HALL SHOPPES - 990 CEDARBRIDGE AVE
SUITE A-7 BRICK NJ 08723
Owner in Fee PROVIDENT BANK - JOHN JONES - LESSEE
Address PHILA PA
Tele. (908) 477-0750 OR 920-2555
Contractor JOHN JONES
Address 28 BIRCH DR
BRICK NJ 08723
Tele. (908) 477-0750 OR 920-2555
Lic. No.
Federal Emp. No. [redacted] or Social Security No

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF
Total Est. Cost of Fire Prot. Work $ 100.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 8-20-91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA EQUIPMENT IS IN - REQUEST INSPECTION

Description of Work REN TO EXISTING B USE

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

SEE ARCHITECT PLANS

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		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	20
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 20

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 8/20/91
Date Issued
Control #
Permit # 1554-91

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

Block 670 Lot 9
Work Site Location DELI PLUS
990 CEDARBRIDGE AVE (A-1)
Owner in Fee PROVIDENT BANK - JOHN JONES - LESSEE
Address PHILA PA 28 BIRCH DR
BRICK NJ 08723
Tele. (908) 920-2555 or 477-0750
Contractor PRIMAK PLUMBING & HGT. INC.
Address 1532 CHATHAM RD.
Toms RIVER N.J. 08753
Tele. (908) 270-6282
Lic. No. 8405
Federal Emp. No. 223042186 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 2200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-20-91
Approved by: JM

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JM
Date: 8-27-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8-27-91	JM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Michael F Primak
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Check on Size of water Service

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 30-

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/20/91
Date Issued
Control #
Permit # 1554-91

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

Block 670 # 11 Lot 9
Work Site Location DELI PLUS
990 CEDARBRIDGE AVE (A-1)
Owner in Fee PROVIDENT BANK - JOHN JONES - LESSEE
Address PHILA PA 28 BIRCH DR
BRICK NJ 08723
Tele. (908) 920-2555 OR 477-0750
Contractor PRIMAK PLUMBING & HEAT. INC.
Address 1532 CHATHAM DR.
TOMS RIVER N.J. 08753
Tele. (908) 270-6282
Lic. No. 8405
Federal Emp. No. 223042196 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 2200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-20-91
Approved by: JAM

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

INSPECTIONS:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 30-

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

TOWNSHIP OF
BRICK NJ

08/26/91 NO. 5

0004
1554**

BLOCK 670 #	0.00
LOT 9 #	0.00
BUILDING	15.00
PLUMBING	30.00
FIRE	20.00
PLAN RVW	5.00
C / O	20.00
TOTAL	90.00
CHECK	90.00
CHANGE	0.00

0023A005 09:38

BLK 67 LOT 9

For Information Call: _____

Permit No. 006608

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] Rough		
[ ] Service		
[✓] Other	9-3-91	1497
	7 Recpt. #1	for Coffee Anything
[ ] Final		

U.C.C. Form F-222A

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

August 13, 1991

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

re: Proposed Floor Plans
Block 670 Lot 9
Deli Plus
990 Cedarbridge Ave.
Brick

Dear Sir,

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

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

Very truly yours,

Joseph P. Caprisano

Sanitary Inspector

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

/pjp

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
DELI PLUS		8-13-91
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
Joseph A. Capri	BRICK	08.50

REF. NO.	REMARKS (Please specify area)
	THE ATTACHED PLANS HAVE BEEN REVIEWED + APPROVED
	THEY ARE IN COMPLIANCE WITH CHAPTER XII OF THE N.J.
	STATE SANITARY CODE WITH FOLLOWING STIPULATIONS
(1)	THERE SHALL BE AN APPROPRIATE DIVIDER BETWEEN
	THE 3 COMPARTMENT SINK + THE SS SINK IF THIS SINK
	IS BEING UTILIZED AS A MOP SINK - IF NOT THEN A
	SEPARATE MOP SINK MUST BE INSTALLED
(2)	LIGHT IN DELI CASE (IF ANY) MUST BE PROTECTED

(Attach additional sheets if necessary)

H.D.67

OCEAN COUNTY HEALTH DEPARTMENT

No. ____

NEW ESTABLISHMENT

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 477-0750 Block 670 Lot 9

ESTABLISHMENT TRADING NAME: DELI DELIS

NUMBER AND STREET: 990 CEDARBRIDGE AVE

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: 02

ESTABLISHMENT CODE: 10

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: JOHN JONES

NUMBER AND STREET: 990 CEDARBRIDGE AVE

CITY OR MUNICIPALITY: BRICK

STATE: NJ

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	
8-19-91	08:50	09

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. CAPPIELLO

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Cappiello

H.D.64