SUBWAY Bldg B SUB SHOPE

TOWNSHIP OF BRICK Unit 4

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at: Town Hall Shoppes 990 Garden Bridge Ave, B-4
2. Owner Name: Louis Narmour Tel. (201) 427-5249
   Address 27 Parkway D6
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other C/O

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	$ 4000

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: Subs & Salads

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10309624

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

X SIGNATURE Lowell Newman DATE 3 Aug 1988

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ **TEL.(** **)** _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. K 469 LOT NO. L 12 SUBDIVISION _____ PERMIT NO. 2533

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

B1-5
8-10
ok Soil

OC Health
ok

1-19-89
Any OK
per Jerry Tandy
& H Dudley

CC ✓

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved. table must be removed; app has apply to bd for exemp

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO.

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			9-13-88	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other zoning			1/19/88	[illegible]	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9/9/88	[illegible]	
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
✓	ALL CONSTRUCTION					
✓	BUILDING				12-29-88	[illegible]
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
✓	PLUMBING				OK	
	ELECTRICAL				12-27-88	
✓	FIRE PROTECTION				12-29-88	[illegible]
	OTHER					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: Date Issued

- ☑ Temporary Certificate of Occupancy — 1-19-89
  Date Expired
- ☐ Temporary Certificate of Occupancy
  Date Expired
- ☐ Certificate of Occupancy
  No.
- ☐ Certificate of Continued Occupancy
  No.
- ☐ Certificate of Approval
  No.
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 7.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	30.—
OTHER	.
SUBTOTAL	$ 37.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x	= .
CERTIFICATE OF OCCUPANCY	20.00
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 62.50

DATE 9-15-88 Collected By

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

U.C.C. Form F-100 (8/83)

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 2533

DATE ISSUED 1-19-89

Block 469 Lot 12

Subdivision

Subway Shop Unit 4 Bldg. B

IDENTIFICATION

Owner ~~Louis Narmour~~

Address 27 Parkway Dr.

~~Brick, N.J.~~

Tel. ( )

Work Site Address Bldg. B UNIT 4

~~990 Cedar Bridge Ave.~~

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ 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.

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than ~~Feb. 19,~~, 19~~89~~ or the owner will be subject to a fine or order to vacate:

Pending finals on entire units and signed amended site plan.

Extend to 3/92 AP

D. DESCRIPTION OF WORK:

Restaurant

USE GROUP ~~A-3~~

FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Sub shop

FINAL COST OF CONSTRUCTION: $ 1000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2533
DATE ISSUED 9-15-88
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner x Louis Narmoun
Address 27 Parkway Dr
Brick NJ 08723
Tel. (201) 477 5242
Work Site Address 990 Cedar Bridge
Town Hall Shops

Contractor x
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Subway
Sub Shop.

☐ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
	SUBTOTAL	$
	Minimum Building Fee (if applicable)	$
	Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: Present Proposed

No. of Stories

Total Building Area—All Floors Sq. Ft.

Height of Structure Ft.

Volume of Structure Cu. Ft.

Area—Largest Floor Sq. Ft.

Total Land Area Disturbed Sq. Ft.

Estimated Cost of Building Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2533
DATE ISSUED 9-15-88
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Louis Naimoli
Address 27 Parkway Dr
Brick NJ 08723
Tel. (201) 477-5242
Work Site Address 990 Cedar Bridge Ave
Town Hall Shoprite B-4

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ $

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ $

B5. OTHER

Emergency Lights & Exit Signs $30

Subtotal $

Minimum Fire Protection Fee (If Applicable) $

Total Fire Protection Fee *(Greater of Minimum or Subtotal)* $30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2533
DATE ISSUED 9-15-17
REVISION DATE

Block 469 Lot 12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Louis Narimour
Address 11 Pacific Ave Dr
Brick NJ 08723
Tel. (201) 477-5242
Work Site Address 990 Cedar Bridge Ave Town Hall Shoprite B-4

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

Town Hall Shoprite $ 30
$
$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
12-29-88	Complies with Code.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9/9/88
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 12-29-88
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other Final				12-29-88
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

CUT-IN-CARD

MUNICIPALITY Brick

LOCATION Cedar Bridge + Brick UTILITY CO P

Bld B-4 BLK 670 LOT 9

OWNER Pace Associates OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

SERVICE 200 RANGE 1 WATER HEATER X

AIR COND 1 ELECT HEAT X MISC

COMMENTS complete store "Subway"

DATE 8/22/7 PERMIT # 2236 INSPECTOR

Elec. 104 Insp. Lic # 4155

P 6-28-88

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 469 Lot 12 Address Town Hall Shops

Please be advised that your application for a construction permit for the subject property has beenrejected due to defieiencies in the following areas:

Administrative _____

Zoning Site plan amendment required

Engineering _____

Building _____

Plumbing ~~Needs plumbing application~~ 8-23-88

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date 8-8-88

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 477-5242

ESTABLISHMENT TRADING NAME: SUBWAY

NUMBER AND STREET: 990 CEDARBRIDGE AVE

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: ~~II~~

ESTABLISHMENT CODE: 26

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: LOUIS NARMOUR

NUMBER AND STREET: 27 PARKWAY DR

CITY OR MUNICIPALITY: BRICKTOWN

STATE: NJ

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
6-8-88	16:00	16:20
~~6-8-88~~	~~08:45~~	~~09:30~~

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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date Jan. 19, 1989

NAME Cedar Bridge Associates

ADDRESS 510 So. Burnt Mill Rd. Voorhees, NJ 08043

PROPERTY LOCATION 990 Cedarbridge Ave.-B4 Sub ~~Shop~~ Way

Account No. I398531 045 Block 469 Lot 12

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Joan Trostyn

OCEAN COUNTY HEALTH DEPARTMENT

No. _____

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

ESTABLISHMENT INFORMATION

PHONE # 477-7827

ESTABLISHMENT CODE: 26

GOODS: ☐ DESTROYED ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: THE SUBWAY

EVALUATION
- [X] SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

NUMBER AND STREET: 990 CEDARBRIDGE AVE

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1516

RISK: II

WATER SUPPLY
- [X] 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: LOUIS NARMOUR

NUMBER AND STREET: 27 PARKWAY DR

CITY OR MUNICIPALITY: BRICK

STATE: NJ

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
1-18-89	10:25	11:00

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- [X] INITIAL INSPECTION
- ☐ REINSPECTION
- ☐ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- [X] 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)

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: B-375

H.D.64