BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 387 Brick Blvd Brick PERMIT NO. 3805-97

RECEIVED
OCT 15 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: G+K Deli 387 Brick Blvd (Drum Point Plaza) Brick
2. Name of Owner in Fee: DeGeorge Management Tel. ( ) 202-9041
   Address 35 Beaverson Blvd (street) Brick (municipality) NJ. (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Oxygen Supply Co Inc Tel. (732) 370-2330
   Address 1368 Rt 9 Lakewood NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222-111-640 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	127		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 131		

VI. BUILDING/SITE CHARACTERISTICS

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

FIRE SUPPRESSION H2000 + DUCT

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		OP							
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ ~~Fire~~ Protection					10-16-97		2/10/98		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	5000								

OPTIONAL (for office use only)

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:
3. Change in Use Group, Indicate Former:

Called 10.17.97

LDS BR 10206349

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name Oxygen Supply Co Inc.

Address 1368 Rt 9

Lakewood NJ

Telephone (732) 370-2330

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Date Issued 12-4-97
Control #
Permit # 3805-97

IDENTIFICATION Block 547.01 Lot 15

Work Site Location 387 Buck Blvd.

Owner in Fee [illegible]

Address 85 [illegible] Blvd.

Tele. ( )

Contractor Oxygen Supply

Address

Tele. ( ) 300-8330

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

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

fire suppression & hood

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	127.–
Other	
Other	
DCA Training Fee	4.–
Cert. of Occ.	
Other	
Total	131.–
Check No.	1143
Cash	
Collected By:	[illegible]

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 $ 5000.–

[signature]

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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 Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued 12-22-97
Control #
Permit #
Date Permit Issued 3805-97

IDENTIFICATION Block 547-01 Lot 15
Work Site Location 387 BRICK BLVD.

Owner in Fee LARRY KIRKPATRICK / DE GEORGE MGMT
Address 25 Bellerson Blvd
Brick NJ 08723
Tele. (732) 370-2330

Contractor OXYGEN SUPPLY CO
Address 1368 RT 9
Lakewood NJ 08701
Tele. (732) 370-2330
Lic. No. or Bldrs. Reg No.
Federal Emp. No. 222-111-640
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: appliances + (2) sprinkler

Estimated Cost of Work $ 775.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	25
Fire Protection	138
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	164
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-4-97
Date Issued
Control #
Permit # 3805.97

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

Block 547.01 Lot 15
Work Site Location G+K Deli
387 Brick Blvd (Drum Point Plaza) Brick N.J.
Owner in Fee De George Management
Address 35 Beaverson Blvd
Brick N.J.
Tele. ( )
Contractor Oxygen Supply Co Inc.
Address 1368 Rt 9
Lakewood NJ.
Tele. (732) 370-2330
Lic. No.
Federal Emp. No. 222-111-640 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present DELI Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 5000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 10-16-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by: 2/10/98

INSPECTIONS:

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			2/10/98	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other			2/12/98	

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.

J Coyle
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work FIRE SUPPRESSION

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision HOOD + DUCT
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

COMPLETED

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	35
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	92
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 127

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

Note dump test 2/10/98

approved variance for < 10 pull station due to no other suitable place to install 5' min due to egress arrangement.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-4-97
Date Issued
Control #
Permit # 3805 97

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

Block 54701 Lot 15
Work Site Location G+K Deli
387 Brick Blvd (Penn Point Plaza) Brick N.J.
Owner in Fee Do George Manager
Address 35 Beaverson Blvd
Brick NJ
Tele. ( ) ____
Contractor Ouzer Supply Co Inc.
Address 1368 Rt 9
Lakewood NJ
Tele. (732) 370-2350
Lic. No. ____
Federal Emp. No. 222-111-640 71 or Social Security No. ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present DEFI Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ 3000.0 [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 10-16-97
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

Description of Work

Water Supply Source FIRE SUPPRESSION
Method of Valve Supervision
Local Alarm Supervision HOOD + DUCT
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	1	135
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	92
Gas or Oil Fired Appliance		
OTHER		

COMMERCIAL

Administrative Surcharge $ ____
Paid: [ ] Check # ____ [ ] In Cash
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ 127

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-22-97
Date Issued
Control #
Permit # 3805-97 Update

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

Block 547-01 Lot 15
Work Site Location 387 BRICK BLVD
BRICK NJ 08701
Owner in Fee DeGeorge Mgmt.
Address 35 Beaverson Blvd
Brick NJ 08723
Tele. (732) 370-2330
Contractor OXYGEN SUPPLY CO. INC
Address 1368 RTE 9
Lakewood NJ 08701
Tele. (732) 370-2330
Lic. No.
Federal Emp. No. 222-111-640 or Social Security No.

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 $ 5,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/18/97
Approved by:
SUBCODE APPROVAL:
[ ] CCO [ ] CCO [X] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other			2/10/98	
Other				

One grill only ed

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.

fryer burner future

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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	~~X~~ 09	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression	one grill only	installed
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	~~3~~	
OTHER		138

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 138
Collected by: TOTAL FEE $ 138

U.C.C. Form F-140B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Note No ~~Fryer~~ fryer or burner installed

only grill Cef 2/10/98

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2/6/96
Control #
Permit # 106-96

No Change

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

Block 547.01 Lot 15
Work Site Location 363 BRICK BLVD.
BRICK N.J. 08723
Owner in Fee DRUM POINT PLAZA PARTNERSHIP
Address 35 BEAVERSON BLVD.
BRICK, N.J. 08723
Tele. (908) 477-6363
Contractor BOB DOWLING
Address 2232 BRIARWOOD LANE
POINT PLEASANT, N.J. 08742
Tele. (908) 295-3593
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No. _____

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. [ ] Elevator
[ ] Fire Plans Approved
Date: 2/10/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 2/10/96
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

Description of Work IN USE Restaurant Set 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		
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		
Duct Appliance (existing)	2	
Gas or Oil Fired Appliance		46
OTHER Fire Ext. (existing)	2	

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-22-97
Date Issued
Control #
Permit # 3805-97 Update

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

Block 547-01 Lot 15
Work Site Location 387 BRICK BLVD
BRICK NJ 08701
Owner in Fee DeGeorge Mgmt.
Address 35 Beaverson Blvd
Brick NJ 08723
Tele. (732) 370-2330
Contractor OXYGEN SUPPLY CO. INC
Address 1368 RTE 9
Lakewood NJ 08701
Tele. (732) 370-2330
Lic. No.
Federal Emp. No. 222-11-640 or Social Security No.

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 $ 5,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/18/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) 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

Description of Work

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	X 09	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	
OTHER		138

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 138

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-22-97
Date Issued
Control #
Permit # 3805-97 Update

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

Block 547-01 Lot 15
Work Site Location 387 Brick Blvd

Owner in Fee Larry Kirkpatrick
Address 37 Lorelei Drive Howell 07731

Tele. (908) 458-7696
Contractor Atlantic Plumbing & Heating
Address 9 Main St Manasquan 08736

Tele. (908) 223-1308 Fax ( )
Lic. No. 12357
Federal Emp. No. 22-1960308

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 875.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12-18-97
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO		1		

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping 1¼" 90'	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 25
DCA Training Fee	$
TOTAL FEE	$

COMMERCIAL

U.C.C. F130 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CERTIFICATE of INSPECTION

No 4141

THIS IS TO CERTIFY THAT THE FIRE EXTINGUISHING SYSTEM PROTECTING:

G+K Deli 387 Brick Blvd Brick N.J.
NAME. ADDRESS

WAS INSPECTED IN 2/98 DATE AND LEFT IN OPERATING CONDITION.

THIS CERTIFICATE EXPIRES IN 8/98 DATE

Oxygen Supply Co., Inc.
1368 Route 9
Lakewood, NJ 08701
(908) 370-2330

by: [signature]
Thomas McElroy, Pres.

WHITE - CUSTOMER'S COPY CANARY - INSURANCE COPY PINK - FIRE INSPECTION COPY

BOCA®
PLAN REVIEW RECORD

Valuation: _____

Fee: _____

Plan Review #. _____

Date 12/18/97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION 387 Brick Blvd.
(City, County, Township, etc.)

BUILDING LOCATION G & K Deli
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	must fill out Permit Card. & Sign. Let what kind of sectio	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

OXYGEN SUPPLY CO., INC.
1358 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

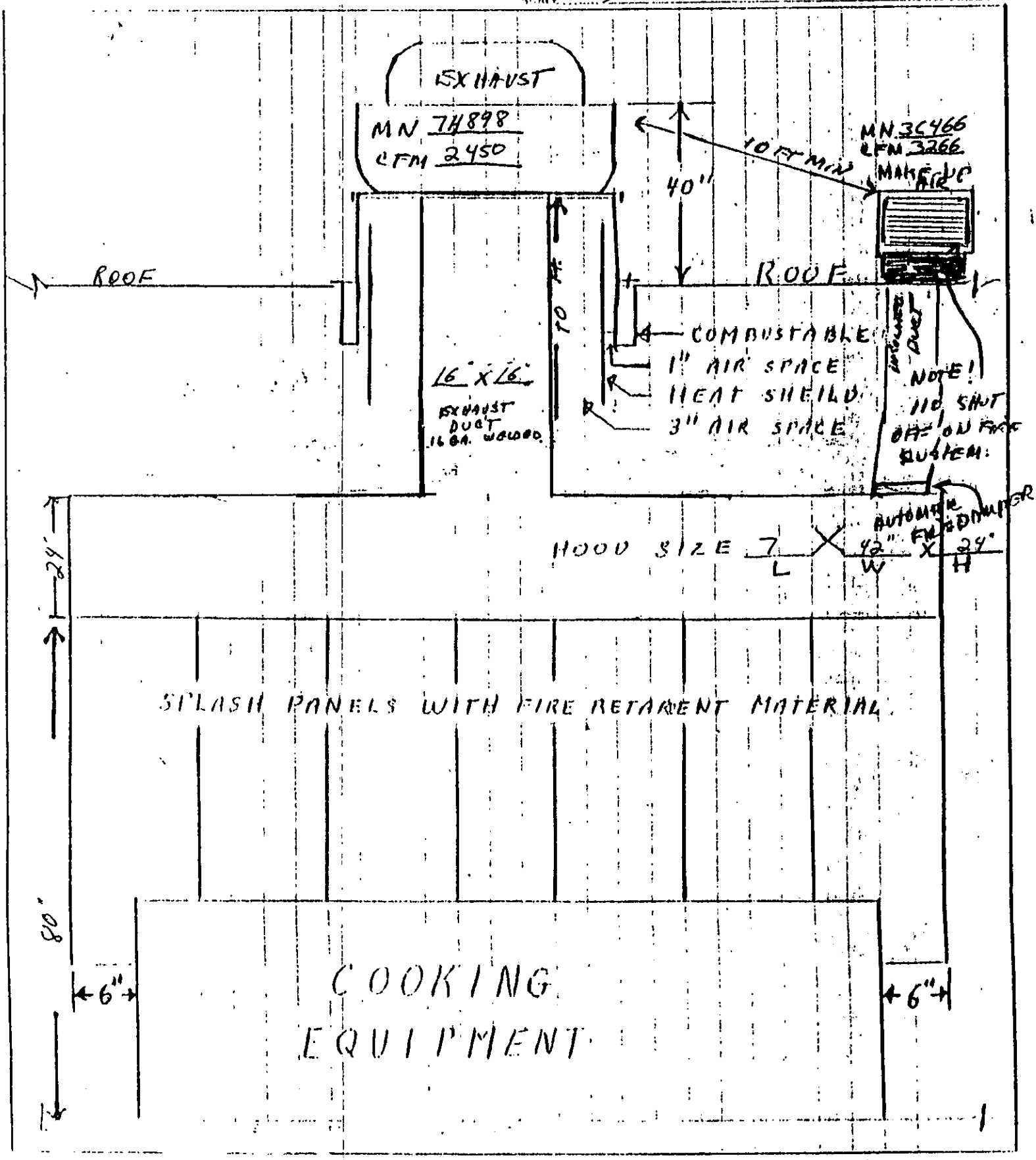
JOB G K Deli

SHEET NO. 1 OF 4

CALCULATED BY JC DATE 9-24-97

CHECKED BY DATE

SCALE N.T.S.



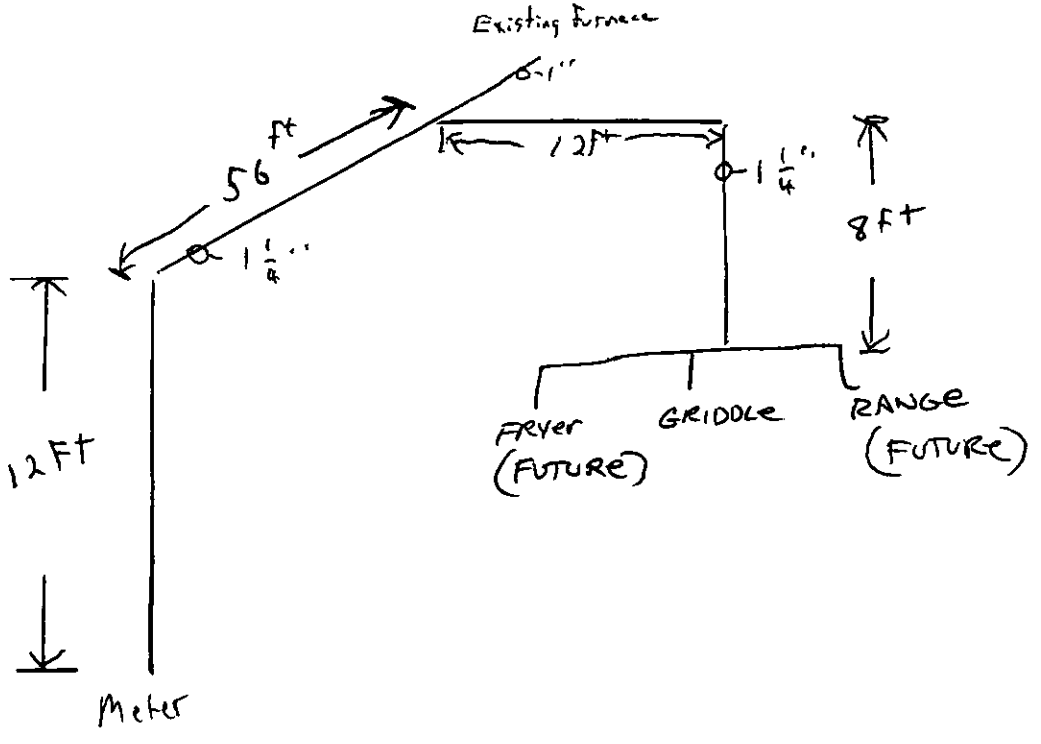
Existing Furnace 125,000 BTU

Griddle 35,000 BTU

Fryer 35,000 BTU Cooktop Range 45,000 BTU

Total Length 88 Ft

Allens Plumbing + Heating SL1255
9 Main St
Manasquan NJ



Billy 12-18-97

HOOD-ALL WELDED SEAMS, 18 GAUGE METAL, FILLERS 4" SPACERS PROVIDED WITH FIRE RETARDANT MATERIAL WHEN CLOSE TO COMBUSTIBLE 18 GAUGE METAL. MEETS BOCA M504.2

DUCT- ALL WELDED SEAMS, 16 GAUGE WITH CLEANOUT WHEN REQUIRED BY CODE.

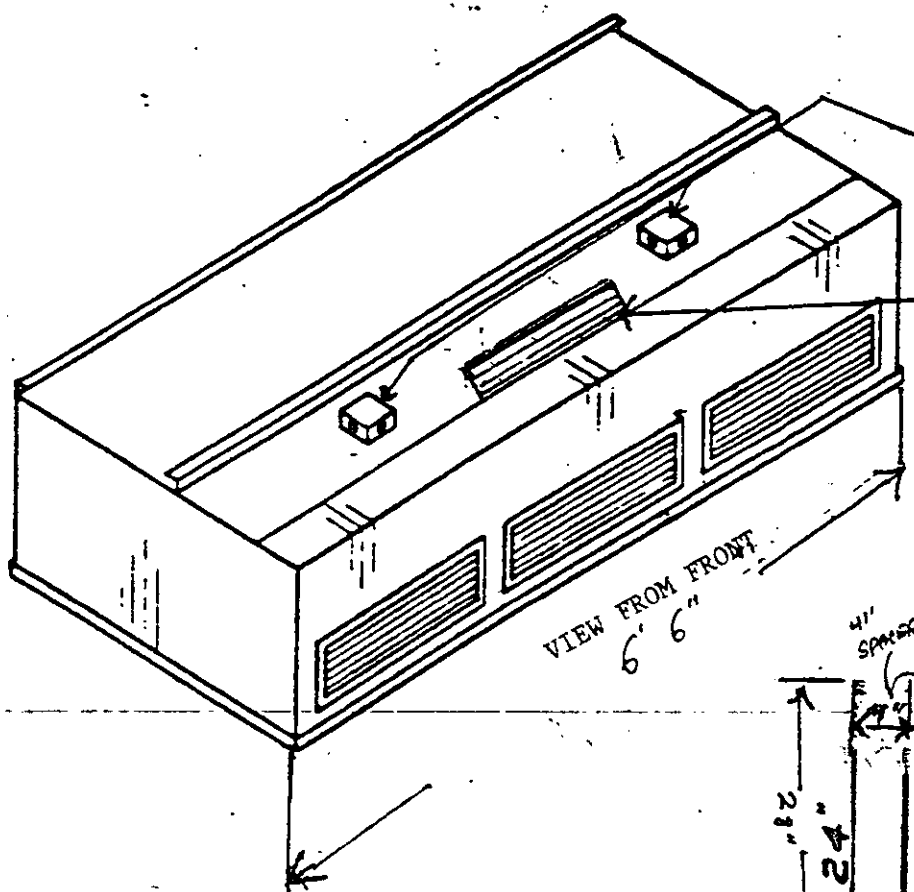
FILTERS- GALVANIZED BAFFLE TYPE TO CATCH GREASE (REMOVABLE)

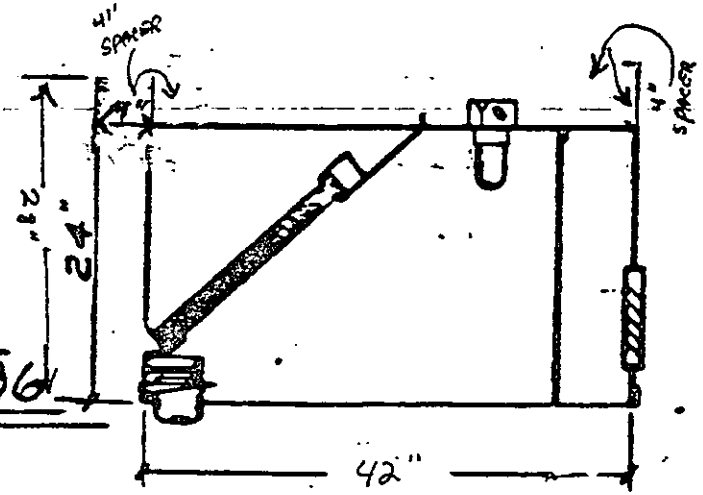
GREASE CUP- REMOVABLE TO CATCH GREASE AND TO BE CLEANED

RAILINGS INSTALLED AROUND MUA AND EXHAUST FANS ON ROOF FOR SAFE SERVICING.

G K Deli

Sheet 2 of 4





SIDE VIEW

EXHUAST HOOD-NFPA CODE 96 WITH MAKE UP AIR

OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330, FAX (908) 370-8521

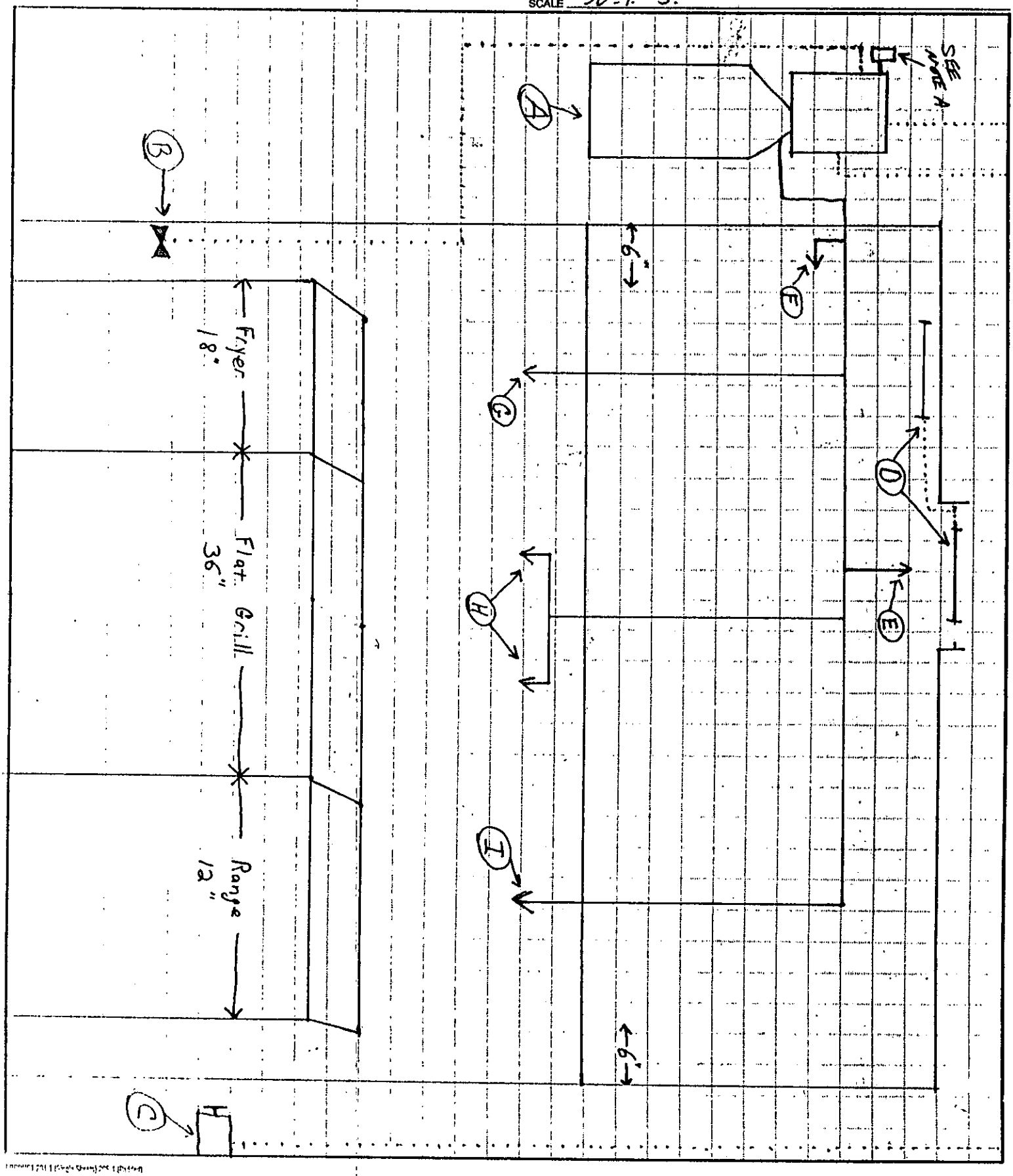
JOB G K Deli

SHEET NO. 3 OF 4

CALCULATED BY [signature] DATE 9.25.97

CHECKED BY DATE

SCALE N.T.S.



OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

JOB G K Deli
SHEET NO. 4 OF 4
CALCULATED BY [signature] DATE 9.25.97
CHECKED BY DATE
SCALE

A. Fire Suppression System piped to UL-300 + manufacturers specs
Liquid type Pyro-Chem PCL-350
Max Flow Points in System 13
Total used 9

B. Automatic Gas Shut Off Valve

C. Remote Pull Station located by exit way

D. Heat Detectors (2) two 450° Fusible type

E. Duct Protection Nozzle (1) PN NL-D-2
Max Coverage 75" Premiter
Flow Points 2

F. Plenum Protection Nozzle (1) PN NL-A
Max Coverage 4'x8' 1 Flow Point

G. Fryer Protection Nozzle (1) PN NL-F2
Max Coverage 18"x18" 2 Flow Points

H. Grill Protection Nozzles (2) PN NL-R
Max Coverage 30"x30" each 1 Flow Point each

I. Range Protection Nozzle (1) PN NL-RH-2
Max Coverage 28"x28" 2 Flow Points each

Piping:
..... ½" E.M.T.
_____ 3/8" Black

Note A:
Micro Switch installed in control head for make up air Shut down

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

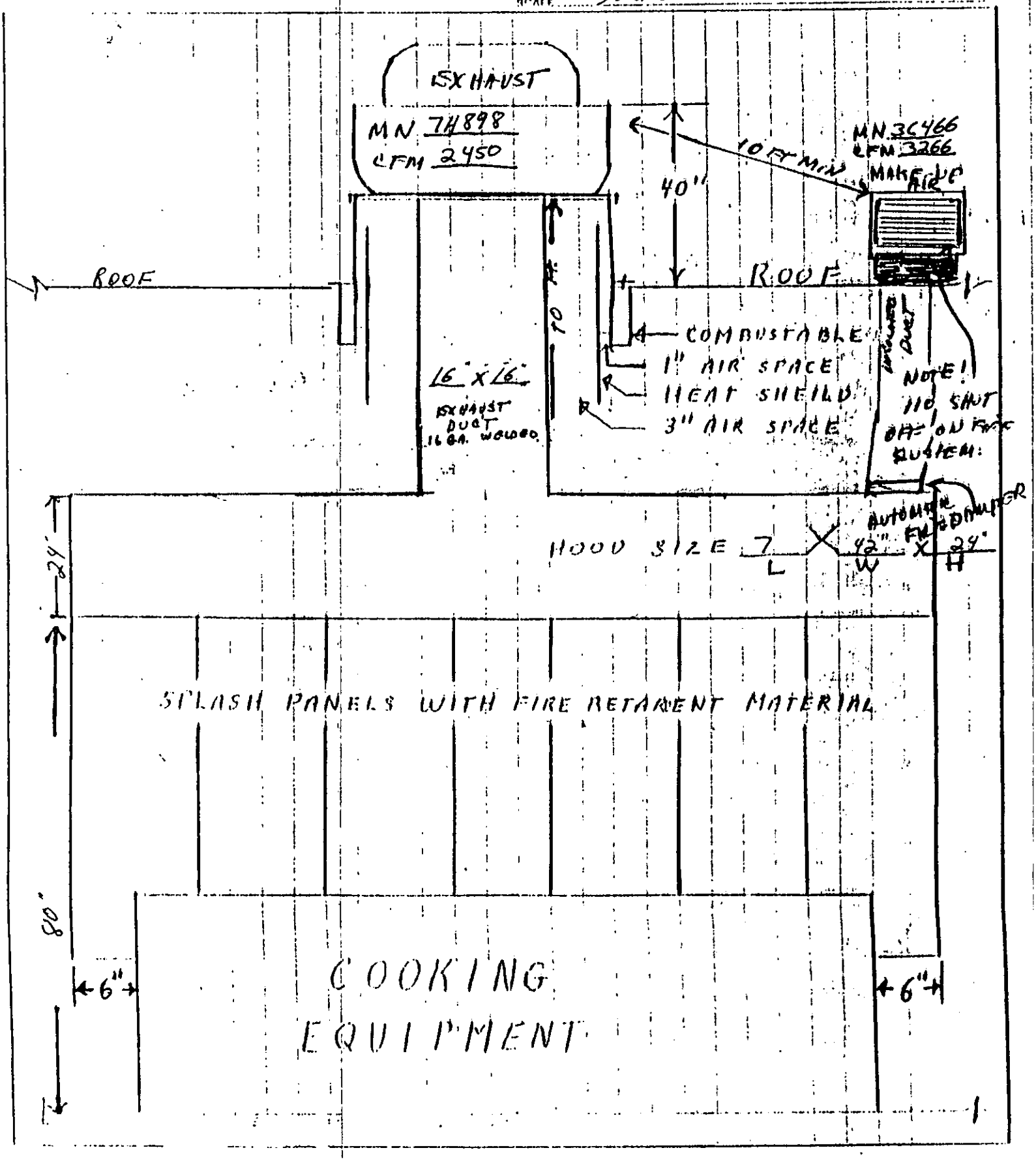
JOB G K Deli

SHEET NO. 1 OF 4

CALCULATED BY J DATE 9-29-97

CHECKED BY DATE

SCALE N.T.S.



HOOD-ALL WELDED SEAMS, 18 GAUGE METAL, FILLERS 4" SPACERS PROVIDED WITH FIRE RETARDANT MATERIAL WHEN CLOSE TO COMBUSTIBLE 18 GAUGE METAL. MEETS BOCA M504.2

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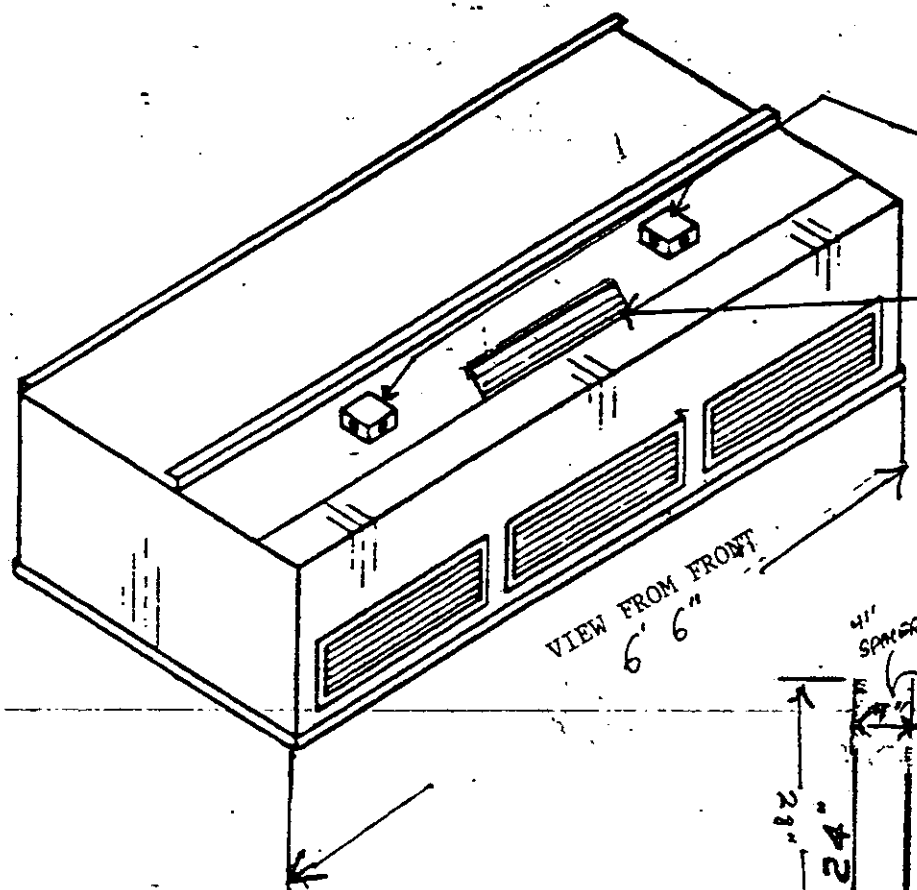
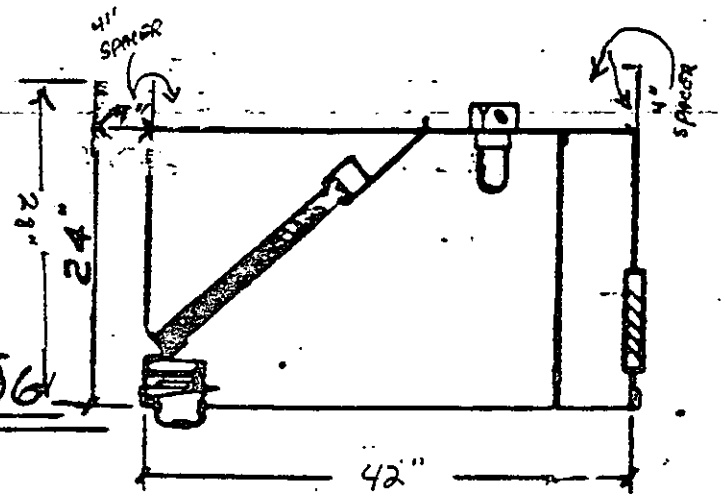
RAILINGS INSTALLED AROUND MUA AND EXHAUST FANS ON ROOF FOR SAFE SERVICING.

G K Deli

Sheet 2 of 4





SIDE VIEW

EXHUAST HOOD-NFPA CODE 96 WITH MAKE UP AIR

OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

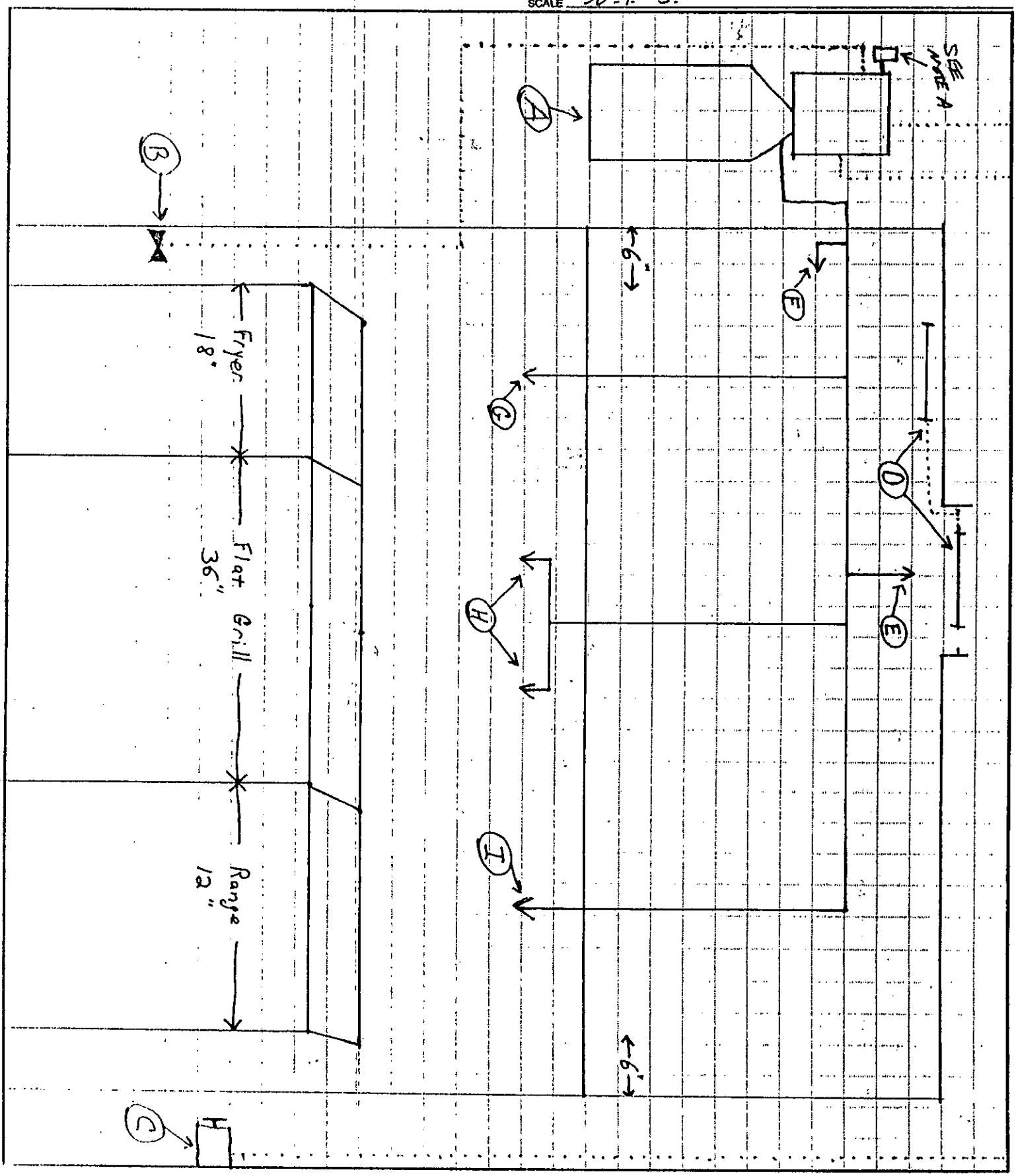
JOB G K Deli

SHEET NO. 3 OF 4

CALCULATED BY [signature] DATE 9.25.97

CHECKED BY DATE

SCALE N.T.S.



OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

JOB E K Deli
SHEET NO. 4 OF 4
CALCULATED BY [signature] DATE 9.25.97
CHECKED BY DATE
SCALE

A. Fire Suppression System piped to UL-300 + manufacturers specs.
Liquid type Pyro-Chem PCL-350
Max Flow Points in System 13
Total used 9

B. Automatic Gas Shut Off Valve

C. Remote Pull Station located by exit-way

D. Heat Detectors (2) two 450° Fusible type

E. Duct Protection Nozzle (1) PN NL-0-2
Max Coverage 75" Premiter
Flow Points 2

F. Plenum Protection Nozzle (1) PN NL-A
Max Coverage 4'x8' 1 Flow Point

G. Fryer Protection Nozzle (1) PN NL-F2
Max Coverage 18"x18" 2 Flow Points

H. Grill Protection Nozzles (2) PN NL-R
Max Coverage 30"x30" each 1 Flow Point each

I. Range Protection Nozzle (1) PN NL-RH-2
Max Coverage 28"x28" 2 Flow Points each

Piping:
..... ½" E.M.T.
_____ 3/8" Black

Note A.
Micro Switch installed in control head for make up air Shut down

C.C.

OXYGEN SUPPLY CO., INC.
1358 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

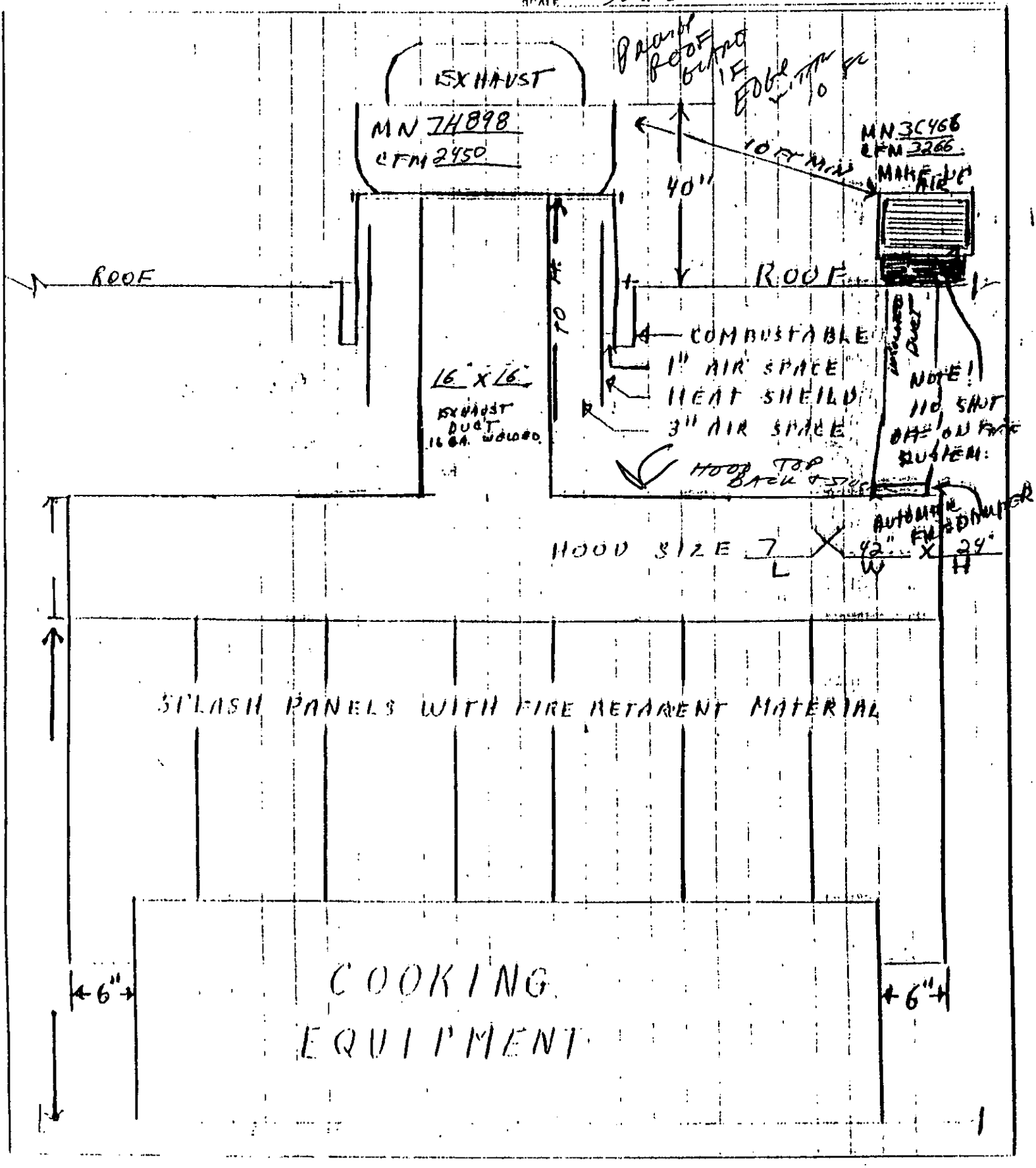
JOB G K Deli

MARK No 1 SH 4

CALCULATED BY [illegible] DATE 9-24-97

CHECKED BY DATE

SCALE N.T.S.



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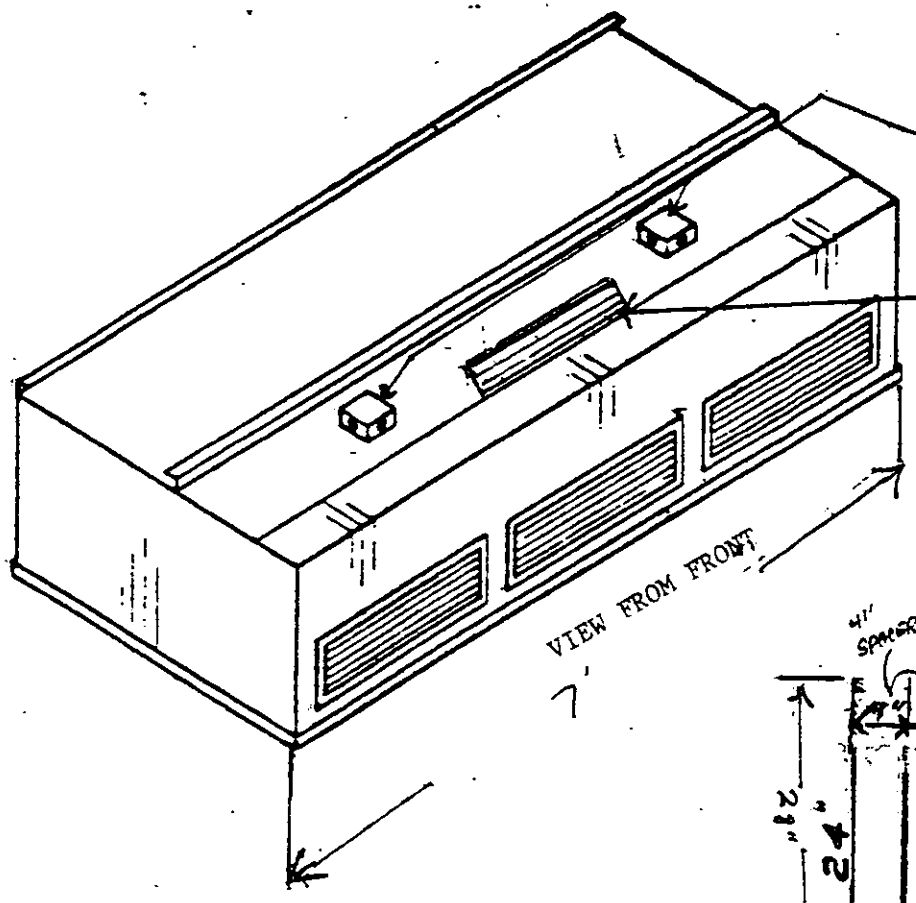
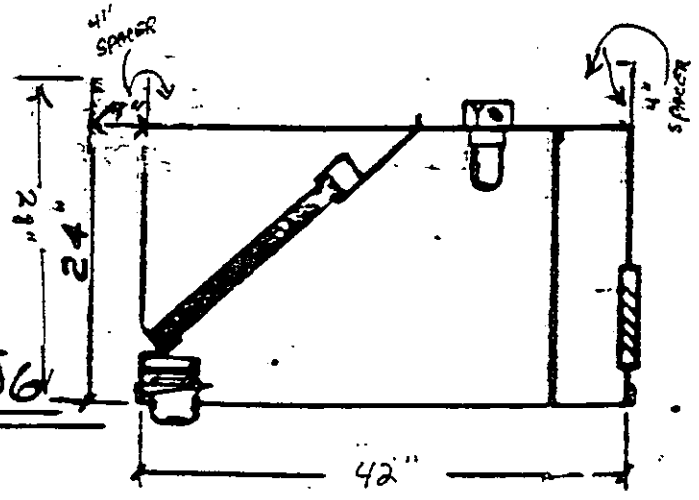
G K Deli

Sheet 8 of 4





SIDE VIEW

EXHUAST HOOD-NFPA CODE 96

WITH MAKE UP AIR

OXYGEN SUPPLY CO., INC.
1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

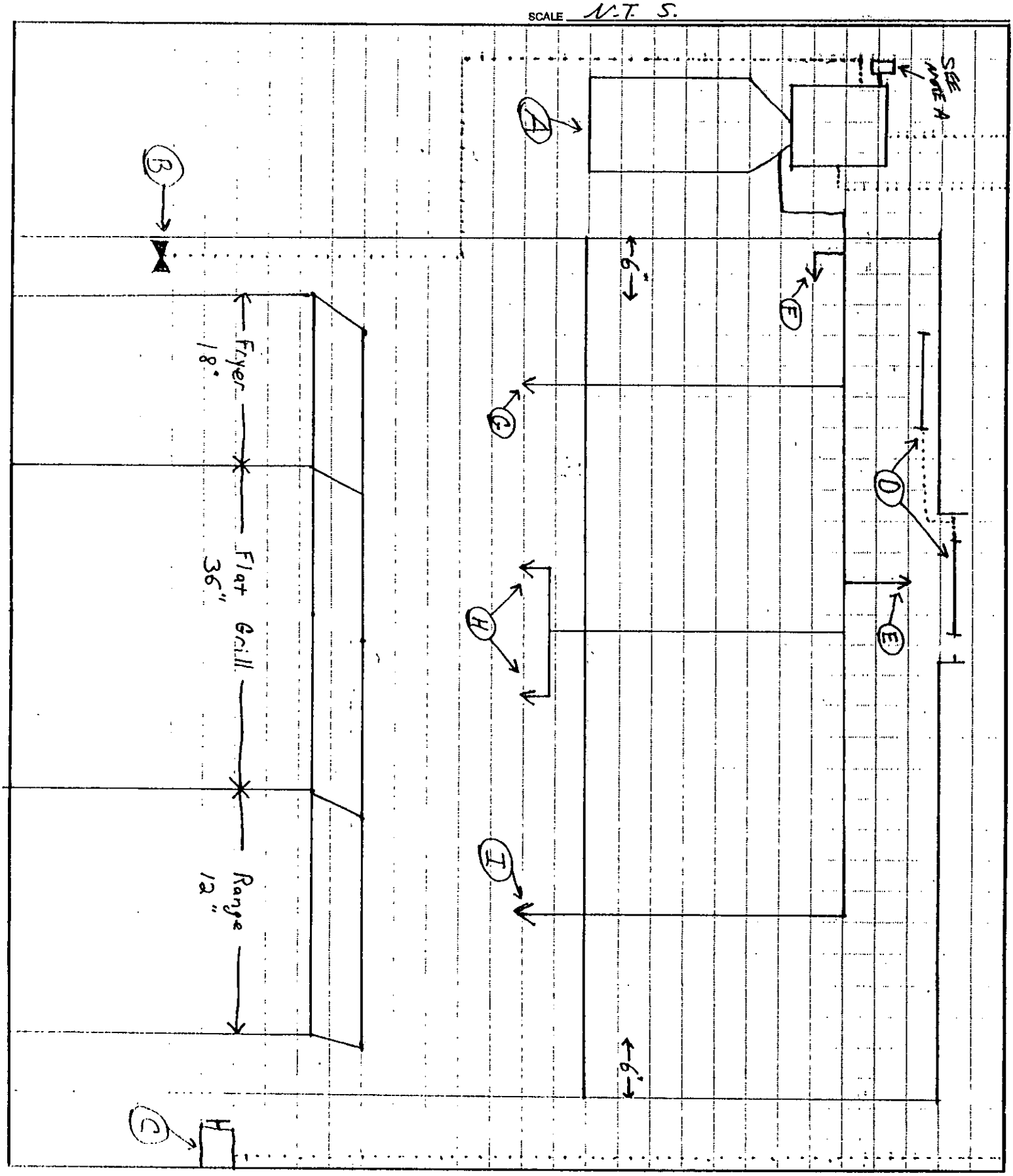
JOB G K Deli

SHEET NO. 3 OF 4

CALCULATED BY [signature] DATE 9.25.97

CHECKED BY _____ DATE _____

SCALE N.T.S.



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1368 River Avenue
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330 FAX (908) 370-8521

JOB G K Deli
SHEET NO. 4 OF 4
CALCULATED BY [signature] DATE 9.25.97
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SCALE

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..... 1/2" E.M.T.
_____ 3/8" Black

Note A.
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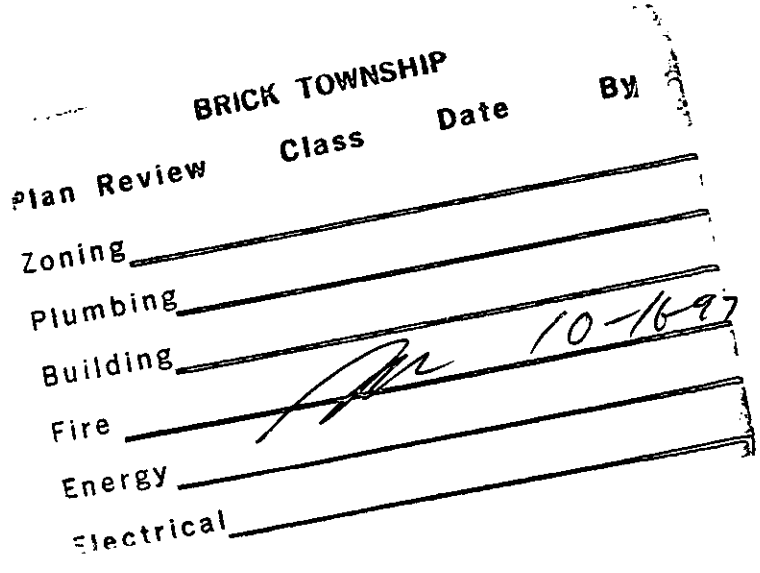
BRICK TOWNSHIP
Plan Review
Class
Date
By
Zoning
Plumbing
Building
10-16-97
Fire
Energy
Electrical