BLOCK 554.35 LOT 11-15 ADDRESS (SITE) 180 Drum Pt Rd PERMIT NO. 1446-90

Cold Cut Outlet

CONSTRUCTION PERMIT APPLICATION

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

RECEIVED
JUL 18 1990
BUILDING

I. IDENTIFICATION

1. Proposed Work-site at: 180 Drum Pt. Rd.
2. Name of Owner in Fee: Mary Southworth [redacted]
   Address 1079 (1081) Lake Placid Dr. Joanne Coppola Toms River NJ 08753
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   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 _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 7-50		
2. Electrical			
3. Plumbing	40.-		
4. Fire Protection	40 -		
5. Other			
6. Subtotal	$ 87.50		
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	$ 112.50		

O/K Health O/K

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

Tennant Fix-Up

	Est. Cost
1. ☐ Minor Work (single trade)	$1000.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			7-23-90	JC	8-1-90 WS		
X	7/23/90		7/23/90	JC	8-1-90 JC		
X	7-18-90	7-18-90	7-20-90	X	8-6-90 JGH		

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: Retail Food Store.
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10109226

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 Mary Southworth Date 7/18/90

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									
☐ 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 Envlronmental Protect.									
☐ Utility Dig No.									
☑ Other Zon	SK	7/18/90	comm aff.						
☐									
☐									

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. 1446	8-7-90	
☐ None			

CERTIFICATE

Date Issued 8-7-90
Control #
Permit # 1446-90

IDENTIFICATION

Block 554.35 Lot 11-15
Work Site Location 180 Drum Point Rd.

Owner in Fee Mary Southworth/Jaanne Coppola
Address 1079-1081 Lake Placid Dr.
Toms River, 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 M 3 hours
Maximum Live Load
Description of Work/Use:

Cold Cuts retail store

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY**

XXX☒ **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. Ciesz
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

Date Issued 8-1-90
Control #
Permit # 1446-90

IDENTIFICATION Block 554-35 Lot 11-15

Work Site Location 180 Drum Pt. Rd. Contractor Same

Owner in Fee Mary Southworth Address

Address 1079 Lake Placid Tele. ( )

Toms River NJ Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No. **0002**

or Social Security No. 1446**

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alter. & 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 $ 1000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	LOT	0.00
Plumbing	LOT	0.00
Electrical	1115 #	
Fire Protection	BUILDING	7.50
Other	PLUMBING	10.00
Other	FIRE	40.00
DCA Training Fee	PLAN RVW	5.00
Cert. of Occ.	C / O	20.00
Other	TOTAL	12.50
Total	CHECK #	2.50
Check No.		
Cash		
Collected By:		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 1446-90

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

Block 554.35 Lot 11-15
Work Site Location 180 Drum Pt Rd Brick NJ

Owner in Fee Joanne Coppola / Mary Southworth
Address 1079 Lake Placid Dr. Toms River, NJ
1081 Lake Placid Dr

Tele. [redacted]
Contractor SCH
Address —

Tele. (—) —
Lic. No. —
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.
[ ] Fire Plans Approved
Date: 7/23/90
Approved by: JC

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 8/1/90
Approved by: JC

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test	—	—	—	—
Fire Alarm Test	—	—	—	—
Smoke Test	—	—	—	—
Mechanical	—	—	—	—
TCO	—	—	—	—
Other Final	—	—	8/1/90	JC
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	—	
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 Plan & Insp	—	40

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

U.C.C. Form F-140A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 1446-90

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

Block 554.35 Lot 11-15
Work Site Location 130 Drum Pt Rd
Brick Town, NJ
Owner in Fee Joanne Coppola / Mary Southworth
Address
Tele. [redacted]
Contractor
Address
Tele. ( )
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.

Signature Mary Southworth

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant fix up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-25-90	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-1-90
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:			8-1-90	
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) $ 1,000—

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

Plumber

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 1446-90

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

Block 554.35 Lot 11-15
Work Site Location 180 Drum Pt rd
BRICK NJ
Owner in Fee Joanne Coppola / Mary Southworth
Address 1081 Lake Placid dr TR
1079 Lake Placid dr Toms River
Tele. [redacted]
Contractor WENNLUND PLUMBING & HEATING
Address 1150 BAY AVE
TOMS RIVER, NJ 08753
Tele. (201) 270-2750
Lic. No. 8064
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ EXISTING
Water Service Size _____ EXISTING
Estimated Cost of Plumbing Work $ 2500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 7-20-90
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 8-6-90

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7-31-90	[initial]
Rough			7-31-90	[initial]
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.

Robert C. Wennlund
Signature-Contractor Seal

[X] 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 (hand sink)	5.-
	Shower	
2	Floor Drain	10.-
1	Sink (3 BAY)	5.-
	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 MOP SINK	5.-

Administrative Surcharge $ 10.-
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 40.-

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 8-1-96446.90
Permit # 1446-90

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

Block 554.35 Lot 11-15
Work Site Location 130 Drum Pt Rd
Brick Town, NJ
Owner in Fee Joanne Coppola / Mary Southworth
Address
Tel [redacted]
Contractor
Address
Tele. ( )
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.

Signature Mary Southworth

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant fix up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No. Plans Req.		
[x] All	7-25-90	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] 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) $ 5000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous 20 of 1
  [ ] 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
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3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 1446-90

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

Block 554.35 Lot 11-15
Work Site Location 180 Drum Pt Rd Brick NJ

Owner in Fee Joanne Coppolin / Mary Southworth
Address 1079 Lake Placid Dr. Toms River NJ
1081 LAKE PLACID DR

Tele. [redacted]
Contractor Self
Address —

Tele. (—)
Lic. No. —
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.
[ ] Fire Plans Approved
Date: 7/23/90
Approved by: [signature]
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 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		
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 Plan & Insp		40
Administrative Surcharge		$ —
Minimum Fee		$ —
TOTAL FEE		$ —

Paid [ ] Check # —
Collected by —

U.C.C. Form F-140A

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

Plumber

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 1446-90

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

Block 554.35 Lot 11-15
Work Site Location 160 Drum Pt rd
BRICK NJ
Owner in Fee Joanne Coppola / Mary Southworth
Address 1081 Lake Placid dr TR
1079 Lake Placid dr Toms River
Tele. [redacted]
Contractor WENNLUND PLUMBING & HEATING
Address 1150 BAY AVE
TOMS RIVER, NJ 08753
Tele. (201) 270-2750
Lic. No. 8064
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size EXISTING
Water Service Size EXISTING
Estimated Cost of Plumbing Work $ 2500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 7-20-90
Approved by: [signature]

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.

Robert C. Wennlund
Signature-Contractor Seal

[X] 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 (hand sink)	5.-
	Shower	
2	Floor Drain	10.-
1	Sink (3 BAY)	5.-
	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 MOP SINK	5.-
	Administrative Surcharge	$ 10.-
	Minimum Fee	$
	TOTAL	$ 40.-

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

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

NEW ESTABLISHMENT

SANITARY INSPECTION REPORT

BLOCK 55435 LOT 11-15

ESTABLISHMENT INFORMATION

PHONE #: 477-4105

ESTABLISHMENT TRADING NAME: THE COLD CUT OUTLET

NUMBER AND STREET: 180 DRUM POINT Rd

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: II

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: JOANNE COPPOLA

NUMBER AND STREET: 1081 LAKE PLACID DR

CITY OR MUNICIPALITY: TOMS RIVER

STATE: NJ

ZIP CODE: 08753

COMMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
7-11-90	08:30	9:00

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
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
THE COLD CUT OUTLET		7-11-90
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A Caputo	BRICK	Begin 08:30

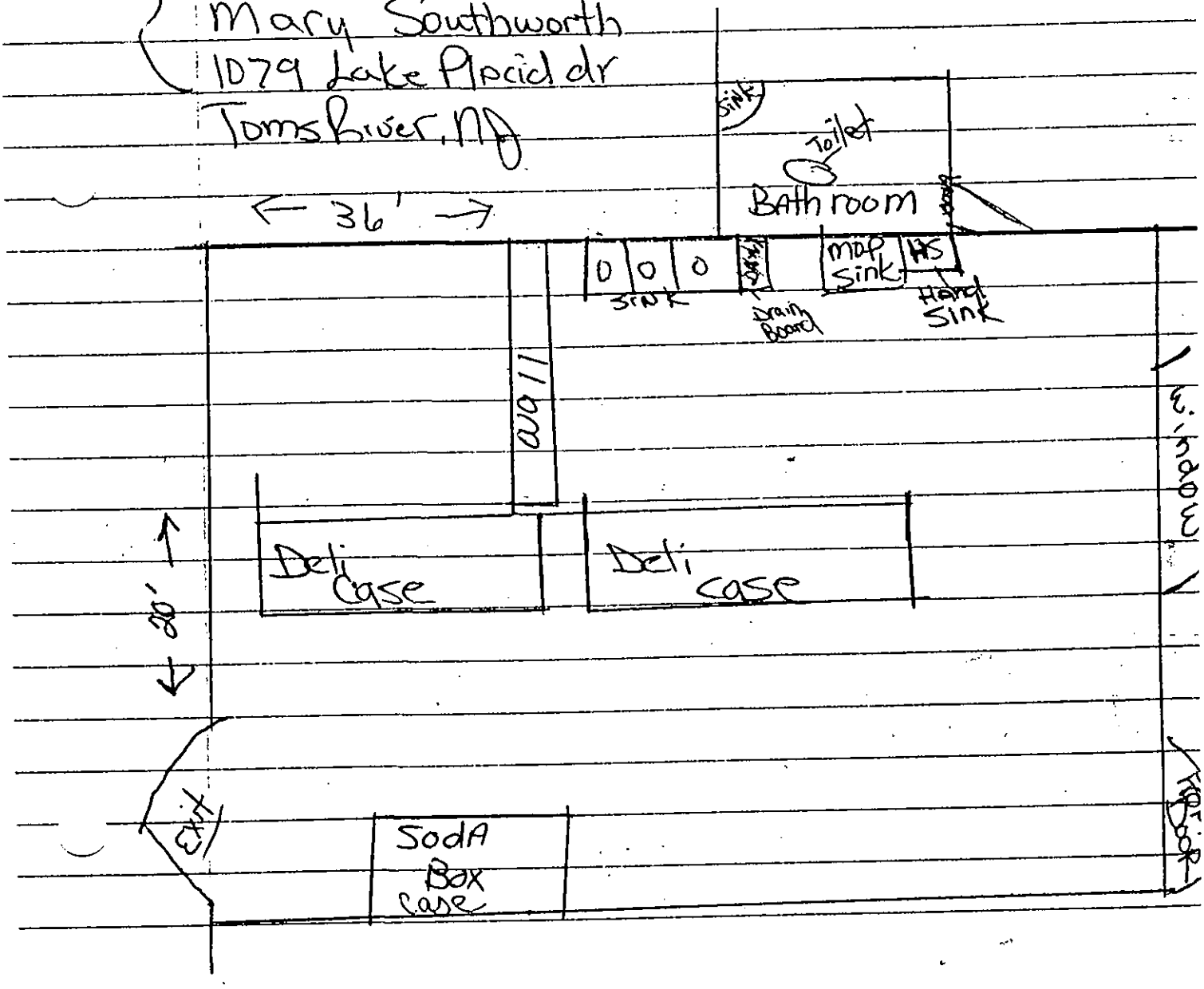
REG. NO.	REMARKS (Please specify area)
6.9B 4.3a	NO HANDWASH SINK OBSERVED
6.8	RESTROOM SINK IS NOT CONSIDERED A HANDWASH SINK
	FOR FOOD PREP AREAS
3.1	THERMOMETERS SHALL BE PROVIDED IN EVERY REFRIGERATED
	EQUIPMENT
7.1N	LIGHTS SHALL BE PROTECTED

(Attach additional sheets if necessary)

The Cold-Cut Outlet Blk # 554.35
480 Drum Pt rd Lot 11-15
Brick NJ
477-4105

Floor - tile
Walls + Ceiling - Painted Sheetrock
Vinyl-type moulding (Floor / wall)

Owners
Joanne Coppola
1081 Lake Placid dr
Toms River NJ
Mary Southworth
1079 Lake Placid dr
Toms River, NJ



OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Block 554.35
Lot 11-15

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 477-4105

ESTABLISHMENT TRADING NAME: THE COLD-CUT OUTLET

NUMBER AND STREET: 180 DRUM PT Rd

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: II

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: JOANNE COPPOLA

NUMBER AND STREET: LORI LAKE PLACID DR

CITY OR MUNICIPALITY: TOMS RIVER

STATE: NJ

ZIP CODE: 08753

COMMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
7-13-90	08:15	9:15

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
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
THE COLD CUT OUTLET		7-13-90
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A. Caprio	BRICK	Begin 08:15

REG. NO.	REMARKS (Please specify area)
	The attached plans have been ~~rejected~~ reviewed
	+ approved by this office
	They are in compliance with Chapter XII
	of the N.J. State Sanitary Code

(Attach additional sheets if necessary)

H.D.67

Page of Pages

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

March 13, 1990

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

re: Proposed Floor Plans
Block 554.35 Lot 11-15
The Cold Cut Outlet
180 Drum Pt. Rd.
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 A Capriello

Sanitary Inspector

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

/pjp

PRECAUTIONS FOR THE PROPER USE OF CONDENSATE DRAINS

All condensate drains are fully warranted for material and workmanship. Each unit is fully tested prior to leaving our plant. In the event you find that this unit does not perform satisfactorily after installation, it should be returned prepaid to our factory. A credit or replacement can only be issued after our technicians inspect the unit to determine cause of complaint. The warranty will be void if it is determined the unit was damaged due to improper installation, physical damage or alteration.

* CAUTION: Do not remove enclosure covers or tamper with any components. Over a four-hour period your refrigerator will dump a quantity of defrost water. The dump should not exceed the evaporator capacity. The following listing serves as a guide to determine the proper model for your specific installation:

Cases-2 →

Part No.	Voltage	Evaporation Rate	Capacity	Watts	Size	Body Type
30-OS	120	8 Oz/Hr	38 Oz.	160	10 x 4 x 2⅞	Cast Alum
31	120	6 Oz/Hr	50 Oz.	160	10 x 4½ x 3⅜	Cast Alum
75	120	14 Oz/Hr	75 Oz.	320	10 x 9 x 2¾	Cast Alum

* Use a separate electrical line connected to a fuse block or circuit breaker of proper capacity. Voltage drops will decrease operating efficiency and voltage surges will damage heating elements. Each unit is stamped with voltage rating.

* All units must be grounded.

* All units should be installed in adequately ventilated compartments to allow moisture-laden air to be carried off.

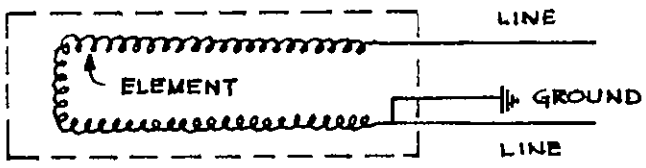
* DO NOT REST UNITS ON ANY WOOD SURFACE OR NEAR ANY FLAMMABLE MATERIAL. ENCLOSED SPRINGS SHOULD BE INSTALLED AS LEGS.

* Do not allow units to lie on wet surfaces.

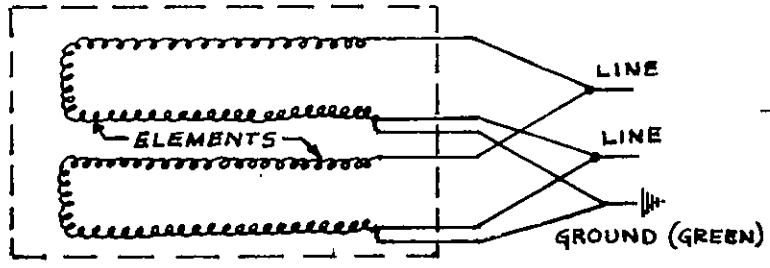
* Clean pad regularly for maximum efficiency.

* The condensate evaporator drain should be electrically installed with a pull out type plug so that it can easily be removed from the compressor compartment for cleaning.

WIRING SCHEMATIC



NO.30 & NO.31



NO. 75

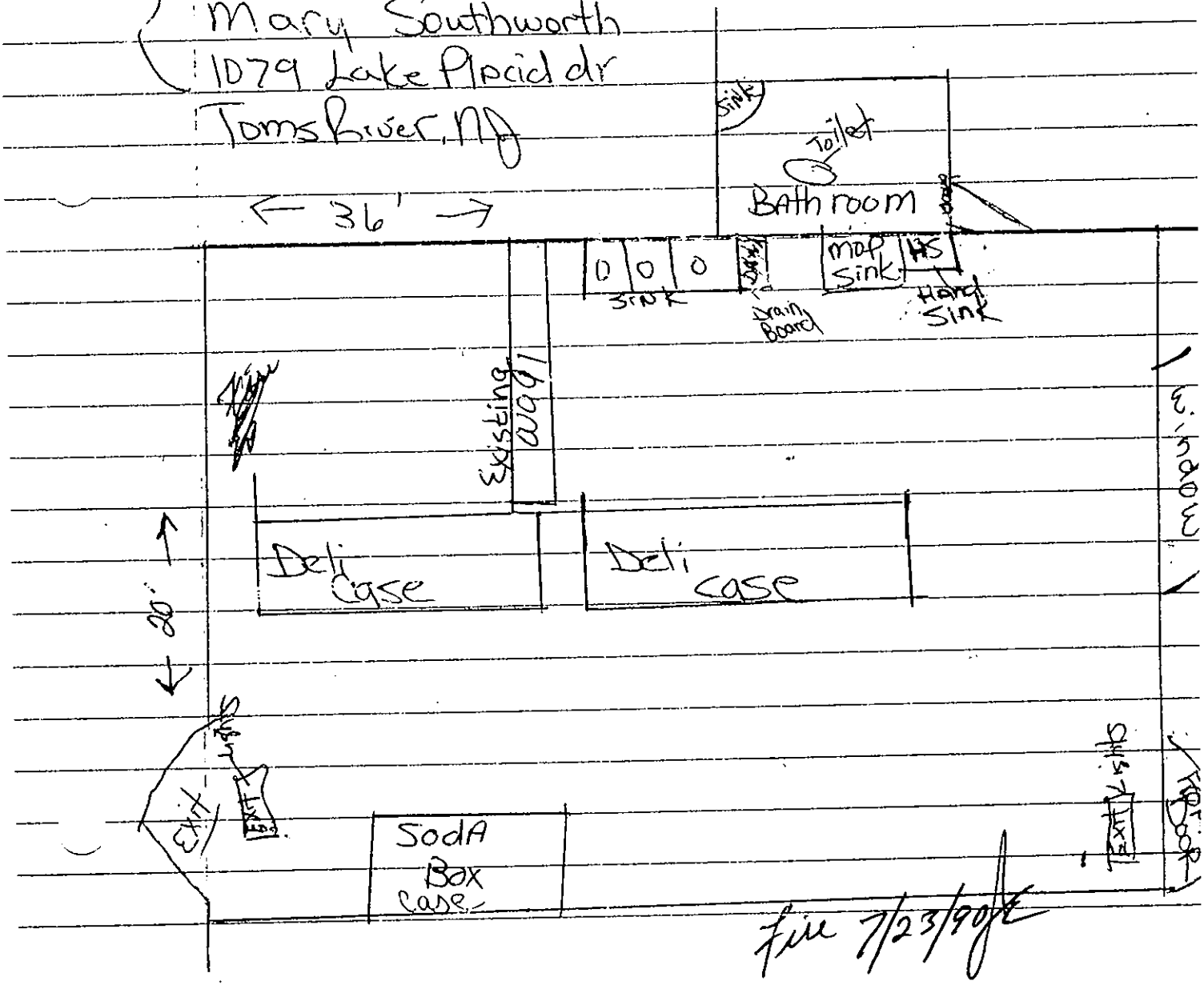
SEALED UNIT PARTS CO., INC! Allenwood, New Jersey 08720 (201) 449-3300

The Cold-Cut Outlet
180 Drum Pt rd
Brick NJ
477-4105

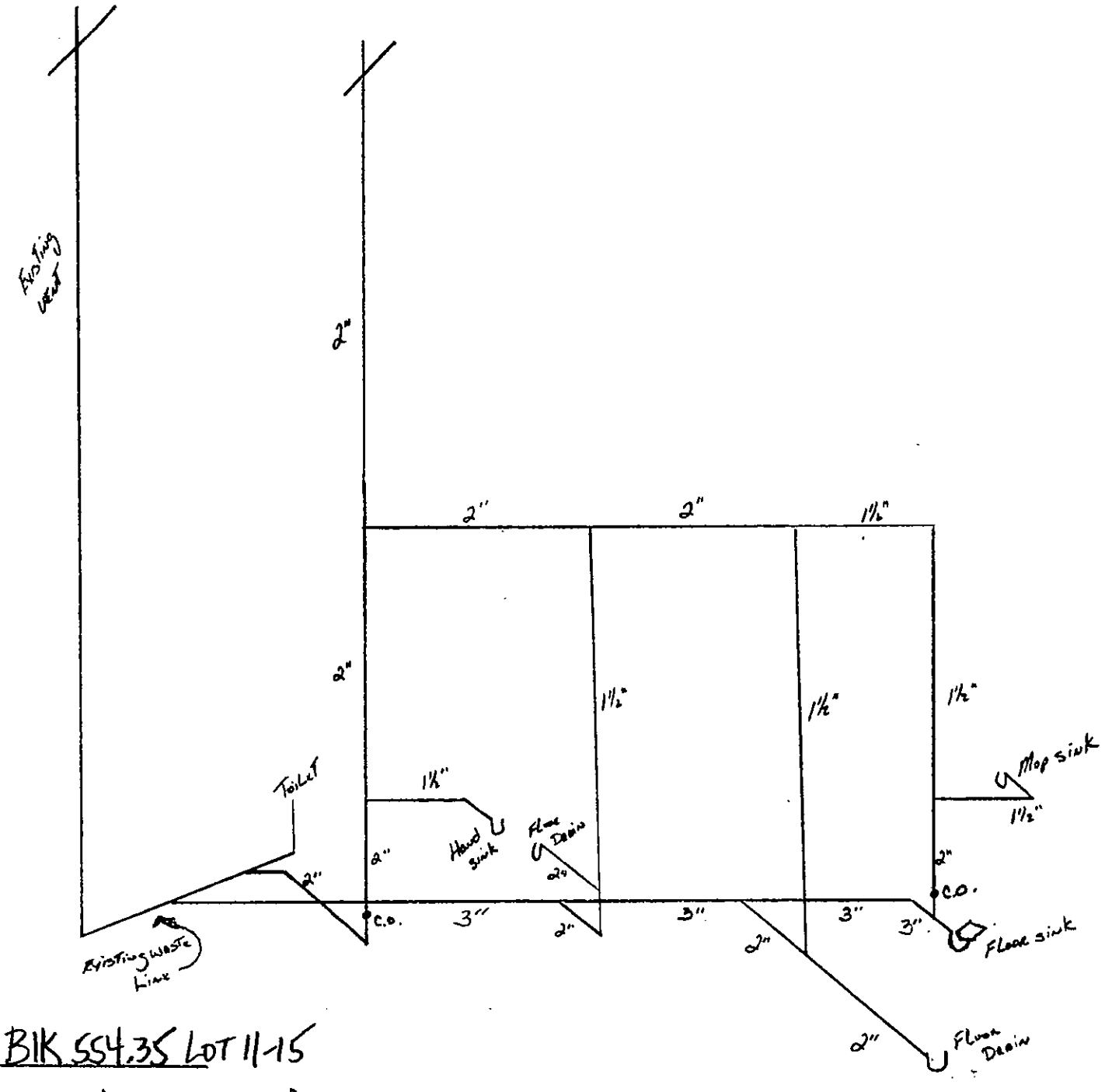
Blk # 554.35
Lot 11-15

Floor - tile
Walls + Ceiling - Painted sheetrock
Vinyl-type moulding (Floor/wall)

Owners
Joanne Coppola
1081 Lake Placid dr
Toms River NJ
Mary Southworth
1079 Lake Placid dr
Toms River, NJ



Fire 7/23/90



A/K/A BLK 554.35 LOT 11-15

Prepared by: WENNLUND PLUMBING & HEATING, 1150 BAY AVE., TOMS RIVER, NJ 08753 TEL # 270-2750

FOR: 180 DRUM POINT Rd., BRICK NJ Lic. # 8064

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

July 18, 1990

Mary South worth
1079 Lake Placid Dr.
Toms River, NJ

Re: Block 554.35, Lot 11-15
180 Drum Point Rd.

Dear Ms. Southworth:

Zoning approval is hereby granted to use part of the referenced property for a retail food store. Please be advised that there is to be no customer seating or consumption of food on the premises without a site plan first being approved by the Planning Board.

Also be advised that no signs, banners, or flags may be erected without prior written approval from this office.

Thank you for your anticipated cooperation.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

cc: DivInsp
A.J. Cierzo

CONDENSATE DRAIN
WARRANTY AND INSTRUCTIONS

CAUTION

Follow these instructions in the installation and use of the Condensate Drain.

Instructions

1. Condensate Drains are intended to be used solely as components of other equipment and to be factory installed by original equipment manufacturers to whom they are sold. As such they are incomplete in construction features. It is the responsibility of the original equipment manufacturer to provide proper safeguards in their location and installation.
2. All Condensate Drains must be properly grounded.
3. The Condensate Drain must not be altered in any manner.
4. The Condensate Drain has been provided with a pull-out type plug that is easily removed from the Condensate Drain Body so the unit may be cleaned. The Condensate Drain should be cleaned regularly to maximize efficiency. Disconnect Condensate Drain from power supply before removing cord set from the Condensate Drain.
5. Do not permit Condensate Drains to be operated on wet surfaces.
6. The enclosed springs must be installed on the Condensate Drain legs.
7. DO NOT REST THE CONDENSATE DRAIN ON ANY WOOD SURFACE OR NEAR FLAMMABLE MATERIAL.
8. Equipment containing Condensate Drains should be installed in adequately ventilated compartments to allow moisture-laden air to be carried off.
9. Each Condensate Drain is marked with its voltage rating. Use a separate electrical line connected to a fuse block or circuit breaker of proper capacity. Voltage drops will decrease operating efficiency and voltage surges will damage the heating elements.
10. The enclosure cover of the Condensate Drain should not be removed or any components tampered with.

Sole Warranty

If, within 90 days after installation it is found that your Condensate Drain does not perform satisfactorily, it may be returned to our facility (postage or freight prepaid). A replacement or credit will be issued when the cause of complaint has been found and such replacement or credit is determined by Sealed Unit Parts Co., Inc. to be justified.

THIS IS THE SOLE WARRANTY OF ANY KIND REGARDING THE CONDENSATE DRAIN. IT IS IN LIEU OF ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY, OF FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER MATTER, AND WILL NOT APPLY IF THE CONDENSATE DRAIN HAS BEEN DAMAGED DUE TO IMPROPER INSTALLATION, USE, OR ALTERATION, OR IF THE INSTRUCTIONS ABOVE HAVE NOT BEEN FOLLOWED.

MODEL NO.	VOLUME	RATING
70	50 OZ.	117V. 160 Watts

SEALED UNIT PARTS CO., INC.

BOX 21, ALLENWOOD RD., ALLENWOOD, N.J. 08720

554 11

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

ONE #: 477-4105

ESTABLISHMENT CODE: 39

GOODS: ☐ DESTROYED ☐ EMBARGOED

TABLISHMENT TRADING NAME: Cold Cut Outlet

EVALUATION: ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY

MBER AND STREET: 180 Drum Point Rd

Y OR MUNICIPALITY: Brick | ZIP CODE: 08723

TABLISHMENT LICENSE NO. | COMMUN. CODE: 1506 | RISK: II

WATER SUPPLY: ☒ Public - Community ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

ME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Mary Southworth

MBER AND STREET: 1079 Lakeplacid Dr

Y OR MUNICIPALITY: Toms River | STATE: NJ

CODE: 08753 | COMMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
8-6-90	09:35	

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE	TYPE OF ESTABLISHMENT
COMPLAINT	☒ RETAIL
INITIAL INSPECTION	☐ WHOLESALE
REINSPECTION	☐ VENDING MACHINE NO. OF MACHINES _____
PLAN REVIEW	☐ FROZEN DESSERTS
CONFERENCE	☐ 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

0.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Cold Cut Outlet		8-6-90
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph G. Capria	Brick	Begin 09.55

REG. NO.	REMARKS (Please specify area)
	Smoking regulation sign not required
	Reviewed sanitizing procedures with owner
	Thermometers are provided - temps. are 40°F & 38°F
	Drainboard in store, in process of being installed
6-8d	Container in restroom requires a lid
	Lights are protected
	Coved molding is installed
	Only equipment to be sanitized is the slicer
	Owner shall obtain a food license from township clerks office prior to opening
	Outside area OK - Township removal

Mary Lou Hewitt

(Attach additional sheets if necessary)

H.D.67

OCEAN COUNTY HEALTH DEPARTMENT

SANITARY INSPECTION REPORT

SATISFACTORY

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

COLD CUT OUTLET

FOOD ESTABLISHMENT

Joseph A. Caprio
Inspector's Name

Inspector's Name

B-375
Inspector's Permanent Registration Number

August 6, 1990
Date

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

H.D.#20

M8665

TOWNSHIP OF BRICK

Not valid after
Nov. 30, 19.90..

Permit #209

RETAIL FOOD ESTABLISHMENT LICENSE

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

Address.....180..Drum..Pt....Rd..,..Brick,..New..Jersey.....

Name	COLD CUT OUTLET

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

Francis E. Smith, Jr.

Date Issued 8/6/90
Fee Paid $20.00

Municipal Clerk