RECEIVED
NOV 3 1988
DIV. OF INSPECTION

)WNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: JULIE'S BAGEL, Red Lion PLAZA, 2526 Old Hooper Ave. Brick, N.J.
2. Owner Name: JULIA M. EHLERS Tel. (201) 477-0957
   Address 62 Willetta Dr. Brick, N.J.
3. Principal Contractor: Same 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 C/O
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 600.
2. ☒	Plumbing	
3. ☒	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 600.

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: BAGEL SHOP – no seating

If Change in Use Group, Indicate Former: SAME USE

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 10109777

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 Julie M Ehlers DATE 11/2/88

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. 549 LOT NO. 5-6-9-10 & 12.2 SUBDIVISION _____ PERMIT NO. 3161

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

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

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

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	11/3/88	OZ	11-4-88	ICM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other			11/3/88	JR	
☐	PLUMBING			11-9-88	JR.	
☐	ELECTRICAL					
☐	FIRE PROTECTION			11-4-88	JE	
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		1-26-89 WS	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
✓	PLUMBING		1-26-89 JR DSN	
✓	ELECTRICAL		1-26-89 RE	
✓	FIRE PROTECTION		1-26-89 JE	
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☐ Temporary Certificate of Occupancy — Date Expired
☐ Temporary Certificate of Occupancy — Date Expired
☑ Certificate of Occupancy No. 3161 — 1-27-89
☐ 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	50.00
ELECTRICAL	
FIRE PROTECTION	30.00
OTHER	
SUBTOTAL	$ 87.50
– 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	$ 112.50

DATE 11/8/88 Collected By Pat

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	$

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 3161

DATE ISSUED 1-27-89

Block 549 Lot 5,6,9,10,12,2

Subdivision

Julias Bagel Shop

IDENTIFICATION

Owner Julia M. Ehlers

Address 62 Willetta Dr.
Brick, N.J. 08723

Tel. ( )

Work Site Address
2526 Old Hooper Avenue

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 _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Business

USE GROUP B

FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Bagel Shop

FINAL COST OF CONSTRUCTION: $ 600.

Arthur J. Evans
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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3161
DATE ISSUED 11-18-88
REVISION DATE
Block 549 Lot 5-6-9-10-12
Subdivision

A. IDENTIFICATION

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

Owner JULIA EHLERS
Address 62 willetta Dr. BRICK, N.J.
Tel. (201) 477-0957
Work Site Address 2526 Hooper Ave Brick NJ.

Contractor
Address None
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.

C/O & Alteration putting in a Bathroom & Partition Wall.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
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

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant's Copy Manila = Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
	Final OK
	1-26-89

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	11-4-88	IGW
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 1-26-89

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form E-110 (8/83)

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 52G-7
DATE ISSUED 4/21/83
REVISION DATE
Block 549 Lot 5-6-9-10+12.2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Julia Ehlers
Address 62 Willetta Dr.
Brick, N.J.
Tel. (201) 477-0957
Work Site Address 2526 Hooper Ave
Brick, N.J.

Contractor
Address None
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
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: 2 No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location: ~~Siamese on front of building~~
Estimated Cost of Work: $ EXISTING

FEE

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
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE

B4. STAND PIPES

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

B5. OTHER

Exit Light & Emergency Lite

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

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

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
1-26-89	Complies with Fire Code AE

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: 11-4-88

Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1-26-89

Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				1-26-89
☐ TCO				
☒ Other Final				1-26-89
☐ Other				
☐ Other				
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 3161
DATE ISSUED 11-18-98
REVISION DATE
Block 549 Lot 5-6-9-16 9/12-2
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner JULIA EHLERS
Address 62 Willetta Dr.
BRICK, N.J. 08723
Tel. (201) 477-0957
Work Site Address Julie's BAGEL NOOK
2526 OLD Hooper AVE. BRICK N.J.

When changing contractors, notify this office

Contractor PINELAND PLBG. & HTG., INC.
Address 607 MANTOLOKING RD.
BRICK TOWN, N.J. 08723
Tel. ( ) 201 477-0854
Lic.No./Bus. Permit 3910
Federal Emp. No. 22-1853417

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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$ 5.-		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink	15.-		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection		1	Other Gas	15.-
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 25.-		COLUMN 2	$ 25.-

Fee	
COLUMN 1	$ 25.-
COLUMN 2	$ 25.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 50.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material Sch 40 PVC Size
Building Sewer — Material Size
Water Service — Material Size
Venting — Material Sch 40 PVC Size

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
	5:23-7.2, 5:23-7.8 a, 5:23-7.50 (a) 3 Fig 7:55 a+b
	Barrier-Free Toilet Room are required for Restaurant use)
	where there is seating. (Retail only in this
	unit)

JOB SUMMARY

- ☐ No Plans Required
- ☒ Plan Review Approved

Date: 11-9-88

Approved By: J. D. Sp

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1/24/89

Inspected By: D. Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				12-8-88
☒ Rough				12-8-88
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-130 (8/83)

CUT-IN-CARD

MUNICIPALITY Brick

LOCATION 2526 Old Hooper Ave UTILITY CO —

Jamie's Bagel Nook BLK 549 LOT 5-6-9-10-12

OWNER Julia Ehlers 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 X RANGE 2 WATER HEATER 1

AIR COND 1 ELECT HEAT 2 MISC

COMMENTS additional wiring

DATE 890126 PERMIT # 16477 INSPECTOR L.O. Eb

Elec. 104 Insp. Lic # 4155

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 549 L 5,6,9,10,12, ESTABLISHMENT INFORMATION

PHONE # 477-0957

ESTABLISHMENT CODE

GOODS
☐ DESTROYED
☐ EMBARGOED

ESTABLISHMENT TRADING NAME: JULIET BAGEL NOOK

EVALUATION
☐ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☒ UNSATISFACTORY

NUMBER AND STREET: 2526 OCD HOOPER AVE.

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK

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: JULIA & PHILIP EHLERS (E'S 'N' INC.)

NUMBER AND STREET: 62 WILLOTTA DR.

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
11-4-88	0914	0950

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): ELI GOLDMAN, R.S.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: 0397

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
JULIO'S BAKERY		11-4-88
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
E.H. Holdman	BRICK TOWN	Begin 0915

REG. NO.	REMARKS (Please specify area)
	REJECTED
	MORE INFORMATION AS TO THE OPERATION IS NEEDED
	(1) ARE YOU MAKING THE BOUGHT THERE?
	(2) WHERE ARE THE WORK TABLES IN THE REAR?
	(3) IF THE ABOVE WORK IS BEING DONE IN THE BACK YOU NEED A HAND-WASH SINK.
	(4) A MOP SINK IS NEEDED.

(Attach additional sheets if necessary)

H.D.67

Page of Pages

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

D549 L5, 6, 9, 10, 12 ESTABLISHMENT INFORMATION

PHONE # 477-0957

ESTABLISHMENT TRADING NAME: JULIES BAGEL NOOK

NUMBER AND STREET: 2526 OLD HOOPOR AVE.

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMUN. CODE: 1506

ESTABLISHMENT CODE:

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: JULIA & PHILIP EHLERS (E'S SIX INC.)

NUMBER AND STREET: 62 WILLETTA DRIVE

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
11-18-88	1100	1120

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): ELI GOLDMAN, R.S.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: B397

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
JULIET BAGEL NOOK		11-4-88
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
E. Goldman	BRICKTOWN	Begin 0915

REG. NO.	REMARKS (Please specify area)
	REJECTED
	MORE INFORMATION AS TO THE OPERATION IS NEEDED
	(1) ARE YOU MAKING THE DOUGH THERE?
	(2) WHERE ARE THE WORK TABLES IN THE REAR?
	(3) IF THE ABOVE WORK IS BEING DONE IN THE BACK, YOU NEED A HAND-WASH SINK.
	(4) A MOP SINK IS NEEDED.
11/10/88	1:30 P.M. Goldman

(Attach additional sheets if necessary)

H.D.67

Julie's Bagel Nook
2526 Old Hooper Ave.
Brick, N.J.
November 14, 1988

In response to my rejection of plans submitted 11/2/88. Here is the information you requested:

1. We are not making the dough on premises.

2. There will be two(2) stainless steel work tables on wheels in the rear work area so that they can be moved to position when needed.

4. A fiberglass mop sink will be installed in the existing bathroom in the rear.

Thank you,

Julia M. Ehlers

Six E's INC.
T/A Julie's Bagel Nook
2526 Old Hooper Ave.
Brick, N.J. 08723

owners: Julia & Philip Ehlers
62 Willetta Dr.
Brick, N.J. 08723
(201) 477-0957

Block # 549
Lots - 5, 6, 9, 10, 12, 2

flooring - Armstrong Commerical tiles over concrete - Bourder guard
walls - fire proof sheet rock, painted semi gloss white
splash back behind SINK & DRAINBOARD

ceiling - acoustic tiles with recessed fluoresant lighting with plastic covers.

Proposed bathroom - elongated toilet, SINK, floor drain

SITE: Six E's INC.
T/A Julie's Bagel Nook
2526 Old Hooper Ave.
Brick, N.J. 08723

owners: Julia & Philip Ehlers
62 Willetta Dr.
Brick, N.J. 08723
(201) 477-0957

Block # 549
Lots - 5, 6, 9, 10, 12, 2

flooring - Armstrong Commercial vinyl tiles over concrete. - molding - Boarder guard -

walls - fire proof sheet rock, painted semi gloss white + DRAIN Board splash back behind SINK + 1

ceiling - acoustic tiles with recessed fluoresant lighting with plastic covers.

Proposed bathroom - elongated toilet, SINK, floor drain