Chinese Rest

✓ BLOCK 547.01 LOT 15 ADDRESS (SITE) ______ PERMIT NO. 1029-94

RECEIVED
APR 15 1994

908 477-6211

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 399 Brick Blvd.
2. Name of Owner in Fee: ZHENG, BIN Tel. ( )
   Address 132-56 60 ave Flushing, N.Y. 11355 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Fong's Contractor Co. Tel: (917) 846-6222
   Address 168-06 35th Ave Flushing N.Y 11358
   License No OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. ______ Social Security No. ______
5. Architect or Engineer ______ Tel. ( )
   Address 399 BRICK BLVD BRICK, NJ [DRUM POINT PLAZA]
6. Responsible Person In Charge of Work Engineer: WA1 Tel. ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 120		
2. Electrical			
3. Plumbing	130		
4. Fire Protection	276		
5. Other			
6. Subtotal	$ 526		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	13		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 564		

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 ______	

Plbg. ok 9/2/94

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	✓ 16,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
WB	4/15/94		5/11/94	RC	8/12/94		WB
			5/11/94		7/22/94		
			5-11-94	Jan	Plmg. TCO		
					8/12/94		
Pm	4/20/94	ENA		Pore			

TCO issued 8/...

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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 OCC
Net gain or loss ______

B. NON-RESIDENTIAL
1. State Specific Use: RESTAURANT
2. Use Group: A3
3. Change in Use Group, Indicate Former:

LDS BR 10206311

40

20K

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

UCC Form F-100A

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department	4/29/94)		Remind. B.t.					
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☒ Other Zoning	SK	4/20/94	Comm. a lt.					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. EXEMPT

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 Temp OK	No. 1029	~~8/19/94~~ 9-2-94	and 9/2/94
☐ None			

CERTIFICATE

Date Issued 9-2-94
Control #
Permit # 1029-94

IDENTIFICATION

Block 547.01 Lot 15
Work Site Location 399 Brick Blvd.

Owner in Fee Bin Zheng
Address 132-56 60th Ave.
Flushing, NY 11355
Tele. ( )
Contractor Fong's Contractor Co.
Address 168-04 35th Ave.
Flushing, NY 11358
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 2 hours
Maximum Live Load 40
Description of Work/Use:

Tenant fit-up "CHINA KING RESTAURANT"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXXX **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. Cienzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 8-19-94
Control #
Permit # 1029-94

IDENTIFICATION

Block 547.01 Lot 15
Work Site Location 399 Brick Blvd.

Owner in Fee Bin Zheng
Address 132-56 60th Ave.
Flushing, NY 11355
Tele. ( )
Contractor Fong's Contractor Co.
Address 168-04 35th Ave.
Flushing, NY 11358
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 2 hours
Maximum Live Load 40
Description of Work/Use:

Tenant fit-up "CHINA KING RESTAURANT"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

XXXX ☐ CERTIFICATE OF APPROVAL 14 day Temporary (to end September 2, 1994)
Pending compliance with plumbing.

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:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 5/16/94
Control #
Permit # 1029-94

IDENTIFICATION Block 547.01 Lot 15

Work Site Location 399 Buck Blvd Contractor Feng's

Address

Owner in Fee Z. Bin

Address

Tele. ( ) Flushing NY

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date **0004**

Federal Emp. No. 1029**

or Social Security No. BLOCK 0.00

547 #

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant fit up

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 $ 16 000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
		0.00
Building	120 15 #	
Plumbing	130 BUILDING	120.00
Electrical	PLUMBING	130.00
Fire Protection	276 FIRE	276.00
Other	PLAN RVW	5.00
Other	D.C.A.	13.00
DCA Training Fee		20.00
Cert. of Occ.	TOTAL	564.00
Other	CHECK	564.00
Total	564 CHANGE	0.00
Check No.	05/16/94 NO. 5 0026A005	16:12
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/16/94
Date Issued
Control #
Permit # 1029-94

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 379 BRICK BLVD
BRICK, N.J. (DRUM POINT PLAZA)
Owner in Fee ZHENG, BIN
Address 132-56 60AVE
FLUSHING, N.Y. 11355
Tele. (908) 725-2335 212, 276-7384
Contractor FONG' CONTRACTOR CO.
Address 168-01 31TH AVE
FLUSHING N.Y. 11358
Tele (917) 896-6222 FAX 718 961-6027
Lic. No. or Bldrs. Reg. No. 3253
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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

CHINESE RESTAURANT RENOVIATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All 5/11/94
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date. 8/12/94
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes			8/12/94	
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS Chinese Rest. tenant fit up

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. $ 10,000 w/ fx
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] 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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/16/94
Date Issued
Control #
Permit # 1029-94

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 399 BRICK BLVD
BRICK, N.J. (DRUM POINT PLAZA)
Owner in Fee ZHENG, BIN
Address 132-56 60AVE
FLUSHING, N.Y. 11355
Tele. (908) 725-7335 212-276-7384
Contractor FONG CONTRACTOR CO.
Address 168-04 31TH AVE
FLUSHING N.Y. 11358
Tele (917) 886-6222 FAX 718 961-6027
Lic. No. or Bldrs. Reg. No. 3253
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

CHINESE RESTAURANT RENOVATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All 5/16/94 RC
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date
Approved By:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS Chinese Rest. tenant fit up

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. $ 20,000 est
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] 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

call when done
718. 426-3030

Build

COMMON DRUM PT + BRICK BLVD

ADD UNIT. CHANGE STAR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAY 24 94 0 0 4 1 2 2

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

Block 549.01 Lot 15

Work Site Location DRUM POINT PLAZA 399 Bldg
399 BRICK BLVD BRICK NJ

Owner in Fee ZHENG, BIN

Address 132-56 60 AVE
FLUSHING, N.Y. 11355

Tele. (908) 725-3535 (212) 226-7384

Contractor AMERICAN STANDARD ELECTRIC Co.

Address 34 MONTEREY DR.
HAZLET NJ 07730

Tele. (908) 888-5518

Lic. No. 10984

Federal Emp. No. 22-3125219 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1,200.~~00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 5-17-94
Approved by: [signature]

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 8-12-94
Approved By: [signature] 3696

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other	7-26-94			
Service	8-5-94			
Final			8-12-94	[signature] 3696

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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]
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
28		Fixtures (1)	
10		Receptacles (2)	
8		Switches (3)	
46		Total 1 + 2 + 3	40-
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
Existing	____ Amp	Motor Control Center/Sub Panels	____
2		Signs	____
____	____	Light Standards	____
1	3/4 hp	Motors—Fractional H.P.	____
2 5,2	hp	Motors—All Others	14-
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Paid [✓] Check # Cash

Administrative Surcharge	$ _____
Minimum Fee	$ 54-
DCA Training Fee	$ 1-
TOTAL FEE	$ 55-

Collected by: _____

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy

7-26-94

(1) No Disconnect for Compressor on cooler

(2) No Access to Roof

(3) No Show window Recep

4 Romex wire in steel Stud Bays (Sheetrocked

8-5-94 #3 ABOVE

940908
Locked MR 6455 2 45 pm

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5/16/94
Control #
Permit # 1029-94

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

Block 5147.01 Lot 15
Work Site Location 399 Brick Blvd
Brick NJ (DRUM POINT PLAZA)
Owner in Fee ZHENG, BIN
Address 132-56 60 AVE
FLUSHING, N.Y. 11355
Tele. (908) 725-3535 212. 226-7384
Contractor MASTER FIRE PREVENTION SYSTEMS, INC.
Address 1776 EAST TREMONT AVENUE
BRONX NY 10460
Tele. (718-828-6424
Lic. No.
Federal Emp. No. 13-2656642 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 $ 1,400.00 [ ] Other

Issuance of 2000 CFM or more need SD. Shutoff to Furnace in Return Suppression test only.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 7/22/94
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			7/22/94	
Fire Alarm Test				
Smoke Test				
Mechanical	7/15/94		8/4/94	
TCO				
Other				
Other				
Other				

No GAS Meter for test. Hood Not in Plans.

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 Grant fire up (Chinese Rest.)

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	2	46
Heat Detectors		
TOTAL		
Stand Pipes		33
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	X	165
Gas or Oil Fired Appliance	4	132
OTHER		

Administrative Surcharge $ 276
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

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 5/16/94
Date Issued
Control #
Permit # 1029-94

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

Block 5147.01 Lot 15
Work Site Location 399 Brick Blvd
Brick NJ (DRUM POINT PLAZA)
Owner in Fee ZHENG, BIN
Address 132-56 60 AVE
FLUSHING, N.Y. 11355
Tele. (908) 728-3535 212. 276-7388
Contractor MASTER FIRE PREVENTION SYSTEMS, INC.
Address 1776 EAST TREMONT AVENUE
BRONX, NY 10460
Tele. (718-828-6424
Lic. No.
Federal Emp. No. 13-2656642 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 $ 1,400.00 [ ] Other

Issuance of 2000 CFM or more need S.D. Shutoff to Ensure in Return

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
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 Grant for 40 (Sprinkler Syst.)

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	2	46
Heat Detectors		
TOTAL		
Stand Pipes		33
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	X	65 -
Gas or Oil Fired Appliance	4	132 -
OTHER /		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 296 -
DCA Training Fee $
Collected by: TOTAL FEE $

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

Date Received 5/16/94
Date Issued
Control #
Permit # 1029-94

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 399 Brick ~~Road~~ Blvd (DRUM POINT PLAZA)
Brick Town, New Jersey
Owner in Fee ~~ZHENG, BIN~~
Address 132-30 60 AVE
FLUSHING N.Y. 11355
Tele. (908) 725-3235 / 212 226-7384
Contractor WILLIAM M. THOMPSON
Address 5 CARMEN COURT
CHESTNUT RIDGE NY 10977
Tele. (914) 425-3226
Lic. No. 8976
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS Chinese Rest

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 3,800 ~~00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5-11-94
Approved by: JM

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JM
Date: 9-2-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	6-7-94 Partial only		6-7-94	JM
Rough		6-14-94	7-7-94	JM
Water				
Sewer				
Fixtures				
Gas Equipment			7-7-94	JM
Gas Final				
Solar				
TCO for 24 Days			8-19-94	JM

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.

William M. Thompson
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Handicap

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10 —
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10 —
	Shower	
2	Floor Drain	10 —
4	Sink	
	Dishwasher	20 —
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15 —
	Fuel Oil Piping	
1	Water Heater	5 —
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
2	Greasetrap	50
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 130 —

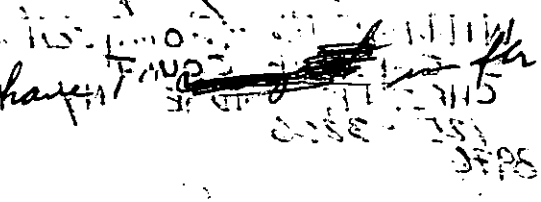
U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Has 3 toilets
3 LAVS

6-7-94 Change water pipes to 3/4" to bathrooms
Change meter yoke to 1" + 1" pipe to 3/4" tee for water heater
Sent not out roof yet

6-13-94 locked 3:10

8-19-94 must change to 1" meter + pipes [redacted] for



PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/16/94
Date Issued
Control #
Permit # 1029-94

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

Block 5417.01 Lot 15
Work Site Location 399 Brick Town - Blvd (DRUM POINT PLAZA)
Brick Town, New Jersey
Owner in Fee TSAENG, BIN
Address 132-26 60 AVE
FLUSH/ING N.Y. 11355
Tele. (908) 725-3735 / 212 276-7384
Contractor WILLIAM M. THOMPSON
Address 5 CARMEN COURT
CHESTNUT RIDGE NY 10977
Tele. (914) 425-3806
Lic. No. 8976
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS Chinese Rest.

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 3,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5-11-94
Approved by: JMH

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.

William M. Thompson
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Handicap

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10.-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10.-
	Shower	
2	Floor Drain	10.-
4	Sink	
	Dishwasher	20.-
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.-
	Fuel Oil Piping	
1	Water Heater	5.-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
2	Greasetrap	50
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 130.-

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

Jim has Original

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/16/94
Date Issued
Control #
Permit # 1029-94

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 399 Brick Town Blvd (DRUM Point PLAZA)
Brick Town, New Jersey
Owner in Fee ZHENG, BIN
Address 132-36 60 AVE
FLUSHING N.Y. 11355
Tele. (908) 725-3235 / 212 226-7384
Contractor WILLIAM M. THOMPSON
Address 5 CARMEN COURT
CHESTNUT RIDGE NY 10977
Tele. (914) 425-3226
Lic. No. 8976
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS Chinese Rest.

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 3,800 ~~00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5-11-94
Approved by: [signature]

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Slab 6-7-94 Partial Only			6-7-94	[signature]
Rough	6-13-94		7-7-94	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment			7-7-94	[signature]
Gas Final				
Solar				
TCO for 14 Days			8-1-94	[signature]

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] extra 1 toilet
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Handicap

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10-
	Shower	
2	Floor Drain	10-
4	Sink	
	Dishwasher	20-
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15-
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
2	Greasetrap	5-0
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 130-

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

Has 3 toilets
3 LAVS

BLOCK

LOT

DATE

PLUMBING & MECHANICAL CHECK LIST

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

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

April 25, 1994

Re: Proposed Floor Plans
Block 547.01 Lot 15
CHINA KING RESTAURANT
399 BRICK BLVD.
BRICK, NEW JERSEY 08723

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 New Jersey State Retail Food Code.

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

Very truly yours,
Joseph A. Caprio
Joseph A. Caprio
Sanitary Inspector

JAC:gl
cc: Brick Twp. Health Department
Brick Twp. Construction Official (Arthur Cierzo)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLOCK 547-01 LOT 15

NEW ESTABLISHMENT.

ESTABLISHMENT INFORMATION

PHONE #
718-961-6027 (TEMP.)

ESTABLISHMENT TRADING NAME
CHINA KING RESTAURANT

NUMBER AND STREET
399 BRICK BLVD

CITY OR MUNICIPALITY
BRICK

ZIP CODE
08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE
1506

RISK
I

ESTABLISHMENT CODE
22

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
ZHENG-BIN ZHENG

NUMBER AND STREET
168-04 35TH AVE

CITY OR MUNICIPALITY
FLUSHING

STATE
NY

ZIP CODE
11358

COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
4-25-94	0855	09:20

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 _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print)
Joseph A. Caprio

SIGNATURE OF INSPECTING OFFICIAL
Joseph A. Caprio

PERMANENT REG. NO.
A-375

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
CHINA KING REST.		4-25-94
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A Capizzi	BRICK	Begin 0855

REG. NO.	REMARKS (Please specify area)
	The attached plans have been reviewed & approved - they are in substantial compliance with Chapter XII of the NJ State Sanitary Code This office will be notified for an initial inspection prior to opening

(Attach additional sheets if necessary)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK; N.J. 08723

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 547.01, Lot 15

DATE: 4/26/94

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $_____.

Preliminary _____
Frederick R. Millman, CTA

_____
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

ASSESSOR REVIEW / Form 0002 7/93

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

PLAN REVIEW #_____

PLAN REVIEW

DATE_____

Name Chinese Restaurant

Address 399 Brick Blvd

Block 547.01 Lot 15

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
_____	BUILDING SUBCODE	_____
_____	ELECTRICAL SUBCODE	_____
_____	PLUMBING SUBCODE	_____
_____	FIRE PROTECTION SUBCODE	_____

NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
1	Sealed by Engineer.		
	I WISH TO TALK TO Him.		
	PLANS N.G.		
	MUST BE SIGNED N.J. Lic. ARCT		
	Called 5/5/94 No answer H.H.		
	4/29/94		

SIZING FOR WATER AND SEWER SERVICES

Property Owner China King Restaurant Date 5-11-94

Property Address 359 Brick Blvd (Brick Plaza) Block 547.01 Lot 15-

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	3	( ) 15	( )
2. Lavatory	3	( ) 6	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	2	( ) 6	( )
6. Service Sink	2	( ) 6	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 33

Gallons per minute 21

Size of Service 1"

Date: 5-11-94

Approved: _____
Brick Township Plumbing Inspector

MASTER FIRE PREVENTION SYSTEMS, INC.

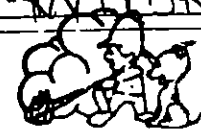
1776 EAST TREMONT AVENUE, BRONX, N.Y. 10460
Tel. (212) 828-6424 for Service

EXPIRATION DATE
1 - 95

SEMI-ANNUAL INSPECTION CERTIFICATE

WE HAVE INSPECTED THE AUTOMATIC FIRE SUPRESSION SYSTEM DESCRIBED HEREON. THE SYSTEM IS IN PROPER WORKING ORDER. THIS CERTIFICATE MUST BE AVAILABLE AT ALL TIMES TO ALL AUTHORITIES HAVING JURISDICTION.

TYPE WHDR 500



ONLY VALID WITH SEAL

OFFICIAL SEAL

SYSTEM AT: 399 Brick Blvd. Brick, N.J.

SERVICED BY Ivan

☒ EXEMPT 4-26-94

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: 2HEW BIN DATE: 4-26-94

ADDRESS: 132-56 60 AVE
Flushing N.Y. 11355

PROPERTY LOCATION: 399 Bard Ave

ACCOUNT NO: _____ BLOCK 5470 LOT 15

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required	$500.00	Date	
Down Payment		Date	
Balance		Date	
Pd. in Full		Date	

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee	None	Date:	4/26/94
Down Payment		Date:	
Final Fee (Less down payment)		Date:	
Balance		Date:	
Pd. in Full		Date:	

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR