CARUEL STORE

BLOCK 547.01 LOT 15 ADDRESS (~~SITE~~) Drumpoint Plaza PERMIT NO. 127-92

RECEIVED FEB 5 1992

NO SEATS

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: Drumpoint Plaza Brick Blvd. (Jack Verbeke 477-7377)
2. Name of Owner in Fee: T/A Brick Caruel Tel. (908) 477-7021
   Address 60 Captains Dr. (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Same Tel. (908) 477-7377 / 477-7031
   Address 60 Captains Dr Brick
   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 Jack Verbeke Tel. (908) 477-7377 / 477-7031

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	5000

Alter / Tenant Fitup

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
			2/5/92	R	3/11/92		J
			2-5-92	R	3/11/92		JC
			2/5/92	gp	3/11/92		gp
					3/11/92		BK

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 38-		
2. Electrical			
3. Plumbing	50.00		
4. Fire Protection	60-		
5. Other			
6. Subtotal	$ 198		
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	$ 223		

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	

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
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10109265

ZOK

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

D. (X) 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 Jack Vanderlan Date 1/4/92

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							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SC	2/5/92	Comm. aff.	NO	SEATS				
☐									
☐									

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. 127	3-18-92	
☑ Certificate of Approval	No. _____	_____	
☐ None			

CERTIFICATE

Date Issued 3-18-92
Control #
Permit # 127-92

IDENTIFICATION

Block 547.01 Lot 15
Work Site Location Drum Point Road (Drum Point Plaza)

Owner in Fee Jack Verbeke, T/A Brick Carvel
Address 60 Capt ains Dr.
Brick, 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 B **2 hours**
Maximum Live Load
Description of Work/Use:

Tenant fit-up (CARVEL STORE)

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☒ **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. Cleary

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 2-6-92
Control #
Permit # 127-92

IDENTIFICATION Block 547.01 Lot 15

Work Site Location Dover Pt. Rd.

Owner in Fee Jack Vanbeekbergen/Brick Concord

Address 660 Captains' Dr Brick, NJ

Tele. ( )

Contractor Same

Address

Tele. ( )

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

Federal Emp. No. ##0002##

or Social Security No. 127##

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

alter. w/ 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 $ 5000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)	
Building	0.00
Plumbing	38.00
Electrical	50.00
Fire Protection	50.00
Other	5.00
Other	20.00
DCA Training Fee	223.00
Cert. of Occ.	223.00
Other	0.00
Total	
Check No.	
Cash	
Collected By:	

LOT 15 #
BUILDING
PLUMBING
FIRE
PLAN RVW
C / O
TOTAL 2
CHECK 2
CHANGE
02/06/92 NO. 5 0015A005 11:14

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-6-92
Control #
Permit # 127-92

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 Drumpoint Plaza

Owner in Fee Jack Verhaken T/A Brick Carvel
Address 60 Captains Dr
Brick, NJ 08723
Tele. (908) 477-7372 - 477-7031
Contractor Buehand Plumbing & Heating, Inc.
Address 807 Mantoloking Rd
Brick, NJ 08723
Tele. (908) 477-0854
Lic. No. 17722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2/5/92
Approved by: GF

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved by: 3/11/92
Date: GF

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2/6/92	GF
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 R Dwyer
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5
	Shower	
5	Floor Drain	
1	Sink	5
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	25
	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 Soda	5.
	Administrative Surcharge	$ 10—
Paid [ ] Check #	Minimum Fee	$ 50.00
Collected by:	TOTAL	$

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-6-92
Control #
Permit # 127-92

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 Drumpoint Plaza

Owner in Fee Jack Verbeke - Brick Carvel
Address 60 Captains Dr
Bricks, NJ 08723
Tele. (908) 477-3021 OR 477-7377
Contractor Same
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 [X] Existing
Type: [X] 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.
[X] Fire Plans Approved
Date: 2-5-92
Approved by:

SUBCODE APPROVAL:
[ ] CO [X] CCO [ ] CA
Date: 3/3/92
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Final			3/4/92	
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.

Jack Verbeke
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		200
Smoke Detectors Battery Backup	2	
Heat Detectors		
TOTAL		
Fire Extinguishers		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Emergency Lite Unit Battery Backup		
Pre-Engineered Systems		
CO_2 Suppression Signs		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		40
Plan & Insp		
Gas or Oil Fired Appliance		
OTHER 9 Fire Extinguishers		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 60
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
Control # 2-6-92
Permit # 127-92

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 Drumpoint Plaza

Owner in Fee Jack Verbeke - Brick Carvel
Address 60 Captains Dr
Brick, NJ 08723
Tele. (908) 477-7081 or 477-7377
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2/5/92	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-11-92
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) $ ____

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 Jack Verbeke

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Partition wall (nonbearing)
Cabinets
tile work

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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

Drum Point Plaza
Carvel Ice Cream Store

w/c

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 13 92 0 0 2 0 0 5

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 371 Brick Blvd.
Brick N.J.
Owner in Fee Brick Carvel
Address 371 Brick Blvd.
Brick N.J.
Tele. ( ) 477-0854
Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville
Brick N.J.
Tele. ( ) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Store Utility Co.
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 3/18/92
Approved by: B. Podbury

INSPECTIONS:

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			2/9/91	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	3-16-92 24		3-18-92	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 3-18-92 24
Line Dept. PP.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Fixtures (1)	
15		Receptacles (2)	
2		Switches (3)	
25		Total 1 + 2 + 3	44
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
1-5 Ton		A/C Unit	4
		Burglar Alarms	
		Intercoms Panels	
2		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
1-Temp		~~Motor Control Center~~ Sub Panels	10
2		Signs	10
		Light Standards	
2 ICE CREAM		Motors—Fractional H.P. 1hp each	20
3 FREZZERS		Motors—All Others	
		Transformers	
		Generators	
MAIN PANEL 200A		Service Entrance	10
Change		Other	

Administrative Surcharge $
Paid [✓] Check # 7807 Minimum Fee $
Collected by: TOTAL FEE $ 98.—

RPF

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-6-92
Control #
Permit # 127-92

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 Drumpoint Plaza

Owner in Fee Jack Verbeke - Brick Carvel
Address 60 Captains Dr
Brick, NJ 08723
Tele. (H) 477-7031 OR 477-7377
Contractor Same
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 [X] Existing
Type: [X] 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.
[X] Fire Plans Approved
Date: 2-5-92
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Jack Verbeke
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		20
Smoke Detectors Battery Backup	2	
Heat Detectors		
TOTAL		
Fire Extinguishers		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Emergency Lights Exit Battery Backups		
Pre-Engineered Systems Signs		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical Fire Extinguishers		40
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 60
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 2-6-92
Control #
Permit # 127-92

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 Dr. Impoint Plaza
Owner in Fee Jack Verbeke - Brick Carvel
Address 66 Captains Dr
Brick, NJ 08723
Tele. (908) 477-7031 or 477-7377
Contractor Same
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Partition wall (non bearing)
Cabinets
tile work

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2/5/92	
[ ] 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) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-6-92
Control #
Permit # 127-92

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 [illegible]
Owner in Fee [illegible]
Address [illegible]
Tele. ( ) [illegible]
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible]
Lic. No. [illegible]
Federal Emp. No. [illegible] or Social Security No. [illegible]

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2/5/92
Approved by: CR

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 R Dwyer
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5
	Shower	
5	Floor Drain	
1	Sink	5
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	25
	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 Sode	5.
		10
	Administrative Surcharge	$
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$

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

BLOCK 547.01 PLUMBING & MECHANICAL CHECK LIST

LOT 15

DATE 2/5/92

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

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

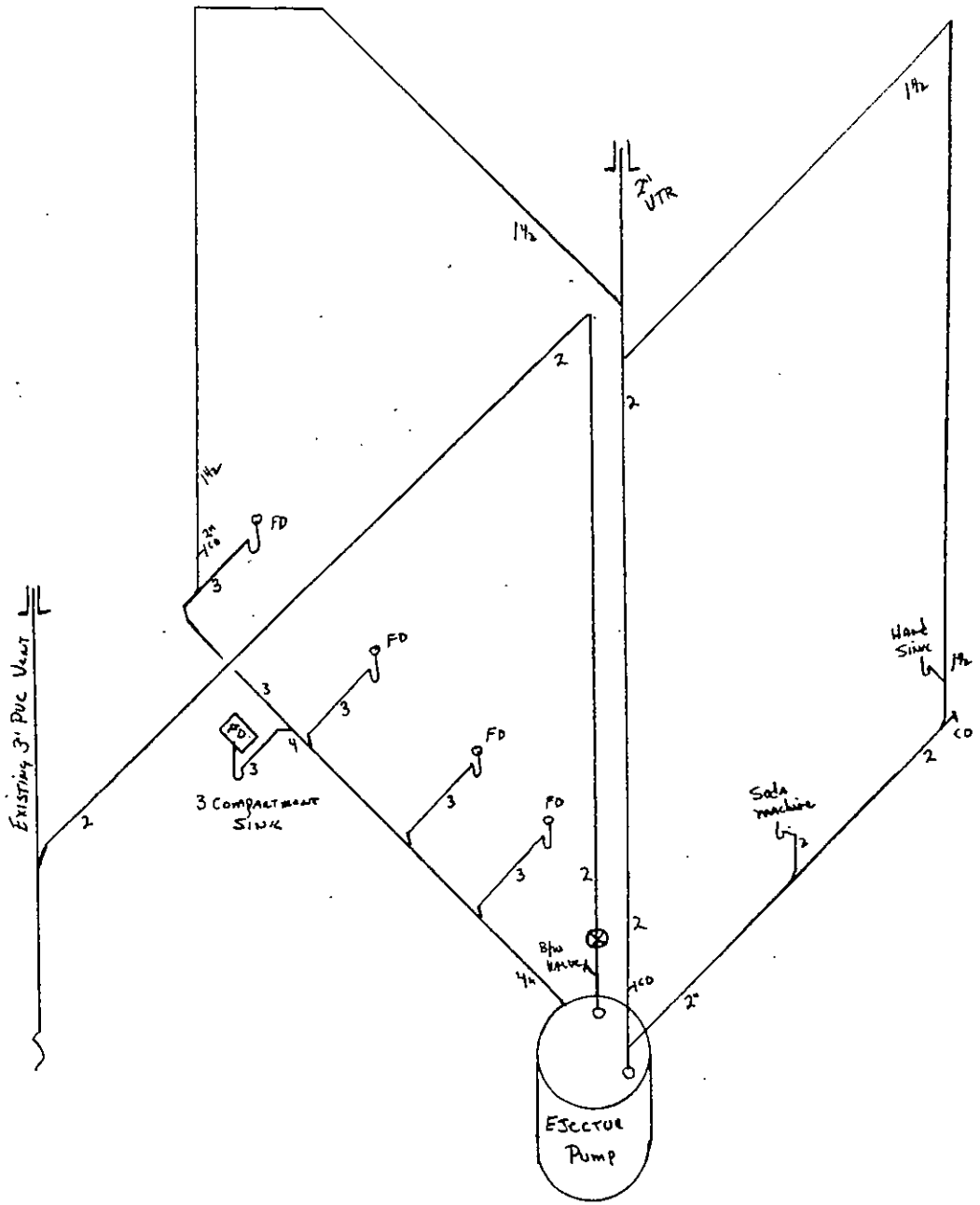
SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER B of Health - Zoning 2/5/92


Existing 3" PVC Vent
2" VTR
1½
1¼
2
3
FD
3 Compartment Sink
Hand Sink
Soda machine
CO
Ejector Pump

2/5/92

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Richard E. Garnett, P.L.S., P.P.
Municipal Surveyor/Planner
(908) 477-3000, Ext. 275
Fax: (908) 920-4850

Jack Verbeke
60 Captains Drive
Brick, New Jersey 08723

RE: Block 547.01, Lot 15
Drum Point Plaza - Brick Carvel

Dear Verbeke:

Zoning approval is hereby granted to use part of the building on the referenced property for a retail ice cream store.

Please be advised that no customer seating is permitted in the store unless a site plan, or an exemption, is approved by the Planning Board.

Also, no sign may be erected without a construction permit and flags, banners, streamers and balloons are allowed for only one week for a grand opening.

Please feel to contact this office for any additional information or assistance.

Very truly yours,

Sean Kinnevy
Zoning Officer

SK/kb
cc: Arthur J. Cierzo, Construction Official
Division of Inspections
Nancy Barlo, Planning Board Chairman

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

FEBRUARY 5TH, 1992

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

RECEIVED
FEB 5 1992
DIV. OF INSPECTION

re: Proposed Floor Plans
Block 190 Lot 39
CARVEL ICE CREAM
371 DRUM POINT ROAD
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. Caprio

JOSEPH A CAPRIO
Sanitary Inspector

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

JAC/pjp

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

NEW LOCATION

SANITARY INSPECTION REPORT

BLOCK 190 LOT 39

ESTABLISHMENT INFORMATION

ONE #: 477-7377

TABLISHMENT TRADING NAME: CARVEL ICE CREAM

MBER AND STREET: 371 DRUM POINT Rd

Y OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 19

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)

E OF OWNER(S), CORPORATION OR REGISTERED AGENT: JACK VERBECKE

BER AND STREET: 60 CAPTAINS DR

OR MUNICIPALITY: BRICK

STATE: N.J

ODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
2-5-99	09:00	09:25

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- COMPLAINT
- INITIAL INSPECTION
- REINSPECTION
- PLAN REVIEW
- CONFERENCE

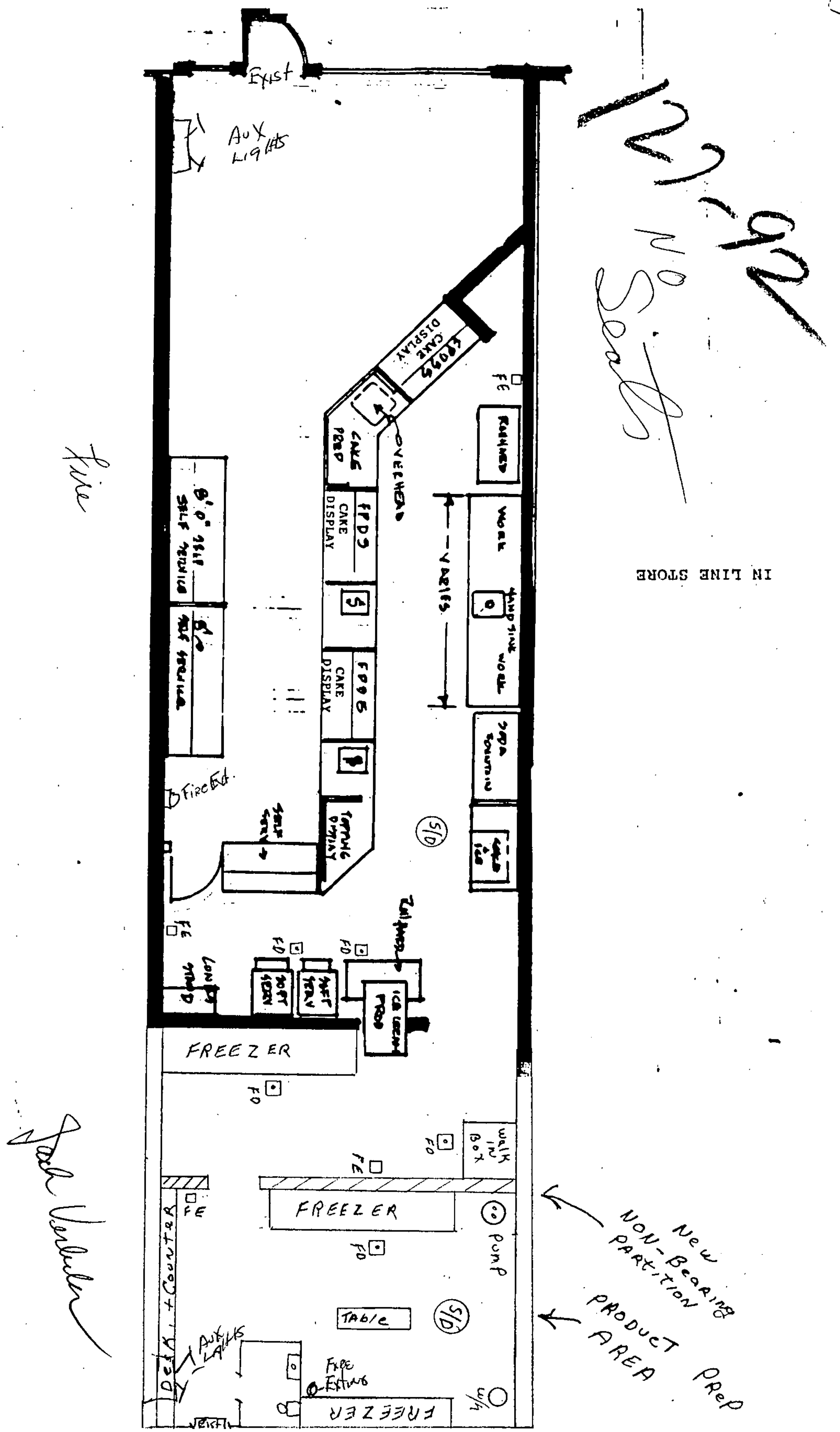
TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

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. Capalo

SIGNATURE OF INSPECTING OFFICIAL: Joseph A Capalo

PERMANENT REG. NO.: 6-375



Exist
AUX LIGHTS
No Seats
CAKE DISPLAY
CAKE PREP
OVERHEAD
FE
CAKE DISPLAY
CAKE DISPLAY
VARIES
WORK
WORK
IN LINE STORE
Fire Ext
SELF SERV
TOPPING DISPLAY
S/D
FREEZER
FD
WALK IN BOX
FE
FREEZER
PUMP
Table
S/D
DESK + COUNTER
AUX LIGHTS
FIRE EXTING
FREEZER
New NON-Bearing PARTITION
PRODUCT PREP AREA