RECEIVED
TOWNSHIP OF BRICK
SEP 24 1984
BUILDING

OK Ed

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: CHUBBY Chicken (DEUM POINT PLAZA) 363 Brick Blvd
2. Owner Name: MICHAEL Pope Tel. (201) 363-1332 MIKE
   Address 32 BROWNING AVE BAYville N.J. 08721
3. Principal Contractor: SELF Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: SELF Tel. ( )
   Address
5. Responsible Person in Charge of Work SELF 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
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 3,200.00

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:

If Change in Use Group, Indicate Former:

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 10310231

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 Michael D [illegible] DATE 9-24-84

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. 547 A LOT NO. 15-16 SUBDIVISION DEWM JOINT PLAZA PERMIT NO. 2244

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	_____

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	9-24-84	FA	10-1-84	EO	
	Footings/Foundations					
	Framing					
	Architectural			9/20/84	JPC	
	Other Zoning					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			10-4-84	MC	AP AS 10780
☒	OTHER SUPP.			10-4-84	MC	AP AS 10780
X	SPRINKLER			~~10-4-84~~	~~MC~~	~~AP AS 10780~~

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

C/C 0/K

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION				10-18-84	EO C/O [illegible]
	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
	PLUMBING	failed	10-25-84		OK	(pkg total) issued TCO Copy
	ELECTRICAL				OK	
	FIRE PROTECTION	~~FAIL~~			OK	10-5-84 ~~FAIL~~ 10-18-84 BE
	OTHER SUPP				10-4-84	AP. MC.

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☑ Temporary Certificate of Occupancy Date Expired 11-26-84	10-10-84
☐ Temporary Certificate of Occupancy Date Expired _____	
☑ Certificate of Occupancy No. 22149	12-7-84
☐ 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 4 times 7.50 =	$ 30.00
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ •
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	•
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 60.00

DATE 10-10-84 Collected By Palo

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

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 2244

DATE ISSUED 12-7-84

Block 547A Lot 15 & 16

Subdivision _____

IDENTIFICATION

Owner Chubby Chicken — Agent _____

Address Drum Point Plaza — Address _____

Brick, N.J. _____

Tel. (___) _____ — Tel. (___) _____

Work Site Address _____ — Lic. No. _____

363 Brick Blvd. — 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:

USE GROUP m — FIRE GRADING 3½ Hours

MAXIMUM LIVE LOAD _____ — MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Chubby Chicken

FINAL COST OF CONSTRUCTION: $ 3200.

Arthur J. Ciszo
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

CERTIFICATE

CERT. NO. 2244
DATE ISSUED 10-10-84
Block 547 A Lot 15,16
Subdivision

IDENTIFICATION

Owner Chubby Chicken
Address Drum Point Plaza
Brick, N.J .
Tel. ( )
Work Site Address 363 Brick Blvd

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. ☒ XX TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than Nov. 26, , 1984 or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Additional Fees and Inspection of Ansil System

USE GROUP m
FIRE GRADING 3½ Hours
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE Chubby Chicken

FINAL COST OF CONSTRUCTION: $ 3200.

Arthur J. Cregg
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

Approved plans must be on job or assessed penalty under 5:23:2.5 (C5)
Finals for Certificates of Occupancy must be called for or assessed penalty under 5:23-27.

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street: 363 DRUM POINT PLAZA | Section: DRUM PT. PLAZA | Lot: 547A | Block: 15-16

N S E W side of ..... feet N S E W from intersection of .....

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 ☐ New buildings
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☒ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ in ☐ out
☐ Fence

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential
12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other — Specify .....

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☒ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify .....

C. COST

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 3200

E. Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

Chubby Chicken
Restaurant Takeout +
Seating

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

☐ Masonry (wall bearing)
☐ Wood frame
☐ Structural steel
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM

Specify .....
Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL

☐ Public
☐ Individual

H. DIMENSIONS

Number of stories .....
Total square feet of floor area, all floors, based on exterior dimensions .....
Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms .....
Number of bathrooms { Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	
ELECTRICAL CODE	
PLUMBING CODE	
PLAN REVIEW	
CERTIFICATE OF OCCUPANCY	
STATE TRAINING FUND	
CONSTRUCTION	
PERMIT FEE	

SEE REVERSE

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME MICHAEL Pope & VINCENT FICHERA

ADDRESS 32 BROWNING AVE BAYville NJ. 08721

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	MICHAEL POPE	32 BROWNING AVE BAYville NJ	08721	363 1332
	VINCENT FICHERA	90 BRN. CONCOURSE JACKSON NJ		363 6024
2. Contractor				
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant	Address	Application date
Michael Pope	SAME AS ABOVE	9-20-84

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number
E Wozo		

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☑ All	10-1-84	ED
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-19-84

Inspected By: Ed Izzo

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes	—	—	—	10/19-84
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2264
DATE ISSUED 10-10-84
REVISION DATE

Block 547 P Lot 15-16
Subdivision Drum Point Plaza

A. IDENTIFICATION

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

Owner MICHAEL POPE
Address 32 GROWING AVE
BAYVILLE NJ 08721
Tel. (201) 363-1332
Work Site Address DRUM POINT PLAZA
BRICK BLVD & DRUM POINT RD

Contractor [illegible]
Address [illegible]
SELF
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.

WALLS FOR KITCHEN, BATHROOM + COUNTER

FLOORING

☐ 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: Comm Present Comm Proposed

No. of Stories 1
Height of Structure 9'6" Ft.
Area—Largest Floor ____ Sq. Ft.
Total Building Area—All Floors 1625 Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 3200.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 2244
DATE ISSUED 10-10-84
REVISION DATE
Block 547 A Lot 15-16
Subdivision DRUM POINT PLAZA

A. IDENTIFICATION

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

Owner MICHAEL POPE
Address 32 BROWNING AVE
BAYVILLE NJ
Tel. (201) 363 1332
Work Site Address DRUM POINT PLAZA
BRICK BLVD & DRUM POINT RD

Contractor SELF
Address
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 Domestic STORAGE — FEE
Area Sprinkled: ☒ Full ☐ Partial (specify in comments)
No. of Heads: 2 No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size: 3/4
FD Connection Location:
Estimated Cost of Work: $ 150 — $ 150

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☒ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ 600 00 — $ 600

B3. ALARM

TYPE: ☐ Manual ☐ Automatic — FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ — $

B4. STAND PIPES

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

B5. OTHER

$ $ $

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present B 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

CHUBBY CHICKEN

☐ Partial Releases ☐ Prototype Processing

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

PERMIT 2244 CHUBBY CHICKEN

PLAN REVIEW AND INSPECTION — [illegible]RE

363 DRUM POINT PLAZA
BLOCK 547A LOT 15

DATE	JOB CONDITION/COMMENTS
10-4-84	PLAN Review ; APP AS NOTED (WAS WORKING NO PLANS SUBMITTED)
	(1) INSTALL FIRE EXT
	(2) EMERGENCY LIGHTS
	(3) EXIT SIGNS
	(4) SPRINKLER ~~SYSTEM~~ SUPPRESSION
10-4-84	HOOD Review ; APP AS NOTED (WAS WORKING DIDN'T HAVE PLANS SUBMITTED)
	(1) INSTAL FILTERS
	(2) 18 GAGE METAL
	(3) 6" OVERHANG
	(4) 2" CLEARANCE
	(5) 2" INSULATION WRAP
10-4-84	SUPPRESSION SYSTEM Review ; APP AS NOTED (WAS WORKING DIDN'T HAVE PLANS SUBMITTED)
	(1) Locate Pull Of Egress
	(2) 18 GAGE METAL
	(3) INSTALL FILTERS
10-4-84	PLAN Review ; APP AS NOTED - SPRINKLER NOT Reviewed
~~10-11-84~~	~~SUPPRession~~ TEST ; PASSED
10-11-84	FINAL FIRE ; T.C.O.
	(1) INSTALL SPRINKLER SYSTEM - SEE LETTER

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved AS NOTED
Date: 10-4-84
Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10-16-84
Inspected By: R.H. Eichhardt

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				10-11-84
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO	10-11-84			
☒ Other FINAL	~~[illegible]~~			
☐ Other				
☐ Other				
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 54.14 Lot 1.-11.
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner WILLIAM ST. PLACE
Address P.O. BOX 893
BRICK
Tel. ( ) 477-7544
Work Site Address 363 PARK BLVD

Contractor ANTHONY T. DAMIANO SR.
Address 161 MAPLE AVE
IRVINGTON, N.J.
Tel. (201) 349-9310
Lic.No./Bus. Permit 927
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.

Anthony T. Damiano Sr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
4	Water Closet/Bidet/Urinal	$ 5.-		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	15.-
1	Lavatory/Sink	1.-		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	
1	Domestic Boiler/ Furnace	15.-	1	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection		1	Other GAS	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 36.-		COLUMN 2	$ 40.-

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 76.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage – Material PVC Size 3"+2"
Building Sewer– Material PVC Size 4"
Water Service– Material ADS 160 PSI Size 1"
Venting – Material PVC Size 3"+2"
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

Temp CO.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
8-20-84	Slab = No Permit for Restaurant (Letter from D.H.D) 2 wc, 3L, 2 Sink, 3 FD, GT

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 6-1-83
Approved By: J. W. Lee

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: 10-26 84
Inspected By: DM

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				6-19-84 DM
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

August 20, 1984

Mr. Mike Pope
c/o Chubby Chicken
Route 9
Lakewood, N.J. 08701

re: Proposed Floor Plans
Chubby Chicken
Hooper Ave. & Drum Point Road
Brick

Dear Mr. Pope:

I have reviewed the proposed floor plans for the above-referenced food establishment and have found them to be in substantial compliance with Chapter 12, the New Jersey State Retail Food Code.

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

Sincerely,

Joseph A. Gallos,
Principal Sanitary Inspector

cc: Board of Health
Building Inspector
Plumbing Inspector

JAG/pjp

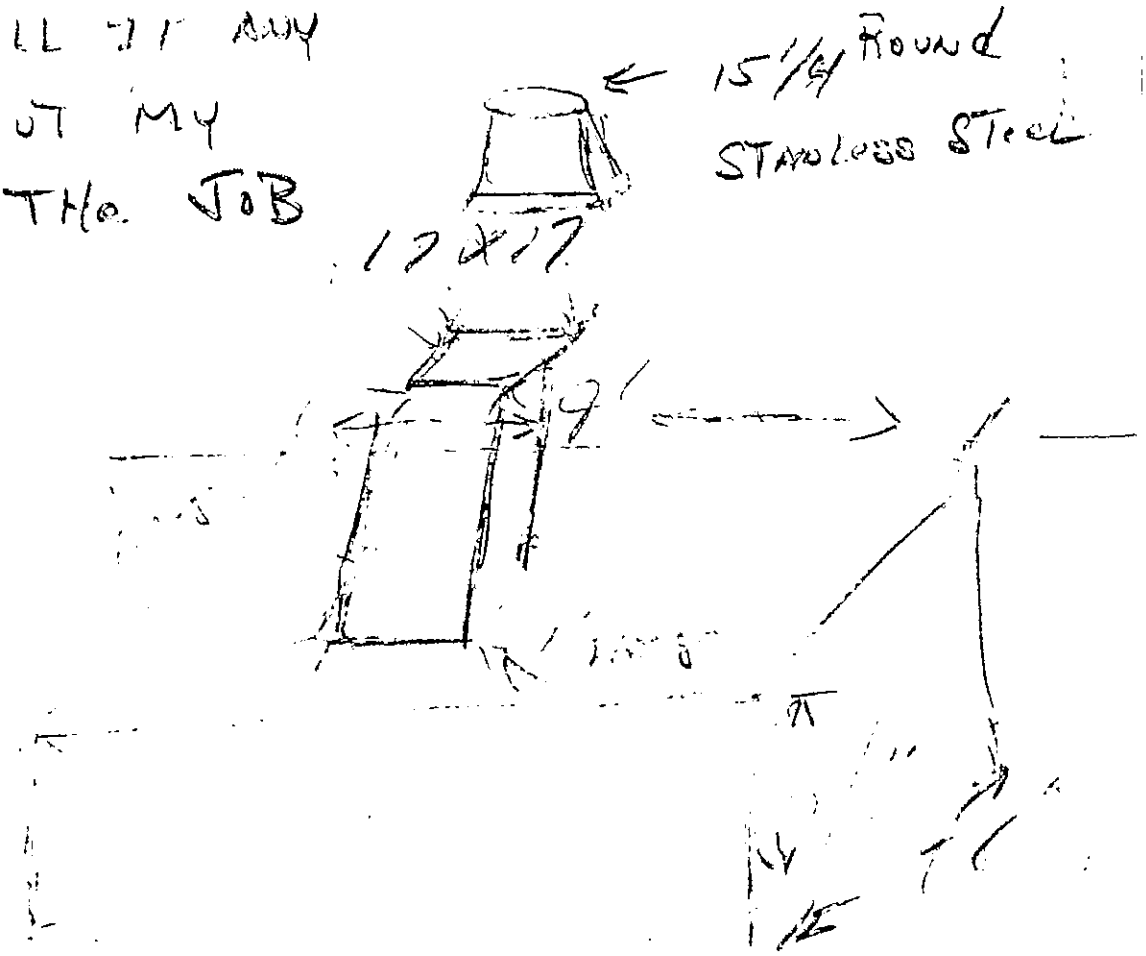
ALL SEAM Sealed & Bolted

15 1/4 Pipe S.S.

1" COMPANION FLANGES ON EACH JOINTS

Get NUMBER WERE Inspector CAN Be Reached SO I CAN CALL IF ANY QUESTIONS ABOUT MY LAYOUT OF THE JOB

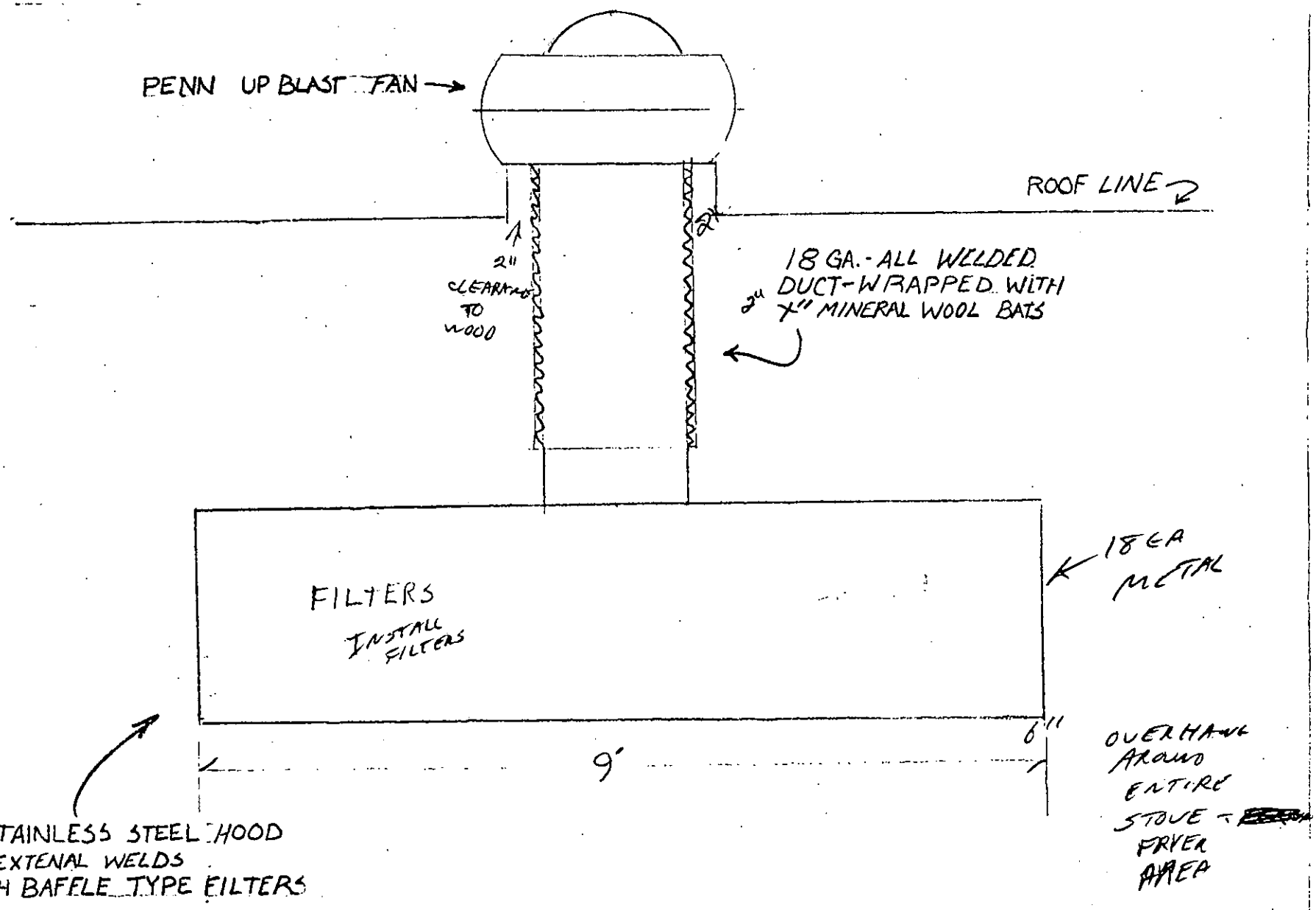
Jeff



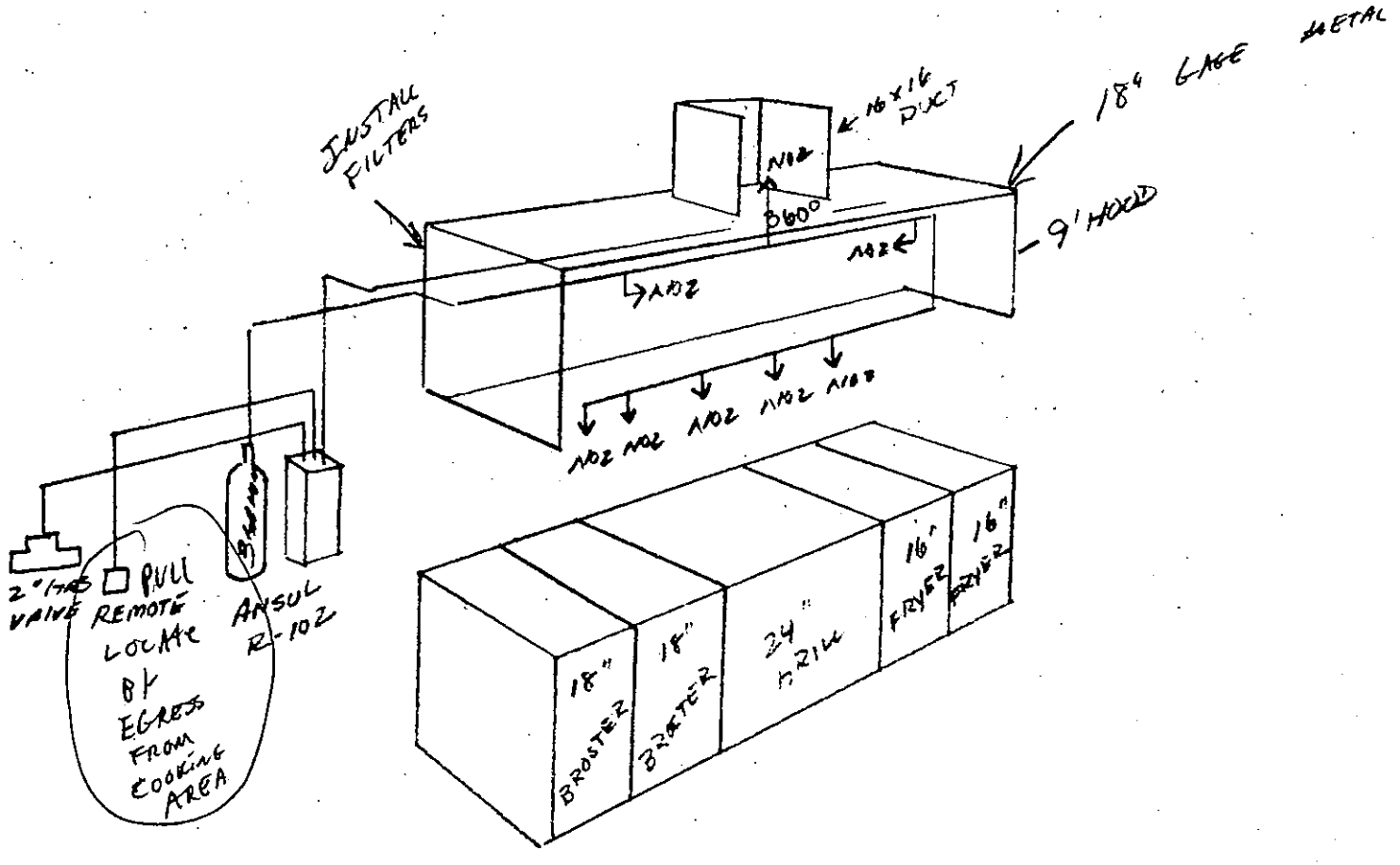
VINNY — We need To KNOW THE Codes in BRICKTOWN. For VENTING - INSULATING & Fire CLEARANCES For THE DUCT WORK WE ARE INSTALLING.

477-3000

MR CLINTON



CHUBBY CHICKEN
BRICK BLVD.
BRICK TOWNSHIP



REMOTE 10' TO 35' FROM HOOD
ALL WORK MEETS NFPA-96
+ BOCA CODES

CHUBBY CHICKEN
363 BRICK BLVD DRUM POINT PLAZA
BRICKTOWN, NJ

WORLD FIRE PROTECTION
PO BOX K
HAMILTON SQUARE, NJ

SIZING FOR WATER AND SEWER SERVICES

Property Owner Down Point Plaza = Restaurant Date 8-17-84

Property Address 363 Brick Blvd Block 547A Lot 15-16

Zoning _____ Use Group _____

Contractor Damiano License No. Registration 927

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	(5) 10	(6) 12
2. Lavatory	3	(2) 6	(2) 6
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	(4) 4	( ) 3
6. Service Sink	1	(3) 3	( ) 3
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain	3	(0)	(3) 9
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.		( )	( )

WATER $15.00 Total 23 33

SEWER $15.00 Gallons per minute 15

Size of Service 1" 4"

Date: 8-17-84 Approved: D Metcalf

Brick Township Plumbing Inspect

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

August 20, 1984

Mr. Mike Pope
c/o Chubby Chicken
Route 9
Lakewood, N.J. 08701

re: Proposed Floor Plans
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Principal Sanitary Inspector

cc: Board of Health
Building Inspector
Plumbing Inspector

JAG/pjp

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Joseph A. Gallos,
Principal Sanitary Inspector

cc: Board of Health
Building Inspector
Plumbing Inspector

JAG/pjp

BRICK TOWNSHIP
BUREAU OF FIRE PREVENTION

District No. 1

INSPECTOR'S REPORT

Date Oct 16 1984

Location Cubby Chicken 363 Drum Point Plaza

Owner Mike Pape Owner's Address 32 Brownings Hwy. Bayville

Occupants and purpose for which used Serving Food 269-6279

1st Floor Sales + Service 2nd Floor None

Construction Mason Stories One With / Without Basement

Roof Construction Fire Resistant Condition Good

Attic Crawl Space Access to Ceiling Tile Location —

Unprotected Openings:

Stairs, enclosed or open None Locations —

Inside Protection:

Date of Recharge Oct 84 Condition of Extinguishers Good DC 5 CO2 WP AP Foam

Other fire detecting or extinguishing appliances:

Type Hood Ext. Condition Good 20 D.C. Oct 84

Fire doors None Operating condition — If not automatic, are they kept closed —

Heating System. Kind Hot Air Fuel used Gas Storage arrangements Meter outside

Condition of stoves or furnace Good - New Mounting Roof

Protection above and around furnace and smoke pipe Unknown

Furnace room enclosed or open Open Door automatic or self-closing None

Light and Power: Voltage used 120-240 Fuses/Breakers examined O.K.

Location of entrance switch Right Rear Door Branch Fuses/Breakers of proper size O.K.

General condition Good

Trash: Facilities for storage Dumpster Bin Frequency of removal Daily

Flammable Liquids and Compressed Gases: Kind Deep Fry

Location Center Rear Amount 2 Deep Fry

Storage arrangements Deep Fry Permit provided ✓

Egress Facilities:

Doors Front - Rear Condition of doors Good

Fire stairways None Condition of doors —

Open stairways None Unencumbered —

Fire escapes None Condition —

Exit lights Yes Visibility Good

Ordinance 102-71 Good

Conditions noted in violation of regulations None

Occupants Signature [signature] Fire Inspector Signature Robert H Eckhardt

Phone 477-9666

To Fire Inspector

Michael Pope owner have supplied a floor plan, occupancy load, ansel sys. + 2 Fire ~~Extinguishers~~.
Rest of building will be office & storage combined with Domestic sprinkler system.

Sworn before me
Sept. 28, 1984
Despina K. Lines

DESPINA K. LINES
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires January 24, 1989

Also a range hood plan.

RECEIVED
SEP 28 1984
BUILDING

2244