TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: DRUM Court 11028
2. Owner Name: GEN. CUSTARDS Ice Cream Parlour 223-6057
   Address 365 Summit St. Stafford Corin.
3. Principal Contractor: GEN. CUSTARDS Tel. ( )
   Address Same.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer R. SEBRING Tel. ( ) 528-9444
   Address Valley Park Pro. Center MANASQUAN NJ.
5. Responsible Person in Charge of Work PAUL CORIN Tel. (201) 223-6057 & GENERAL CUSTOM 477-9775

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	$ 2500
2.	☒ Plumbing	~~3000~~
3.	☑ Electrical	~~3000~~
4.	☒ Fire Protection	
5.	☐ Other _____	
6.	☐ Other _____	
	TOTAL COST	$ ~~8500~~ 5300

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: Ice Cream Parlour + Restaurant

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 10310230

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.

SIGNATURE _____ DATE _____

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 General Custard's, Inc. TEL.(201) 223-6057

ADDRESS Valley Park Plaza Center. Rte 33 Manalapan NJ.

SIGNATURE _____

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
OCT 25 1984
BUILDING

I. IDENTIFICATION

1. Proposed Work at: GENERAL CUSTARD 379 BRICK BLVD. BRICKTOWN, N.J.
2. Owner Name: GENERAL CUSTARD Tel. ( ) _____
   Address SAME
3. Principal Contractor: KITCHEN VENTILATION SPEC. Tel. (201) 446-6500 OR 800-662-3006
   Address P.O. BOX 367 ENGLISHTOWN N.J. 07726
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22 2036360
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work WILLIAM CONNELL Tel. (201) 446-6500 OR 800-662-3006

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: KITCHEN VENTILATION FIRE PROTECTION

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☑	Fire Protection	800.00
5. ☑	Other KITCHEN VENT	2000.00
6. ☐	Other _____	_____
	TOTAL COST	$ 2800.00

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: KITCHEN VENTILATION FIRE PROT.

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.

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.

SIGNATURE _____ DATE _____

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 KITCHEN VENTILATION SPEC. TEL. (201) 446-6500 (800-662-3006)

ADDRESS P.O. BOX 367 ENGLISHTOWN N.J. 07726

SIGNATURE William C Comell

BLOCK NO. 547A LOT NO. 15 SUBDIVISION _____ PERMIT NO. 2453

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	10-25-84	[illegible]	10-31-84	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Headover			10-25-84	ED	
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			10-25-84	SRC	APP - AS NOTED SRC
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	☑ ALL CONSTRUCTION			TEMP 30 DAY 10-25-84 GT
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	☑ PLUMBING		10-30-84	Plmg OK for Occ
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ 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	$ 22.50
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ 22.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	= •
CERTIFICATE OF OCCUPANCY	•
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 27.50

DATE _____ Collected By _____

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

BLOCK NO. 547-A LOT NO. 15, 16 SUBDIVISION Odum Pl. Plaza PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING			10-31-84		
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
☑	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			10-31-84	MC	per A.C. Submit Submit 11-12
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			10-25-84 30 DAY Temp BO
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING		10-30-84	Plmg OK mmg
	ELECTRICAL		11-5-84	M.C.
	FIRE PROTECTION		11-5-84	M.C.
	OTHER Supp. Insp.			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☑ Temporary Certificate of Occupancy	10-31-84
Date Expired 11-14-84	
☐ Temporary Certificate of Occupancy	
Date Expired _____	
☐ Certificate of Occupancy	
No. _____	
☐ 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	$ 22.50
☒ PLUMBING (Plg perm (1389#) Mech)	
ELECTRICAL	
FIRE PROTECTION	
OTHER _____	
SUBTOTAL	$
– LESS: 20% of subtotal (when plan review performed by state agency).	( )
D.C.A. TRAINING FEE .0006 x _____ =	5.00
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 52.50
DATE 11-1-84 Collected By Paula	80.00

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 2453
DATE ISSUED 10-31-84
Block 547A Lot 15, 16
Subdivision Drum Point Plaza

IDENTIFICATION

Owner General Custards
Address 1365 Summur St. Stamford, Conn.
Tel. ( )
Work Site Address 379 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. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than November 14, 19 84 or the owner will be subject to a fine or order to vacate:

1. Pending all final inspections.

Fire ok
Plb- ok
Bldg TC Ok

D. DESCRIPTION OF WORK:

ice cream parlour

USE GROUP M
FIRE GRADING 3½ hours
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE mercantile

FINAL COST OF CONSTRUCTION: $ 5,300.

Arthur J. Cuoco
CONSTRUCTION OFFICIAL

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. ________
DATE ISSUED ________
REVISION DATE ________
Block 547 H Lot 15, 16
Subdivision ________

A. IDENTIFICATION

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

Owner: General Custards Inc	Contractor: Gen. Custards
Address: 1265 Summer St, Stamford Conn	Address: 1265 Summer St, Stamford Conn
Tel. (203) 348-1051	Tel. (203) 348-1051
Work Site Address ________	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.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Install partitions according to plans. Install ceramic tile flooring + fire proof paneling in general an. ice cream [illegible] dept.

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other ________
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ________

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: ________ Present ________ Proposed

No. of Stories ________   Total Building Area—All Floors ________ Sq. Ft.

Height of Structure ________ Ft.   Volume of Structure ________ Cu. Ft.

Area—Largest Floor ________ Sq. Ft.   Total Land Area Disturbed ________ Sq. Ft.

Estimated Cost of Building Work: $ ________

D. COMMENTS

1-8 10-01

☐ Partial Releases ☐ Prototype Processing

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		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 10-31-84

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☑ TCO				10-25-84 30DAYS EXP
☐ Other				

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 24 3
DATE ISSUED 8-5-91
REVISION DATE
Block 547 Lot 15
Subdivision

A. IDENTIFICATION

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

Owner [illegible] CASTALDO
Address 270 BRICK BLVD
BRICKTOWN N.J.
Tel. ( )
Work Site Address SAME

Contractor KITCHEN VENTILATION SPEC
Address P.O. BOX 367 ENGLISHTOWN
N.J. 07726
Tel. (201) 446-6160 (201)-462-30[illegible]
Lic. No.
Federal Emp. No. 22 0736360

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.

[illegible]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

KITCHEN VENTILATION
+ FIRE PROTECTION

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other KITCHEN VENT. FIRE PROTECTION		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: A-2 Present _____ Proposed

No. of Stories 1 Total Building Area–All Floors _____ Sq. Ft.

Height of Structure 1 Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 7000.00

D. COMMENTS

[illegible]

☐ Partial Releases ☐ Prototype Processing

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

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	10-25-84	EJL
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☑ TCO				10-25-84 30 DAYS EF
☐ Other				

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2433
DATE ISSUED 11-1-84
REVISION DATE
Block 547A Lot 15
Subdivision

A. IDENTIFICATION

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

Owner GENERAL CUSTARD
Address 379 BRICK BLVD. BRICKTOWN, N.J.
Tel. ( )
Work Site Address SAME

Contractor KITCHEN VENTILATION SPEC.
Address P.O. BOX 367 ENGLISHTOWN N.J. 07726
Tel. (201) 446-6500 OR 800-662-3006
Lic. No.
Federal Emp. No. 22 2036 360

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.

William C Cornell
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

KITCHEN VENTILATION & FIRE PROTECTION

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☑ Other KITCHEN VENT. FIRE PROTECTION

	Fee Basis	Fee
		$
	1,500	
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: A-3 Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 2000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2453
DATE ISSUED 11-6-84
REVISION DATE
Block 347A Lot 15, 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner General Custard's Corp
Address 1365 Summer St Stamford Conn.
Tel. (203) 348-1051

Contractor Gen. Custard's
Address 1365 Summer St Stamford Conn.
Tel. (203) 348-1051

Work Site Address
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.

Install Partitions According to Plans. Install Ceramic Tile Flooring + Fire Proof Paneling. In General An Ice Cream Parlour Decor

☒ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2453
DATE ISSUED 11-1-84
REVISION DATE
Block 5479 Lot 15
Subdivision

A. IDENTIFICATION

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

Owner GENERAL CUSTARD
Address 379 BRICK BLVD. BRICKTOWN, N.J.
Tel. ( )
Work Site Address SAME

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367 ENGLISHTOWN N.J. 07726
Tel. (201) 446-6500 OR 800-662-3006
Lic. No.
Federal Emp. No. 22-2036360

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.

William C Gould
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☑ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☑ Yes ☐ No
Locations: DRAWG. SUBMITTED
Estimated Cost of Work: $ 800.00 $ _____

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 A-3 Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 800.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2453
DATE ISSUED 11-1-84
REVISION DATE
Block 547A Lot 15,16
Subdivision

A. IDENTIFICATION

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

Owner GENERAL CUSTARDS INC
Address 1365 SUMMER St
STANFORD CONN
Tel. (203) 348-1051
Work Site Address

Contractor GEN. CUSTARDS
Address 1365 SUMMER ST
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 _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic 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 A-3 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

BY GENERAL CUSTARDS

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
	~~SUPPRESSION SYSTEM~~
10-25-84	PLAN REVIEW: APP AS NOTED
	(1) LOCATE PULL BY EXIT
	(2) HOOD 18 GAGE
	(3) FILTERS REQUIRED HOOD
	LETTER REF TO
11-5-84	SUPP TEST: APP
11-5-84	FINAL FIRE: APP

JOB SUMMARY

☐ No Plans Required

☒ ~~Plan Review~~ Approved AS NOTED

Date: 10-25-84

Approved By: Mike Clark

INSPECTIONS FINAL

☒ ~~CO~~ ☐ CCO ☐ CA

Date: 11-3-84

Inspected By: Mike Clark

INSPECTIONS

Type	Failure Date			Approval Date
☒ ~~Fire Suppression Test~~				11-5-84
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ ~~Other~~ FINAL	10-1-84	TEMP		11-3-84
☐ Other				
☐ Other				
☐ Other				

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

PERMIT 2453

PLAN REVIEW AND INSPECTION — FIRE

GENERAL CUSTARD

DATE	JOB CONDITION/COMMENTS N/A BL; 547A LOT: 15, 16
10-24-84	PLAN Review:
	(1) NO SUPP. PLANS ~~APP~~ 10-25-84
	(2) NO HOOD PLANS.
	(3) NO Hydraulic calc ON SPRINKLER Head 3/4 Pipe SPRINKLER PLANS
	(4) FIRE EXT ~~&~~ DOORS
10-25-84	SUPP PLAN ~~E~~ APP AS NOTED
11-5-84	SUPP TEST: APPROVED
11-5-84	FINAL FIRE: APPROVED

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 11-5-84

Inspected By: Mike Clayton

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				11-5-84 Gen Custard
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other FINAL				11-5-84 Gen Custard
☐ Other _____				
☐ Other _____				
☐ Other _____				

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

11-5-84 Mike Clark

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner _____
Address _____
Tel. (___) _____
Work Site Address _____

Contractor _____
Address _____
Tel. (___) _____
Lic.No./Bus. Permit _____
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

List all fixtures

TYPE OF WORK:

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

Fee	
COLUMN 1	$
COLUMN 2	$ 5
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 58

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

Drainage –	Material ABS	Size 1 1/2 2 1/2	
Building Sewer –	Material PVC	Size 4	
Water Service –	Material PEX	Size 1	
Venting –	Material PVC	Size 1 1/2 2	

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: 6-1-84

Approved By: J. D. [illegible]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-30-84

Inspected By: D Mitchell

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				6-29-84 DM
☒ Rough				9-19-84 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

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

DINKLAGE-SEBRING ASSOCIATES
ARCHITECTS AND PLANNERS
VALLEY PARK PROFESSIONAL CENTER
BUILDING I, SUITE 203
MANASQUAN, NEW JERSEY 08736

Attention: Ms. Judith Gass

Brick Township Building Department
401 Chambersbridge Road
Brick Town, N.J. 08723

SIZING FOR WATER AND SEWER SERVICES

Property Owner Drum Pt Plaza = General Customs Date 8-17-84

Property Address 379 Beck Blvd Block 547A Lot 15-16

Zoning _____ Use Group _____

Contractor Monks Plumbing License No. Registration 6162

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~~ 3 Comp Sink	1	(4) 4	( ) 3
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain	5	( )	(2) 10
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. Ice Maker		(2) 2	( )
18.		( )	( )

WATER $15.00

SEWER $15.00

Total 22

Gallons per minute 15

Size of Service 1"

Date: 8-17-84

Approved: [signature] Metcalf
Brick Township Plumbing Inspect

DINKLAGE - SEBRING ASSOCIATES
ARCHITECTS AND PLANNERS

RAYMOND P. DINKLAGE
RONALD A. SEBRING

October 31, 1984

Brick Township Building Department
401 Chambersbridge Road
Brick Town, New Jersey 08723

Attention: Ms. Judith Gass

Re: General Custard's Ice Cream Parlours
Drum Point Plaza

Gentlemen:

This letter will serve as authorization to change the "Storage" room to an "Office" for the above referenced Project.

Very truly yours,

Ronald A. Sebring
Architect - Planner

RAS:jke
cc: Mr. Paul Corin
General Custard's Ice Cream Parlours

VALLEY PARK PROFESSIONAL CENTER
BUILDING I, SUITE 203 MANASQUAN, NEW JERSEY 08736 201 528-9444