

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. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature BRAUN A.A. Date 2-1-92

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		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Planning Board	SPX	12/13/91							
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other Zoning	JK	2/20/92							
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

☒ Temporary Certificate of Occupancy	No. 360	DATE EXPIRED 5-6-92	Player
☐ Temporary Certificate of Occupancy	No. _____		
☐ Continued Certificate of Occupancy	No. _____		
☐ Certificate of Occupancy	No. _____		
☐ Certificate of Approval	No. _____		
☐ None			

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date.....5-6-92.....

NAME.....W. & F. Developers.....

ADDRESS.....317 Brick Blvd. Brick, NJ.....

PROPERTY LOCATION.....232 Chambersbridge Rd. #12.....

Account No.....K450550..... Block.....701-15..... Lot.....1.....

**I hereby certify that the above applicant has complied with all Rules
and Regulations of this Authority and has paid all required fees and charges.**

For the Authority.....

James Traylor



**PLUMBING
SUBCODE
TECHNICAL SECTION**

Date Received
Date Issued 3/13/92
Control #
Permit # 360-92

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

Block 201, 1A Lot 1
Work Site Location 250 CHAMBERS BRIDGE RD
BRICK TWP NJ.
Owner in Fee JOE KARAWICHY
Address 37 SYDNEY AVE
DEAL N.J. 07723
Tele. (908) 531-4050
Contractor PRIMA PLYMOUTH & HGT. INC.
Address 1532 CHATHAM DR.
TOMS RIVER N.J.
Tele. (908) 270-6282
Lic. No. 8405
Federal Emp. No. 223042196 or Social Security No. 1

B. PLUMBING CHARACTERISTICS

Use Group	Present	Proposed
Building Sewer Size	8" PVC	8" PVC
Water Service Size	8" G	8" G
Estimated Cost of Plumbing Work \$		10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
☐	No Plans Required	Type:	Failure	Approval	Initial
☐	Joint Plan Review Required:	Slab		3/24/92	gfl
☐	Bldg. ☐ Elec. ☐ Fire	Rough		4-1-92	gfl
☐	Plumb. Plans Approved	Water			
Date:	3/13/92	Sewer			
Approved by:	gfl	Fixtures		4-16-92	gfl
		Gas Equipment			
		Gas Final			
		Solar			
		TCO			
SUBCODE APPROVAL:					
☐	CO ☐ CCO ☒				
Approved by:	5-41-92				
Date:	gfl				

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT
7	Water Closet
2	Urinal/Bidet
4	Bath Tub
	Lavatory
	Shower
	Floor Drain
63	Sink
	Dishwasher
1	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
1	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	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 <i>K.T.R.</i>

[illegible]

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













3/30/92

JIM,

HERES MY COPIES OF
AS BUILT PLUMBING. THE
JOB ARCHITECT WILL
RE DRAW AND SEAL.

THANKS MIKE
PRIMAK

PRIMAK PLUMBING

P.S.

PLEASE TRY AND DO TOP
ROUGH INSP. TUESDAY AM.
THANKYOU AGAIN.

PRIMAK

PLUMBING & HEATING Residential • Commercial

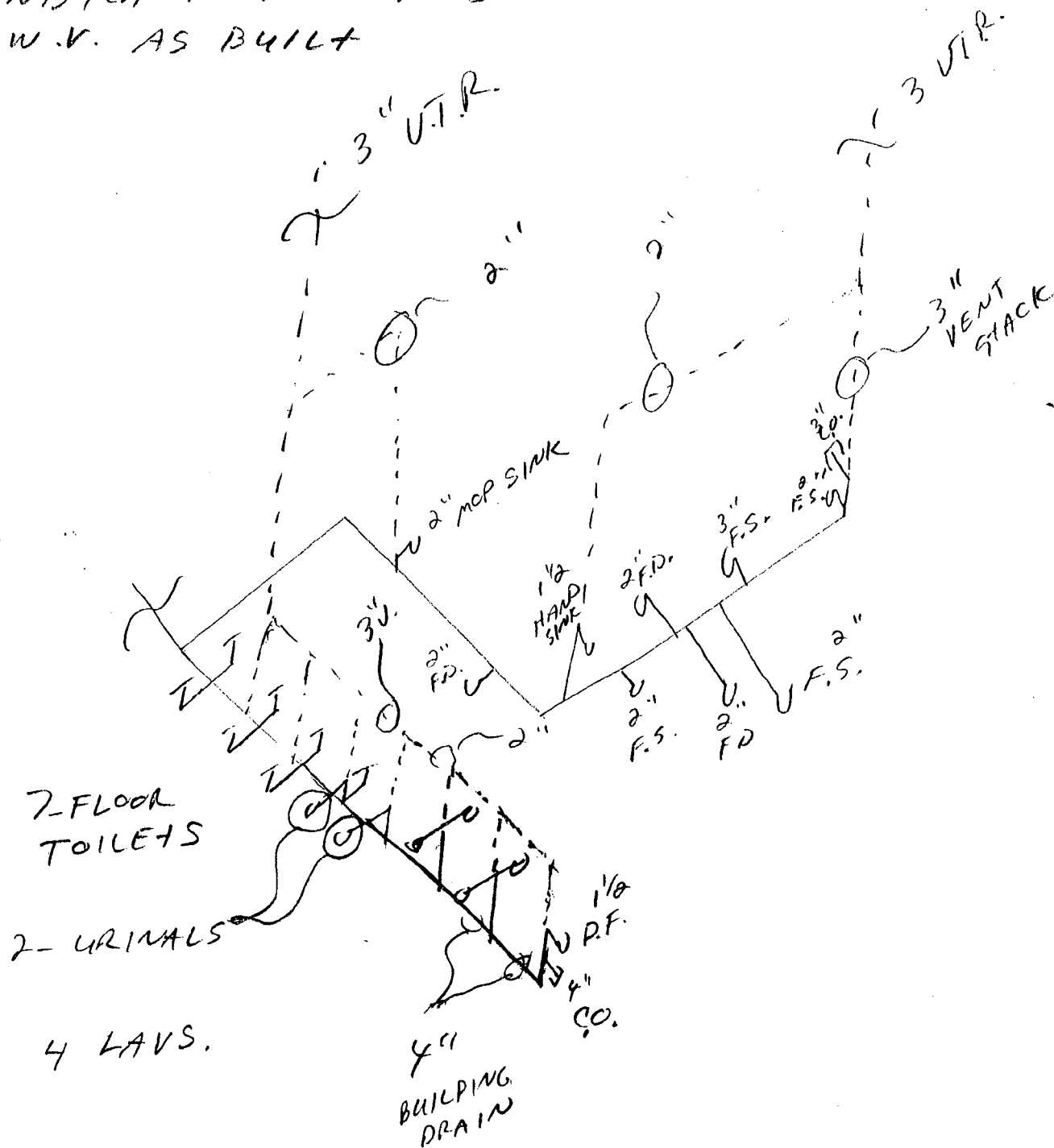


State Lic. #8405

Mike Primak
201-270-6282

1532 Chatham Drive
Toms River, New Jersey
08752

CANDYLAND PLAYLAND
D.W.V. AS BUILT



Mike Primak



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 3/13/92
Control #
Permit # 360-92

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

Block 201.12 Lot 1
Work Site Location 250 CHAMBERLAIN RD
BRICK TWP NJ.
Owner in Fee JOE KAZAKUCHY
Address 37 SYDNEY AVE
DEAL NJ. 07223
Tele. (508) 531-4050
Contractor PELMAK PLUMBING & HGT. INC.
Address 1532 CATHART DR.
TOMS RIVER NJ.
Tele. (908) 276-6882
Lic. No. 8405
Federal Emp. No. 22342196 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed A-3
Building Sewer Size 8" 216
Water Service Size 1/2" 2"
Estimated Cost of Plumbing Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab			
☐ Joint Plan Review Required:		Rough			
☐ Bldg. ☐ Elec. ☐ Fire		Water			
☐ Plumb. Plans Approved		Sewer			
Date: <u>3/13/92</u>		Fixtures			
Approved by: <u>[Signature]</u>		Gas Equipment			
		Gas Final			
		Solar			
		TCO			
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA					
Approved by: _____					
Date: _____					

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.

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	35
2	Urinal/Bidet	10
4	Bath Tub	20
4	Lavatory	20
6	Shower	30
3	Floor Drain	15
1	Sink	5
1	Dishwasher	5
1	Drinking Fountain	15
1	Washing Machine	5
1	Hose Bibb	5
1	Gas Piping	5
1	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other <u>W.T.R.</u>	

Administrative Surcharge \$ 10.00
Paid ☐ Check # _____ Minimum Fee \$ 145.00
Collected by: _____ TOTAL \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 101.10 Lot 1
Work Site Location 101.10

Owner in Fee 101.10
Address 101.10

Tele. (101.10) 101.10
Contractor 101.10

Address 101.10

Tele. (101.10) 101.10

Lic. No. 101.10 or Social Security No. 101.10

B. PLUMBING CHARACTERISTICS

Use Group Present 101.10 Proposed 101.10
Building Sewer Size 101.10
Water Service Size 101.10
Estimated Cost of Plumbing Work \$ 101.10

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
Joint Plan Review Required:	Type:	Failure	Dates (Month/Day)
☐ No Plans Required	Slab	Failure	Approval Initial
☐ Bldg. ☐ Elec. ☐ Fire	Rough		
☐ Plumb. Plans Approved	Water		
Date: <u>101.10</u>	Sewer		
Approved by: <u>101.10</u>	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.

☐ Licensed Plumbing Contractor ☐ Exempt Applicant
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10.00
2	Urinal/Bidet	10.00
3	Bath Tub	10.00
4	Lavatory	10.00
5	Shower	10.00
6	Floor Drain	10.00
7	Sink	10.00
8	Dishwasher	10.00
9	Drinking Fountain	10.00
10	Washing Machine	10.00
11	Hose Bibb	10.00
12	Gas Piping	10.00
13	Fuel Oil Piping	10.00
14	Water Heater	10.00
15	Steam Boiler	10.00
16	Hot Water Boiler	10.00
17	Sewer Pump	10.00
18	Interceptor/Separator	10.00
19	Backflow Preventer	10.00
20	Greasetrap	10.00
21	Water Cooled A/C or Refrigeration Unit	10.00
22	Sewer Connection	10.00
23	Water Service Connection	10.00
24	Gas Service Connection	10.00
25	Active Solar System	10.00
26	Other: <u>101.10</u>	10.00

Administrative Surcharge \$ 10.00
Paid ☐ Check # 101.10 Minimum Fee \$ 10.00
Collected by: 101.10 TOTAL \$ 10.00



Date Received
Date Issued 3/13/92
Control #
Permit # 3600-92

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

Block 701.12 Lot 1
Work Site Location 250 Chambers Bridge Rd.
Owner in Fee Joseph Kazan chy
Address 37 Sydney Ave.
Telephone (201) 864-6000 or (908) 531-4050
Contractor CHUCKER SUB CONTRACTORS
Address SAME

Tele. ()
Lic. No. or Bldrs. Reg. No. 22-314-8297
Federal Emp. No. 22-314-8297 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
				Failure	Failure	Approval	Initial
☒ No Plans Req.			Type				
☒ All	8/25/92	AK	Footings				
☐ Foundation			Foundation				
☐ Slab			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ ECO ☒ CA			TCO				
Date: <u>5-6-92</u>			Other				
Approved By: <u>J. Chusella</u>			Final				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A-3
Constr. Class Present 3A Proposed 3A
No. of Stories 1
Height of Structure 18 Ft.
Area—Largest Floor 58,045 Sq. Ft.
Total Bldg. Area/All Floors 58,045 Sq. Ft.
Volume of Structure 4044,810 Cu. Ft.
Total Land Area Disturbed 4044,810 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 30,000
2. Alteration \$ 30,000
3. Total (1+2) \$ 60,000

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

put up

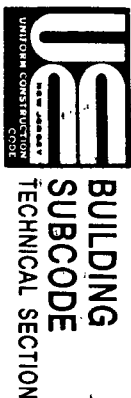
TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☒ Other INTERIOR PUT-UP
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool _____
☐ Elevator _____
☐ Asbestos Abatement _____
☐ Other _____

(Office Use Only)

FEE

	(Office Use Only)
Paid ☐ Check # _____	\$ _____
Collected by: _____	\$ _____
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
TOTAL FEE	\$ _____



Date Received
Date Issued 3/10/92
Control #
Permit # 3600 92

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

Block 701.12 Lot 1
Work Site Location 250 Chambers Bridge Rd.
Owner in Fee Joseph Kazan chy
Address 37 Sydney Ave.
Tele. 201 864-6000 0714-3
Contractor OWNER SUBCONTRACTS
Address same

Tele. ()
Lic. No. or Bldrs. Reg. No. 22-314-8297
Federal Emp. No. 22-314-8297 for Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type	Failure	Approval
☐ No Plans Req.					
☒ All	<u>8/25/92</u>	<u>AK</u>	Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: _____			Other		
Approved By: _____			Final		

B. BUILDING CHARACTERISTICS

Use Group Present 11 Proposed A-3
Constr. Class Present 3A Proposed 3A
No. of Stories 1
Height of Structure 18 Ft.
Area—Largest Floor 58,045 Sq. Ft.
Total Bldg. Area/All Floors 58,045 Sq. Ft.
Volume of Structure 1,044,810 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 30,000
2. Alteration \$ 34,000
3. Total (1+2) \$ 64,000

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

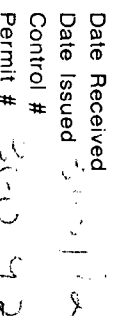
put up

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☒ Other INTERIOR PUT-UP
☐ 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 \$ _____



Block	701.12	Lot	1
Work Site Location	250 Chambers Bridge Rd.		

Owner in Fee Joseph Kazan chy
Address 37 Sydney Ave.
DENTON NY 07123
Tele. (201) 864-6000 or (908) 531-4000
Contractor CRUKER SUBCONTRACTS
Address SAME

Tele. () _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 22-314-8297 or Social Security No. _____

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)		Initial
				Type	Failure	Failure	Approval
☐ No Plans Req.							
☒ All		8/25/02	AK	Footing			
☐ Footing				Foundation			
☐ Foundation				Slab			
☐ Frame				Frame			
☐ Other				Insulation			
Joint Plan Review Required:				Finishes:			
☐ Elec.	☐ Plumb.	☐ Fire		Energy			
SUBCODE APPROVAL				Mechanical			
☐ CO	☐ CCO	☐ CA		TCO			
Date:				Other			
Approved By:				Final			

Use Group	Present	Proposed	4.3
Constr. Class	Present	Proposed	3A
No. of Stories	1	18	
Height of Structure			Ft.

Est. Cost of Bldg. Work:	
1. New Bldg. \$	29,000
2. Alteration \$	30,000
3. Total (1+2) \$	59,000

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

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

7

TYPE OF WORK:

- ☒ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☒ Other INTERIOR FIT-UP
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool _____
☐ Elevator _____
☐ Asbestos Abatement _____
☐ Other _____

(Office Use Only)

FREE

Administrative Surcharge

Administrative Surcharge



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued 11/3/92
Control # _____
Permit # 3600-92

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

Block 701.2 Lot 1
Work Site Location P.W. LAND'S PLUMBING
BRANCH BROOK VALLEY, CHAMBERSBURG, PA, BRICK RD
Owner in Fee J. Kozanich
Address _____
Tele. () _____
Contractor FIRE SPRINKLER SYSTEMS
1914 ROUTE 9 - SUITE 14
TOWNS END, NJ 08755
Address _____
Tele. () 914-0307
Lic. No. _____
Federal Emp. No. 22-2424112 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems New Existing
Type: Gas Oil Electrical Solar
Location: _____
Total Est. Cost of Fire Prot. Work \$ 8,000 Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
INSPECTIONS: _____
Type: _____
Joint Plan Review Required: _____
[] Bldg. [] Plumb. [] Elec.
[X] Fire Plans Approved
Date: 2-28-92
Approved by: _____
SUBCODE APPROVAL: _____
[] CO [] CCO [X] _____
Date: _____
Approved by: _____
Other _____
Other _____

C. TECHNICAL SITE DATA

Description of Work Moving of cabinets
and changing of doors
EXHA. ON 8' long of ap.
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 250

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 _____

4/7/92 (1) Test 200 lb PSI two Lin no leaks.
many Temper Swatches & Bells not working
(2) Reduced Temper Swatches need better

Barlo & ASSOC. P.A.

Architecture • Planning
92 Mantoloking Road
Bricktown, N.J. 08723
908-477-7751

February 12, 1992

Ray Korkowski, Construction Official
Brick Township Building Department
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: P.W. Candy's Playland
250 Chambers Bridge Road
Brick Township, NJ

Dear Mr. Korkowski:

In accordance with our discussions yesterday when I submitted the plans for the above referenced project, I have prepared the following list of anticipated maximum occupancy loads for your information. The figures are broken down by activity as designated on our drawings.

ACTIVITY DESIGNATION

PROJECTED OCCUPANCY

Batting Cages	8 (2 per cage)
Bowling	16 (4 per lane)
Billiards	24 playing (4 per table)
Video Games	44 (2 per machine)
Pitching Games	4 (2 per machine)
Strength Games	10 (2 per machine)
Air Hockey	8 (4 per table)
Foosball	8 (4 per table)
Soft Play	24 (timed session)
Bounce Giraffe	12 (timed session)
Kiddie Rides	12 (coin operated individual rides)
Kiddie Videos	44 (2 per machine)
Tubs-o-Fun Ride	14 riding
Miniature Golf	36 (4 per hole)
Video/Skill Games	116 (2 per machine)
Bumper Cars	32 (2 per car)
Party Area	64 seats
Dining Area	50 seats



FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 5/13/92
Date Issued 5/13/92
Control # 30092
Permit # 30092



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

Block 701.2 Lot 1
Work Site Location 250 Chambers Bridge Rd
BRICK N J
Owner in Fee Joseph Kazanichy
Address 37 SYDNEY AVE.
SEAHAM NY 07723
Tele. (201) 864-6000 or (908) 531-4050
Contractor CANUEL SUBCONTRACTORS
Address same

Tele. ()
Lic. No. 22-314-8297 Social Security No. see Note 1
Federal Emp. No. 22-314-8297 Page 5

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 3A Proposed A-3
Constr. Class. Present 3A Proposed 3A
Heating Systems [] New [X] Existing
Type: [X] Gas [] Oil [] Electrical [] Solar
[] Other
Location: ROOFTOP UNITS
Total Est. Cost of Fire Prot. Work \$ 1200.00 [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Elec.
[X] Fire Plans Approved
Date: 2-28-92
Approved by: [Signature]
SUBCODE APPROVAL:
[X] CO [] CA
Date: 5/16/92
Approved by: [Signature]
INSPECTIONS:
Type: Failure Approval Initial
Suppression Test
Fire Alarm Test
Smoke Test
Mechanical
TCO
Other Exit Signs 5/16/92
Other Exit Locks 5/16/92
Other

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work use Group Canary
Fire Turret for up.
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity
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() Capacity
() Capacity

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL 12
Smoke Detectors 12
Heat Detectors
TOTAL 12
Fire Extinguishers
Stand Pipes
Kitchen Hood Exhaust Systems

FEE (Office Use Only)

119-

Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Call 2000 CFM or
Gas of Oil Fired Appliance 50 Shut off flame
OTHER Plan & Shop

25-
410

Administrative Surcharge \$
Paid [] Check #
Collected by
Minimum Fee \$
TOTAL FEE \$ 184-

U.C.C. Form F-140A

1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Bricktown, N.J. 08723
908-477-7751

April 29, 1992

Arthur J. Cierzo
Brick Township Building Department
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: P.W. Candy's Playland
at Parkwood Plaza
250 Chambersbridge Road
Brick Township, NJ

Dear Mr. Cierzo:

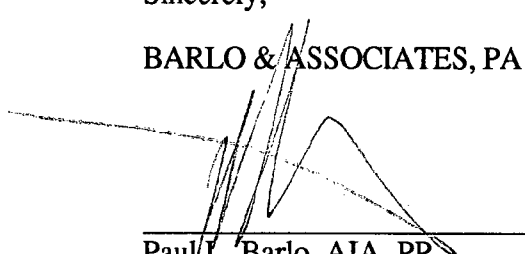
Attached are three (3) signed/sealed copies of our Drawings No. 1 and No. 6 which indicate the AS-BUILT conditions at the above referenced project. This is the supplementary submission the Building Department had requested prior to the issuance of the Certificate of Occupancy.

The field revisions have been indicated in a "cloud" symbol. The relocation and/or addition of walls to enlarge, reduce or enclose rooms is based upon our field measurements. The revisions to the Water System Isometric Diagram and the Sanitary Isometric Diagram are based upon information furnished by the Plumbing Contractor.

We understand that the Owners are planning to open this weekend if a temporary CO is issued. I trust you will find these drawings sufficient for your needs and that this can be accomplished. If you have any questions or require additional information, please call me immediately.

Sincerely,

BARLO & ASSOCIATES, PA



Paul L. Barlo, AIA, PP

Enclosures (6)

**Barlo &
Assoc. P.A.**
Architecture - Planning
92 Mantoloking Road
Bricktown, N.J. 08723

Arthur J. Cierzo
Brick Township Building Department



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block 701.2 Lot 1
Work Site Location 250 Chambers Bridge Rd
Owner in Fee Joseph Kazanich
Address 375 Joyce Ave
Telephone (201) 864-6608 or (201) 531-4050
Contractor Charles Sussanich
Address same

Tele. ()
Lic. No. 22-314-8297 Social Security No. see Note
Federal Emp. No. see Note

B. FIRE PROTECTION CHARACTERISTICS

Use Group 11 Present 34 Proposed 4.3
Constr. Class. Present 34 Proposed 34
Heating Systems ☒ New ☒ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
Location: 1104700 units
Total Est. Cost of Fire Prot. Work \$ 1200.00 () Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
☐ No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Elec. Suppression Test
☒ Fire Plans Approved Fire Alarm Test
Date: 2-28-92 Smoke Test
Approved by: [Signature] Mechanical
SUBCODE APPROVAL: TCO
☐ CO ☐ CCO ☐ CA
Date: Other
Approved by: Other
Other

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work see above for info
Water Supply Source Fire Department
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

Wet Sprinkler Heads Number
Dry Sprinkler Heads
TOTAL
Heat Detectors
Smoke Detectors
TOTAL
Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
TOTAL FEE (Office Use Only)
Paid () Check # Minimum Fee \$
Collected by TOTAL FEE \$



Date Received
Date Issued
Control #
Permit # 3000 912

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

Block 701.2 Lot 1
Work Site Location P.M. LAND'S PARKWAY
BRANCH BECK MALL, CHANDLER AVENUE D. ROCK ID
Owner in Fee J. Kozumsky
Address _____
Tele. () _____
Contractor FIRE SPROINKLER SYSTEMS
1574 ROUTE 9 - SUITE 14
TOWNS CENTER, NJ 08755
Address _____
Tele. () 914-0307
Lic. No. _____
Federal Emp. No. 22-2424192 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present W Proposed _____
Constr. Class. _____ Present _____ Proposed _____
Heating Systems X New X Existing _____
Type: X Gas X Oil X Electrical X Solar _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 8,000 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
[] No Plans Required _____
Joint Plan Review Required: _____
INSPECTIONS: _____
Type: _____
Failure Failure Approval Initial
[] Bldg. [] Plumb. [] Elec. _____
[X] Fire Plans Approved _____
Date: 2-28-92 _____
Approved by: [Signature] _____
SUBCODE APPROVAL: _____
[] CO [] CCO [] CA _____
Date: _____
Approved by: _____

B. TECHNICAL SITE DATA

Description of Work Mermaid
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Alarm Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____
Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____

FEE (Office Use Only)

Number _____
Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL 250
Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
Gas or Oil Fired Appliance _____
OTHER _____

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 250

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]
SIGNATURE

#230
R# 1713882



NEEDS UPDATE
ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

PAR 17 92 0 0 4 0 1 9

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

Block 7012.12 Lot 8

Work Site Location 250 Chamberlain Bridge

Owner in Fee R.W. CANNON PLUMBING & HEATING

Address 400 3rd St N.J. 07081

Tele. (908) 864-6000

Contractor MAITRESE ELECTRIC

Address 509 PARK WOOD AVE

Tele. () 270-1363 0777/929-1043

Lic. No. CC635

Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Quail Utility Co.

Est. Cost of Elec. Work \$

C. CERTIFICATION (Office Use Only)

PLAN REVIEW: ☐ No Plans Required ☐ Inspections: ☐ Type: ☐ Failure ☐ Approval ☐ Initial

Joint Plan Review Required: ☐ Rough ☐ Temporary ☐ Final

☐ Bldg. ☐ Plumb. ☐ Fire ☐ Constr. Serv. ☐ TCO ☐ Other

Date: Approved by:

SUBCODE APPROVAL: ☐ CO ☐ CCO ☐ Final

Date: 5-22-92 Temp. Cut-in-Card Date Issued 5-25-92 # 195

Approved by: Final Cut-in-Card Date Issued 5-29-92

Line Dept.

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.

☐ Licensed Electrical Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO. SIZE ITEM

Fixtures (1)

Receptacles (2)

Switches (3)

Total 1 + 2 + 3

Range

Oven(s)

Surface Unit

Dishwasher

Garbage Disposal

Dryer

A/C Unit

Burglar Alarms

Intercoms Panels

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)

Motor Control Center/Sub Panels

Signs

Light Standards

Motors—Fractional H.P.

Motors—All Others

Transformers

Generators

Service Entrance

Other

FEE (Office Use Only)

Paid ☐ Check # 5167 Minimum Fee \$

Collected by: TOTAL FEE \$ 25

[illegible][illegible]

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24

[illegible]

1. *Journal of the American Medical Association*, 1998; 279: 1033-1037.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

11

[illegible]

2019-07-17
2019-07-17

03769

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

bioRxiv preprint doi: <https://doi.org/10.1101/2017.06.26.171331>; this version posted July 1, 2017. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

0.

YELCHMIDON SITE DATA

100

100

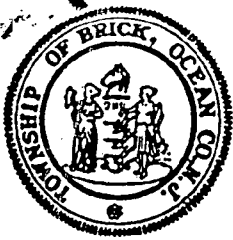
100

10

07-06-1988


 NATIONAL BUREAU OF STANDARDS
 U.S. DEPARTMENT OF COMMERCE
 Gaithersburg, Maryland 20899

THE NEW YORK PUBLIC LIBRARY



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

UNIFORM CONSTRUCTION CODE
Chapter 23, Title 5

Approval of Part
5.23-2.16 (g)

OWNER/AGENT JOSEPH KAZANCHY / PAUL BARLO

ADDRESS 37 SYDNEY DR.

TOWN DEAL NJ ZIP 07723

BLOCK 701.2 LOT 1

☒ FOOTING

☒ FOUNDATION

☒ OTHER INTERIOR FIT-UPS

OWNER/AGENT PROCEED AT OWN RISK ☒

2/25/92

OWNER/AGENT FOR JOSEPH KAZANCHY

BUILDING SUB-CODE OFFICIAL Reg. Korkhous

CONSTRUCTION OFFICIAL Arthur J. J...

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Bricktown, N.J. 08723
908-477-7751

February 12, 1992

Ray Korkowski, Construction Official
Brick Township Building Department
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: P.W. Candy's Playland
250 Chambers Bridge Road
Brick Township, NJ

Dear Mr. Korkowski:

In accordance with our discussions yesterday when I submitted the plans for the above referenced project, I have prepared the following list of anticipated maximum occupancy loads for your information. The figures are broken down by activity as designated on our drawings.

ACTIVITY DESIGNATION

PROJECTED OCCUPANCY

Batting Cages	8 (2 per cage)
Bowling	16 (4 per lane)
Billiards	24 playing (4 per table)
Video Games	44 (2 per machine)
Pitching Games	4 (2 per machine)
Strength Games	10 (2 per machine)
Air Hockey	8 (4 per table)
Foosball	8 (4 per table)
Soft Play	24 (timed session)
Bounce Giraffe	12 (timed session)
Kiddie Rides	12 (coin operated individual rides)
Kiddie Videos	44 (2 per machine)
Tubs-o-Fun Ride	14 riding
Miniature Golf	36 (4 per hole)
Video/Skill Games	116 (2 per machine)
Bumper Cars	32 (2 per car)
Party Area	64 seats
Dining Area	50 seats

SUB-TOTAL	524 people
Add 50% for Waiting/Wandering/Watching	262 people
Employees	<u>12 people</u>
TOTAL	798 people

Based upon these figures, the posted occupancy for the facility will be eight hundred (800). Our plumbing fixture count can adequately handle this occupancy. Using the National Standard Plumbing Code, the Use Group of the building is "B. Assembly - where food and drink is available, but the main purpose is other than eating". The calculations are as follows:

MEN - three (3) water closets and two (2) urinals = 4 Fixture Units

Table 7.24.1 of the NSPC allows four hundred (400) men.

WOMEN - four (4) water closets = 4 Fixture Units

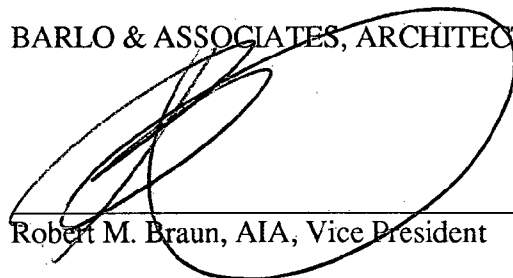
Table 7.24.1 of the NSPC allows four hundred (400) women.

Exiting requirements in accordance with BOCA have also been met. For a posted occupancy of 501 to 1000 (Table 809.2), three (3) exits are required and six (6) have been provided. Maximum travel distance to any exit does not exceed 250', in accordance with Table 807.5 for an Assembly Use with a sprinkler system. All fire exits shall be provided with panic devices as per code requirements.

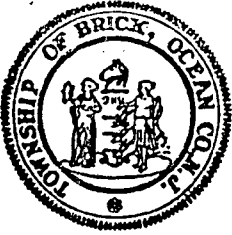
We are therefore formally requesting that the occupancy number indicated on our drawing (Sheet #1) be disregarded and that eight hundred (800) person figure be utilized for the Building Department's review.

Respectfully submitted,

BARLO & ASSOCIATES, ARCHITECTS, PA


Robert M. Braun, AIA, Vice President

cc: Joseph J. Kazanchy



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

Date 2/25/92

PW CANDYS (TENANT AT)
Subject: 250 CHAMBERS BRIDGE ROAD

Block 701.2 Lot 1

AFFIDAVIT:

I PAUL BORLO FOR JOSEPH KAZDANCHY hereby request a temporary building permit to proceed with construction ~~of footings and foundation (only)~~ on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

FOR JOSEPH KAZDANCHY
Applicant

2/25/92
Date

Twp. Engineer or Ass't. Engineer Date

Zoning App. 2-20-92 X

Zoning Officer Date

Zoning Department

De Kozlowski 2/25/92
Building Inspector Date

Building Department



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

3/13/92
360-92

IDENTIFICATION Block 701.2 Lot 1
Work Site Location 2506 Chambers Boggett
P.W. Candy's Playland
Owner in Fee Joseph Kazanichy
Address 27 Suddley Ave
Scotch Plains New Jersey 07123
Tele. (908) 531-4050

Contractor same subcontractors
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-314-8247
or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

put-up
1044.810 cu. ft.
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 Al Campo

PAYMENTS (Office Use Only)		36000
Building	10	0.00
Plumbing	LOT	0.00
Electrical	1	0.00
Fire Protection	434 BUILDING	375.00
Other	PLUMBING	135.00
Other	FIRE	434.00
DCA Training Fee	C / O	20.00
Cert. of Occ.	PLAN REV	5.00
Other	TOTAL	979.00
Total	CHECK	979.00
Check No.	1843	0.00
Cash	CHANGE	0.00
Collected By:	DC	

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

SIZING FOR WATER AND SEWER SERVICES

Property Owner Kazanchy Date 2-24-92
 Property Address 250 Chambers Bridge Rd. Block 701.12 Lot 1
 Zoning _____ Use Group _____
 Contractor Perma-tek License No. Registration 8405

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>7</u>	(10) <u>70</u>	() _____
2. Lavatory	<u>4</u>	(1.5) <u>6</u>	() _____
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	<u>2</u>	() <u>6</u>	() _____
7. Laundry Tray	<u>1 Bay</u>	() <u>3</u>	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	<u>2</u>	(5) <u>10</u>	() _____
11. Floor Drain	<u>4</u>	() _____	() _____
12. Drinking Fountain	<u>1</u>	(1/2) _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total

95

Gallons per minute

41-3

Size of Service

1 1/2

Date: _____

Approved: _____


 Brick Township Plumbing Inspector

Barlo &
ASSOC. P.A.

Architecture • Planning
92 Mantoloking Road
Bricktown, N.J. 08723
908-477-7751

April 8, 1992

Mr. Arthur Cierzo
Construction Offical
Brick Township Municipal Building
Chambersbridge Road
Brick, N.J. 08723

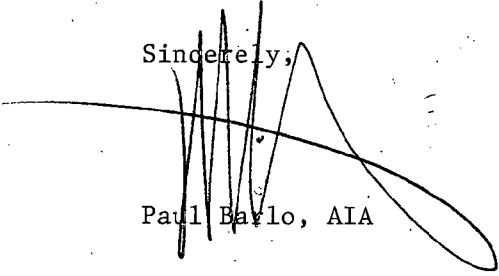
Re: P.W. Candy's in Parkwood Plaza

Subject: Plan Deviations

Mr. Cierzo,

This is to acknowledge that our office will prepare as-built documents for the above referenced project prior to the issuance of a certificate of occupancy by the building department.

Sincerely,



Paul Barlo, AIA

PAB/pm

cc: Joe Kazanchy

**Barlo &
Assoc. P.A.**

Architecture • Planning
92 Mantoloking Road
Bricktown, N.J. 08723

Mr. Arthur Cierzo
Construction Official
Brick Township Municipal Building
Chambersbridge Road
Brick, N.J. 08723

**Barlo &
Assoc. P.A.**

Architecture - Planning
92 Mantoloking Road
Bricktown, N.J. 08723
908-477-7751

RECEIVED

MAR 3 1992

DIV. OF INSPECTION

March 2, 1992

Joseph A. Caprio, Inspector
Ocean County Health Department
Sunset Avenue
C.N. 2191
Toms River, NJ 08754

Re: Proposed Snack Bar Area
P.W. Candy's Playland
250 Chambers Bridge Road
Lot 1, Block 701.B06
Brick Township, NJ

Dear Mr. Caprio:

In Accordance with County Health Department requirements, we are submitting this letter in conjunction with two (2) sets of drawings to address items not normally indicated on the construction documents. The specific information provided is as follows:

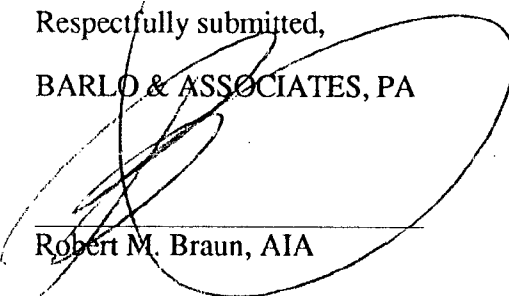
1. NAME - the name of the entire facility is P.W. Candy's Playland, the address is 250 Chambers Bridge Road, Brick Township, NJ. The Owner is Joseph J. Kazanchy, his address is 400 - 38th Street, Union City, NJ 07087.
2. FINISHES - walls are concrete block with washable enamel finish, ceilings are painted sheetrock, vinyl composition floor tile and vinyl base will be installed. Countertops will be plastic laminate.
3. SINKS - three (3) compartment sink (Item #21) in Storage Room, floor type service sink (Item # 19) in the Storage Room and a hand sink (Item # 15) in the Serving Area. Please note, a grease trap has not been provided since food preparation and cooking will not be performed. All food will be pre-packaged and warmed as required. Floor drains are indicated as required.
4. LIGHTING - surface mounted fluorescent lighting in Snack Bar area. The lights are enclosed with prismatic lenses.
5. REFRIGERATION UNITS - both the sliding-door refrigerator and reach-in freezer will be equipped with exterior mounted temperature monitors.
6. STATE SMOKING REGULATIONS - since the seating capacity exceeds one hundred (100) people, regulations shall be posted.

7. SNEEZE GUARDS - all food service equipment on the front counter is enclosed and protected.
8. FOOD SERVICE - all items will be served on or in disposable paper products.
9. MENU - the menu consists of the following items:
 - a. Pizza
 - b. Hot dogs
 - c. Popcorn
 - d. Nachos
 - e. Pretzels
 - f. Soft serve ice cream
 - g. Soda
 - h. Coffee
 - i. Hot chocolate
 - j. Lemon/Orangeade
10. WASTE RECEPTACLES - all trash and food waste receptacles will be covered.
11. RESTROOMS - Men's and Women's toiler room doors are provided with closers.
12. TOILET ACCESSORIES - covered sanitary product disposals are provided in each stall of the Women's toilet room.

If any other information or additional drawings are required, please contact this office immediately. It is the intention of the Owner to open for business sometime in early to mid-April. Any assistance your office can provide in expediting review of this application would be greatly appreciated.

Respectfully submitted,

BARLO & ASSOCIATES, PA



Robert M. Braun, AIA

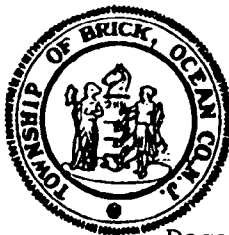
cc: Arthur Cierzo, Brick Township Building Department
Joseph J. Kazanchy, P.W. Candy's Playland

24/1860

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

Stevan J. Zboyan, Mayor

Township Council:
Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Warren H. Wolf
David W. Wolfe



Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax (201) 920-4850

December 13, 1991

Jospeh J. Kazanchy
37 Sydney Avenue
Deal, N.J. 07723

Subject: -EX-R-91-11/91-Joseph Kazanchy for Parkwood Plaza,
250 Chambers Bridge Rd. Block 701.12, Lot 8, for change
of Use.

Dear Mr. Kazanchy,

The above request for exemption from site plan approval was reviewed at the December 4, 1991 Executive Session and the attached report issued. The Board expressed concern regarding the safety of the occupants in respect to exit doors and fire safety. The Board asked Mr. Kazanchy to submit a plan showing the exit doors and submit it to the Bureau of Fire Safety for approval. The attached plan was reviewed by Kevin Batzel, Bureau Chief/Fire Official and the attached report issued.

Based upon the report from Mr. Batzel, the Planning Board has no objection to granting this exemption subject, however, to the following conditions:

- OK 12/25/91*
1. All "No Parking Fire Lane" signs as indicated on the plan to the rear of the building must be installed. ✓
 2. The fire hydrant located at the center of the complex must be turned 180 degrees as it now faces a handicapped parking stall. ✓
 3. The Fire Department sprinkler system connection caps located to the rear of the building must be replaced. *work not*
 4. All other necessary approvals shall be obtained.
 5. Proof of taxes paid to date shall be submitted prior to the issuance of a C.O. ✓

Very truly yours,

Arthur J. Cierzo
Arthur J. Cierzo
Construction Official

cc: J. Kull, Planning Bd. Sec.
S. Kinnevy, Zoning



CERTIFICATE

Date Issued 5-6-92
Control #
Permit # 360-92

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 250 Chambersbridge Rd.
Owner in Fee Joseph Kazanchy
Address 37 Sydney Ave.
Deal, NJ
Tele. ()
Contractor same
Address
Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.
or Social Security No.

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

P. W. Candy's Playground

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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: Completion of Plaza.

CONSTRUCTION OFFICIAL

Arthur J. O. O'Garra

Fee \$
Paid [] Check No.
Collected by:

294/111

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

Stevan J. Zboyan, Mayor

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Arthur J. Cierzo
Arthur J. Cierzo
Construction Official

cc: J. Kull, Planning Bd. Sec.
S. Kinnevy, Zoning