BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 249 Chambersbridge Rd. PERMIT NO. 16-2406

CONSTRUCTION PERMIT APPLICATION

C-16-003316

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

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambersbridge RD Brick NJ
2. Name of Owner in Fee: Toft E Trust & Silvi, J.
   Tel. ([redacted] e-mail _____
   Address _____ (street) Bobby House (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Phil Ho [redacted]
   Address 45 Jennifer DR e-mail _____
   Howell NJ 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 150	150	
2.	Electrical		150	
3.	Plumbing		403.50	
4.	Fire Protection		170	285
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	4	4.00	1.00
10.	Subtotal	$		
11.	Cert. of Occupancy		100	
12.	Other			
13.	TOTAL	$ 154		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Max. Live Load	
7.	*Max. Occupancy Load*	
8.	If Industrialized Building: State Approved ___ HUD ___	
9.	Total Land Area Disturbed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes ___ no ___	

IIa. PROPOSED WORK

- ☐ Minor Work (Smart fix up)
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ *Reconstruction*
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					08/31/16	KEH			
☑ Electrical		7/22/16			8/29/16	PJC			
☐ Plumbing				9/1/16					
☐ Fire Protection					9/2/16	TG			
☐ Elevator		Exempt	8/1/16	8/1/16					
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. *State Specific Use:*
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. *Use Group, Proposed:* _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ *Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks*
2. ☐ *High Pressure Boilers*
3. ☐ Pressure Vessels
4. ☐ *Refrigeration Systems*
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ *Hazardous Uses/Places of Assembly*
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ *Swimming Pools, Spas and Hot Tubs*
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/09/2017
Control Number C-16-003316+A
Permit Number 16-2406+A
Permit Issue Date 10/14/2016
Certificate Number 16-2406

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. FORMER CATERING Brick Township, NJ Block: 702 Lot: 11 Qual:

Owner in Fee: TAFF, R TRUST & SILVI, S

Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755

Telephone: [redacted]

Contractor PHIL HO

Address 45 JENNIFER DRIVE HOWELL NJ 07731

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - BOBA HOUSE

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $100.00
Check Number: 1025
Collected By: Lauren Helmstetter

Date Printed: 08/09/2017

U.C.C. F260 (rev. 08/05)

update

Date Received / Control # 10/14/16

Date Issued / Permit # 16-2406tA

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PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 708 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Rd. Brick NJ.

Owner in Fee: Bob A House Phil 40

Tel. [redacted] e-mail

Address 25 Jennifer Dr. Howell NJ. 07731
street municipality zip code

Contractor: LeagusCorp Tel. (732) 929 9600

Address 516 Fischer Blvd e-mail
Toms River N.J.

Contractor License No. 12170 Exp. Date 6/30/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22 1991 377 FAX: (732) 270 5135

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3895.00

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.

Applicant sign/Contractor sign and seal here: [signature] PNC

Print name here: LEAGUS CORP Thomas Schultz PNC

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Rough & finish plumbing

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
6	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Icemaker water line	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-13-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-1-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11-3-16	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			12-3-16	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	1-27-17		1-31-17	WM

Phil 732-915-0077

permit update WH

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Existing Bathrooms

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(f)1.ix:

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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 Phil Ho

Address 45 Jennifer DR
Howell NJ 07731

Telephone ( )

Signature

III. ✓ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

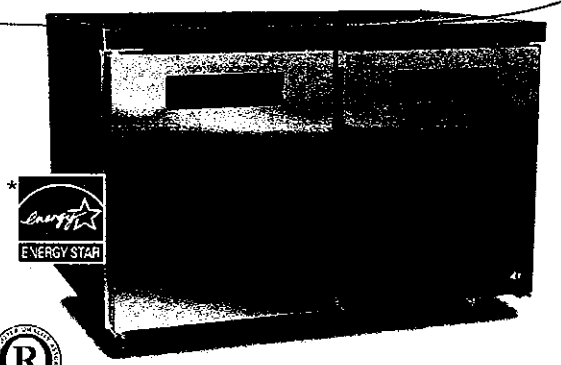
1-27-17 WM

No Access

Re HAO-
DID NOT CHANGE ANYTHING IN BATHROOMS

CRMR27/48

Commercial Series Undercounter Refrigerators



NSF c UL US LISTED

- Stainless steel exterior front, sides and top
- Anodized Aluminum interior sides and back with stainless steel interior floor
- Stainless steel exterior door with ABS interior liner
- Cabinet and doors are insulated with 2" of CFC free, foamed in place polyurethane
- Exclusive "stepped" door design to protect door gasket
- Spring assisted self-closing doors with stay open feature
- Extruded aluminum flush mount door handle
- Field reversible doors
- Magnetic door gasket is easily removable for cleaning
- Enamel coated evaporator coil
- Anodized aluminum shelf supports adjustable in ½" increments
- Standard with 4" stem casters (two with brakes)
- Three years parts and labor warranty
- Five year compressor warranty
- 8 ft. cord and plug

* CRMR27 and CRMR48 are ENERGY STAR qualified

Dimensions / Capacity

Model #	One Section CRMR27	Two Section CRMR48
Nominal Storage Capacity (CF)	7.2 ft³	13.66 ft³
Interior Storage Capacity (CF) (AHAM)	6.22 ft³	11.95 ft³
Overall Width x Depth	27" x 30"	48" x 30"
Height (including 4" casters)	33.63"	33.63"
Door Opening Width x Height	22.6" x 22.9"	19.5" x 22.9"
Depth with Door open at 90°	54.5"	51.5"
Adjustable Shelves	1	2
Shelf Dimensions (W x D)	22.0" x 16.0"	21.3" x 16.0"
Crated Shipping Weight	160 lbs	222 lbs
Crated Height x Width x Depth	36.5" x 31.5" x 34"	36.5" x 52.5" x 34"

Electrical / Refrigeration Data

Model #	One Section CRMR27	Two Section CRMR48
Amperage	2.6	2.6
Energy Consumption (kwh/day) ENERGY STAR	.65	1.44
Heat Rejection (BTU/Hr.) @NSF	180	327
Approx. Nominal Compres. BTU/HR(HP)	1029(1/6HP)	1029(1/6HP)

CRMR27/48
3/13
Item # 13286

Item #

Project:

Qty:

*AutoCad available on KCL

CRMR Dimensions W x D x H

1 Section - 27" x 30" x 33.63"*

2 Section - 48" x 30" x 33.63"*

*with 4" casters

Electrical/Refrigeration

Voltage 115/60/1

HACR Breaker
1 & 2 Section - 15.0

Electrical Connection (NEMA)
1 & 2 Section - 5-15P

Voltage Range 104-126

Ambient Temp. Range 45° -100° F

Control Setpoint Range 20° to 52° F

***Refrigerant** R-134a

Warranty

Valid in United States, Canada, Puerto Rico, and U.S. Territories. Contact factory for warranty in other countries.

- **Three Year** - Parts & Labor on entire machine.
- **Five Year** - Parts on: Compressor.

Options

- 2.25" Casters - to meet ADA
- 6" Casters
- Additional epoxy shelves
- Cylinder locks -01 (factory installed)

618 Hwy. 74 S., Peachtree City, GA 30269
TEL 800-438-6087
FAX 800-345-1325
www.hoshizaki.com

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 7/13/16

Date Issued Permit # 16-2406

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chambersbridge RD Brick NJ 08723

Owner in Fee: Tatt. R Trust & Silvi S.

Tel. ([redacted] e-mail

Address (street) (municipality)

Contractor: Phil Ho Tel. [redacted]

Address 45 Jennifer DR e-mail

Howell NJ 07731

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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.

Sign here:

Print name here: Phil Ho

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Clean all old equipment take out old flues

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 03/06/17

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-6-17	
Barrier-Free				

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

COMMERCIAL

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ *Proposed* _____

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class *Present* _____ *Proposed* _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 1000.00
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

UP Date

Date Received 10/14/16
Control #
Date Issued ~~7/13/16~~
Permit # 16-2406+A

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge RD
Brick NJ 08723

Owner in Fee: (Boba House) PHIL Ho (Former Close Encounters)

Tel. [redacted] e-mail

Address
street municipality

Contractor: PHIL Ho Tel [redacted]

Address 45 Jennifer DR e-mail
Howell NJ 07731

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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.

Sign here:

Print name here: Phil Ho

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TENANT FIT-UP
Remodel existing use includes
some new Fire protection system,
and electrical, plumbing!
~~Cost of 30K~~
NO CHANGE OF USE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/31/16	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/31/16
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 03/06/17
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			01/09/16	KEK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-6-17	KEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 15,000
3. Total (1+ 2) $ 15,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

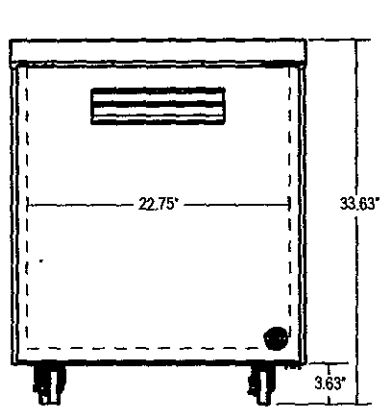
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110
(rev. 11/09)

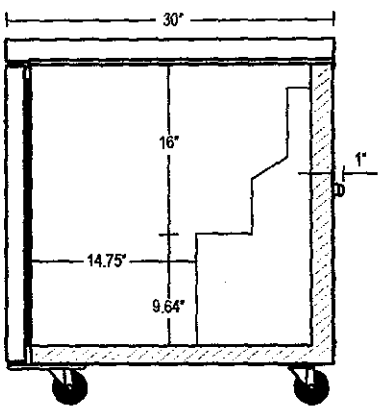
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

CRMR27/48

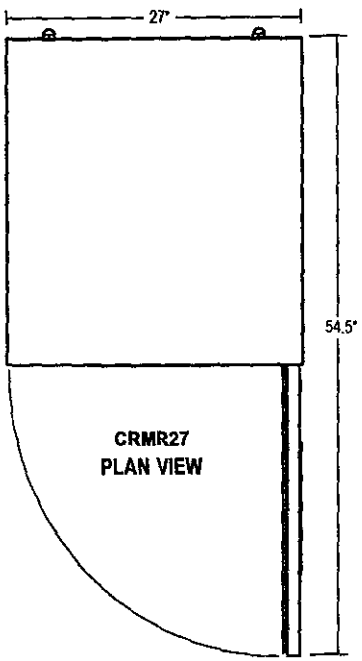
Commercial Series Undercounter Refrigerators



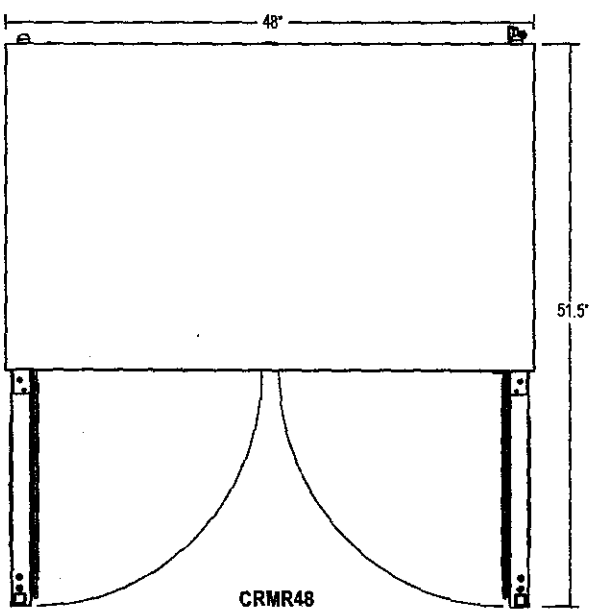
CRMR27
FRONT



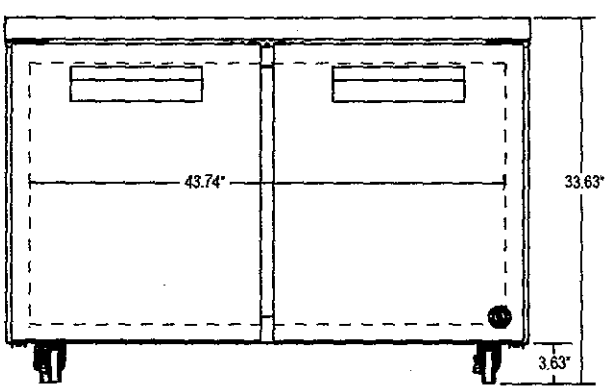
SIDE
(Cross Section)



CRMR27
PLAN VIEW



CRMR48
PLAN VIEW



CRMR48
FRONT

Cabinet Construction
The exterior cabinet top, front, and sides, are constructed of high quality stainless steel. The exterior back and bottom are constructed of coated steel. The cabinet interior back and sides are anodized aluminum with an ABS ceiling and stainless steel floor. One heavy duty epoxy coated shelf per section is standard. Mounted on anodized aluminum pilasters the shelves are adjustable in ½" increments. Cabinet walls and doors are insulated with 2" of environmentally friendly, CFC free, foamed in place polyurethane. 4" polyolefin, stem casters (two with brakes) are standard.

Door Construction
Doors are constructed of high grade stainless steel exterior with an ABS interior liner. Hoshizaki's exclusive "stepped" design protects the gasket while product is removed from the cabinet. Doors are provided with a one piece, extruded aluminum, flush mount handle. Spring assisted self-closing doors are equipped with a stay open feature past 90 degrees. Snap-in magnetic door gaskets are durable and easily removed for cleaning. Field reversible door hinging is standard.

Refrigeration System
The high efficiency refrigeration system is self-contained with an enamel coated evaporator for extended life. Condensate removal is accomplished with an energy efficient non-electric evaporation system. A capillary tube controls the flow of environmentally friendly R-134A refrigerant through the evaporator. Refrigeration system utilizes an "off cycle" defrost to eliminate any ice on the evaporator coil. 115 volt units are equipped with an eight foot cord and plug (20.0 amps or less).

618 Hwy. 74 S., Peachtree City, GA 30269 • TEL 800-438-6087 • FAX 800-345-1325 • www.hoshizaki.com

"BOBA HOUSE"

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10/16/16
Date Issued
Control #
Permit # 16-2406+17

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

Block 702 Lot 11
Work Site Location 249 Chambersbridge Rd
Brick 08723
Owner in Fee Boba House
Address 249 Chambersbridge Rd.
[redacted]
Tel ( )
Contractor R. Ronco Electric LLC
Address 919 Highway 33 unit 4H
Freehold NJ 07728
Tel (732) 938-2094 FAX (732) 938-2125
Lic. No. 15052
Federal Emp. No. 27-2021894

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 8/29/16
Approved by:

SUBCODE APPROVAL
CO CCO CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
12		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
60		Tracic Lighting	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposer	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

(27 occupants "B" UPDATE 897 sq ft

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 10/14/16

Date Issued 7/13/16
Permit # 16-2406 FA

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

Block 702 Lot 11 Qualification Code

Work Site Location Boba House - 249 Chambers Bridge Road, Brick, NJ

Owner FLUID

Tel. [redacted] e-mail

Address 1859 DINO BLVD TOMS RIVER NJ 08755
street municipality zip code

Contractor: Jersey Coast Fire Equipment Tel. (732) 938-2020

Address 377 Asbury Road e-mail afecci@jerseycoastfire.com

Farmingdale, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00206

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 1453867

Fire Alarm Contractor No. Exp. Date 10/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222699591 FAX: (732) 938-7751

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Total Cost of Fire Protection Work $ 1000.00

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.

Applicant/Contractor sign here: [signature]

Print name here: Albert D. Fecci

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Pre Eng Fire Syst Install

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ____		

hood vent added - existing

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ____ Approved by: ____

[✓] Fire Protection Plans Approved

Date: 9/26 Approved by: LD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9/26/16

Approved by: HTC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 3/31/17

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/10/17	LD
Other ____				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

phone - 455 - 848 241-5784 Update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/14/16
Control #
Date Issued
Permit # 16-2406 HB

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

Block 702 Lot 11 Qualification Code

Work Site Location 249 Chamberlain Bridge Rd Rock NJ

Owner in Fee: Boc A Homes

Tel. [redacted] e-mail

Address 45 Jennifer Dr Howell NJ
street municipality

Contractor: Larch Co Corp Tel. (732) 528-9605 zip code

Address 516 Fischer Blvd e-mail
Toms River NJ 08753

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-1961377 FAX: (732) 270-5135

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here

Print name here: Larch Co Corp Ramona Rahn

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump *GPM Type*		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	4	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10/18/16 Approved by: DD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/19/16
Approved by: DD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/31/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

APPLICATION FOR CERTIFICATE

Date Received	07/25/2016
Date Permit Issued	10/14/2016
Control #	C-16-003316+A
Permit #	16-2406+A
Date Issued	08/09/2017

IDENTIFICATION

Block 702 Lot 11 Qualifier

Work Site Location 249 CHAMBERS BRIDGE RD. FORMER CATERING Brick Township, NJ

Owner in Fee TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755

Telephone [redacted]

Contractor PHIL HO

Address 45 JENNIFER DRIVE HOWELL NJ 07731

Telephone (732) 915-0077

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous B Current

FINAL COST OF CONSTRUCTION: $ 24395
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - BOBA HOUSE ...UPDATE +A - BALANCE OF SUBCODES

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals

Approval from the BTMUA (732) 458-7000 **emailed Peg 2/28/17 MFF Ok Per Sue 3/2/17 MFF**	**comment**	☑	☐
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☐	☐

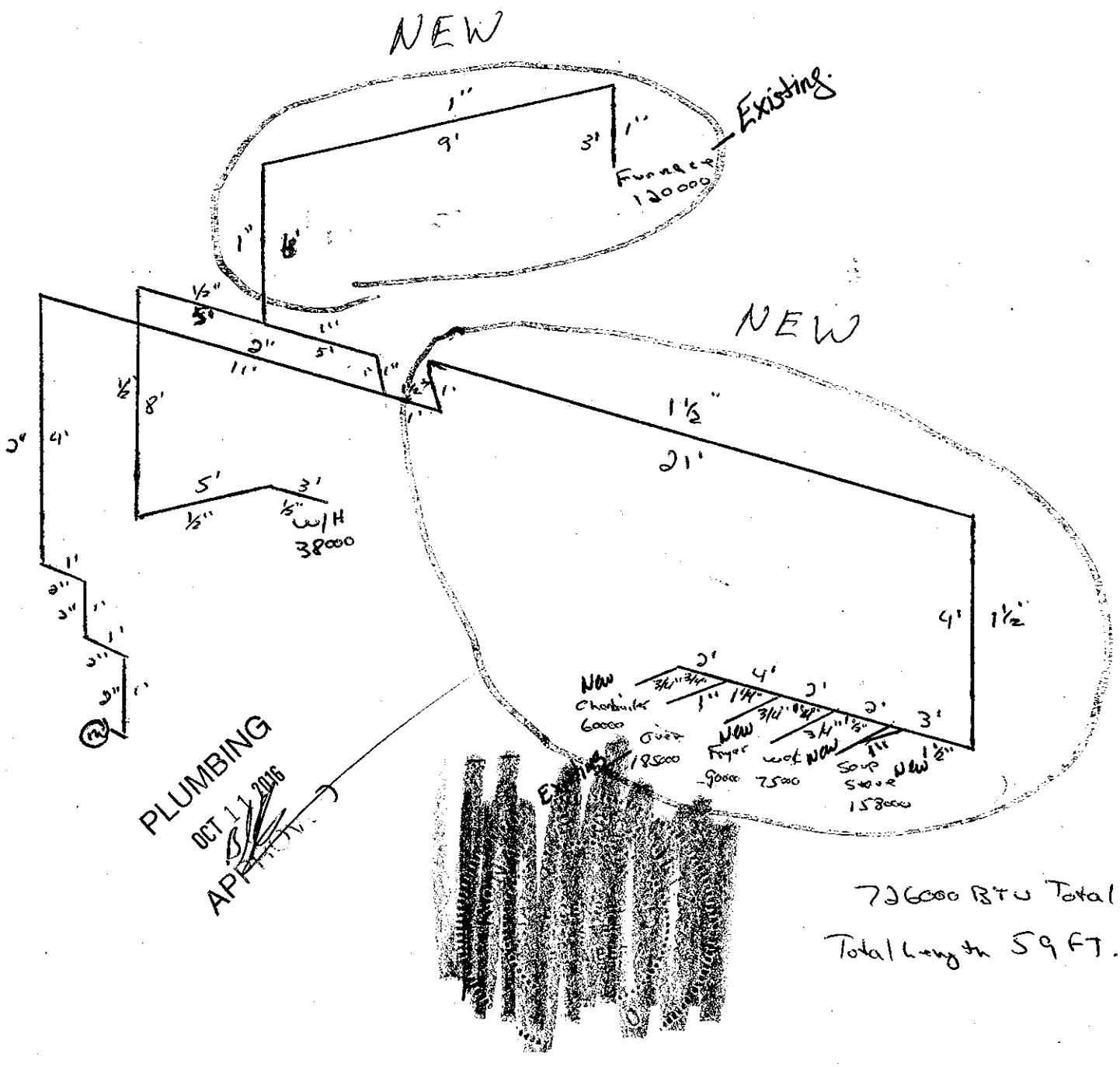
UCC Requirements

Final Building Inspection	comment	☑	☐
Final Electrical Inspection	comment	☑	☐
Final Plumbing Inspection	comment	☑	☐
Final Fire Inspection	comment	☑	☐
Final Elevator Inspection (If Applicable)	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Rbck 702
Lot 11
249 Chambers Bridge Rd

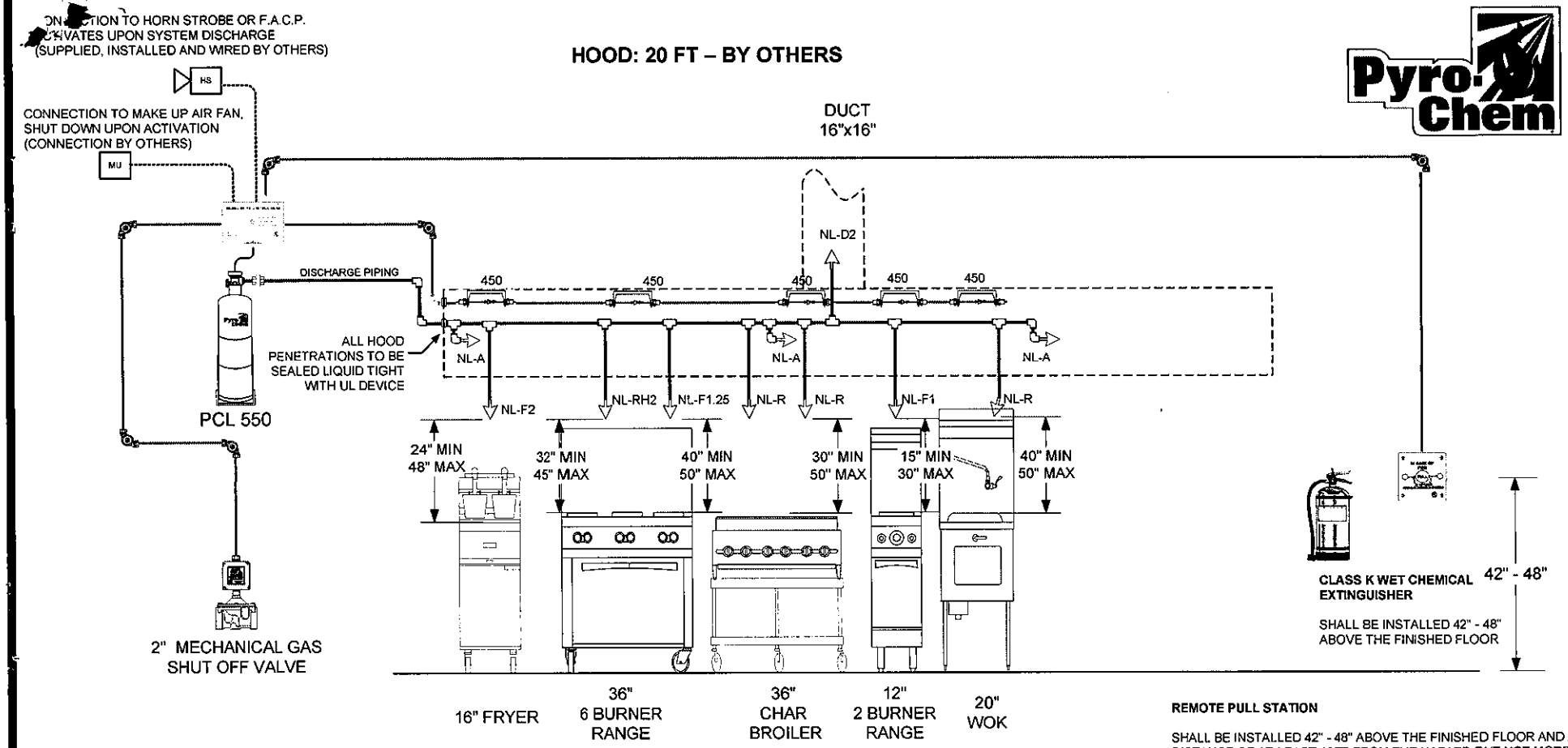
60'



736000 BTU Total
Total Length 59 FT.

ON ACTION TO HORN STROBE OR F.A.C.P.
ACTIVATES UPON SYSTEM DISCHARGE
(SUPPLIED, INSTALLED AND WIRED BY OTHERS)

HOOD: 20 FT – BY OTHERS



REMOTE PULL STATION

SHALL BE INSTALLED 42" - 48" ABOVE THE FINISHED FLOOR AND A DISTANCE OF AT LEAST 10FT FROM THE HAZARD BUT NOT MORE THAN 20FT. IT SHALL BE INSTALLED IN THE PATH OF EXIT AND REQUIRE A MAXIMUM FORCE OF 40 LBS AND A MAXIMUM MOVEMENT OF 14" FOR ACTUATION

NOZZLE TABLE				
HAZARD	QTY	NOZZLE	PTS	TOTAL
RANGE	1	NL-RH2	2	2
	1	NL-F1.25	1	1.25
FRYER	2	NL-F2	2	4
CHAR BROILER	1	NL-R	1	1
2 BURNER RANG	1	NL-F1	1	1
WOK	1	NL-R	1	1
DUCT	1	2D	2	2
PLENUM	2	1H	1	2
			TOTAL	14.25

PYROCHEM PCL 550

THIS SYSTEM USES 14.25 of 20 FLOW POINTS

PRE-ENGINEERED SYSTEM SHOP DRAWING ONLY – NOT TO SCALE

JERSEY COAST FIRE EQUIPMENT CO
377 ASBURY ROAD
FARMINGDALE NJ 07727

Boba House
249 Chambers Bridge Rd
Brick, NJ 08723

SIZE	FSCM NO	DWG	REV
		KITCHEN FIRE SYSTEM	
SCALE N/A		SHEET 1 OF 5	

Quality Air Care

877-850-0470 qacpic@gmail.com 692 Sussex Ct Toms River NJ

CUSTOMER NAME. Phil HO

BUSINESS NAME BOBA HOUSE

ADDRESS. 249 Chambers bridge Rd Brick NJ

PHONE 732-915-0077

Service scheduled with Phil

Date Of Service 7/21/16

Service Every 6 Months

Cleaning.

Heavy Medium Low	
Hood	$ 275.00
Duct	$ OK
Fan	$ OK
Fan Wheel	$ X
Roof	$ OK
Filter	$ OK
Fan oil grease trap 1X100	$ 100.00
Grease trap 1X~~100~~	$ ~~700.00~~
Duct Magnet Knife	$ X
Fan Access panel X	$ needed
Fan Belt X	$ 25.00
Fan wheel Bearing	$ OK
Fan Hinge Kits X	$ needed
Duct Access panel	$ X

Quality Control Checks

Filter Condition	(Good) Poor. Broken. Missing #___
Outlets Protected From water.	(Yes.) No
Does Fan Work on Arrival ?	(Yes) No
Docs Fan Work on Departure	(Yes.) No
Are Fans Hinged	(Yes.) (No) Na
Condition of Hood Globes.	(Good) Cracked. Broken. Missing. #___
Duct Work Grease Level.	Light. (Medium) High. Extreme
Does Duct Work Leak ?	(No.) Yes. See comments below
Pilot Lights On At Departure.	(Yes.) No.
Roof Condition grease presence.	(Yes) No
Floor Cleaned/Floor Drains working	(Yes) No
Equipment Replaced.	(Yes.) No
Updated Inspection (service Sticker)	(Yes) No

Comments_____

The Above services have been satisfactorily received. Customer's signature verifies services have been approved and accepted. Customer's Signature _____ Total:$ 500.00

TECH. _____ TIME_____ DATE. 7/21/16

Claims off unsatisfactory workmanship must be made within 48 hours And additional fee will be added to the invoice if is not paid within the 30 days In the event of default Quality Air Care shall be entitled to recover costs of collection including attorney fees The customer hereby waves their rights of subrogation by their insurance carrier against Quality Air Care under any fire or liability insurance policy

Jersey Coast Fire Equipment

377 Asbury Road
N.J. LIC. # P00206
Farmingdale NJ 07727
Phone: (732) 938-2020
Fax: (732) 938-7751

www.jerseycoastfire.com

Inspection Report

Service Information

BOBA HOUSE - BRICK
249 CHAMBERS BRIDGE ROAD

BRICK NJ 08723

Contact: PHIL
Phone: (732) 915-0077 Fax:
Alt Contact: Alt Phone
E-Mail:

Billing Information

BOBA HOUSE - BRICK
249 CHAMBERS BRIDGE ROAD

BRICK NJ 08723

Job Name ☐ Call Ahead ☐ Confirmed
PCL-550 KITCHEN SYSTEM

Job Type
- PCL-550 KITCHEN SYSTEM

PO #

Marketing Campaign

Sales Rep	Terms	Type	Class
	COD		

Route	Scheduled	Start	End
SEAN	2/10/2017	09:00 AM	10:00 AM

Item	Quantity
PCL550-SYSI - PYROCHEM LIQUID 550 SYSTEM INSPECTION	1
FLK450 - FUSIBLE LINK 450 DEGREES	5
MISC - FINAL TEST WITH FIRE INSPECTOR**2/10/17**	1

Job Notes and Instructions

PCL-550 KITCHEN SYSTEM
HOOD SIZE: 20' X 54"
DUCT SIZE: 1@18" X 18"
PLENUM NOZZLE: 03
DUCT NOZZLE: 01
FRYER NOZZLE: 01
RANGE NOZZLE: 03
CHARGRILL NOZZLE: 02
WOK NOZZLE: 01
FUSIBLE LINKS: 5 @ 450
2/10/2017 5:52:37 AM
ALL APPLIANCES PROPERLY COVERED W/CORRECT NOZZLES?: YES
CHECK FOR CORRECT DUCT & PLENUM NOZZLES?: YES
HOOD / DUCT SEALED WITH UL LISTED DEVICE OR WELD?: YES
PROPER SEPARATION FROM FLAME & FRYERS?: YES
TANK HAS PROPER PRESSURE ON GAUGE?: YES
REPLACED FUSIBLE LINKS?: YES
TEST FOR PROPER OPERATION OF PULL STATION?: YES
CHECK FOR PROPER OPERATION OF GAS VALVE?: YES
DID YOU RESET GAS VALVE AND LIGHT APPLIANCES?: YES
DID YOU RESET SYSTEM AND RETAG & SEAL THE SAME?: YES
DID YOU SERVICE THE FIRE EXTINGUISHER?: YES
IS THE FIRE SUPPRESSION SYSTEM COMPLIANT?: YES

2/10/17
Final test w/Inspector Orlando

Payment is expected at time of service. Late Payments are subject to 1.5% late fee per month calculated from the day of service. Returned checks result in a $40.00 return check charge.

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, March 02, 2017 8:54 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 249 CHAMBERSBRIDGE RD

MORNING MATT! WE WERE OUT THERE THISMORNING AND THEY ARE READY TO CO.

PERMIT UPDATE

Date Update Issued 10/14/16
Control # C-16-004828
Permit # 16-2406+B

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. FORMER CATERING Brick Township, NJ
Owner in Fee: TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755
Telephone: [redacted]

Contractor: PHIL HO
Address: 45 JENNIFER DR. HOWELL NJ 07731
Telephone: (732) 915-0077
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
UPDATE +B - GAS FIRED APPLIANCES

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 $500

D Newman Jr /MP
Construction Official

Date 10/13/16

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$285
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$286
Check No.	1025
Cash	$0
Credit	$0
Collected By	LJ

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

10/14/16 12:47PM 00158884577
#407 SERV.007
#2406
FIRE $285.00
DCA $1.00
CHECK $286.00

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements.

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ENGINEERING PERMIT APPLICATION

BLOCK: 702 LOT: 11 ADDRESS: 249 Chambers bridge RD

RECEIVING CLERK: KSS
PERMIT #: 16-2406

IDENTIFICATION:

1. WORK SITE ADDRESS: 249 Chambers bridge RD
2. NAME OF OWNER IN FEE: SILVIO
   ADDRESS: 1859 Dino BLVD PHONE #: (__) _____
   Toms River NJ 08755 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Phil HO
   ADDRESS: 45 Jennifer DR PHONE # [redacted]
   Howell NJ 07731 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: _____
   ADDRESS: _____

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ N/A
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 8/1/16 DATE REJECTED: 8/1/16 DATE APPROVED: _____ INITIALS: KSC

Township of Brick
Engineering Review Form

Permit #: C16-003316 **Date:** 8-1-16

Applicant: Phil Ho

Address: 249 Chambersbridge Rd

City: Brick **State:** NJ **Zip:** 08723

Property Address: same

Block: 702 **Lot:** 4

Phone: 732-815-0077

Project Type: Tenant Fit Up for Restaurant

Denied: Needs ① Dumpster Enclosure/Location ② ADA ramp to spots not compliant ③ Drainage redo @ Rt rear corner (dry well/Rip Rap) ④ Numerous Pavement Repairs

Approved: ⑤ S/W corner conc. Repair. Notified applicant to set up meeting for permits to

Application Reviewed By: [signature]

$1000 insp fund w-9.

[signature]

Elissa C. Commins, P.E.
Municipal Engineer

UP Date 10/14/16

RECEIVING CLERK
DATE REC'D 7-26-16

ZONING PERMIT APPLICATION

PERMIT # 16-2406
DATE ISSUED 7/13/16

BLOCK: 702 LOT: 11 QUALIFIER: SITE ADDRESS: 249 chambersbridge RD Brick NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ~~Boba House~~ SILVIO
   COMPLETE ADDRESS: 249 chambers bridge RD Brick NJ 08723
   PHONE [redacted] EMAIL [redacted]m

2. NAME OF APPLICANT: PHIL HO
   APPLICANT ADDRESS: 45 Jennifer DR Howell NJ 07731
   PHONE # EMAIL:

3. RESPONSIBLE PERSON FOR WORK: PHIL HO
   PHONE# 732-915-0077 FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: V
EXISTING USE: Close Encounters
PROPOSED USE: Boba House (Tea/sandwich)

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: *ADDITION *ALTERATION X *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER

DESCRIPTION: Remodel Existing use

ZONING REVIEW:
DATE REVIEWED: 7-26-16 DATE DENIED: DATE APPROVED: 7-26-16 INTLS:

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUL 29 2016
ZONING SC20

ZONING REVIEW:

DATE REVIEWED: 7/29/16 DATE DENIED: — DATE APPROVED: 7/29/16 INTLS: SC20

DATE:	COMMENTS:	INITIALS:
7/29/16	SENT TO KCS	SC20

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-01148
Application Date: 07/26/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite Location: **249 CHAMBERS BRIDGE RD.**
Rita Plaza - Unit 1
Brick Township, NJ 08723

Block: **702**
Lot: **11**
Qualifier:
Zone: **B-3**

Owner: **TAFF, R TRUST & SILVI, S**
Address: **1859 DINO BLVD**
TOMS RIVER, NJ 08755

Applicant: **Phil Ho**
Address: ***45 Jennifer Dr.***
Howell, NJ 07731

Application Approved Date: 07/26/2016

This Certifies that an application for the issuance of a *Zoning Permit has been examined.*

Use is: Restaurant - "Boba House" (former "Close Encounters").
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for a new restaurant business, changing from "Close Encounters" to "Boba House".

An additional zoning permit is required for any sign and for any other additional work.

The parking lot must be repaired/restored in accordance with the requirements of the Township Engineer and Fire Sub-Code Official.

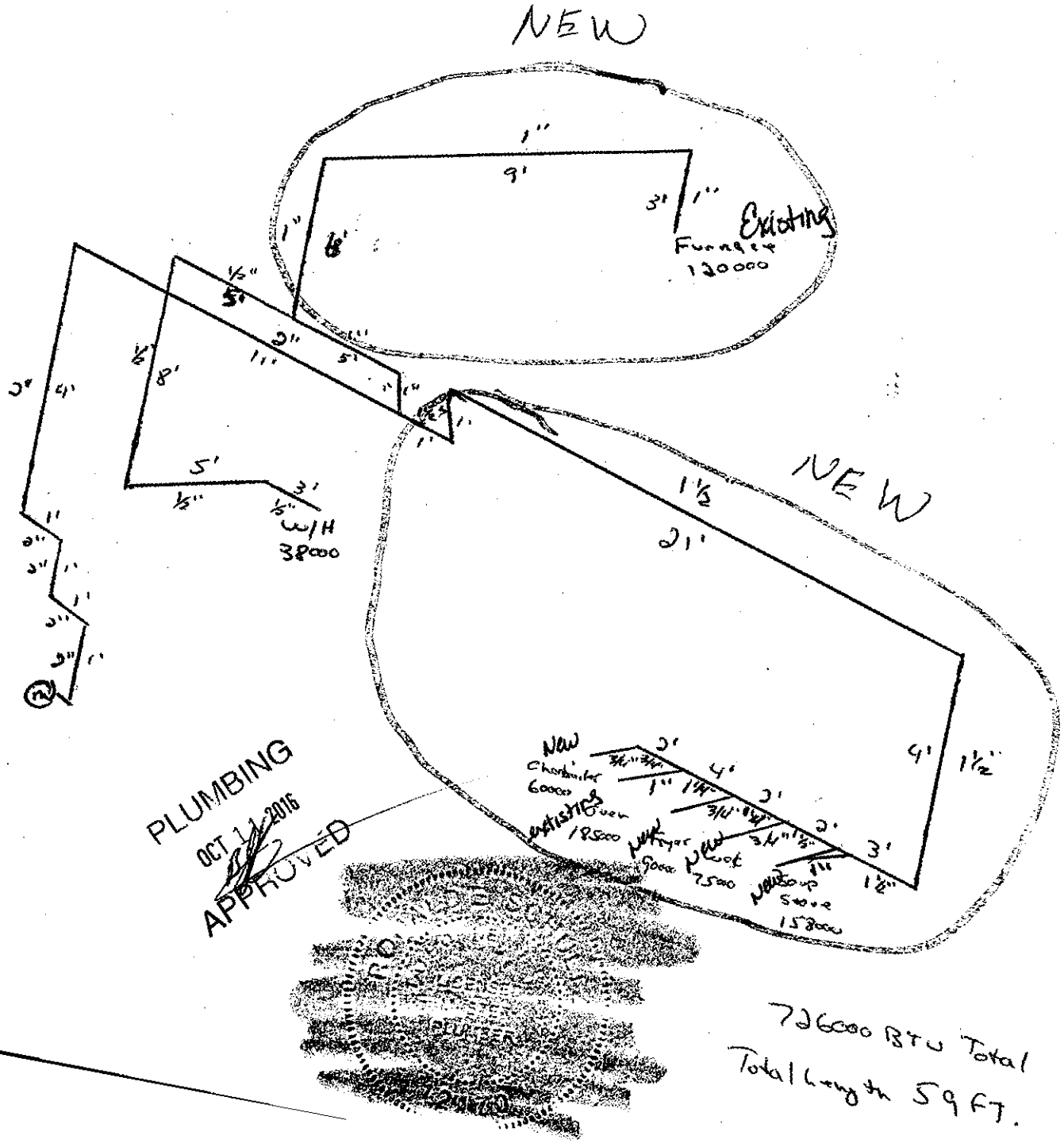
Upon review it was determined that the *Zoning Permit:*

- ☑ Permitted by Ordinance
- ☐ *Permitted by Variance approved on:* _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 07/29/2016 Date

Sean Kinnevy, Zoning Officer — 7/29/16 **Date**

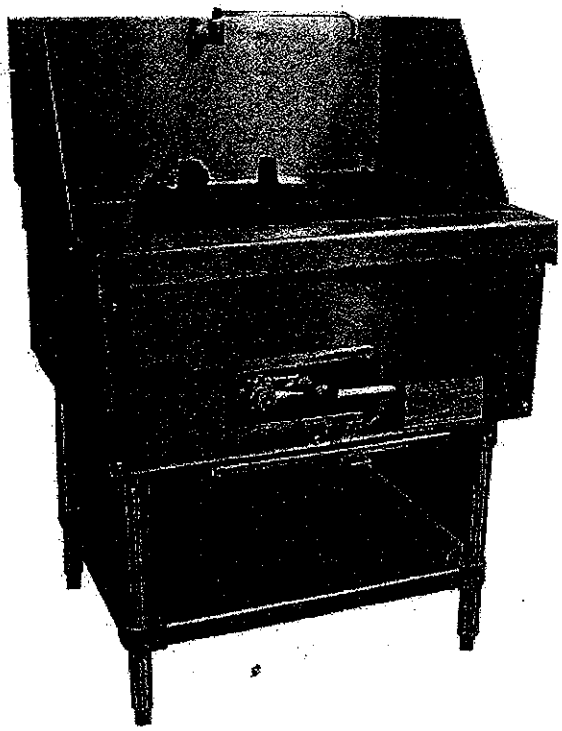
Rbck 702
Lot 11
249 Chambers Bridge Rd



726000 BTU Total
Total Length 59 FT.

Town M-1-JR-P Single Burner Wok Range with 13" Cast Iro Wok Chamber Ring

Item #: 885M1JR



From

$4,319.00/Each

Select Fuel Type

Note: Shown with 16" chamber ring

- ✔ 75,000 BTU natural gas; 53,000 BTU propane
- ✔ For use with 14" to 16" woks
- ✔ 16 tip burner

SPECS

- ✔ 13" cast iron wok ring
- ✔ Integrated wok filler faucet
- ✔ 12" high backsplash

SPECS

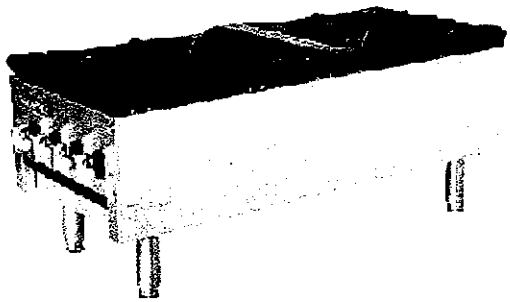
Width	30 Inches
Depth	26 Inches
Height	44 Inches
Gas Inlet Size	1 1/4 Inches
Installation Type	Freestanding
NSF Listed	Yes
Number of Burners	1
Power Type	Gas
Type	Wok Ranges

Burkett
Restaurant Equipment & Supplies

Call Now: 800-828-8564

Home > Cooking Equipment > Stock Pot Ranges >

Turbo Air TASP-18S-D 2 Burner Gas Stock Pot Range | 79,000 BTU



Burkett Price:

$1,135.33

Availability:

Usually Ships in 2 to 3 Business Days

CHOOSE YOUR OPTIONS:

Choose Connection Type

Please Choose

Warranty

Standard Manufacturer Warranty

CONSUMER PRIORITY SERVICE

Do I Need An Extended Warranty? Learn More

- 100% Parts & Labor Coverage
- Zero Deductibles or Service Fees
- Buy risk free, cancel anytime *
- Fast and Simple Registration *

* Restrictions may apply

1 ADD TO CART

FINANCE: $31/mo.

QUICK SHIP

REFRIGERATOR MANUFACTURER Turbo air

Product Code: TURB-TASP-18S-D

Turbo Air TASP-18S-D 2 Burner Gas Stock Pot Range | 79,000 BTU

The **Turbo Air TASP-18S-D 2 Burner Gas Stock Pot Range** allows you to have complete control over your cooked goods. With the power of 158,000 BTUs, this range has two cast iron burners controlled with manual knobs. The grease pan and top grates are removable for easy cleaning and maintenance. This range has stainless steel front, sides and 6" legs. Built with the user in mind, this stock pot range has a variety of features to prevent burns and accidents such as the heat resistant on/off knob and bull-nose front. The **Turbo Air TASP-18S-D 2 Burner Gas Stock Pot Range** is also known as: TASP18SD

Features & Benefits

- Heavy duty cast iron 3 ring burners
- Stainless steel construction with storage below
- Adjustable standing pilot for each burner
- Bull-nose front to protect against accidental burns
- Removable grease pan
- Heat resistant On/Off knob
- 6" stainless steel legs with 3" adjustable bullet feet

Specifications

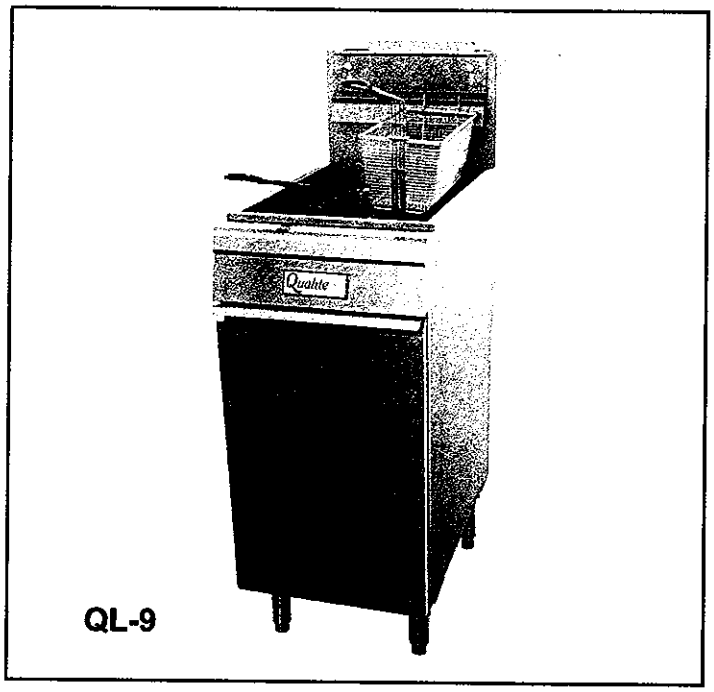
- Manufacturer: Turbo Air
- Model: TASP-18S-D
- Connectivity: Gas
- Gas Type: To Be Determined At Checkout
- Total BTU: 158,000
- Connection Size: 3/4"
- Dimensions: 18"(h) x 18"(w) x 41-1/2"(d)
- Condition: New
- Weight: 220 Lbs

Warranty Information

- 1 Years Parts
- 1 Years Labor
- Click here to see Turbo Air's Warranty Sheet

See More Products From Turbo Air

Economy Tube Fired Gas Fryers



Standard Specifications

CONSTRUCTION

- Welded 16 gauge stainless steel tank with a super smooth machine finish ensures easy cleaning
- Long lasting baffles are mounted in the heat exchange tubes to provide maximum heating and combustion efficiency
- Standing pilot light design provides a ready flame when heat is required
- Cabinet is constructed of stainless steel front and door with galvanized sides and back

CONTROLS

- Thermostat maintains temperature between 200°(93°C) and 400°F(204°C)
- Integrated gas control valve acts as a manual and pilot valve, automatic pilot valve, gas filter, pressure regulator and automatic main valve
- Gas control valve prevents gas flow to the main burner until pilot is established and shuts off all the gas flow automatically if the pilot flame goes out
- Temperature limit automatically shuts off all gas flow if the fryer temperature exceeds 450°F(232°C)

OPERATIONS

- Standing pilot and thermostat maintain temperature automatically at the selected temperature (between 200°F(93°C) and 400°F(204°C))
- Front 1-1/4" drain, for quick draining

STANDARD ACCESSORIES

- Two nickel plated oblong wire mesh baskets
- One nickel plated tube rack
- One drain extension
- 6" adjustable legs

CERTIFICATIONS

- ETL Approved
- ETL Sanitation
- AGA Certified

Intertek

Conforms to ANSI STD Z83.11b-2009
Certified to CSA STD 1.8b-2009

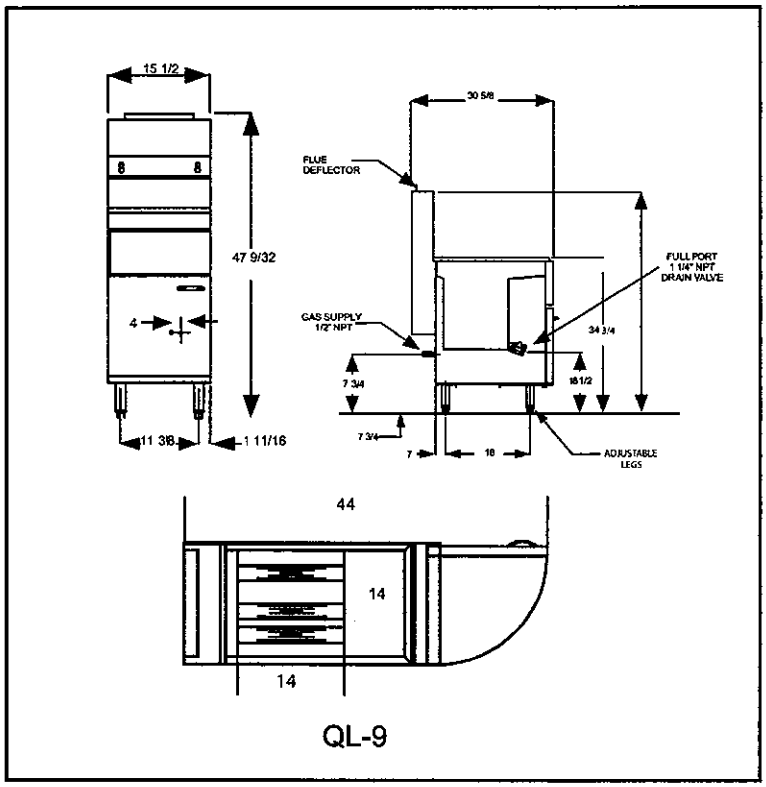
AVAILABLE ACCESSORIES

Stainless Steel Cover

Casters

Joiner Strips

Economy Tube Fired Gas Fryers
QL-9



QL-9

Specifications

Model Number	BTU	Net Weight (lb)	Gross Weight (lb)	Oil Capacity (lb)
QL-9/NG	90,000	152 (69kg)	169 (77kg)	35-40 (18.5-23 L)
QL-9/LPG	90,000	152 (69kg)	169 (77kg)	35-40 (18.5-23 L)

Shipping Info

Model Number	Cubic Feet	Dimensions (in)*	Container Max
QL-9/NG	15.9 (0.45 cubic meters)	53-1/2"H x 15-1/2"W x 30-1/4"D	136 pcs
QL-9/LPG	15.9 (0.45 cubic meters)	53-1/2"H x 15-1/2"W x 30-1/4"D	136 pcs

*Height is with legs set at 6"

Warranty

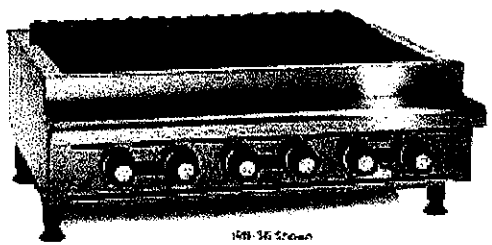
Warrants to the original user of its QL series gas fryers and related equipment that said appliances and related equipment will be free from defects in material and workmanship under normal use for a period of one (1) year from the date of installation. Should your equipment fail within this time, upon approval, parts and labor charges will be covered by this warranty.

The stainless steel fry tank has a five (5) year limited tank warranty. If during the first year only, the tank is found to have a leak and is verified by an authorized service company, the entire fryer will be replaced. After the first year a replacement tank will be sent free of charge excluding freight and labor charges. For service on this fryer call National Service Alliance at 877-672-7740.

15-24 132 Street • College Point, NY • 11356

24" Commercial Gas Radiant Char Broiler Grill Counter Top

Imperial Range | Model: IRB-24



Web Price: $2,237.95

Add to Cart to See Your Price

Call For Price **404-752-6715**

Availability: In Stock

Condition: New

Inventory Number: 60526

Spec Sheet Warranty Statement

Rating **5.0** | **1** Review | Write a review

Elevation (above sea level) Options:

---Please Select---

Gas Options:

- Please Select Gas Type -

Quantity: 1

ADD TO CART

CALCULATE Freight Delivery

Enter ZipCode GO

(Not Available for pickup)

Ask a Question

Specifications **Included Options** **Reviews** **Related Items**

Imperial Range IRB-24 Specifications

The Imperial radiant char broiler produces a great tasting product with attractive char broiler markings. Requires much less maintenance and cleaning than other broiler designs. Constructed for durability, Imperial broilers are made of heavy gauge steel with an angle iron chassis. the chassis is fully insulated to conserve energy.

Features

- 24" Gas Charbroiler
- Countertop
- Cast iron radiants & slanted top grates
- Full width grease gutter
- Removable drip pan
- Stainless steel burners, front, sides & landing ledge
- 4" legs, adjustable feet
- Gas option: Natural or LP (choose at checkout)
- 60,000 BTU
- CETLus, ETL, NSF, CE

Warranty

This item comes with a limited one year parts and labor warranty.

Please Note

The image above shown model IRB-36 is for reference only.

Manufacturer Information

Manufacturer: Imperial

Model: IRB-24

Gas Information

Uses Gas?: Yes

BTU's: 60,000

Dimensions

Weight: 260 lbs.

Width: 24 in.

Depth: 30 in.

Height: 10 in.

Shipping Information

Your order will be shipped from
Garland, TX 75042
New Hyde Park, NY 11040
Corona, CA 92879

Customer Pick Up

(Not Available for pickup)

Included Options

This item is available in multiple configurations. Get the most from your investment by taking the time to select the right configuration for your needs.

Elevation (above sea level) Options

--Please Select-- (In Stock)
Elevation under 2000ft (In Stock)
Elevation OVER 2000ft (In Stock)

Emailed philhb1@hotmail.com

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, September 08, 2016

RESUBMIT 1/1
SUBCODES P
DATES 9/12/16
10/7/16

To: TAFF, R TRUST & SILVI, S
1859 DINO BLVD
TOMS RIVER, NJ 08755

RE: Plumbing Subcode
Block: 702 Lot: 11 Qual:
249 CHAMBERS BRIDGE RD.
Permit Number: 16-2406+A Control Number: C-16-003316+A
Last Submit Date: Wednesday, August 31, 2016

Dear TAFF, R TRUST & SILVI, S,

Your request is hereby denied based upon the following infractions

Btu totals of the cook line are needed with a gas sketch to make sure the gas system is adequate.

Sincerely,

Bernie Reilly, Subcode Official

CC:

same equipment, cleaned, and in same location.

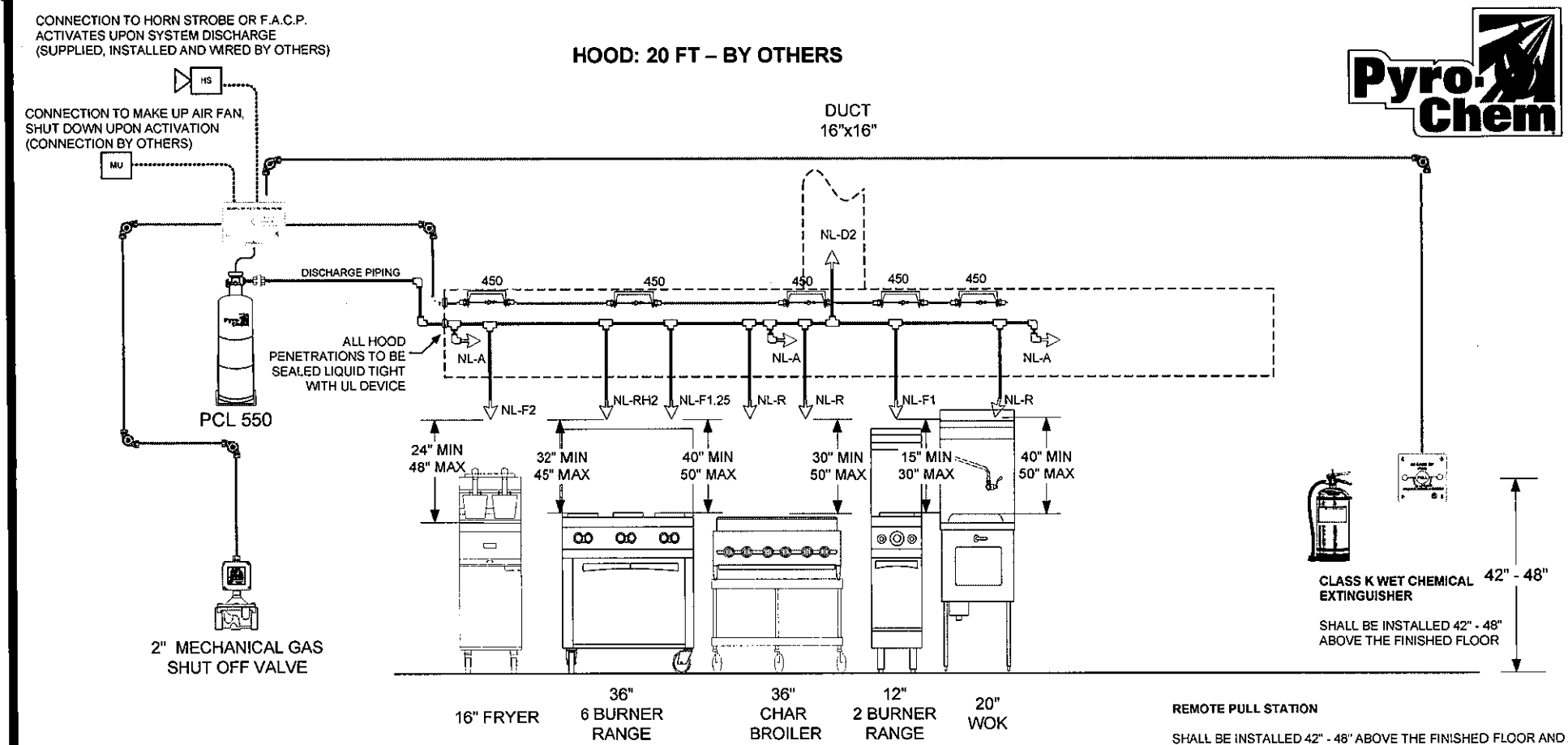
MR.

Resubmit - 10/7/16 -
New appliances + gas pipe
See attached

CONNECTION TO HORN STROBE OR F.A.C.P.
ACTIVATES UPON SYSTEM DISCHARGE
(SUPPLIED, INSTALLED AND WIRED BY OTHERS)

CONNECTION TO MAKE UP AIR FAN,
SHUT DOWN UPON ACTIVATION
(CONNECTION BY OTHERS)

HOOD: 20 FT – BY OTHERS



REMOTE PULL STATION

SHALL BE INSTALLED 42" - 48" ABOVE THE FINISHED FLOOR AND A DISTANCE OF AT LEAST 10FT FROM THE HAZARD BUT NOT MORE THAN 20FT. IT SHALL BE INSTALLED IN THE PATH OF EXIT AND REQUIRE A MAXIMUM FORCE OF 40 LBS AND A MAXIMUM MOVEMENT OF 14" FOR ACTUATION

NOZZLE TABLE				
HAZARD	QTY	NOZZLE	PTS	TOTAL
RANGE	1	NL-RH2	2	2
	1	NL-F1.25	1	1.25
FRYER	2	NL-F2	2	4
CHAR BROILER	1	NL-R	1	1
2 BURNER RANG	1	NL-F1	1	1
WOK	1	NL-R	1	1
DUCT	1	2D	2	2
PLENUM	2	1H	1	2
			TOTAL	14.25

PYROCHEM PCL 550

THIS SYSTEM USES 14.25 of 20 FLOW POINTS

PRE-ENGINEERED SYSTEM SHOP DRAWING ONLY – NOT TO SCALE

JERSEY COAST FIRE EQUIPMENT CO
377 ASBURY ROAD
FARMINGDALE NJ 07727

Boba House
249 Chambers Bridge Rd
Brick, NJ 08723

SIZE	FSCM NO	DWG	REV
		KITCHEN FIRE SYSTEM	
SCALE N/A		SHEET 1 OF 5	

Quality Air Care

877-850-0470 qacpic@gmail.com 692 Sussex Ct Toms River NJ

CUSTOMER NAME. Phil Ho

BUSINESS NAME BOBA House

ADDRESS. 249 Chambers bridge Rd Brick NJ

PHONE 732-915-0077

Service scheduled with Phil

Date Of Service 7/21/16

Service Every 6 Months

Cleaning.

Heavy Medium Low

Hood	$	275.00
Duct	$	OK
Fan	$	OK
Fan Wheel	$	X
Roof	$	OK
Filter	$	OK
Fan oil grease trap 1X100	$	100.00
Grease trap ~~1X100~~	$	~~100.00~~
Duct Magnet Knife	$	X
Fan Access panel X	$	needed
Fan Belt X	$	25.00
Fan wheel Bearing	$	OK
Fan Hinge Kits X	$	needed
Duct Access panel	$	X

Quality Control Checks

Filter Condition	(Good) Poor. Broken. Missing #___
Outlets Protected From water.	(Yes.) No
Does Fan Work on Arrival ?	(Yes) No
Does Fan Work on Departure	(Yes.) No
Are Fans Hinged	~~Yes.~~ (No) Na
Condition of Hood Globes.	(Good) Cracked. Broken. Missing. #___
Duct Work Grease Level.	Light. (Medium.) High. Extreme
Does Duct Work Leak ?	(No.) Yes. See comments below
Pilot Lights On At Departure.	(Yes.) No.
Roof Condition grease presence.	(Yes) No
Floor Cleaned/Floor Drains working	(Yes) No
Equipment Replaced.	(Yes.) No
Updated Inspection (service Sticker).	(Yes.) No

Comments_____

The Above services have been satisfactorily received. Customer's signature verifies services have been approved and accepted. Customer's Signature _____ **Total:$** 400.00

TECH. _____ **TIME**_____ **DATE.** 7/21/16

Claims off unsatisfactory workmanship must be made within 48 hours And additional fee will be added to the invoice if is not paid within the 30 days In the event of default Quality Air Care shall be entitled to recover costs of collection including attorney fees The customer hereby waves their rights of subrogation by their insurance carrier against Quality Air Care under any fire or liability insurance policy

Quality Air Care
Air Duct Cleaning
Mold removal & Testing
Water & Fire restoration
Commercial Hood Cleaning
Duli
877-850-0470
Cell 914-414-7541

Njmoldremoval.pro
Qualityaircarenj@yahoo.com

uality Air Care
gmail.com 692 Sussex Ct Toms River NJ

ise
Bridge Rd Brick NJ

PHONE 732-915-0077

Service scheduled with Phil
Date Of Service 7/21/16
Service Every 6 Months

Cleaning.

	Heavy	Medium	Low	
Hood				$ 275.00
Duct				$ OK
Fan				$ OK
Fan Wheel				$ X
Roof				$ OK
Filter				$ OK
Fan oil grease trap	1 X 100			$ 100.00
Grease trap	~~1 X 100~~			~~$ 100.00~~
Duct Magnet Knife				$ X
Fan Access panel	X			$ needed
Fan Belt			X	$ 25.00
Fan wheel Bearing				$ OK
Fan Hinge Kits	X			$ needed
Duct Access panel				$ X

Quality Control Checks

Filter Condition	(Good) Poor. Broken. Missing #___
Outlets Protected From water.	(Yes.) No
Does Fan Work on Arrival ?	(Yes) No
Does Fan Work on Departure	(Yes.) No
Are Fans Hinged	~~Yes.~~ (No) Na
Condition of Hood Globes.	(Good) Cracked. Broken. Missing. #___
Duct Work Grease Level.	Light. (Medium) High. Extreme
Does Duct Work Leak ?	(No.) Yes. See comments below
Pilot Lights On At Departure.	(Yes.) No.
Roof Condition grease presence.	(Yes) No
Floor Cleaned/Floor Drains working	(Yes) No
Equipment Replaced.	(Yes.) No
Updated Inspection (service Sticker).	(Yes.) No

Comments

The Above services have been satisfactorily received. Customer's signature verifies services have been approved and accepted. Customer's Signature _____ **Total:$** 400.00

TECH. _____ **TIME** _____ **DATE.** 7/21/16

Claims off unsatisfactory workmanship must be made within 48 hours And additional fee will be added to the invoice if is not paid within the 30 days In the event of default Quality Air Care shall be entitled to recover costs of collection including attorney fees The customer hereby waves their rights of subrogation by their insurance carrier against Quality Air Care under any fire or liability insurance policy

CONSTRUCTION PERMIT

Date Issued 07/13/2016
Control # C-16-003316
Permit # 16-2406

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. FORMER PIZZA/CATERING Brick Township, NJ
Owner in Fee TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755
Telephone: [redacted]

Contractor PHIL HO
Address 45 JENNIFER DR. HOWELL NJ 07731
Telephone: (732) 915-0077
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
INTERIOR CLEANOUT

Note: If constuction 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 $2,000

Construction Official Daniel F Newman (MFF) Date 7/13/16

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$154
Check No.	1001
Cash	$0
Credit	$0
Collected By	Matthew Fagen

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

07/13/16 4:36PM 00175942041
#2406
$150.00
$4.00
CHECK $154.00

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Construction

Property Summary

Portal | Refresh | Open All | Close All

Owner:	TAFF, R TRUST & SILVI, S
Location:	249 CHAMBERS BRIDGE RD.
Block:	702
Lot:	11
Lead Parcel:	Yes
Qualifier:	

- **About the Owner...**
- **About the Property...**
- **About the Taxes...**
- **Projects...**
- **Construction...**
- **Complaints...**
- **Land Use...**
- **Engineering...**
- **Code Enforcement...**
- **Attachments...**
- **Comments...**

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 249 Chambersbridge RD Brick NJ 087

BLOCK: 702 **LOT:** 11

CONTRACTOR: Phil Ho

CONTRACTOR'S ADDRESS: 45 Jennifer DR Howell NJ 07731

Type of Construction (~~minor~~, new home): _____

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: _____

Dumpster Size: clean all old equipment

Destination of Debris: Land fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

_____ 7/12/16

Signature Date

Phil Ho

Print Name

Inspection #: 6001549 16-2406 **Ocean County Health Department** printed on: 8/10/2016

702/1 **RETAIL FOOD ESTABLISHMENT SANITARY INSPECTION REPORT**

ESTABLISHMENT INFORMATION:

Boba House
249 Chambersbridge Road
Brick, NJ 08723

Code: 1506-

File Number: 49399

(732) 915-0077

OWNER INFORMATION:

CONTACT INFORMATION:

Phil Ho
E-mail: philhb1@hotmail.com
Phone: (732) 915-0077

INSPECTION RESULTS:

Evaluation: **APPROVED**

Inspection Type: **PLAN REVIEW** Inspection Completed: **08/09/2016**

Inspection Date	Inspection Start Time	Inspection End Time	Inspection Duration Minutes
08/08/2016	3:00PM	4:00PM	60
		Total Inspection Duration:	**60**

FOOD INSPECTION DETAILS:

Type of Establishment: RETAIL

Water Supply: Public - Community

Larry Newman, Registered Environmental Health SPecialist, B-1762

Agent for: Boba House

Inspection Official, Title, R.E.H.S. License Number

Agent Signature for Boba House

Signature of Inspecting Official

Mr. Daniel Regenye, MHA
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191

Telephone No. 732-341-9700
800-342-9738

ESTABLISHMENT INFORMATION:

Boba House
249 Chambersbridge Road
Brick, NJ 08723

Code: 1506-

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(732) 915-0077

INSPECTION CHECK SHEET

FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

RISK FACTORS are improper practices identified as the most common factors resulting in fordborne illness (fbi). INTERVENTIONS are control measures to prevent fbi.
IN = In Compliance: OUT = Not in Compliance: NO = Not Observed: NA = Not Applicable: COS = Corrected On-site: For "Repeat" Violation Mark "R" in OUT Box

	MANAGEMENT AND PERSONNEL	IN	OUT		N.A.	
1.	PIC demonstrates knowledge of food safety principles pertaining to this operation.				-	
2.	PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010					
3.	Ill or injured foodworkers restricted or excluded as required.				-	

	PREVENTING CONTAMINATION FROM HANDS	IN	OUT	N.O.	N.A.	COS
4.	Handwashing conducted in a timely manner, prior to work, after using restroom, etc.					
5.	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.				-	
6.	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.			-	-	
7.	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.			-	-	
8.	Direct bare hand contact with exposed, ready-to-eat foods is avoided					

	FOOD SOURCE	IN	OUT	N.O.	N.A.	COS
9.	All foods, including ice and water, from approved sources; with proper records.			-	-	
10.	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.					
11.	PHFs received at 41F or below. Except milk, shell eggs and shellfish (45F).					

	FOOD PROTECTED FROM CONTAMINATION	IN	OUT	N.O.	N.A.	COS
12.	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.					
13.	Food protected from contamination.					
14.	Food contact surfaces properly cleaned and sanitized.					

	PHFs TIME/TEMPERATURE CONTROLS	IN	OUT	N.O.	N.A.	COS
15.	SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for 15 seconds) Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service. 130F for 112 minutes. Roasts or as per cooking chart found under 3.4(a)2; 145F: Fish, Meat, Pork; 155F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; 165F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat;					
16.	Pasteurized Eggs: substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.					
17.	Cold Holding: PHF's maintained at "Refrigeration Temperatures" (41 F)					

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18.	Cooling: PHF's rapidly cooled from 135 F to 41 F within 6 hours and from 135 F to 70 F within 2 hours.					
19.	Cooling: PHF's prepared from ingredients at ambient temperature must be cooled to 41 F or below within 4 hours.					
20.	Reheating: PHF's rapidly reheated in proper facilities to 165 F or above within two hours or commercially processed PHF's heated to 135 F or above prior to hot holding.					
21.	Hot Holding: PHF's hot held at 135 F or above in appropriate equipment.					
22.	Time as a Public Health Control: Approval; written procedures; time marked; discarded after 4 hours.					
23.	Specialized processing; approval; written procedures; conducted properly.					
24.	Highly Susceptible Populations			-		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals & physical objects into foods
OUT = Not in Compliance: COS = Corrected On-site: For "Repeat" Violation Mark "R" in OUT Box

	SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION		OUT			COS
25.	Hot and cold water available; adequate pressure.					
26.	Food properly labeled, original container.					
27.	Food protected from contamination during preparation, storage, and display.					
28.	Utensils, spatulas, tongs, forks, disposable gloves provided & used properly to restrict bare hand contact.					
29.	Ready-to-eat raw fruits and vegetables washed prior to serving.					
30.	Wiping cloths used and stored properly.					
31.	Toxic substances, properly identified, stored and used.					
32.	Presence of insects/rodents minimized: outer openings protected, animals as allowed.					
33.	Personal Cleanliness (fingernails, jewelry, outer clothing, hair restraint).					
	FOOD TEMPERATURE CONTROL		OUT			COS
34.	Food temperature measuring devices provided and calibrated.					
35.	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish fillets).					
36.	Frozen foods maintenance completely frozen.					
37.	Frozen foods properly thawed.					
38.	Plant food for hot holding properly cooked to at least 135F.					
39.	Methods for rapidly cooling PHF's are properly conducted and equipment is adequate.					
	EQUIPMENT, UTENSILS AND LINENS		OUT			COS
40.	Materials, construction, repair, design, capacity, location, installation, maintenance.					

ESTABLISHMENT INFORMATION:

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41.	Equipment temperature measuring devices provided (refrigeration units, etc)					
42.	In-use utensils properly stored.					
43.	Utensils, single service items, equipment, linens properly stored, dried and handled.					
44.	Food and non-food contact surfaces properly constructed, cleanable, used.					
45.	Proper ware washing facilities installed, maintained, cleaned, used, sanitizer test strips available, used.					
	PHYSICAL FACILITIES		OUT			COS
46.	Plumbing system properly installed; safe and in good repair, no potential backflow or back siphonage conditions.					
47.	Sewage and waste water properly disposed.					
48.	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.					
49.	Design, construction, installation and maintenance proper-floors/walls/ceilings.					
50.	Adequate ventilation, lighting, designated areas used.					
51.	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.					
52.	All required signs (handwashing, inspection placard, etc.) provided and conspicuously posted.					

— ESTABLISHMENT INFORMATION:

Boba House
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Brick, NJ 08723

Code: 1506-

File Number: 49399

(732) 915-0077

Inspection Remarks:

Plan Approved as submitted. Please contact this Inspector at least 48 hours in advance of anticipated opening date to schedule the Preoperational Inspection.
Larry Newman 732-341-9700 X7462

Robert M. Braun, ARCHITECT
119 Claire Drive
Lakewood, NJ 08701

Tel. 732-370-8590
Email rmb1200@aol.com

August 4, 2016

Larry Newman, R.E.H.S., Inspecting Official
Ocean County Health Department
P.O. Box 2191
Toms River, NJ 08754-2191

Re: Plan Review Comments File #49399
BOBA House Restaurant
249 Chambersbridge Road
Brick Township, NJ

Dear Mr. Newman:

In response to your review comments date August 2, 2016, I have prepared this letter and the attached partial floor plan drawing to address the issues raised:

1. **HAND SINK** - I have indicated the removal of the 2-bay sink and the location of a hand sink in the rear area.
2. **MOP SINK** - I have indicated a mop sink in the rear area which will be connected to existing water and sanitary piping.
3. **INDIRECT DRAINS** - I have added a note specifying indirect drainage piping for the 3-bay sink in the rear area and the ice machine in the front area.
4. **LIGHTING** - all lighting (existing or new) shall have protective lenses or guards attached to prevent breakage. These shall be removable for cleaning and relamping.
5. **FINISHES** - all food prep and storage areas are scheduled to receive the following finishes:
   a. Floors/Bases - ceramic tile, quarry tile or vinyl composition tile (VCT) to match existing materials.
   b. Walls - epoxy or equal paint, washable and nonabsorbent.

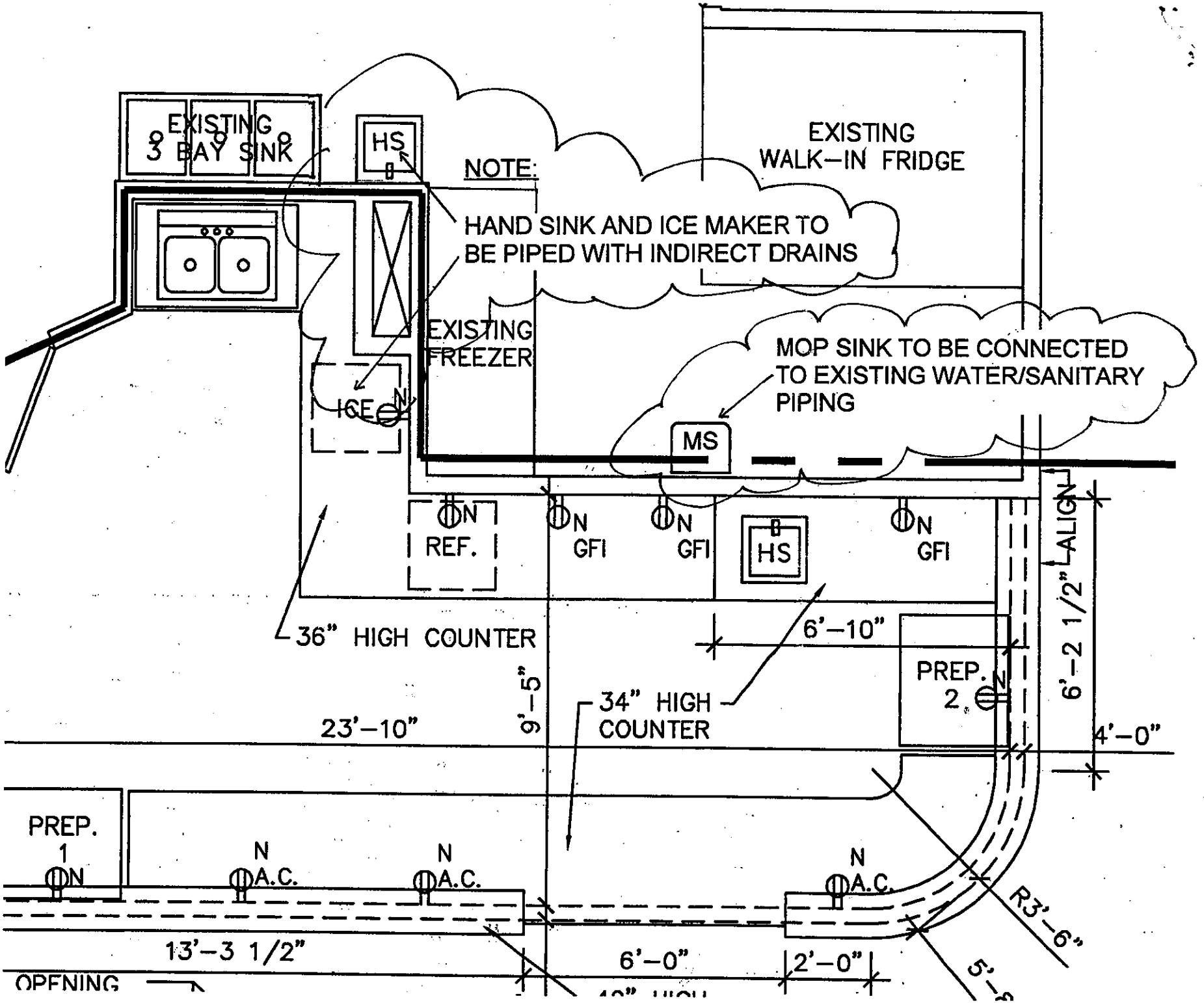
I trust this response will be acceptable and allow you to issue the necessary approval(s) for the BOBA House. If you have any additional questions

or concerns, please do not hesitate to contact my office directly.

Respectfully submitted,

Robert M. Braun, Architect

Attachment (1)


EXISTING
3 BAY SINK
HS
NOTE:
HAND SINK AND ICE MAKER TO
BE PIPED WITH INDIRECT DRAINS
EXISTING
WALK-IN FRIDGE
EXISTING
FREEZER
ICE
N
MOP SINK TO BE CONNECTED
TO EXISTING WATER/SANITARY
PIPING
MS
N
REF.
N
GFI
N
GFI
HS
N
GFI
6'-2 1/2" ALIGN
36" HIGH COUNTER
6'-10"
PREP.
2
N
9'-5"
34" HIGH
COUNTER
23'-10"
4'-0"
PREP.
1
N
N
A.C.
N
A.C.
N
A.C.
R3'-6"
13'-3 1/2"
6'-0"
2'-0"
OPENING