BLOCK 702 LOT 11 ADDRESS (SITE) 249 CHAMBERS BRIDGE RD. PERMIT NO. 2272-91

RECEIVED DEC 4 1991

NO SEATING!

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: 249 CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: PAT ELIAS Tel [redacted]
   Address 970 President Ave (street) Toms River (municipality) Store 920-3322 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: THOMAS O. HYOE Tel. (908) 295-9105
   Address 2315 OAKTREE RD. POINT PLEASANT, N.J.
   License No. OR, if new home, Builder Reg. No. 00828 Exp. Date JULY 93
   Federal Emp. No. _____ Social Security No [redacted]
5. Architect or Engineer OWNER Tel. (____) _____
   Address SAME
6. Responsible Person In Charge of Work CONTRACTOR Tel. (908) 920-3322

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15		
2. Electrical	60		
3. Plumbing	125		
4. Fire Protection			
5. Other			
6. Subtotal	$ 200		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 225		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 22'-0" ft.	
3. Area—Largest Floor 18458 sq. ft.	
4. Building Area—All Floors 2,200 sq. ft.	
5. Volume of Structure 24,310 cu. ft.	
6. Construction Classification STORE	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no _____	
11. Fire Grading _____	
12. Max. Live Load _____	
13. Max. Occupancy Load _____	

EXISTING FOOD STORE

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor Work (single trade)	$ 550.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	700.00
8. ☑ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1250

FITUP - Deli Only

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	12-4-91						
			12-10-91	WK	12/20/91 RL		
			12-4-91	DE	12/11/91 DE		
			12-5-91	DM	12/11/91 DM		
					12-16-91 DM		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use: deli only
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR 10409059

20K

U.C.C. Form F-100A

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 _____ 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 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.

(X) Check if contractor.

Agent Name THOMAS D. HYDE

Address 2315 OAKTREE RD. POINT PLEASANT, N.J.

Telephone (908) 295-4105 OR 244-5955

Signature Thomas D. Hyde Date 12/2/91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SE	12/10/91	retail store						
☐			NO Seats						
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 2272	B Day	1-26-92
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 1/22/92
Control #
Permit # 2272-91

IDENTIFICATION

Block 702 Lot 11
Work Site Location 249 Chambers Bridge Rd
Brick, N.J.
Owner in Fee Pat Elias
Address 970 President Ave.
Toms River, N.J.
Tele. ( )
Contractor Thomas D. Hyde
Address 2315 Oaktree Rd
Pt. Pleasant, N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 Business 2 hours
Maximum Live Load
Description of Work/Use:

"What's Cooking" Deli -- Fit up

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 March 26, , 19 92 or the owner will be subject to a fine or order to vacate:

60 day temporary pending compliance with Planning Bd. Resolution.

Arthur J Cierzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CERTIFICATE

Date Issued 12-26-91
Control #
Permit # 2272-91

IDENTIFICATION

Block 702 Lot 11
Work Site Location 249 Chambersbridge Rd.

Owner in Fee Pat Elias
Address 970 President Ave.
Toms River, N.J
Tele. ( )
Contractor Thomas D. Hyde
Address 2315 Oaktree Rd,
Pt. Pleasant, N.J
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 Business 2 hours
Maximum Live Load
Description of Work/Use:

"What's Cooking" Deli

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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.

XXX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than January 26, 19 92 or the owner will be subject to a fine or order to vacate: 30 day temporary pending compliance with resolution from Planning Bd.

Arthur J. Ciesz Jr.
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 12/1/91
Control #
Permit # 2272-91

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Thompsons Bridge Rd
Owner in Fee Tat Ellas
Address 470 President Ave
[redacted]
Tele. [redacted]

Contractor Thomas D Hyde
Address 231 Dogtree Rd
Tele. (908) 291 4110
Lic. No. or Bldrs. Reg. No. 00028 Exp. Date 1/93
Federal Emp. No.
or Social Security No. [redacted]

is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:
existing food store
fit-up & deli only

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 $ 150,00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building	15	**0002**	
Plumbing	60	2272*#	
Electrical		BLOCK	0.00
Fire Protection	25	702 #	
Other	PB 5	LOT	0.00
Other		11 #	
DCA Training Fee		BUILDING	5.00
Cert. of Occ.	20	PLUMBING	0.00
Other		FIRE	125.00
Total	225	PLAN RVW	5.00
Check No.	1001	C / O	0.00
Cash		TOTAL	225.00
Collected By:	LC		

PERMIT UPDATE

Date Update Issued 9/12/11
Control # 910761
Permit # 910761
Date Permit Issued 9/12/06

Buck

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Chambers Bridge Rd.
Owner in Fee Cat Elias
Address
Tele. (908) 244-5955

Contractor J. Ruben
Address 5 Nancy Dr.
Buck
Tele. (908) 477-2863
Lic. No. or Bldrs. Reg. No. 10948
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[✓] ELECTRICAL [ ] FIRE PROTECTION
DESCRIPTION OF WORK: Install conduit for Circuit to commercial range exhaust fan.

Estimated Cost of Work $

John A. Ruben
~~CONSTRUCTION OFFICIAL~~

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	2.- pd 12-10-91
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/11/91
Control #
Permit # 2272-91

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 CHAMBERS BRIDGE RD. BRICKTOWN, N.J.
Owner in Fee PAT ELIAS
Address Toms River N.J. [redacted]
Tele. ([redacted]
Contractor THOMAS D. HYDE BLDG. CONTR.
Address 2315 OAKTREE RD. POINT PLEASANT N.J.
Tele. (908) 295-4105 OR 920-3322
Lic. No. or Bldrs. Reg. No. 00828
Federal Emp. No. _____ or Social Security N [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	12-10-91	mk	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[X] CO [ ] CCO [ ] CA			TCO				
Date: 12/20/91			Other				
Approved By: Rgt			Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed Deli
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 20'-0" ± Ft.
Area—Largest Floor 1,845 Sq. Ft.
Total Bldg. Area/All Floors 2,200 Sq. Ft.
Volume of Structure 29,310 Cu. Ft.
Total Land Area Disturbed NONE Sq. Ft.
EXISTING FOOD STORE

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 550.00
3. Total (1+2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

Thomas D. Hyde
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New counters & half wall partition
Deli only (no restaurant)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

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

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 2292-91

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 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J.
Owner in Fee PAT ELIAS
Address TOMS RIVER
N. [redacted]
Tele.
Contractor THOMAS V. HYDE BLDG. CONTR.
Address 2315 OAKTREE RD. POINT PLEASANT
N.J.
Tele. (908) 295-9107 OR 920-3322
Lic. No. or Bldrs. Reg. No. CC828
Federal Emp. No. _____ or Social Security No [redacted]

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.

Thomas V. Hyde
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New counter & half wall partition
Deli only (no restaurant)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-10-91	WK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		deli
Constr. Class		
No. of Stories		1
Height of Structure		20'-0" Ft.
Area—Largest Floor		1,845 Sq. Ft.
Total Bldg. Area/All Floors		2,200 Sq. Ft.
Volume of Structure		29,310 Cu. Ft.
Total Land Area Disturbed		NONE Sq. Ft.

EXISTING FOOD STORE

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 550.00
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Bricktown
MUNICIPALITY

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 22 7291

DEC 6 91 0 1 0 7 6 1

ready Monday

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

Block 702 Lot 44
Work Site Location 249 Chambers Bridge Rd.
Owner in Fee PAT ELIAS
Address TOMS RIVER
Tel [redacted]
Contractor JOHN RUBEN
Address 5 HARC 4 DR. Bricktown, N.J. 08723
Tele. (908) 477-2863
Lic. No. 10978
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 12-17-91
Approved by: B Kaczmarczyk

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	12-9-91 #24			
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	12-16-91 #29	, 12-17-91		

Temp. Cut-In-Card Date Issued _____
Final Cut-in-Card Date Issued 12-17-91 #16
Line Dept. P.P.

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.

John A. Ruben
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
8		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	

Administrative Surcharge $ _____
Paid [✓] Check # CASH Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 40.—

m

U.C.C. Form F-120A

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

Commercial

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12/11/91
Control #
Permit # 227291

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

Block 70 Lot 11
Work Site Location 249 CHAMBERS BRIDGE RD. BRICKTOWN
Owner in Fee PAT ELIAS
Address 970 PRESIDENTIAL AVE # 17 TOMS RIVER N.J.
Tele. [redacted]
Contractor THOMAS D. HYDE BLDG. CONTR
Address 2315 OAKTREE RD POINT PLEASANT, N.J.
Tele. (908) 295-4105
Lic. No. 008828
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 12-4-91
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [X] COO [ ] CA
Date: 12-19-91
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO Final			12-19-91	JE
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Thomas D. Hyde
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Tent Deli

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
P.G. Storage Tanks ( ) Capacity _____ Fuel _____
N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		30
Smoke Detectors	3	10
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	75
OTHER Plan & Review		40
Administrative Surcharge		$
Paid [ ] Check # _____ Minimum Fee		$ 35
Collected by _____ TOTAL FEE		$ 125.

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

Commercial

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12/1/91
Control #
Permit # 0272 91

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

Block _____ Lot _____
Work Site Location 249 CHAMBERS BRIDGE RD. CRICKTOWN
Owner in Fee PAT ELIAS
Address 970 PRESIDENT AVE # 17 TOMS RIVER N.J.
Tele. [redacted]
Contractor THOMAS D. HYDE, FIRE CONTR.
Address 2315 OAKTREE RD. POINT PLEASANT N.J.
Tele. (908) 295-4105
Lic. No. 008328
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 12-4-91
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] COO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Thomas D. Hyde
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Tent Deli

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
.G. Storage Tanks ( ) Capacity ____ Fuel ____
I.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	1	
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	3	10 -
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	75 - 50
OTHER Plan & Review		
Administrative Surcharge		$
Paid [ ] Check # _____ Minimum Fee		$
Collected by _____ TOTAL FEE		$ 125.

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/11/91
Control #
Permit # 2272-91

ENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANG-
:ONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

702 Lot 11
Site Location BIRCHWOOD MILL 249 CHEMBERSBRIDGE RD
OR RT 549
in Fee PAT ELIAS
ss
( )
actor HERITAGE OF OCEAN COUNTY INC
ss 44 SILVER BAY RD
TOMS RIVER
(908) 255-4390
o. 9215
al Emp. No. 222609889 or Social Security No.

UMBING CHARACTERISTICS

roup Present ✓ Proposed
ng Sewer Size EXISTING 4"
Service Size EXISTING 1"
ated Cost of Plumbing Work $ 70000

SUMMARY (Office Use Only)

I REVIEW:
No Plans Required
Plan Review Required:
Bldg. [ ] Elec. [ ] Fire
Plumb. Plans Approved
12-5-91
oved by: gf

CODE APPROVAL:
CO [ ] CCO [ ] CA
oved by: Jeff
12-17-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	12-12-91		12-13-91	gf
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	Sink	~~5~~ 20 #
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ # ~~55~~
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$ 60—

ERTIFICATION IN LIEU OF OATH

by certify that I am the (agent of) owner of
d and am authorized to make this application
erform the work listed on this application.

Signature-Contractor Seal

Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy **PRO 104**

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received
Date Issued 12/10/91
Control #
Permit # 227411.

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 BIRCHWOOD MHL 249 CHEMEGUSBRIDGE RD OR RT 549
Owner in Fee PAT ELIAS
Address
Tele. ( )
Contractor HERITAGE OF OCEAN COUNTY INC
Address 44 SILVER BAY #D TOMS RIVER
Tele. (908) 255-4303
Lic. No. 9215
Federal Emp. No. 222694689 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size EXISTING 4"
Water Service Size EXISTING 1"
Estimated Cost of Plumbing Work $ 7000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12-5-91
Approved by: QV

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	Sink	~~15~~ 20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25.
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10 ~~55~~

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 60
Collected by: TOTAL $

C.C.C. Form F-130A

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

PRO 104

OCEAN COUNTY HEALTH DEPARTMENT

$ N/C 12/4 19 91 Pick Up Date —

Received From Whats Cookin

Dollars

Brick

☐	Septic/Well Pressure Dosing System - (Septic/Well Plan Review - Septic/Well Inspection Water Analysis Review - Permit to operate)	$240.00	
☐	Septic/Well Conventional System - (Septic/Well Plan Review - Septic/Well Inspection Water Analysis Review - Permit to operate)	$190.00	
☐	Septic Application - Repair (Septic/Well Plan Review - Septic Inspection)	$50.00	
☐	Septic Application - Alteration (Septic/Well Plan Review - Septic Inspection Permit to operate)	$115.00	
☐	Septic Application - Pressure Dosing (Septic/Well Plan Review - Septic Inspection Permit to operate)	$165.00	
☐	Modification to Plan (Plan Review)	$50.00	
☐	Expedited Modification to Plan (Plus $25.00 fee per hour for review time) (Hourly fee to be paid at time of pick up)	$50.00	

1 Floor Plan

☐	Well Application - Potable - (Plan Review, Well Inspection, Water Analysis Review)	$75.00
☐	Well Application - Non Potable - (Plan Review, Well Inspection)	$50.00
☐	Reinspection Fee	$25.00
☐	Renewal of Permit (Annual)	$50.00
☐	Permit to Operate (3 Year Permit)	$15.00
☐	Site/Subdivision Review	$100.00
☐	Other Inspection - Well/Septic or Review	$50.00
☐	Water Certification	$25.00
☐	Re-evaluation of Water Analysis	$25.00
☐	Witnessing Fee _____	

Check # _____

Blg
Signature

H.D.82

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

Blk 702 Lot 11

ESTABLISHMENT INFORMATION

PHONE # 920-3322

ESTABLISHMENT TRADING NAME: Whats Cookin

NUMBER AND STREET: 249 Chambersbridge Rd.

CITY OR MUNICIPALITY: Brick Town

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: To be obtained

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☐ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☒ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Patricia Elias 244-5955

NUMBER AND STREET:

CITY OR MUNICIPALITY:

STATE:

ZIP CODE:

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
12-6-91	0900	

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print): Stephen Klimiecki

SIGNATURE OF INSPECTING OFFICIAL: [signature]

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

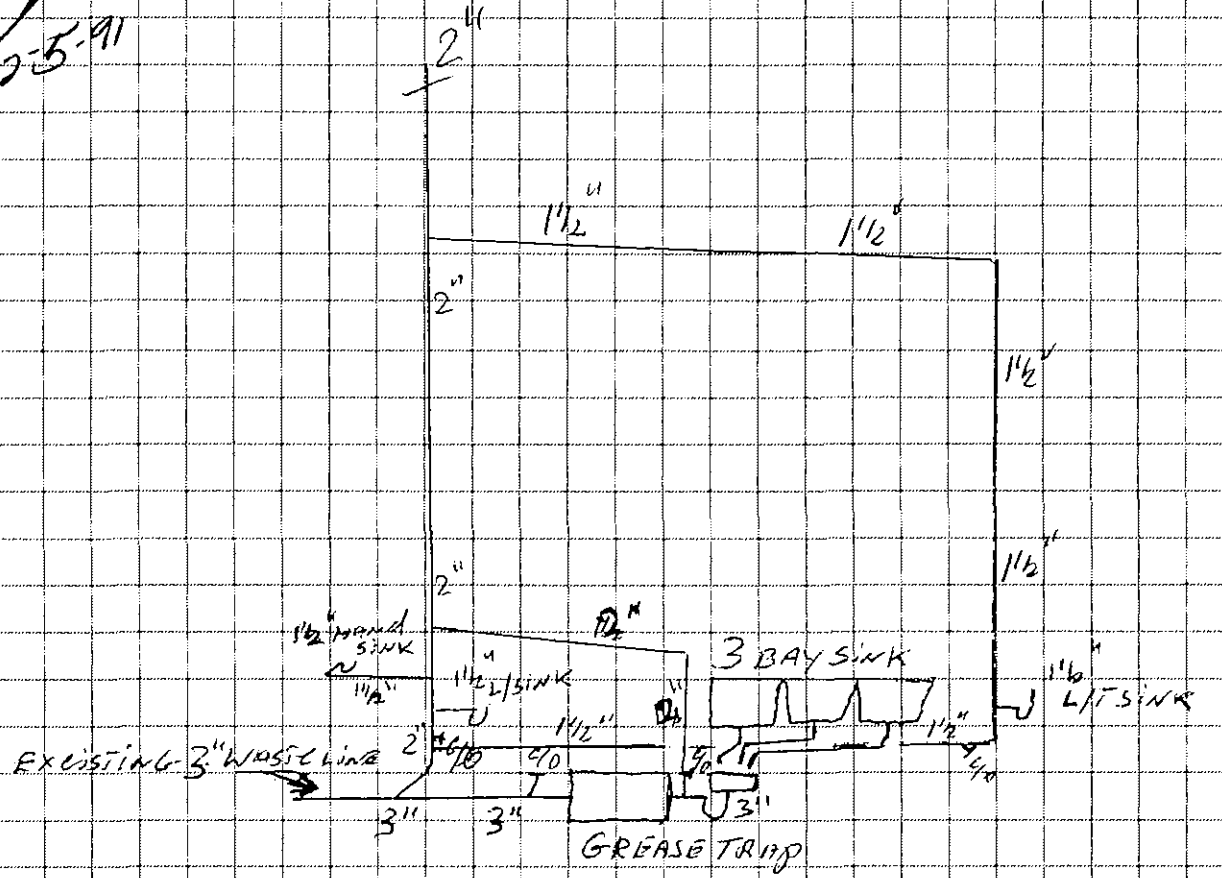
Establishment Trading Name	Establishment License No.	Date
WHATS COOKIN	—	12-6-91
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICKTOWN	Begin 0900

REG. NO.	REMARKS (Please specify area)
	REJECTED
NOTE —	THE ATTACHED PLANS HAVE BEEN REJECTED FOR THE FOLLOWING REASONS.
	① THE OWNERS ADDRESS IS NOT INCLUDED
	② UTILITY SINK IS NOT INDICATED
	③ BATHROOM FIXTURES ARE NOT SHOWN
	④ FOOD PREPARATION SINK IS NOT INDICATED
	⑤ INDIRECT DRAIN FOR THREE BAY SINK AND FOOD PREPARATION SINK TO BE INDICATED.
	⑥ MENU TO BE INCLUDED WITH PLANS.
	⑦ HANDWASH SINK REQUIRED IN CLOSE PROXIMITY TO GRILL AREA.

(Attach additional sheets if necessary)

H.D.67

12-5-91



HERITAGE OF OCEAN COUNTY, INC.
Plumbing & Heating Division
44 Silver Bay Rd.
TOMS RIVER, NJ 08753
(201) 255-4300
FAX (201) 255-1438

JOB What's Cooking

SHEET NO. _____ OF _____

CALCULATED BY Gene DATE 12-3-91

CHECKED BY _____ DATE _____

SCALE _____

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

January 22, 1992

To: Nancy Barlo, Planning Board Chairperson

From: Arthur J. Cierzo, Construction Official

Re: EX-R-94-12/91-Patrick G. Elias (What's Cookin) 249 Chambers Bridge Road.

The above mentioned site received a Temporary Certificate of Occupancy on December 26, 1991 for 30 days or until all conditions are completed in accordance to the Planning Board resolution.

The 30 days expires on January 26, 1992. After review of the conditions set forth in the resolution, two conditions have not been completed due to inclement weather not permitting restriping and repair of parking lot. The owner is presently working on clean up of the debris on the entire site. Proof of taxes, are paid for the entire year of 1991.

On this date I have extended the Temporary date to March 26, 1992. I personally feel that by this date the weather will permit the type of work that is necessary to fulfill his resolution compliance.

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

AJC/tl

TOWNSHIP OF BRICK

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

Planning Board
(908) 477-3000, Ext. 280
Fax: (908) 920-4850

DATE: December 24, 1991

TO: Arthur J. Cierzo, Construction Official

FROM: Planning Board, Victor Cantillo, Chairman

SUBJECT: EX-R-94-12/91-Patrick G. Elias (What's Cookin), 249 Chambers Bridge Road, Block702, Lot 11 for Change of Use-Received December 16, 1991

The above request for exemption from site plan approval has been reviewed and the attached report from Richard E. Garnett, P.L.S., P.P. has been issued. Based upon the recommendation in the report, the Planning Board has no objection to granting this request subject, however, to the following conditions:

1. Seating shall be limited to 36 seats to avoid increased parking demand
2. Repair and restripe the parking lot (front and rear) in accordance with Engineering and Fire Safety Stantards.
3. Cut weeds and clean up debris on entire site
4. Relocate dumpster to approved location.
5. All other necessary approvals shall be obtained.
6. Proof of taxes paid to date shall be submitted prior to the issuance of a C.O.

Att.

ejk

cc: Kenneth B. Fitzsimmons, Esq.
Sean Kinnevy, Zoning Officer
Engineering Department

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

TAX COLLECTOR'S OFFICE

(201) 477-3000

To: Brick Town Planning Board ( )
Brick Town Engineer ( )
Brick Town Adjustment Board ( )
Other (X) Construction official

From: Jo Anne R. Lambusta, Tax Collector

Re: Block 702 Lot 11 AC# Y13641

Date: 1/22/92

The records of the Brick Township Tax Collector's office reveal that property owned by:

Brick Town Twp. Sewer % Conway

Are paid for the entire year of 1990 and 1991

.

Respectfully,

Jo Anne R. Lambusta

Jo Anne R. Lambusta, C.T.C.
Tax Collector

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

December 11, 1991

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

Ok Dec 23, 1991

re: Proposed Floor Plans
Block 702 Lot 11
What's Cookin
249 Chambersbridge Road
Brick

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the N.J. State Retail Food Code.

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

Very truly yours,

Kenneth J. Wenrich

Kenneth J. Wenrich
Sanitary Inspector

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

KJW/pjp

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 920-332-2

ESTABLISHMENT TRADING NAME What's a Cookun

NUMBER AND STREET 249 Chamberbridge Rd

CITY OR MUNICIPALITY Bricktown | ZIP CODE 08723

ESTABLISHMENT LICENSE NO. - | COMMUN. CODE 1506 | RISK 2

ESTABLISHMENT CODE 22

GOODS ☐ DESTROYED ☐ EMBARGOED

EVALUATION

- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY

- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT Patrick Ellis

NUMBER AND STREET 249 Chamberbridge Rd

CITY OR MUNICIPALITY Bricktown | STATE N.J

ZIP CODE 08723 | COMMUN. CODE 1506

TIME (2400 HOURS)

DATE	BEGIN	END
12/11/91	815	835

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE	TYPE OF ESTABLISHMENT
☐ COMPLAINT	☒ RETAIL
☐ INITIAL INSPECTION	☐ WHOLESALE
☐ REINSPECTION	☐ VENDING MACHINE NO. OF MACHINES _____
☒ PLAN REVIEW	☐ FROZEN DESSERTS
☐ CONFERENCE	☐ OTHER _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print) Kenneth J. Wenrich

SIGNATURE OF INSPECTING OFFICIAL [signature] | PERMANENT REG. NO. 13-1168

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

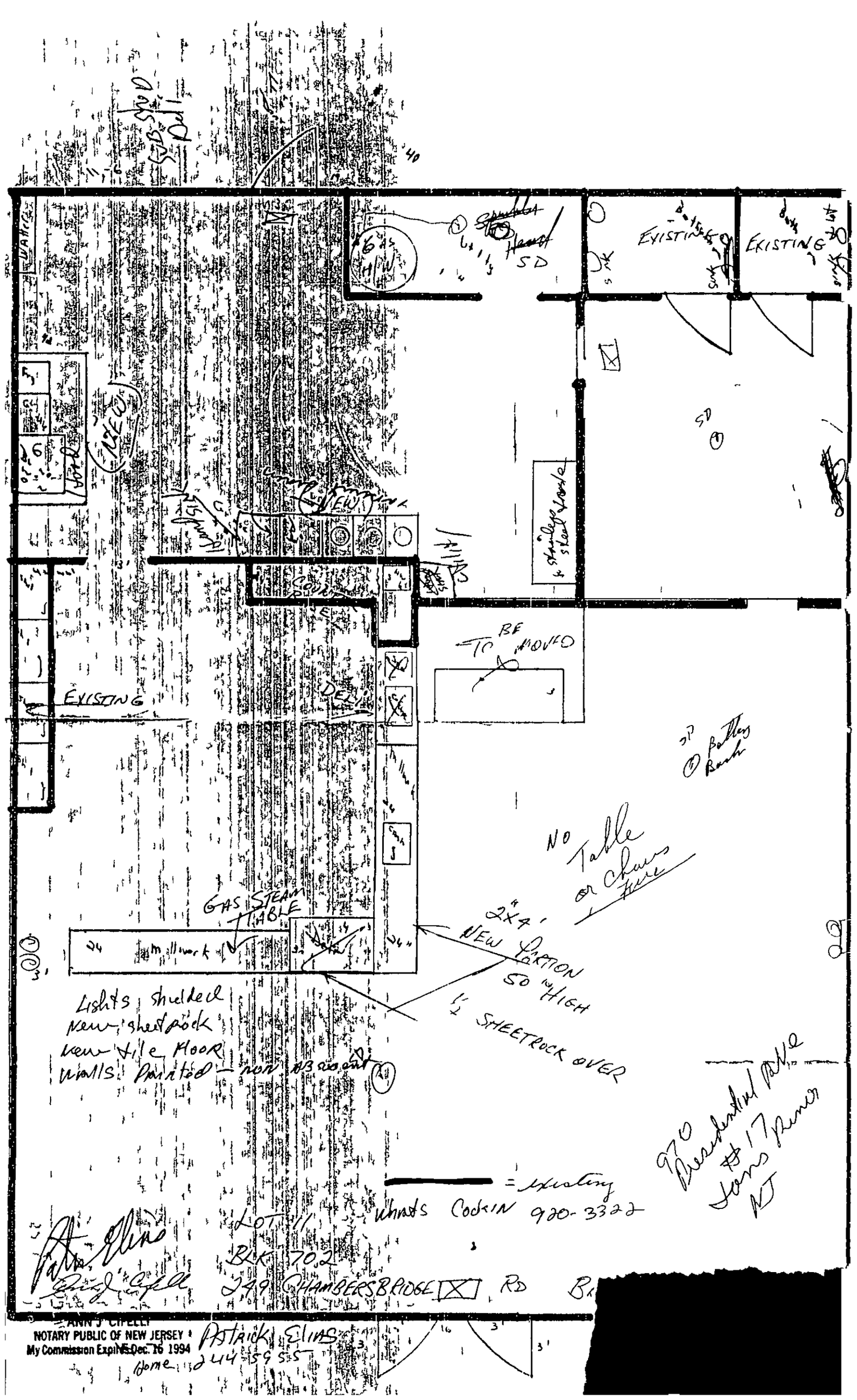
CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Patio Center		12/11/91
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Bricktown	Begin 815

REG. NO.	REMARKS (Please specify area)
*	This office has no objection to this established be constructed as per the approved plan.
	Prior to opening an inspection must be done by this Dept - call to set up Appointment
	Joe G
	Kenneth J. Wenrich

(Attach additional sheets if necessary)

H.D.67


EXISTING
EXISTING
SD
SD
NEW
NEW
EXISTING
DEL.
TO BE MOVED
GAS STEAM TABLE
24" millwork
NO Table or Chairs here
2x4 NEW PARTION 50" HIGH
1/2" SHEETROCK OVER
Lights shielded
new sheetrock
new tile floor
walls painted
= existing
LOT 11
BLK 70.2
249 CHAMBERSBRIDGE RD
PATRICK ELIAS
244-5955
Home
ANN J CIPELLI
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Dec. 16 1994