BLOCK 702 LOT 11 ADDRESS (STREET) 249 Chambers Bridge Rd PERMIT NO. 130-97

OMAR to ADAMS

RECEIVED JAN 21 1997

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 249 CHAMBERS Bridge Road
2. Name of Owner in Fee: MOHAMED AKEL Tel. (870) 6869
   Address 26 N. BROADWAY (street) Long Branch (municipality) 07740 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MOHAMED AKEL Tel. (908) 870-6869
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	35	240
2.	Electrical			110 - Rec'd
3.	Plumbing			
4.	Fire Protection		35	100
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		6	6
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ~~247~~		~~15~~ 15	
13.	TOTAL	$	35	166 106

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	500 ~~2,500~~

REMOVE WALLS

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
WB	1/21/97		1/24/97		6/9/97 g.o.k		
					3/23/97		ok
					6/4/97		ok
						6/4/97	o/k
FWG	1/23/97		W/A				

III. DO YOU WANT: (optional)

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
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: Restaurant
2. Use Group: A-3
3. Change in Use Group, Indicate Former:

LDS BR 10404840

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.

( ) Check if contractor.

Agent Name MOHAMED AKEL

Address 26 N BROADWAY LONG BRANCH NJ 07740

Telephone (908) 870-6869

Signature Mohamed Akel Date 1-16-1997

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ 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	
☐									
☐									

IMPORTANT FILE

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No. 130	6/9/97			

CERTIFICATE

Date Issued 6/9/97
Control #
Permit # 130-97

IDENTIFICATION

Block 702 Lot 11
Work Site Location 249 Chambers Bridge Road
Brick, N.J.
Owner in Fee Mohamed Akel
Address 26 N. Broadway
Longbranch, N.J.
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load Occupancy 60
Description of Work/Use:

Tennant Fit-Up (Restaurant)

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 _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Lunizza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

PERMIT UPDATE

Date Update Issued 4/14/97
Control #
Permit # 130-97
Date Permit Issued

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Chamberlain Ridge Road Brick Township NJ
Owner in Fee Mohamed N Ali
Address 96 N Bowman Way Long Branch NJ 07740
Tele. (908) 870-6869

Contractor Mohamed Ali
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $ 2000-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	105-
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	107-
Check No.	472
Cash	
Collected By:	

U.C.C. Form F-190B

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

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued 2/24/97
Control #
Permit # 130-97
Date Permit Issued

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 CHAMBERS BRIDGE Road BRICK N.J 08723
Owner in Fee MOHAMED AKIL
Address 26 N. BROADWAY long Branch N.J 07740
Tele. (908) 870-6869

Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

0002
130**
BLOCK 702 # 0.00
LOT 11 # 0.00

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Addit. plumbing

Estimated Cost of Work $ 2800.

J. Ciniazza
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	PLUMBING	110.00
Building	TOTAL	110.00
Electrical	CHECK	110.00
Plumbing 110	CHANGE	0.00
Fire Protection 02/24/97 NO. 5 0013A005		16:52
Elevator Devices		
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190B

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

CONSTRUCTION PERMIT

Date Issued 1/24/97
Control #
Permit # 130-97

IDENTIFICATION Block 702 Lot 11

Work Site Location 249 Chambers Brdg Rd

Owner in Fee M Reed

Address 26 N Broadway

Tele. ( ) Long Branch NJ

Contractor Owner

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior clean out
remove walls

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

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building	702 # 35 LOT	0.00
Plumbing	11 #	
Electrical	BUILDING	35.00
Fire Protection	TOTAL	35.00
Other	CHECK	35.00
Other	CHANGE	0.00
DCA Training Fee		
Cert. of Occ.	01/24/97 NO. 5 0016A005	0.22
Other		
Total	35	
Check No.	# 332	
Cash		
Collected By:		

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

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued 4/14/97
Control #
Permit # 120-97
Date Permit Issued

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Chamberlain Ridge Road Brick Township NJ
Owner in Fee Mohamed N Rel
Address 26 N Broadway Long Branch NJ 07740
Tele. (908) 870-6869

Contractor Mohamed Nabil
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $ 2000-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	105-
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	107-
Check No.	472
Cash	
Collected By:	

U.C.C. Form F-190B

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PERMIT UPDATE

Date Update Issued 2/24/97
Control #
Permit # 130-97
Date Permit Issued

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 CHAMBERS BRIDGE Road BRICK N.J 08723
Owner in Fee MOHAMED AKIL
Address 26 N. BROADWAY
LONG BRANCH N.J 07740
Tele. (908) 870-6869

Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

0002
130**
BLOCK 702 #
LOT 11 #

0.00
0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Addit. plumbing

Estimated Cost of Work $ 2800.

J Cuniazza
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	PLUMBING	10.00
Building	TOTAL	10.30
Electrical	CHECK	10.00
Plumbing 110	CHANGE	0.00
Fire Protection 02/24/97 NO. 5 0013A005		16:52
Elevator Devices		
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190B

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

PERMIT UPDATE

Date Update Issued 1/30/97
Control #
Permit # 130-97
Date Permit Issued 1/24/97

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 E HAMBURG BRIDGE 2nd
Owner in Fee MOHAMED AKEL
Address 26 N BROADWAY Long Branch NJ 07740
Tele. (908) 870-6869

Contractor Mohamed AKel
Address 26 N BROADWAY Long Branch NJ 07740
Tele. (908) 870-6869
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tenant Fit up

Estimated Cost of Work $ 8000

J Ciurazza/jy
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	702 #	
Building	20 LOT	0.00
Electrical	11 #	
Plumbing	BUILDING	210.00
Fire Protection 35-	FIRE	35.00
Elevator Devices	D.C.A.	6.00
Other	ZONEPLOT	15.00
DCA Training Fee	TOTAL	266.00
Cert. of Occ.	CHECK	266.00
Other 2PA	15CHANGE	0.00
Total	266	
Check No 30287	02/07/97 NBS 0009A005	16:54
Cash		
Collected By: JY		

U.C.C. Form F-190B

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

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Update Issued 3/5/97
Control #
Permit #
Date Permit Issued 130-97

IDENTIFICATION Block 702 Lot 11
Work Site Location 245 Chamberbridge Rd
Brick Town, NJ
Owner in Fee Omnia Arrow
Address 245 Chamberbridge Rd
Brick, NJ
Tele. (____) ____

Contractor Daly Fire Protection
Address 14 Lorch. Drive
Howell NJ 07731
Tele. (____) 458-3038
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. 223-103-091
or Social Security No. ____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Sil (Am) / Fire Suppression System

Estimated Cost of Work $ 7,000

J. Cuniazza
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	100.
Elevator Devices	
Other	
DCA Training Fee	6
Cert. of Occ.	
Other	
Total	106.
Check No.	7778
Cash	
Collected By:	AP

U.C.C. Form F-190B

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UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 4/25/97
Control #
Permit # 130-97
Date Permit Issued 4/14/97

0003
130**

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Overlook Road
Owner in Fee Mohamed Abed
Address 26 N. Broadway Long Branch N.J. 07740
Tele. (___)

Contractor GEORGE NIEMIEC
Address 1800 RIVIERA PKWY PT. PLEASANT, N.J.
Tele. (___) 892-2809
Lic. No. or Bldrs. Reg. No. 4924
Federal Emp. No. 22-3430684
or Social Security No.

	0.00
LOT	0.00
PLUMBING	25.00
TOTAL	25.00
CHECK	25.00
CHANGE	0.00

09:25

Is hereby granted permission to perform the following work:

[ ] BUILDING [-] PLUMBING [ ] OTHER ___
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
GAS PIPE TO EQUIPMENT 4/11/97

Estimated Cost of Work $ 100—

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building 4/25/97 NO. 5 0017A005
Electrical
Plumbing 25
Fire Protection
Elevator Devices
Other
DCA Training Fee —0—
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By: VAL

U.C.C. Form F-190B

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Brick

PERMIT UPDATE

Date Update Issued 970609
Control #
Permit # 901358
Date Permit Issued 970225

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Chamberlain Bridge Road
Owner in Fee MOHAMED AKEL
Address 26 N. BROADWAY Lake Branch
Tele. (908) H 870-6869 W 908-262-3255

Contractor MICHAEL L. DIBLING
Address 17 Johnston St Oakhurst N.J. 07755
Tele. (908) 571-0216
Lic. No. or Bldrs. Reg. No. 7255
Federal Emp. No.
or Social Security No. 22-271-8124

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 1- 3/4 HP Kitchen exhaust
2- walk IN box 208V compressor
3- 110V ICE machine

Estimated Cost of Work $ 195

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	M. —
Check No.	1030
Cash	
Collected By:	

U.C.C. Form F-190B

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PERMIT UPDATE

Date Update Issued 970514
Control #
Permit # 901358
Date Permit Issued 970225

Brick

IDENTIFICATION Block 702 Lot 11
Work Site Location 249 Chamberlain Bridge Road
Owner in Fee MOHAMED AKEL
Address 26 N BROADWAY Lake Branch NJ 07740
Tele. (908) 262-3255 908 870 6869H

Contractor MICHAEL L. DIBLING
Address 17 Johnston Street Oakhurst N.J. 07755
Tele. (908) 571-0216
Lic. No. or Bldrs. Reg. No. 7255
Federal Emp. No. 22-271 8124
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 1 oven 8KW - 1
1 1/2 HP Dishwasher - 1
1 HP Freezer - 1

Estimated Cost of Work $ 35

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	21.
Check No.	1113
Cash	
Collected By:	

U.C.C. Form F-190B

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

OMAR & ADAM (REST.)

RECEIVED JAN 27 1997

DIV. OF INSPECTION

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 130-97

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 248 Chambers Bridge Road
Owner in Fee MOHAMED AKEL
Address 26 N. BROADWAY Long Branch N.J. 07746
Tele. (908) 870-6869
Contractor MOHAMED AKEL
Address 26 N. BROADWAY Long Branch NJ 07740
Tele. (____)
Lic. No. or Bldrs. Reg. No. ____
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.

X Signature Mohamed Akel

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FITUP AS PER FLOOR PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1/30/97	JL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame			4/25/97	JL
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			6/9/97	JL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other ____
- [ ] Other ____

[ ] Demolition

(Office Use Only)
FEE
$ ____

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class 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.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration H/C Ap Baths 4,000
3. Total (1+2) $ 8,000

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B

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

Across from Prime Cleaning

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 25 97 0 0 1 3 5 8

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. Brick town NJ.
Owner in Fee Mohamed Akel
Address N. Broadway Long Branch NJ. 07740
Tele. (908) 262-3255 (908) 870-6869 home
Contractor Michael L. Dibling Electrical Contractor
Address 17 Johnston Street Oakhurst NJ. 07755
Tele. (908) 571-0216
Lic. No. 7255
Federal Emp. No. 22-2718328 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Restaurant Utility Co.
Est. Cost of Elec. Work $ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 2 7 0 2 2 5
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6/9/97
Approved By:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other	6/4/97 5493		3/4/97	5435 over
Service				
Final			6/9/97	5493

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.

Michael L. Dibling
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
35		Fixtures (1)	
18		Receptacles (2)	
8		Switches (3)	
61		Total 1 + 2 + 3	45
		Kw Range	
1	8	Kw Oven(s)	7
		Kw Surface Unit	
1	1/2	hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
		Kw Central heat: oil, gas or elec.	
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
		hp Pump(s)	
		Amp Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

Paid [X] Check # 423	Administrative Surcharge	$
	Minimum Fee	$ 52
RF	DCA Training Fee	$ 2
Collected by:	TOTAL FEE	$ 54

U.C.C. Form F-120B

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

X

pd by owner

OMAR & ADAM

RECEIVED
JAN 27 1997
DIV. OF INSPECTION

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/30/97
Date Issued
Control #
Permit # 130-97

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY: DIGGING 1-800-272-1000.

Block 702 Lot 11
Work Site Location
Owner in Fee MOHAMED AKEL
Address 26 N BROADWAY Long Branch N.J 07746
Tele. ( )
Contractor MOHAMED AKEL
Address 26 N BROADWAY Long Branch N.J 07746
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

Plans & Permit for Suppression System & Hood to Follow Failure

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 130-97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 5/23/97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			5/23/97	
Fire Alarm Test				
Smoke Test				
Mechanical			5/23/97	
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.

Mohamed Akel
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work TENANT F.U.P

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
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
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		
OTHER		

Administrative Surcharge $ 35
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

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

UPDATE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4/25/97
Date Issued
Control #
Permit # 130-97

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 Bradley Road
Bricktown NJ 08732
Owner in Fee MOHAMED AKEL
Address 26 N. Broadway Long Branch NJ 07740
Tele. (908) 262-3255
Contractor GEORGE NIEMIEC
Address 1801 RIVIERA PKWY.
PT. PLEASANT N.J.
Tele. (201) 892-2506
Lic. No. 4924
Federal Emp. No. 22-3430684 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] *No Plans Required*
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-25-97
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initials
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping 2-STOVES	
1	Gas Piping 1-GRILL 1-STEAM TABLE	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid [ ] Check
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL $ 25

COMPLETED

U.C.C. Form F-1308

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2/24/97
Control #
Permit # 130-97 update

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 ROAD BRICK NJ 08723
Owner in Fee MOHAMED AKEL
Address 26 N. BROADWAY LONG BRANCH NJ 07740 908-870-6869
Tele. ( )
Contractor G NIEMIEC
Address 1801 RIVIERA PKWY. PT. PLEASANT, N.J.
Tele. ( ) 892-2805
Lic. No. 4924
Federal Emp. No. 22-3433068 4 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present REST. Proposed REST.
Building Sewer Size 4 Public Sewer Private Septic
Water Service Size 3/4 Public Water Private Well
Estimated Cost of Plumbing Work $ 2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 2-24-97
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 6-4-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			2-25-97	
Rough			2-25-97	
Water				
Sewer				
Fixtures			6-4-97	
Gas Equipment			6-4-97	
Gas Piping	4-28-97		5-5-97	
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)
2	Water Closet Replace	20
	Urinal/Bidet Existing	
	Bath Tub	
2	Lavatory - Replace	20
	Shower Existing	
3	Floor Drain	30
3	Sink - 3 Bay, Veg.	30
1	Dishwasher + Mop Sink	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
EXISTING	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
EXISTING	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 110

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 29, 1997 1997 - 0059

Block 702 Lot 11 Zone B-2, G.B.

Property Address: 249 Chambers Bridge Road

Owner: Bricktown Group (Phone): (908) 431-2226

Applicant: Mohamed Akel (Phone): (908) 870-6869

Mailing Address: 86 West Broadway, Long Branch, N.J. 07740

Existing Use: Restaurant.

Proposed Use: Restaurant.

Proposed Construction (If any): Interior renovations.

Conditions: An additional Zoning Permit is required for any sign.

Zoning Permit No. 1997-0036.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 22, 1997 1997 - 0036

Block 702 Lot 11 Zone B-2 G.B.

Property Address: 249 Chambers Bridge Road

Owner: Bricktown Group (Phone): (908) 431-2226

Applicant: Mohamed Akel (Phone): (908) 870-6869

Mailing Address: 26 North Broadway, Long Branch, N.J. 07740

Existing Use: Restaurant (former "What's Cooking").

Proposed Use: Restaurant.

Proposed Construction (if any): Relocating interior walls.

Conditions: An additional Zoning Permit is required for any additional construction.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

Blk 702 Lot 11

ESTABLISHMENT INFORMATION

PHONE #: 262-3255

ESTABLISHMENT CODE: 22

GOODS: ☐ DESTROYED ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: Omar & Adam Trattoria - Restaurant

NUMBER AND STREET: 249 Chambers Bridge Rd.

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: To Be Obtained

COMMUN. CODE: 1506

RISK: II

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: Mohamed Akel

NUMBER AND STREET: C/o 249 Chambers Bridge Rd.

CITY OR MUNICIPALITY: Brick

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
2/19/97	0815	0835

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 _____

~~Herbert W. Roeschke~~
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): Steve Klaniecki

SIGNATURE OF INSPECTING OFFICIAL: Steve Klaniecki

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
OMANO ADAM TRATTORIA & RESTAURANT	TO BE OBTAINED	2-19-97
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Steve Glanz	BRICK	Begin 0815

REG. NO.	REMARKS (Please specify area)
	The attached plans have been found to be in satisfactory compliance with chapter XII.
	Note: This Department is to be notified at least 48 hours prior to intended operation for a pre-operational inspection.

(Attach additional sheets if necessary)

908-892-2805 LIC. #4924

George P. Niemiec

PLUMBING & HEATING CO.

1801 Riviera Parkway
Point Pleasant, New Jersey 08742

Date _____

Name OMER

Address 249 CHAMBERS BRIDGE RD.

_____ Phone _____

TO EXISTING L.P. TANKS

DESCRIPTION	PRICE
283,000 BTU TOTAL	
22' 1¼ ½ 35,000 BTU 6' 1¼ 37,000 BTU ¾ ¾ ¾ 1¼ 35,000 BTU ¾ 76,000 BTU 15'	WATER HEATER & FURNACE OFF " / EXISTING
BALANCE DUE	

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(908) 341-9700

Joseph J. Przywara
Acting Public Health Coordinator

February 20, 1997

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Proposed Floor Plans
Block 702 Lot 11
Omar and Adam Trattoria and Restaurant
249 Chambers Bridge Road
Brick, NJ 08723

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 New Jersey State Retail Food Code.

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

Very truly yours,

Steve Klaniecki

Steve Klaniecki
Sanitary Inspector

SK:bd

cc: Brick Township Board of Health

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

Blk 702 Lot 11

ESTABLISHMENT INFORMATION

PHONE #: 262-3255

ESTABLISHMENT CODE: 22

GOODS: ☐ ~~DESTROYED~~ ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: Omar & Adam Trattoria - Restaurant

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

NUMBER AND STREET: 249 Chambers Bridge Rd.

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: To Be Obtained

COMMUN. CODE: 1506

RISK: II

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: Mohamed Akel

NUMBER AND STREET: c/o 249 Chambers Bridge Rd.

CITY OR MUNICIPALITY: Brick

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
2/19/97	0815	0835

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 _____

~~Herbert W. Roeschke~~
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): Steve Klamiecki

SIGNATURE OF INSPECTING OFFICIAL: Steve Klamiecki

PERMANENT REG. NO.: B-1463

64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

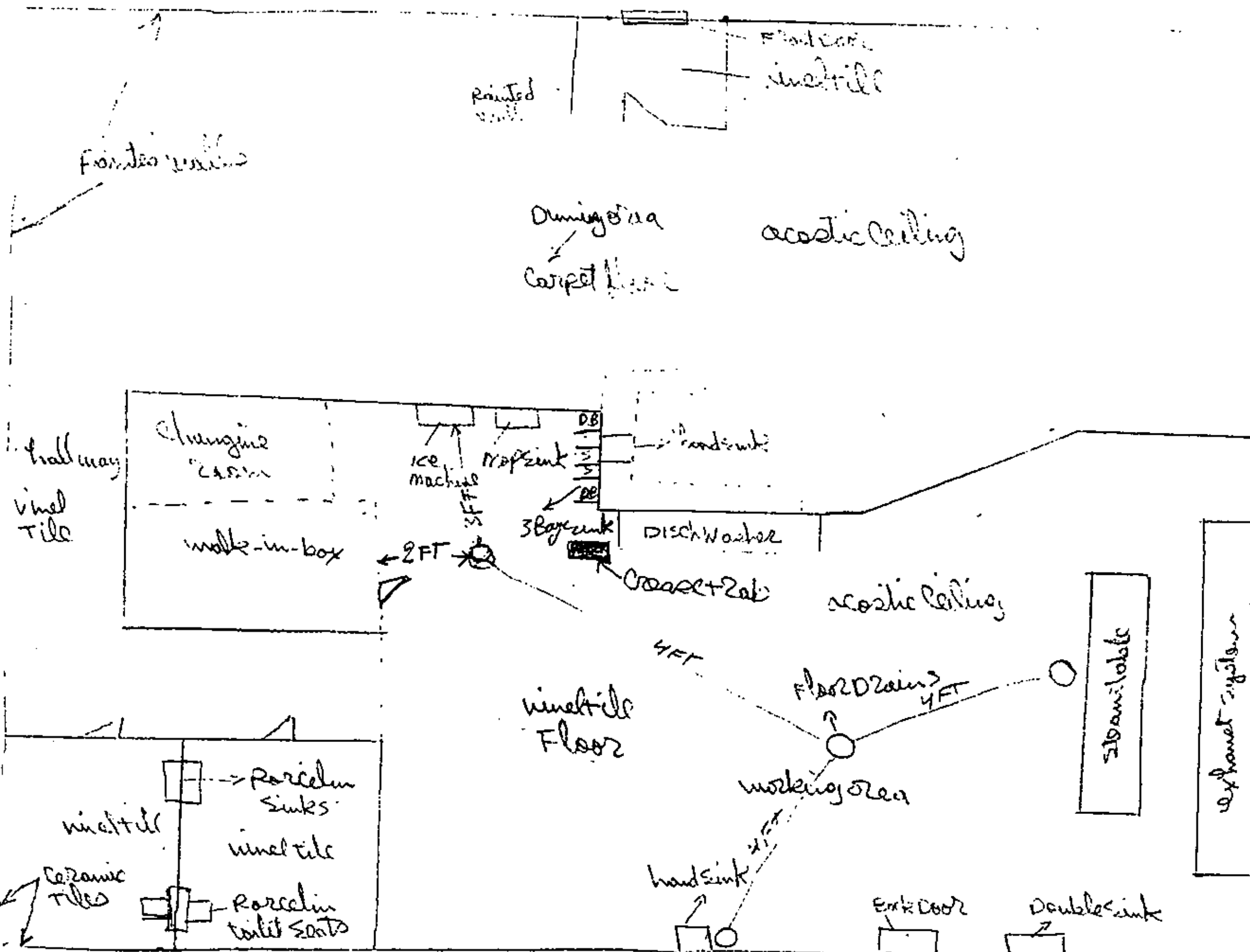
DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
OMNIA ADAM TRATTORIA & RESTAURANT	TO BE OBTAINED	2-19-97
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 0815

REG. NO.	REMARKS (Please specify area)
	The attached plans have been found to be in satisfactory compliance with chapter XII.
	Note: This Department is to be notified at least 48 hours prior to intended operation for a pre-operational inspection.

(Attach additional sheets if necessary)

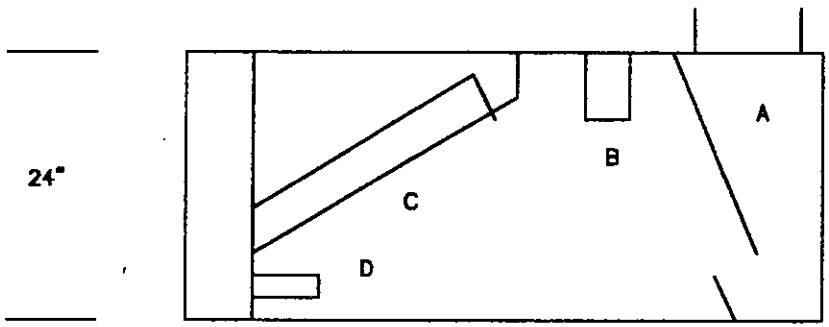


Painted wall
Painted walls
vinel tile
Dining area
Carpet
acostic Ceiling
Changing area
hallway
vinel Tile
Ice machine
Mopsink
DB
Handsink
3FT
3 Bay sink
DISCHWasher
walk-in-box
2FT
Crossrtrak
acostic Ceiling
4FT
vineltile Floor
Floor Drains
4FT
Steam table
exhaust system
working area
Porcelin Sinks
vineltile
vinel tile
Ceramic Tiles
Porcelin toilet seats
4FT
handsink
Exit Door
Doublesink

18 gauge polished stainless steel exhaust hood with a make-up air chamber.
The hood will be built in accordance with the BOCA MECHANICAL CODE ARTICLE 5 STANDARDS.

EXHAUST CFM REQUIREMENTS L X W X 100 = 13 x 3.25 x 100 = 4225 CFM
MUA REQUIREMENTS 80% OF EXHAUST AIR = 4225 x .80 =3380 CFM RETURN

UL LISTED FIRE DAMPER



A) INSULATED MAKE-UP AIR CHAMBER

B) UL LISTED VAPOR PROOF LIGHTS

C) UL LISTED BAFFLE FILTERS

D) REMOVABLE GREASE TRAY AND CUP

13' HOOD

4" | 39" CAPTURE AREA | 5"

48" OVERALL

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		2-28-97	
Energy			
Electrical			

JOB LOCATION	Omar&Aaron 249ChambersbridgeRd. Brick,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

LICENSE # 9-04-000

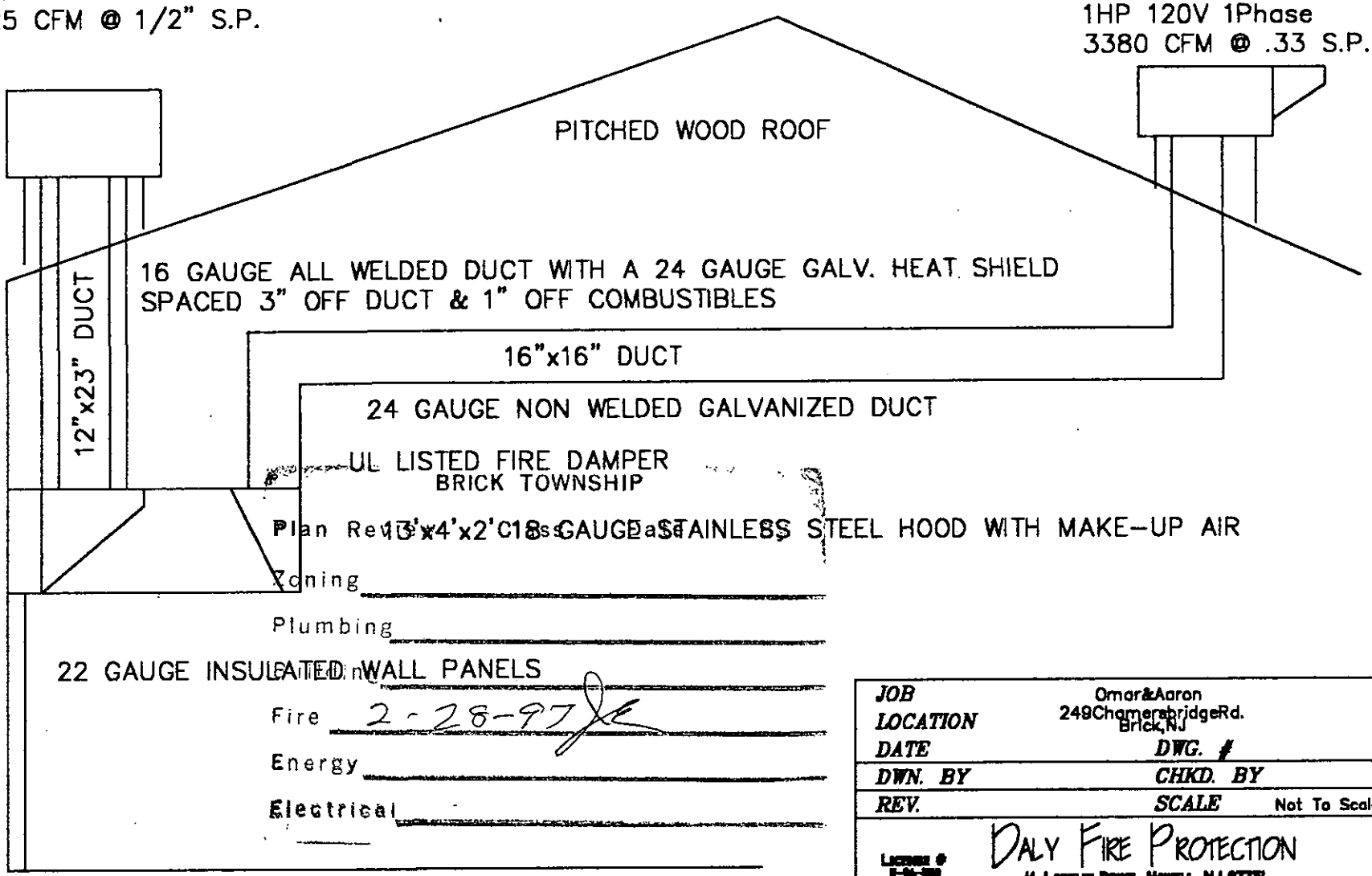
DALY FIRE PROTECTION

14 LORELEI DRIVE HOWELL, NJ 07731

PH 908-458-0883 FAX 908-458-0890

PENN 18 BFT
1.5HP 120V 1Phase
4225 CFM @ 1/2" S.P.

NON TEMPERED
MAKE-UP AIR UNIT
1HP 120V 1Phase
3380 CFM @ .33 S.P.



Plan Review
Zoning
Plumbing
Construction
Fire 2-28-97
Energy
Electrical

JOB	Omar&Aaron
LOCATION	249ChamersbridgeRd. Brick,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

License # E-04-000
DALY FIRE PROTECTION
14 Lorelei Drive Howell, NJ 07731
Ph. 908-480-3030 Fax 908-480-0070

PYRO CHEM UL 300 NOZZLE CHART AND POINT VALUE
NOZZLE #1 NLD-1 POINT VALUE 1
NOZZLE #2 NLD-2 POINT VALUE 2
NOZZLE #3 NLD-3 POINT VALUE 3
NOZZLE #4 NL-A POINT VALUE 1
NOZZLE #5 NLF-1.25 POINT VALUE 1.25
NOZZLE #6 NL-R POINT VALUE 1
NOZZLE #7 NL-F2 POINT VALUE 2
NOZZLE #8 NL-F1 POINT VALUE 1
NOZZLE #9 NL-RH2 POINT VALUE 2
NOZZLE #10 NL-UB POINT VALUE 1/2

TANK SIZE AND POINTS ALLOWED
PCL-2.40 EIGHT (8) POINTS
PCL-3.50 THIRTEEN (13) POINTS
PCL-5.50 TWENTY (20) POINTS
SYSTEMS CAN BE TIED TOGETHER ADD POINTS TOGETHER FOR TOTAL

FUSIBLE LINKS WILL BE 360 DEGREES

PIPE SIZING
PCL 2.40 GALLON 3/8" SCH. 40
PCL 3.50 GALLON 3/8" SCH. 40
PCL 5.50 GALLON MAIN SUPPLY 1/2" DROPS 3/8"

EXHAUST FAN WILL REMAIN RUNNING AND MAKE-UP AIR UNIT WILL SHUT DOWN WHEN FIRE SYSTEM DISCHARGES.

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire 2-28-97

Energy

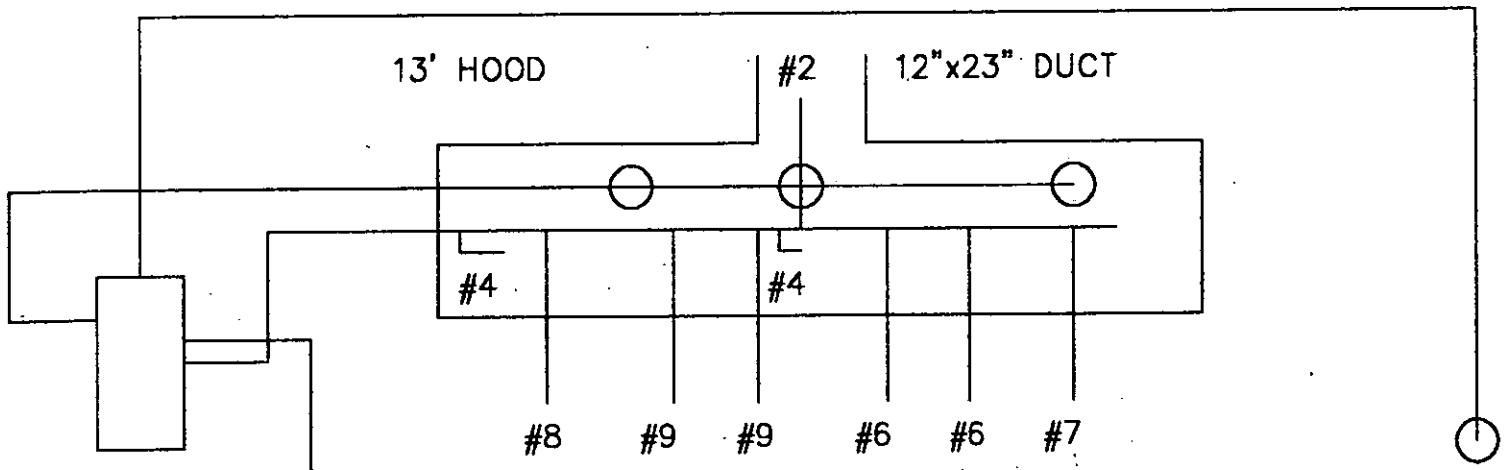
Electrical

ALL PIPING AS PER PYRO CHEM TECHNICAL MANUAL
THE OPERATING TEMPERATURE RANGE OF THE PYRO CHEM, INC. SYSTEM is 32 DEGREE MINIMUM TO 120 DEGREE MAXIMUM.

JOB	Omar&Aaron
LOCATION	249ChambersbridgeRd. Bricktown,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

License #
8-04-000

DALY FIRE PROTECTION
14 Loreley Drive Howell, NJ 07731
Ph 908-409-3030 Fax 908-409-0299



BRICK TOWNSHIP

Plan Review Date By

Zoning

Plumbing

Building

Fire 2-28-97 UL 300

Energy

Electrical

ALL PIPING AS PER MANUFACTERS SPECS
6" OVERHANG ON ALL OPEN SIDES
13 POINTS ALLOWED 13 POINTS USED

○ DENOTES FUSIBLE LINKS

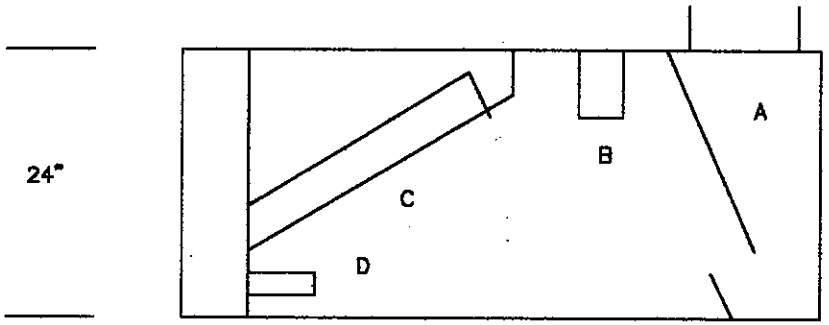
JOB	Omar&Aaron
LOCATION	249ChamberebridgeRd. Brick,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

DALY FIRE PROTECTION
14 LOUELLEN DRIVE HOWELL, NJ 07731

18 gauge polished stainless steel exhaust hood with a make-up air chamber.
The hood will be built in accordance with the BOCA MECHANICAL CODE ARTICLE 5 STANDARDS.

EXHAUST CFM REQUIREMENTS L X W X 100 = 13 x 3.25 x 100 = 4225 CFM
MUA REQUIREMENTS 80% OF EXHAUST AIR = 4225 x .80 =3380 CFM RETURN

UL LISTED FIRE DAMPER



A) INSULATED MAKE-UP AIR CHAMBER

B) UL LISTED VAPOR PROOF LIGHTS

C) UL LISTED BAFFLE FILTERS

D) REMOVABLE GREASE TRAY AND CUP

13' HOOD

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			

4" 39" CAPTURE AREA 5"

48" OVERALL

2-28-98

JOB LOCATION	Omar&Aaron 249ChambersbridgeRd. Brick,NJ		
DATE		DWG. #	
DWN. BY		CHKD. BY	
REV.		SCALE	Not To Scale

LICENSE # D-96-550

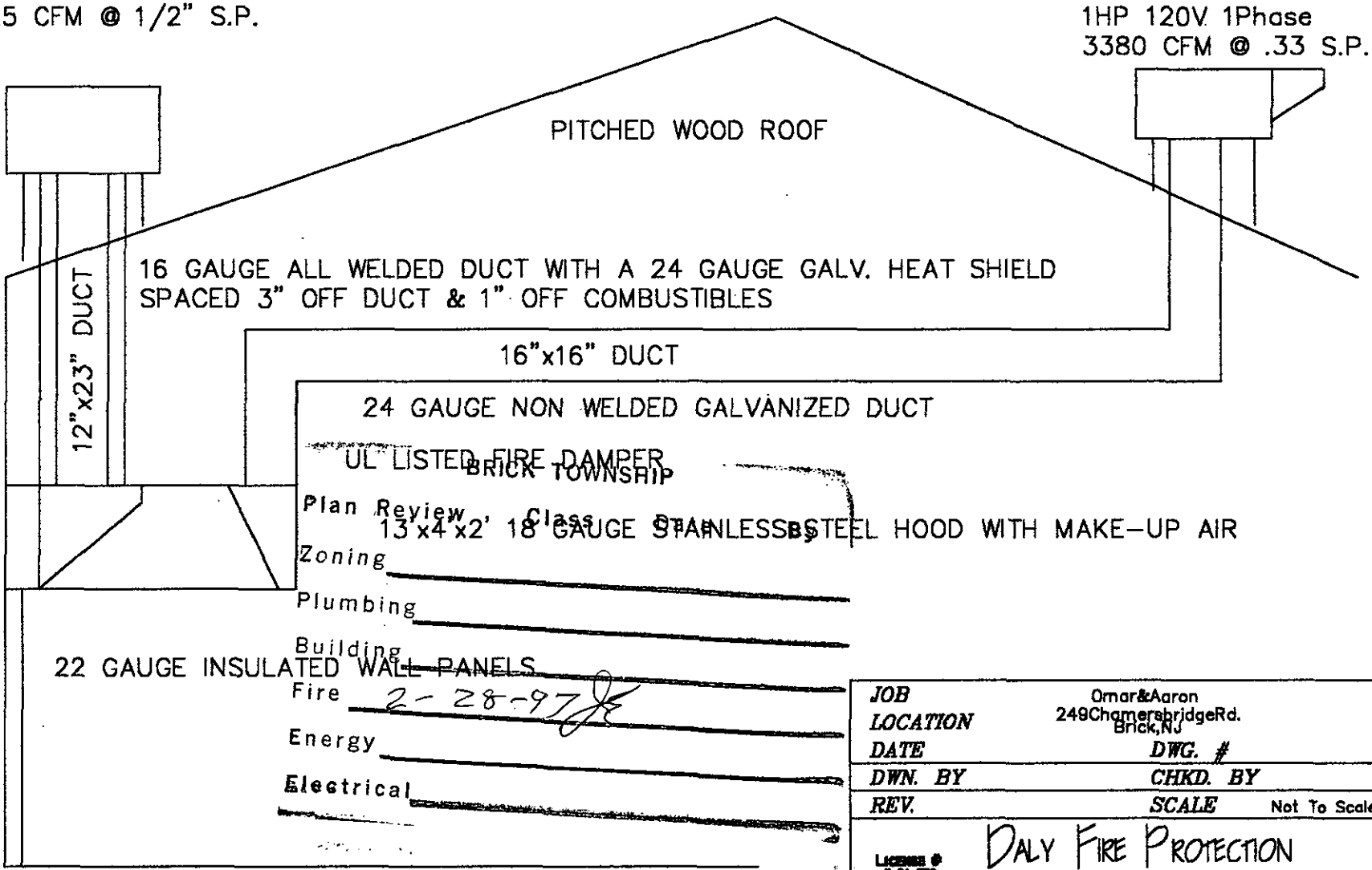
DALY FIRE PROTECTION

14 LOZELLE DRIVE HOWELL, NJ 07731

PH 908-458-2058 FAX 908-458-6290

PENN 18 BFT
1.5HP 120V 1Phase
4225 CFM @ 1/2" S.P.

NON TEMPERED
MAKE-UP AIR UNIT
1HP 120V 1Phase
3380 CFM @ .33 S.P.



BRICK TOWNSHIP

Plan Review Class

Zoning

Plumbing

Building

Fire 2-28-97

Energy

Electrical

JOB LOCATION	Omar&Aaron 249ChamersbridgeRd. Brick,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

LICENSE # 8-04-3200

DALY FIRE PROTECTION

14 LORELEI DRIVE HOWELL, NJ 07731

PH 908-458-3035 FAX 908-458-8200

PYRO CHEM UL 300 NOZZLE CHART AND POINT VALUE
NOZZLE #1 NLD-1 POINT VALUE 1
NOZZLE #2 NLD-2 POINT VALUE 2
NOZZLE #3 NLD-3 POINT VALUE 3
NOZZLE #4 NL-A POINT VALUE 1
NOZZLE #5 NLF-1.25 POINT VALUE 1.25
NOZZLE #6 NL-R POINT VALUE 1
NOZZLE #7 NL-F2 POINT VALUE 2
NOZZLE #8 NL-F1 POINT VALUE 1
NOZZLE #9 NL-RH2 POINT VALUE 2
NOZZLE #10 NL-UB POINT VALUE 1/2

TANK SIZE AND POINTS ALLOWED
PCL-2.40 EIGHT (8) POINTS
PCL-3.50 THIRTEEN (13) POINTS
PCL-5.50 TWENTY (20) POINTS
SYSTEMS CAN BE TIED TOGETHER ADD POINTS TOGETHER FOR TOTAL

FUSIBLE LINKS WILL BE 360 DEGREES

PIPE SIZING
PCL 2.40 GALLON 3/8" SCH. 40
PCL 3.50 GALLON 3/8" SCH. 40
PCL 5.50 GALLON MAIN SUPPLY 1/2" DROPS 3/8"

EXHAUST FAN WILL REMAIN RUNNING AND MAKE-UP AIR UNIT WILL SHUT DOWN WHEN FIRE SYSTEM DISCHARGES.

BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

Plumbing _____

Building _____

Fire _____

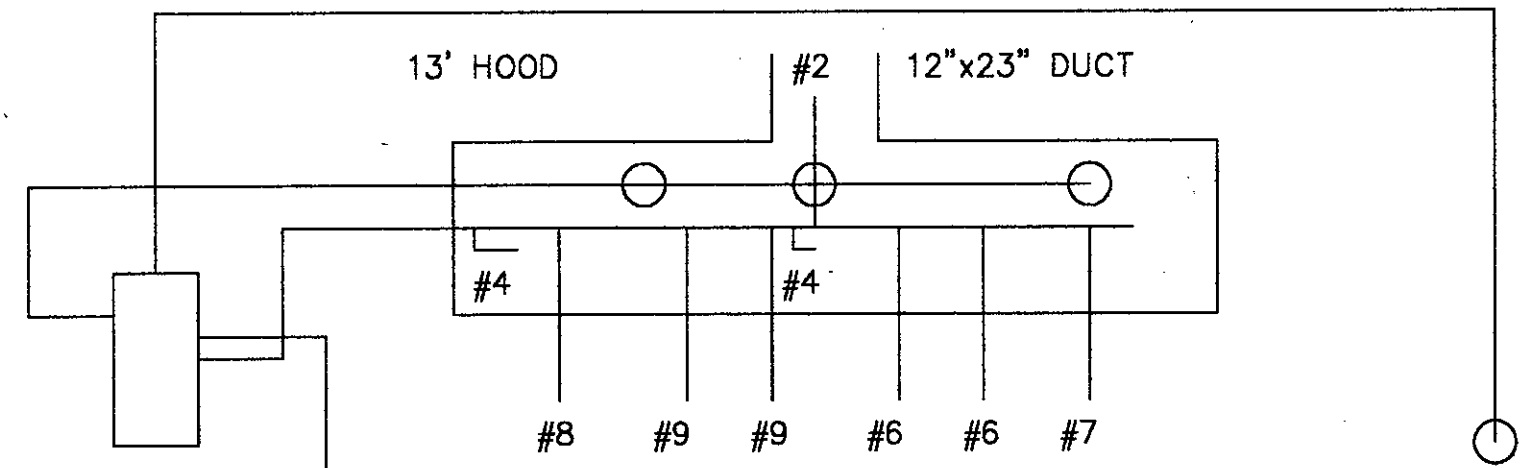
Energy _____

Electrical _____

ALL PIPING AS PER PYRO CHEM TECHNICAL MANUAL
THE OPERATING TEMPERATURE RANGE OF THE PYRO CHEM, INC. SYSTEM is 32 DEGREE MINIMUM TO 120 DEGREE MAXIMUM.

JOB	Omar&Aaron
LOCATION	249ChambersbridgeRd. Bricktown,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

LICENSE # 13-94-330
DALY FIRE PROTECTION
14 LORELEI DRIVE HOWELL, NJ 07731
PH 908-458-3038 FAX 908-458-6319



36" RANGE	24" RANGE	36" CHAR BROILER	16" FRY

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire

Energy UL-300

Electrical

ALL PIPING AS PER MANUFACTERS SPECS
6" OVERHANG ON ALL OPEN SIDES
13 POINTS ALLOWED 13 POINTS USED

○ DENOTES FUSIBLE LINKS

JOB	Omar&Aaron
LOCATION	249ChambersbridgeRd. Brick,NJ
DATE	DWG. #
DWN. BY	CHKD. BY
REV.	SCALE Not To Scale

DALY FIRE PROTECTION
License-#
5-04-330
14 Loreley Drive Howell, NJ 07731
Ph: 908-458-3028 Fax: 908-458-8219

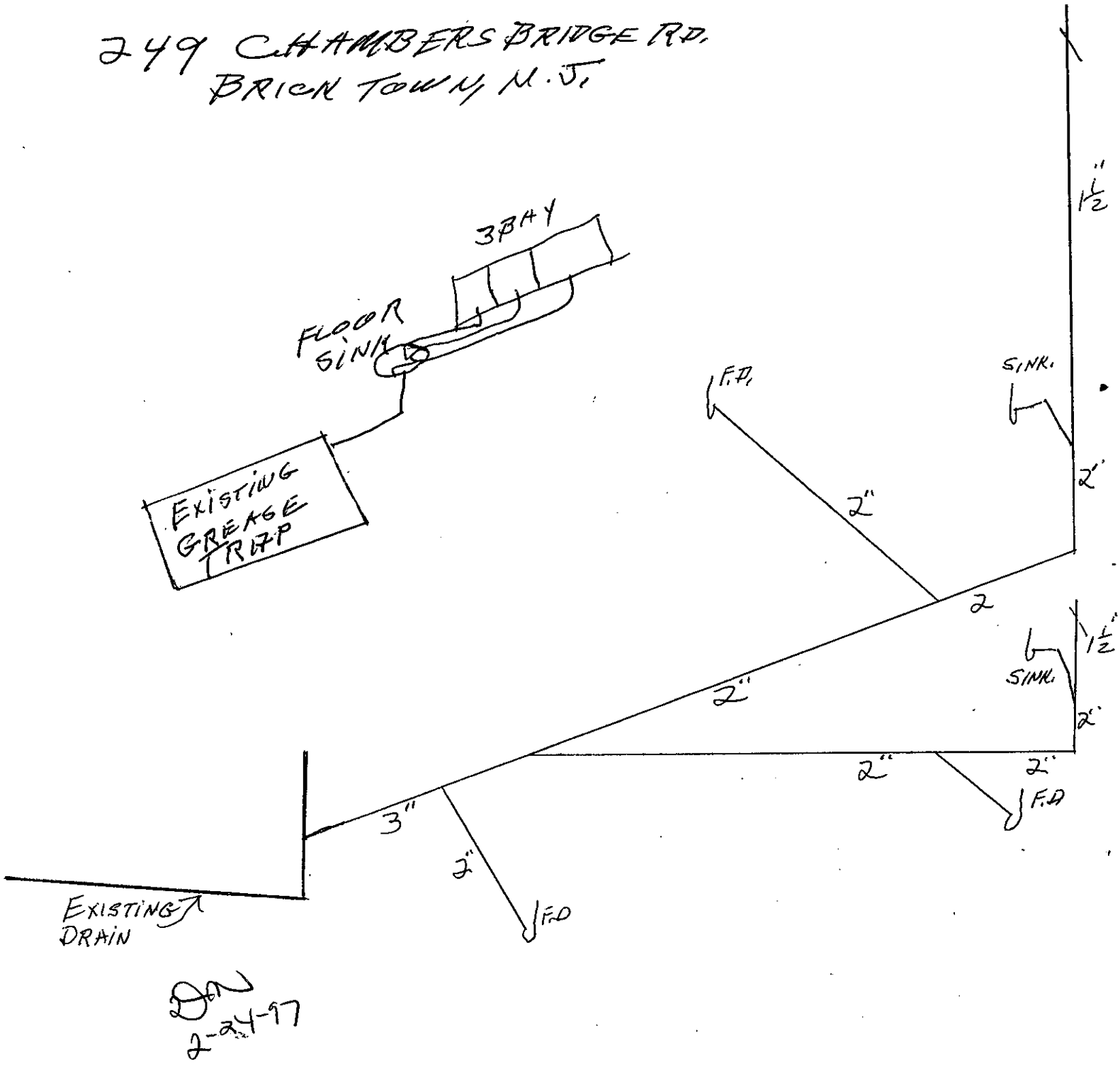
908-892-2805

LIC. #4924

George P. Niemiec
PLUMBING & HEATING CO.
Complete Plumbing and Modernization
1801 Riviera Parkway Point Pleasant, New Jersey 08742

JOB REF.

249 CHAMBERS BRIDGE RD.
BRICK TOWN, N.J.



DN
2-24-97

OCEAN COUNTY HEALTH DEPARTMENT

SANITARY INSPECTION REPORT

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST
ON THESE PREMISES OR AT THE LOCAL DEPARTMENT OF HEALTH.

OMAR 2 ADAMS TRATTORIA + RISTORANTE

FOOD ESTABLISHMENT

OCEAN COUNTY NEW JERSEY

STEVE KLANIECKI
Inspector's Name

Steve Klaniecki
Inspector's Name

B-1463
Inspector's Permanent Registration Number

6-5-97
Date

NOTE: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous place near the public entrance of the establishment." Specific references in the Detail Data Sheets are to Chapter 12 of the State Sanitary Code, and/or Title 24, N.J.S.A.

H.D.#20

M8665

For Information Call: _____

Permit No. 1358

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] Rough	3/4/97	
[ ] Service		
[ ] Other		
[ ] Final	6/9/97	

C.C. Form F-222A

249 Chambers Bridge

For Information Call: 262-7027

Permit No. 130-97

APPROVAL FOR PLUMBING

	Date	Inspector
[ ] Slab		
[ ] Rough		
[ ] Water		
[ ] Gas		
[ ] Mechanical		
[ ] Other		
[X] Final	6-4-97	

U.C.C. Form F-223B

TOWNSHIP OF BRICK

For Information Call: 249 Chambersbridge

Permit No. _____

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Mechanical		
[ ] Other		
[X] Final	6/9/97	

U.C.C. Form F-221A

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

T O W N S H I P O F B R I C K

249 Chambers Bridge Road
Work Site Address Block Lot

Mohamed Akel 26 N Broadway Long Branch N.J 07740
Owner's Name, Address, Phone

Contractor's Name, Address, Phone

Construction Masonry and Excavation Dam walls
Describe type (Single -family home, etc.)

Demolition
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:
Long View Ocean County (908) 341-6100

Size of dumpster: 15 yard

Destination of discarded debris:

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

MOHAMED AKEL Mohamed Akel 1-20- 1997
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant