'OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
JUN 8
BUILDING

I. IDENTIFICATION

1. Proposed Work at: 235 CHAMBER'S BRIDGE ROAD BRICKTOWN N.J.
2. Owner Name: RICE CASTLE RESTAURANT Tel. ( ) _____
   Address 96 MADISON AVE APT #3 N.Y. 10002
3. Principal Contractor: LAU LAI WONG Tel. (201) 925 3203
   Address 287 16TH AVE NEWARK N.J.
   Lic. No. or Builder Reg. No. 495 Federal Emp. No. 092-66-9896
4. Architect or Engineer: William J. Comlet AIA Tel. (201) 779-2078
   Address 433 Rutherford Blvd Clifton N.J. 07014
5. Responsible Person in Charge of Work LAU LAI WONG Tel. ( ) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☑ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	$ 2400.

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: TAKE-OUT CHINESE FOOD

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10311526

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☐ **Check if contractor.**

AGENT NAME Lau Lai Wong TEL.( ) _____

ADDRESS 287 16th Ave, Newark, N.J. _____

_____

SIGNATURE Lau Lai Wong

BLOCK NO. 702. LOT NO. 19 SUBDIVISION _____ PERMIT NO. 11358

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			6-9-87	EW	
	Footings/Foundations					
	Framing					
	Architectural 2					
	Other _____			6/9/87	JC	ALTERATION ONLY – NO STRUC
☒	PLUMBING			6/9/87	JC	
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
✓	ALL CONSTRUCTION					
✓	BUILDING				7/15/87 KH	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
	PLUMBING				7-28-87 DM	
	ELECTRICAL				7-31-87 RR	
✓	FIRE PROTECTION				7-23-87 AA	
	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☑ Certificate of Occupancy No. 11358	8-3-87
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 27.50
PLUMBING	65.–
ELECTRICAL	•
FIRE PROTECTION	15.00
OTHER _____	•
SUBTOTAL	$ 107.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	•
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 127.50

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 11358
DATE ISSUED 8-3-87
Block 702 Lot 19
Subdivision

IDENTIFICATION

Owner Rice Castle Restaurant
Address 96 Madison Ave., AFT #3
New York, NY
Tel. ( )
Work Site Address 233 Chambersbridge Rd.

Agent Lau Lai Wong
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Restaurant

USE GROUP A-3 FIRE GRADING 2 hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Restaurant

FINAL COST OF CONSTRUCTION: $ 2,400.

CONSTRUCTION OFFICIAL

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 11358
DATE ISSUED 6-12-87
REVISION DATE
Block 702 Lot 19
Subdivision

A. IDENTIFICATION

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

Owner RICE CASTLE INC
Address 96 MADISON AVE APT #3. NEW YORK N.Y. 10002.
Tel. (212) 935 3203
Work Site Address 235 CHAMBER'S BRIDGE ROAD BRICKTOWN. N.J.

Contractor LAU LAI WONG
Address 287 16TH AVE NEWARK, N.J.
Tel. ( )
Lic. No. 495.
Federal Emp. No. 092-46-9896

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Lau Lai Wong
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

FLOOR, SHEET ROCK, WOOD WORK, SIGN.

☐ See Plans

TYPE OF WORK:

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	6-9-87	BD
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 7-15-87

Inspected By: BD

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 11358
DATE ISSUED 6-12-87
REVISION DATE
Block 702 Lot 19
Subdivision

A. IDENTIFICATION

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

Owner RICE CASTLE INC.
Address 96 MADISON AVE # 3
NEW YORK N.Y. 10002
Tel. ( )
Work Site Address 235 Chamberl's Bridge ROAD BRICKTOWN N.J.

Contractor MASTER FIRE PREVENTION
Address 1776 TREMONT AVENUE
BRONX N.Y. 10460
Tel. (212) 828 6424
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

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

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $
_____ $
_____ $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

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

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 7-23-17

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 11358
DATE ISSUED 6-12-87
REVISION DATE
Block 702 Lot 19
Subdivision

A. IDENTIFICATION

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

Owner RICE CASTLE RESTAURANT Contractor FRANK GINGERELLI
Address 235-CHAMBERS BRIDGE RD Address 18 RIVERDALE AVE
BRICKTOWN NJ BELLEVILLE NJ
Tel. ( ) 212-925-3203 Tel. ( ) 759-4974
Work Site Address SAME Lic.No./Bus. Permit 1318
Federal Emp. No. 149-14-6750

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Frank Gingerelli
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
2	Lavatory/Sink	10.-		Indirect Connection	
1	Shower/Floor Drain	5.-		Sewer Ejector	
	Washing Machine		1	Grease Trap	25.-
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure	
	Domestic Boiler/			Backflow Device	
	Furnace		1	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other GAS PIPING	15.-
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 15.-		COLUMN 2	$ 50.-

Fee	
COLUMN 1	$ 15.-
COLUMN 2	$ 50.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 65.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ 1000.00

D. COMMENTS

Install 6 Gas Fixtures.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved

Date: 6-9-87

Approved By: J. W. Spl

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION _____ UTILITY CO PP

235 Manitou Bridge Rd BLK 702 LOT 19

OWNER Kici Taste Cost Inc. OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ days

SERVICE _____ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS Equipment Roof Fan 1 roof top cooler.

DATE 1-31-80 PERMIT # 8134 INSPECTOR B. Forbes

Elec. 104 Insp. Lic # 27

BLOCK 702

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 19

Plans
elec
Zoning

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

SIGN

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

RICE CASTLE — Owner

SAME — Contractor

PERMIT NO. 11364

DATE APPROVED 6-15-87

FEE PAID 36—

CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

1. FOOTING
2. FOUNDATION
3. SHEATHING
4. FRAMING
5. INSULATION
6. SHEET ROCK
7. PLUMBING 7/28/87
8. FIRE INSPECTION 12-2-87
9. FINAL 7-15-87 JAS

BLOCK 702

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 19

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

RICE CASTLE
Owner

MASTER FIRE
Contractor

PERMIT NO. 11365

DATE APPROVED 6-15-87

FEE PAID 55.00

G J Cerjo
CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

1. FOOTING
2. FOUNDATION
3. SHEATHING
4. FRAMING
5. INSULATION
6. SHEET ROCK
7. PLUMBING 7/27/87 DM
8. FIRE INSPECTION 7-23-87 RA
9. FINAL 7-31-87 MM

BLOCK 702

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site **no inspections will be made.**

LOT 19

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

RICE CASTLE — Owner

SAME — Contractor

PERMIT NO 11358

DATE APPROVED 6/12/87

FEE PAID 122.50

CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

1. FOOTING
2. FOUNDATION
3. SHEATHING
4. FRAMING
6. SHEET ROCK
7. PLUMBING 7/27/87
8. FIRE INSPECTION 7-23-87
9. FINAL 7-15-87

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 702 L 19

ESTABLISHMENT INFORMATION

PHONE #: 925-3203

ESTABLISHMENT TRADING NAME: RICE CASTLE RESTAURANT

NUMBER AND STREET: 235 CHAMBERSBRIDGE ROAD

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: —

COMUN. CODE: 1506

ESTABLISHMENT CODE

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: RICE CASTLE RESTAURANT INC.

NUMBER AND STREET: 96 MADISON AVE. APT. 43

CITY OR MUNICIPALITY: NEW YORK

STATE: N.Y

ZIP CODE: 10003

COMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
5-28-87	1025	1040

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): ELI GOLDMAN, R.S.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: B393

H.D.64