



CONSTRUCTION PERMIT APPLICATION

RECEIVED

JUN 8

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 233 CHAMBER'S BRIDGE ROAD BRICKTOWN N.J.

2. Owner Name: RICE CASTLE RESTAURANT Tel. ()

Address: 96 MADISON AVE APT #2 N.Y. 10002

3. Principal Contractor: LAU LAI WONG Tel. (212) 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. Connet 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	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☒ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☐ New Building 4. ☐ Addition 5. ☒ Alteration 6. ☒ Repair, Replacement 7. ☐ Demolition 8. ☐ Other:	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$</td> </tr> <tr> <td>2. ☐ Plumbing</td> <td></td> </tr> <tr> <td>3. ☐ Electrical</td> <td></td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td></td> </tr> <tr> <td>5. ☐ Other</td> <td></td> </tr> <tr> <td>6. ☐ Other</td> <td></td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>2400.</u></td> </tr> </tbody> </table> C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing	Permit/Category	Estimated	1. ☐ Building/Structural	\$	2. ☐ Plumbing		3. ☐ Electrical		4. ☐ Fire Protection		5. ☐ Other		6. ☐ Other		TOTAL COST \$ <u>2400.</u>		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☐ Pressure Vessels 5. ☐ Hazardous Uses/Pieces of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$																	
2. ☐ Plumbing																		
3. ☐ Electrical																		
4. ☐ Fire Protection																		
5. ☐ Other																		
6. ☐ Other																		
TOTAL COST \$ <u>2400.</u>																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) If other than new construction, enter no. of dwelling units: _____
- HMD Reg. No.: _____
3. ☐ Two Family (R-3b) Before Construction: _____
4. ☐ One-Family (R-3a) After Construction: _____
- Net Gain (or loss): _____

3. NON-RESIDENTIAL

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

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

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 Receiver	Approval Date	Reviewer	Comments
☐	BUILDING		6/9/87	EW	
	Footings/Foundations				
	Framing				
	Architectural		6/4/87	JC	
	Other 2		6/9/87	JC	ALTERATION ONLY - NO S760
☒	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
7/15/87	ALL CONSTRUCTION			
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

☐ Temporary Certificate of Occupancy
 Date Expired _____

☐ Temporary Certificate of Occupancy
 Date Expired _____

☒ Certificate of Occupancy
 No. 11358
 Date Issued 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	\$ 29.50
PLUMBING	65.00
ELECTRICAL	15.00
FIRE PROTECTION	
OTHER	
SUBTOTAL	\$ 109.50
- 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	\$ 124.50
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 Agent Lau Lai Wong
 Address 96 Madison Ave., APT #3 Address _____
New York, NY
 Tel. () _____ Tel. () _____
 Work Site Address _____ Lic. No. _____
233 Chambersbridge Rd. 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

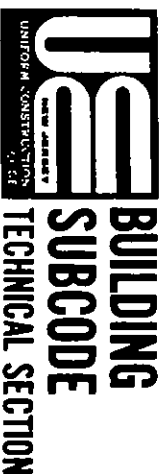
MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Restaurant

FINAL COST OF CONSTRUCTION: \$ 2,400.

Arthur J. C...
 CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



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 Contractor Lau Lau Wong
 Address 96 Madison Ave Apt #3 Address 287 16th Ave Newark
 Tel. (212) 925 3203 Tel. N.J.
 Work Site Address 235 Chambers Bridge Lic. No. 495
Board Brickyard N.J. Federal Emp. No. 083-46-9896

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
Floor, Sheet Rock, wood work, Sign.

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)		

☐ See Plans

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

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

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

7-15-87

Inspected By:

BA

INSPECTIONS

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

PLAN REVIEW AND INSPECTION – FIRE

DATE _____

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 7-23-17

Inspected By: Fr. L. L. L.

INSPECTIONS

Type

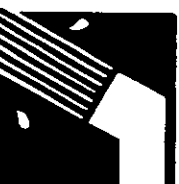
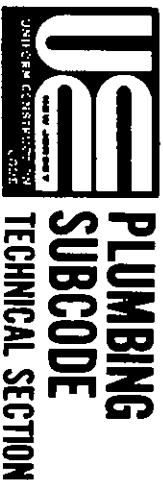
- | Fire Suppression Test |
|-----------------------|
| Fire Alarm Test |
| Smoke Test |
| TCO |
| Other |
| Other |
| Other |
| Other |

Failure Date

Approval Date:

[illegible]

TOWNSHIP OF BRICK



PERMIT NO. 11358
 DATE ISSUED 11-8-12-87
 REVISION DATE _____
 Block 902 Lot 19
 Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only When changing contractors, notify this office
 Owner RICE CASTLE RESTAURANT Contractor THOMAS GINGERELLI
 Address 735 CHAMBERS BRIDGE RD Address 18 RIVERDALE HWY
BRICK TOWN NJ BRICK TOWN NJ
 Tel. () 212-725-3203 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.
Thomas G. Geringelli
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closer/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 \$ <u>15-</u>
	Bathtub			Air Conditioner Unit		COLUMN 2 \$ <u>50-</u>
<u>3</u>	Lavatory/Sink	<u>10-</u>		Indirect Connection		SUBTOTAL \$ _____
	Shower/Floor Drain	<u>5-</u>		Sewer Ejector		Minimum Plumbing Fee (if applicable) \$ _____
	Washing Machine		<u>1</u>	Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ <u>65-</u>
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace		<u>1</u>	Vent Stack		
	Steam Boiler			Solar System		
	Water Util. Connection			Other <u>GAS PIPING</u>		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$ <u>15-</u>			COLUMN 2 \$ <u>50-</u>		

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: \$ 100.00

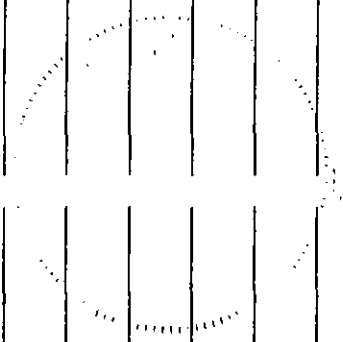
D. COMMENTS

Install 6 gas fixtures

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - PLUMBING

DATE _____

JOB CONDITION/COMMENTS

JOB SUMMARY

- ☒ No Plans Required
☐ Plan Review Approved

Date: 6-9-87

Approved By:

INSPECTIONS^u FINAL

CA ☐ CCO ☐ CO ☐

Date: _____

Inspected By: _____

INSPECTIONS

Type

[illegible]

Approval Date

☐ **q&A's**☐ Rough

Water

☐ Sewer

Energy

Mechanical

TCO

☐ Other

2-
MUNICIPALITY B.T.



CUT-IN-CARD

LOCATION _____ UTILITY CO PP

235 Chamberbridge Rd BLK 702 LOT 19

OWNER Kici Paste Rest 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 Right Pan

DATE 7-31-87 PERMIT # 8139 INSPECTOR B. Fochus

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

APPROVED

[Signature]
[Signature]
[Signature]

This Permit Must Be Displayed Immediately
Sign 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.

Rice Castle
Owner

Contractor

Before starting to build read the Building Code.

DATE APPROVED 6-15-87

PERMIT NO. 11364

Construction Official
BRICK TOWNSHIP

FEE PAID 36-

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 7/28/87 DMV
- 2. FOUNDATION 7/28/87 DMV
- 3. SHEATHING 7/28/87 DMV
- 4. FRAMING 7-15-87 144
- 5. INSULATION
- 6. SHEET ROCK
- 7. PLUMBING
- 8. FIRE INSPECTION
- 9. FINAL

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

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Before starting to build read the Building Code.

Owner

Contractor

Rice Castle

MASTER TREE

DATE APPROVED

6-15-87

PERMIT NO. 11365

CONSTRUCTION OFFICIAL

BLOCK TOWNSHIP

FEE PAID

55.00

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
8. FIRE INSPECTION
9. FINAL

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.

Owner

Rice Castle

Contractor

Sam

PERMIT NO 113518

DATE APPROVED

6/13/87

CONSTRUCTION OFFICIAL

BRICK TOWNSHIP

FEE PAID

127.50

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. _____
6. SHEET ROCK 7/27/87 DM
7. PLUMBING 7-23-87 CS
8. FIRE INSPECTION 7-15-87 16A
9. FINAL _____



OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 702 L 19

ESTABLISHMENT INFORMATION

PHONE # 925-3203		ESTABLISHMENT CODE	GOODS ☐ DESTROYED ☐ EMBARGOED
ESTABLISHMENT TRADING NAME RICE CASTLE RESTAURANT			
NUMBER AND STREET 235 CHAMBERS BRIDGE ROAD		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
CITY OR MUNICIPALITY BRICK TOWN	ZIP CODE 08723	WATER SUPPLY ☒ Public - Community ☐ Individual (Public - Non-Community)	
ESTABLISHMENT LICENSE NO. —	COMUN. CODE 1506		

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT RICE CASTLE RESTAURANT INC.		TIME (2400 HOURS)	
NUMBER AND STREET 96 MADISON AVE. APT. 43		DATE 5-28-87	BEGIN 1025
CITY OR MUNICIPALITY NEW YORK			END 1040
STATE N.Y.			
ZIP CODE 10003	COMUN. CODE	COMPLAINT NO. _____	
		COMPLAINT REC. _____	
		COMPLAINT INSPECTED _____	

INSPECTION TYPE	TYPE OF ESTABLISHMENT	Mr. Charles Kauffman Health Officer Sunset Avenue C.N. 2191 Toms River, N.J 08754 Telephone No. 201-341-9700
☐ COMPLAINT ☐ INITIAL INSPECTION ☐ REINSPECTION ☒ PLAN REVIEW ☐ CONFERENCE	☒ RETAIL ☐ WHOLESALE ☐ VENDING MACHINE NO. OF MACHINES _____ ☐ FROZEN DESSERTS ☐ OTHER _____	
NAME OF INSPECTING OFFICIAL (Print) E.C. GOLDMAN, R.S.		SIGNATURE OF INSPECTING OFFICIAL E.C. Goldman
PERMANENT REG. NO. B397		