Brick

Permit Without a Jacket

Permit Number 11760

LDS BR 10208280

Construction Permit # 11760

7/10, 19 87

Owner Zannicelli, Marie

Location 235 Chambers Bridge Rd.

Block 702 Lot 19

Contractor Central Jersey Plumbing

Fee $ 85.00 Use Plumbing

BUILDING SUB-CODE INSPECTIONS **VIOLATIONS**

Footing Trench
Foundation
Slab
Sheathing
Framing
Insulation
Sheet Rock
Plumbing
Fire Inspection
Final
C.O. Issued

PLUMBING SUB-CODE INSPECTIONS

Slab
Rough
Septic/Sewer
Water
Final 5/31/87 JS
Electrical Final

Use reverse side for additional remarks

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

RECEIVED
JUL 9
BUILDING

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street: 235 Chamberbridge Rd BRICK, N.J. | Section | Lot 8 Block 702

N S / E W side of ..... feet N S / E W from intersection of .....

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 ☐ New buildings
2 ☒ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ in ☐ out
☐ Fence

B. OWNERSHIP

8 ☐ Private (Individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential

12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☒ Other — Specify Deli Shop Putting in Sink & Floor Drain

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify .....

C. COST

	(Omit cents)
10. Cost of improvement	$ 2000.00
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 2000.00

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

☐ Masonry (wall bearing)
☐ Wood frame
☐ Structural steel
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM

Specify .....

Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL

☐ Public
☐ Individual

H. DIMENSIONS

Number of stories .....

Total square feet of floor area, all floors, based on exterior dimensions .....

Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms .....

Number of bathrooms: Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	
ELECTRICAL CODE	
PLUMBING CODE	65 —
PLAN REVIEW	
CERTIFICATE OF OCCUPANCY	20 —
STATE TRAINING FUND	
CONSTRUCTION	
PERMIT FEE	85 —

SEE REVERSE

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME

ADDRESS

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	MARIE ZANNICELLI Anthony Thomas Damasco Jr.	315 Lakeview Rd Ocean N.J. 07712		201 988-2185
2. Contractor	161 Maple Ave Drughtn NJ 08511			
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant	Address	Application date
Anthony Thomas Damasco Jr.		

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number
D Mikal		

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 11760
DATE ISSUED 7.10.87
REVISION DATE
Block 702 Lot 19
Subdivision

A. IDENTIFICATION

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

Owner MARIE IANNICELLI
Address 315 Lakeview Rd Ocean, N.J. 07712
Tel. (201) 988 2185
Work Site Address 235 Chambers Bridge Rd Brick.

Contractor Central Jersey Plumbing Inc.
Address 2205 6 Ave Toms River N.J.
Tel. (201) 892 6644
Lic.No./Bus. Permit
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.

Richard Thomas Domenech
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 Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection		3	Other ~~Float Valve~~	
	Sewer Util. Connection			Other Gas	15
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 15		COLUMN 2	$ 50

Fee	
COLUMN 1	$ 15
COLUMN 2	$ 50
SUBTOTAL	$ 65
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: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. ____
DATE ISSUED ____
REVISION DATE ____
Block 702 Lot 19
Subdivision ____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MARIE IANNIZZI
Address ____
Tel. ( ) ____
Work Site Address 235 CHAMBERS BRIDGE Rd BRICK

Contractor Central Jersey
Address Plumbing inc.
Tel. ( ) ____
Lic.No./Bus. Permit ____
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.

X ____
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 Backflow Device	
	Domestic Boiler/Furnace		1	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	15
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 15		COLUMN 2	$ 50

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

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: $ ____

D. COMMENTS

☐ 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
7/22/87	K.S. Not 2" - No Trap on stove, Low. vent - Hand Sink
7/23/87	K.S. Low Drain, 90° Lower than flood Rim - Stove - Hand sink

JOB SUMMARY

☑ No Plans Required
☐ Plan Review Approved

Date: 7/9/87

Approved By: D Metcalf

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

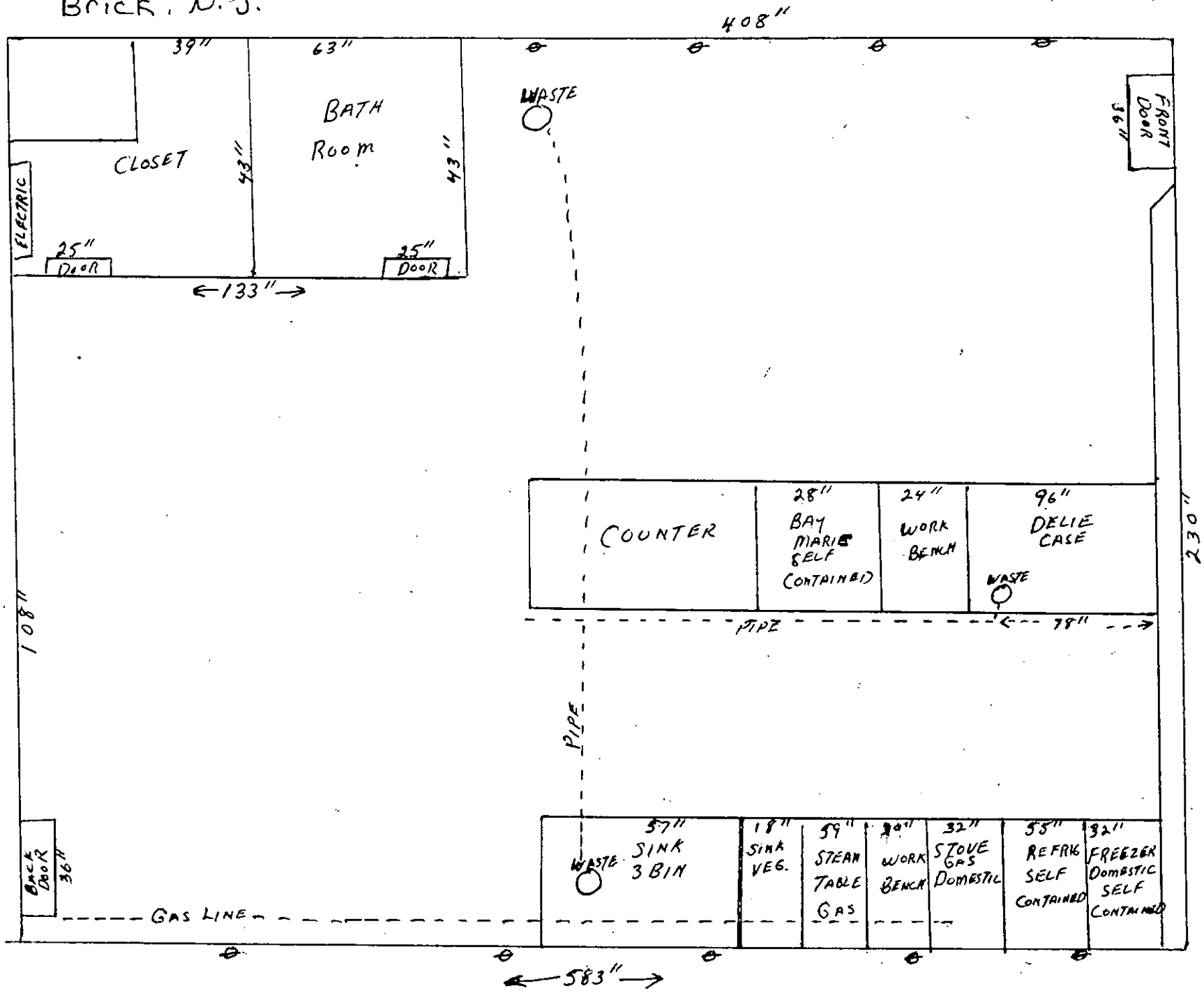
Date: 8-31-87

Inspected By: J.D. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				7/13/87 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

Our Place Deli
235 Chamberidge Rd.
Brick, N.J.



OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
OUR PLACE DELI		6-8-87
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICK	Begin 1540

REG. NO.	REMARKS (Please specify area)
	REJECTED
	~~NEED BLOCK & LOT NUMBER~~
	~~WHAT ARE THE FINISHES OF THE FLOORS, WALLS & CEILINGS?~~
	~~HOW ARE LIGHTS PROTECTED AGAINST BREAKAGE?~~
	WHERE ARE DRAWBOARDS FOR THREE COMPARTMENT SINK?
	NEED HANDWASH SINK IN FOOD PREP AREA.
	HOW IS STEAM TABLE FILLED / DRAINED?
	WHERE IS FOOD STORAGE AREA?
	IS WASTE PIPE UNDER OR ON TOP OF FLOOR?

(Attach additional sheets if necessary)

H.D.67

Page of Pages

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 702 L 19

ESTABLISHMENT INFORMATION

PHONE # 988-2185

ESTABLISHMENT CODE: 10

GOODS: ☐ DESTROYED ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: OUR PLACE DELI

EVALUATION

NUMBER AND STREET: 235 CHAMBERSBRIDGE RD.

☐ SATISFACTORY

☐ CONDITIONALLY SATISFACTORY

CITY OR MUNICIPALITY: BRICKTOWN | ZIP CODE: 08723

☒ UNSATISFACTORY

ESTABLISHMENT LICENSE NO. | 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: MARIE IANNICELLI

NUMBER AND STREET: 315 LAKEVIEW RD.

CITY OR MUNICIPALITY: OCEAN | STATE: N.J.

ZIP CODE: 07712 | COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
6-8-87	1540	1600

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

NAME OF INSPECTING OFFICIAL (Print): ELI GOLDMAN, RS.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: B397

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B702 L 19

ESTABLISHMENT INFORMATION

PHONE # 988-2185

ESTABLISHMENT TRADING NAME: OUR PLACE DELI

NUMBER AND STREET: 235 CHAMBERSBRIDGE RD

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 10

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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

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(Complete this section only if different from establishment information)

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NUMBER AND STREET: 315 LAKEVIEW ROAD

CITY OR MUNICIPALITY: OCEAN

STATE: N.J.

ZIP CODE: 08712

COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
6-12-87	1015	1030

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
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NAME OF INSPECTING OFFICIAL (Print): ELI GOLDMAN, R.S.

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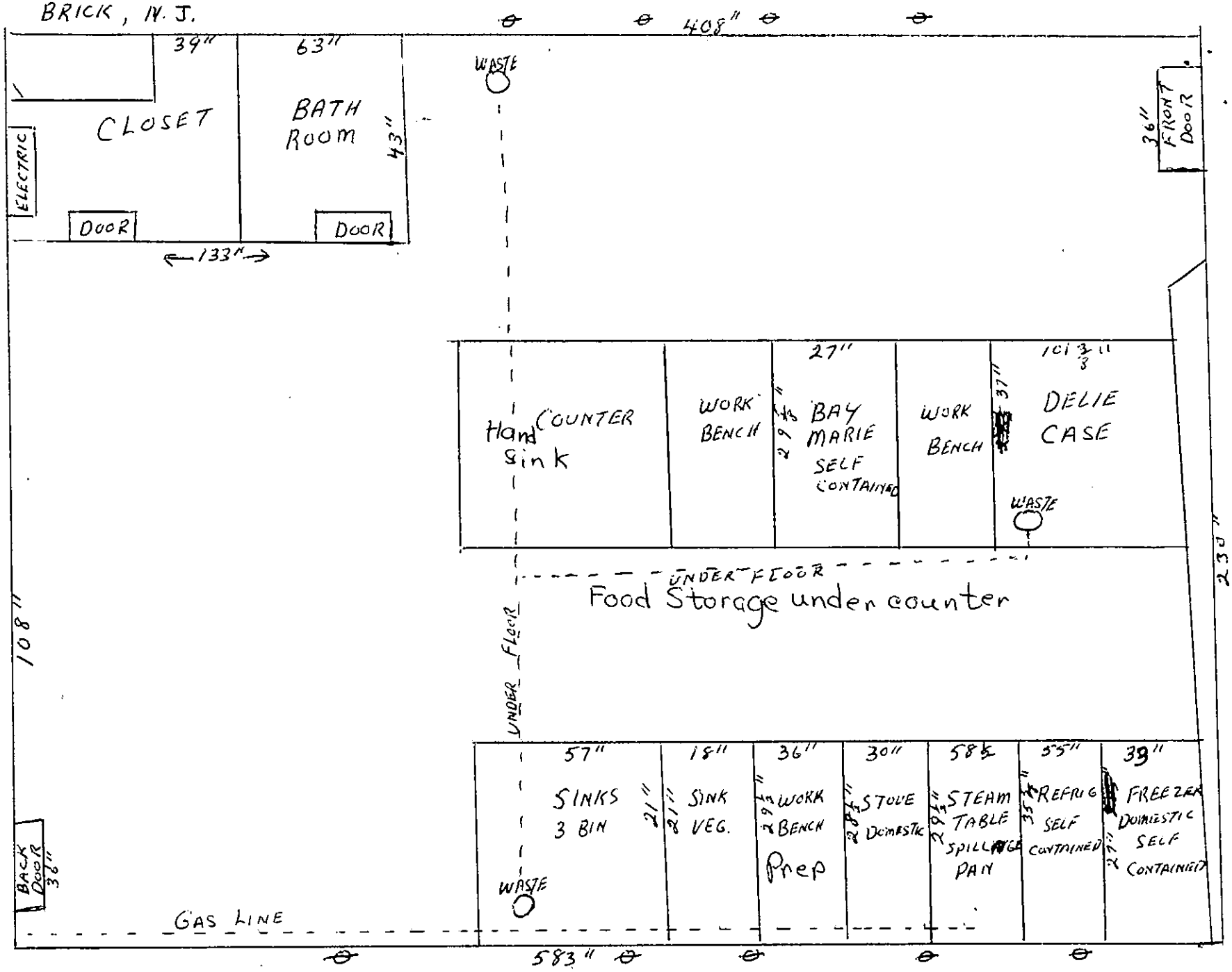
PERMANENT REG. NO.: B397

H.D.64

OUR PLACE DELI
235 CHAMBERIDGE RD. 988-2185
BRICK, N. J.



OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B702 L 19

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PHONE # 988-2185

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NUMBER AND STREET: 235 CHAMBERSBRIDGE RD

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ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 10

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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6-12-87	1015	1030

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

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

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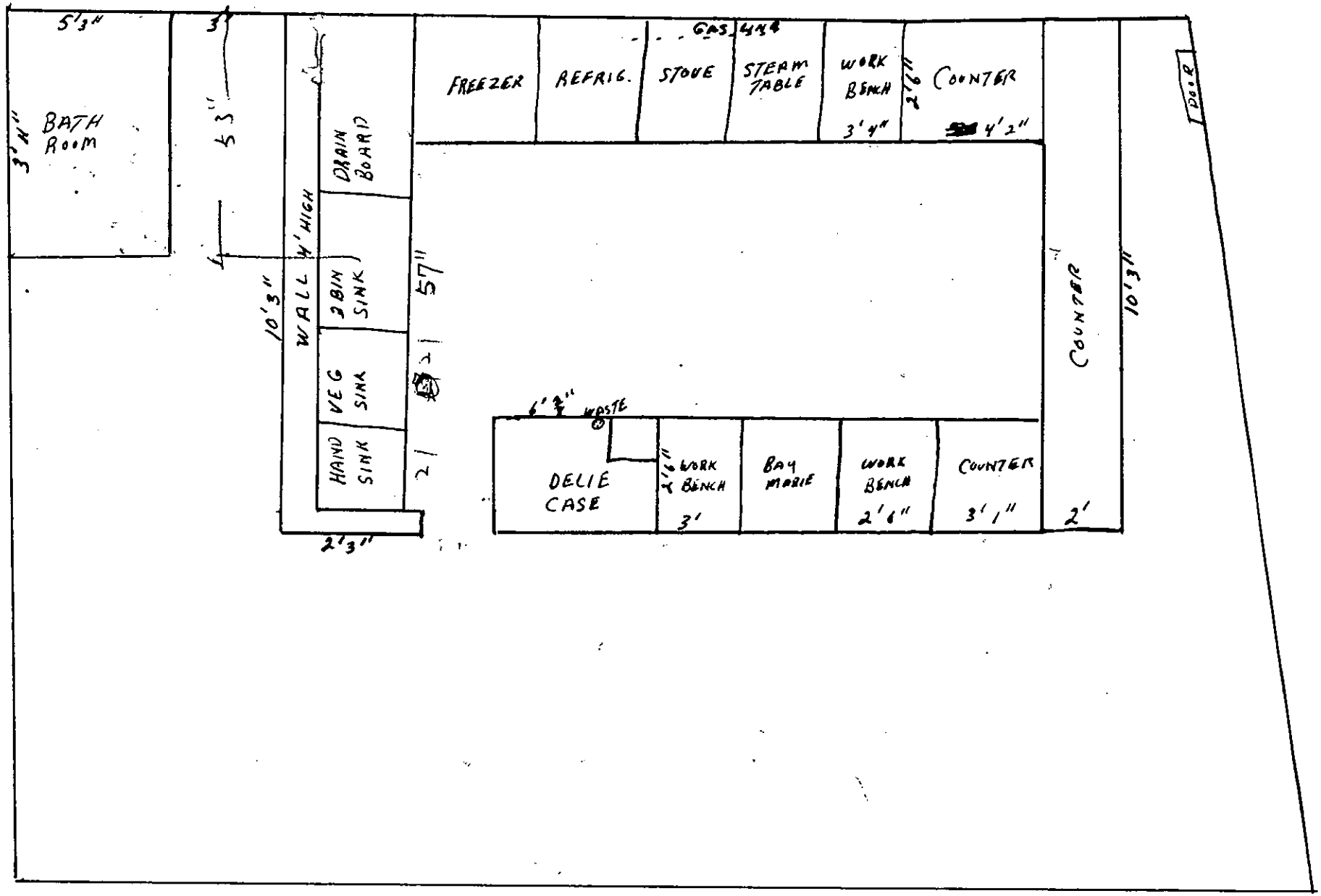
H.D.64

BLOCK 702
LOT 19

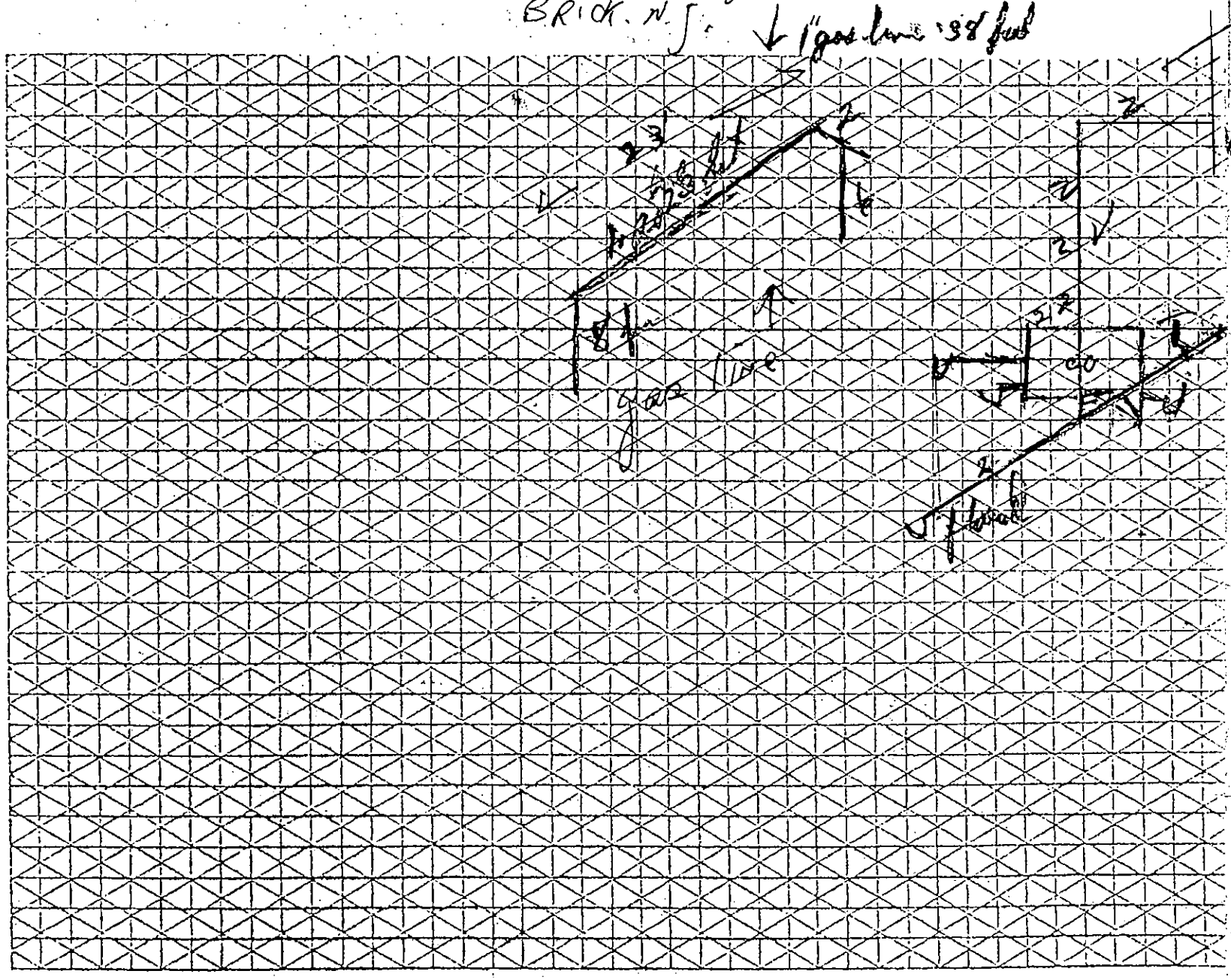
OUR PLACE DELI
235 CHAMBERBRIDGE RD.
BRICKTOWN, N. J. 08723



PLUMBING PERMIT

SITE ADDRESS 235 Chambersbridge Rd BLOCK 702 LOT 19

BRICK. N.J.



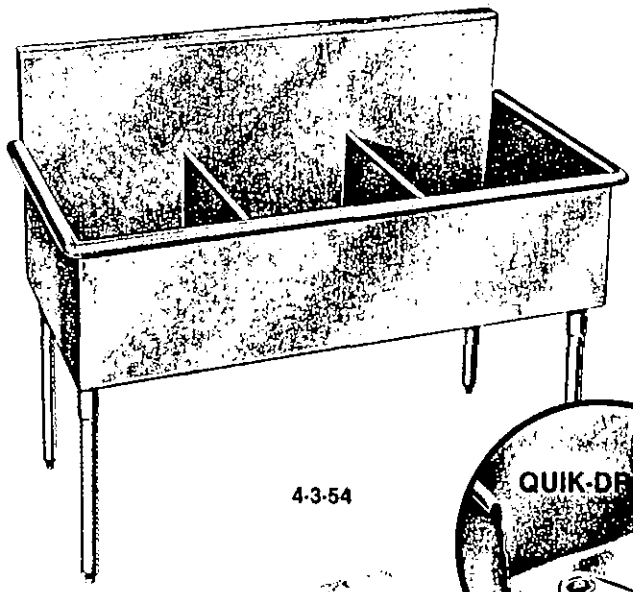
Advance

STAINLESS STEEL
SQUARE CORNER SCULLERY SINKS

BUDGET LINE

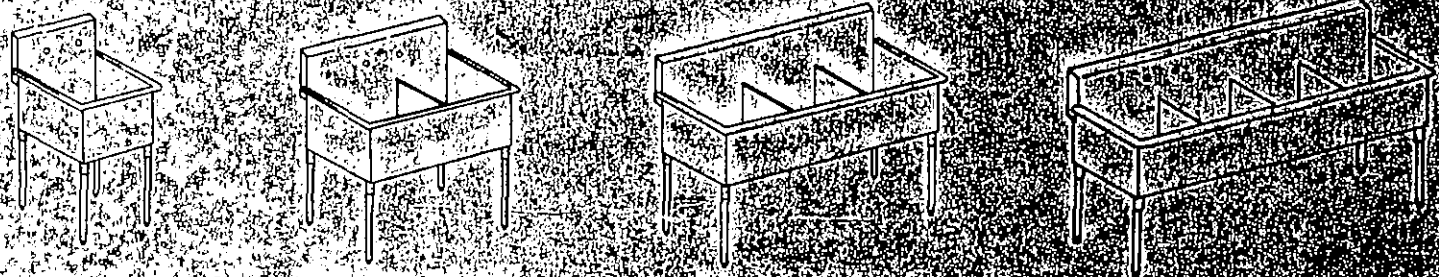
"400" Series

It Has FUNCTION and It Has THE PRICE!



- **EXCLUSIVE "QUIK-DRAIN"** Die Stamp Sink Bottoms for Rapid and Full Drainage. No Water Retained.
- **DOUBLE DUTY 21" I.D. WIDTH** For use as Both Pot and Dish Sink.
- **19 AVAILABLE MODELS.**
- **STAINLESS STEEL BASKET** Type Drains.

THE PRICE SINK



1 Compartment | 2 Compartments | 3 Compartments | 4 Compartments

DETACHABLE DRAINBOARDS

- Fast — Easy — Clip-on Installation.
- Drainboards are Reversible, can be used for "Lefts" or "Rights".
- Drainboards with Splash are not available.

SIZE	(16ga s/s "400")
21" x 18"	N-5-18
21" x 24"	N-5-24
21" x 30"	N-5-30
21" x 36"	N-5-36
21" x 48"	N-5-48
24" x 24"	N-54-24
24" x 36"	N-54-36
24" x 48"	N-54-48

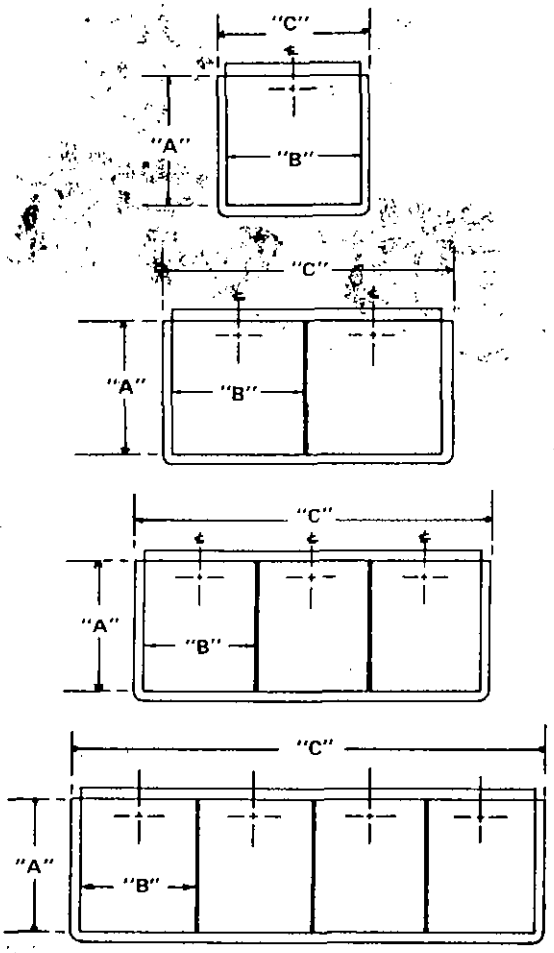
Advance FOOD SERVICE EQUIPMENT, INC. 750 SUMMA AVE., WESTBURY, L.I., N.Y. 11590 (516) 333 6444

Advance

BUDGET LINE

DIMENSIONS

"400" Series



ONE COMPARTMENT

"A"	"B"	"C"	"400" Series 16ga s/s "400"
21"	18"	21"	4-1-18
21"	24"	27"	4-1-24
21"	36"	39"	4-1-36
24"	24"	27"	4-41-24
24"	36"	39"	4-41-36

TWO COMPARTMENT

21"	18"	39"	4-2-36
21"	24"	51"	4-2-48
21"	30"	63"	4-2-60
24"	24"	51"	4-42-48
24"	30"	63"	4-42-60

THREE COMPARTMENT

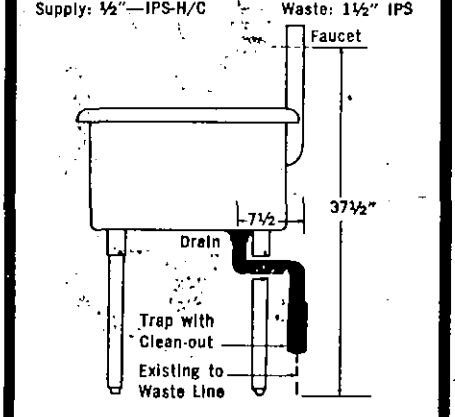
21"	12"	39"	4-3-36
21"	16"	51"	4-3-48
21"	18"	57"	4-3-54
21"	24"	75"	4-3-72
24"	20"	63"	4-43-60
24"	24"	75"	4-43-72

FOUR COMPARTMENT

21"	12"	51"	4-4-48
21"	15"	63"	4-4-60
21"	18"	75"	4-4-72

All Dimensions are Typical
TOL ± ½"

PLUMBING RUFF-IN



SPECIFICATIONS:

MECHANICAL:

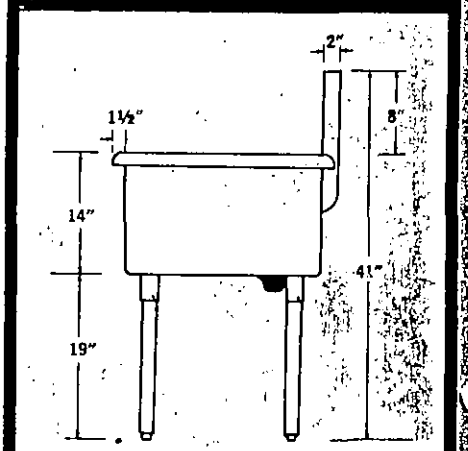
- Supply is ½" hot & cold
- Faucet holes on 8" centers
- Waste drains are 1½"-basket type and are included
- Faucets are not included (see accessories)
- Four compartment units require two faucets
- Three compartment units with 24" sink bowls require two faucets

MATERIAL:

- Heavy gauge stainless steel
- Legs are tubular
- Leg adjustment is 1"

CONSTRUCTION:

- All heli-arc welded
- Welded areas blended to match adjacent surfaces and to a satin finish



TOMORROW'S DESIGN IS Advance