RECEIVED
SEP 14 REC'D

TOWNSHIP OF BRICK

Our Place Deli

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 235 Chambersbridge Rd.
2. Owner Name: Iannicelli Tel. (201) 477-2323
   Address 278 Vermont D
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ 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: c/o

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☒	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 6293

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: _____

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 10311524

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 John Dannicelli 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 _____ **TEL.(** **)** _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 702 LOT NO. 19 SUBDIVISION _____ PERMIT NO. 12502

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	9/15/87	JL	9-15-87	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other			9/15/87	JK	
☐	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
	ALL CONSTRUCTION			
9-18-87	BUILDING		9-18-87 JL	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			TCO 30 days AA 9-18-87
	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. 12502	9-18-87
☐ 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	$ 52.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	15.00
OTHER _____	.
SUBTOTAL	$ 67.50
– 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	92.50

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

"Our Place Deli"

CERTIFICATE

CERT. NO. 12502

DATE ISSUED 9-18-87

Block 702 Lot 19

Subdivision

IDENTIFICATION

Owner John Iannicelli

Address 278 Vermont Dr.
Brick, NJ

Tel. ( )

Work Site Address
235 Chambersbridge Rd.

Agent

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 October 18, 19 87 or the owner will be subject to a fine or order to vacate:

Pending compliance with Ocean County Fire. (installation of hood)

D. DESCRIPTION OF WORK:

Restaurant deli

USE GROUP A-3

FIRE GRADING 2 hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Business

FINAL COST OF CONSTRUCTION: $ 6,293.

Arthur J. Cuozzo
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. 12502
DATE ISSUED 9-16-87
REVISION DATE
Block 702 Lot 19
Subdivision

A. IDENTIFICATION

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

Owner JOHN IANNICELLI
Address 275 VERMONT DR.
BRICKTOWN, N.J. 08723
Tel. ( )

Contractor CENTRAL JERSEY PLUMBING INC.
Address 2205 6TH AVE.
TOMS RIVER N.J. 08753
Tel. (201) 892-6644
Lic. No. 927
Federal Emp. No.

Work Site Address 235 CHAMBERS BRIDGE RD
BRICKTOWN, N.J. 08723

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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

1-3 BAY SINK 1-1 BAY VEG. SINK
1 HAND SINK 1 WASTE PIPE
1 WALL TO COVER PIPE OF SINKS
COUNTER
WORK BENCH

2 BY 4's – PLY WOOD
SHEET ROCK – FORMICA
TILE

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
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

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	9-15-87	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-18-87

Inspected By: IGM

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				9-18-87 IGM
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 12502
DATE ISSUED 9-16-87
REVISION DATE
Block 702 Lot 19
Subdivision

A. IDENTIFICATION

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

Owner JOHN IANNICELLI
Address 278 VERMONT DR.
BRICKTOWN, N.J. 08723
Tel. ( ) 920-0984

Contractor CENTRAL JERESY PLUMBING INC
Address 2205 6TH AVE.
TOMS RIVER N.J. 08753
Tel. (201) 892-6644
Lic. No. 927
Federal Emp. No.

Work Site Address 235 CHAMBERSBRIDGE RD.
BRICKTOWN N.J. 08723

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*) $ _____

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*

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT

477-2323

ESTABLISHMENT TRADING NAME

[illegible]R PLACE DELI

NUMBER AND STREET

[illegible]35 CHAMBERSBRIDGE Rd

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMUN. CODE: 1506

RISK: 2

ESTABLISHMENT INFORMATION

ESTABLISHMENT CODE: 10

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: John Iannicelli

NUMBER AND STREET: 278 Vermont Dr

CITY OR MUNICIPALITY: Bricktown

STATE: NJ

ZIP CODE: 08723

COMUN. CODE: 1506

TIME (2400 HOURS)		
DATE	BEGIN	END
9-14-87	10:55	[illegible]

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): Joseph A. Caprio

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

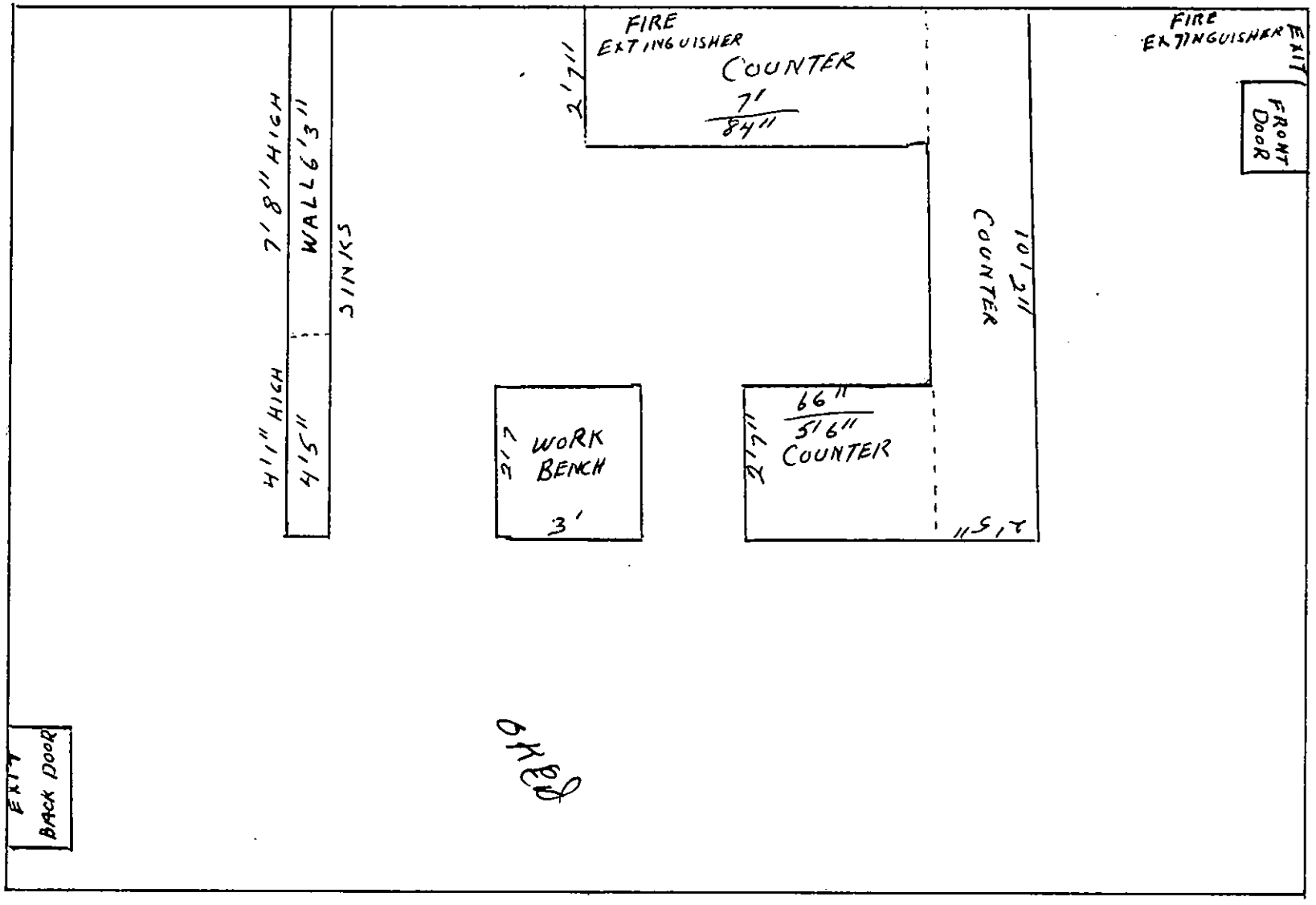
PERMANENT REG. NO.: B-375

H.D.64

PHONE
477-2323

OUR PLACE SUBS DELIE
235 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J. 08723

BLOCK NO. 702 LOT NO. 19



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.

OUR PLACE DELI

FOOD ESTABLISHMENT

Joseph A. Caprio
Inspector's Name

Inspector's Name

B-375
Inspector's Permanent Registration Number

September 14, 1989
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

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

NEW ESTABLISHMENT

PHONE
477-2323

ESTABLISHMENT TRADING NAME
OUR PLACE DELI

NUMBER AND STREET
235 CHAMBERSBRIDGE Rd

CITY OR MUNICIPALITY
BRICKTOWN

ZIP CODE
08723

ESTABLISHMENT LICENSE NO.

COMUN. CODE
1506

RISK
2

ESTABLISHMENT CODE
10

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
John Iannicelli

NUMBER AND STREET
278 Vermont Dr

CITY OR MUNICIPALITY
Bricktown

STATE
NJ

ZIP CODE
08723

COMUN. CODE
1506

TIME (2400 HOURS)

DATE	BEGIN	END
9-14-87	10:55	

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)
Joseph A. Caprio

SIGNATURE OF INSPECTING OFFICIAL
Joseph A. Caprio

PERMANENT REG. NO.
B-375

H.D.64