

Call 1/12/94

BLOCK 852 LOT 4.A.5 ADDRESS (SITE) 856 Rt 70 Brickton PERMIT NO. 054-94

RECEIVED

DEC 3 1993



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 210 -	✓	
2. Electrical			
3. Plumbing	195 -	✓	
4. Fire Protection	175 -	✓	
5. Other Other <u>Supplies</u>	95 -	✓	
6. Subtotal	\$ 681 -		
7. Less 20% for State Plan Review	5 -	✓	
8. Subtotal	\$		
9. DCA Training Fee	22 -	✓	
10. Subtotal	\$		
11. Cert. of Occupancy	20 -	✓	
12. Other			
13. TOTAL	\$ 728 -	✓	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories		ft.
2. Height of Structure		ft.
3. Area—Largest Floor		sq. ft.
4. Building Area—All Floors		sq. ft.
5. Volume of 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. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. IDENTIFICATION

1. Proposed Work-site at: 856 Rt 70 Brickton N.J.

2. Name of Owner in Fee: Susan Sandelman (Anoff Trust) Tel. (212) 720-4153

Address 77 Tarrytown Rd, Suite 100 White Plains, N.Y. 10607

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: FRAUR MERLO Tel. (908) 830-4932

Address 1608 BAY AVE BAY HERR

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. 186380661

5. Architect or Engineer Consenti + Associates Tel. (908) 431-6666

Address 64 E. Main St., Freehold, N.J. 07728

6. Responsible Person In Charge of Work FRANK MERLO Tel. (908) 830-4932

II. PROPOSED WORK

1. ☐ Minor Work (single trade)	Est. Cost
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	28,000
6. ☒ Fire Protection	8,000
7. ☒ Plumbing	15,000
8. ☒ Electrical	20,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	71,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
					Approval	Rejection
12/3/93			1-8-93	✓	4/28/94	✓
			1-12-94		4/25/94	✓
		12/15/93	1/8/94		4/25/94	✓
					4/27/94	✓
Emax	12/14/93	6/14/94				

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	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
2. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
	5. ☐ Cross-Connections/Backflow Preventers	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: A3

3. Change in Use Group: new

Indicate Former: M

LDS BR 10103517

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 FRANK MERLO

Address 1608 BAY AVE
BAY HEAD N.J. 08742

Telephone (908) 842-1207 830 4932

Signature [Signature] Date 11/22/93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL	
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date
☒ Planning Board	ASP	12/3/93						
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protection								
☐ Utility Dig No.								
☒ Other <i>varies</i>	SP	12/6/93						
☐								
☐								

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

Other _____

X. CERTIFICATES ISSUED

(office use only)

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Occupancy
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval
- ☒ None

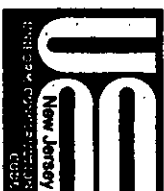
No. _____
No. _____
No. _____
No. _____
No. *254*

_____ *4/28/94*

COMMENTS

12-1493
H
IMPORTANT
H.B.T. - EXEMPT

* Handcopy to be
not to code
same free 12/15



CERTIFICATE

Date Issued 4-28-94
Control #
Permit # 054-94

IDENTIFICATION

Block 852 Lot 4.01 and 5
Work Site Location 856 Rt. 70
Owner in Fee Susan Sandelman (Aneff Trust)
Address 77 Tarrytown Rd., Suite 100
White Plains, N.Y. 10607
Tele. ()
Contractor Frank Merlo
Address 1608 Bay Ave.
Bayhead, NJ
Tele. ()
Lic. No. or Bids. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 2 hours
Maximum Live Load 53
Description of Work/Use:

Commercial alteration for tenant fit-up

"WINDMILL RESTAURANT"

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load 53

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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:

☒ CERTIFICATE OF APPROVAL

Fee \$
Paid [] Check No.
Collected by:

Arthur J. Ciarro



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

054-94

IDENTIFICATION Block

852

Lot

4.0185

Work Site Location

856 Rt 70

Contractor

Frank Merla

Owner in Fee

J. Handelman / Woodmill West

Address

7700 Highway Rd Suite 105

Address

Tele. (

White Plains ny

Tele. (

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

BLOCK

0.00

Is hereby granted permission to perform the following work:

☒ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Comm Alter

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 \$

71,900

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) L4.01AND

Building	210	BUILDING	210.00
Plumbing	195	PLUMBING	195.00
Electrical	178	ELECTRICAL	178.00
Fire Protection	178	FIRE PROTECTION	178.00
Other	5	OTHER	5.00
Other	2	OTHER	2.00
DCA Training Fee	2	DCA TRAINING FEE	2.00
Cert. of Occ.	2	CERTIFICATE OF OCCUPANCY	2.00
Other	7	OTHER	7.00
Total	725	TOTAL	725.00
Check/No.	93	CHECK/NO.	93
Cash		CASH	
Collected By:		COLLECTED BY:	

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11/13/94
054-94

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANG-
ING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block 852 Lot 4.01-5
Work Site Location 856 Route 70
Owner in Fee Susan Sadelman c/o Aunt Trust
Address 77 Tarrytown Rd, Suite 100
Wh. & Plins, N.Y. 10607
Tele. (212) 720-4153
Contractor FRANK MEDO 1/4 TURKEY CO'SH
Address 608 BAR AVE
RT 28, N.J. 08742
Tele. (201) 830-4932
Lic. No. or Bids. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent) of owner
offered and am authorized to make this application.
Signature Frank Medo

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Restoration and bit out for
Resturant as per plan.
Paint Paper Counters -
wall etc -

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
☒ No Plans Req.	11/8/94	MC	Footings	Foundation				
☐ All			Footings	Foundation				
☐ Footings			Slab	Foundation				
☐ Foundation			Frame	Foundation				
☐ Frame			Insulation	Foundation				
☐ Other			Finishes	Foundation				
☐ Joint Plan Review Required:			Energy	Foundation				
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical	Foundation				
☐ SUBCODE APPROVAL			TCO	Foundation				
☐ CO ☐ CCO ☐ CA			Other	Foundation				
Date:			Final	Foundation				
Approved By:				Foundation				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>28,000</u>
No. of Stories			2. Alteration \$ <u>28,000</u>
Height of Structure			3. Total (1+2) \$ <u>56,000</u>
Area—Largest Floor			
Total Bldg. Area/All Floors			
Volume of Structure			
Total Land Area Disturbed			

(Office Use Only)

TYPE OF WORK:	
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☐ Demolition	
☐ Miscellaneous	
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$
Collected by: TOTAL FEE \$



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11/13/94
0544-94
2 of 2
Approved

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 852 Lot 4.015
Work Site Location BRICKTOWN NJ 08723
Owner in Fee SUSAN SANDERMAN c/o Anett Trust
Address 77 Tarrytown Road, Suite 100
White Plains, N.Y. 10607
Tele. (212) 720-4153
Contractor KVS INC
Address 40 COTTERS LANE SUITE D
EAST BRUNSWICK NJ
Tele. (908) 651-1129
Lic. No. _____
Federal Emp. No. 22-3105255 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Const. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 8000.00 [] Other _____

Test needed
When completed

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
[] No Plans Required
Joint Plan Review Required: _____
Type: _____
[] Bldg. [] Plumb. _____
[] Elec. [] Elevator _____
[] Fire Plans Approved _____
Date: 1-11-94
Approved by: _____
SUBCODE APPROVAL: _____
MCO [] CCO [] CA []
Date: 4/25/94
Approved by: _____

INSPECTIONS: _____
Type: _____
Failure _____
Failure _____
Approval Initial _____
Date _____

Suppression Test _____
Fire Alarm Test _____
Smoke Test _____
Mechanical _____
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.

Jack Henry
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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 _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Administrative Surcharge \$ 98
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11/13/94
0544-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 852 Lot 4.013
Work Site Location # 856 Route 70
Owner in Fee BRICKTOWN NJ 08723
Address Susana Sandilman c/o Anoff Trust
77 Tappan Road, Suite 100
White Plains, N.Y. 10607
Tele. (212) 720-4153
Contractor KUS Inc
Address 40 COTTAGE LANE SUITE 2
FAIRBAIRN NJ
Tele. (908) 651-1159
Lic. No. _____
Federal Emp. No. 22305555 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. Class. _____ Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Test needed
Water Impeller

Total Est. Cost of Fire Prot. Work \$ 8000.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
[] No Plans Required	Suppression Test	
[] Bldg [] Plumb	Fire Alarm Test	
[] Elev [] Elevator	Smoke Test	
[] Fire Plans Approved	Mechanical	
Date: <u>1-11-94</u>	TCO	
Approved by: _____	Other	
SUBCODE APPROVAL	Other	
[] CO [] CCO [] CA	Other	
Date: _____	Other	
Approved by: _____	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.

Jack Flynn
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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 _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 98-



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 11/13/1994
Date Issued
Control # 054-94
Permit # 1 of 2

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 852 Lot 401 S
Work Site Location 856 RT 70

Owner in Fee William S. Savelberg, C/O. Duffy Bros
Address 77 Farmington Rd. Suite 1100
White Plains, N.Y. 10607
Tele. ()
Contractor
Address
Tele. ()
L.C. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Test	
[] Bldg. [] Plumb.	Fire Alarm Test	
[] Elec. [] Elevator	Smoke Test	
[X] Fire Plans Approved	Mechanical	
Date: <u>1-11-84</u>	TCO	
Approved by: <u>[Signature]</u>	Other	
SUBCODE APPROVAL:	Other	
<u>11 CO 1 1 CCO 1 1 CA</u>	Other	
Date: <u>4/23/94</u>	Other	
Approved by: <u>[Signature]</u>		

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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity
() Capacity
() Capacity
() Capacity

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
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance
OTHER

Paid [] Check #
Collected by:
Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$
178



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 11/13/194
Date Issued
Control # 054-94
Permit # 1 of 2 tabs

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 852 Lot 4.01
Work Site Location 856 RT 70

Owner in Fee Wesley Handberg, C/O Duffy Enterprises
Address 779 Livingston Rd, Suite 100
White Plains, NY 10607

Contractor _____
Address _____

Tele. (____) _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

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 _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
Type:	Type:	Failure	Approval
[] No Plans Required	Suppression Test		
[] Bldg. [] Plumb.	Fire Alarm Test		
[] Elec. [] Elevator	Smoke Test		
[X] Fire Plans Approved	Mechanical		
Date: <u>1-11-84</u>	TCO		
Approved by: _____	Other		
SUBCODE APPROVAL:	Other		
[] CO [] CCO [] CA	Other		
Date: _____			
Approved by: _____			

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.

SIGNATURE _____

D. TECHNICAL SITE DATA

Description of Work _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Number _____

FEE (Office Use Only)

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____
Kitchen Hood-Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
Gas or Oil Fired Appliance _____
OTHER _____

46-

Fire Alarm Class 20-106-2015

Gas or Oil Fired Appliance _____

4

132-

Paid [] Check # _____	Administrative Surcharge \$ _____
Minimum Fee \$ _____	
DCA Training Fee \$ _____	
Collected by: _____	TOTAL FEE \$ <u>178</u>



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

1/13/94
054-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 852 Lot 4.01, 5 (Windmill)
Work Site Location 856 Rt 7D
Owner in Fee Susan Sandelman c/o Anett Trust
Address 77 Tarrytown Rd, White Plains, N.Y.
Suite 100
Tele. (914) 720-4153
Contractor Municipal Mechanical Contr. Inc
Address P.O. Box 2358
Elizabethtown NJ 07740
Tele. (908) 222-8855
Lic. No. 9374
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab		<u>2-3-94</u>	<u>JS</u>
☐ Joint Plan Review Required:		Rough		<u>3-3-94</u>	<u>JS</u>
☐ Bldg. ☐ Elec. ☐ Fire		Water			
☐ Plumb. Plans Approved		Sewer			
Date: <u>1/11/94</u>		Fixtures		<u>3-3-94</u>	<u>JS</u>
Approved by: <u>JS</u>		Gas Equipment			
		Gas Final			
		Solar			
		TCO		<u>4-21-94</u>	
				<u>4-21-94</u>	

SUBCODE APPROVAL:
☒ CO ☐ CCO ☐ CA
Approved by: JS
Date: 4-25-94

ATIFICATION IN LIEU OF OATH

I certify that I am the (agent of) owner of
and am authorized to make this application
the work listed on this application.

JS
Signature-Contractor Seal

Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>3</u>	Water Closet	<u>15</u>
<u>1</u>	Urinal/Toilet	<u>5</u>
<u>2</u>	Bath Tub	<u>10</u>
<u>2</u>	Lavatory	<u>10</u>
<u>2</u>	Shower	<u>25</u>
<u>2</u>	Floor Drain	<u>25</u>
<u>2</u>	Sink	<u>25</u>
<u>2</u>	Dishwasher	<u>25</u>
<u>2</u>	Drinking Fountain	<u>25</u>
<u>2</u>	Washing Machine	<u>25</u>
<u>2</u>	Hose Bibb	<u>25</u>
<u>2</u>	Gas Piping	<u>15</u>
<u>2</u>	Fuel Oil Piping	<u>5</u>
<u>2</u>	Water Heater	<u>5</u>
<u>2</u>	Steam Boiler	<u>5</u>
<u>2</u>	Hot Water Boiler	<u>5</u>
<u>2</u>	Sewer Pump	<u>5</u>
<u>2</u>	Interceptor/Separator	<u>5</u>
<u>2</u>	Backflow Preventer	<u>25</u>
<u>2</u>	Greasetrap	<u>25</u>
<u>2</u>	Water Cooled A/C	<u>30</u>
<u>2</u>	or Refrigeration Unit	<u>30</u>
<u>2</u>	Sewer Connection	<u>30</u>
<u>2</u>	Water Service Connection	<u>30</u>
<u>2</u>	Gas Service Connection	<u>30</u>
<u>2</u>	Active Solar System	<u>30</u>
<u>2</u>	Other <u>Vents</u>	<u>10</u>

Paid ☐ Check # _____ Minimum Fee \$ 145.00
Collected by: _____ TOTAL \$ 145.00

*Architect requests 2" water return



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 852 Lot 4.01, 5

Work Site Location 966 Rt 70 W. Clinton N.J. 08723

Owner in Fee Susan Sandelman c/o Aunt Trust
Address 77 Terrytown Rd. White Plains, N.Y.
Suite 100 10607

Tele. (212) 720-4153

Contractor MECHANICAL CONTRA. INC.
Address P.O. BOX 2358
ELBA N.J. 07740

Tele. (908) 222-5855
Lic. No. 9374 or Social Security No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____

Water Service Size _____

Estimated Cost of Plumbing Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)

☐ No Plans Required Type: Failure Failure Approval Initial

Joint Plan Review Required: Slab _____

☐ Bldg. ☐ Elec. ☐ Fire _____

☐ Plumb. Plans Approved _____

Date: 1/11/94 _____

Approved by: [Signature] _____

Subcode Approval: _____

☐ CO ☐ CCO ☐ CA _____

Approved by: _____

Date: _____

Subcode Approval: _____

☐ CO ☐ CCO ☐ CA _____

Approved by: _____

Date: _____

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____
and am authorized to make this application
form the work listed on this application.

Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15
1	Urinal/Bidet	5
2	Bath Tub	10
2	Lavatory	25
2	Shower	25
2	Floor Drain	25
2	Sink	25
2	Dishwasher	25
2	Drinking Fountain	25
2	Washing Machine	25
2	Hose Bibb	25
2	Gas Piping	15
2	Fuel Oil Piping	5
2	Water Heater	25
2	Steam Boiler	25
2	Hot Water Boiler	25
2	Sewer Pump	25
2	Interceptor/Separator	25
2	Backflow Preventer	25
2	Greasetrap	25
2	Water Cooled A/C	30
2	or Refrigeration Unit	30
2	Sewer Connection	30
2	Water Service Connection	30
2	Gas Service Connection	30
2	Active Solar System	30
2	Other Vents	30

Administrative Surcharge \$ 10
Paid ☐ Check # _____ Minimum Fee \$ 105.00
Collected by: _____ TOTAL \$ 105.00

* Additional Fee: _____

1/13/94
054-94

Michael P. Conoscenti and Associates PC



Architects

The Carriage House
64 E. Main Street
Freehold, NJ 07728
(908) 431-6666

January 11, 1994

Brick Township Municipal Utilities Authority
Arthur J. Clerzo
Plumbing Official
Route 88
Bricktown, New Jersey 08724

Re Windmill Gourmet Fast Foods
Routes 88 & 70
Bricktown, New Jersey

To Whom It May Concern,

Our client, Mr. Brenden Dunne, has advised us that they will upgrade the existing 1" water service to 2" service. Please refer to drawing P-2 of the Construction Documents for schematics and specifications. I hope this will satisfy the requirements for the permits needed.

Should you have any questions do not hesitate to call me.

Very truly yours,

Lori P. Salzan, AIA

cc: Mr. Brenden Dunne
Mr. Leo Levine

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

January 6, 1994

Conoscenti & Associates
64 East Main Street
Freehold NJ 07728

RE: 856 Rt 70/Windmill
Block 852 Lot 4.01, 5

Dear Mr. Conoscenti

Your application for a construction permit for the subject property has been rejected because of deficiencies within the plans directly related to the intended use of the structure.

According to BOCA Chart 313.1.2. the original use of that building area was M-Merchantile. Upon reviewing the plans I note that you intend to change the use to A3-Restaurant/Assembly. Therefore, there should be a two hour fire wall.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type and begins again with another 20 working days when the corrections/conditions for the rejection have been resubmitted and approved.

I trust this satisfies your inquiry. Should you require any further assistance or have any questions please call our office.

Respectfully

Raymond Korkowski
Building Sub-code Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

OFFICE OF:

DIVISION OF INSPECTIONS
A.J. CIERZO, CONSTRUCTION OFFICIAL



(908) 262-1024
FAX: (908) 920-4850

January 7, 1994

Conoscenti & Associates
64 East Main Street
Freehold NJ 07728

RE: 856 Rt 70/Windmill
Block 852 Lot 4.01, 5

Dear Mr. Conoscenti

Your application for a construction permit for the subject property has been rejected because of deficiencies within the plans directly related to the intended use of the structure.

According to BOCA Chart 313.1.2. the original use of that building area was M-Merchantile. Upon reviewing the plans I note that you intend to change the use to A3-Restaurant/Assembly. Therefore, there should be a two hour fire wall.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type and begins again with another 20 working days when the corrections/conditions for the rejection have been resubmitted and approved.

I trust this satisfies your inquiry. Should you require any further assistance or have any questions please call our office.

Respectfully



Raymond Korkowski
Building Sub-code Official

SIZING FOR WATER AND SEWER SERVICES

Property Owner Susan Sandelman Date 12/15/93

Property Address 856 Rt 70 Block 852 Lot 4/5

Zoning _____ Use Group _____

Contractor Murcini Mechanical License No. Registration 9574

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	<u>3</u>	<u>(5)</u> <u>15</u>	<u>()</u>
2. Lavatory	<u>2</u>	<u>(1)</u> <u>2</u>	<u>()</u>
3. Bath-Tub		<u>()</u>	<u>()</u>
4. Shower Stall		<u>()</u>	<u>()</u>
5. ^{can b} Kitchen Sink	<u>1</u>	<u>(3)</u> <u>3</u>	<u>()</u>
6. ^{David} Service Sink	<u>2</u>	<u>(1)</u> <u>2</u>	<u>()</u>
7. ^{mop} Laundry Tray	<u>1</u>	<u>(3)</u> <u>3</u>	<u>()</u>
8. Dishwasher		<u>()</u>	<u>()</u>
9. Washing Machine		<u>()</u>	<u>()</u>
10. Urinal	<u>1</u>	<u>(5)</u> <u>5</u>	<u>()</u>
11. Floor Drain		<u>()</u>	<u>()</u>
12. Drinking Fountain		<u>()</u>	<u>()</u>
13. Air Conditioner (water cooled)		<u>()</u>	<u>()</u>
14. Dental Unit		<u>()</u>	<u>()</u>
15. Lawn Sprinkler No. of Heads		<u>()</u>	<u>()</u>
16. Fire Sprinkler No. of Heads		<u>()</u>	<u>()</u>
17. _____		<u>()</u>	<u>()</u>
18. _____		<u>()</u>	<u>()</u>

Total 30

Gallons per minute 20"

Size of Service 1" P2 plan 2" required by architect

Date: 12/15/93

Approved: Cieppo
Brick Township Plumbing Inspector

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner



Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: Block 852 , Lot 4.01 & 5

DATE: December 6, 1993

Windmill/856 Tonte 70



Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is \$ - 0 -

no aa anticipated
Preliminary

Frederick R. Millman
Frederick R. Millman, CTA

Date



Please review the attached application for a **Final Certificate of Occupancy / Approval.**

The final equalized added assessment for construction at the above site is \$ _____

Final

Frederick R. Millman, CTA

Date

99-UM-301 UPPER SPRING

77-6042-00 MALE ENDCAP

99-M-302 DIAPHRAM

99-40-110 NYLON SEAL

99-1M-301 LOWER SPRING

77-6040-00 VALVE BODY

O10 'O'RING (2X)

77-4003-00 SLEEVE (2X)

5/16" 302 SS BALL (2X)

99-0139355 304 SS SPRING (2X)

O11 'O'RING (2X)

77-4002-00 VALVE BODY

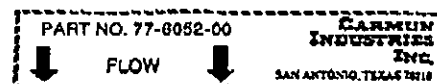
77-4001-00 CARBONATOR
CHECK VALVE BASEVENTED DOUBLE BALL CHECK VALVE ASSY

ALL SPRINGS AND BALLS ARE 302 OR 304 STAINLESS			
ALL 'O' RINGS MADE OF 7077 OR 40307 FDA APPROVED COMP			
TOLERANCES		REVISIONS	
FINISH AS NOTED	NO.	DATE	BY
DIMENSIONAL	1		
FUNCTIONAL	2		
ASSEMBLY	3		
VENTED DOUBLE BALL CHECK		CARMUN INDUSTRIES	
DRAWING OF RT CARB		SCALE	
CHECK		3-10-87	
TRACED		DATE	
77-6052-00		SEE SPECS.	

77-6052-00

SEP-18-'92 13:35 1D:CCCA-COLA / USA ENGR TEL NO: 6766986

#982 P02



99-UM-301 UPPER SPRING

99-M-302 DIAPHRAM

77-6042-00 MALE ENDCAP

99-40-110 NYLON SEAL

99-LM-301 LOWER SPRING

77-6040-00 VALVE BODY

O10 O-RING (2X)

77-4003-01 SLEEVE (2X)

5/16" 304 TIE BOLT (2X)

99-0139355 304 SS SPRING (2X)

O11 O-RING (1X)

77-4002-00 VALVE BODY

77-4001-00 CARBONATOR
CHECK VALVE BASE

VENTED DOUBLE BALL CHECK VALVE ASSY

ALL SPRINGS AND BALLS ARE 302 OR 304 STAINLESS
ALL O-RINGS MADE OF 7077 OR 40307 FDA APPROVED COMP.

CARMUN INDUSTRIES

VENTED DOUBLE BALL CHECK

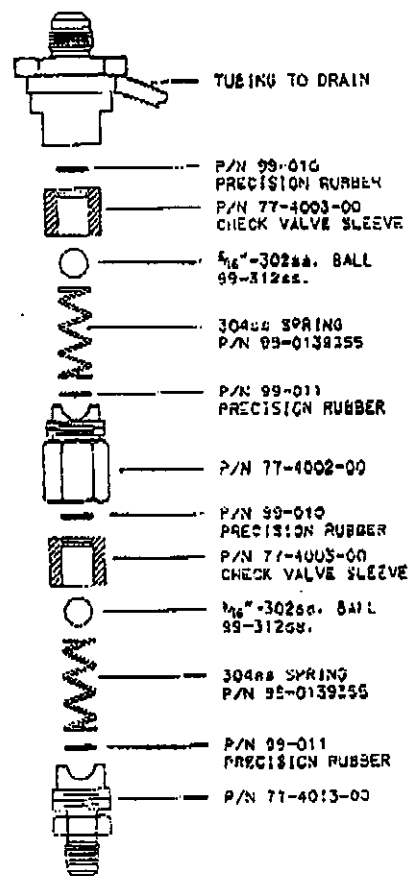
TOLERANCES (EXCEPT AS NOTED)	DECIMAL	REVISIONS			DRAWN BY RL CARY	SCALE	DATE 5-10-87	MATERIAL SEE SPECS. DRAWING NO.
		NO.	DATE	BY				
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77-6052-00

INSTALLATION OF VENTED CHECK VALVE IN THE CONVERTIBLE DISPENSER

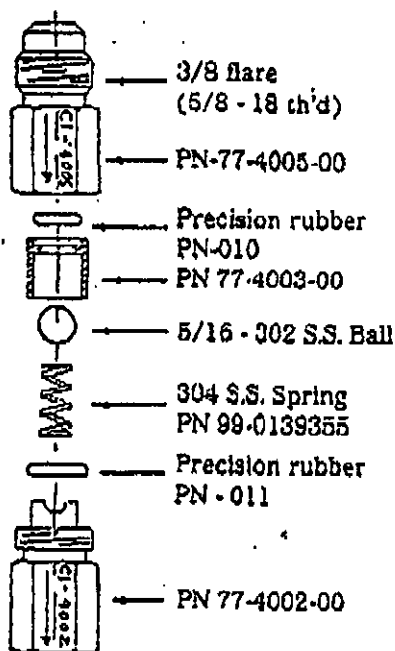
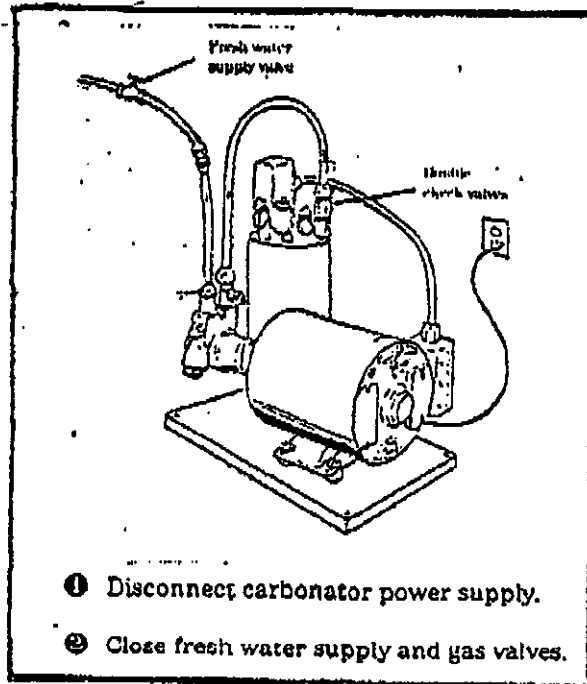
PARTS LIST	
PART No.	DESCRIPTION
77-6052-01	VENTED CHECK VALVE
99-250-TBE	TUBING VINYL .250 CLEAR TUBING
99-125-TPE	TAPE INSULATION 1/8" THICK X 1" WIDE
178025-100	GASKET FOR 1/8" FLARE FITTING
311304-000	GASKET FOR 1/8" FLARE FITTING
99-252	INSTRUCTION SHEET VENTED CHK. VLV.

1. CLOSE FRESH WATER SUPPLY AND GAS VALVES.
2. LOCATE THE DOUBLE CHECK VALVE ON THE CARBONATOR TANK AND REMOVE THE INSULATION. DISCONNECT THE TUBING FITTING FROM THE ADAPTER FITTING ON THE DUAL CHECK VALVE.
3. REMOVE THE DOUBLE CHECK VALVE AND THE ADAPTER FITTING.
4. INSTALL THE DUAL VENTED CHECK VALVE OUTLET (1/4" MALE FLARE FITTING ON THE CARBONATOR USING A 1/2" FLARE GASKET.
5. RECONNECT THE TUBING FITTING TO THE TOP OF THE VENTED CHECK VALVE USING A 1/2" FLARE GASKET.
6. SLIDE THE 16" LENGTH OF .250 FLEXIBLE VINYL TUBING OVER THE CHECK VALVE VENT AND ROUTE IT DOWN TO THE WATER BATH BETWEEN THE COILS. CUT THE LENGTH SO THAT THE END OF THE TUBE IS ABOVE THE WATER BATH LEVEL.
7. RECONNECT THE POWER SUPPLY AND OPEN THE FRESH WATER SUPPLY AND GAS VALVES.
8. ALLOW THE CARBONATOR TO RUN THROUGH SEVERAL CYCLES AND OBSERVE ALL FITTINGS FOR ANY SIGNS OF LEAKING.
9. IF THERE ARE NO LEAKS, INSULATE THE VENTED CHECK VALVE THOROUGHLY WITH THE INSULATION TAPE PROVIDED.

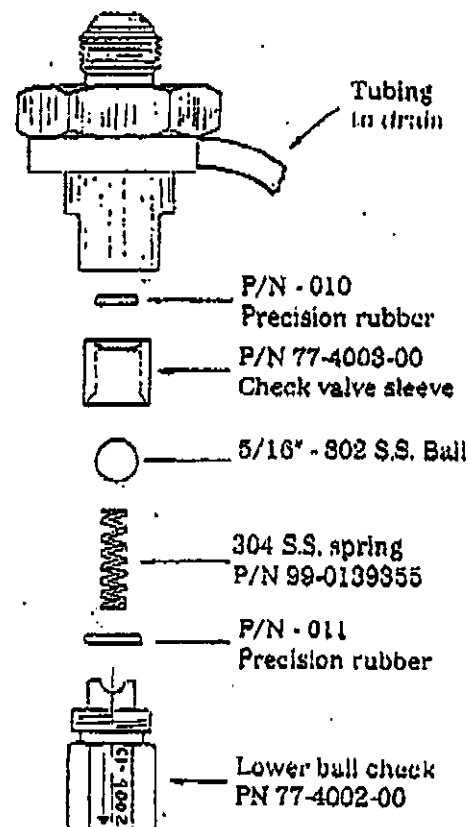


P/N 99-252

d:\gm\m15c\99-252.dgn Apr. 5, 1994 12:20:04



- ④ Locate the double check valves on the carbonator tank and remove the tubing fitting from the double check valves. Remove the top ball check altogether through the "O" ring P/N 011 as per diagram.



- ⑤ Carefully remove plastic cap from end of the double check assembly. Reassemble as per above sketch. Tighten hand tight plus an additional 1/4 turn with a 5/8" open end wrench.
- ⑥ Reconnect the tubing fitting to the top of the vented check valve. NOTE: the tubing supplied with most carbonators is long enough to allow the installation of the vented check valve; however, some models may require a longer section of tubing. In this case, a 15 in. long section of 3/8 in. nylon tubing with 3/8 in. female flare fittings on each end is required. This additional section of tubing may also be required on units that originally used stainless steel tubing. Do not replace nylon or stainless steel tubing with copper tubing.
- ⑦ A standard .265 I.D. flexible tubing can be slipped over the attached drain tube and routed to a drain. NOTE: there is very little leakage. Crimp 550 ferrule to hold in place.
- ⑧ Reconnect the power supply and open the fresh water supply and gas valves.
- ⑨ Allow the carbonator to run through several cycles and observe all fittings for any sign of leaking.



Division of The Coca-Cola Bottling Co. of New York, Inc.

FACSIMILE COVER SHEET

PLUMBING

TO: INSPECTOR

Company Name: _____

Phone Number: _____

Fax: _____

From: _____

Company: COCA-COLA BEVERAGE SERVICES

Installation Department

35 Winthrop Avenue New Rochelle, NY 10801

Phone Number: 1-800-743-4063 ext. 4554

Fax: 914-576-5243

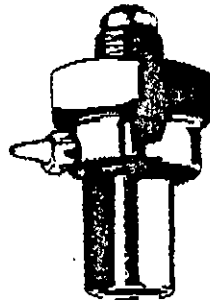
Date: _____

Pages including
this cover page: _____

COMMENTS: _____

AS PER YOUR
REQUEST

CARMUN INTERNATIONAL, INC. VENTED CHECK VALVE



77-6050-00 SERIES

DESIGNED SPECIFICALLY TO PREVENT
CARBONATED WATER FROM BACKING INTO
WATER SUPPLY

FEATURES AND SPECIFICATIONS

- Manufactured from certified low sulphur content 300 series stainless steel to avoid taste and odor contamination.
- Tested by NSF to A.S.S.E. Standard 1032, the strictest standards available. All performance, material and design requirements were met. (There is no standard available for atmospheric venting devices. The Carmun vented check valve is neither NSF or A.S.S.E. approved or listed at this time.)
- Official approval in states and areas requiring atmospheric venting device (see attached list).
- Automatically vents liquids or gases into the atmosphere at less than 1 pound of back pressure.
- For exclusive use in conjunction with Coca-Cola Company products.

Daly Fire Protection Inc.

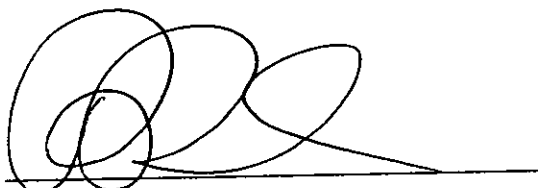
April 25, 1994

CERTIFICATE OF INSTALLATION

An installation of a Pyro Chem 3.5 Gallon Liquid Fire Suppression System with remote pull and automatic fuel shut off which is a UL approved fire suppression system for cooking operations, has been installed by DALY FIRE PROTECTION INC. and tested as per manufacturer's specifications at the following location:

The Windmill
Route 88 & Route 70
Bricktown, NJ

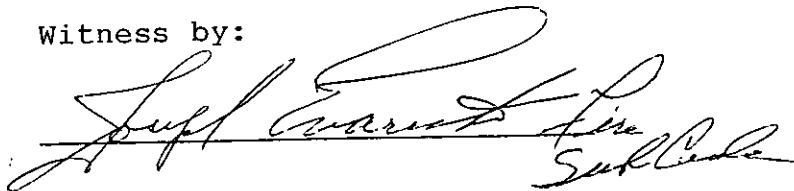
Signature of Installer



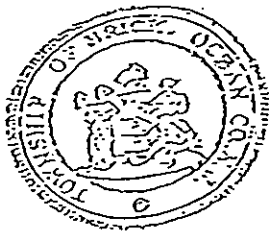
DALY FIRE PROTECTION INC.

- * in accordance with NJAC 5:18-3 et seq. F-408
- * in accordance with NFPA codes # 96 and # 17 or NFPA #17A

Witness by:



14 Lorelei Drive • Howell, NJ 07731
1-908-458-3038 • Fax: 1-908-458-8219



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3223

Office of
Division of Inspections

CHECK LIST

856 RT 90 Bunkton

Re: Block 852 - Lot 4015

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

- Administrative
- Zoning
- Engineering
- Building
- Plumbing
- Electric
- Fire

Needs more
insulation

8400
MAY

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

Revised
changed 3/13
check
done
done
done

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner

Planning Board
(908) 262-1045
Fax: (908) 920-4850

December 3, 1993

Dunne Family Enterprises
d.b.a. Windmill Restaurant
2 Windson Drive
West Long Branch, N.J. 07764

Re: ABR-138-10/93
Dunne Family Enterprises
d.b.a. Windmill Restaurant
Block 852, Lots 4.01-5

Gentlemen:

The Planning Board reviewed the above request for Abridged Site Plan approval at the December 1st Executive Session. The attached report from Michael P. Fowler, Municipal Planner, was taken into consideration.

Based upon the factual findings in Mr. Fowler's report, the Board determined Abridged Site Plan approval can be granted provided that seating is limited to 45, with 5 employees per shift and there is no increase in operating hours. The location of the cardboard dumpster can be addressed when they apply for site plan approval.

All other necessary approvals shall be obtained.

Yours truly,

E. Joan Kull, Secretary

Att.

cc: Division of Inspections
Sean Kinnevy, Zoning Officer
Kenneth B. Fitzsimmons, Esq.
Code Enforcement
Kenneth E. Pringle, Esq.

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner



Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1040
Fax: (908) 920-4850

TO: Brick Township Planning Board

FROM: Michael P. Fowler, Municipal Planner *[Signature]*

DATE: November 24, 1993

RE: Abridged Site Plan - Change of Use - ABR-138-10/93
Applicant: Dunne Family Enterprises
D/B/A Windmill Restaurant
Owner: Aneff Trust c/o Sanford Sandelmann
Second Inspection & Review

We are in receipt of the above referenced application and in reviewing same offer the following for your consideration.

Existing Conditions:

The subject property is Block 852, Lot 4.01 & 5, a 65,328 s.f. site, also known as 856 Route 70, located at the intersection of Route 70 and Route 88 West in the B-3 zone. The site contains a 1 story masonry building with 3 commercial units. Current uses are Footlocker (retail, 2,292 s.f.), Nutra-System (retail 2,292 s.f.) and Vacant (retail, 3,015 s.f. formerly Kinney Shoes). The site was originally developed in the early 1960's, therefore, no approved site plan exists. However a site plan, (P.B. 1283, R-68-82, 9-22-82), was approved incorporating the site into an overall plan including lots 4-11 & 8. Cross access and parking is addressed by this plan.

Proposal:

The applicants propose a change of use from retail to a restaurant with 45 seats and 5 employees.

Ordinance Compliance:

<u>Item</u>	<u>Ordinance</u>	<u>Proposed</u>
Use	Must be permitted and Conforming	Permitted/Conforming
Variance	None may be required	None required
Parking	No additional spaces required	No additional spaces required. 99 spaces exist 38 currently required 37 proposed required
Internal Driveways/ Fire Lanes	No alteration or relocation	No alteration or relocation
Operating Hours	No increase	9:00 AM - 9:30 PM No increase
Buffer	No additional required, no reduction or intrusion	Surrounded by commercial uses-no buffer required
Landscaping	No reduction or intrusion	No reduction or intrusion
Notice	Must be given to P/O within 200'	Notice given 9/27 No responses received to date
Property Maintenance	Must be fully adhered to (no violations)	No Violations: Site has been cleaned; 2 of the dumpsters have been placed in the enclosure with 1 dumpster for cardboard recycling located in an adjacent parking space
Previous Approvals	Must fully comply with approved plan	Complies with P.B. Case #1283. (No specific site plan for this site.

Recommendations:

Outstanding issues as stated in Kevin Batzel's letter dated 10-5-93, and property maintenance violations noted in our report of 10/19/93 have been corrected.

Technically, the cardboard recycling dumpster should be put in the enclosure or removed from the site. However, since this is a very old site without an approved plan for trash storage, we recommend that it remain in its present location. Although not required, the Board may wish to suggest a new, larger trash enclosure, built to current standards. This could be accomplished under the Abridged Site Plan procedures for structures under 1,000 square feet.

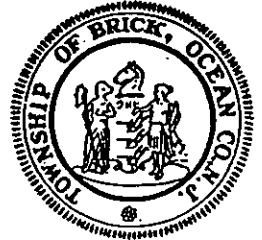
Provided that the seating is limited to 45, with 5 employees per shift, and that there is no increase in operating hours, approval may be granted at this time.

Att.

MPF/kmd/ejk

cc: Code Enforcement

BRICK TOWNSHIP BUREAU OF FIRE SAFETY



500 Herbertsville Road
Brick Township, New Jersey 08724
(908) 458-4100
FAX: (908) 458-4153

RECEIVED

Nov 19 1993

November 16, 1993
District 2

Office of the Planning Board
401 Chambersbridge Road
Brick, New Jersey 08723

BLOCK: 852 LOT: 4.01-5 APPLICANT: Dunne Family Enterprises, Inc.
2 Windsor Dr.
West Long Branch, New Jersey
B.T.P.B.#: ABR-138
SITE PLAN FEE: Revision Based on Site Condition OWNER: A.Neff Trust
c/o Sanford Sandleman, Trustee
77 Tarrytown Road Suite 100
White Plains, N.Y. 10607
LOCATION: 856 Route 70
(Former Kinney Shoes Store)
PROPOSED USE/DESCRIPTION: Proposed change of use from existing Shoe Store business to (3,015 square feet) "Windmill Gourmet Fair Foods" restaurant use with 48 seats. Hydrant located at Route 70 entrance to site.

The above referenced site plan exemption request has been reviewed and accepted with the following notation.

1. Use must meet all applicable fire codes as required by the Building Department and Fire Sub-Code Official. This review is for site requirements and additional comments only.

Very Truly Yours,

Kevin C. Batzel
Bureau Chief/Fire Official

KCB/rlb

FINISHES

RM NAME	FLOOR	WALLS	BASE	CEILING		REMARKS
				CEILING	HEIGHT	
Dining Room	CT-1	P-1	CT	ACT-1	9'-9"	Floor Accent CT-2 & CT-3
Service Area	NSF-1	WP-1		ACT-1	9'-9"	
Food Prep/Storage	QT-1	WP-1	QT	ACT-2	9'-9"	
Office	CPT	WP-1	V	ACT-2	9'-9"	carpet by owner
Womens Toilet	CT-4	VWC-1	CT-4	ACT-1	8'-0"	WP-1 wainscot @ fixture wall vanity - PL-4 partitions - TP-2
Mens Toilet	CT-4	VWC-2	CT-4	ACT-1	8'-0"	WP-1 wainscot @ fixture wall vanity - PL-3 partitions - TP-1
Janitor Closet	QT	P-1		ACT-2	8'-0"	
Electric Closet	-	P-1		ACT-2	8'-0"	

FINISH LEGEND

FLOORING	Manuf.	Name	Manuf. No.	Color Name	Size
CT-1	Ricchetti	Roccia		Dark Grey	12" x 12"
CT-2	Summitville	Morganmates	M-86	Cherry	12" x 12"
CT-3	Ricchetti	Roccia		Light Grey	12" x 12"
CT-4	Dal-Tile	Dal-Keystone	DK-37A	White Granite	2" x 2"
QT-1	Arm. Clean	Quarry Naturals	Re-9	Lava	8" x 8"
NSF	Nora Flooring		925/349/716	Slate Grey	
NSF*	Arm. Clean	Sure Step	Q57	Smoked Grey	6" x 6"
*Alternate					

WALLS

P-1	M.A.B.	Eggshell Paint	5907P	Petal White
WP-1	Marlite	Fiberglass reinf.	P-100	White
		wall panels		

HIGH PRESSURE DECORATIVE LAMINATES

PL-1	Micarta	92M98	Winter White
------	---------	-------	--------------

PL-2 Mficarta
PL-3 Mficarta
PL-4 Formica

52M03
50IM59
1823

Cardinal Red
Gray Classic Granite
Rosetta Boomerang

CEILINGS

ACT-1 USG Interiors Acoustone
ACT-2 USG Interiors 3270
ACT-3 USG Interiors 5405
unperforated

Sandrift
Stipple

White
White
White

2' x 2'
2' x 4'
2' x 4'

VWC-1 Columbus Wall Coverings
(alt) Columbus Wall Coverings
VWC-2 Columbus Wall Coverings
(alt) Columbus Wall Coverings

MDR-04
QSP-04
MDR-36
QSP-36

54" width
27" width
54" width
27" width

ACCENT RAIL

AR-1 Acrovyn FR-270G

010

Spectrum Red

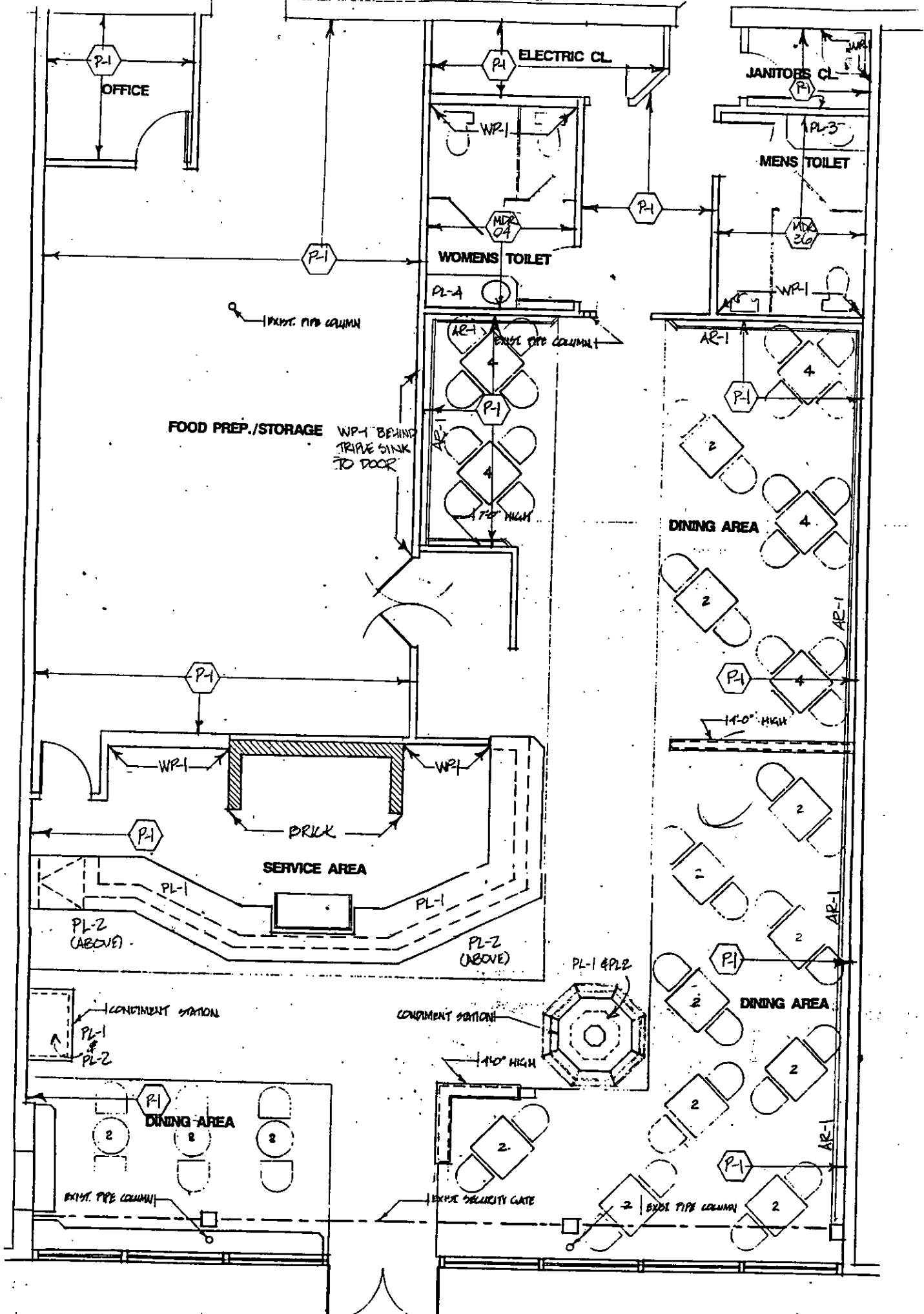
TOILET PARTITIONS

TP-1 Kemmlit Type C
TP-2 Kemmlit Type C

White/Red Trim
White/Yellow Trim

FURNISHINGS

Chairs Gar Products 106-PS Natural w/G12 Crimson Cushion
Tables Gar Products 24" x 24" W/E w/Hollyberry D307-6 HPDL Inset
Gar Products 30" x 30" W/E w/Hollyberry D307-6 HPDL Inset
Bases Gar Products 922 w/ level glides



TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
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Mary Lou Powner



Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1040
Fax: (908) 920-4850

TO: Brick Township Planning Board

FROM: Michael P. Fowler, Municipal Planner *[Signature]*

DATE: November 24, 1993

RE: Abridged Site Plan - Change of Use - ABR-138-10/93
Applicant: Dunne Family Enterprises
D/B/A Windmill Restaurant
Owner: Aneff Trust c/o Sanford Sandelmann
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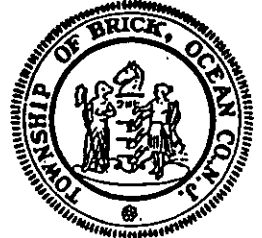
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MPF/kmd/ejk

cc: Code Enforcement

BRICK TOWNSHIP BUREAU OF FIRE SAFETY



500 Herbertsville Road
Brick Township, New Jersey 08724

(908) 458-4100

FAX: (908) 458-4153

RECEIVED

Nov 19 1993

November 16, 1993
District 2

~~DO NOT WRITE IN THESE SPACES~~

Office of the Planning Board
401 Chambersbridge Road
Brick, New Jersey 08723

BLOCK: 852 LOT: 4.01-5 APPLICANT: Dunne Family Enterprises, Inc.
2 Windsor Dr.
B.T.P.B.#: ABR-138 West Long Branch, New Jersey
SITE PLAN FEE: Revision Based OWNER: A.Neff Trust
on Site Condition c/o Sanford Sandleman, Trustee
LOCATION: 856 Route 70 77 Tarrytown Road Suite 100
(Former Kinney Shoes Store) White Plains, N.Y. 10607

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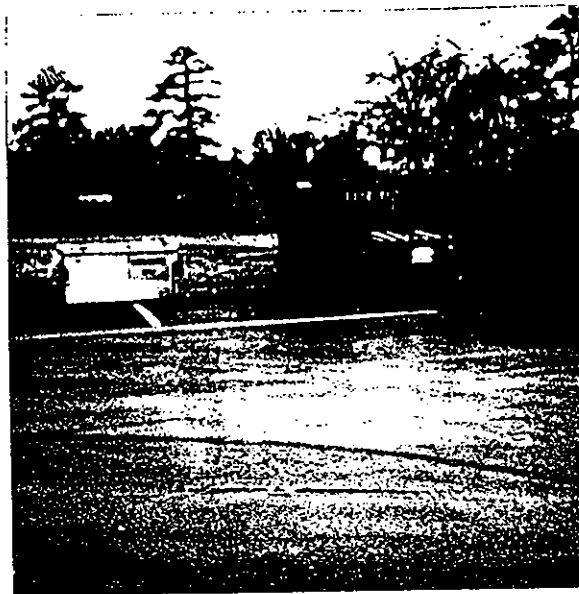
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Kevin C. Batzel
Bureau Chief/Fire Official

KCB/rlb



TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

RECEIVED

DEC 3 1993

DIV. OF INSPECTION

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorino
Mary Lou Powner



Planning Board
(908) 262-1045
Fax: (908) 920-4850

December 3, 1993

Dunne Family Enterprises
d.b.a. Windmill Restaurant
2 Windson Drive
West Long Branch, N.J. 07764

Re: ABR-138-10/93
Dunne Family Enterprises
d.b.a. Windmill Restaurant
Block 852, Lots 4.01-5

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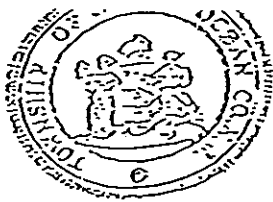
Yours truly,

E. Joan Kull

E. Joan Kull, Secretary

Att.

cc: Division of Inspections
Sean Kinnevy, Zoning Officer
Kenneth B. Fitzsimmons, Esq.
Code Enforcement
Kenneth E. Pringle, Esq.



TOWNSHIP OF CLARK

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3030

Office of
Division of Inspections

1-10-94
CALLED
D.J.

CHECK LIST

Re: Block _____ Lot _____

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

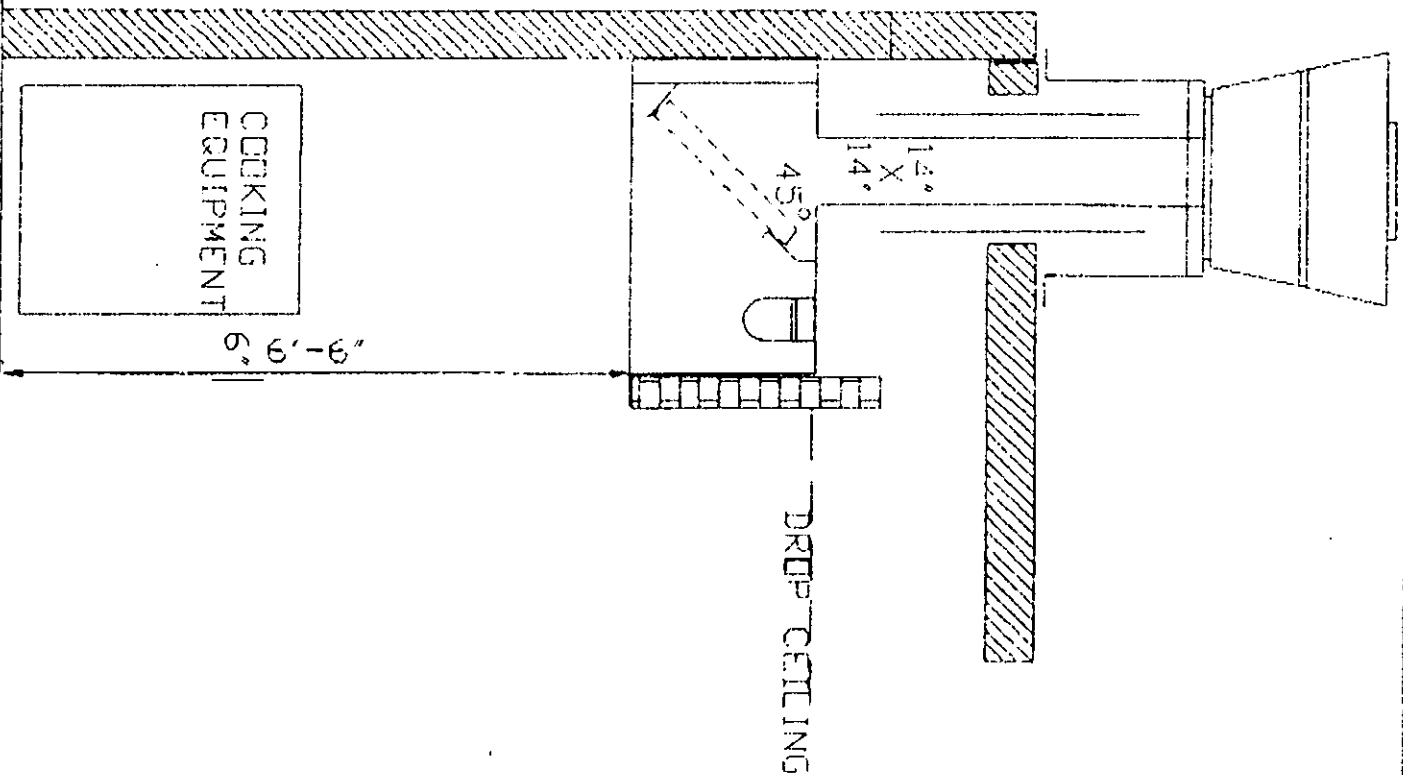
Administrative _____
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
Fire _____

*Need Prop. of Hood & Scaffolding
out of Hood. Check. Hummer 1 appl. total ft.*

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official



- * (1) ACME CENTRIMASTER MODEL PNU200C 1/2 HP, 115V, 1 PHASE, SPEED, 2200 CFM @ 1/2" STATIC PRESSURE
- * FAN DISCHARGES 40" ABOVE ROOF LINE.
- * HOOD MADE OF 18GA. STAINLESS STEEL CONTINUOUS WELDED CONSTRUCTION, AS PER BOCA M-504.0
- * EXHAUST DUCT MADE OF 16GA. C/R LIQUID TIGHT EXTERNALLY WELDED CONSTRUCTION, AS PER BOCA M-506.2. REDUCED CLEARANCE TO COMBUSTIBLE TABLE 1401.2, 1" SPACER OFF WOOD, WITH 24GA. UNPAINTED SHEET CONNECTED TO SPACER, 3" AIR SPACE TO DUCT.
- * HOOD WILL HAVE UL LISTED BAFFLE FILTERS
- * HOOD CAPTURE SIZE 8'X2.75'X100CFM FOR A TOTAL OF 2200 CFM
- * HOOD WILL OVERHANG COOKING EQUIPMENT 6" ON FRONT

Plan Review Class Date BY

Zoning For

Plumbing THE WINDMILL RESTAURANT

Building 856 ROUTE 70

Fire 1-12-94

Energy K.V.S.

Electrical 400 Cotlers Lane Suite D

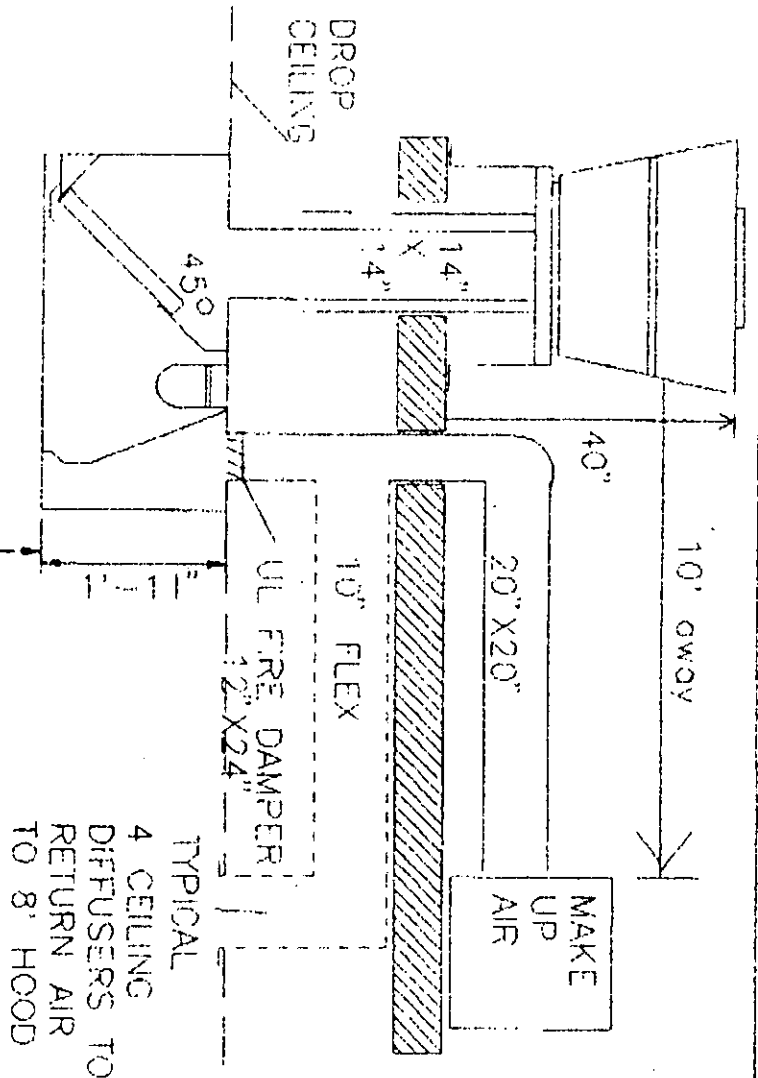
East Brunswick, NJ 08816

1-11-94 1/2" = 1' RWB

Job number: 93-1472A

* HOOD CAPTURE SIZE 5'X3.5'X 150CFM
FOR A TOTAL OF 2625 CFM

- * (1) ACME CENTRIMASTER MODEL PNU200G 1 1/2 HP, 115V, 1 PHASE, SPEED, 2625 CFM @ 1 1/2" STATIC PRESSURE
- * FAN DISCHARGES 40" ABOVE ROOF LINE.
- * HOOD MADE OF 18GA. STAINLESS STEEL CONTINUOUS WELDED CONSTRUCTION. AS PER BOCA M-504.0
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- * MAKE UP INTAKE 10' FROM EXHAUST.
- * MAKE UP AIR UNIT WILL RETURN 80% OF AIR EXHAUSTED FROM BOTH HOODS
- * HOOD WILL HAVE UL BAFFLE FILTERS



TYPICAL
4 CEILING
DIFFUSERS TO
RETURN AIR
TO 8' HOOD

COOKING
EQUIPMENT

Plan Review * **Will Overhang Cooking Hood on both Sides**
Zoning * **Class**
Plumbing * **6\"/>**

FOR
THE WINDMILL RESTAURANT
856 ROUTE 70
BRICK TOWN, NJ

K.V.S.
400 Cotters Lane Suite D
East Brunswick, NJ 08816

1-11-94 7/2"=1' RWB
Job number: 93-1472

SHUTDOWN OF MAKE UP

FRYER SHUTDOWN

HOOD SIZES 8'X33"X23" & 5'X42"X23"
450° DETECTORS (3)

450° DETECTORS (3)

100



1 1/2" ENT

一、

一、

2

●

طوبى

37

REMOTE
PULL 10"
TO 35" FROM
HOOD
MIN 54"

ANSUL

2022

50

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 19. ☐ 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐ 25. ☐ 26. ☐ 27. ☐ 28. ☐ 29. ☐ 30. ☐ 31. ☐ 32. ☐ 33. ☐ 34. ☐ 35. ☐ 36. ☐ 37. ☐ 38. ☐ 39. ☐ 40. ☐ 41. ☐ 42. ☐ 43. ☐ 44. ☐ 45. ☐ 46. ☐ 47. ☐ 48. ☐ 49. ☐ 50. ☐ 51. ☐ 52. ☐ 53. ☐ 54. ☐ 55. ☐ 56. ☐ 57. ☐ 58. ☐ 59. ☐ 60. ☐ 61. ☐ 62. ☐ 63. ☐ 64. ☐ 65. ☐ 66. ☐ 67. ☐ 68. ☐ 69. ☐ 70. ☐ 71. ☐ 72. ☐ 73. ☐ 74. ☐ 75. ☐ 76. ☐ 77. ☐ 78. ☐ 79. ☐ 80. ☐ 81. ☐ 82. ☐ 83. ☐ 84. ☐ 85. ☐ 86. ☐ 87. ☐ 88. ☐ 89. ☐ 90. ☐ 91. ☐ 92. ☐ 93. ☐ 94. ☐ 95. ☐ 96. ☐ 97. ☐ 98. ☐ 99. ☐ 100. ☐

54

GAS
VALVE

50
50
50

15"
FRIE
ELECT

18"
DUMP
STA-

30"
CHAR
ROLLER

$$\frac{\text{MIN } 10''}{\text{MAX } 50''}$$

BRICK TOWNSHIP

Plan Review	Class	Date
-------------	-------	------

Zoning

6

Plumbing GRIDLE

Building

Fire

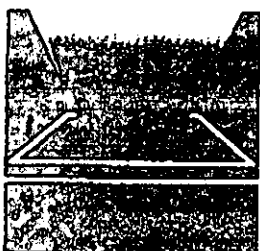
Energy

- * ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURERS SPECIFICATIONS
- * ALL PIPE TO BE SCHEDULE 40 BLACK IRON
- * 450 DETECTORS (3) REQUIRED

400 Cottiers Lane Suite D
East Brunswick, NJ 08816

Job number: 94-14725 RWE

TEL: 908-651-1166 Jan 11 94 9:52 AM 003 P.04

K.V.S.**INC.****COMMERCIAL****KITCHEN****VENTILATION****SYSTEMS****K.V.S. Inc.**
FAX COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: BrendanCOMPANY: The WindmillFAX NUMBER: 908-229-9665FROM: Vicki for RichDATE: 1/11/94NUMBER OF PAGES (Including Cover Letter) 4

IF YOU DO NOT RECEIVE ALL THE PAGES INDICATED PLEASE CALL:

(908) 651-1199

REMARKS: Please call if you need any
additional information for completing
the permit application.

400 Cotters Lane,

Suite D

East Brunswick,

New Jersey

08816

908-651-1199

In New Jersey

800-662-3006

Fax 908-651-1166

Members

Gary Casperson, Chairman
Walter F. Rehak, Vice Chairman
Robert Singer, Secretary-Treasurer
Leon Dwulet, M.D.
Barbara Hiering
Robert S. Laureigh
Patricia Seeber
Peter Smith, Ed. D
Warren Wolf
James F. Lacey, Freeholder Liaison



OCEAN COUNTY BOARD OF HEALTH

P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

November 22, 1993

Re: Proposed Floor Plans
Block 852 Lot 4.01-5
THE WINDMILL
856 ROUTE 70
BRICK, NJ 08724

Dear Sir:

I have reviewed the floor plans for the aboverreferenced 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,

Joseph A. Caprio

Joseph A. Caprio
Sanitary Inspector

cc: Brick Twp. Health Department
Brick Twp. Construction Official (Arthur Cierzo)



OCEAN COUNTY HEALTH DEPARTMENT

No: _____

NEW ESTABLISHMENT

Block 852

SANITARY INSPECTION REPORT

LOT 4.01-5

ESTABLISHMENT INFORMATION

PHONE # 229-6129 JEMP		ESTABLISHMENT CODE 26	GOODS ☐ DESTROYED ☐ EMBARGOED
ESTABLISHMENT TRADING NAME THE WINDMILL		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
NUMBER AND STREET 856 RT 70			
CITY OR MUNICIPALITY BRICK	ZIP CODE 08724		
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

BRENDAN DUNNE

NUMBER AND STREET

P.O. Box 369

CITY OR MUNICIPALITY

STATE

N. LONG BRANCH

NJ

ZIP CODE

07764

COMMUN. CODE

TIME (2400 HOURS)

DATE

BEGIN

END

COMPLAINT NO.

COMPLAINT REC.

COMPLAINT INSPECTED

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)

JOSEPH A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL

Joseph A. Caprio

PERMANENT
REG. NO.

B-375

INSPECTION TYPE

TYPE OF ESTABLISHMENT

- ☐ COMPLAINT
☐ INITIAL INSPECTION
☐ REINSPECTION
☒ PLAN REVIEW
☐ CONFERENCE

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

DETAILED DATA SHEET

Establishment Trading Name

THE WINDMILL

Establishment License No.

Date 11-22-93

Signature of Inspecting Official

Joseph A. Caprio

Municipality

BRICK

Time - (2400 Hours)

Begin *0435*

REG.
NO.

REMARKS (Please specify area)

The attached plans have been reviewed + approved. Minor discrepancies have been rectified. They are in substantial compliance with Chapter XII of the NJ State Sanitary Code. This office must be notified prior to opening for an initial inspection.