BLOCK 842 LOT RECEIVED 28 ADDRESS (SITE) 1715 Rt 88 East Brick PERMIT NO. 719-93

MAR 31 1993

DIV. OF INSPECTIO

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 1715 Rt 88 East Brick
2. Name of Owner in Fee: Frank Rose Tel [redacted]
   Address 17 Lakeland Dr (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Frank Rose Tel [redacted]
   Address 17 Lakeland Dr. Brick NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. 136 52 4119
5. Architect or Engineer George R. Vircik Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Frank Rose Tel [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 30		
2. Electrical	95		
3. Plumbing			
4. Fire Protection	210		
5. Other			
6. Subtotal	$ 335		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy	20		
Other			
TOTAL	$ 363		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area—Largest Floor	1000 sq. ft.	
4. Building Area—All Floors	9986 sq. ft.	
5. Volume of Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
Base Flood Elevation	ft.	
Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

Tenant fit up.

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	$ 6,000.00
6. ☑ Fire Protection	$ 800.00
7. ☑ Plumbing	$ 920.00
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	3600.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval / Rejection	Re-viewer
			3/31/93		6/24/93 PK	
		5/26/93 PK	6/29/93 PK		3/29/93	OK
			7/20/93	CA	6/28/93 JAA	
					7/7/93	OK
ENG	3/29/93	EVA				

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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
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: A
3. Change in Use Group, Indicate Former:

LDS BR 10410179

20K

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. (X)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 Frank Rose Date 3/12/93

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☒ Planning Board	SVX	2/5/91							
☐ 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 Protect.									
☐ Utility Dig No.									
☒ Other Zoning	JK	3/23/92	Comm. on H.	16 seats					
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

Date issued 4-26-93
Control #
Permit # 719-93

IDENTIFICATION Block 842 Lot 28

Work Site Location 1715 Rt 88 ...

Contractor ...

Address

Owner in Fee ...

Address 17' ...

...

Tele. ( ) ( )

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[x] BUILDING [x] PLUMBING [ ] OTHER
[ ] ELECTRICAL [x] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fit-Up.

PAYMENTS (Office Use Only)		
Building	30 —	
Plumbing	95 PLAN RVW	.00
Electrical	D.C.A.	.00
Fire Protection	210 TO**0005** 21	.00
Other	H/R 5 TOTAL 719*#5	.00
Other	1 CHECK 36	.00
DCA Training Fee	CHANGE842 #	.00
Cert. of Occ.	04/26/93 NO. 24LOT0016A005 01	:40
Other	28 #	
Total	365 BUILDING 3	.00
Check No.	# 2 PLUMBING 9	.00
Cash	FIRE 21	.00
Collected By:	...	

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 $ 3600 —

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-26-93
Date Issued
Control #
Permit # 719-93

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

Block 842 Lot 28
Work Site Location 1715 Rt 88 - East Brick NJ

Owner in Fee FRANK ROSE
Address 17 LAKELAND DR. BRICK NJ

Tele [redacted]
Contractor FRANK ROSE
Address 17 LAKELAND DR BRICK NJ

Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security N [redacted]

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.

Frank Rose
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WALL PARTION for Kitchen

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/31/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date.	6/24/93	
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5/27/93	RC
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] *Miscellaneous*
  - [ ] Fence _____ Height
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1100 Sq. Ft.
Total Bldg. Area/All Floors 1100 Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-26-93
Control #
Permit # 719-93

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

Block 842 Lot 28
Work Site Location 1715 Rt 88 - East Brick NJ

Owner in Fee FRANK ROSE
Address 17 LAKELAND DR. BRICK NJ
Tele. [redacted]
Contractor FRANK ROSE
Address 17 LAKELAND DR BRICK NJ
Tele [redacted]
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3/31/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] GCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1100 Sq. Ft.
Total Bldg. Area/All Floors 1100 Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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.

Frank Rose
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WALL PARTION FOR KITCHEN

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

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BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-26-93
Control #
Permit # 719-93

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

Block 842 Lot 28
Work Site Location 1715 Rt 88 - East Brick NJ
Owner in Fee FRANK ROSE
Address 17 LAKELAND DR. BRICK NJ
Tele [redacted]
Contractor FRANK ROSE
Address 17 LAKELAND DR BRICK NJ
Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. [redacted]

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.

Frank Rose
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WALL PARTION FOR KITCHEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[ ] All	3/31/93	AL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1100 Sq. Ft.
Total Bldg. Area/All Floors 1100 Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

3 Brothers PIZZA. 1:30

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4-26-93
Date Issued
Control #
Permit # 719-93

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

Block 842 Lot 28
Work Site Location 1715 Rt 88 East Brick NJ.

Owner in Fee FRANK ROSE
Address 17 LAKELand DR. BRICK NJ
Tele. [redacted]
Contractor FRANK ROSE
Address 17 LAKELAND DR. BRICK
Tele. [redacted]
Lic. No.
Federal Emp. No. ______ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

16 Seats
Occupancy load

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 $ 800.00 [ ] Other ______

Need test on Hood when Completed. Need Drawing on Hood & Syst.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 3/29/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3/29/93
Approved by:

INSPECTIONS: Type	Failure	Failure	Approval	Initial
Suppression Test			6/23/93	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Hood & Exhaust			6/23/93	
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.

Frank Rose
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work tenant fit up

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 ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Emergency lites Battery Back up		
Smoke Detectors	1	46 -
Heat Detectors		
TOTAL		
Exit Signs Battery Back up		
Stand Pipes		
Kitchen Hood Exhaust Systems	3	99 -
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	1	65 -
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by ______ TOTAL FEE $ 210 -

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-26-93
Control #
Permit # 719-93

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

Block 842 Lot 28
Work Site Location 1715 Rt 88 East Brick NJ

Owner in Fee FRANK ROSE
Address 17 LAKELAND DR. BRICK NJ
Tele. [redacted]
Contractor FRANK ROSE
Address 17 LAKELAND DR. BRICK
Tele. [redacted]
Lic. No.
Federal Emp. No. ______ or Social Security No. [redacted]

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 $ 800.00 [ ] Other ______

16 Seats
Occupancy load
Need ... by Hood ... Complete ... Description Hood & Exp.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Required					
Joint Plan Review Required:					
[ ] Bldg. [ ] Plumb. [ ] Elec.	Suppression Test				
[X] Fire Plans Approved	Fire Alarm Test				
Date: 3/29/93	Smoke Test				
Approved by: (initials)	Mechanical				
SUBCODE APPROVAL:	TCO				
[ ] 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.

(signature) Frank Rose
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work tenant fit up

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 ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Emergency lites Battery Back up		
Smoke Detectors		
Heat Detectors		
TOTAL		
Exit Signs Battery Back up		
Occupancy Load		46-
Stand Pipes		
Kitchen Hood Exhaust Systems	3	99-
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	1	65-
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by ______ TOTAL FEE $ 210-

U.C.C. Form F-140A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-26-93
Control #
Permit # 719-93

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

Block 842 Lot 28
Work Site Location 1715 West 88
Brick NJ
Owner In Fee Joseph Brothers Pizza
Address 1715 West 88

Tele. ( )
Contractor William Dalton
Address 1602 Harvard Ave Brick NJ

Tele. [redacted]
Lic. No. 4819
Federal Emp. N[redacted]r Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by: A.C.

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by:
Date: 6-28-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5-7-93	
Rough			6/7/93	
~~Water~~				
Sewer				
Fixtures				
Gas Equipment			9/7/93	
Gas Final				
Solar				
TCO				

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 and perform the work listed on this application.

William Dalton
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5
	Shower	~~5~~
4 ~~1~~ 2	Floor Drain	~~20~~
4 ~~2~~ 3	Sink	20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1 ~~2~~	Gas Piping	15
1/1	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	25
~~2~~ 1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ ~~25~~
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$ 95

extras 1-toilet

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-26-93
Control #
Permit # 719793

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

Block _____ Lot _____
Work Site Location 1715 West 88
Brick NJ
Owner in Fee Joseph Brothers Pizza
Address 1715 West 88
Tele. (_____)
Contractor William Dalton
Address 1602 Harvard Ave. Brick NJ
Tele. [redacted]
Lic. No. 4819
Federal Emp. No. [redacted] or Social Security No. _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: _____
Date: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO _____				

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 and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
4	Lavatory	5
	Shower	8
4	Floor Drain	20
4	Sink	20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	25
1	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 20
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 95

U.C.C. Form F-130A

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-26-93
Control #
Permit # 719-93

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

Block _____ Lot _____
Work Site Location 1715 West 88
Brick NJ
Owner in Fee Joseph Brothers Pizza
Address 1715 West 88
Tele. (____) _____
Contractor William Dalton
Address 1607 Harvard Ave Brick NJ
Tele. [redacted]
Lic. No. 4919
Federal Emp. No [redacted] or Social Security No. _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: _____
Date: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO _____				

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 and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	____
____	Urinal/Bidet	____
____	Bath Tub	____
4	Lavatory	5.
____	Shower	1.25
4/ ~~4~~	Floor Drain	20
4/ ~~4~~	Sink	20
____	Dishwasher	____
____	Drinking Fountain	____
____	Washing Machine	____
____	Hose Bibb	____
1 ~~1~~	Gas Piping	15
____	Fuel Oil Piping	____
____	Water Heater	____
____	Steam Boiler	____
____	Hot Water Boiler	____
____	Sewer Pump	____
____	Interceptor/Separator	____
____	Backflow Preventer	25
1 ~~1~~	Greasetrap	____
____	Water Cooled A/C or Refrigeration Unit	____
____	Sewer Connection	____
____	Water Service Connection	____
____	Gas Service Connection	____
____	Active Solar System	____
____	Other	10

Administrative Surcharge $ 25
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 95

U.C.C. Form F-130A

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

CERTIFICATE of INSPECTION

№ 001293

THIS IS TO CERTIFY THAT THE FIRE EXTINGUISHING SYSTEM PROTECTING:

Joseph Brothers Pizza RT88 Brick
(NAME. ADDRESS

WAS INSPECTED IN 6/1993 (DATE) AND LEFT IN OPERATING CONDITION.

THIS CERTIFICATE EXPIRES IN 12/1993 (DATE)

Oxygen Supply Co., Inc.
1368 Route 9
Lakewood, NJ 08701
(908) 370-2330

by: _____
Thomas McElroy, Pres.

WHITE - CUSTOMER'S COPY CANARY - INSURANCE COPY PINK - FIRE INSPECTION COPY

Township of Brick

4-16 called left message on machine

201 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

Re: Block 842 Lot 28

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 ____________

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

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Joseph & Bros		3-17-93
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A Caprio	BRICK	Begin 14:10

REG. NO.	REMARKS (Please specify area)
	The attached plans have been reviewed & approved. They are in substantial compliance with Chapter XII of the NJ State Sanitary Code
	This review was conducted at the store

(Attach additional sheets if necessary)

Page of Pages

H.D.67

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

NEW LOCATION

PHONE # 477-7722

ESTABLISHMENT TRADING NAME: Joseph + BROS PIZZA

NUMBER AND STREET: 1715 Rt 88 W

CITY OR MUNICIPALITY: BRICK | ZIP CODE: 0872

ESTABLISHMENT LICENSE NO. | COMMUN. CODE: 1506 | RISK: II

ESTABLISHMENT CODE: 26

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: FRANK ROSE + HENRY GAVIN

NUMBER AND STREET: LAKELAND DR

CITY OR MUNICIPALITY: BRICK | STATE: NJ

ZIP CODE: 08723 | COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
3-17-93	14:10	14:40

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 _____

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

H.D.64

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

3/29/93 1715 Rt. 88, Brick N.J.

~~Mr. Lefferson~~ T. Hudson Re: Block 892 Lot 28

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~~	DETAILS
Building	CONSTRUCTION TYPE OF BUILDING IF MIXED USE,
~~Plumbing~~	~~FOOTAGE~~
Electric	FIREWALLS
Fire	~~SPRINKLER~~ Needs ~~Certificate~~ Hood

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. Need Drawing & Hood + Suppression Sys.

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

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Richard E. Garnett, P.L.S., P.P.
Municipal Surveyor/Planner
(908) 262-1040
Fax: (908) 920-4850

March 22, 1993

UII Corporation
Geoff Clarke
Montgomery Knoll
170 Tamarack Circle
Skillman, NJ 08558

Re: Block 842.7, lot 28
1715 Route 88

Dear Mr. Clarke:

Zoning approval is hereby granted for a construction permit to alter part of the building on the referenced property for use as a pizza restaurant with no more than 16 customer seats. No signs, flags, banners, streamers, or balloons may be maintained on the site without prior approval from this office.

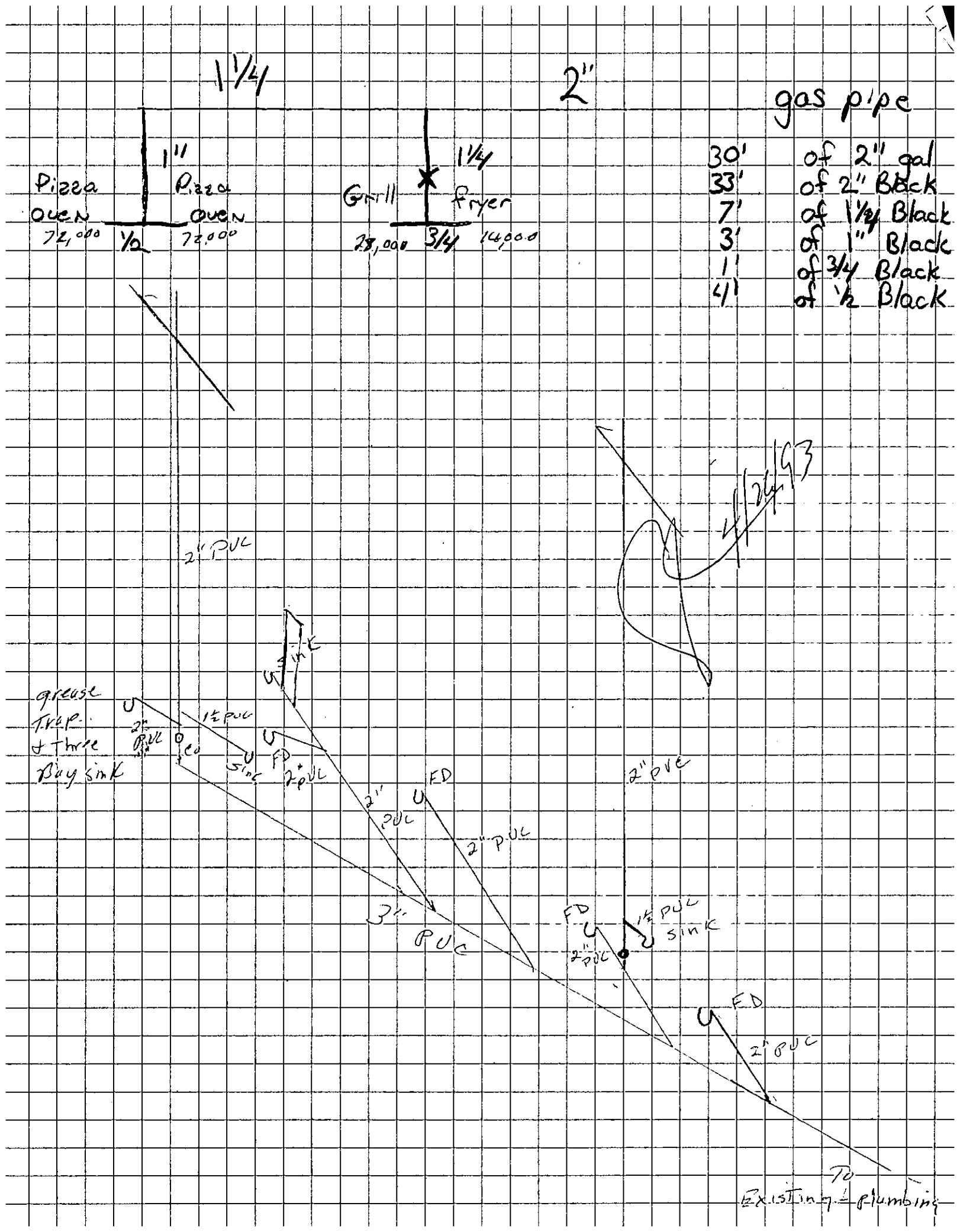
The illegal sidewalk signs on the property must be removed immediately, or summonses will be issued. The streamers must be removed after the 30-day period allowed under Section 190-163A(18) of the Township Code.

Thank you for your anticipated cooperation.

Very truly yours,

Sean Kinnevy
Zoning Officer

cc: Scott MacFadden, BusAdm.
Arthur Cierzo, Construction Official
Frank Rose
Midway Sewing
Quality Consigment
Divsion of Inspections
Karate Kid Studio


1 1/4
2"
gas pipe
30' of 2" gal
33' of 2" Black
7' of 1 1/4 Black
3' of 1" Black
1' of 3/4 Black
4' of 1/2 Black
1"
Pizza oven 72,000
Pizza oven 72,000
1/2
1 1/4
Grill 28,000
fryer 14,000
3/4
2" PVC
grease trap + three bay sink
sink
1 1/2 PVC
2" PVC
FD
2" PVC
2" PVC
3" PVC
2" PVC
1 1/2 PVC
sink
2" PVC
2" PVC
To existing plumbing

JOSEPH BROTHERS

JOB

SHEET NO. OF

CALCULATED BY DATE

CHECKED BY DATE

SCALE

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

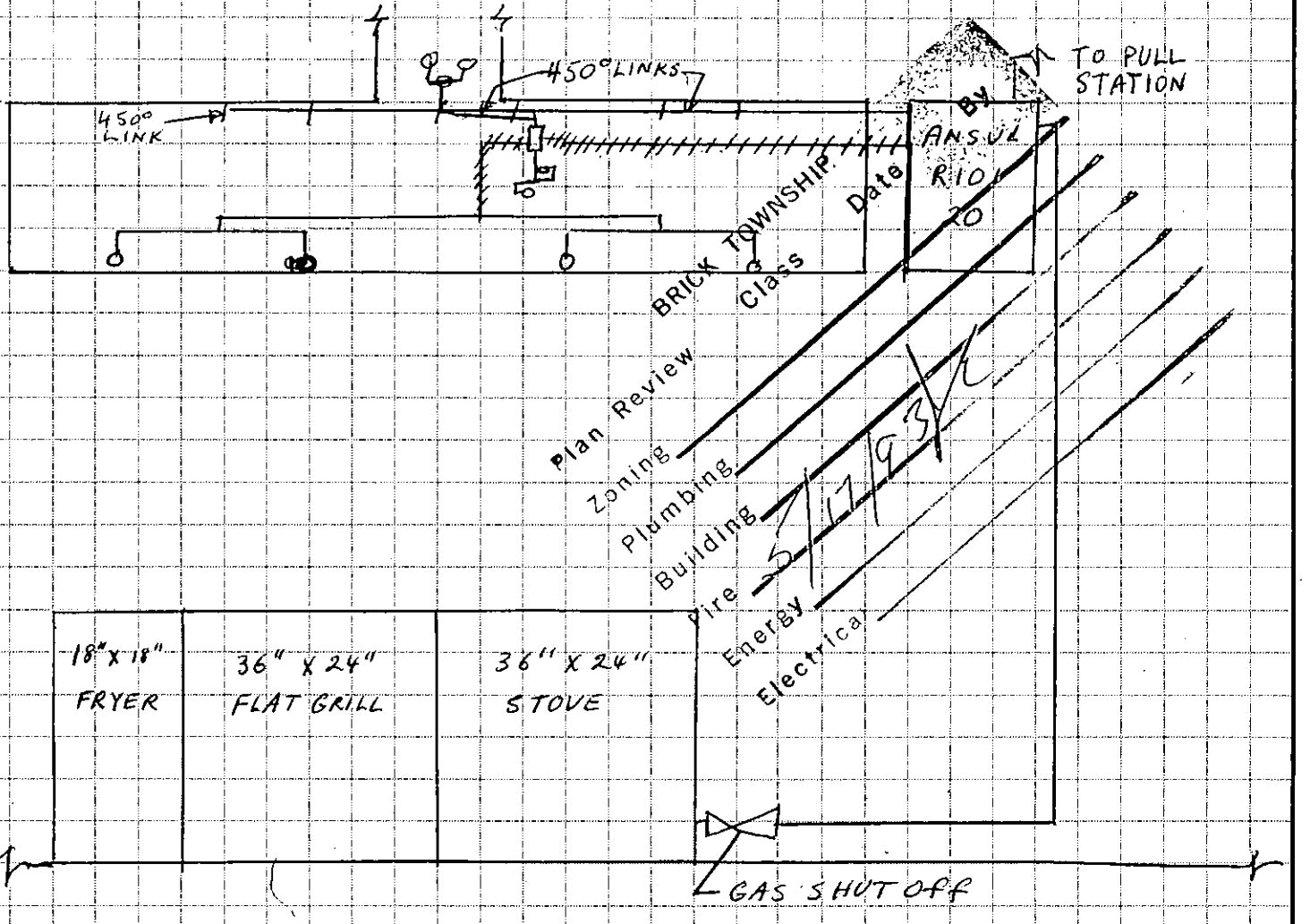
852 1

NOTE SYSTEM: ANSUL R101 20 DRY CHEM will MEET N.F.P.A. 17 AND MANUFACTORS SPECIFICATIONS

NOZZLE: DUCT 75" PRIMITER EACH, PLENUM 12'X4' APPLIANCE FRYER 5 SQ. FT. FLAT SURFICE 10 SQ. FT.

PIPING: — 1/2" PIPE ~~HHH~~ 3/4" PIPE

PULL STATION TO BE 10' TO 15' FROM HOOD ON EXITWAY



OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

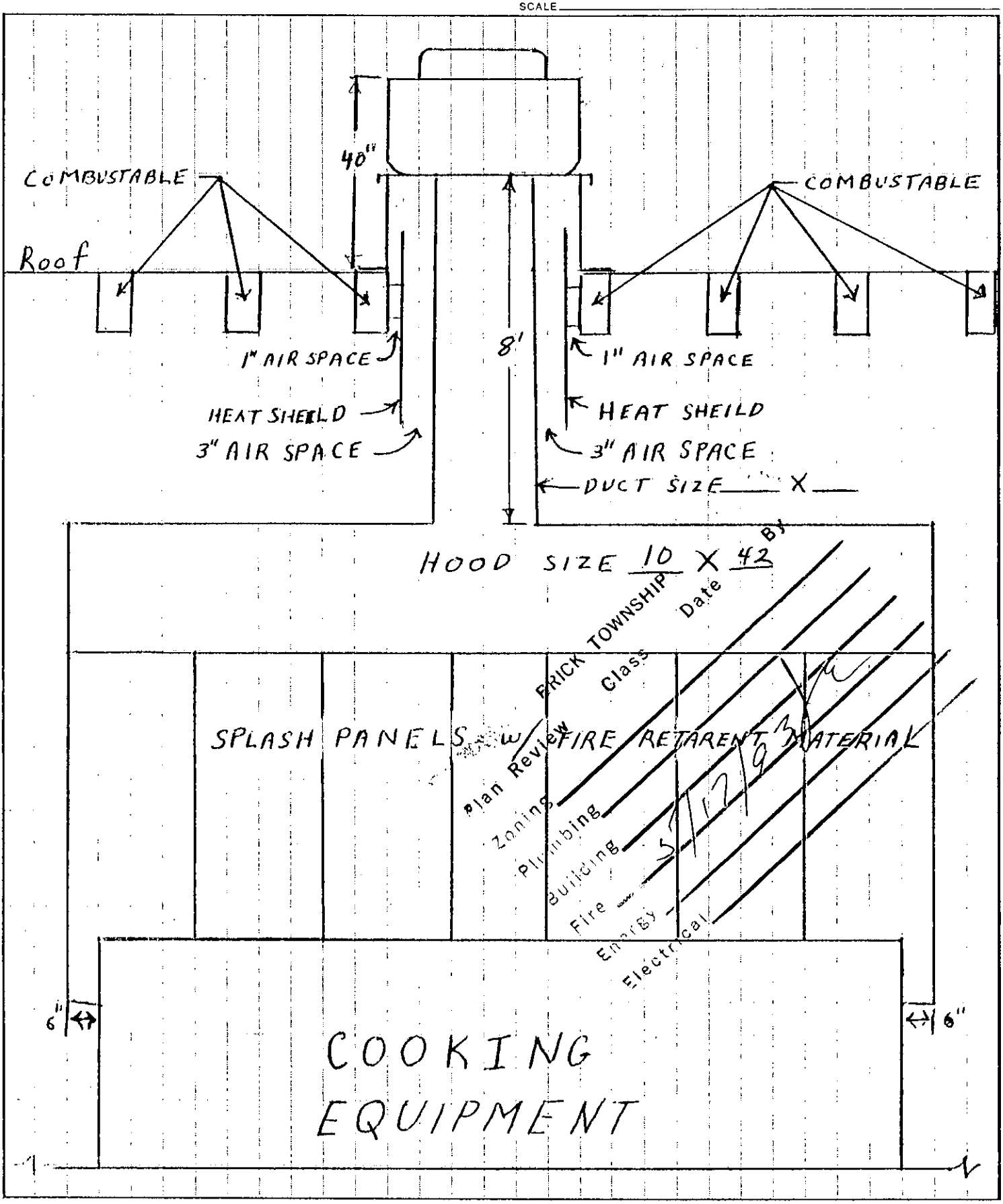
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



BRICK TOWNSHIP
Class
Date
By
Plan Review
Zoning
Plumbing
Building 5/12/93
Fire
Energy
Electrical

Joseph & Brothers Pizzeria
1715 Rte 88 West
Brick NJ 08724
(908) 477-7722

June 25, 1993

Township of Brick
401 Chambersbridge Rd
Brick NJ 08724

Attn: Building/Plumbing Dept

To Whom It May Concern:

Please be advised that any and all vegtables purchased and used by Joseph & Brothers Pizzeria come prepared in cans, jars and canisters.

Very truly yours,
Joseph & Brothers Pizzeria

Henry F. Lucas III
Frank Rose