BLOCK 842 LOT 28 ADDRESS (SITE) 1715 RT 88 WEST PERMIT NO. 1698-93 B-1

RECEIVED JUL 16 1993 DIV. OF INSPECTION

"The Ice Creamery"

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1715 RT 88 West Brick NJ
2. Name of Owner in Fee: Wendy Murphy [redacted]
   Address 50 Island Drive (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Wendy Murphy Te [redacted]
   Address 50 Island Drive Brick 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer Wendy Murphy
   Address 50 Island Drive Brick 08724
6. Responsible Person In Charge of Work Wendy Murphy Tel [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15	+	
2. Electrical			
3. Plumbing	30	+	
4. Fire Protection	46	-	
5. Other			
6. Subtotal	$ 91	-	
7. Less 20% for State Plan Review	5	-	
8. Subtotal	$		
9. DCA Training Fee	6	-	
10. Subtotal	$		
11. Cert. of Occupancy	20	+	
12. Other			
13. TOTAL	$ 122	+	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
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. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	1,500
6. ☐ Fire Protection	
7. ☒ Plumbing	5,000
8. ☒ Electrical	1,500
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	8,000

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	WP	7/16/93		7/29/93	RC	8/24/93		RC
				7/28/93		8/24/93		
				7/26/93		8/24/93		
			Elec			11-7-93		BK
	Eng	7/27/93	ENA					

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: Retail Ice Cream
2. Use Group: Take Out Only
3. Change in Use Group, Indicate Former:

LDS BR 10410178

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 Wendy Murphy Date 7-29-93

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 The Ice Creamery

Address 1715 RT 88 west
Brick NJ 08724

Telephone (908) 840-5354

Signature Wendy Murphy Date 7-29-93

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							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☑ Other ZONING	7/27/93 MF		ICE CREAM PARLOR						
☐									
☐									

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. 1698	9-15-93	

CERTIFICATE

Date Issued 9-15-93
Control #
Permit # 1698-93

IDENTIFICATION

Block 842 Lot 28
Work Site Location 1715 Rt. 88 West

Owner in Fee Wendy Murphy
Address 50 Island Drive
Brick, NJ

Tele. (____)
Contractor same
Address

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

Home Warranty No. N/A
Use Group B-1 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit'up "The Ice Creamery"

Take out only

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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:

Arthur J. Ciesyo
CONSTRUCTION OFFICIAL
for

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 7/29/93
Control #
Permit # 1698-93

IDENTIFICATION Block 842 Lot 28

Work Site Location 1715 Rt 88 W

Owner In Fee Wesaly Murph...

Address 57 the ... Brick

Tele. (____)

Contractor Self

Address 0

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:

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

DESCRIPTION OF WORK:

Tenant fit up

PAYMENTS (Office Use Only)		Register printout	
Building	15	BUILDING	15.00
Plumbing	30	PLUMBING	30.00
Electrical		FIRE	46.00
Fire Protection	46	PLAN RVW	5.00
Other		R.T.A.	6.00
Other	FIR	C / O	10.00
DCA Training Fee	6	TOTAL	112.00
Cert. of Occ.	10	CHECK	112.00
Other		CHANGE	0.00
Total	7/29/93	0013A005	16:09
Check No.	# ...		
Cash			
Collected By:			

Register printout header: 1070## — BLOCK 842 # — LOT 28 # — 0.00 — 0.00

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 $ 5000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

ICE CREAMERY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/29/93
Date Issued
Control #
Permit # 1698-93

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 WEST BRICK NJ Storage

Owner in Fee WENDY MURPHY
Address 50 ISLAND DR
BRICK NJ 08724
Tele [redacted]
Contractor WENDY MURPHY
Address 50 ISLAND DRIVE
BRICK, NJ 08724
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.

Signature Wendy Murphy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Moving non bearing wall Loungel

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7/29/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO
Date 8/2/93
Approved By: [signature]

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 _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ 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
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [✓] Other Interior
[ ] 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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/29/93
Date Issued
Control #
Permit # 1698-93

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

Block 842 171 Lot 28
Work Site Location 1715 RT 88 WEST BRICK NJ Street #

Owner in Fee Wendy Murphy
Address 50 ISLAND DR
BRICK NJ 08724
Tele. [redacted]
Contractor WENDY MURPHY
Address 50 ISLAND DRIVE
BRICK NJ 08724
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.

Signature Wendy Murphy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Moving non bearing partition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7/29/93	MJ
[ ] 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				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [✓] Other Interior
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence _____ Height
  - [✓] Sign 1.7 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 _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ 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
Control #
Permit #

7/29/93
1698-93

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

Block 842 1 Lot 28
Work Site Location 1715 ST GEORGES AVE Brick NJ 08724

Owner in Fee Wendy Murphy
Address 50 Island Dr
Brick NJ 08724
Tele. [redacted]
Contractor Wendy Murphy
Address 50 Island Drive
Brick NJ 08724
Tele [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security No.

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.

Wendy Murphy
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Move in Storage Shed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	7/29		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date.			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ 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
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [✓] Other Exterior
[ ] 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
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2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # APR 30 93 0 0.5 2 3 3

Brick

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 88 HWY EAST

Owner in Fee HENRY GAVAN
Address 581 KIRK LN
BRICKTOWN N.J.
Tele. [redacted]
Contractor NEEDE ELECTRICAL CONTRACTING
Address 560 KIRK LN
BRICK TOWN N.J.
Tele. [redacted]
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [✓] Other Renovation
Building Occupied as Pizza Co. Utility Co. _____
Est. Cost of Elec. Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[✓] Elec. Plans Approved
Date: 3-31-93
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Line Dept.				

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
10		Receptacles (2)	
		Switches (3)	
13		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
1		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
3 EXIT		Signs	
		Light Standards	
1	1/2	Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 40.-
Paid [✓] Check # Cash Minimum Fee $ DCA 1.-
Collected by: _____ TOTAL FEE $ 41.-

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/29/93
Date Issued
Control #
Permit # 1698-93

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 WEST STORE # 6
BRICK NJ 08724
Owner in Fee WENDY MURPHY
Address 50 ISLAND DR
BRICK NT 08724
Tele. [redacted]
Contractor WENDY MURPHY
Address 50 ISLAND DR
Brick NT 08724
Tele. [redacted]
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/28/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 8/24/93
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			8/24/93	
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.

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
N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Exit Signs battery backup Smoke Detectors	2	46
Heat Detectors		
TOTAL		
Emergency lights battery backup Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical Fire Extinguishers		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/29/93
Date Issued
Control #
Permit # 1698-93

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 WEST STORE # 6
BRICK NJ 08724
Owner in Fee WENDY MURPHY
Address 50 ISLAND DR
BRICK NJ 08724
Tele. [redacted]
Contractor WENDY MURPHY
Address 50 ISLAND DR
BRICK NJ 08724
Tele. [redacted]
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 7/28/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] DCA
Date: 8/24/93
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			8/24/93	
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.

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Exit Signs Battery Backup	2	46
Smoke Detectors		
Heat Detectors		
TOTAL		
Emergency Lights Battery Backup		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fire Extinguishers		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46.-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/29/93
Date Issued
Control #
Permit # 1698-93

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 WEST Store # 6
BRICK NJ 08724
Owner in Fee WENDY MURPHY
Address 50 ISLAND DR
BRICK NJ 08724
Tele. [redacted]
Contractor WENDY MURPHY
Address 50 ISLAND DR
BRICK NJ 08724
Tele. [redacted]
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/28/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/24/93
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			8/24/93	
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.

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Exit Signs Battery Backup Smoke Detectors	2	46
Heat Detectors		
TOTAL		
Emergency Lights Battery backup		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression 8/24/93		
Dry Chemical		
Wet Chemical Fire Extinguishers		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46.00
DCA Training Fee $
Collected by: TOTAL FEE $

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/29/93
Date Issued
Control #
Permit # 1698-93

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

Block 842 Lot 29
Work Site Location 1715 Rt 88 West Store #6
Brick NJ 08724
Owner in Fee Wendy Murphy
Address 50 Island Dr
Brick NJ 08724
Tele [redacted]
Contractor [illegible] Htg. Inc.
Address 911 New Market Ave.
So. Plainfield, N.J. 07080
Tele. [redacted]
Lic. No. 7402
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" _____
Water Service Size 1" _____
Estimated Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/28/93
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 8-24-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8-4-93	[signature]
Rough			8-4-93	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
CO	8-19-93			

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.

Robert C. Hunt
Signature-Contractor Seal

[X] 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	
	Lavatory	
	Shower	
1	Floor Drain	5.
3	Sink	15.
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other	10

Administrative Surcharge $ 30.00
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

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 7/29/93
Date Issued
Control #
Permit # 1698193

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

Block 842 Lot 29
Work Site Location 1715 Rt 88 West Store #6
Brick NJ 08724
Owner in Fee Wendy Murphy
Address 50 Island Dr
Brick NJ 08724
Tele. [redacted]
Contractor Emery Hunt Plbg. & Htg. Inc.
Address 911 New Market Ave.
[redacted] NJ. 07080
Tele. [redacted]
Lic. No. 9263
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 1 & 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/29/93
Approved by: SG

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water		3	3	
Sewer 1				
Fixtures 1		3	3	
Gas Equipment 1				
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.

Robert G. Hunt
Signature Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

ROBERT G. HUNT
LICENSED PLUMBING CONTRACTOR
9263

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ 30.00
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

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 7/29/93
Date Issued
Control #
Permit # 1698-93

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

Block 842 Lot 29
Work Site Location 1715 KENSWICK STREET
BRICK NJ 08724
Owner in Fee WENDY MURPHY
Address 20 LAND LN
BRICK NJ 8724
Tele. [redacted]
Contractor Emery Hunt Plbg. & Htg. Inc.
Address 911 New Market Ave.
So. Plainfield N.J. 07080
Tele. [redacted]
Lic. No. 4263
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/29/93
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water		3	3	
Sewer				
Fixtures		3	3	
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]
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

EMERY HUNT PLBG. & HTG. INC. LICENSED MASTER PLUMBER 4263

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ 30.00
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

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

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

EW ESTABLISHMENT

LOCK 842 LOT 28

ESTABLISHMENT INFORMATION

HONE #: 892-2721

ESTABLISHMENT CODE: 19

GOODS: ☐ DESTROYED ☐ EMBARGOED

STABLISHMENT TRADING NAME: THE ICE CREAMERY

UMBER AND STREET: 1715 RT 88 W.

EVALUATION: ☐ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY

ITY OR MUNICIPALITY: BRICK

ZIP CODE: 08724

STABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: ~~1~~ 2

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

OWNER INFORMATION
(Complete this section only if different from establishment information)

AME OF OWNER(S), CORPORATION OR REGISTERED AGENT: WENDY MURPHY

UMBER AND STREET: 1715 RT 88W

ITY OR MUNICIPALITY: BRICK

STATE: NJ

IP CODE: 08724

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
7-19-93	0830	0845

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 175

I.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
THE ICE CREAMERY		7-19-93
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A. Capuo	BRICK	Begin 05-30

REG. NO.	REMARKS (Please specify area)
	The attached plans have been reviewed + approved. An inspection is mandatory before opening for business -

(Attach additional sheets if necessary)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

NEW ESTABLISHMENT SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 840 - 5354

ESTABLISHMENT CODE: 19

GOODS: ☐ DESTROYED ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: THE ICE CREAMERY

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

NUMBER AND STREET: 1715 RT. 88 W.

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.	COMMUN. CODE	RISK
TO BE OBTAINED	1506	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: WENDY MURPHY

NUMBER AND STREET: 1715 RT. 88 W

CITY OR MUNICIPALITY: BRICK

STATE: N.J

ZIP CODE: 08724

COMMUN. CODE: 1506

TIME (2400 HOURS)		
DATE	BEGIN	END
8-24-93	1310	1505

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

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

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

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

NAME OF INSPECTING OFFICIAL (Print): STEPHEN KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: [signature]

PERMANENT REG. NO.: B-1463

H.D.64

1715 RT 88 West Store #6 Formerly a Consignment Shop is going to be a take-out Ice Cream Store with no Tables & Chairs

Wendy Murphy

APPROVED FOR ZONING ONLY
SEAN KINIEVY, ZONING OFFICER
DATE 7/22/13
TAKE-OUT ICE CREAM PARLOR

The Ice Creamery 1715 Rt 88 West Brick Store # 6

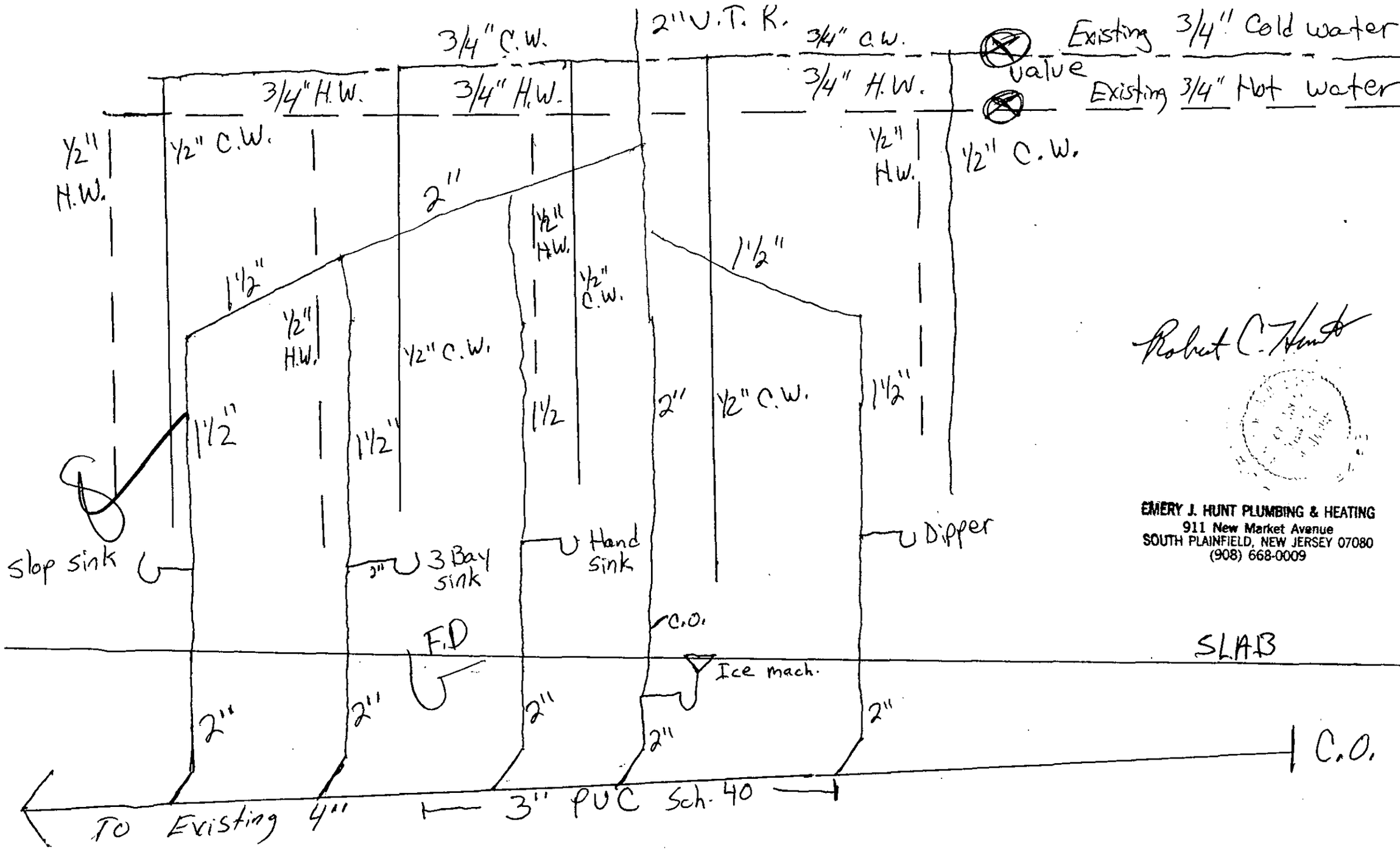
Phone # 892-2721
Wendy Murphy

MK	QTY	DESCRIPTION	ELECTRICAL: Flamps	KW	HP	Volts	Phase	Direct	Plug	WATER: Cold	Hot	WASTE: Direct	Indirect	MANUFACTURER / Model	REMARKS
1	1	Blast Freezer	20		3/4	115	1		X					T-50 HSP Kelvinator	
2	1	Refrigerator	15		1/3	115	1		X					T-50 MSP Kelvinator	
3	1	Slop Sink								X	X				
4	1	Triple Sink								X	X				
5	4	Storage Shelves													
6	4	Counter / Shelves													
7	1	Hand Washing Sink								X	X				3 Shelves under Counter
8	1	Soda Fountain													
9	1	Ice Maker	8.6			115	1							Manitowoc	
10	4	Counter / Shelves													3 Shelves under Counter
11	2	Ice Cream Machine	30			208	1		X					Electrofreeze	
12	1	Syrup Rail	7		1/2	115	1		X					Beverage Air MS68	
13	1	Counter													
14	1	Toppings Counter													
15	1	Dipping Case	11.5		1/2	115	1		X					KDC-87 Kelvinator	
16	1	Tile Floor													Currently Concrete Slab
17	1	Drop Ceiling													Currently Existing
18	1	Non-Bearing Partition													Existing Moving Forward

The Ice Creamery — 1715 Rt 88 West Brick — Store # 6

Phone # 892-2721
Wendy Murphy

MK	QTY	DESCRIPTION	ELECTRICAL: FLAMPS	KW	HP	Volts	Phase	Direct	Plug	WATER: Cold	Hot	WASTE: Direct	Indirect	MANUFACTURER / Model	REMARKS
1	1	Blast Freezer	20		3/4	115	1		X					T-50 HSP Kelvinator	
2	1	Refridgerator	15		1/3	115	1		X					T-50 MSP Kelvinator	
3	1	Slop Sink								X	X				
4	1	Triple Sink								X	X				
5	4	Storage Shelves													
6	4	Counter / Shelves													
7	1	Hand Washing Sink								X	X				3 Shelves under Counter
8	1	Soda Fountain													
9	1	Ice Maker	8.6			115	1							Manitowoc	
10	4	Counter / Shelves													3 Shelves under Counter
11	2	Ice Cream Machine	30			208	1		X					Electrofreeze	
12	1	Syrup Rail	7		1/2	115	1		X					Beverage Air MS68	
13	1	Counter													
14	1	Toppings Counter													
15	1	Dipping Case	11.5		1/2	115	1		X					KDC-87 Kelvinator	
16	1	Tile Floor													Currently Concrete Slab
17	1	Drop Ceiling													Currently Existing
18	1	Non-Bearing Partition													Existing Moving Forward



Robert C. Hunt

EMERY J. HUNT PLUMBING & HEATING
911 New Market Avenue
SOUTH PLAINFIELD, NEW JERSEY 07080
(908) 668-0009

ESTIMATE SHEET

PAGE NO. OF PAGES

JOB NAME	CONTRACTOR	ESTIMATE NO.
LOCATION	ARCHITECT	DATE
ESTIMATOR	CHECKED BY	BID DATE
JOB DESCRIPTION		

FORWARD

DESCRIPTION	QUANTITY	@	MATERIAL	LABOR	SUBCONTRACT	TOTAL

TOTAL COSTS

MISC. JOB EXPENSES	AMOUNT		
		OVERHEAD %	
		PROFIT %	
TOTAL		BID SUBMITTED	

FORM 237 NEW ENGLAND BUSINESS SERVICE, INC. TOWNSEND, MASS.