Plumbing to follow

BLOCK 842 LOT 28 ADDRESS (SITE) ______ PERMIT NO. 585-96

RECEIVED FEB 5 1996 DIV. OF ... ION

COMMERCIAL

UCC CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1715 Route 88 Brick
2. Name of Owner in Fee: Gadebo Palace INC. Tel. ( ) ______
   Address 1715 Route 88 (street) Brick (municipality) N.J. (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Tong Yun Lu Tel. (908) 918-1880
   Address 107 Louisville Ave Neptune N.J 07753
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. ______ Social Security No. ______
5. Architect or Engineer Kenneth Kwiecinski Tel. (908) 295-4515
   Address 430 Ravenswood place Bricktown N.J
6. Responsible Person in Charge of Work Jin Ding Lin Tel. (908) 280-8883

V. FEE SUMMARY (for office use only)

		$		Update	Update
1.	Building	$	DEMO ONLY 50	100	
2.	Electrical				
3.	Plumbing				
4.	Fire Protection		[illegible]	66	
5.	Elevator Devices				
6.	Subtotal	$	50	166	
7.	Less 20% for State Plan Review			17	
8.	Subtotal	$		17	
9.	DCA Training Fee			6	
10.	Subtotal	$			
11.	Cert. of Occupancy			20	
12.	Other				
13.	TOTAL	$	50	209	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ______
2. Height of Structure ______ ft.
3. Area—Largest Floor ______ sq. ft.
4. New Building Area ______ sq. ft.
5. Volume of New 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. Max. Live Load ______
12. Max. Occupancy Load ______

II. PROPOSED WORK

Tenant fit up

II. PROPOSED WORK	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor work (single trade)									
2. ☐ Small Job ($5,000 and no prior approvals)									
3. ☐ New Building		[illegible]			7/12/96	RK	8/1/96		OK
4. ☐ Addition									
5. ☐ Alteration									
6. ☒ Fire Protection				4/12/96	4/15/96	JPR	8/1/96		OK
7. ☐ Plumbing									
8. ☐ Electrical									
9. ☐ Elevator Devices							7/26/96		OK
10. ☐ Asbestos Abatement							5/21/97		OK
11. ☐ Demolition									
TOTAL COSTS	8000	[illegible]	4/12/96		[illegible]	[illegible]			

OPTIONAL (for office use only)

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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: Chinese Rest TAKE OUT
2. Use Group: B
3. Change in Use Group, Indicate Former:

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

LDS BR 10103500

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.

X Signature _____ Date Feb 5 / 96

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 Tong Yun Lu

Address 107 Louisville Ave

Neptune. NJ 07753

Telephone (908 918 - 1880

Signature _____ Date 4/12/96

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
☐ Zoning Officer									
☐ Planning Board									
☐ 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.									
☐									
☐									

PORTABLE EXEMPT A.B.I.

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____			
☐ Certificate of Approval	No. _____	_____			

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 4/12/96
Control #
Permit # 585-96

IDENTIFICATION Block 842 Lot 28

Work Site Location M15 Rt 88

Owner in Fee Marcia [illegible]

Address

Tele. ( )

Contractor [illegible]

Address

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 [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

[illegible]

PAYMENTS (Office Use Only)		
Building	50 –	0.00
Plumbing	BUILDING	50.00
Electrical	TOTAL	50.00
Fire Protection	CASH	50.00
Other	CHANGE	0.00
Other	04/12/96 NO 5 00115005	16:39
DCA Training Fee		
Cert. of Occ.		
Other		
Total	50 –	
Check No.		
Cash	✓	
Collected By:	[illegible]	

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 $ 8000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

PERMIT UPDATE

Date Update Issued 4/15/96
Control #
Permit #
Date Permit Issued 585-96

IDENTIFICATION Block 842 Lot 28

Work Site Location 1715 Route 22 W
Contractor Tony Uhen Lee
Address
Owner in Fee
Address Same
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Tele. ( )
Federal Emp. No. **0000**
or Social Security No. 50524

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] Other
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fitup

Estimated Cost of Work $ 8000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			
		BLOCK 842 #	0.00
Building	180	LOT 28 #	0.00
Plumbing			
Electrical			
Fire Protection	66	BUILDING	1[illegible]0.00
Other PIR	17	FIRE	[illegible]6.00
Other		PLAN RVW	[illegible]7.00
DCA Training Fee	6	D.C.A.	6.00
Cert. of Occ.	20	C / O	[illegible]0.00
Other		TOTAL	2[illegible]9.00
Total	289	CASH	2[illegible]0.00
Check No.			
Cash	✓		
Collected By:			

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 5/22/96
Control #
Permit # 585-96
Date Permit Issued 4/15/96

IDENTIFICATION Block 814/2 Lot 28
Work Site Location 1715 RT 88
Owner in Fee (ONLY IF) PARKING PLAZA INC
Address 1715 RT 88 BRICK NJ
Tele. ( ) 1-917-549-7675 (HENRY)

Contractor TONG YUN LU
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
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:

Estimated Cost of Work $ 5000 —

Rauterkewicz /s
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			
Building		PLUMBING	170.00
Plumbing	170	N.C.A.	4.00
Electrical		TOTAL	174.00
Fire Protection		CHECK	174.00
Other		CHANGE	0.00
Other			
DCA Training Fee			
Cert. of Occ.			
Other			
Total	174		
Check No.	11JX		
Cash			
Collected By:			

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 6/1/16
Control #
Permit #
Date Permit Issued 5-25-16

IDENTIFICATION Block 8-12 Lot 1

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) [illegible]

Contractor [illegible]

Address [illegible]

Tele. ( ) [illegible]

Lic. No. or Bldrs. Reg. No. [illegible]

Federal Emp. No. [illegible]

or Social Security No. [illegible]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

[illegible]

Estimated Cost of Work $ 1800.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	240-
Other	
Other	
DCA Training Fee	2-
Cert. of Occ.	
Other	
Total	242-
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

CERTIFICATE

Date Issued 5-21-97
Control #
Permit # 585-96

IDENTIFICATION

Block 842 Lot 28
Work Site Location 1715 Rt. 88

Owner in Fee Gadebo Palace, Inc.
Address same

Tele. ( )
Contractor Tong Yun Lu
Address 107 Louisville Ave.
Neptune, NJ 07753
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant fit-up, Chinese Restaurant, take out

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XXXXX ☑ 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:

K Cuniazza 00

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

COMMERCIAL

FIRE SUBCODE
TECHNICAL SECTION

Date Received
Date Issued up date 8/1/96.
Control #
Permit # 585-96

A. NOTIFICATION – 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 X 1715 Rt. 88
X township of Brick N.J. Ocean Count
Owner in Fee
Address
Tele. ( )
Contractor X Master Fire Prevention
Address X 1776 East Tremont
X Bronx, N.Y. 10460
X Tele. (718) 828-6424
Lic. No.
Federal Emp. No. 13-2656642 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
[X] Other F. Fire Suppression System
Location: X Over the hood in the kitchen
Total Est. Cost of Fire Prot. Work $ X $1,800.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec
[ ] Fire Plans Approved
Date: 7/31/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/11/96
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			8/1/96	
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
X Fire Suppression System Only
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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems X Rangeguard u1300		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	X	65
Gas or Oil Fired Appliance	5	175
OTHER		

Administrative Surcharge $ 240-
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

U.C.C. Form F-140A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy **PRO 105**

FIRE SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/1/96
Control #
Permit #

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
township of Brick N.J. Ocean Count
Owner in Fee
Address
Tele. ( )
Contractor Master Fire Prevention
Address 1776 East Fremont
Bronx, N.Y. 10460
Tele. (718) 828-6424
Lic. No.
Federal Emp. No. 13-2656642 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
[X] Other Fire Suppression System
Location: Over the hood in the kitchen
Total Est. Cost of Fire Prot. Work $ $1,800.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 7/31/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work
Fire Suppression System Only
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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems Rangegugrd u1300		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	SR 1	65
Wet Chemical	X	
Gas or Oil Fired Appliance	8/1/96 SR 5	175
OTHER		
	Administrative Surcharge $	240-
Paid [ ] Check #	Minimum Fee $	
Collected by	TOTAL FEE $	

U.C.C. Form F-140A
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy **PRO 105**

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/15/96
Date Issued
Control #
Permit # 585-96

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

Block 342 Lot 28
Work Site Location 1715 Route 88
Bricktown N.J
Owner in Fee Gradeba Palace Inc
Address 1715 Route 88
Bricktown N.J
Tele. ( )
Contractor Tong Y Lu
Address 107 Louisville Ave
Neptune. N.J
Tele. (908) 918-1880
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Suppression Syst
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing 6L 300
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
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: 4/15/96
Approved by: JPR
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 8/1/96
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			8/1/96	
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.

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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	33
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	33
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # *Minimum* Fee $ 66
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
Date Issued 4/15/96
Control #
Permit # 585-96

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

Block 542 Lot 28
Work Site Location 1715 Route 88
Bricktown N.J
Owner in Fee Gadebo Palace Inc
Address 1715 Route 88
Bricktown N.J
Tele. ( )
Contractor Tang Y Lu
Address 107 Louisville Ave
Neptune. N.J
Tele. (908) 918-1880
Lic. No.
Federal Emp. No. or Social Security N [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
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: 4/15/96
Approved by: JPR
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
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.

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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	33
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	33
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 66
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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/96
Date Issued
Control #
Permit # 585-96

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

Block 8.42 Lot 28
Work Site Location 1715 Route 88
Bricktown N.J. 0
Owner in Fee Shadebo Palace Inc
Address 1715 Rt 88
Bricktown NJ 0
Tele. ( )
Contractor Tong Y. Ly
Address 107 Louisville Ave
Neptune. NJ 07753
Tele. (908) 918 1880
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Small Wall Rear
Build wall for bathroom.
make the corner

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[/] All	4/22/96	AL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-1-96
Approved By: J. Chrzanowski

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 20 Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000—
2. Alteration $ ____
3. Total (1+2) $ 1,000—

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other ____
  [ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/15/96
Date Issued
Control #
Permit # 585-96

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 Route 88
Bricktown N.J. 0
Owner in Fee Gadebo Palace Inc
Address 1715 Rt 88
Bricktown N.J. 0
Tele. ( )
Contractor Tong Y. Li
Address 107 Louisville Ave
Neptune N.J. 07753
Tele. (908) 918 1880
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove Small Wall Rear
Build Wall for bathRoom.
make the corner

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	4/15/96	RL	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				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 1020 Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000—
2. Alteration $ _____
3. Total (1+2) $ 1,000—

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/22/96
Control #
Permit # 585-96 update

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 BRICK TOWN NJ
Owner in Fee Gazebo Palace Inc
Address
Tele. ( )
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible]
Lic. No. [illegible]
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 5-22-96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] COO [ ] CA
Approved By:
Date: 7-26-96

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			6-14-96	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
FINAL	7-26-96			

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)
1	Water Closet	7
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	7
	Shower	
2	Floor Drain	14
6	Sink	42
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	20
	Fuel Oil Piping	
1	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
2	Greasetrap	50
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 170

U.C.C. Form F-130B

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

7-8-96 - ① HWH Relief line must be run
② condensate line on WALK in Box not RUN
③ WC NOT pressure ~~Assisted~~ Assisted AND handle on wrong side
④ LAV faucets not metered or handycapped

7-18-96 - NO Entry

7-22-96 WC SAME

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/22/96
Date Issued
Control #
Permit # 585-96 update

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 Brick Town NJ
Owner in Fee Gazebo Palace Inc
Address
Tele. ( )
Contractor Ralph Cavey
Address 2219 Lafayette Ave
Tele. (908) 506-1361
Lic. No. 11219
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 5-22-96
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 Piping				
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)
1	Water Closet	7
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	7
	Shower	
2	Floor Drain	14
6	Sink	42
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	25
	Fuel Oil Piping	
1	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
X	Greasetrap	50
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 170

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: April 12, 1996 — 1996 Z 0320

Block 842 **Lot** 28 **Zone** B-1, G.B.

Property Address: 1715 Route 88

Owner: Mahesh Uberoi **(Phone):** (609) 924-3200

Applicant: Same **(Phone):** Same

Use: 1715 Plaza retail unit.

Proposed Construction (if any): Interior alteration for restaurant, "Jade Bo Palace".

Conditions: Abridged site plan approved by Planning Board.

No. ABR-164-CO-3/96.

Approved April 9, 1996.

Only three (3) tables with twelve (12) seats permitted.

Only one (1) employee permitted.

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Officer

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

February 16, 1996

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

RE: Proposed Floor Plans
Block Lot
Gadebo Palace
1715 Route 88
Brick, NJ 08723

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed floor establishments and have found them to be in substantial compliance with Chapter XII, the N.J. State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,
Fredrick C. Seeber
Fredrick C. Seeber
Sanitary Inspector

cc: Brick Township Board of Health
Brick Township Construction Official (Arthur Cierzo)

FCS/bd

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 776-5100

ESTABLISHMENT TRADING NAME: GADEBO PALACE

NUMBER AND STREET: 1715 Rt. 88

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: —

COMMUN. CODE: 1506

RISK: III

ESTABLISHMENT CODE: 22

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: TONG YUN LIN

NUMBER AND STREET: 107 LOUISVILLE AVE

CITY OR MUNICIPALITY: NEPTUNE

STATE: N.J.

ZIP CODE: —

COMMUN. CODE: —

TIME (2400 HOURS)

DATE	BEGIN	END
2/14/96	10:30	12:30

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): Fredrick C. Seeber

SIGNATURE OF INSPECTING OFFICIAL: Fredrick C. Seeber

PERMANENT REG. NO.: B-1929

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
GAZEBO PALACE		2/14/96
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
Judith C. Laden	Brick	10:30

REG. NO.	REMARKS (Please specify area)
NOTE:	All equipment required for operation
—	are specified on plan.
NOTE:	All descriptions of floors, walls, ceilings
—	and equipment comply with regulations.
NOTE:	Establishment on public water/sewer.
NOTE:	Establishment requires preoperational inspection
—	prior to opening.
NOTE:	Submitted plan meets required guidelines
—	designated by this agency — APPROVED
NOTE:	Any modifications of approved plan
—	must submitted to this office for
—	further review.

(Attach additional sheets if necessary)

H.D. 67

Page 2 of Pages 2

Tong Lu
107 Louisville Ave
Neptune NJ 07753
April 15, 1996

Fire Sub-code Official
Township of Brick
401 Chambers Bridge Rd
Brick NJ 08723

RE: 1715 Route 88
Gadebo Palace

Dear Sir;

At the above site, five eights (5/8) fire coated sheet rock with a 1 hour rating will be installed on each side of entire two walls.

I trust this satisfies your inquiry. Should you have any further questions please contact me.

Respectfully

Tong Lu
Gadebo Palace Inc.

N-J
Ocean City

April 15, 1996

Deborah K. Lines

DEBORAH K. LINES
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 13, 1999

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4/8/16

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 342 LOT 28 SITE ADDRESS 1715 RT 37

TYPE OF SITE Commercial TYPE OF BUSINESS Liquor Restaurant
(Residential/Commercial)

APPLICANT Tony Lo Xu CITY & STATE Hazlet N.J. 07730

☐ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ < 1,000

4/11/2016
Frederick R. Millman, CTA, Tax Assessor

4/11/16
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

April 9, 1996

Mahesh & Madhu Uberoi
314 Commons Way
Princeton, N.J. 08540

RE: ABR-164-CO-3/96
JadeBo Palace
Block 842, Lot 28

Gentlemen:

The Planning Board reviewed the attached report from Michael P. Fowler, Municipal Planner, at the April 3, 1996 Executive Session. After discussion the Planning Board approved your abridged site plan request for a change of use from a Tele Marketing Service to a Chinese Restaurant with three (3) tables (12 seats) and one employee.

The Board concurs with Mr. Fowler's recommendations to limit the use of the remaining vacant unit a retail furniture or appliance store.

Yours truly,

Michael P. Fowler, AICP/PP
Office of Land Use Management

Enc.

cc: Division of Inspections
Zoning Officer
E. Joan Kull, Secretary Planning Board

TOWNSHIP OF BRICK

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

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

April 9, 1996

Mahesh & Madhu Uberoi
314 Commons Way
Princeton, N.J. 08540

RE: ABR-164-CO-3/96
JadeBo Palace
Block 842, Lot 28

Gentlemen:

The Planning Board reviewed the attached report from Michael P. Fowler, Municipal Planner, at the April 3, 1996 Executive Session. After discussion the Planning Board approved your abridged site plan request for a change of use from a Tele Marketing Service to a Chinese Restaurant with three (3) tables (12 seats) and one employee.

The Board concurs with Mr. Fowler's recommendations to limit the use of the remaining vacant unit a retail furniture or appliance store.

Yours truly,

Michael P. Fowler, AICP/PP
Office of Land Use Management

Enc.

cc: Division of Inspections
Zoning Officer
E. Joan Kull, Secretary Planning Board

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax: (908) 920-4850

February 29, 1996

Mahesh Uberoi
UII Corporation
314 Commons Way
Princeton, NJ 08540

OF 4/12

Re: Block 842, Lot 28
1715 Route 88 - Plaza 1715
Zoning permit application

Dear Mr. Uberc ·

Your application for a zoning permit for a Chinese restaurant of the referenced property is denied until an abridged site plan is approved by the Planning Board as per Section 190-240.C of the Township Code, a copy of which is attached.

Since the use of the building unit is being changed from an office to a restaurant Planning Board approval is required by law.

Enclosed is an application form to be completed and submitted to the Planning Board Secretary Joan Kull.

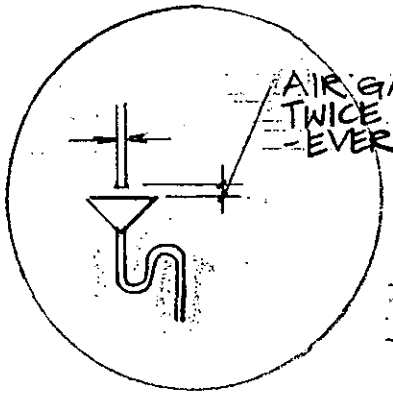
Please feel free to contact this office for any additional information or assistance.

Very truly yours,

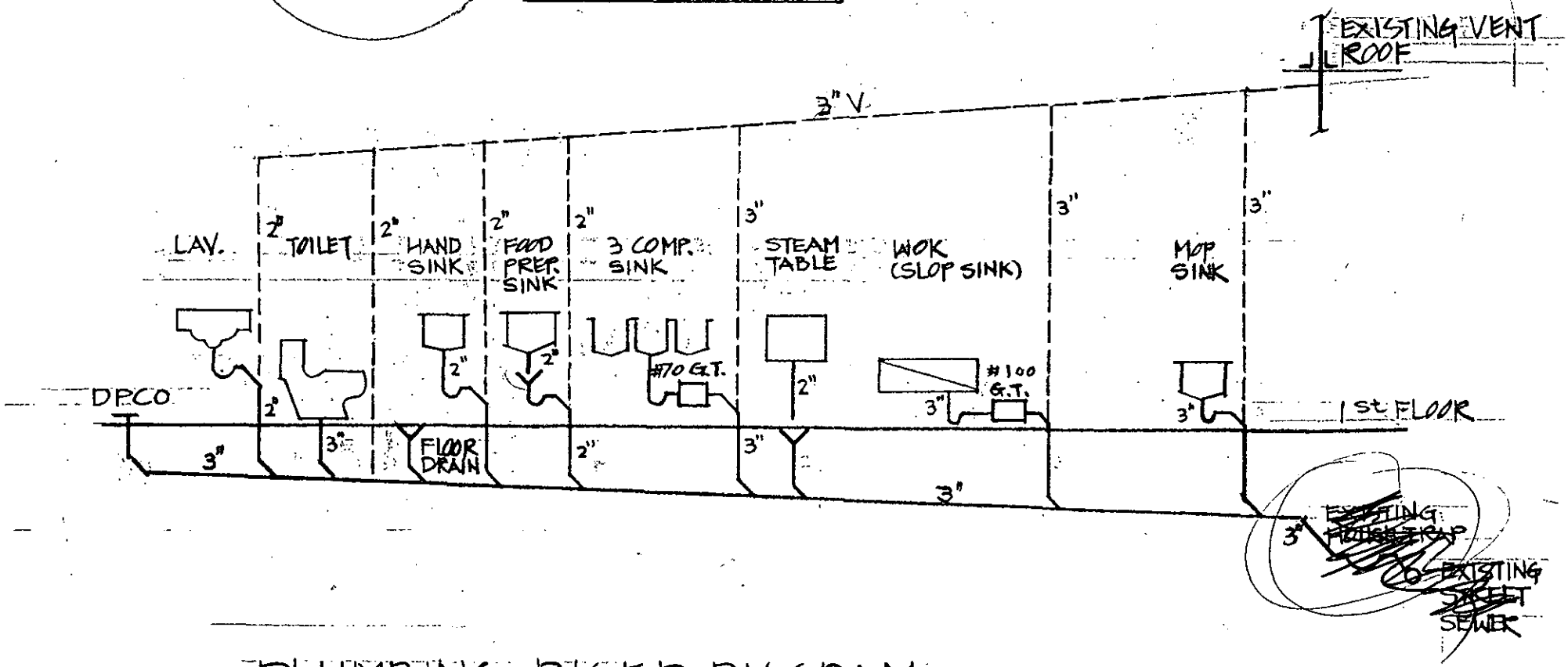
Sean Kinnevy
Zoning Officer

cc: Scott MacFadden, Bus Adm.
Michael Fowler, MunPlanner
Arthur Cierzo, ConOfficial
Joan Kull, Planning Board

G.T. = GREASE TRAP



INDIRECT WASTE
DETAIL



PLUMBING RISER DIAGRAM N.T.S.

GADEBO PALACE, INC. 1715 ROUTE 88 TOWNSHIP OF BRICK, OCEAN COUNTY
NEW JERSEY

SIZING FOR WATER AND SEWER SERVICES

Property Owner Gazebo Palace Date 5-22-96

Property Address 1715 Rt 88 Block 842 Lot 28

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	1	( ) 5	( )
2. Lavatory	1	( ) 2	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	5	( ) 20	( )
6. Service Sink	1	( ) 3	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 30

Gallons per minute 20

Size of Service 1"

Date: 5-22-96

Approved: Daniel Newman
Brick Township Plumbing Inspector

BLOCK 842

LOT 28

DATE 5-15-96

PLUMBING & MECHANICAL CHECK LIST

Called 5-15-96 OK

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH — House trap NOT legal 2-grease traps

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER