Needs BD of H 852 HEALTH , PAPA'S PIZZA

BLOCK 852 LOT ADDRESS (SITE) 1737 State Hwy #88 PERMIT NO. 1646-90 B-3

RECEIVED
AUG 17 1990
BUILDING

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

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

Papa's Pizza

I. IDENTIFICATION

1. Proposed Work-site at: 1737 State Hwy #88
2. Name of Owner in Fee: Bob Parks Tel. (201) 920-3729
   Address 30 Poppy Ct. (street) Brick Town (municipality) N.J. 08723 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Milano Bros. Builders Tel. (201) 920-3159
   Address P.O. Box 1694 Brick N.J. 08723
   License No. OR, if new home, Builder Reg. No. 09762 Exp. Date ____
   Federal Emp. No. 222616942 Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Steven Milano Tel. (201) 920-3159

Existing, Proposed use is restaurant
Comm. alteration

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	6000.00
6. ☒ Fire Protection	
7. ☒ Plumbing	2000.00
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	8000.

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	WP	8-7-90		8/24/90	WC			
		8/20/90 8-17-90		8/20/90 8-17-90				

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45.00		
2. Electrical			
3. Plumbing	25.—		
4. Fire Protection	60.—		
5. Other			
6. Subtotal	$ 130.—		
7. Less 20% for State Plan Review	5.—		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20.—		
12. Other			
13. TOTAL	$ 155.—		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
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	

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:
2. Use Group: A-3
3. Change in Use Group, Indicate Former:

LDS BR 10312927

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. AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State county, and local prior approvals have been given, including such certification as the construction official may require

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Milano Brothers Builders (DB) Date 8/7/90

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): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make thi 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 Divisic 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		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 8/21/90
Control #
Permit # 1646-90

IDENTIFICATION Block 852 Lot 1

Work Site Location Poop's Pizza
1737 St. Hwy 88
Owner in Fee Bob Parker
Address 30 Poppy Ct.
Brick, NJ 08723
Tele. ( )

Contractor Milano Bros. Builders
Address **0001**
1646*#
BLOCK 852 # 0.00
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. LOT 1 # 0.00
or Social Security No. 1 #
PLUMBING 45.00

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Comm. Alteration

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 $ 8,000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PLUMBING 25.00
FIRE 80.00
PLAN RVW 5.00
C / O 20.00
TOTAL 155.00
CHECK 155.00
CHANGE 0.00
0.5 0010A005 14:14
Vat

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/21/90
Date Issued
Control #
Permit # 1646-90

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

Block 852 Lot 1
Work Site Location 1743 Rte 88 West Brick.
Owner in Fee Papa's Pizza
Address 1743 Rte 88 W. Brick
Tele. (201) 458-5366
Contractor Milano Bros.
Address P.O Box 1694 Brick.
Tele. (201) 920-3159
Lic. No. 09762
Federal Emp. No. 226/6946 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present / Proposed A-3
Constr. Class. Present / Proposed
Heating Systems [ ] New [/] Existing
Type: [/] Gas [ ] Oil [/] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 5/90 - Extinguishers Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 8/20/90
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 Comm alter.

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 Emergency lites Fire Sprinkler Battery back up		20
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems Fire Extinguishers		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliances		
OTHER Hood & Duct Insp		40
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	60

Paid [ ] Check #
Collected by

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 8/21/90
Date Issued
Control #
Permit # 1646-90

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

Block 852 Lot 1
Work Site Location 1737 State Hwy #88

Owner in Fee Bob Parks
Address 30 Poppy Ct.
Brick N.J. 08723
Tele. ( )
Contractor JA mic PLBL
Address 709 TUFTS CT.
LAVOKA HARBOR N.J. 08734
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 8-17-90
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8-23	
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	
	Lavatory	
	Shower	
2	Floor Drain	10.—
1	Sink	5.—
	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	
	Other	10.—

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 25.—

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/21/90
Control #
Permit # 1646-90

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

Block 852 Lot 1
Work Site Location 1737 State Hwy #88

Owner in Fee Bob Parks
Address 30 Poppy Ct.
Brick Town N.J 08723
Tele. (201) 920 3159
Contractor Milano Bros Builders
Address P.O. Box 1694

Tele. ( )
Lic. No. or Bldrs. Reg. No. 09762
Federal Emp. No. 222616942 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

Ice Cream Store & Pizza.

See Attached Page

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	8/24/90	BC	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
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence Height
  - [ ] Sign Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)

FEE	$ 90
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$

Paid [ ] Check #
Collected by:

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 $ 60000.00
3. Total (1+2) $

U.C.C. Form F-110A

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

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Block 852
Lot 1

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

INE #: 458-5366

ESTABLISHMENT CODE: 26

GOODS: ☐ DESTROYED ☐ EMBARGOED

ABLISHMENT TRADING NAME: PA'S PIZZA

EVALUATION: ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY

MBER AND STREET: 1743 Rt 88 W

Y OR MUNICIPALITY: BRICK

ZIP CODE: 08724

ABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: II

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

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

DATE	TIME (2400 HOURS) BEGIN	END
8-16-90	16:30	16:50

ME OF OWNER(S), CORPORATION OR REGISTERED AGENT: SOB PARKS

MBER AND STREET: 30 POPPE CT

Y OR MUNICIPALITY: BRICK

STATE: N.J

CODE: 08723

COMMUN. CODE: 1506

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE	TYPE OF ESTABLISHMENT
COMPLAINT	☒ RETAIL
INITIAL INSPECTION	☐ WHOLESALE
REINSPECTION	☐ VENDING MACHINE NO. OF MACHINES _____
PLAN REVIEW	☐ FROZEN DESSERTS
CONFERENCE	☐ OTHER _____

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

NAME OF INSPECTING OFFICIAL (Print): Joseph A. Caprio

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: 15375

.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

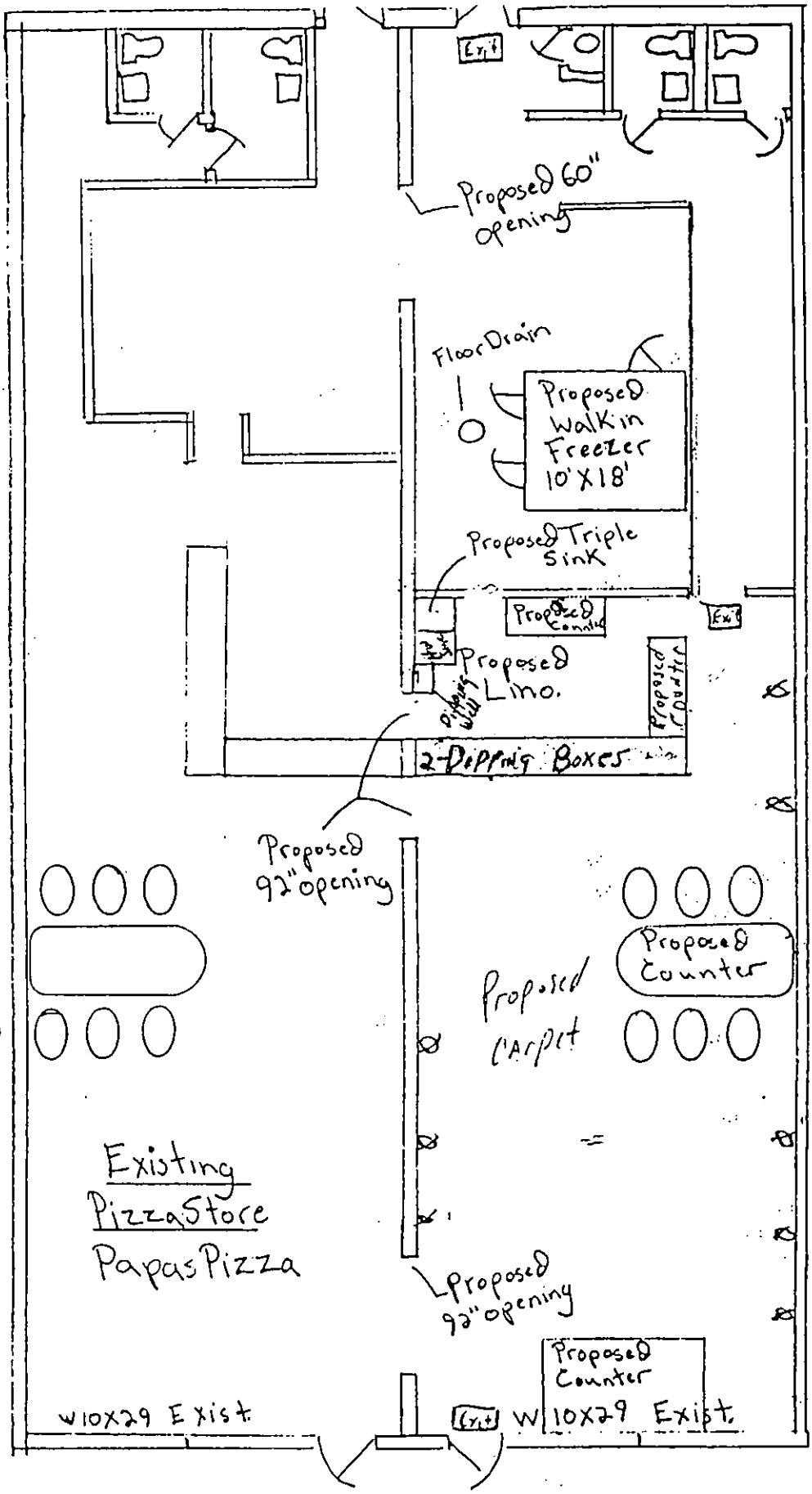
Establishment Trading Name	Establishment License No.	Date
Pa Pa s Pizza		8 16 90
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph G. Capone	Brick	Begin 16:30

REG. NO.	REMARKS (Please specify area)
	The attached plans were reviewed and approved. they are in compliance with Chapter XVI of the N.J. State Sanitary Code
	An additional 3 compartment sink is also being installed for ice cream dispenser - this is the only new equipment utilized - soft & hard ice cream. - drainboard shall be connected to sink Handwash sink is located in a convenient & easily accessible location
	R.J. Fal

(Attach additional sheets if necessary)

H.D.67

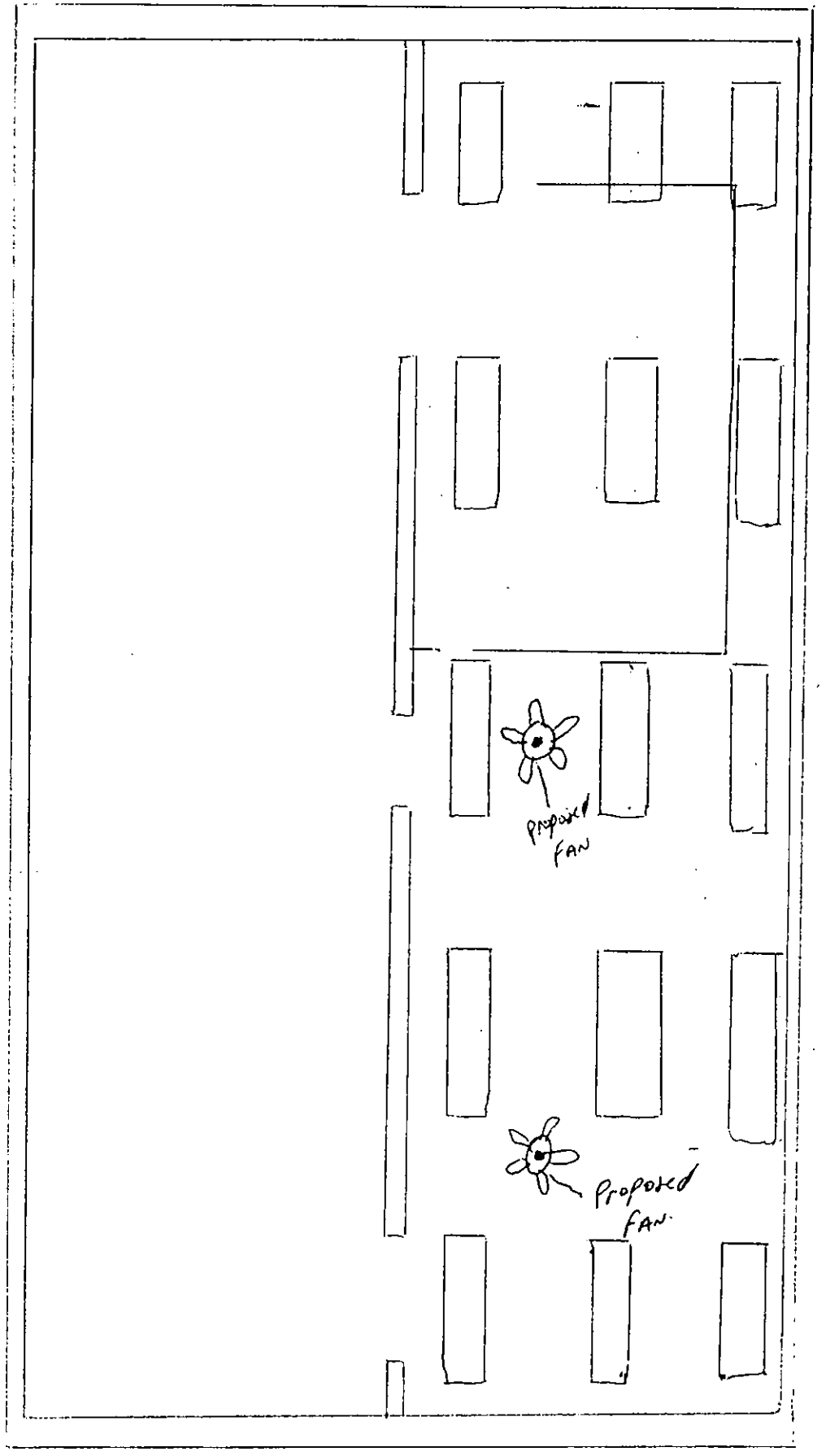
Page of Pages



EXPANSION
OF
PAPA'S PIZZA
For Videos & Ice Cream
1743 - Rte 88 West
Brick, N.J. 08723
458-5366.

Block - 852
Lot #1
Store 627.

(over for Ceiling Plan.)
Lighting


Proposed FAN
Proposed FAN

OCEAN COUNTY HEALTH DEPARTMENT
C.N. 2191
Toms River, N.J. 08754
201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

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

re: Proposed Floor Plans
Block 852 Lot 1
Papa's Pizza
1743 Rt 88 W
Brick

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food 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,

Joseph Capriw Jr.

Sanitary Inspector

cc: Brick Township Board of Health
Brick Township, Arthur Cierzo, Constrution Official

/pjp

Brick Township
Zoning & Building Dept.
Attn: Art Cierzo

August 8,1990

Re:Expanding Papa's Pizza
Block 852, Lot #1, Stores 6&7

Dear Mr. Cierzo

Relative to the above matter, this letter will serve as a follow up to the instructions of Mr. Joseph Caprio, as well as your instructions per the permit applied for by the Milano Brothers.

We are currently leasing store #6 at the Laurelton Shopping Center located at 1743 Route 88 West. The name of our business is Papa's Pizza and Rest. Inc. Our telephone # is 458-5366. We are requesting approval to expand our current business tostorer#7, which we have recently signed a lease with the owners. The purpose of this expansion is to now offer our customers Ice Cream and Video rentals.

Attached please find a floor plan. There is no need for additional parking because the prior retailer was Friedmans Bakery. We have deleted four tables from our existing Pizzeria and are building two counters, with stools, that will accomadate our customers in both stores. Should you have any questions, please feel free to contact us.

Very Truly,

Robert S. Parks
Papa's Pizza & Rest. Inc.
1743 Route 88 West
Brick, N.J. 08723
(201) 458-5366

JUDITH K. GASS
Notary Public Of New Jersey
My Commission Expires June 22, 1992

8-8-90

RIDER "A"

MILANO BROTHERS BUILDERS, INC.
RE: Papa's Pizza
1743 Rt. 88 West
Brick, NJ 08724
(A/K/A) Lot: 1 Block: 852

SPECIFICATIONS AND DESCRIPTIONS OF MATERIALS

OWNER: Mr. Robert Parks
ADDRESS: 30 Poppy Court
Brick, NJ 08723

DATE: 7-31-90
PHONE: 458-5366W

CONSTRUCTION SITE: 1743 Rt. 88 West
Brick, NJ 08723

CONTRACTOR: Milano Brothers Builders, Inc
PO Box 1694
Brick, NJ 08723

All construction shall meet or exceed BOCA National & Brick Township Building codes. Seller represents that it is a Registered Builder (license # 09762) pursuant to the New Home Warranty and Builders Registration Act. Any extras or changes to the plans shall be agreed upon between the parties in writing, prior to installation, and paid for by the buyer as follows: 50% deposit and balance due upon installation. Let it also be agreed and understood that the above mentioned monies are to be released to the builder for consideration of these changes.

Please consider the following to be an itemized description of the work to be performed:

GENERAL REMOVAL:
Remove wall and create three openings first approx. 5', second approx 10', and third approx. 12'
Cut and remove concrete for drain
Cut and remove approx. 10' X 20' area of carpet

GENERAL INSTALLATION:
Install three headers and studs
Trim three openings with clear colonial pine
Repair concrete floor in ice box with concrete due to jack-hammering
Install approx. 22 sq. yds. of "Congoleum" no wax floor

CARPET:
Allowance for 50 sq. yrds. in the video area ($700.00 total)

CONTRACTORS INITIALS

OWNERS INITIALS

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
PAPA'S PIZZA		6-29-90
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph G. Capew	BRICK	Begin 15:35

REG. NO.	REMARKS (Please specify area)
	OWNER IS CONTEMPLATING UTILIZING ADJACENT VACANT STORE AS AN ADDITION TO PRESENT STORE IF AN EXTENSIVE REMODELING IS CONDUCTED, TWO SETS OF FLOOR PLANS MUST BE SUBMITTED TO THIS OFFICE. PROPER EQUIPMENT MUST BE IDENTIFIED, AS WELL AS SURFACES OF FLOORS, WALLS, FOOD PREP COUNTERS - NAME + ADDRESS OF ESTABLISHMENT BLOCK # LOT # - PRESENT CARPETING TO BE REMOVED FROM FUTURE FOOD PREP AREA
	LIGHTS SHALL BE PROTECTED - THERMOMETERS TO BE PROVIDED
	RJF
	ART CIERZO
	JOHN SPRAHK
	477-3902

(Attach additional sheets if necessary)

H.D.67

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
PAPA'S PIZZA		F-16-90
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A. Capuo	BRICK	Begin 16:30

REG. NO.	REMARKS (Please specify area)
	The attached plans were reviewed and approved. they are in compliance with Chapter XII of the N.J State Sanitary Code
	AN ADDITIONAL 3 COMPARTMENT SINK IS ALSO BEING INSTALLED WITH DRAINBOARD
	HANDWASH SINK IS LOCATED IN CONVENIENT, ACCESSIBLE LOCATION
	& AN ICE CREAM COMPARTMENT IS ONLY NEW FIXTURE - SOFT + HARD ICE CREAM PROVIDED

(Attach additional sheets if necessary)

H.D.67

Page of Pages

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

Block 852 Lot 1

ESTABLISHMENT INFORMATION

PHONE # 458-5366

ESTABLISHMENT CODE: 26

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: Papa's Pizza

NUMBER AND STREET: 1743 Rt 88 W

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: ~~II~~

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: Bob Parks

NUMBER AND STREET: 30 Poppe Ct

CITY OR MUNICIPALITY: Brick

STATE: NJ

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
8-16-90	16:30	16:50

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE

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

TYPE OF ESTABLISHMENT

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

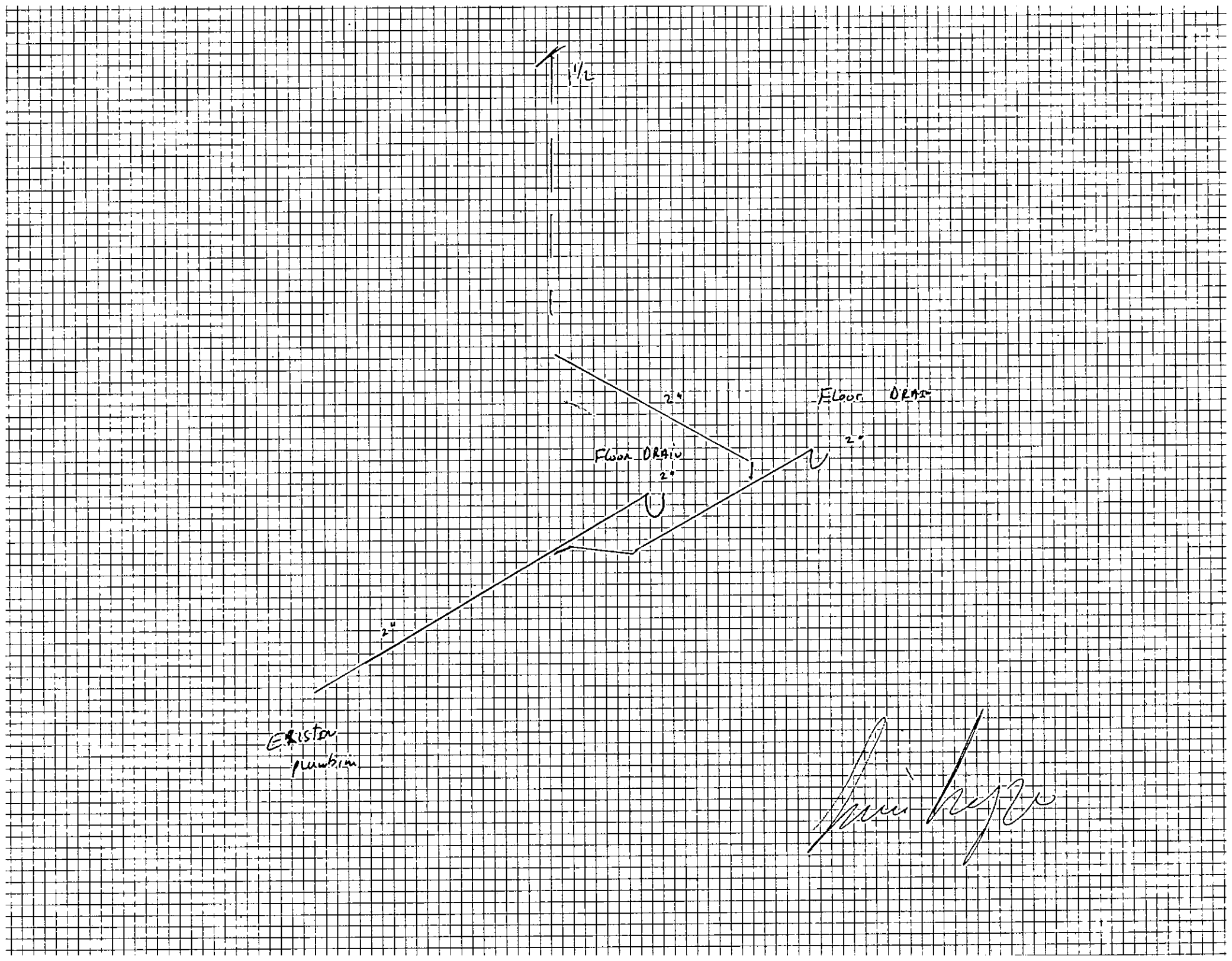
Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print): Joseph A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL: Joseph A Caprio

PERMANENT REG. NO.: B-375

H.D.64


1½
2"
FLOOR DRAIN
2"
FLOOR DRAIN
2"
2"
EXISTING
PLUMBING

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 832- Lot 1 Address 1737 State Hwy 88

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

Administrative _____

Zoning B-3 Req. parking? (what last store)

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 construction 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

Date _____