BLOCK 852 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 920-93

RECEIVED
APR 28 1993
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1743 Rt #88 UNIT #7
2. Name of Owner in Fee: PARTNERSHIP #1 Tel. (___) 780-8888
   Address 63 W. MAIN ST. (street) FREEHOLD (municipality) NJ. 07728 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: H.J CONTRACTING CO. Tel. (___) 840-3645
   Address 427 16TH AVE. BRICK, N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2942110 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work HERB ABRECHT Tel. (___) 840-3645

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	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	12000.

Deli

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
WSP	4/28/93	5/18/93					
			5/18/93	JE	6/7/93		JE
			5/17/93	WSP	6-7-93		WSP
				Elec	6-9-93		WSP BK
Eng	4/30/93	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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 90		15
2. Electrical			
3. Plumbing	80.		81
4. Fire Protection	145	108.	33
5. Other			
6. Subtotal	$ 315		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	9	4	
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 349		

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: DELICATESSEN
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10410184

201C

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name HERB ABRAHAM T.A. H&T CONTRACTING CO

Address 427 16TH AVE

BRICK, NJ. 08724

Telephone ( ) 840-3645

Signature _____ Date 4/27/93

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	SK	4/29/93	deli a/H.						
☐									
☐									

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. 920	7-8-93	

CERTIFICATE

Date Issued 7-8-93
Control #
Permit # 920-93

IDENTIFICATION

Block 852 Lot 1
Work Site Location 1743 Rt. 88

Owner in Fee Partnership #1
Address 63 W. Main St.
Freehold, NJ

Tele. ( )

Contractor H & J Contracting Co.
Address 427-16th Ave.
Brick, NJ

Tele. ( )

Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Deli - "Hogan's Heros"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☑ **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. Cuccio
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 5-19-93
Control #
Permit # 920-93

IDENTIFICATION Block 552 Lot 1

Work Site Location 1743 Rt. 88 (W.) Contractor N. J. Conte, Co.

Address

Owner in Fee Partnership #1

Address 136 W. Main St. Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date **0002** 920**

Tele. ( ) Freehold, NJ Federal Emp. No.

or Social Security No. BLANK 0.00

REV #

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant fit up / deli

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 $ 12,000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			0.00
Building	90.-	1 #	
Plumbing	80.-	BUILDING	0.00
Electrical		PLUMBING	0.00
Fire Protection	145	FIRE	15.00
Other	Plan 5.	PLAN REVIEW	5.00
Other		DCA	9.00
DCA Training Fee	4.F / D		0.00
Cert. of Occ.	20.-	TOTAL	39.00
Other		CHECK	39.00
Total		CHANGE	0.00
Check No.	2480	AMOUNT	8:31
Cash			
Collected By:			

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 5/25/93
Control #
Permit # 920-93
Date Permit Issued 5-19-93

IDENTIFICATION Block 852 Lot 1
Work Site Location 1743 RT 88 UNIT #7
Owner In Fee DRAGON HEROES
Address [illegible]
Tele. ( ) 206-1611

Contractor A.J. CONTRACTING
Address 427 LEE AVE BRICK NJ.
Tele. ( ) 240-3645
Lic. No. or Bldrs. Reg. No. **0002**
Federal Emp. No. 920**
or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: FIRE SUPPRESSION HOOD

Estimated Cost of Work $ 2,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	0.00
Plumbing	8.00
Electrical	4.00
Fire Protection	100
Other	2.00
Other	2.00
DCA Training Fee	0.00
Cert. of Occ.	5:23
Other	
Total	112
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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-19-93
Control #
Permit # 950-93

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 Rt#88 UNIT #7

Owner in Fee PARTNERSHIP ONE
Address 63 W. MAIN ST
FREEHOLD N.J. 07728
Tele. ( ) 780-8888
Contractor H&J CONTRACTING
Address 427 16TH AVE.
BRICK, N.J.
Tele ( ) 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2942110 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

TENANT FIT-UP WORK FOR NEW DELI PER ATTACHED FLOOR PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[4] All	5/10/93	AC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[4] CO [ ] CCO [ ] CA
Date: 6/14/93
Approved By: AC

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. $ 6,000 -
2. Alteration $ ____
3. Total (1+2) $ ____

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

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-19-93
Control #
Permit # 920-93

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 1747 RT 88 UNIT # 7

Owner in Fee PARTNERSHIP ONE
Address 63 W. MAIN ST
FREEHOLD NJ. 07728
Tele. ( ) 780-8888
Contractor H+T CONTRACTING
Address 427 16TH AVE.
BRICK NJ.
Tele. ( ) 840-5811
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2942110 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
TENANT FIT-UP WORK FOR NEW DELI PER ATTACHED FLOOR PLAN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[4] All	5/18/93	
[ ] Footing	1/19/93	
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
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. $ 6,000
2. Alteration $
3. Total (1+2) $

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

(Office Use Only)
FEE
$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-19-93
Control #
Permit # 950-93

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 174 RTE 88 UNIT # 57

Owner in Fee PARTNERSHIP ONE
Address 63 W. MAIN ST
FREEHOLD NJ. 07728
Tele. ( ) 780-8888
Contractor HIT CONTRACTING
Address 477 16TH AVE.
BRICK NJ
Tele. ( ) 840-8585
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2842110 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All	5/19/93		Footing				
[ ] Footing	5/19/93		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. $ 6,000
2. Alteration $ ____
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT-UP WORK FOR NEW DELI
PER ATTACHED FLOOR PLAN

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

(Office Use Only)
FEE
$ ____

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

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

Briks Twp

w/c

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued MAY 24 93
Control # 0 0 6 2 7 1
Permit # 920-93

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 Rt # 88 UNIT # 7
Mogens Heros
Owner in Fee # PARTNERSHIP ONE
Address 63 W MAIN ST.
FREEHOLD, NJ. 07728
Tele. (____)
Contractor ~~H&T CONTRACTING CO~~ Hood Electric
Address ~~437 16th AVE~~ 46 OAK TERRACE
Howell, N.J. 07731
Tele. 908 840-8171
Lic. No. 8153
Federal Emp. No. ____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS
Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [✓] Other Renovation - Store
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 1,000.—

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			6-8-93	BE #24
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued 6-8-93 #22

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 6-8-93 #24
Approved By: B. Kelusky

P.P.

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

JUN 9 1993

D. TECHNICAL SITE DATA

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

Paid [✓] ~~Check~~ # Cash

Collected by: ____

Administrative Surcharge	$
Minimum Fee	$ 40.—
DCA Training Fee	$ 1.—
TOTAL FEE	$ 41.—

U.C.C. Form F-120B

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 5-25-93
Control #
Permit # 920-93 update

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 RT#88 UNIT #7
Owner in Fee HOGANS HEROES
Address SAME
Tele. (____)
Contractor FRANKLIN SHEET METAL CO.
Address 122 S. MAIN ST.
OCEAN GROVE, N.J. 07756
Tele. (____) 988-0808
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Suppression Syst
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ $5,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/24/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 6/7/93
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Suppression Test			6/7/93	
Fire Alarm Test				
Smoke Test				
Mechanical			6/7/93	
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		1
Stand Pipes		
Kitchen Hood Exhaust Systems	1	33
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	X	65
Gas or Oil Fired Appliance	2	
OTHER		

Administrative Surcharge $ 10 8 —
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 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 5-25-93
Control #
Permit # 920-93 update

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 RT #88 UNIT #7
Owner in Fee HOGANS of HEROES
Address SAME
Tele. ( )
Contractor FRANKLIN SHEET METAL CO.
Address 122 S. MAIN ST.
OCEAN GROVE, N.J. 07756
Tele. ( ) 988-0808
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: N/A
Total Est. Cost of Fire Prot. Work $ 2,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/24/93
Approved by:
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	18	
Smoke Detectors		
Heat Detectors		
TOTAL		1
Stand Pipes		
Kitchen Hood Exhaust Systems	1	33
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	X	65
Gas or Oil Fired Appliance		
OTHER		

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 10
Minimum Fee	$
DCA Training Fee	$
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 5-25-93
Control #
Permit # 920-93
update

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 ITASCA UNIT #7
Owner in Fee HOSTAS, THEODORE
Address SAME
Tele. (____) ____
Contractor FRANKLIN SHEET METAL CO.
Address 122 S. MAIN ST
OCEAN GROVE, NJ. 07756
Tele. (____) 988-0808
Lic. No. ____
Federal Emp. No. ____ or Social Security No. ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ 2,000 [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/24/93
Approved by: E
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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	X	65
Gas or Oil Fired Appliance		
OTHER ____		

Paid [ ] Check # ____ Administrative Surcharge $ 10.00
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
Date Issued 5-19-93
Control #
Permit # 920-93

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 Rt #88 UNIT #7

Owner in Fee PARTNERSHIP ONE
Address 63 W. MAIN ST.
FREEHOLD NJ. 07728
Tele. ( ) 780-8898
Contractor H.J CONTRACTING CO.
Address 427 16th AVE
BRICK, NJ. 08724
Tele. ( ) 840-3645
Lic. No.
Federal Emp. No. 22-2942110 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Permit & Drawing for Hood & Suppression Syst to Follow
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF TOP
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.
[X] Fire Plans Approved
Date: 5/18/93 JC
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/7/93 JC
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			6/7/93	JC
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 Tenant fit up

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	1	46
Heat Detectors		
TOTAL Exit Signs Battery Back-up		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Emergency Lites Battery Back-up		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fire Extinguishers 2A. 10BC 20BC	4	99
Gas or Oil Fired Appliance		
OTHER		
Administrative Surcharge		$ 1.45
Minimum Fee		$
TOTAL FEE		$

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-19-93
Control #
Permit # 920-93

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 Rt #88 UNIT #7

Owner in Fee PARTNERSHIP ONE
Address 65 W. [illegible] ST.
FREEHOLD NJ 07728
Tele. ( ) 780-8888
Contractor H/T CONTRACTING CO.
Address 477 16th AVE
BRICK NJ 08724
Tele. ( ) 840-3645
Lic. No.
Federal Emp. No. 22-2942110 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Permit & Drawing for Hood & Suppression [illegible]

Use Group Present ____ Proposed [illegible]
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF TOP
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.
[X] Fire Plans Approved
Date: 5/18/93 [illegible]
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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work [illegible]

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	1	46
Heat Detectors		
TOTAL Exit Signs Battery Back-up		
Stand Pipes		
Kitchen Hood Exhaust Systems Emergency Lites Battery Back-up		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fire Extinguishers 2A 10BC 20BC	4	99
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 145-
Paid [ ] Check # ____ Minimum Fee $
Collected by ____ TOTAL FEE $

U.C.C. Form F-140A
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3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-19-93
Control #
Permit # 920-93
HC

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 Rt #88 W. UNIT # 7

Owner in Fee PARTNERSHIP OWN
Address 63 W. MAIN ST.
FREEHOLD, NJ. 07728
Tele. ( ) 780-8888
Contractor ROBERT E. SURGENT, INC.
Address 3462 E. TRENTON AVE
TOMS RIVER, NJ 08753
Tele. ( ) 270 3777
Lic. No. NJ 3595
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ $9500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5/17/93
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 6/7/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5-25-93	[signature]
Water				
Sewer			6/7/93	[signature]
Fixtures			5/25/93	[signature]
Gas Equipment				
Gas Final			6/7/93	[signature]
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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5.-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5.-
	Shower	
	Floor Drain	
3	Sink	15.-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.-
	Fuel Oil Piping	
1	Water Heater (ELEC)	5.-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25.-
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
2	Other INDIRECT (SODA) (MOP)	10.-
	Administrative Surcharge	$ 80.-
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
Date Issued 5-19-93
Control #
Permit # 920-93
HC

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

Block _____ Lot _____
Work Site Location 174 RT #88 UNIT # 7

Owner in Fee PARTNERSHIP ONLY
Address 63 W. MAIN ST.
FRENCHTOWN NJ 08825
Tele. (___) 780-8888
Contractor ROBERT E. FRANCE INC.
Address 210 E THIRTY AVE
TOMS RIVER NJ 08753
Tele. (___) 270-2777
Lic. No. NJ 13605
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4" 1"
Estimated Cost of Plumbing Work $ $1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5/17/93
Approved by: G

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Robert E. France
Signature-Contractor Seal

[V] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5.—
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5—
	Shower	
	Floor Drain	
3	Sink	15—
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.
	Fuel Oil Piping	
1	Water Heater (ELEC)	5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25.—
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
2	Other INDIRECT (SODA) (ICE)	10—
	Administrative Surcharge	$ 8.0—
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 5-19-93
Date Issued
Control #
Permit # 920-93
HC

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

Block ______ Lot ______
Work Site Location [illegible] # 38 Unit # 7

Owner in Fee [illegible]
Address [illegible]
Tele. ( ) [illegible]
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 ______
Water Service Size 1"
Estimated Cost of Plumbing Work $ [illegible] 500

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

3595

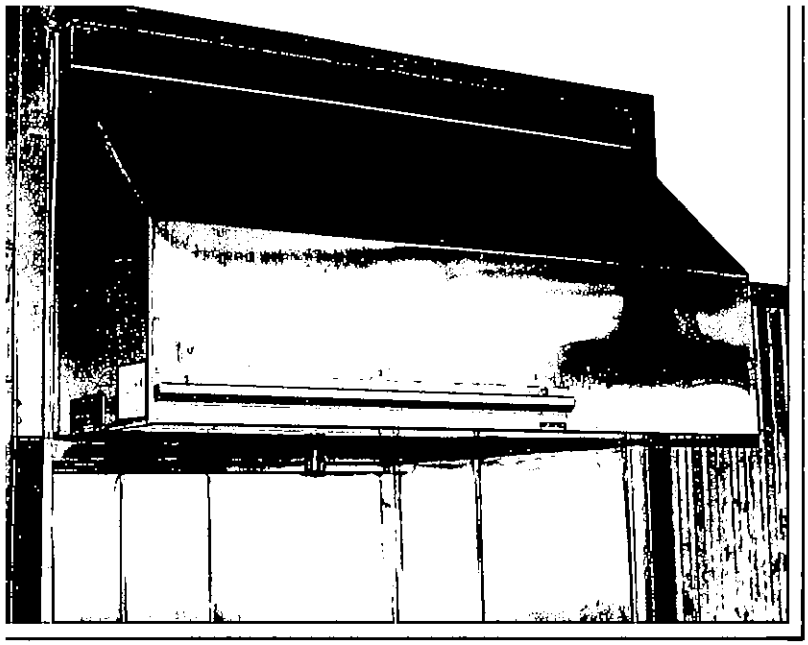
D. TECHNICAL SITE DATA (List all fixtures.)

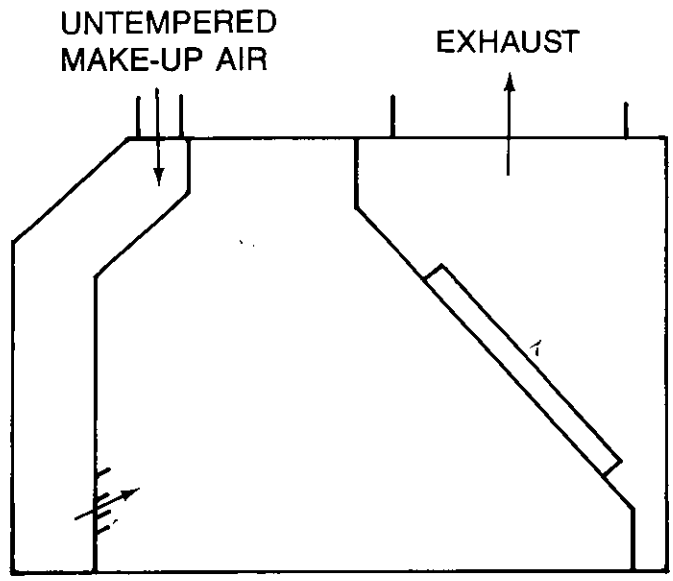
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5-
	Shower	
	Floor Drain	
2	Sink	15-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.
	Fuel Oil Piping	
1	Water Heater [illegible]	5
	Steam Boiler	
	Hot Water Boiler	
	Sewer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

Administrative Surcharge $ 80-
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





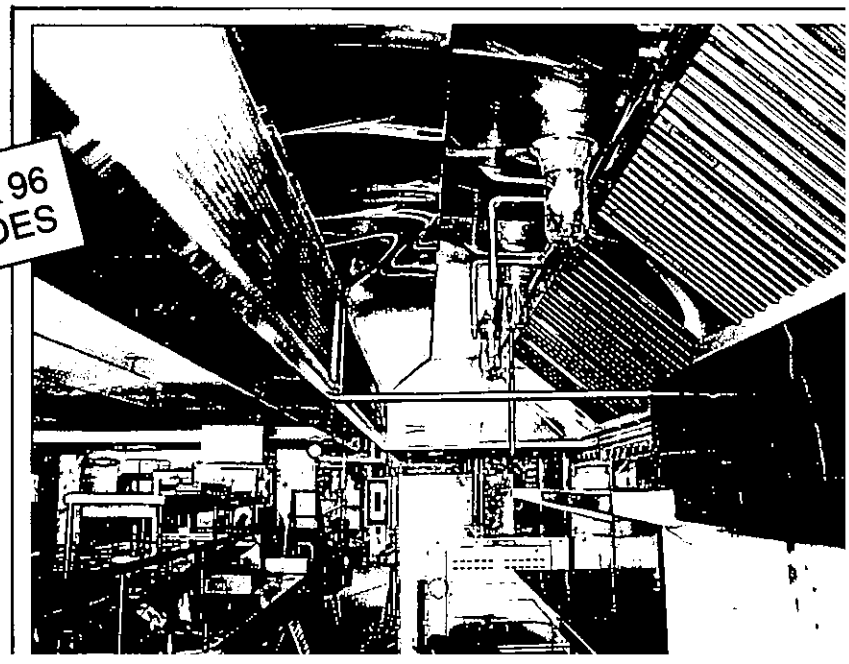
COMPENSATING CANOPY

Franklen Sheet Metal Co.

YOUR COMPLETE RESTAURANT VENTILATION SPECIALIST

122 So. Main Street
Ocean Grove, New Jersey 07756
908-988-0808

ALL WORK CONFORMS TO NFPA 17, 17A & 96 AND ALL NEW JERSEY STATE FIRE CODES



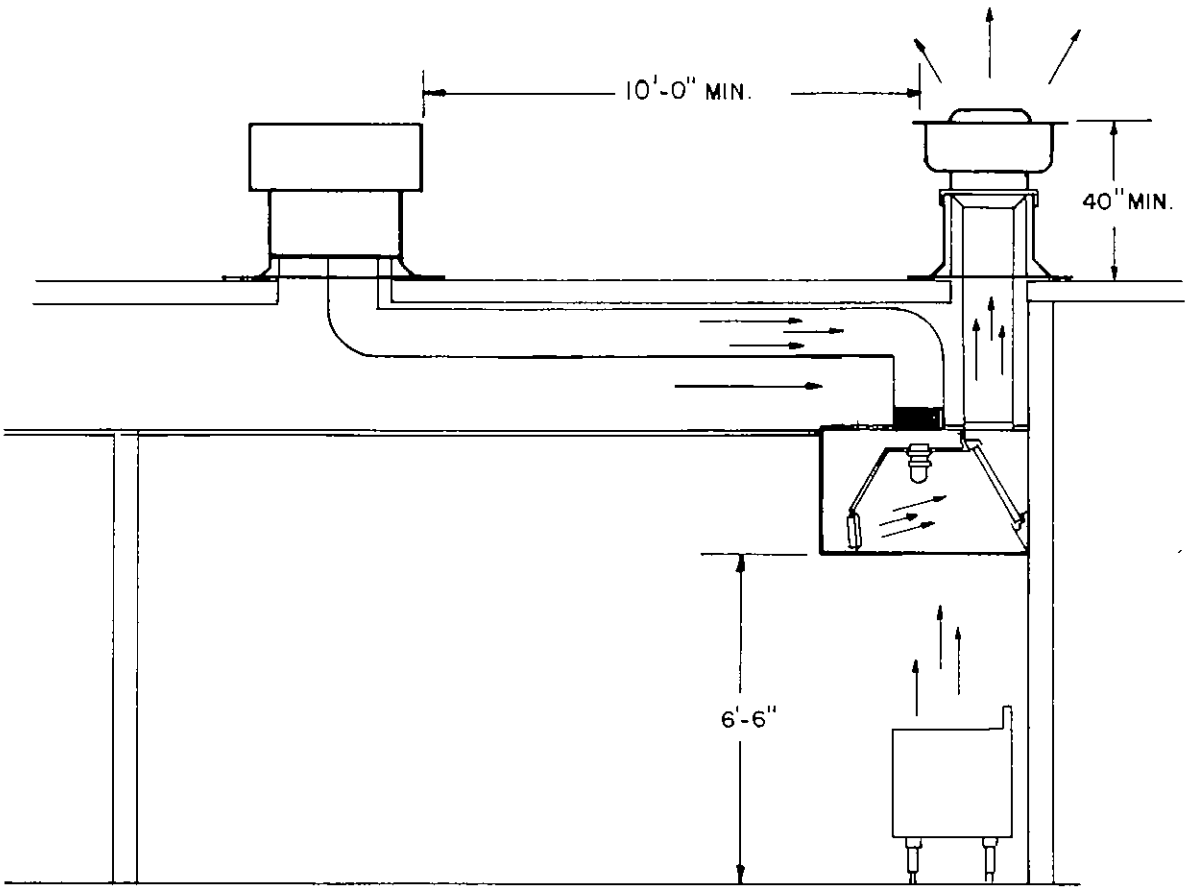
Franklen Sheet Metal Co., Inc.

HEATING, COOLING, VENTILATION &
COMMERCIAL KITCHEN HOODS

122 SOUTH MAIN STREET
OCEAN GROVE, NEW JERSEY 07756
PH. 908-988-0808

COMPENSATING CANOPY

The unique design of the Franklen Ventilation System offers several methods of providing the make-up air necessary in the canopy.



The make-up air fan supplies the make-up air under the hood. A fusible link fire damper is installed to conform to the requirements of the B.O.C.A. mechanical code.

FSS

Fire & Safety Systems Co.

"The First Name in Fire Safety"

- Fire Suppression Systems
- Restaurant Hoods
- Fire Sprinkler Systems
  Design, Installation, and Service
- Restaurant Systems
  Wet and Dry Chemical
- Portable Fire Extinguishers
- Sales, Service, and Recharging
  Dry Chemical, Press, Water, CO_2, and Halon 1211
- Fire Code Retrofits
- Service Contracts Available
- 24 Hr. Emergency Service

Fire & Safety Systems Co.

122 South Main Street
Ocean Grove, N.J. 07756

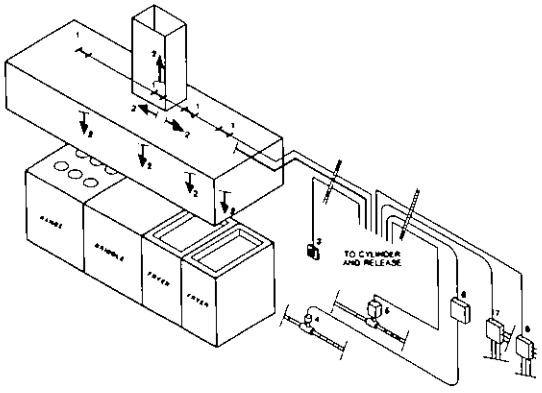
908-775-0505

1-800-649-0502

NFPA MEMBER

NAFED

FACTS ABOUT RESTAURANT FIRE SYSTEM INSPECTIONS



General procedure followed by fire equipment distributors when performing restaurant fire system inspections:

- ✓ INSPECT TAMPER SEALS
- ✓ DISARM SYSTEM
- ✓ VERIFY HAZARD DIMENSIONS
- ✓ CHECK NOZZLES AND PIPING
- ✓ CHECK DETECTORS
- ✓ INSPECT CABLE LINES AND CORNER PULLEYS
- ✓ INSPECT AGENT CONTAINERS
- ✓ VERIFY CONTAINER HYDROTEST DATE
- ✓ TEST ACTUATION OF SYSTEM FROM DETECTORS (NO AGENT WILL BE DISCHARGED)
- ✓ VERIFY MECHANICAL OPERATION OF SYSTEM
- ✓ VERIFY GAS AND/OR ELECTRIC SHUTOFF
- ✓ VERIFY ALARM CONNECTION (IF APPLICABLE)
- ✓ REPLACE ALL FUSIBLE LINKS
- ✓ CLEAN ALL QUARTZOID LINKS
- ✓ CLEAN ALL THERMOSTATS
- ✓ RESET SYSTEM
- ✓ VERIFY AUXILIARY CONTACTS (EXAMPLE - PRESSURE SWITCH)
- ✓ ACTUATE REMOTE MANUAL RELEASE - VERIFY OPERATION
- ✓ ACTUATE LOCAL RELEASE - VERIFY OPERATION
- ✓ RE-ARM SYSTEM
- ✓ INSTALL NEW TAMPER SEALS
- ✓ INSTALL RECORD TAG

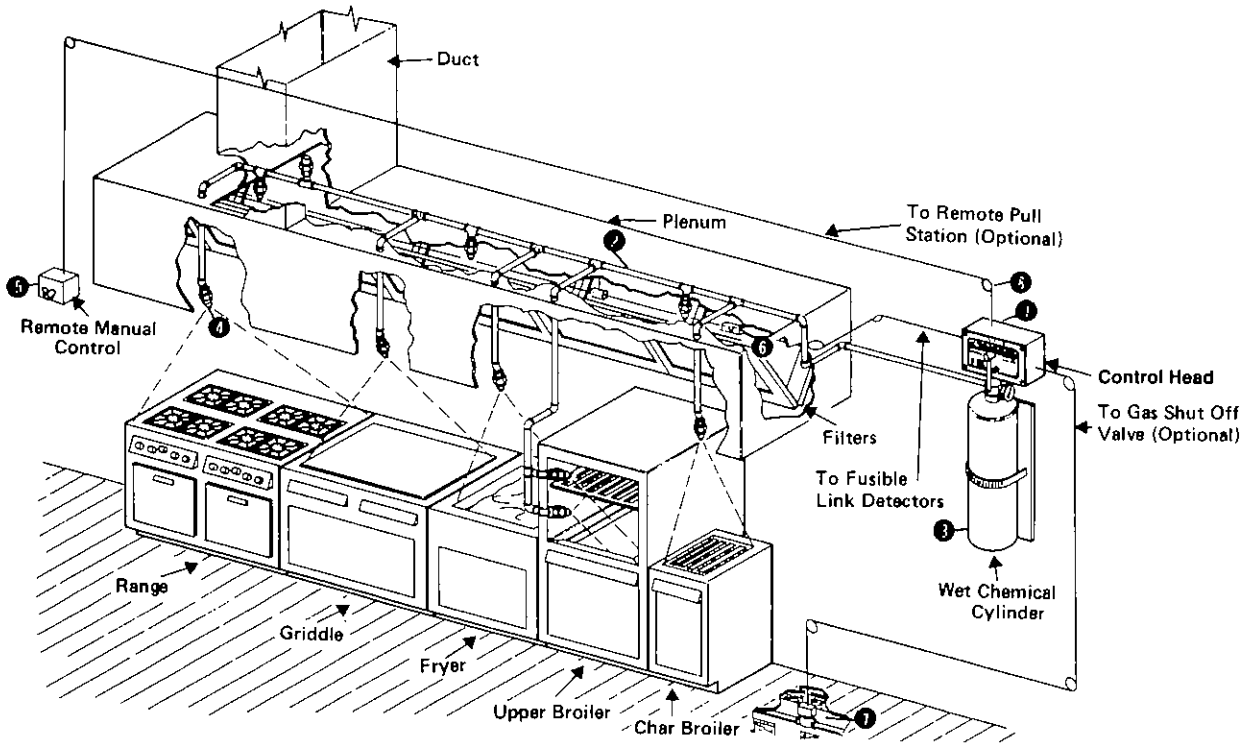
FIRE & SAFETY SYSTEMS CO. • 122 South Main Street Ocean Grove, New Jersey 07756 • Telephone (908) 775-0505

FSS

Features

- UL and ULC Listed
- F.M. Approved
- Complies with N.F.P.A. Standards No. 17A & 96.
- Approval by the Board of Standards and Appeals of New York City
- Meets the requirements of the Building Officials and Code Administrators

Typical Installation



1. CYLINDER CONTROL HEAD – Integral design requires no separate release pressure cylinder – separate wire cable activation lines for automatic fusible link and optional remote pull station provide an added measure of safety – an easily accessible manual release mechanism which provides an option to the automatic fusible link and depending on local codes can be used in place of a remote manual pull station – unique fool proof technique for achieving necessary input wire cable tension.
2. PIPING – Unbalanced piping network simplifies application design and installation – no separate piping to connect system pressure cylinders to extinguishing agent container. Schedule 40 stainless, chrome-plated and black pipe can be used.
3. AUTOMATIC GAS VALVE SHUT-OFF – Complies with requirements pertaining to the shut-off of fuel as described in N.F.P.A. Standard No. 17A – After regular maintenance/service check can be reset at control head for convenience of serviceman – a 50' wire cable run with 15 corner pulleys maximum provides mounting flexibility.
4. NOZZLES – Fixed and Swivel Head nozzles have been established to relax placement tolerances.
5. REMOTE MANUAL PULL STATION – Simple operating instructions with a double action release avoids careless system discharge – a 100' wire cable run with 1/16 inch cable and 17 corner pulleys maximum or 3/64 inch cable and 20 corner pulleys maximum allows mounting flexibility – a dedicated wire cable input line to the cylinder control head provides a true back-up in the event thermal link lines are fouled.
6. FUSIBLE LINK KITS – Accommodates both series and terminal placement to minimize inventory and simplify ordering – all necessary components included for efficient assembly and installation – a 350°F fusible link standard – 15 fusible links on a 100' wire cable run with 20 corner pulleys maximum provides substantial hazard coverage.
7. CORNER PULLEYS AND ACCESSORIES – Designed to ensure reliable system function as tested by U.L. Laboratories.

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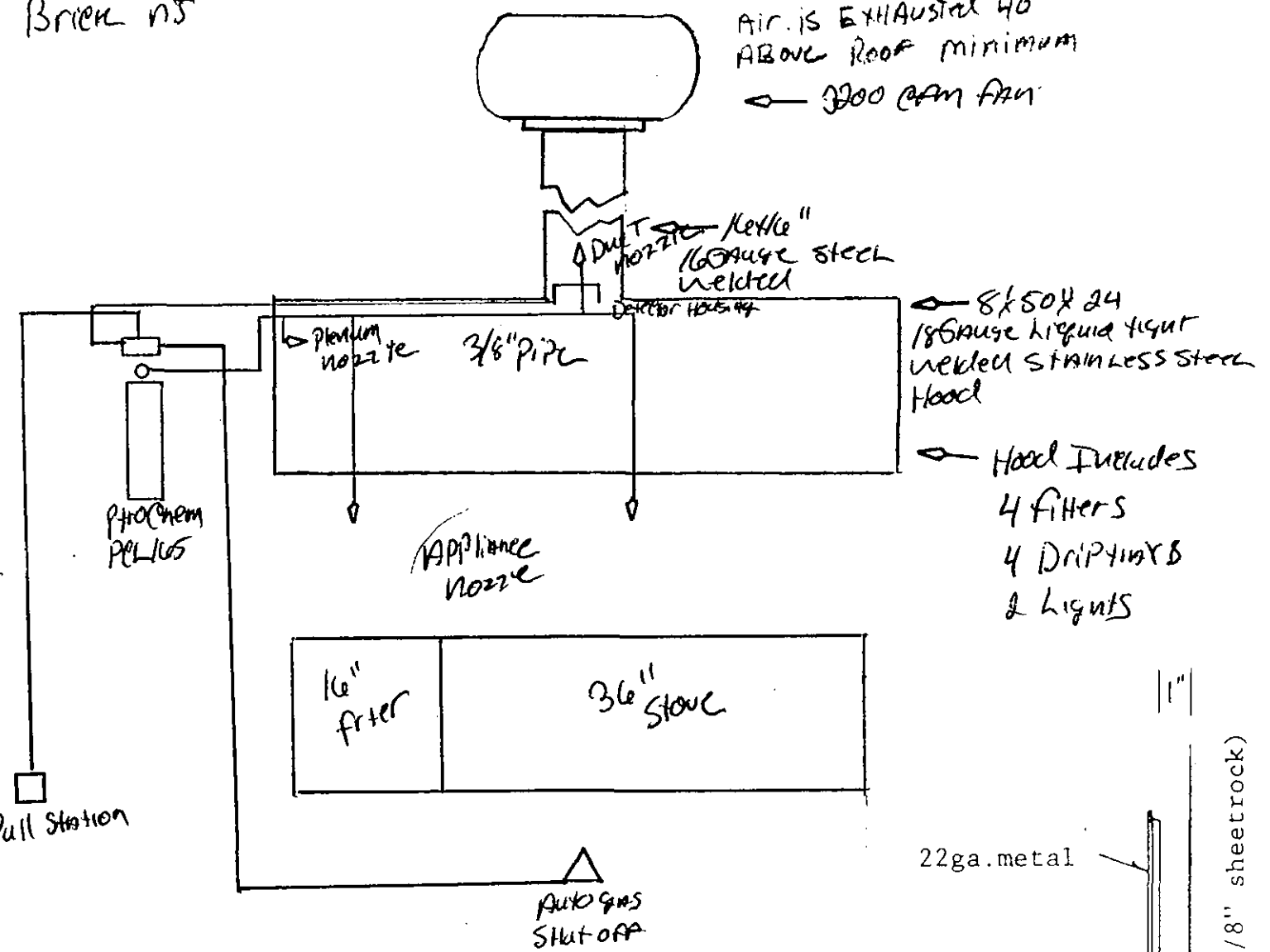
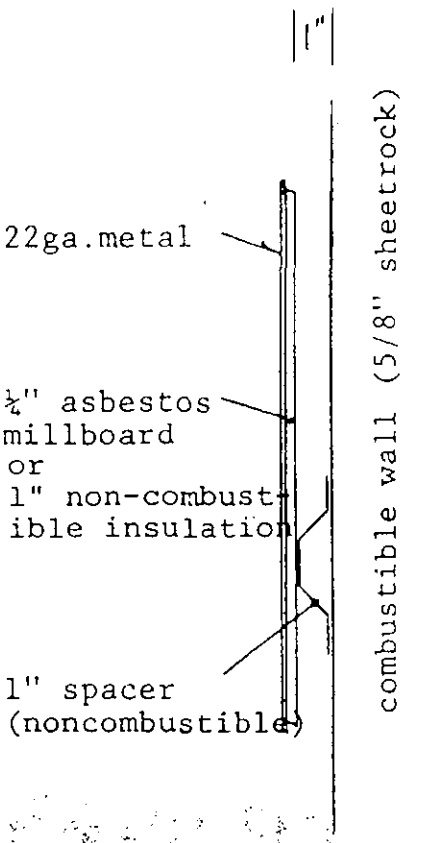
FSS

Hogans Heros
1743 Rt 88 west
Brick NJ





Hood, Duct, fire wall and fire system are Guaranteed to Be Installed to meet All Boca Building Codes and NFPA 17 & 96

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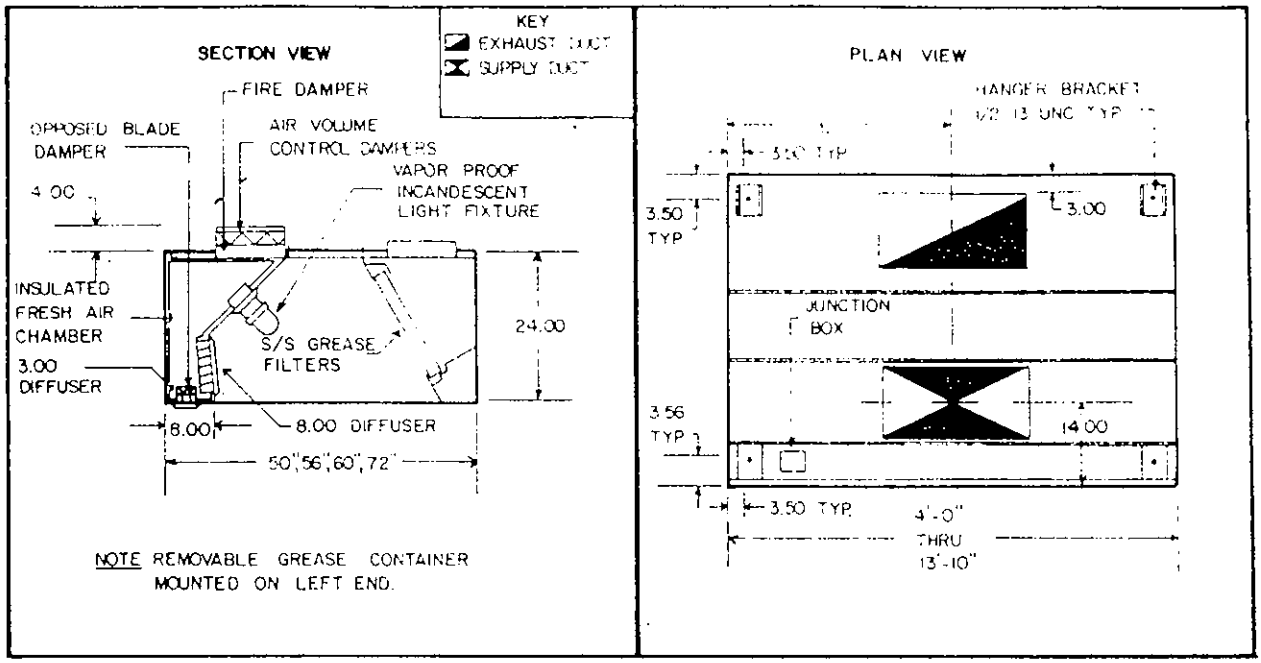
FSS

COMPENSATING CANOPY - SINGLE PLENUM



CHAPTER III
PIPING REQUIREMENTS

Pyro Chem Automatic Restaurant Systems permit a variety of unbalanced piping configurations. Piping for the PCL-165/275/550 systems are intended to be very simple and straight forward. There are no flow diverters or restrictors used in the system.

NOTE

The only acceptable types of piping which can be used with the PCL-165/275/550 is black pipe, chrome plated pipe, or stainless steel pipe. Galvanized pipe cannot be used.

The PCL-165/275/550 systems have been developed using a system of flow points. Each system has a maximum of:

I. PCL-165 — 6 flow points
II. PCL-275 — 10 flow points.
III. PCL-550 — 20 flow points.

Pyro Chem uses a flow point system to permit maximum flexibility in piping. Each nozzle has a flow point rating as follows:

NL-D (Duct Nozzle) . . . . . 3 flow points
NL-P (Plenum/Duct Nozzle) . . . . . 1 flow point
NL-A (Appliance/Plenum Nozzle) . . . . . 1 flow point
NL-R (Radiant Charbroiler Nozzle) . . . . . 1 flow point
NL-UB (Upright Broiler Nozzle) . . . . . ½ flow point

MAXIMUM NOZZLE USAGE ON SYSTEM

Nozzle	Application	MAXIMUM NUMBER PCL-165	PCL-275	PCL-550
NL-A	Appliance	6	10	20
	Plenum	6	10	20
NL-P	Plenum	6	5	18
	Duct	6	10	18
NL-D	Duct	2	3	6
NL-UB	Upright Broiler	6 pair	10 pair	16 pair
NL-R	Radiant Charbroiler	6	10	20

To further simplify piping, the Pyro Chem PCL-165/275/550 systems do not restrict piping runs to specific lengths and quantity of fittings. Instead, limits are placed on pipe lengths in terms of actual length of pipe and equivalent length of fittings. All pipe fittings develop a pressure loss which can be equated to the loss through a specific length of straight pipe. This loss is the equivalent length of the fitting. The equivalent length of fitting is always added to the total pipe length to determine the equivalent length of the branch. Table 3-1 illustrates the equivalent of pipe fittings used in PCL-165/275/550 systems.

Table 3-1. Pipe Fitting Equivalent Length in Feet

PIPE SIZE	45° ELBOW	90° ELBOW	TEE FLOW THROUGH	TEE SIDE OUTLET	UNION OR COUPLINGS
3/8	0.6	1.3	0.8	2.7	0.3
½	0.8	1.7	1.0	3.4	0.4
¾	1.0	2.2	1.4	4.5	0.5

Pyro Chem PCL-165/275/550 piping is broken down into a main supply line and branch lines. Branch lines can further be defined as duct branch, plenum and appliance branch.

A. MAIN SUPPLY LINE —

1. PCL-165 — The main supply line is the run of ⅜" pipe from the cylinder to the hazard area. In general, this will be a straight line run using tees to "branch" off the main. Limitations on main supply line piping for the PCL-165 are shown in Table 3-2.

Table 3-2. Piping Limitations for PCL-165

SECTION	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS FEET LINEAR	MAX. LENGTHS FEET EQUIV.	MIN. LENGTHS FEET LINEAR	MIN. LENGTHS FEET EQUIV.	MAX. VERT. RISE
Main Supply Line	3/8"	6	30	47	3	7	12'

See Figure 3-1 for acceptable configurations

NOTE

The maximum length of the main supply line between the first branch tee and the last branch tee is 20 feet.

2. PCL-275 — The main supply line is the run of 1/2" pipe from the cylinder to the hazard area. In general, this will be a straight line run using tees to "branch" off the main. Limitations on main supply line piping for the PCL-275 are shown in Table 3-3.

Table 3-3. Piping Limitations for PCL-275

SECTION	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS FEET LINEAR	MAX. LENGTHS FEET EQUIV.	MIN. LENGTHS FEET LINEAR	MIN. LENGTHS FEET EQUIV.	MAX. VERT. RISE
Main Supply Line	½"	10	50	75	3	7	12'

See Figure 3-2 for acceptable configurations

NOTE

The maximum length of the main supply line between the first branch tee and the last branch tee is 20 feet.

3. PCL-550 — The main supply line is the run of ½" and ¾" pipe from the cylinder to the hazard area which must supply a minimum of eleven (11) flow points with the PCL-550 system. The ¾" diameter pipe section is used to supply from the cylinder to the first ten flow points required. The main supply is then reduced to ½" diameter pipe and will supply from one to ten additional flow points as required to protect the needs of the hazard for a maximum of twenty flow points. In general, this will be a straight line run using tees to "branch" off the main. Limitations on main supply line piping are shown in Table 3-4.

The main supply line when used with the PCL-550 for balanced split systems will utilize the ¾" diameter pipe to supply from the cylinder to the tee which splits the system to each separate hazard area. The ¾" diameter pipe is not permitted to have any branch lines in this application. The pipe run extending from each side of the tee is reduced to ½" diameter pipe from which each side will supply a maximum of ten flow points. Each side must be balanced within one flow point and not more than a ± 10 percent imbalance on piping run. Limitations on main supply line piping are shown in Table 3-5.

NOTE

The PCL-550 is only to be utilized in excess of ten flow points. If the total of flow points is below ten, a PCL-275 or PCL-165 system should be used.

UL EX3830
ULC CEX812
MAY 1, 1988

Table 3-4. Piping Limitations for PCL-550

SECTION	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS FEET LINEAR (Straight Line Supply Line)	MAX. LENGTHS FEET EQUIV.	MIN. LENGTHS FEET LINEAR	MIN. LENGTHS FEET EQUIV.	MAX. VERT. RISE
Main Supply Line	¾"	10	31	60	3	7	12'
	½"	10	22	40	–	–	

See Figure 3-3 for acceptable configurations

NOTE

The ¾" diameter pipe section is used to supply from the cylinder to the first ten flow points required. The main supply is then reduced to ½" diameter pipe and will supply from one to ten additional flow points as required to protect the needs of the hazard for a maximum of twenty flow points. The maximum length of the main supply line between the first branch tee and the last branch tee is 42 feet.

Table 3-5. Piping Limitations for PCL-550 Balanced Split System Piping ± 10 Percent

SECTION Main Supply Line	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS FEET LINEAR	MAX. LENGTHS FEET EQUIV.	MIN. LENGTHS FEET LINEAR	MIN. LENGTHS FEET EQUIV.	MAX. VERT. RISE
Before Split	¾"	0	21	35	3	7	12'
After Split	½"	20	40	74	–	–	

See Figure 3-4 for acceptable configurations

NOTE

The main supply line when used with the PCL-550 for balanced split systems will utilize the ¾" diameter pipe to supply from the cylinder to the tee which splits the system to each separate hazard area. The ¾" diameter pipe is not permitted to have any branch lines in this application. The pipe run extending from each side of the tee is reduced to ½" diameter pipe from which each side will supply a maximum of ten flow points. Each side must be balanced within one flow point and not more than a ± 10 percent imbalance on piping run. The maximum length of the main supply line between the first branch tee and the last branch tee is 18 feet.

B. DUCT BRANCH LINE — The duct branch line is the run of 3/8" pipe which connects the duct nozzles to the main supply line. A single duct branch line can supply six flow points when utilizing the NL-D nozzle. A single duct branch can supply two flow points when utilizing the NL-P nozzle. The piping limitations specified in Table 3-6 apply to the PCL-165, PCL-275 and PCL-550 for the duct branch line.

Table 3-6. Duct Branch Piping Limitation

SECTION	PIPE DIAM.	MAX. FLOW POINTS PER BRANCH	MAX. LENGTH FEET LINEAR	MAX. LENGTH FEET EQUIV.	MIN. LENGTH FEET LINEAR	MIN. LENGTH FEET EQUIV.	MAX. VERT. RISE
Duct Branch Line	3/8"	6 / 2	8	20	0	0	4'

NOTE

* A single duct branch line can supply six flow points when utilizing the NL-D nozzle. A single duct branch can supply two flow points when utilizing the NL-P nozzle.

C. PLENUM BRANCH LINE — The plenum branch line is the run of 3/8" pipe which connects the main supply line to the plenum nozzles. Only one flow point per branch is permitted. The piping limitations specified in Table 3-7 apply to PCL-165, PCL-275 and PCL-550 for plenum branch line.

Table 3-7. Plenum Branch Piping Limitations

SECTION	PIPE DIAM.	MAX. FLOW POINTS PER BRANCH	MAX. LENGTH FEET LINEAR	MAX. LENGTH FEET EQUIV.	MIN. LENGTH FEET LINEAR	MIN. LENGTH FEET EQUIV.	MAX. VERT. RISE
Plenum Branch Line	3/8"	1	8	20	0	0	4'

D. APPLIANCE BRANCH LINE — The appliance line is the piping which connects the main supply line to the appliance nozzle. This will be 3/8" diameter pipe and can support up to four flow points. The piping limitation specified in Table 3-8 apply to the PCL-165, PCL-275 and PCL-550 for the appliance branch line.

Table 3-8. Appliance Branch Piping Limitation

SECTION	PIPE DIAM.	MAX. FLOW POINTS PER BRANCH	MAX. LENGTH FEET LINEAR	MAX. LENGTH FEET EQUIV.	MIN. LENGTH FEET LINEAR	MIN. LENGTH FEET EQUIV.	MAX. VERT. RISE
Appliance Branch Line	3/8"	4	15	25	0	0	4'

NOTE:

Special piping restrictions apply to each system along with the piping limitations previously mentioned as follows:

1. **PCL-165**
   a. Total of all duct, plenum and appliance branch piping is not to exceed 30 linear feet.
   b. Total of duct, plenum and appliance branch pipe and fittings is not to exceed 52 equivalent feet.
2. **PCL-275**
   a. Total of all duct, plenum and appliance branch piping is not to exceed 50 linear feet.
   b. Total of duct, plenum and appliance branch pipe and fittings is not to exceed 70 equivalent feet.
3. **PCL-550**
   a. Total of all duct, plenum and appliance branch piping is not to exceed 75 linear feet.
   b. Total of duct, plenum and appliance branch pipe and fitting is not to exceed 130 equivalent feet.

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		5/27/93	
Energy			
Electrical			

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

Herbert W. Roeschke
Public Health Coordinator

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

re: Proposed Floor Plans
Block 852 Lot 1

HOGANS HEROES
1743 RT 88 WEST
BRICK, NJ 08723

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.

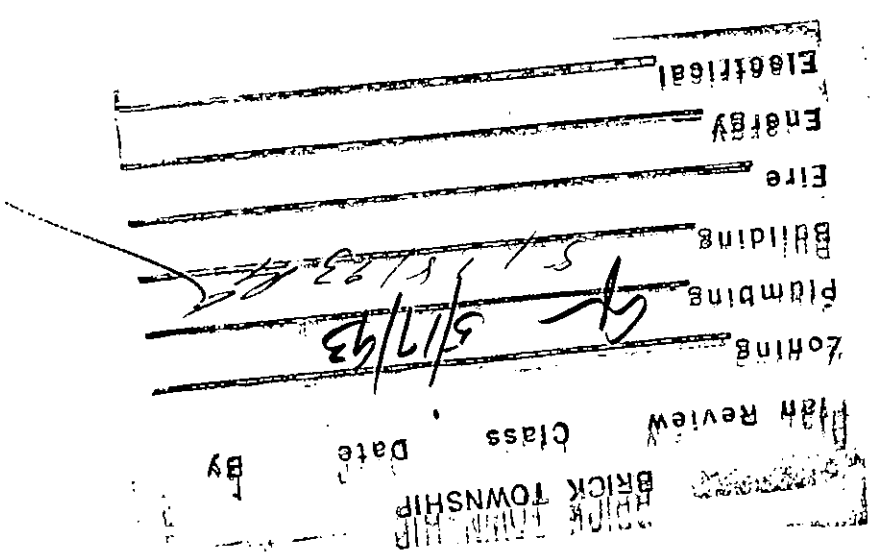
If you should have any questions, please feel free to contact me at this office.

Very truly yours,

Joseph A. Caprio

Joseph A. Caprio
Sanitary Inspector

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



OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Block 852 Lot 1

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

ESTABLISHMENT INFORMATION

PHONE # 840-4798

ESTABLISHMENT TRADING NAME: HOGAN'S HEROES

NUMBER AND STREET: 1743 Rt 88 W

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: ~~30~~ 10

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: J & K INC

NUMBER AND STREET: 67 ALBERT CUCCI DR

CITY OR MUNICIPALITY: BRICK

STATE: NJ

ZIP CODE: 08724

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
5-3-93	08:30	08:50

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 _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

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

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: B-375

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Hogan's Heroes		5-3-93
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph A. Capri	Brick	Begin 09:30

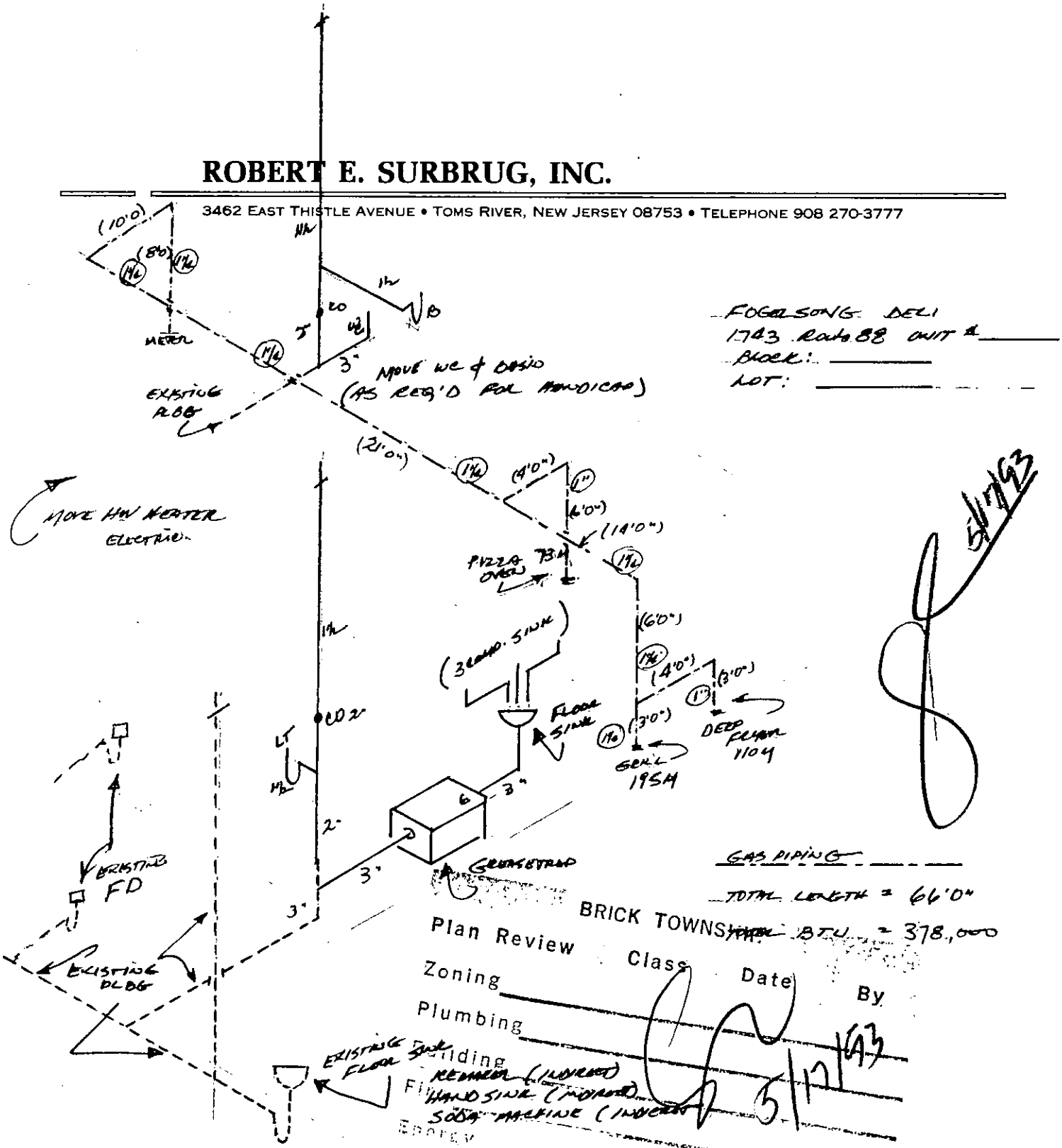
REG. NO.	REMARKS (Please specify area)
	The attached plans have been reviewed
	+ approved. They are in substantial
	compliance with Chapter XII of the N.J
	State Sanitary Code

(Attach additional sheets if necessary)

H.D.67

ROBERT E. SURBRUG, INC.

3462 EAST THISTLE AVENUE • TOMS RIVER, NEW JERSEY 08753 • TELEPHONE 908 270-3777



FOGELSONG DELI
1743 Route 88 UNIT #_____
BLOCK: _____
LOT: _____

GAS PIPING _____
TOTAL LENGTH = 66'0"
BTU = 378,000

BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

Plumbing _____

Building _____

Fire _____

Energy _____

Electrical _____

EXISTING PLUMBING _____

NEW PLUMBING _____