BLOCK 852 LOT 1 ADDRESS (SITE) 1743 Rt. 88 PERMIT NO. 3161-96

RECEIVED Oct. 29 1996

PLB FIRE

CONSTRUCTION PERMIT APPLICATION

BAGEL Shop

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

I. IDENTIFICATION

1. Proposed Work-site at: Laurelton Shop Plaza 1743 Hwy 88 Brick
2. Name of Owner in Fee: Carl Gross GB Limited Inc Tel. (908) 780-8888
   Address 63 W. Main ST Freehold NJ 07728 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Mark Becker Tel. (___) ___
   Address 21 Sweetgum Rd Howell NJ 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security [redacted]
5. Architect or Engineer Irwin Jay Feffer Architect Tel. (908) 238-0800
   Address 8 Molina Rd E. Brunswick NJ
6. Responsible Person in Charge of Work _____ Tel. (___) ___

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	235.		
2. Electrical				
3. Plumbing		200		
4. Fire Protection		240		
5. Elevator Devices				
6. Subtotal	$	675		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		7		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2 PA		$15		
13. TOTAL	$	697		

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 26	

II. PROPOSED WORK

interior alterations

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

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	10/29/96						
				12/4/96		2/26/97		
			11/13/96	12/4/96		2/26	4/30/97	
				12/10-96		2/26/97		
	ENGR	11/8/96		N/A				

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use: BAGEL STORE
2. Use Group: B 20 people
3. Change in Use Group. Indicate Former:

LDS BR 10103514

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 faot 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.

( ) Check if contractor.

Agent Name Todd Kamer

Address 39 Talbot ST
Somerset NJ 08873

Telephone (908) 422-8889

Signature Todd Kamer Date 10/29/96

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
☐ 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								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. EXP.

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. 3161	2/26/97	
☐ None			

CERTIFICATE

Date Issued 2-26-97
Control #
Permit # 3161-96

IDENTIFICATION

Block 852 Lot 1
Work Site Location 1743 Rt. 88

Owner in Fee Carl Gross G.B. Limited Co., Inc.
Address 63 W. Main St.
Freehold, NJ 07728
Tele. ( )
Contractor Mark Becker
Address 21 Sweetgum Rd.
Howell, NJ 07731
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Interior renovations for

"BAGEL SHOP"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load 26

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX☑ **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:

Frank Mayo Per J/C
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

UCC CONSTRUCTION PERMIT

Date Issued: 12/12/96
Control #
Permit #: 3161-96

IDENTIFICATION Block: 852 Lot: 1

Work Site Location: [illegible] Rt 88 "[illegible]" [illegible]

Owner in Fee: [illegible]

Address: [illegible]

Freehold NJ 077[illegible]

Tele. (908) [illegible]

Contractor: Mark Becker

Address: [illegible]

Howell NJ 07731

Tele. ( )

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

Federal Emp. No. [redacted]
or Social Security No

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER ______
[*] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior alteration

PAYMENTS (Office Use Only)	
Building	235
Plumbing	200
Electrical	
Fire Protection	240
Other	
Other	
DCA Training Fee	7
Cert. of Occ.	
Other	[illegible] - 15
Total	1087
Check No.	8201
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 $ [illegible]

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/12/96
Date Issued
Control #
Permit # 3161-96

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

Block 552 Lot 1

Work Site Location BAGEL EXCHANGE LAUREL TON SHOPPING PLAZA 1743 Highway 88 BRICK TWP

Owner in Fee Carl Gross GB Limited Co Inc

Address 603 W. Main ST
Freehold NJ 07728

Tele. (908) 780 8888

Contractor Mark Becker

Address 21 Sweetgum Rd
Howell NJ 07731

Tele. (908) 367-8743

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. _____ or Social Security I [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.

✓ Todd Mann
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR. PARTITIONS & CLG.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/14/96	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 2-26-97
Approved By: F Thyen

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			4/7/97	JBarone
Insulation				
Finishes:			9/25/97	JC
Energy				
Mechanical				
TCO				
Other				
Final				

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

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group	Present A3	Proposed A3	
Constr. Class	Present 2B	Proposed 2B	
No. of Stories	ONE		
Height of Structure	16	Ft.	
Area—Largest Floor	1500	Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed	0	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 10,500

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$
Minimum Fee	$
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 12/12/96
Date Issued 3/6/-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 852 Lot
Work Site Location BAGEL EXCHANGE LAURELTON SHOPPG PLAZA 1743 Highway 88 BRICK TWP
Owner in Fee Carp Gross GB Limited C/o Inc
Address 603 W. Main ST
Freehold NJ 07728
Tele. (908) 780 8888
Contractor Mark Becker
Address 21 Sweetgum Rd
Howell NJ 07731
Tele. (908) 367-8743
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature Todd Klein

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR PARTITIONS & CLG.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/4/96	JH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group	Present	A3	Proposed	A3
Constr. Class	Present	5B	Proposed	5B
No. of Stories		ONE		
Height of Structure		16		Ft.
Area—Largest Floor		1500		Sq. Ft.
New Bldg. Area/All Floors				Sq. Ft.
Volume of New Structure				Cu. Ft.
Total Land Area Disturbed		0		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 10,500

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/12/96
Date Issued
Control #
Permit # 3161-96

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 BAGEL EXCHANGE LAURELTON Shopping PLAZA 1743 Hwy 88 BRICK TWP
Owner in Fee Carl Gross GB Limited Co Inc
Address 63 W. Main ST
Freehold NJ 07728
Tele. (908) 780-8888
Contractor Son-Rise Mechanical
Address 374 VAN H ST
JACKSON NJ 08527
Tele. (908) 905-3490 (FAX FNO) 657-9590
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A3 Proposed A3 UL 300
Constr. Class. Present 3B Proposed 3B Syst. Test when complet. with wat. or Powder
Heating Systems [X] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof Top · makeup
Total Est. Cost of Fire Prot. Work $ 3,000 [ ] Other

Occupancy Needs 26

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/6/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			2/21/97	JE.
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Termed Lit Eff Signs			2/26/97	JE
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	35
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	1	65
Wet Chemical		
Gas or Oil Fired Appliance	4	140
OTHER		

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/12/96
Date Issued
Control #
Permit # 3161-96

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

Block 85 Lot 1
Work Site Location BAGEL EXCHANGE LAURELTON SHOPPING PLAZA 1743 Hwy 88 BRICK TWP.
Owner in Fee (or) Gross GB Limited Co Inc
Address 63 W. Main ST
Freehold NJ 07728
Tele. (908) 780-8888
Contractor Son-Rise Mechanical
Address 374 VATH ST.
JACKSON NJ 08527
Tele. (908) 905-3490 (FAX INFO) 657-9590
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A3 Proposed A3 UL 300 Syst.
Constr. Class. Present 3B Proposed 3B
Heating Systems [X] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof Top. Makeup 2 occupancy Needs Test when Complet. with wat. or Powder
Total Est. Cost of Fire Prot. Work $ 3,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/6/96
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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	35
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical	1	65
Wet Chemical		
Gas or Oil Fired Appliance	4	140
OTHER		

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/12/96
Date Issued
Control # 3161-96
Permit #

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 Lakewood Shop. Ctr. BAGEL EXCHANGE
1743 Highway 88 Brick Twp.
Owner in Fee Carl Gross GB Limited Corp Inc
Address 63 W. Main ST
Freehold NJ 07728
Tele. (908) 780 8888
Contractor Fred B Walters
Address 87 Pork Ave
Freehold NJ
Tele. (908) 431-1746
Lic. No. 6329
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present A3 Proposed A3
Building Sewer Size 4 Public Sewer ✓ Private Septic _____
Water Service Size 1 Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 12-10-96
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: [signature]
Date: 2-24-97

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Slab			1-9-97	BH
Rough				
Water				
Sewer				
Fixtures	2-21-97		2-24-97	[signature]
Gas Equipment	2-21-97		2-24-97	[signature]
Gas Piping			2-13-97	[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.

x [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	10
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	10
1½	Sink	30
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	20
	Water Heater	
4	Fuel Oil Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
7	Backflow Preventer	70
1	Greasetrap	35
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 200

U.C.C. Form F-130B

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

1-9-97 – Hand sink water line OK in wall

2-21-97 – ① condensation drain for walk in not Run

② Relief for HWH not run out of room or to working trap

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/12/96
Date Issued
Control # 3161-96
Permit #

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 Lakewood Shop. CTR. BAGEL EXCHANGE
1743 Highway 88 Brick Twp.
Owner in Fee Carl Gross GB Limited Inc
Address 63 W. Main ST
Freehold NJ 07728
Tele. (908) 780 8888
Contractor Fred A Walters
Address 87 Park Ave
Freehold NJ.
Tele. (908) 431-1746
Lic. No: 6329
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present A3 Proposed A3
Building Sewer Size 4 Public Sewer ✓ Private Septic _____
Water Service Size 1 Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 12-10-96
Approved by: [signature]

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.

X [signature] [seal]
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	10
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	10
1½	Sink	30
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	20
	Water Heater	
	Fuel Oil Piping	
4	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	70
1	Greasetrap	35
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 200

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: November 7, 1996 1996 - 1576

Block 852 Lot 1 Zone B-3, H.D.

Property Address: 1743 Route 88 West

Owner: G.B. Limited, Inc.; Carl Gross (Phone): 780-8888

Applicant: Mark Becker (Phone): 367-8743

Use: Former deli restaurant in Laurelton Plaza.

Proposed Construction (if any): Interior alterations for bagel restaurant with 20 customer seats.

Conditions: No more than 20 customer seats permitted.

Any increase in number of seats requires Planning Board approval.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(908) 341-9700

Joseph J. Przywara
Acting Public Health Coordinator

November 22, 1996

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Proposed Floor Plans
Block 852 Lot 1
The Bagel Exchange
1743 Highway 88
Brick, NJ 08724

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 New Jersey State Retail Food Code.

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

Very truly yours,

Stephen Klaniecki

Stephen Klaniecki
Sanitary Inspector

SK:bd

cc: Brick Township Board of Health

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

Blk 852 Lot #1

ESTABLISHMENT INFORMATION

PHONE # TEMP. 238-0800

ESTABLISHMENT TRADING NAME: THE BAGEL EXCHANGE

NUMBER AND STREET: 1743 Hwy 88

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.: To be Obtained

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 23

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: DAVID F. WIEMEN

NUMBER AND STREET: 8 Molica Road

CITY OR MUNICIPALITY: East Brunswick

STATE: N.J.

ZIP CODE: 08816

COMMUN. CODE: —

TIME (2400 HOURS)

DATE	BEGIN	END
11/21/96	1020	1050

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): Stephen Klamecki

SIGNATURE OF INSPECTING OFFICIAL: Stephen Klamecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
THE BAGEL EXCHANGE	To be Obtained	11/21/96
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	Brick	Begin 1020

REG. NO.	REMARKS (Please specify area)
	The attached plans have been found to be in compliance with Chapter XII.
	Note: This Department is to be notified at least 48 hours prior to intended operation for an opening inspection.

(Attach additional sheets if necessary)

H.D. 67

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION: BAGEL EXCHANGE
(City, County, Township, etc.)

BUILDING LOCATION: LAKELTON Shopping Center 1743 Rt 88
(Street address)

BUILDING DESCRIPTION: comm. Alteration

REVIEWED BY: JC 11/26

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	1993 →	table
	Corridor must be 1 hr. rate	1011.4
	code sections refer to both BOCA 1990 & 1993 codes - must change plan to 1993 references	
	Revised plans 12/96 JC	
	Called 11/26/96 95% and faxed. JC	

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

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

FAX CORRESPONDENCE

(908) 262-8954

DATE: 11/26/96

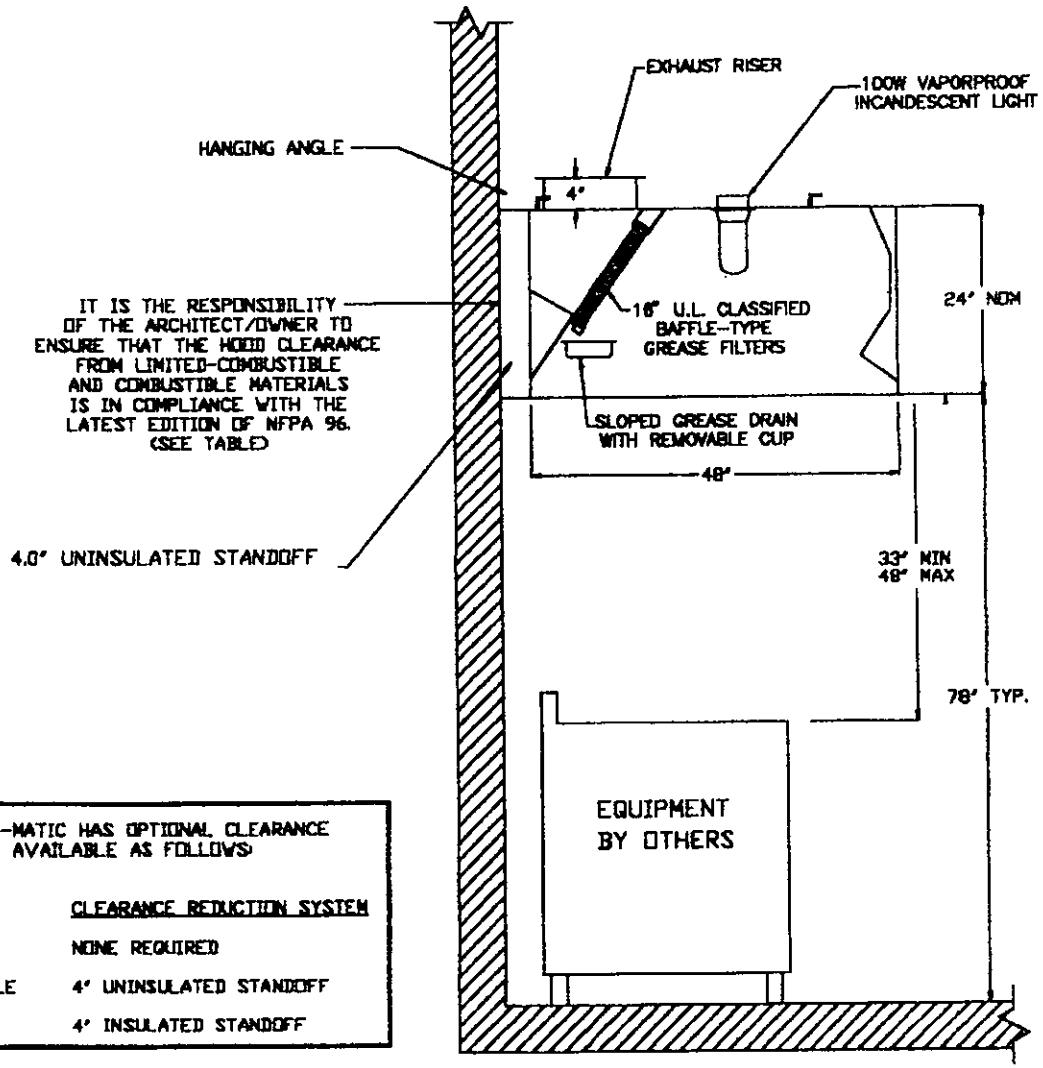
To Fax Number: 908-792-0902 Pages to Follow: -3-

Attention: Todd Kamek

From: Brick twp. Bldg. dept.

Message: per todays phone call
Re: Inspectors rejections for
the "bagel Exchange"
any problems, pls. call 262-1027.

done 11/26/96 10:11 am



CAPTIVE-AIRE/AQUA-MATIC HAS OPTIONAL CLEARANCE REDUCTION SYSTEMS AVAILABLE AS FOLLOWS:

MATERIAL	CLEARANCE REDUCTION SYSTEM
NON-COMBUSTIBLE	NONE REQUIRED
LIMITED-COMBUSTIBLE	4" UNINSULATED STANDOFF
COMBUSTIBLE	4" INSULATED STANDOFF

SECTION VIEW - MODEL 4824-ND

CAPTIVE-AIRE

JOB	Bagel Exchange		
LOCATION	Brick, NJ		
DATE	11/7/96	*JOB #*	
DWG #	BAGEX	*DRAWN BY*	RAM
REV.	V1.0	*SCALE*	NOT TO SCALE

HOOD INFORMATION TABLE

HOOD NO.	MODEL	LENGTH	MAX. COOKING TEMP.	AIR REQUIREMENTS												HOOD CONST.	HOOD CONFIGURATION	
				EXHAUST RISER						SUPPLY RISER							END TO END	BACK TO BACK
				QTY.	SIZE W	SIZE L	CFM/ RISER	S.P.	TOTAL EXH. CFM	QTY.	SIZE W	SIZE L	CFM/ RISER	S.P.	TOTAL SUP. CFM			
1	4824 ND	4' 0"	450 DEG.	1	7	7	600	0.250	600	-	-	-	-	-	-	TYPE 430 SS WHERE EXPOSED		

HOOD INFORMATION TABLE

HOOD NO.	FIRE CABINET	FILTERS				LIGHTS			FIRE SYSTEM			ELECTRICAL INFORMATION				HOOD WEIGHT
		QTY.	HT	LEN	TYPE	QTY.	TYPE	WIRE GUARD	TYPE	SIZE (GALLON)	LOCATION	PRE-WIRE PACKAGE #	LOCATION	# OF SWITCHES	LOCATION	
1	LEFT	3 0	16 16	16 20	AL BAFFLE	1	INCAN	-	ANSUL	3	FC Left	-	-	LIGHT SW. FAN SW. S/V SW. OTHER SW.	-	372 LBS.

HOOD ACCESSORIES TABLE

HOOD NO.	BACK RETURN		STAND-OFF						WRAPPER			BACKSPLASH			END PANELS					FINISHED BACK	FINISHED BACK LENGTH
	WIDTH	LENGTH	BACK WIDTH	BACK INS	LEFT WIDTH	LEFT INS	RIGHT WIDTH	RIGHT INS	HEIGHT	TYPE	LOCATION	HEIGHT	LENGTH	INS	SIDE	HEIGHT	TOP WIDTH	BOTTOM WIDTH	INS		
1	-	-	4	-	-	-	4	-	-	-		78	60	Yes	LEFT RIGHT	- -	- -	- -	- -	-	-

FAN INFORMATION TABLE

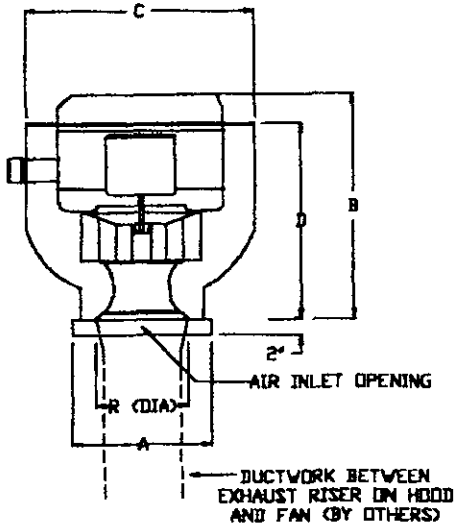
FAN UNIT NO.	FAN UNIT MODEL #	EXHAUST FAN								SUPPLY FAN							
		MODEL	TAG	CFM	S.P.	RPM	H.P.	ø	VOLT	BLOWER MODEL/ HOUSING MODEL	TAG	CFM	S.P.	RPM	H.P.	ø	VOLT
1	DDU-16Q	FX-16Q		600	0.50	807	0.50	1	120	- -		-	-	-	-	-	-

CAPTIVE-AIRE

JOB	Bagel Exchange		
LOCATION	Brick, NJ		
DATE	11/7/96	*JOB #*	
DWG #	BAGEX	*DRAWN BY*	RAM
REV.	V1.0	*SCALE*	NOT TO SCALE

DDU SERIES UPBLAST EXHAUST FAN

DIRECT DRIVEN



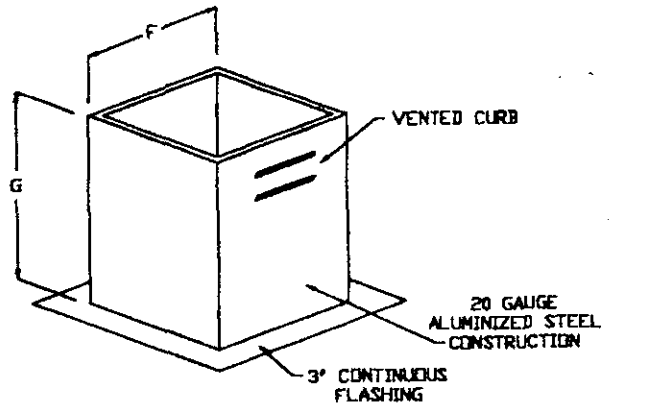
FEATURES:

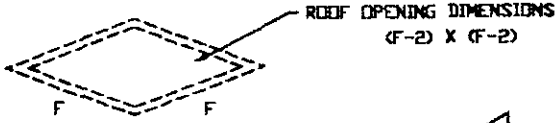
- ROOF MOUNTED FANS
- RESTAURANT MODEL
- UL 762
- AMCA AIR AND SOUND
- WEATHERPROOF DISCONNECT
- THERMAL OVERLOAD PROTECTION
- DIRECT DRIVE
- SPEED CONTROL MOUNTED AT FACTORY
- GREASE EXHAUST CLASSIFICATION TESTING:

NORMAL TEMPERATURE TEST
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING AIR AT 300°F (148°C) UNTIL ALL FAN PARTS HAVE REACHED THERMAL EQUILIBRIUM, AND WITHOUT ANY DETERIORATING EFFECTS TO THE FAN WHICH WOULD CAUSE UNSAFE OPERATION.

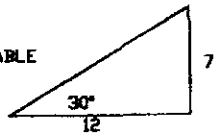
ABNORMAL FLARE-UP TEST
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING BURNING GREASE VAPORS AT 600°F (315°C) FOR A PERIOD OF 15 MINUTES WITHOUT THE FAN BECOMING DAMAGED TO ANY EXTENT THAT COULD CAUSE AN UNSAFE CONDITION.

- OPTIONAL GREASE CUP AVAILABLE
- OPTIONAL INSULATED CURB





PITCHED CURBS ARE AVAILABLE FOR PITCHED ROOFS.



SPECIFY PITCH
EXAMPLE: 7/12 PITCH = 30° SLOPE

FAN DIMENSIONAL DATA (ALL DIMENSIONS ARE IN INCHES)

MODEL	HP	A	B	C	D	SPEED CONTROLLER	R (DIA)	FAN WEIGHT
DDU-13R	1/7	18-1/2	20	25	15-1/2	LT30	11-1/2	36 LBS
→ DDU-16R	1/2	20-1/2	23	29-1/2	17	LT40	14	55 LBS

NOTE: ALL FANS ARE 120VOLT SINGLE PHASE

CURB DIMENSIONAL DATA

MODEL	F	G
DDU-13R	17-3/4	30
DDU-16R	19-1/2	26

CAPTIVE-AIRE

JOB	Bagel Exchange		
LOCATION	Brick, NJ		
DATE	11/7/96	JOB #	
DWG #	BAGEX	DRAWN BY	RAH
REV.	V1.0	SCALE	NOT TO SCALE

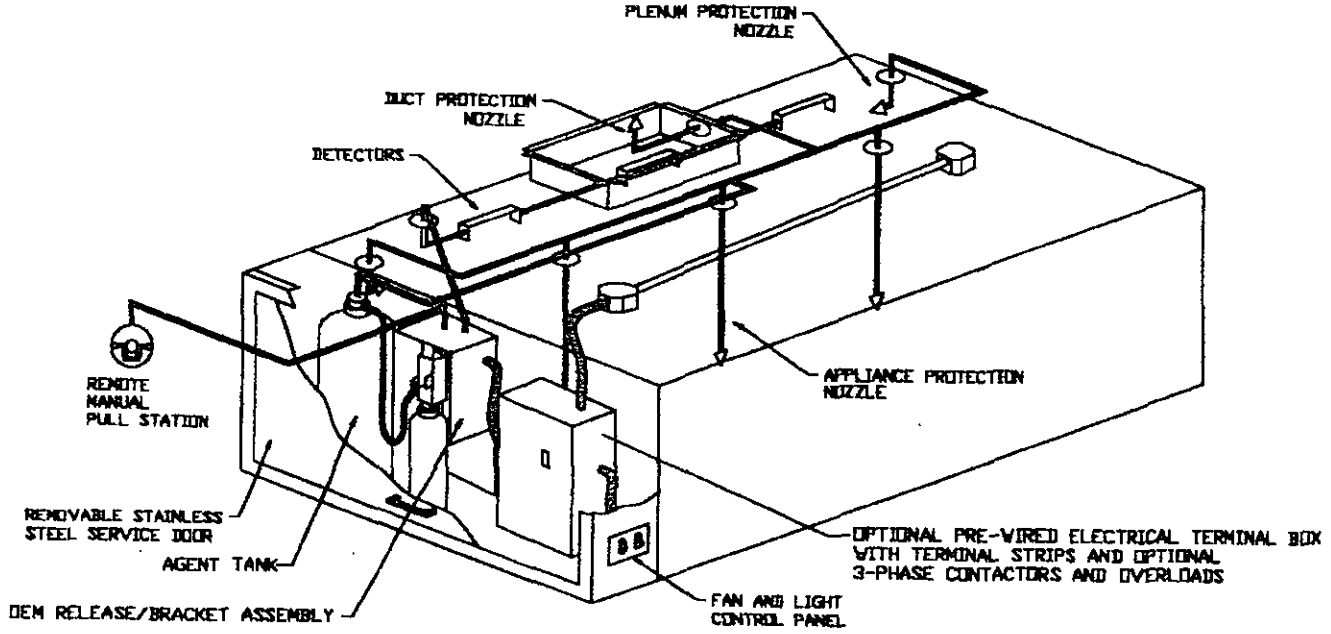
SPECIFICATIONS

THE RESTAURANT FIRE SUPPRESSION SYSTEM SHALL BE THE PRE-ENGINEERED TYPE WITH A FIXED NOZZLE AGENT DISTRIBUTION NETWORK. IT SHALL BE LISTED WITH UNDERWRITERS LABORATORIES, INC. (UL)

THE SYSTEM SHALL BE CAPABLE OF AUTOMATIC DETECTION AND ACTUATION WITH LOCAL OR REMOTE MANUAL ACTUATION. ACCESSORIES SHALL BE AVAILABLE FOR MECHANICAL OR ELECTRICAL GAS LINE SHUT-OFF APPLICATIONS.

THE EXTINGUISHING AGENT SHALL BE A POTASSIUM CARBONATE, POTASSIUM ACETATE-BASED FORMULATION DESIGNED FOR FLAME KNOCKDOWN AND SECUREMENT OF GREASE RELATED FIRES. IT SHALL BE AVAILABLE IN PLASTIC CONTAINERS WITH INSTRUCTIONS FOR LIQUID AGENT HANDLING AND USAGE.

THE REGULATED RELEASE MECHANISM SHALL BE COMPATIBLE WITH A FUSIBLE LINK DETECTION SYSTEM. THE FUSIBLE LINK SHALL BE SELECTED AND INSTALLED ACCORDING TO THE OPERATING TEMPERATURE IN THE VENTILATING SYSTEM. THE FUSIBLE LINK SHALL BE SUPPORTED BY A DETECTOR BRACKET/ LINKAGE ASSEMBLY.

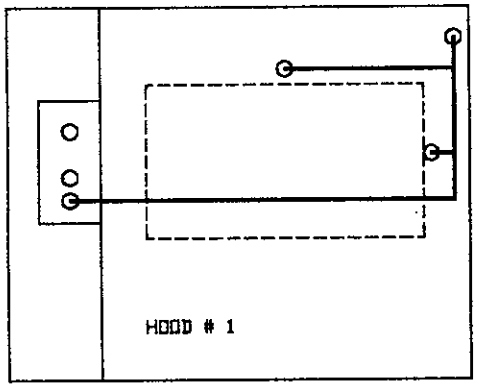


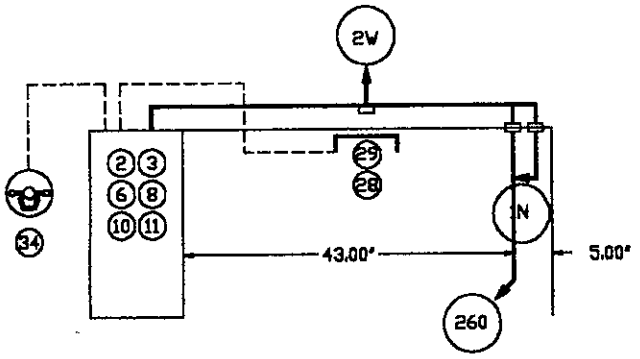
TYPICAL ANSUL R102 SYSTEM LAYOUT

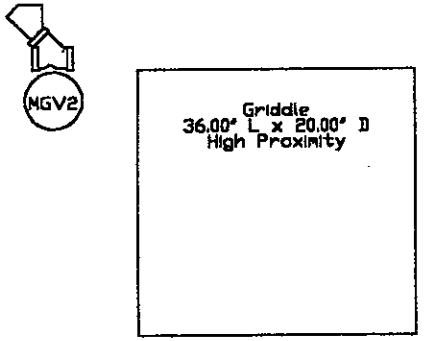
CAPTIVE-AIRE

JOB	Bagel Exchange		
LOCATION	Brick, NJ		
DATE	11/7/96	JOB #	
DWG #	BAGEX	DRAWN BY	RAM
REV.	V1.0	SCALE	NOT TO SCALE

Job Name: Bagel Exchange
Drawn By: RAM
System Size: ANSUL-1.5 Tank System - Total System FP = 5.00
Hood # 1 4' 0" Long x 48" Wide x 24" High
Duct # 1 Size: 7" x 7"



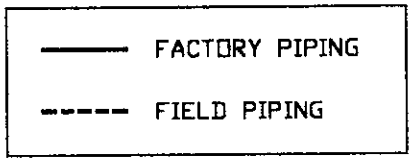




NOTES
- FIELD PIPE DROPS AS SHOWN
  SLEEVING, ELBOWS, TEES, AND NOZZLES SUPPLIED BY CAS
- RELOCATE NOZZLES IF FLOW PATTERN IS BLOCKED BY SHELVING, SALAMANDERS, ETC.
- MAXIMUM 9 ELBOWS IN SUPPLY LINE.
- MINIMUM 72 INCHES OF AGENT LINE FROM TANK TO FIRST NOZZLE.
- IF APPLICABLE, PRE-PIPED CHARBROILER DROPS ARE SHIPPED LOOSE.
- FACTORY PIPING EXTENDS A MAXIMUM OF 6" ABOVE THE TOP OF THE HOOD.

- APPLIANCE DIMENSIONS LISTED REPRESENT THE COOKING SURFACE SIZE, NOT THE OVERALL APPLIANCE SIZE.

- THIS FIRE SYSTEM COMPLIES WITH U.L. 300 REQUIREMENTS



LEGEND - FIRE CABINET ANSUL SYSTEM

2	1.5 GALLON TANK ASSEMBLY
3	OEM AUTOMAN BRACKET
6	ANSULEX LIQUID AGENT (1.5 GAL.)
8	CARTRIDGE (101-20)
10	TEST LINK
11	DOUBLE MICROSWITCH
2W	DUCT NOZZLE (56928)
1N	NOZZLE ASSEMBLY (56930)
260	NOZZLE ASSEMBLY (418119)
28	DETECTOR BRACKET
29	LOW TEMP FUSIBLE LINK
MGV	MECHANICAL GAS VALVE
34	REMOTE MANUAL PULL STATION

CAPTIVE-AIRE

JOB	BAGEL EXCHANGE		
LOCATION	BRICK, NJ		
DATE	11/8/96	JOB #	
DWG #	FIRE SYSTEM	DRAWN BY	RAM
REV.		SCALE	NOT TO SCALE

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

Blk 852 Lot #1

PHONE # TEMP. 238-0800

ESTABLISHMENT TRADING NAME: THE BAGEL EXCHANGE

NUMBER AND STREET: 1743 Hwy 88

CITY OR MUNICIPALITY: Brick | ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.: To be Obtained | COMMUN. CODE: 1506 | RISK: II

ESTABLISHMENT CODE: 23

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 establiishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: David F. Wieman

NUMBER AND STREET: 8 Molica Road

CITY OR MUNICIPALITY: East Brunswick | STATE: N.J.

ZIP CODE: 08816 | COMMUN. CODE: ____

TIME (2400 HOURS)

DATE	BEGIN	END
11/21/96	1020	1050

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): Stephen Kijanowski

SIGNATURE OF INSPECTING OFFICIAL: Stephen Kijanowski | PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
THE BAGEL EXCHANGE	To be Obtained	11/21/96
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 1020

REG. NO.	REMARKS (Please specify area)
	The attached plans have been found
	to be in compliance with Chapter XII.
	Note: This Department is to be
	notified at least 48 hours
	prior to intended operation for
	an opening inspection.

(Attach additional sheets if necessary)

H.D. 67

Page 1 of 1 Pages

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION 1743 Rt 88
(Street address)

BUILDING DESCRIPTION Bagel Shop

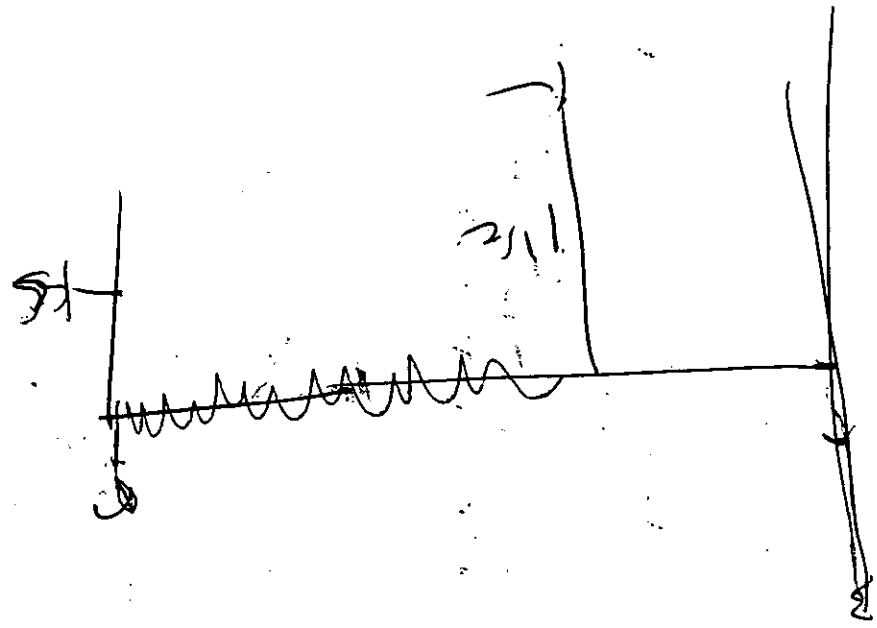
REVIEWED BY D Reina

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

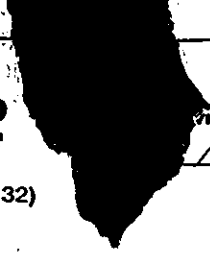
No.	DESCRIPTION	Code Section
1)	~~Prior to review must have board of~~ Health Approval	
2)	~~Need to know more about what~~ is existing ~~what is not~~	
3)	sketch doesn't meet code	
1.	Suppression Sys. Must Be U.L. 300 ft	
	Called 11/26/96 9:50 and Faxed. DR	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795



BOCA®
PLAN REVIEW RECORD

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)



uation: _____ iew # 11/13/96 AE

: _____

RISDICTION _____
(City, County, Township, etc.)

LDING LOCATION 1743 Hwy 88 Brick Lauselton Shg Center
(Street address)

LDING DESCRIPTION Carl. Gross & Blumrick.

VIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

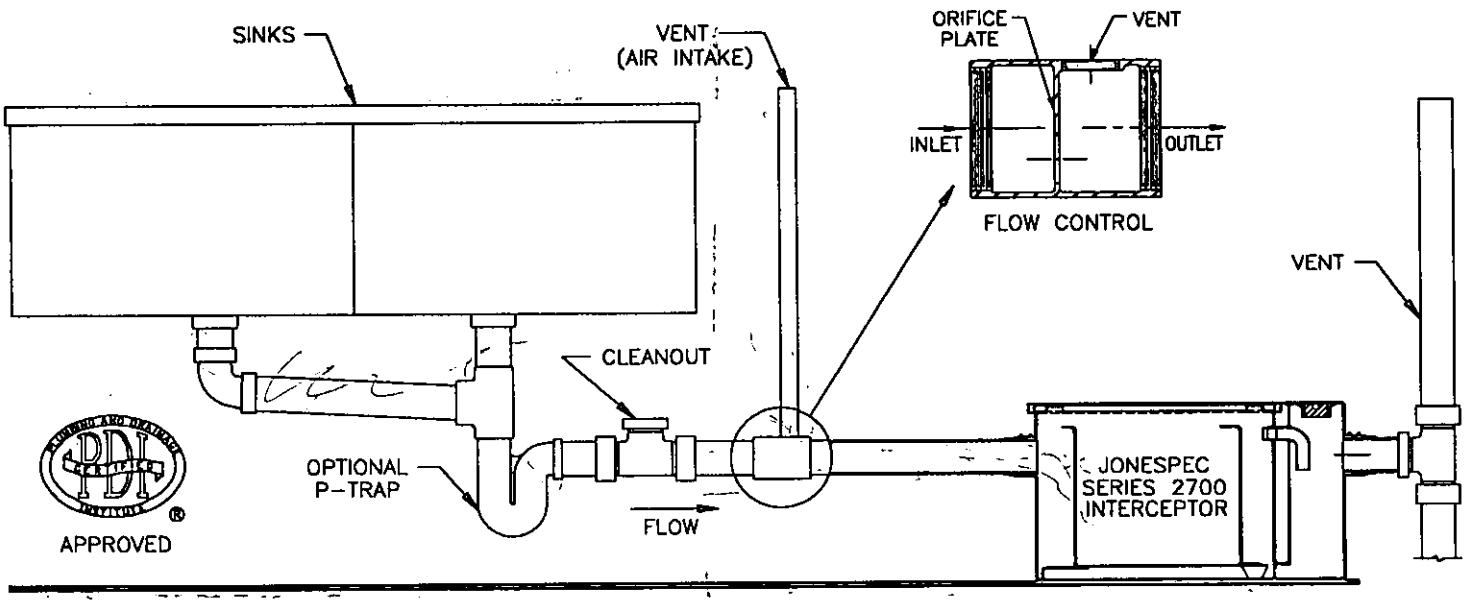
No.	DESCRIPTION	Code Section
	Needs Fire Test Cond for Sipt.	
	Needs Mor Information on Sipt.	
	Must Be UL 300 Sipt.	
	Called 11/26/96 and Told-00-	

plan review accomplished as indicated in this record is limited to those code sections specifically identified herein.
 NOTE: In order that we might develop other programs and provide additional services of benefit to the Code
nistration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

JONESPEC®

GT-2700 GREASE INTERCEPTOR INSTRUCTIONS



Jonespec Series Grease Interceptors #2700 consist of a interceptor rated at ( ) gpm and a properly sized flow control fitting.

INSTALLATION

1. Jonespec® Grease Interceptors should be installed as close as possible to the fixture being served. Always install where there is easy access for cover removal and cleaning.
2. A flow control must be installed as close as possible to the underside of the fixture. The flow control must be installed with the vent or (air intake) on the downstream side of the orifice plate. The vent connection is positioned to the side or top of the flow control fitting and piped upward higher than source of water.
3. It is recommended that a cleanout tee be in stalled before the flow control to access the flow control orifice and clear debris.
4. The cleanout plug should be installed over the outlet of the interceptor.
5. The interceptor is to be installed using the no-hub connections.
6. Outlet piping should be installed to the sanitary drain. Pipe size should be as large as inlet piping. Outlet pipe should also be vented so the interceptor is not siphoned.
7. Static water levels in the interceptor are at the bottom of the inlet and outlet. All piping below this elevation will remain full of water. Never pipe up to an interceptor.
8. Solid waste should not go into an interceptor. Food grinder waste and other solids should be captured in the sink or by a solids interceptor before reaching the grease interceptor.

JONESPEC®

MAINTENANCE

General Considerations

To obtain optimum operating efficiency of a properly sized and installed PDI certified grease interceptor, a regular schedule of maintenance must be adhered to.

Cleaning

All grease interceptors must be cleaned regularly. The frequency of grease removal is dependent upon the capacity of the interceptor and the quantity of grease in waste water. Grease removal intervals may therefore vary from once per hour to once in several weeks. When the grease removal interval has been determined for a specific installation, regular cleaning at that interval is necessary to maintain the rated efficiency of the interceptor. After the accumulated grease and waste material has been removed, the interceptor should be thoroughly checked to make certain the inlet, outlet, and air relief ports are clear of obstructions.

Please follow the steps below when cleaning.

1. Remove the 4 stainless steel flat head machine screws located in the corners.
2. Remove cover.
3. Grab onto diffusing baffle and lift handle and pull entire assembly out. Dispose of grease in proper waste container.
4. Clean out remaining grease.
5. Run water into interceptor to flush. Clean out "outlet" chamber by removing cleanout plug and spraying water down inside.
6. Place cleaned baffle assembly back into unit.
7. Inspect cover gasket and replace as needed.
8. Bolt cover securely back into interceptor.

JONESPEC UTILITY PLUMBING PRODUCTS
2855 Girts Road
Jamestown, New York 14701
Phone: 716/665-1131
Fax: 716/665-3126

RELIABLE FIRE PROTECTION

272 RT. 18
E. BRUNSWICK, NJ 08816
PHONE: (908) 390-1166

350 5th AVE. - SUITE 3304
NEW YORK, NY 10118
PHONE: (800) 368-0024

FAX: (908) 390-0854

FIRE SUPPRESSION SYSTEM TEST FORM

"Mister Bagel"

JOB SITE: BAGEL EXCHANGE ? PERMIT #: 3161-96

LOCATION: 1743 RT 88 LOT: 1

BRICKTOWN, NJ BLOCK: 852

SYSTEM TYPE: ANSUL R-102 1.5 TEST TYPE: DUMP

DATE: 2-21-97 TIME: 1PM

COMMENTS:

BRING TO TEST: WET CHEM, ~~CO2~~ & ABC

BALANCE DUE AT TEST: _____ CONTRACTOR: _____

X TEST PASSED - DATE ON TAG: 2/21/97

___ TEST FAILED - REASON: _____

___ TEST ABORTED - REASON: _____

FIRE INSPECTOR: Witness by Joseph Guerriero Fire Sub.

RFP SERVICE TECHNICIAN: John Kyko

CUSTOMER WITNESS: Sun-Rise Mach

FM#: 908-262-1035 NAME: INSP EUARISTO

NOTES:

CUSTOMER CONTACT: BILL - SUNRISE PHONE: 908-905-3490

NOTES:

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 26
LIVE LOAD _____ P. S. F.
FIRE GRADING 1 HR HOURS
USE GROUP R3