Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/04/2009
Control Number C-08-004651
Permit Number 08-3266
Permit Issue Date 10/28/2008
Certificate Number 08-3266

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 425 JACK MARTIN BL%JAHODA BRICK NJ 08724

Telephone:

Contractor F I COMPANIES

Address 3150 BORDENTOWN AVENUE OLD BRIDGE NJ 08857

Telephone: (732) 727-8100 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 061-102-358

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL REMODEL OF EXISTING SITE <COMMERCIAL>

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/04/2009 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 1/12/09

Date Issued / Permit # 08-3266-B

C08-005 705

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

Block 1170 Lot 18 Qualification Code

Work Site Location Jersey Mikes & Ocean Medical Center
425 Jack Martin BLVD, Brick TWP, NJ.

Owner in Fee: NORTHERN OCEAN NOSPITAL

Tel. ( ) e-mail

Address

Contractor: Reliable Fire Protection (street / municipality) Tel. (732) 643-0075 (zip code)

Address 349 Essex RD, Tinton Falls, NJ. e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00049

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-310-3000 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 3,000

C. CERTIFICATION IN LIEU OF DATA

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. John Corbett
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire suppresion System

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	95
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 12/23/08

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 1-30-09

Approved by: DB

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys	1-21-09	1-30-09	1/30/09	KAP DB
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			1/30/09	DB
Final	1/28/09			
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

1-31-05 NOT READY

(F) tech +B

Change of contractor Only
1/8/09

08-3266

Date Received
Control #

Date Issued
Permit #

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 11701 Lot 16 Qualification Code

Work Site Location Jersey Mikes OCEAN MEDICAL
425 Jack Martin

Owner in Fee: JERSEY MIKES SUB SHOP

Tel. (732) 610-3843 e-mail

Address 2251 LANDMARK PLACE
street municipality zip code

Contractor: COOPER PLUMBING & MECHANIC Tel. (609) 44-5-8916

Address 24 BRESWAHA Rd e-mail
ROBBINSVILLE NJ 08691

Contractor License No. 5499 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 222198299 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 8000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-4-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	01-23-09	01-29-09	02-03-09	PA

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.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

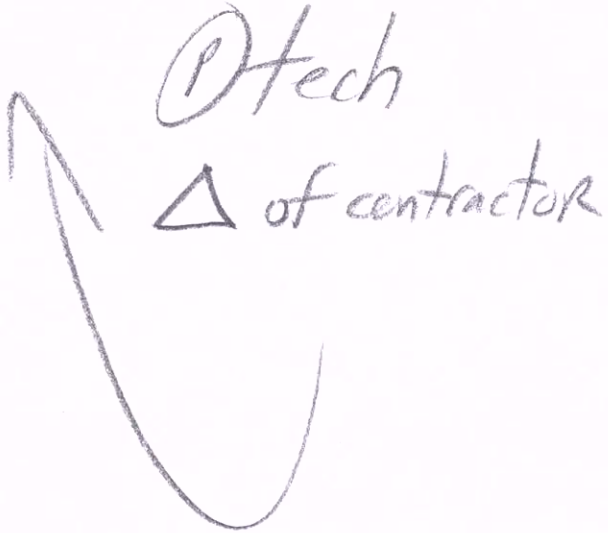
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
~~1~~	Sink ~~Replace~~	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
~~2~~	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

01-23-09 PA
NOT READY
01-27-09 PA
TEE MACHINE NEED AIR GAP
INTO FLOOR SINK

1-29-09 BV
NO STANDING ON DRAIN - OK - 02-03-09 PA



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 1/12/09

Date Issued / Permit # 08-3266fA

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

Block 1170 Lot 18 Qualification Code

Work Site Location Jersey Mikes @ Ocean Med. Center
425 Jack Martin Blvd, Brick Twp. NJ.

Owner in Fee: NORTHERN OCEAN Hospital

Tel. ( ) e-mail

Address Lane

Contractor: (street) EVI INC. (municipality) Tel. (732) (zip code) 274-0040

Address 9-G Chris Ct, Dayton, NJ, e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3328682 FAX: (732) 274-1335

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 8,000

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. John Conklin 08-05704

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen Ventilation

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	55
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 12-23-08

Approved by: JB

SUBCODE APPROVAL

[ ] CO [ ] TCO [✓] CA

Date: 12-23-08

Approved by: JB

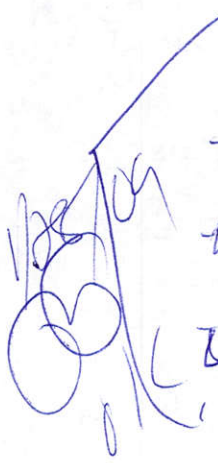
INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	1-21-09		1-28-09	KCB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	1-28-09		3-09 1-28-09	
Final				
Other rough			1-28-09	JB

Reorder From OCS Printing (609) 390-1400

~~1-24 STILL WELDING~~

1/25/09



- need permit update for sprinklers & gas appliances.
- ~~Unused~~ fire ext. mounted
- Cooking supp system to be tied to alarm
- ~~Sprinklers~~ don't have full coverage.

1-28-09

Unable to test alarm tie in for cooking supp. system.

(F) tech +A

08-3266

1170
18

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 02279

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 732-223-4040

ESTABLISHMENT TRADING NAME: JERSEY MIKES

NUMBER AND STREET: 425 JACK MARTIN BLVD.

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08524

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 26

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: JERSEY MIKE'S FRANCHISE SYS, INC.

NUMBER AND STREET: 2251 LANDMARK PLACE

CITY OR MUNICIPALITY: MANASQUAN

STATE: N.J.

ZIP CODE: 08736

COMMUN. CODE: 1327

TIME (2400 HOURS)

DATE	BEGIN	END
11/21/08	0825	0915

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 _____

Joseph J. Przywara
Health Officer DR ELLIS BOYD
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, (NA)

NAME OF INSPECTING OFFICIAL (Print): STEPHEN KLIMIECKI

SIGNATURE OF INSPECTING OFFICIAL: Stephen Klimiecki

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
JERSEY MIKES	TO BE OBTAINED	11-21-08
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	BRICK	Begin 0825

REG. NO.	REMARKS (Please specify area)
	THE KITCHEN PLANS HAVE BEEN FOUND TO BE
	IN SATISFACTORY COMPLIANCE WITH CHAPTER 24,
	STATE SANITARY CODE.
	THIS DEPARTMENT IS TO BE NOTIFIED AT
	LEAST 24 HOURS PRIOR TO INTENDED
	OPERATION FOR AN OPENING INSPECTION.

(Attach additional sheets if necessary)