BLOCK 671 LOT 8 QUALIFICATION CODE C07-004686 ADDRESS (SITE) 56 Chambers Brdg P/222 74 Brick PERMIT NO. 07-3443

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 74 Brick P/222 (56 Chambers Brdg Rd) East Buffet
2. Name of Owner in Fee: WONG SAU-KRISTINE GOPES Tel. (570) 977-2199 e-mail
   Address P.O. Box 8506-9326 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: C C & W CONSTRUCTION INC Tel. (570) 977-5583
   Address Brooklyn, N.Y. 11211 e-mail
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. ( ) ____ FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 432		
2. Electrical	400		
3. Plumbing	350		
4. Fire Protection	65		130
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 1046	13	3
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 953	413	133

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 / no
11. Max. Live Load
12. Max. Occupancy Load

COMMERCIAL

IIa. PROPOSED WORK Tenant Fit-up (Same use)

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☑ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	18,000	SC	9/21/07		9/24/07	FM			
☒ Electrical	9800			10/23/07	11/14/07	[illegible]			
☒ Plumbing	6000			10-2-07	10-30-07	[illegible]			
☒ Fire Protection					10/30/07	DS			
☐ Elevator									
TOTAL COSTS	33,800								

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: (All Units / Income-restricted)
   Before Construction
   After Construction
   Net Gain or Loss
B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
C. MIXED USE - List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs

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.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 WONG CHUN

Address 131 N. 14 STREET

BROOKLYN N.Y. 11211

Telephone (570. 977. 5583

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	01/08/2008
Control Number	C-07-004686
Permit Number	07-3443
Permit Issue Date	11/02/2007
Certificate Number	07-3443

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. 74 BRICK PLAZA , NJ Block: 671 Lot: 8 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 56 CHAMBERS BRIDGE RD. NJ

Telephone:

Contractor WONG CHUN

Address 131 N 14 STREET BROOKLYN NY 11211

Telephone: (570) 977-5583 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: INTERIOR ALTERATION(S) CHANGE THE BUFFET TABLE

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:

e.c.o.

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 01/08/2008

Township of Brick
Zoning Permit

Approved: Tuesday, January 08, 2008 **Number:** 2008-9

Block 671 **Lot** 8 **Zone:** B-3, Highway Dev.

Property Address: 56 Chambers Bridge Road; 74 Brick Plaza

Applicant: Shao Lin Chen; East Buffet

Property Owner: Federal Realty Investment Trust

Existing Use: "Jumbo China Buffet" restaurant.

Proposed Use: "East Buffet" restaurant.

Proposed Construction: Interior alterations for a new business.

Conditions: An additional zoning permit is required for any sign or banner, or any other additional work.
Zoning Permit No. 2007-1291 approved on October 29, 2007.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner

Sean Kinnevy
Zoning Officer

PERMIT UPDATE

Date Update Issued 1/4/2008
Control # C-08-000008
Permit # 07-3443+B

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. 74 BRICK PLAZA, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor: WONG CHUN
Address: 131 N 14 STREET BROOKLYN NY 11211
Telephone: (570) 977-5583
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE SUPPRESSION ALTERATIONS WET SPRINKLER HEADS ONLY

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,200

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$133
Check No.	110
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

Date Update Issued 11/14/2007
Control # C-07-004686+A
Permit # 07-3443+A

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. 74 BRICK PLAZA, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor: WONG CHUN
Address: 131 N 14 STREET BROOKLYN NY 11211
Telephone: (570) 977-5583
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELECTRICAL ALTERATIONS CHANGE THE BUFFET TABLE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $9,800

Construction Official _____ Date _____

U.C.C. F170
equiv (rev 8/03)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$400
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$413
Check No.	
Cash	$413
Credit	$0
Collected By	Stephanie Capozzi

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

Date Issued 11/02/2007
Control # C-07-004686
Permit # 07-3443

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. 74 BRICK PLAZA, NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor WONG CHUN
Address 131 N 14 STREET BROOKLYN NY 11211
Telephone: (570) 977-5583
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
INTERIOR ALTERATION(S) CHANGE THE BUFFET TABLE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $79,100

Construction Official Date

U.C.C. F170
equiv (rev 8/03)

PAYMENTS (Office Use Only)

Building	$432
Electrical	$0
Plumbing	$350
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$106
CO Fee	
Other	$0
Total	$953
Check No.	
Cash	$953
Credit	$0
Collected By	Stephanie Capozzi

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
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☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 4686

Resubmit to Electric 10-29-07

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambers Bridge

DATE REVIEWED: 10-24-07

REVIEWED BY: MR

CONTACT CALLED/FAXED: (1) load calculation For new load (2) what size is Existing? (3) wire method (4) update permit for panel?

570- 977- 5583

Marcel Renson 732 262 4628
Faxed to 610 797-6807

Frank/plan review template

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

Oct 24 2007 9:04

P.1	D.0.2	Line is busy.	16107976807

Bldg (Elect) Fire Plumbing (Please mark su

CONTROL NUMBER 4686

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambers Bridge

DATE REVIEWED: 10-24-07

REVIEWED BY: WL

CONTACT CALLED/FAXED: (1) load calculation For New loa
(2) what size is Existing? (3) Wire Size
(4) update permit for panel ?

570- 977- 5583

Marcel Renson 732 262 4

Frank/plan review template

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

Oct 24 2007 9:08

Telephone Number	Mode	Start	Time	Page	Result	Note
16107976807	NORMAL	24, 9:07	0'26"	1	* O K	

P.1

Bldg (Elect) Fire Plumbing (Please mark

CONTROL NUMBER 4686

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambers Bridge

DATE REVIEWED: 10-24-07

REVIEWED BY: WL

CONTACT CALLED/FAXED: (1) load calculation For New (2) what size is Existing? (3) Wire M (4) update permit for panel?

570-977-5583

Marcel Renson 732 262

Faxed to 610 797-6807

Frank/plan review template

宇宙建築師
Robinson Architects P.C.
E-mail:Jackrabbit85@hotmail.com

Date: 12 November 07

To: Brick Township
Land and Use Department
401 Chambers Bridges Road
Brick N.J. 08723

Re: 56 Chambers Bridges Road
AKA 74 Brick Plaza #30
Brick, N.J. 08723
Control #4686

Attn: Mr. Marcel Rinson
Electrical Inspector

Dear Mr. Rinson,

Please be advised that we are respectfully replying to your critique dated 24 October 07 as follows:

Item #1- Please refer to our drawing A-3. (See existing panel A for load calculations)

Item #2- The existing electric panel is and shall continue as a 200 amp panel.

Item #3- The wiring method and material shall strictly conform to directions on our drawing A-3.

Item #4- This panel is existing and does not require a new permit.

We have attempted to answer all questions as accurately as our knowledge allows us.

Very truly yours,
Robinson Architects, P.C.

Sir James L. Robinson, OSJ/RA

55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611

宇宙建築師
Robinson Architects P.C.
E-mail:Jackrabbit85@hotmail.com

Date: 12 November 07

To: Brick Township
Land and Use Department
401 Chambers Bridges Road
Brick N.J. 08723

Re: 56 Chambers Bridges Road
AKA 74 Brick Plaza #30
Brick, N.J. 08723
Control #4686

Attn: Mr. Marcel Rinson
Electrical Inspector

Dear Mr. Rinson,

Please be advised that we are respectfully replying to your critique dated 24 October 07 as follows:

Item #1- Please refer to our drawing A-3. (See existing panel A for load calculations)

Item #2- The existing electric panel is and shall continue as a 200 amp panel.

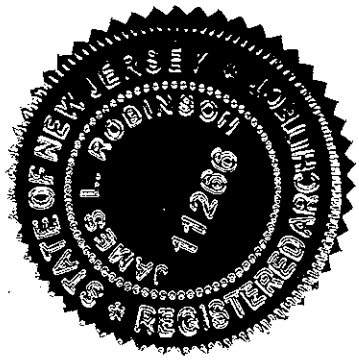
Item #3- The wiring method and material shall strictly conform to directions on our drawing A-3.

Item #4- This panel is existing and does not require a new permit.

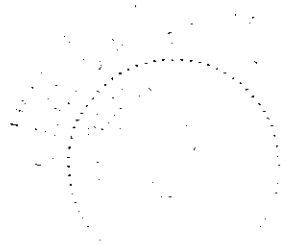
We have attempted to answer all questions as accurately as our knowledge allows us.

Very truly yours,
Robinson Architects, P.C.

Sir James L. Robinson, OSJ/RA



55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611



☐ Building ☐ Electrical ☐ Fire ☒ Plumbing

CONTROL NUMBER 004686

TOWNSHIP of BRICK

APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambersbridge Rd

DATE REVIEWED: 10-02-07

REVIEWED BY: Bernie

CONTACT CALLED/FAXED: 212-966-7828

10-19-07 Resubmit to Plumbing After Electric

Grease trap drwg. not to code.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11.2.07
Permit # 07-4142

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

Block 10001 07 Lot 10001 6 Qualification Code
Work Site Location 74 Brick Plaza #30 (Cut Rite)
Brick NJ 08723
Owner in Fee [redacted] Key Food Corp.
Address P.O. Box 4900-4920
Philadelphia, PA 19178
Tel (610) 246-5870
Contractor Colin Blanchard
Address 197 Rivers PA.
Mays Landing NJ 08330
Tel (609) 383-1059 FAX (609) 383-8283
Contractor License No. 9479
Federal Emp. No. 21-2304821

B. PLUMBING CHARACTERISTICS

Use Group Present [redacted] Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

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.

COLIN P. BLANCHARD
STATE OF NEW JERSEY
9479
PLUMBER

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
5	Floor Drain	
6	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
X2	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. 01/04)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION (Ste Chambers Bridge)

Date Received
Control # 11/2/07
Date Issued
Permit # 07-3443

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

Block 671 Lot 8 Qualification Code
Work Site Location 74 Brick Town. Plaza

Owner in Fee KRISTINE LOPES
Address FEDERAL REALTY INVESTMENT TRUST
P.O. Box 8500-9326 PHILADELPHIA, PA 19178
Tel (570) 977 5583
Contractor C C & W CONSTRUCTION INS
Address BROOKLYN N.Y. 11211

Tel ( ) FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11/30/07
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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. Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Tenant Fit up (Same use)

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		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11/2/07
Permit # 07-3443

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

Block 67 Lot 8 Qualification Code
Work Site Location 74 Brick Plaza (East Buffet) (56 Chambers Bridge)
Brick, NJ 08723
Owner in Fee Kristine Lopes
Address P.O. Box 8500-4320
Philadelphia, PA 19178
Tel. ( )
Contractor C & W Constructions INC
Address 131 N. 14 Street
Brooklyn, NY 11211
Tel. (516) 977-5583 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No 20-[illegible]814

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
change the buffet Tables And
Exchange the Floor.
[redacted]
Must Not Demnish Egress Paths

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9 Nov	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[redacted] Sign [redacted] Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 18000
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 07/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 74 BRICK PLAZA (EAST BUFFET)
BRICK NJ

Owner in Fee Kristine Lines

Address P.O. BOX 8500-4330
Philadelphia, PA 19178

Tel (_____)

Contractor Prompt Elect. CO

Address 1431 SO. 8TH ST
Phila. PA. 19147

Tel (609) 799-3261 FAX (609) 799-1395

Contractor License No. 617313

Federal Emp. No. 37-1461154

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 9800

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
80		Lighting Fixtures ON BUFFET TABLE	
22		Receptacles	
10		Switches	
___		Detectors	
___		Light Poles	
___		Motors—Fract. HP	
___		Emergency & Exit Lights	
___		Communications Points	
___		Alarm Devices/F.A.C. Panel	
112		_____	
___		TOTAL NUMBERS	$ _____
___		Pool Permit/with UW Lights	
___		Storable Pool/Spa/Hot Tub	
___	___	KW Elec. Range/Receptacle	
___	___	KW Oven/Surface Unit	
4	9	KW Elec. Water Heater Hot Buffet Tables	
___	___	KW Elec. Dryer/Receptacle	
1	1.5	KW Dishwasher Low Temp.	
___	___	HP Garbage Disposal	
___	___	KW Central A/C Unit	
___	___	HP/KW Space Heater/Air Handler	
___	___	KW Baseboard Heat	
___	___	HP Motors 1/+ HP	
___	___	KW Transformer/Generator	
___	___	AMP Service	
___	___	AMP Subpanels	
___	___	AMP Motor Control Center	
12	1/4	KW Elec. Sign/Outline Light WATER FOUNTAIN	
6	1+	KW COLD Buffet tables	
___	___	_____	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	___	___	___	___
Barrier-Free	___	___	___	___
Trench	___	___	___	___
Temp. Serv.	___	___	___	___
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	___	___
Final	___	___	___	___
Barrier-Free	___	___	___	___

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection ___ ___ ___ ___
Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
EAST BUFFET	TO BE OBTAINED	12-07-07
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
[signature]	BRICK	0920

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER 24.
	THIS DEPARTMENT IS TO BE NOTIFIED AT LEAST 24 HOURS PRIOR TO INTENDED OPENING FOR AN OPERATIONAL INSPECTION.

(Attach additional sheets if necessary)

H.D. 67

6718

07-344

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: U3857D

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # TEMP. 570-977-5583

ESTABLISHMENT CODE: 22

GOODS: ☐ DESTROYED ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: ~~79~~ EAST BUFFET

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

NUMBER AND STREET: 74 CHAMBERSBRIDGE ROAD

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

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 WONG

NUMBER AND STREET: 481 AMHERST DRIVE

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
12-7-07	0920	0950

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
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 KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Stephen Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 1-4-08

Date Issued
Permit # 07-3443

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

Block 671 Lot 8 Qualification Code

Work Site Location CHINA BUFFET
~~74 Beach Place #30~~ 36 Route 46 East

Owner in Fee [illegible]

Address [illegible]
Fairfield, NJ,

Tel ( )

Contractor FIRE PRO TECH INC

Address 6 STATION PL
HOWELL NJ 07731

Tel (732) 363 5955 FAX (732) 363 3031

Fire Protection Equipment, NJ Div of Fire Safety Permit No. F00242

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3554106

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [X] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing

Location of Main Control Valve: IN STOKE

Total Cost of Fire Protection Work $ 2,200.00

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: TENANT ALTERATION

Water Supply Source EXISTING CITY

Method of Alarm/Suppression System Supervision CENTRAL

	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))	32	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
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		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 1-4-08
Approved by:

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

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

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

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Tenant Fit-ups

Different use then previous proprietor:

- Zoning Application
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new/replacement electric)
- Plumbing Permit (adding/deleting/changing fixtures)
- Floor plan of before and after---signed

Same use as previous proprietor w/ interior renovations:

- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect..

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11/14/07
Permit # 07-3443tA
C07004686tA

Called 11/14/07

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

Block 671 Lot 8 Qualification Code

Work Site Location 74 BRICK PLAZA (EAST BUFFET)
BRICK, NJ

Owner in Fee Kristine Lopes 56 Chambers Bridge Rd

Address P.O. Box 8500-9320
Philadelphia, PA 19178

Tel ( )

Contractor Prompt Elect Co

Address 1431 SO. 8TH ST.
Phila. Pa. 19147

Tel (609) 799-3261 FAX (609) 799-1395

Contractor License No. 6173B

Federal Emp. No. 37-1461154

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 9800

C. CERTIFICATION IN LIEU OF OATH Update

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
80		Lighting Fixtures ON BUFFET TABLE
22		Receptacles
10		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A C. Panel
112		
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
4	9	KW Elec. Water Heater Hot Buffet Tables
		KW Elec. Dryer/Receptacle
1	1.5	KW Dishwasher Low Temp.
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec Sign/Outline Light
6	1.1	KW COLD Buffet Tables

FEE (Office Use Only)

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 11407
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12407
Approved by: VM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			11-29-07	VM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			12-21-07	VM
Other				
Service				
Final			12-28-07	VM
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

(1) POS incomplete

PLUMBING SUBCODE
TECHNICAL SECTION

56 Chambers Bridge

Date Received
Control #

Date Issued 11/2/07
Permit # 07-3443

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

Block 97 Lot 8

Work Site Location 74 Brick Plaza #30 (FAST Buffet)
Brick, NJ 08723

Owner in Fee ~~Gene Hong~~ Kristine Lopes
Address P.O. Box 8500-9320
Philadelphia, PA 19178
Tel (610) 896-5870

Contractor Colin Blanchard
Address 197 Rivers Pk.
Mays Landing NJ 08330
Tel (609) 383-1059 FAX (609) 383-8283
Contractor License No. 9479
Federal Emp. No. 22-2304825

B. PLUMBING CHARACTERISTICS

Use Group Present ~~[illegible]~~ Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-30-07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-2-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11-29-07	
Rough				
Water				
Sewer				
Fixtures	12-28-07		12-28-07	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			12-28-07	

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
6 5 7	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
X2	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other

FEE (Office Use Only)
$

COMMERCIAL

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

U.C.C. F130
(rev. 01/04)

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

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

Garden State Fire
&
Safety Service

CUSTOMER

Name East Buffet

Address Brick Plaza Brick Blvd

City Brick, NJ

Telephone _____ Store No. _____

Owner or Manager _____

DATE OF SERVICE 12.26.07		TIME 12:00		AM	PM ✓
ANNUAL	SEMI-ANNUAL ✓	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Opposite Hood					
MANUFACTURER Ansul	MODEL NUMBER R102	WET ✓	DRY CHEMICAL		
CYLINDER SIZE MASTER 36 l.		CYLINDER SIZE SLAVE 36 l.	CYLINDER SIZE SLAVE 36 l.	CYLINDER SIZE SLAVE 36 l.	
FUSE LINKS 360°F 4	FUSE LINKS 450°F	FUSE LINKS 500°F	OTHER		
FUEL SHUT-OFF ✓	ELECTRIC	GAS ✓	SIZE 2"		
SERIAL NUMBER		LAST HYDRO TEST DATE 00	LAST RECHARGE DATE		
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER	DRAWING NUMBER:				

1. All appliances properly covered w/correct nozzles
2. Duct and plenum covered w/correct nozzles
3. Check positioning of all nozzles
4. System installed in accordance w/MFG UL listing
5. Hood/duct penetrations sealed w/weld or UL device
6. Check if seals intact, evidence of tampering
7. If system has been discharged, report same
8. Pressure gauge in proper range (if gauged)
9. Check cartridge weight (if applicable)
10. Hydrostatic test date
11. 6 year maintenance date
12. Inspect cylinder and mount
13. Operate system from terminal link
14. Test for proper operation from remote
15. Check operation of micro switch
16. Check operation of gas valve
17. Nozzles clean and clear of debris
18. Proper nozzle covers in place
19. Check fuse links and clean
20. Replaced fuse links
21. Check travel of cable nuts/S-hooks
22. Piping & conduit securely bracketed and clear of debris
23. Proper separation between fryers and flame
24. Proper clearance-flame to filters
25. Exhaust fan in operating order
26. All filters replaced
27. Fuel shut-off in on position
28. Manual & remote set/seals in place
29. Replace systems covers
30. System operational & seals in place
31. Slave system operational
32. Clean cylinder & mount
33. Fan warning sign on hood
34. Personnel instructed in manual operation of system
35. Proper hand portable extinguishers
36. Portable extinguishers properly serviced
37. Service & Certification tag on system

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

9 woks	4-Flames		

COMMENTS

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, references to Fire Suppression Systems contained in NFPA 96, and the manufacturer's manual, and was operated according to these procedures with results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	AM	PM	CUSTOMER'S AUTHORIZED AGENT
	P00421	12.26.07	12:00		✓	

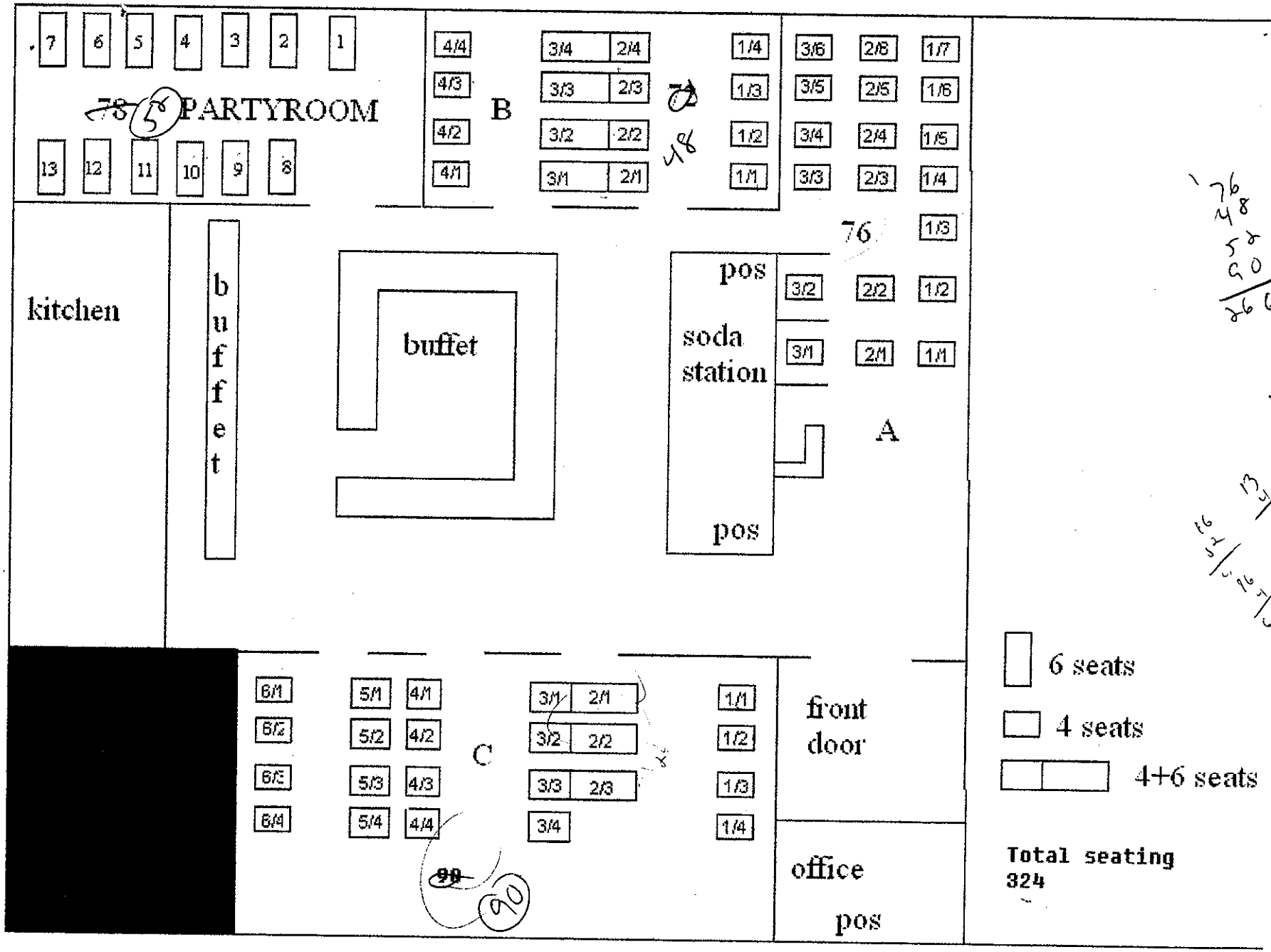
The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE–CUSTOMER COPY

YELLOW–DISTRIBUTOR

PINK–AUTHORITY HAVING JURISDICTION

P/N SER100



266 Total (280 as per plan.)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

update

Date Received 1-4-08
Control #
Date Issued
Permit # 07-3443

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

Block 671 Lot 8 Qualification Code

Work Site Location CHINA BUFFET
~~74 BRICK PLAZA #30~~ 56 Chambers Bridge Rd

Owner in Fee Federal Realty
Address 56 Chambers Bridge Rd. BRICK NJ

Tel ( )

Contractor FIRE PRO TECH INC
Address 6 STATION PL HOWELL NJ 07731

Tel (732) 363 5955 FAX (732) 363 3031

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00242

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3554108

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: IN STORE

Total Cost of Fire Protection Work $ 2,200.00

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.

[X] Certified Contractor Applicant's Signature/Contractor's Signature
[ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT ALTERATION

Water Supply Source EXISTING CITY

Method of Alarm/Suppression System Supervision CENTRAL

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
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))	32	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
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: 1-4-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-8-08
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			1-8	OG
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1-8	OG
Other				

U.C.C. F140 (rev. 1/04)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

(old Jumbo Buffet)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION (56 Chambers Bridge)

Date Received
Control #
Date Issued 11/2/07
Permit # 07-3443

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

Block 6071 Lot 8
Work Site Location 74 Brick Plaza
Qualification Code

Owner in Fee KRISTINE LOPES
Address FEDERAL REALTY INVESTMENT TRUST
P.O. Box 8500.9320 PHILADELPHIA. PA 19178
Tel (570) 977 5583
Contractor CCDW CONSTRUCTION INS
Address BROOKLYN N.Y. 11211
Tel ( ) FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work $

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.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Tenant Fit up (Same use)
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		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Awning only		

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: 10/30/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO CA
Date: 12-2-08
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			12/05	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12-2-08		12-2-08	
Other				

U.C.C. F140 (rev. 1/04)

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

1/2 dead bolts in back door

1/2 cooking grill systems (2) need servicing.

1/2 fire exits need servicing.

1/2 smoke room not ready.

16
12
36
18
216

15
x3
45
15

14
15) 216
15
66

15
x6
90

15
8
115

36
24
144
72
864

57
15) 864
75
114
105

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/2/07
Permit # 07-3443

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

Block [illegible] 67 Lot [illegible] 8 Qualification Code [illegible]
Work Site Location 14 Brick Plaza (East Buffet) 56 Chambers Bridge
Brick, NJ 08723
Owner in Fee Kristine Lepes
Address P.O. Box 8500-4320
Philadelphia, PA 19178
Tel. ( )
Contractor CC&W Constructions INC
Address 131 N. 14 Street
Brooklyn, NY 11211
Tel. (570) 977-5583 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No 205 645 819

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
change the buffet Table and Bar change the floor.
[illegible]
Must Not Deminish Egress. Path

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	9-24-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-2-08
Approved by: [signature]

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing			11/29/07	LW
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			*12/18/07	LW
Other				
Final			12/27/07	LW
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[illegible] Sign [illegible] Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)
$ ____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 18000
2. Rehabilitation $ ____
3. Total (1+ 2) $ ____

U.C.C. F110
(rev. 07/03)

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

12/18/07 w/ Rec TCO

1) Additional Exit ℄'s needed

2) Repair S. Side Emerg Exit door (Operation)

Application For Food Establishment Review

Name of Facility *East Buffet*

Address *7456 Chambersbridge Rd, Brick, NJ 08723*

Block & Lot *Block 671 Lot 8*

Name of Owner *Chan Shao Lin*

Address of Owner *481 Amherst Drive, Brick, NJ 08723*

Phone # *570 977 5583 , David Wong*

1) Current Blueprint Attached
2) 2 Sets of 3 Bay Sinks, and An Ecolab Double Load Dishwasher
3) 2 Sets of Handwashing at Sushi Bar, 2 Sets in Kitchen
4) Employee Restroom Near Dishwasher, Away From Prep Area
5) 3 Walkin Fridge, 2 Walkin Freezer, 3 Sets of 2 Door Cooler, 2 Sets of Lowboy
6) Existing Hood In Kitchen,
7) Prep Tables are Stainless Steel
8) A. Flooring: Carpet, Ceramic Tiles, and Granite Tiles.

   B. Walls: Ceramic Tiles, Marble Tiles, Granite, Stained Woodwork, Drywall, Galvanized Steel Studs,

   C. Ceiling, Painted Ceiling Tiles

9) All Equipment Are NSF Certified
10) Standard Lighting For Most of The Restaurant, fluorescent lights in Kitchen,
11) Kitchen Floor Is Existing From Previous Restaurant
12) Kitchen Plumbing Is Existing From Previous Restaurant
13) 2 Sets Of 3 Bay Sink, One For Food Prep, One For Cleaning
14) Slop Sink Located Near the Corner from Employee Restroom and Dishwasher
15) Public Sewer
16) Public Water

宇宙建築師
Robinson Architects P.C.
E-mail:Jackrabbit85@hotmail.com

Date: 18 October 07

To: Brick Building Department
401 Chambers Bridge Rd.
Brick Township, N.J. 08723

RECD OCT 19 2007

Re: Jumbo China Buffet
74 Brick Plaza
Brick, N.J.

Attn: Mr. Daniel F. Newman
Sub-Code Official

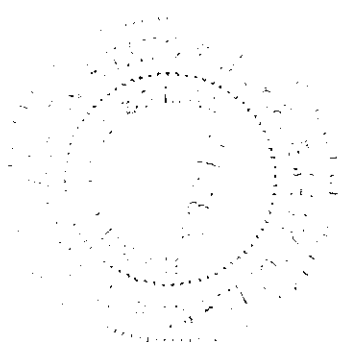
Dear Mr. Newman,

Please refer to our drawing A-2 (plumber riser diagram) where we corrected the venting of the 50 lb. grease trap serving the two compartment sink. This is in strict conformance with our telephone conversation. Accordingly, we pray that this will facilitate your approval on our plans.
Thanks, so much, for your kind assistance.

Very truly yours,
Robinson Architects, P.C.

Sir James L. Robinson, OSJ/RA

55C Delancey Street, New York, NY 10002 Tel: (212) 966-7828 Fax: (212) 966-5611



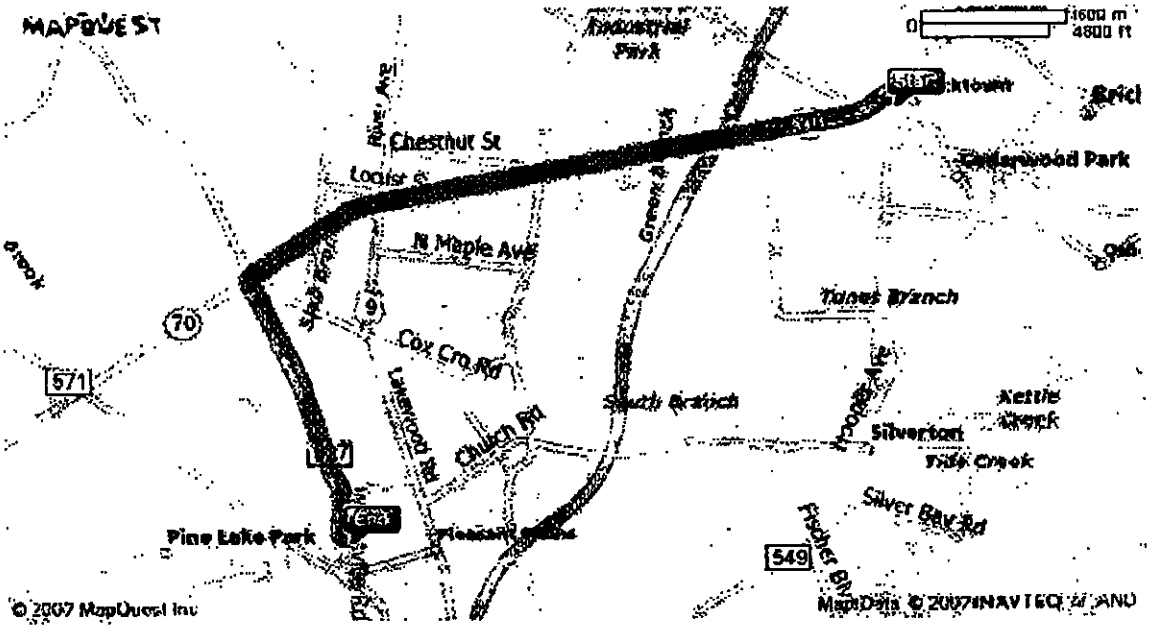
MAPQUEST

Start: 74 **56 Chambersbridge Rd**
Brick, NJ 08723, US

End: **175 Sunset Ave**
Toms River, NJ 08755-3212, US

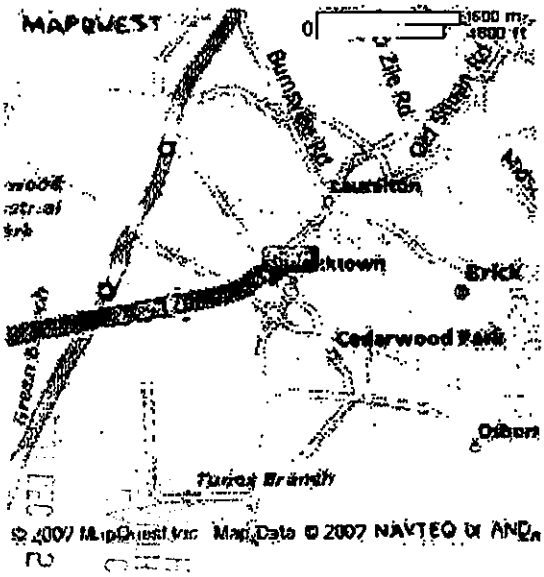
Notes:
Only text visible within note field will print.

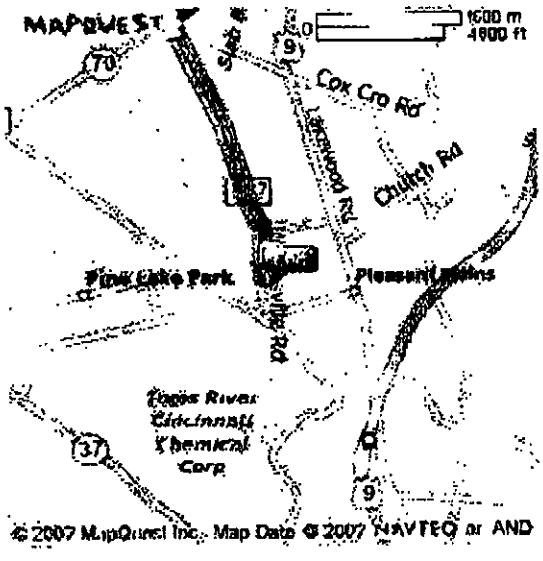
Directions	Distance
Total Est. Time: 12 minutes **Total Est. Distance:** 8.29 miles	
1: Start out going NORTHWEST on CHAMBERS BRIDGE RD / CR-549 toward NJ-70.	<0.1 miles
2: Turn LEFT onto NJ-70.	5.7 miles
3: Turn LEFT onto CR-527 / WHITESVILLE RD.	2.3 miles
4: Turn LEFT onto SUNSET AVE.	<0.1 miles
5: End at **175 Sunset Ave** Toms River, NJ 08755-3212, US	
Total Est. Time: 12 minutes **Total Est. Distance:** 8.29 miles	



Start:
56 Chambersbridge Rd
Brick, NJ 08723, US

End:
175 Sunset Ave
Toms River, NJ 08755-3212, US





Township of Brick
Zoning Permit

Approved: Tuesday, January 08, 2008 **Number:** 2008-9

Block 671 **Lot** 8 **Zone:** B-3, Highway Dev.

Property Address: 56 Chambers Bridge Road; 74 Brick Plaza

Applicant: Shao Lin Chen; East Buffet

Property Owner: Federal Realty Investment Trust

Existing Use: "Jumbo China Buffet" restaurant.

Proposed Use: "East Buffet" restaurant.

Proposed Construction: Interior alterations for a new business.

Conditions: An additional zoning permit is required for any sign or banner, or any other additional work.
Zoning Permit No. 2007-1291 approved on October 29, 2007.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JAN 8 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 671 LOT 8 QUALIFIER _____

PROPERTY ADDRESS 56 Chambers bridge, 74 Brick Plz Brick NJ 08731

PERSONAL NAME OF APPLICANT Shao Lin Chen

BUSINESS NAME OF APPLICANT East Buffet

MAILING ADDRESS OF APPLICANT 74 Brick Plz, Brick NJ 08723

PROPERTY OWNER'S FULL NAME ~~[illegible]~~ Federal Realty Investment Trust

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Restaurant Jumbo China Buffet

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Restaurant East Buffet

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Chen Shao Lin Date 1.8.08.

Reviewed by Zoning Office SK Date 1/8/8 ☑ Approved ( ) Denied

1/8/08

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board									
☐ Zoning Board			X	X	X	X			
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X	X	X	X			
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X			
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building _____		Energy _____		Other _____
Electrical _____		Barrier Free _____		_____
Plumbing _____		Flood Hazard _____		_____
Fire Protection _____		As Built Elevation Cert. _____		_____
Mechanical _____		Other _____		_____

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____