BLOCK 671 LOT 8 QUALIFICATION CODE C13-8 ADDRESS (SITE) PERMIT NO. 98-0686

Bagels + Lox

RECEIVED FEB 18 1998 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

20K

I. IDENTIFICATION

1. Proposed Work Site at: 18 BANK PLAZA - AT 70, BRICK NJ 08723 (732) 262-9107 BAGEL @ LOX
2. Name of Owner in Fee: CARLS. ADRIN Tel. [redacted]
   Address 144 PORT ROAD (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: BIG B CONTRACTING Tel. (609) 597-6262
   Address 1364 FORECASTLE DR. MANAHAWKIN, NJ. 08050
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3520570 FAX: (____) ____
5. Architect or Engineer REPP GROGAN Tel. (610) 825-7780
   Address 341 REBEL HILL ROAD, GULPH MILLS, PA. 19428
6. Responsible Person in Charge of Work RICHARD BONNER
   Tel. (609) 597-6262 FAX (609) 597-7511
   CALL RICK

Tenant Fit up.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 510.-		
2. Electrical			
3. Plumbing	145.-		
4. Fire Protection	No.		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	20.-		
10. Subtotal			
11. Cert. of Occupancy			
12. Other ZBA			
13. TOTAL	675.-		

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	

II. PROPOSED WORK

	Est. Cost	Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		(N)	2-10-98						
3. ☐ Addition									
4. ☒ Alteration - BLM	2000000				3/24/98		6/5/98		
5. ☒ Fire Protection	-0-				3/24/98		6/2/98		OK
6. ☒ Plumbing	500000				3-25-98				
7. ☐ Electrical							4/15/99		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CW	2/19/98		2/19/98				
TOTAL COSTS									

OPTIONAL (for office use only)

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

IMPORTANT - MANDATORY FEE - COMMERCIAL

LDS BR 10404678

UCC 5000-1 (rev. 3/98)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

(X) Check if contractor.

Agent Name BIG B CONTRACTING, INC.

Address 1364 FORECASTLE DR.
MANAHAWKIN, NJ. 08050

Telephone (609) 597-6262

Signature _____

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

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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.				

Work Completed 4/5/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/22/2001
Control #
Permit # 98-0686

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 18 RT 70 BRICK PLAZA
TENANT FIT UP
Owner in Fee/Occupant POPIN, CHRIS/ BAGELS & LOX
Address 144 PORT RD
BRICK, NJ 08723-
Telephone (732)262-9107
Contractor BIG B CONTRACTING INC
Address 1364 FORECASTER DR
MANAHAWKIN, NJ 08050-
Telephone (609)597-6262 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3520570

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP
BAGELS & LOX

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J Cirmazzo

CONSTRUCTION OFFICIAL
U.C.C. 5260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 869
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/10/98
Date Issued 4/1/98
Control # C13-8
Permit # 98-0686

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
Work Site Location 18 RT 70 BRICK PLAZA
TENANT FIT UP
Owner in Fee POPIN, CHRIS/ BAGELS & LOX
Address 144 PORT RD
BRICK, NJ 08723-
Tele.(732)262-9107
Contractor BIG B CONTRACTING INC
Address 1364 FORRCASTER DR
MANAHAWKINNJ, NJ 08050-
Tele.(609)597-6262
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3520570
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Construction Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 100 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 3/24/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/2/98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical			6/2/98	
TCO				
Other Emt Lights				
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	0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	0	Fuel	
L.P.G. Storage Tanks	( ) Capacity	0	Fuel	
L.N.G. Storage Tanks	( ) Capacity	0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	1	46
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. Form F-1408

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS
BAGELS & LOX (next to c-cheese)

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/10/98
Date Issued 4/1/98
Control # C13-8
Permit # 98-0686

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
Work Site Location 18 RT 70 BRICK PLAZA
TENANT FIT UP
Owner in Fee POPIN, CHRIS 477-9020
Address 144 PORT RD
BRICK, NJ 08723-
Tele.(732)262-9107
Contractor BIG B CONTRACTING INC
Address 1364 FORRCASTER DR
MANAHAWKINNJ, NJ 08050-
Tele.(609)597-6262
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3520570
or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP

Get sealed letter prior to C/A

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3/24/98	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 6
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame			5/13/98	
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/15/98	

Sealed letter in file

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		510
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 510
DCA Training Fee	$ 16

U.C.C. Form F-110B

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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
Work Site Location BAGEL & LOX
18 BRICK PLAZA, RT 70
Owner in Fee/Occupant FEDERAL REALTY
Address 122-C PARK AVE, WILLOW GROVE PA

Tele. (215) 657-8740
Contractor KENETIC ELECTRIC, INC.
Address 157 WYNDMOOR DR E. WINDSOR
NJ 08520-1260
Tele. (609) 371-0500 Fax (CALL)
Lic. No. 12949
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved NOTED
Date: 2/02/18
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date:
Approved by: 4599

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO			5/19/98 5433	
Other	OVER		5/13/98 5433	
Service				
Final	5/26/98 4599		4599	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
55		Lighting Fixtures	
98		Receptacles	MAR 6 98 001726
07		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
01		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
73		TOTAL NUMBERS	$ 45
		Pool Permit with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		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	

Administrative Surcharge	$	
CK 1477 Minimum Fee	$	45
DCA Training Fee	$	4
RF TOTAL FEE	$	49

pd by Big B Contr.
1364 Forechastle
Manahawkin

U.C.C. F120 (rev. 3/96)

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

2-18 1 WORKING CLEARANCE FOR PANEL - 110-CC
2 UPDATE FOR RELOCATED EQUIPT ? NEED LIST

5/13/98 PARTIAL RW - PART WALLS IN MC BATHROOMS X 2
AM PREP WALL
5/19/98 PARTIAL RW - CT EAST WALL

5/26/98 Nothing Ready Temp wiring in Rear

6/5/98 (1) MIXER NEEDS KO FILLERS & SECURE CABLE AT DISCONNECT
(2) PROPERLY GROUND MIXER DISCONNECT & MACHINE

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 13, 1998 1998 - 0125

Block 671 Lot 8 Zone B-3

Property Address: 18 Brick Plaza

Owner: Federal Realty Investment Trust (Phone): ----

Applicant: Chris Popin (Phone): (732) 477-9020

Existing Use: "Bagels & Lox" restaurant.

Proposed Use: "Bagels & Lox" restaurant.

Proposed Construction (if any): Interior renovations.

Conditions: Interior work only.

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

TOWNSHIP OF BRICK

ZONING PERMIT APPLICATION
(Please type or print NEATLY)

Bagels & Lox

Property Address: 18 Brick Plaza ∧ Rt 70 Brick NJ 08723

Block: 671 **Lot:** 8

Name of Property Owner: Federal Realty Investment Trust

Name of person making application: Chris Pepin

Company Name: Bagels & Lox

Mailing Address: 18 Brick Plaza - 18 Rt. 70 Brick, NJ 08723

Telephone Number: 477-9020

Present or Most recent use property (Check One):

____ **Vacant Lot** ____ **Single Family Dwelling** ____ **Residential Condominium Unit or Apt.**

X **Commercial (please describe)** Bagel Shop (Existing)

____ **Other (please describe)** _____

Proposed Use: ____ **Single-Family Dwelling** ____ **Residential Condo or Apt.**

X **Commercial (please describe)** Continuing

____ **Other (please describe)** _____

Proposed construction (include height and other dimensions of proposed structure or addition; if proposed fence, include type as well as height): Interior fit up.

Floor tile, move 2- bathrooms, relight lighting fixtures remodel cabinets

Please submit with application two (2) accurate plot plans either drawn by a surveyor or engineer, or hand-drawn on an 8 1/2" by 11" sheet of paper by the owner of applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

If approval was granted by the Zoning Board of Adjustment or Planning Board, include a copy of the Resolution.

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.

This application will not be accepted unless it is COMPLETELY filled out.

Signature of Applicant _____ **Date** 2/10/98

Received by Zoning Officer: **Date** 2/13/98 **Complete** _____ **Incomplete** _____

COMMERCIAL

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

CONFIDENTIAL

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE 2-10-98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 671 **Lot** 8

Dear Sir:

I, Chris Papin **of** 18 Brick Plaza
(Name) **(Address)**

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Applicant's Signature

477-9020
Phone #

1. **Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.**

2. **Proof that the property is not located in a Flood Hazard Area.**

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved OK **Date** 2/19/98 **BY**

Rejected **Date** **BY**

REMARKS:

CHIMNEY CERTIFICATION FOR REPLACEMENT OF
FUEL FIRED EQUIPMENT

BLOCK: 67.04 LOT: 8 PERMIT#:

WORKSITE ADDRESS: 10 BRICK PLAZA, PETO, BRICK NJ 08723

Certifying Individual(Print Name)
Name: RICHARD BONNER

Company
Name: BIG B CONSTRUCTION

Address
Street: 1364 FORRESTER DR City: MANAHAWKIN, NJ. 08050

State: MANAHAKIN, NJ. 08050 Zip:

Phone# (609) 597-6262

Check The Appropriate Box

Type of replacement:
- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [X] Other (describe): INTERIOR FIT OUT NO CHANGE

Existing vent/chimney:
- [ ] B label vent
- [ ] L label vent
- [ ] Masonry chimney-Tile lined
- [ ] Flexible liner
- [ ] Power vent/exhauster
- [X] Other (describe): EXISTING NO CHANGE

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements)

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

X Signature 2-10-98 Date

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:
No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINA INSPECTION.

F370

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 3-11-98

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

BUILDING LOCATION 18 Brick Plaza
(Street address)

BUILDING DESCRIPTION Renovation

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

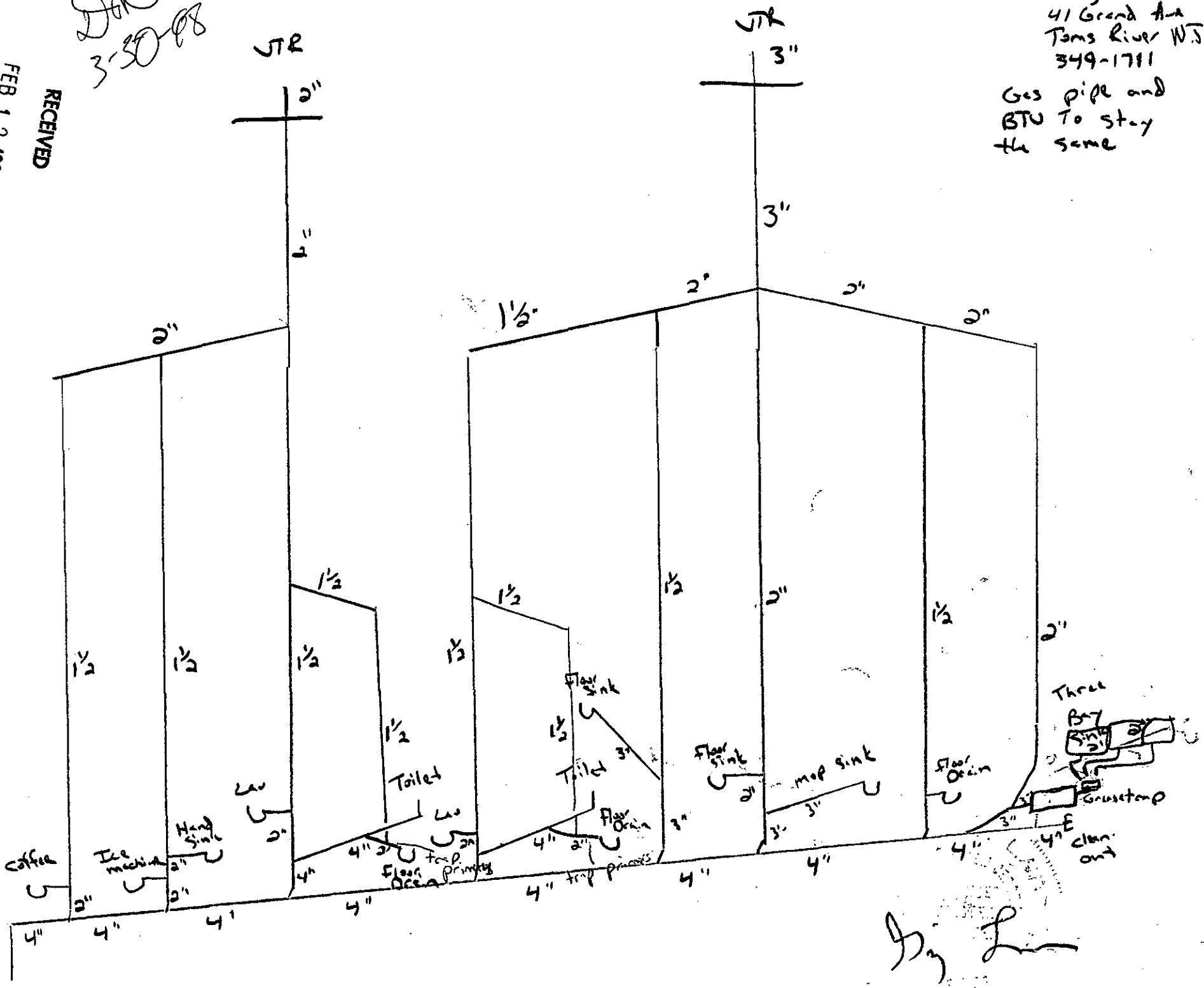
No.	DESCRIPTION	Code Section
(1)	No information supplied on Adjacent Use's	
(2)	No Occupancy LOAD Indicated	
(3)	what is wall Rating? 1 hr wall	
	3/19/98 getting letter from architect	

06/93

DAN 3-30-98

Greg Larsen
41 Grand Ave
Toms River N.J.
349-1711

Gas pipe and BTU To stay the same



BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date _____

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

BUILDING LOCATION Bagels & Joe (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code* The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code* The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein This record references commonly applicable code sections It does not reference all code provisions which may be applicable to specific buildings This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance

CORRECTION LIST

No	DESCRIPTION	Code Section
(1)	Grease interceptor may be needed for 3 bay sink	
(2)	show indirect wastes	
(3)	show trap primers for floor drains	
(4)		
	3/20/98 Plumber came in changed with Satish Plan Check etc	3/27/98 Inspection Complete
		Plumber called 3-18-98

06/93

PLUMBING VARIATION/WATER SIZING

TOWNSHIP OF BRICK

APPLICATION FOR A VARIATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 98-0686
DATE ISSUED 4/1/98
Block 671 Lot 8
Subdivision

IDENTIFICATION

OWNER:
Name Chris Poppin
Address 18 Brick Plaza
Town/State/Zip Brick N.J. 08723

CONSTRUCTION LOCATION:
Name Bagels + Lox
Address 18 Brick Plaza
Town/State/Zip Brick N.J. 08723

FEE

FEE: $ 35.00
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

I AM REQUESTING A VARIATION FROM NSPC/93 TABLE 10.14.ZA WATER SUPPLY FIXTURE UNITS FOR THE PURPOSE OF SIZING WATER LINES.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.: NSPC/93 IS AN OUTDATED METHOD OF SIZING LINES REQUIRING LARGER PIPE SIZING THAN NSPC/96. NSPC/96 IS MORE TECHNICALLY CORRECT THAN NSPC/93.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: I PROPOSE THE USE OF NSPC/96 FOR SIZING OF WATER LINES AS PER RECOMMENDATION OF DCA. THE USE OF THIS CODE DOES NOT THREATEN HEALTH, SAFETY, OR THE WELFARE OF THE OCCUPANTS. I AGREE TO CHANGE ALL EXISTING WATER CLOSETS IN THE STRUCTURE TO MEET THE LOW WATER CONSUMPTION REQUIREMENTS OF NSPC/96 7.4.2.(1.6 gallon).

DATE: 4/20/98 SIGNED: _____ APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☐ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

Date: 5-7-98

_____ ~~INSPECTION~~ SUBCODE OFFICIAL

_____ SUBCODE CONSTRUCTION OFFICIAL

SIZING FOR WATER AND SEWER SERVICES

Property Owner Popan Date 5-5-98

Property Address 18 Brick Plaza Block 671 Lot 8

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	2	(2.5) 5	( )
2. Lavatory	2	( ) 2	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
3 BAY - 6. ~~Service~~ Sink	1	(3) 3	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. ~~Lawn Sprinkler~~ Hose b.b. ~~No. of Heads~~	1	( ) 2.5	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. HAND sink	2	( ) 2	( )
18. mop sink	1	(3) 3	( )
Total			
Gallons per minute			
Size of Service			

Date: _____ Approved: _____
Brick Township Plumbing Inspector

ReppGroganArchitects, ltd.

Frank Miser
Building Inspector
Brick Township - Town Hall
401 Chambers Bridge Rd.
Brick, NJ 08723

April 1 1998 (first sent - March 19 1998)

RE: **Bagels & Lox**

Dear Frank,

I am the architect for the design of the Bagles and Lox renovation. Chris Popin, the owner has asked me to submit this letter stating the following:

- The demising walls separating the Bagle & Lox store from the adjacent tenants on both sides are one hour (1 hr.) fire rated. The adjacent tenants, Super Cuts - Hair Cuts, and an Optition, both have one hour fire rated demising walls between them and their adjacent tenants.

- The BOCA classification for Use or Occupancy is Mercantile Use Group for the Optition, and Business Use Group for the Super Cuts Shop.

If there are any other issues to be discussed, please call me.

Sincerely,

Jeffrey L. Grogan R. A.
Judith G. Repp A.I.A.

bagles4 - second attempt

Judith G. Repp, AIA

Jeffrey L. Grogan, R.A.

522 Sproul Road
Villanova, PA 19085
Tel.610.293.9515
610.825.7780
Fax.610.293.9516
610.825.8620
RGSArch@aol.com

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

Date Received _____
Date Issued _____
Control # _____
Permit # _____

SITE LOCATION 18 BRICK PLAZA RT 70 BRICK NJ. BAGEL N LOX 08723 BLOCK 671 LOT 8
OWNER CHRIS POPIN
ADDRESS 144 PORT ROAD BRICK NJ. 08723 TELEPHONE # 732-262 9017

CONTRACTOR BIG B CONTRACTING INC.
ADDRESS 1364 FORRCASTER DR. MANCHESTER NJ 08759 TELEPHONE # 609-597-6262
LICENSE # or BLDRS. REG. # _____ FEDERAL EMP. # or SOCIAL SECURITY # 22-3520570

CERTIFICATE IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

Signature _____

BUILDING SUBCODE:

BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Group Present _____ Proposed _____
No. os 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. $_____
2. Alteration $_____
3. Total (1+2) $_____

DESCRIPTION OF WORK

INTERIOR RENOVATION OF BARBER SHOP

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement--
  [X] Other RENOVATION
  [ ] Other _____
[ ] Demolition

COST: (Office Use Only)

$ 20,000.00

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____

[ ] CO [ ] CCO [ ] CA

COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

Greg Larsen
41 Grand Ave
T.R. NJ 08753
142-68-3276
FD# 34-91711

PLUMBING SUBCODE: [X] Licensed Plumbing Contractor [ ] Exempt Applicant

PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $_____

TECHNICAL SITE DATA (List all fixtures.)

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

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____
[ ] CO [ ] CCO [ ] CA
COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

FIRE PROTECTION SUBCODE:

FIRE PROTECTION CHARACTERISTICS

yes - need fire also

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] NEW [ ] EXISTING TYPE: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____ Location: _____

TOTAL ESTIMATED COST OF FIRE PROTECTION WORK $_____

TECHNICAL SITE DATA - Description of Work

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

	No.	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Sys	1	Relocating
Gas or Oil Fired Appliance		
Other _____		

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 _____

	No.	FEE (Office Use Only)
Smoke Detectors		
Heat Detectors		
TOTAL		

PRE-ENGINEERED SYSTEMS

CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	~~Relocation~~	

35 ✓

SUBCODE OFFICIAL [X] APPROVE [ ] DISAPPROVE DATE _____
[ ] CO [ ] CCO [ ] CA
COMMENT O. Hooks
Relocation on Renovation to Bagel Store Exit Signs Battery Lites Battery Back up.
SUBCODE OFFICIAL'S SIGNATURE F.E needs Drawing of Suppression System before Release

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

February 23, 1998

Mr. Chris Popin
144 Port Road
Brick, NJ 08723

RE: Mandatory Development Fee
Block 671, Lot 8; Brick Plaza, Bagels & Lox

To Whom it May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on February 10, 1998, for the above block and lot at $20,000.00, resulting in an estimated fee of $200.00.

Therefore, it is required that one half of the estimated fee ($100.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator
CAW/da

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK [illegible] LOT [illegible] SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # ____________ NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable

Fee Required ____________	Date ____________
Down Payment ____________	Date ____________
Balance ____________	Date ____________
Paid In Full ____________	Date ____________

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ [illegible] Date [illegible]

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ [illegible] Date [illegible]

Check # [illegible] Receipt # [illegible]

Actual Assessment $ ____________ Date ____________

Actual Required Fee $ ____________

Minus Deposit of Estimate $ ____________

Balance Due $ ____________ Date ____________

Check # ____________ Receipt # ____________

Amount Paid In Full $ ____________

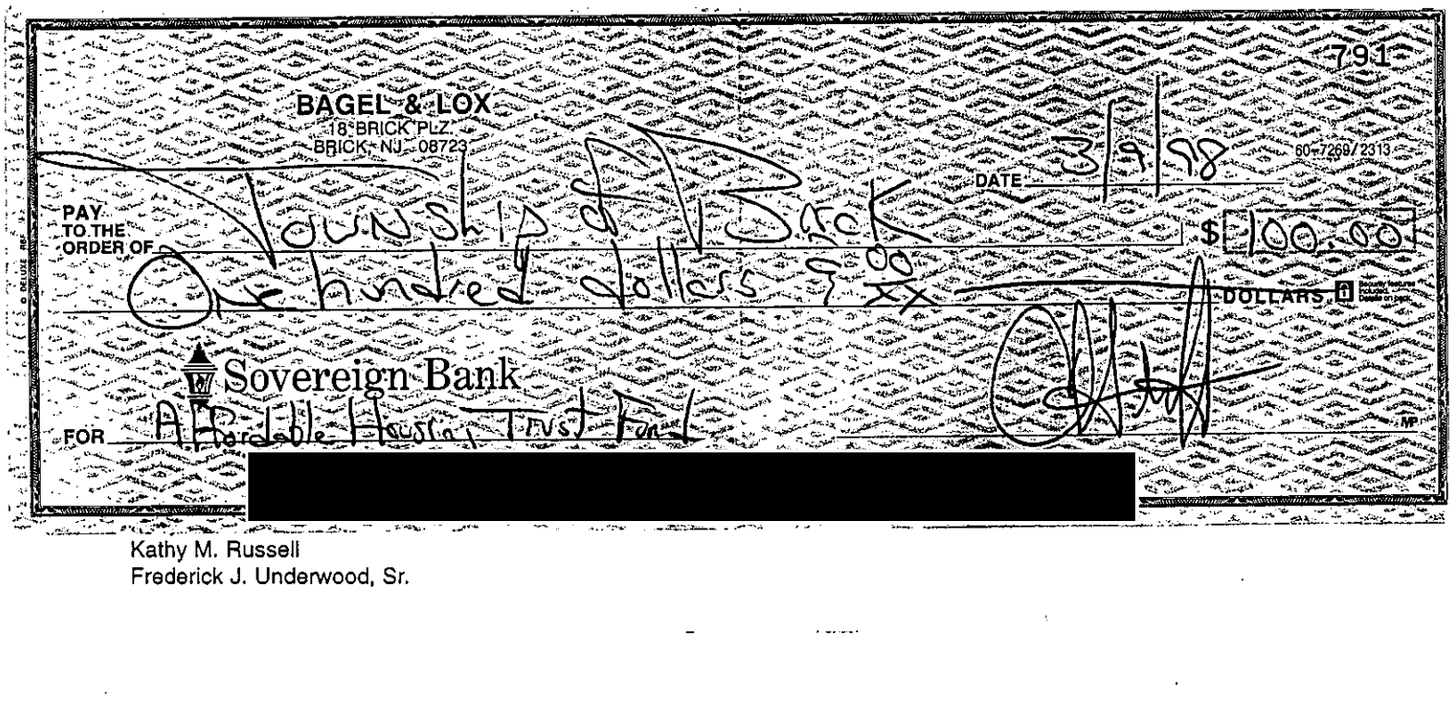
Fees Imposed To Date ____________
Fees Reached $15,000 ____________ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold



To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 3-11-98

Business/Development: Bagel & Lox

Owner/Applicant: Bagel & Lox

Property Address: Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee

(Commercial)

Residential

Inclusionary Development Fee

Check Number 791

Estimated Fee $ 200.00

Deposit Amount $ 100.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number: _____

Final Fee: $_____

Less Deposit: $_____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature _____ Date 3-11-98

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Bagels ; Lox 18 Brick Plaza 671 8
Work Site Address Block Lot

Chris Popin 144 Port Rd Brick 262-2907
Owner's Name, Address, Phone

BIG D CONTRACTING, 1364 FORRESTER DR, MONMOUTH JCT, 08850
Contractor's Name, Address, Phone

Construction INTERIOR FIT-OUT
Describe type (Single -family home, etc.)

Demolition CONSTRUCTION DEBRIS
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 30 YARD DUMPSTER

Name, address and phone of party responsible for removal of debris:

ATLANTIC SANITATION, COLTS NECK, NJ.

Size of dumpster: 30YD.

Destination of discarded debris: OCEAN CITY LANDFILL

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

RICHARD BONNER — 5-10-98
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUE

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

COMMERCIAL