

BLOCK

LOT

ADDRESS (SITE)

PERMIT NO.

1653-90

RECEIVED



CONSTRUCTION PERMIT APPLICATION

AUG 7 1990

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

I. IDENTIFICATION

Proposed Work-site at: **Store #41, Brick Plaza**

2. Name of Owner in Fee: **Federal Realty Investment** Tel. (301) 652-3360
 Address **4800 Hampden Lane, Suite 500, Bethesda, Maryland 20814**
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒ **X**

4. Principal Contractor: **Shawn Wu, Puwen** Tel. (201) 991-8540
 Address **330 Kearny Ave., Kearny, NJ 07032**
License No. OR, if new home, Builder Reg. No. Exp. Date

Federal Emp. No. Social Security No.

5. Architect or Engineer **Leo Rutenberg AIA & Assoc.** Tel. (201) 998-5040
 Address **751 Kearny Ave., Kearny, NJ**

6. Responsible Person In Charge of Work **Shawn Wu** Tel. (201) 991-8540

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☒ Fire Protection
7. ☒ Plumbing
8. ☒ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

3000
1500
3000
2000

TOTAL COSTS

9500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
Val	8/17/90		8/20/90	R/C	10/24/90	W/S
	8/22/90		8/22/90	Y	11-1-90	
					10/21/90	W/S
					10/21/90	W/S

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection	164	125	
5. Other			
6. Subtotal	\$ 229		
7. Less 20% for State Plan Review	5		
8. Subtotal	\$		
9. DCA Training Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	\$ 254		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories
2. Height of Structure 1470 ft.
3. Area—Largest Floor 1470 sq. ft.
4. Building Area—All Floors sq. ft.
5. Volume of Structure cu. ft.
6. Construction Classification
7. Total Land Area Disturbed sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation ft.
10. Wetlands yes sq. ft.
no
11. Fire Grading 2
12. Max. Live Load Exist.
13. Max. Occupancy Load 49

(office use only)

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:

2. Use Group: A-3

3. Change in Use Group, Indicate Former:

LDS BR 10310916

plb.
pd
check
9-11-90

plmg brought
to be in

TCO
6 mo

Alter & % (commercial)

11-1-90
10/21/90
10/21/90
W/S

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

() Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

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

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

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

X. CERTIFICATES ISSUED	(office use only)	DATE EXPIRED
☒ Temporary Certificate of Occupancy	No. <u>1653</u>	<u>6-5-2-91</u>
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. <u>1653</u>	<u>2-20-91</u>
☒ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ Name _____		



CERTIFICATE

Date Issued 2/20/91
Control #
Permit # 1653-90

IDENTIFICATION

Block 671 Lot 8
Work Site Location Store #41, Brick Plaza #106
Brick, N.J.
Owner in Fee Federal Realty Investment
Address 4800 Hampden Lane, Suite 500
Bethesda, Md. 20814
Tele. ()
Contractor Puven
Address 330 Kearney Ave.
Kearney, N.J. 07032
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Commercial Alteration

"China Gardens Restaurant"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

Arthur J. Carr



CERTIFICATE

Date Issued 11-2-90
Control #
Permit # 1653-90

IDENTIFICATION

Block 671 Lot 8
Work Site Location Store #41, Brick Plaza 106 Brick Plaza
Owner in Fee Federal Realty Investment
Address 4800 Hampden Lane, Suite 500
Bethesda, Md. 20814
Tele. ()
Contractor Puwen
Address 330 Kearny Ave.
Kearny, NJ 07032
Tele. ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3 2 hours
Maximum Live Load
Description of Work/Use:
China Gardens Restaurant
Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than May 2, 19 91 or the owner will be subject to a fine or order to vacate:

compliance with Plumbing.

CONSTRUCTION OFFICIAL

U.C.C. Form F-280A

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

Fee \$
Paid [] Check No.
Collected by:



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

8/22/90

1653-90

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Tele. ()

1653**

0.00

671 #

LOT

0.00

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Commercial Office + 1/2

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

Estimated Cost of Work \$

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) B

Building	25	BUILDING	75.00
Plumbing		FIRE	154.00
Electrical		PLAN RVW	5.00
Fire Protection	154 - C / D		20.00
Other	5 - TOTAL		254.00
Other		CHECK	254.00
DCA Training Fee		CHANGE	0.00
Cert. of Occ.	100 -		
Other	08/22/90 NO. 5 0023A005		15:41
Total	254 -		
Check No.	1		
Cash			
Collected By:	2		

PA

JN


**BUILDING
SUBCODE**
TECHNICAL SECTION

 Date Received
Date Issued
Control #
Permit #

 8/22/90
1653-90

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 Store #41, Brick Plaza
Brick Blvd., Brick Town, NJ

 Owner in Fee Federal Realty Investment Trust

 Address 4800 Hampden Lane, Suite 500
Bethesda, Maryland 20814

 Tele. (301) 652-3360

 Contractor Park Builders, Inc.

 Address 330 Kearny Ave.
Kearny, NJ

 Tele. (201) 991-8540

Lic. No. or Bids. Reg. No. _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
() No Plans Req.			Type:		
() All	8/22/90	AT	Footing		
() Footing			Foundation		
() Foundation			Slab		
() Frame			Frame		
() Other			Insulation		
Joint Plan Review Required:			Finishes		
() Elec. () Plumb. () Fire			Energy		
SUBCODE APPROVAL			Mechanical		
() CO () CCO () CA			TCO		
Date: <u>10-27-90</u>			Other		
Approved By: <u>[Signature]</u>			Final		

B. BUILDING CHARACTERISTICS

 Use Group Present M Proposed M

 Constr. Class Present Exist. Proposed Exist.

No. of Stories _____

Height of Structure _____ Ft.

 Area—Largest Floor 1470 Sq. Ft.

Total Bldg. Area/All Floors _____ Sq. Ft.

Volume of Structure _____ Cu. Ft.

 Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

 1. New Bldg. \$ 10,000.00

 2. Alteration \$ 10,000.00

 3. Total (1+2) \$ 10,000.00
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.

 Signature [Signature]
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vacant. Store to be converted to a Chinese Take-Out.

TYPE OF WORK:

() New Building

() Addition

(x) Alteration

() Roofing

() Siding

() Other _____

Demolition _____

Miscellaneous _____

() Fence _____ Height _____

() Sign _____ Sq. Ft. _____

() Pool _____

() Elevator _____

() Asbestos Abatement _____

() Other _____

(Office Use Only)

FEE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Administrative Surcharge

Minimum Fee

TOTAL FEE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

U.C.C. Form F-110A

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

NOTE: One Inspection Only



Date Received
Date Issued
Control # 010265
Permit #

Brick

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 China Garden Restaurant - Store # 41 - Brick Plaza
Route 70 & Chambers Bridge Road - Bricktown, NJ 08723
Owner in Fee Puwen Wu
Address 2747 Hooper Ave. Bldg. 11, Apt. 6
Bricktown, NJ 08723
Tele. (201) 920-4848
Contractor Anthony's Sun Electrical Contractors, Inc.
Address 308 Drum Point Road
Bricktown, NJ 08723
Tele. (201) 477-3500
Lic. No. 7146
Federal Emp. No. 22-2763732 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # ☐ Temporary ☒ Other Additional Interior Wiring
Building Occupied as Store Utility Co. JCP&L
Est. Cost of Elec. Work \$ 2,350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Required		
Joint Plan Review Required:		
☐ Bldg. ☐ Plumb. ☐ Fire	Rough	
☐ Elec. Plans Approved	Temporary	
Date:	Constr. Serv.	
Approved by:	TCO	
	Other	
	Service	
SUBCODE APPROVAL:	Final	
☐ CO ☒ CCO ☐ CA	Temp. Cut-in-Card Date Issued	
Date: 10-12-80	Final Cut-in-Card Date Issued	
Approved by: CHA/19	Line Dept.	

C. CERTIFICATION IN LIEU OF OATH

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

☐ Licensed Electrical Contractor ☒ Exempt Applicant Signature-Contractor Seal

D. TECHNICAL SITE DATA

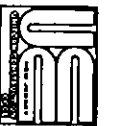
NO.	SIZE	ITEM
9		Fixtures (1)
6		Receptacles (2)
1		Switches (3)
1	3/4HP	Total 1 + 230 SEP 27 PM 2 30
		Range Hood
		Oven(s)
		Surface Unit
		Dishwasher
		Garbage Disposal
		Dryer
		A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
2		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
		Water Heater(s)
		Central heat:
		oil, gas or elec.
		Baseboard Heat Units
		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
		Signs
		Light Standards
3		Motors—Fractional H.P. (1-1/2 HP)
		Motors—All Others
		Transformers
		Generators
		Service Entrance
		Other

FEE (Office Use Only)

F-23

1

Paid ☐ Check # 8818 Administrative Surcharge \$
Collected by: Minimum Fee \$
TOTAL FEE \$ 27



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 8/22/90
Date Issued
Control #
Permit # 1653-90

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

Block 107 Lot 8
Work Site Location 5702 E 41 BRICK PLAZA
13121 RICK M L V P, BRICK TOWNSHIP, MI
Owner in Fee # EDEKAL PROPERTY AND ESTIMATE
Address 4800 HAMPORE AVENUE
Telephone 313-552-3360
Contractor 301 652-3360
Address 5404 E PROCTER RD

Tele. ()
Lic. No. or Social Security No. for 1 day
Federal Emp. No. for 1 day

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class. Present 1-1-1 Proposed 1-1-1
Heating Systems () New () Existing
Type: () Gas () Oil () Electrical () Solar
Location: _____
Total Est. Cost of Fire Prot. Work \$ 1500.00 - 1 hour 12

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
() No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required: _____
() Bldg. () Plumb. () Elec. Suppression Test 10/2/90 11-1-90
() Fire Plans Approved Fire Alarm Test _____
Date: 8/22/90 Smoke Test _____
Approved by: _____ Mechanical _____
SUBCODE APPROVAL: TCO _____
() CO () CCO () CA Other 5/15/90 11-1-90
Date: _____ Other 10/2/90 11-1-90
Approved by: _____ 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. Rue Antunbury
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work vacant store to be converted into Chinese take out.
Water Supply Source 1st Suppression
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

Wet Sprinkler Heads _____ Number _____
Dry Sprinkler Heads _____
TOTAL 20.
not to be better than up

Smoke Detectors _____
Heat Detectors _____
TOTAL 34
Emergency like Battery Pack up

Stand Pipes _____
Kitchen Hood Exhaust Systems 25' x 9' Exhaust 34
Quench

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical X 60

Gas or Oil Fired Appliance _____
OTHER 40
Paid () Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 154.00

FEE (Office Use Only)



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

9-11-90
1653-80
update

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 / Store # 41
Work Site Location REAR BRICK PLAZA NEAR RAINBOW BAKERY
CHUUSE TAKA-OUT
Owner in Fee Simon UU
Address _____
Tele: (201) 920-4848
Contractor Smith Cooper Mechanical Corp.
Address 241 Leasing Drive, Basking Ridge, N.J. 08723
Tele: (201) 477-1975
Lic. No. 8484
Federal Emp. No. _____ or Social Security No. 155-62-306

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work \$ 7500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
Type:		Failure Failure Approval Initial	
☐ No Plans Required	Slab		
☐ Joint Plan Review Required:	Rough		
☐ Bldg. ☐ Elec. ☐ Fire	Water		
☒ Plumb. Plans Approved	Sewer		
Date: <u>9-11-90</u>	Fixtures		
Approved by: <u>[Signature]</u>	Gas Equipment		
	Gas Final		
	Solar		
	TCO		
SUBCODE APPROVAL:			
☒ CO ☐ CC ☐ CA			
Approved by: <u>[Signature]</u>			
Date: <u>9-22-91</u>			

C. CERTIFICATION IN LIEU OF OATH

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

☒ Licensed Plumbing Contractor ☐ Exempt Applicant
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	<u>5.-</u>
<u>1</u>	Urinal/Bidet	
<u>1</u>	Bath Tub	
<u>1</u>	Lavatory	<u>5.-</u>
<u>3</u>	Shower	
<u>4</u>	Floor Drain	<u>15.-</u>
	Sink	<u>20.-</u>
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
<u>6</u>	Hose Bibb	
	Gas Piping	<u>15.-</u>
<u>1</u>	Fuel Oil Piping	
	Water Heater	<u>5.-</u>
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
<u>2</u>	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	<u>50.-</u>
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other <u>VEAT</u>	<u>10.-</u>

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ 125.-
Collected by: _____ TOTAL \$ _____

MUNICIPALITY

BT



CUT-IN-CARD

LOCATION

CHINA GARDEN RESTAURANT STREET #4

UTILITY CO

RT 70 & CHAMBERS BRIDGE RD. BRICK PLAZA

BLK

671

LOT

8

OWNER

POWEN WU

OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. utility and DCA requirements."

☒ FINAL ☐ TEMPORARY

This approval void after _____ days

SERVICE

RANGE

WATER HEATER

AIR COND

ELECT HEAT

MISC

COMMENTS

ADDITIONAL INTERIOR WIRING

DATE 10-11-90

PERMIT # 010265

INSPECTOR

E. M. H. H. H.

Elec. 104

Insp. Lic #

1427

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

Daniel F. Newman, Mayor

Members of Township Council

Mary Anne L. Butler, Council President

Charles E. Anderson

Patrick L. Bottazzi

Edmund H. Hibbard

Joseph C. Scarpelli

Warren H. Wolf

David W. Wolfe



Division of Inspection

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 1

CHECK LIST

RE: Block 674 Lot 8 Address Ston 41 But Plaza

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

See attached review checklist(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date



OCEAN COUNTY HEALTH DEPARTMENT

C.N. 2191

Toms River, N.J. 08754

201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

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

re: Proposed Floor Plans
Block 671 Lot 8
China Garden
Brick Plaza
Brick

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the N.J. State Retail Food Code.

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

Very truly yours,

Joseph Caprio
Sanitary Inspector

cc: Brick Township Board of Health
Brick Township, Arthur Cierzo, Construction Official

/pjp



IN ESTABLISHMENT

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Block 671

SANITARY INSPECTION REPORT

Lot 8

ESTABLISHMENT INFORMATION

PHONE # 991-8540 TEMP.		ESTABLISHMENT CODE 22	GOODS ☐ DESTROYED ☐ EMBARGOED
ESTABLISHMENT TRADING NAME HINA GARDEN		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
ADDRESS AND STREET BRICK PLAZA			
CITY OR MUNICIPALITY BRICK	ZIP CODE 08723		
ESTABLISHMENT LICENSE NO.	COMMUN. CODE 1506	RISK IF	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

TIMON WU

ADDRESS AND STREET

130 KERNY AVE

CITY OR MUNICIPALITY

KERNY

STATE

NJ

CODE

07032

COMMUN. CODE

TIME (2400 HOURS)

DATE

BEGIN

END

8-23-90

09:00

09:20

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE	TYPE OF ESTABLISHMENT
COMPLAINT	☒ RETAIL
INITIAL INSPECTION	☐ WHOLESALE
REINSPECTION	☐ VENDING MACHINE NO. OF MACHINES _____
PLAN REVIEW	☐ FROZEN DESSERTS
CONFERENCE	☐ OTHER _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print)

Joseph A. Caprio

SIGNATURE OF INSPECTING OFFICIAL

Joseph A. Caprio

PERMANENT
REG. NO.

B-375

**DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS**

[illegible]

H.D.67

Page

01

Pages



VIA CERTIFIED MAIL

July 31, 1990

Mr. Puwen Wu
330 Kearny Avenue
Kearny, NJ 07032

Re: Sun Wah Kitchens - Space No. 40
Brick Plaza Shopping Center

Dear Mr. Wu:

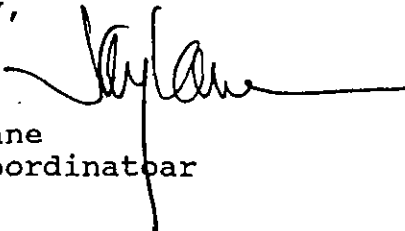
In accordance with your lease agreement dated July 25, 1990 for the above referenced location, possession is hereby tendered to you effective July 25, 1990.

For access into the space please contact Jesse Herron, Property Manager, at (301) 961-9227 who will provide you with the keys.

The utility service accounts must be transferred into your name immediately, as they are now your responsibility. The Landlord should be notified as soon as you have made these arrangements.

Thank you for your cooperation in this matter. We at Federal Realty extend our very best wishes and hope you will enjoy every success at Brick Plaza Shopping Center.

Sincerely,


Jay R. Lane
Tenant Coordinator

JRL:lam

cc: John Colucci
Jesse Herron
Miles Kitzler
Steve Ekanger

Curtis Furgason
Kevyn DeMartino
Donna Shaw
Paul Mackie

Puwen(Simon) Wu
China Garden Rest.
Brick Plaza
Brick, NJ 08723
Nov. 2, 1990

Chief of Construction Department
Brick Township, NJ 08723

Re: China Garden Restaurant
Block 671, Lot 8

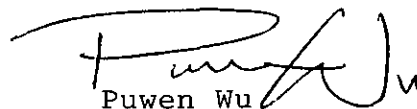
Dear Chief,

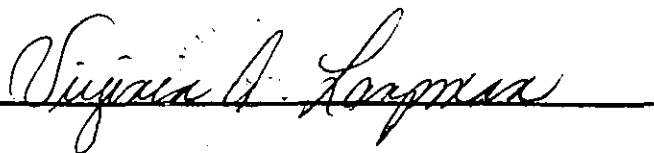
This is to promise by me, in front of the Public Notary in Brick that I will submit a sealed Architecture and rebuild the bathroom of store #41 of Brick Plaza (Block 671, Lot 8), Brick Town, NJ, in order to accord with the construction code of New Jersey in 6 months from today, or I will pay \$500.00 a day fine.

Thank you for your attention and your kindly support.

11-2-90

Sincerely,


Puwen Wu



VIRGINIA A. LAMPMAN
Notary Public of New Jersey
My Commission Expires 4-13-93

LEO RUTENBERG AIA & ASSOCIATES

ARCHITECTS

(201) 990-8000

TELEFAX COVER SHEET

TO: Fire SubCode Official
Bricktown, NJ

DATE: 11/2/90

FROM: Leo Rutenberg, AIA

TIME: 10:10 AM

Total No. of Pages 1 including cover sheet.

RE: China Garden Restaurant

Brick Plaza

Bricktown, NJ

COMMENTS: The contractor will install a fire resistant panel to separate the duct from the combustible material, which will be constructed of 1" fireproof insulated panel consisting of a 1" layer of 1" batts enclosed in a 22 gauge galvanized material, which will be approximately 56" wide by 9' long.

If you have any questions, please contact me.

CERTIFICATE OF INSPECTION



For the semi-annual service of Range Guard 256/46

Completed on: 11/1/80

EXPIRATION DATE:

For the Premises: Claver Garden Post

Located at: Back Stage, Back RD

All work done in accordance with N.F.P.A. Regulations and All Authorities Having Jurisdiction.

Inspected By

COLLINGWOOD PARK CIRCLE
FARMINGDALE, N.J. 07727
201-938-2020

LEO RUTENBERG AIA & ASSOCIATES

ARCHITECTS

(201) 998-3040

TELEFAX COVER SHEETTO: Fire SubCode Official
Bricktown, NJDATE: 11/2/90FROM: Leo Rutenberg, AIATIME: 10:10 AMTotal No. of Pages 1 including cover sheet.RE: China Garden Restaurant
Brick Plaza
Bricktown, NJ

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