

BLOCK 671

LOT 48, 11, 12

ADDRESS (SITE) Brick plaza

PERMIT NO. 1760 - 90

COMMERCIAL



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick plaza #30
2. Name of Owner in Fee: HOMESTYLE BUFFET Tel. (813) 855 2675
Address 4025 Tampa Rd Oldsmar Fla. 34677
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐ leased
4. Principal Contractor: HOAG, Hayman, Koelke Tel. (612) 942 7969
Address 6440 Flying Cloud DR MINN. MN 55344
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 41 163 1160 Social Security No. _____
5. Architect or Engineer RAYMOND & ASSOC P.A. Tel. (813) 786-1937
Address 917 11th ST palm Harbor Fla 34683
6. Responsible Person In Charge of Work Bill Haynes Tel. (201) 477 4115

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 1875		
2. Electrical			
3. Plumbing	450 -		
4. Fire Protection	130 -		
5. Other			
6. Subtotal	\$ 2455		
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	\$ 2480		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	1
2. Height of Structure	18' ft.
3. Area—Largest Floor	1000 sq. ft.
4. Building Area—All Floors	9500 sq. ft.
5. Volume of Structure	cu. ft.
6. Construction Classification	RESTAURANT
7. Total Land Area Disturbed	sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands yes _____ no _____	sq. ft.
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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

TOTAL COSTS 250,000

Alteration for Restaurant

OPTIONAL (for office use only)

File Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
					Approval Rejection	
	8/18/90		8/28/90		11-7-90	
	8/23/90	8-8-90	8-23/90		11-7-90	
					7-FINAL OK 11/7/90 DS	

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

LDS BR 10310914

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 William Haynes

Address 390 Brick Blvd.

Brick N.J.

Telephone (201) 477-4115

Signature William Haynes Date 8/7/90

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									
☐									
☐									
☐									

James J. L. 43-2-80-90 Planning Board

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

Name of Code & Edition	Name of Code & Edition	Other
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. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____



CERTIFICATE

Date issued 11-7-90
Control #
Permit # 1700-90

IDENTIFICATION

Block 671 Lot 4,8,11,12
Work Site Location Brick Plaza, Store #30
Owner in Fee Homestyle Buffet
Address 4025 Tampa Rd.
Oldsmar, Fla. 34677
Tele. ()
Contractor Hoag, Hayman, Koehnel
Address 6440 Flying Cloud Dr.
Minn., MN 55344
Tele. ()
Lic. No. or Bids. 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:
HOMESTYLE BUFFET RESTAURANT
Commercial alteration (interior)
Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

☒ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

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

Anthony J. Ciarro
CONSTRUCTION OFFICIAL

Homestyle Buffet



CONSTRUCTION PERMIT

Date Issued

Control #

Permit # 1700-90

8/29/90

IDENTIFICATION Block

671

Lot

418113

Work Site Location

in Plaza Store 30

Contractor

Arg. Taylor-Krueger

Owner in Fee

Homestyle Buffet

Address

11025 Tampa Rd

Tele. ()

Adams Rte

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING

☐ PLUMBING

☐ OTHER

☐ ELECTRICAL

☒ FIRE PROTECTION

DESCRIPTION OF WORK:

*Com'l Alteration
40%*

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 \$

650,000

RG Corzo

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

1875 -

Plumbing

1150 -

Electrical

Fire Protection

130 -

Other

Other

1110 5 -

DCA Training Fee

Cert. of Occ.

20 -

Other

Total

2450 -

Check No.

Cash

Collected By:

JH



Date Received
Date Issued
Control #
Permit #

8-14-90
1594-90

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

Block 671 Lot 48, 11, 12
Work Site Location Back plays
Owner in Fee HomeStyle Builders Inc
Address 4985 Tampa Rd. Suite 1104
Old SW 28th St.
Tele. (813) 855-8625
Contractor John H. Hays & Co. Inc.
Address 1000 Flying Cloud Dr.
Tele. (412) 942-7969
Lic. No. or Bldrs. Reg. No. 41 163 160 or Social Security No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type:	Failure Failure Approval Initial
☐ No Plans Req.			Footing	
☐ All			Foundation	
☐ Footing			Slab	
☐ Foundation			Frame	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ CO ☐ TCA			TCO	
Date: <u>8/14/90</u>			Other	
Approved By: <u>AC</u>			Final	

B. BUILDING CHARACTERISTICS

Use Group Present Accessory Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 8 Ft.
Area—Largest Floor 50 Sq. Ft.
Total Bldg. Area/All Floors 160 Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$200

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
505 SITE TRAILER
600 days
Temporary - Enclosure

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence _____ Height _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool _____
- ☐ Elevator _____
- ☐ Asbestos Abatement _____
- ☐ Other _____

(Office Use Only)

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



Date Received
Date Issued
Control #
Permit #

8/29/90

1700-90

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

Block 671 Lot 4 8/11/12
Work Site Location Brick Playa #30
Owner in Fee Homesite Bldg. Inc.
Address 4025 Tamara Road Suite 1104
City Oldsmar FL 34677
Tele. (813) 855-2675
Contractor Hayman + Kozlowski Inc.
Address 6440 Flying Cloud Dr.
City Mpls. MN 55344
Tele. (612) 942-7969
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 41-1631160 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

Paul J. Hayman

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Commercial
Attachment
Restroom

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	<u>8/28/90</u>	<u>AK</u>	Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ I ☐ A			TCO		
Date: <u>11-2-90</u>			Other		
Approved By: <u>[Signature]</u>			Final		

11-2-90

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other

(Office Use Only)
\$ 1875

Est. Cost of Bldg. Work:
1. New Bldg. \$ 350,000.00
2. Alteration \$ 250,000.00
3. Total (1+2) \$ 600,000.00

Administrative Surcharge

Paid ☐ Check # _____	Minimum Fee	\$ _____
Collected by: _____	TOTAL FEE	\$ _____

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8/29/90
1700-90

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

Block 671 Lot 4 8, 11, 12
Work Site Location Brick Plaza #30

Owner in Fee Home-style Buft, Inc.
Address 4025 Tanager Road Suite 1104

Telephone (813) 855-2675

Contractor Hoag Haymont & Kuehnel Inc.
Address 6440 Flying Cloud Dr.
Mpls. Mn. 55344

Telephone (612) 942-7969

Lic No or Bldrs Reg No _____
Federal Emp No 411631160 or Social Security No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req			Type	Failure Failure Approval Initial
☒ All	<u>8/29/90</u>	<u>HL</u>	<u>(Footling)</u>	<u>9/14/90</u> <u>RL</u>
☐ Footling			Foundation	
☐ Foundation			<u>Slab</u>	
☐ Frame			<u>Frame</u>	
☐ Other			<u>Insulation</u>	
Joint Plan Review Required			<u>Finishes</u>	
☐ Elec ☐ Plumb ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ SCO ☐ CA			TCO	
Date <u>11-2-90</u>			Other	
Approved By <u>[Signature]</u>			Final	

B BUILDING CHARACTERISTICS

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

Est Cost of Bldg Work
1 New Bldg \$ _____
2 Alteration \$ 250,000.00
3 Total (1+2) \$ 250,000.00

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]

**TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Commercial
Restoration
Restaurant

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☒ Alteration
 - ☐ Roofing
 - ☐ Siding
 - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Asbestos Abatement
 - ☐ Other

(Office Use Only)
FEE
\$ 1875-

Paid ☐ Check # _____
Collected by _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ _____

COMMERCIAL BUILDING SUBCODE TECHNICAL SECTION



BUILDING 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 4, 8, 11 & 12
Work Site Location Breck Plaza

Owner in Fee Home Style Buffet Inc
Address 4025 Tampa Rd suit 1104
Oldswynne Plaza 34677

Tele. (813) 855 86713
Contractor Herzog Hayward & Koeckel Inc

Address 6440 Hyland Cloud DR.
MIND MNJ

Tele. () 1-800-328-4827
Lic. No. or Bldrs. Reg. No. 41 163 1160 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	<u>JUL 24 1990</u>		Type: Footing	Failure	Approval
☒ All			Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☒ PCA			TCO		
Date: <u>5/14/93</u>			Other		
Approved By: <u>[Signature]</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class			1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			
Total Bldg. Area/All Floors			
Volume of Structure			
Total Land Area Disturbed			

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

REMOVE INSIDE WALLS AS TO MAKE WAY FOR future construction

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	<u>Non Structural Demol.</u>
☐ Demolition	
☐ Miscellaneous	
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

(Office Use Only)

FEE	\$
Administrative Surcharge	\$
Minimum Fee	\$
TOTAL FEE	\$ <u>50</u>

Paid ☐ Check #	
Collected by: <u> </u>	



Date Received	0/29/90
Date Issued	
Control #	
Permit #	1700-90

Block 671 Lot 481112
Work Site Location Bayes Plaza # 30

Tele. ()
Contractor Thayer Hardware & Co. Inc.
Address 1000 Hwy 100, Box 100, MN.

Tele. (602) 942-7969
Lic. No. _____
Federal Emp. No. 4163160 or Social Security No. _____

Use Group	Present	Proposed
Constr. Class.	Present	Proposed
Heating Systems	☐ New ☐ Existing	☐ New ☐ Existing
Type	☐ Gas ☐ Oil ☐ Electrical ☐ Solar	☐ Gas ☐ Oil ☐ Electrical ☐ Solar

☐ Other _____
 Location: _____
 Total Est. Cost of Fire Prot. Work \$ _____ ☐ Other _____

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
☐ Joint Plan Review Required:		

☐ Bldg. ☐ Plumb. ☐ Elec.
☐ Fire Plans Approved
 Date: 8/23/88
 Approved by: [Signature]
 SUBCODE APPROVAL:
☒ CO ☐ TCO ☐ CA
 Date: 11-7-88
 Approved by: [Signature]

Suppression Test	_____	_____	_____	_____
Fire Alarm Test	_____	_____	_____	_____
Smoke Test	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

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

SIGNATURE

FIRE PROTECTION SUBCODE TECHNICAL SECTION

D. TECHNICAL SITE DATA
Description of Work *Test A-3*

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

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

Number

FEE (Office Use Only)

	Wet Sprinkler Heads
Dry Sprinkler Heads	TOTAL
	<i>Five State</i>
Smoke Detectors	
Heat Detectors	
TOTAL	
<i>Five State Bail</i>	

Stand Pipes _____
Kitchen Hood Exhaust System _____
Emergency Egress Lighting _____
Pre-Engineered Systems _____

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Don't know
Gas or Oil Fired Appliance
OTHER _____

Administrative Surcharge

Paid [] Check # _____ Minimum Fee _____

Collected by _____ TOTAL FEE _____

137



Date Received 8/29/90
Date Issued
Control # 1700-90
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 48, 11, 12
Work Site Location BRICK PLANK BRICK NJ #30

Owner in Fee HOME STYLE BOUTIQUE INC
Address 4035 Timber Road Suite 1104
Oldmansville, NJ 08723
Tel: (913) 455-2675
Contractor JERSEY COAST MECHANICAL INC
Address 118 MONTEREY DR
BRICK NJ 08723
Tel: (201) 477-6007
Lic. No. 8799
Federal Emp. No. 222-969-044 or Social Security No.

B PLUMBING CHARACTERISTICS

Use Group Present X Proposed X
Building Sewer Size 1 1/2
Water Service Size 1 1/2
Estimated Cost of Plumbing Work \$ 22,000

JOB SUMMARY (Office Use Only)		INSPECTIONS:		Dates (Month/Day)	
PLAN REVIEW:		Type:	Failure	Approval	Initials
☐ No Plans Required		Slab		9-10-90	
☐ Joint Plan Review Required:		Rough		10-1-90	
☐ Bldg. ☐ Elec. ☐ Fire		Water Underserved		9-13-90	
☒ Plumb. Plans Approved		Sewer			
Date: 8-21-90		Fixtures		10-1-90	
Approved by: [Signature]		Gas Equipment			
		Gas Final			
SUBCODE APPROVAL:		Solar			
NJ CO 1 JCCO 51 CA		TCO			
Approved by: [Signature]					
Date: 11-7-90					

C CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Plumbing Contractor [] Exempt Applicant

[Signature]
Signature-Contractor Seal

D TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	20.-
2	Urinal/Bidet	10.-
4	Bath Tub	20.-
4	Lavatory	95.-
1	Shower	35.-
1	Floor Drain	5.-
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	15.-
1	Gas Piping	10.-
2	Fuel Oil Piping	60.-
2	Water Heater	
2	Water Heater HEAT UNITS	
2	Hot Water Boiler	
2	Sewer Pump	
2	Interceptor/Separator	25.-
2	Backflow Preventer	25.-
2	Greasetrap	60.-
2	Water-Cooled A/C	60.-
2	or Refrigeration Unit	
2	Sewer Connection	
2	Water Service Connection	
2	Gas Service Connection	
2	Active Solar System	
2	Other	10.-

Administrative Surcharge \$
Paid [] Check # Minimum Fee \$
Collected by: TOTAL \$ 450.-

21580447



CUT-IN-CARD

MUNICIPALITY Brick

LOCATION Brick Plaza UTILITY CO PP

Space # 30 ' BLK LOT

OWNER Homestyle Family Buffet 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 800A RANGE X WATER HEATER X

AIR COND 2 ELECT HEAT X MISC

COMMENTS restaurant wiring

DATE 11.7.90 PERMIT # 9774 INSPECTOR D Erb

Elec. 104

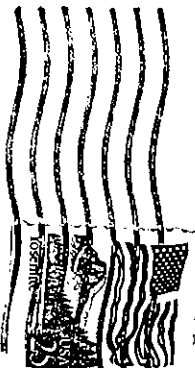
Insp. Lic# 4155



raymond and associates p.a.

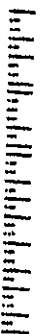
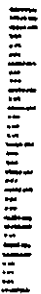
p. o. box 579

palm harbor, florida 34682-0579



TOWNSHIP OF BRICK
BUILDING DEPARTMENT
401 CHAMBERS BRIDGE ROAD
BRICK TOWNSHIP, NJ 08723

ATTN: JUDY



BLOCK 671

PLUMBING & MECHANICAL CHECK LIST

LOT 4-8-11-12

DATE 8-8-90

8-9-90
Contr.
was
De
Tad

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

X ISOMETRIC SKETCH BY ARCHITECT

LIST OF EXISTING FIXTURES

X GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

X BARRIER-FREE CODE REQUIREMENTS MEASUREMENTS NOT PROVIDED ON PLAN.
FOR REST ROOMS

X OTHER HVAC LAYOUT

Owner Homestyle Bufett
Location Brick Plaza
Permit No 1466 Lot 4,8,11,12 BLK 671
Fee 50 00
Contr Hoag, Hayman & Kocahel, Inc
C O No Date Issued 8/1/90
Use Group Non structural interior demo
Violations
Plumber

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723



Stevan J. Zboyan, Mayor

Township Council:

Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Warren H. Wolf
David W. Wolfe

Planning Board
(201) 477-3000, Ext. 280
Fax: (201) 920-4850

DATE: August 27, 1990

TO: Arthur J. Cierzo, Construction Official

FROM: Planning Board, Victor Cantillo, Chairman

SUBJECT: EX-R-43-2-8/90-Hoag, Hayman & Koechel, Inc. for Home Style Buffet Restaurant in Brick Plaza Shopping Center, Block 671, Lot 8 for Addition of Structures-Received August 14, 1990 (Change of Use Granted July 24, 1990)

A site inspection of Home Style Family Buffet was made on August 25, 1990. Richard E. Garnett's letter of August 22, 1990, pertaining to open items was discussed with William Haynes. It was determined that bollards are shown on the plan around the trash enclosure.

Mr. Haynes will submit a plan to provide safety railings adjacent to the exit doors on the Route 70 side of the building. Mr. Haynes has also agreed to relocate the handicapped spaces closer to the entrance and existing handicap ramp.

Based upon the above, the Planning Board has no objection to granting this exemption request subject, however, to the following conditions:

1. Condition 4 of the change of use exemption regarding up-grading of the parking areas must be addressed by the owners of the Shopping Center.
2. A plan showing compliance to all conditions of both exemption requests shall be submitted for approval of the Board.
3. Attached is a copy of the report from the Bureau of Fire Safety for your information. It is forwarded to the owners of the shopping center for their consideration.
4. All other necessary approvals shall be obtained.

ejk

cc: Kenneth B. Fitzsimmons, Esq.
Sean Kinnevy, Zoning Officer

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723



Stevan J. Zboyan, Mayor

Township Council:
Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Majorine
Warren H. Wolf
David W. Wolfe

Planning Board
(201) 477-3000, Ext. 280
Fax: (201) 920-4850

August 27, 1990

Brick Plaza, Inc.
c/o Fed. Realty S-500 Billing Code
4800 Hampden Lane
Bethesda, Md. 20814

Re: Block 671, Lot 8
Hoag, Hayman & Koechel, Inc.
Homestyle Family Buffet

Gentlemen:

The Planning Board has granted site plan exemptions for the above applicant to open a Homestyle Family Buffet restaurant in Brick Plaza Shopping Center. As part of the review of the plans for the same, we have received the attached letter from the Bureau of Fire Safety regarding the upgrading of the existing fire hydrant in front of the proposed restaurant.

The Board agrees that this matter should be addressed by the management of the shopping center. Kevin Batzel, Fire Official, may be reached at the address shown on his letterhead.

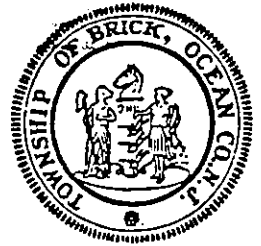
Yours truly,

E. Joan Kull, Secretary

Att.

cc: Hoag, Hayman & Koechel
Bureau of Fire Safety
Arthur Cierzo, Construction Official
Sean Kinnevy, Zoning Officer
Kenneth B. Fitzsimmons, Esq.

BRICK TOWNSHIP BUREAU OF FIRE SAFETY



500 Herbertsville Road
Brick Township, New Jersey 08724
(201) 458-4100

August 23, 1990

Joan Kull
Planning Board Secretary
401 Chambersbridge Road
Brick, NJ 08723

AUG 24 1990
BRICK TWP. PLANNING BOARD

Dear Ms. Kull,

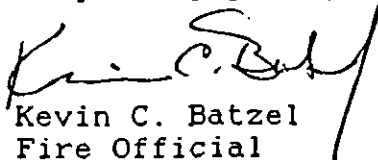
This letter is in reference to your request and question regarding the proposed Homestyle Buffet site exemption request.

In briefly looking at the plan two items that should be addressed are as follows:

1. The proposed side exit doors open into an area adjacent to, if not in, a traffic lane area.
2. The existing fire hydrant in front of the business should be upgraded to a typical Mueller style hydrant as utilized throughout the town. This older style does not conform to today's fire department operations. This item may have to be addressed with the management of the shopping center.

If you have any additional questions as to this matter please contact our office.

Very truly yours,


Kevin C. Batzel
Fire Official

KCB/mb

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



Stevan J. Zboyan, Mayor

Township Council
Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Warren H. Wolf
David W. Wolfe

Department of Engineering

Jerome J. Tansey, P.E., P.P.
Municipal Engineer
(201) 477-3000, Ext 273

Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000, Ext 277
Fax: (201) 920-4850

TO: Brick Township Planning Board

FROM: Richard E. Garnett, L.S., P.P.

DATE: August 22, 1990

RE: Site Plan Exemption Request: Ex-R-43-2-8/90
Hoag, Hayman & Koechel
"HomeStyle Buffet" (Brick Plaza)

We are in receipt of an application for the above referenced request and in reviewing same offer the following comments for your review:

Existing Conditions

Subject property consists of a 10,163 sq. ft. restaurant in the Brick Plaza Shopping Center, located at Route 70 and Chambers Bridge Road. Current zoning is B-3 - Planned Shopping Center.

Proposal

This proposal attempts to meet conditions placed on the applicant by the previous "change of use" exemption approval, dated 7-24-90, by adding handicapped parking and a trash enclosure.

The applicant is also proposing a 225 sq. ft. addition to the rear of the building to be used as a freezer/cooler.

Ordinance Compliance

Item	Ordinance	Provided
Addition Size	Under 1,000 sq. ft.	225 sq. ft.
Buffer Area	No Intrusion	No Intrusion
Drainage	No Alteration	No Alteration

Internal Driveway/	No Alteration or Relocation	No Alteration or Relocation
Parking	No Increase	No Increase
Previous Approvals	Must not Negate	Does not negate
Previous Exemptions/ Building Permits	Not within 3 years	Change of Use Granted 7/24/90 Building Permit has not been issued

Based on the above we can recommend the requested exemption.

It should be noted that the proposed handicap parking is located 85'+/- from the entrance and existing ramp. The handicap parking should be relocated closer to the ramp/entrance or an alternate ramp should be installed. Proposed exit doors and steps on the west side of the building sill create potentially dangerous situations.

The trash enclosure should consist of the same brick veneer as the building, be fully enclosed with the gate to consist of chain link fencing with privacy slats, Provisions for recycling and concrete bollards should be constructed within the trash enclosure area to prevent damage to the surrounding structure.

The Board should be aware of our "standard comments" with regards to independent changes to the Brick Plaza site as relates to the general condition/appearance of the entire site.

REG/kmd/kb

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

[illegible]

H.D.67

Page of Pages



raymond and associates p.a.

August 23, 1990

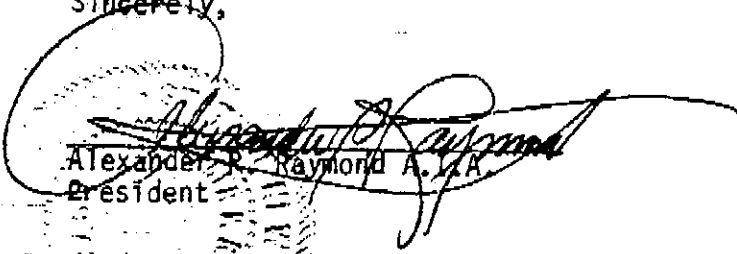
Judy
Township of Brick
Building Department
401 Chambers Bridge Road
Brick Township, NJ. 08723

RE: HOMESTYLE FAMILY BUFFET
BRICK PLAZA SHOPPING CENTER
BRICK TOWNSHIP, NJ.
ARCHITECT'S JOB #9035

Dear Judy:

Please be advised that the above project will comply with the
New Jersey State Construction Code, Chapter 7, Section 523 in the Blue
Book.

Sincerely,



Alexander R. Raymond A.I.A.
President

cc: Betsy Adams
Bill Haines

APR:baw

Ray
8/23/90

TOWNSHIP OF BRICK

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 Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 671 Lot 48, 11, 12 Address Brick 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

*address door leading to
parking lot empty into parking
possible traffic*

See attached review check list(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

Home Style



Spray Out Inc. T/A

(201) 506-0910
Fax (201) 506-7689

Fine Sprinkler Systems

1201 ROUTE 37 EAST, SUITE 11, TOMS RIVER, N.J. 08753

Bricktown Fire Provention Bureau
Bricktown, N.J.
Joseph Amaresto:

11/7/90

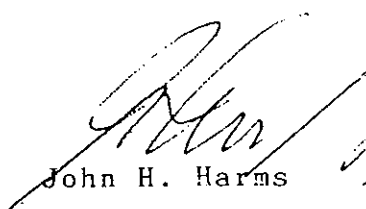
Re: Homestyle Family Buffet
Brick Plaza Shopping Center
Brick, New Jersey

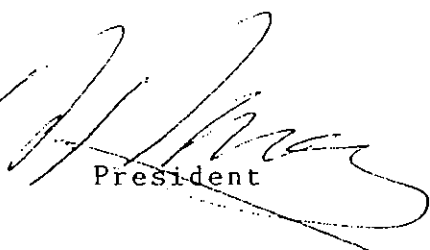
Dear Sir:

The above mentioned project is a system installed about twenty years ago. Our addition to this system is to relocate the existing sprinkler heads to the new ceiling layout. Our work has been accomplished with all materials and devices are in accordance with the National Board of Fire Underwriters Pamphlet No. 13.

This system can not be segregated to test only the new work we installed, therefor we request the Two Hundred PSI test could not be accomplished as requested by the Fire Subcode Officer. The working pressure on this system is 75PSI. The working pressure for this system is maintaneed without any leaks.

We would appreciate your accepting this letter as an afi-
to certify this system.


John H. Harms


President

① inside pipe only

9-13-80 ^{with 16} Thurst inspection for SE cause of #1477
around caps under cement by CT cannot inspect.

9-21-80 St causes on inside to BT cannot see to Williams fence so Thompsons inspecting #1477
9-28-80 Run of for wheels mostly in concrete, #1477 show in road right, will be in out front, (at 210 ft)

10-3-80 walk-Thru inspection, all O.K.

11-5-80 AC Not what there Disconnects ± 2 Rect. to corner Rect.
Rest of inspection will be done 11-7-80 #1477

11-7-80 ① Disconnect switch for ice maker.

② Proper cord + plug connection for kitchen
equipment 3ø 250V 30Amp 125/250V 30A

③ 30 Amp breaker for ice cream machine.

④ Cord pulled from plug for coffee machine.

4/15/85

Please inspect trench Wednesday 9/12/90 (and slab)



Date Received	Date Issued	Control #	Permit #

009774

2

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

Block 671 Lot 4-8-11-12
Work Site Location Homestyle Family Buffet Restaurant - Brick Plaza
(Space # 30, West Side) Bricktown, NJ Rte. 1A Bridge
Owner In Fee Same as Above
Address _____

Tele. (201) 477-4115
 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 [x] Meter Set
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Restaurant Utility Co. JCP&L
Est. Cost of Elec. Work \$ 60,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
[] No Plans Required	Type:	Failure	Approval	Initial	
Joint Plan Review Required:	Rough				
[] Bldg. [] Plumb. [] Fire	Temporary				
[] Elec. Plans Approved	Constr. Serv.				
Date: _____	Temp. Serv.				
Approved by: _____	Other Temp				
	Service				
	Final				
SUBCODE APPROVAL:	Temp. Cut-in-Card Date Issued				
N1 CO1 CCO1 CA	Final Cut-in-Card Date Issued				
Date: 8/10/77	Line Dept.				
Approved by: [Signature]					

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	FEE (Office Use Only)
200			
30		Fixtures (1)	
10		Receptacles (2)	
240		Switches (3)	
		Total 1 + 2 + 3	
		Range	
2	@ 14 KW	Oven(s)	12
1	1 1/2 HP	Pantry Cooler Comp.	12
1	14 KW	Dishwasher (Conveyor Machine)	3
1	2 KW	Garbage Disposal	6
1	1 1/2 HP	Bench Mixer	3
2	@ 6 KW	A/C Unit	1
1	3/4 HP	Ice Maker	6
		Intercoms Panels	1
		Smoke Detectors	
2	@ 2 KW	Food Warmers	6
2	@ 8 KW	Steamers	6
1	36 KW	Booster Htr.	12
1	2 HP	Cook's Freezer	3
1	3 KW	Coffee Urn	3
1	Fr.	Central heat:	1
		oil, gas or elec.	
3	@ 3 KW	Soft Serves	9
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
10	@ Fr.	Motors—Fractional H.P.	10
		Motors—All Others	
		Transformers	
		Generators	
1	800A	Service Entrance 3 Phase 208 volt	26
1		Other Trench Inspection	20

Paid [☒] Check # 5035 Minimum Fee \$
 Collected by: TOTAL FEE \$

Food
PLAN



OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

IK 671
IS 4, 8, 11 & 12

IK 468 L0/5 1-9 10-1, 10-2 * ESTABLISHMENT INFORMATION

NE # <u>10-3</u> <u>(612) 942-7969</u>		ESTABLISHMENT CODE <u>22</u>	GOODS ☐ DESTROYED ☐ EMBARGOED
ESTABLISHMENT TRADING NAME <u>Home style Family Buffet</u>		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
NUMBER AND STREET <u>BRICK PLAZA (SPACE #3)</u>			
CITY OR MUNICIPALITY <u>Brick</u>	ZIP CODE <u>08723</u>		
ESTABLISHMENT LICENSE NO. <u>to be obtained.</u>	COMMUN. CODE <u>1506</u>	RISK <u>I</u>	WATER SUPPLY ☒ Public - Community ☐ Individual (Public - Non-Community)

OWNER INFORMATION (Complete this section only if different from establishment information)		TIME (2400 HOURS)		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		DATE	BEGIN	END
<u>Homestyle Family Buffet</u>		<u>6-25-90</u>	<u>830</u>	<u>900</u>
NUMBER AND STREET <u>4025 Tampa Rd Suite #1104</u>				
CITY OR MUNICIPALITY <u>Oldsmar</u>	STATE <u>FLA.</u>	COMPLAINT NO. _____		
CODE <u>34677</u>	COMMUN. CODE <u>(813)855-2675</u>	COMPLAINT REC. _____		
		COMPLAINT INSPECTED _____		

INSPECTION TYPE ☒ COMPLAINT ☐ INITIAL INSPECTION ☐ REINSPECTION ☐ PLAN REVIEW ☐ CONFERENCE <u>Plan Review</u>	TYPE OF ESTABLISHMENT ☒ RETAIL ☐ WHOLESALE ☐ VENDING MACHINE NO. OF MACHINES _____ ☐ FROZEN DESSERTS ☐ 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) <u>FRANK C. TERRANOVA</u> SIGNATURE OF INSPECTING OFFICIAL <u>Frank C. Terranova</u>	PERMANENT REG. NO. <u>B-1032</u>
---	---	--	-------------------------------------



OCEAN COUNTY HEALTH DEPARTMENT

C.N. 2191

Toms River, N.J. 08754

201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

March 13, 1990

RECEIVED

JUN 27 1990

BUILDING

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

re: Proposed Floor Plans
Block 671 Lot 4, 8, 11 & 12
Homestyle Family Buffet
Brick Plaza

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,

Frank Terranova

Sanitary Inspector

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

/pjp



raymond and associates p.a.

RECEIVED

AUG 27 1990

DIV. OF INSPECTION

August 23, 1990

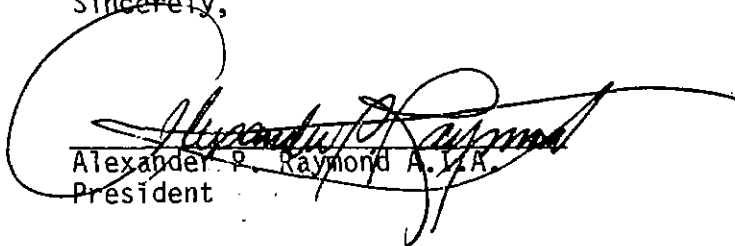
Judy
Township of Brick
Building Department
401 Chambers Bridge Road
Brick Township, NJ. 08723

RE: HOMESTYLE FAMILY BUFFET
BRICK PLAZA SHOPPING CENTER
BRICK TOWNSHIP, NJ.
ARCHITECT'S JOB #9035

Dear Judy:

Please be advised that the above project will comply with the
New Jersey State Construction Code, Chapter 7, Section 523 in the Blue
Book.

Sincerely,



Alexander P. Raymond A.I.A.
President

xc: Betsy Adams
Bill Haines

APR:baw

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
Frank 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.

CHECK LIST

RE Block 627 Lot 484/12 Address Home Style Brick 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

Needs to be done: Exit Sign & Emergency Egress
Layout & Suppression Egress & Hood permit

See attached review check list(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) has been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date _____