BLOCK 671 LOT 48, 11, 12 ADDRESS (SITE) Brick plaza PERMIT NO. 1700 - 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 (street) Tampa Rd (municipality) Oldsmar Fla. (zip code) 34677
3. Ownership in Fee: Public X Private Koechel
4. Principal Contractor: HOAG, Hayman, Koechel 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 1631160 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. (20) 477 4115

BJMJA N/A 11-7-90

Eng N/A

II. PROPOSED WORK

Alteration for Restaurant

	Est. Cost
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	
TOTAL COSTS	250,000

8/8/90

OPTIONAL (for office use only)

Plans Recd. By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			8/28/90		11-7-90		
	8/23/90 8-8-90	8-8-90	8-23/90 8-28-90		11-7-90 11-7-90 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

UCC Form F-100A

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 6000 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 sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other Zoning Pl			Ex 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			
Building		Energy		Other	
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.
Oldsman, Fla. 34677
Tele. ( )
Contractor Hoag, Hayman, Koechel
Address 6440 Flying Cloud Dr.
Minn., MN 55344
Tele. ( )
Lic. No. or Bldrs. 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** XXX☒ **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:

Arthur J. Ciesco
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Homestyle Buffet

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/29/90
Control #
Permit # 1700-90

IDENTIFICATION Block 671 Lot 11 & 11.13

Work Site Location ... Plaza Store 30

Owner in Fee Homestyle Buffet
Address 4025 S Tampa Rd
Oldsmar FLa
Tele. ( )

Contractor Haag ...
Address
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 + C/O

PAYMENTS (Office Use Only)	
Building	1875 —
Plumbing	450 —
Electrical	
Fire Protection	130 —
Other	
Other	... 5 —
DCA Training Fee	
Cert. of Occ.	20 —
Other	
Total	2480 —
Check No.	✓
Cash	
Collected By:	[signature]

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 $ 250,000 —

[signature] ... Carzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-14-90
Control #
Permit # 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 4, 8, 11, 12
Work Site Location Brick Plaza # 30

Owner in Fee Homestyle Buffet Inc
Address 4025 Tampa Rd. Suite 1104
Oldsmar Fla.
Tele. (813) 855 2625
Contractor Long, Hayman & Kroeck, Inc.
Address 6440 Flying Cloud Dr.
Minn MN
Tele. (612) 942 7969
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 41 163 1160 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 5/14/93		
Approved By: AG		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Comm 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 1160 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) 2800

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.

William Long
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Temporary - Const Job site trailer 60 days

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
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/29/90
Date Issued
Control #
Permit # 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 Homestyle Buffet, Inc.
Address 4025 Tampa Road Suite 1104
Oldsmar, FL. 34677
Tele. (813) 855-2675
Contractor Hoag Hayman + Koechel Inc.
Address 6440 Flying Cloud Dr.
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Commercial Alteration Restaurant

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[x] All	8/28/90	RC	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:			11-7-90	
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [x] CA			TCO				
Date: 11-7-90			Other				
Approved By:			Final				

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 $ 1875-

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
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

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

Date Received 8/29/90
Date Issued
Control #
Permit # 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 Homestyle Buffet, Inc.
Address 4025 Tampa Road Suite 1104
Oldsmar, FL. 34677
Tele (813) 855-2675
Contractor Hoag Hayman & Koechel Inc.
Address 6440 Flying Cloud Dr.
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 Russell F Hayman

D TECHNICAL SITE DATA

DESCRIPTION OF WORK

Commercial Alteration Restaurant.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[x] All	8/28/90	RC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required
[ ] Elec [ ] Plumb [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date 11-2-90
Approved By

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/14/90	RC
Foundation				
Slab			9-27	FO
Frame	PARCIAL		9-27	FO
Insulation				
Finishes			11-7-90	FO
Energy				
Mechanical				
TCO				
Other				
Final				

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
$ 1875-

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

B BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr Class Present Proposed
No of Stories
Height of Structure Ft
Area—Largest Floor Sq Ft
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

UCC Form F 110A 1 White Inspector Copy 2 Canary Office Copy 3 Pink Office Copy 4 Gold Applicant Copy

COMMERCIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 1466-90

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

Owner in Fee Home Style Buffet Inc
Address 4025 Tampa Rd suit 1104
Oldsmar Fla 34677
Tele. (813) 855 2675
Contractor Long Haymun & Koestel Inc
Address 6440 Flying Cloud DR.
Minn Mn.
Tele. (___) 1-800 328-4827
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 41 163 1160 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	JUL 24 1990	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/14/93
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
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 $ ____
3. Total (1+2) $ ____

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

Remove Interior Walls as to make way for future construction

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other Non Structural Demo.
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ 50

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/29/90
Date Issued
Control #
Permit # 1700-90

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

Block 607 Lot 4, 8, 11, 12
Work Site Location Brick Plaza #30 Brick NJ.
Owner in Fee Homestyle Buffet
Address 4025 Tampa Rd. Oldsmar Fla.
Tele. ( )
Contractor Hoar Hartman & Crockett
Address 6440 Hy Cloud Dr. Minn MN.
Tele. (612) 942-7969
Lic. No.
Federal Emp. No. 41 1163 1160 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

Need Separate Permit for Suppression in Cook Area

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 8/23/90
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 11-7-90
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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 Rest A-3

Water Supply Source
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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		1
Fire State	2	
Smoke Detectors	2	
Heat Detectors		
TOTAL		Diver's 90.-
Exit Signs Battery Back up	20	
Stand Pipes		
Kitchen Hood Exhaust System		
Emergency Lites Battery Back up	21	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Plan Review & Insp		40.-
Gas or Oil Fired Appliance		
OTHER		
Administrative Surcharge	$	
Paid [ ] Check # Minimum Fee	$	
Collected by TOTAL FEE	$	130.-

U.C.C. Form F-140A

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/29/90
Date Issued
Control #
Permit # 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 BRICK NJ #30

Owner in Fee HOME STYLE BUFFET INC
Address 4025 Tampa Road Suite 1104
Oldsmar Fla. 34677
Tele. (813) 855 2675
Contractor JERSEY COAST MECHANICAL INC
Address 118 MONTEREY DR
BRICK NJ 08723
Tele. (201) 477-6007
Lic. No. 8798
Federal Emp. No. 222-969-044 or Social Security No.

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 8-21-90
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by:
Date: 11-7-90

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-10-90	
Rough			10-1-90	
Water UNDERGROUND			9-13-90	
Sewer				
Fixtures				
Gas ~~Equipment~~ PIPING			10-1-90	
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) Comm. alteration

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

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

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

R1590419

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 000A RANGE X WATER HEATER X

AIR COND 2 ELECT HEAT X MISC _____

COMMENTS restaurant lights

DATE 11.9.90 PERMIT # 3774 INSPECTOR D. Cob

Insp. Lic # 4155

Elec. 104

raymond and associates p.a.
p. o. box 579
palm harbor, florida 34682-0579

TAMPA, FL 336
PM
23 AUG
1990

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

ATTN: JUDY

BLOCK 671

LOT 4-8-11-12

DATE 8-8-90

PLUMBING & MECHANICAL CHECK LIST

8-9-90
Contr. was told

- [ ] 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 Buffett
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

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

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

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 thoughout the town. This older style does not conform to todays 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

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET
SANITARY INSPECTION REPORT
RETAIL FOOD ESTABLISHMENTS

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Homestyle Family Buffet	—	6-25-90
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
JAS	Brick	930

REG. NO.	REMARKS (Please specify area)
Note:	Revised floor plan submitted found to be in
—	substantial compliance with Chapter 12 Sanitary
—	code requirements.

(Attach additional sheets if necessary)

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 P. Raymond A.I.A.
President

xc: Betsy Adams
Bill Haines

8/23/90

APR:baw

architects • planners
p.o. box 579 • palm harbor, florida 34682-0579 • (813) 786-1937 • FAX (813) 787-5205

TOWNSHIP OF BRICK

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

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 671 Lot 4.8.11.12 Address Brick Plaza

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

Administrative _____

Zoning _____

Engineering _____

Building address / door leading to Parking Lot Emptying into Parking Lot

Plumbing Roadside stuff

Electric _____

Fire _____

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

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

Spray Out Inc. T/A

Fire Sprinkler Systems

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

Bricktown Fire Provention Bureau 11/7/90
Bricktown, N.J.
Joseph Amaresto:

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 Underiters Pamphlet No. 13.

This system can not be segrigated 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 leakes.

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

John H. Harms President

(1) insulate pipe wrap only

9-13-90 Trench inspection for SE cable OK #1477
Ground rods will be under cement by CT cabinet installer.

9-21-90 SE cables OK inside to CT cabinet up to transformer, no transformer installed #1427
9-28-90 Rw OK for walls mostly in conduit #1427 show window recept. will be in wall frame (Art 210-62)

10-3-90 walk-Thru inspection, all O.K. 4155

11-5-90 All roof units have disconnects & 2 recept. to cover roof.
Rest of inspection will be ready 11-7-90 #1477

11-7-90 (1) Disconnect switch for ice maker.
(2) Proper cord & plug connection for kitchen equipment 3Ø 208V 50A Net 125/250V 30A
(3) 30 Amp breaker for ice cream machine.
(4) Cord pulled from plug for coffee machine.

4155

RJ590447

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

751 Main St

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

009774

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 4-8-11-12

Work Site Location Homestyle Family Buffet Restaurant - Brick Plaza (Space # 30, West Side) Bricktown, NJ Rt 70 CP Rt 88 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:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 901107
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval Date (Month/Day)	Initial
Rough			9-28-90	
Temporary				
Constr. Serv.				
~~TCO~~ Final			9-13-90	
Other Pipe Insp			9-12-90	
Service				
Final 11-5-90/11-7 I			11-7-90	4155

Temp. Cut-in-Card Date Issued 9-21-90
Final Cut-in-Card Date Issued 11-7-90 4155
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.

Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
200		Fixtures (1)	R- 25
30		Receptacles (2)	
10		Switches (3)	'90 SEP 11 AM 1 48
240		Total 1 + 2 + 3	12
		Range	
2	@14 KW	Oven(s)	12
1	1½ HP	~~XXXXXXXXX~~ Pantry Cooler Comp.	3
1	14 KW	Dishwasher(Conveyer Machine)	6
1	2 KW	Garbage Disposal	3
1	½ HP	~~XXXXX~~ Bench Mixer	1
2	@ 6KW	A/C Unit	6
1	3/4 HP	~~XXXXXXXXXX~~ Ice Maker	1
		Intercoms Panels	
		Smoke Detectors	
2	@ 2KW	~~XXXXXXXXX~~ Food Warmers	6
2	@ 8KW	~~XXXXXXXXX~~ Steamers	6
1	36KW	~~XXXXXXXXXXX~~ Booster Htr.	12
1	2 HP	~~XXXXXXX~~ Cook's Freezer	3
1	3KW	~~XXXXXXXXXX~~ Coffee Urn	3
1	Fr.	Central heat: oil, gas or elec.	1
3	@ 3KW	~~XXXXXXXXXXXXXXX~~ 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 208Volt	26
1		Other Trench Inspection	20

Administrative Surcharge $
Paid [ ] Check # 5035 Minimum Fee $
Collected by: TOTAL FEE $ 202.00

M RST

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FOOD PLAN

Blk 671
Lts 4, 8, 11 & 12

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

Blk 468 Lots 1-9, 10-1, 10-2 & 10-3 — ESTABLISHMENT INFORMATION

NE #: (612) 942-7969

ESTABLISHMENT CODE: 22

GOODS: ☐ DESTROYED ☐ EMBARGOED

ABLISHMENT TRADING NAME: Homestyle Family Buffet

EVALUATION
- ☑ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

MBER AND STREET: Brick Plaza (Space #30)

Y OR MUNICIPALITY: Brick

ZIP CODE: 08723

ABLISHMENT LICENSE NO.: to be obtained

COMMUN. CODE: 1506

RISK: I

WATER SUPPLY
- ☑ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

ME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Homestyle Family Buffet

MBER AND STREET: 4025 Tampa Rd Suite #1104

Y OR MUNICIPALITY: Oldsmar

STATE: FLA.

CODE: 34677

COMMUN. CODE: (813)855-2675

TIME (2400 HOURS)

DATE	BEGIN	END
6-25-90	830	900

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- COMPLAINT
- INITIAL INSPECTION
- REINSPECTION
- PLAN REVIEW
- CONFERENCE: Plan Review

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): FRANK C. TERRANOVA

SIGNATURE OF INSPECTING OFFICIAL: Frank C. Terranova

PERMANENT REG. NO.: B-1032

D.64

OCEAN COUNTY HEALTH DEPARTMENT
C.N. 2191
Toms River, N.J. 08754
201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

March 13, 1990

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/ws

Sanitary Inspector

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

/pjp

raymond and associates p.a.

RECEIVED
AUG 2 7 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 R. Raymond A.I.A.
President

xc: Betsy Adams
Bill Haines

APR:baw

architects • planners
p.o. box 579 • palm harbor, florida 34682-0579 • (813) 786-1937 • FAX (813) 787-5205

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

Division of Inspectio

A.J. Cierzo,
Construction Offici

(201) 477 3000 ext.

CHECK LIST

Home Style

RE Block 647 Lot 48.4.12 Address Brick Plaza

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

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire ~~Need to Show ok Ext Sign & Emergency Lgts~~ Sprinkler & Suppression Sys & 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