BLOCK 671 LOT 8 ADDRESS (SITE) _____ PERMIT NO. 169-90

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: JERRY'S NEW YORK DELI
2. Name of Owner in Fee: _____ Tel. (____) _____
   Address: BRICK PLAZA BRICKTOWN NJ. 08723
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: (ACE) T/A ATLANTIC COAST EXPOSITIONS INC Tel. (201) 257-4508
   Address P.O. BOX 378 HELMETTA NJ-08828
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 222 883 268 000 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work JOSEPH CLEMENTS Tel. (201) 257-4508

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection		85.00	
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review		5.00	
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy		20.00	
12. Other			
13. TOTAL	$	110.00	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ 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	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	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	1200 —
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	1-8-90		1/8/90 JK		3/2/90	JK	

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: A-3
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10310927

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							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									
☐									
☐									

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 of Approval	No. _____	_____	

CONSTRUCTION PERMIT

Date Issued 2/21/90
Control #
Permit # 169-90

IDENTIFICATION Block 671 Lot 8

Work Site Location Brick Plaza

Owner in Fee Esrus N.Y. Deli

Address Brick Plaza Brick

Tele. ( )

Contractor ACE

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. 169##

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Fire Suppression

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 $ 1200

R. J. Cerzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	BLDG 671 #	0.00
Plumbing	LOT	0.00
Electrical	8 #	
Fire Protection	FIRE	85.00
Other	PLAN RVW	5.00
Other P/R	FEE	20.00
DCA Training Fee	TOTAL	110.00
Cert. of Occ.	CHECK	110.00
Other	CHANGE	0.00
Total	110	
Check No. 02/21/90 NO.25	0006A005	12:11
Cash		
Collected By:		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/21/90
Date Issued
Control #
Permit # Replacement & Add on.
1/9-90

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 JERRYS NEW YORK DELI
DRUCE PLAZA BRUCETOWN NJ 08723
Owner in Fee
Address SAME
Tele. (201) 257-4508
Contractor ATLANTIC COAST EXPEDITORS INC
Address P.O. BOX 518
HAMILTON, NJ 08838
Tele. (____)
Lic. No.
Federal Emp. No. _____ 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 _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-8-90
Approved by: 1-8-90 JE
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3-2-90
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			3-2-90	JE
Fire Alarm Test				
Smoke Test				
Mechanical			3-2-90	JE
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

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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	3 Heads	45.
Gas or Oil Fired Appliance		
OTHER		40.
	Administrative Surcharge $	85
Paid [ ] Check #	Minimum Fee $	
Collected by	TOTAL FEE $	

U.C.C. Form F-140A

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

A C E
ATLANTIC COAST EXPERTS INC.
P.O. BOX 513
HELMETTA, N.J. 08828
(201)251-4508

AUTOMATIC KITCHEN FIRE SYSTEM SERVICE

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT ALL WORK PERFORMED AND COMPLETED BY ATLANTIC COAST EXPERTS INC. WAS DONE IN ACCORDANCE WITH BOCA CODE, NFPA-96 AND MANUFACTURER'S SPECIFICATIONS.

ATLANTIC COAST EXPERTS INC. GUARANTEES FINAL APPROVAL BY ALL AUTHORITIES HAVING JURISDICTION.

ATLANTIC COAST EXPERTS INC. GUARANTEES ALL OF ITS WORK TO MEET OR EXCEED ALL LOCAL, STATE, FEDERAL AND INSURANCE REQUIREMENTS

Thank you,

ATLANTIC COAST EXPERTS INC.

NAME Jerry's Deli

ADDRESS Route # 70 8 Brick Plaza

CITY Bricktown, STATE N.J.

ZIP CODE 08723 PHONE (201) 477 9804

RE: Permit # 169-90
for New Fire System

CC: Town of Bricktown

A C E
ATLANTIC COAST EXPERTS INC.
P. O. BOX 518
HELMETTA, N.J. 08828

AUTOMATIC KITCHEN FIRE SYSTEM SERVICE

STEAM CLEANING – EXHAUST HOODS – DUCTS – FANS

CERTIFICATE OF INSPECTION

For the semi-annual service of: One Ansul R-102 1½ gallon single automatic fire suppression system

Completed on: February 21, 1990

EXPIRATION DATE: August, 1990

For the Premises: Jerry's Deli

Located at: Route # 70--8 Brick Plaza, Bricktown, N.J. 08723

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

(ALL WORK MEETS OR EXCEEDS THE BOCA NATIONAL FIRE PREVENTION CODE)
THE NEW JERSEY UNIFORM FIRE CODE)

BY: _____

CC: Town of Bricktown

Re; Permit # 169-90 for new fire system

RICK TOWNSHIP

Plan Review Class Date By

Zoning

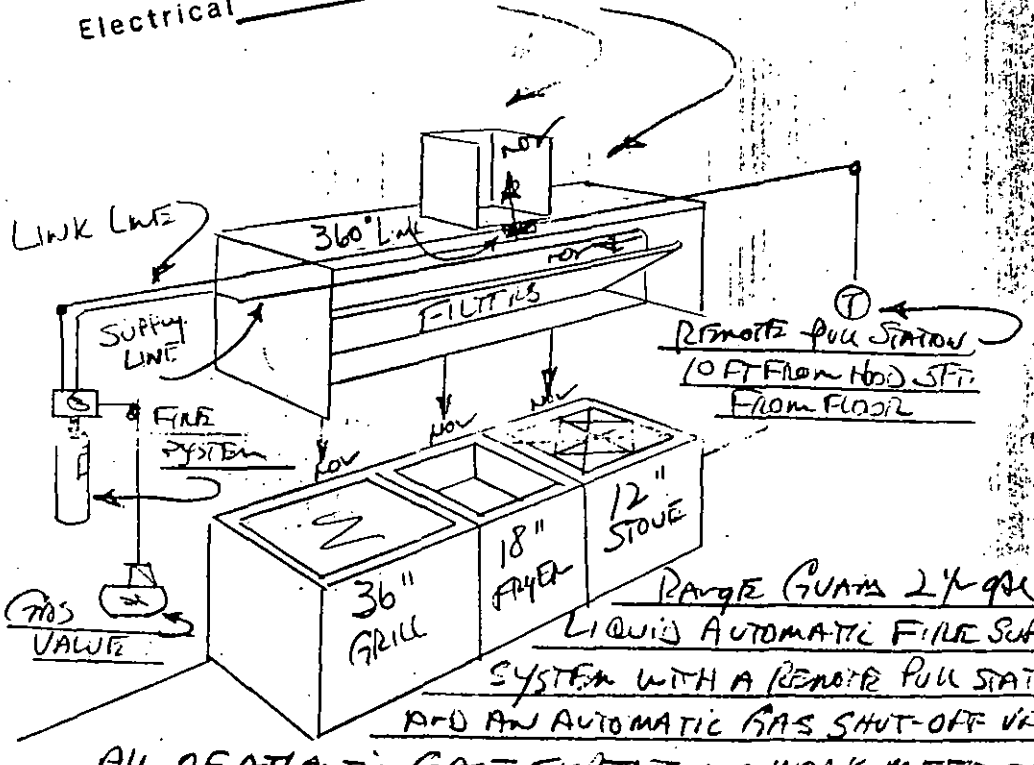
Plumbing

Building Kitchen Equipment for Fire

Fire 1-8-90

Energy ~~Systems~~ TFT Hood & Duct

Electrical



RANGE GUARD 2½ GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM WITH A REMOTE PULL STATION AND AN AUTOMATIC GAS SHUT-OFF VALVE.

ALL OF ATLANTIC COAST EXPERTS INC. WORK MEETS OR EXCEEDS BOCA CODE N.F.P.A. 96 STANDARDS AND MANUFACTURES SPECIFICATIONS

NO ELECTRIC WORK INCLUDED - ALL ELECTRIC WORK BY OTHERS

Ansul Liquid System

~~Range Guard 2½ Gallon~~

LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM

SUPPLY LINE 5 FT MAX	½ BLACK PIPE		SEE NO.
HAZARD	FLOW #3	NOZZLES	ANSUL NO.
HOOD	2	1	9686
D.T.	2	2	9686
GRILL	1	1	9689
FRYER	1	1	9689
STOVE	1	1	9689
TOTAL	7	6	—

JERRY'S NEW YORK DELI
BRICK PLAZA
BRICKTOWN, N.J.

ATLANTIC COAST EXPERTS INC.
P.O. BOX 518
HELMETTA N.J. 08828

NO SCALE 12-6-89

BRICK TOWNSHIP

Plan Review | Class | Date | By

Zoning

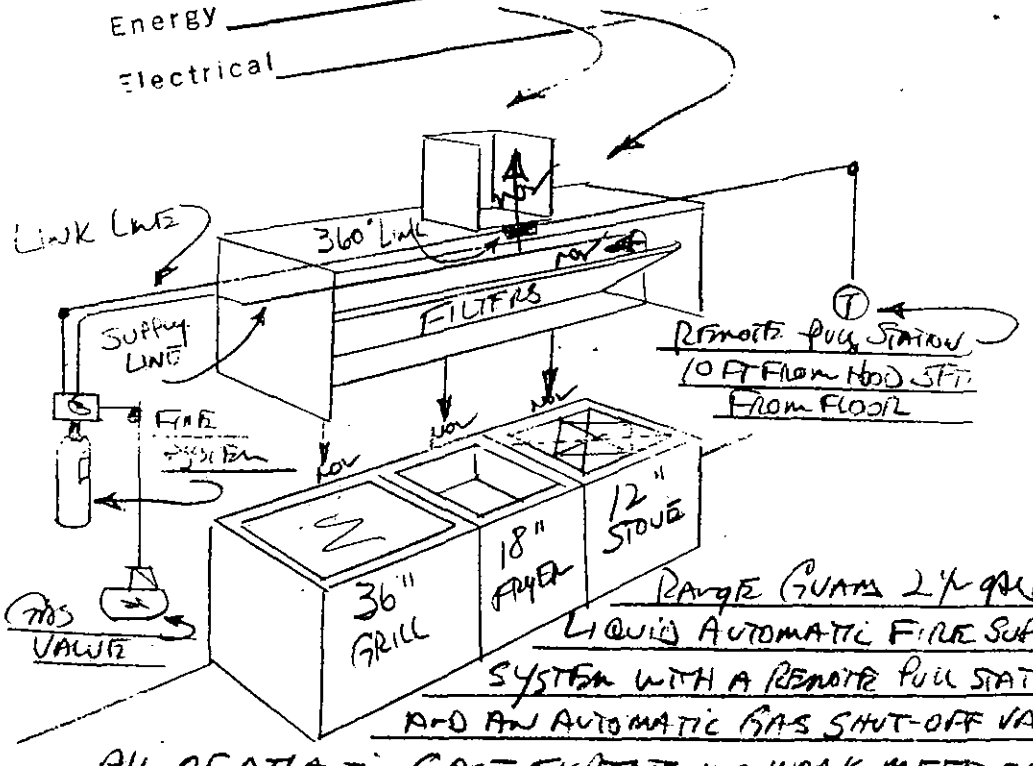
Plumbing — Duct CFM on Exhaust & Fan

Building — 1-8-90 JE

Fire — ~~Systems~~ 7FT Hood & Duct

Energy

Electrical



RANGE GUARD 2½ GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM WITH A REMOTE PULL STATION AND AN AUTOMATIC GAS SHUT-OFF VALVE.

ALL OF ATLANTIC COAST EXPERTS INC. WORK MEETS OR EXCEEDS BOCA CODE N.F.P.A. 96 STANDARDS AND MANUFACTURES SPECIFICATIONS

NO ELECTRIC WORK INCLUDED - ALL ELECTRIC WORK BY OTHERS

Ansul Liquid System

~~RANGE GUARD 2½ GALLON~~

LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM

SUPPLY LINE 5 FT MAX	½ BLACK PIPE		SCH 40
HAZARD	FLOW RTS	NOZZLES	ANSUL NO.
HOOD	2	1	9682
DUCT	2	2	9682
GRILL	1	1	9682
FRYER	1	1	9682
STOVE	1	1	9682
TOTAL	7	6	—

JERRY'S NEW YORK DELI
BRICK PLAZA
BRICKTOWN, N.J.

ATLANTIC COAST EXPERTS INC.
P.O. BOX 518
HELMETTA N.J. 08828

NO SCALE 12-6-89

2

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

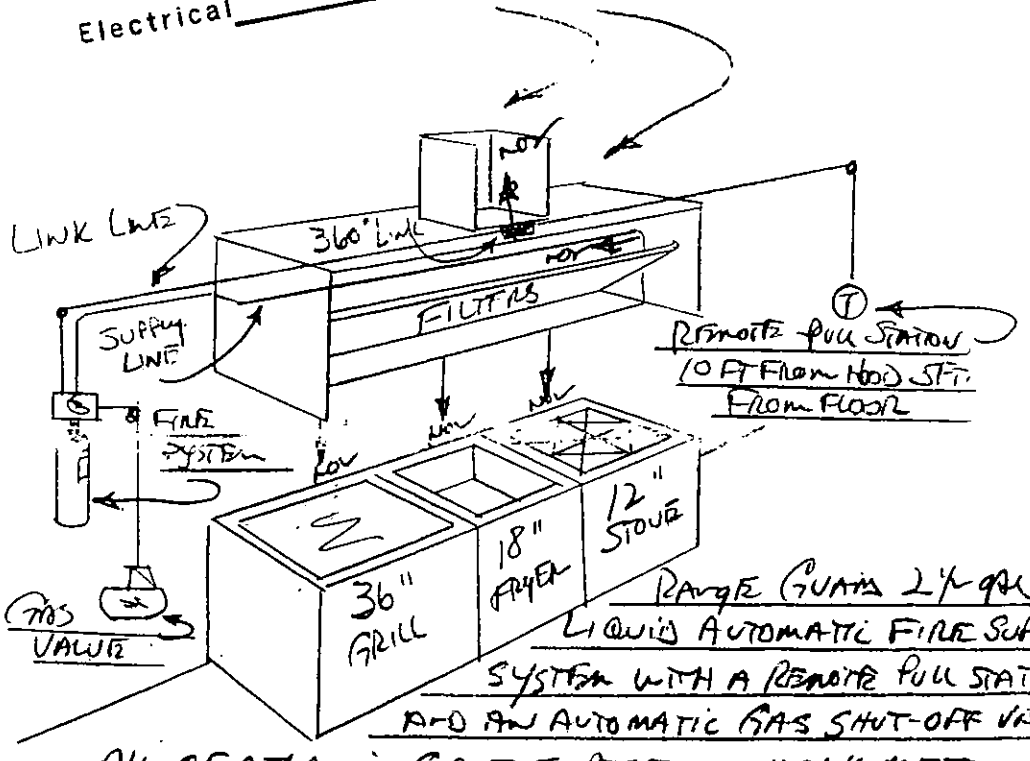
Plumbing

Building Kitchen Exhaust Fan for fire

Fire 1-8-90

Energy ~~SYSTEMS TF Hood & Duct~~

Electrical



RANGE GUARD 2½ GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM WITH A REMOTE PULL STATION AND AN AUTOMATIC GAS SHUT-OFF VALVE.

ALL OF ATLANTIC COAST EXPERTS INC. WORK MEETS OR EXCEEDS BOCA CODE N.F.P.A. 96 STANDARDS AND MANUFACTURES SPECIFICATIONS

NO ELECTRIC WORK INCLUDED - ALL ELECTRIC WORK BY OTHERS

Ansul Liquid System

RANGE GUARD 2½ GALLON

LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM

SUPPLY LINE 5 FT MAX	½ BLACK PIPE		SIZE TO
HAZARD	FLOW AT	NOZZLES	ANSUL NO.
HOOD	2	1	9696
DUCT	2	1	9696
GRILL	1	1	9687
FRYER	1	1	9687
STOVE	1	1	9687
TOTAL	7	6	—

JERRY'S NEW YORK DELI
BRICK PLAZA
BRICKTOWN, N.J.

ATLANTIC COAST EXPERTS INC.
P.O. BOX 518
HELMETTA N.J. 08828

NO SCALE 12-6-89

ACE
ATLANTIC COAST EXPERTS INC.

P. O. BOX 518
HELMETTA, N.J. 08828
201-251-4508

AUTOMATIC KITCHEN FIRE SYSTEM SERVICE
STEAM CLEANING – EXHAUST HOODS – DUCTS – FANS

DATE March 8 19 90

M Jerry's Deli
Rt 70 & Brick Plaza

TEST ON
1-ANSUL R-102
WET SYSTEM
FIRE SYSTEM

PERMIT NO.
#169-90

INSPECTOR —
Williams Test. Fire Sub. Joe Emanuf
Toms