BLOCK 671 LOT 8 ADDRESS (SITE) 920-1112 PERMIT NO. 863-90

Called 5-17-90 CA

CONSTRUCTION PERMIT APPLICATION

Flamingo Frozen Yogurt

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick Plaza (Formerly Optical Store)
2. Name of Owner in Fee: Cathy Lee Tel. (201) 892-3643
   Address 103 Simpson Ave (street) Island Hts (municipality) N.J. 08732 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Joe Burt Tel. (201) 270-2078
   Address 117 Maple Ave Island Hts N.J. 08732
   License No. OR, if new home, Builder Reg. No. 13411-41073-10536 Exp. Date "91"
   Federal Emp. No. 22-2125455 Social Security No. 144-50-1759
5. Architect or Engineer Neuse Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Joe Burt Tel. (201) 270-2078

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	11,000.-
6. ☑ Fire Protection	
7. ☑ Plumbing	2,000.-
8. ☑ Electrical	6,000.-
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	22,000.-

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 165-		
2. Electrical			
3. Plumbing	85-	✓	
4. Fire Protection	60-	✓	
5. Other			
6. Subtotal	$ 310-	✓	
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	$ 335-	✓	

5/21/90 CA

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure 16'-11' ft.	
3. Area—Largest Floor 1200 sq. ft.	
4. Building Area—All Floors 1200 sq. ft.	
5. Volume of Structure 14,520 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	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			5/7/90	KK	WS 6/6/90		
	5/16/90 4-26-90		5/16/90 4-26-90		6/7/90	6/7/90	
					6/7/90 BK		

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

U.C.C. Form F-100A

LDS BR 10310919

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.vil:

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 Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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	SC	4/26/96	comm alt.	Yogurt					
☐									
☐									

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 6/8/90
Control #
Permit # 863-90

IDENTIFICATION

Block 671 Lot 8
Work Site Location Brick Plaza /Flamingo Frozen Yogurt
Brick, N.J.
Owner in Fee Cally Leo
Address 103 Simpson Ave.
Island Hts. N.J.
Tele. ( )
Contractor Joe Burt
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B "Retail"
Maximum Live Load
Description of Work/Use:

Retail Store Conversion for
"Flamingo Yogurt"

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:

Arthur J. Curzio
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 5/21/90
Control #
Permit # 863-90

IDENTIFICATION Block 671 Lot 8

Work Site Location BRICK PLAZA
Flamingo Logan Vogue

Owner in Fee Cathy Lou
Address 103 Monmouth Ave
Toms River NJ

Tele. ( )

Contractor
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

863 #
BLOCK 671 #
LOT 8 #

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm'l Alter

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 $ 22,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	165	0.00
Plumbing	65 BUILDING	65.00
Electrical	PLUMBING	85.00
Fire Protection	60 PLAN RVW	60.00
Other PA	5	
Other	PLAN RVW	60.00
DCA Training Fee	FIRE	60.00
Cert. of Occ.	20 PLAN RVW	5.00
Other	C / O	20.00
Total	335 TOTAL	335.00
Check No. X	CHECK	335.00
Cash	CHANGE	0.00
Collected By:		

05/21/90 NO. 5 0027A005 09:06

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

Flamingo Frozen Yogurt

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/21/90
Date Issued
Control #
Permit # 863-90

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 Beech Plaza

Owner in Fee Cathy Leo
Address 103 Simpson Ave
Island Hts NJ
Tele. (201) 929-3693
Contractor Jac Guest
Address 117 Maple Ave
Island Hts NJ
Tele. (201) 270-2078
Lic. No. or Bldrs. Reg. No. 1
Federal Emp. No. 22-2725455 or Social Security No. 144-50-1159

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 Jac Guest

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Retail Store Conversion To Flamingo's Frozen Yogert

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			5/24/90	RC
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:			6-7-90	
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10-12' Ft.
Area—Largest Floor 1200 ± Sq. Ft.
Total Bldg. Area/All Floors 1200 ± Sq. Ft.
Volume of Structure 11,520 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 22,000.—
3. Total (1+2) $ ____

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

Commercial
Flamingo Frozen Yogurt

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/21/90
Date Issued
Control #
Permit # 863-90

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

Block 67 Lot 8
Work Site Location Brick Plaza

Owner in Fee Miss Cathy Lee
Address 103 Simpson Ave
Island Hts NJ 08732
Tele. (201) 929-3643
Contractor Joe Burt Gen. Cont.
Address 117 Maple Ave.
Island Hts, NJ
Tele. (201) 270-2078
Lic. No. 9411-41023-18536
Federal Emp. No. 22-2725455 or Social Security No. 144-50-1267

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: Roof Unit Hot Air
Total Est. Cost of Fire Prot. Work $ ~~400.~~ 400.— [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 5/16/90
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/7/90
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test SP			4/7/90	
Mechanical			6/7/90	
TCO				
Other Final			6/7/90	
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.

Joseph L Burt OC
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	2.	
TOTAL	2.	20—
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER 2 Ht. Wells		40
Administrative Surcharge	$	60—
Minimum Fee	$	
TOTAL FEE	$	

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

Flamingo Frozen Yogurt

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/21/90
Date Issued
Control #
Permit # 863-90

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 Brick Plaza

Owner in Fee Cathy Lee
Address 103 Simpson Ave
Island Hts. NJ
Tele. (201) 929-3643
Contractor Joe Burt Gen. Cont.
Address 117 Maple Ave.
Island Hts, NJ
Tele. (201) 920 0255
Lic. No. 5076
Federal Emp. No. _____ or Social Security No. 148-34-5908

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 4-26-90
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 6-7-90

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water			5-21-90	
Sewer				
Fixtures				
Gas Equipment				
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.

R T Wycoff Sr.
Signature-Contractor/Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10.-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10.-
	Shower	
3	Floor Drain	1.5-
4	Sink	30.-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	1.5-
	Fuel Oil Piping	
1	Water Heater	5.-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
4	Other Yogurt Maker	10.-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 85.-

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

CUT-IN-CARD

MUNICIPALITY B. T.

LOCATION BRICK PLAZA SPACE 18 UTILITY CO PSE

BLK 671 LOT 8

OWNER FLAMINGOS FROZEN YOGURT 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 200 3Ø RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS RE#1486430

DATE 6-7-90 PERMIT# 005470 INSPECTOR [signature]

Elec. 104 Insp. Lic# 1427

Trois Femmes Incorporated
PO Box 1079
Island Heights, New Jersey 08732

May 14, 1990

Lawrence G. Finan
Ocean County Health Department
CN 2191
Toms River, New Jersey 08754

Dear Mr. Finan:

Enclosed please find a copy of the equipment plan for our Flamingo's Frozen Yogurt store in Brick. The plan indicates where the floor drain that you required has been placed.

In addition, please be advised that all equipment to be used in the store is stainless steel and all counters are formica. All walls will be painted in oil and/or latex semi-gloss paints and all floor surfaces will be ceramic tile and vinyl tile.

I hope that this information answers your questions. I am looking forward to hearing from you. If you have any further questions please feel free to call me at 929-3643. Leave a message and I will get right back to you.

Thank you for your interest in our store.

Sincerely,

Kathleen A Leo

Kathleen A. Leo
President

OK.

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 _____ Lot _____ Address Brick Plaza

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

Administrative _____

Zoning change of use SPX required / 4/19/90

Engineering rec'd site plan X

Building _____

Plumbing _____

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 3-14-90

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

April 20, 1990

Flamingo's Frozen Yogurt
P.O. Box 1079
Island Heights, N.J. 08752

Dear Sir,

SUBJECT: EX-R-33-3/90-Flamingo Frozen Yogurt for Brick Plaza, Block 671, lot 8, Chambers Bridge & Cedar Bridge Roads & Brick Boulevard and Route 70 for Change of Use-Received 3/19/90

The Planning Board discussed the above request for exemption from site plan approval at the April 18th Executive Session. After discussion, it was determined they have no objection to granting the request subject, however, to the following conditions:

1. The applicant, who was present for the discussion, indicated that the location of the store has changed from the original request but the size of the store remains the same. This exemption is conditioned upon the space to be occupied not exceeding 1,200 square feet.

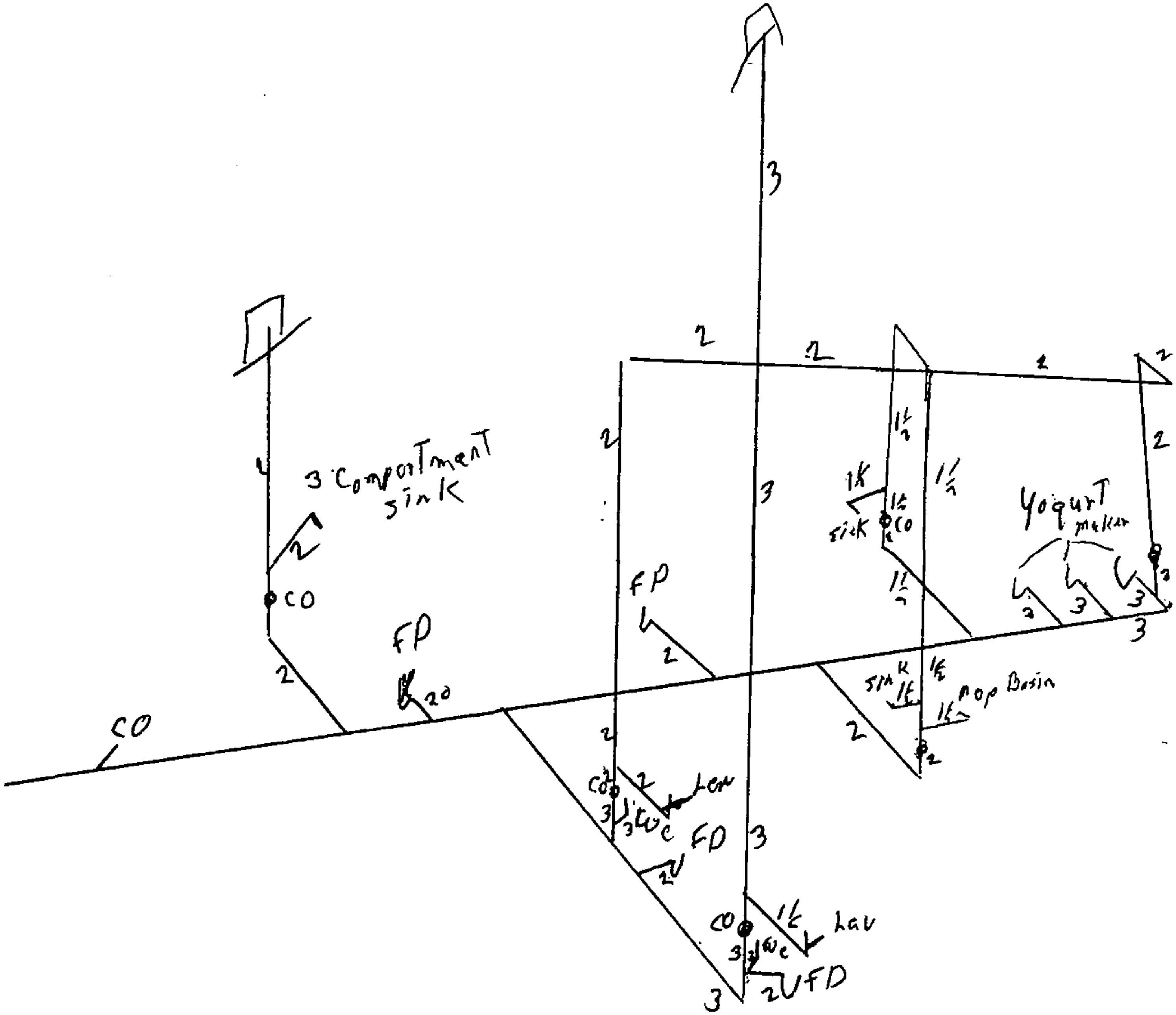
2. Additional trash receptacles shall be placed outside the store as deemed necessary.

3. All other necessary approvals shall be obtained.

Very truly yours,

Arthur J. Cierzo
Construction Official

cc: J. Kull, Planning Bd. Sec.
S. Kinnevy, Zoning Officer



Roy B P H
Brockton N.J

671 148

RECEIVED
JUN 1 1990
DIV. OF INSPECTION

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

STATE BOARD OF ARCHITECTS
1100 RAYMOND BOULEVARD, NEWARK, NEW JERSEY 07102
TELEPHONE (AREA CODE 201) 648-2378

May 30, 1990

Brickwood Department of Building
and Inspection
401 Chambers Bridge Road
Bricktown NJ 08723

Re: Richard S. Hunter
License #AI11152
Project: Flamingo's Frozen Yogurt Restaurant
Brick Plaza
Chambers Bridge Road
Bricktown, NJ 08723

Dear Sir:

This will CERTIFY that the Architect named above is duly licensed to practice in New Jersey.

Because of unavoidable delays in the delivery of his Professional Seal, the Architect is unable to seal his completed plans as required for review and filing purposes.

It would be appreciated if you will accept these plans for review with the understanding that the Architect will return to impress his seal on the plans or provide you with a duplicate set appropriately signed and sealed as you may direct. This act of cooperation will help avoid delays in the construction program.

Thank you for your assistance.

Very truly yours,

Barbara S. Hall
Executive Director

mh
c Richard S. Hunter
License #AI11152

6/01/90

New Jersey Is An Equal Opportunity Employer

DAVID B. HARTDORN, A.I.A.
Architect & Planner

May 3, 1990

RECEIVED
MAY 4 1990
DIV. OF INSPECTION

Building Dept.
Township of Brick
401 Chambers Bridge Road
Brick, N.J.

RE: Flamingo's Frozen Yogurt
Brick Plaza Shopping Center

Dear Mr. Cierzo,

As per Mr. Burt (General Contractor) request following is a conformation letter for your use with reguards to the above project. Mr. Burt has been in touch with our office and we will be providing interior architectural construction documents for "Flamingo's Frozen Yogurt".

Should you have any questions please do not hesitate to contact our office.

DBH/llh

Sincerly,

David B. Hartdorn, A.I.A.

(201) 899-1608 • 92 Bridge Avenue • P.O. Box 361, Bay Head, N.J. 08742

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE #

ESTABLISHMENT CODE: 39

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

ESTABLISHMENT TRADING NAME: FLAMINGO'S FROZEN YOGURT

EVALUATION
- ☐ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☑ UNSATISFACTORY

NUMBER AND STREET: #14 BRICK PLAZA

CITY OR MUNICIPALITY: BRICKTOWN

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.: —

COMMUN. CODE: 1506

RISK: III

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: TROIS FEMMES, INC.

NUMBER AND STREET: P.O. BOX 1079

CITY OR MUNICIPALITY: ISLAND H.TS

STATE: N.J.

ZIP CODE: 08732

COMMUN. CODE: 1510

TIME (2400 HOURS)

DATE	BEGIN	END
5-15-90	1350	1406

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☑ PLAN REVIEW
- ☐ CONFERENCE

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): LAURENCE G. FINAN

SIGNATURE OF INSPECTING OFFICIAL: Laurence G. Finan

PERMANENT REG. NO.: B-1700

H.D.64

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
FLAMINGO'S FROZEN YOGURT		5-15-86
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Lawrence H. Tice	Brick Town	Begin 1350

REG. NO.	REMARKS (Please specify area)
Note	Floor drain has been identified on the Plan for the walk-in refrigerator. Also the surfaces of equipment, floors, and walls (materials) is identified ~~on the attached~~ letter.
	The plans are now in compliance with Chapter XII.
Note	Additional copy of these plans is required. Final approval of plans will occur when the additional copy reaches this office.
Note	Phone number of establishment is required.

(Attach additional sheets if necessary)

H.D.67

Page 1 of 1 Pages

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 920 1112

ESTABLISHMENT CODE

GOODS
☐ DESTROYED
☐ EMBARGOED

ESTABLISHMENT TRADING NAME: FLAMINGO'S FROZEN YOGURT

EVALUATION
☒ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

NUMBER AND STREET: 14 BRICK PLAZA

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.

COMMUN. CODE: 1506

RISK: 4F

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

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: TROIS FEMMES INC

NUMBER AND STREET: P.O. BOX 1079

CITY OR MUNICIPALITY: ISLAND HTS

STATE: NJ

ZIP CODE: 08732

COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
6-8-90	10:15	

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE

☐ COMPLAINT
☒ INITIAL INSPECTION
☐ REINSPECTION
☐ PLAN REVIEW
☐ CONFERENCE

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): JOSEPH A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: B-375

H.D.64

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

CALLED MACHINE LEFT MESSAGE Rec'd 4/12/96

FLAMINGO

CHECK LIST

RE: Block 671 Lot 8 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 NO SEAL on Plans
Letter From David B Hartdorn
May 3 1996

Plumbing _____

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

DAVID B HARTDORN, A I A.

Architect & Planner

May 3, 1990

RECEIVED
MAY 4 1990
DIV OF INSPECTION

Building Dept
Township of Brick
401 Chambers Bridge Road
Brick, N J

RE Flamingo's Frozen Yogurt
Brick Plaza Shopping Center

Dear Mr Cierzo,

As per Mr Burt (General Contractor) request following is a conformation letter for your use with reguards to the above project Mr Burt has been in touch with our office and we will be providing interior architectural construction documents for Flamingo s Frozen Yogurt"

Should you have any questions please do not hesitate to contact our office

DBH/llh

Sincerly,

Call Burt about this

David B Hartdorn, A I A

(201) 899-1608 • 92 Bridge Avenue • P O Box 361 Bay Head N J 08742

Board of Arch. CALLED 929-3643 5/11/90 Dick Hunter... was informed he most Reg'st. to Board for Approval Letter

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Called 5/15/90

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 Insp
A.J. Cierz
Construction C
(201) 477-3000,

CHECK LIST

RE: Block 671 Lot 8 Address BRICK PLAZA

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

Administrative

Zoning

Engineering

Building PLANS NOT SEALED BY N.J. ARCHITECT

Plumbing

Electric

Fire Needs Rear Exit & New Occupancy Load

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your applicatio 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 lim ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the applicat resubmitted.

Arthur J. Cierzo,
Construction Official

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 8 Address FLAMINGO FROZEN YO GURT

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 No Plan in File

Plumbing _____

Electric I HAVE ARCH. LETTER OKAY

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

[redacted]

F A X T R A N S M I T T A L S H E E T

Date: 5/14/90

From: CREATIVE SHELTER - ARCHITECTS / DICK HUNTER

Number of pages (including this sheet): 2

To: Ray Korkowski

Company:

RK 5/14/90

Regarding: Verification of Architectural licensing in the State of NJ for Richard S. Hunter

Note: if any of these fax copies are illegible, or you do not receive the same number of pages as stated above, please contact us immediately at: (513) - 984 - 8143

<FAXSHEET.FRM>

Department of Law and Public Safety
Division of Professional Boards

New Jersey State Board of Architects

1100 Raymond Boulevard, Newark, N. J. 07102

April 30, 1990

Mr. Richard S. Hunter, R.A.

9394 Montgomery Rd., Cincinnati, OH 45242

Dear Mr. Hunter:

You are hereby notified that the New Jersey State Board of Architects has passed favorably upon your application for Registration, and that you are now entitled and required by law to use the term "Registered Architect" on all plans and specifications issued by you. A formal Certificate will be issued to you later. This shall be your authority for use of such title pending receipt of your Certificate

Certificate № 11152

Barbara S. Hallfax
Executive - Director

RC 5/14/90