BLOCK 673 LOT 8 ADDRESS (SITE) 2797 Hooper ave Brick PERMIT NO. 095-94

RECEIVED
DEC 28 1995
DIV. OF INSPECTION

MATTINA BAKERY

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 2797 Hooper ave Bldg A-4
2. Name of Owner in Fee: John Mattina Tel. 908 206-0664
   Address 2797 Hooper ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER Tel. (____) _____
   Address SAME AS ABOVE
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work OWNER Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 38 -		
2. Electrical			
3. Plumbing	80 -		
4. Fire Protection	185 -		
5. Other			
6. Subtotal	$ 303 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	$		
9. DCA Training Fee	4 -		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 292 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure EXISTING ft.	
3. Area—Largest Floor NO CHANGE sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification ____	
7. Total Land Area Disturbed 0 sq. ft.	
8. Flood Hazard Zone ____	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no X	
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	
7. ☑ Plumbing	
8. ☑ Electrical	
9. ☐ Asbestos Abatement	
10. ☑ Demolition	
TOTAL COSTS	4500,

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	12/28/93				3/2/94		WS
			1-11-94		3/7/94	3/8	JE
			1294	AP	3/3/94		
					3-10-94		Ent
Eng	1-4-93	EWA					

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: BAKERY
2. Use Group:
3. Change in Use Group, Indicate Former: auto parts

20K

U.C.C. Form F-100A

LDS BR 10206760

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 12/28/93

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
☐ 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 Trim	SC	12/22/93	comm. alt.	Balcony				
☐								
☐								

COMMENTS

6-4-93

IMPORTANT
A.H.B.T. - EXEMPT

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. 095	3-10-94	
☐ None			

CERTIFICATE

Date Issued 3-10-94
Control #
Permit # 095-94

IDENTIFICATION

Block 673 Lot 8
Work Site Location 2797 Hooper Avenue

Owner in Fee John Mattina(Bakery)
Address 321 Jefferson Ct.
Brick, N.J.
Tele. ( )
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group m (mercantile)
Maximum Live Load
Description of Work/Use:

Bakery alterations interior

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☒ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

James Hyers

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 1/18/94
Control #
Permit # 095-94

IDENTIFICATION Block 643 Lot 8

Work Site Location 2797 Hooper Ave

Owner in Fee Guaranteed

Address [illegible]

Tele. ( ) [illegible]

Contractor none

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:

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

DESCRIPTION OF WORK:

tenant fit-up

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 $ 4,500.00

A.J. Clerico
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building 38 —	PLUMBING	80.00
Plumbing 80 —	FIRE	15.00
Electrical	PLAN RUN	5.00
Fire Protection 145	C.C.A.	4.00
Other	C/O	0.00
Other 215 —	TOTAL	252.00
DCA Training Fee 4	CHECK	252.00
Cert. of Occ. 20 —	CHANGE	0.00
Other		
Total 288	00216805	3:13
Check No. 4453		
Cash		
Collected By:		

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 940209
Control #
Permit # 00065
Date Permit Issued 940105

IDENTIFICATION Block 673 Lot 8
Work Site Location 2797 Hooper ave Brick NJ. 08723 (Mattinas Bakery)
Owner in Fee John Martina
Address Same
Tele. (908) 262-1600

Contractor SHAN ELECTRIC INC
Address 5 Colton Ct Bayville NJ. 08721.
Tele. (908) 269-0997.
Lic. No. or Bldrs. Reg. No. 9575
Federal Emp. No. 22-3017675
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[x] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: PANEL CHANGE
pull new wire for meter pan to new main breaker panel 3phase 100 amp.

Estimated Cost of Work $ 400.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	33
Check No.	2079
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 940309
Control #
Permit # 900065
Date Permit Issued 940105

Brick
IDENTIFICATION Block 673 Lot 8
Work Site Location 2797 Hooper Ave Brick NJ. 08723 Mattinas Bakery
Owner in Fee John Martina
Address Same
Tele. (908) 262-1600

Contractor Shan Electric
Address 5 Colton Ct.
Bayville NJ. 08721
Tele. (908) 269 0997
Lic. No. or Bldrs. Reg. No. 9575
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[x] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: walkin condenser motor-1
(2) upright refrig & Freezer (1)
14- ~~Barrel~~ mixer
mixer - 1

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35.-
Check No.	
Cash	35.-
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 095-94

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

Block 673 Lot 8
Work Site Location Mattina's Bakery, Brick Mall
2797 Hooper ave Brick NJ 08723
Owner in Fee John Mattina
Address 321 Jefferson st Brick 08723
Tele. (908) 206-0664
Contractor OWNER
Address SAME
Tele. ( ) SAME
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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

INTERIOR ALTERATION AS REC'D. FOR NEW BAKERY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	1-18-94	RK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date. 3/2/94
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes			3/2/94	
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Other INTERIOR RENOVATION
[X] Demolition AS REC'D.
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories EXISTING
Height of Structure No CHANGE 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 $ 4-5000
3. Total (1+2) $

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 1/18/94
Date Issued
Control #
Permit # 095-94

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

Block 673 Lot 8
Work Site Location Mattina's Bakery, Brick Mall
2797 Hooper ave Brick NJ 08723
Owner in Fee John Mattina
Address 321 Jefferson at Brick 08723
Tele. (908) 206-0664
Contractor OWNER
Address SAME
Tele. ( ) SAME
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-25-94	RH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date.
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	EXISTING	
Height of Structure	NO	Ft.
Area—Largest Floor	CHANGE	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 $ 4-5000
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

INTERIOR ALTERATION AS REC'D. FOR NEW BAKERY

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other INTERIOR RENOVATION
[X] Demolition AS REC'D.
[ ] 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

Will Call

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 5 94 0 0 0 0 6 5

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

Block 673 Lot 8
Work Site Location Brick Mall
2797 Hooper ave Brick N.J.
Owner in Fee John Mattina / Mattina's Bake Shop
Address
Tele. ( )
Contractor SHAW ELECTRIC INC.
Address P.O. Box 115
Bayville NJ 08721
Tele. (908) 269-0997
Lic. No. 9575
Federal Emp. No. 22-3071675 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Moving from one store to
[ ] Pole/Pad # [ ] Temporary [ ] Other another renovation
Building Occupied as Bakery Utility Co.
Est. Cost of Elec. Work $ $600.00 - 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 3/10/94
Approved By:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			9402141126455	
~~Temporary~~ Panel Change			9402141126455	
Constr. Serv.			9402141126455	
TCO				
Other				
Service				
Final 3/17/94				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Steven A. Shaw
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
10		Receptacles (2)	40.-
3		Switches (3)	
13		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
3		Other Emerg exit Signs	

	Administrative Surcharge	$
Paid [ ] Check # 2064	Minimum Fee	$ 40.-
	DCA Training Fee	$ 1.-
Collected by:	TOTAL FEE	$ 41.-

UCC Form

2/10/94 Can't locate E&O 4150

1/7/94 ✓① Properly Bond Disc for mixer

✓② D.S. Sw for coolers + walk-in box (Traulsen)

✓③ Properly connect oven feed to junction box

✓④ Application for walk-in box & condenser Not done by this E.C. - See Update

✓⑤ Roof Condenser not weather proof, Disc not w/p, no connector etc Update coolers, mixer etc E&O 4150

5/9/94 ① Disc Switch for walk in box blower fan E&O 4150

Will Call

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 5 94 C 0065

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

Block 673 Lot 8

Work Site Location Brick Mall

2717 Hooper Ave Brick N.J.

Owner In Fee John Mattina / Mattinas ... Shop

Address ______

Tele. ( )

Contractor SHUN ELECTRIC INC.

Address P.O. BOX 115

Bayville NJ 08721

Tele. (908) 269-0997

Lic. No. 9575

Federal Emp. No. 22-3-7...75 or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______

Building Occupied as Bakery Utility Co. ______

Est. Cost of Elec. Work $ 1860.00 - 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved By: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

C. CERTIFICATION IN LIEU OF OATH

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

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
10		Receptacles (2)	
3		Switches (3)	
13		Total 1 + 2 + 3	40-
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
3		Other Emerg. exit signs	

Paid [ ] Check # 2...

Collected by: ______

Administrative Surcharge	$	
Minimum Fee	$	40-
DCA Training Fee	$	1-
TOTAL FEE	$	41.-

U.C.C. Form F-120B RF

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 095-94

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

Block 673 Lot 8
Work Site Location 2797 Hooper Ave. Brick
Owner in Fee John Mattina
Address 321 Jefferson ct
Brick NJ 08723
Tele. (908) 206-06064
Contractor Owner
Address Same as above
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 2000. [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1-11-94
Approved by: XE
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 3/7/94
Approved by: XE

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Ed Sayers			3/7/94	XE
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 city
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 Ed Sayers Energy Alert battery hookup	3	46
Heat Detectors		
TOTAL		
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	3	99—
OTHER		

Administrative Surcharge $ 145—
Paid [ ] Check # _____ Minimum Fee $
DCA Training Fee $
Collected by: _____ TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 095-94

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

Block 673 Lot 8
Work Site Location 2797 Hooper ave. Brick

Owner in Fee John Matting
Address 321 Jefferson ct
Brick NJ 08723
Tele. (908) 206-0664
Contractor Owner
Address Same as above

Tele. (____)
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 2000. [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1-11-94
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source city
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	3	46
Heat Detectors		
TOTAL		
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	3	99-
OTHER		

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ 145-
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. Form F-140B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 095-94

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

Block 673 Lot 8
Work Site Location 2797 Hooper ave A-4
Brick NJ 08723
Owner in Fee John Mattina
Address 321 Jefferson st
Brick NJ 08723
Tele. (908) 206-0664
Contractor Micro Mechanical Corp.
Address 177 Delta Place
Brick, N.J. 08723
Tele. (908) 920-3686
Lic. No. 8498
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size ~~3/4"~~ 1"
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1/11/94
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 3-3-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	2-2-94		2-9-94	[signature]
Rough			2-24-94	[signature]
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~			2-24-94	[signature]
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]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	5
~~3~~	Sink	15
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
4	Gas Piping	20
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 80
Paid [ ] Check # _____	Minimum Fee	$
Collected by: _____	TOTAL	$

"main branch reg.

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 095-94

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

F.D. Dr.

Block 673 Lot 8
Work Site Location 2797 Hooper ave A-4
Brick NJ 08723
Owner in Fee John Mattina
Address 321 Jefferson st
Brick NJ 08723
Tele. (908) 206-0604
Contractor Micro Mechanical Corp.
Address 177 Delta Place
Brick, N.J. 08723
Tele. (908) 920-3686
Lic. No. 8498
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4" 1"
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1/11/94
Approved by:

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

INSPECTIONS: 20 Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough-in		2/9	2/9	SS
Water				
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.

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ 80
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

1" main Brass L reg.

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

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 673 LOT 8

ESTABLISHMENT INFORMATION

PHONE #: 206-0664

ESTABLISHMENT TRADING NAME: MATTINA'S BAKERY

NUMBER AND STREET: 2797 HOOPER AVE.

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 23

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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: GAIL MATTINA

NUMBER AND STREET: 2797 HOOPER AVE

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
1-6-94	1010	1025

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 _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): STEPHEN KLIMIECKI

SIGNATURE OF INSPECTING OFFICIAL: S. Klimiecki

PERMANENT REG. NO.: B-1463

H.D.64

76

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 673 LOT 8

ESTABLISHMENT INFORMATION

PHONE #: 206-0664

ESTABLISHMENT TRADING NAME: MARTINA'S BAKERY

NUMBER AND STREET: 2797 HOOPER

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 23

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

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: MARTINA'S BAKERY

NUMBER AND STREET: 2797 HOOPER AVE

CITY OR MUNICIPALITY: BRICK

STATE: N.J.

ZIP CODE: 08723

COMMUN. CODE: 1506

TIME (2400 HOURS)

DATE	BEGIN	END
1-24-94	0940	1000

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 _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): STEPHEN KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL: Stephen Klaniecki

PERMANENT REG. NO.: B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

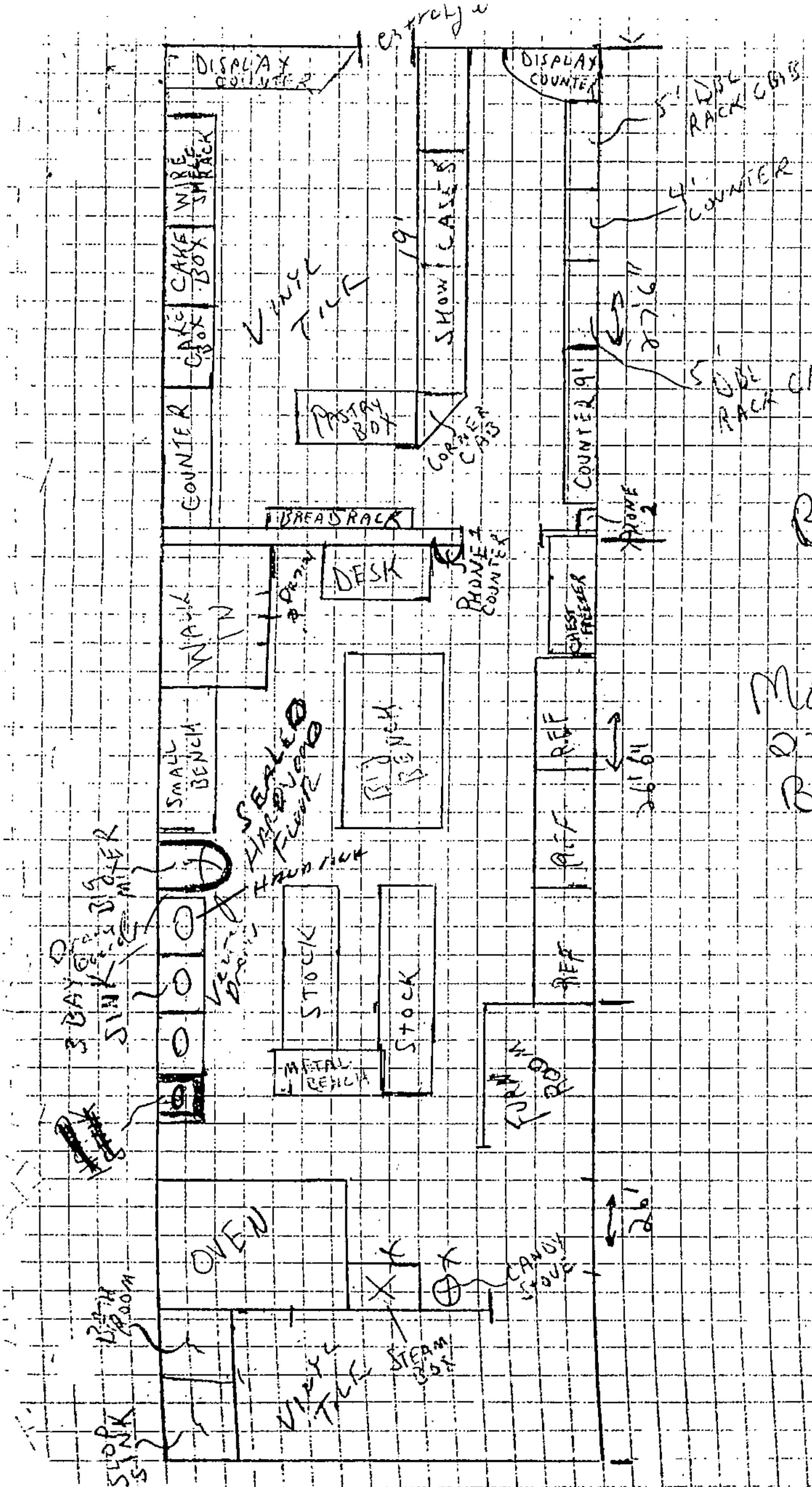
Establishment Trading Name	Establishment License No.	Date
MATTINA'S BAKERY	TO BE OBTAINED	1-24-94
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
[signature]	BRICK	Begin 0940

REG. NO.	REMARKS (Please specify area)
	THE ATTACHED PLAN HAS BEEN FOUND TO BE IN SATISFACTORY COMPLIANCE WITH CHAPTER XII.
	NOTE! THIS OFFICE IS TO BE NOTIFIED AT LEAST 48 HOURS PRIOR TO OPENING FOR A PRE OPERATIONAL INSPECTION.
	STIPS: NO FOOD PREPARATION TO BE CONDUCTED IN SERVICE AREA IE COFFEE, TEA ETC. OR A HANDWASH SINK WILL BE REQUIRED

(Attach additional sheets if necessary)

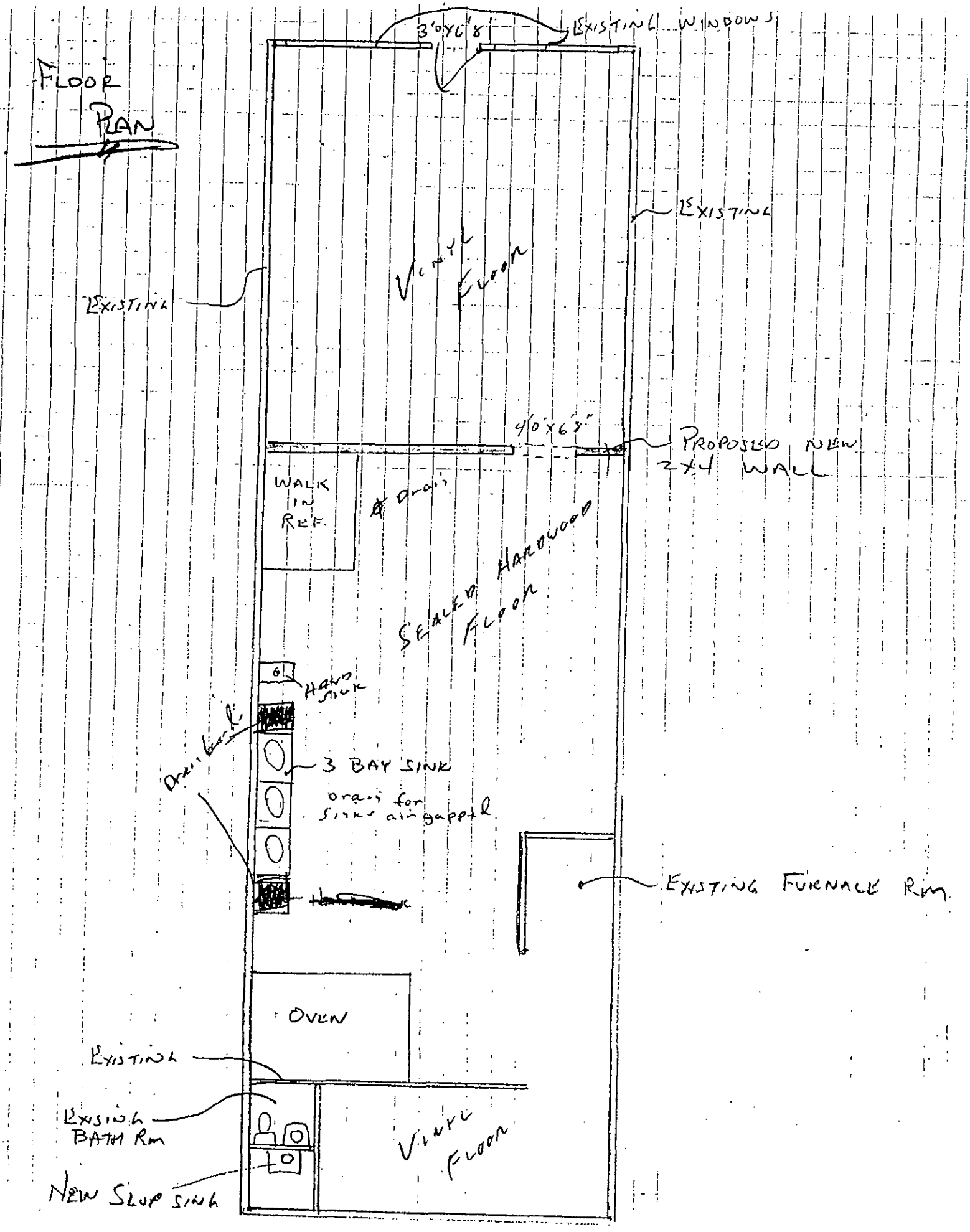
H.D.67

Page 1 of 1 Pages



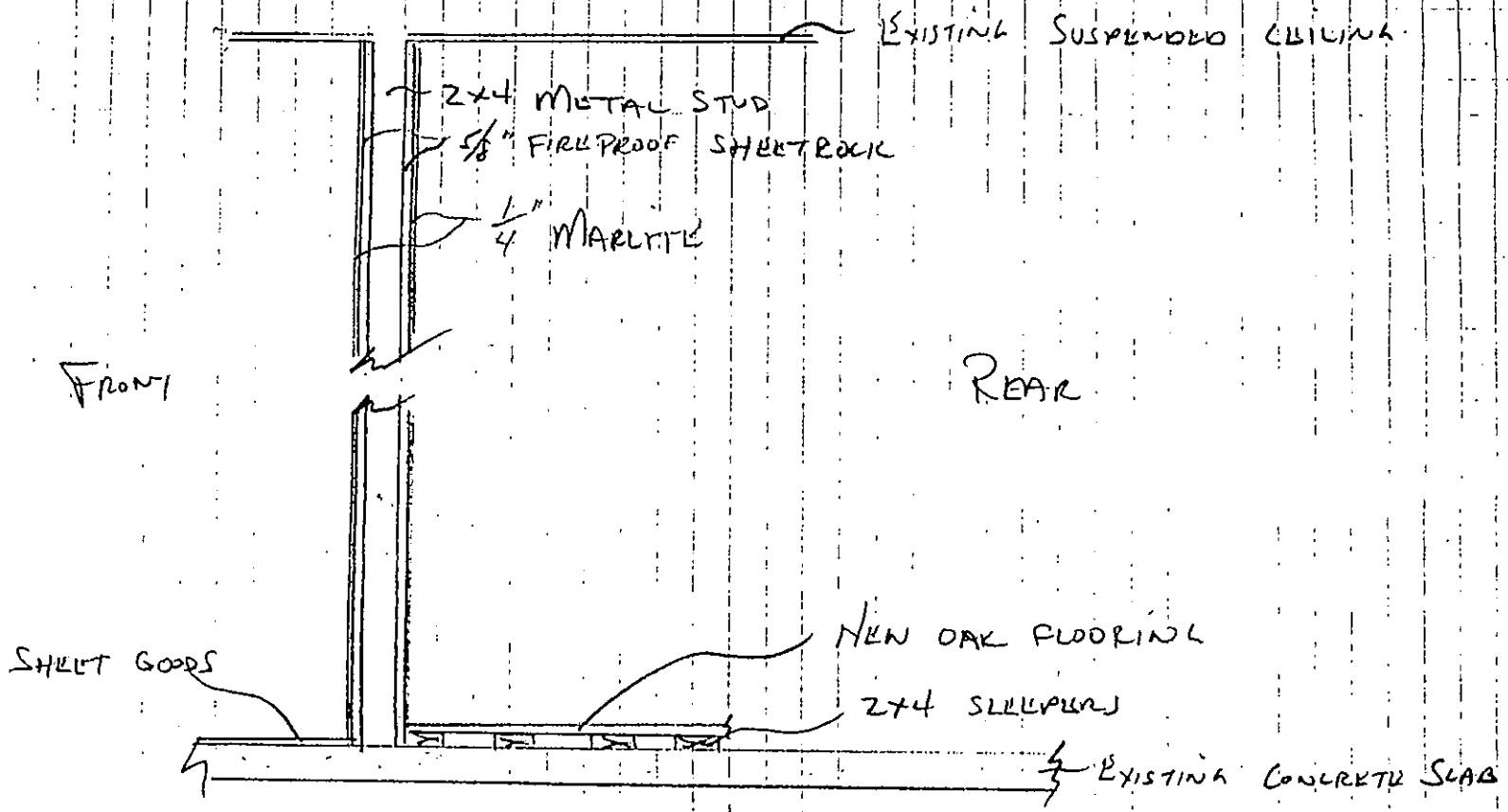
Block 673
Lot 8

Mathias Bakery
2797 Hooper ave
Brick NJ 08723
908-206-0664
home #


FLOOR PLAN
3'0"x6'8"
EXISTING WINDOWS
EXISTING
EXISTING
VINYL FLOOR
4'0"x6'8"
PROPOSED NEW 2x4 WALL
WALK IN REF.
drain
SEALED HARDWOOD FLOOR
6
HAND SINK
drain board
3 BAY SINK
drain for sink air gapped
EXISTING FURNACE Rm
OVEN
EXISTING
EXISTING BATH Rm
VINYL FLOOR
NEW SLOP SINK

X-SECTION

NOTE: - ALL COUNTERS TO BE FORMICA
- ALL BACK WALLS TO BE COVERED WITH MARLITE OR EQUAL
- EXISTING CEILING TO BE REMOVED
- ALL FRONT WALLS COVERED WITH WALLPAPER & PANELING



SIZING FOR WATER AND SEWER SERVICES

Property Owner Mattera Bakery Date _____

Property Address 2797 Hooper Ave Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	1	( ) 10	( )
2. Lavatory	2	( ) 4	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
6. Service Sink	1	(3) 3	( )
7. Laundry Tray	1	(3) 3	( )
8. Dishwasher	1	( )	( )
9. ~~Washing Machine~~ Sink		( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 26

Gallons per minute 175

Size of Service 1"

Date: _____ Approved: Cuny G

Brick Township Plumbing Inspector

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 3-8-94.

NAME PETER TRAHANAS / MATTINAS

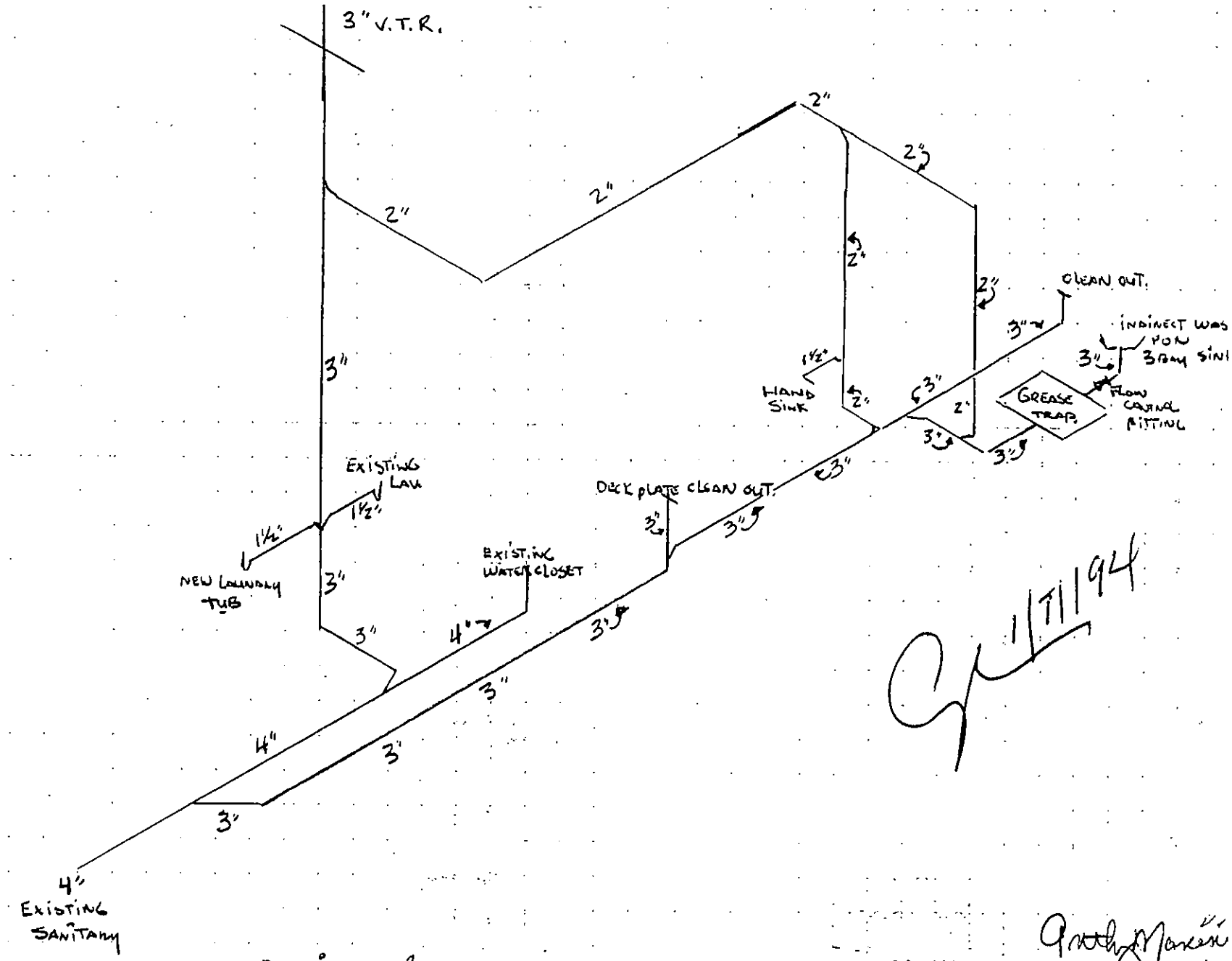
ADDRESS 4 MANHATTAN AVE RYE, NY 10580

PROPERTY LOCATION BRICK MALL MATTINAS BKRY

Account No. J985634 Block 673 Lot 8

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

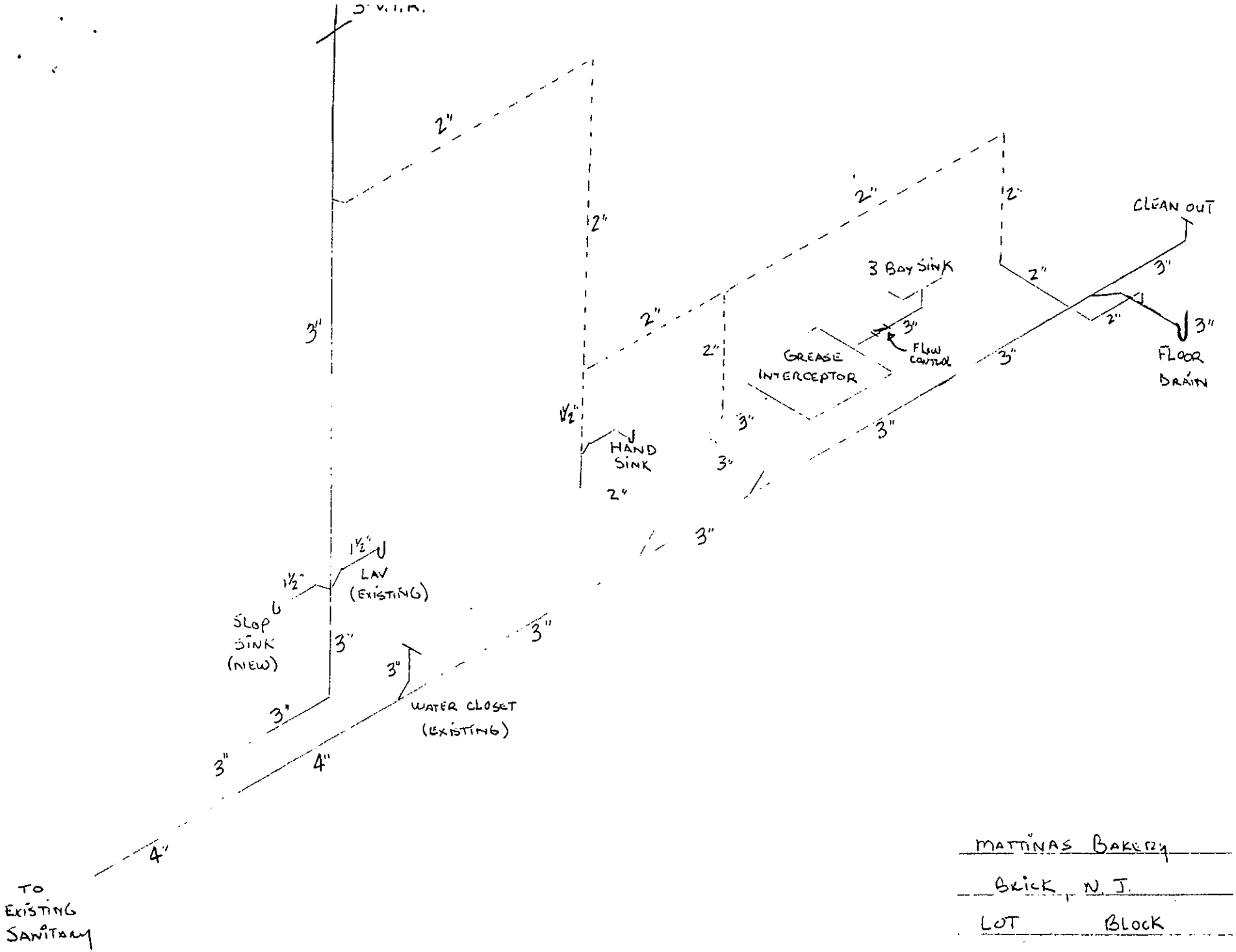


1/11/94

MATTINAS BAKERY

BRICK, N. J.

LOT 8 BLOCK 673



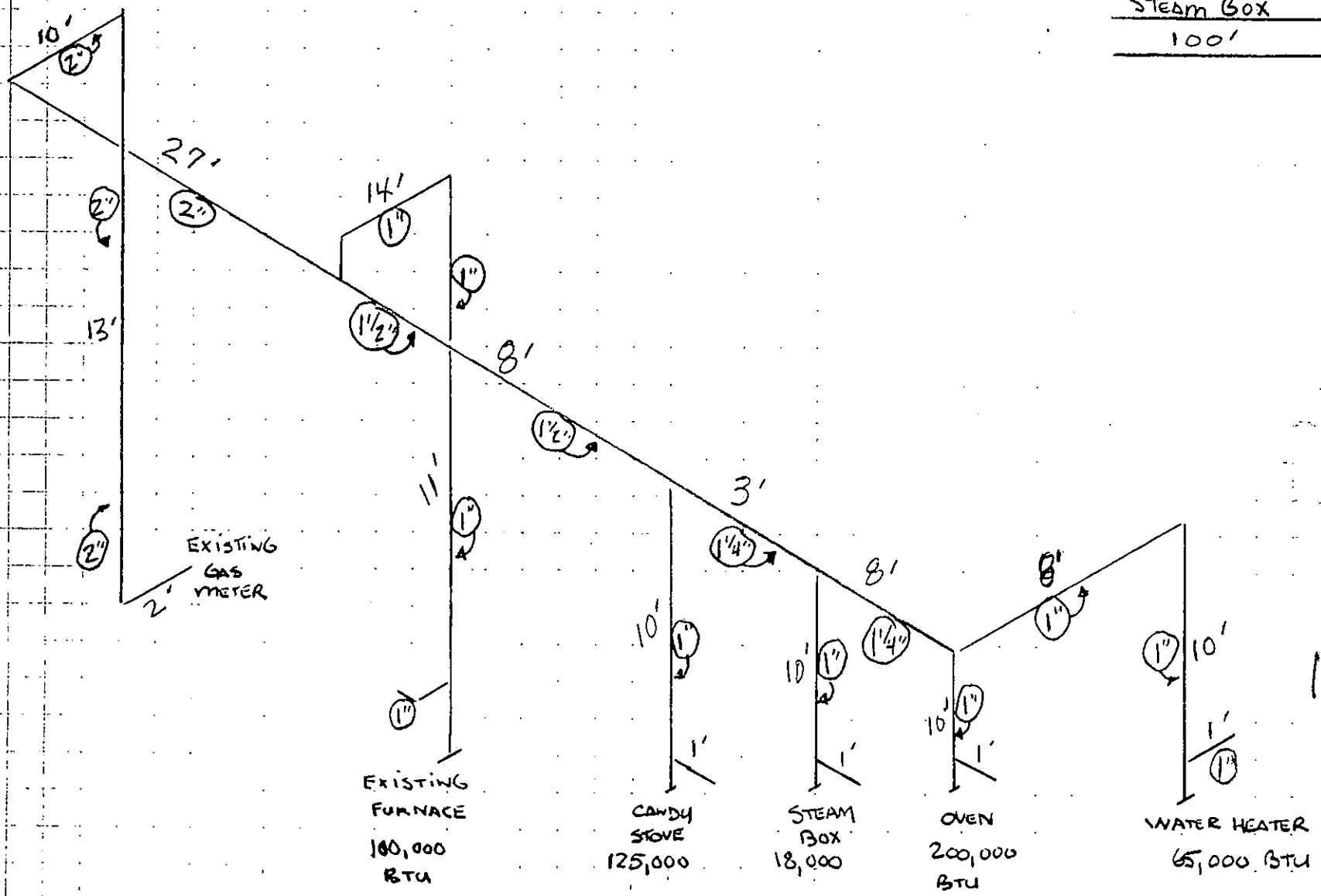
MATTINAS BAKERY

BRICK, N.J.

LOT BLOCK

MATTINAS BAKERY
BRICK, N.J.
LOT 8 BLOCK 673

FURNACE	100,000
WATER HEATER	65,000
OVEN	200,000
CANDY STOVE	125,000
STEAM BOX	18,000
100'	508,000 BTUS



Andy Mancini

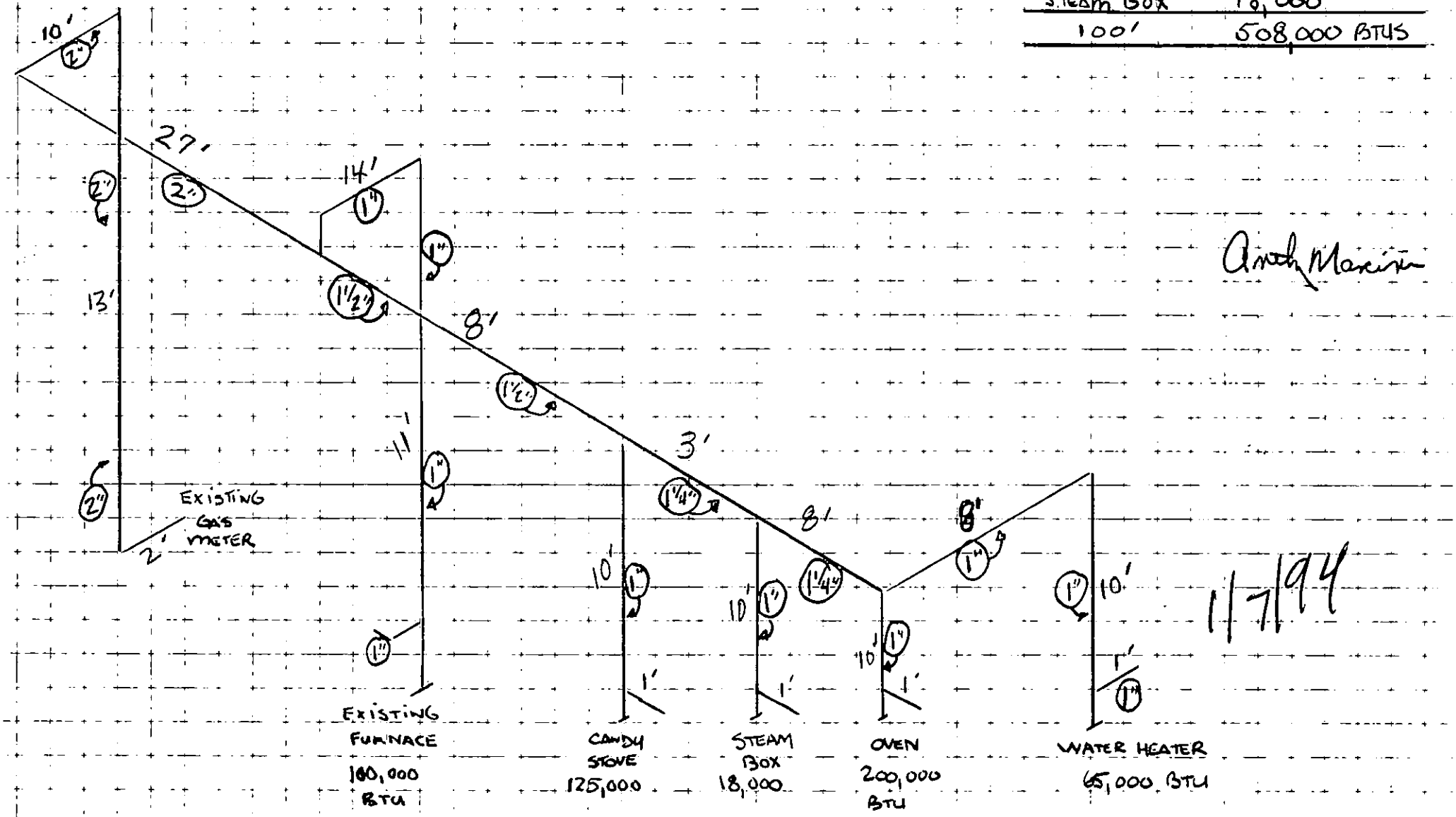
1/7/94

MATTINAS BAKERY

BRICK, N.J.

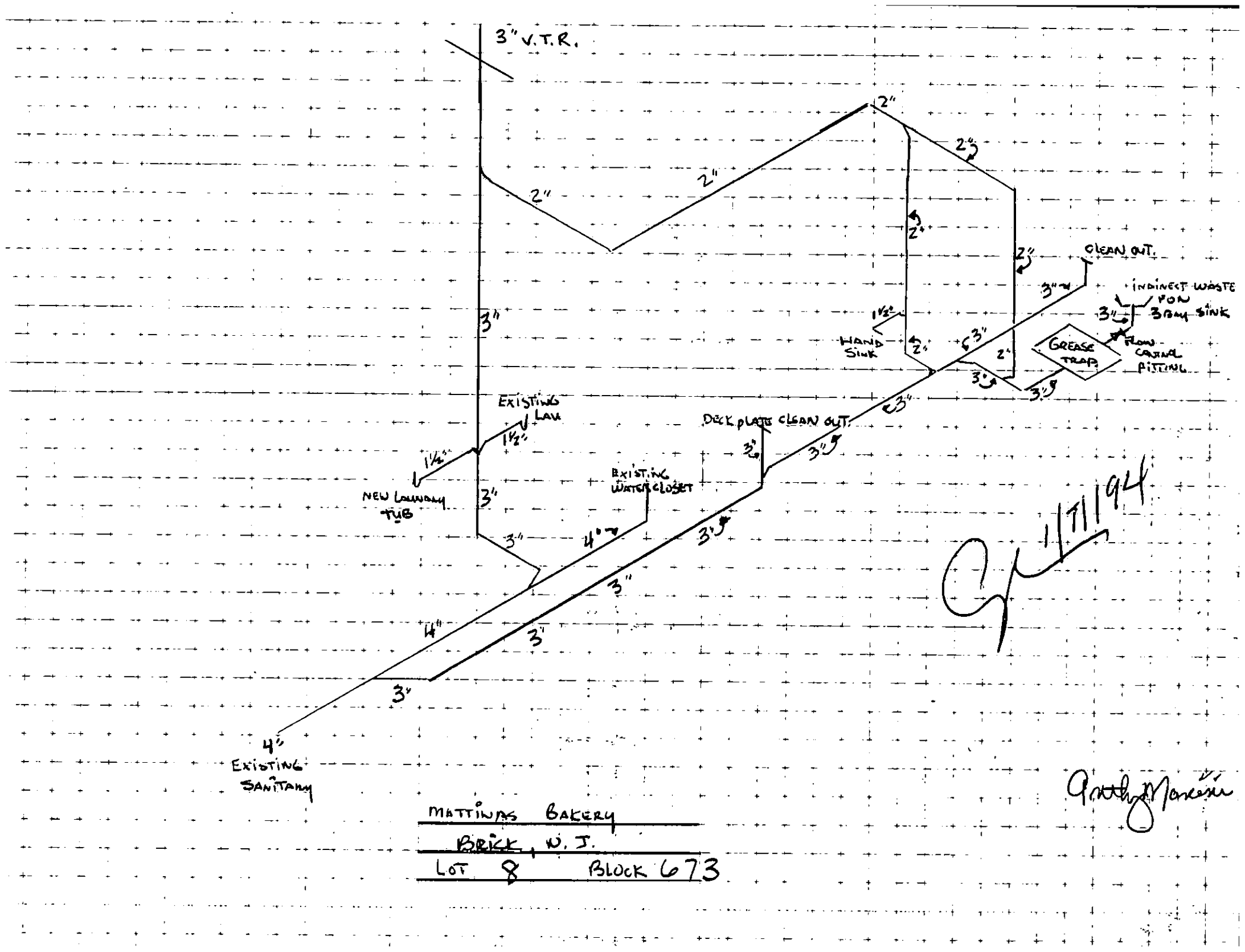
LOT 8 BLOCK 673

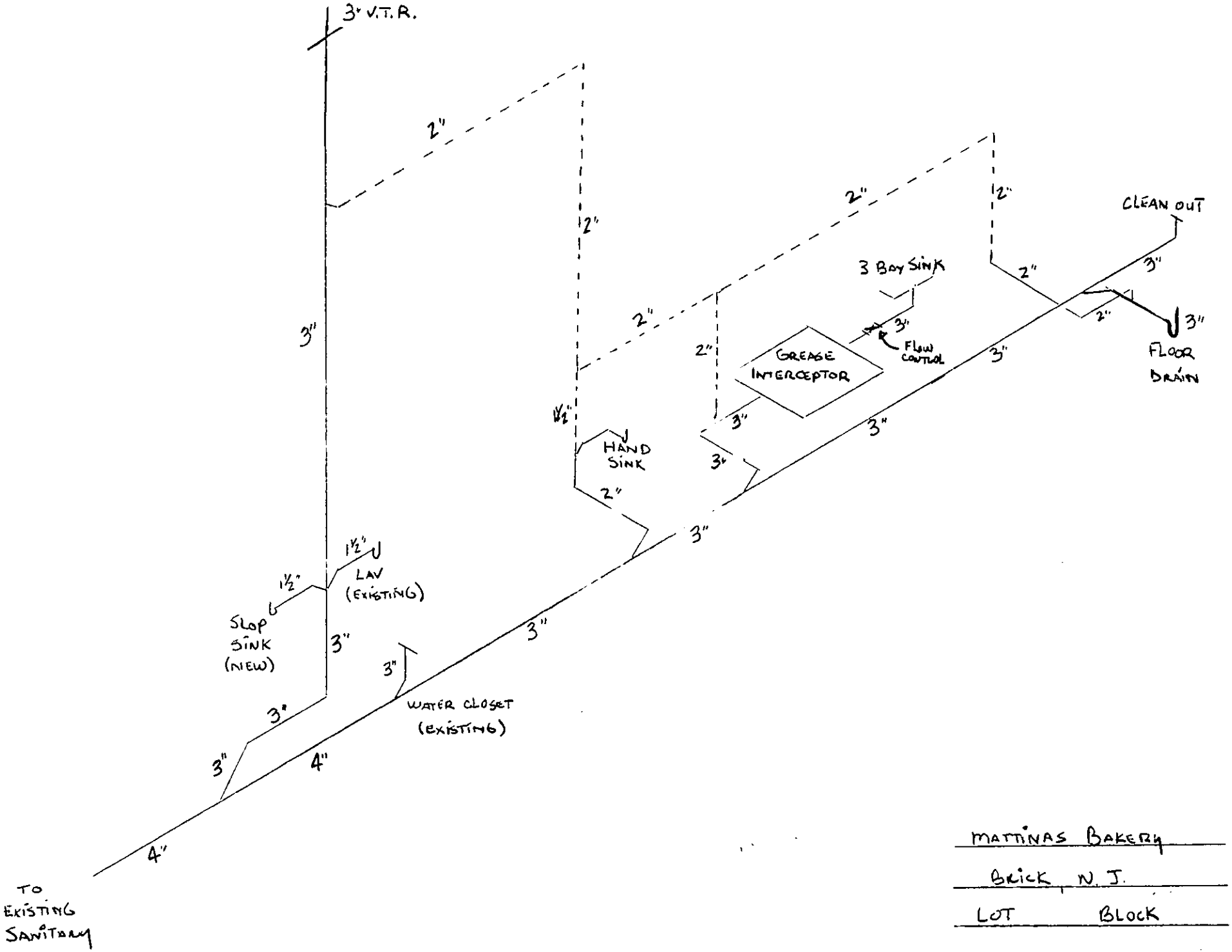
FURNACE	100,000
WATER HEATER	65,000
OVEN	200,000
CANDY STOVE	125,000
STEAM BOX	18,000
100'	508,000 BTUS



Anth Mascia

1/7/94


3" V.T.R.
2"
2"
2"
2"
2"
2"
CLEAN OUT.
3"
INDIRECT WASTE FOR 3 BAY SINK
3"
1½"
HAND SINK
2"
3"
2"
GREASE TRAP
FLOW CONTROL FITTING
3"
3"
3"
EXISTING LAV
1½"
1½"
NEW LAUNDRY TUB
3"
DECK PLATE CLEAN OUT.
3"
3"
EXISTING WATER CLOSET
4"
3"
3"
4"
3"
3"
4"
EXISTING SANITARY
MATTINAS BAKERY
BRICK, N. J.
LOT 8 BLOCK 673
6/11/94



MATTINAS BAKERY

BRICK, N.J.

LOT BLOCK

Members
Gary Casperson, Chairman
Walter F. Rehak, Vice Chairman
Robert Singer, Secretary-Treasurer
Leon Dwulet, M.D.
Barbara Hiering
Robert S. Laureigh
Patricia Seeber
Peter Smith, Ed. D
Warren Wolf
James F. Lacey, Freeholder Liaison

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

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

January 25, 1994

Re: Proposed Floor Plans
Block 673 Lot 8
MATTINAS BAKERY
2797 HOOPER AVE.
BRICK, NEW JERSEY 08723

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 New Jersey State Retail Food Code.

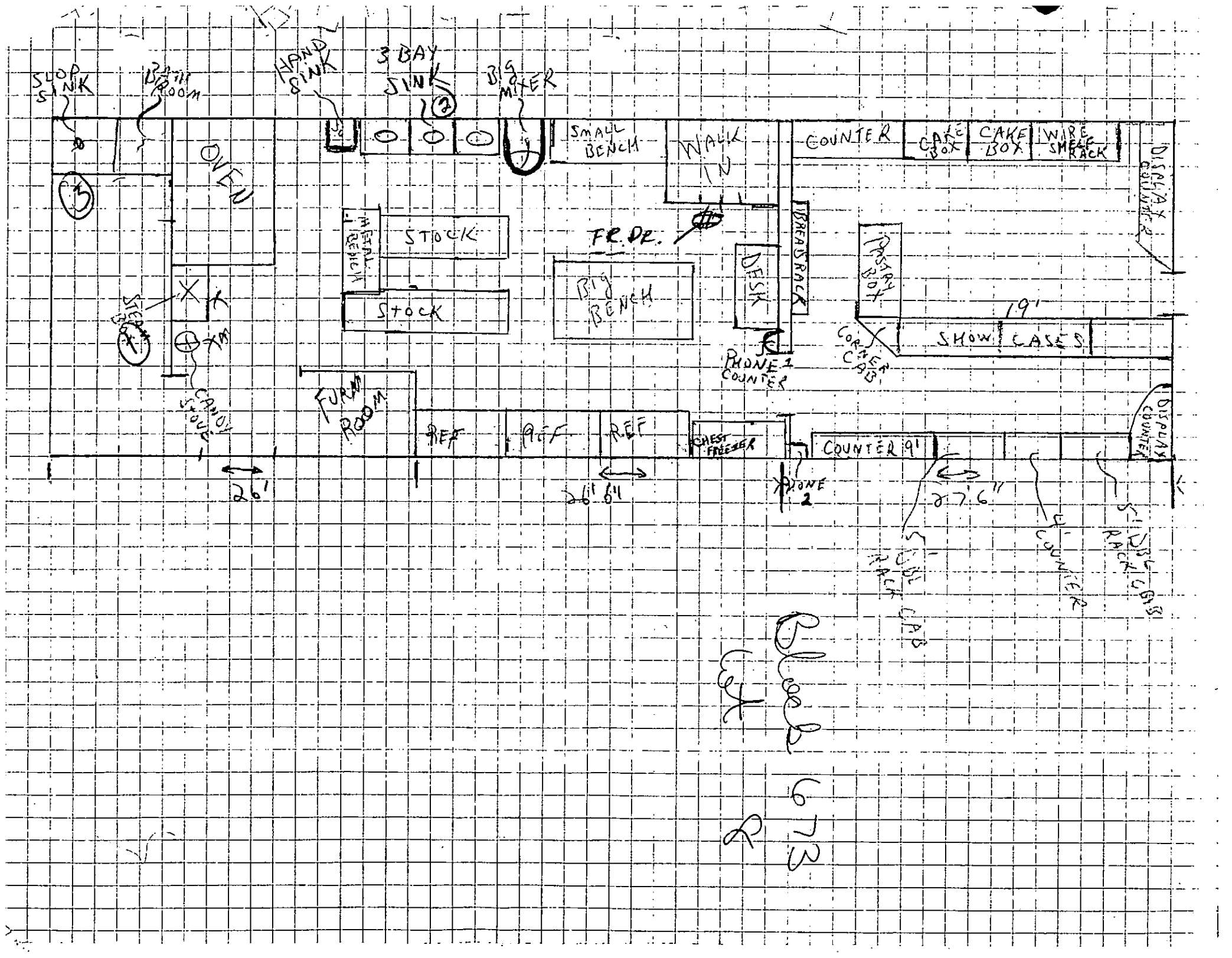
If you should have any questions, please feel free to contact me at this office.

Very truly yours,

Stephen Klaniecki

Stephen Klaniecki
Sanitary Inspector

cc: Brick Twp. Health Department
Brick Twp. Construction Official (Arthur Cierzo)


SLOP SINK
BATH ROOM
HAND SINK
3 BAY SINK
BIG MIXER
SMALL BENCH
WALK IN
COUNTER
CAKE BOX
CAKE BOX
WIRE SHELF RACK
DISPLAY COUNTER
OVEN
METAL BENCH
STOCK
STOCK
F.E. DR.
BIG BENCH
DESK
BREAD RACK
PASTRY BOX
CORNER CAB
19'
SHOW CASES
PHONE 1
COUNTER
STEAM TABLE
CANDY STAND
FURN ROOM
REF
REF
REF
CHEST FREEZER
COUNTER 9'
DISPLAY COUNTER
PHONE 2
26'
26' 6"
27' 6"
5' CASE RACK
CASE CAB
4' COUNTER
5' BREAD RACK
CASE CAB
Bleach
Ext
6 7 3
R

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			

Members
Gary Casperson, Chairman
Walter F. Rehak, Vice Chairman
Robert Singer, Secretary-Treasurer
Leon Dwulet, M.D.
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Robert S. Laureigh
Patricia Seeber
Peter Smith, Ed. D
Warren Wolf
James F. Lacey, Freeholder Liaison

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

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

January 7, 1994

Re: Proposed Floor Plans
Block 673 Lot 8
MATTINAS BAKERY
2797 HOOPER AVE.
BRICK, NJ 08723

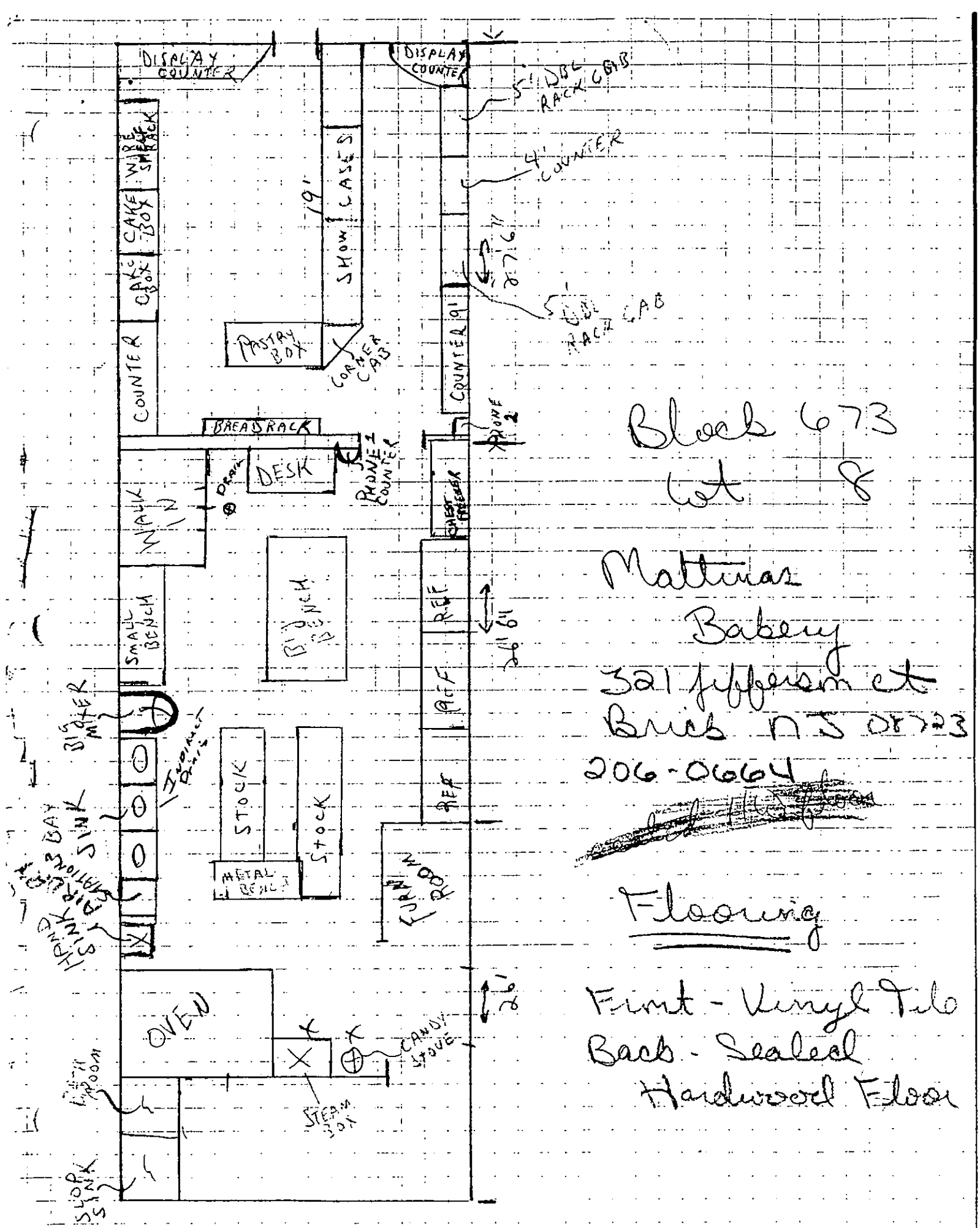
Dear Sir:

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 New Jersey State Retail Food Code.

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

Very truly yours,
Stephen Klaniecki
Stephen Klaniecki
Sanitary Inspector

cc: Brick Twp. Health Department
Brick Twp. Construction Official (Arthur Cierzo)

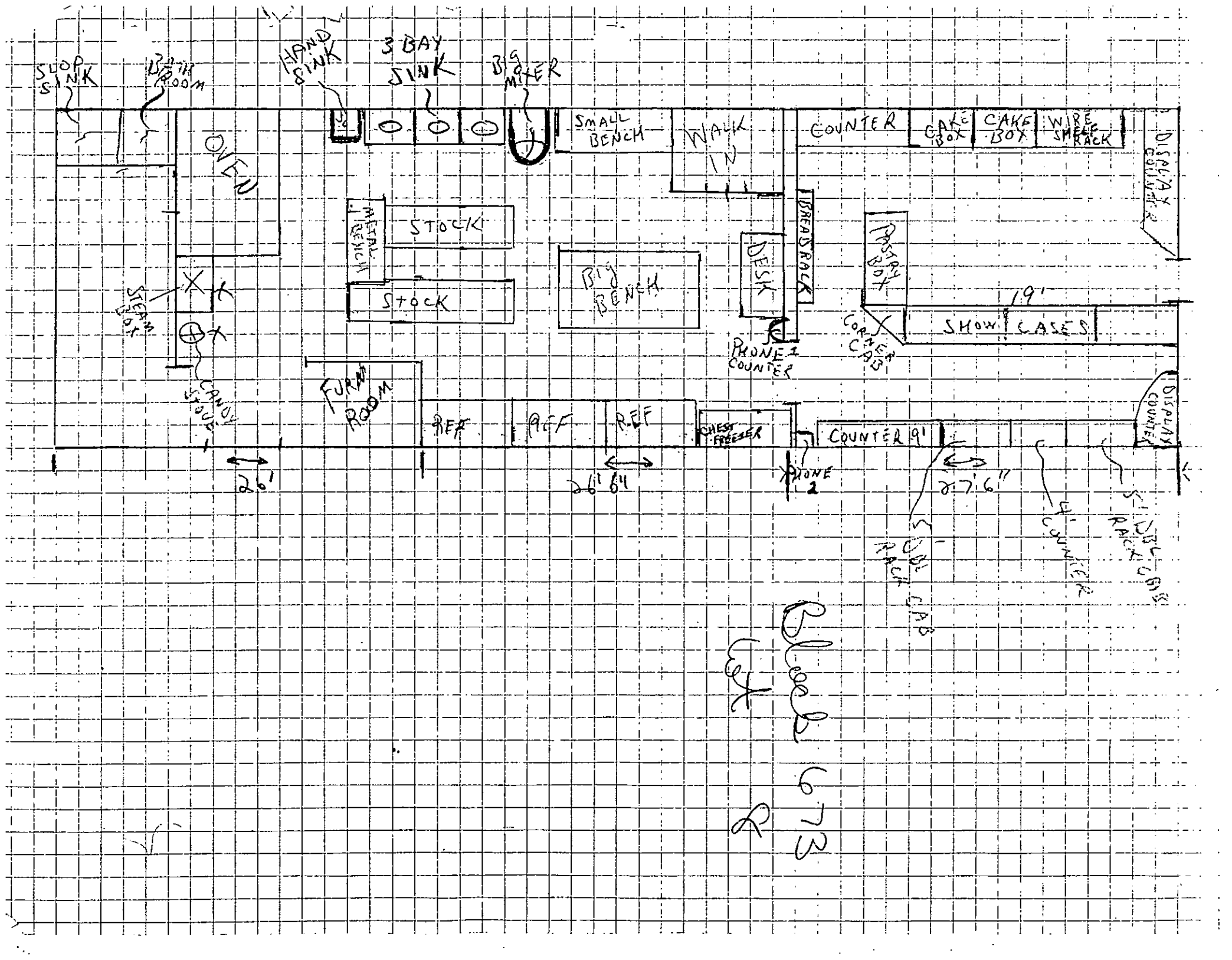


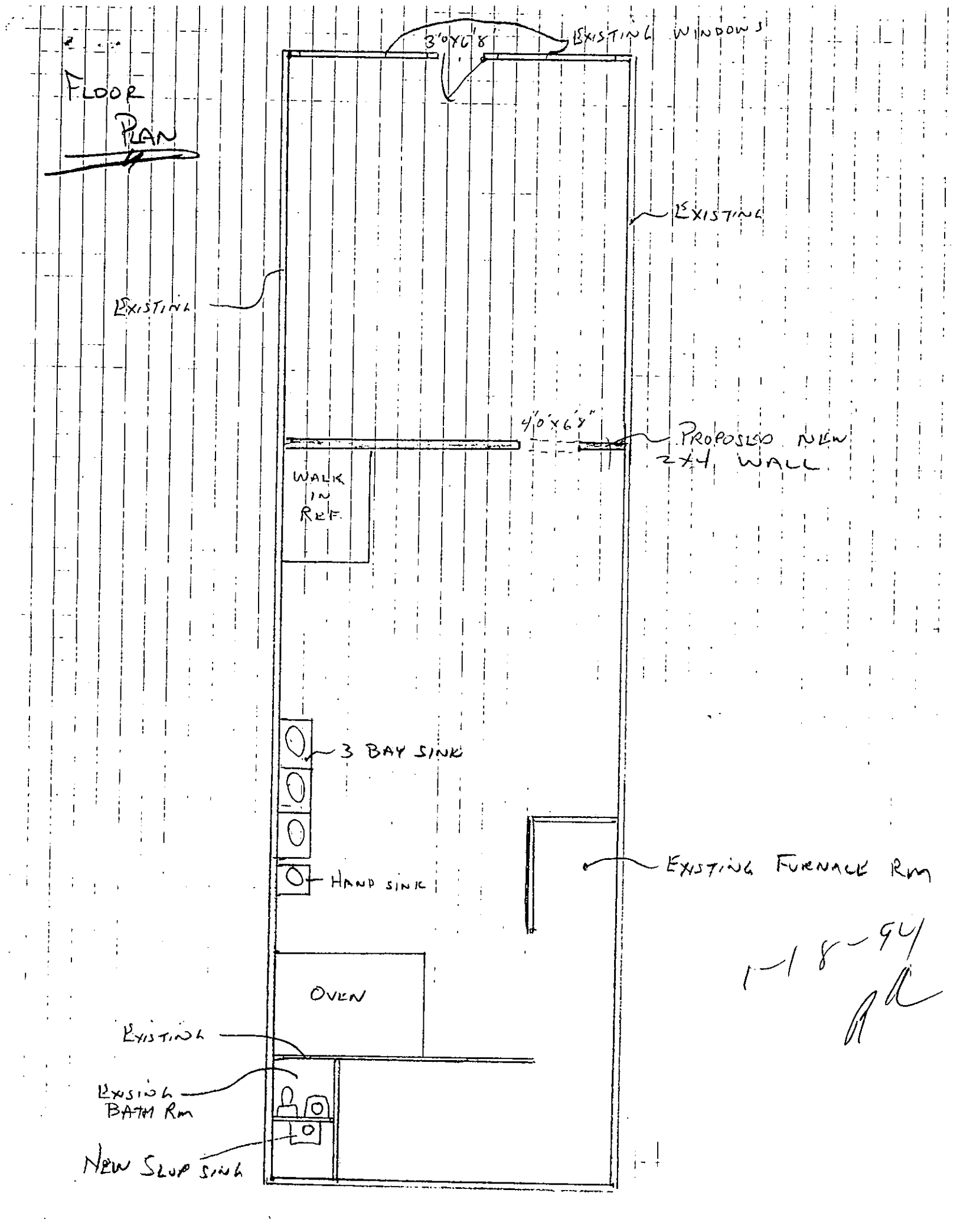
Block 673
Lot 8

Mattina
Bakery
321 Jefferson St
Brick NJ 08723
206-0664

Flooring

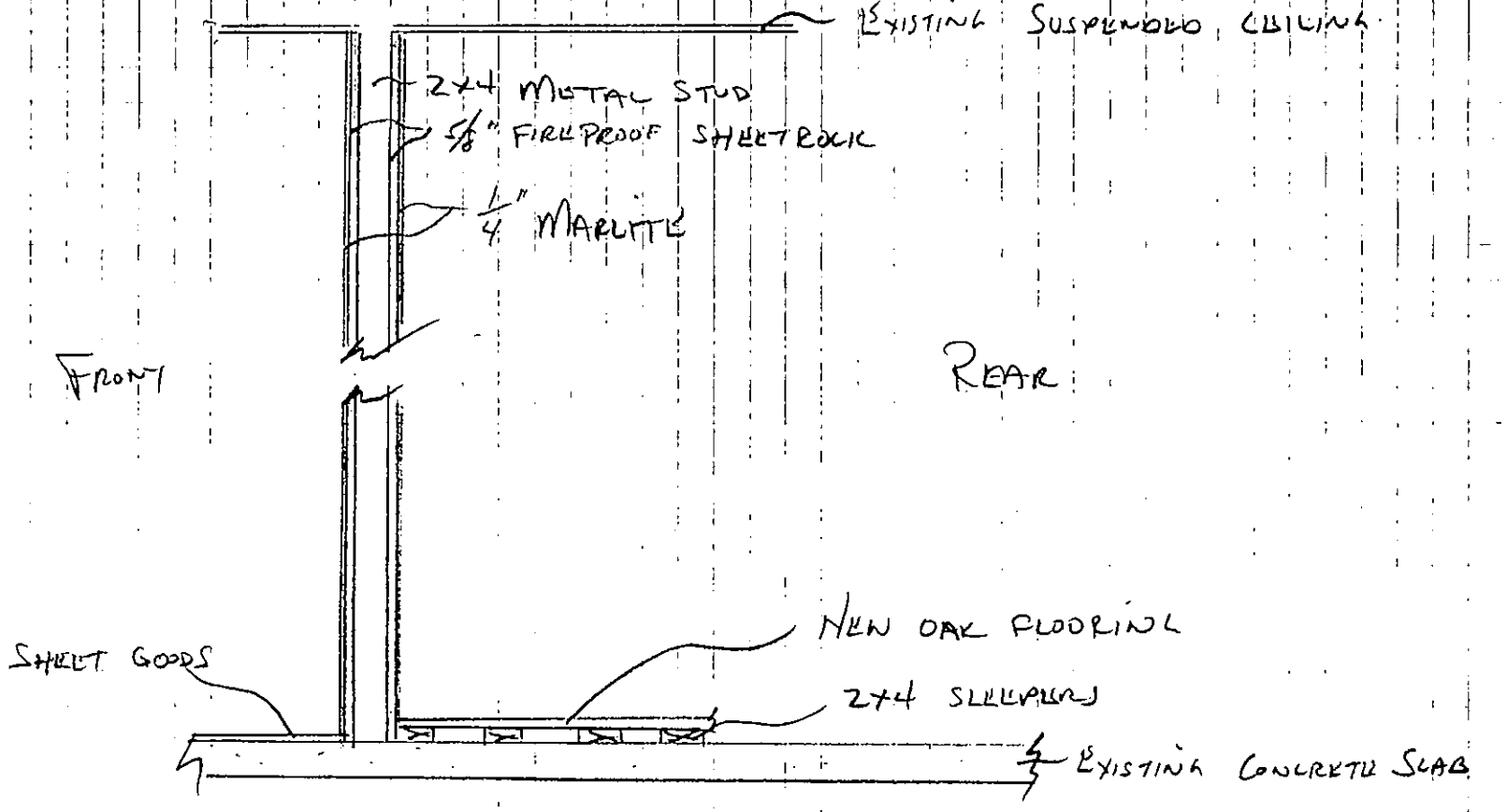
Front - Vinyl Tile
Back - Sealed
Hardwood Floor


SLOP SINK
BATH ROOM
HAND SINK
3 BAY SINK
BIG MIXER
SMALL BENCH
WALK IN
COUNTER
CAKE BOX
CAKE BOX
WIRE SHELF RACK
DISPLAY COUNTER
OVEN
METAL BENCH
STOCK
STOCK
BIG BENCH
DESK
BREAD RACK
PASTRY BOX
19'
SHOW CASES
CORNER CASE
PHONE 1
COUNTER
STEAM KET.
CANDY STOVE
FURN ROOM
REF
REF
REF
CHEST FREEZER
COUNTER 9'
PHONE 2
DISPLAY COUNTER
20'
26' 6"
27' 6"
5' UBC RACK
CAB
4' COUNTER
5' UBC RACK
Bldg 672
Ext


FLOOR PLAN
3'0"x6'8"
EXISTING WINDOWS
EXISTING
EXISTING
4'0"x6'8"
PROPOSED NEW 2x4 WALL
WALK IN REF.
3 BAY SINK
HAND SINK
EXISTING FURNACE Rm
OVEN
EXISTING
EXISTING BATH Rm
NEW SLOP SINK
1-18-94

X = SECTION

NOTES: - ALL COUNTERS TO BE FORMICA
- ALL BACKWALLS TO BE COVERED WITH MARLITE OR EQUAL
- EXISTING CEILING TO BE REUSED
- ALL FRONT WALLS COVERED WITH WALLPAPER & PANELING



1-18-84

TOWNSHIP OF BRICK

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

Carolyn L. Petetta, Mayor

Township Council:
Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 673 , Lot 8

DATE: December 28, 1993

[X] Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ 2 15,000

NO AA ANTICIPATED

Preliminary Frederick R. Dullman

Frederick R. Millman, CTA

12/30/93

Date

[ ] Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

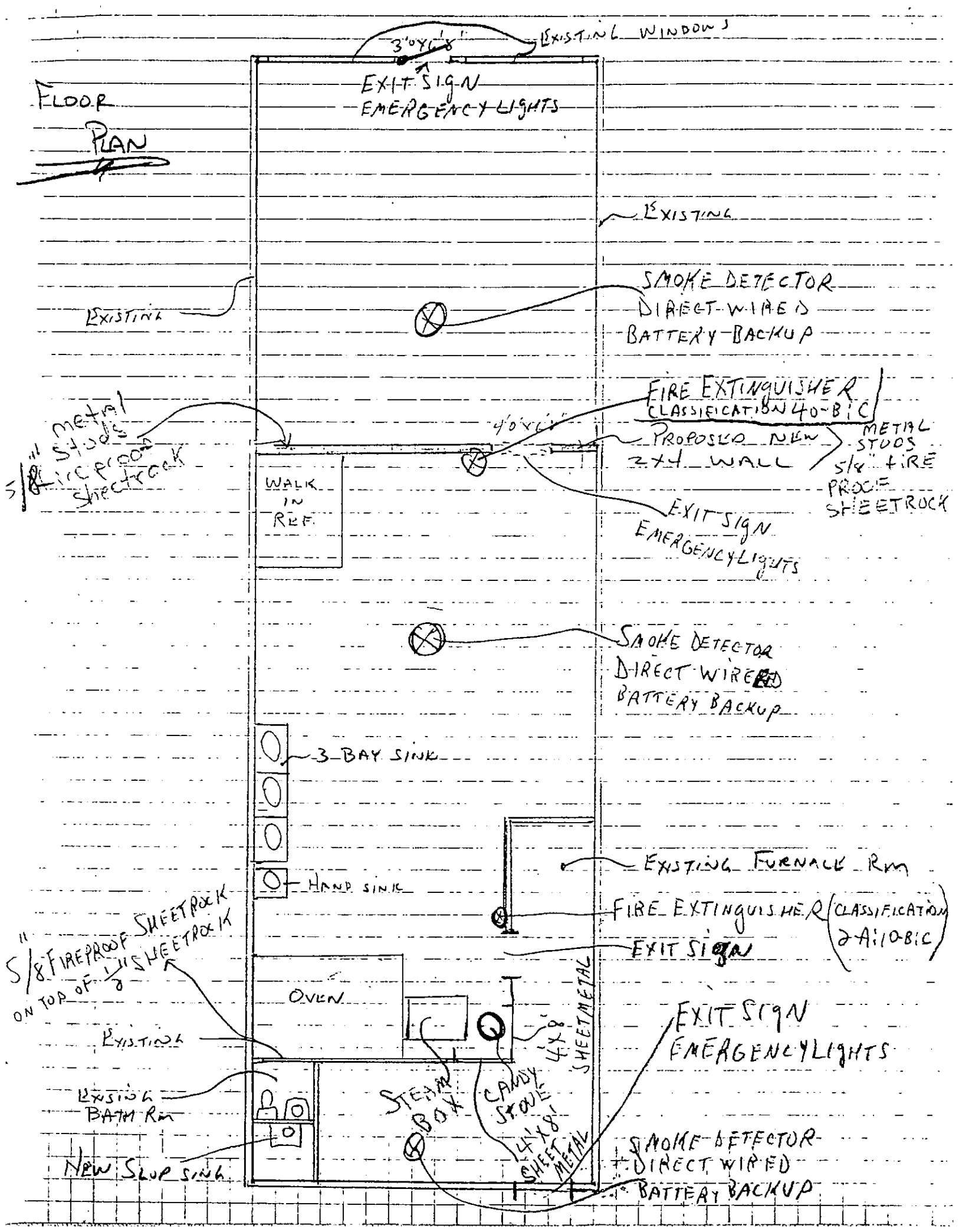
Final _____

Frederick R. Millman, CTA

_____

Date

ASSESSOR REVIEW / Form 0002 7/93


FLOOR PLAN
3'0"x1'8"
EXISTING WINDOWS
EXIT SIGN
EMERGENCY LIGHTS
EXISTING
EXISTING
SMOKE DETECTOR
DIRECT-WIRED
BATTERY-BACKUP
FIRE EXTINQUISHER
CLASSIFICATION 40-BC
4'0"x6'0"
PROPOSED NEW 2x4 WALL
METAL STUDS 5/8" FIRE PROOF SHEETROCK
5/8" metal studs fireproof sheetrock
WALK IN REF.
EXIT SIGN
EMERGENCY LIGHTS
SMOKE DETECTOR
DIRECT WIRED
BATTERY BACKUP
3-BAY SINK
HAND SINK
EXISTING FURNACE RM
FIRE EXTINQUISHER (CLASSIFICATION 2A:10BC)
EXIT SIGN
5/8" FIREPROOF SHEETROCK ON TOP OF 1/2" SHEETROCK
OVEN
EXISTING
EXISTING BATH RM
NEW SLOP SINK
STEAM BOX
CANDY STOVE
4'x8' SHEET METAL
4'x8' SHEET METAL
EXIT SIGN
EMERGENCY LIGHTS
SMOKE DETECTOR
DIRECT WIRED
BATTERY BACKUP

MATTINAS BAKERY

BRICK N.J.

LOT 8 BLOCK 673