

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Rainbow BAKE Shoppe

2. Owner Name: Brick Plaza, Inc. Tel. (201) 477-6355

Address: 105 BRICK Shopping PLAZA

3. Principal Contractor: RESTAURANT Oxygen Supply Tel. () 370-2330

Address: Rt. 9 LAKEWOOD

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: Rest Oxygen Supply Comp. Tel. () 370-2330

Address: SAME AS ABOVE

5. Responsible Person In Charge of Work: Rest Oxygen Supply Tel. () SAME

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other:
Putting in Frying Hood

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☒ Fire Protection	\$ <u>3,000</u>
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ <u>3,000</u>

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)
- If new construction, enter no. of dwelling units: _____
- If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☒ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10207064

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.() _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			2-3-86	Ed	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			2-3-86	Ra	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		4-3-86	Edward Elzy
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

- ☐ Temporary Certificate of Occupancy
 Date Expired _____
☐ Temporary Certificate of Occupancy
 Date Expired _____
☐ Certificate of Occupancy
 No. _____
☐ Certificate of Continued Occupancy
 No. _____
☐ Certificate of Approval
 No. _____
☐ None

Date Issued _____

IV. ON-GOING INSPECTIONS

On-going Inspections Required
 (See Page 1, II.D.)

Date Posted to
 Log and Ticker

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 22.50
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	free 35.00
OTHER	_____
SUBTOTAL	\$ 57.50
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	20.00
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 72.50
DATE _____	Collected By _____

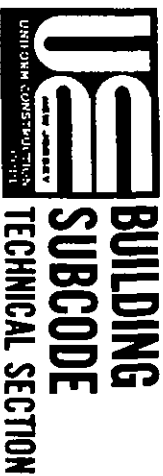
B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
- LESS: Refunds	_____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

TOWNSHIP OF BRICK



PERMIT NO. 6117
 DATE ISSUED 2-3-86
 REVISION DATE _____
 Block 67 Lot 2
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Rainbow Lake Shopping Center Contractor Americas Rest Supply and
 Address 105 Beck Shopping Plaza Rt 9 Lakewood
Beck Town 105 05201
 Tel. () 477-6355 Tel. () 370-2330
 Work Site Address Above Lic. No. _____ Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Backs

Fee

SUBTOTAL

Minimum Building Fee (if applicable)
 Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
 No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ _____

D. COMMENTS

Unit 105

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

Maximum Occupancy Load:

U.C.C. Form F-110 (8/83)



**FIRE
SUBCODE**



PERMIT NO. 6117
DATE ISSUED 2-3-88
REVISION DATE _____
Block 671 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Rainbow Lake Shoppe Contractor Americans Rest Supply Camp
Address 105 Brick Shopping Plaza Address Rt 9 Lakewood
Brick Town NJ NJ 08701
Tel. () 477-6355 Tel. () 320-2330
Work Site Address Above Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised - Method: _____
Water Supply - Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☒ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☒ Yes ☐ No
Locations: _____

Estimated Cost of Work: \$ 3,000. \$35,00

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: \$ _____

FEE

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$ _____

B5. OTHER

_____ \$
_____ \$
_____ \$

Subtotal

Minimum Fire Protection Fee (If Applicable) _____
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$35,00

C. FIRE PROTECTION CAPACITIES

USE GROUP _____ Present _____ Proposed _____
Heating Systems - Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

Unit 105
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 2-3-86

Approved By: C. Wells

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type I

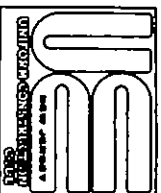
- | | |
|-------------------------------------|-----------------------|
| ☒ | Fire Suppression Test |
| ☐ | Fire Alarm Test |
| ☐ | Smoke Test |
| ☐ | TCO |
| ☐ | Other |
| ☐ | Other |
| ☐ | Other |
| ☐ | Other |

Failure Date

Approval Date

2-5-86

TOWNSHIP OF BRICK



**FIRE
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 4769
DATE ISSUED 6/16/85
REVISION DATE 8/1
Block 871 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner **Brick Plaza Inc.**

Contractor **Craig Stewart, Contr.**

Address **100 Brick Plaza S/C**

Address **284 Wall St.**

Address **Brick Plaza, N.J. 08723**

Address **Edgewater, N.J. 07724**

Tel. () **201 477-4100**

Tel. () **201 642-8064**

Work Site Address **105 Brick Plaza**

Lic. No. **22-2623833**

Federal Emp. No. **22-2623833**

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

FEE

FEE

TYPE: ☒ Wet ☐ Dry ☐ Other _____

Area Sprinkled: ☐ Full ☐ Partial (Specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised - Method: _____

Water Supply - Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No **N/A**

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: **N/A**

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtotal \$ _____

Minimum Fire Protection Fee (If Applicable) \$ _____

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present **IV** Proposed _____

Heating Systems - Location: _____

Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

**105 Brick Plaza
Unit 105**

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

5-28-85

JOB CONDITION/COMMENTS

Review: All AS NOTED - New CONTRACTOR

1. FIRE EXTING

2. EMER. LIGHTS

3. STOR. AREAS / FUR-HIGH RMS
SPRINKLER PROP

JOB SUMMARY

☐ No Plans Required

☒ Plan Review Approved

Date: 5-28-85

Approved By: *Mike Clough*

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type

Failure Date

Approval Date

☐ Fire Suppression Test

☐ Fire Alarm Test

☐ Smoke Test

☐ TCO

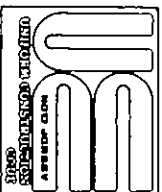
☒ Other *Failure*

☐ Other

☐ Other

☐ Other

TOWNSHIP OF BRICK



TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 546 Lot 3
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractor's, notify this office

Owner EMICK PROPERTY TRUST
Address 100 EMICK ROAD
BRIDGEVIEW, N.J. 08723

Contractor SETRA
Address _____
Tel. (____) _____
Lic. No. _____
Federal Emp. No. _____

Work Site Address CHAMBERS DRIVE RD

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____ FEE _____

Area Sprinkled: ☐ Full ☐ Partial (specify in comments) _____

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised - Method: _____

Water Supply - Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE _____

Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: N/A

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Subtotal \$ _____

Minimum Fire Protection Fee (If Applicable) \$ _____

Total Fire Protection Fee (Greater of Minimum of Subtotal) \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO2 ☐ Halon ☐ Foam ☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed M

Heating Systems - Location: _____

Type ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

105 EMICK ROAD

UNIT 105

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

3-28-85

JOB CONDITION/COMMENTS

Review: APP AS NOTE

1 FIRE EX7

2 EMER LIGHTS

3 STORAGE AREAS / FIRE-HUNT - SPRINKLER PROT.

JOB SUMMARY

☐ No Plans Required

☒ Plan Review Approved

Date: 3-28-85

Approved By: Mark Chapp

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 2-5-86

Inspected By: [Signature]

INSPECTIONS

Type
☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☒ Other FIRE
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

2-5-86

CERTIFICATE of INSPECTION

THIS IS TO CERTIFY THAT THE FIRE EXTINGUISHING SYSTEM PROTECTING:

Rainbow Bakery Rt 70 Brickton
NAME ADDRESS

WAS INSPECTED IN Feb 5 1986 AND LEFT IN OPERATING CONDITION.
DATE

THIS CERTIFICATE EXPIRES IN Aug. 1986.
DATE

Oxygen Supply Co., Inc.
1368 Route 9
Lakewood, N. J. 08701
(201) 370-2330

by:

Thomas McElroy
Thomas McElroy, Pres.