TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

APR 21

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 108 H BRICK PLAZA.
2. Owner Name: D. & D'ONOFRIO - T/A ARTHURS Tel. ( ) 349-2710
   Address 108H BRICK PLAZA
3. Principal Contractor: OCEAN CONSTRUCTION INC Tel. ( )
   Address RT 37 DOVER MALL T.R 08753
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: GENE WRIGHT Tel. ( )
   Address _____
5. Responsible Person in Charge of Work D.J. DONOFRIO AGES Tel. ( )

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: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____

TOTAL COST $ 100,000 TOTAL

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, Infirmaries (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: LOUNGE RESTAURANT

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 EXISTING
15. Height of Structure BLD 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 10207063

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 Daniel D'Ippo Pres DATE 4/21/86

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 Daniel D'Ippo Pres owner

BLOCK NO. 671 LOT NO. 8 SUBDIVISION _____ PERMIT NO. 7303

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	4-21-86	JOE	5/1/86		K.S
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			4/21/86 JC		
☐	PLUMBING			5/1/86 CW		
☐	ELECTRICAL					
☑	FIRE PROTECTION			5/14/86 cc		
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
X	BUILDING				11-25-87	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
X	PLUMBING				11-25-87	
X	ELECTRICAL				11-6-87	
X	FIRE PROTECTION				11-24-87	
	OTHER Zoning					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Temporary Certificate of Occupancy Date Expired _____	
☑ Certificate of Occupancy No. 1303	11-25-87
☐ Certificate of Continued Occupancy No. _____	
☐ Certificate of Approval No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 150.00
PLUMBING	220.00
ELECTRICAL	•
FIRE PROTECTION	75.-
OTHER _____	•
SUBTOTAL	$ 1095.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(109.50)
D.C.A. TRAINING FEE .0006 x _____	- •
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 1224.50

DATE 6/2/86 Collected By Palo

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	$ •

Plaza Grill

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 7303
DATE ISSUED 11-25-87
Block 671 Lot 8
Subdivision

IDENTIFICATION

Owner D.J. Donofrio
Address 108H Brick Plaza
~~Brick, N.J.~~
Tel. ( )

Agent
Address
Tel. ( )

Work Site Address 108 H Brick Plaza
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

Restaurant

USE GROUP A-3 FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Restaurant only

FINAL COST OF CONSTRUCTION: $ 100,000.00

Arthur J. Ciesco
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 7303
DATE ISSUED 6-2-86
REVISION DATE

Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner DAN DONOFRIO PRES.
Address 108H BRICH PLAZA ARTHURS.
Tel. ( ) 349-2710

Contractor [illegible] Const. Inc
Address RT 37 Dover Mall
Tel. ( )

Work Site Address 108 H Brick Plaza
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.

RENOVATION.

☐ See Plans

TYPE OF WORK:

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

Fee Basis	Fee
	$ 750.00
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

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 7303
DATE ISSUED 6-2-86
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner T/A D. Donofrio / Optimus Pool Contractor Ocean Coast
Address 108 H Brick Plaza Address Rt 37
Brick NJ Dover Mall Twp
Tel. ( ) Tel. ( )
Work Site Address Lic. No.
108 H Brick Plaza 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

FEE

TYPE: ☑ Wet ☐ Dry ☐ Other
Area Sprinkled: ☑ Full ☑ Partial (specify in comments)
No. of Heads: 84 No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Main Size:
FD Connection Location: exterior
Estimated Cost of Work: $ $45.00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ $

B3. ALARM

FEE

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

B4. STAND PIPES

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

B5. OTHER

Exit Lights	$ 15
Emer Lights	$
	$
Subtotal	$ 60
Minimum Fire Protection Fee (If Applicable)	$ 15
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 75

C. FIRE PROTECTION CHARACTERISTICS

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

84 Heads Removed + Relocated

☐ Partial Releases ☐ Prototype Processing

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 7303
DATE ISSUED 6-3-86
REVISION DATE

Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner D'ONOFRIO TA ARTHUR'S
Address 108 H BRICK PLAZA
BRICK
Tel. ( )

Work Site Address 108
Brick Plaza (Behind Jamesway Store)

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0854

Lic.No./Bus. Permit 1722
Federal Emp. No. 22—1853417

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.

William R. Dugan
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$ 15-		Garbage Disposal	$
	Bathtub		4	Air Conditioner Unit	60
8	(6) Lavatory/Sink (2)	40		Indirect Connection	
87	~~Shower~~/Floor Drain	35		Sewer Ejector	
	Washing Machine		1	Grease Trap	25
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
Existing	Water Heater	5		Reduced Pressure Backflow Device	
4	Domestic Boiler/ Furnace	60	1	Vent Stack	10
	Steam Boiler			Solar System	
Existing	Water Util. Connection		1	Other URINAL	5
1	Sewer Util. Connection			Other	
	Hose Bibb			Other Spa	15
	Water Cooler			Other	
	COLUMN 1	$ 155		COLUMN 2	$ 115

Fee	
COLUMN 1	$ 155
COLUMN 2	$ 115
SUBTOTAL	$ 270-
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: Restaurant/Bar Present _____ Proposed

Drainage — Material Sch 40 PVC Size 1½-4
Building Sewer— Material Sch 40 PVC Size 3 + 4
Water Service— Material Existing Size —
Venting — Material Sch 40 PVC Size 1½-3 4

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
11-13-87	FIRE SUB-CODE INSP: NOT COMPLETED 108H
11-13-87	FIRE SUPPRESSON : NOT READY - RESTAURANT AREA
11-13-87	FIRE SPRINKLER : NOT READY - RESTAURANT AREA
11-24-87	FIRE SPRINKLER - EXISTING SYSTEM IN
	RESTAURANT AREA: APPROVED
11-24-87	FIRE SUPPRESSION: TESTED AND APPROVED

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

~~☐ CO~~ ☒ CCO ☐ CA

Date: 11-24-87

Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
11-10-86	Not open
5-27-87	O.K. SEWER TIE-IN AT DOOR.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 5-29-86
Approved By: AC

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 11/25/87
Inspected By: Dmetcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				11-19-86 DM
☒ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-130 (8/83)

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION Brick Plaza UTILITY CO P.?

BLK 671 LOT 8

OWNER Park Brick Enterprises 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 600 3 ✓ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS _____

DATE 11-16-97 PERMIT # 000855 INSPECTOR [signature]

Insp. Lic# 1427

Elec. 104

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

May 13, 1986

Donato D'Onofrio
Dover Mall
Routes 166 & 37
Toms River, NJ 08753

re: Proposed Floor Plans
Mall Store 108H
Brick Plaza
Block 671, Lot 8
Brick Twp.

Dear Mr. D'Onofrio:

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the N.J. State Retail Food Code.

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

Very truly yours,

Joseph A. Gallos

Joseph A. Gallos,
Principal Sanitary Inspector

cc: Brick Twp. Building Dept.

JAG/pjp

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

May 11, 1987

Mr. Arthur Cierzo
Construction Code Enforcer
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Re: Arthur's Restaurant
Brick Park Plaza
Block 671, Lot 8
Bricktown, New Jersey

Dear Mr. Cierzo,

Please be advised that the floor plan for the above stated has been reviewed and is in substancial compliance with Chapter XII, the New Jersey Retail Food Establishment Code.

If further assistance is required, please feel free to contact me.

Very truly, yours,

Joseph A. Gallos

Joseph A. Gallos
Principal Sanitary Inspector

JAG:cs
Enclosure

Oxygen Supply Co., Inc.

1368 Route 9
Lakewood, New Jersey 08701
(201) 370-2330

May 7, 1986

To Whom It May Concern:

This company has been contacted by Mr. Dan Donofrio to do the necessary work needed in his restaurant located in the Brick Plaza Shopping Center, Brick Blvd., Brick, NJ. All cooking areas of the restaurant will be protected by the necessary hoods, suppression systems, duct work and fans in order to bring the fire hazards up to the current NFPA 17 and 96 codes.

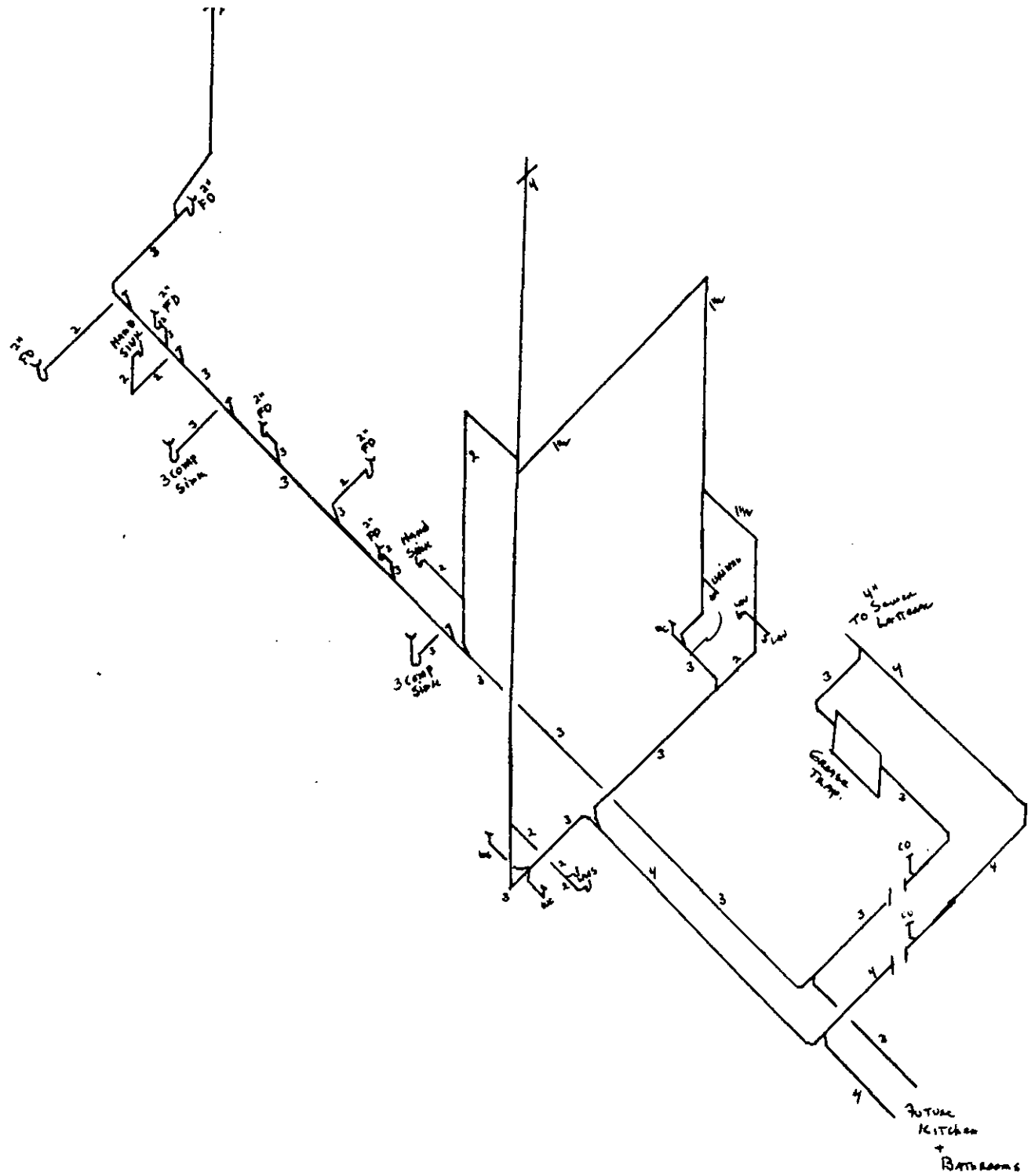
Please do not hesitate to contact me should you have any further questions.

Respectfully yours,

OXYGEN SUPPLY CO., INC.

Thomas J. McElroy
President

TJM:lmc


2" FD
Hand Sink
3 Comp Sink
2" FD
Hand Sink
3 Comp Sink
Urinal
To 4" Sewer Lateral
Grease Trap
Future Kitchen + Bathrooms

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

B 671 L 8

ESTABLISHMENT INFORMATION

PHONE # 477-9795

ESTABLISHMENT TRADING NAME ARTHUR'S TOP H RESTAURANT & BANQUOT FACILITY

NUMBER AND STREET

BRICK PARK PLAZA

CITY OR MUNICIPALITY: BRICK TWP.

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMUN. CODE: 1506

ESTABLISHMENT CODE: 22

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: PARK BRICK ENTERPRISES

NUMBER AND STREET:

CITY OR MUNICIPALITY: TOMS RIVER

STATE: NJ

ZIP CODE: 08753

COMUN. CODE: 1507

TIME (2400 HOURS)

DATE	BEGIN	END
5-11-87	0920	1050

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): ELI GOLDMAN, R.J.

SIGNATURE OF INSPECTING OFFICIAL: Eli Goldman

PERMANENT REG. NO.: B397

H.D.64