RECEIVED
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DIV. OF INSPECTION
(Fld A+M MKT.)

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: CHICKEN ~~TOWN~~ BRICK MALL, BRICK BLVD. BRICKTOWN
2. Owner Name: CHICKEN PLACE (BOB) Tel. (201) 929-9770
   Address SAME
3. Principal Contractor: KITCHEN VENTILATION SPEC. Tel. (201) 446-6500
   Address P.O. BOX 367 ENGLISHTOWN, N.J. 07726
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 222036360
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work WILLIAM C. CONNELL Tel. (201) 446-6500

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: VENTILATION FIRE PROTECTION

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☑	Fire Protection	2000.00
5. ☑	Other VENTILATION	6000.00
6. ☐	Other _____	_____
	TOTAL COST	$ 8000.00

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: 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 _____
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 10310851

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 KITCHEN VENTILATION SPEC. TEL.(201) 446-6500

ADDRESS P.O. BOX 367

ENGLISHTOWN, N.J. 07726

SIGNATURE WILLIAM C. CONNELL

BLOCK NO. 673 LOT NO. 8 SUBDIVISION _____ PERMIT NO. 4860

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.

☐ 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			8-20-85	Ed	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			9/10/85	JPC	
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			8-20-85	MC	APP AS NOTED
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING		10-10-85	Edwards 1330
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

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. _____	_____
☐ 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	$ _____ •
PLUMBING	_____ •
ELECTRICAL	_____ •
FIRE PROTECTION	_____ •
OTHER _____	_____ •
SUBTOTAL	$ _____ •
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ •)
D.C.A. TRAINING FEE .0006 x _____	= _____ •
CERTIFICATE OF OCCUPANCY	_____ •
OTHER _____	_____ •
OTHER _____	_____ •
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____ •

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	$ _____ •

CHICKEN ~~[illegible]~~ TOWN

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. ____
DATE ISSUED ____
REVISION DATE ____
Block 673 Lot 8
Subdivision ____

A. IDENTIFICATION

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

Owner R. Miguel / K Valcovas [illegible] Contractor SAME
Address 710 Schindler Dr Address ____
Brick NJ 08723
Tel. (201) 92[illegible] 2813 Tel. ( ) ____
Work Site Address 2798 Brickmall Lic. No. ____
Block 673 Lot 8 Brick NJ 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.

2 5×5 BATHROOMS 10 FT WALLS

1 COUNTER W/ FORMICA TOP

1 DOORWAY IN BATHROOM HALLWAY AS PER PLANS

☑ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
 ☐ Roofing
 ☐ Siding
 ☑ Other Plumbing [illegible] counter
☐ Demolition
☐ Miscellaneous
 ☐ Fence
 ☐ Sign
 ☐ Pool
 ☐ Elevator
 ☐ Other ____

Fee Basis	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 1400 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: $ 502

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	8-20-85	EW
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 88-(illegible)
DATE ISSUED
REVISION DATE
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner CHICKEN PLACE
Address BRICK MALL
BRICK BLVD.
Tel. (201) 446-6500
Work Site Address SAME

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367
ENGLISHTOWN, N.J. 07726
Tel. (201) 446-6500
Lic. No. _____
Federal Emp. No. 22 2036360

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 P. Connell
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

KITCHEN VENTILATION
(HOOD, FANS & DUCT)

☐ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: A-3 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: $ 60000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☑ All	7-20-85	Ed
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 10-10-85

Inspected By: Edward Ortego

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

DINKLAGE - SEBRING ASSOCIATES
ARCHITECTS AND PLANNERS

RAYMOND P. DINKLAGE
RONALD A. SEBRING

August 20, 1985

Mr. Michael Clayton
Fire Sub-Code Official
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Chicken Holiday

Dear Mike:

Pursuant to our telephone conversation this date, the following Plan Modifications have been acknowledged for the above referenced Project.

Due to the fact that the existing bathroom will be used to store mechanical equipment, proper ventilation for that room will be required. The installation of a full louvered door and a limited area sprinkler head will also be required in said room.

Also, please be aware that all emergency and exit lights installed shall have alternate power, as well as being direct wired.

Very truly yours,

DINKLAGE-SEBRING ASSOCIATES

Richard Grasso
Project Manager

RG:jke
cc: Mr. Robert Michlen

THE SUMMIT CORPORATE CENTER
2329 STATE HIGHWAY 34, SUITE 303 MANASQUAN, NEW JERSEY 08736 201 528-9444