OWNSHIP OF BRICK

RECEIVED
AUG 1
BUILDING

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2798 BRICK MALL (Chicken Town) Hooper Ave
2. Owner Name: Gulf Pac-Rim Inc Tel. (201) 920 2843
   Address 714 SCHINDLER DRIVE BRICKTOWN N.J 08723
3. Principal Contractor: SAME Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: DINKLAGE & SEBRING Tel. (201) 528-9444
   Address SUMMIT CENTER 2329 HWY 34 MANASQUAN NJ
5. Responsible Person in Charge of Work C MISHLEN Tel. (201) 920 2843/929 9770
   BOB

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:
   2 5x5 BATHROOMS
   1 GUNITE

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ 500
2. ☑	Plumbing	4000
3. ☑	Electrical	8000
4. ☑	Fire Protection HOOD/ANSUL	4000
5. ☐	Other night table system	6000
6. ☐	Other Sure.	2000
	TOTAL COST	$ 24500

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:

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 1
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. 14000 Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

LDS BR 10310852

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 Robert Mishleni DATE 8/1/85

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 Robert Mishleni TEL.(201) 920 2043

ADDRESS 714 Schindler DR

Bricktown NJ

SIGNATURE Robert Mishleni

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	_____		_____

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	8-1-85	[illegible]	9-30-85	EO	
	Footings/Foundations					
	Framing					
	Architectural			8/2/10-DPK		
	Other Zoning			8/15	[illegible]	
☒	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			8-30-85	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		10-1-85	Sed Dpp
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	☑ PLUMBING	BK 12/20/85		9-24-85 DPK [illegible]
	☑ ELECTRICAL		10-27-85 BK	[illegible]
	☑ FIRE PROTECTION		10-2-85 MC	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☑ Temporary Certificate of Occupancy — 10-30-85
Date Expired 11-30-85

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☑ Certificate of Occupancy — 12-20-85
No. 48100

☐ 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	$ 262.50
PLUMBING	115.00
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 377.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	.
CERTIFICATE OF OCCUPANCY	10.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 402.50

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

CHICKEN TOWN

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 4860

DATE ISSUED 12-20-85

Block 673 Lot 8

Subdivision Brick Mall

IDENTIFICATION

Owner Gul Par Mish, Inc.

Address 714 Schindler Dr.
Brick, NJ

Tel. ( )

Work Site Address 2798 Hooper Avenue

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. XXX☑ 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 B FIRE GRADING 2 hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE business

FINAL COST OF CONSTRUCTION: $ 34,500.

Arthur J. Cirzo
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

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERT. NO. 4860
DATE ISSUED 10-30-85
Block 673 Lot 8
Subdivision

IDENTIFICATION

Owner Gul Par Mish Inc.(Chicken Town)
Address 714 Schindler Dr.
Brick, N.J.
Tel. ( )

Agent SAME
Address
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address 2798 Brick Mall (Chicken Town)

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 November 30, 19 85 or the owner will be subject to a fine or order to vacate:

Pending final Blumbing.

D. DESCRIPTION OF WORK:

Business

USE GROUP B FIRE GRADING 2 Hour

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Chicken Town

FINAL COST OF CONSTRUCTION: $ 34,500.

ACTING 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

APPLICATION FOR CERTIFICATE

PERMIT NO. 4860
DATE ISSUED 6-23-87
Block 673 Lot 8
Subdivision
Notice No.

IDENTIFICATION

OWNER:

Name GUARDSMAN INC
Address 714 SCHANCER DRIVE ~~Brick~~
Town/State/Zip BRICKTOWN NJ 08723

CONSTRUCTION LOCATION:

Address 2799 HOOPER AVE
BRICKTOWN NJ 08723
Tel. (201) 920-3870

ACTION

☐ CERTIFICATE OF OCCUPANCY
☑ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: B Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 34,500
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Kathleen Pallman
OWNER/AGENT

☒ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 48660
DATE ISSUED 8-23-89
REVISION DATE
Block 673 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner R. MISHLEN K. PAR-MISH INC Contractor SAME
Address 714 SCHINDLER DR BRICK, N.J. 08723 Address
Tel. (201) 920-2843 Tel. ( )
Work Site Address 2798 BRICK MALL BRICK BLVD 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 _____ 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: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☒ Other ANSUL
Manual Pull: ☐ Yes ☐ No
Locations: _____
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: _____
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 A-3 Present A-3 Proposed
Heating Systems – Location: MECH. ROOM
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

ALTERATIONS - CHICKEN TOWN

☐ Partial Releases ☐ Prototype Processing

BRICK TWP.

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 4760
DATE ISSUED
REVISION DATE
Block 673 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner CHICKEN ~~SOUP~~ TOWN
Address BRICK MALL
BRICK ~~RD~~ BLVD.
Tel. (201) 929-9770
Work Site Address SAME
BRICK BLVD

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367
ENGLISHTOWN, N.J.
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 222036360

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 C. Connell
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: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☑ Other ANSUL R102
Manual Pull: ☑ Yes ☐ No
Locations: DRAWG SUBMITTED
Estimated Cost of Work: $ 2000.00 $ _____

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: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ 0
_____ $ 0
_____ $ 0

Subtotal $ 0
Minimum Fire Protection Fee (If Applicable) $ 0
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 0

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-3 Present A-3 Proposed
Heating Systems — Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 2000.00

D. COMMENTS

HOOD, FAN, DUCT
ANSUL SYSTEM
CHICKEN ~~SOUP~~ TOWN
☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

000 65
BRICK TWP.

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 4860
DATE ISSUED
REVISION DATE
Block 673 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner CHICKEN [redacted] TOWN
Address BRICK MALL, BRICK BLVD.
Tel. (201) 929-9770
Work Site Address SAME BRICK BLVD

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367 ENGLISHTOWN, N.J.
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 222036360

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 C. Gnell
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 ☐ CO_2 ☐ Halon ☐ Foam ☑ Other ANSUL R102
Manual Pull: ☑ Yes ☐ No
Locations: DRAWG SUBMITTED
Estimated Cost of Work: $ 2000.00
$

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*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-3 Present A-3 Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 2000.00

D. COMMENTS

HOOD, FAN, DUCT
ANSUL SYSTEM
CHICKEN [redacted] TOWN

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

CHICKEN TOWN ~~HOUSE~~

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4860
DATE ISSUED 2/23/83
REVISION DATE

Block 673 Lot 5
Subdivision

A. IDENTIFICATION

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

Owner R. MISHLER & PALUMBO Builders
Address 714 SCHINDLER DR, BRICK NJ 08723
Tel. (201) 920 2843
Work Site Address 2798 BRICKMAR
BLOCK 673 LOT 8 BRICK NJ

Contractor SAME
Address
Tel. ( )
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.

2-5x5 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 PARTITION/WALLS 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 1500 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: $ 5022

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 4760
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 C. 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: $ 6000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 4660
DATE ISSUED 8-23-83
REVISION DATE
Block 673 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner K Mishkofsky & Parleman Plbg Contractor LESLIE PARLEMAN JR P&H
Address 714 SCHINDLER DR. Address 14 KENNETH TER EAST
BRICK NJ 08723 MIDDLETOWN N.J. 07748
Tel. (201) 920 2843 Tel. (201) 671 9590
Work Site Address 2798 BRICK BLVD Lic.No./Bus. Permit ST LIC 5785
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.

Leslie B Parleman Jr
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
5	Lavatory/Sink	25		Indirect Connection	
4	Shower/Floor Drain	20		Sewer Ejector	
	Washing Machine		1	Grease Trap	25-
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15		Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other Type	15.-
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler	7.5		Other	
	COLUMN 1	$ ~~30~~		COLUMN 2	$ 40-

Fee	
COLUMN 1	$ ~~30~~ 75.
COLUMN 2	$ ~~40~~ 40
SUBTOTAL	$ 60 115
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 115.

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage – Material _____ Size 1½ 2"
Building Sewer– Material P.V.C Size 3"
Water Service– Material _____ Size _____
Venting – Material P.V.C Size 3" 2"
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — [illegible]RE

DATE	JOB CONDITION/COMMENTS
	PERMIT: 4860 BL: 673 LOT: 8 · CHICKEN TOWN ANSUL + HOOD
8-20-85	Review: Appl AS NOTED
	(1) MIN 6" HOOD OVERHANG OVER COOKING AREA
	(2) PROVIDE TEST & CERTIFICATE
	(3) PROVIDE BC FIRE EXT 10FT COOKING AREA
10-2-85	SUPPRESSION TEST: APPROVED
10-2-85	FINAL: APPROVED

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 8-20-85
Approved By: Mike Clayton

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10-2-85
Inspected By: Mike Clayton

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				10-2-85
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other FINAL				10-2-85
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

TOWNSHIP OF BRICK

FIRE SUBCODE
TECHNICAL SECTION

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. MICHIEN K. PAK-AICH INC
Address 714 SCHINDLER DR
BRICK, N.J. 08723
Tel. (201) 920-2243
Work Site Address 2798 BRICK MALL
BRICK BLVD

Contractor SAME
Address _____
Tel. ( ) _____
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 _____ 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: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☒ Other ANSUL
Manual Pull: ☐ Yes ☐ No
Locations: _____

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: _____
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 A-3 Present A-3 Proposed
Heating Systems – Location: MECH. ROOM
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

ALTERATIONS -
CHICKEN TOWN
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	PERMIT: 4860 JOB CONDITION/COMMENTS	BL: 673 Lot: 8 CHICKEN TOWN ALTERATIONS
8-20-85	Review: APP AS NOTED	
	(1) VENT FOR ROOM	
	(2) SPRINKLER FOR ROOM	
	(3) EXIT SIGN - EMER PWR PACK	
	(4) FIRE EXT.	
	(5) BC FIR EXT BY 10 FT COOKING AREA	
10-2-85	SUPPRESSION TEST: APPROVED	
10-2-85	FINAL FIRE: APPROVED	

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 8-20-85
Approved By: Mike Clayton

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10-2-85
Inspected By: Mike Clayton

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				10-2-85
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other FINAL				
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

Chicken Town

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

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 [illegible]	Contractor LESLIE [illegible]
Address [illegible]	Address 14 [illegible] EAST
Brick NJ [illegible]	MIDDLETOWN N.J. 07748
Tel. (201) [illegible]	Tel. ( ) 201 671 9590
Work Site Address [illegible] Brick Mall	Lic.No./Bus. Permit ST LIC 5785
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.

Leslie [illegible] (signature)
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ [illegible]		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
5	Lavatory/Sink	[illegible]		Indirect Connection	
4	Shower/Floor Drain	[illegible]		Sewer Ejector	
	Washing Machine		0	Grease Trap	[illegible]
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure Backflow Device	
0	Domestic Boiler/ Furnace	[illegible]		Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other [illegible]	15.—
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler	[illegible]		Other	
	COLUMN 1	$ [illegible]		COLUMN 2	$ [illegible]

	Fee
COLUMN 1	$ [illegible]
COLUMN 2	$ [illegible]
SUBTOTAL	$ [illegible]
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ [illegible]

C. PLUMBING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

	Material	Size
Drainage —		[illegible]
Building Sewer —	PVC	3"
Water Service —		
Venting —	PVC	[illegible]

Estimated Cost of Plumbing Work: $ ______

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
8/13/85	Isometric) Drawing, - by Alger
9-24-85	Faucets

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 8/13/85
Approved By: AC

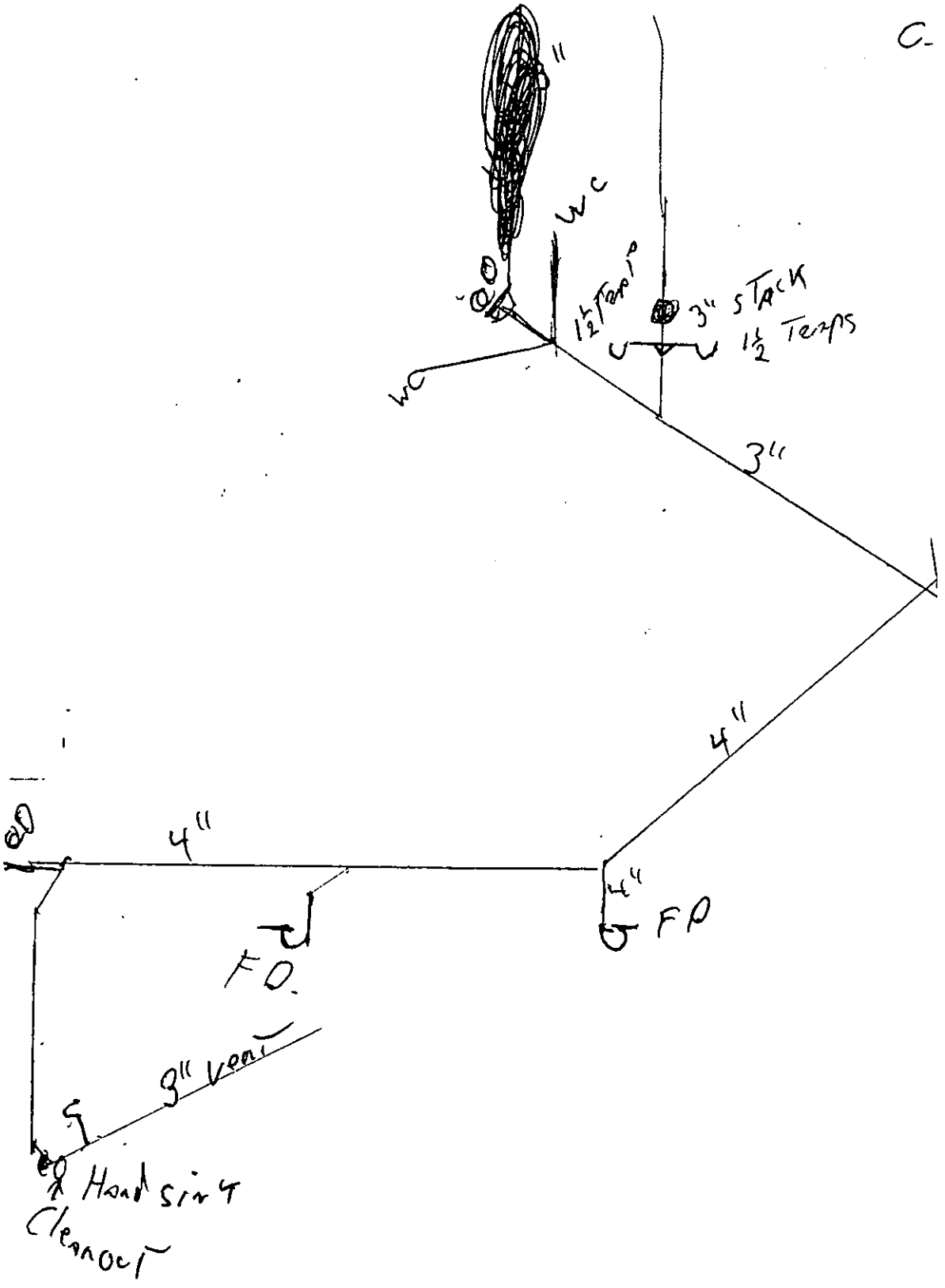
INSPECTIONS FINAL

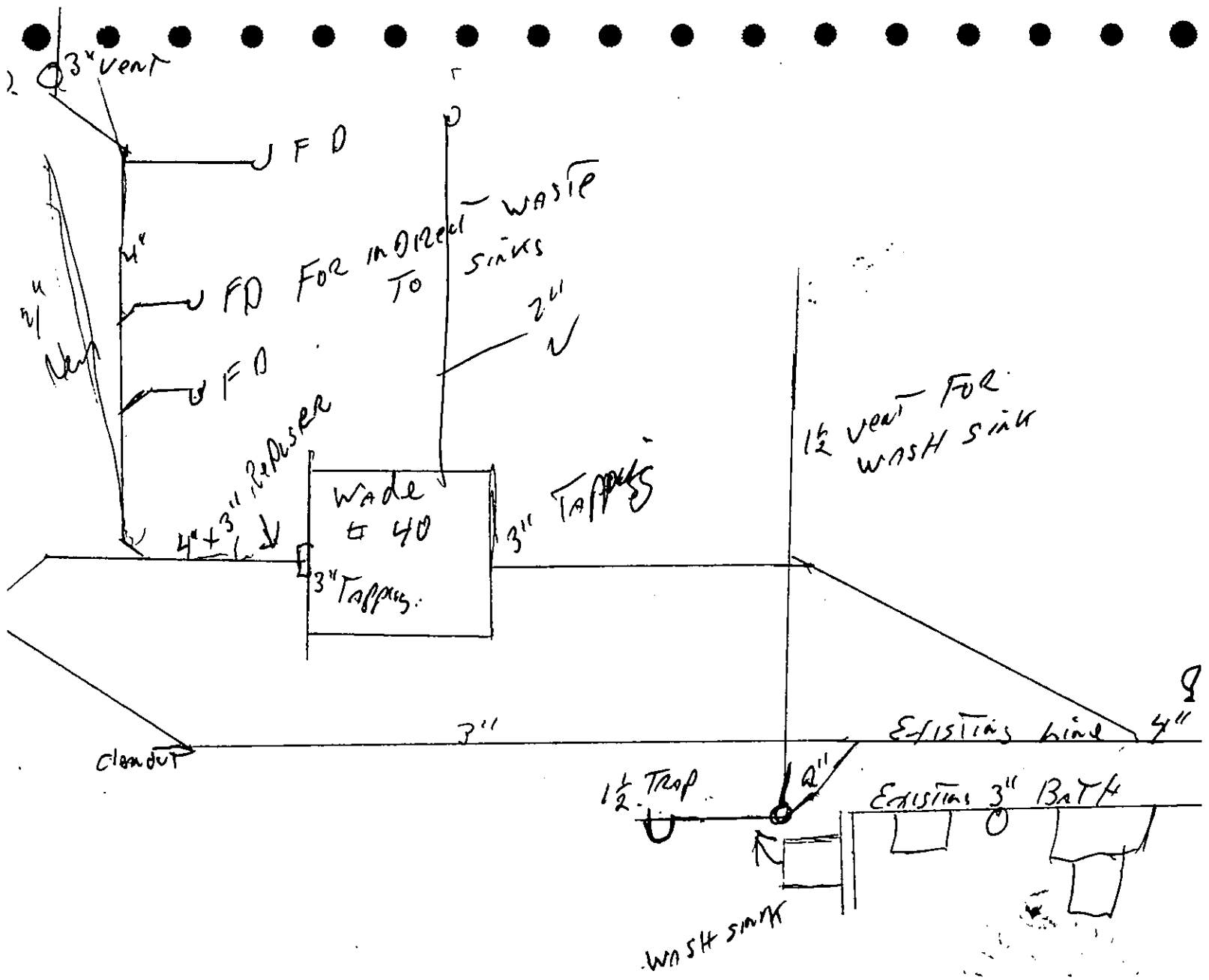
☒ CO ☐ CCO ☐ CA
Date: 12-20-85
Inspected By: D. Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				9-3-85 DM
☒ Rough				9-3-85 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☒ TCO				9-24-85 DM
☐ Other				

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


11
WC
WC
1½ Temp
3" STACK
1½ Temps
3"
4"
4"
4"
FD
FD
3" vent
Hand sink
Cleaner

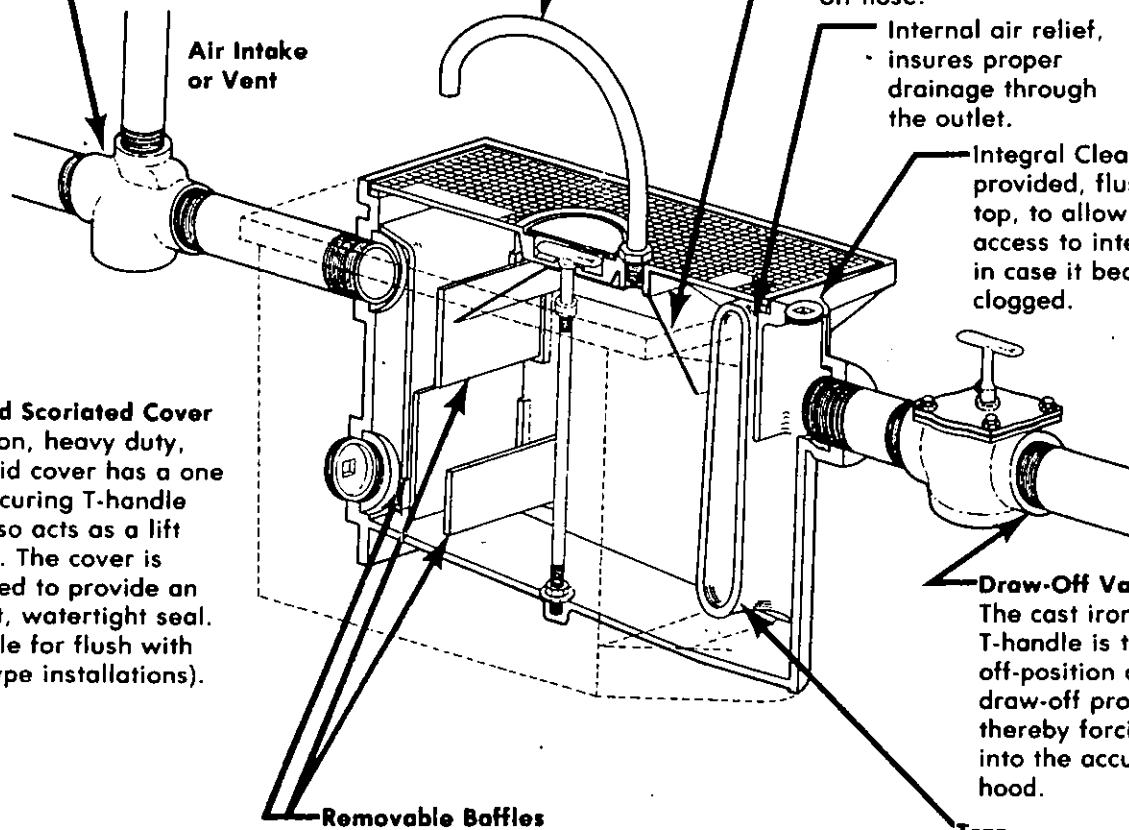


Leslie Parlemante pl+Heating
14 Kenneth Ter East
Middletown N.J. 07748
671-9590
ST Lic. 5785

Exclusive Features of Wade W-5100-Series Grease Interceptors

W-5100 JCX Illustrated

Flow Control (Furnished Standard)
Maximum grease interception efficiency depends upon the proper rate of flow through the interceptor. The flow control fitting regulates flow velocity, to prevent over taxing the interceptor beyond its rated capacity. (For further information refer to page 12).



Secured Scoriated Cover
Cast iron, heavy duty, anti-skid cover has a one bolt securing T-handle that also acts as a lift handle. The cover is gasketed to provide an airtight, watertight seal. (Suitable for flush with floor type installations).

Suffixes and Options

To select a cast iron grease interceptor with automatic grease draw off, and a flow rate capacity of 45 G.P.M. (Flow rate is determined by sizing method on page 13).

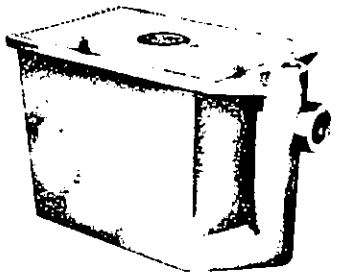
W-5150-JCX

SERIES NO. OF REQ'D. INTERCEPTOR	50 G.P.M. FLOW RATE (Closest to req'd. 45 GPM Flow rate)	Suffix for semi-automatic GREASE DRAW-OFF

PDI Approved Cast Iron Grease Interceptor

WADE W-5100 - Cast iron grease interceptor with acid resisting rubber base coating inside and outside, flow control fitting, removable baffles, threaded inlet and outlet, internal air relief, double wall trap with cleanout, gasketed scoriated cover, and PDI seal of approval.

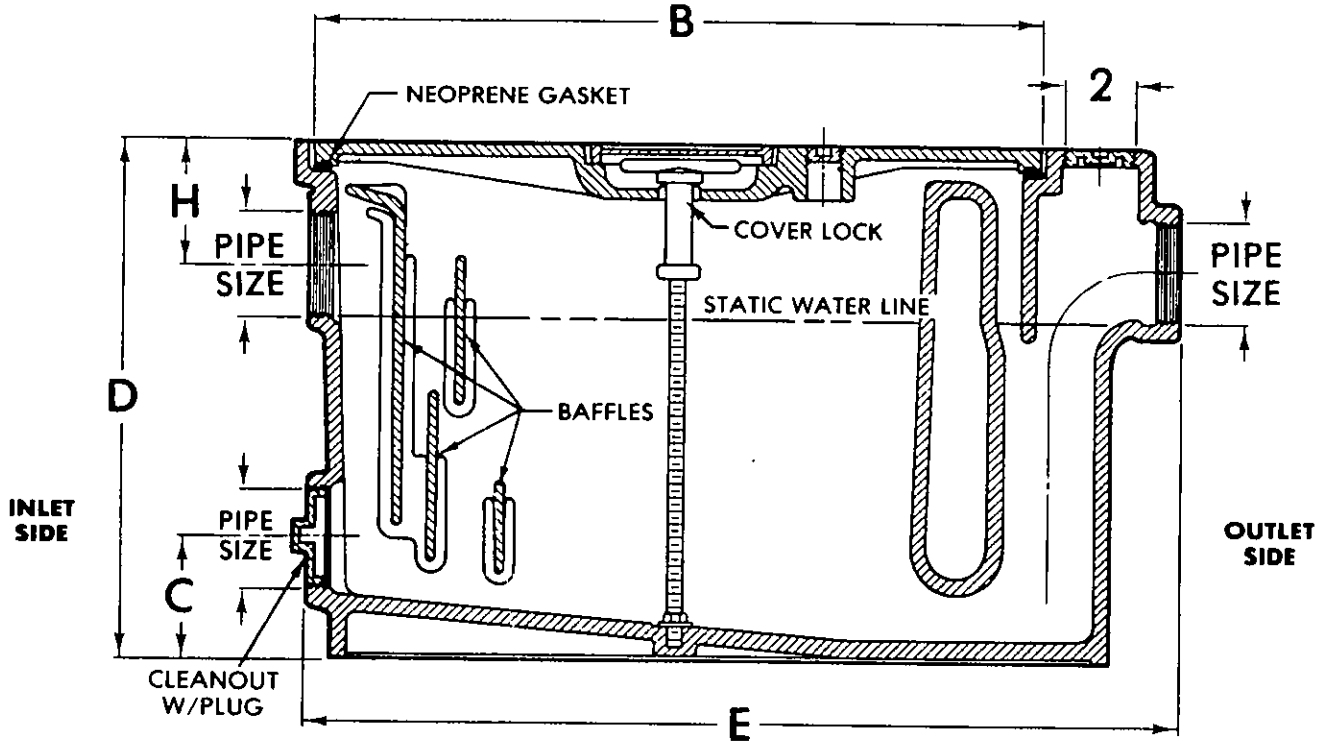
W-5100



Cat. No.	Pipe Size	Flow Rate GPM	Grease Capacity Lbs.	Wt. Lbs.	Standard Coating	(-61) A.R.E. In or (-62) A.R.E. Out	(-63) A.R.E. In & Out	Add For: (-27) Sediment Basket
W-5104	2	4	8	110	$ 315.30	$ 772.90	$ 811.10	$222.90
W-5107	**2**	**7**	**14**	**140**	**438.50**	**896.10**	**934.60**	**222.90**
W-5110	2	10	20	185	514.80	1,010.50	1,048.70	222.90
W-5115	**2**	**15**	**30**	**235**	**762.70**	**1,296.50**	**1,334.70**	**222.90**
W-5120	3*	20	40	350	934.30	1,487.20	1,525.30	228.80
W-5125	**3***	**25**	**50**	**400**	**1,048.70**	**1,567.90**	**1,606.00**	**242.00**
W-5135	3	35	70	540	1,296.50	1,887.60	1,937.50	259.60
W-5150	**3**	**50**	**100**	**675**	**1,716.00**	**2,538.80**	**2,698.70**	**387.20**

***(-70) OPTION** — Inlet & Outlet One Size Larger Not Available on These Interceptors.

W-5107 through W-5150 Carries PDI Seal of Approval.



OPTIONS

Suffix	Description	Add
(-27)	Sediment Basket	See Above
(-61)	A.R.E. Interior	See Above
(-62)	A.R.E. Exterior	See Above
(-63)	A.R.E. In & Out	See Above
(-70)	Inlet & Outlet One Size Larger	N/C
(-71)	Inlet & Outlet One Size Smaller	N/C

CAT. NO.	B	C	D	E	H	Body Width
W-5104	12¾	—	11¼	16¾	3¼	10¼
W-5107	15½	—	12	17	3½	12
W-5110	18½	3¾	13¼	21	3¾	12¼
W-5115	20¾	3¾	15½	25¼	3½	14½
W-5120	24	4	17	28½	4	16½
W-5125	25½	4½	19½	30	4½	18
W-5135	27½	5	21	33¼	5	19½
W-5150	30½	5½	24	36¾	6½	21½

Wade Division/Tyler Pipe • P.O. Box 2027 • Tyler, Texas 75710-2027 • (214) 882-5511 • Telex 73-5410

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

July 31, 1985

Mr. Bob Mishlen
714 Schindler Drive
Brick, N.J. 08723

re: Proposed Floor Plans (Revised)
Chicken Town
Block 673, Lot 8
Brick Mall
Brick

Dear Mr. Mishlen:

I have reviewed the revised floor plans for the above referenced establishment and have found them now 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,

Eli Goldman

Eli Goldman, R.S.,
Senior Sanitary Inspector

cc: Brick Twp. Building Dept.
Brick Twp. Plumbing Dept.
Brick Twp. Bd. of Health

EG/pjp

FINAL ☑
PROG. ☐

OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
ELECTRICAL
36 HADLEY AVENUE, C.N. 2191, TOMS RIVER, N.J. 08754

MUNICIPALITY R.T. LINE DEPT. R.P.

OWNER P. Mc Kloo / Perlman OCCUPANT Chicken Ring

LOCATION 2794 Brick Mall

B 673 L 8

"INSTALLATION IN THE ABOVE PREMISES HAS BEEN INSPECTED AND IS IN ACCORDANCE WITH THE N.E.C., APPLICABLE UTILITY AND GOVERNMENTAL REGULATIONS"

SERVICE 200 A. FIXTURES 10 RECEPTACLES 10 RANGE ____

WATER HEATER ____ ELECT. HEAT ____ AIR COND. ✓

MISC/COMMENTS 5 switches

Doesn't include Sign Permit

DATE 10-29-85 APPL. # 7767 INSPECTOR B. Peters

ELEC. 104 LIC. # 21

Notice of Violations Mailed Temp C.O. Expired

December 13, 1985

Brick Plaza Dry Cleaners, Blk. 671, Lt. 8, 100 Brick Plaza, issued 9-9-85, expired 10-9-85

Nicholas Sportelli, Blk 1027, Lt. 72-73, 1999 Rt. 88, issued 5-8-85, expired 7-15-85

Mr. J. Sasso, Blk. 377-B, Lt. 3,92 Doe Ct., issued 6-12-85, expired 7-12-85

Edwin J. Kaiser, Blk. 380, Lt. 2, Yorktowne Blvd. issued 5-28-85, expired 6-28-85

Jamko Service, Blk. 380, Lt. 2, 2850 Yorktowne Blvd. issued 3-28-85, expired 4-31-85

Ralph S. Beese, Blk. 380 Lt. 2,.2760 Yorktowne Blvd., issued 2-19-85, expired 3-19-85

Glenn R. Provdo, Blk. 380, Lt. 2. 2890 Yorktowne Blvd. issued 3-29-85, expired 4-29-85

Dr. Maski, Blk. 380,Lt. 2, 2800 Yorktowne Blvd., issued 10-28-85, expired pending Completi

Gallo, Brown, & Smith, Blk.446D, Lt. 4-5, 474 Brick Blvd., issued 6-18-85, expired 6-29-85

James Supernant, Blk. 446D, Lt. 18, 530 Brick Blvd. issued 3-26-85, expired 4-5-85

Gul Par Mish Inc., Blk. 673, Lt.8, 2798 Brick Blvd., Issued 10-30-85, expired 11-30-85

~~Xxxxxx Xxxxxx Blkxx 860-2 Ltxx 30-35 31 Sturdy St., issued 10-24-85, expired 11-16-85~~

Philip Carbone, Blk.860-2, Lt. 30-35, 31 Sturdy St., issued 10-24-85, expired 11-16-85

Thomas Anderson, Blk. 1055-4, Lt. 5&6, 111 Washington St., issued 9-5-84, expired 10-5-84

Peterson's Restaurant, Blk. 1322, Lt. 1, 1600 Rt. 70, issued 5-30-84, expired 4-19-85

Dennis M. Sweeney, Blk. 385.04, Lt. 31, 589 Winding River Rd., Issued 10-25-85, expired 11-25-85

Douglas Bagarozy, Blk. 1426-7, Lt. 13, 1228 Andover Rd. issued 10-10-85, expired 11-10-85