BLOCK 673 LOT 13 ADDRESS (SITE) 741 BRICK BLVD. PERMIT NO. 327-92

RECEIVED FEB 7 1992 DIVISION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: FRIENDLY'S - BRICKTOWN STORE #236
2. Name of Owner in Fee: FRIENDLY ICE CREAM CORP. Tel. (413) 543-2400
   Address 1855 BOSTON RD. WILBRAHAM, MASS 01095 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: FRIENDLY ICE CREAM CORP. Tel. (413) 543-2400
   Address 1855 BOSTON RD. WILBRAHAM, MASS 01095
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 04-205-3130 Social Security No. _____
5. Architect or Engineer THE PARKER GROUP Tel. (201) 267-1250
   Address 64 MACCULLOCH AVE. MORRISTOWN, N.J. 07960
6. Responsible Person In Charge of Work WILLIAM H. PARKER, A.I.A. Tel. (201) 267-1250

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 220		
2. Electrical			
3. Plumbing			
4. Fire Protection	60		
5. Other			
6. Subtotal	$ 280		
7. Less 20% for State Plan Review	56		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 305		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	ONE (1)
2. Height of Structure	16'± ft.
3. Area—Largest Floor	2410 ± sq. ft.
4. Building Area—All Floors	2410 ± sq. ft.
5. Volume of Structure	38,560 ± cu. ft.
6. Construction Classification	4-B
7. Total Land Area Disturbed	NONE sq. ft.
8. Flood Hazard Zone	N/A
9. Base Flood Elevation	N/A ft.
10. Wetlands yes	sq. ft.
no	XX
11. Fire Grading	2-C
12. Max. Live Load	BUSINESS 3000 P.S.I.
13. Max. Occupancy Load	70

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	23,000
6. ☒ Fire Protection	1,000
7. ☐ Plumbing	
8. ☒ Electrical	6,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	30,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			3/9/92	RR	Final 3-19-92		JC
		2-10-92	2/24/92		elec. 8-19-92	RR	

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: RESTAURANT
2. Use Group: A-3
3. Change in Use Group, Indicate Former:

LDS BR 10207622

20K

UCC Form F-100A

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 _____

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 WILLIAM H. PARKER, A.I.A. THE PARKER GROUP

Address 64 MACCULLOCH AVENUE

MORRISTOWN, NEW JERSEY 07960

Telephone (201) 267-1250

Signature William H Parker Date 1/9/92

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	COMMENTS
☐ 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 Zoning	SK	2/7/92	interior alteration						
☐									
☐									

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.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 3-10-92
Control #
Permit # 327-92

ENTIFICATION Block 673 Lot 13

rk Site Location 741 Brick Blvd. Contractor same

Address

ner in Fee Kirby Ice Cream Corp.

dress 1855 Boston Rd. Tele. ( )

Wilbraham, Mass.

e. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

BLOCK

hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

SCRIPTION OF WORK:

interior alterations

TE: If construction does not commence within one (1) year of date of issuance, or if struction ceases for a period of six (6) months, this permit is void.

Imated Cost of Work $ 30,000.

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)** 673 #

Building	LOT
Plumbing	13 #
Electrical	BUILDING
Fire Protection	FIRE
Other	PLAN RVW
Other	C / O
DCA Training Fee	TOTAL
Cert. of Occ.	CHECK
Other	CHANGE
Total	03/11/92 NO. 5 0014A005
Check No	2846
Cash	2847
Collected By:	

.C. Form F-170A

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

FRIENDLY'S

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-10-92
Control #
Permit # 327-92

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

Block 673 Lot 13
Work Site Location 741 BRICK BLVD.
FRIENDLY'S BRICKTOWN STORE #236
Owner in Fee FRIENDLY ICE CREAM CORP
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Contractor FRIENDLY ICE CREAM CORP.
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 04-205-3130 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All 3/9/92
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/19/92
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes	3/18/92			
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group	Present A-3	Proposed A-3	
Constr. Class	Present 4-B	Proposed 4-B	
No. of Stories	ONE (1)		
Height of Structure	16'-0" ±		Ft.
Area—Largest Floor	2410 ±		Sq. Ft.
Total Bldg. Area/All Floors	2410 ±		Sq. Ft.
Volume of Structure	38,560 ±		Cu. Ft.
Total Land Area Disturbed	NONE		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
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.

William A Parker
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR FINISHES MODIFICATIONS
(SEE ATTACHED PLANS)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] 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

3-18-92 - not ready - needs cleaned up JK

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-10-92
Control #
Permit # 327-92

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

Block 673 Lot 13
Work Site Location 741 BRICK BLVD.
FRIENDLY'S BRICKTOWN STORE #236
Owner in Fee FRIENDLY ICE CREAM CORP
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Contractor FRIENDLY ICE CREAM CORP.
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 04-205-3130 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 3/9/92 AL
[ ] 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 A-3 Proposed A-3
Constr. Class Present 4-B Proposed 4-B
No. of Stories ONE (1)
Height of Structure 18'-0" ± Ft.
Area—Largest Floor 2410 ± Sq. Ft.
Total Bldg. Area/All Floors 2410 ± Sq. Ft.
Volume of Structure 38,560 ± Cu. Ft.
Total Land Area Disturbed NONE Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
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.

William A Parker
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR FINISHES MODIFICATIONS
(SEE ATTACHED PLANS)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] 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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 392003348

Brick

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

Block 673 Lot 13
Work Site Location 741 BRICK BLVD.
FRIENDLY'S — BRICKTOWN. STORE # 236
Owner in Fee FRIENDLY ICE CREAM CORP
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Contractor McGUIRE ASSOCIATES
Address BOX 556 LEES HILL RD
NEW VERNON, NJ
Tele. (800) 421-9124
Lic. No. 9011
Federal Emp. No. _____ or Social Security No. 139-60-3425

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 6,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[X] Elec. Plans Approved
Date: 92210
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 3.19.97
Approved by: [signature]

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-19-97	BK

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3.19.97
Line Dept. PP

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.

J.K. Cannon
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt-Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Fixtures (1) 11 - Relocate original fixture	
25		Receptacles (2)	
22		Switches (3)	
28		Total 1 + 2 + 3	44
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
2		Smoke Detectors (HEAT)	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # 2845 Minimum Fee $ _____
Collected by: R/F TOTAL FEE $ 44.-

RF

U.C.C. Form F-120A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3-10-92
Control #
Permit # 327-92

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

Block 673 Lot 13
Work Site Location 741 BRICK BLVD.
FRIENDLY'S - BRICKTOWN SITE # 236
Owner in Fee FRIENDLY ICE CREAM CORP.
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Contractor McGUIRE ASSOCIATES
Address BOX 556 LEGS HILL RD
NEW VERNON, NJ 07976
Tele. (800) 421-9124
Lic. No. 9011
Federal Emp. No. _____ or Social Security No. 139-60-3425

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 1000.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 2-26-92
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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.

J K Connor
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work alteration

Water Supply Source _____
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		20.
Heat Detectors (Batteries Pull up Common area)	2	
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		
OTHER Plan Review		40
	Administrative Surcharge	$
Paid [ ] Check # _____	Minimum Fee	$
Collected by _____	TOTAL FEE	$ 60

U.C.C. Form F-140A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3-10-92
Control #
Permit # 327-92

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

Block 673 Lot 13
Work Site Location 741 BRICK BLVD.
FRIENDLY'S - BRICKTOWN STORE #236
Owner in Fee FRIENDLY ICE CREAM CORP.
Address 1855 BOSTON ROAD
WILBRAHAM, MASS 01095
Tele. (413) 543-2400
Contractor MCGUIRE ASSOCIATES
Address BUILDING LEGG HILL RD
NEW VERNON, NJ 07976
Tele. (800) 421-9124
Lic. No. 19011
Federal Emp. No. _____ or Social Security No. 139-60-3457

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 1000.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 3-26-92
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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

D. TECHNICAL SITE DATA

Description of Work _____

Water Supply Source _____
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		20.
Heat Detectors	2	
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		
OTHER Fuse & Fee		110
	Administrative Surcharge	$
Paid [ ] Check # _____	Minimum Fee	$
Collected by _____	TOTAL FEE	$ 130

U.C.C. Form F-140A

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

TOWNSHIP OF BRICK

OCEAN COUNTY NEW JERSEY
401 CHAMBERS BRIDGE ROAD BRICK NJ 08723

Daniel F Newman Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H Hibbard
Joseph C Scarpelli
Warren H Wolf
David W Wolfe

Division of Inspe

AJ Cierzo
Construction Of

(201) 477-3000 ex

Spoke on phone with Eng to correct was To

CHECK LIST

RE Block 673 Lot 13 Address 741 Brick Blvd

Please be advised that your application for a construction permi for the subject property has beenrejected due to deficiencies in the following areas

Administrative

Zoning

Engineering

Building UCC 523 - 7.8

~~Plumbing~~ SECTION B

~~Electric~~ OK 3/9/92 BJK

Fire

See attached review check list(s) for details as to the reason your submission has been rejected Please revise your applicatio accordingly and resubmit to this office

There is a 20 working day time limit for revie of all documents submitted with a construction permit applicatio This time lim ceases in the event of a rejecti on any type, and starts over again when the rejection(s) has been corrected and the applicat resubmitted

Arthur J Cierzo,
Construction Official

Date

Friendly's

Great Food
& Ice Cream

March 2, 1992

Township of Bricktown
Chambers Bridge Road
Bricktown, NJ 04011

Dear Ray:

Our consultant, Bill Parker of The Parker Group, has instructed Friendly's that the plan review is complete. Therefore, I have enclosed two checks in the amount of $305.00 for the certificate of occupancy, building and fire permits for interior alterations at 741 Brick Blvd., Bricktown.

Please hold our permit and a representative will pick it up prior to the start of construction.

Also, Friendly's engineer (Russ Hill) will be sending you a letter regarding our restrooms, and the new Federal Regulation, in the near future.

Sincerely,

Michael S. Przybylowicz/lo

Michael S. Przybylowicz,
Permit Coordinator
Construction & Maintenance Dept.

MSP/lo
Enclosures

CC: The Parker Group
Russ Hill

Friendly's

Great Food
& Ice Cream

February 28, 1992

Building Inspector
Town of Bricktown
Bricktown, New Jersey

RE: Friendly Restaurant #236
Bricktown, New Jersey

Dear Sir:

Please be advised that the modifications to the referenced restaurant and the restroom facilities within are intended to meet the spirit and intent of both the State of New Jersey and Federal Handicapped Accessibility Regulations.

Sincerely,

J. Russell Hill, P.E.
Senior Director
Design and Engineering

S E A L

THE PARKER GROUP
William H. Parker, A.I.A.
64 MacCulloch Avenue
MORRISTOWN, NEW JERSEY 07960

LETTER OF TRANSMITTAL

DATE	JOB NO.
MARCH 3, 1992	92577
ATTENTION: RAY CORTASICK	
RE: FRIENDLY'S - STORE #236	

TO TOWNSHIP OF BRICKTOWN
CHAMBERS BRIDGE RD.
BRICKTOWN, NJ 08011

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☒ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3	12-13-91	2	FLOOR PLAN
3	12-13-91	M-1	MECHANICAL PLAN
3	12-13-91	M-2	REFLECTED CEILING PLAN
1	2-28-92	—	SEALED LETTER FROM OWNER

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS RAY

I TRUST THE ENCLOSED WILL DOCUMENT YOUR REQUEST. AS YOU WILL NOTE, ALL ROOMS HAVE BEEN LABELED AND THE DOOR SWINGS IN THE EXISTING TOILET ROOMS HAVE BEEN CHANGED TO FURTHER ACCOMODATE WHEELCHAIR ACCESS. ANY FURTHER QUESTIONS PLEASE CONTACT MYSELF AT (201) 267-1250

THANK YOU

COPY TO MIKE PRZYBYLOWICZ

SIGNED: W. H. Parker

FRIENDLY ICE CREAM CORP.
1855 Boston Road
Wilbraham, MA 01095
413/543-2300

INTERIOR FINISHES MODIFICATIONS

STORE # 236

LOCATION BRICKTOWN

LOT: 13 BLOCK: 673

TO WHOM IT MAY CONCERN:

ATTN: RAY CORTASKY

Please find attached the required sealed plans and completed permit jacket. When the plan review process has been completed and the permit costing tabulated, kindly contact the person below by FAX or phone so that payment of same can occur in a timely manner. A breakdown of the total amount would be helpful. If, during the review process any questions should arise, do not hesitate to contact the person below.

Respectfully submitted,

William H. Parker

William H. Parker, A.I.A.
Architect/Planner
Owners" Agent

The Parker Group
64 Macculloch Avenue
Morristown, New Jersey 07960
Tel. # 201/267-1250
FAX # 201/267-9242

Construction scheduled to begin MARCH 16, 1992