Not C24-13

BLOCK 673 LOT 13 QUALIFICATION CODE ADDRESS (SITE) 741 BRICK BOULEVARD PERMIT NO. 98-035

RECEIVED
DEC 08 1997

CONSTRUCTION PERMIT APPLICATION

Plumbing to come in + attached application 20K

IV. CERTIFICATION Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 741 BRICK BOULEVARD (FRIENDLY'S)
2. Name of Owner in Fee: FRIENDLY'S ICECREAM CO. Tel. (413) 543-2400
   Address 1855 BOSTON ROAD, WILBRAHAM MA 01095 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Friendly's Ice Cream Corp Tel. (413) 543-2400
   Address 1855 Boston Road Wilbraham, MA 01095
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 04-205-3130 FAX: (____) ____
5. Architect or Engineer IANNELLI-HUMMEL ARCH. Tel. (609) 428-8877
   Address 601 CHANNEL AVE. CAMDEN NJ 08034
6. Responsible Person in Charge of Work MICHEAL PRZYBYLOWICZ
   Tel. (413) 543-2400 ext. 2329 FAX (____) ____

interior perforation

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 760.-		
2.	Electrical	50.-		
3.	Plumbing	35		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	28.-		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ZBA	815		
13.	TOTAL	$ 888.-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure ±25'-0" ft	
3.	Area — Largest Floor — sq. ft	
4.	New Building Area — sq. ft	
5.	Volume of New Structure — cu. ft	
6.	Construction Classification	
7.	Total Land Area Disturbed — sq. ft	
8.	Flood Hazard Zone L	
9.	Base Flood Elevation — ft.	
10.	Wetlands yes — no —	
11.	Max. Live Load —	
12.	Max. Occupancy Load —	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work		Not	12/8/97						
2.	☐ New Building							5/8/98		
3.	☐ Addition					1-8-98				
4.	☐ Alteration	$30,000				1-15-98		5/7/98		
5.	☐ Fire Protection									
6.	☑ Plumbing	$5,000				2-25-98				
7.	☐ Electrical	$5,000								
8.	☐ Elevator Devices					Elec		TCO Issued 5/19/98		
9.	☐ Asbestos Abat. Subch. 8							Elec 5/12/98 PG		
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GWT	12/9/97		12/9/97				
	TOTAL COSTS	$40,000								

OPTIONAL (for office use only)

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: none

FINAL APPROVAL
NO FEE - COMMERCIAL

LDS BR 10207584 A

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 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 Angela M. Hamball (Signarino Lumber - Agent)
Address 601 Chapel Ave.
Cherry Hill NJ 08034
Telephone (609) 428-8844
Signature Angela M. Hamball

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/26/98
Control #
Permit # 98-0385

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 673 Lot 13

Work Site Location 741 BRICK BLVD FREINDLY'S
INTERIOR RENOVATION
Owner in Fee FRIENDLY'S ICE CREAM CORP
Address 1855 BOSTON RD
WILBRAHAM, MA 01095-
Telephone (413)543-2400

Contractor FRIENDLEYS ICE CREAM CORP
Address 1855 BOSTON RD
WILBRAHAM, MA 01095-
Telephone (413)543-2400
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 04-2053130
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
INTERIOR ALTERATION

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

Estimated Cost of Work $ 35,010

Joe Lusinsa / Frank Mey
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	760
Electrical	0
Plumbing	50
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	28
Cert. of Occ.	0
Other Zpa	15
Total	~~888~~ 673
Check No.	041541
Cash	
Collected By:	AJP

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/26/98
Date Issued
Control #
Permit # 98-0385

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 KILN ROAD

Owner in Fee FRIENDLY'S ICECREAM CORP.
Address 1855 BOSTON ROAD
WILBRAHAM MA 01095
Tele. (413) 543-2400
Contractor FRIENDLY'S ICECREAM CORP.
Address 1855 BOSTON ROAD
WILBRAHAM MA 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	1-5-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class Present 3B Proposed 3B
No. of Stories 1
Height of Structure ±25'-0" Ft.
Area—Largest Floor — Sq. Ft.
New Bldg. Area/All Floors — Sq. Ft.
Volume of New Structure — Cu. Ft.
Total Land Area Disturbed — Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ $40,000
3. Total (1+2) $ $40,000

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 Amelia M. Gambale / Agent

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK only interior
Interior - toilet rooms brought up to Handicap code
- re-finish walls; wall paper (cosmetic)
Exterior: - addition of pitch dormer
- shutters
- Horse boxes
- nostalgic mural

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other INTERIOR - COSMETIC
[X] Other ~~EXTERIOR - CANOPY~~
[ ] Demolition

(Office Use Only) FEE

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-1108 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
Control #
Permit #

98-0385
2/26/98

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 941 BRICK BLVD/RTE 70
BRICK TWP NJ
Owner in Fee FRIENDLY'S
Address 1855 BOSTON ROAD
WILBRAHAM MA 01095
Tele. (413) 543-2400
Contractor ~~Friendly~~ Friendly's Ice Cream Corp
Address 1855 Boston Road
Willbraham, MA 01095
Tele. (413) 543-2400
Lic. No.
Federal Emp. No. 04-205-5130 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class. Present 3B Proposed 3B
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1/8/98
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) 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.

Angelina Gambale / agent F.C.
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		
Heat Detectors		
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		35

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 35
Collected by: TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2/26/98
Control #
Permit # 98-0385

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 (Friendlys)

Owner in Fee Friendlys Ice Cream Corp
Address 1855 Boston Road
Wilbraham MA 01095
Tele. (413) 543-2400
Contractor G R Byron Plumbing
Address 1171 Jeannette Ave
Union NJ 07083
Tele. (908) 688-9881
Lic. No. 09027
Federal Emp. No. — or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present — Proposed —
Building Sewer Size 4" Public Sewer ✓ Private Septic —
Water Service Size 1½" Public Water ✓ Private Well —
Estimated Cost of Plumbing Work $ ~~$5000~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 2-27-98
Approved by: RW

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) Replace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
1	Urinal/Bidet	10
—	Bath Tub	—
2	Lavatory	20
—	Shower	—
—	Floor Drain	—
—	Sink	—
—	Dishwasher	—
—	Drinking Fountain	—
—	Washing Machine	—
—	Hose Bibb	—
—	Water Heater	—
—	Fuel Oil Piping	—
—	Gas Piping	—
—	Steam Boiler	—
—	Hot Water Boiler	—
—	Sewer Pump	—
—	Interceptor/Separator	—
—	Backflow Preventer	—
—	Greasetrap	1
—	Water Cooled A/C or Refrigeration Unit	—
—	Sewer Connection	—
—	Water Service Connection	—
—	Active Solar System	—
—	Other	—

Administrative Surcharge $ —
Paid [ ] Check # — Minimum Fee $ —
DCA Training Fee $ —
Collected by: — TOTAL $ 50

U.C.C. Form F-130B
1 White – Inspector Copy
2 Canary – Office Copy
3 Pink – Office Copy
4 Gold – Applicant Copy

OK INSIDE & OUTSIDE

ELECTRICAL SUBCODE TECHNICAL SECTION

10-11 Am

Date Received
Date Issued
Control #
Permit #

MAY 6 98 003880

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 477

Owner in Fee/Occupant Friendly Ice Cream

Address 1855 Boston Rd 7134

Wilbraham MA

Tele. ( )

Contractor Misty Electric

Address 25 Seminole Ave

Lk. Hiawatha N.J.

Tele. (973) 335-4321 Fax ( )

Lic. No. 8185

Federal Emp. No. 22-346 1026

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 7000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			5/7/98	5433
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	5/8/98	5433		
Final	5/7/98	5433	5/12/98	5433

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 5/12/98

Approved by: [signature] 5433

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.

[signature]

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
39		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
1		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
6		Alarm Devices/F.A.C. Panel	
51		TOTAL NUMBERS	$ 45-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	1	KW Elec Sign/Outline Light (outside existing)	
1		Ceiling Fan	
2		40 Volt Hand dryers	

Administrative Surcharge $ ______

Minimum Fee $ 45-

DCA Training Fee $ 6-

TOTAL FEE $ 51-

CK 1686 RF

U.C.C. F120 (rev 3/96)

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

5/8/98 HEAD BREAKER LOCK x 2 = HAND DRYER

5/8/98 SAME

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/26/98
Date Issued
Control #
Permit # 98-0385

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 BOULEVARD

Owner in Fee FRIENDLY'S ICECREAM CORP.

Address 1855 BOSTON ROAD
WILBRAHAM MA 01095

Tele. (413) 543-2400

Contractor Friendly's Icecream Corp

Address 1855 Boston Road
Wilbraham MA 01095

Tele. (413) 543-2400

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 04-205-3130 or Social Security No.

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 Angela M. Gambale /agent

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

only interior

interior - toilet rooms brought up to Handicap code
- ~~re-front~~ toilets ; wall paper (cosmetic)

COMPLAINT

~~interior :- addition of prefab dormer~~
~~- shutters~~
~~- flower boxes~~
~~- nostalgic mural~~

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (6' or over)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other INTERIOR - COSMETIC
[X] Other ~~EXTERIOR - COSMETIC~~
[ ] Demolition

(Office Use Only)
FEE
$

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-5-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3-8-98
Approved By: J. Chrusler

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	5/7/98 OVER			

B. BUILDING CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class Present 3B Proposed 3B
No. of Stories 1
Height of Structure ±25'-0" Ft.
Area—Largest Floor — Sq. Ft.
New Bldg. Area/All Floors — Sq. Ft.
Volume of New Structure — Cu. Ft.
Total Land Area Disturbed — Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ $40,000
3. Total (1+2) $ $40,000

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B

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

5/7/98 Job complete - but site not cleaned
dumpster - texnilor still on site -
check on 5-8-JC

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 98-0385
Permit # 2/26/98

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 441 BRICK BLOUVARD
BRICK TWP 08723
Owner in Fee FRIENDLY'S
Address 1855 BOSTON ROAD
WILBRAHAM NJ 01095
Tele. (413) 543-2400
Contractor ~~Fly~~ Friendly's Ice Cream Corp
Address 1855 Boston Road
Wilbraham, MA 01095
Tele. (413) 543-2400
Lic. No.
Federal Emp. No. 04-205-0130 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A3 Proposed A3
Constr. Class. Present 3B Proposed 3B
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1/8/98
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 5/7/98
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Plan Review			5/7/98	
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.

Angelina Gambale / agent F.C.
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		
Heat Detectors		
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		35

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 35
Collected by: TOTAL FEE $ 35

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: December 8, 1997 1997 - 2845

Block 673 Lot 13 Zone B-3, H.D.

Property Address: 741 brick Boulevard

Owner: Friendly's Ice Cream Corp. (Phone): 413-543-2400

Applicant: Angelia Gambale (Phone): 609-428-8877

Existing Use: Friendly's Restaurant

Proposed Use: Friendly's Restaurant

Proposed Construction (if any): Interior renovations and pre-fad dormers, shutters, flower boxes and nostalgic moral.

Conditions: No increase of floor area or number of customer seats.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954
http://gbshost.com/brick

December 12, 1997

Friendly's Ice Cream Co.
1855 Boston Road
Wilbraham, MA 01095

RE: Mandatory Development Fee
Block 673, Lots 13; Interior Alterations Friendly's Ice Cream 741 Brick Blvd.

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on December 8, 1997, for the above block and lot at $30,000.00, resulting in an estimated fee of $300..00.

Therefore, it is required that one half of the estimated fee ($150.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da
MDF ltr

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 173 LOT 13 SITE ADDRESS 741 Bond Blvd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required ____ Date ____
Down Payment ____ Date ____
Balance ____ Date ____
Paid In Full ____ Date ____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

☒ Commercial is .01 %

Estimated Assessment $ 30,000.00 Date 12-11-97

Estimated Required Fee $ 300.00

Required Deposit on Estimate $ 150.00 Date 12-26-97

Check # 40468 Receipt # [illegible]

Actual Assessment $ ____ Date ____

Actual Required Fee $ ____

Minus Deposit of Estimate $ ____

Balance Due $ ____ Date ____

Check # ____ Receipt # ____

Amount Paid In Full $ ____

Fees Imposed To Date ____
Fees Reached $15,000 ____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-11-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 673 LOT 13 SITE ADDRESS 711 Brick Blvd

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Family Rest. Tavern & Motel

APPLICANT Family Tree Corp. CITY & STATE Waterloo, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

December 29, 1997

Ignarri-Lummis
Architects and Planners
601 Chapel Avenue
Cherryhill, NJ 08034

Attn: Angelia Gambale

Re: Friendly's Restaurant
Brick Township

Dear Ms. Gambale;

This office has reviewed the permit application for the above referenced project for the purposes of interior renovations only.

Please be advised that any site work performed will be in violation of the existing site plan and must have Planning Board approval.

If you have any questions, please feel free to call.

Very truly yours,

James A. Priolo

James A. Priolo, P.E.
Assistant Township Engineer

cc: Joan Kull, Planning Board Secretary
Joseph Curiazza, Construction Official

IGNARRI-LUMMIS
ARCHITECTS AND PLANNERS, P.A.
601 Chapel Avenue East
Cherry Hill, New Jersey 08034
(609) 428-8877
FAX (609) 429-6379

LETTER OF TRANSMITTAL

DATE 12.8.97 | JOB NO. 4674

ATTENTION Building Inspector

RE: - Permitting

TO Township of Brick
401 Chamberbridge Rd.
Brick township, NJ 08723

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 sets	11.28.97		Construction docs.
			zoning application fee

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 _____

COPY TO file / R. Cunningham

SIGNED: A. Gandale

If enclosures are not as noted, kindly notify us at once.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

February 12, 1998

Ignarri-Lummis Arch-Attn: Angelia Gambale
601 Chapel Avenue
Cherry Hill, NJ 08034

Re: 741 Brick Blvd-Friendly's Ice Cream

On 02-05-98, your application for a interior renovation permit has been rejected or denied. You have been contacted by either phone or mail in regards to why the application has been rejected. If the information is not supplied within 14 days of this letter, we will consider the application null and void and it will be filed appropriately for a period of six (6) months.

If you have any questions or need an extension for any particular reason, please contact me at 732-262-1031.

Sincerely,

Lisa Rose Tavalaiccio
Control Person

Approval
J. Curiazza
Construction Code Official

/ajp 2/13/98 - Out to bld. for plumbing. Do not send anymore letters

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION 741 Brick Blvd
(Street address)

BUILDING DESCRIPTION Friendly's Ice Cream

REVIEWED BY DN

Numerals indicated in parenthesis are applicable code sections of the 1993 BOCA National Building Code. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code.* The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Needs lic Plumber + Seal	
(2)	needs sketchs on Renovated Bathrooms	
	2/5/98- Plumbing application mailed to Jeff Bebrie contractor called PO Box 77 Martinsville, Pa. 18836	
	2/13/98 - Out to bid - no	
	2/24/98 - resubmit - Plumbing	

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Municipal Engineer
(908) 262-1038
Fax (908) 920-4850

DATE: 12-8-97

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 673 Lot: 13

Dear Sir;

I, Angelia M. Gambale (Name) of Gruber + Lummis Architects (Address) request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is (is not) located in a flood zone.

Respectfully yours

Angelia M. Gambale 609-978-8877
Applicant's signature Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved dr DATE: 12/5/97 BY:

Rejected DATE: _____ BY: _____

REMARKS: _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1.73 LOT 13 SITE ADDRESS 741 Bric Blvd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Interior Alteration

APPLICANT Frank J. Cimino Co PHONE NUMBER 413-543-2400
APPLICANT ADDRESS [illegible] CITY & STATE W. Brkfld, Mass
PERMIT # NAME OF BUSINESS Frank J. Restaurant

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

☒ Commercial is .01 %

Estimated Assessment $ 30,000.00 Date 12-11-97

Estimated Required Fee $ 300.00

Required Deposit on Estimate $ 150.00 Date 12-26-97

Check # 4046 Receipt # 2519

Actual Assessment $ 30,000.00 Date 5-5-98

Actual Required Fee $ 300.00

Minus Deposit of Estimate $ 150.00

Balance Due $ 150.00 Date 5-7-98

Check # 04261 Receipt # 1405

Amount Paid In Full $ 300.00

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-11-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 673 LOT 13 SITE ADDRESS 711 Brick Blvd

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Friendlys Rest. Interior renovation

APPLICANT Friendly's Ice Cream Co CITY & STATE W. Ibraham, Ma

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 30,000

Frederick R. Millman, CTA, Tax Assessor

12/11/97

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 30,000

Frederick R. Millman, CTA, Tax Assessor

5/5/98

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

[redacted]

[redacted]

Date: May 7, 1998
To: Judy Gass
Time: 9:00 am
Company: Township of Brick-Building Dept.
FAX #: 732-262-8954
Number of Pages Including This Page: 25

Dear Judy:

The following pages represent the fire and smoke rating for all of the newly installed interior finishes at our Friendly's Restaurant located at 741 Brick Boulevard.

Please note, the carpet spec's are the first 6 pages.

Upon your review, should you have any questions or concerns, please call me at 413-543-2400 x 3323.

Thank you.

Sincerely,

Michael S. Przybylowicz
Project Services Administrator

Our FAX number is 000-000-0000

[redacted]

GENCORP

Designed Products Manufacturing Division

133 Yorkville Road East
P. O. Box 191
Columbus, Mississippi 39703
Tel: 601-327-1522

April 1, 1997

Friendly Focus 2000

Attn: Jane
Creative Walls
1773 Boston Post Rd.
Springfield, MA 01129

FAX #413-543-3122

Dear Jane:

Per your request, GenCorp certifies that its wallcovering pattern identified as **W1-59-EG** meets the requirements of Class A of NFPA-101, Life Safety Code, with flame ratings in the range of 0-25.

Numerical ratings were determined by the ASTM E-84 (UL 723) tunnel test method and are not intended to reflect hazards presented by this or any other product under actual fire conditions. All tests are performed on reinforced cement board.

Sincerely,

GenCorp

James R. Colburn
Quality Assurance Manager

JRC:jt

cc: Cheryl - GenWall - Pine Brook, NJ

rainbow creations, inc.

Friendly Focus 2000

August 26, 1997

Creative Walls
1773 Boston Road
Springfield, MA 01129
Attn: Jane

RE: Fire Ratings

Dear Jane:

Per your request, rainbow creations, inc. certifies that its wallcovering patterns listed below exhibit fire ratings as indicated:

Pattern	Flame	Smoke	Test Number
S/O14986A	0	0	R4616, Project 82NK11457

These numerical ratings were determined by the ASTM E-84 tunnel method and are not intended to reflect hazards presented by these or any other products under actual fire conditions.

Sincerely,

Tina McLemore

Tina McLemore
Customer Service Representative

Continued pages ~~13 to 23~~ 17 th 23

P.O. Box 615 • 216 Industrial Drive • Ridgeland, Mississippi 39158 • (601) 856-2158 • Fax (601) 856-5809

GENCORP

Designed Products
Manufacturing Division

133 Yorkville Road East
P.O. Box 191
Columbus, Mississippi 39703

Tel: 601-327-1522

August 22, 1997

Friendly Focus 2000

Attn: Jane
Creative Walls
1773 Boston Post Rd.
Springfield, MA 01129

FAX #413-543-3122

Dear Jane:

Per your request, GenCorp certifies that its wallcovering pattern identified as W5-26-C8 meets the requirements of Class A of NFPA-101, Life Safety Code, with flame ratings in the range of 0-25.

Numerical ratings were determined by the UL 723 (ASTM E-84) tunnel test method and are not intended to reflect hazards presented by this or any other product under actual fire conditions. All tests are performed on reinforced cement board.

Sincerely,

GenCorp

James R. Colburn
Quality Assurance Manager

JRC:jt

c: Marilyn Reilly – GenWall – Pine Brook, NJ

WALLS
PAINT & WALLPAPER
1773 Boston Road
Springfield, Massachusetts 01129

This will certify that S/O -~ /CRE24281, 15 oz weight, meets or exceeds all requirements for Type I wallcoverings, per Federal Specifications CCC-W-408-B, and Industry Voluntary Standard CPFA-W-101-A. This material has been tested for Fire Hazard Classification using test method ASTM-E84 (tunnel test). The results were as follows:

Flame Spread	5
Fuel Contributed	0
Smoke Density Factor	6

MATERIAL SAFETY DATA SHEET
ON FIREGARD® SEATING BARRIER F117
INTEK S/8200

Revised September 30, 1994

SECTION I: IDENTIFICATION

PRODUCT TRADE NAME:	Firegard® Seating Barrier F117 Intek S/8200
MANUFACTURER:	
EMERGENCY TELEPHONE NUMBERS:	803/547-1510 919/944-4300
CHEMICAL FAMILY:	Trade secret
CHEMICAL NAME AND SYNONYMS:	Trade secret

SECTION II: INGREDIENTS

HAZARDOUS INGREDIENTS	PERCENTAGE	CAS NO.	OSHA PEL
Antimony oxide*	<10.0	1309-64-4	0.5 mg/m³ (handling and use, as Sb)
Fiberglass (as nuisance dust)[4]	37.0	SEQ-62-1A	15 mg/m³ as total dust

* Please refer to Section IX.

SECTION III: PHYSICAL DATA

BOILING POINT:	N/A
SPECIFIC GRAVITY:	N/A
VAPOR PRESSURE:	N/A
PERCENT VOLATILE BY VOLUME:	N/A
VAPOR DENSITY:	N/A
EVAPORATION RATE (BUTYL ACETATE = 1):	N/A
SOLUBILITY IN WATER:	Not Soluble
APPEARANCE:	Fabric
ODOR:	N/A

Flame Blocker MASS. Only

SECTION IV: FIRE AND EXPLOSION HAZARD DATA

FLASH POINT:		N/A
EXPLOSION LIMITS:	LEL	N/A
	UEL	N/A

EXTINGUISHING MEDIA: Self-Extinguishing

SPECIAL FIRE-FIGHTING PROCEDURES: Self-contained breathing apparatus with full face piece operated in a positive pressure mode.

UNUSUAL FIRE AND EXPLOSION HAZARDS: Fabric will emit smoke when in contact with flame.

SECTION V: REACTIVITY DATA

STABILITY: UNSTABLE- STABLE- X CONDITIONS TO AVOID - None Known

INCOMPATIBILITY (MATERIALS TO AVOID): Strong acids, bases, and oxidizing agents.

HAZARDOUS DECOMPOSITION: Product under forced ignition may emit hydrogen halides, antimony halides and oxyhalides and oxides of carbon and nitrogen.

HAZARDOUS POLYMERIZATION: MAY OCCUR- WILL NOT OCCUR- X
CONDITIONS TO AVOID - N/A

SECTION VI: HEALTH HAZARD DATA

ROUTE(S) OF ENTRY: EYES? SKIN? INHALATION? X INGESTION?

HEALTH HAZARDS (Acute and Chronic): From dust generated in high speed cutting and sewing of fabric may cause skin and respirator inhalation.

EYE-	Dust may cause irritation, redness and tearing
SKIN-	Dust may cause irritation
INHALATION-	Dust may cause irritation to the respiratory tract if inhaled.
INGESTION-	Not likely
FIRST AID:	
EYES-	Flush with large amounts of water, lifting upper and lower eyelids occasionally.
SKIN-	Wash exposed area with soap and water.
INHALATION-	If inhaled and affected, remove individual to fresh air.
INGESTION-	N/A

SECTION IX: SPECIAL PRECAUTIONS

STORAGE: Avoid excessive flexing and abrading of fabric to minimize fly formation.

OTHER PRECAUTIONS: None known.

CHRONIC TOXICITY: The International Agency for Research on Cancer monograph on the evaluation of the carcinogenic Risk of Chemicals concluded that there is sufficient evidence of the carcinogenicity of antimony oxide in experimental animals, but there is inadequate evidence for assessing this activity in man (Gp.2B). Antimony oxide, as such, is included in the list of chemicals subject to California's Proposition 65 warning considerations. Also, antimony compounds, as such (CAS #7440-36-0), are subject to SARA, Title III, Section 313 annual reporting.

The National Toxicology Program lists fiberglass as a suspected carcinogen. The potential for fiberglass carcinogenicity has only been demonstrated in laboratory animals and only when the material has been surgically implanted inside the lungs of rats. No study has determined fiberglass to be a human carcinogen.

SECTION X: DEFINITIONS

OSHA =	Occupational Safety and Health Administration
ACGIH =	American Conference of Governmental Industrial Hygienists
PEL =	Permissible Exposure Limit
TLV =	Threshold Limit Value
STEL =	Short Term Exposure Limit
COC =	Cleveland Open Cup
PM =	Pensky Martin
UEL =	Upper Explosion Limit
LEL =	Lower Explosion Limit

While the information and recommendations set herein are believed to be accurate as of the writing of this document, [redacted] makes no warranty with respect thereto and disclaims all liability from reliance thereon.

JCL/krt:FIRKJARD

SECTION IX: SPECIAL PRECAUTIONS

STORAGE: Avoid excessive flexing and abrading of fabric to minimize fly formation.

OTHER PRECAUTIONS: None known.

CHRONIC TOXICITY: The International Agency for Research on Cancer monograph on the evaluation of the carcinogenic Risk of Chemicals concluded that there is sufficient evidence of the carcinogenicity of antimony oxide in experimental animals, but there is inadequate evidence for assessing this activity in man (Gp.2B). Antimony oxide, as such, is included in the list of chemicals subject to California's Proposition 65 warning considerations. Also, antimony compounds, as such (CAS #7440-36-0), are subject to SARA, Title III, Section 313 annual reporting.

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SECTION X: DEFINITIONS

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UEL =	Upper Explosion Limit
LEL =	Lower Explosion Limit

While the information and recommendations set herein are believed to be accurate as of the writing of this document, [redacted] makes no warranty with respect thereto and disclaims all liability from reliance thereon.

JCL/kct:FIREBARD

Inchcape Testing Services
Labtest

Labtest U.S.A. Inc.
101 West 31st Street
New York, NY 10001
Telephone (212) 563-7090
Fax (212) 967-2566

TEST REPORT

REPORT NO. 06011

July 9, 1996

IDENTIFICATION SUBMITTED BY CLIENT

Window Pane Safetex Cheaa IFR

TEST RESULTS

STATE OF SAMPLE: AS RECEIVED
END USE: DRAPERY

WARP			FILLING		
AFTERFLAME (SECONDS)	CHAR LENGTH (INCHES)	BURNING OF DRIPPINGS	AFTERFLAME (SECONDS)	CHAR LENGTH (INCHES)	BURNING OF DRIPPINGS
- -	6.2	NONE	- -	6.0	NONE
- -	6.0	NONE	- -	6.0	NONE
- -	5.0	NONE	- -	5.7	NONE
- -	4.5	NONE	- -	6.2	NONE
- -	4.7	NONE	- -	6.0	NONE

Average Char Length for Ten Specimens: 5.7 Inches

REQUIREMENTS

Afterflame**	Two seconds (Maximum) for any one specimen. Based on the fabric weight of 2.1 Oz./Yd².
Length of Char*	5.5 Inch average for ten specimens (Maximum). 7.5 Inch for any one specimen (Maximum).
Burning of Drippings**	Residues which break or drip from any test specimen shall not continue to flame after reaching the floor of the test chamber.

**EXCEPT FOR FABRIC WEIGHING LESS THAN 10 OZS/YD² WITH END USE SPECIFIED AS DRAPERIES OR CURTAINS. AFTERFLAME DOES NOT APPLY
BURNING OF DRIPPINGS: 2 SECONDS MAXIMUM.

*WEIGHT OF FABRIC BEING TESTED	MAXIMUM AVERAGE CHAR LENGTH FOR TEN SPECIMENS	MAXIMUM CHAR LENGTH FOR ANY ONE SPECIMEN
Over 10 Oz./Yd²	3.5 Inches	4.5 Inches
6.1 - 10.0 Oz./Yd²	4.5 Inches	5.5 Inches
6.0 Oz./Yd² or Less	5.5 Inches	6.5 Inches
Drapery & Curtains under 10 Ozs./Yd².	6.5 Inches	7.5 Inches

Inchcape Testing Services
Labtest

Labtest U.S.A. Inc.
101 West 31st Street
New York, NY 10001
Telephone (212) 883-7000
Fax (212) 967-2566

Post-it® Fax Note 7671 | Date 6.17 | # of pages 2
To OTILIA | From Laterra
Co./Dept. | Co. Fabricut
Phone # | Phone #
Fax # | Fax #

RICHLOOM FABRICS
261 Fifth Ave.
New York, NY 10016
Attn. Jerry Rossen

Café curtains

REPORT NO. 05489

PAGE 1 OF 14

June 10, 1996

IDENTIFICATION SUBMITTED BY CLIENT

Batiste IFR 47
NOCTURNE PLU

FIRE RESISTANCE NFPA 701 - Small Scale

EVALUATION OF TEST RESULTS

The fabric submitted for testing DOES pass the flame resistance requirements when tested, as received, in accordance with procedures outlined in the National Fire Protection Association Standard 701. The fabric was tested in the original state only. The procedure does include testing after exposure (e.g. laundering, drycleaning, leaching or weathering) outlined in Chapter 8 of the NFPA Standard 701. The client may wish to take this into consideration.

[redacted]

Tested By
Inchcape Testing Services

LABTEST U.S.A., INC.

Alma Burrowes
Director of Customer Service

Test Reference
05489
JC

-continued-

SUBJECT TO TERMS AND CONDITIONS ON BACK

Certificate of Flame Resistance

ISSUED BY

300 W. BRISTOL ST., PHILA., PA. 19140

044557

This is to certify that the following materials, received for

210183
FRIENDLY'S RESTAURANT
1333 BOSTON ROAD
WILBRAHAM MA 01095

FRIENDLY'S LUDLOW INDUSTRIAL CTR
STATE STREET BLDG #170
LUDLOW MA 01056

AC FRIENDLY'S REST 17YDS
TAG: BACK INSERT REST. #645

were flame treated on

OICE NO.	INVOICE DATE	CUSTOMER ORDER NO.	
[illegible]	6/21.97	210370	[redacted]

DESCRIPTION	PROCESSED YARDS	PROCESSED PCS	
YDS OF WISTER 140 PLAID	17.00	1	[redacted]
PIECES IN UP TO 50 YDS	1	1	
HANDLING CHARGE			

421-1129.75620

THE FIRE RETARDANT RESULT OF SAID FABRIC MEETS THE CURRENT REQUIREMENTS OF N.F.P.A. #701 (SMALL SCALE)

TESTS MADE ON FABRICS TREATED AS INDICATED ABOVE HAVE DEMONSTRATED THAT THEIR FIRE RESISTANCE, WHILE NOT WASHABLE, WILL WITHSTAND UP TO 50 SOLVENT DRY CLEANINGS. THUS, NO ROUTINE ANNUAL RE-TREATING OF SUCH FABRIC IS NECESSARY

Certificate of Flame Resistance

ISSUED BY

300 W. BRISTOL ST., PHILA., PA. 19140

This is to certify that the following materials, received for

210182

FRIENDLY'S RESTAURANT
1255 BOSTON ROAD

WILBRAHAM MA 01095

Celine

FRIENDLY ICE CREAM CORP
LUDLOW INDUSTRIAL CENTER
GATE 4 BLDG #170
LUDLOW MA 01056
PH 413-589-7443

AC FRIENDLY'S RESTAURANT 30:05
TAG: COFFEE STREATMT FOR #845

were flame treated on

INVOICE NO.	INVOICE DATE	CUSTOMER ORDER NO.
[illegible]	[illegible]	[illegible]

DESCRIPTION	PROCESSED YARDS	PROCESSED PCS
[illegible] OF [illegible] ENGLISH [illegible] CURTAINS		
[illegible]	30.00	1
HANDLING CHARGE	1	1

THE FIRE RETARDANT RESULT OF SAID FABRIC MEETS THE CURRENT REQUIREMENTS OF [illegible] (SMALL SCALE)

TESTS MADE ON FABRICS TREATED AS INDICATED ABOVE HAVE DEMONSTRATED THAT THEIR FIRE RESISTANCE, WHILE NOT WASHABLE, WILL WITHSTAND UP TO 20 SOLVENT DRY CLEANINGS. THUS, NO ROUTINE ANNUAL RE-TREATING OF SUCH FABRIC IS NECESSARY.

"SPIRIT II"
(US)

SPECIFICATION VALUES:		METHOD
Oil Resistance	Oil shall not permeate coated fabric	CCC-A-680a
Sulfide Stain	No yellowing or shade alteration	GM 9069 P

SPIRIT II is formulated to meet the small scale flammability test requirements contained in the following specifications:

CCC-A-680a
MVSS-302
FAR 25.853b
BIFMA, Ordinary Flammability
California Bulletin 117, Section E
Port Authority of NY & NJ
Massachusetts Fire Code (527 CMR 21.00)
Boston Fire Dept. IX-1

Test Method Codes:	"191"	- Federal Standard 191 Textile Test
	"CS"	- Commercial Standard of Dept. of Comm.

(*) See Federal Standard CCC-A-680a for test methods and modifications.

TECHNICAL DATA BULLETIN: Revised 7/91

"NEOCHROME" (NEO)

SPECIFICATION VALUES:		METHOD
Oil Resistance	Oil shall not permeate coated fabric	CCC-A-680a
Sulfide Stain	No yellowing or shade alteration	GM 9069 P

NEOCHROME is formulated to meet the small scale flammability test requirements contained in the following specifications:

CCC-A-680a
MVSS-302
FAR 25.853b
BIFMA, Ordinary Flammability
California Bulletin 117, Section E
Port Authority of NY & NJ
Massachusetts Fire Code (527 CMR 21.00)
Boston Fire Dept. IX-1

Test Method Codes: "191" - Federal Standard 191 Textile Test
"CS" - Commercial Standard of Dept. of Comm.

(*) See Federal Standard CCC-A-680a for test methods and modifications.

Date: May 7, 1998
Time: 9:00 am
FAX #: 732-262-8954

To: Judy Gass
Company: Township of Brick-Building Dept.
Number of Pages Including This Page: 25 (10 pages sent the first time)

Dear Judy:

The following pages represent the fire and smoke rating for all of the newly installed interior finishes at our Friendly's Restaurant located at 741 Brick Boulevard.

Please note, the carpet spec's are the first 6 pages.

Upon your review, should you have any questions or concerns, please call me at 413-543-2400 x 3323.

Thank you.

Sincerely,

Michael S. Przybylowicz
Project Services Administrator

Our FAX number is 000-000-0000

Certification Certificate

Custom Laminations Inc operating a textile processing plant at 932 Market Street, Paterson, New Jersey, duly sworn, and certify that the following described materials

For the account of Friendly's Restaurants, 1855 Boston Rd Wilbraham MA 01095
(243 yds of C.O.M #43601 D)
Processed on Work Order # 176176 00 Purchase Order # 223989

Has a fire rating of NFPA 260, CAL TB 117, UFAC CLASS I AND UBC CLASS I

Sworn to and subscribed before me this September 19 1997

Custom Laminations, Inc

Sheldon Silverstein

Sheldon Silverstein
President

Back (NSA)

Certification Certificate

Custom Lamnations Inc operating a textile processing plant at 932 Market Street Paterson, New Jersey, duly sworn and certify that the following described materials

For the account of Friendly's Restaurant 1855 Boston Rd Wilbraham MA 01095
24 yards of C.O.M #14188 C/519 Plaid #180299
Processed on Work Order # 174458-00 Purchase Order # 220866

Has a fire rating of NFPA Class A (UBC Class 1) limits flame spread smoke density and fuel contribution of 25 or less

Sworn to and subscribed before me this September 2 1997

Custom Lamnations, Inc.

Sheldon Silverstein

Sheldon Silverstein
President

Certification Certificate

Custom Laminations Inc. operating a textile processing plant at
932 Market Street, Patterson, New Jersey daily sweat and dirty
utilize the following described materials

For the account of Friendly's Restaurants 1855 Boston Rd Wilbraham MA 01095
54 yards of C.D.M. #12737 160 1
Processed on Work Order # 174960 003 Purchase Order # 221654

Has a fire rating of NFPA 260 CLASS B UL CLASS 1
AND UBC CLASS

Sworn to and subscribed before me this September 15 1997

Custom Laminations, Inc.

Sheldon Silverstein
President

PATCRAFT
Hospitality

ENDURANCE 36 - 555
PATTERN # 4528

TYPE YARN:	100% Monsanto Type 6,6 Continuous Filament Nylon
PLY:	2
PLY METHOD:	Heat Set
CONSTRUCTION:	Cut Pile
DYE METHOD:	Applied Pattern
GAUGE:	1/10
STITCHES PER INCH:	11.5
TUFTED PILE HEIGHT:	5/16" (.312)
YARN WEIGHT: (sq. yd.)	36 oz.
FINISHED PILE THICKNESS:	.247"
DENSITY:	5247
WEIGHT DENSITY:	188,892
SPECIAL TREATMENTS:	Treated with 3M's Scotchgard ® Protector
PRIMARY BACKING:	Woven Polypropylene
SECONDARY BACKING:	Woven Polypropylene
WIDTH:	12'

SPECIFICATIONS ARE SUBJECT TO NORMAL MANUFACTURING TOLERANCES

FLAMMABILITY:

Methenamine Pill Test (DOC FF-1-70):	Passes
Flooring Radiant Panel (ASTM E-648):	Class I
Smoke Density (ASTM E-662):	Less Than 450

WEARABILITY: Patcraft 10-Year Wear Warranty

STATIC CONTROL: Built-In Permanent Static Control

ADA COMPLIANCE: This Product Meets the Guidelines as Set Forth in the Americans with Disabilities Act for Minimum Static Coefficient of Friction of 0.6 for Accessible Routes.

P.O. BOX 1527 / DALTON, GEORGIA 30722-1527 / 706-279-4000 / FAX 706-695-1065

Independent Textile Testing Service, Inc.
1503 Murray Avenue / P.O. Box 1948
Dalton, Georgia 30722-1948
Telephone 706-278-3013 Fax 706-272-7057

Test Number 8340

TEST REPORT

November 10, 1995

Customer: Patcraft Mills, Inc.
A Div. of Queen Carpet

Subject: Specimens of the submitted sample were prepared and tested in accordance with ASTM E-648 and/or Federal Test Method 372. NFPA 253

FLOORING RADIANT PANEL TEST

Sample Description

Style: 555 Endurance 36
Roll : 60004-00
Secondary Backing: Woven Synthetic

Test Assembly

Mounted on Sterling Board

Test Results	Specimen No. 1		Specimen No. 2		Specimen No. 3	
Critical Radiant Flux:	.70	watts/cm^2	.70	watts/cm^2	.70	watts/cm^2
Total Burn Length:	30.0	cm.	30.0	cm.	30.0	cm.
Flame Front Out:	29.0	minutes	24.0	minutes	25.0	minutes

Average Critical Radiant Flux: .70 watts/cm^2

Estimated Standard Deviation --- watts/cm^2

--- coefficient of variation

NVLAP

Authorized Signature

TF-119

Independent Textile Testing Service, Inc.
1503 Murray Avenue / P.O. Box 1948
Dalton, Georgia 30722-1948
Telephone 706-278-3013 Fax 706-272-7057

TEST NUMBER 8340

TEST REPORT

November 10, 1995

CUSTOMER: Patcraft Mills, Inc.
A Div. of Queen Carpet

SUBJECT: Specimens of the submitted sample were prepared and tested in accordance with the procedures proposed by the National Institute of Standards and Technology (formerly National Bureau of Standards), Technical Note 708 and NFPA 258, ASTM E-662.

SMOKE DENSITY TEST (NIST)

Operating Conditions

Irradiance: 2.5 watts/cm² G Factor 132
Thermal Exposure: Non-Flaming
Furnace Voltage: 105
Burner Fuel:

Sample Description

Style: 555 Endurance 36
Roll : 60004-00
Secondary Backing: Woven Synthetic

Test Results

	#1	#2	#3	Avg.
Chamber Temperature, °F. (start)	95	95	95	
Chamber Pressure	Maintained positive, under 3" H^2O			
Min. Transmittance (TM), %	41%	27%	12%	
at, minutes	19.90	19.80	19.90	19.90
Max. Spec. Opt. Density (DM)	315	207	254	259
Clear Beam, (DC)	13	4	4	7
DM, CORRECTED (DMC)	302	203	250	252
Spec. Opt. Density at 1.5 min.	2	2	2	2
Spec. Opt. Density at 4.0 min.	45	40	21	35
Time to 90% DM, minutes	15.50	15.80	15.60	15.60
Time to DS = 16, minutes	2.80	2.90	3.50	3.10

NVLAP LAB

Authorized Signature

Independent Textile Testing Service, Inc.
1503 Murray Avenue / P.O. Box 1948
Dalton, Georgia 30722-1948
Telephone 706-278-3013 Fax 706-272-7057

TEST NUMBER 8340

TEST REPORT

November 10, 1995

CUSTOMER: Patcraft Mills, Inc.
A Div. of Queen Carpet

SUBJECT: Specimens of the submitted sample were prepared and tested in accordance with the procedures proposed by the National Institute of Standards and Technology (formerly National Bureau of Standards), Technical Note 708 and NFPA 258, ASTM E-662.

SMOKE DENSITY TEST (NIST)

Operating Conditions

Irradiance: 2.5 watts/cm² G Factor 132
Thermal Exposure: Flaming
Furnace Voltage: 105
Burner Fuel: Propane

Sample Description

Style: 555 Endurance 36
Roll : 60004-00
Secondary Backing: Woven Synthatic

Test Results

	#1	#2	#3	Avg.
Chamber Temperature, °F. (start)	95	96	95	
Chamber Pressure	Maintained positive, under 3" H_2O			
Min. Transmittance (TM), %	36%	19%	18%	
at, minutes	7.50	6.90	6.90	7.10
Max. Spec. Opt. Density (DM)	191	227	230	216
Clear Beam, (DC)	19	23	25	22
DM, CORRECTED (DMC)	172	204	205	194
Spec. Opt. Density at 1.5 min.	13	16	11	13
Spec. Opt. Density at 4.0 min.	171	192	219	194
Time to 90% DM, minutes	3.20	5.20	3.30	3.90
Time to DS = 16, minutes	1.50	1.50	1.50	1.50

NVLAP

Authorized Signature.

TEST REPORT # 8340

Independent Textile Testing Service, Inc.

P.O.Box 1948 1503 Murray Ave.

Dalton, Georgia 30722-1948 • Phone 706-278-3013 • Fax 706-272-7057

TEST REPORT

CUSTOMER: Patcraft Mills, Inc.
A Div. of Queen Carpet

November 10, 1995

SUBJECT: *"Consumer Product Saftey Commission (CPSC) FF 1-70"*

FLAMMABILITY TEST

STYLE	*COLOR*	*ROLL*	*TESTED*	*PASSED*
555 Endurance 36	---	60004-00	8	8

Secondary Backing: Woven Synthetic

APPROVED
MEETS OR EXCEEDS
FEDERAL FLAMMABILITY
STANDARD CPSC FF 1-70

AUTHORIZED SIGNATURE

LH 2 (4/95)

- FOCUS 2K CARPET

PATCRAFT
Hospitality

September 16, 1997

Thorndike Mills
25 Ware Road
Palmer MA 01069
Attn: Ed Carabedian

RE: Endurance 36
Pattern # 4528

Dear Mr. Carabedian:

Thank you for your support of Patcraft. At the request of our Territory Manager, Stephen Eschmann please find enclosed specifications, warranties and flammability testing for Patcraft's Endurance 36.

If we can be of further assistance please feel free to contact Stephen Eschmann or myself.

Sincerely,

PATCRAFT

Sheila Glenn
Technical Services Administrator

PAY TO THE ORDER OF Township of Brick $ 150.00

One Hundred Fifty DOLLARS

NOT VALID OVER $250.00

AUTHORIZATION #

MEMO #236 Aff. Housing Fee Michael D. Englehart

BayBank Valley Trust Company
Springfield, Massachusetts

⑈042611⑈ ⑆011801052⑆ 222⑈71830⑈

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 5-7-98

Business/Development: Friendly's Ice Cream

Owner/Applicant: Friendly's

Property Address: 741 Brick Blvd

Block: 673 Lot: 13

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number

Estimated Fee $

Deposit Amount $

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 042611

Final Fee $ 300.00

Less Deposit $ 150.00

Final Payment $ 150.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

CM 5/7/98

Signature Date

PAY TO THE ORDER OF Township of Brick $ 150.00

One Hundred Fifty DOLLARS

NOT VALID OVER $250.00

AUTHORIZATION #

MEMO #236 Bldg Fee

Richard D. Engelhardt

BayBank Valley Trust Company
Springfield, Massachusetts

⑈040468⑈ ⑆011801052⑆ 222⑈71830⑈

Mary Lou Fowler
Michael A. Thulen

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: *Affordable Housing Fees*

Date: 12-26-97

Business/Development: Friendly's Ice Cream

Owner/Applicant: Friendly's

Property Address: 741 Brick Blvd

Block: 673 Lot: 13

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 40468
Estimated Fee $ 300.00

Deposit Amount $ 150.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number: _____
Final Fee: $ _____
Less Deposit: $ _____

Final Payment $ _____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

_____ 12-26-97