BLOCK 670 LOT 4 ADDRESS (SITE) Kennedy Mall - Brick Blvd PERMIT NO. 016-93

"SPORT DOG"

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Kennedy Mall - Adjacent salon
2. Name of Owner in Fee: Kennedy Mall Assoc. Tel. (201) 966-2800
   Address 641 Shunpike Rd. Chatham, N.J. 07928 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kennedy Mall Assoc Tel. (201) 966-2800
   Address 641 Shunpike Rd. Chatham N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer David Kloman Tel. (201) 343-7881
   Address 62 Chestnut Ave. Bogota, N.J. 07603
6. Responsible Person In Charge of Work Anthony Davino Tel. (201) 966-2800

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 98.-		
2. Electrical			
3. Plumbing	125		
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 269		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 304		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	14 ft.	
3. Area—Largest Floor	30,000 sq. ft.	
4. Building Area—All Floors	30,000 sq. ft.	
5. Volume of Structure	cu. ft.	
6. Construction Classification	2C	
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone	0	
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	—	
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load	Occupancy 49	

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	3,000
6. ☑ Fire Protection	400
7. ☑ Plumbing	5,000
8. ☑ Electrical	4,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	12,400

Tenant fit up (Rest)

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
			1/5/93	RK	4/7/93		
		12-18-92	1-5-93		4/2/93		
			12-17-92	Jack	4-5-93		
					4/2/93		
Gary	3/23/93			EMA			

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: SPORTS DOG
2. Use Group: Rest. 9.3
3. Change in Use Group, Indicate Former:

LDS BR 10408690

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 Anthony Davino - Kennedy Mall Assoc.

Address 641 Shurpike Rd. Chatham, N.J. 07928

Telephone (201) 966-2800

Signature Anthony Davino Date 11/12/92

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	JPX								
☐ 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	11/18/92	restaurant						
☐									
☐									

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. 016	4-8-93	

CERTIFICATE

Date Issued 4-8-93
Control #
Permit # 016-93

IDENTIFICATION

Block 670 Lot 4
Work Site Location Old Hooper and Brick Blvd.

Owner in Fee Kennedy Mall Association
Address 641 Shunpike Rd.
Chatham, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load 49
Description of Work/Use:

Tenant fit-up "SPORTS DOG"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XXX☒ 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.

☐ 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.

☐ 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:

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 1/ /13
Control #
Permit # 016-93

IDENTIFICATION Block 170 Lot 4

Work Site Location [illegible] Contractor

Address

Owner in Fee

Address [illegible] Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fit-Up

PAYMENTS (Office Use Only)	
Building	116 —
Plumbing	125 —
Electrical	
Fire Protection	116 —
Other	[illegible]
Other	
DCA Training Fee	10 —
Cert. of Occ.	
Other	
Total	300
Check No.	1145
Cash	
Collected By:	

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 $ 1,400

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 3-29-93
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 520 Lot
Work Site Location
Owner in Fee
Address
Tele. ( )

Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	2032
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Sports
D09

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/6/93
Control #
Permit # 016-93

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Brick + Hooper Adjacent Hair salon
Owner in Fee Kennedy Mall Assoc.
Address 641 Shurpike Rd. Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Kennedy Mall Assoc.
Address 641 Shurpike Rd. Chatham, N.J. 07928
Tele. (201) 966-2800
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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 Anthony Oswin

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame	3/11/93			
[ ] Other			Insulation		RK		
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 4-7-93			Other				
Approved By: J Chrucky			Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [X] Other Tenant Fit-up
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence _____ Height
  - [+] Sign 36 Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors 30,000 Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 12,400
3. Total (1+2) $ 12,400

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

3/1/93 HEAD ROOM UNDER [illegible],
~~[illegible]~~ [illegible],

BUILDING SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received 1/6/93
Date Issued
Control #
Permit # 616-93

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

Block 670 Lot 4
Work Site Location [illegible]
Owner in Fee [illegible]
Address [illegible] 07928
Tele. (201) [illegible]
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible]
Lic. No. or Bldrs. Reg. No. ______
Federal Emp. No. ______ or Social Security No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
				Dates (Month/Day)			
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Total Bldg. Area/All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Alteration $ [illegible]
3. Total (1+2) $ [illegible]

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.

[illegible signature]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

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

Sports Dog.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3-29-93
Control #
Permit # 016-93

Update

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

Block 670 Lot 4

Work Site Location Kennedy Mall - Brick & Hooper adjacent Hair Salon

Owner in Fee Dominick Belluzzi

Address 155 [illegible] Dr. Sea Girt NJ 08750

Tele. (908) [illegible] Store 477-5757

Contractor Dominick Belluzzi

Address 155 [illegible] Dr.
[illegible] NJ [illegible]

Tele ( ) [illegible]

Lic. No. or Bldrs. Reg. No. ______

Federal Emp. No. ______ or Social Security No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other ____			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date.			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

Constr Class Present ______ Proposed ______

No of Stories ______

Height of Structure ______ Ft.

Area—Largest Floor ______ Sq. Ft.

Total Bldg Area/All Floors ______ Sq. Ft.

Volume of Structure ______ Cu. Ft.

Total Land Area Disturbed ______ 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.

[signature] Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Install Dish on top of Bldg in rear of Bldg.

TYPE OF WORK:	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[X] Alteration	
[ ] Roofing	
[ ] Siding	
[ ] Other ______	
[ ] Demolition	
[ ] Miscellaneous	
[ ] Fence ______ Height	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Elevator	
[ ] Asbestos Abatement	
[ ] Other ______	

Administrative Surcharge $ ______

Paid [ ] Check # ______ Minimum Fee $ ______

Collected by: ______ TOTAL FEE $ 15.-

U.C.C. Form F-110A

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

929-2087
OCEAN County
SPORTS DOG Rest.
Kennedy MALL

Brick

R# 2125 R3

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 22 93 0 0 0 6 7 4

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Brick Blvd. adjacent Hair Salon
Owner in Fee Kennedy Mall Assoc.
Address 641 Shumpike Rd. Chatham N.J. 07928
Tele. (201) 966-2800
Contractor SHAN ELECTRIC INC.
Address 5 COLTON COURT
BRAYILLE NJ 08721
Tele. (908) 269-0997
Lic. No. 9575
Federal Emp. No. 22-3071675 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [+] Other Fit-up
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 4,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[X] Elec. Plans Approved NOT REQ
Date: 930107
Approved by: MM23

SUBCODE APPROVAL:
[+] CO [ ] CCO [ ] CA
Date: 4-2-93
Approved by: B. Kulusz

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Rough			2-8-93	BK
Temporary			2-24-93	BK
Constr. Serv.				
TCO				
Other				
Service				
Final			4-2-93	BK

Temp. Cut-in-Card Date Issued 2-24-93 BK
Final Cut-in-Card Date Issued 4-2-93 BK
Line Dept. P.P.

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.

Steven A. Shan
Signature-Contractor Seal

[+] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
Exist + (2)		Fixtures (1)
28		Receptacles (2)
6		Switches (3)
36		Total 1 + 2 + 3
		Range
		Oven(s)
		Surface Unit
		Dishwasher
		Garbage Disposal
		Dryer
1	2 ton	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
1	Repl.	Water Heater(s)
1	2 ton	Central heat: oil, gas or elec.
		Baseboard Heat Units
1		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
1		Signs
		Light Standards
		Motors—Fractional H.P.
		Motors—All Others
		Transformers
		Generators
1	200 amp	Service Entrance Existing
		Other

Existing

FEE (Office Use Only)
40
7
7
33

Administrative Surcharge $ 3.00
Paid [ ] Check # 1149 Minimum Fee $ 51.00
Collected by: TOTAL FEE $ 91.00

RPF

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1. show circuit
2. sign circuit

Sports Dog

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1/6/93
Control #
Permit # 016-93

Tennet Set up

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Hooper + Birch Blvds. Adjacent Hair Salon
Owner in Fee Kennedy Mall Assoc.
Address 641 Shunpike Rd. Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Kennedy Mall Assoc.
Address 641 Shunpike Rd. Chatham, NJ. 07928
Tele. (201) 966-2800
Lic. No.
Federal Emp. No. or Social Security No.

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 $ 400.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 1-5-93
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 4/2/93
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Sprinkler	4/1/93		4/2/93	
Other Emergency Lights	4/1/93		4/2/93	
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. (owner)

Authorized Agent
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Tennet Set up

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	existing 8	46.-
TOTAL Moving Sprinkler		
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	1 existing	
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46.-
Collected by TOTAL FEE $

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

4/1/93 Exit Signs Emergency lites not working

4/2/93 above abated JC

- 70

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1/6/93
Control #
Permit # 016-93

Tenant Set up

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Hooper & Brick Blvd. adjacent Hair Salon
Owner in Fee Kennedy Mall Assoc.
Address 641 Shunpike Rd. Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Kennedy Mall Assoc.
Address 641 Shunpike Rd. Chatham, NJ. 07928
Tele. (201) 966-2800
Lic. No.
Federal Emp. No. or Social Security No.

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 $ 400.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 1-5-93
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.

Anthony Osorio
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	existing 8	46.-
TOTAL Moving Sprinkler		
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	1 existing	
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46.-
Collected by TOTAL FEE $

U.C.C. Form F-140A

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

SPORTS DOG

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-6-93
Control #
Permit # 016-93

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Hooper Ave.
Adjacent salon
Owner in Fee Kennedy Mall Assoc.
Address 641 Shunpike Rd. Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Nielsen Plumbing + Heating
Address 241 Cherry Quay Rd.
Brick N.J. 08723
Tele. (908) 920 1695
Lic. No. 8568
Federal Emp. No. ____ or Social Security No. 158-54-4466

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed ____
Building Sewer Size 6"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12-17-92
Approved by: Jeff

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: 4-5-93
Date: Jeff

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
~~Slab~~ Rough	2-8-93		2-9-93	Jeff
~~Rough~~ Slab			1/28/93	[illegible]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
CO	4-1-93	4-2-93	~~4-5-93~~	

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]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10—
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10—
	Shower	
4	Floor Drain	20—
3	Sink	15—
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5—
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25—
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	15—
1	Water Service Connection	15—
	Gas Service Connection	
	Active Solar System	
	Other	10—

Administrative Surcharge $____
Paid [ ] Check # ____ Minimum Fee $____
Collected by: ____ TOTAL $ 125—

U.C.C. Form F-130A

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

2-8-93 not ready

4-1-93 not ready (final)

4-2-93 Hot water in law unit shut off
Hose thread on laundry tub faucet
no vacuum breaker

908-739-7380

SPORTS DOG

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-6-93
Control #
Permit # 016-93

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Hoyt Ave. Unit 1 - Suite
Owner in Fee Kennedy Mall Assoc.
Address 641 Shrewsbury Rd. Cranford N.J. 07016
Tele. (201) 965-2800
Contractor Nicklow Plumbing + Heating
Address 241 Cherry Grove Rd.
Brick N.J. 08723
Tele. (908) 920 1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security No. 132 54-4166

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed _____
Building Sewer Size 6"
Water Service Size 1
Estimated Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12-17-92
Approved by: Jack

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 Final				
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.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10-
	Shower	
4	Floor Drain	20-
2	Sink	15-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	25-
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	15-
1	Water Service Connection	15-
	Gas Service Connection	
	Active Solar System	
	Other	10-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 125-

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 4-1-93

NAME Kennedy Mall Associates

ADDRESS 241 Millburn Ave. Millburn, NJ 07041

PROPERTY LOCATION Kennedy Mall-Sports Dog #11

Account No. J946512 Block 670 Lot 5-

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evan

BLOCK 670

LOT 4

DATE 11-20-92

PLUMBING & MECHANICAL CHECK LIST

Site to Apollo to Frank Tarsnota 11/24/92

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

~~BARRIER-FREE~~ CODE REQUIREMENTS

OTHER

HW on machine 11/24/92

B'd Health Dept

M. Plan. Dept.

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

SPORTS DOG

Re: Block 670 Lot 4

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	
Zoning	
Engineering	
Building	No Plot
Plumbing	
Electric	
Fire	

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

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

FIDELITY LAND DEVELOPMENT CORPORATION

641 SHUNPIKE ROAD CHATHAM, NEW JERSEY 07928

DIV. OF INSPECTION (201) 966-2800
FAX NO. (201) 966-6161

RECEIVED
JAN 5 1993

FIDELITY

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 1/5/92

TO: Ray Korkonski
Brick Township Building Official

FAX #: (908) 920-4850

FROM: Anthony Davino

REGARDING: Sports Dog - Kennedy Mall

NUMBER OF PAGES FOLLOWING: 2
(IF ENCLOSURES ARE NOT AS NOTED, PLEASE NOTIFY US AT ONCE.)

REMARKS: Architects letter as requested for permit release.
Thank You
A. Davino

DAVID T. KLOMAN
ARCHITECT
62 CHESTNUT AVENUE
BOGOTA, NEW JERSEY
(201)343-7881

December 20, 1992

Attn: Raymond Korkowski
Building Inspector Brick Township

Dear Mr. Korkowski:

Listed below, is the information that you requested from Linda Magill of Fidelity Land Development.

Building Code Analysis

Boca National Building Code/1990
Total Square Footage: 1,368 S.F.
Article 3: Use Group Classification
Use Group: A-3 Assembly (Unconcentrated Occupant Load). (Table 806.1.2)
49 Occupants Max.
Seating for 22 Occupants.

Construction Classification 5B (Table 401) Existing Sprinkler System

Max. Length of Travel 250 Ft. (Table 806.1)
Egress Width of Doors 32" Min.
Egress Width of Aisles and Corridors 44"

Please Note that the entire kitchen is electric and not gas - The electric cooker is a hot air oven by Trak-Air 110V., 20 Amps. See enclosed specification.

Fire Partition Demising Wall (Table 401) 1 Hour Rated
Wall Thickness 4 7/8 in. One Layer 5/8 in. Type X Gypsum Wallboard Applied to each side of 3 5/8 in. Metal Studs 24 in. o.c. with 1 in. Type 'S" Drywall Screws 8 in. o.c. to vertical edges and 12 in. o.c. to intermediate studs. Stagger joints 24 in. o.c. each side.

Thank you,

David T. Kloman
A.I.A.
N.J. Lic. AI 11350

1/5/93

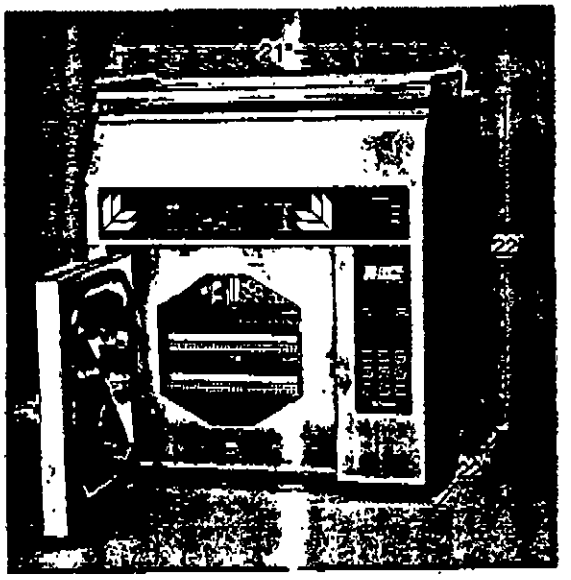
The Trak-Air™ Cooking System — A Revolutionary New Way to Cook!

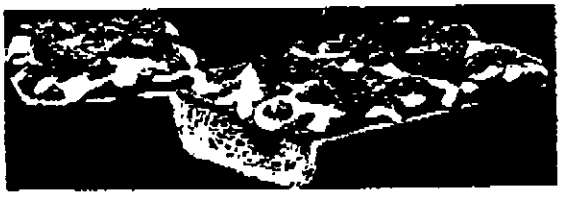
It's the Trak-Air® system (Patent Pending) that uses circulating super-heated forced air around the food in a specially designed sealed chamber. With the custom designed perforated cylinder, hot air cooks food evenly and continuously.

The combination of elevated temperature, sealed cooking chamber, and increased fan speed enables you to brown, crisp, fry, bake or broil food products . . . quickly, cleanly and efficiently.

A great way of preparing foods that requires no flame, no oil, no grease, and very little energy. Operates on a standard 110 V, 20 AMP circuit — no special wiring, plumbing or venting required.*

The Taste Is Our Testimonial!





Includes:
Top-Mounted Rack
1 — 9" x 11" Basket
1 — 9" x 11" S/S Pan w/baffle
Unique Hot-Mitt
Weight: 95 lbs.
110 V, 20 AMPS

UL Listed NSF Listed

*Check local codes.

The Trak-Air™ cooking system is where the market is! No more oil and grease, and a cooking concept approved by nutritionists as a healthier way of eating because of reduced cholesterol and calories.

The Trak-Air™ cooking system has virtually no entry costs! No hoods or vents are required,* no costly 220 wiring connections, and the unit takes up only 21 inches of counter space.

The Trak-Air™ oven uses an innovative digital control system that is reliable and easy to use. Stations can be pre-programmed, whereby the operator simply pushes a button or uses the manual quick-set feature.

The Trak-Air™ cooking system pays off day and night! You can offer your customers breakfast items, like waffles, omelettes, hashbrowns or breakfast sandwiches. Serve lunch and dinner items like french fries, hot dogs, or chicken fillets and popular "after dark" snacks like egg rolls, cheese sticks, chicken wings, nuggets and pizza.

Licensed Representative:

Trak-Air Inc. ■ 7108 South Alton Way, Suite J ■ Englewood, Colorado 80112-2117
Phone 303/779-9888 ■ Fax 303/694-3675

AMERICA'S FAVORITE HOT DOG

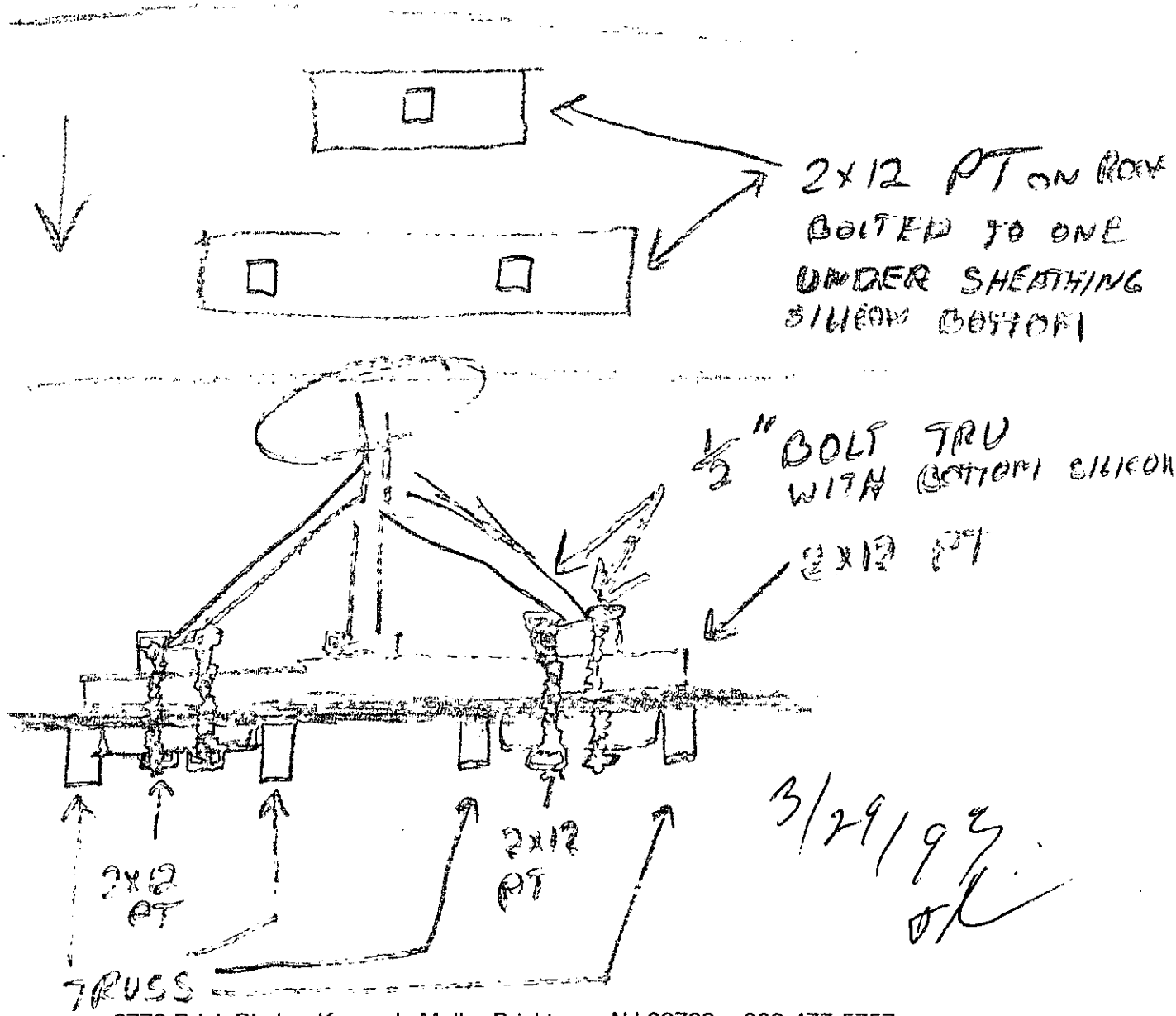
SPORTS DOG®

A Franchise of Sports Dog, Inc.

Bellizzi Enterprises, Inc.

BLOCK 670 LOT 4

INSTALLATION of SATELLITE DISH



3/29/99

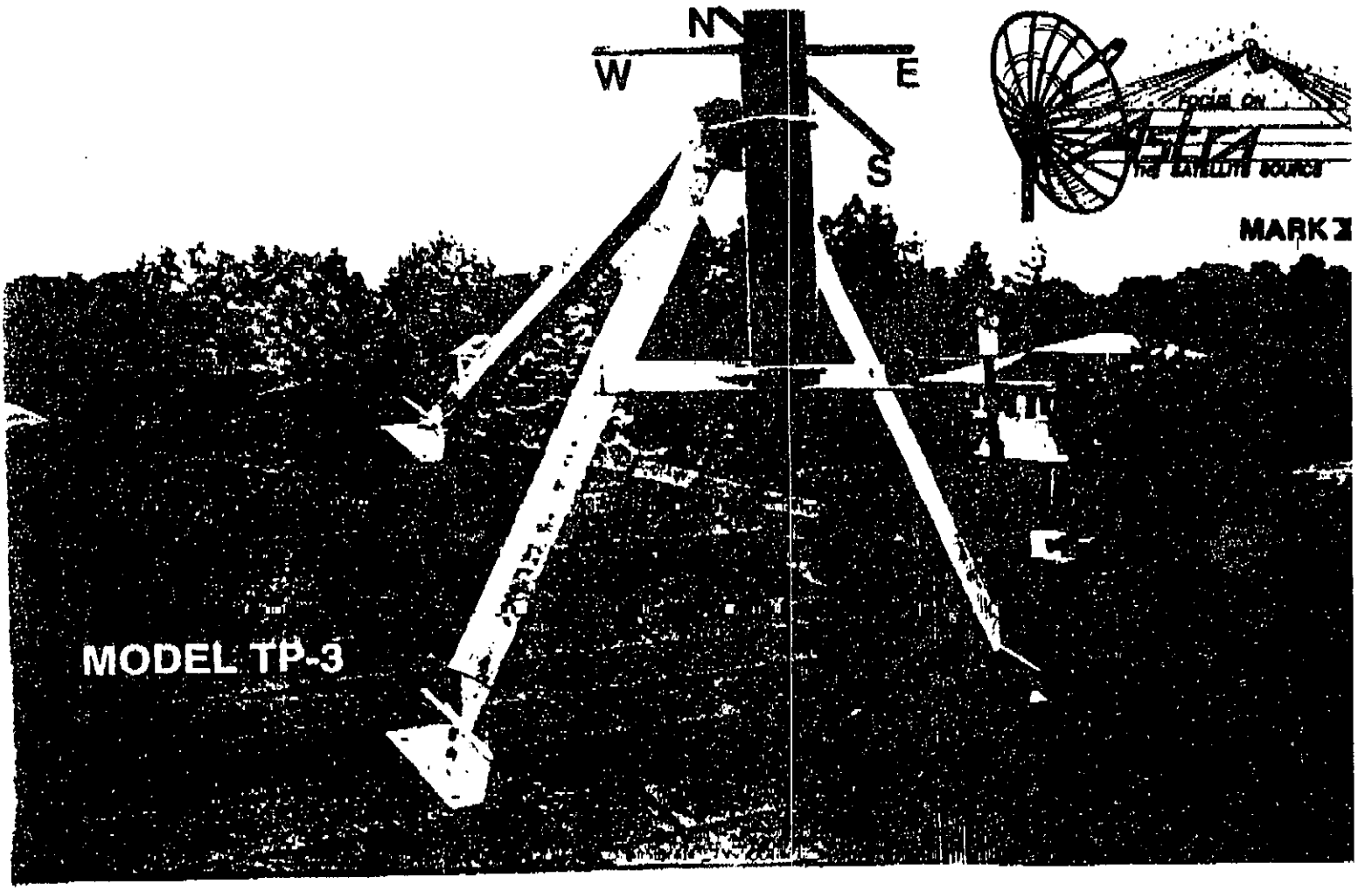
2770 Brick Blvd. ◦ Kennedy Mall ◦ Bricktown, NJ 08723 ◦ 908-477-5757

CTL

Astra
Lab No: #10671
Report No: PE #1A
Page No: #4

TP-3
TEST DATA

See copy on installation for orientation.



4-2X12 Wolmanized Wood
6 threaded Rods
Nuts + Bolts
Inside and outside
Holds Are Filled
Before + After
with Silicone

DIRECTION	FIRST LOAD	SECOND
N	2000 OK	3000 OK
O	3000 OK	3000 OK
E	2000 OK	3000 OK
W	2000 OK	3000 OK

No yield within any member was noted.

2/2 9/93

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

Blk 670 Lot 4

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE #
Home # 974-2381

ESTABLISHMENT CODE: 26

GOODS
☐ DESTROYED
☐ EMBARGOED

ESTABLISHMENT TRADING NAME: Sports Dog

EVALUATION
☑ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

NUMBER AND STREET: Brick Blvd + Hooper Ave

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: —

COMMUN. CODE: 1506

RISK: III

WATER SUPPLY
☑ Public - Community
☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Dominick Behizi

NUMBER AND STREET: 155 Tarpon Dr

CITY OR MUNICIPALITY: Sea Girt

STATE: NJ

ZIP CODE: 08750

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
12-10-92	945	1015

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE

☐ COMPLAINT
☐ INITIAL INSPECTION
☐ REINSPECTION
☑ PLAN REVIEW
☐ CONFERENCE

TYPE OF ESTABLISHMENT

☑ RETAIL
☐ WHOLESALE
☐ VENDING MACHINE
NO. OF MACHINES _____
☐ FROZEN DESSERTS
☐ OTHER _____

Mr. Charles Kauffman
Health Officer
Sunset Avenue
C.N. 2191
Toms River, N.J 08754
Telephone No. 201-341-9700

NAME OF INSPECTING OFFICIAL (Print)
FRANK C. TERRANOVA

SIGNATURE OF INSPECTING OFFICIAL: Frank Terranova

PERMANENT REG. NO.: B-1032

H.D.64

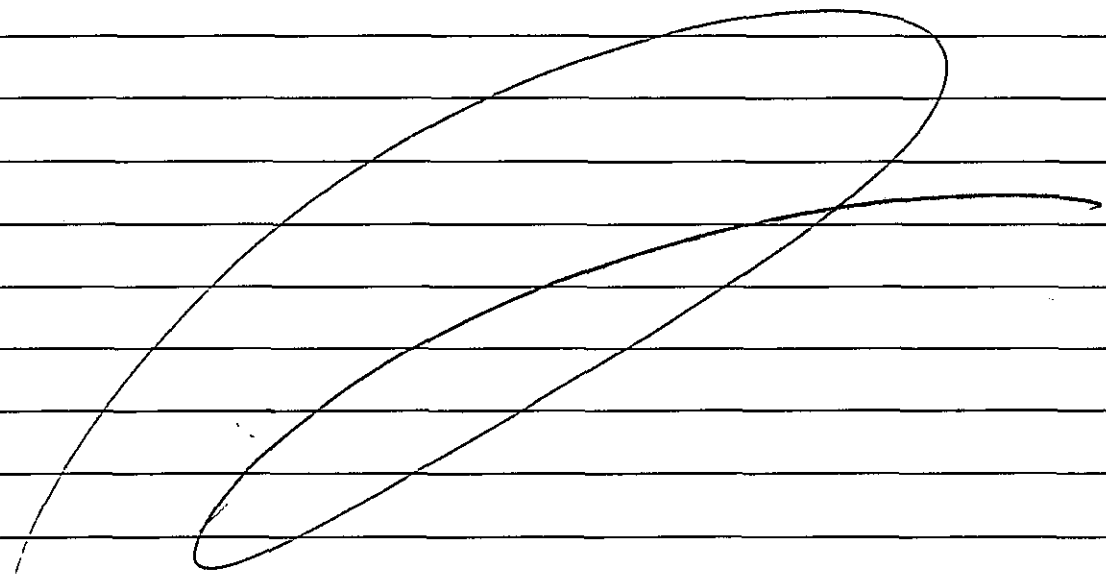
OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Santa Dogs		12-10-92
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
	Brick	

REG. NO.	REMARKS (Please specify area)
	Plans as submitted are found to be in Satisfactory Compliance w/ Sanitary Code Ch. 12.
	Stipulation:
	This dept Must be contacted to/and perform a pre-operational inspection of premises. Only after obtaining a Satisfactory evaluation from this dept shall establishment be "Open" to vend to public.



(Attach additional sheets if necessary)

H.D.67

Page ____ of ____ Pages

SIZING FOR WATER AND SEWER SERVICES

Property Owner Sports Dog Date 2-17-93

Property Address Kennedy Mall Block 670 Lot 4

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	( ) 10	( )
2. Lavatory	2	( ) 4	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	3	( ) 12	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

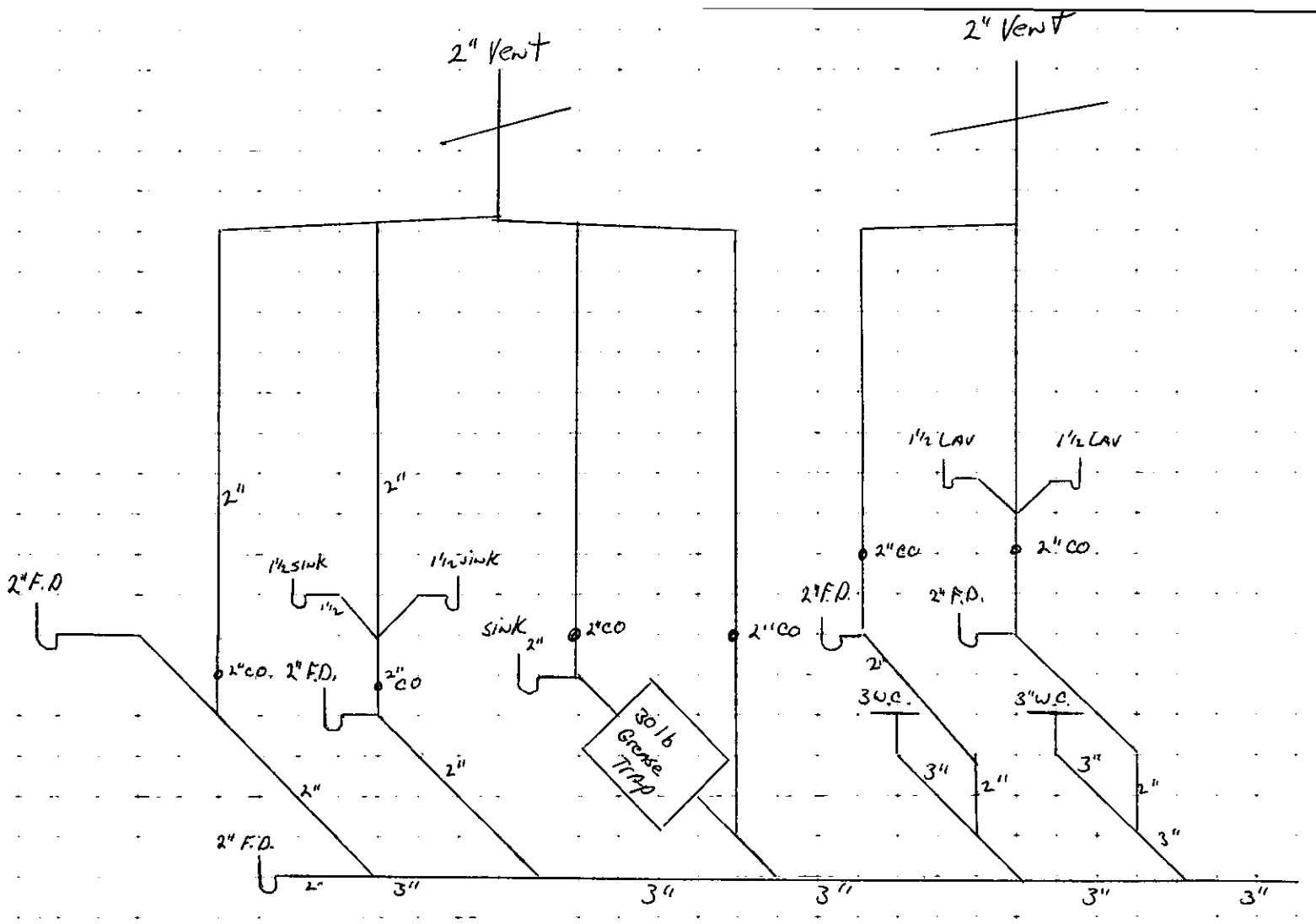
Total 26

Gallons per minute 17.5

Size of Service 1"

Date: 2-17-93 Approved: Jaff

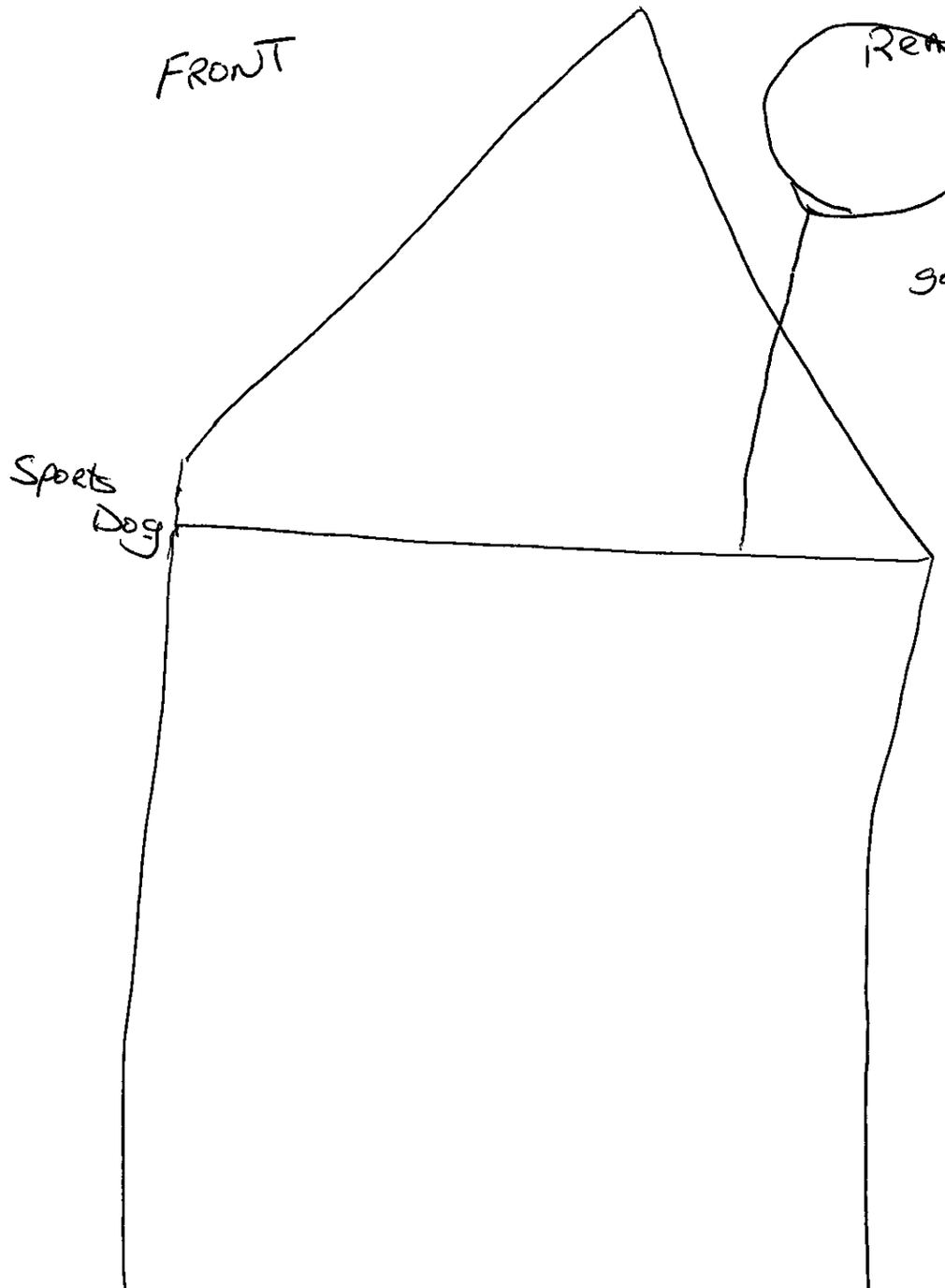
Brick Township Plumbing Inspector



11-27-93

Sports Dog

Side View



OWNER

Dominick Bellizzi

3/23/95 Sean Kenny
Satellite dish