BLOCK 702 LOT 5 ADDRESS (SITE) PERMIT NO. 3477-94

RECEIVED
NOV 2 8 1994
DIV. OF INSPECTION

plus elec later

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: FORGE POND Golf Course - Clubhouse/Pro Shop

2 Name of Owner in Fee: OCEAN COUNTY Brd. of Tel. (____) ____

Address Free Holders
street municipality zip code

3 Ownership in Fee: Public ____ Private ____

Principal Contractor: FARRIS Construction Tel. (908) 458-0066

Address 1692 Rt 88 west, Brick NJ 08724

License No OR, if new home, Builder Reg. No. ____ Exp. Date ____

Federal Emp No. ____ Social Security No. ____

5. Architect or Engineer JAMES W. HYRES Tel. (908) 505-9100

Address 776 Commons WAY, Bldg J, Toms River, NJ 08755

6. Responsible Person In Charge of Work JAMES FARRIS Tel. (908) 458-0066

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 790		
2. Electrical	178		
3. Plumbing			
4. Fire Protection	46		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	32+14=46		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	ZBA/AH exempt $320		
13. TOTAL	$		

after Bd

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	560 ft.	
3. Area—Largest Floor	sq. ft.	
4. Building Area—All Floors	8680 sq. ft.	
5. Volume of Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	40,000
4. ☒ Addition	40,000
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	4,900
8. ☒ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	84,900

addn

OPTIONAL (for office use only)

CERTIFICATE NEEDED

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			12/7/94	AL	5/8/95		
			12/7/94	J.E	(RK) 4/21/95		
					5/2/95		
	11/16/94	11/16		fili	4/26/95		

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: Golf Course
2. Use Group: Pro Shop
3. Change in Use Group, Indicate Former:

Plus Z.B.A. & A.H.B.O.T. EXEMPT

LDS BR 10409063

UCC Form 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. (X) Building C.2. ( ). Fire Protection
I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) Plumbing

D. (X)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 Richard A Reinhart Date 22-11-94

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.

(X) Check if contractor.

Agent Name FARRIS Construction Co. Inc,

Address 1692 Rt 88 west, Brick NJ 08724

Telephone (908) 458-0066

Signature Richard A Reinhart Date 22/NOV/94

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
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☐ Other								
☐ AH ofc	12/2/94 Exempt as per SRM letter (B)							
☐								

COMMENTS

EXEMPT
A.I.B.T. - EXEMPT

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. 3477	5-8-95	
☐ None			

CERTIFICATE

Date Issued 5-8-95
Control #
Permit # 3477-94

IDENTIFICATION

Block 702 Lot 5
Work Site Location 301 Chambersbridge Road

Owner in Fee Ocean County Board of Freeholders
Address Toms River, NJ

Tele. ( )
Contractor Farris Construction
Address 1692 Rt. 88 West
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Addition to Forge Pond Golf Pro-Shop

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☒ **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. Curtis
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 12/7/94
Control #
Permit # 3477-94

IDENTIFICATION Block 702 Lot 5

Work Site Location EAGLE ROCK (GOLF COURSE) Contractor FARRIS CONST.

Address 1192 RT 511 A

Owner in Fee ESSEX COUNTY

Address [illegible] Tele. ( ) [illegible]

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:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

560
560

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 $ 500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	-
Electrical	-
Fire Protection	-
Other	-
Other	
DCA Training Fee	1.00
Cert. of Occ.	
Other	
Total	11.00
Check No.	1
Cash	
Collected By:	

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 1-3-95
Control #
Permit #
Date Permit Issued 3477-94

IDENTIFICATION Block 7.2 Lot 5
Work Site Location [illegible] Contractor [illegible]
Address
Owner in Fee [illegible]
Address
Tele. ( ) Lic. No. or Bldrs. Reg. No. [illegible] 0.00
Tele. ( ) Federal Emp. No. [illegible]
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION
DESCRIPTION OF WORK:

Plmg.

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	28 —
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
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

Blue

PERMIT UPDATE

Date Update Issued 950421
Control # 910961
Permit # 941208
Date Permit Issued 941208

IDENTIFICATION Block 702 Lot 5
Work Site Location Foxye Pond Golf Course Chambers Bridge Rd Brick
Owner in Fee SAME Ocean Co.
Address
Tele. (___)

Contractor Battaglio & Son Elect.
Address P.O Box 764 Point Pleasant
Tele. (908) 920-0120
Lic. No. or Bldrs. Reg. No. 2742.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[M] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Change Freezer Line 110 to 220 20amp
~~Del~~ stove top Line from 40 amp 220v. to 20 Amp 220v

Estimated Cost of Work $ 100 —

CONSTRUCTION OFFICIAL

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

U.C.C. Form F-190B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/7/94
Date Issued
Control #
Permit # 3477-94

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

Block 702 Lot 5
Work Site Location FORGE POND GOLF COURSE, CHAMBERS BRIDGE ROAD, BRICK TOWNSHIP, NEW JERSEY
Owner in Fee BOARD OF CHOSEN FREEHOLDERS, OCEAN COUNTY NJ
Address OCEAN COUNTY ADMINISTRATION BUILDING, HOOPER AVE. TOMS RIVER, NJ 08753 (08754-2191)
Tele. ( )
Contractor FARRIS CONSTRUCTION CO, INC
Address 1692 ROUTE 88 WEST, BRICK, NEW JERSEY 08724
Tele. (908) 458-0066
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-300-2650 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.

Richard A Steinhart
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Construct 560 Sq' addition to the current Forge Pond Pro-Shop

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/7/94	RC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 5/8/95		
Approved By: RC		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			1/11/95	RC
Foundation			1/12/95	RC
Slab				
Frame		2-16-95 Fail	3-14-95 Pass	
Insulation		3-1-95 Fail 3-9-95 Fail	3-14-95 Pass	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	1	
Height of Structure	24' 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 $ $84,900.00
3. Total (1+2) $ $84,900.00

(Office Use Only)
FEE $

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

2-16-95 No Plans on site, No rough elec approval. JL

2-16-95 No rough Plmg approval. JL

3-8-95 NO ENTRY ~~Patti~~

3-9-95 INSULATION MISSING NO VAPOR BARRIER ON SOME INSULATION NO COMPLETE PRINTS ON JOB ~~Patti~~ RE FRAM + INSULATION F INSP

Brick w/c

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 8940109611

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

Block 702 Lot 5
Work Site Location Fosse Pond Golf Course, Chambers Bridge Rd. Brick Town NJ
Owner in Fee Board of Chosen Freeholders
Address Ocean County Administration Building Hooper Ave Toms River NJ 08753 (08754) 16191
Tele. ( )
Contractor Battaglio & Son Elect
Address P.O. Box 764 Point Pleasant NJ
Tele. (908) 920-0120
Lic. No. 2742
Federal Emp. No. 22-3067539 or Social Security No.

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:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4/26/95
Approved By: 5433

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	2-24-95		2-28-95	
Temporary				
Constr. Serv.				
TCO				
Other				
Service	5433			
Final	5433 4/18	4/25/95	4/26/95	5433

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Joseph Battaglio
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

m/f

Administrative Surcharge $
Paid [✓] Check # 2735 Minimum Fee $ [redacted]
RF DCA Training Fee $
Collected by: TOTAL FEE $ [redacted]

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

2-2495 ① Open Area

② Sanitary Easement

2-2895 ① Partial R/W Sidewalks only

4/18/95 E 5437

4/25/95 ① CONCRETE DISCONNECT

② COOLER MAKE (STRAIGHT) CAR CAUSING PROBLEM FOR STORE JAMMED - INSTALL 90 OR MAKE SPACE.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12/7/94
Control #
Permit # 3477-94

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

Block 702 Lot 5
Work Site Location FORGE POND GOLF COURSE, CHAMBERS BRIDGE Rd, BRICK TOWNSHIP, NEW JERSEY
Owner in Fee BOARD of CHOSEN FREEHOLDERS, OCEAN COUNTY NJ
Address OCEAN COUNTY ADMINISTRATION BUILDING, HOOPER AVE. TOMS RIVER NJ 08753 (08754-2191)
Tele. ( )
Contractor FARRIS Construction Co. Inc
Address 1692 Route 88 WEST, BRICK, NEW JERSEY 08724
Tele. (908) 458-0066
Lic. No.
Federal Emp. No. 22-300-2650 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 $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/7/94
Approved by: JE RC

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 12/21/94
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other *	12/7/94			
Other				
Other				

* Not Ready

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.

Richard J. Ricketts
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	2	46
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		

Exempt

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

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

No one on jobsite this date 1/27/95
1:30 pm Does not appear ready for
and type of insp.

1/27/95

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(201) 364-3760

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-3-95
Control #
Permit # 3477-94
Update

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

Block 702 Lot 5
Work Site Location FORGE POND GOLF COURSE - CHAMBERS BRIDGE RD BRICK TOWNSHIP - NJ
Owner in Fee BOARD OF CHOSEN FREEHOLDERS-OCEAN COUNTY NJ
Address OCEAN COUNTY ADMIN. BLDG - HOOPER AVE TOMS RIVER NJ 08753 (08754-2191)
Tele. ( )
Contractor JAMES THOMPSON
Address 497 PENNINGTHON. AVE TRENTON NJ.
Tele. (609) 394-9142
Lic. No. 4785
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 5000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] COO [ ] CA
Approved by: [signature]
Date: 5/24/95

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			1/3/95	[signature]
Rough	2/16/95		2/28/95	[signature]
Water				
Sewer			2/17/95	[signature]
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
CO	4/19/95			

over

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.

James Thompson
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7
1	Urinal/Bidet	7
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	7
1	Sink	7
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	10
	Other	

Exempt

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

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

2/16/95 - Not Ready

2/17/95 - connection to sewer - OK Dan
sewer existing just connected Addition to sewer

4/19/95 ice machine - must be installed

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Nov. 28, 1994 11/94 Z 0300

Block 702 **Lot** 5 **Zone** R-R-1

Property Address: 301 Chambers Bridge Road

Owner: County of Ocean , Dept of Parks & Rec **(Phone):**

Applicant: James Farris Construction **(Phone):** 458-0066

Use: Forge Pond Golf Course

Proposed Construction (if any): Additions and alterations to Pro-Shop.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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.

Glen Kinney

Land Use Officer

JAMES W. HYRES, ARCHITECT
☐ P.O. Box 933, Toms River, NJ 08754-0933
☐ 776 Commons Way, Building J, Toms River, NJ 08755
(908) 505-9100 FAX (908) 505-9101

April 25, 1995

Mr. James Hyers, Plumbing Inspector
TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, NJ 08723

RE: ADDITION AND ALTERATIONS
Ocean County Forge Pond Pro-Shop
Chambers Bridge Road
Brick Township, New Jersey
Commission No. 9402

Greetings:

Please be advised of the status of the new floor drain. The floor drain has been installed for an ice machine which the Owner will provide and install in the future. Per your request, the following work will be done at this time:

1. Install antifreeze in drain trap.
2. Install a solid metal cap plate over floor drain (removable by wrench only.

In addition, the Owner will call for a plumbing inspection when the ice machine is installed. I hope this clarifies this minor issue and a Certificate of Occupancy can now be issued.

Very truly yours,

JAMES W. HYRES, ARCHITECT

James W. Hyres
AI 03805

c.c. - Dean V. Chlebowski, Superintendent of Parks

☒ EXEMPT 10/6/94 CAW

☐ PRELIMINARY _____

☐ TEMPORARY _____

☒ FINAL 12-2 94 CAW

CERTIFICATE OF COMPLIANCE

NAME: Forge Pond Golf Course DATE: 12/2/94

ADDRESS: _____

_____

PROPERTY LOCATION: _____

ACCOUNT NO: _____ BLOCK 702 LOT 5

INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee : _____ Date: _____

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ 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

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Office of the Business Administrator
Scott R. MacFadden
Business Administrator
(908) 262-1052
Fax: (908) 920-4850

TO: Carol A. Wolfe
Affordable Housing Administrator

FROM: Scott R. MacFadden
Business Administrator

RE: Collection of Mandatory Developer Fees

DATE: December 2, 1994

In response to your inquiry relative to the collection of mandatory developer fees as they pertain to the construction permit application for an addition to the existing building at the Forge Pond Golf Course, be advised that it is not our intention to levy these fees against any other governmental entities.

Therefore, please consider this as an administrative directive to waive mandatory developer fees in connection with the above site.

SRM/bmb

cc: Joseph C. Scarpelli, Mayor
Mary Lou Powner, Council President
and Council Members
File/AH-MDF

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Engineering

Jerome J. Tansey, P.E., P.P.
Municipal Engineer
(201) 477-3000, Ext. 273

Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000, Ext. 277
Fax: (201) 920-4850

TO: Municipal Engineer

DATE: 22/11/94

I FARRIS Construction of 1692 Rt 88W, Brick town, NJ
(Name - Please print) (Address)

Block: 702 Lot: 5

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Phone No. 458-0066

Richard S Farris
Signed by Applicant

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Approved ☑ Date: 12/6/94 By

Rejected ☐ Date: By

Remarks:

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

Township of Brick
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Proposed Floor Plan
Block 702 Lot 5
Forge Pond Country Club
301 Chambersbridge
Brick, NJ. 08723

Dear Sir:

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,
Stephen Blaneski
Sanitary Inspector

cc: Brick Township Board of Health
Brick Towsnhip Construction Official (Arthur Cierzo)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

BLK 702 LOT 5

ESTABLISHMENT INFORMATION

PHONE #
508-9090 EXT. 212

ESTABLISHMENT CODE
39

GOODS
☐ DESTROYED
☐ EMBARGOED

ESTABLISHMENT TRADING NAME
FORGE POND COUNTY GOLF COURSE

EVALUATION
☒ SATISFACTORY
☐ CONDITIONALLY SATISFACTORY
☐ UNSATISFACTORY

NUMBER AND STREET
301 CHAMBERS BRIDGE ROAD

CITY OR MUNICIPALITY
BRICK

ZIP CODE
08753

ESTABLISHMENT LICENSE NO.
TO BE OBTAINED

COMMUN. CODE
1507

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
OCEAN COUNTY PARKS + RECREATION

NUMBER AND STREET
1199 BANDON ROAD

CITY OR MUNICIPALITY
TOMS RIVER

STATE
N.J.

ZIP CODE
08753

COMMUN. CODE
1507

TIME (2400 HOURS)

DATE	BEGIN	END
2-16-95	0905	0935

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 _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print)
STEPHEN KLANIECKI

SIGNATURE OF INSPECTING OFFICIAL
Stephen Klaniecki

PERMANENT REG. NO.
B-1463

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

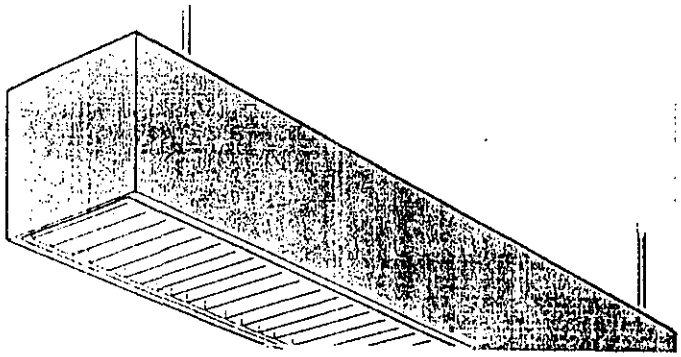
CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
FORGE POND	TO BE OBTAINED	2-16-95
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Stephen Glanville	BRICK	Begin 0905

REG. NO.	REMARKS (Please specify area)
	the attached plans have been found to
	be in satisfactory compliance with chapter
	XII.
	NOTE: This department shall be called at
	least 24 hours prior to intended
	operation for an opening inspection.
	BANNON

(Attach additional sheets if necessary)

H.D.67



66 LINEAR SURFACE/PENDANT DIRECT

Mark

The aesthetically pleasing 66 Linear Line features an innovative Light Leak Shield that assures a lighting system of continuous illumination without disturbing light leaks and interruptions.

SELECTION CHART

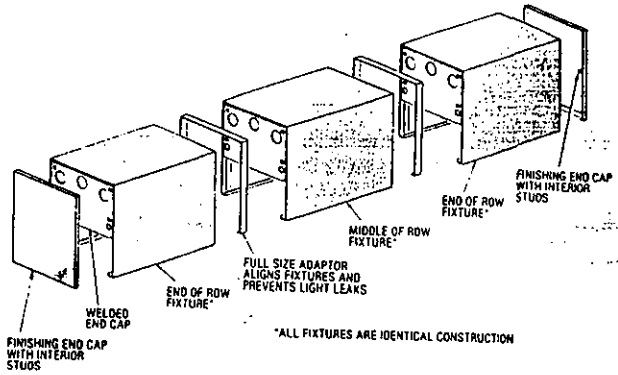
SERIES	MOUNTING*	NO. OF LAMPS AND WATTAGE	DISTRIBUTION	DIFFUSER	FINISH	OPTIONS	FIXTURE LENGTH (FEET)	LAMPS
66	S/P*	120	D				2	1-F20TS
66	S/P*	130	D				3	1-F30RS
66	S/P*	140	D				4	1-F40RS
66	S/P*	130T	D				6	2-F30RS
66	S/P*	140T	D				8	2-F40RS
66	S/P*	220	D				2	2-F20TS
66	S/P*	230	D				3	2-F30RS
66	S/P*	240	D				4	2-F40RS
66	S/P*	230T	D				6	4-F30RS
66	S/P*	240T	D				8	4-F40RS
66	S/P*	148	D				4	1-F48HO
66	S/P*	172	D				6	1-F72HO
66	S/P*	196	D				8	1-F96HO
66	S/P*	172T	D				12	2-F72HO
66	S/P*	196T	D				16	2-F96HO

*Use "S" to designate surface, "P" for pendant mounting.
For T-8 lamps, add T-8 as suffix to Cat. No.

Standard Finish is Flat White (FWE). See Specifications for additional colors.

To complete specification, add diffuser, finish, any options and voltage to Cat. No. For continuous rows or patterns, add row length to Cat. No., ex.,66S-240-D-B1-FWE-120V-40FT.

Optional Equipment	Add as Suffix to Catalog No.
Energy Saving Ballast	ES
G.E. Maxi-Miser II Ballast	ES-M
Electronic Ballast	ELS
Dimming Ballast	DIM
Emergency Battery Pack	EMPK
GLR Fuse & HLR Holder	GLS
Radio Frequency Interference Filter	RFI



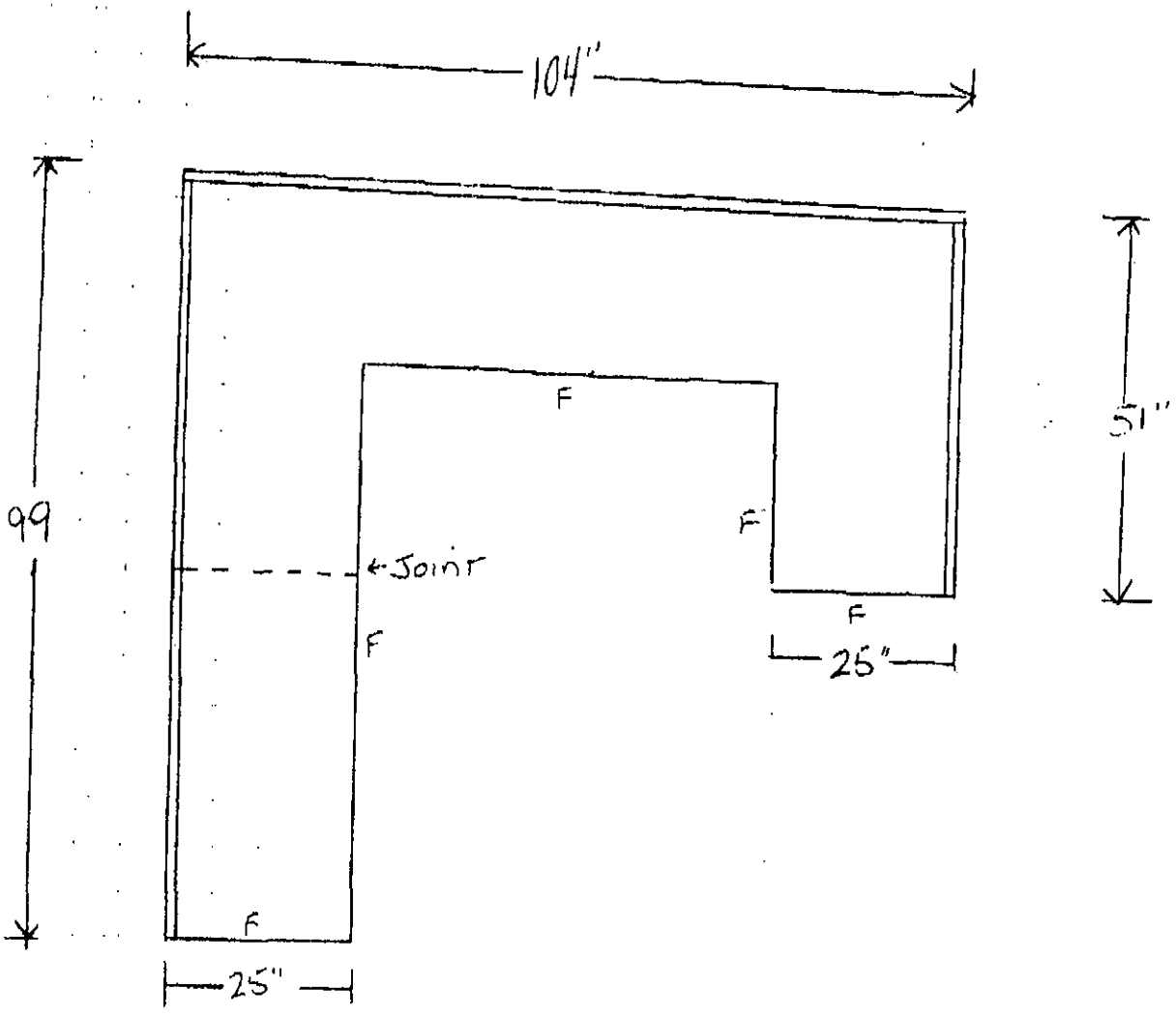
Diffuser Selections	Add as Suffix to Catalog No.
Parabolic Blade Louver & Reflector System, low brightness, semi-specular, anodized aluminum for one lamp units only	PRB1
Parabolic Blade Louver, semi-specular anodized aluminum, 2" high, 4" spacing	PB2
Cross Baffles, 3/4" high, 3/4" O.C. 20 ga. C.R.S.	
Baked White Enamel	B1
Matte Black	B2
Medium Bronze	B4
Bold Baffles, Aluminum, B.W.E. Finish, 1" high x 3/16" thick, 1" spacing	BB1
Louvers, 1/2" x 1/2" cube	
Silver Paracube	D1
White Acrylic	E2
Lenses, Clear Acrylic:	
KSH-12, 3/16" Sq. Prisms, Female Cone	LK12
KSH-19, 3/16" Sq. Prisms, Male Cone	LK19
KSH-701, Twin Beam with Overlay	LK701
AL-48, .175" Sq. Base Male Conical	LA48
AL-43, .125" Sq. Base Male Conical	LA43
Flat White Diffuser	LD2

SYSTEM JOINERS: For 66 Linear Series Surface, Pendant, Wall fixtures, direct or indirect. Die formed 20 ga. C.R.S. with all visible sides completely smooth. Each Joiner box has .875" diameter hole and cross member for any pendant assembly. Finish to match fixtures. Standard finish is flat white.

Description	90 Degree Corner	Tee-3 Way	Cross-4 Way
Joiner Box, Unlit 6" x 6"	66-SPW-90	66-SPW-T3	66-SPW-C4
Joiner Box, Unlit 7" x 7" With diffusers matching adjoining fixtures. For direct units only.	66-70-90MB		

135 Degree Joiner Box Unlit. Cat. No. 66-SPW-135. 4-1/2" x 4-1/2".

* Forge Pond *



* COUNTERTOP TO BE field measured

* 6" Backsplash TO fit under windowsill - Glued + screwed

* 3/4" Part Bd. Laminated grade GP50 PLASTIC LAMINATE
All exposed edges TO Be finished

1st Delfield

PROJECT

ITEM NO

DATE

SPECIFICATION LINE™ GLASS DOOR REACH-INS

34¾" Deep Only

Note: Required depth does not include handle

Shown with Optional Casters

Self-Contained Hinged Glass Door Reach-Ins SLR-G Refrigerator Models

Doors — Glass doors to be constructed with extruded aluminum frame. Glass is to be insulated double pane construction.

Doors to be provided with self-closing, cam-lift hinges designed for easy door removal.

Cabinet Interior — Liner to be constructed of 22 gauge stainless steel. Bottom and top of liner to be die-stamped to provide radius corners and recessed bottom.

Each unit to be provided with (3) chrome plated shelves per door section. Shelf supports to be constructed of stainless steel with shelves adjustable in one inch increments.

Glass door cabinet is to be provided with high output fluorescent display lights.

Cabinet Exterior — Exterior sides, front, and shroud to be constructed of 20 gauge stainless steel. Doors and shroud to be removable without the use of tools.

Each unit to be provided with adjustable 6" legs.

Refrigeration System — Refrigerators to be designed to maintain 34°-40°F. Each system to be of a high capacity design provided with thermostatic expansion valves, interior mount evaporator construction with dual-flow cabinet air distribution system. Evaporator coils to be vinyl coated for corrosion protection.

System to be controlled by MC1™ microprocessor (solid state control) with temperature and time display, door ajar and clean condenser alert, and self-diagnostic functions.

Controls to be located behind flip-up front panel and include energy saving switches to permit more economical operation when conditions allow and exterior light switch for control of fluorescent display lights. Power supply switch to be provided on junction box on top of unit.

Self-Contained Hinged Glass Door Reach-In SLF-G Freezer Models

Doors — Glass doors to be constructed with extruded aluminum frame. Glass is to be insulated triple pane construction with outer pane heated to prevent fogging.

Doors to be provided with magnetic gaskets and cam-lift hinges designed for easy door removal.

Cabinet Interior — Liner to be constructed of 22 gauge stainless steel. Bottom and top of liner to be die-stamped to provide radius corners and recessed bottom.

Each unit to be provided with (3) chrome plated shelves per door section. Shelf supports to be constructed of stainless steel with shelves adjustable in one inch increments.

Glass door cabinet is to be provided with high output fluorescent display lights.

Cabinet Exterior — Exterior sides, front, and shroud to be constructed of 20 gauge stainless steel. Doors and shroud to be removable without the use of tools.

Each unit to be provided with adjustable 6" legs.

Refrigeration System — Glass door freezers to be designed to maintain −5° to 0°F with −10°F capability at 100°F ambient. Each system to be high capacity design provided with thermostatic expansion valves, interior mount evaporator construction with dual-flow cabinet air distribution. Evaporator coils to be provided with staged fin construction to provide maximum efficiency with fewer defrost cycles.

System to be controlled by MC1™ microprocessor (solid state control) with temperature, time and defrost display, door ajar and clean condenser alert, self-diagnostic functions, and automatic/programmable on-demand defrost system.

Controls to be located behind flip-up front panel and include energy saving switches to permit more economical operation when conditions allow and exterior light switch for control of fluorescent display lights. Power supply switch to be provided on junction box on top of unit.

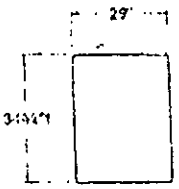
Options and Accessories

- Half doors — Add suffix "H" and specify door arrangement
- Remote — Add suffix "R" and specify refrigerant type
- Casters
- Tray slides
- Chrome plated rack
- Extra shelves and bridges

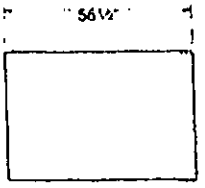
SPECIFICATION LINE™ GLASS DOOR REACH-INS

DIMENSIONAL DATA

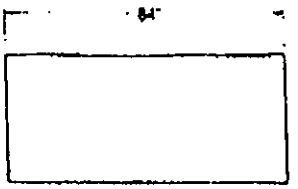
SLR 29-G
SLF 29-G



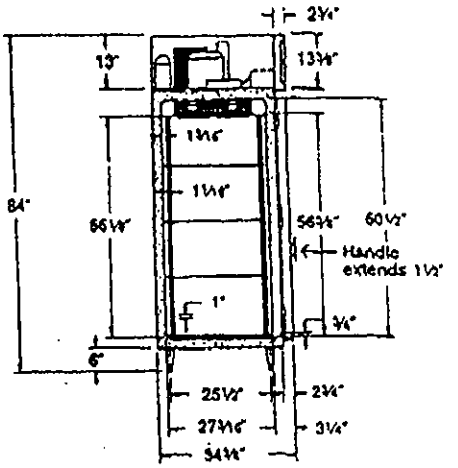
SLR 56-G
SLF 56-G



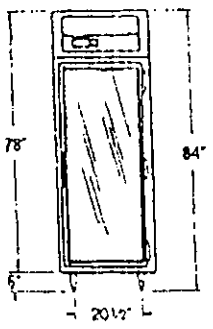
SLR 84-G
SLF 84-GR

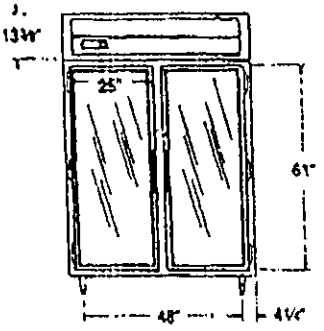


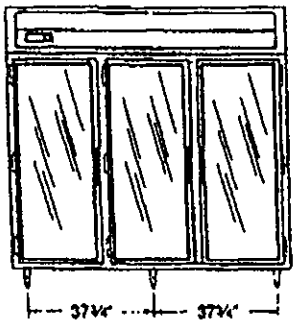
*33¾" WITH DOOR AND SHROUD REMOVED



(3) SHELVES TO BE ADJUSTABLE IN 1" INCREMENTS.







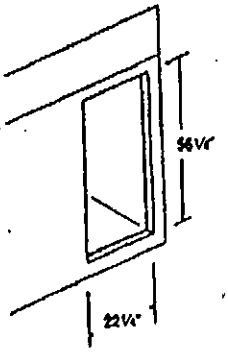
SELF-CONTAINED REACH-IN REFRIGERATORS

MODEL	DESCRIPTION	STORAGE CU. FT.	SHELVES SQ. FT.	NO. SHELVES	CABINET LOAD BTU/HR	SYSTEM CAPACITY BTU/HR	SHIP WT.
SLR 29-G	One Section	23.8	17.1	3	1450	3300	612
SLR 56-G	Two Sections	49.5	37.6	6	2850	6400	836
SLR 84-G	Three Sections	76.2	58.6	9	4300	6300	1148

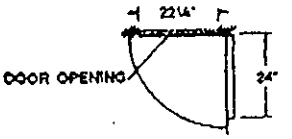
SELF-CONTAINED REACH-IN FREEZERS

SLF 29-G	One Section	23.5	17.1	3	2300	3500	670
SLF 56-G	Two Sections	49.5	37.6	6	4800	7000	986
SLF 84-GR	Three Sections	78.2	60.0	9	6950	**	1268

**AVAILABLE AS REMOTE UNIT ONLY.



DOOR OPENING DIMENSIONS



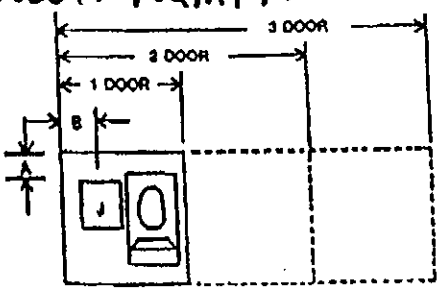
DOOR CLEARANCE DIMENSIONS

MECHANICAL DATA

COORD. ELECT. RQMTS.

MODEL	H.P.	AMPS	VOLTS (60 HZ, 1 PH)	NEMA PLUG	A	B
SLR 29-G	1/2	12	115	5-15P	11½	6
SLR 56-G	¾	16	115/208-230	HARD WIRED*	11½	6
SLR 84-G	1	16	115/208-230	HARD WIRED*	11½	6
SLF 29-G	¾	16	115	5-20D	7	3
SLF 56-G	1½	16	115/208-230	HARD WIRED*	11½	6
SLF 84-GR	**	16	115/208-230	HARD WIRED	11½	6

*NEMA 14-20P PLUGS PROVIDED ON SELF-CONTAINED 115/208-230V MODELS WITH CASTER OPTION
**AVAILABLE AS REMOTE UNIT ONLY



115V Models provided with 8' cord and plug attached 115/208-230 V Models provided with terminal strip and ½ knock-out in junction box for field wiring connections.

DUE TO A CONTINUOUS PROGRAM OF PRODUCT IMPROVEMENT, DELFIELD RESERVES THE RIGHT TO MAKE CHANGES IN DESIGN AND SPECIFICATIONS WITHOUT PRIOR NOTICE.

The Delfield Company
An ALCO Standard Company
P.O. Box 470 • Mt. Pleasant, Michigan 48804-0470

DISTRIBUTED BY:

DELFIELD
(SPECLINE SERIES)

HOBART
(QS SERIES)

MC2 vs. Digital Thermometer & Mechanical Control

Digital - LED thermometer provides constant digital temperature display. Temperature display Fahrenheit or Celsius.	External digital thermometer reads temperature in Fahrenheit only.
Temperature can be set by operator within a 5 degree range 0° to -5°F.	Operator has limited control over temperature setting (e.g. warmer, colder).
In Automatic mode, freezer defrost is only activated as needed--this saves energy dollars.	With a mechanical control, freezer defrost occurs whether it is needed or not. This may expend unnecessary energy dollars.
Defrost cycle on freezer can be easily programmed by operator.	Defrost cycle on freezer can only be changed by service agent.
Maintenance warnings. (eg: message to clean condenser coil displays every 90 days)	No warnings.
Complete self-diagnostics for faster service and operator diagnosis.	No self-diagnostics, no service assistance.
Operator alerts for box over temperature, incomplete defrost cycle and door ajar.	No operator alerts.
Internal box temperature sensors for minimum compressor run-time.	No internal sensors. Thermostatic control on coil only--temp may not be same as actual box temperature.

DELFIELD (SPECLINE SERIES)	HOBART (QS SERIES)
Control is readily accessible behind shroud.	Controls inside unit.
Exterior	
20 guage stainless steel door, ends and entire compressor shroud, galvanized back.	Stainless steel door, ends and front facing only of compressor shroud.
Entire shroud has stainless steel sides for extra rigidity and protection during shipping.	Aluminum shroud with stainless facing.
Field reversible door hinging with pre-drilled holes.	Field reversible door hinging with no pre-drilled holes.
Cam style hinges are all (3 per door) self-closing. Stay open feature for easy unit loading.	Self-closing, also has stay open feature.
Doors and shroud can be lifted off to fit through a standard door opening.	No lift off feature.
All units are shipped on white plastic runners on the bottom of the unit, so they can be slid through a door at installation.	No runners, must be dollied into place.