BLOCK 673 LOT 13 ADDRESS (SITE) _____ PERMIT NO. 07-2437

RECD JUL 19 2007

Friendly Restaurant

CONSTRUCTION PERMIT APPLICATION

C07-003645

Applicant Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

Fire: 75
OCA - 2
Total - 77

I. IDENTIFICATION

1. Proposed Work-Site at: 741 Brick Blvd. Brick, NJ
2. Name of Owner in Fee: Bey Lea Joint Venture
   Address 708 Third Ave, New York NY 10017-4503
   street municipality zip code
   Telephone No. _____ Fax No. _____
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Precision Alarm & Satellite
   Address 1304 Parkus Mill Rd, Pittsgrove NJ
   Telephone No. 856 696-3074 Fax No. 856 696-0945
   License No. or, if new home, Builder's Reg. No. 06935 Exp. Date Oct. 2007
   Federal Emp. No. 22 6898250 Social Security No. _____
5. Architect or Engineer: _____
   Address _____
   Telephone No. _____ Fax No. _____
6. Responsible Person in Charge of Work: Mutter (Must Be N.J. Resident)
   Address 1304 Parkus Mill Rd
   Telephone No. 856 696 3074 Fax No. 856 696 0945

(Copy + 127107)

V(a). TYPE OF SEWAGE DISPOSAL

- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY

- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	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		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no		
11. Max. Live Load		
12. Max. Occupancy Load		

COMMERCIAL

II. PROPOSED WORK

	Est. Cost
1. ☐ Small Job ($5,000 and no prior approvals)	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Electrical	
6. ☐ Plumbing	
7. ☑ Fire Protection	1500.00
8. ☐ Elevator Devices	
9. ☐ Asbestos Abatement	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			7-24-07	MB			

A-2

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:

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 Walls
9. ☐ Underground Storage Tanks

FOR OFFICE USE ONLY

Building	Waiver	Approval Date	Re-viewer
❑ Footings/Foundations			
❑ Framing			
❑ Architechure			
❑ Building			
❑ Electrical			
❑ Plumbing			
❑ Fire Protection			
❑ Elevator Devices			
❑			
❑			
❑			
❑			
❑			
❑			
❑			

V. FEE SUMMARY (for office use only)

		Update	Update	Update	Update	Update	Update	Update	Update
1. Building	$								
2. Electrical									
3. Plumbing									
4. Fire Protection									
5. Elevator Devices									
6. SUBTOTAL	$								
7. Less 20% for State Plan Review									
8. SUBTOTAL	$								
9. DCA Training Fee									
10. SUBTOTAL	$								
11. Cert. of Occupancy									
12. Other									
13. TOTAL U.C.C.	$								
14. Zoning Permit	$								
15. TOTAL FEE	$								

X. CERTIFICATES ISSUED (for 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.				

C.O. NOTATIONS

PERMIT / INSPECTION STATUS

ISSUE DATE / FINAL REQUIRED	CATEGORY	DATE OF FINAL APPROVAL
	ALL CONSTRUCTION	
	BUILDING	
	Footings/Foundation	
	Framing	
	Architechural	
	Other	
	ELECTRICAL	
	PLUMBING	
	FIRE PROTECTION	
	ELEVATOR DEVICES	
	CERTIFICATE OF PARTICIPATION	
	WELL	
	SEPTIC	
	HEALTH DEPARTMENT	
	SOIL CONSERVATION	
	OTHER	
	OTHER	
	OTHER	
	OTHER	
	OTHER	

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 residencial 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; 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 7-13-07

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 New Jersey 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 A. Mather

Address 1804 Parvis Mill Rd

Williamstown NJ 08218

Telephone No. 856 696 3874 Fax No. 856 696 0745

( ) Lead Hazard Abatement: Include Homeowner or Building Affidavit as per N.J.A.C. :17.

Signature _____ Date 7-13-07

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/14/2009
Control Number C-07-003645
Permit Number 07-2437
Permit Issue Date 08/07/2007
Certificate Number 07-2437

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 741 BRICK BLVD. , NJ Block: 673 Lot: 13 Qual:

Owner in Fee: BEY LEY JOINT VENTURE

Owner Address: 708 THIRD AVENUE NEW YORK NY 10017 - 4201

Telephone:

Contractor PRECISION ALARM

Address 1204 PARVINS MILL ROAD PITTSGROVE NJ 08318 - 4201

Telephone: (856) 696-3074 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-6898250

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE) EMERGENCY PANEL REPLACEMENT.

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/14/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 8/7/2007
Control # C-07-003645
Permit # 07-2437

IDENTIFICATION Block: 673 Lot: 13 Qualifier

Work Site Location: 741 BRICK BLVD. , NJ

Contractor PRECISION ALARM
Address 1204 PARVINS MILL ROAD PITTSGROVE NJ 08318

Owner in Fee BEY LEY JOINT VENTURE
708 THIRD AVENUE NEW YORK NY 10017 - 4201

Telephone: (856) 696-3074
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-6898250

Telephone:

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

ALARM SYSTEM (BURGLAR OR FIRE) EMERGENCY PANEL REPLACEMENT.

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

Estimated Cost of Work $1,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$77
Check No.	5791
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 07-2437
Date Issued
Control #
Permit # 8-7-07

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 Friendly Restaurant
741 BRICK BLVD BRICK NJ
Owner in Fee BEY LEA Joint Venture
Address 708 THIRD AVE
NEW YORK NY 10017-4201
Tele. ( )
Contractor PRECISION ALARM
Address 1304 PARVIN'S MILL RD
Pittsgrove NJ 08318
Tele. (856) 692 3074
Lic. No. P009335 34BA00016200
Federal Emp. No. 226898250 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 $ 15000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7-26-07
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 8-7-07
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	8-7		8-7-07	
Smoke Test				
Mechanical				
TCO				
Other final	8-7		8-7-07	
Other				
Other				

Need blower door test

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	A-2	
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 Alarm Panel Replacement		

COMMERCIAL

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 07-24-07
Date Issued 8-7-07
Control #
Permit #

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 Friendly Restaurant
741 BRICK BLVD BRICK NJ
Owner in Fee BEY LEA Joint Venture
Address 708 THIRD AVE
NEW YORK NY 10017-4201
Tele. ( )
Contractor PRECISION ALARM
Address 1204 PARVIN'S MILL RD.
Pittsgrove NJ 08318
Tele. 856 690 3074
Lic. No. P00935 34BA00016200
Federal Emp. No. 226898250 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 $ 1500.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 7-26-07
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.

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 Alarm Panel Replacement		

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MS-5024UD Main Circuit Board

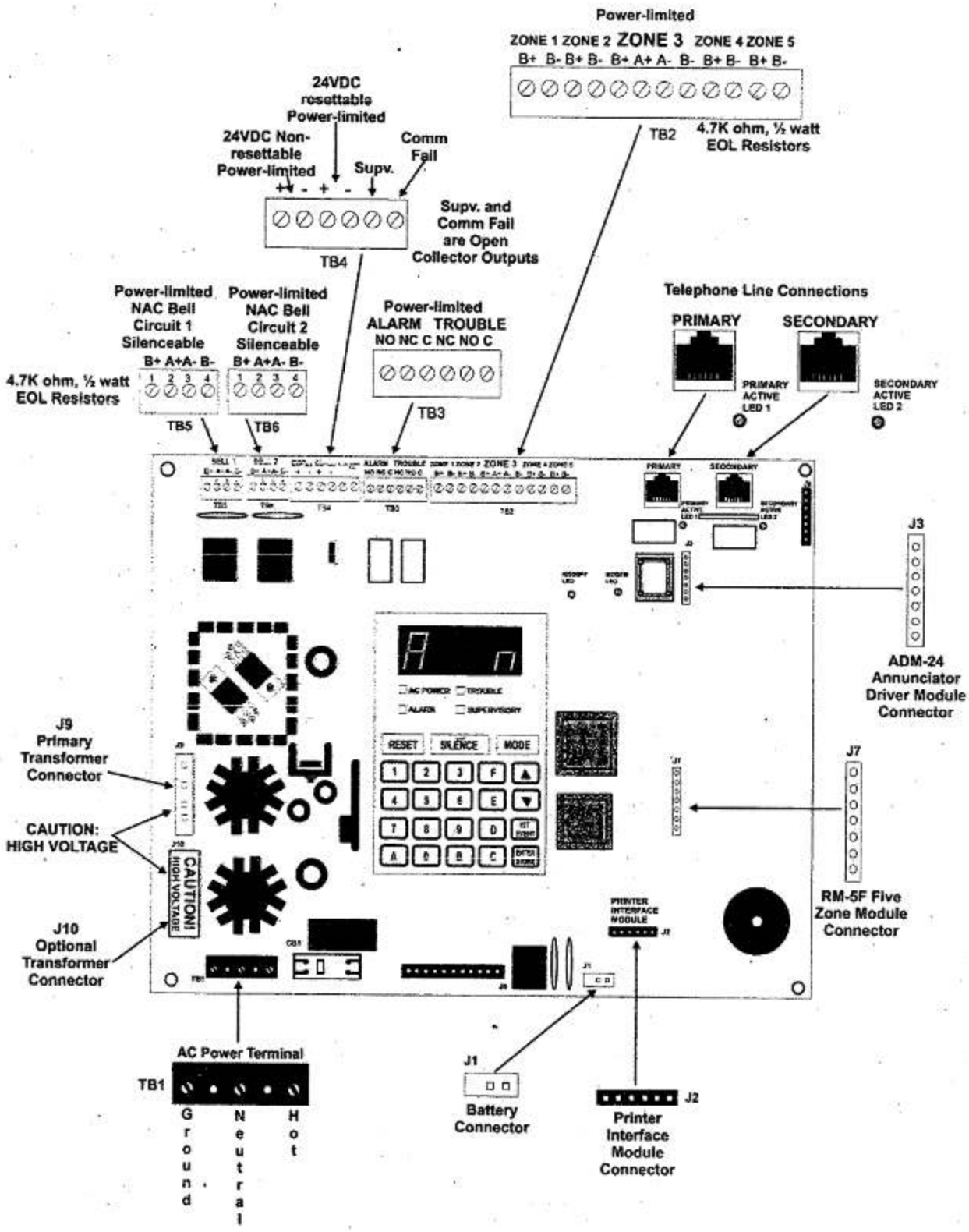
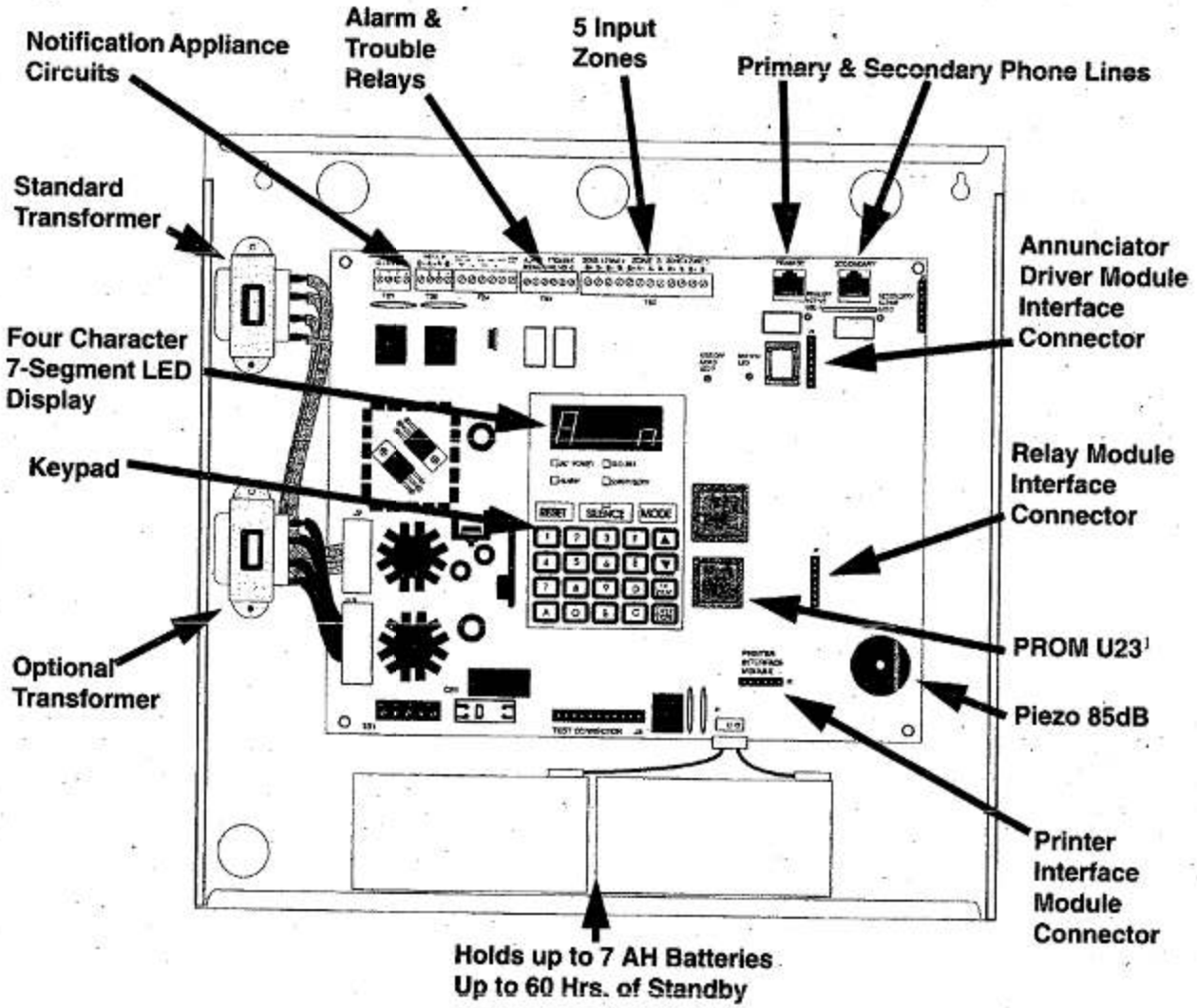


FIGURE 1-2: MS-5024UD Panel



1. Software for the Fire Alarm Control Communicator is located in a PROM inserted in the IC socket labeled U23. The MS-5024UD and MS-5024UDE each contain unique software. For specific panel software information, refer to the MS-5024UD(E) Field Software Change Procedure Document #50125.

CHAPTER 1 *Product Description*

The MS-5024UD is a combination FACP (Fire Alarm Control Panel) and DACT (Digital Alarm Communicator Transmitter) all on one circuit board. It is a five-zone panel which uses conventional input devices. The panel accepts waterflow devices, two-wire smoke detectors, four-wire smoke detectors, pull stations and other normally open contact devices. Outputs include two NACs (Notification Appliance Circuits), alarm and trouble relays, supervisory and communicator failure relay drivers.

The integral communicator transmits system status (alarms, troubles, AC loss, etc.) to UL-listed Central Stations via the public switched telephone network. The control panel has a built-in programmer and may also serve as a slave communicator to a host panel. It also supervises all wiring, AC voltage, telephone line input voltage and battery level.

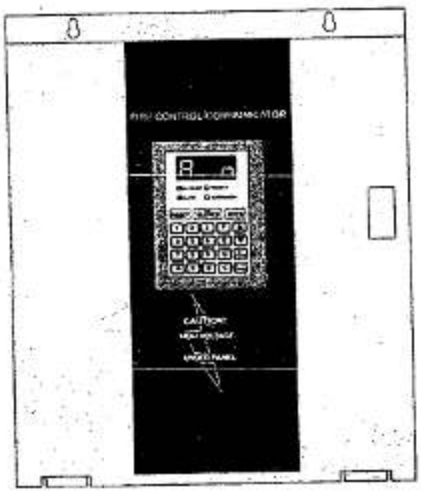
The control panel may be programmed or interrogated off-site via the public switched telephone network. Any IBM compatible personal computer with DOS™ 4.01 or greater plus Windows™ 3.1 or greater, with a 1200 baud Hayes™ compatible modem and Fire•Lite Upload/Download software P/N PK-5024UD, may serve as a Service Terminal. This allows download of the entire program or upload of the entire program, history file, walktest data, current status and system voltages. The MS-5024UDE offers the same features as the MS-5024UD but allows connection to 220/240 VAC input.

1.1 Product Features

- Selectable as Fire Panel, Fire Panel/Communicator or Slave Communicator
- Programmable Zone ID: 2-wire smoke, pull station, normally open contact device, supervisory, supervisory autosilence, waterflow silenceable or waterflow nonsilenceable
- One Style D (Class A) zone
- Four Style B (Class B) zones
- 3.6 amps usable power expandable to 5.6 amps
- Optional 5-zone Relay Module (RM-5F)
- CAC-5F Style D (Class A) Zone Converter Module
- Two NFPA Style Y (Class B) or Style Z (Class A) Notification Appliance (bell) Circuits
- Built-in programmer
- Built-in voltmeter
- Telephone Line Active LED indicators
- Communication confirmation (Kissoff) LED
- Disable report by event
- Programmable event codes
- 24 volt operation
- Real-Time clock and calendar
- Trouble reminder
- Alarm verification
- RZA-5F remote annunciator (requires ADM-24 Annunciator Driver Module)
- Small size - 15" (38.1 cm) x 14.5" (36.83 cm) x 2.75" (6.985 cm)
- History file with 32 event storage
- Silence inhibit per NAC (Notification Appliance Circuit)
- Autosilence per NAC

- Touchtone/Rotary dialing
- Programmable make/break ratio
- Fuseless design
- PRT-24 (Printer Interface Module)
- Print real-time system status
- Print history and walktest files, program contents and troubleshoot mode voltages
- PK-5024UD Upload/Download Software Kit
- Number of dial attempts (minimum of 5 and maximum of 10)
- Programmable channel ID (slave)
- Programmable zone delay (waterflow only)
- Form-C alarm and trouble relays
- Supervisory and communication fail relay drivers
- Low AC voltage sense
- One-man walktest
- Optional Dress Panel cover (DP-5024UD)

FIGURE 1-1: Optional DP-5024UD



Note: Unless otherwise specified, MS-5024UD shall be used in this manual to refer to both the MS-5024UD and MS-5024UDE Fire Alarm Control Communicators.