BLOCK 1095 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 200 Van Zile Rd PERMIT NO. 06-1739

Called 5/10/06 SC

CONSTRUCTION PERMIT APPLICATION

CO6-101569

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

I. IDENTIFICATION

1. Propsed Work Site at: TEMPLE BETH OR 200 VAN ZILE ROAD BRICK, NJ
2. Name of Owner in Fee: TEMPLE Beth OR Tel. ( ) _____
   Address 200 Van Zile ROAD; BRICK NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Allied Fire & SAFETY Tel. (732) 922-3399
   Address 517 Green Grove Road; NEPTUNE, NJ 07754
   License No. OR, if new home, Builder Reg. No. P00166 Exp. Date _____
   Federal Employee No. 221904087 FAX: (732) 918-8668
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Scott Glende
   Tel. (732) 922-3399 FAX: (732) 918-8668

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	45		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 49		

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 _____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		Moulton							
3. ☐ Addition				0					
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection	3,200-				5-2-06	OS	7/14/06		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10524833

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name Allied Fire & Safety

Address 517 Green Grove Road

Neptune, NJ 07753

Telephone (732) 922-3399

Signature Scott E Glenda.

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

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	07/27/2006
Tracking Number	C-06-101569
Permit Number	06-1739
Permit Issue Date	06/01/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 200 VAN ZILE RD. , NJ Block: 1095 Lot: 1 Qual:

Owner in Fee: TEMPLE BETH OR

Owner Address: 200 VAN ZILE RD. BRICK NJ 08724

Telephone:

Contractor ALLIED FIRE & SAFETY

Address 517 GREEN GROVE RD PO BOX 607 NEPTUNE NJ 07754-

Telephone: 732/922-3399 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-1904087

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

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: 3101
Collected By: Stephanie Capozzi

Date Printed: 07/27/2006

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location TEMPLE BETH OR
200 VAN ZILE; BRICK, NJ

Owner in Fee TEMPLE BETH OR

Address 200 VAN ZILE ROAD; BRICK, NJ

Tel. (_____) _____

Contractor ALLIED FIRE & SAFETY

Address 517 GREEN GROVE ROAD
NEPTUNE, NJ 07754

Tel. (732) 922-3399

Lic. No. or Bldrs. Reg. No. 900166

Fed. Emp. No. 221904087

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
INSTALL WET CHEMICAL SUPPRESSION SYSTEM

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 $ 3,200 —

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

CONSTRUCTION PERMIT

Date Issued 06/01/2006
Control # C-06-101569
Permit # 06-1739

IDENTIFICATION Block: 1095 Lot: 1 Qualifier
Work Site Location: 200 VAN ZILE RD. , NJ
Owner in Fee TEMPLE BETH OR
Address 200 VAN ZILE RD. BRICK NJ 08724
Telephone:

Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD PO BOX 607 NEPTUNE NJ 07754-
Telephone: 732/922-3399
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1904087

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:

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 $3,200

Construction Official — Date 06/01/2006

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$49
Check No.	3101
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

Borough of Red Bank

32 Monmouth Street
Red Bank, NJ 07701

(201) 530-2760

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6/1/06
Control #
Permit # 06-1739

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

Block 1095 Lot 1
Work Site Location TEMPLE BETH OR
200 Jonzile ROAD; Back, NJ
Owner in Fee TEMPLE Beth OR
Address 200 Jonzile ROAD; Brick, NJ

Tele. ( )
Contractor Allied Fire & SAFETY
Address 512 Green Grove ROAD
NEPTUNE, NJ 07754
Tele. (732 922-3399
Lic. No. P99160
Federal Emp. No. 221904087 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 $ 3,200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 5-25-06
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7/4/06
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test			7-17-06	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Final			7-14-06	
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.

Scott Glende
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Install WET chemical system

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	1	
Gas or Oil Fired Appliance		
OTHER		
	Administrative Surcharge $	
Paid [ ] Check #	Minimum Fee $	
Collected by	TOTAL FEE $	

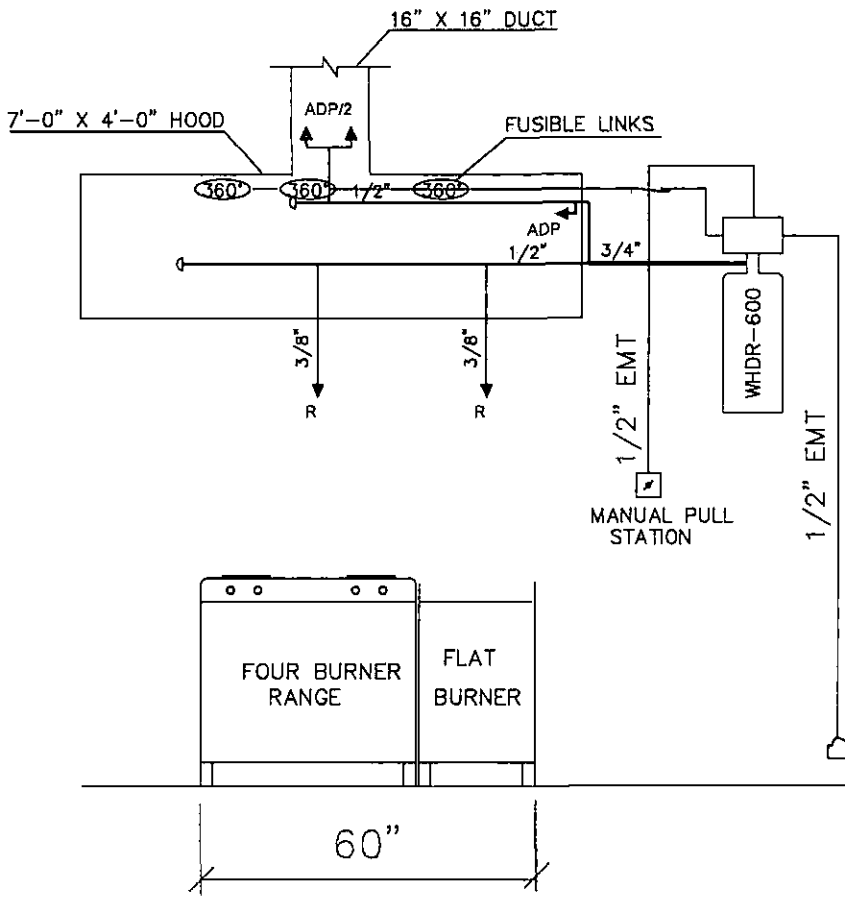
RBBD 23A

U.C.C. Form F-140A 1 Original - Applicant Copy 2 Canary - Office Copy

EXISTING

KIDDE U.L. 300 WET CHEMICAL KITCHEN FIRE SUPPRESSION SYSTEM

HOOD #1



SYSTEM NOTES

1) SYSTEM WILL REPLACE EXISTING DRY CHEMICAL SYSTEM AND WILL BE A U.L. 300 WET CHEMICAL AS MANUFACTURED BY WALTER
2) ALL PIPE SIZING, MATERIALS & MOUNTING HEIGHTS WILL BE AS PER MANUFACTURER'S U.L. LISTED STANDARDS.
3) REMOTE MANUAL PULL STATION TO BE LOCATED 10'-0" FORM HOOD.
4) ALL APPLIANCES ARE GAS FED AND WILL SHUT DOWN UPON SYSTEM ACTIVATION.
5) DETECTION TO BE BY FUSIBLE LINK WITH TEMPERATURE AS INDICATED

-R = RANGE NOZZLE
-ADP = APPLIANCE/DUCT/PLENUM

ONE WHDR-600 SYSTEM WILL CONTROL BOTH HOODS

PROJECT:
TEMPLE BETH OR
200 VAN ZILE ROAD
BRICK, N.J.

TITLE: WET CHEMICAL SYSTEM

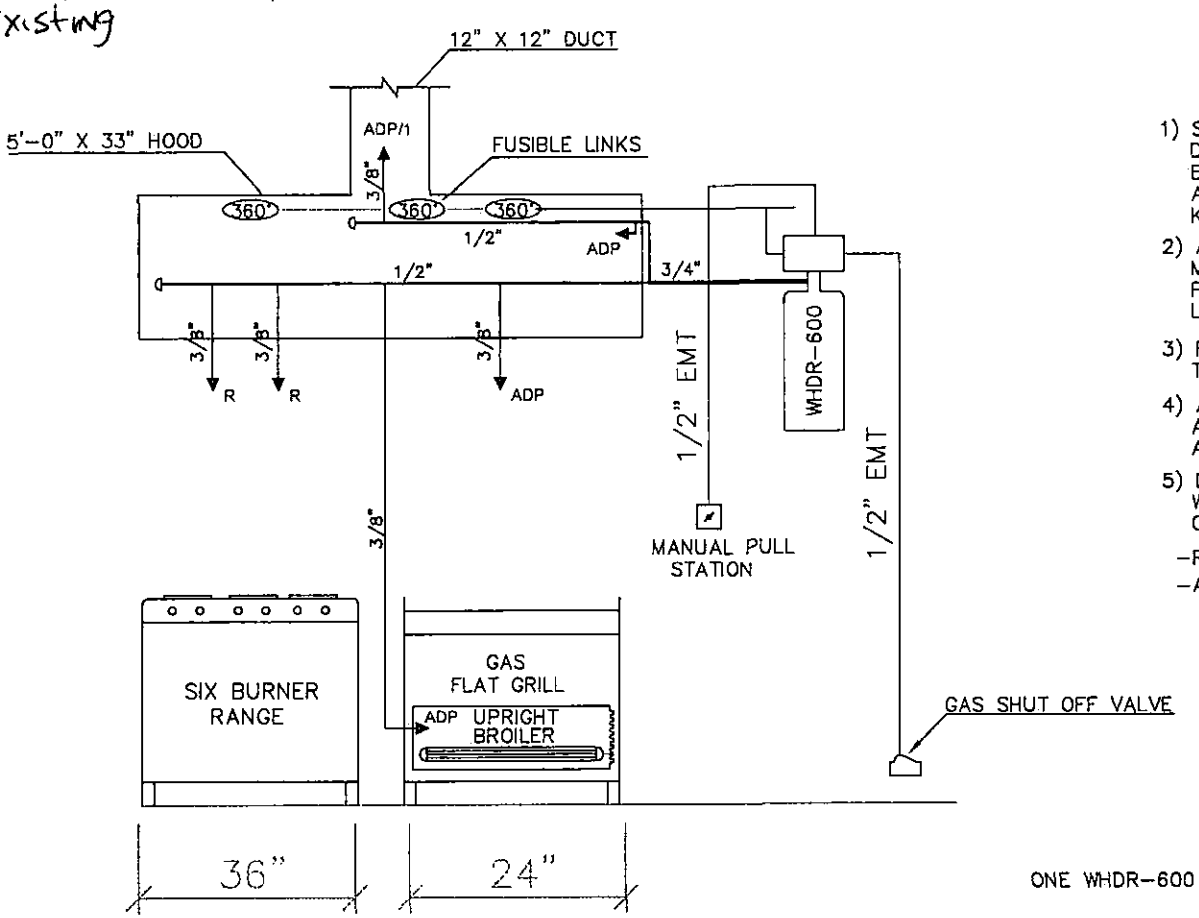
DESIGNED BY:	SCALE:	SKETCH NO.:
SCOTT GLENDE	N.T.S.	WC-2

REV.	DESCRIPTION	DATE	BY

ALLIED FIRE & SAFETY EQUIPMENT COMPANY, INC.
517 GREEN GROVE ROAD - P.O. BOX 607
NEPTUNE, N.J. 07754-0607
PHONE # (732) 922-3399 FAX # (732) 918-8668
N.J. FIRE PROTECTION PERMIT # P00166

KIDDE U.L. 300 WET CHEMICAL
KITCHEN FIRE SUPPRESSION SYSTEM

HOOD #2 Existing



SYSTEM NOTES

1) SYSTEM WILL REPLACE EXISTING DRY CHEMICAL SYSTEM AND WILL BE A U.L. 300 WET CHEMICAL AS MANUFACTURED BY WALTER KIDDE CO.
2) ALL PIPE SIZING, MATERIALS & MOUNTING HEIGHTS WILL BE AS PER MANUFACTURER'S U.L. LISTED STANDARDS.
3) REMOTE MANUAL PULL STATION TO BE LOCATED 10'-0" FORM HOOD.
4) ALL APPLIANCES ARE GAS FED AND WILL SHUT DOWN UPON SYSTEM ACTIVATION.
5) DETECTION TO BE BY FUSIBLE LINK WITH TEMPERATURE AS INDICATED ON PLAN.

-R = RANGE NOZZLE
-ADP = APPLIANCE/DUCT/PLENUM

ONE WHDR-600 SYSTEM WILL CONTROL BOTH HOODS

PROJECT: TEMPLE BETH OR 200 VAN ZILE ROAD BRICK, NJ		
TITLE: WET CHEMICAL SYSTEM		
DESIGNED BY:	SCALE:	SKETCH NO.:
SCOTT GLENDE	N.T.S.	WC-1
DATE: 1/17/2006	JOB # 4356	1 OF 2

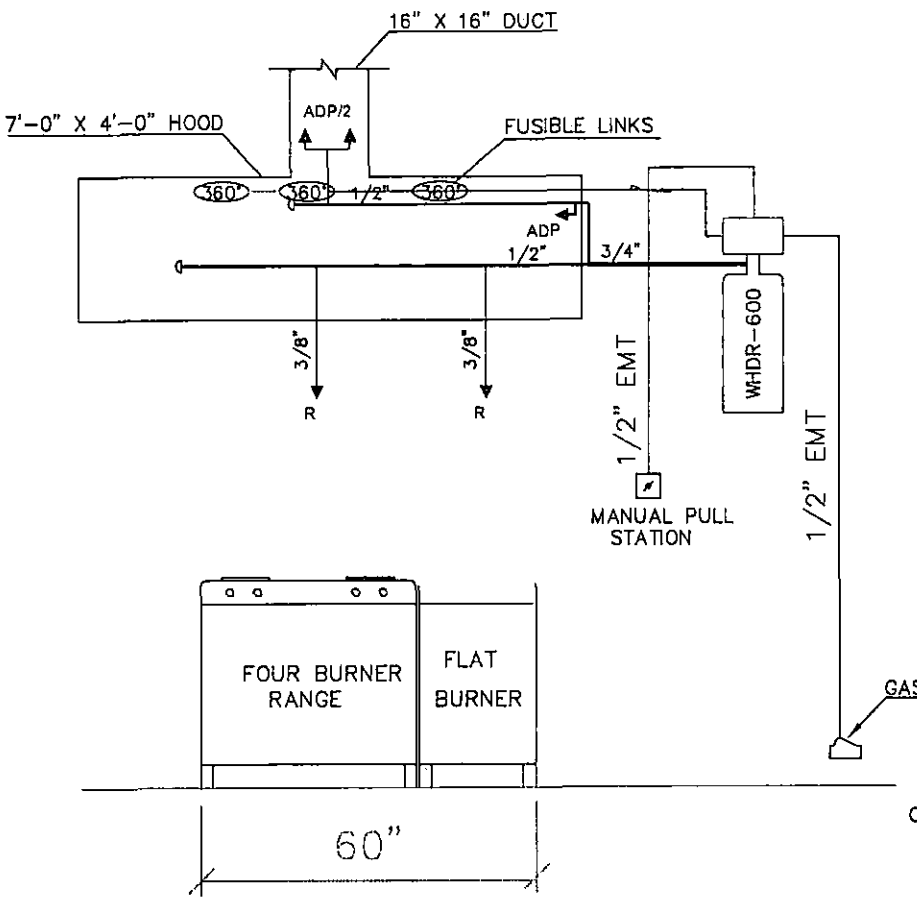
REV.	DESCRIPTION	DATE	BY

ALLIED FIRE & SAFETY EQUIPMENT COMPANY, INC.
517 GREEN GROVE ROAD - P.O. BOX 607
NEPTUNE, N.J. 07754-0607
PHONE # (732) 922-3399 FAX # (732) 918-8668
N.J. FIRE PROTECTION PERMIT # P00166

EXISTING

KIDDE U.L. 300 WET CHEMICAL KITCHEN FIRE SUPPRESSION SYSTEM

HOOD #1



SYSTEM NOTES

1) SYSTEM WILL REPLACE EXISTING DRY CHEMICAL SYSTEM AND WILL BE A U.L. 300 WET CHEMICAL AS MANUFACTURED BY WALTER
2) ALL PIPE SIZING, MATERIALS & MOUNTING HEIGHTS WILL BE AS PER MANUFACTURER'S U.L. LISTED STANDARDS.
3) REMOTE MANUAL PULL STATION TO BE LOCATED 10'-0" FORM HOOD.
4) ALL APPLIANCES ARE GAS FED AND WILL SHUT DOWN UPON SYSTEM ACTIVATION.
5) DETECTION TO BE BY FUSIBLE LINK WITH TEMPERATURE AS INDICATED

-R = RANGE NOZZLE
-ADP = APPLIANCE/DUCT/PLENUM

ONE WHDR-600 SYSTEM WILL CONTROL BOTH HOODS

PROJECT:
TEMPLE BETH OR
200 VAN ZILE ROAD
BRICK, N.J.

TITLE: WET CHEMICAL SYSTEM

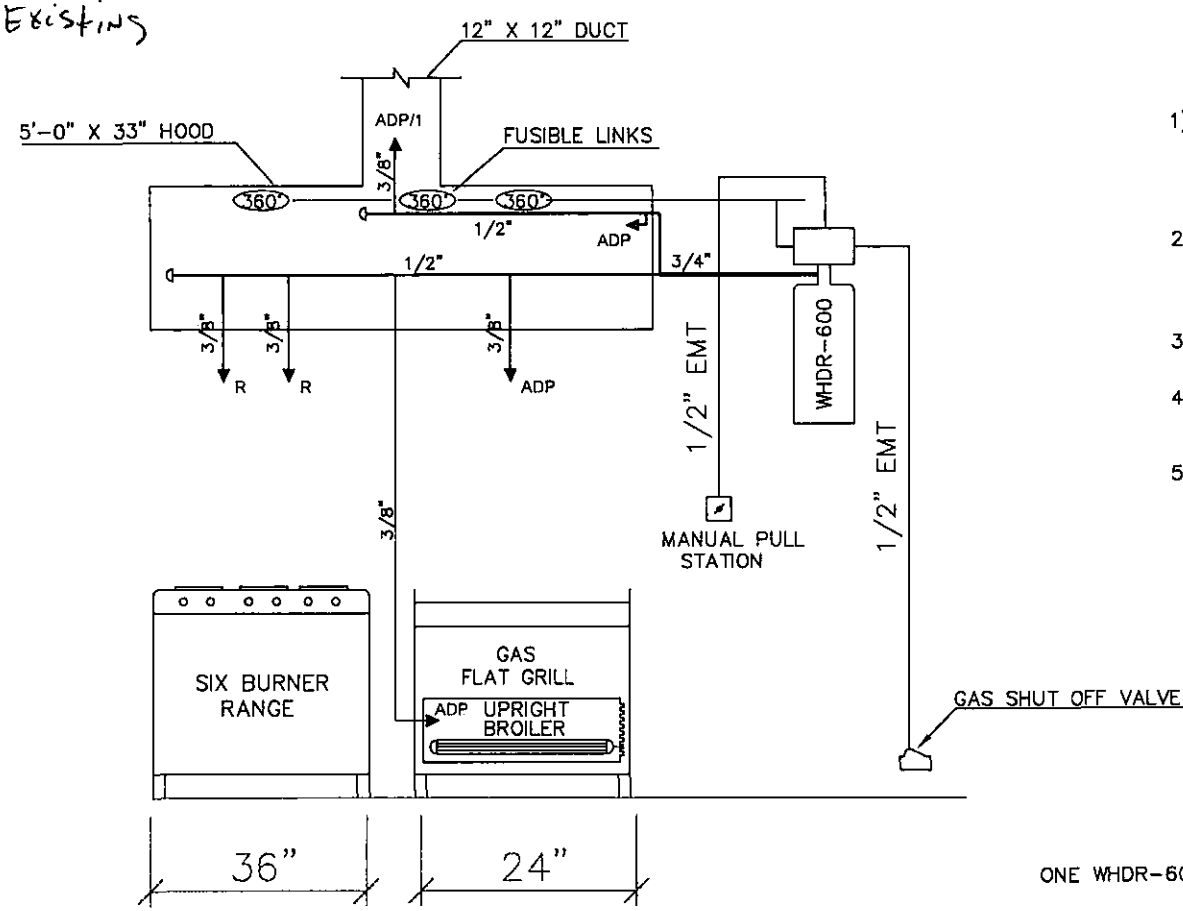
DESIGNED BY:	SCALE:	SKETCH NO.:
SCOTT GLENDE	N.T.S.	WC-2

REV.	DESCRIPTION	DATE	BY

ALLIED FIRE & SAFETY EQUIPMENT COMPANY, INC.
517 GREEN GROVE ROAD - P.O. BOX 607
NEPTUNE, N.J. 07754-0607
PHONE # (732) 922-3399 FAX # (732) 918-8668
N.J. FIRE PROTECTION PERMIT # P00166

KIDDE U.L. 300 WET CHEMICAL
KITCHEN FIRE SUPPRESSION SYSTEM

HOOD #2 EXISTING



SYSTEM NOTES

1) SYSTEM WILL REPLACE EXISTING DRY CHEMICAL SYSTEM AND WILL BE A U.L. 300 WET CHEMICAL AS MANUFACTURED BY WALTER KIDDE CO.
2) ALL PIPE SIZING, MATERIALS & MOUNTING HEIGHTS WILL BE AS PER MANUFACTURER'S U.L. LISTED STANDARDS.
3) REMOTE MANUAL PULL STATION TO BE LOCATED 10'-0" FORM HOOD.
4) ALL APPLIANCES ARE GAS FED AND WILL SHUT DOWN UPON SYSTEM ACTIVATION.
5) DETECTION TO BE BY FUSIBLE LINK WITH TEMPERATURE AS INDICATED ON PLAN.

-R = RANGE NOZZLE
-ADP = APPLIANCE/DUCT/PLENUM

ONE WHDR-600 SYSTEM WILL CONTROL BOTH HOODS

REV.	DESCRIPTION	DATE	BY

PROJECT: TEMPLE BETH OR
200 VAN ZILE ROAD
BRICK, NJ

TITLE: WET CHEMICAL SYSTEM

DESIGNED BY:	SCALE:	SKETCH NO.:
SCOTT GLENDE	N.T.S.	WC-1
DATE: 4/13/2006	JOB # 4355	1 OF 2

ALLIED FIRE & SAFETY EQUIPMENT COMPANY, INC.
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N.J. FIRE PROTECTION PERMIT # P00166