Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 670 LOT 4 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 19-2670

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C19-002849

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

Ivy Rehab

I. IDENTIFICATION

1. Proposed Work Site at: 2770 HOOPER AVE
2. Name of Owner in Fee: KENNEDY MALL ASSOCIATES
   Tel. ( ) ______ e-mail ______
   Address 641 SHUNPIKE RD. CHATHAM 07928 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: BEACON CONSTRUCTION Tel. (856) 983-0014
   Address 61 N LAKEVIEW DR. e-mail ______
   GIBBSBORO, NJ 08026
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. 47-1377567 FAX: (856) 983-3848
5. Architect or Engineer STANLEY LANCE HEAL Contact 469-920-0123
   Address 15758 GROVE CREST DR. e-mail LANCE@HEALDESIGNGROUP...
   Tel. ( ) ______ FAX: ( ) ______
6. Responsible Person in Charge once Work has Begun DAVID GUTIERREZ
   Tel. (856) 366-6813 FAX: ( ) ______

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 3300	150	
2.	Electrical	235	150	
3.	Plumbing	261	150	
4.	Fire Protection	285		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	168		
10.	Subtotal	$ 98		
11.	Cert. of Occupancy	150		
12.	Other			
13.	TOTAL	$ 4259	450	

+C +C 150E 160F 13 323

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure ______ ft.
3. Area — Largest Floor 2515 sq. ft.
4. New Building Area ______ sq. ft.
5. Volume of New Structure ______ cu. ft.
6. Max. Live Load ______
7. Max. Occupancy Load 16
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed ______ sq. ft.
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft.
12. Wetlands yes ______ no ______

COMMERCIAL

+E 150 150 150 2 427

IIa. PROPOSED WORK

Tenant Fit Up

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☒ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☒ Building	70,000				10/02/19	KCK			
☒ Electrical	11,000				8/21/19	RC			
☒ Plumbing	7,000				8/29/19				
☐ Fire Protection				8/13	2/12		10/1/19		
☐ Elevator		Eng	Exempt		8/13/19	ECC			
TOTAL COST	$88,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: ______
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: Physical therapy
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ______

D. Construct. Classification: Present IIIB Proposed IIIB

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/06/2020
Control Number C-19-002849
Permit Number 19-2670
Permit Issue Date 10/15/2019
Certificate Number 19-2670

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723 Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone:

Contractor BEACON CONSTRUCTION SERVICES

Address 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053

Telephone: (856) 983-0074 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 16

Description of Work/Use: TENANT FIT UP - - IVY REHAB

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: 03/06/2020
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 03/06/2020
Conditions to be met:

Need Final Plumbing Approval

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/06/2020

U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/28/2020
Control Number C-19-002849
Permit Number 19-2670
Permit Issue Date 10/15/2019
Certificate Number 19-2670

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723 Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone:

Contractor BEACON CONSTRUCTION SERVICES

Address 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053

Telephone: (856) 983-0074 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 16

Description of Work/Use: TENANT FIT UP - - IVY REHAB

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: $150.00
Check Number: 15194
Collected By: Christopher Winters

Date Printed: 02/28/2020

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Ivy Rehab

Date Received / Control # 10/15/19

Date Issued / Permit # 19-2670

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE
BRICK, NJ 08723

Owner in Fee: KENNEDY MALL ASSOCIATES

Tel. ( ) e-mail

Address 641 SHUNPIKE RD. CHATHAM, NJ 07928
street municipality zip code

Contractor: Beacon Construction Services Tel. (856) 983-0074

Address 61 N. Lakeview Drive e-mail
Gibbsboro NJ 08026

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 47-1377567 FAX: (856) 983-3848

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 10/02/19 KEH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 10/02/19
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 01/06/20
Approved by: KEH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab 4 small areas Repair			11/14/19	
Frame			11/25/19	
Above Ceiling			12/20/19	
Insulation Partial Partial			12/3/19 12/20/19	
Energy				
Mechanical				
TCO				
Other				
Final 1/8/20			1-3-20	

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

No. of Stories 1

Height of Structure ft.

Area — Largest Floor 2515 sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present III B Proposed III B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 70,000
3. Total (1+ 2) $ 70,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: DAVID GUTIERREZ

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- INTERIOR FIT OUT FOR IVY REHAB CLINIC
- RE-DISTRIBUTE DUCTWORK

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110 (rev. 11/09)

11/25/19 Am Frames - ~~ok to insulate~~ At Insulation inspection need update for change to Room Layout - Dimensions. Also Repairs made to Mechanical Room and Bath Room Demise wall Frame all Rotten.

Replaced

12/3/19 Am - ok to sheetrock need reinspection of Demise wall at mechanical and bath room lower section rotten metal studs.

1-2-20 Am - Final front and rear Emergency light not working

TB
(B)
tech.

BUILDING SUBCODE
TECHNICAL SECTION

Update +A
11/18/19

Date Received / Control # 12/16/19

Date Issued / Permit # 19-2670+A

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave
Brick, NJ 08723

Owner in Fee: Kennedy Mall Associates

Tel. e-mail

Address 641 Shunpike Rd. (street) Chatham (municipality), NJ 07928 (zip code)

Contractor: Beacon Construction Services Tel. 856 983-8074

Address 101 N. Lakeview Drive e-mail
Gibbsboro, NJ. 08026

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 47-1377567 FAX: 856-983-3848

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 12/10/19 — KEH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12/10/19
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 01/06/20
Approved by: KEH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12/30/19	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	1-2-20		1-3-20	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $_____
2. Rehabilitation $_____
3. Total (1+ 2) $_____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Eric Magchee

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Changes in demensions.

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CHANGE OF CONTRACTOR

Date Received 12/9/19
Control #
Date Issued
Permit # 19-20170

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave
Brick, NJ 08723

Owner in Fee: Kennedy Mall Associates

Tel. ( ) e-mail

Address 641 Shunpike Rd Chatham 07972
street municipality zip code

Contractor: **Corbin Electric Services, Inc.** Tel. (732) 536-0444

Address **35 Vanderburg Road** e-mail
Marlboro, NJ 07746

Contractor License No. **6419** Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. **22-3121404** FAX: (732) 536-8547

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 11,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 1-3-20
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initials
Rough			12-26-19	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Owner Copy			12-26-19	MM
Service				
Final 12-31-19			1/3/2020	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal here:

Print name here: **Steven Corbin**

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FIXTURES AS PER PLAN

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CHANGE OF CONTRACTOR X only

Date Received 11/25/19
Control #
Date Issued
Permit # 19-2670

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Avenue
Brick NJ 08723

Owner in Fee: Kennedy Mall Associates

Tel. ( ) e-mail

Address 641 Shundike Rd. Chatham 07972
street municipality zip code

Contractor: **Corbin Electric Services, Inc.** Tel. (**732**) **536-0444**

Address **35 Vanderburg Road** e-mail
Marlboro, NJ 07746

Contractor License No. **6419** Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. **22-3121404** FAX: (**732**) **536-8547**

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 11,000.00

RECEIVED NOV 25 2019

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-3-2020
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough 12-6-19				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/3/2020	(1)
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

Applicant sign/Contractor sign and seal here:

Print name here: **Steven Corbin**

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: electrical work per drawings

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

12-6-19

(1) Change of contractor incomplete cannot inspect this Permit (VM)

347 481 8306

ELECTRICAL SUBCODE
TECHNICAL SECTION

Ivy Rehab X

Date Received 10/15/19
Control #
Date Issued
Permit # 19-2670

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE
BRICK, NJ 08723

Owner in Fee: KENNEDY MALL ASSOCIATES

Tel. ( ) e-mail

Address ~~2770 HOOPE~~ 641 SHUNDIKE RD. CHATHAM, NJ 07928
street municipality zip code

Contractor: INSTANT AIR Tel. (856) 401-7737

Address 1423 Jarvis Rd Egg Harbor NJ 08234 e-mail instantairnj@yahoo.com

Contractor License No. 12055B Exp. Date 3-31-20 Paid online

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 205611319 FAX: (856) 637-2056

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 11,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 8/26/19 Approved by: MJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/26/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-3-20
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/3/20	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal ~~here~~:

Print name here: Paul Heckers

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ELECTRICAL WORK PER DRAWINGS

COMMERCIAL

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CHANGE OF CONTRACTOR
CP 12/12/19

Date Received 12/[illegible]
Control #
Date Issued 12-26-19
Permit #

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave
Brick, NJ 08723

Owner in Fee: Kennedy Mall Associates

Tel. (347) 481-8300 e-mail

Address 641 Shunpike Rd (street) Chatham (municipality) 07972 (zip code)

Contractor: **Corbin Electric Services, Inc.** Tel. (732) 536-0444

Address **35 Vanderburg Road**
Marlboro, NJ 07746 e-mail

Contractor License No. **6419** Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. **22-3121404** FAX: (732) 536-8547

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 11,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: **Steven Corbin**

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TENANT FITOUT AS PER PLAN

QTY.	SIZE	ITEMS	FEE (Office Use Only)
34		Lighting Fixtures	
37	13	Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
12		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
14		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date 12-13-19 Approved by: VMA
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12-13-19
Approved by: VMA
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-3-20
Approved by: VAN

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12-26-19	VMA
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	12-31-19		1/3/2020	VA
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

Ivy Rehab

Vpdate 11/27/19 MO

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/23/19 J
Control #
Date Issued
Permit # 19-2670 EK

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave
Brick NJ 08723

Owner in Fee: Kennedy Mall Associates

Tel. ( ) e-mail

Address 641 Shundike Rd Chatham NJ 07920
street municipality zip code

Contractor: Independent Alarm Tel. (856) 854-9222

Address 7215 Maple Ave e-mail
Pennsauken, NJ 08109

Contractor License No. 34BF00039900 Exp. Date 1/20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05932300

Federal Emp. ID No. 27-1128231 FAX: (856) 854-7171

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved.
Date: Approved by:
[X] Electric Plans Approved
Date: 1-2-19 Approved by: VM

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-20-19
Approved by: VM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-3-20
Approved by: VM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other above Ceiling			12-26-19 VM	
Service				
Final			1/3/2020 (P)	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal here:

Print name here: Pat Onofrio

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Owner-Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Data & TV

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Ivy Rehab

12/2/19

Date Received 12/23/19 ✓
Control #
Date Issued
Permit # 19-2670+C

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave (Ivy rehab (physical therapy)
Brick Township, New Jersey 08723

Owner in Fee: Kennedy Mall Associates

Tel. e-mail

Address 641 Shunpike Rd Chatham NJ 07920
street municipality zip code

Contractor: AFA Protective Systems Tel. (732) 846-4000

Address 961 Joyce Kilmer Ave. e-mail nmontuori@afap.com
N. Brunswick, NJ 08902

Contractor License No. P00495 Exp. Date 10/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 131805009 FAX: (732) 846-5272

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 12-20-19 Approved by: MM

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-20-19
Approved by: MM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] LCCO [X] CA
Date: 1-13-20
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other above Ceiling			12-26-19	MM
Service				
Final				
Barrier-Free			1/3/2020	MM
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

Applicant sign/Contractor sign and seal here:

Print name here: Aniello Montuori

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of low voltage F.A. system per drawings

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/12/20
Control #
Date Issued
Permit # 19-2670+E

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE

Owner in Fee: KENNEDY MALL ASSOCIATES

Tel. ( ) e-mail

Address 641 SHUNPIKE RD. CHATHAM NJ 07928
street municipality zip code

Contractor: **Corbin Electric Services, Inc.** Tel. (732) 536-0444

Address **35 Vanderburg Road** e-mail
Marlboro, NJ 07746

Contractor License No. **6419** Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. **22-3121404** FAX: (732) 536-8547

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-25-2020
Approved by: VMA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-10-2020
Approved by: VMA

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-19-2020	VMA
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

Applicant sign/Contractor sign and seal here:

Print name here: **Steven Corbin**

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
RELOCATE EXISTING FURNACE, LESS THAN 6 FT.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		RELOCATE EXISTING FURNACE	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Ivy Rehab

Date Received / Control # 10/15/19

Date Issued / Permit # 19-2670

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE
BRICK, NJ 08723

Owner in Fee: KENNEDY MALL ASSOCIATES

Tel. ( ) e-mail

Address 641 SHUNPIKE RD. CHATHAM, NJ 07928
street municipality zip code

Contractor: Modern Medical Plumbing Tel. (609) 556-2559

Address ~~PO Box 86~~ 224 MAIN ST e-mail MMPlumbingoffice@gmail.com
Rancocas, NJ 08073

Contractor License No. 10369 Exp. Date 6/20/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 46-4785925 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed S

Building Sewer Size Public Sewer YES Private Septic

Water Service Size Public Water YES Private Well

Est. Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 8-27-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-29-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 2-26-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11-13-19	WM
Rough	12-6-19		12-30-19	
~~Water~~ Partial Rough			11-22-19	
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 days			12-31-19	
Final			2-19-20	

* Above ceiling 12-30-19

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.

Applicant sign/Contractor sign and seal here:

Print name here: William T McCrea JR

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PLUMBING WORK PER DRAWINGS

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
2	Sink	
	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/12/20
Control #
Date Issued
Permit # 10-2020-E

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave

Owner in Fee: kennedy mall associates

Tel. e-mail

Address 641 Shunpike Rd (street) Chatham (municipality) NJ 07928 (zip code)

Contractor: Instant Air Tel. 8564017737

Address 177 South Black Horse Pike e-mail lou@instant-air.com
Blackwood NJ 08012

Contractor License No. HVACR # 8048 Exp. Date 7/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 205811319 FAX: 8566372056

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 2-26-20 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-26-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-26-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-19-20	DG

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.

Applicant sign/Contractor sign and seal here: Lou Rienzo

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
relocate existing forced air furnace
LESS THAN 6 FT.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other FURNACE RELOCATION	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Update + A

Date Received 12/16/19
Control #

Date Issued
Permit # 19-2670+A

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave Brick, NJ 08723

Owner in Fee: Kennedy Mall Associates

Tel. e-mail

Address 1041 Shunpike Rd Chatham, NJ 07928
street municipality zip code

Contractor: Beacon Construction Services Tel. 856 983-0074

Address 161 N. Lakeview Drive e-mail
Gibbsboro, NJ 08026

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 47-1377567 FAX: 856 983-3848

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 12-17 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-4-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 2-26-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			12-30-19	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 days			12-31-19	
Final			8-19-20	

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.

Applicant sign/Contractor sign and seal here:

Print name here: Eric Magehee

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Revised Floor Plans

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

Update 1/31/20

Date Received 2/12/20

Control #

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

19-2670

Date Issued

Permit # 19-2670 +E

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave IVY Rehab

Owner in Fee: Kennedy Mall Associates

Tel. e-mail

Address 641 Shunpike Rd (street) Chatham NJ 07928 (municipality, zip code)

Contractor: Instant Air Tel. 8564017737

Address 177 South Black Horse Pike e-mail lou@instant-air.com

Blackwood NJ 08012

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 205811319 FAX: 8566372056

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [X] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 500.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date ____ Approved by:

[X] Fire Protection Plans Approved

Date 2/7/20 Approved by: [signature]

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2-7-2020

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust. Tanks				
Fireplace Venting				
Final			2/5/20	[initials]
Other				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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.

Applicant/Contractor sign here: [signature]

Print name here: Lou [signature]

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source relocate existing furnace

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other FURNACE RELOCATION		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Ivy Rehab 2515 B 12/2/19

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Sean Strong 201-621-8634

Date Received 12/23/19
Control #
Date Issued
Permit # P-2670 +C

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave (Ivy rehab Physical therapy)
Brick Township, New Jersey 08723

Owner in Fee: Kennedy Mall Associates

Tel. e-mail

Address 641 Shunpike Rd Chatham NJ 07920
street municipality zip code

Contractor: AFA Protective Systems Tel. (732) 846-4000

Address 961 Joyce Kilmer Ave. e-mail nmontuori@afap.com
N. Brunswick, NJ 08902

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34BF000106

Fire Alarm Contractor No. P00495 Exp. Date 10/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 131805009 FAX: (732) 846-5272

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 4,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: Aniello Montuori

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of low voltage F.A. system per drawings.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		Extend H/S required
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)	4	
Signaling Devices (i.e., horn/strobes, bells)	7	
Other Devices Power supply	2	
TOTAL	17	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date 12/26/19 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/26/19
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1/3/20
Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/3/20	LAC
Other				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Ivy Rehab

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

12/2/19

Date Received 12/23/19
Control #
Date Issued
Permit # 19-26070

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

Block 1070 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave., Ivy Rehab Physical Therapy

Owner in Fee: [redacted]

Tel. ( ) e-mail

Address

Contractor: Monmouth Controls / MC Fire (street / municipality) Tel. (908) 537-1030 (zip code)

Address 105 Sherman Ave. e-mail JVaticano@mcico.net

Raritan, NJ 08869

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00527

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2543749 FAX: (908) 537-1031

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 3,100.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve: Sprinkler Valve Rm

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.

Applicant/Contractor sign here:

Print name here: Jon Vaticano

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add/Relocate (9) Sprinklers

Water Supply Source Existing

Method of Alarm/Suppression System Supervision Existing

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___	N/A	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (~~Dry~~ and (Wet))	9	
Standpipes	0	
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression — N/A		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System — N/A		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 12/16/19 Approved by: KO

Joint Plan Review Required

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-15-19

Approved by: KO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 1-6-2020

Approved by: KO

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust. Tanks				
Fireplace Venting				
Final			1/3/20	KO
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

"B" 2515 SQFT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Ivy Rehab

Date Received 10/15/19
Control #

Date Issued
Permit # 19-2670

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

Block 100 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE
BRICK NJ 08723

Owner in Fee: KENNEDY HALL ASSOCIATES

Tel. e-mail

Address 641 SHUNDICE RD. CHATHAM, NJ 07928
street municipality zip code

Contractor: INSTANT AIR Tel.

Address 1423 JARVIS RD. e-mail INSTANTAIR@YAHOO.COM
ELMER, NJ 08318

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 205911319 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present IIIB Proposed IIIB

Heating System: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 900.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable *OR* [ ] Combustible
Capacity

Fire Alarm System: [ ] New *OR* [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New *OR* [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here: Paul Heckess

Print name Here: Paul Heckess

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK: EXIT & EMERGENCY LIGHTING

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		See attached letter
[ ] System		upgrade for fire alarm
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		COMMERCIAL
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other EXIT & EMERGENCY LIGHTING	12	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/15/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-6-2020
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/3/20	JD
Other				

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-19-00952
Application Date: 8/7/2019
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **2770 HOOPER AVE.**
Location: **Brick Township, NJ 08723**

Owner: **KENNEDY MALL ASSOCIATES**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **BEACON CONSTRUCTION SERVICES**
Address: **61 N. LAKEVIEW DRIVE**
GIBBSBORO, NJ 08053

Block: **670** Lot: **4** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Vacant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical/Professional Offices (Ivy Rehab Physical Therapy)**

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant "Ivy Rehab."

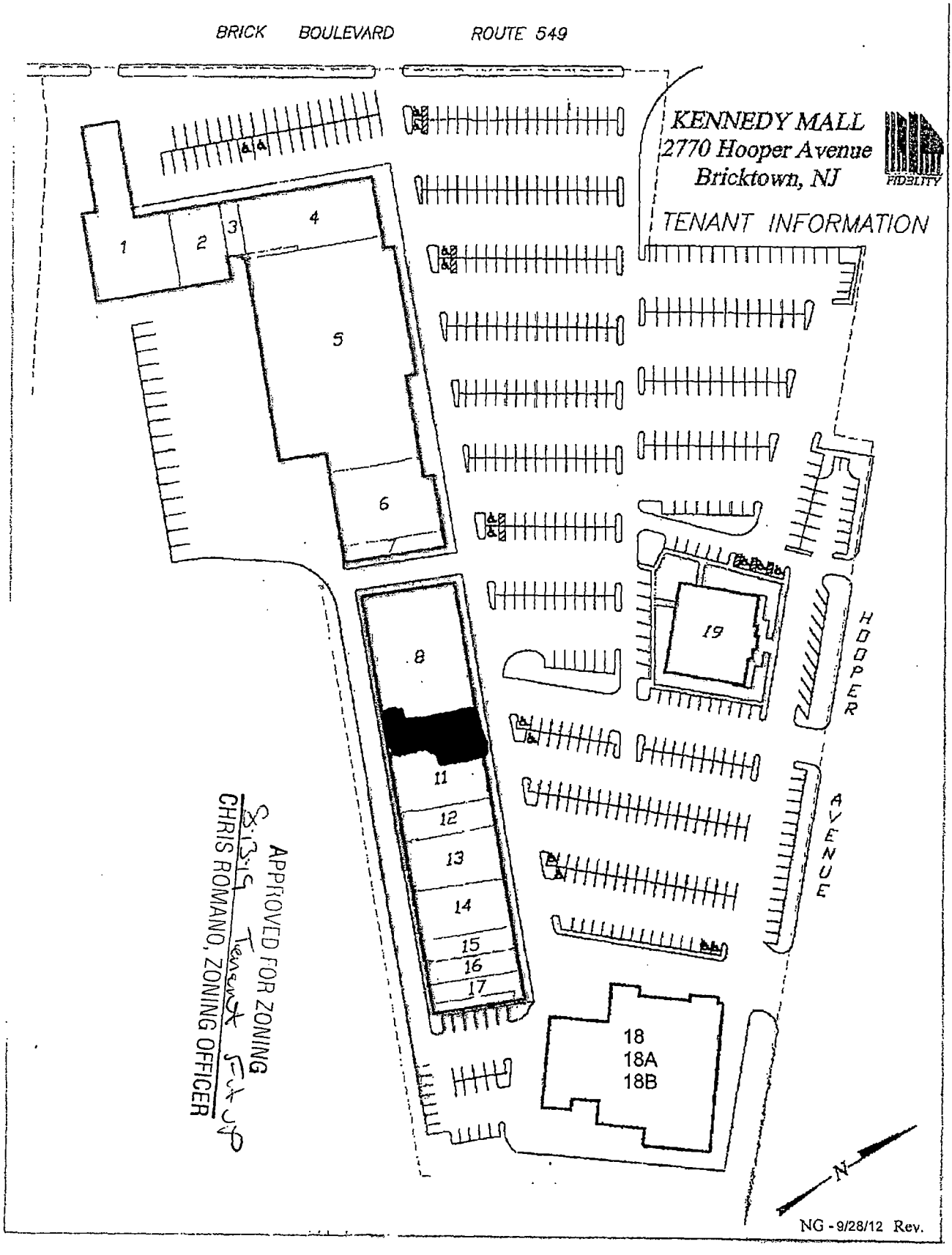
Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 8/13/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 8/13/2019 Date


BRICK BOULEVARD
ROUTE 549
KENNEDY MALL
2770 Hooper Avenue
Bricktown, NJ
FIDELITY
TENANT INFORMATION
1
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18A
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19
HOOPER AVENUE
APPROVED FOR ZONING
CHRIS ROMANO, ZONING OFFICER
N
NG - 9/28/12 Rev.

Mechanical • Plumbing • Electrical • Consulting • Design
MPE

August 28, 2019

David Gutierrez
Beacon Construction Services
61 North Lakeview Drive
Gibbsboro, NJ 08026

Reference: Ivy Rehab
2770 Hooper Ave.
Brick Township, NJ 08723
Code Review Comments

Mr. Gutierrez:

We provide the following response to the plan review comments with regard to the above referenced project.

Fire Protection Subcode Review

Item #1 Need permit update, plan, and specifications for the fire sprinkler system. Please include copy of NJ fire suppression license.
Response provided by others. Fire sprinkler shop drawings will be provided under separate cover.

Item #2 Need permit update, plan, and specifications for the fire alarm system. Please include copy of NJ Fire Alarm installer license.
Response provided by others. Fire alarm shop drawings will be provided under separate cover.

Item #3 Need to meet NJ UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms, Bulletin 2017-1
Drawing E1 was revised to show a carbon monoxide detectors in Utility and staff office. One carbon monoxide detector is located near the first supply diffuser of HVAC-1 in accordance with the 2015 International Building Code, 915.1.3. The other carbon monoxide detector is located in the Utility room in accordance with the 2015 International Building Code, 915.1.3. Note that the previous revision of drawing E1, dated 7/23/19, included a carbon monoxide detector in the closet containing

unit HVAC-2 and a carbon monoxide detector near the first supply diffuser of HVAC-2 in Physical Therapy.

We trust the above is in order. Please feel free to contact our office with any questions.

Respectfully Submitted,

8/29/19

Daniel A. Loveland Sr., P.E.
Project Engineer
NJ License No. 24GE03895900

INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: 1/3/20 Inspection/Test Completion Date/Time: 1/3/20

Number of Supplemental Pages Attached: ______

1. PROPERTY INFORMATION

Name of property: River walk Mall (IvyRehab)

Address: 2770 Hooper Ave. Brick New Jersey 08723

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Pull Station	24	IvyRehab Front	Pass
Co	25	IvyRehab Front	Pass
Co	26	IvyRehab Closet	Pass
Pull Station	29	IvyRehab Back	Pass
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance test record.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: 1/3/20 10am Inspection/Test Completion Date/Time: 1/3/20 4pm

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: River Walk Mall (IvyRehab)

Address: 2770 Hooper Ave. Brick New Jersey 08723

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
Horn Strobe	IvyRehab Front Left	Pass
Horn Strobe	IvyRehab Front Right	Pass
Horn Strobe	IvyRehab Hall	Pass
Strobe	IvyRehab Restroom	Pass
Strobe	IvyRehab Restroom	Pass
Horn Strobe	IvyRehab Back Door	Pass
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. NOTIFICATION APPLIANCE TEST RESULTS *(continued)*

Appliance Type	Location/Identifier	Test Results

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

Contractor's Material & Test Certificate for Aboveground Piping

Additional printed copies of this form are available to insureds from:
Customer Services, FM Global, 1151 Boston Providence Turnpike, P.O. Box 9102, Norwood, MA 02062

Procedure: Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representatives signature is no way prejudices any claim against the contractor for faulty material, poor workmanship or failure to comply with approving authority's requirements or local ordinances.

Property I.D.:

Property Name: IVY RICHAO	Date: 12-27-19
Property Location: KENNEDY MALL BRICK NJ	

Plans:

Accepted By Approving Authority's Name(s): AHJ	
Address: BRICK NJ	
Installation Conforms to Plans:	☒ Yes ☐ No
Equipment Used is Approved (if no, state deviations):	☒ Yes ☐ No

Instructions:

Has person in charge of fire equipment been instructed as to the location of control valves and the care and maintenance of this new equipment? If no, explain:	☒ Yes ☐ No
Have copies of appropriate instructions and care and maintenance charts been left on premises? If no, explain:	☒ Yes ☐ No

Location:

Supplies Buildings:

Sprinklers:

Make	Sprinkler Identification Number (SIN)	Year of Manufacture	K Factor	Quantity	Temperature Rating
VI Kinlw	VK300	2019	5.6	10	155°

Pipe and Fittings:

Pipe conforms to:	Standard:	☒ Yes ☐ No
Fittings conform to: If no, explain:	Standard:	☒ Yes ☐ No

Alarm Valve or Flow Indicator:

Alarm Device			Maximum Time to Operate Through Test Pipe	
Type	Make	Model	Minute(s)	Second(s)
		N/A		

Dry Pipe Operating Test:

Dry Valve			Q.O.D.		
Make	Model	Serial Number	Make	Model	Serial Number
		N/A			

Dry Pipe Operating Test (Continued):

	Time to Trip Through Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly	
	Minute(s)	Second(s)	PSI	PSI	PSI	Minute(s)	Second(s)	Minute(s)	Second(s)
Without Q.O.D.				N/A					
With Q.O.D.									

If no, explain:

Contractor's Material & Test Certificate for Aboveground Piping

Additional printed copies of this form are available to Insureds from:
Customer Services, FM Global, 1151 Boston Providence Turnpike, P.O. Box 9102, Norwood, MA 02062

Deluge and Pre-action Valves:

Operation: ☐ Pneumatic ☐ Electric ☐ Hydraulic		Piping Supervised? ☐ Yes ☐ No	
Detecting Media Supervised? ☐ Yes ☐ No		Does valve operate from manual trip and/or remote control? ☐ Yes ☐ No	
Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No If no, explain: N/A			

Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release	
		Yes	No	Yes	No	Minute(s)	Second(s)

Test Description:

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6) for two hours or 50psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All above-ground piping leakage should be stopped.

Pneumatic: Establish 40psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 (0.1 bars) in 24 hours.

Tests:

All piping hydrostatically tested at 200 psi for 2 hours.		Dry Piping pneumatically tested? ☐ Yes ☐ No	
Equipment operates properly? ☑ Yes ☐ No		If no, reason:	
Drain Test	Reading of gage located near water supply test pipe:		
Residual pressure with valve in test pipe wide open? psi			

Underground mains and lead-in connections to system risers shall be flushed before connections made to sprinklers piping.

Verified by copy of 85B ☐ Yes ☐ No		Other:	
Flushed by installer of underground sprinkler piping? ☐ Yes ☐ No		Explain:	

Blank Testing Gaskets:

Number Used: 0	Locations:	Number Removed:

Welding:

Welded Piping? ☐ Yes ☒ No	If yes:	

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3?	☐ Yes	☐ No
Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3?	☐ Yes	☐ No
Do you certify that welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that internal diameters of piping are not penetrated?	☐ Yes	☐ No
Do you certify that all field cut pipe cutouts (discs/coupons) have been retrieved from sprinkler system piping?	☐ Yes	☐ No

Hydraulic Data Nameplate:

Nameplate provided? ☐ Yes ☐ No If no, explain:

Remarks (Date left in service with all control valves open):

Signatures:

Name of Installing Contractor: MC FIRE PROTECTION

For Property Owner (Signed)	Title:	Date:
For Installing Contractor (Signed):	Title: SUPERVISOR	Date: 12-27-19

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 1/3/20 10am Inspection/Test Completion Date/Time: 1/3/20 4pm

Supplemental Form(s) Attached: _____ (yes/no)

1. PROPERTY INFORMATION

Name of property: River Walk Mall (IvyRehab)

Address: 2770 Hooper Ave Brick New Jersey 08723

Description of property: Commercial

Name of property representative: Jerry

Address: 2770 Hooper Ave Brick New Jersey 08723

Phone: _____ Fax: N/A E-mail: N/A

2. TESTING AND MONITORING INFORMATION

Testing organization: AFA Protective Systems

Address: 961 Joyce Kilmer Ave.N. Brunswick, NJ 08902

Phone: 732-846-4000 Fax: N/A E-mail: N/A

Monitoring organization: AFA Protective Systems

Address: 961 Joyce Kilmer Ave.N. Brunswick, NJ 08902

Phone: 732-846-4000 Fax: N/A E-mail: N/A

Account number: 21-1018 Phone line 1: _____ Phone line 2: _____

Means of transmission: Phone Line

Entity to which alarms are retransmitted: AFA Phone: 732-846-4000

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: By Panel

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Honeywell Fire Lite Model number: MS10

4.2 Software and Firmware

Firmware revision number: 5.0

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 20 Location: Back Room

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Electrical Closet

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: Lead Acid Location: Panel

Battery type (if applicable): N/A

Calculated capacity of batteries to drive the system:

In standby mode (hours): 7 In alarm mode (minutes): 4

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact:	App	Time:	10am
Building management	Contact:	Jerry	Time:	10am
Building occupants	Contact:	N/A	Time:	N/A
Authority having jurisdiction	Contact:	N/A	Time:	N/A
Other, if required	Contact:	N/A	Time:	N/A

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☒	☒	Pass
Lamps/LEDs/LCDs	☒	☐	Pass
Fuses	☒	☒	Pass
Trouble signals	☒	☒	Pass
Disconnect switches	☒	☒	Pass
Ground-fault monitoring	☒	☒	Pass
Supervision	☒	☒	Pass
Local annunciator	☒	☒	Pass
Remote annunciators	☒	☐	Pass
Remote power panels	☐	☐	N/A
	☐	☐	N/A

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☒	☒	Pass
Load voltage	☒	☐	Pass
Discharge test	☒	☒	Pass
Charger test	☒	☐	Pass
Remote panel batteries	☐	☐	N/A

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	☒	☐	2pm	Good
Alarm restoration	☐	☐	3pm	Good
Trouble signal	☒	☐	2pm	Good
Trouble restoration	☒	☐	3pm	Good
Supervisory signal	☒	☐	2pm	Good
Supervisory restoration	☒	☐	3pm	Good

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☐	☐		N/A
Alarm restoration	☐	☐		N/A
Trouble signal	☐	☐		N/A
Trouble restoration	☐	☐		N/A
Supervisory signal	☐	☐		N/A
Supervisory restoration	☐	☐		N/A

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	App	Time:	4pm
Building management	Contact:	Rich	Time:	4pm
Building occupants	Contact:	N/A	Time:	N/A
Authority having jurisdiction	Contact:	N/A	Time:	N/A
Other, if required	Contact:	N/A	Time:	N/A

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 12/9/19 Time: 4pm

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: Anyel Gomez Printed name: Anyel Gomez Date: 12/9/19

Organization: AFA Title: Technician Phone: 732-846-4000

Qualifications (refer to 10.5.3):

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

Panel not properly grounded to electrical panel, power supply needs to be installed to power CO and Duct detectors.

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: Printed name: Date:

Organization: Title: Phone:

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Monday, January 06, 2020 9:46 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 2770 HOOPER AVE IVY REHAB

We were out there & they are ok to co.

SUSAN M. STANISZ
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

APPLICATION FOR CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # 19-2670
Date Issued 10/15/19
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 2770 HOOPER AVE Block 620 Lot 4 Qualification Code

Contractor BEACON CONSTRUCTION

Owner in Fee KENNEDY MALL ASSOCIATES

Address 641 SHUNPIKE ROAD
CHATHAM, NJ 07928

Tel.

Address 61 N CAKEVIEW BLVD
GIBBSBORO, NJ 08026

Tel. 856-866-6818

License No.

Federal Employee No. 47-1377567

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 70,000

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

N/A

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

- ALL TRADES APPROVED EXCEPT PLUMBING
- PLUMBING REQUIRING PAPERWORK FOR FURNACE RELOCATION SO WE ISSUED T.C.O.

DESCRIPTION OF WORK/USE:

INTERIOR FIT OUT FOR PHYSICAL THERAPY CLINIC

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ OWNER ☒ AGENT

APPLICATION FOR CERTIFICATE

Permit # 19-2670
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 2770 Hooper Ave Block 670 Lot 4 Qualification Code

Contractor Beacon Construction

Owner in Fee Kennedy Mall Associates

Address 61 N Lakeview Dr.
Gibbsboro, NJ 08026

Address 641 Shunpike Road
Chatham, NJ 07928

Tel. (856) 983-0074

Tel.

License No.

Federal Employee No. 471377567

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ $70,000

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

N/A

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ OWNER ☒ AGENT

U.C.C. F270 (rev. 8/2011)

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	**comment**	☐	☐
TCO 60 Days			
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 1/2/20 MFF OK Per MUA on 1/6/2020			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	**comment**	☐	☐
TCO APP SIGNED			
All Updates Have Been Approved	comment	☐	☐

This checklist has been given to: (edit)

Date Update Issued 2/12/20
Control # C-19-002849+E
Permit # 19-2670+E

PERMIT UPDATE

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723
Contractor BEACON CONSTRUCTION SERVICES
Address 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (856) 983-0074
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No.

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:

TENANT FIT UP - IVY REHAB ...UPDATE +E - HVAC RELOCATE

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$427
Check No.	15957
Cash	$0
Credit	$0
Collected By	

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

Estimated Cost of Work $1,350

Construction Official D. Kunnmalski 110   Date 2/7/20

U.C.C. F170
equiv (rev 1/04)

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.

PERMIT UPDATE

Date Update Issued 12/23/19
Control # C-19-002849+D
Permit # 19-2670+D

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723
Owner in Fee: KENNEDY MALL ASSOCIATES, 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone:
Contractor: BEACON CONSTRUCTION SERVICES
Address: 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053
Telephone: (856) 983-0074
Lic. No. or Bldrs: Reg. No.
Federal Employee. No.

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:
TENANT FIT UP - IVY REHAB

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 $3,100

D. Williams 12/23/19
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$122
Check No.	
Cash	$0
Credit	$0
Collected By	CW

U.C.C. F170
equiv (rev 1/04)
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.

PERMIT UPDATE

Date Update Issued 12/23/14
Control # C-19-002849+C
Permit # 19-2670+C

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723
Owner in Fee: KENNEDY MALL ASSOCIATES, 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone:
Contractor: BEACON CONSTRUCTION SERVICES
Address: 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053
Telephone: (856) 983-0074
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
TENANT FIT UP - IVY REHAB ...UPDATE +C - FIRE ALARMS

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 $6,400

Construction Official — Date 12/23/15

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$160
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$323
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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.

PERMIT UPDATE

Date Update Issued 12/23/19
Control # C-19-002849+B
Permit # 19-2670+B

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone:

Contractor BEACON CONSTRUCTION SERVICES
Address 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053
Telephone: (856) 983-0074
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
TENANT FIT UP - IVY REHAB...UPDATE +B - LOW VOLTAGE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$154
Check No.	
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,000

Construction Official 12/23/19 Date

U.C.C. F170
equiv (rev 1/04)

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.

Stanley Lance Heal, Architect

Lance@healdesigngroup.com • 15758 Grove Crest Drive, Frisco, TX 75035 • 469-920-0123

Project Name: Ivy Brick
2770 Hooper Avenue
Brick, NJ

Date: 12-12-2019

Building Inspector,

As per your field inspection comments – (2)-additional floor outlets will be added at the 'show' windows

If you have any question, please feel free to contact me
Thank you,

Stanley Lance Heal, Architect

PERMIT UPDATE

Date Update Issued 12/16/19
Control # C-19-002849+A
Permit # 19-2670+A

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723
Owner in Fee: KENNEDY MALL ASSOCIATES, 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone:
Contractor: BEACON CONSTRUCTION SERVICES
Address: 61 N. LAKEVIEW DRIVE GIBBSBORO NJ 08053
Telephone: (856) 983-0074
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - IVY REHAB ...UPDATE +A - RESTROOMS FLOOR PLAN REVISIONS

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$450
Check No.	1580
Cash	$0
Credit	$0
Collected By	CW

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

Construction Official — Date 12/13/19

U.C.C. F170
equiv (rev 1/04)

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.

- [x] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
  UPDATES REQUIRED FOR ALARMS AND SPRINKLERS

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

Stanley Lance Heal, Architect

Lance@healdesigngroup.com • 15758 Grove Crest Drive, Frisco, TX 75035 • 469-920-0123

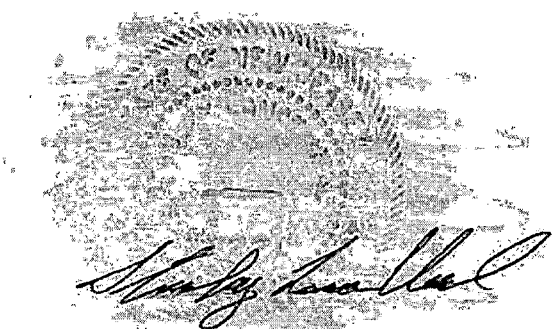
Project Name: Ivy Brick
2770 Hooper Avenue
Brick, NJ

Date: 12-12-2019

Building Inspector,

As per your field inspection comments – (2)-additional floor outlets will be added at the 'show' windows

If you have any question, please feel free to contact me
Thank you,



Stanley Lance Heal, Architect

CONSTRUCTION PERMIT

Date Issued 10/15/19
Control # C-19-002849
Permit # 19 2670

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE, Brick Township, NJ 08723
Owner in Fee: KENNEDY MALL ASSOCIATES, 641 SHUNPIKE RD, CHATHAM NJ 07928
Telephone:
Contractor: BEACON CONSTRUCTION SERVICES
Address: 61 N. LAKEVIEW DRIVE, GIBBSBORO NJ 08053
Telephone: (856) 983-0074
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - IVY REHAB

PAYMENTS (Office Use Only)

Building	$3,300
Electrical	$230
Plumbing	$251
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$168
CO Fee	$150.00
Other	$0
Total	$4,184
Check No.	15194
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $88,500

D. Hoffman Jr. 10/11/19
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
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.

- [x] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
  UPDATES REQUIRED FOR ALARMS AND SPRINKLERS

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-19-01139
DATE ISSUED 10/16/19

BLOCK: 670 LOT: 4 QUALIFIER: — SITE ADDRESS: 2770 HOOPER AVE

IDENTIFICATION:

1. NAME OF OWNER IN FEE: KENNEDY MALL ASSOCIATES
   COMPLETE ADDRESS: 641 SHUNPIKE ROAD
   CHATHAM, NJ 07928
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: BEACON CONSTRUCTION FOR IVY REHAB
   APPLICANT ADDRESS: 61 N LAKEVIEW DR.
   GIBBSBORO, NJ
   PHONE # 856-866-6818 EMAIL: DAVID@BEACONCS.NET

3. RESPONSIBLE PERSON FOR WORK: BEACON CONSTRUCTION
   PHONE# 856-866-6818 FAX# 856-983-3848

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: VANILLA BOX
PROPOSED USE: IVY REHAB

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: INTERIOR FIT OUT FOR IVY REHAB CLINIC

ZONING REVIEW:
DATE REVIEWED: 8-13-19 DATE DENIED: _____ DATE APPROVED: 8-13-19 INTLS: CM

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/15/19
Application Number: ZA-19-00952
Application Date: 8/7/2019
Project Number:
Permit Number: ZP-19-00139
Fee: $75.00

Zoning Permit

Worksite Location: **2770 HOOPER AVE.**
Brick Township, NJ 08723

Owner: **KENNEDY MALL ASSOCIATES**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **BEACON CONSTRUCTION SERVICES**
Address: **61 N. LAKEVIEW DRIVE**
GIBBSBORO, NJ 08053

Block: **670** Lot: **4** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Vacant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical/Professional Offices (Ivy Rehab Physical Therapy)**

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant "Ivy Rehab."

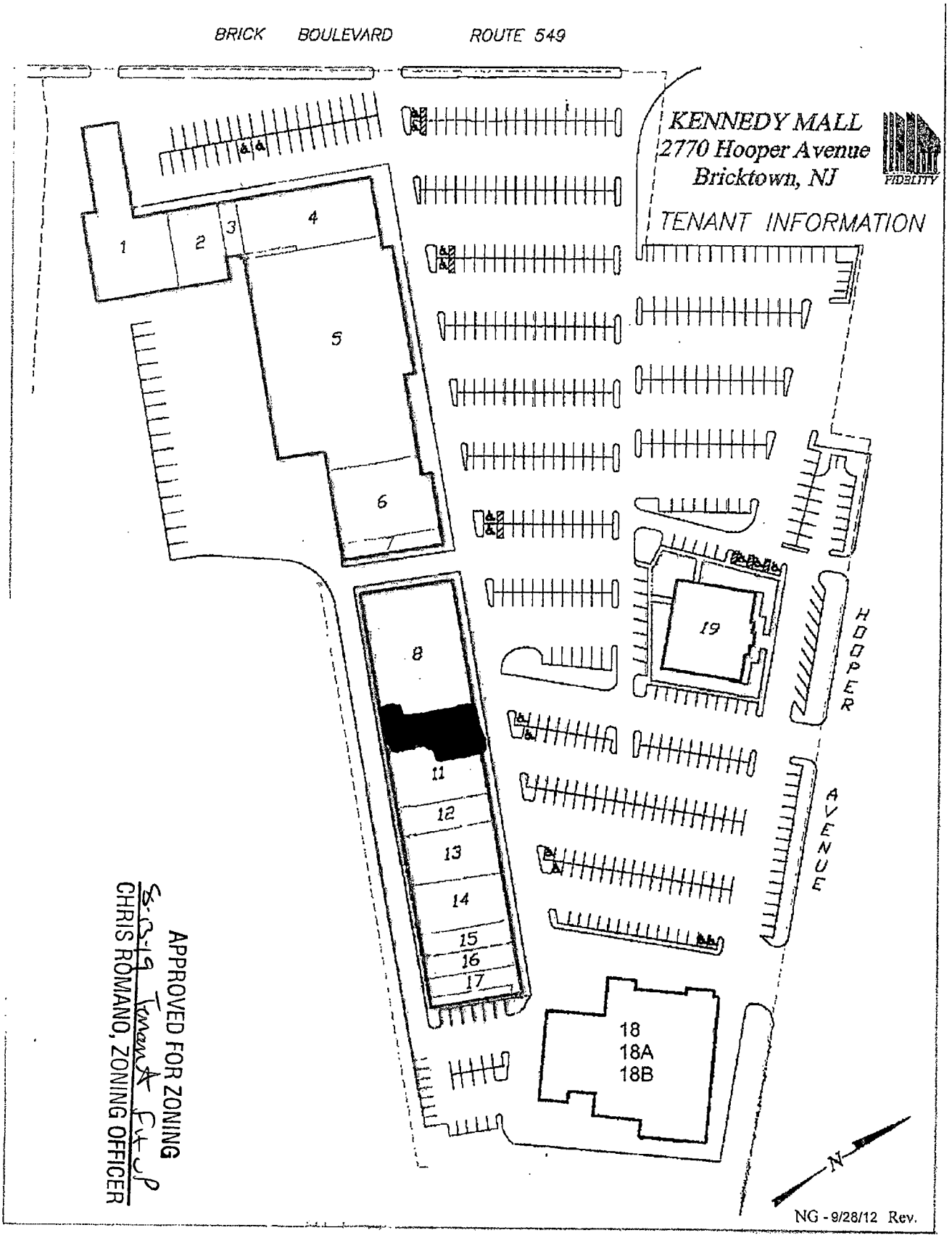
Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 8/13/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 8/13/2019 Date


BRICK BOULEVARD
ROUTE 549
KENNEDY MALL
2770 Hooper Avenue
Bricktown, NJ
TENANT INFORMATION
FIDELITY
1
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14
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16
17
18
18A
18B
19
HOOPER AVENUE
N
APPROVED FOR ZONING
CHRIS ROMANO, ZONING OFFICER
NG - 9/28/12 Rev.

Faxed to 856-983-5848 8/27/19

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, August 23, 2019

To: KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD.
CHATHAM, NJ 07928

RE: Fire Subcode
Block: 670 Lot: 4 Qual:
2770 HOOPER AVE
Permit Number: Control Number: C-19-002849
Last Submit Date: Wednesday, August 21, 2019

Dear KENNEDY MALL ASSOCIATES,

Your request is hereby denied based upon the following infractions.

Structure has both a fire alarm and fire sprinkler system.

1. Need permit update, plan, and specifications for the fire sprinkler system. Please include copy of NJ fire suppression license. will update

2. Need permit update, plan, and specifications for the fire alarm system. Please include copy of NJ Fire Alarm installer license. will update

3. Need to meet NJ UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms, Bulletin 2017-1

Resubmitted

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 10/9/19

Mechanical • Plumbing • Electrical • Design • Consulting
MPE

August 28, 2019

David Gutierrez
Beacon Construction Services
61 North Lakeview Drive
Gibbsboro, NJ 08026

Reference: Ivy Rehab
2770 Hooper Ave.
Brick Township, NJ 08723
Code Review Comments

Mr. Gutierrez:

We provide the following response to the plan review comments with regard to the above referenced project.

Fire Protection Subcode Review

Item #1 Need permit update, plan, and specifications for the fire sprinkler system. Please include copy of NJ fire suppression license.
Response provided by others. Fire sprinkler shop drawings will be provided under separate cover.

Item #2 Need permit update, plan, and specifications for the fire alarm system. Please include copy of NJ Fire Alarm installer license.
Response provided by others. Fire alarm shop drawings will be provided under separate cover.

Item #3 Need to meet NJ UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms, Bulletin 2017-1
Drawing E1 was revised to show a carbon monoxide detectors in Utility and staff office. One carbon monoxide detector is located near the first supply diffuser of HVAC-1 in accordance with the 2015 International Building Code, 915.1.3. The other carbon monoxide detector is located in the Utility room in accordance with the 2015 International Building Code, 915.1.3. Note that the previous revision of drawing E1, dated 7/23/19, included a carbon monoxide detector in the closet containing

unit HVAC-2 and a carbon monoxide detector near the first supply diffuser of HVAC-2 in Physical Therapy.

We trust the above is in order. Please feel free to contact our office with any questions.

Respectfully Submitted,

8/29/19

Daniel A. Loveland Sr., P.E.
Project Engineer
NJ License No. 24GE03895900

* * * Communication Result Report (Oct. 3. 2019 9:35AM) * * *

1)
2)

Date/Time: Oct. 3. 2019 9:34AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5797	Memory TX	918569833848	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

faxed to 856-985-3848 @ 8/27/19

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, August 23, 2019

To: KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD.
CHATHAM, NJ 07928

RE: Fire Subcode
Block: 670 Lot: 4 Qual:
2770 HOOPER AVE.
Permit Number: Control Number: C-19-002849
Last Submit Date: Wednesday, August 21, 2019

Dear KENNEDY MALL ASSOCIATES,

Your request is hereby denied based upon the following infractions.

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1. Need permit update, plan, and specifications for the fire sprinkler system. Please include copy of NJ fire suppression license.

2. Need permit update, plan, and specifications for the fire alarm system. Please include copy of NJ Fire Alarm installer license.

3. Need to meet NJ UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms, Bulletin 2017-1

Sincerely,

Richard Orlando, Subcode Official

CC:

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of August 02, 2019 3:22 PM

Return to Search Results

Name: WILLIAM T MC GRATH JR

Address: RANCOCAS,NJ

Profession/License Type: Master Plumbers,Master Plumber

License No: 36BI01036900

License Status: Active

Status Change Reason:

Issue Date: 7/23/1996

Expiration Date: 6/30/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Master Plumbers - (973) 504-6420

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of August 02, 2019 3:19 PM

Return to Search Results

Name: WILLIAM T. MCGRATH, JR.

Address: Rancocas,NJ

Profession/License Type: Master Plumbers,Medical Gas Piping Installer

License No: 36PI00041900

License Status: Active

Status Change Reason: License Issuance

Issue Date: 5/2/2012

Expiration Date: 5/31/2022

NO Board Actions. For more information contact New Jersey State Board of Examiners of Master Plumbers - (973) 504-6420

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2770 HOOPER AVE

BLOCK: 670 **LOT:** 4

CONTRACTOR: BEACON CONSTRUCTION

CONTRACTOR'S ADDRESS: 61 N LAKEVIEW DR.

Type of Construction(minor, new home): INTERIOR REMODEL

Type of Debris (shingles, siding, wood, etc.): DRYWALL, METAL STUDS

Party responsible for removal: USA WASTE

Dumpster Size: 30 YD.

Destination of Debris: OCEAN COUNTY LANDFILL - 2498 NJ 70 MANCHESTER, NJ 08759

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

8/1/19
Date

DAVID GUTIERREZ
Print Name

Township of Brick

~~ADDITION~~

REVISED 03/08/17

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes ___	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ___	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ___	NO ___
4. ~~Four true size SEALED Plot Plans with Topography~~ 4 site plan	Yes ___	NO ___
5. Bldg/Plmg/Electrical/Fire/~~Mechanical Subcode~~ Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes ___	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ✓	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not architectuals.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Drain Waste Vent schematic if adding or changing plumbing	Yes ✓	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes ___	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ✓	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ✓	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 670 **LOT** 4 **ADDRESS** 2770 HOOPER AVE

IDENTIFICATION:

1. WORK SITE ADDRESS 2770 HOOPER AVE
2. APPLICANT BEACON CONSTRUCTION FOR IVY REHAB CLINIC
3. NAME OF OWNER IN FEE KENNEDY MALL ASSOCIATES
   ADDRESS 641 SHUNPIKE RD. CHATHAM, NJ 07928
   PHONE _____ EMAIL _____
4. PRINCIPAL CONTRACTOR BEACON CONSTRUCTION
   ADDRESS 61 N LAKEVIEW DR. GIBBSBORO, NJ 08026
   PHONE 856-983-0074 EMAIL DAVID@BEACONCS.NET
5. ARCHITECT OR ENGINEER STANLEY LANCE HEAL
   ADDRESS 15758 GROVE CREST DR FRISCO, TX 75035
   PHONE 469-920-0123 EMAIL LANCE@HEALDESIGN GROUP.COM
6. RESPONSIBLE PERSON FOR WORK BEACON CONSTRUCTION - DAVID GUTIERREZ
   ADDRESS 61 N LAKEVIEW DR. GIBBSBORO, NJ 08026
   PHONE 856-366-6813 EMAIL DAVID@BEACONCS.NET

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

PROJECT DESCRIPTION:

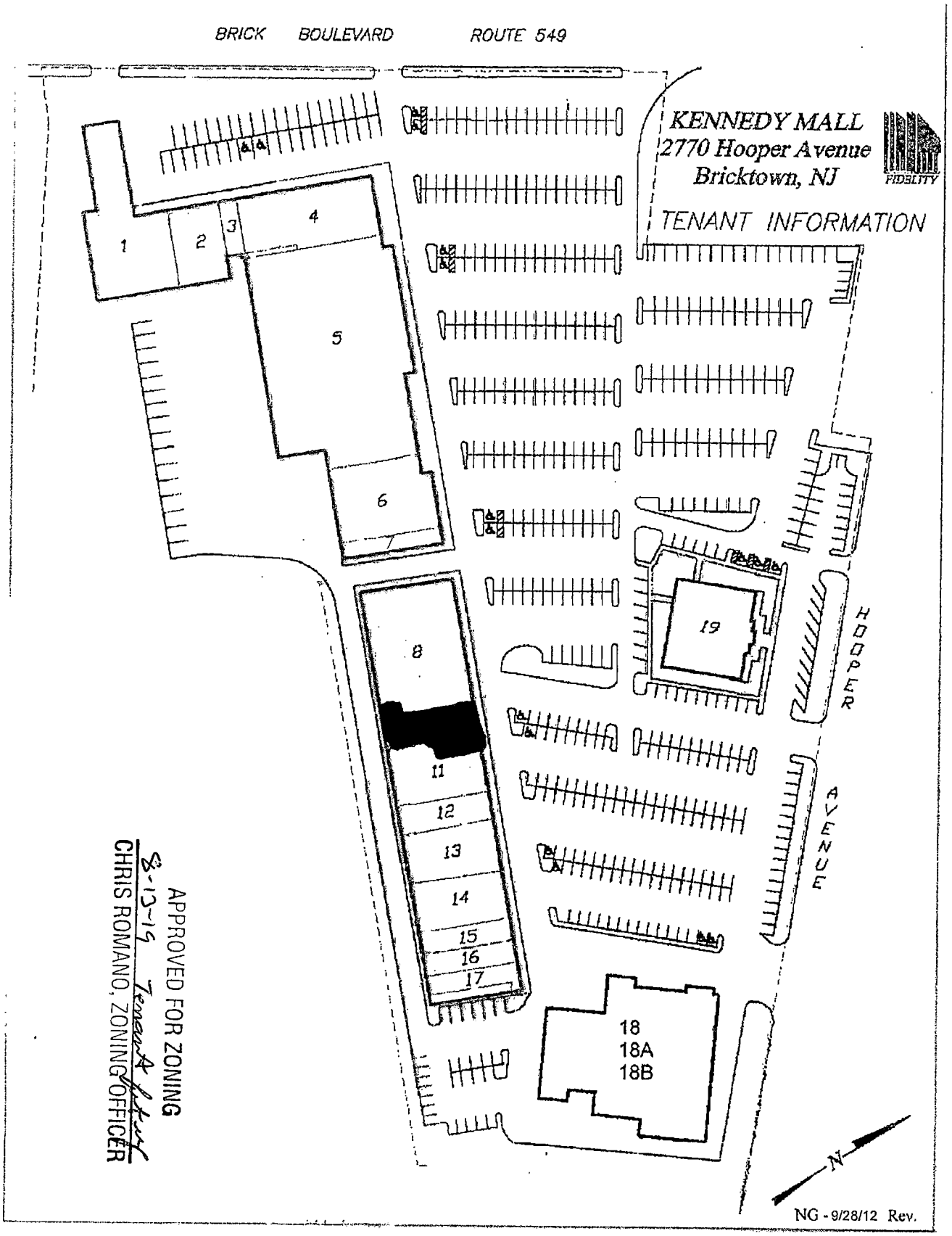
- ☐ GRADING/CLEARING
- ☐ ROAD OPENING
- ☐ SOIL REMOVAL / FILL
- ☐ RETAINING WALL
- ☐ POOL
- ☐ BULKHEAD / DOCK
- ☐ DWELLING
- ☐ TREE REMOVAL
- ☐ COMMERCIAL SITE MAINTENANCE
- ☒ DESCRIPTION NEW TENANT

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS	_____
DRAINAGE EASEMENTS	_____
UTILITY EASEMENTS	_____
CONSERVATION EASEMENTS	_____
FEMA REQUIREMENTS	_____
D.E.P. PERMITS	_____
BOARD APPROVAL: ☐ PB ☐ ZB	
APPLICATION NUMBER	_____
APPROVED DATE	_____

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____


BRICK BOULEVARD
ROUTE 549
KENNEDY MALL
2770 Hooper Avenue
Bricktown, NJ
TENANT INFORMATION
FIDELITY
1
2
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4
5
6
8
11
12
13
14
15
16
17
18
18A
18B
19
HOOPER AVENUE
N
APPROVED FOR ZONING
8-13-19
CHRIS ROMANO, ZONING OFFICER
NG - 9/28/12 Rev.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 1/2/20 MFF OK Per MUA on 1/6/2020			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	**comment**	☐	☐
TCO APP SIGNED			
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Stanley Lance Heal, Architect

Lance@healdesigngroup.com • 15758 Grove Crest Drive, Frisco, TX 75035 • 469-920-0123

Project Name: Ivy Brick
2770 Hooper Avenue
Brick, NJ

Date: 12-12-2019

Building Inspector,

As per your field inspection comments – (2)-additional floor outlets will be added at the 'show' windows

If you have any question, please feel free to contact me
Thank you,

Stanley Lance Heal, Architect

AFA Protective Systems, Inc.
961 Joyce Kilmer Avenue
North Brunswick, NJ 08902
Ph: (732)846-4000

FIRE ALARM CUTSHEET SUBMITTAL

PROJECT NAME: IVY REHAB TENANT FITOUT POJECT

PROJECT ADDRESS: 2770 HOOPER AVENUE

PROJECT ADDRESS: BRICK TOWNSHIP, NJ 08723

NOVEMBER 20, 2019

Installation Manager:Neil Montuori

FILE COPY

TABLE OF CONTENTS

I. Fire Alarm Control Panel

MS-9200UDLS(E)

Intelligent Addressable FACP with Built-In Communicator

FIRE·LITE ALARMS by Honeywell

Addressable

General

The Fire•Lite MS-9200UDLS is a combination FACP (Fire Alarm Control Panel) and DACT (Digital Alarm Communicator/ Transmitter) all on one circuit board. This compact, cost-effective, intelligent addressable control panel has an extensive list of powerful features.

While the MS-9200UDLS may be used with an SLC configured in the CLIP (Classic Loop Interface Protocol) mode, it can also operate in LiteSpeed™ mode—Fire•Lite's latest polling technology—for a quicker device response time. LiteSpeed's patented technology polls 10 devices at a time. This improvement allows a fully-loaded panel with up to 198 devices to report an incident and activate the notification circuits in under 10 seconds. With Litespeed polling, devices can be wired on standard twisted, unshielded wire up to a distance of 10,000 feet. (Consult the wire table on page 3 for specific installation instructions.)

The MS-9200UDLS's quick-remove chassis protects the electronics during construction. The backbox can be installed allowing field wiring to be pulled. When construction is completed, the electronics can be quickly installed with just two bolts.

Available accessories include LED, graphic and LCD annunciators, and reverse polarity/city box transmitter.

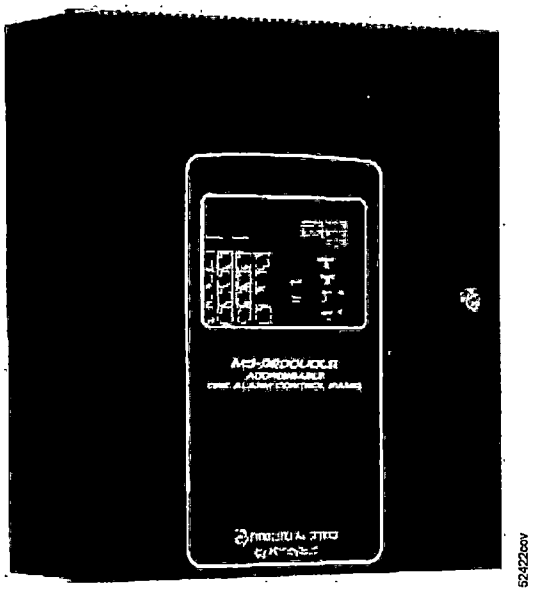
The integral DACT transmits system status (alarms, supervisories, troubles, AC loss, etc.) to a Central Station via the public switched telephone network. It also allows remote and local programming of the control panel using the PK-CD Upload/ Download utility. In addition, the control panel may be programmed or interrogated off-site via the public switched telephone network. Any personal computer with Windows® 95 or greater, a compatible modem, and PK-CD, the Fire•Lite Upload/Download software kit, 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 panel can also be programmed through the FACP's keypad or via a standard PS-2 computer keyboard, which can be plugged directly into the printed circuit board. This permits easy typing of address labels and other programming information.

New options include a UL listed printer, PRN-6F and FireLite's new IPDACT Internet Monitoring module. The IPDACT permits monitoring of alarm signals over the Internet saving the monthly cost of two dedicated business telephone lines. Although not required, the secondary telephone line may be retained providing backup communication over the public switched telephone line.

***NOTE:** Unless otherwise specified, the term MS-9200UDLS is used in this document to refer to both the MS-9200UDLS and the MS-9200UDLS(E) FACPs (Fire Alarm Control Panels).*

Features

- Listed to UL standard 864, 9th edition.
- On-board DACT.
- Remote site or local upload/download, using PK-CD.
- Four Style Y (Class B) or two Class A (Style Z) NAC circuits.



– 6.0 amps total NAC power with optional XRM-24.

- Selectable strobe synchronization for System Sensor, Wheelock, and Gentex devices.
- Remote Acknowledge, Silence, Reset and Drill via addressable monitor modules.
- Up to 32 ACM Series (ACM-16AT or ACM-32 series) annunciators or LCD-80F remote annunciators via EIA-485.
- EIA-232 printer/PC interface (variable baud rate) on main circuit board, for use with optional UL-listed printer PRN-6F.
- Integral 80-character LCD display with backlighting.
- Real-time clock/calendar with automatic daylight savings control.
- Detector sensitivity test capability (NFPA 72 compliant).
- History file with 1,000-event capacity.
- Maintenance alert warns when smoke detector dust accumulation is excessive.
- Automatic device type-code verification.
- One person audible or silent walk test with walk-test log and printout.
- Point trouble identification.
- Waterflow (nonsilenceable) selection per monitor point.
- System alarm verification selection per detector point.
- PAS (Positive Alarm Sequence) and presignal delay per point (NFPA 72 compliant).

SLC LOOP:

- SLC can be configured for NFPA Style 4, 6, or 7 operation.
- SLC supports up to 198 addressable devices per loop (99 detectors and 99 monitor, control, or relay modules).

D350RPL: Photoelectric low-flow duct smoke detector with relay option.

MMF-300: Addressable Monitor Module for one zone of normally-open dry-contact initiating devices. Mounts in standard 4.0" (10.16 cm.) box. Includes plastic cover plate and end-of-line resistor. Module may be configured for either a Style B (Class B) or Style D (Class A) IDC.

MDF-300: Dual Monitor Module. Same as MMF-300 except it provides two Style B (Class B) only IDCs.

MMF-301: Miniature version of MMF-300. Excludes LED and Style D option. Connects with wire pigtails. May mount in device backbox.

MMF-302: Similar to MMF-300, but may monitor up to 20 conventional two-wire detectors. Requires resettable 24 VDC power. Consult factory for compatible smoke detectors.

CMF-300: Addressable Control Module for one Style Y/Z (Class B/A) zone of supervised polarized Notification Appliances. Mounts directly to a 4.0" (10.16 cm.) electrical box. Notification Appliance Circuit option requires external 24 VDC to power notification appliances.

CRF-300: Addressable relay module containing two isolated sets of Form-C contacts, which operate as a DPDT switch. Mounts directly to a 4.0" (10.16 cm.) box, surface mount using the SMB500.

BG-12LX: Addressable manual pull station with interface module mounted inside.

I300: Fault Isolator Module. This module isolates the SLC loop from short circuit conditions (required for Style 6 or 7 operation).

SMB500: Used to mount all modules except the MMF-301 and M301.

MMF-300-10: Ten-input monitor module. Mount one or two modules in a BB-2F cabinet (optional). Mount up to six modules on a CHS-6 chassis in a BB-6F.

MMF-302-6: Six-zone interface module. Mount one or two modules in a BB-2F cabinet (optional). Mount up to six modules on a CHS-6 chassis in a BB-6F.

CMF-300-6: Six-circuit supervised control module. Mount one or two modules in a BB-2F cabinet (optional). Mount up to six modules on a CHS-6 chassis in a BB-6F.

CRF-300-6: Six Form-C relay control module. Mount one or two modules in a BB-2F cabinet (optional). Mount up to six modules on a CHS-6 chassis in a BB-6F.

NOTE: *1) For more information on Compatible Addressable Devices for use with the MS-9200UDLS, see the following data sheets (document numbers): AD355 (DF-52386), BG-12LX (DF-52013), CMF-300-6 (DF-52365), CRF-300-6 (DF-52374), CMF/CRF Series (DF-52130), CP355 (DF-52383), D350PL/D350RPL (DF-52398), H355 Series (DF-52385), I300 (DF-52389), MMF-300 Series/MDF-300 (DF-52121), MMF-300-10 (DF-52347), MMF-302-6 (DF-52356), SD355/SD355T (DF-52384). 2) Legacy 300 Series detection devices such as the AD355, CP300/CP350, SD300(T)/SD350(T) and older modules such as the M300, M301, M302, C304, and BG-10LX are* ***not compatible*** *with LiteSpeed polling. If the SLC contains one of these devices, polling must be set for standard CLIP protocol. Please consult factory for further information on previous 300 Series devices.*

Wiring Requirements

While shielded wire is not required, it is recommended that all SLC wiring be twisted-pair to minimize the effects of electrical interference. Wire size should be no smaller than 18 AWG (0.78 mm²) and no larger than 12 AWG (3.1 mm²). The wire size depends on the length of the SLC circuit. Use the table below to determine the specific wiring requirements for the SLC.

SLC Protocol	Wire Requirements	Distance in Feet (m)	Wire Size	Wire Type
CLIP	Twisted-pair, shielded	10,000 feet(3,048 m)	12 AWG (3.31 mm²)	Belden 9583, Genesis 4410, Signal 98230, WPW D999
	Twisted-pair, shielded	8,000 feet (2,438 m)	14 AWG (2.08 mm²)	Belden 9581, Genesis 4408, Signal 98430, WPW D995
	Twisted-pair, shielded	4,875 feet (1,486 m)	16 AWG (1.31 mm²)	Belden 9575, Genesis 4406, & 4606, Signal 98630, WPW D991
	Twisted-pair, shielded	3,225 feet (983 m)	18 AWG (0.78 mm²)	Belden 9574, Genesis 4402 & 4602, Signal 98300, WPW D975
	Untwisted, unshielded wire, in or out of conduit	3,000 feet (914 m)	12 – 18 AWG (3.31 mm² – 0.821 mm²)	
LiteSpeed	Twisted-pair, unshielded	10,000 feet (3,048 m)	12 AWG (3.31 mm²)	*Non-Plenum (FPLR):* Genesis 4315, Belden 5020UL
				Plenum (FPLP): Genesis 4515, Belden 6020UL
	Twisted-pair, unshielded	8,000 feet (2,438 m)	14 AWG (2.08 mm²)	*Non-Plenum (FPLR):* Genesis 4313, Belden 5120UL
				Plenum (FPLP): Genesis 4513, Belden 6120UL
	Twisted-pair, unshielded	4,875 feet (1,486 m)	16 AWG (1.31 mm²)	*Non-Plenum (FPLR):* Genesis 4311, Belden 5220UL
				Plenum (FPLP): Genesis 4511, Belden 6220UL
	Twisted-pair, unshielded	3,225 feet (983 m)	18 AWG (0.821 mm²)	*Non-Plenum (FPLR):* Genesis 4306, Belden 5320UL
				Plenum (FPLP): Genesis 4506, Belden 6320UL

MS-9200UDLS Wire Requirements

SYSTEM SPECIFICATIONS

System Capacity

- Intelligent Signalling Line Circuits 1
- Addressable device capacity 198
- Programmable software zones 99
- Annunciators 32

Electrical Specifications

AC Power: MS-9200UDLS: 120 VAC, 60 Hz, 3.0 amps. MS-9200UDLSE: 240 VAC, 50 Hz, 1.5 amps. Wire size: minimum 14 AWG (2.00 mm^2) with 600 V insulation.

Battery: Two 12 V 18AH lead-acid batteries.
Battery charger capacity: 7 – 18 AH. MS-9200UDLS cabinet holds maximum of two 18 AH batteries.

Communication Loop: Supervised and power-limited.

Notification Appliance Circuits: Each terminal block provides connections for two Style Y (Class B) or one Style Z (Class A) for a total of four Style Y (Class B) or two Style Z (Class A) NACs. Maximum signaling current per circuit: 2.5 amps. End-of-Line Resistor: 4.7K ohm, 1/2 watt (P/N 71252 UL listed) for Style Y (Class B) NAC. Refer to panel documentation and *Fire•Lite Device Compatibility Document* for listed compatible devices.

Two Programmable Relays and One Fixed Trouble Relay: Contact rating: 2.0 amps @ 30 VDC (resistive), 0.5 amps @ 30 VAC (resistive). Form-C relays.

Special Application Power (24 VDC Nominal): Jumper selectable (JP4) for conversion to resettable power output. Up to 0.5 amps total DC current available from each output. Power-limited.

Four-Wire Resettable Special Application Smoke Detector Power (24 VDC nominal): Up to 0.5 amps for powering four-wire smoke detectors. Power-limited. Refer to *Fire•Lite Device Compatibility Document* for listed compatible devices.

Remote Sync Output: Remote power supply synchronization output. Nominal special application power: 24 VDC. Maximum current: 40 mA. End-of-Line Resistor: 4.7K ohm. Output linked to NAC 1 control. Supervised and power-limited.

Telephone Interface: Unless used with Teldat VISORALARM, requires dedicated business telephone number with a minimum of 7 volts DC. Obtain dedicated phone line directly from your local phone company. Do not use shared phone lines or PBX (digital) type phone line extensions.

Cabinet Specifications

Door: 19.26" (48.92 cm.) high x 16.82" (42.73 cm.) wide x 0.12" (.30 cm.) deep. **Backbox:** 19.00" (48.26 cm.) high x 16.65" (42.29 cm.) wide x 5.20" (13.34 cm.) deep. **Trim Ring (TR-CE):** 22.00" (55.88 cm.) high x 19.65" (49.91 cm.) wide.

Shipping Specifications

Weight: 26.9 lbs. (12.20 kg.) **Dimensions:** 20.00" (50.80 cm.) high x 22.5" (57.15 cm.) wide x 8.5" (21.59 cm.) deep.

Temperature and Humidity Ranges

This system meets NFPA requirements for operation at 0 – 49°C/32 – 120°F and at a relative humidity 93% ± 2% RH (noncondensing) at 32°C ± 2°C (90°F ± 3°F). However, the useful life of the system's standby batteries and the electronic components may be adversely affected by extreme temperature ranges and humidity. Therefore, it is recommended that this system and its peripherals be installed in an environment with a normal room temperature of 15 – 27°C/60 – 80°F.

NFPA Standards

The MS-9200UDLS complies with the following NFPA 72 Fire Alarm Systems requirements:

- **LOCAL** (Automatic, Manual, Waterflow and Sprinkler Supervisory).
- **AUXILIARY** (Automatic, Manual and Waterflow) (requires 4XTMF).
- **REMOTE STATION** (Automatic, Manual and Waterflow) (Where a DACT is not accepted, the alarm, trouble and supervisory relays may be connected to UL 864 listed transmitters. For reverse polarity signaling of alarm and trouble, 4XTMF is required.)
- **PROPRIETARY** (Automatic, Manual and Waterflow).
- **CENTRAL STATION** (Automatic, Manual and Waterflow, and Sprinkler Supervised).
- **OT, PSDN** (Other Technologies, Packet-switched Data Network)

Agency Listings and Approvals

The listings and approvals below apply to the basic MS-9200UDLS control panel. In some cases, certain modules may not be listed by certain approval agencies, or listing may be in process. Consult factory for latest listing status.

- **UL:** S624
- **FM approved**
- **CSFM:** 7165-0075:208
- **MEA:** 120-06-E

ISO 9001 CERTIFIED ENGINEERING & MANUFACTURING QUALITY SYSTEMS

This document is not intended to be used for installation purposes.
We try to keep our product information up-to-date and accurate.
We cannot cover all specific applications or anticipate all requirements.
All specifications are subject to change without notice.

Made in the U.S.A.

For more information, contact Fire•Lite Alarms. Phone: (800) 627-3473, FAX: (877) 699-4105.
www.firelite.com

II. Initiating/Addressable Devices

BG-12LX

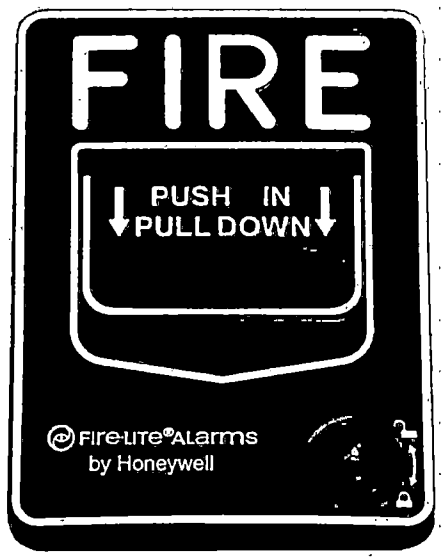
Addressable Manual Pull Station

FIRE·LITE® Alarms by Honeywell

Addressable Devices

General

The Fire·Lite BG-12LX is a state-of-the-art, dual-action (i.e., requires two motions to activate the station) pull station that includes an addressable interface (mounted inside) for Fire·Lite's addressable fire alarm control panels (FACPs) Because the BG-12LX is addressable, the control panel can display the exact location of the activated manual station. This leads fire personnel quickly to the location of the alarm.



FLPullStation.jpg

Features

- Maintenance personnel can open station for inspection and address setting without causing an alarm condition.
- Built-in bicolor LED, which is visible through the handle of the station, flashes in normal operation and latches steady red when in alarm.
- Handle latches in down position and the word "ACTIVATED" appears to clearly indicate the station has been operated.
- Captive screw terminals wire-ready for easy connection to SLC loop (accepts up to 12 AWG/3.25 mm² wire).
- Can be surface mounted (with SB-10 or SB-I/O) or semi-flush mounted. Semi-flush mount to a standard single-gang, double-gang, or 4" (10.16 cm) square electrical box.
- Smooth dual-action design.
- Meets ADAAG controls and operating mechanisms guidelines (Section 4.1.3[13]); meets ADA requirement for 5 lb. maximum activation force.
- Highly visible.
- Attractive shape and textured finish.
- Key reset.
- Includes Braille text on station handle.
- Optional trim ring (BG12TR).
- Meets UL 38, Standard for Manually Actuated Signaling Boxes.

Construction

Shell, door, and handle are molded of durable polycarbonate material with a textured finish.

Specifications

- **Shipping Weight:** 9.6 oz. (272.15 g)
- **Normal operating voltage:** 24 VDC.
- **Maximum SLC loop voltage:** 28.0 VDC.
- **Maximum SLC standby current:** 375 µA.
- **Maximum SLC alarm current:** 5 mA.
- **Temperature Range:** 32°F to 120°F (0°C to 49°C)
- **Relative Humidity:** 10% to 93% (noncondensing)
- **For use indoors in a dry location**

Installation

The BG-12LX will mount semi-flush into a single-gang, double-gang, or standard 4" (10.16 cm) square electrical outlet box, or will surface mount to the model SB-10 or SB-I/O surface backbox. If the BG-12LX is being semi-flush mounted, then the optional trim ring (BG12TR) may be used. The BG12TR is usually needed for semi-flush mounting with 4" (10.16 cm) or double-gang boxes (not with single-gang boxes).

Operation

Pushing in, then pulling down on the handle causes it to latch in the down/activated position. Once latched, the word "ACTIVATED" (in bright yellow) appears at the top of the handle, while a portion of the handle protrudes from the bottom of the station. To reset the station, simply unlock the station with the key and pull the door open. This action resets the handle; closing the door automatically resets the switch.

Each manual station, on command from the control panel, sends data to the panel representing the state of the manual switch. Two rotary decimal switches allow address settings (1 – 159 with Breakaway Tab removed for MS-9600 Series, 1 – 99 and MS-9200UDLS, 1 – 50 for MS-9050UD).

Architectural/Engineering Specifications

Manual Fire Alarm Stations shall be non-coded, with a key-operated reset lock in order that they may be tested, and so designed that after actual Emergency Operation, they cannot be restored to normal except by use of a key. An operated station shall automatically condition itself so as to be visually detected as activated. Manual stations shall be constructed of red-colored polycarbonate material with clearly visible operating instructions provided on the cover. The word FIRE shall appear on the front of the stations in white letters, 1.00 inches (2.54 cm) or larger. Stations shall be suitable for surface mounting on matching backbox SB-10 or SB-I/O; or semi-flush mounting on a standard single-gang, double-gang, or 4" (10.16 cm) square electrical box, and shall be installed

MMF-300(A) Series, MDF-300

Addressable Monitor Modules

FIRE•LITE® ALARMS by Honeywell

Addressable Devices

General

Four different monitor modules are available for Fire•Lite's intelligent control panels to suit a variety of applications. Monitor modules are used to supervise a circuit of dry-contact input devices, such as conventional heat detectors and pull stations, or monitor and power a circuit of two-wire smoke detectors (MMF-302(A)).

MMF-300(A) is a standard-sized module (typically mounts to a 4" [10.16 cm] square box) that supervises either a Style D (Class A) or Style B (Class B) circuit of dry-contact input devices.

MMF-301(A) is a miniature monitor module a mere 1.3" (3.302 cm) H x 2.75" (6.985 cm) W x 0.65" (1.651 cm) D that supervises a Style B (Class B) circuit of dry-contact input devices. Its compact design allows the MMF-301(A) to be mounted in a single-gang box behind the device it monitors.

MMF-302(A) is a standard-sized module used to monitor and supervise compatible two-wire, 24 volt, smoke detectors on a Style D (Class A) or Style B (Class B) circuit.

MDF-300(A) is a standard-sized dual monitor module used to monitor and supervise two independent two-wire Style B (Class B) dry-contact initiating device circuits (IDCs) at two separate, consecutive addresses in intelligent, two-wire systems.

LiteSpeed™ is a communication protocol developed by Fire•Lite Engineering that greatly increases the speed of communication between analog intelligent devices. Intelligent devices communicate in a grouped fashion. If one of the devices within the group has new information, the panel CPU stops the group poll and concentrates on single points. The net effect is response speed greater than five times that of other communication protocols.

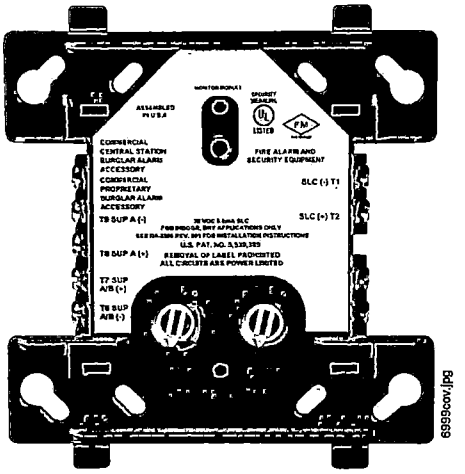
MMF-300(A) Monitor Module

- Built-in type identification automatically identifies this device as a monitor module to the control panel.
- Powered directly by two-wire SLC loop. No additional power required.
- High noise (EMF/RFI) immunity.
- SEMS screws with clamping plates for ease of wiring.
- Direct-dial entry of address: 01 – 159 on MS-9600 series panels, 01 – 99 on other compatible systems.
- LED flashes during normal operation and latches on steady to indicate alarm.

The MMF-300(A) Monitor Module is intended for use in intelligent, two-wire systems, where the individual address of each module is selected using the built-in rotary switches. It provides either a two-wire or four-wire fault-tolerant Initiating Device Circuit (IDC) for normally-open-contact fire alarm and supervisory devices. The module has a panel-controlled LED indicator. The MMF-300(A) can be used to replace M300(A) modules in existing systems.

MMF-300(A) Applications

Use to monitor a zone of four-wire smoke detectors, manual fire alarm pull stations, waterflow devices, or other normally-open dry-contact alarm activation devices. May also be used to monitor normally-open supervisory devices with special supervisory indication at the control panel. Monitored circuit may be wired as an NFPA Style B (Class B) or Style D (Class A) Initiating Device Circuit. A 47K Ohm End-of-Line Resistor (provided) terminates the Style B circuit. No resistor is required for supervision of the Style D circuit.



MMF-300(A) (Type H)

MMF-300(A) Operation

Each MMF-300(A) uses one of the available module addresses on an SLC loop. It responds to regular polls from the control panel and reports its type and the status (open/normal/short) of its Initiating Device Circuit (IDC). A flashing LED indicates that the module is in communication with the control panel. The LED latches steady on alarm (subject to current limitations on the loop).

MMF-300(A) Specifications

Nominal operating voltage: 15 to 32 VDC.

Maximum current draw: 5.0 mA (LED on).

Average operating current: 375 µA (LED flashing), 1 communication every 5 seconds, 47k EOL.

Maximum IDC wiring resistance: 1500 Ohms.

Maximum IDC Voltage: 11 Volts.

EOL resistance: 47K Ohms.

Temperature range: 32°F to 120°F (0°C to 49°C).

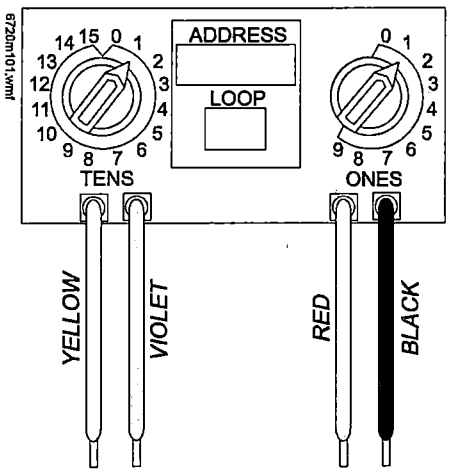
Humidity range: 10% to 93% noncondensing.

Dimensions: 4.5" (11.43 cm) high x 4" (10.16 cm) wide x 1.25" (3.175 cm) deep. Mounts to a 4" (10.16 cm) square x 2.125" (5.398 cm) deep box.

MMF-301(A) Mini Monitor Module

- Built-in type identification automatically identifies this device as a monitor module to the panel.
- Powered directly by two-wire SLC loop. No additional power required.
- High noise (EMF/RFI) immunity.

- Tinned, stripped leads for ease of wiring.
- Direct-dial entry of address: 01 – 159 on MS-9600 series panels, 01 – 99 on other compatible systems



The MMF-301(A) Mini Monitor Module can be installed in a single-gang junction directly behind the monitored unit. Its small size and light weight allow it to be installed without rigid mounting. The MMF-301(A) is intended for use in intelligent, two-wire systems where the individual address of each module is selected using rotary switches. It provides a two-wire initiating device circuit for normally-open-contact fire alarm devices. The MMF-301(A) can be used to replace M301(A) modules in existing systems.

MMF-301(A) Applications

Use to monitor a single device or a zone of four-wire smoke detectors, manual fire alarm pull stations, waterflow devices, or other normally-open dry-contact devices. May also be used to monitor normally-open supervisory devices with special supervisory indication at the control panel. Monitored circuit/device is wired as an NFPA Style B (Class B) Initiating Device Circuit. A 47K Ohm End-of-Line Resistor (provided) terminates the circuit.

MMF-301(A) Operation

Each MMF-301(A) uses one of the available module addresses on an SLC loop. It responds to regular polls from the control panel and reports its type and the status (open/normal/short) of its Initiating Device Circuit (IDC).

MMF-301(A) Specifications

Nominal operating voltage: 15 to 32 VDC.

Average operating current: 350 µA, 1 communication every 5 seconds, 47k EOL; 600 µA Max. (Communicating, IDC Shorted).

Maximum IDC wiring resistance: 1500 Ohms.

Maximum IDC Voltage: 11 Volts.

Maximum IDC Current: 450 µA.

EOL resistance: 47K Ohms.

Temperature range: 32°F to 120°F (0°C to 49°C).

Humidity range: 10% to 93% noncondensing.

Dimensions: 1.3" (3.302 cm) high x 2.75" (6.985 cm) wide x 0.65" (1.651 cm) deep.

Wire length: 6" (15.24 cm) minimum.

MMF-302(A) Interface Module

- Supports compatible two-wire smoke detectors.
- Supervises IDC wiring and connection of external power source.
- High noise (EMF/RFI) immunity.
- SEMS screws with clamping plates for ease of wiring.
- Direct-dial entry entry of address: 01 – 159 on MS-9600 series panels, 01 – 99 on other compatible systems.
- LED flashes during normal operation.
- LED latches steady to indicate alarm on command from control panel.

The MMF-302(A) Interface Module is intended for use in intelligent, addressable systems, where the individual address of each module is selected using built-in rotary switches. This module allows intelligent panels to interface and monitor two-wire conventional smoke detectors. It transmits the status (normal, open, or alarm) of one full zone of conventional detectors back to the control panel. All two-wire detectors being monitored must be UL compatible with the module. The MMF-302(A) can be used to replace M302(A) modules in existing systems.

MMF-302 (A) Applications

Use the MMF-302(A) to monitor a zone of two-wire smoke detectors. The monitored circuit may be wired as an NFPA Style B (Class B) or Style D (Class A) Initiating Device Circuit. A 3.9 K Ohm End-of-Line Resistor (provided) terminates the end of the Style B or D (class B or A) circuit (maximum IDC loop resistance is 25 Ohms). Install ELR across terminals 8 and 9 for Style D application.

MMF-302(A) Operation

Each MMF-302(A) uses one of the available module addresses on an SLC loop. It responds to regular polls from the control panel and reports its type and the status (open/normal/short) of its Initiating Device Circuit (IDC). A flashing LED indicates that the module is in communication with the control panel. The LED latches steady on alarm (subject to current limitations on the loop).

MMF-302(A) Specifications

Nominal operating voltage: 15 to 32 VDC.

Maximum current draw: 5.1 mA (LED on).

Maximum IDC wiring resistance: 25 Ohms.

Average operating current: 270 µA, 1 communication and 1 LED flash every 5 seconds, 3.9k eol.

EOL resistance: 3.9K Ohms.

External supply voltage (between Terminals T10 and T11):

- DC voltage: 24 volts power limited.
- Ripple voltage: 0.1 Vrms maximum.
- Current: 90 mA per module maximum.

Temperature range: 32°F to 120°F (0°C to 49°C).

Humidity range: 10% to 93% noncondensing.

Dimensions: 4.5" (11.43 cm) high x 4" (10.16 cm) wide x 1.25" (3.175 cm) deep. Mounts to a 4" (10.16 cm) square x 2.125" (5.398 cm) deep box.

MDF-300(A) Dual Monitor Module

The MDF-300(A) Dual Monitor Module is intended for use in intelligent, two-wire systems. It provides two independent two-wire initiating device circuits (IDCs) at two separate, consecutive addresses. It is capable of monitoring normally open contact fire alarm and supervisory devices. The module has a single panel-controlled LED.

NOTE: *The MDF-300(A) provides two Style B (Class B) IDC circuits ONLY. Style D (Class A) IDC circuits are NOT supported in any application.*

MDF-300(A) SPECIFICATIONS

Normal operating voltage range: 15 to 32 VDC.

Maximum current draw: 6.4 mA (LED on).

Average operating current: 750 µA (LED flashing).

Maximum IDC wiring resistance: 1,500 Ohms.

Maximum IDC Voltage: 11 Volts.

Maximum IDC Current: 240 µA

EOL resistance: 47K Ohms.

Temperature range: 32° to 120°F (0° to 49°C).

Humidity range: 10% to 93% (non-condensing).

Dimensions: 4.5" (11.43 cm) high x 4" (10.16 cm) wide x 1.25" (3.175 cm) deep. Mounts to a 4" (10.16 cm) square x 2.125" (5.398 cm) deep box.

MDF-300(A) AUTOMATIC ADDRESSING

The MDF-300(A) automatically assigns itself to two addressable points, starting with the original address. For example, if the MDF-300(A) is set to address "26", then it will automatically assign itself to addresses "26" and "27".

NOTE: *"Ones" addresses on the MDF-300(A) are 0, 2, 4, 6, or 8 only. Terminals 6 and 7 use the first address, and terminals 8 and 9 use the second address.*

CAUTION:
Avoid duplicating addresses on the system.

Installation

MMF-300(A), MMF-302(A), and MDF-300(A) modules mount directly to a standard 4" (10.16 cm) square, 2.125" (5.398 cm) deep, electrical box. They may also be mounted to the SMB500 surface-mount box. Mounting hardware and installation instructions are provided with each module. All wiring must conform to applicable local codes, ordinances, and regulations. These modules are intended for power-limited wiring only.

The MMF-301(A) module is intended to be wired and mounted without rigid connections inside a standard electrical box. All wiring must conform to applicable local codes, ordinances, and regulations.

Agency Listings and Approvals

In some cases, certain modules may not be listed by certain approval agencies, or listing may be in process. Consult factory for latest listing status.

- **UL:** *S2424.*
- **ULC:** *S2424.*
- **FM Approved.**
- **CSFM:** 7300-0075:0185.
- **MEA:** 72-01-E.

Product Line Information

NOTE: *"A" suffix indicates ULC-listed model.*

MMF-300(A): Monitor module.

MMF-301(A): Monitor module, miniature.

MMF-302(A): Monitor module, two-wire detectors.

MDF-300(A): Monitor module, dual, two independent Class B circuits.

SMB500: Optional surface-mount backbox.

NOTE: *See installation instructions and refer to the SLC Wiring Manual, PN 51309.*

Architects'/Engineers' Specifications

Specifications of these devices and all FireLite products are available from FireLite.

ISO 9001 CERTIFIED
ENGINEERING & MANUFACTURING QUALITY SYSTEMS

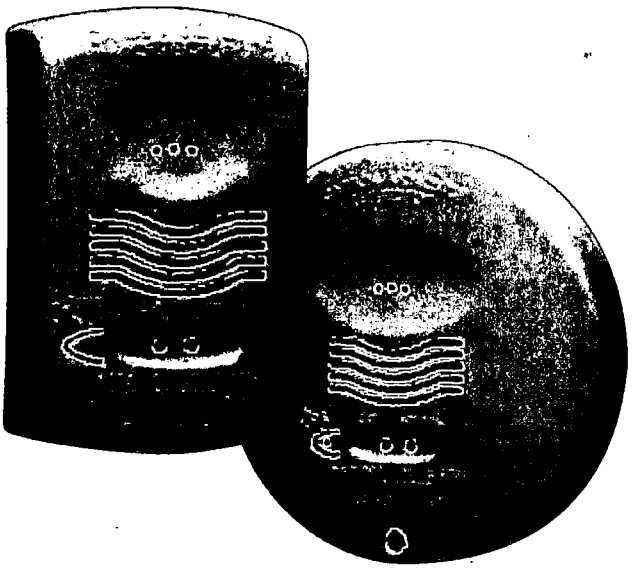
This document is not intended to be used for installation purposes.
We try to keep our product information up-to-date and accurate.
We cannot cover all specific applications or anticipate all requirements.
All specifications are subject to change without notice.

For more information, contact Fire•Lite Alarms. Phone: (800) 627-3473, FAX: (877) 699-4105.
www.firelite.com

SYSTEM SENSOR®

CO1224T and CO1224TR Carbon Monoxide Detectors

with RealTest® Technology



The System Sensor CO1224T and CO1224TR (round) Carbon Monoxide (CO) Detectors use a highly accurate and reliable electrochemical sensing cell to provide early warning of dangerous CO levels.

Features

- RealTest® enables a functional test using canned CO
- Full compliance with UL 2075
- A code-required trouble relay
- Wiring supervision with SEMS terminals
- A six-year end-of-life timer
- 12/24 VDC
- A low current draw of 20 mA in standby and 40 mA in alarm
- Versatile mounting for wall and ceiling
- Accurate and reliable electrochemical sensing technology
- Optional CO-PLATE CO Detector Replacement Plate to upgrade previously installed competitor detectors to the CO1224T

With RealTest® technology, the CO gas sensing cell used in the CO1224T and CO1224TR CO detectors can be tested using a CO gas agent, fully meeting the requirements of NFPA 720: 2009. Simply put the detector into RealTest mode, spray a small amount of CO into the detector per the installation instructions, and within seconds the detector will alarm, indicating successful gas entry. (See the reverse page or the user manual for complete instructions.)

When dangerous amounts of CO are detected, the CO1224T and CO1224TR detectors alert residents by sounding and flashing a temp 4 signal alarm. With 24/7 central station monitoring, residents are guaranteed protection whether they are away from home, sleeping, or already suffering from the effects of CO.

The CO1224T and CO1224TR are designed for system operation. These detectors are fully listed to UL 2075 and offer a code-required trouble relay to send a sensor failure or end-of-life signal to the control panel and the central station. The CO1224T and CO1224TR also use SEMS-type terminal Philips head screws for quicker and more positive wiring connections and code-required wiring supervision. With a low current draw, these detectors enable more devices to be connected to the panel, limiting the need to purchase extra power supplies or more expensive panels. As 12/24 VDC detectors, the CO1224T and CO1224TR will operate on most industry security and fire alarm control panels.

Agency Listings

UL LISTED E307195 E304075 ULC 5276-1653:0194

CO1224T and CO1224TR Carbon Monoxide Detector Specifications

Architectural/Engineering Specifications

Carbon monoxide (CO) detector shall be a system-connected System Sensor model number CO1224T or CO1224TR listed to Underwriters Laboratories UL 2075 for Gas and Vapor Detectors and Sensors. The detector shall be equipped with a sounder and a trouble relay. The detector's base shall be able to mount to a single-gang electrical box or direct (surface) mount to the wall or ceiling. Wiring connections shall be made by means of SEMS screws. The detector shall provide dual-color LED indication that blinks to indicate normal standby, alarm, or end-of-life. When the sensor supervision is in a trouble condition, the detector shall send a trouble signal to the panel. When the detector gives a trouble or end-of-life signal, the detector shall be replaced. The detector shall provide a means to test CO gas entry into the CO sensing cell. The detector shall provide this with a test mode that accepts CO gas from a test agent and alarms immediately upon sensing CO entry. The detector shall perform in the detection of CO up to 12,000 feet above sea level and alarm within the time specified by ANSI/UL 2034 for CO concentrations of 70, 150 and 400 parts per million (ppm), as verified by a Nationally Recognized Test Laboratory.

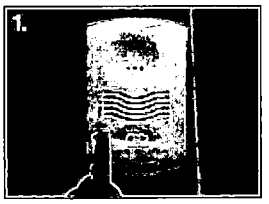
Electrical Specifications	
Operating Voltage	12/24 VDC
Audible Signal	85 dB in alarm
Standby Current	20 mA
Alarm Current	40 mA (75 mA test)
Alarm Contact Ratings	0.5 A @ 30 VDC
Trouble Contact Ratings	0.5 A @ 30 VDC

Physical Specifications	
Size: CO1224T	Length: 5.1 in, Width: 3.3 in, Height: 1.3 in
CO1224TR	Diameter: 6 in, Height: 1.3 in
Approximate Weight	CO1224T: 7 oz ; CO1224TR: 11 oz
Operating Temperature Range	32°F to 104° F (0°C to 40° C)
Operating Humidity Range	22 to 90% RH
Input Terminals	14 to 22 AWG
Mounting	Single-gang back box; surface mount to wall or ceiling

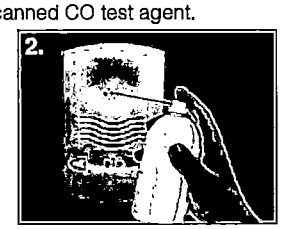
Operation Modes

Operation Mode	Green LED	Red LED	Sounder
Normal (standby)	Blink 1 per minute	—	—
Alarm	—	Blink in temp 4 pattern	Sound in temp 4 pattern

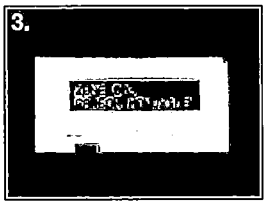
RealTest® Feature: The System Sensor CO1224T and CO1224TR Carbon Monoxide Detectors with RealTest enable evaluation of the functionality of the CO sensing cell using a canned CO test agent.



Push and hold the Test/Hush button for two seconds to enter RealTest mode. The green LED will flash once every second to indicate RealTest mode has started.



Spray canned CO agent into the detector.



Verify CO sensing at the control panel. The detector will automatically exit RealTest alarm mode after about 20-60 seconds.

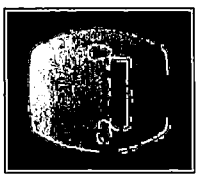
NOTE: Check with local codes and the AHJ to determine if a functional gas test is desired for an installation.

Hush Feature: Pushing the Test/Hush button will silence the sounder for 5 minutes (except in RealTest mode).

Trouble Feature: When the detector is in a trouble condition, it will send a trouble signal to the panel.

End-of-Life Timer: After the detector's internal sensor has reached the end of its life, a trouble signal will be sent to the panel to indicate it is time to replace the detector. An electrochemical CO detector lifespan is about six years. The detector must be replaced by the date marked on the inside of the product.

CO-PLATE: System Sensor also offers the CO-PLATE CO Detector Replacement Plate to cover the footprint (when necessary) of previously installed competitive carbon monoxide detectors that require replacement.



CO-PLATE

Ordering Information

Part No.	Description
CO1224T	12/24 volt, 4-wire system-monitored carbon monoxide detector with RealTest® Technology
CO1224TR	12/24 volt, 4-wire system-monitored round carbon monoxide detector with RealTest® Technology
CO-PLATE	CO detector replacement plate to cover the footprint of previously installed competitive detectors as necessary

SYSTEM SENSOR®

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SCDS00100 • 4/12

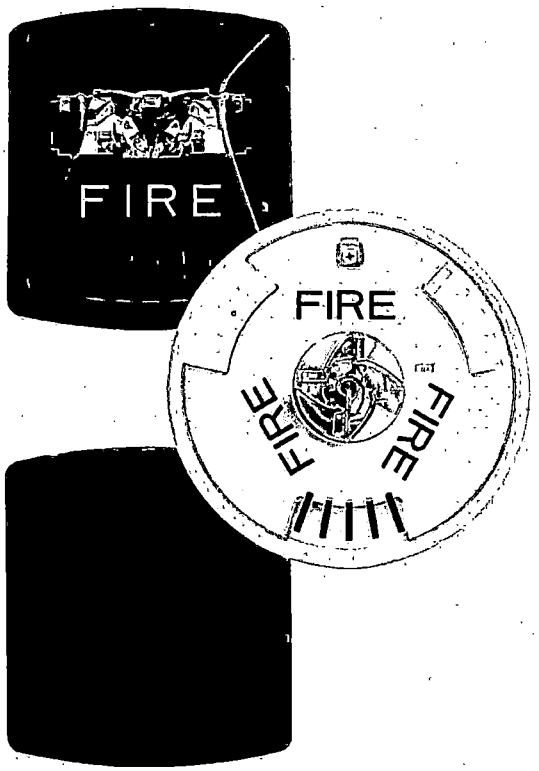
III. Notification/Signaling Appliances

Technical Data **TD450049EN**

Effective November 2016
Supersedes October 2014

HN Series
HS Series
ST Series

Exceder Strobe, Horn Strobe, and Horn Notification Appliances



Description

The Wheelock Exceder Series of notification appliances feature a sleek modern design that will please building owners with reduced total cost of ownership. Installers will benefit from its comprehensive feature list, including the most candela options in one appliance, low current draw, no tools needed for setting changes, voltage test points, 12/24 VDC operation, universal mounting base and multiple mounting options for both new and retrofit construction.

The Wheelock Exceder Series incorporates high reliability and high efficiency optics to minimize current draw allowing for a greater number of appliances on the notification appliance circuit. All strobe models feature an industry first of 8 candela settings on a single appliance. Models with an audible feature 3 sound settings (90, 95, 99 dB). All switches to change settings, can be set without the use of a tool and are located behind the appliance to prevent tampering. Wall models feature voltage test points to take readings with a voltage meter for troubleshooting and AHJ inspection.

The Wheelock Exceder Series of wall and ceiling notification appliances feature a Universal Mounting Base (UMB) designed to simplify the installation and testing of horns, strobes, and combination horn strobes. The separate universal mounting base can be pre-wired to allow full testing of circuit wiring before the appliance is installed and the surface is finished. It comes complete with a Contact Cover for protection against dirt, dust, paint and damage to the contacts. The Contact Cover also acts as a shunting device to allow pre-wire testing for common wiring issues. The Contact Cover is polarized to prevent it from being installed incorrectly and prevents the appliance from being installed while it is on the UMB. When the Contact Cover is removed the circuit will show an open until the appliance is installed. The UMB allows for consistent installation and easy replacement of appliances if required. Wall models provide an optional locking screw for extra secure installation, while the ceiling models provide a captivated screw to prevent the screw from falling during installation.

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Table 1. Strobe Ratings per UL Standard 1971

		UL Max Current①													
		24 VDC / 24 FWR												12 VDC	
Model	Regulated Voltage Range VDC	15	15/75	30	60	75	95	110	115	135	150	177	185	15	15/75
ST	8.0-33.0	0.057	0.070	0.085	—	0.135	0.163	0.182	—	0.205	—	—	0.253	0.110	0.140
STC	8.0-33.0	0.061	—	0.085	0.103	0.135	0.163	—	0.182	—	0.205	0.253	—	0.110	—

Table 2. Horn Strobe Ratings per UL 1971 & Anechoic at 24 VDC

		UL Max Current① at Anechoic 99 dBA													
		24 VDC												12 VDC	
Model	Regulated Voltage Range VDC	15	15/75	30	60	75	95	110	115	135	150	177	185	15	15/75
HS	8.0-33.0	0.082	0.095	0.102	—	0.148	0.176	0.197	—	0.242	—	—	0.282	0.125	0.159
HSC	8.0-33.0	0.082	—	0.102	0.141	0.148	0.176	—	0.197	—	0.242	0.282	—	0.125	—

		UL Max Current① at Anechoic 95 dBA													
		24 VDC												12 VDC	
Model	Regulated Voltage Range VDC	15	15/75	30	60	75	95	110	115	135	150	177	185	15	15/75
HS	8.0-33.0	0.073	0.083	0.087	—	0.139	0.163	0.186	—	0.230	—	—	0.282	0.122	0.153
HSC	8.0-33.0	0.073	—	0.087	0.128	0.139	0.163	—	0.186	—	0.230	0.272	—	0.122	—

		UL Max Current① at Anechoic 90 dBA													
		24 VDC												12 VDC	
Model	Regulated Voltage Range VDC	15	15/75	30	60	75	95	110	115	135	150	177	185	15	15/75
HS	8.0-33.0	0.065	0.075	0.084	—	0.136	0.157	0.184	—	0.226	—	—	0.267	0.120	0.148
HSC	8.0-33.0	0.065	—	0.084	0.120	0.136	0.157	—	0.184	—	0.226	0.267	—	0.120	—

① UL max current rating is the maximum RMS current within the listed voltage range (16-33 VDC for 24 VDC units). For strobes the UL max current is usually at the minimum listed voltage (16 VDC for 24 VDC units). For audibles the max current is usually at the maximum listed voltage (33 VDC for 24 VDC units). For unfiltered ratings, see installation instructions.

Table 3. Horn Ratings per UL Anechoic

Model	Regulated Voltage Range VDC	99 dB	95 dB	90 dB
HN	16-33.0	0.064	0.044	0.022
HNC	16-33.0	0.084	0.044	0.022
HN	8.0-17.5	0.047	0.026	0.017
HNC	8.0-17.5	0.047	0.026	0.017

Table 4. Specification & Ordering Information

Model	Strobe Candela	Sync w/ DSM or Wheelock Power Supplies	12/24 VDC①	Mounting Options
Horn Strobes				
HSR	15/1575/30/75/95/110/135/185	X	X	UMB②
HSW	15/1575/30/75/95/110/135/185	X	X	UMB②
HSRC	15/30/60/75/95/115/150/177	X	X	UMB②
HSWC	15/30/60/75/95/115/150/177	X	X	UMB②
Strobes				
STR	15/1575/30/75/95/110/135/185	X	X	UMB②
STW	15/1575/30/75/95/110/135/185	X	X	UMB②
STRC	15/30/60/75/95/115/150/177	X	X	UMB②
STWC	15/30/60/75/95/115/150/177	X	X	UMB②
Horn				
HNR	[redacted]	X	X	UMB②
HNW	[redacted]	X	X	UMB②
HNRC	[redacted]	X	X	UMB②
HNWC	[redacted]	X	X	UMB②

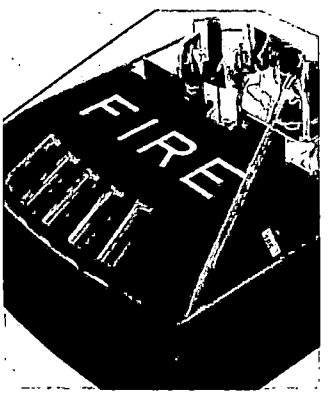
① 12 VDC models feature 15 & 15/75 settings

② UMB = Universal Mounting Base

Model Legend

HN	=	Horn	R	=	Red
ST	=	Strobe	A	=	Agent Lettering (strobes only)
HS	=	Horn Strobe	AL	=	Alert Lettering (strobes only)
C	=	Ceiling Mount	N	=	No Lettering (strobes only)
W	=	White			

Example 1: STRC = Strobe, Red, Ceiling Mount
Example 2: HSR = Horn Strobe, Red, Wall Mount
Example 3: HSW = Horn Strobe, White, Wall Mount
Example 4: STW-AL = Strobe, White, Wall Mount, Alert Lettering



Example: HSR

Example: HSWC

Architects and Engineers Specifications

The notification appliances shall be Wheelock Exceder Series HS Audible Strobe appliances, Series ST Visual Strobe appliances and Series HN Audible appliances or approved equals. The Series HS and ST Strobes shall be listed for UL Standard 1971 (Emergency Devices for the Hearing-Impaired) for Indoor Fire Protection Service. The Series HS and HN Audibles shall be UL Listed under Standard 464 (Fire Protective Signaling). All Series shall meet the requirements of FCC Part 15 Class B. All inputs shall be compatible with standard reverse polarity supervision of circuit wiring by a Fire Alarm Control Panel (FACP) with the ability to operate from 8 to 33 VDC. Indoor wall models shall incorporate voltage test points for easy voltage inspection.

The Series HS Audible Strobe and ST Strobe appliances shall produce a flash rate of one (1) flash per second over the Regulated Voltage Range and shall incorporate a Xenon flashtube enclosed in a rugged Lexan® lens. The Series shall be of low current design. Where multi-candela appliances are specified, the strobe intensity shall have 8 field selectable settings at 15, 15/75, 30, 75, 95, 110, 135, 185 candela for wall mount and 15, 30, 60, 75, 95, 115, 150, 177 candela for ceiling mount. The selector switch for selecting the candela shall be tamper resistant. The 15/75 candela strobe shall be specified when 15 candela UL Standard 1971 Listing with 75 candela on-axis is required (e.g., ADA compliance). Appliances with candela settings shall show the candela selection in a visible location at all times when installed.

The audible shall have a minimum of three (3) field selectable settings for dBA levels and shall have a choice of continuous or temporal (Code 3) audible outputs.

The Series HS Audible Strobe, ST Strobe and Series HN Audible shall incorporate a patented Universal Mounting Base that shall allow mounting to a single-gang, double-gang, 4-inch square, 3.5-inch octal, 4-inch octal or 100mm European type back boxes. Two wire appliance wiring shall be capable of directly connecting to the mounting base. Continuity checking of the entire NAC circuit prior to attaching any notification appliances shall be allowed. Product shall come with Contact Cover to protect contact springs. Removal of an appliance shall result in a supervision fault condition by the Fire Alarm Control Panel (FACP). The mounting base shall be the same base among all horn, strobe, horn strobe, wall and ceiling models. All notification appliances shall be backwards compatible.

The Series HS and ST wall models shall have a low profile measuring 5.24" H x 4.58" W x 2.19" D. Series HN wall shall measure 5.24" H x 4.58" W x 1.6" D. The Series HSC and STC shall been round and have a low profile with a diameter of 6.68" x 2.63" D. Series HNC ceiling shall have a diameter of 6.68" x 1.50" D.

When synchronization is required, the appliance shall be compatible with Wheelock's DSM Sync Modules, Wheelock Power Supplies or other manufacturer's panels with built-in Wheelock Patented Sync Protocol. The strobes shall not drift out of synchronization at any time during operation. If the sync protocol fails to operate, the strobe shall revert to a non-synchronized flash-rate and still maintain (1) flash per second over its Regulated Voltage Range. The appliance shall also be designed so that the audible signal may be silenced while maintaining strobe activation when used with Wheelock synchronization protocol.

Wall Appliances: UL Standard 1971, UL Standard 464, California State Fire Marshal (CSFM), ULC, FM, RoHS

Ceiling Appliances: UL Standard 1971, UL Standard 464, California State Fire Marshal (CSFM), ULC, FM, RoHS

Note: Due to continuous development of our products, specifications and offerings are subject to change without notice in accordance with Cooper Wheelock Inc., dba Eaton standard terms and conditions.

NEMA Member

WE ENCOURAGE AND SUPPORT NICET CERTIFICATION
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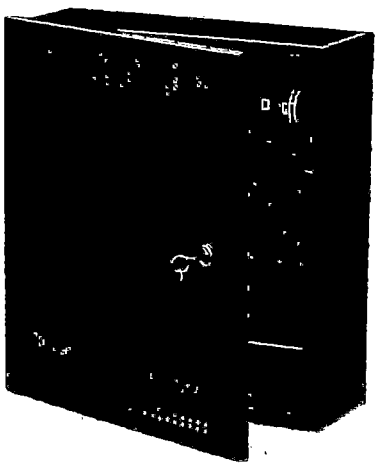
November 2016

Powering Business Worldwide

IV. Auxiliary/Miscellaneous Equipment

POWERPATH NAC Power Supply



Description

The Wheelock POWERPATH (PS-8-LP) by Eaton is a supervised remote power supply/battery charger in a low profile cabinet that is used for supervision and expanded power driving capability of fire alarm Notification Appliance Circuits (NAC). The PS-8-LP is filtered and regulated and provides 8 amps of power distributed across 4 outputs.

The power supplies may be connected to any 12V or 24V (FWR or DC) Fire Alarm Control Panel (FACP) by using a NAC or a "Dry Contact." Primary applications include NAC expansion (supports ADA requirements) and auxiliary power to support system accessories. This unit provides filtered and regulated 24VDC, up to four (4) Class "B", two (2) Class "A", or two (2) Class "B" and one (1) Class "A" Notification Appliance Circuits. With the optional plug-in PS-EXP module the unit supports (8) Class "B" or (4) Class "A" Notification Appliance Circuits. Additionally, an auxiliary power output of 2.5 Amps (disconnected upon AC power loss or an alarm condition) or up to 0.240 A of constant power on the PS-8-LP.

The Wheelock power supplies can accommodate 7 AH batteries inside its lockable chassis. Using an external battery cabinet it can charge up to 33 AH batteries (pending UL testing). Two FACP NAC circuits or two "Dry" contact initiating circuits can be connected to the inputs. These inputs can then be directed to control supervision and power delivery to any combination of the four (4) outputs. Each output is rated at 3.0 Amps (Class "B") or (Class "A") and can be programmed to generate a steady or Code 3 temporal horn sound and a strobe output under alarm condition. Total load for PS-8-LP NAC circuits must not exceed the power supplies rated output.

The power supplies under non-alarm condition provide independent supervision for Class "A" and Class "B" FACP NAC circuits. In the event of circuit trouble, the FACP will be notified via the POWERPATH steered input (IN1 or IN2). In addition there are two sets of trouble reporting terminals, one used for AC power loss reporting and the other for all troubles. The AC power loss reporting, on the common trouble terminals and on IN1 or IN2, can be delayed for either 30 seconds or 170 minutes. The AC power loss terminals will always report the trouble within 1 second after loss of AC power.

The PS-8-LP power supplies are UL listed under UL Standard 864, 9th Edition to be used with any 24 volt listed regulated notification appliances. They include the capability to synchronize Wheelock strobes and horns and to silence the horn signal when horn/strobes are operating on two wires.

EATON
Powering Business Worldwide

Table 1. Specification & Ordering Information

Model	Description
PS-8-LP	8 amp power supply, red enclosure, 120V
PS-8E-LP	8 amp power supply, red enclosure, 220V
PS-8-B-LP	8 amp power supply, black enclosure, 120V
PS-8E-B-LP	8 amp power supply, black enclosure, 240V
PS-8-EXP-LP	8 amp power supply with preinstalled expansion module, red enclosure, 120V
PS-8E-EXP-LP	8 amp power supply with preinstalled expansion module, red enclosure, 240V
PS-EXP	4 class B or 2 class A expansion module

Table 2. Specifications

Physical	
Weight	PS-8-LP: 11.5lbs. (Ship) 9.4lbs (Unit); PS-EXP: 1lb. (Ship & Unit)
Dimensions	PS-8-LP: 17"H x 13"W x 3.5"D; PS-EXP: 4.3"H x 3.7"W x 1"D
Enclosure can house up to two 7 AH batteries	
Input Circuit	
Input voltage range	8 to 33 VDC
Input Current @ 12 VDC	0.005 amps
Input Current @ 24 VDC	0.005 amps
Output Circuit	
Four (4) Class B or Two (2) Class A or\ One (1) Class A and Two (2) Class "B" or 8 Class B or 4 Class A (optional PS-EXP module necessary)	24 VDC @ up to 3 amps per circuit
Continuous duty up to 3 Amps per circuit, up to 4 Amps maximum per panel	
Standby Current	0.129 Amps
Alarm Current	0.129 Amps
Primary PS-8-LP (120VAC models)	105 to 130 VAC 50/60 Hz @ 5.32 Amps
Primary PS-8-EXP-LP (240 VAC models)	210 to 260 VAC 50/60 Hz @ 3.22 Amps
Secondary Power Charging Capacity	32 Amp hours @ 0.750 Amps per hour
Aux Output CP Mode MP Mode	 PS-8-LP up to 250 mA 2.5A during non alarm

Architects and Engineers Specifications

The power supply shall be Wheelock POWERPATH PS-8-LP, or equivalent. The unit shall be stand alone power supply intended for powering fire alarm notification appliances via its own Notification Appliance Circuit(s) (NAC). The unit shall be UL 864 Listed for power limited operation of outputs and comply with NFPA 70 (NEC), article 760.

The power supply shall support a full 8A of notification power even if the battery is in a degraded mode and only AC power is connected.

The power supply shall be activated by a standard Notification Appliance Circuit (NAC) from any Fire Alarm Control Panel (FACP) or a "Dry contact" opening. The units shall be 8 ampere, 24 VDC, regulated and filtered, supervised remote power supply/charger. It shall operate over the voltage range of 8 to 33 VDC or FWR. The primary application of the unit shall be able to expand fire alarm system capabilities for additional NAC circuits to support ADA requirements and to provide auxiliary power to support system accessories or functions. The power supply shall provide four Class "B", two Class "A", or two Class "B" and one Class "A" NAC circuit(s). Eight Class "B" or Four Class "A" circuits shall be available with an optional PS-EXP module. The PS-8-LP unit shall supply up to 240 mA of auxiliary power that is available during both non-alarm and alarm or auxiliary power of not less than 2.5A at 24 VDC during non-alarm. The power supply shall be capable of charging batteries of up to 33 ampere hours per NFPA 72 at maximum rate of 0.750 Amps per hour.

Input activation options shall be from not less than two NAC circuits or Dry Contact closures. These inputs shall have the capability of being directed to any combination of the four NAC circuit outputs. Each NAC circuit output shall be rated at 3 amperes for Class "B" applications or 3 amperes each for Class "A". The outputs shall be programmable to generate a steady or Temporal (Code 3) output and or a synchronized strobe or horn output. The power supply shall provide independent loop supervision for either Class "A" or Class "B" FACP NAC circuits and shall have the capability to "steer" all alarm or trouble conditions to either incoming NAC circuit. The units shall have common trouble terminals. The power supply shall be powered from a 120 VAC source with a current consumption of 5.32 amperes max. The unit shall incorporate short circuit protection with auto reset. The power supply shall incorporate a built in battery charger for lead acid or gel type batteries with automatic switchover to battery back up in the event of AC power failure. The charger shall incorporate fused protection for the batteries and have the ability to report low battery and/or no battery condition(s). Standby current for battery back up shall be 0.129 Amps max. The power supply shall have the ability to latch trouble LEDs so the circuit in trouble can be identified. The cabinet dimensions shall be 17" H x 13" W x 3.5" D.

UL 864, UL 1481, FM

Note: Due to continuous development of our products, specifications and offerings are subject to change without notice in accordance with Cooper Wheelock Inc., dba Eaton standard terms and conditions.

NEMA Member

WE ENCOURAGE AND SUPPORT NICET CERTIFICATION
1 YEAR WARRANTY

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Eaton.com/massnotification

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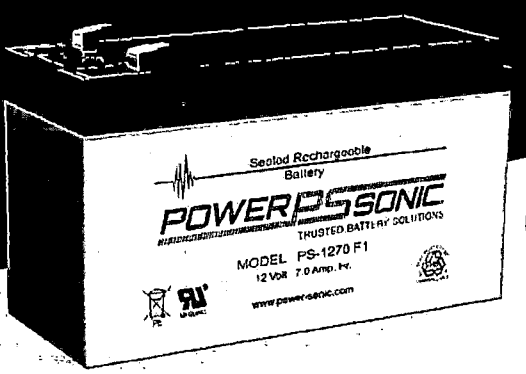
Publication No. TD450003EN
October 2017

Powering Business Worldwide

POWER PS SONIC
TRUSTED BATTERY SOLUTIONS

General Purpose | Emergency Lighting | Medical | Fire & Security

PS SERIES



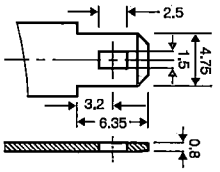
PS-1270

12V 7.0 AH @ 20-hr.
12V 6.5 AH @ 10-hr.

Rechargeable Sealed Lead Acid Battery
PS – General Purpose Series

TERMINALS: (mm)

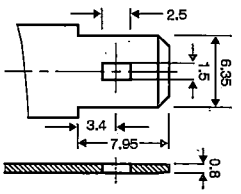
F1: Quick disconnect tabs, 0.187" x 0.032" – Mate with AMP. INC. FASTON "187" series



Torque – Not Applicable

OR

F2: Quick disconnect tabs, 0.250" x 0.032" – Mate with AMP. INC FASTON "250" series



Torque – Not Applicable

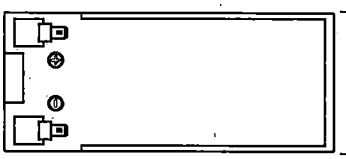
FEATURES

- Absorbent Glass Mat (AGM) technology for superior performance
- Valve regulated, maintenance free spill proof construction
- Power/volume ratio yielding excellent energy density
- Rugged vibration and impact resistant ABS case and cover
- Gas recombination technology
- 5 year design life

APPROVALS

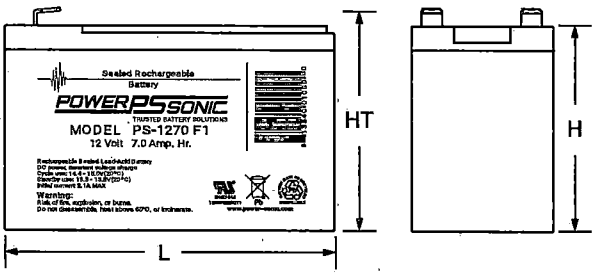
- Approved for transport by air. D.O.T., I.A.T.A., F.A.A. and C.A.B. certified
- U.L. recognized
- ISO9001:2015 – Quality management systems

DIMENSIONS: inch (mm)



L: 5.95 (151)
W: 2.56 (65)
H: 3.70 (94)
HT: 3.86 (98)

Tolerances are +/- 0.04 in. (+/- 1mm) and +/- 0.08 in. (+/- 2mm) for height dimensions. All data subject to change without notice.



PERFORMANCE SPECIFICATIONS

Nominal Voltage	12 volts (6 cells)
Nominal Capacity	
20-hr. (350mA to 10.50 volts)	7.00 AH
10-hr. (650mA to 10.50 volts)	6.50 AH
5-hr. (1.2A to 10.20 volts)	6.00 AH
1-hr. (4.5A to 9.00 volts)	4.50 AH
Approximate Weight	4.80 lbs. (2.18 kg)
Internal Resistance (approx.)	23.0 milliohms
Max Short-Duration Discharge Current (10 Sec.)	70.0 amperes
Shelf Life (% of nominal capacity at 68°F (20°C)	
1 Month	97%
3 Month	91%
6 Month	83%
Operating Temperature Range	
Charge	5°F (-15°C) to 122°F (50°C)
Discharge	-4°F (-20°C) to 140°F (60°C)
Case	ABS Plastic
Power Sonic Chargers	PSC-12800A-C PSC-121000-PC

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To ensure safe and efficient operation always refer to the latest edition of our Technical Manual, as published on our website.

POWER PS SONIC
TRUSTED BATTERY SOLUTIONS

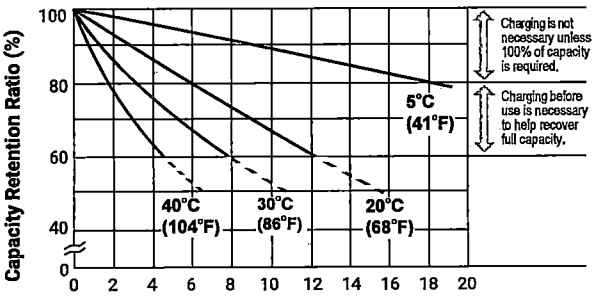
PS SERIES

PS-1270

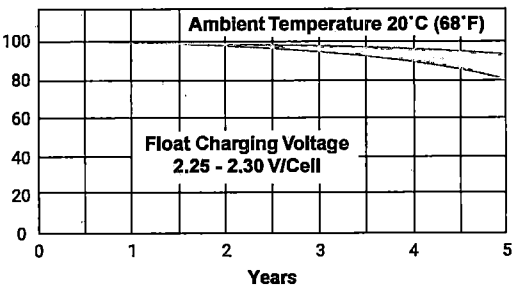
12V 7.0 AH @ 20-hr.
12V 6.5 AH @ 10-hr.

Rechargeable Sealed Lead Acid Battery
PS – General Purpose Series

SHELF LIFE & STORAGE



LIFE CHARACTERISTICS IN STAND-BY USE



CHARGING

Cycle Applications: Apply constant voltage charge at 2.35v/c – 2.45v/c (14.1 – 14.7v for 12v Monobloc) at 20°C. Initial charging current should be set at less than 0.25C Amps. Switch to float charge to avoid overcharging.

"Float" or "Stand-By" Service: Apply constant voltage charge of 2.25v/c – 2.30v/c (13.5 to 13.8 volts for 12v Monobloc at 20°C. When held at this voltage, the battery will seek its own current level and maintain itself in a fully charged condition.

Temperature Compensation: Charging Voltage for both Cyclic and Standby applications should be regulated in relation to ambient temperature. As temperature rises charging voltage should be reduced to prevent overcharge and increased as temperature falls to avoid undercharge.

For further charging information including temperature compensation factors, see Power Sonic Technical Manual/ Power Sonic Charger specifications.

CHARGERS

Power Sonic offers a wide range of chargers suitable for batteries with a variety of capacities.

Please refer to our website for more information on our switch mode and transformer type chargers.

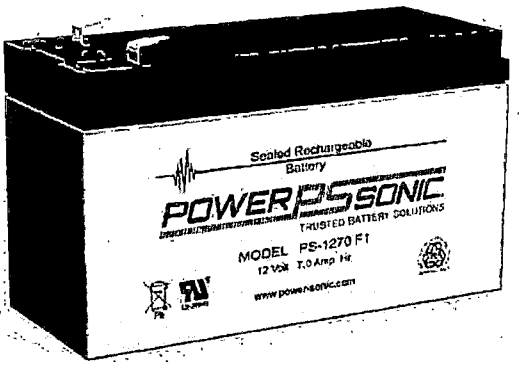
Please contact our technical department for advice if you have difficulty in locating a suitable charger.

FURTHER INFORMATION

Please refer to our website **www.power-sonic.com** for a complete range of useful downloads, such as product catalogs, material safety data sheets (MSDS), ISO certification, etc.

APPLICATIONS

- General purpose
- Emergency lighting
- Medical
- Fire and security



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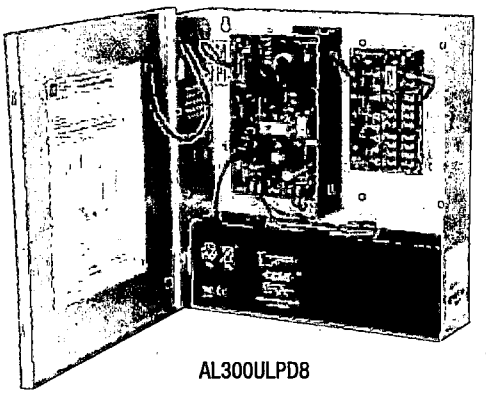
AL300ULX Series
Power Supply/Chargers



AL300ULPD8

Description

Altronix AL300ULX series power supply/chargers convert a 115VAC, 60Hz input into a single fused, four (4), eight (8) or sixteen (16) fuse or PTC protected outputs. Outputs are selectable for 12VDC or 24VDC with a total of 2.5A max.

Key Features

- Available with 1, 4, 8 or 16 outputs.
- Fused or PTC ptotected outputs.
- Supervision:
  - AC Fail.
  - Battery Fail and Battery Presence.
- Built-in charger for sealed lead acid or gel type batteries.
- Instantaneous transfer to stand-by batteries.
- Short circuit and overload protection.
- AC input and DC output options.
- UL Listed in the U.S. and Canada.
- CSFM and MEA Approved.
- Lifetime Warranty / Made in the U.S.A.
- All units are available in grey or red enclosure*.

*AL300ULXJ's enclosure is red. For grey enclosure order model AL300ULXJG

AL300ULX series Power Supply Configuration Reference Chart

Altronix Model Number	Total Output Rating (A)	Input Rating: 115VAC, 60Hz	Input Fuse Rating	Power Supply Output Fuse Rating	Power Distribution Modiule	Number of Outputs	Fused Outputs Ratings	PTC Auto-Resettable Outputs Ratings	Accommodates Batteries
AL300ULX	2.5A	3.5A	5A/250V	15A/32V	N/A	1	3.5A	–	Two (2) 7AH
AL300ULXX									Two (2) 12AH
AL300ULXJ(G)									Two (2) 18AH
AL300ULPD4					PD4UL	4	3.5A	–	Two (2) 7AH
AL300ULPD4CB					PD4ULCB	4	–	2.5A	Two (2) 7AH
AL300ULPD8					PD8UL	8	3.5A	–	Two (2) 7AH
AL300ULPD8CB					PD8ULCB	8	–	2.5A	Two (2) 7AH
AL300ULXPD16					Two (2) PD8UL	16	3.5A	–	Two (2) 12AH
AL300ULXPD16CB					Two (2) PD8ULCB	16	–	2.5A	Two (2) 12AH

AL300ULX Series
Power Supply/Chargers

Specifications

Input

Voltage	115VAC, 60Hz, 3.5A max.
Fusing	5A / 250V.

Outputs

Voltage	12VDC or 24VDC selectable.
Current	2.5A power-limited continuous max.
Protection	Fused 3.5A / PTC 2.5A.
Other	Overvoltage protection. Filtered and regulated. PTC protected outputs are auto-resettable.

Back-up Battery *(not included)*

Capacity	7AH / 12VDC (1 or 2 within enclosure). 12AH / 12VDC (requires larger "X" enclosure). 18AH / 12VDC (requires larger "J" enclosure). 40 AH / 65 AH (requires separate enclosure).
Type	Sealed lead acid or gel type.
Charging current	0.7A.
Fuse Rating	15A @ 32VDC.
Failover	Upon AC loss, instantaneous.

Supervision

AC Failure	Form "C" contacts.
Battery	Form "C" contacts.

Indicators (LED)

Input	115VAC is present.
DC Output	Powered.
Battery	Discharged or not connected.

Agency Listings

All Models:

UL:

UL294	Access Control System Units.
UL603	Power Supplies for Use with Burglar-Alarms Systems.
UL 1069	UL Listed Hospital Signaling and Nurse Call Equipment.
UL1481	Power Supplies for Fire Protective Signaling Systems.

cUL:

CSA C22.2 No.205	Signal Equipment.

AL300ULX, AL300ULXX and AL300ULXJ only:

CSFM	California State Fire Marshall Approved.

Physical and Environmental

Dimensions (H x W x D)

AL300ULX, AL300ULPD4(CB), AL300ULPD8(CB):
13.5" x 13" x 3.25" (342.9mm x 330.2mm x 82.6mm).

AL300ULXX, AL300ULXPD16(CB):
15.5" x 12" x 4.5" (393.7mm x 304.8mm x 114.3mm).

AL300ULXJ:
18" x 14.5" x 4.625" (457.2mm x 368.3mm x 117.5mm).

Product / Shipping Weight (approx.)

Model	Product Weight	Shipping Weight
AL300ULX	6.65 lbs. (3.1 kg)	8.45 lbs (3.83 kg)
AL300ULXX	8.25 lbs. (3.75 kg)	10.55 lbs. (4.79 kg)
AL300ULXJ(G)	11.5 lbs. (5.22 kg)	13.7 lbs (6.21 kg)
AL300ULPD4(CB)	6.8 lbs. (3.1 kg)	8.6 lbs (3.9 kg)
AL300ULPD8(CB)	6.9 lbs. (3.13 kg)	8.7 lbs (3.95 kg)
AL300ULXPD16(CB)	8.55 lbs. (3.88 kg)	10.85 lbs. (4.92 kg)

Temperature	
Operating	0°C to 49°C (32°F to 120°F).
Storage	-20°C to 70°C (-4°F to 158°F).
Relative Humidity	85% +/-5%.
BTU/Hr. (approx.):	
	12VDC: 15 BTU/Hr.
	24VDC: 31 BTU/Hr.

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