BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave PERMIT NO. 18-2336

CONSTRUCTION PERMIT APPLICATION

C18-002279

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave, Brick N.J.
2. Name of Owner in Fee: Cielito Lindo, LLC
   Tel. (732) 337-3388. e-mail _____
   Address 609 (street) North Lake Shore Drive (municipality) Brick NJ (zip code) 08723
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Joshua Home Improvement Tel. (973) 445-4083
   Address 69 Quaboag ave Apt # 2 e-mail _____
   Flemington New Jersey 0701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01687000
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer Architectura Varela Contact Vincent Varela
   Address 584 Main Ave, Passaic NJ. e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bernardo J. Figueroa
   Tel. (973) 445-4083 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$1000 - ✓		
2. Electrical	245 - ✓		
3. Plumbing	467 - ✓		
4. Fire Protection	866 - ✓	116 ✓	140 ✓
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	62 -	5 -	11 -
10. Subtotal	$ 76 -		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$2865 -	121 -	151 -

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	One	
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		2
7. Max. Occupancy Load	88	152
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 ____		

IIa. PROPOSED WORK

- ☑ Minor Work (Tenant Set Up)
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat—Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	26 000	MP			07/06/18	KAH			
☑ Electrical	5 500	6/18/18			7/10/18	PJ			
☑ Plumbing	6 500				7-18-18				
☑ Fire Protection	5670			7/11/18		DL	8/23/18		AA
☐ Elevator		Eng Exempt			6/27/18	ECE			
TOTAL COST	43,670.								

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) A2
1. State Specific Use: A2 Rest.
2. Use Group, Proposed: IBC A-2
3. Change In Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): A2

D. Construct. Classification: Present _____ Proposed _____

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

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Joshua Home Improvement LLC

Address 59 Quebec Ave Irvington NJ. 07111

Telephone (973) 415 4083

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/31/2019
Control Number C-18-002279
Permit Number 18-2236
Permit Issue Date 08/14/2018
Certificate Number 18-2236

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: (732) 337-3388

Contractor JASHUA HOME IMPROVEMENT

Address 59 QUABECK AVE APT 2 IRVINGTON NJ 07111

Telephone: (973) 445-4083 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 88

Description of Work/Use: TENANT FIT UP - - CIELITO LINDO

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: 1139
Collected By: Christopher Winters

Date Printed: 07/31/2019

U.C.C. F250 (rev. 08/05)

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
6/15/18	Needs site plans -	
2/8/19	Called con. (LM) RTP. - Straight to VM	CW

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

APPLICATION FOR CERTIFICATE

Date Received 06/19/2018
Date Permit Issued 08/14/2018
Control # C-18-002279
Permit # 18-2236
Date Issued

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 (732) 337-3388

Contractor JASHUA HOME IMPROVEMENT
Address 59 QUABECK AVE APT 2 IRVINGTON NJ 07111

Telephone (973) 445-4083
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP A-3 Previous A-2 Current

FINAL COST OF CONSTRUCTION: $ 33000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - CIELITO LINDO

I hereby attest that to the best of my knowledge, the completed project meets the conditions of 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 complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

2770 Hooper Ave → Cielito Lindo

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 88
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP A-2

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 7/23/19 MFF ok per MUA on 7/31/19 MFF			
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	☐	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236

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 CIELITO LINDO
Brick, NJ.
Owner in Fee: Cielito Linda, LLC
Tel. (732) 337-3388 e-mail
Address 609 North Lake Drive Brick NJ. 08723
Contractor: Jashua Home Improvement (street / municipality) Tel. (973) 445-4083 (zip code)
Address 39 Roebeck ave APT #2 e-mail
Irvington New Jersey 0711
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH06870600
Federal Emp. ID No. FAX: ( )

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: Bernardo J Figueroa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant fit out for A Restaurant.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/06/18	MM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/06/18
Approved by: MM

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/18/19
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	* 12/10/18		2/12/19	
Truss Sys./Bracing				
Barrier-Free				
Insulation			2/14/19	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ~~4/6/19~~			7/18/19	
Barrier-Free				

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
- [X] Other fit out
- [ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed IBC
No. of Stories One
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 88

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. ~~New Bldg.~~ Fit out $ 20,000
2. Rehabilitation $
3. Total (1+ 2) $ 20,000

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

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

12/10/18. FRAME INSP'N Rej

Framing not done as per plans.
Permit Update for Revisions req'd.

6/24/19 Final - see correction notice

COMMERCIAL

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update 1/25/19

Date Received 2/7/19
Control #

Date Issued
Permit # 18-2236+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 Brick NJ

Owner in Fee: Celito Indo LLC

Tel. 973-445-4083 e-mail

Address 2770 Hooper ave Brick NJ
street municipality zip code

Contractor: Joshua Home Improvement Tel. 973-445-4083

Address 59 Overbeck ave e-mail

Freingten NJ 07111

Contractor License No. or Builder Registration No. 13HV06870600 Exp. Date 03-31-2019

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

Federal Emp. ID No. 143-04-7099 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	02/06/19	MCH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/06/19
Approved by: MCH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/18/19
Approved by: MCH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	2/13/19 MCH		2/13/19 MCH	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/24/19 MCH	
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 $ 25,000
3. Total (1+ 2) $ 25,000

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: Bernardo J. Figueroa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

up date Drawings.
Floor plan Revisions

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)

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

2/12/19 Bm- Frame need to back wall every 4' kitchen area wall 2'.
need to Be Anchored.

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 2770 Hooper Ave

PERMIT NUMBER 18-2236 BLOCK ______ LOT ______

~~OWNER~~ Final

Upon inspection, violations of the X Building ___ Plumbing ___ Electric ___ Fire Code
were in evidence and the following orders are hereby issued for their correction:

1) ok Tripping Hazard Front Door where cement slopes

2) ok Front and Back Door Emergency light not working.

3) Removed Double Doors Front Double Doors need to check and get Back to owner. 31" opened width

4) ok ADA Bathroom Bars need to Be secured.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 6/24/19 INSPECTOR [signature]

ELECTRICAL SUBCODE
TECHNICAL SECTION

"CIELITO LINDO"

Date Received 3/14/18
Control #
Date Issued
Permit # 18-2236

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

Owner in Fee: Cielito Lindo, LLC

Tel. 732 337 3388 e-mail

Address 609 North Lake Shore drive (street) Brick (municipality) NJ. (zip code)

Contractor: Santana Electric Tel. (973) 725-2515

Address 223 59th street apt. 2 e-mail

West New York NJ

Contractor License No. 8462A Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 10-658034 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Restaurant Utility Co.

Est. Cost of Elec. Work $ 5,500.

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: Freddy Izquierdo

Print name here: Freddy Izquierdo

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit out for A restaurant

QTY	SIZE	ITEMS
27		Lighting Fixtures
56		Receptacles
19		Switches
6		Detectors Smoke + Heat
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
103		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
1	5	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

FEE (Office Use Only)

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:

[✓] Electric Plans Approved

Date: 7/19/18 Approved by: PJC

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7/19/18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 6/24/19

Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough			12-4-18	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-24-19	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

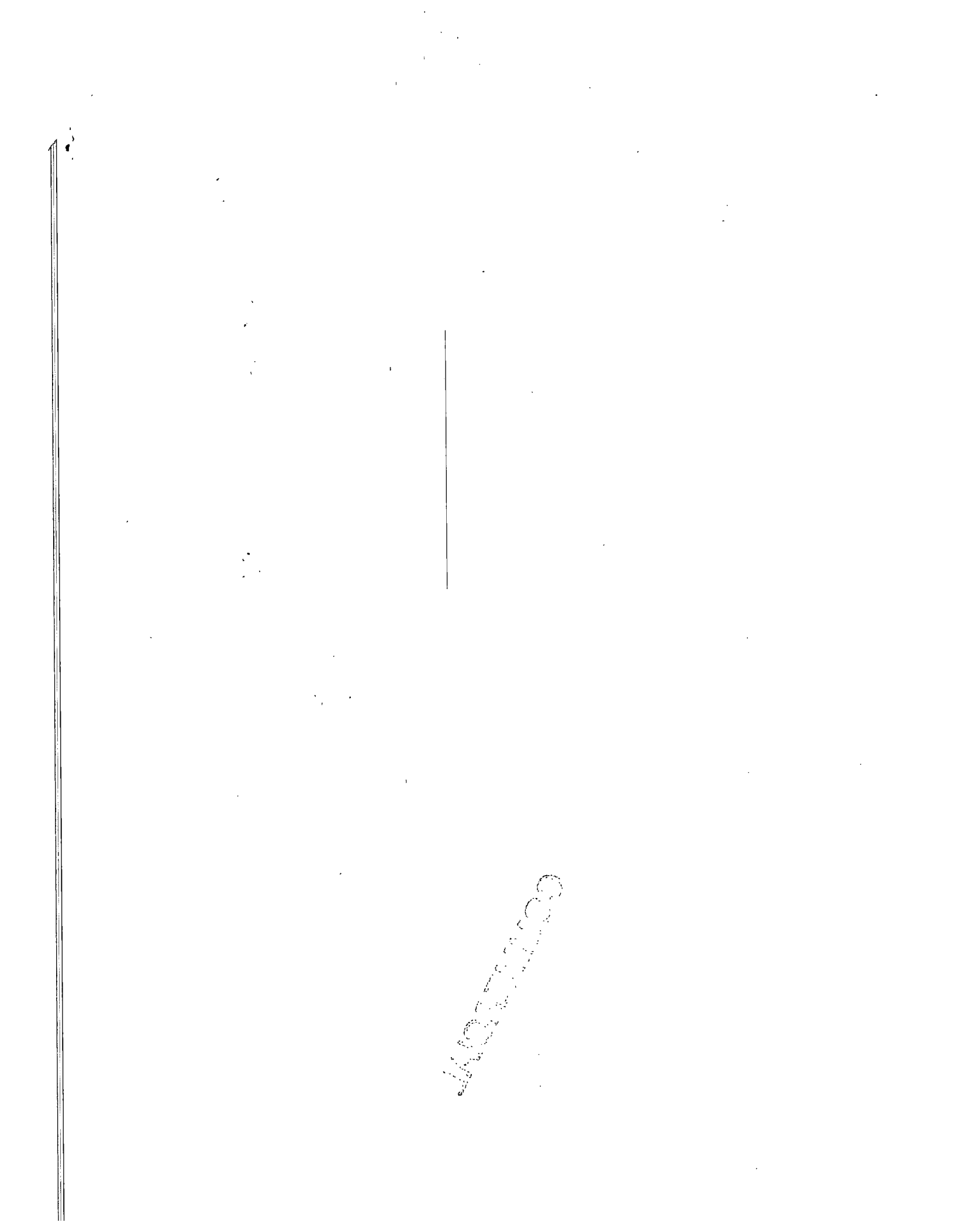
Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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.



Update 11/15/18

Date Received 11/29/18
Control #
Date Issued
Permit # 18-2236 +1

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 6770 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE, BRICK, NJ 08723
(CIELITO LINDO RESTAURANT)

Owner in Fee: Cielito Lindo (Restaurant)

Tel. 973 445-4083 e-mail NA

Address 59 Quaker Ave, Flemington NJ 07111
street municipality zip code

Contractor: AFA Protective Systems Inc Tel. 732 613-0207

Address 961 Joyce Kilmer Ave e-mail JMARANO@AFAP.COM
North Brunswick, NJ 08902

Contractor License No. NA Exp. Date NA

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

Federal Emp. ID No. 13-1805-009 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 $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved SPECS.
Date: 11/26/18 Approved by: DX
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11/26/18
Approved by: PO
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6/24/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	12-4-18 MM		1-16-19 MM	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-24-19 MM	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Not Ready 12-4-18 MM

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: JIM MARANO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of New Strobes, CO Detectors Monitor Kitchen Hood System + [illegible] - Connect

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
10		Alarm Devices/F.A.C. Panel	
10		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	

COMMERCIAL

10 x 1ST FA

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

СОВЕТСКИЙ

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

UP date Permit # 18-2236.

Date Received 7/12/19
Control #
Date Issued
Permit # 18-2236 F

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 township N.J. 08723

Owner in Fee: Kennedy MALL ASSOCIATES.

Tel. (732) 337-3388 e-mail

Address 641 shunPike Rd Chadtham NJ. 07928.

Contractor: Amedio Pagano Tel. (201) 956.0431
(street, municipality, zip code)

Address 505 W Broadway e-mail
Paterson, NJ 07502

Contractor License No. 5327 Exp. Date 6/30/19

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

Federal Emp. ID No. 154247031 FAX: ( ) 6/28/19

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 900.

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:

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK installation of Dishwasher and Power Vent instant water Heater. UP date.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
X	Dishwasher - on original	
	Drinking Fountain	
	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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 7-3-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-3-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-24-19
Approved by:

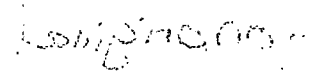
MF

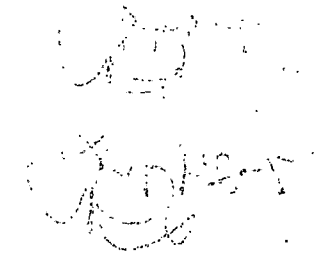
INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	7-17-19		7-22-19	

7-19-19 PD

Hanger on Exhaust

~~Prep Stock EDW~~





PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236

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.

Owner in Fee: Gelato Lindo, LLC

Tel. 732 337-3388. e-mail

Address 609 North Lake Shore drive Brick NJ.
street municipality zip code

Contractor: Amedio Pagano Tel. (973) 473-2777

Address 505 W Broadway PAteerson NJ e-mail

Contractor License No. 5327 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 154247031 FAX: (973) 473-2778

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 61500.

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7-18-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	11-14-18	11-26-18	11-30-18	MM
Rough	11-14-18	11-26-18	11-30-18	MM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11-14-18	MM
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	6-24-19	7-17-19	7-22-19	

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: Amedio Pagano

Print name here: Amedio Pagano

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tenant Fit out for a Restaurant.

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

COMMERCIAL

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

U.C.C. F130 (rev. 10/17)
Internet version

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

11-4-18 WM

TEST Piping DW
Vents Backpitching
Grease Trap outlet Reduced
Grease Trap No Flow Control on Grease Trap

11-21-18 WM

Same as Above NOT TO CODE
Called Plumbing Contractor from JOB Told Him To Come To JOB & Correct.

6-24-19

Hand wash & Laus 110° or Less
update Dishwasher & water Heater
Run 2" Trapped Line from DW to 3" sanitary vent within 8'
Run Rinse from 3 Bay sink to Indirect
7-17-19
run sink prep to screened IDW without Trap
Vacume Breaker on Hose bib
Hanger on with Exhaust

Update 11/15/18

Date Received 11/29/18
Control #
Date Issued
Permit # 18-2236+D

FIRE PROTECTION 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 6070 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE, BRICK NJ 08723
(CIELITO LINDO RESTAURANT)

Owner in Fee: Cielito Lindo Restaurant

Tel. (973) 445-4083 e-mail NA

Address 59 QUABACK AVE, IRVINGTON NJ 07111
street municipality zip code

Contractor: AFA Protective Systems Inc. Tel. (732) 673-0207

Address 961 JOYCE KILMER Ave e-mail JMARANAY@AFAP.COM
NORTH BRUNSWICK, NJ 08902

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

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

Fire Alarm Contractor No. P004495 Exp. Date 10/31/21

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

Federal Emp. ID No. 17-1805-009 FAX: (732) 846-5772

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 $ 3,275.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel: REAR OF PREMISE

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: 11/29/18 Approved by: [illegible]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12/5/18

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			11/29/18	
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: [signature]

Print name here: JIM MARANAY

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ~~INSTALLATION OF HEAT/SMOKE~~ CO DETECTORS + MONITOR KITCHEN HOOD SYSTEM

Water Supply Source ~~CO DETECTORS + MONITOR KITCHEN HOOD SYSTEM~~

Method of Alarm/Suppression System Supervision CONNECT TO EXISTING FA SYSTEM ~~MONITOR~~

	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)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	5	
Other Devices CO Detectors / Modules	4	
TOTAL	10	
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 _____		

COMMERCIAL

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236

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

Block 6770 Lot 4 Qualification Code
Work Site Location 2770 Hooper Ave Brick, nj
Owner in Fee: Cielito Lindo, LLC
Tel. 732 337 3388. e-mail
Address 609 North Lake Shore drive (street) Brick (municipality) NJ (zip code) 08723
Contractor: Santana Electric Tel. (973) 473-2777
Address 223 59th street apt #2 e-mail
West New York NJ
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. 8462A Exp. Date 03/31/2021
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 10658034 FAX:

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 $ 1,000.

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:
[✓] Fire Protection Plans Approved
Date: 8/28/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/28/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7/25/19
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			7/15/19	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Freddy Izquierdo
Print name here: Freddy Izquierdo

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

DESCRIPTION OF WORK: Tenant fit out for A restaurant
Water Supply Source
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)	6	
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 [X] Gas [ ] Oil [ ] Solid	A6	
Fireplace Venting/Metal Chimney		
Other		

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.

Former Bud Fitness

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Cielito Lindo A-2

88 occup 3/30/18

Date Received 8/14/18
Control #

Date Issued
Permit # 18-2236 +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.

Owner in Fee: Cielito Lindo LLC

Tel. (732) 337-3388 e-mail ____

Address 604 North Lake Drive Brick NJ 08723
street municipality zip code

Contractor: MC Fire Protection Tel. (908) 537-1030

Address 24 Bowlby St e-mail EZFANICK@AOL.COM

Hampton NJ 08827

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

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

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 $ 2,820

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: 8/8/18 Approved by: LTU
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-9-18
Approved by: (initials)
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/2/18
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7/11/19	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: (signature)

Print name here: Nick Longo

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source CITY
Method of Alarm/Suppression System Supervision BY OWNER

	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		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	5	
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 $		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236 FB

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

Block 690 Lot 4 Qualification Code

Work Site Location 2770 Hooper ave
Brick N.J.

Owner in Fee: Cielito Lindo. LLC

Tel. 732 337 3388. e-mail

Address 609 North Lake Drive Brick NJ. 08723
street municipality state zipcode

Contractor: Kitchen Solutions II LLC Tel. 973 851-5867

Address 176 Arlington Ave. e-mail
Paterson NJ 07502

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 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason 13VH06590700

Federal Emp. ID No. 45-3841266 FAX:

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 $ 6,000

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: 8/8/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-7-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-25
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				7/25/18
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Javier Jimenez

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Exhaust Kitchen hood

Water Supply Source

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	1	
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/14/18

Date Issued / Permit # 18-2236 FC

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

Owner in Fee: Cielito Lindo LLC

Tel. 732 337 3388. e-mail

Address 609 North Lake drive Brick NJ. 08723 (street / municipality / zip code)

Contractor: Silk City Fire LLC Tel.

Address 95 168 Rte e-mail

Paterson N.J. 07509

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

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

Fire Alarm Contractor No. P01413 Date 10/2019

Home Improvement Contractor Registration No. or Exemption Re 973 225-9496

Federal Emp. ID No. 45-4913321

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B 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 $ 1800

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[X] 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: Nelson Hernandez

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install fire system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v	Co Detectors	As per letter
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		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
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		

CONDITIONAL

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 8/8/18 Approved by: MTV

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8-7-18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7-25-19

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7/16/19	
Other				

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

LETTER

Vicente Varela Jr., RA NCARB
July 24, 2018

Re: **Proposed Alterations**
2770 Hooper Ave.
Brick, NJ

Dear Building Official, Rick Orlando,

This letter is to revise the current drawings for Cielito Lindo, 2770 Hooper Ave. with the following note: "The G.C. is to provide proper Carbon Monoxide detection as per; Department of Community Affairs Bulletin 2017-01". Please find the bulletin attached. I have sent the G.C a copy of the bulletin. Thanks for bringing the update to my attention.

If you have any questions or comments please feel free to contact me, so they may be addressed. Thank you.

Sincerely,

Vicente Varela Jr., RA NCARB
Arquitectura Varela Architecture & Design, LLC
NJ License No. 21AI01988700
NY License No. 037417

Faxed to: 732-262-2941

Department of Community Affairs

Division of Fire Safety | Fire Code Enforcement

BULLETIN: 2017-1

SUBJECT: **Carbon Monoxide Detection Installation - All Use Groups**

REFERENCE: **N.J.A.C. 5:70-4.3(a), N. J. A. C. 5:70-4.9(d) and N.J.A.C 5:70-4.19(d)**

ISSUE DATE: **December 12, 2017**

This Bulletin supersedes Bulletin 2003-3.

This document is being issued to provide guidance on the installation of carbon monoxide (CO) detection under the Uniform Fire Code (UFC). Provisions for the installation of CO detection were first introduced in the UFC in 2003 for use groups R-1, R-2, R-3, R-4 and I-1. Effective September 3, 2017, the requirement to have CO detection installed in buildings that have fuel-fired equipment or attached garages (other than garages that meet the definition of an open parking structure) has been extended to all buildings. There have been questions about how the new rules should be applied.

Relationship to the Uniform Construction Code:
The Uniform Construction Code (UCC) has contained requirements for Carbon Monoxide detection in use groups R-1, R-2, R-3, R-4 and I-1 since 1999. Recent amendments to the UCC have paralleled the changes to the UFC in terms of scope. In other words, all use groups are now required to have CO detection where there is fuel-fired equipment or an attached garage that would not qualify as an open parking structure. However, the locations where CO detection is required under the UCC do not match the locations in the UFC exactly. This creates a question about how the UFC requirements apply to buildings that were approved under the Uniform Construction Code with CO detection provided.

The Korman Parks Law (P.L. 2015, c. 146), which is the basis for the June 2017 rule adoption of the CO detection requirements in the Uniform Fire Code and Uniform Construction Code, contains a provision that states that buildings that met the 1999 CO detector law do not need to meet the UFC requirements under the Korman Parks Law. This means that buildings of

(2) In a common area such as a hall or corridor on the floor that the fuel-burning appliance is located and in any common area that is within two floors above or within two floors below that floor.

(3) In the vicinity of any shaft such as a stair tower, ventilation shaft or elevator shaft on the level of the fuel-burning appliance.

Option 3. The owner can elect to provide a monitored CO system, in which case detectors are only required in rooms where a fuel-burning appliance is located or in the room(s) adjacent to the attached garage.

The term "in the vicinity of" is used but not defined. The code requires the detection to be located in the vicinity of sleeping areas (4.9(d)2) and also, when using a building coverage system that monitors common areas, the code requires detection in the vicinity of shafts (4.9(d)2i(3)(B)). In the context of bedrooms, the intent is to alert occupants of a possible hazardous condition in the area outside the bedrooms before the hazard enters those rooms. In the context of being in the vicinity of the air shafts, the detection must be positioned so that it will detect CO as it is being drawn into the shaft. The appendix to NFPA 720 describes in the vicinity of as within 10 feet.

For all other use groups:
Protection at the source - Carbon monoxide detection is required to be installed in the immediate vicinity of all sources of carbon monoxide. Sources of carbon monoxide are not defined in the UFC. Sources would include any process equipment that burns fuel, generators, any fuel-burning appliances as well as any portion of the HVAC system which could deliver carbon monoxide from the appliance to other spaces within the building. There are specific cases where the UFC exempts the installation of carbon monoxide detectors. These include:

-Repair garages and similar spaces where carbon monoxide can be expected as part of the normal function of the space. If there are spaces adjacent to the repair garage portion of the occupancy, they need to be provided with detection.

-In the immediate area of large drop battery charging. (These are areas where industrial powered trucks or equipment leave large batteries for charging) When there are occupied areas adjacent to the battery charging operation they need to be provided with detection.

-In unconditioned spaces where the temperature is outside of the listing of the device or spaces that contain contaminants that might adversely affect the operation of the detection. In these cases, alternate protection should be considered, such as locating detectors/alarms in the conditioned spaces adjacent to the location of the source of CO.

In addition to providing detection at the source, the following additional areas need to be protected by 5:70 – 4.9(d)3i(4):

-Spaces adjacent to the source of carbon monoxide.

-Detection is needed in the immediate vicinity of any shaft, including but not limited to, stair towers, elevator shafts and ventilation shafts at the level of the potential source of carbon monoxide.

-Detection is needed in the room at the first register or grill off the main duct trunk(s) from the HVAC equipment that is a potential source of carbon monoxide.

-Detection is required in any story that is within two stories of a source of carbon monoxide.

As stated in the rule, a CO detector or alarm must be provided near each source of carbon monoxide and the alarm must provide sound at a level that is 15dB above ambient sound. Building owners have a choice of simply locating an alarm near each source of CO, provided that the alarm provides at least 15dB above ambient sound in these areas. Placement of the alarms should be considered in order to meet the sound threshold requirement.

Certain industrial and storage areas require special consideration. In warehouses, where internal combustion engine forklifts are used continuously, the source of CO is expected as a normal use of the space. Those uses should be treated similar to repair garages, and detection is required in occupied spaces that are adjacent to the area where the forklifts operate. In manufacturing facilities or other uses where ambient noise levels are high, alternatives to the requirement for alarms that are 15dB above ambient may be necessary. When ambient noise is at or greater than 105 dB, alternatives such as visual alarms should be considered.

Detectors and Alarms:
Carbon monoxide detectors must be listed in accordance with UL 2075. Carbon monoxide systems must comply with these rules and NFPA 720. Carbon monoxide detection systems must provide auditory and visual notification at the detector, control panel and remote annunciator. Combination fire and carbon monoxide detection systems are permitted.

Carbon monoxide alarms must comply with UL 2034. Carbon monoxide alarms may be battery-operated, plug-in, or hard-wired.

There is no requirement for fire department notification or building evacuation. These items should be part of the building owner's emergency preparedness plan.

The UFC Bulletin 2003-3, Alternative #2 clearly provides guidance for detector locations that does provide appropriate CO protection not supported by the newly adopted rules that should be considered by the fire official through the variance request process.

The installation of a new hard-wired CO detection system, or modification to an existing system would require a UCC permit.

Silk City Fire

NJ PERMIT PO 1413

855 265 7237

No 7468

Date of Service: 07-01-19 Time: 11:00 AM ☒ PM ☐

Annual ☐ Semi-Annual ☒ Recharge ☐ Installation ☐ Renovation ☐

Amerex ☐ Ansul ☐ Kidde ☐ Protex ☐ Pyro-Chem ☐ Range Guard ☐ Badger ☐ Buckeye ☐ Other ☐ _____

Single ☒ Double ☐ Triple ☐ Quad ☐ Multiple ☐

Customer/Location

Name: MEXICAN

Address: Hooper Ave.

City/St/Zip: Brick N.J.

Phone:

Owner or Manager:

Model # and type: 15FK-20

Location of system: left side of hood

Location of system: left side of hood.

		Yes	No	N/A
1	System Interlocked with building fire alarm	X		
2	System discharged	X		
3	All seals intact. No evidence of tampering	X		
4	All appliances property covered w/correct nozzles	X		
5	Duct & plenum covered w/ correct nozzles	X		
6	Checked positioning of all nozzles	X		
7	Hood/duct penetrations sealed	X		
8	Grease accumulation ☐ excessive ☐ heavy ☒ normal			
9	Pressure gauge in proper range 2019	X		
10	Checked cartridge weight. Last test _____ Repl. ____	X		
11	Cylinder hydrostatic test date _____ 6 year maint			
12	Inspect cylinder and mount	X		
13	Operated system from terminal link	X		
14	Checked travel of cable and link position	X		
15	Fusible links 360° _____ 450° 4 _____ 500° _____ other			
16	Replaced fusible links, Mfg. date _____	X		
17	Checked and cleaned fusible links	X		
18	Checked operation of manual release	X		
19	Checked operation of micro-switch	X		
20	Checked operation of gas valve Mech. X Elec. ____	X		

		Yes	No	N/A
21	Piping/conduit securely bracketed	X		
22	Nozzles cleaned	X		
23	Proper nozzle caps/covers in place	X		
24	Proper clearance flame to filters	X		
25	Proper separation between fryers and flame	X		
26	Exhaust fan in operating order	X		
27	Manual and remote set seals in place	X		
28	System cart. replaced/safety pins removed	X		
29	System operational and armed	X		
30	Slave system operational and armed			X
31	Fan warning sign on hood	X		
32	K Class fire extinguisher in cooking area	X		
33	2A water type/ wet chem. type for solid fuel	X		
34	Water hose in area of solid fuel appliance.	X		
35	Proper ABC fire extinguisher for other areas	X		
36	Fire extinguishers properly serviced	X		
37	Personnel instructed on manual operation of system	X		
38	Were system monthly inspections performed	X		
39	Personnel instructed on use of fire extinguisher	X		
40	Service and certification tag on system	X		
41	System installed per U.L. 300 standard	X		

Note: Non compliance systems may fail to extinguish/suppress a fire.

comments/Non Compliance: _____

Cooking Appliances left to right (1) Combi Oven (1) Flat Grill

(2) Deep Fry - (1) 6 Burner Range (1) Flat Grill

Technician Date Time

Customers Authorized Agent

A copy of this report may be forwarded to the Authority Having Jurisdiction.

Site Database Report

AFA

Installer# First to Last CS# 21-1018 to 21-1018 Corporate Account All

CS# 21-1018 System Type IVRT VRT

ATI Hours 25 Minutes ATI Late Event# 4900 Active Date 12/15/1992

Alt ATI Hours Minutes ATI Global

ATI Option ATI Page

Zone / GL Sch	State / Sch#	Location/Comment / Alarm Group	Page Restore?	GL Page / Equipment Type	Event
1	Alarm	SPRINKLER ROOM ABOVE FIRE PANEL	Y	F15	1506-SMOKE DETECTOR-COMM
160	Alarm	WATERFLOW	N	F15	1503-WATERFLOW-COMM
161	Alarm	LOW AIR	N	S10	1522-LOW AIR
162	Alarm	PTS SWITCH	N	S10	1529-POST INDICATOR VALVE
163	Alarm	BUTTERFLY VALVE	N	S10	1536-SUPERVISORY ALARM
164	Alarm	RELAY WATER TRIP TO FLAMING GRILL	N	S10	850-TROUBLE
165	Alarm	CELITO LINDO EMERGENCY DOOR FR	Y	F15	1501-MANUAL PULL STAT-COMM
166	Alarm	CELITO LINDO FRONT MAIN PULL	N	F15	1501-MANUAL PULL STAT-COMM
167	Alarm	CELITO LINDO EMERGENCY DOOR FR(	N	F15	1501-MANUAL PULL STAT-COMM
168	Alarm	CELITO LINDO REAR LEFT PULL	N	F15	1501-MANUAL PULL STAT-COMM
169	Alarm	CELITO LINDO REAR MIDDLE PULL BY	N	F15	1501-MANUAL PULL STAT-COMM
170	Alarm	CELITO LINDO REAR PULL BY SPRINKI	N	F15	1501-MANUAL PULL STAT-COMM
171	Alarm	CELITO LINDO REAR PULL STUDIO A	N	F15	1501-MANUAL PULL STAT-COMM
172	Alarm	CELITO LINDO REAR PULL BY ELECTR	N	F15	1501-MANUAL PULL STAT-COMM
173	Alarm	BACK PULL STATION AT DSW 2	Y	F15	1501-MANUAL PULL STAT-COMM
174	Alarm	FRONT PULL STATION AT DSW 2	Y	F15	1501-MANUAL PULL STAT-COMM
175	Alarm	CONTROL MODULE GREENERY	N	S10	1536-SUPERVISORY ALARM
176	Alarm	ANSUL SYSTEM GREENERY	N	F15	45-FIRE-COMM ANSUL
177	Alarm	POWER SUPPLY TROUBLE GREENERY	N	S10	850-TROUBLE
178	Alarm	CIELITO LINDO HALL CO DETECTOR	N	S10	1536-SUPERVISORY ALARM
179	Alarm	CIELITO LINDO KITCHEN CO DETECTO	N	S10	1536-SUPERVISORY ALARM
180	Alarm	CIELITO LINDO ANSUL SYSTEM	N		1536-SUPERVISORY ALARM
181	Alarm	CIELITO LINDO HORN STROBE (OUTSII	N		1536-SUPERVISORY ALARM
182	Alarm	CIELITO LINDO POWER SUPPLY	N		1536-SUPERVISORY ALARM
E	Trouble	TIMER TEST	N		20-TIMER TEST

Site Database Report

AFA

Installer# First to Last CS# 21-1018 to 21-1018 Corporate Account All

Zone GL Sch	State Sch#	Location/Comment Alarm Group	Page Restore?	GL Page Event Equipment Type
RE	Alarm	TIMER TEST	N	20-TIMER TEST
TE	Alarm	TIMER TEST	N	20-TIMER TEST
URE	Alarm	TIMER TEST	N	20-TIMER TEST

System Event Report

Sorted by Installer#

Installer# First to Last **CS#** 21-1018 to 21-1018 **Site Type** All **Dates** 7/1/2019 to 7/1/2019

Employee# All **Corporate Acct.** All **System Type** All **Reporting Group** All

Date	CS#	Op	Zone	Event	Disposition	Scheduled	User/Phone
		Location/Comment					
Installer 400000 AFA PROTECTIVE SYSTEMS NJ							
Site Name KENNEDY MALL ASSO				**Site Address** 2770 HOOPER AVE & HOOPER ST BRICKTOWN, NJ 08723			
7/1/2019 01:07:55	21-1018		0E608	CIE608 ABNORMAL TIMER TEST			0
		zone: 0					
7/1/2019 01:08:49	21-1018	CGY		NOTT No Timer Test Received			
		Full Clear Auto TT Jul 02, 2019 02:08					
7/1/2019 02:07:52	21-1018		0E608	CIE608 ABNORMAL TIMER TEST			0
		zone: 0					
7/1/2019 02:11:42	21-1018	TRA		FC Full Clear			
		Full Clear					
7/1/2019 08:02:15	21-1018			ONTEST Placed On Test			RUBEN VARGAS
		*Test					
		Cat: 9 Expires: 07/01/2019 16:02:00 All Zones					
7/1/2019 08:05:55	21-1018		182	CIR200 RESTORE Fire Supervisory Alert			
		*Test CIELITO LINDO POWER SUPPLY					
7/1/2019 08:11:26	21-1018		180	CIE380 SENSOR TROUBLE			
		*Test CIELITO LINDO ANSUL SYSTEM					
7/1/2019 08:26:51	21-1018		180	CIR380 RESTORE Sensor Trouble			
		*Test CIELITO LINDO ANSUL SYSTEM					
7/1/2019 08:30:04	21-1018			4616 BRANCH FOLLOW-UP			
		*Test tt abnormal					
7/1/2019 08:37:17	21-1018		179	1536 SUPERVISORY ALARM			
		*Test CIELITO LINDO KITCHEN CO DETECTOR					
7/1/2019 08:37:59	21-1018		179	CIR200 RESTORE Fire Supervisory Alert			
		*Test CIELITO LINDO KITCHEN CO DETECTOR					
7/1/2019 08:38:50	21-1018		0E308	CIE308 System Shutdown			
		*Test					
7/1/2019 08:41:02	21-1018		0E308	CIR308 RESTORE System Shutdown			
		*Test					
7/1/2019 09:42:41	21-1018		178	1536 SUPERVISORY ALARM			
		*Test CIELITO LINDO HALL CO DETECTOR					
7/1/2019 09:43:41	21-1018		178	CIR200 RESTORE Fire Supervisory Alert			
		*Test CIELITO LINDO HALL CO DETECTOR					
7/1/2019 09:43:41	21-1018		0E308	CIE308 System Shutdown			
		*Test					
7/1/2019 09:46:10	21-1018		0E308	CIR308 RESTORE System Shutdown			
		*Test					
7/1/2019 10:10:22	21-1018		180	1536 SUPERVISORY ALARM			
		*Test CIELITO LINDO ANSUL SYSTEM					
7/1/2019 10:11:00	21-1018		180	CIR110 RESTORE Fire Alarm			
		*Test CIELITO LINDO ANSUL SYSTEM					
7/1/2019 10:12:27	21-1018			CLTEST Clear System Test			RUBEN VARGAS
		Cat: 9					

Sorted by Installer#

Installer# First to Last | **CS#** 21-1018 to 21-1018 | **Site Type** All | **Dates** 7/1/2019 to 7/1/2019

Employee# All | **Corporate Acct.** All | **System Type** All | **Reporting Group** All

Date	CS#	Op	Zone	Event	Disposition	Scheduled	User/Phone
		Location/Comment					

Installer 400000 AFA PROTECTIVE SYSTEMS NJ

Site Name KENNEDY MALL ASSO **Site Address** 2770 HOOPER AVE & HOOPER ST BRICKTOWN, NJ 08723

7/1/2019 10:12:35	21-1018		168	1501 MANUAL PULL STAT-COMM			
		BRICK FITNESS REAR LEFT PULL WEIGHT RM					
7/1/2019 10:13:10	21-1018	RIC		DP Dispatched Agency			732-262-1100
		BRICKTOWN FD					
7/1/2019 10:15:02	21-1018		166	1501 MANUAL PULL STAT-COMM			
		BRICK FITNESS FRONT MAIN PULL					
7/1/2019 10:16:21	21-1018	RIC		4020 DISP FD			
		OP 847-FD ON SITE TEST					
7/1/2019 10:16:23	21-1018	RIC		4100 CALL PREMISES			201-407-2223
		Premise					
7/1/2019 10:17:38	21-1018	RIC		4114 ANS MACHINE L/M			
7/1/2019 10:17:40	21-1018	RIC		4114 ANS MACHINE L/M			201-407-2223
		EMERGENCY CELL PHONE					
7/1/2019 10:18:04	21-1018	RIC		4004 CONTACT REACHED			973-620-0662
		JERRY SHATKUS					
7/1/2019 10:18:19	21-1018		179	1536 SUPERVISORY ALARM			
		CIELITO LINDO KITCHEN CO DETECTOR					
7/1/2019 10:18:57	21-1018	RIC		4004 CONTACT REACHED			
		JERRY-NTFD					
7/1/2019 10:19:11	21-1018	RIC		FC Full Clear			
		Full Clear					
7/1/2019 10:27:53	21-1018		CR0	CIE411 CallBack REQUEST MADE			0
7/1/2019 10:27:53	21-1018		0E416	CIE416 Reserved for CID event E416			0
7/1/2019 10:30:39	21-1018		168	CIR115 RESTORE Fire Manual Pull Sta.			
		CELITO LINDO REAR LEFT PULL WEIGHT RM					
7/1/2019 10:30:39	21-1018		166	CIR115 RESTORE Fire Manual Pull Sta.			
		CELITO LINDO FRONT MAIN PULL					
7/1/2019 10:30:39	21-1018		179	CIR200 RESTORE Fire Supervisory Alert			
		CIELITO LINDO KITCHEN CO DETECTOR					
7/1/2019 10:34:05	21-1018		CR0	CIE411 CallBack REQUEST MADE			0
7/1/2019 10:34:05	21-1018		E412	CIE412 Successful download / Access			0
7/1/2019 10:35:08	21-1018		168	1501 MANUAL PULL STAT-COMM			
		CELITO LINDO REAR LEFT PULL WEIGHT RM					
7/1/2019 10:35:24	21-1018	AMR		FC Full Clear			
		Full Clear					
7/1/2019 10:39:55	21-1018		166	1501 MANUAL PULL STAT-COMM			
		CELITO LINDO FRONT MAIN PULL					
7/1/2019 10:40:39	21-1018	RIC		DP Dispatched Agency			732-262-1100
		BRICKTOWN FD					
7/1/2019 10:41:59	21-1018		168	CIR115 RESTORE Fire Manual Pull Sta.			
		CELITO LINDO REAR LEFT PULL					

Sorted by Installer#

Installer# First to Last **CS#** 21-1018 to 21-1018 **Site Type** All **Dates** 7/1/2019 to 7/1/2019

Employee# All **Corporate Acct.** All **System Type** All **Reporting Group** All

Date	CS#	Op	Zone	Event	Disposition	Scheduled	User/Phone
		Location/Comment					
Installer 400000 AFA PROTECTIVE SYSTEMS NJ							
Site Name KENNEDY MALL ASSO				**Site Address** 2770 HOOPER AVE & HOOPER ST BRICKTOWN, NJ 08723			
7/1/2019 10:41:59	21-1018		166	CIR115 RESTORE Fire Manual Pull Sta.			
		CELITO LINDO FRONT MAIN PULL					
7/1/2019 10:42:20	21-1018	RIC		4020 DISP FD			
		847 on hold fd on site teseting					
7/1/2019 10:42:22	21-1018	RIC		4100 CALL PREMISES			201-407-2223
		Premise					
7/1/2019 10:43:23	21-1018	RIC		4004 CONTACT REACHED			
		Full Clear					
		op ntfd chano					
7/1/2019 10:45:12	21-1018		CR0	CIE411 CallBack REQUEST MADE			0
7/1/2019 10:45:12	21-1018		0E416	CIE416 Reserved for CID event E416			0
7/1/2019 10:45:26	21-1018			ONTEST Placed On Test			RUBEN VARGAS
		*Test					
		Cat: 9 Expires: 07/01/2019 18:45:00 All Zones					
7/1/2019 10:46:18	21-1018	RIC		FC Full-Clear			
		Full Clear					
		afa on site					
7/1/2019 10:58:25	21-1018		CR0	CIE411 CallBack REQUEST MADE			0
		*Test					
7/1/2019 10:58:25	21-1018		E412	CIE412 Successful download / Access			0
		*Test					
7/1/2019 10:58:25	21-1018		E413	CIE413 Unsuccessful Access			0
		*Test					
7/1/2019 10:59:21	21-1018		E327	CIE327 Notification Appliance Ckt# 4			
		*Test					
7/1/2019 10:59:22	21-1018		0Q4	CIR327 RESTORE Notific. Circuit # 4			
		*Test					
7/1/2019 10:59:59	21-1018		0E308	CIE308 System Shutdown			
		*Test					
7/1/2019 11:00:26	21-1018		0E308	CIR308 RESTORE System Shutdown			
		*Test					
7/1/2019 11:04:28	21-1018		CR0	CIE411 CallBack REQUEST MADE			0
		*Test					
7/1/2019 11:04:28	21-1018		E412	CIE412 Successful download / Access			0
		*Test					
7/1/2019 11:05:18	21-1018		170	1501 MANUAL PULL STAT-COMM			
		*Test CELITO LINDO REAR PULL BY SPRINKLER RM					
7/1/2019 11:06:53	21-1018		170	CIR115 RESTORE Fire Manual Pull Sta.			
		*Test CELITO LINDO REAR PULL BY SPRINKLER RM					
7/1/2019 11:12:09	21-1018		0	CIE321 TROUBLE on Bell 1			
		*Test					

Sorted by Installer#

Installer# First to Last **CS#** 21-1018 to 21-1018 **Site Type** All **Dates** 7/1/2019 to 7/1/2019

Employee# All **Corporate Acct.** All **System Type** All **Reporting Group** All

Date	CS#	Op	Zone	Event	Disposition	Scheduled	User/Phone
		Location/Comment					
Installer 400000 AFA PROTECTIVE SYSTEMS NJ							
Site Name KENNEDY MALL ASSO				**Site Address** 2770 HOOPER AVE & HOOPER ST BRICKTOWN, NJ 08723			
7/1/2019 11:12:09	21-1018		E326	CIE326 Notification Appliance Ckt# 3			
		*Test					
7/1/2019 11:12:09	21-1018		0X0	CIE333 Expansion Module FAILURE			
		*Test					
7/1/2019 11:12:09	21-1018		R333	CIR333 RESTORE Expansion Module			
		*Test					
7/1/2019 11:12:09	21-1018		E322	CIE322 TROUBLE on Bell 2			
		*Test					
7/1/2019 11:12:09	21-1018		E327	CIE327 Notification Appliance Ckt# 4			
		*Test					
7/1/2019 11:12:09	21-1018		168	1501 MANUAL PULL STAT-COMM			
		*Test CELITO LINDO REAR LEFT PULL					
7/1/2019 11:12:51	21-1018		169	1501 MANUAL PULL STAT-COMM			
		*Test CELITO LINDO REAR MIDDLE PULL BY BATHROOMS					
7/1/2019 11:12:51	21-1018		180	1536 SUPERVISORY ALARM			
		*Test CIELITO LINDO ANSUL SYSTEM					
7/1/2019 11:12:51	21-1018		166	1501 MANUAL PULL STAT-COMM			
		*Test CELITO LINDO FRONT MAIN PULL					
7/1/2019 11:12:51	21-1018		179	1536 SUPERVISORY ALARM			
		*Test CIELITO LINDO KITCHEN CO DETECTOR					
7/1/2019 11:13:23	21-1018		178	1536 SUPERVISORY ALARM			
		*Test CIELITO LINDO HALL CO DETECTOR					
7/1/2019 11:14:51	21-1018		168	CIR115 RESTORE Fire Manual Pull Sta.			
		*Test CELITO LINDO REAR LEFT PULL ...					
7/1/2019 11:14:51	21-1018		166	CIR115 RESTORE Fire Manual Pull Sta.			
		*Test CELITO LINDO FRONT MAIN PULL ...					
7/1/2019 11:14:51	21-1018		180	CIR110 RESTORE Fire Alarm			
		*Test CIELITO LINDO ANSUL SYSTEM ...					
7/1/2019 11:14:51	21-1018		169	CIR150 RESTORE Alarm			
		*Test CELITO LINDO REAR MIDDLE PULL BY BATHROOMS ...					
7/1/2019 11:14:51	21-1018		179	CIR200 RESTORE Fire Supervisory Alert			
		*Test CIELITO LINDO KITCHEN CO DETECTOR ...					
7/1/2019 11:14:51	21-1018		178	CIR200 RESTORE Fire Supervisory Alert			
		*Test CIELITO LINDO HALL CO DETECTOR ...					
7/1/2019 11:14:51	21-1018		0Q1	CIR321 RESTORE Trouble On Bell 1			
		*Test ...					
7/1/2019 11:14:51	21-1018		NOTE	MX000 NOTICE- see comment			
		*Test Long Message (more to follow)...					
7/1/2019 11:14:51	21-1018		0Q2	CIR322 RESTORE Trouble On Bell 2			
		*Test					

System Event Report

Sorted by Installer#

Installer# First to Last **CS#** 21-1018 to 21-1018 **Site Type** All **Dates** 7/1/2019 to 7/1/2019

Employee# All **Corporate Acct.** All **System Type** All **Reporting Group** All

Date	CS#	Op	Zone	Event	Disposition	Scheduled	User/Phone
		Location/Comment					

Installer 400000 AFA PROTECTIVE SYSTEMS NJ

Site Name KENNEDY MALL ASSO **Site Address** 2770 HOOPER AVE & HOOPER ST BRICKTOWN, NJ 08723

7/1/2019 11:14:51	21-1018		0Q3	CIR326 RESTORE Notific. Circuit # 3			
		*Test					
7/1/2019 11:14:51	21-1018		0Q4	CIR327 RESTORE Notific. Circuit # 4			
		*Test					
7/1/2019 13:05:50	21-1018			CLTEST Clear System Test			BRYANT SMALL
		Cat: 9					

Contractor's Material & Test Certificate for Aboveground Piping

FM Global

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 representative's signature in 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:	Cisco	Linda Restaurant	Date: 7/1/19
Property Location:	2778	Hooper Ave	Brick Town NJ

Piping:

Accepted By Approving Authority's Name(s):	Brick Twp		
Address:	Chambers Bridge	Road	Brick Town 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? ☑ Yes ☐ No
If no, explain:

Have copies of appropriate instructions and care and maintenance charts been left on premises? ☑ Yes ☐ No
If no, explain:

Location:

Supplies Buildings: Kennedy Mall

Sprinklers:

Make	Sprinkler Identification Number (SIN)	Year of Manufacture	K Factor	Quantity	Temperature Rating
Reliable		2018	5.6	6	165°
					°
					°
					°
					°

Pipe and Fittings:

Pipe conforms to NFPA 13 Standard ☑ Yes ☐ No
Fittings conform to Standard ☑ Yes ☐ No
If no, explain: NFPA 13

Alarm Valve or Flow Indicator:

Type	Alarm Device Make	Alarm Device Model	Maximum Time to Operate Through Test Pipe Min.	Sec.

Dry Pipe Operating Test

Make	Dry Valve Model	Serial Number	Make	Q.E.D. Model	Serial Number

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

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XESA ENGINEERING 9/2003

Contractor's Material & Test Certificate for Aboveground Piping

FM Global

	Min.	Sec.	PSI	PSI	PSI	Min.	Sec.	Min.	Sec.
Without Q.O.D.									
With Q.O.D.									

If no, explain:

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:

Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release	
		Yes	No	Yes	No	Min.	Sec.

Test Description:

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars); for two hours or 50 psi (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 shall be stopped.

Pneumatic: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (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 psi for hrs.	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 feed-in connections to system risers shall be flushed before connection made to sprinkler piping.

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

Blank Testing Gaskets:

Number Used: 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 insure 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 outlets (taps/coupons) have been removed from sprinkler system piping?	☐ Yes	☐ No

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

Remarks (Data taken/observed with all control valves open):

Signatures:

Name of Installing Contractor:
For Property Owner (Signed): Title: Date:

For Installing Contractor (Signed): Title: Date: 4/1/19

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X88A ENGINEERING 9/2003

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Tuesday, July 30, 2019 9:22 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 2770 HOOPER AVE. CIELITO LINDO

Morning Matt. 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

PERMIT UPDATE

Date Update Issued 7/12/19
Control # C-18-00279+F
Permit # 18-2236+F

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723
Contractor JASHUA HOME IMPROVEMENT
Address 59 QUABECK AVE APT 2 IRVINGTON NJ 07111
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (973) 445-4083
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 337-3388
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 - CIELITO LINDO ...UPDATE +F - WATER HEATER

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 $900

D. Nunnenkamp Jr. 7/10/19
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
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.

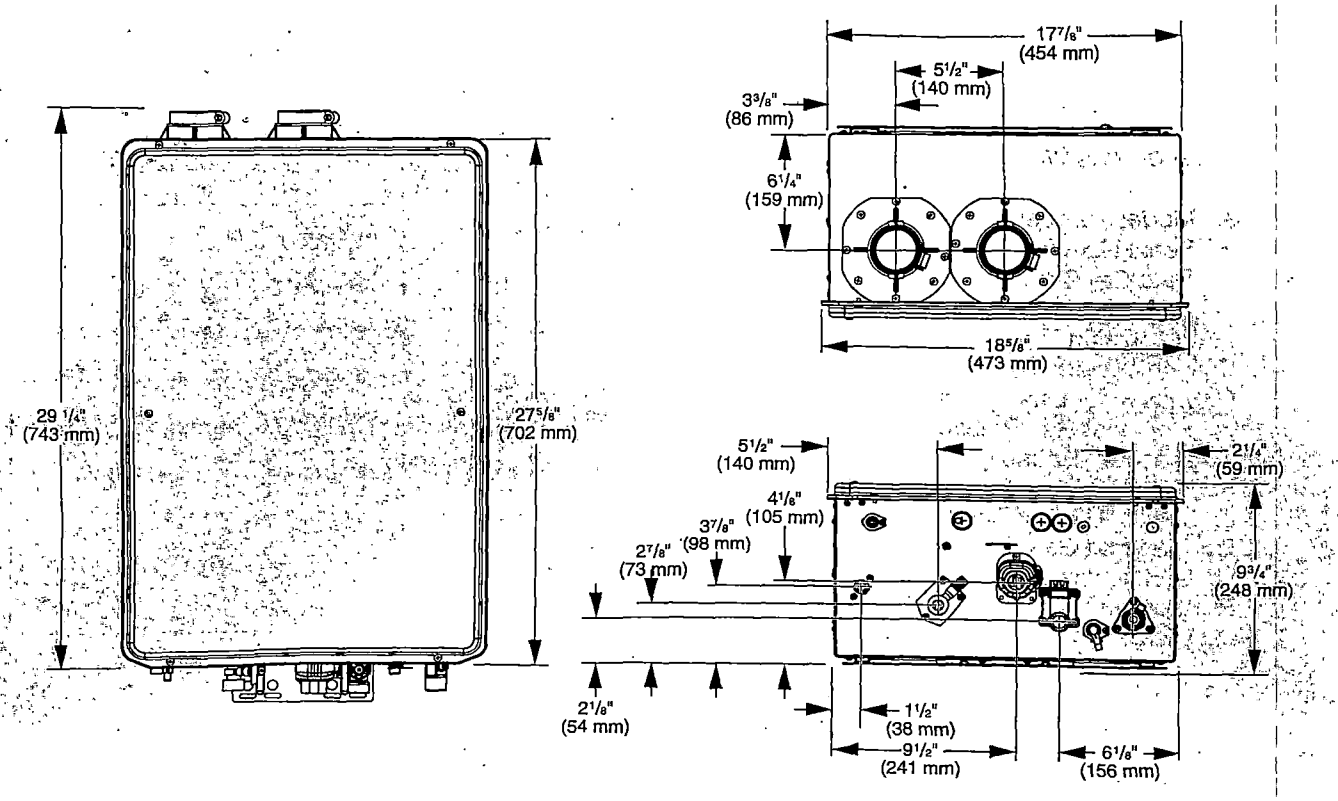
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ 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".

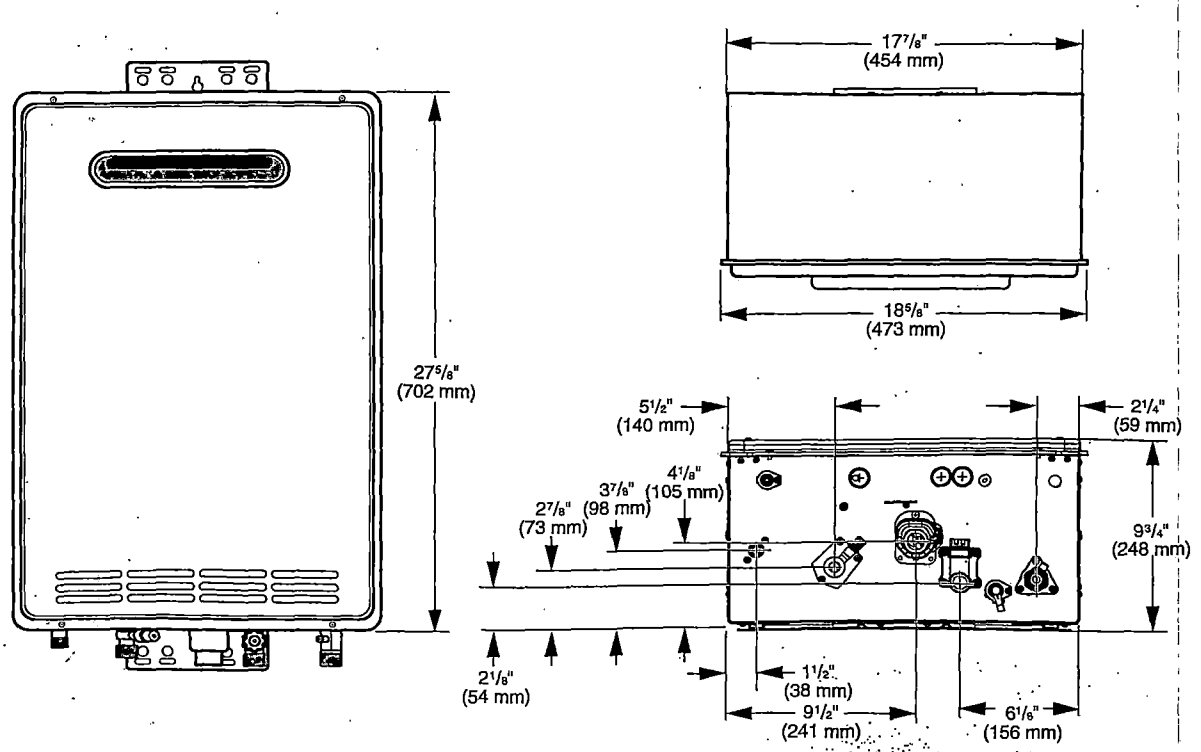
☑ A complete copy of released plans must be kept on the job site.

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

Specifications – Direct-Vent Models



Specifications – Outdoor Models



(Cielito Lindo Restaurant)

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave, Brick PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 HOOPER AVE. BRICK, NJ 08723
2. Name of Owner in Fee: Cielito Lindo Restaurant
   Tel. (973) 445 4083 e-mail NA
   Address 59 Quarrick Ave Irvington NJ 07111
   (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AFA Protective Systems Inc Tel. (732) 673-0207
   Address 961 Joyce Kilmer Ave
   North Brunswick, NJ 08902 e-mail _____
   License No. OR, if new home, Builder Reg. No. 34BF00010600 Exp. Date 1/31/20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): NA
   Federal Emp. ID No. 13-1805-009 FAX: (732) 846-5272
5. Architect or Engineer NA Contact NA
   Address NA e-mail NA
   Tel. ( ) NA FAX: ( ) NA
6. Responsible Person in Charge once Work has Begun Jim Maraday
   Tel. (732) 673-0207 FAX: (732) 846-5272

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
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 ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MP 11/14/18							
☑ Electrical					11/26/18	DB			
☐ Plumbing									
☐ Fire Protection					11/19/18	RSD			
☐ Elevator									
TOTAL COST									

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:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name AFA PROTECTIVE SYSTEMS INC | JIM MAGADAY

Address 961 TYCO K/MFR AVE
NORTH BRUNSWICK NJ 08902

Telephone (732) 873-0207

Signature _____

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

PERMIT UPDATE

Date Update Issued 2/7/19
Control # C-18-002279+E
Permit # 18-2236+E

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: (732) 337-3388

Contractor: JASHUA HOME IMPROVEMENT
Address: 59 QUABECK AVE APT 2 IRVINGTON NJ 07111

Telephone: (973) 445-4083
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP - CIELITO LINDO ...UPDATE +E - FLOOR PLAN REVISIONS

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 $1,000

Construction Official — Date 2/4/19

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
Check No.	2316
Cash	$0
Credit	$0
Collected By	M. Kern

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:

- [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.

PERMIT UPDATE

Date Update Issued 11/29/18
Control # C-18-002279+D
Permit # 18-2236+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: (732) 337-3388

Contractor: JASHUA HOME IMPROVEMENT
Address: 59 QUABECK AVE APT 2 IRVINGTON NJ 07111

Telephone: (973) 445-4083
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 - CIELITO LINDO ...UPDATE +D - 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 $3,575

Construction Official

11/28/18
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$273
Check No.	245
Cash	$0
Credit	$0
Collected By	TJ

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.

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

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

Department of Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

AFA PROTECTIVE SYSTEMS INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00495 **08/23/2018 to 10/31/2021**
Permit ID Date Issued Lapse Date

Sheila Y. Oliver
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

AFA PROTECTIVE SYSTEMS INC

And is authorized to provide services on the following systems: FAS

08/23/2018 to 10/31/2021
Date Issued Lapse Date

P00495
Permit ID

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:
AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 984-7860.

Sincerely,

Sheila Y. Oliver
Commissioner

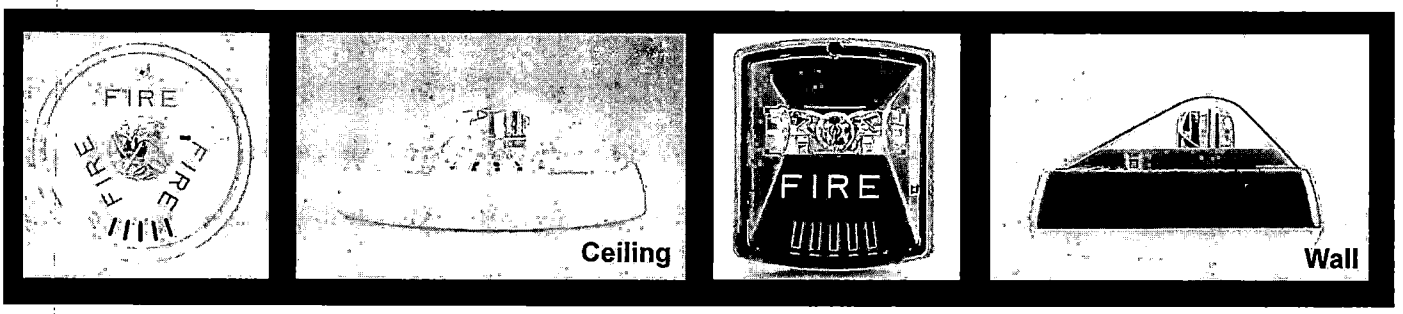
KFPEBP (Rev. 02/06/2018)

Wheelock® Exceder™ Series

COOPER Notification

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.

- Save up to 48% in current draw*
- Up to 9 models now in 1 appliance
- Save up to 14% cost of installation**

Sleek Modern Aesthetics

Finger Slide Switches

Voltage Test Points

Multiple Voltages

3 Audible Settings
90, 95, 99 dB

8 Candela Settings ***
Wall - 15/1575/30/75/95/110/135/185
Ceiling - 15/30/60/75/95/115/150/177

Universal Mounting Base ***
Ceiling and Wall
Mounts to 5 Backbox Types

Environmentally Friendly
Low Current Draw

Compatibility and Requirements
- Synchronize using the Wheelock® Sync Modules or panels with built-in Wheelock® Patented Sync Protocol
- Compatible with UL "Regulated Voltage" using filtered VDC or unfiltered VRMS input voltage
- Strobes produce 1 flash per second over the "Regulated Voltage" range

* Compared to competitive models
** Compared to previous models
*** Patented

NOTE: All CAUTIONS and WARNINGS are identified by the symbol ⚠. All warnings are printed in bold capital letters.

⚠ **WARNING: PLEASE READ THESE SPECIFICATIONS AND ASSOCIATED INSTALLATION INSTRUCTIONS CAREFULLY BEFORE USING, SPECIFYING OR APPLYING THIS PRODUCT. VISIT WWW.COOPERNOTIFICATION.COM OR CONTACT COOPER NOTIFICATION FOR THE CURRENT INSTALLATION INSTRUCTIONS. FAILURE TO COMPLY WITH ANY OF THESE INSTRUCTIONS, CAUTIONS OR WARNINGS COULD RESULT IN IMPROPER APPLICATION, INSTALLATION AND/OR OPERATION OF THESE PRODUCTS IN AN EMERGENCY SITUATION, WHICH COULD RESULT IN PROPERTY DAMAGE, AND SERIOUS INJURY OR DEATH TO YOU AND/OR OTHERS.**

General Notes:

General Notes:

- Strobes are designed to flash at 1 flash per second minimum over their "Regulated Voltage Range".
- All candela ratings represent minimum effective strobe intensity based on UL Standard 1971.
- Series Exceder Strobe products are Listed under UL Standards 1971 and 464 for indoor use with a temperature range of 32°F to 120°F (0°C to 49°C) and maximum humidity of 93% (± 2%) UL 464 (85% UL 1971).
- Series Exceder horns are under UL Standard 464 for audible signal appliances (Indoor use only).

Low Current Draw = Fewer Power Supplies

Strobe Ratings per UL Standard 1971

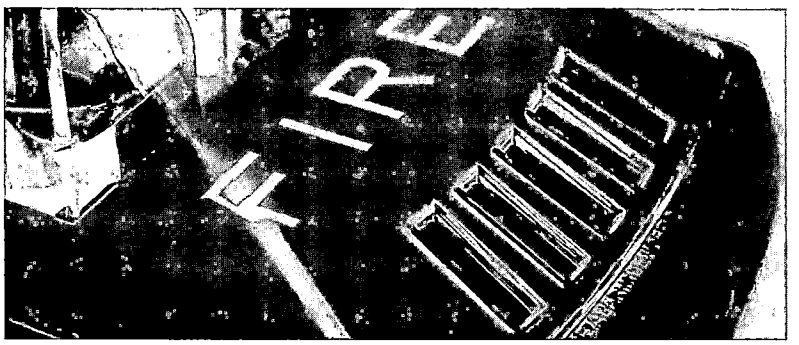
		UL Max Current*												
		24 VDC / 24 FWR											12 VDC	
Model	Regulated Voltage Range VDC	15	15/75	30	60	75	95	110	115	135	150	177	185	15	15/75
ST	8.0-33.0	0.057	0.070	0.085		0.135	0.163	0.182		0.205			0.253	0.110	0.140
STC	8.0-33.0	0.061		0.085	0.103	0.135	0.163		0.182		0.205	0.253		0.110	

Horn Strobe Ratings per UL 1971 & Anechoic at 24 VDC

		UL Max Current* 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 Current* 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			0.272	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 Current* 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	

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



* 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.

Specification & Ordering Information

Easy to remember model codes

8 candelas on 1 device

1 gang, 2 gang, 4" sq, 3.5" octal & 4" octal boxes

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

*12 VDC models feature 15 & 15/75 settings

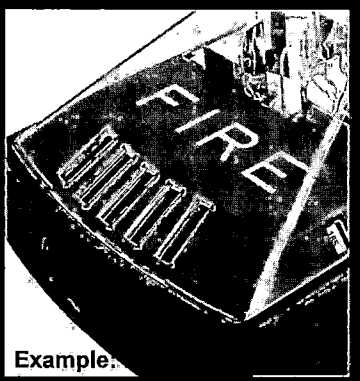
**UMB = Universal Mounting Base

Model Legend

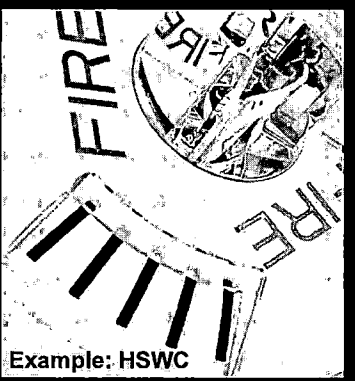
HN = Horn
ST = Strobe
HS = Horn Strobe
C = Ceiling Mount
W = White
R = Red

A = Agent Lettering (Strobes only)
AL = Alert Lettering (Strobes only)
N = No Lettering (Strobes only)

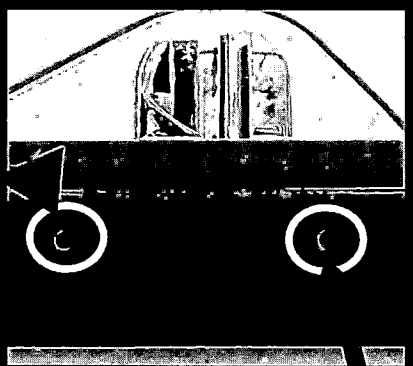
Example 1: STRC = Strobe, Red, Ceiling Mount
Example 2: HSR = Horn Strobe, Red, Wall Mount
Example 3: HSW = Horn Strobe, White, Wall Mount
Example 4: STW-AL = Strobe, White, Wall Mount, Alert Lettering

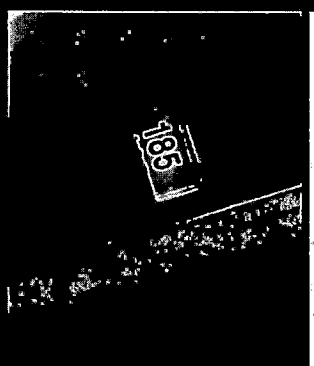


Example:

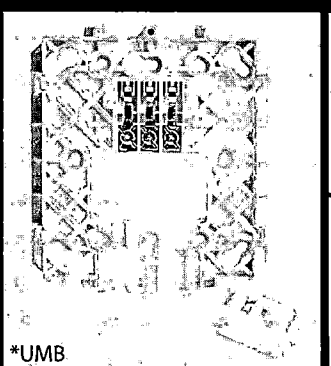


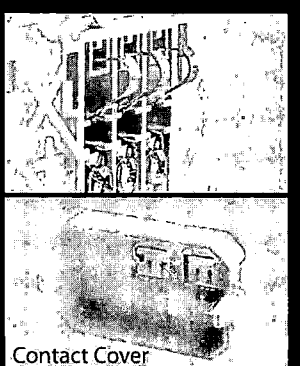
Example: HSWC


Voltage test points for quick troubleshooting and easy spot checking (wall models only)



8 candela settings


*UMB


Contact Cover

Common base for wall and ceiling with 5 mounting options

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

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

NEMA Member

WE ENCOURAGE AND SUPPORT NICET CERTIFICATION
3 YEAR WARRANTY

Exceder - Spec Sheet 6/11

NJ Location
273 Branchport Ave.
Long Branch, NJ 07740
P: 800-631-2148
F: 732-222-8707
www.coopernotification.com

INSTALLATION AND MAINTENANCE INSTRUCTIONS

SYSTEM SENSOR®
3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6583
www.systemsensor.com

I56-3111-012

CO1224T/CO1224TR
Carbon Monoxide Detector

SPECIFICATIONS

Electrical Specifications

System Voltage	Nominal:	12/24 VDC
	Min:	10 VDC
	Max:	33 VDC
Avg. Standby Current:	20 mA	
Max Alarm Current:	40 mA (75 mA test)	
Alarm Contact Ratings:	30 VDC @ 0.5 A	
Trouble Contact Ratings:	30 VDC @ 0.5 A	
Audible Signal (temp 4 tone):	85 dBA min. in alarm (at 10ft)	
Max. Start-up Capacitance:	20 uF	

Physical Specifications

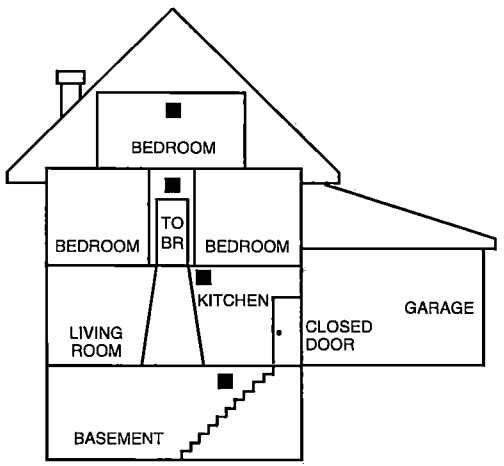
Operating Temperature Range:	0° to 40°C (32° to 104°F)
Operating Humidity Range:	22 – 90% %RH
Diameter:	6.0″
Height:	1.25″
Weight:	7 oz
Wire Gauge Acceptance:	14-22 AWG

NOTICE: This manual shall be left with the owner/user of this equipment. This product is intended for use in ordinary indoor locations.

GENERAL DESCRIPTION

- Listed to UL standard 2075
- Round shape allows for mounting in aesthetically demanding areas
- Six-wire, system monitored
- Optional CO detector replacement plate for previously installed detectors
- Local sounder
- Low current draw
- Alarm relay, Form C
- Trouble relay, Form A
- Dual LED's
- Test/Hush button
- SEMS wiring terminals
- Mount to single gang electrical box or surface mount to wall or ceiling
- Optional drywall anchors included

FIGURE 1. ALARM LOCATION DIAGRAM:



■ – CARBON MONOXIDE/SMOKE ALARM LOCATION FOR MULTI-LEVEL RESIDENCE S0295-01

TABLE 1. DETECTOR OPERATION MODES:

OPERATION MODE	GREEN LED	RED LED	SOUNDER
Normal (standby)	Blink 1 per minute	OFF	OFF
Alarm	OFF	Temp 4*pattern	Temp 4* pattern
Alarm Test	OFF	Temp 4 pattern	Temp 4 pattern
RealTest® Mode	Blink 1 per second	OFF	Temp 4 pattern (after CO is sprayed)
End of Life	OFF	OFF	OFF
CO Trouble	OFF	Blink 1 per minute	OFF
Power Loss/ Cell Fault	OFF	OFF	OFF

Alarm Test: Will send alarm signal to panel.

Hush feature/Alarm Silence: If required, the audible alarm can be silenced for 5 minutes by pushing the button marked "Test/Hush". The red alarm light will continue to flash in temp-4 pattern. If carbon monoxide is still present after the 5 minute hush period, the audible alarm will sound. The hush facility will not operate at levels above 350 ppm (parts per million) carbon monoxide.

RealTest® Alarm Silence: Alarm will automatically silence after about 20 seconds of alarm from spraying canned CO into the detector. Alarm Reset: Alarm automatically resets after CO has cleared from the sensor.

Trouble feature: When the sensor supervision is in a trouble condition (e.g. such as a sensor that has been tampered with, or the cell itself has prematurely dried out due to environmental conditions, etc.), the detector will send a trouble signal to the panel. The detector must then be replaced. The green LED turns off and the red LED blinks every minute when the detector is in trouble.

End of Life Timer feature: When the detector has reached the end of its life, the trouble contact will open. This indicates that the CO sensor inside the detector has passed the end of its life and must be replaced. This detector's lifespan is approximately ten years from the date of manufacture. The green LED turns off when the detector is in trouble. Periodically check the "Replace by" sticker located under the detector cover. The detector must be replaced by this date. Refer to Detector Replacement on page 3.

Per UL 2075, it is mandatory that a trouble signal be sent to the panel upon CO cell trouble or cell end of life. Refer to Figure 4 for wiring of the trouble relay.

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INSTALLATION GUIDELINES

Ceiling: Detector should be at least 12 inches from any wall.

Wall: Detector should be at least as high as a light switch, and at least six inches from the ceiling.

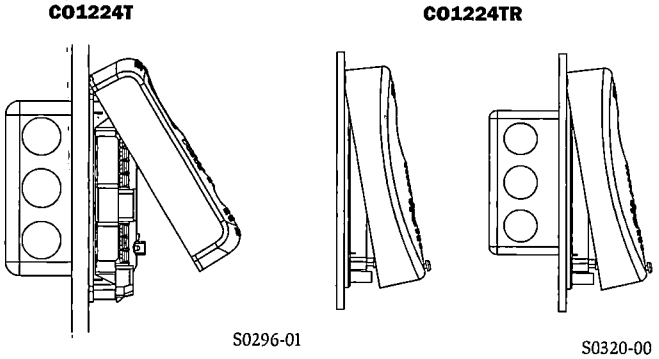
- Do not install in any environment that does not comply with the detector's environmental specifications
- Install in accordance with NFPA 720–the Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment
- As of 2009, NFPA 720 defines standards for both commercial and residential installations of CO detectors. If the installation can be interpreted as a commercial application, consult the section of NFPA 720 that outlines commercial applications.
- For example, Chapter 5.5.5.3.1 states that carbon monoxide detectors shall be installed in accordance with manufacturers published instructions in the following locations:
  (1) On the ceiling in the same room as permanently installed fuel burning appliances
  (2) Centrally located on every habitable level and in every HVAC zone of the building
- If the installation can be interpreted as residential, consult the section of NFPA 720 that outlines residential applications.
- For example, chapter 9.4.1.1 states that carbon monoxide alarms or detectors shall be installed as follows:
  (1) Outside each separate dwelling unit sleeping area in the immediate vicinity of the bedrooms
  (2) On every level of a dwelling unit, including basements
  (3) Other locations where required by applicable laws, codes or standards

MOUNTING

The CO1224T/CO1224TR can be ceiling-mounted or wall-mounted:

1. To a single gang box.
2. Direct mount to ceiling or to wall using drywall fasteners.

FIGURE 2. MOUNTING OF DETECTOR:



INSTALLATION

WIRING INSTALLATION GUIDELINES

All wiring must be installed in compliance with the NFPA 70, National Electrical Code, applicable state and local codes, and any special requirements of the local Authority Having Jurisdiction (AHJ).

Proper wire gauges should be used. The conductors used to connect carbon monoxide detectors to the alarm control panel and accessory devices should be color-coded to reduce the likelihood of wiring errors. Improper connections can prevent a system from responding properly in the event of a CO.

The screw terminals in the mounting base will accept 14-22 gauge wire. Wire connections are made by stripping approximately ¼″ of insulation from the end of the feed wire, inserting it into the proper base terminal, and tightening the screw to secure the wire in place. Do not put wires more than 2 gauge apart under the same clamping plate.

WARNING: This product does not have a local audible trouble signal, and may fail without supervision if trouble loop remains unconnected.

WARNING: Gas detectors on a zone that is bypassed may not signal a trouble condition. Do not bypass zones used for gas detectors.

Wiring diagrams located on page 4, Figure 4.

⚠WARNING

Remove power from alarm control unit or initiating device circuits before installing detectors.

1. Using a small, flat head screw driver, push in the small tab located on the underside of the detector. Once the snap is loosened, lift the bottom end of the cover up and unhinge the top to remove the cover.
2. Wire the detector base screw terminals per Figure 5.
3. Screw the base of the detector onto a single gang electrical box, or to the surface of the wall or ceiling. Use the hardware included in the packaging.
4. If mounting with the System Sensor replacement plate model CO-PLATE*:
   * Hold replacement plate over desired mounting area.
   * Use hook feature to hold CO1224T onto the replacement plate.
   * Mount detector and plate together using hardware provided with the CO1224T.
5. Hinge the top portion of the cover onto the base; with the cover at a 45 degree angle, fit the hinges into the slots of the base.
6. Push the unhinged bottom portion of the cover down until it snaps into place.
7. After all detectors have been installed, apply power to the alarm control unit.
8. Test each detector as described in Testing.
9. Notify the proper authorities that the system is in operation.

⚠CAUTION

Airborne dust particles can enter the detector. System Sensor recommends the installation of detectors after construction or any other dust producing activity. Carbon monoxide detectors are not to be used with detector guards unless the combination has been evaluated and found suitable for that purpose.

TESTING

Detector must be tested after installation.

NOTE: Before testing, notify the proper authorities to avoid any nuisance alarms.

Ensure proper wiring and power is applied. After power up, allow 80 seconds for the detector to stabilize before testing.

Test the CO1224T/CO1224TR detector as follows:

1. A test button is located on the detector housing (See Figure 4).
2. Use the tip of your finger to press and hold the test button for 1-4 seconds.
3. If the sounder beeps twice in the Temporal 4 tone and the LED's light up, the detector is operational.
4. The detector now enters Realtest speed up test mode indicated by a quickly blinking green LED. See Functional Gas Test section for instructions on testing with canned CO.

If a detector fails the above test method, its wiring should be checked. If the detector still fails after rewiring, it should be replaced.

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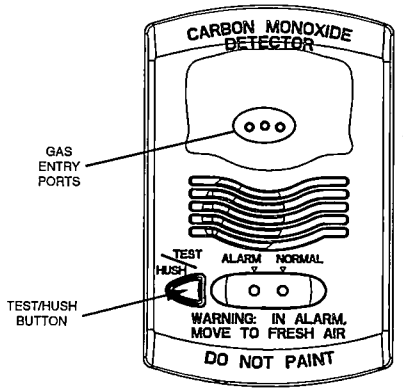
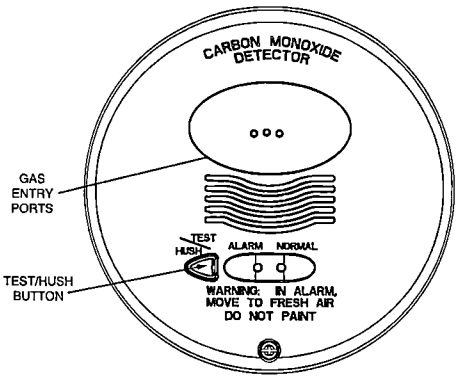
FIGURE 4. TEST BUTTON LOCATION AND OPERATION:

C01224T



S0298-00

C01224TR



S0321-00

FUNCTIONAL GAS TEST

NOTE: Check with local codes and the AHJ to determine whether or not a functional gas test is necessary for an installation.

Solo C6 brand canned CO testing agent may be used to verify the detector's ability to sense CO by utilizing the RealTest® feature of the CO1224T/CO1224TR as follows:

1. Press the test button as described in Testing above.
2. Once the alarm has entered the speed-up test mode, indicated by a quickly flashing green LED, spray a small mount of CO agent within 1/4" of the alarm's gas entry ports (see Figure 3). The unit will go into alarm if gas entry is successful.
3. The detector will automatically exit the speed-up test mode 20-60 seconds after entering speed-up test mode.

Testing the detector will activate the alarm relay and send a signal to the panel.

CAUTION: This carbon monoxide detector is designed for indoor use only. Do not expose to rain or moisture. Do not knock or drop the detector. Do not open or tamper with the detector as this could cause malfunction. The detector will not protect against the risk of carbon monoxide poisoning if not properly wired. The detector will only indicate the presence of carbon monoxide gas at the sensor. Carbon monoxide gas may be present in other areas.

This carbon monoxide detector is NOT:

- Designed to detect smoke, fire or any gas other than carbon monoxide
- To be seen as a substitute for the proper servicing of fuel-burning appliances or the sweeping of chimneys.
- To be used on an intermittent basis, or as a portable alarm for the spillage of combustion products from fuel-burning appliances or chimneys.
- To be used in airplanes or any other aeronautical vehicle.

Carbon monoxide gas is a highly poisonous gas which is released when fuels are burnt. It is invisible, has no smell and is therefore impossible to detect with the human senses. Under normal conditions in a room where fuel burning appliances are well maintained and correctly ventilated, the amount of carbon monoxide released into the room by appliances should not be dangerous.

Symptoms of carbon monoxide poisoning: Carbon monoxide bonds to the hemoglobin in the blood and reduces the amount of oxygen being circulated in the body. The following symptoms are examples taken from NFPA 720. They represent approximate values for healthy adults:

Concentration (ppm CO)	Symptoms
200	Mild headache after 2-3 hours of exposure
400	Headache and nausea after 1-2 hours of exposure
800	headache, nausea, and dizziness after 45 minutes of exposure; collapse and unconsciousness after 2 hours of exposure

Many causes of reported carbon monoxide poisoning indicate that while victims are aware that they are not well, they become so disoriented that they are unable to save themselves by either exiting the building or calling for assistance. Young children and pets may be the first to be affected.

Per UL standard 2075, the CO1224T/CO1224TR has been tested to the sensitivity limits defined in UL standard 2034.

Alarm thresholds are as follows:

Parts Per Million	Detector response time, min.
30 ±3ppm	No alarm within 30 days
70 ±5ppm	60-240
150 ±5ppm	10-50
400 ±10ppm	4-15

What to do if the carbon monoxide detector goes into alarm:

Immediately move to a spot where fresh air is available, preferably outdoors. Find a phone in an area where the air is safe and call your security service provider. Tell your provider the detector alarm status, and that you require professional assistance in ridding your home of the carbon monoxide.

IMPORTANT: This detector should be tested and maintained regularly following National Fire Protection Association (NFPA) 720 requirements.

MAINTENANCE

Occasionally clean the outside casing with a cloth. Ensure that the holes on the front of the alarm are not blocked with dirt and dust.

Do not paint, and do not use cleaning agents, bleach, or polish on the detector.

DETECTOR REPLACEMENT

This detector is manufactured with a long-life carbon monoxide sensor. Over time the sensor will lose sensitivity, and will need to be replaced with a new System Sensor carbon monoxide detector. This detector's lifespan is approximately ten years from the date of manufacture.

Periodically check the detector's replacement date. Remove the detector cover and refer to the sticker placed on the inside of the detector. The sticker will indicate the date that the detector shall be replaced.

This detector is also equipped with a feature that will open the trouble relay once it has reached the end of its useful life. If this occurs, it is time to replace the detector.

NOTE: Before replacing the detector, notify the proper authorities that maintenance is being performed and the system will be temporarily out of service. Disable the zone or system undergoing maintenance to prevent any unwanted alarms. Dispose of detector in accordance with any local regulations.

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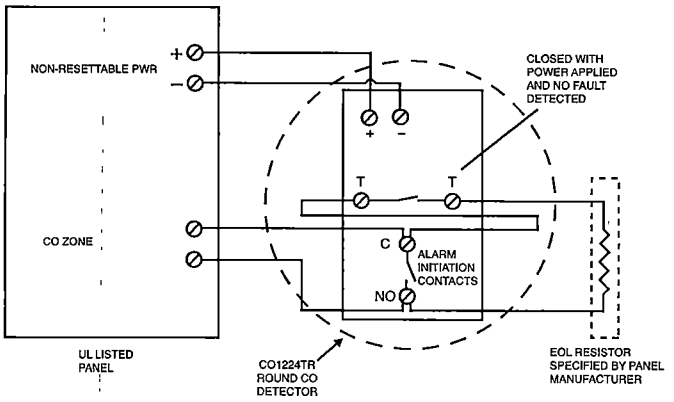
FIGURE 5. WIRING DIAGRAM:

SINGLE UNIT, SINGLE ZONE, 4 CONDUCTOR CABLE



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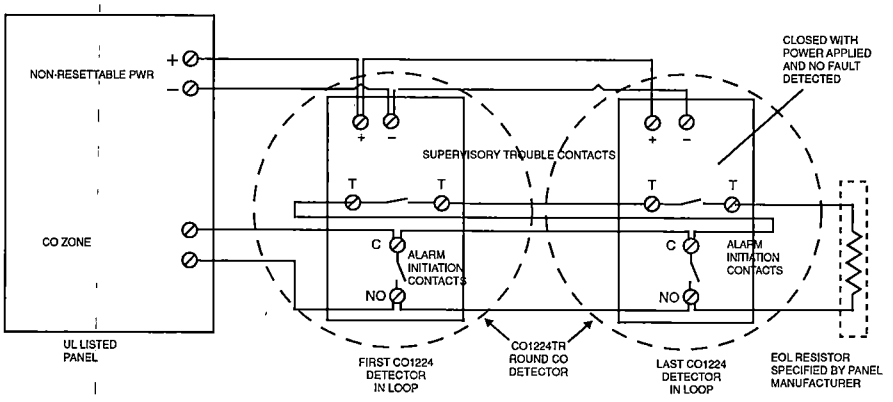
MULTIPLE UNIT, SINGLE ZONE, 6 CONDUCTOR CABLE



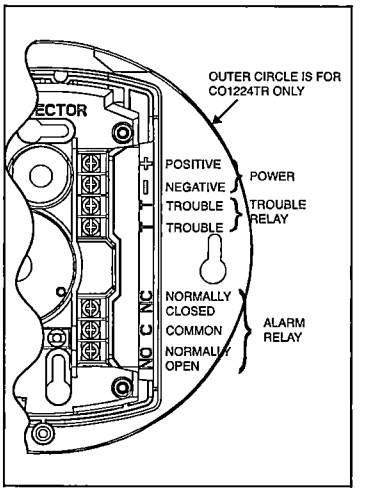
Input powered (12 or 24 VDC) from UL Listed Fire/Burg Control Panel (Class 2).

S0314-01

⚠CAUTION

It should be noted the installation, operation, testing and maintenance of the CO1224T/CO1224TR is different than System Sensor conventional 4-wire smoke detectors, such as the i3 Series. Below are specific installation requirements for the CO1224T/CO1224TR:

- Connect to a non-resettable power supply
- Connect to a non-fire zone: Per NFPA 720 section 9.6.7.2 the CO1224T/CO1224TR shall not be connected to a zone that signals a fire condition
- Per NFPA 720 section 9.6.7, do not connect the CO1224T/CO1224TR on a zone with other fire or intrusion initiating devices - i.e. do not connect on the same zone as smoke detectors
- Wiring of the trouble relay is mandatory: Per UL Standard 2075 section 17.1.1 a detector shall send a trouble signal to the control panel upon an open circuit, a ground fault, sensor removal or sensor end of life
- If wiring one CO1224T/CO1224TR per zone: Use 4 conductors
- If wiring multiple CO1224T/CO1224TR detectors per zone: Use 4 conductors from panel to first CO1224T/CO1224TR, then use 6 conductors from the second CO1224T/CO1224TR to other detectors on the zone



S0322-01

Please refer to insert for the limitations of Carbon Monoxide Detectors

FCC STATEMENT

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.

NOTE: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

THREE-YEAR LIMITED WARRANTY

System Sensor warrants its enclosed product to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for the enclosed product. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the replacement of any part of the product which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. After phoning System Sensor's toll free number 800-SENSOR2 (736-7672) for a Return Authorization number, send defective units postage prepaid to: Honeywell, 12220 Rojas Drive, Suite 700, El Paso TX 79936, USA. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

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BG-12LX

Addressable Manual Pull Station

FIRE·LITE® Alarms by Honeywell

Addressable

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.

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

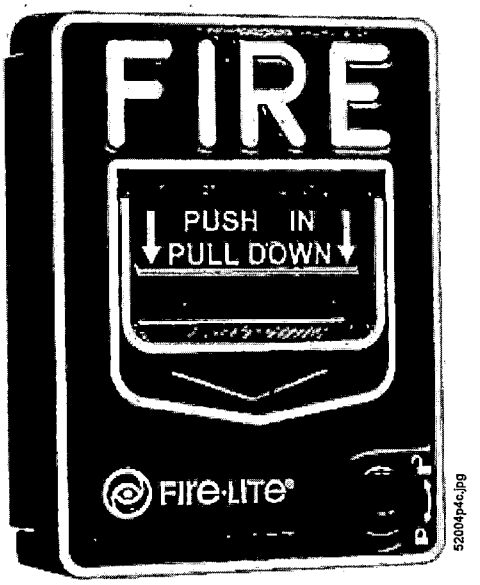
Shell, door, and handle are molded of durable LEXAN® (or polycarbonate equivalent) with a textured finish.

Specifications

- Normal operating voltage: 24 VDC.
- Maximum SLC loop voltage: 28.0 VDC.
- Maximum SLC loop current: 230 µA.
- Ambient Temperature: 32°F to 120°F (0°C to 49°C)
- Relative Humidity: 93% ± 2% RH (noncondensing) at 32°C ± 2°C (90°F ± 3°F)
- 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, 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 LEXAN (or polycarbonate equivalent) 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 within the limits defined by the Americans with Disabilities Act (ADA) or per national/local requirements. Manual Stations shall be Underwriters Laboratories listed.

Manual stations shall connect with two wires to one of the control panel SLC loops. The manual station shall, on command from the control panel, send data to the panel representing the state of the manual switch. Manual stations shall provide address setting by use of rotary decimal switches.

Product Line Information

BG-12LX: Dual-action addressable pull station. Includes key locking feature.

SB-10: Surface backbox; metal.

SB-I/O: Surface backbox; plastic.

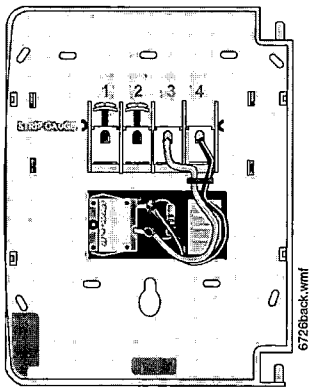
BG12TR: Optional trim ring.

17003: Keys, set of two.

Agency Listings and Approvals

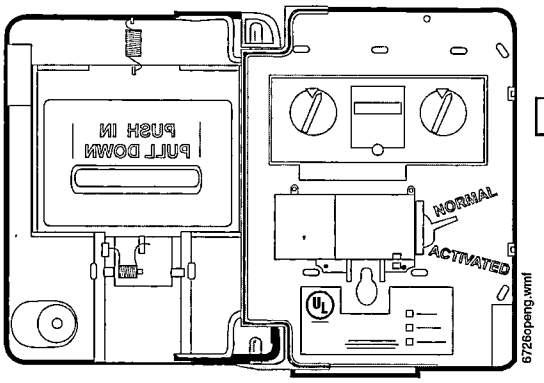
In some cases, certain modules or applications may not be listed by certain approval agencies, or listing may be in process. Consult factory for latest listing status.

- **UL Listed:** S711
- **MEA:** 67-02-E
- **CSFM:** 7150-0075:184
- FM Approved

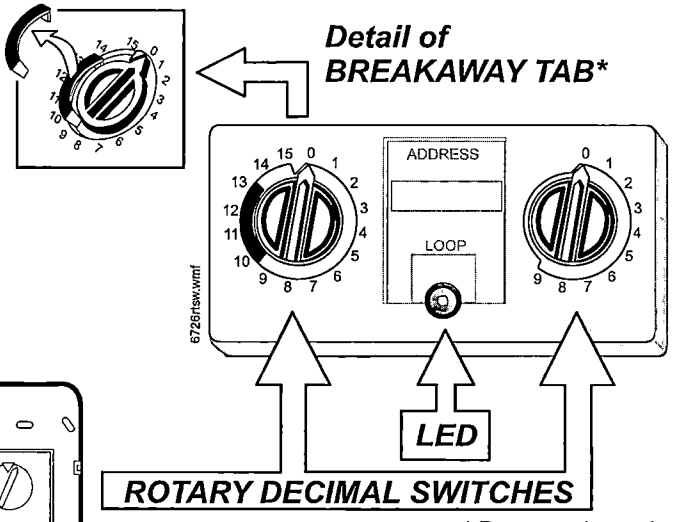


Back of station without door

Terminal Connections:
1 SLC (-); 2 SLC (+)



Cover open to show easy access to miniature monitor module, rotary switch, and UL label.



* Remove tab to select addresses above 99.

Patented:
U.S. Patent No. D428,351; 6,380,846; 6,314,772; 6,632,108.

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ISO 9001 CERTIFIED
ENGINEERING & MANUFACTURING
QUALITY SYSTEMS

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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

MMF-300(A) Series, MDF-300(A)

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 0.5" (1.270 cm) D used to supervise 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 enhances 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 designs. designs.

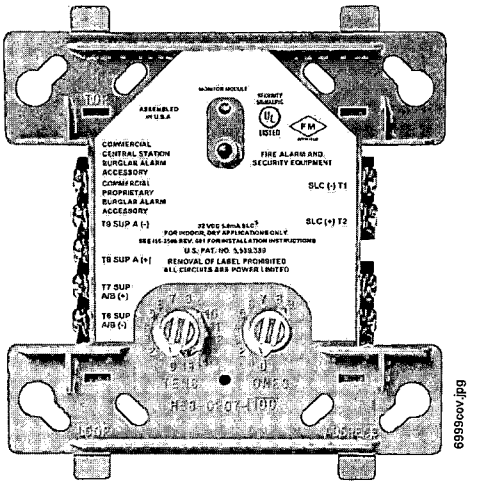
MMF-300(A) Monitor Module

- 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: 350 µA (LED flashing), 1 communication every 5 seconds, 47k EOL.

Maximum IDC wiring resistance: 40 ohms.

EOL resistance: 47K ohms.

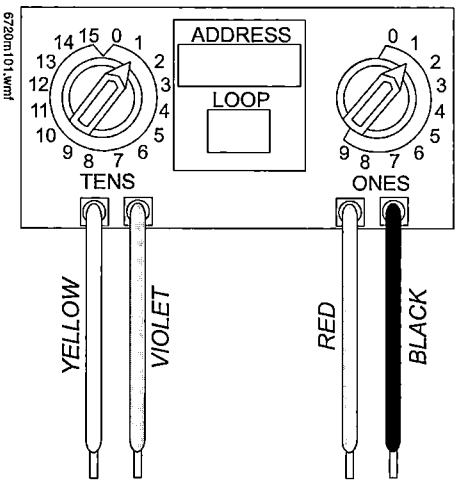
Temperature range: 32°F to 120°F (0°C to 49°C).

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: 40 ohms.

Maximum IDC Voltage: 11 Volts.

Maximum IDC Current: 400 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 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: 300 µA, 1 communication and 1 LED flash every 5 seconds, 3.9k eol.

EOL resistance: 3.9K ohms.

External supply voltage (between Terminals T3 and T4): 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.

Maximum SLC Wiring resistance: 40 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 2.125" (5.398 cm) deep.

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.

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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

BACKGROUND & MULTIPLE SECURITY FEATURES - PLEASE VERIFY AUTHENTICITY

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

AFA PROTECTIVE SYSTEMS INC
Aniello Montuori
961 Joyce Kilmer Ave
North Brunswick NJ 08902

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

01/18/2017 TO 01/31/2020
VALID

34BF00010600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
AFA PROTECTIVE SYSTEMS INC
BA and FA Business

01/18/2017 TO 01/31/2020
VALID

SIGNATURE

34BF00010600
License/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Fire Alarm, Burglar Alarm & Locksm:
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

PERMIT UPDATE

Date Update Issued 8/14/18
Control # C-18-002279+B
Permit # +B
18-2236

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ
Contractor JASHUA HOME IMPROVEMENT
Address 59 QUABECK AVE APT 2 IRVINGTON NJ 07111
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (973) 445-4083
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 337-3388
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 - CIELITO LINDO ...UPDATE +B - KITCHEN HOOD EXHAUST SYSTEM

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$140
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$151
Check No.	1139
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 $6,000

D. Newman Jr. Insp 8/13/18
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.

☐ 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 8/14/18
Control # C-18-002279+C
Permit # +C
18-2236

IDENTIFICATION Block: 670 Lot: 4 Qualifier

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ

Owner in Fee: KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone: (732) 337-3388

Contractor: JASHUA HOME IMPROVEMENT
Address: 59 QUABECK AVE APT 2 IRVINGTON NJ 07111

Telephone: (973) 445-4083
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 - CIELITO LINDO ...UPDATE +C - ANSUL SYSTEM

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$170
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$173
Check No.	1159
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 $1,800

D Hurman Jr. 8/13/18
Construction Official Date

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

08/14/18 [illegible]

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 8/14/18
Control # C-18-002279+A
Permit # +A

IDENTIFICATION Block: 670 Lot: 4 Qualifier 18-2236
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ
Contractor JASHUA HOME IMPROVEMENT
Address 59 QUABECK AVE APT 2 IRVINGTON NJ 07111
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (973) 445-4083
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 337-3388
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 - CIELITO LINDO ...UPDATE +A - SPRINKLERS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$121
Check No.	1130
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 $2,820

Construction Official

8/13/18
Date

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

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

FIRE 116.00
DCA 5.00
CHECK $121.00

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.

CONSTRUCTION PERMIT

Date Issued 8/14/18
Control # C-18-002279
Permit # 18-2236

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: (732) 337-3388

Contractor: JASHUA HOME IMPROVEMENT
Address: 59 QUABECK AVE APT 2 IRVINGTON NJ 07111

Telephone: (973) 445-4083
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 - CIELITO LINDO

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 $33,000

Construction Official

8/13/18
Date

PAYMENTS (Office Use Only)

Building	$1,000
Electrical	$245
Plumbing	$467
Fire Protection	$866
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$62
CO Fee	$150.00
Other	$0
Total	$2,790
Check No.	1139
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:

- [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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

"CIELITO LINDO"

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236

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

Block 610 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave Brick, NJ

Owner in Fee: Cielito Lindo, LLC

Tel. 732 337 3388 e-mail

Address 609 North Lake Shore drive (street) Brick (municipality) NJ. (zip code)

Contractor: Santana Electric Tel. (973) 725-2515

Address 223 59th street apt. 2 e-mail
West New York NJ

Contractor License No. 8462A Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 10-658034 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Restaurant Utility Co.

Est. Cost of Elec. Work $ 5,500.

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: Freddy Izquierdo

Print name here: Freddy Izquierdo

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit out for A restaurant

QTY	SIZE	ITEMS	FEE (Office Use Only)
27		Lighting Fixtures	
56		Receptacles	
19		Switches	
6		Detectors Smoke + Heat	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
103		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	
1	5	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

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:
[✓] Electric Plans Approved
Date: 7/10/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7/10/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236

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.

Owner in Fee: Cielito Lindo, LLC

Tel. 732 337-3388. e-mail

Address 609 North Lake Shore drive Brick NJ.
street municipality zip code

Contractor: Amedio Pagano Tel. (973) 473-2777

Address 505 W Broadway PAteerson NJ e-mail

Contractor License No. 5327 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 154247031 FAX: (973) 473-2778

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 61500.

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7-18-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				

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: Amedio Pagano

Print name here: Amedio Pagano

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tenant fit out for a Restaurant.

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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236

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

Owner in Fee: Gelito Lindo, LLC

Tel. 732 337 3388. e-mail

Address 609 North Lake Shore drive Brick NJ 08723
street municipality

Contractor: Santana Electric Tel. (973) 473-2777

Address 223 59th street apt #2 e-mail

West New York NJ

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

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

Fire Alarm Contractor No. 8462A Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 10658034 FAX:

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 $ 1,000.

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: Freddy Izquierdo

Print name here: Freddy Izquierdo

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

DESCRIPTION OF WORK: Tenant fit out for A restaurant

Water Supply Source

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)	6	
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 [X] Gas [ ] Oil [ ] Solid	A6	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 8/28/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/28/18
Approved by:

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				
Other				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/14/18
Control #
Date Issued
Permit # 18-2236 FB

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 N.J..

Owner in Fee: Cielito Lindo. LLC

Tel. 732 337 3388. e-mail

Address 609 North Lake Drive Brick NJ. 08723

Contractor: Kitchen Solutions II LLC Tel. 973 851-5867
(street, municipality, zip code)

Address 176 Arlington Ave. e-mail
Paterson, NJ 07502

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 03/31/19

Home Improvement Contractor Registration No. or Exemption Reason 13VH06590700

Federal Emp. ID No. 45-3841266 FAX:

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 $ 6,000

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 8/8/18 Approved by: NJ
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-7-18
Approved by: FB

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				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Javier Jimenez

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Exhaust Kitchen hood

Water Supply Source

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	1	
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/14/18

Date Issued / Permit # 18-2236 FC

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

Block 610 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave Brick NJ

Owner in Fee: Cielito Lindo LLC

Tel. 732 337 3388 e-mail

Address 609 North Lake drive Brick NJ. 08723
(street / municipality / zip code)

Contractor: Silk City Fire LLC Tel.

Address 95 160 Rt 46 e-mail
Parsippany N.J 07054

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

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

Fire Alarm Contractor No. P01413 Exp. Date 10/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 45-4913321 FAX: 973 335-9496

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B 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 $ 1,800.

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

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

Fire Suppression/Standpipe System:
[X] 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: Adrian Hernandez

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

DESCRIPTION OF WORK: Install fire system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v	Co Detectors	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	Add with	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___	CONTROL	
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
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 8/8/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-9-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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

RECEIVING CLERK _____
DATE REC'D 6/5/18

ZONING PERMIT APPLICATION

PERMIT # ZP-18-00902
DATE ISSUED 8/14/18

BLOCK: 6070 LOT: 4 QUALIFIER: _____ SITE ADDRESS: 2770 Hooper Ave.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ~~Cielito Lindo, LLC~~ Kennedy Mall
COMPLETE ADDRESS: 2770 Hooper Ave Brick, NJ 08723
PHONE # 732 337 3388 EMAIL: _____

2. NAME OF APPLICANT: JASHUA Home Improvement.
APPLICANT ADDRESS: 59 Quabeck ave Irvington NJ. 07111
PHONE # 973-445-4083 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Bernardo J. Figueroa
PHONE# 973 445-4083 FAX# _____

4. SIGNATURE OF APPLICANT: X

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: ~~Brick Fitness for Wom~~
PROPOSED USE: IBC Cielito Lindo Rest.

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

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

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

HEIGHT: 11' (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Restaurant- Sit in / Dine In.

ZONING REVIEW:
DATE REVIEWED: 6-25-18 DATE DENIED: _____ DATE APPROVED: 6-25-18 INTLS: _____

(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

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 8/14/18
Application Number: ZA-18-00754
Application Date: 6/20/2018
Project Number:
Permit Number: ZP-18-00902
Fee: $75.00

Zoning Permit

Worksite Location: **2770 HOOPER AVE.**
Unit 14
Brick Township, NJ 08723

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

Applicant: **Jashua Home Improvement**
Address: **59 Quabeck Avenue**
Irvington, NJ 07111

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: **Fitness Center**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant (Cielito Lindo Restaurant)**

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Brick Fitness for Women to "Cielito Lindo Restarant".

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 6/25/2018

Upon review it was determined that the Zoning Permit:

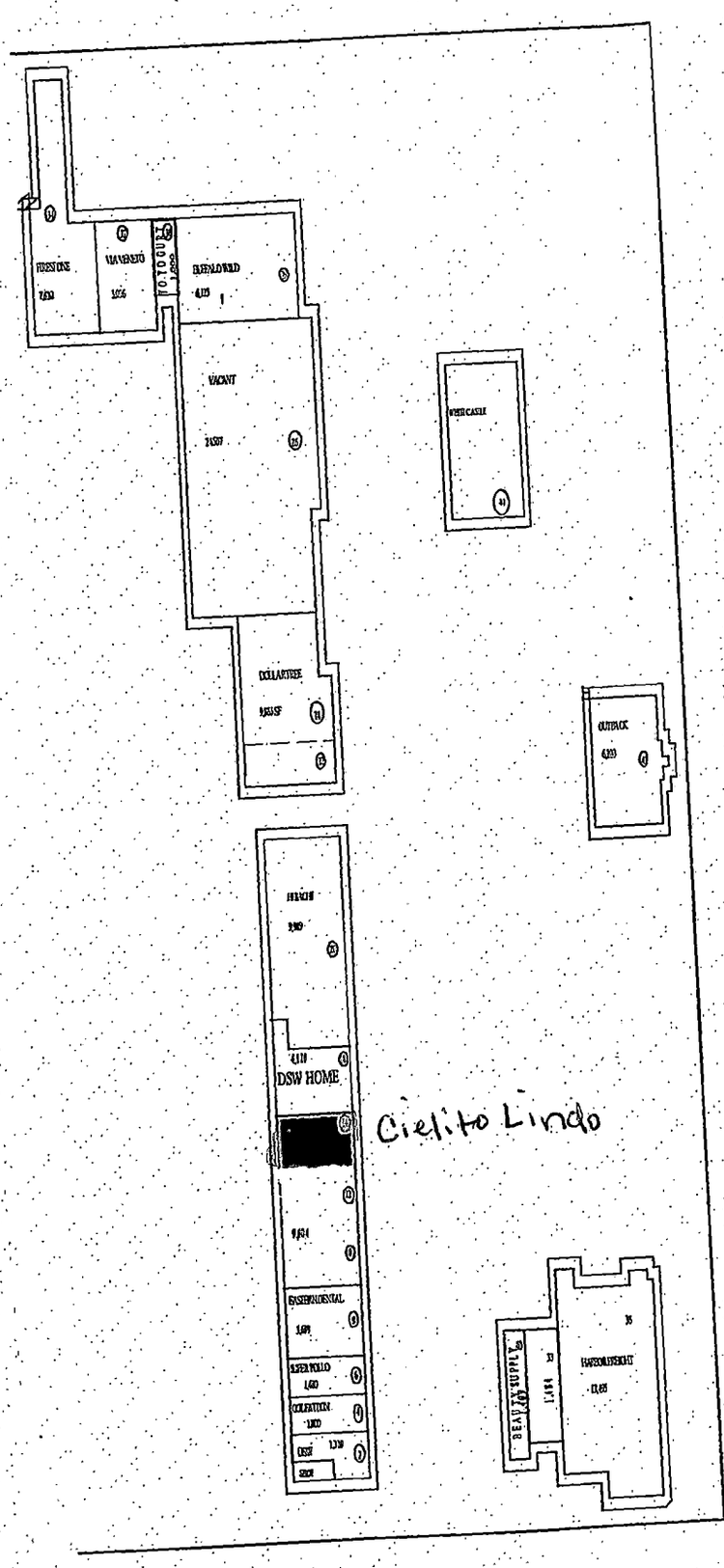
☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 6/25/2018 Date

Michael P. Fowler, Twp. Planner — 6/26/18 **Date**

RIVERWALK BRICK, NEW JERSEY

Zoning Review
Approval
By: CA Tenant fit up
Date: 6-25-18



3/1/2018

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

Subcode Official Review

Date: Wednesday, July 11, 2018

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-18-002279
Last Submit Date: Tuesday, July 10, 2018

Dear KENNEDY MALL ASSOCIATES,

Your request is hereby denied based upon the following infractions

1. Need to install Carbon Monoxide alarms as per DCA Bulletin 2017-1.

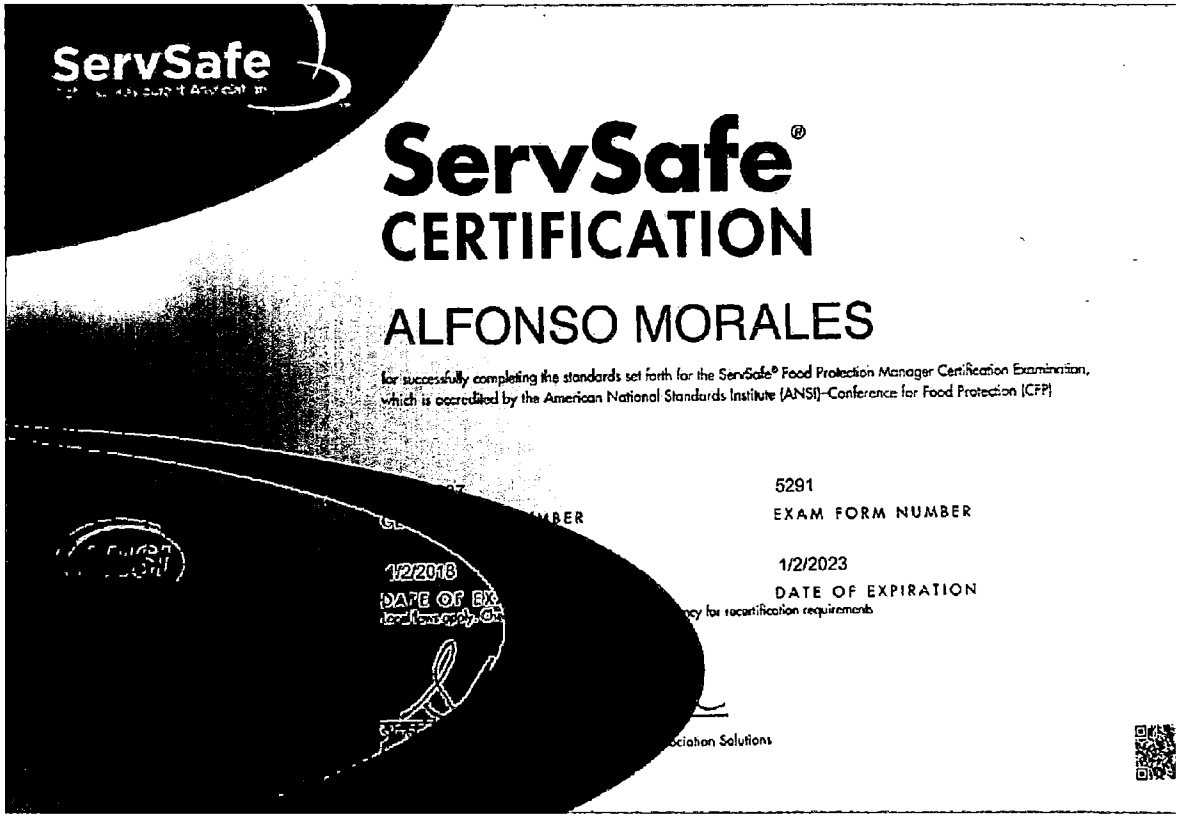
A letter addressing above will be acceptable.

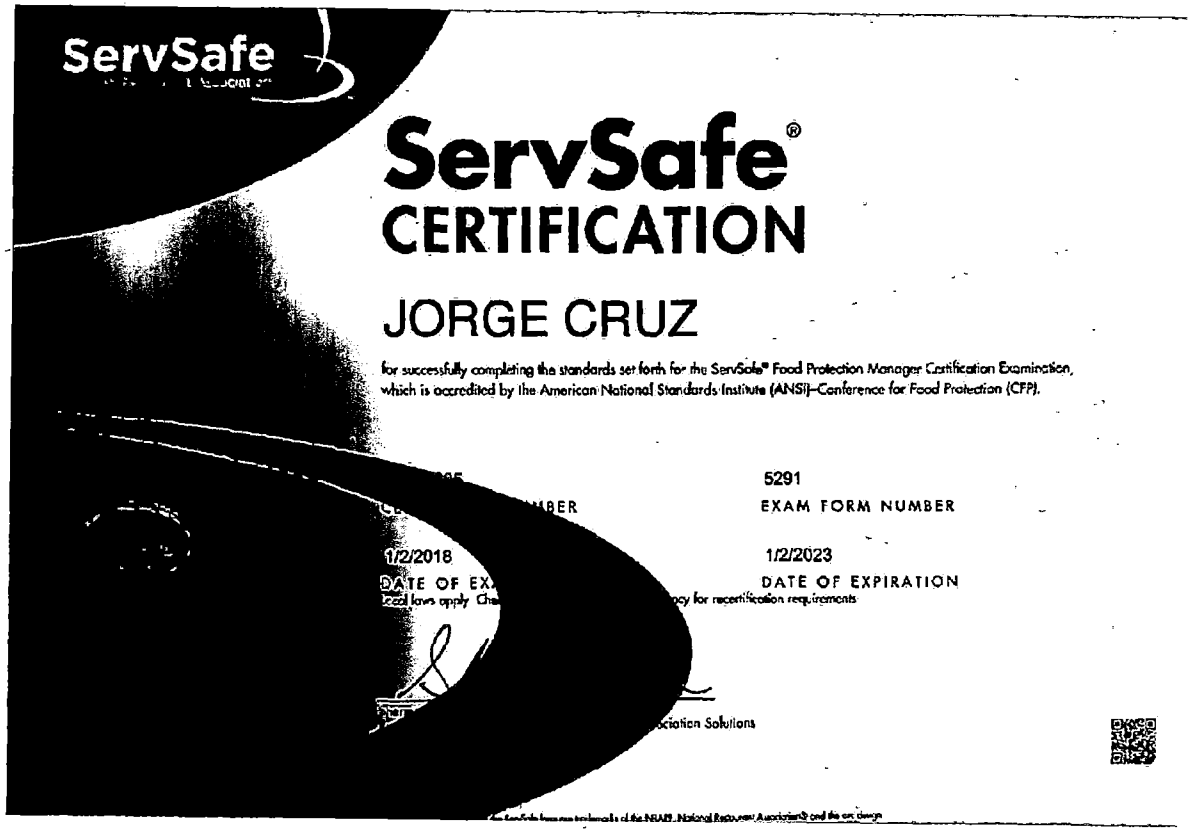
Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 8/7/18


ServSafe
ServSafe®
CERTIFICATION
ALFONSO MORALES
for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination,
which is accredited by the American National Standards Institute (ANSI)–Conference for Food Protection (CFP)
5291
EXAM FORM NUMBER
1/2/2023
DATE OF EXPIRATION


ServSafe
ServSafe®
CERTIFICATION
JORGE CRUZ
for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)–Conference for Food Protection (CFP).
5291
EXAM FORM NUMBER
1/2/2023
DATE OF EXPIRATION

JORGE CU[illegible]

FIRE PROTECTION

PROPOSAL
N18-041

To: Bernardo Figuera
59 Quabeck Ave
Irvington, NJ 07111

May 24, 2018

Re: 2770 Hooper Ave.
Brick, NJ
Tenant Fit-Out

We propose to furnish engineering, labor, and material to design, fabricate, and install a system of automatic sprinklers at the above location for the sum of:

Two Thousand Eight Hundred Twenty Dollars ***$2,820.00***

DESCRIPTION OF WORK

We will add (4) sprinkler heads, relocate (4) sprinkler heads, and install new dry pendent heads for freezer/cooler boxes in tenant fit-out space. We will supply a PE stamped drawing (provided by tenant) with a permit application.

EXCLUSIONS: Permit fees, off hours work, relocation of any main or branch line piping, relocation of any sprinkler heads that interfere with new 2x2 ceiling grid.

Prices subject to revision if not accepted within 30 days. Thank you for the opportunity to submit this proposal.

Sincerely,

Nick Longo
Monmouth Controls & Instrument Co., Inc.

Accepted: By: Date:

24 Bowlby Street PO Box 452 Hampton, New Jersey 08827 • (Ph) 908-537-1030 • (F) 908-537-1031

APPROVED: Avetta • ISNetworld • Construct Secure

CASAMIENTO 12.95
[illegible] steak, [illegible] & [illegible].

BARCO PESQUERO 15.95
Mariscos al ajillo. Servido con arroz y ensalada.
[illegible] garlic [illegible] seafood. Served with rice & salad

EL COMAL 17.95
Bistec, chorizo, carne enchilada, pollo, nopales y queso fresco.
Delicious mixed steak, [illegible] sausage, chicken, spicy pork, cactus & cheese.

SUPER COMBINACION 12.95
Platano maduro, bistec y 2 huevos estrellados
Sweet plantain, steak & 2 eggs.

TERCIA RANCHERA 12.95
Carne enchilada, pollo y bistec
Marinated pork, chicken & steak.

ENFRIJOLADAS (Pollo o Bistec) 9.95
[illegible] rolled tacos covered with bean sauce
Choice of Chicken or Steak.

Mariscos
Seafood

[illegible]JARRA FRITA (Precio por tamaño) .... MP

[illegible]MARONES A LA DIABLA .... [illegible]3.95
[illegible] spicy sauce

[illegible]MARONES A LA MEXICANA 13.95

[illegible]ONES RANCHEROS 15.95

[illegible] 11.95

[illegible] 11.95

[illegible] Extras

[illegible]REMA [illegible] 1.00	ARROZ CON FRIJOLES - [illegible] 3.00
[illegible]UACAMOLE .... [illegible]	CHIPS 2.00
[illegible] 1.50	CHIPS AND SALSA 3.00
[illegible]POLLO 3.50	ARROZ - [illegible] .... Sm 2.00 — Lg 3.00
[illegible] 3.00	FRIJOLES - [illegible] .... Sm 2.00 — Lg 3.00
[illegible]TAS - [illegible] 3.00	

[illegible]enu Para Niños * Kids Menu

[illegible] FINGERS 5.95
[illegible] CON JAMÓN ARROZ Y FRIJOLES - [illegible] 5.95
[illegible] BISTEC PICADO - [illegible] 5.95
[illegible]ESA CON PAPAS FRITAS - [illegible] 7.95

[illegible]ostres * Desserts

[illegible] FRITOS CON LECHERA 3.50
[illegible]

PASTEL DE 3 LECHES
[illegible] 3.50

FLAN 2.00

GELATINA - [illegible] 2.00

FLAN NAPOLITANO 3.50

Bebidas * Beverages

AGUAS FRESCAS DE:
SM 2.00 - LG 3.00
- HORCHATA - Rice Water
- JAMAICA - [illegible]
- TAMARINDO - [illegible]
- PIÑA - Pineapple
- MELON - Melon
- SANDIA - Watermelon

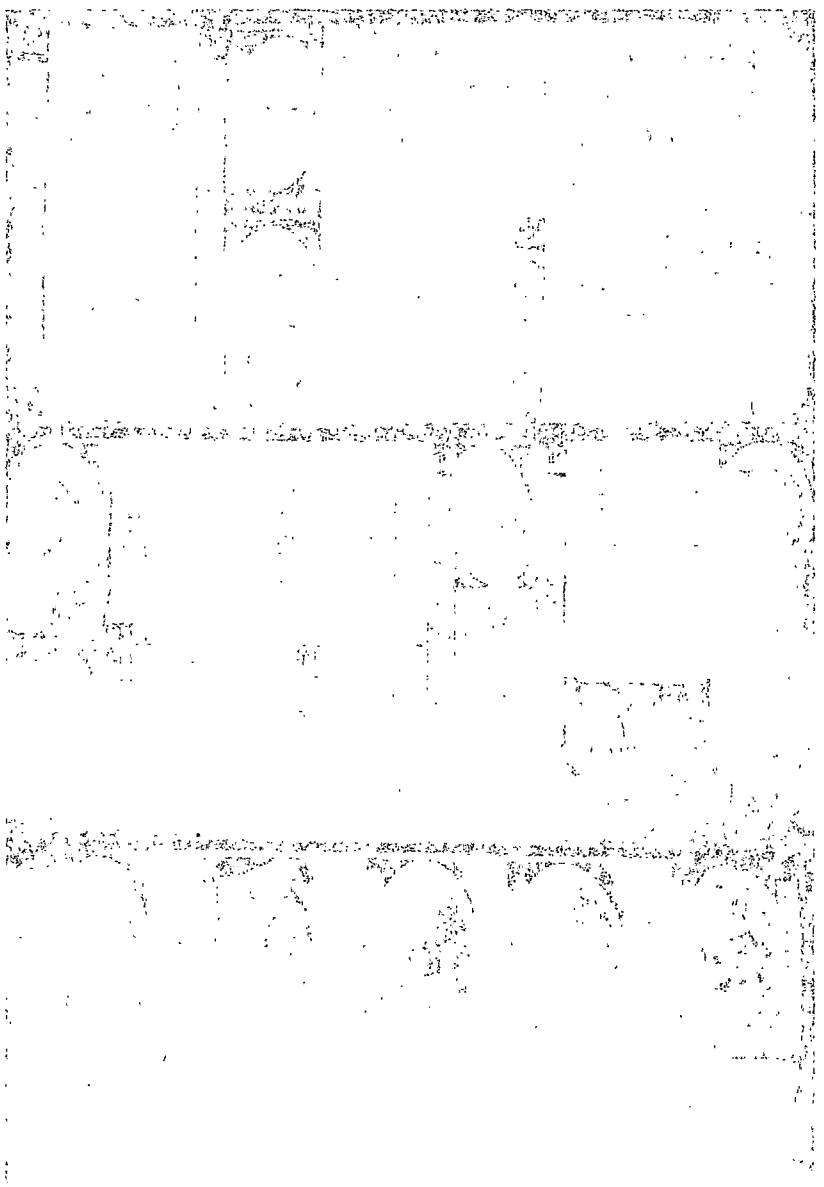
LICUADOS DE SHAKES:
SM 4.00 - LG 7.00
- PLÁTANO - Banana
- FRESA - Strawberry
- CHOCOLATE - Chocolate
- NUEZ - [illegible]

JUGOS NATURALES NATURAL JUICE
SM 4.00 - LG 7.00
- NARANJA - Orange
- ZANAHORIA - Carrot
- BETABEL - [illegible]

SODAS MEXICANAS 2.00
MEXICAN SODAS: Jarritos, Sangria.

CAFÉ - Coffee 2.00
AGUA NATURAL - Water 1.00


Desayunos • Breakfast
Aperitivos • Appetizers
Quesadillas
Tacos
Tortas
Tlayudas
Burritos
Sopas • Soups
PLATILLOS DE LA CASA
SPECIAL
STEAK
CHICKEN
PORK
ALAMBRES
FAJITAS



TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2770 Hooper Ave, Brick, NJ.

BLOCK: _____ **LOT:** _____

CONTRACTOR: JASHUA Home Improvement

CONTRACTOR'S ADDRESS: 59 Quebeck ave Apt # 2 Irvington NJ 07111

Type of Construction(minor, new home): interior Fit out

Type of Debris (shingles, siding, wood, etc.): Drywall, tiles, wood Construction mix

Party responsible for removal: Evergreen Recycling Solution 973-242-3030.

Dumpster Size: 20 yards.

Destination of Debris: _____

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

05/20/2018
Date

Bernardo J. Figueroa
Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

JASHUA HOME IMPROVEMENT LLC
Bernardo J Figueroa
59 Quabeck Ave
Apt #2
Irvington NJ 07111

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/25/2018 TO 03/31/2019
VALID

13VH06870600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

FREDDY R. IZQUIERDO
223 - 59th Street
Apt. 2
West New York NJ 07093

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

02/09/2018 TO 03/31/2021
VALID

34EI00846200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

SANTANA ELECTRIC
FREDDY R IZQUIERDO
223 - 59th Street
Apt. 2
West New York NJ 07093

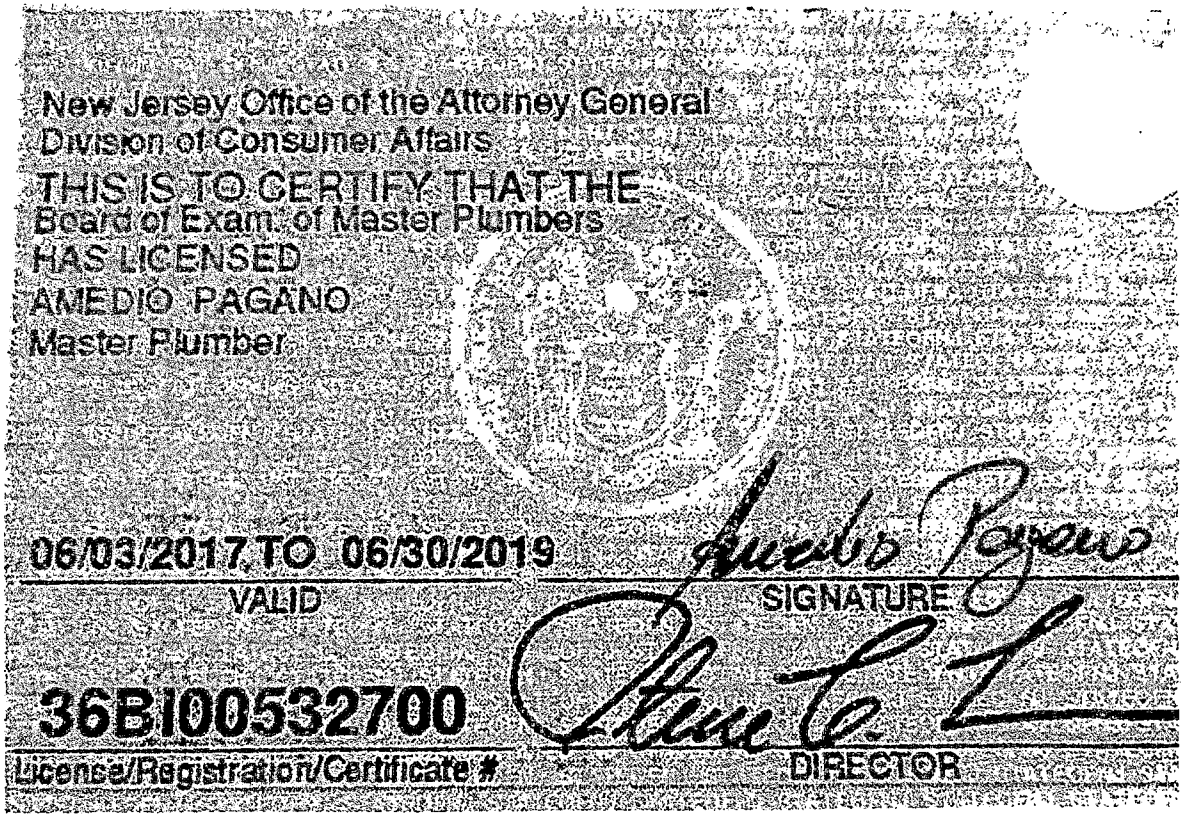
FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/21/2018 TO 03/31/2021
VALID

34EB00846200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
AMEDIO PAGANO
Master Plumber

06/03/2017 TO 06/30/2019
VALID

SIGNATURE

36B100532700
License/Registration/Certificate #

DIRECTOR

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

KITCHEN SOLUTIONS II LLC
Javier Jimenez, Maricel Maya
176 Arlington Avenue
Paterson NJ 07502

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/12/2018 TO 03/31/2019
VALID

13VH06590700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

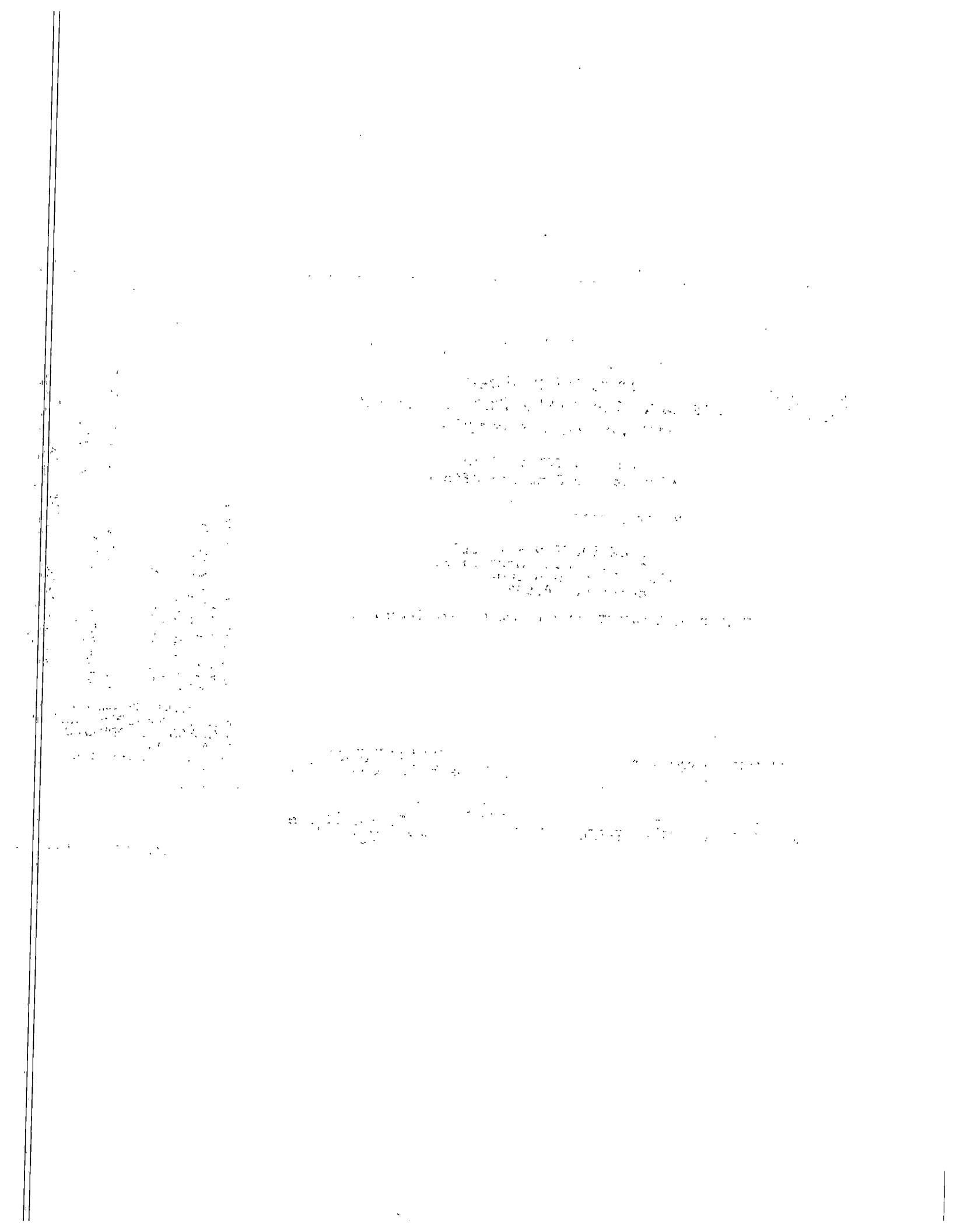
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
KITCHEN SOLUTIONS II LLC
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/12/2018 TO 03/31/2019 VALID SIGNATURE
13VH06590700
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE



PLEASE VERIFY AUTHENTICITY

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

SILK CITY FIRE LLC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Portable Fire Extinguisher
Kitchen Fire Suppression System

P01413 — Permit ID
06/23/2016 to 10/31/2019 — Date Issued / Lapse Date

Charles A. Richman
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

SILK CITY FIRE LLC

And is authorized to provide services on the following systems: PFE, KFSS

06/23/2016 to 10/31/2019
Date Issued — Lapse Date

P01413
Permit ID

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:
AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 984-7860.

Sincerely,

Charles A. Richman
Commissioner

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

RECEIVED
JUN 28 2018
BUILDING

PLAN REVIEW

Insp Date: 6/21/2017 **Business ID:** ow000235
Business: Cielito Lindo
2770 Hooper Avenue

Brick, NJ 08723

Inspection: OH000613
File Number: 052082
Phone: 862-902-9566
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/22/18	02:00 PM	03:00 PM	1:00	0:00	1:00	0	
06/21/18	09:30 AM	10:30 AM	1:00	0:00	1:00	0	
Total:			2:00	0:00	2:00	0	

Notes

THIS FOOD PLAN WAS OBSERVED TO BE SATISFACTORY.

UPON COMPLETION OF CONSTRUCTION AND ALL FINAL CLEAN UPS . CONTACT THIS AGENCY TO ARRANGE FOR A PRE OPERATIONAL INPSPECTION.

ALL CONSTRUCTION MATERIAL MUST BE REMOVED.

ALL EQUIPMENT MUST BE OPERATIONAL. SOAP/TOWELS AND ALL NECESSARY SIGNAGE

MUST BE PROVIDED.

NO FOOD PRODUCTS CAN BE ONSITE.

24HRS NOTICE ARE REQUIRED.

CONTACT: MR MCCOY.

732-341-9700 X 7479.

Inspector

Acknowledged Receipt :

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 670 LOT: 4 ADDRESS: 2770 Hooper Ave

IDENTIFICATION:

1. WORK SITE ADDRESS: 2770 Hooper Ave
2. NAME OF OWNER IN FEE: Uelito Undo, LLC

   ADDRESS: _____ PHONE #: (732) 337-3388

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: JASHA Home Improvement

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Vicente Varela Jr, RA NCARB

   ADDRESS: 584 Main Ave, Passaic, NJ 07055 PHONE: # (973) 960-6124
5. RESPONSIBLE PERSON FOR WORK: _____

   ADDRESS: _____

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: _____

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 _____

☒ OTHER Business Restaurant Fit out

LENGTH: 83'-4" WIDTH: 51'-5" HEIGHT: 11'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

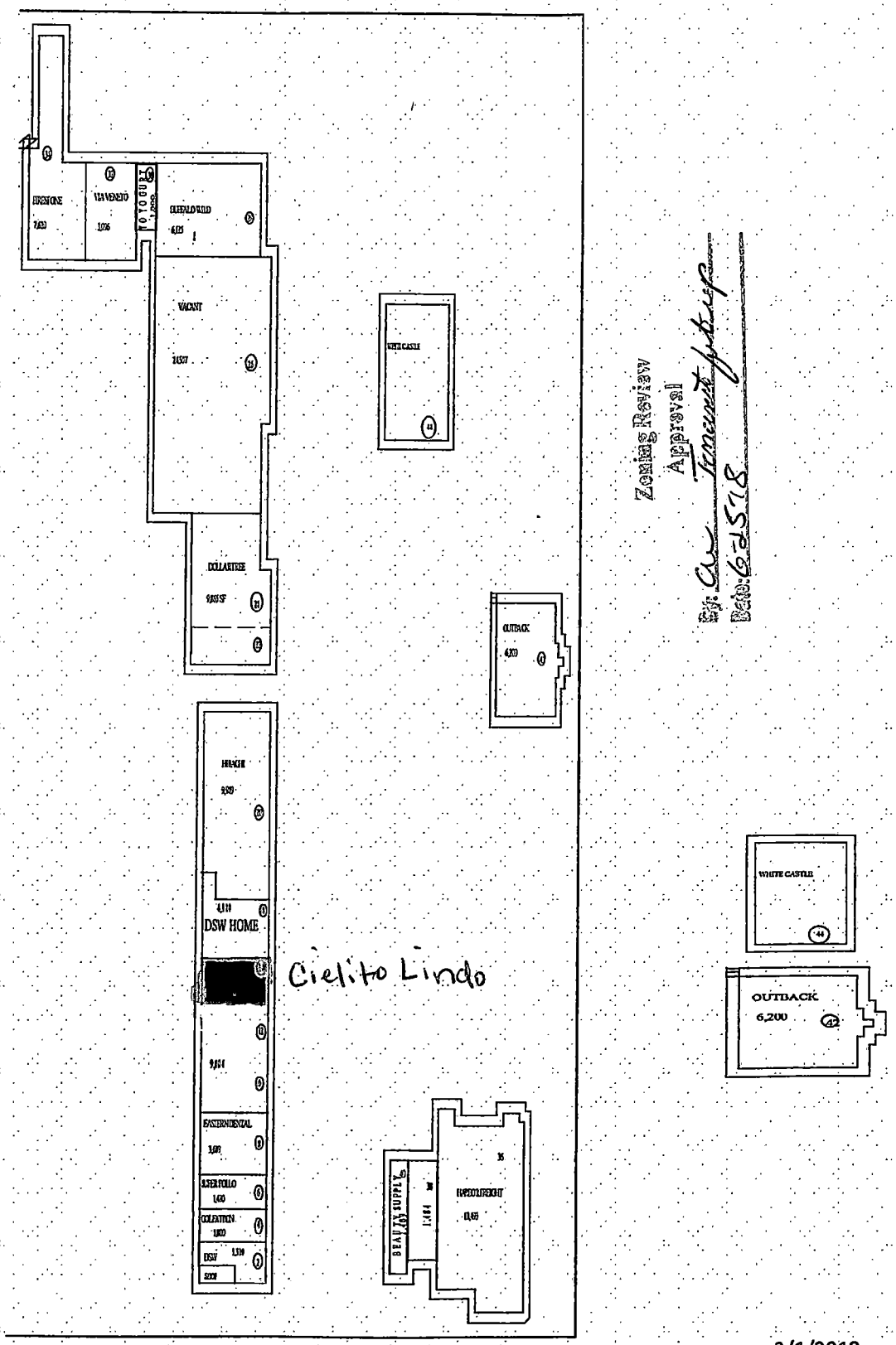
APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

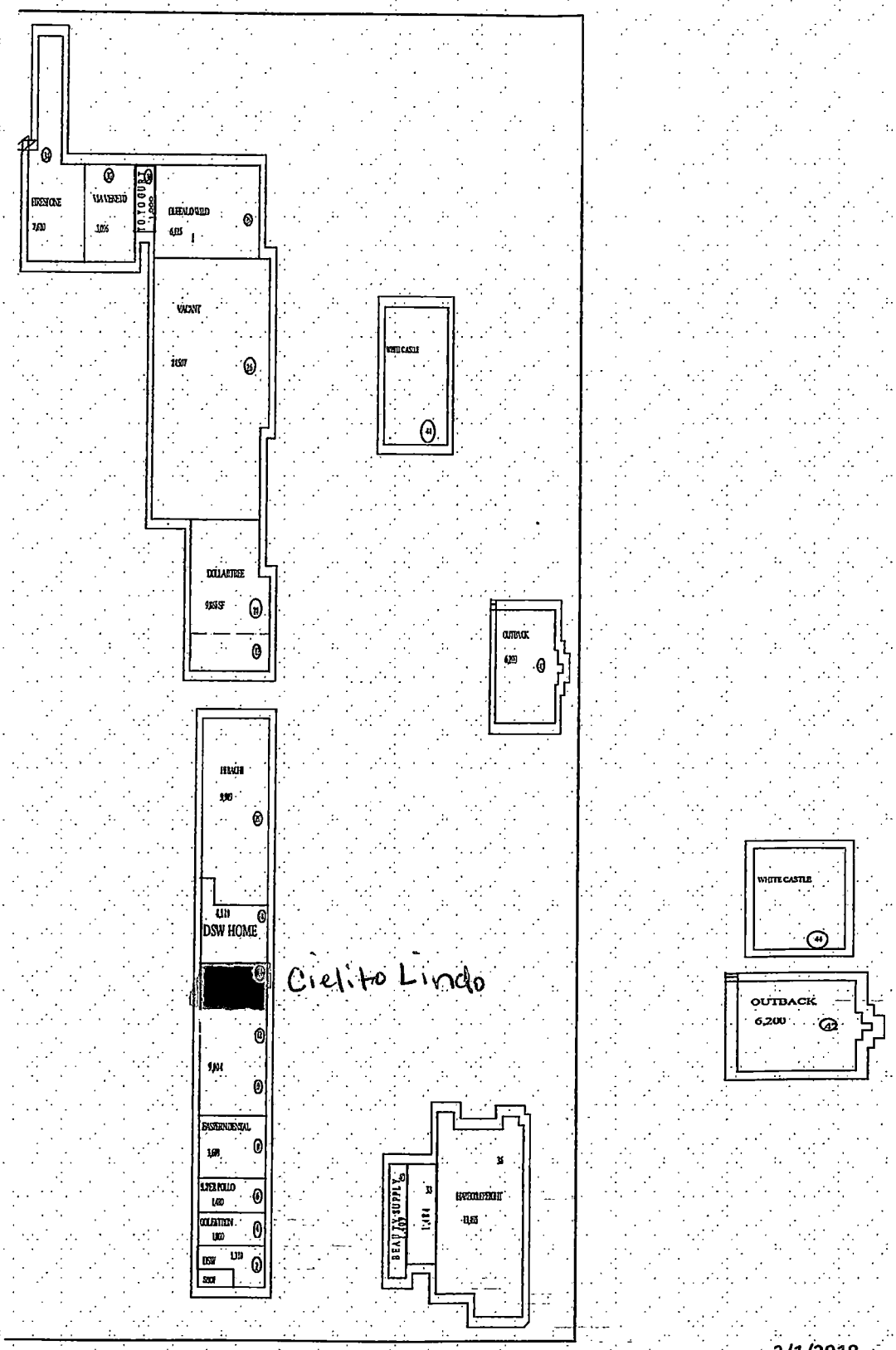
RIVERWALK BRICK, NEW JERSEY



Zoning Review
Approval
By: Jennifer Gutierrez
Date: 6/5/18

3/1/2018

RIVERWALK BRICK, NEW JERSEY



3/1/2018