BLOCK 701 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-0449

CONSTRUCTION PERMIT APPLICATION C10-000336

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

I. IDENTIFICATION

1. Proposed Work Site at: 644 RT 70 Brick, NJ
2. Name of Owner in Fee: Cheeburger Cheeburger
   Tel. (609) 221-0745 e-mail _____
   Address 644 RT 70 Brick NJ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Midwest Constructia Tel. (609) 610-4010
   Address 114 Braceland Cherry Hill NJ 08034 e-mail golfir1@yahoo.com
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 23-3025647 FAX: (856) 795 5794
5. Architect or Engineer J. Walker Contact _____
   Address 755 York RD Warminster PA e-mail _____
   Tel. (215) 957 7690 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Curt Kelly
   Tel. (609) 610 40 10 FAX: (856) 795-5794

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	2700	110	+10
2.	Electrical	230 ✓		
3.	Plumbing	470		
4.	Fire Protection	75 ✓	95 ✓	110 ✓
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	335	422	
8.	Subtotal			10
9.	State Permit Surcharge Fee			
10.	Subtotal			
11.	Cert. of Occupancy	150		
12.	Other			
13.	TOTAL $3860.	3810	97	120

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 24 ft.	
3.	Area — Largest Floor 2400 sq. ft.	
4.	New Building Area _____ sq. ft.	
5.	Volume of New Structure 25806 cu. ft.	
6.	Max. Live Load _____	
7.	Max. Occupancy Load 77	
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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		OK	02-3-10	2/17/10 MW	3/10/10	MW		2/26/10 MW	
☐ Electrical									
☐ Plumbing					3-16-10	WRM			
☐ Fire Protection					2-22-10	OK			
☐ 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: A-2
3. Change in Use Group, Indicate Present: M

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools. Spas and Hot Tubs
11. ☐ LPGas Tanks

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

Address 114 Brace Road Cherry Hill, NJ

Telephone (609) 610 4010

Signature _____

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
2-8-10	ZOK INSPECTED SITE AT 230	SKZO
2/11/10	Engineering N/A	MARC

☐ Zoning Application deemed complete Initialed: _____ Date: _____

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

IMPORTANT

A.H.B.T. - EXEMPT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/23/2010
Control Number C-10-000336
Permit Number 10-0449
Permit Issue Date 03/10/2010
Certificate Number 10-0449

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor MIDWEST CONSTRUCTION

Address 114 BRACE ROAD CHERRY HILL NJ 08034

Telephone: (609) 610-4010 Fax: (856) 795-5794

License Number or Builders Registration Number: Federal Emp. Number: 23-3025647

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 97

Description of Work/Use: TENANT FIT UP CHANGE OF USE

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/23/2010 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/08/2010
Control Number C-10-000336
Permit Number 10-0449
Permit Issue Date 03/10/2010
Certificate Number 10-0449

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor MIDWEST CONSTRUCTION

Address 114 BRACE ROAD CHERRY HILL NJ 08034

Telephone: (609) 610-4010 Fax: (856) 795-5794

License Number or Builders Registration Number: Federal Emp. Number: 23-3025647

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP CHANGE OF USE

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

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

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

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

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

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

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 07/08/2010
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 07/08/2010
Conditions to be met:
update permit for ice machine

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/08/2010

N.J.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 6/22/10
Control # C-10-002085
Permit # 10-0449+D

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: MIDWEST CONSTRUCTION
Address: 114 BRACE ROAD CHERRY HILL NJ 08034
Telephone: (609) 610-4010
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 23-3025647

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:
update for ice machine

Note: If constuction 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 $100

Construction Official

6-17-10
Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	3840
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

10449
PLUMBING 40.00
CHECK 3840 10

☐ 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 5/28/10
Control # C-10-001706
Permit # 10-0449+B

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ
Contractor MIDWEST CONSTRUCTION
Address 114 BRACE ROAD CHERRY HILL NJ 08034
Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (609) 610-4010
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No. 23-3025647

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:

Kitchen Hood Exhaust System

Note: If constuction 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

Construction Official 5-27-10 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$110
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$120
Check No.	0135
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

05/28/10 11:30AM 0013503837
0001 CERU 001
FIRE $110.00
DCA $10.00
CHECK $120.00

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 5/28/10
Control # C-10-000757
Permit # 10-0449+A

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: MIDWEST CONSTRUCTION
Address: 114 BRACE ROAD CHERRY HILL NJ 08034
Telephone: (609) 610-4010
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 23-3025647

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:
FIRE SUPPRESSION ALTERATIONS INSTALL UL300 WET CHEMICAL FIRE SUPPRESSION SYSTEM

Note: If constuction 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 $1,256

Construction Official Date 5-27-10

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$95
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$97
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

YX01 SERV.001
#0449
FIRE $95.00
DCA $2.00
CHECK $97.00

☐ 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 6/14/10
Control # C-10-001902
Permit # 10-0449+C

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: MIDWEST CONSTRUCTION
Address: 114 BRACE ROAD CHERRY HILL NJ 08034
Telephone: (609) 610-4010
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 23-3025647

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:
COMMUNICATION POINTS

Note: If constuction 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 6-14-10

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$42
Check No.	10715
Cash	$0
Credit	$0
Collected By	

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.

001 SERV.001
$40.00
DCA $2.00
CHECK $42.00

CONSTRUCTION PERMIT

Date Issued 3/10/10
Control # C-10-000336
Permit # 10-0449

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: MIDWEST CONSTRUCTION
Address: 114 BRACE ROAD CHERRY HILL NJ 08034
Telephone: (609) 610-4010
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 23-3025647

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 CHANGE OF USE

PAYMENTS (Office Use Only)

Building	$2,700
Electrical	$230
Plumbing	$470
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$335
CO Fee	
Other	$0
Total	$3,810
Check No.	107
Cash	$0
Credit	$0
Collected By	

Note: If constuction 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 $197,500

Construction Official — Date 3-7-10

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

PAID
BUILDING $2700.00
ELECTRIC $230.00
PLUMBING $470.00
FIRE $75.00
DCA $335.00
$50.00
$0.00

- [ ] 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.

10-104?9 +C

Date Received
Control #
Date Issued
Permit #

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 701 Lot 1 Qualification Code ______

Work Site Location CHEEBURGER CHEEBURGER
686 RT 70 WEST BRICK NJ 08723

Owner in Fee: BRICKTOWN VF LLC

Tel. ( ) ______ e-mail ______

Address 210 Route 4 East, Paramus, NJ 07652
(street, municipality, zip code)

Contractor: GARDEN STATE COMMUNICATIONS INC Tel. (856) 768-4200

Address 430 COMMERCE LANE, UNIT B e-mail ______
WEST BERLIN NJ 08091

Contractor License No. #239 Exp. Date ______

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

Federal Emp. ID No. ______ FAX: ( ) ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 1000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: ______ Approved by: ______

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

SUBCODE APPROVAL for PERMIT
Date: 6-8-10
Approved by: 07

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

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

______ Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BOY 10-37

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

Administrative Surcharge $ 40
Minimum Fee $ 2
State Permit Surcharge Fee $ —
TOTAL FEE $ 42

U.C.C. F120 (rev. 12/07)
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

COMMERCIAL

Date Received 02/05/2010
Control # C-10-000336
Date Issued 3/10/10
Permit # 10-0449

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ - CHEEBURGER - CHEEBURGER

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: J REGALBATO PLUMBING & HVAC INC

Address PO BOX 6881 MINOTALA NJ 08741

Tel. (856) 697-4996 Fax. (856) 697-4894

Contractor License No.

Federal Employee No. 22-3444-030

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☑ CO ☐ CCO ☐ CA

Date: 2-1-10

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab	03.23.10		03.25.10	PA
Rough	04.05.10		04.06.10	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	04.05.10		04.08.10	PA
Solar				
TCO				
FINAL	05.22.10	6/1/10	6/2/10	MA
	6/9/10			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$20
1	Urinal/Bidet	$10
	Bath Tub	
3	Lavatory	$30
	Shower	
5	Floor Drain	$50
10	Sink	$100
1	Dishwasher	$10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
1	Gas Piping	$10
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$50
1	Greasetrap	$50
1	Sewer Connector — EXIST	$50
1	Water Service Connection — EXISTING	$50
	Stacks	
	Other	
	Other	
	Other	
	Other	

PEX. UPDATE; 1 WORK C. FOR MACHINE

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$43
TOTAL FEE	$513

U.C.C F130 (rev. 12/07)

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

03.23.10 PA

① MEN'S ROOM FD. MISSING — OK FOR REST OF SLAB. — OK - 03.25.10 PA

03.23.10 PA

① NEED DESIGN PROFESSIONAL TO APPROVE SMALLER FIXTURE DRAIN SIZES WITH NEW DRAWINGS

04.05.10 PA

① WATER MAIN SIZE NOT AS PER DRAWINGS NEED NEW DRAWING FROM PE. TO INSPECT. — OK

② GAS PIPING NO DRAWINGS — OK NEED THEM TO INSPECT. — OK

③ WATER TEST NOT OUT ROOF. — OK — OK - 04.06.10 PA

04.08.10 PA

① NEED LETTER FROM PE. FOR ½ WATERS TO 3-BAY SINK.

② CST PIPING TO H.W.H. AGAINST SPRINKLER PIPING + NEED ½ CONDUIT

③ TERMINATION PLATE (TAKE PICTURE)

05.27.10 PA

NOT READY

6/1/10 - MA

① GAS VALVE REQUIRE BEFORE SOLENOID AS PER PLAN OK

② - BOTH ROOM NOT A.D.A - WALL TO SINK NOT 5' OK

③ UPDATE ICE MACHINE.

④ SODA MACHINE NOT INSTALLED OK

⑤ - RUNNING THROUGH ON 2" GAS LINE, BEFORE - SOLENOID (FIRE) OK

⑥ - AIR GAP ON WASTE FROM SODA MACHINE OK

6/2/10 - MA

① FINAL PASSED PENDING UPDATE FOR ICE MACHINE

OTHER # 40

JLW JOHN LLOYD WALKER, AIA
& ASSOCIATES

755 YORK ROAD SUITE 101
WARMINSTER PA 18974
P: 215.957.7690
F: 215.957.9590

DATE 5/21/10

BRICK TOWNSHIP MUNICIPAL AUTHORITY
BRICK NJ

RE: CHEEBURGER –CHEEBURGER
644 NJ HIGHWAY 70 WEST
BRICK TOWNSHIP, NJ 08723

WATER METER LINE SIZE

TO WHOM IT MAY CONCERN,

THE WATER METER LINE SIZE TO THE BUILDING IS ¾" AND IS SUFFICIENT TO ACCOMMODATE THE USAGE REQUIRED AT THE ABOVE REFERENCED LOCATION.

IF YOU HAVE ANY QUESTIONS OR COMMENTS, PLEASE DO NOT HESITATE TO CALL AT: 1-215-694-6668

SINCERELY,

JOHN L. WALKER, AIA
PRESIDENT

Call Rest. 609-273-1905

PLUMBING SUBCODE
TECHNICAL SECTION

10-0449

Date Received
Control #

10-0449+D

Date Issued
Permit #

6/22/10

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Brick Town Vornados Realty

Tel. ( ) e-mail

Address 210 Route 4 East Paramus
street municipality zip code

Contractor: J Regalbuto Plumbing Tel. (856) 697-4996

Address P.O. Box 684, Minotola, NJ 08341 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 22-3444030 FAX: (856) 697-4894

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 100-00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6-17-10
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-23-10
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			6/23/10	RM

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Cheeburger update for Ice Maker

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

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

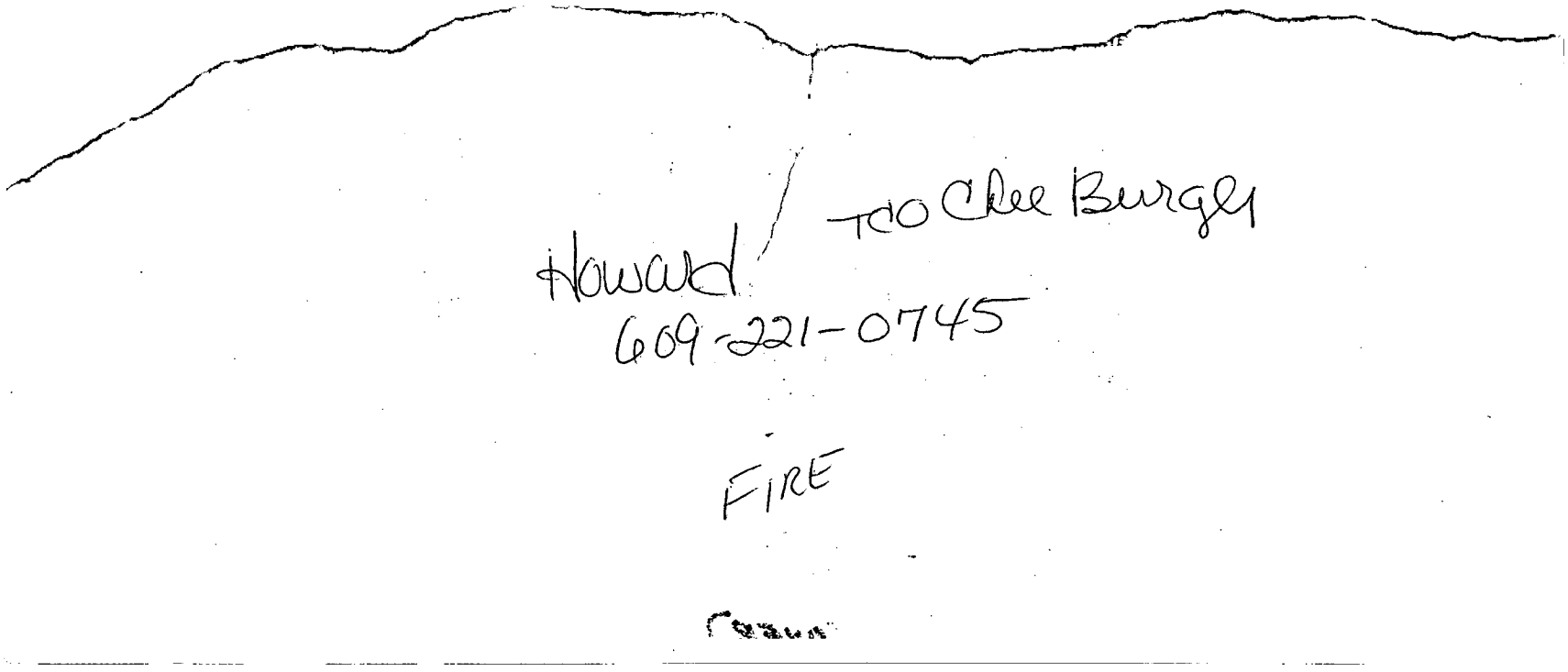
Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

(11) Loca... ...ner environmental constraints to ... there are no wetlands, then a note should be added to the plan stating that no wetlands exists on the subject property.

(12) Sufficient street elevations including center line, gutter and top of curb (if applicable); existing and proposed lot elevations to include, at a minimum, property corners, midpoints of property lines, building comers and center of lot; the finished first floor, basement and garage floor elevations of the proposed structure; top of pool and sidewalk elevations; and adjacent dwellings, corner elevations, and topography within 25 feet of property lines. All elevations shall be according to the NGVD (National Geodetic Vertical Datum) and the source of datum so noted. Any specific circumstances for which elevation requirements cannot be met will be subject to review by the Township Engineer and Construction Official on a case-by-case basis. Under no circumstances shall individual lots be graded in such a manner as to redirect stormwater runoff onto an adjacent and/or downstream

(OVER)


Howard / TCO Chee Burger
609-221-0745
FIRE

TOWNSHIP OF BRICK

For Information Call:

Permit No. 10-0449

APPROVAL FOR BUILDING

	Date	Inspector
( ) Footing		
( ) Foundation		
( ) Frame		Checked
( ) Mechanical		
( ) Other		
(X) Final	6/8/10	

U.C.C. Form F-221B

Howard Krieger
609 221-0745

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3/10/10
Permit # 10-0449

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

Block 701 Lot 7 Qualification Code

Work Site Location 644 RT 70 Brick, NJ

Owner in Fee: Cheeburger Cheeburger

Tel. (609) 721-0745 e-mail

Address 644 RT 70 Brick, NJ
street municipality

Contractor: midwest Construction Tel. (609) 610 4010
zip code

Address 114 Bruce Road Cherry Hill e-mail

Contractor License No. or Builder Registration No. N/A Exp. Date

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

Federal Emp. ID No. 23-3025647 FAX: (856) 795-5794

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fit out of Cheeburger Cheeburger Restaurant Change of Use!
Any wood used must be FRT, Manuf. Specs for RTU Must be on Site for insp to verify loads on roof.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/10/10	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/10/10
Approved by: MW

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 6/9/10
Approved by: MW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			4/8/10	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy			OC. *5/28/10 MW	
Mechanical				
TCO				
Other				
Final	* 6/1/10 MW	*6/2/10 MW	6/8/10 MW	
Barrier-Free				

Dates (Month/Day)

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)
$ 1400.00

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A-2
No. of Stories 1
Height of Structure 24 ft
Area — Largest Floor 2400 sq. ft.
New Bldg. Area/All Floors 2400 sq. ft.
Volume of New Structure 28866 cu. ft.
Max. Live Load
Max. Occupancy Load 77

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 140,000
2. Rehabilitation $
3. Total (1+ 2) $

NR

U.C.C. F110
(rev. 12/07)

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

5/27/10 rw OC. Rej —
Many Penetrations @ tenant separation Assemblies

6/2/10 rw Final Rej
Finishes and Racking not in place.
unable to check egress widths —

GARDEN STATE COMMUNICATIONS, INC.			10713
Township of Brick		6/8/2010	
Licenses/ Permits/Fees	Cheeburger Cheeburger Brick, NJ (Comm-works # 7		42.00
Commerce	Cheeburger Cheeburger Permit # 10 0449		42.00

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS

WIRING EXEMPTION

Issued to: Garden State Communications, Inc.

26 West Rt. 70, Ste. 264, Marlton, NJ
Address

Signature of Holder

Exemption No.# 239

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06/08/2010
Date Issued
Control # C-10-001902
Permit # 10-0449+C

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: Garden State Communications

Address 430 Commerce Lane West Berlin NJ 08091

Tel. (856) 768-4200 Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required — Date 5/9/10 Initial

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
10		Communication Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$2
TOTAL FEE	$42

U.C.C F120 (rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06/08/2010
Date Issued
Control # C-10-001902
Permit # 10-0449+C

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: Garden State Communications

Address 430 Commerce Lane West Berlin NJ 08091

Tel. (856) 768-4200 Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plan Required — Date 6/10/10 Initial

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ 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				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
10		Communication Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$2
TOTAL FEE	$42

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06/08/2010
Date Issued
Control # C-10-001902
Permit # 10-0449+C

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: Garden State Communications

Address 430 Commerce Lane West Berlin NJ 08091

Tel. (856) 768-4200 Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required Date Initial

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ 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				

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
10		Communication Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$2
TOTAL FEE	$42

U.C.C F120 (rev. 12/07)

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 3/10/10
Control # 10-0449
Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 644 Rt 70 Brick, NJ

Owner in Fee: Cheeburger Cheeburger

Tel. (609) 221-0745 e-mail

Address 644 Rt 70 - Brick, NJ (street / municipality / zip code)

Contractor: Fire Pro Tech Inc. Tel. (732) 363-5955

Address 6 Station Place e-mail
Howell, NJ 07731

Owner Andrew cell 609-273-1905 hm. 609-259-2853

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00242

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

Fire Alarm Contractor No. Exp. Date 10/12

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

Federal Emp. ID No. 223554108 FAX: (732) 363-3031

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Renovation of existing for new tenant layout.

Water Supply Source Existing

Method of Alarm/Suppression System Supervision Existing

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:

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing

Location of Main Control Valve: [illegible]

Total Cost of Fire Protection Work $ 2,500/-

	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)	20	77
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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[X] Fire Protection Plans Approved
Date: 2-22-10 Approved by: GG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2-22-10
Approved by: KB
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-8-10
Approved by: KB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			6/8/10	[initials]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/8/10	[initials]
Other above ceiling	5/24/10	5/26/10		[initials]

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

5/28 [illegible] need additional head end of hallway by bathrooms

5/28 [illegible] Flex line to long on head prior to rear hallway in dining area.

5-26-11 updated plan need to be picked up for head i supp. systems

Cheeburger Cheeburger

update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10-0449-1A

Date Issued 5/28/10

Permit # C10-000757

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 644 Hwy 70 West Brick Township . NJ 08723

Owner in Fee: ~~Cheeburger~~ ~~Cheeburger~~ Vornado Realty

Tel. (609) 231-0745 e-mail

Address 210 Route 4 East Paramus NJ 07652
street municipality zip code

Contractor: **Reliable Fire Protection Inc.** Tel. (732) 643-0075

Address **349 Essex Rd., Tinton Falls, NJ 07753** e-mail **service@reliablefp.com**

Fire Protection Equipment, NJ Div of Fire Safety Permit No. **P00049**

Fire Protection Equipment, NJ Div of Fire Safety Installer No. **153565**

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. **22-3103000** FAX: (732) 643-0076

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 $ $1256.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install (1) UL300 wet chemical Fire suppression 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		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., hom/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		95
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		0
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		150
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	3	
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:
[ ] Fire Protection Plans Approved
Date: 5/25/10 Approved by: DG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-25-10
Approved by: KUR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-8-10
Approved by: KE

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			6/8/10	
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			6/8/10	
Final				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update

Date Received 4/01/2010
Control # 10-0449+B

Date Issued 5/28/10
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 644 RT 70

Owner in Fee: Cheeburger Cheeburger

Tel. (609) 221-0745 e-mail

Address 644 RT 70
street municipality zip code

Contractor: Midwest Construction Tel. (609) 610 4610

Address 114 Brace RD Cherry Hill, NJ e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 23-3025647 FAX: (856) 795-5794

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed A2

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 $ 6,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new Hoods & stove cooking equip.

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		
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	2	110
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ~~Hood~~	~~2~~	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: 5/27/10 Approved by: OB

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			6/8/10	OB
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/8/10	OB
Other				

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Fire Suppression System Certificate of Installation

Reliable Fire Protection
349 Essex Road • Tinton Falls, NJ 07753
350 Fifth Avenue • 59th Floor • New York, NY 10118
Phone: (732) 643-0075 • Toll Free: (800) 368-0024 • Fax: (732) 643-0076

Job Information

Job Name	CHEEBURGER CHEEBURGER	Job Number:	111682383
Job Address	644 HWY 70 WEST	Type of System:	Ansul R-102 6.0 System
	BRICK, NJ 08723		

Fire System Distributor

Fuel/Energy Shut Off Device Gas Valve: Mechanical Size: 2"

Installed. Tested on Electric Equipment Shut-down Tested: ( ) Yes ( ) No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

Service Tech
~~Installer's Name~~

Signature _____ Date 5-26-10

Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Signature Date

Authority Having Jurisdiction

Type of Test: _ __ Cartridge Dump _ _ Other

Functional tests have been witnessed and the system performs as designed.

Signature _____ Date 5/26/10

Cull Rest. 09-273-1905

PLUMBING SUBCODE
TECHNICAL SECTION

10-0449

Date Received / Control #

10-0449+D

Date Issued / Permit #

6/22/10

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

Block 101 Lot 1 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown Vornado Realty

Tel. ( ) e-mail

Address 210 Route 4 East Paramus
street municipality zip code

Contractor: J [illegible] Plumbing Tel. (856) 547-4916

Address P.O. Box [illegible] Mizlia, NJ 08341 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 22-3444030 FAX: (856) 697-4894

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work ~~$~~ X 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 6-17-10

Approved by: [signature]

SUBCODE APPROVAL

[ ] 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				

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's Signature/Contractor's Seal and Signature

[V] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Cheeburger update for Ice Maker

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

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

Cull. Rest. 08-273-1905

PLUMBING SUBCODE
TECHNICAL SECTION

10-0449 Date Received / Control #

6/22/10 Date Issued / Permit #

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

Block 101 Lot 1 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Lucky Two Voluntown Realty

Tel. ( ) e-mail

Address 318 Wall St. East Providence
street municipality zip code

Contractor: [illegible] Tel. ( )

Address [illegible] e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 22-3[illegible]0 FAX: ( ) 437-4014

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 1 Public Water Private Well

Est. Cost of Plumbing Work $ 1100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6-17-10
Approved by:

SUBCODE APPROVAL
[ ] 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				

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
checkers up to
for ICE maker

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

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

$14.00 PLUS

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 02/05/2010
Date Issued 3/10/10
Control # C-10-000336
Permit # 10-0449

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: HIGHLIGHTING CONST

Address 2831 BIRCH AVE WILLIAMSTOWN NJ 08094

Tel. (856) 875-1115 Fax

Lic No.

Federal Employee No. 22-3053848

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☑ Electrical Plans Approved

Date: 2-16-10
Approved by: GS

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: 5-27-10
Approved by: VJ

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	Rough Works only		2/5/10	DD
Barrier-Free				
Trench	ABOVE Comm		5/26/10	DD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/26/10	DD
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
44		Recepticles	
6		Switches	
		Detectors	
		Light Poles	
8		Motors - Fract. HP	
15		Emergency & Exit Lights	
9		Communication Points	
		Alarm Devices/F.A.C. Panel	
136		TOTAL NUMBERS	$55
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	$125
1	200	AMP Subpanels	$50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$51
TOTAL FEE	$281

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: 5/28/10
Control #: 10-0449 update
Date Issued
Permit #: 10-11757

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

Block 761 Lot 7 Qualification Code ______

Work Site Location 714 Hwy 70 West, Brick Township, NJ 08723

Owner in Fee: Vornado Realty

Tel. (609) 281-0745 e-mail ______

Address 210 Route 4 East Paramus NJ 07652 (street, municipality, zip code)

Contractor: **Reliable Fire Protection Inc.** Tel. (**732**) **643-0075**

Address **349 Essex Rd., Tinton Falls, NJ 07753** e-mail **service@reliablefp.com**

Fire Protection Equipment, NJ Div of Fire Safety Permit No. **P00049**

Fire Protection Equipment, NJ Div of Fire Safety Installer No. **153565**

Fire Alarm Contractor No. ______ Exp. Date ______

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

Federal Emp. ID No. **22-3103000** FAX: (**732**) **643-0076**

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 $ 8,736.00

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ______

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve: ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ______ Approved by: ______
[✓] Fire Protection Plans Approved
Date: ______ Approved by: SG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-13-10
Approved by: KLR
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
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				
Other ______				

Dates (Month/Day)

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant ✓

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Install (1) UL300 wet chemical Fire suppression 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		
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	95
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 $ ______

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 10-1449

Date Issued 5/28/10
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location

Owner in Fee:

Tel. ( ) e-mail

Address (street) (municipality) (zip code)

Contractor: **Reliable Fire Protection Inc.** Tel. (732) 643-0075

Address **349 Essex Rd., Tinton Falls, NJ 07753** e-mail **service@reliablefp.com**

Fire Protection Equipment, NJ Div of Fire Safety Permit No. **P00049**

Fire Protection Equipment, NJ Div of Fire Safety Installer No. **153565**

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. **22-3103000** FAX: (732) 643-0076

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 $ 1216.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		
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	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:
[✓] Fire Protection Plans Approved
Date: 5-28-10 Approved by: LCR
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
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		1		
Final				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 10-0449+E

Date Issued
Permit # 5/28/10

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

Block 701 Lot 7 Qualification Code _____

Work Site Location 644 RT 70

Owner in Fee: Cheeburger Cheeburger

Tel. (609) 321-0745 e-mail _____

Address 644 RT 70 (street) (municipality) (zip code)

Contractor: Midwest Construction Tel. (609) 610 4610

Address 114 Brace RD Cherry Hill, NJ e-mail sales1@yahoo.com

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 23-3025647 FAX: (856) 795-5754

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed A2

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 $ 6000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: CC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

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 _____				

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new Hood & Flame Cooking equip

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		
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	2	110
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ~~Hood~~	~~2~~	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 10-0449+L

Date Issued
Permit # 5/28/10

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

Block 701 Lot 7 Qualification Code

Work Site Location 644 RT 70

Owner in Fee: Chechunka Cheeburger

Tel. (609) 321-8745 e-mail

Address 644 RT 70
street municipality zip code

Contractor: Midwest Construction Tel. (609) 610 4610

Address 114 Bruce RD Cranbury, NJ e-mail sales1@optonline.com

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 23-3025647 FAX: (856) 795-5794

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed A2

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 $ 6,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of two Heads Above cooking equip

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		
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	2	
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Hood	2	
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

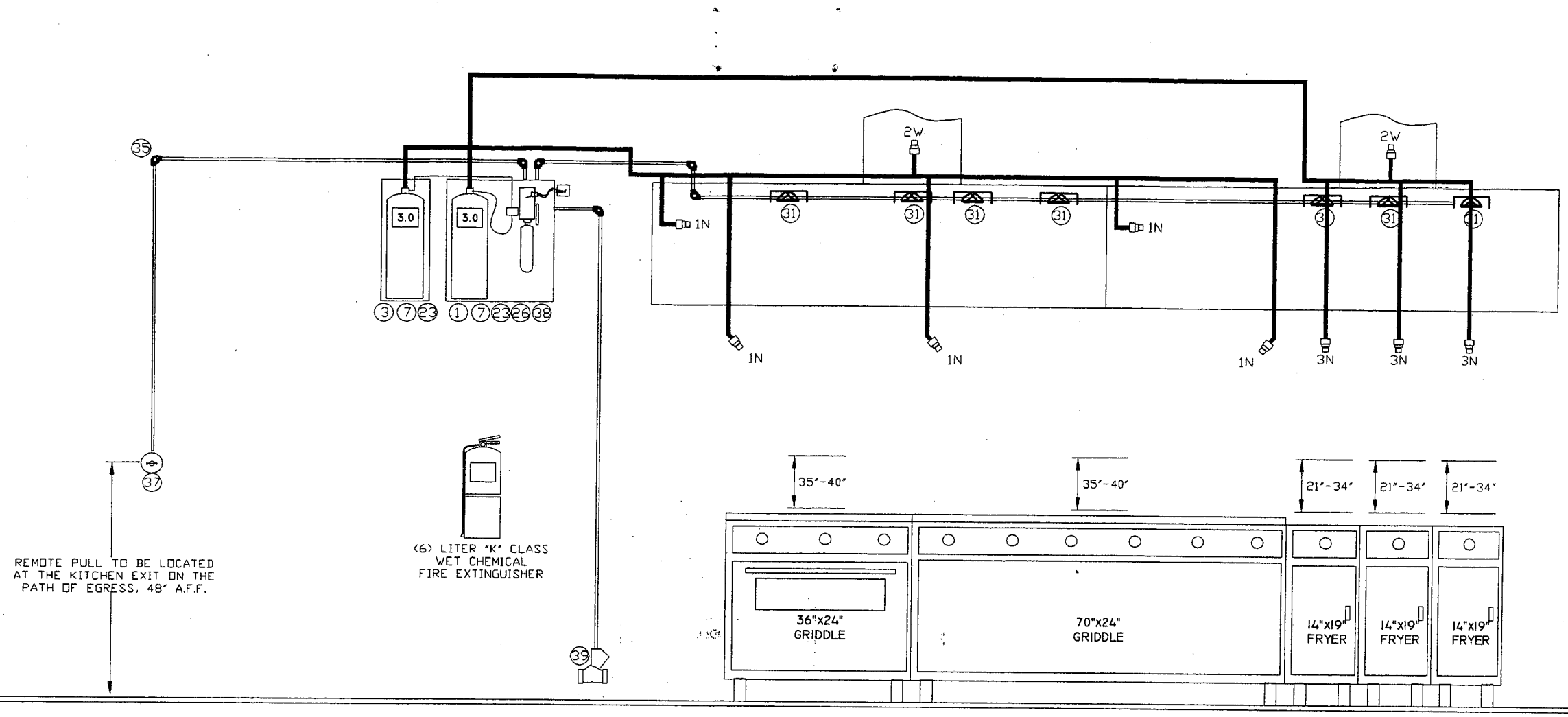
Date:

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				

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

RevNo	Revision note	Date	Signature	Checked



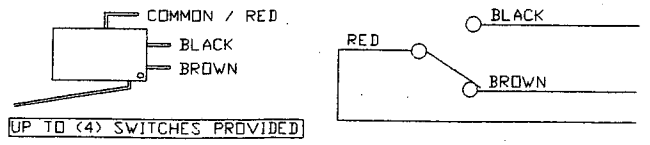
DISTRIBUTION PIPING REQUIREMENTS - 3.0 GALLON SYSTEM				
REQUIREMENTS	SUPPLY LINE	DUCT BRANCH	PLENUM BRANCH	APPLIANCE BRANCH
PIPE SIZE	3/8"	3/8"	3/8"	3/8"
MAX. LENGTH	40'-0"	8'-0"	4'-0"	12'-0"
MAX. RISE	6'-0"	4'-0"	2'-0"	2'-0"
MAX. 90 ELBOW	9	4	4	6
MAX. TEES	1	2	2	4
MAX. FLOW #	11*	4	2	4

- SYSTEM MANUFACTURER - ANSUL
- MODEL # - R-102 6.0 GALLON
- U.L. EX. - 3470
- EXTINGUISHING AGENT - ANSULEX
- # OF FLOW POINTS - 18
- HOOD SIZE - (2)8'-0"
- DUCT SIZE - (2)19"x10"
- SUPPLY PIPE SIZE - 3/8"
- BRANCH PIPE SIZE - 3/8"
- ALL PIPE SCHEDULE 40 BLACK PIPE
- ALL 1/2" CONDUIT

- THE INSTALLATION SHALL COMPLY WITH NFPA 96, NFPA 17A, THE MANUFACTURERS U.L LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION
- EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
- FIRE SYSTEM SHALL SHUTDOWN FUEL TO ALL APPLIANCES UPON SYSTEM DISCHARGE
- ALL ELECTRIC UNDER EXHAUST HOOD SHALL SHUTDOWN UPON SYSTEM DISCHARGE
- MAKE-UP AIR SHOULD SHUTDOWN UPON SYSTEM DISCHARGE
- EXHAUST FAN SHOULD REMAIN ON DURING SYSTEM DISCHARGE
- REMOTE PULL STATION TO BE LOCATED A MINIMUM 10'-0" FROM HOOD ON THE PATH OF EGRESS FROM THE PROTECTED AREA
- FIRE SYSTEM INSTALLATION IS SUBJECT TO SEMI-ANNUAL INSPECTION BY THE AUTHORIZED INSTALLING CONTRACTOR TO WARANTEE OF SYSTEM OPERATION & PERFORMANCE
- GAS VALVE TO BE INSTALLED BY A LICENSED PLUMBER

ITEM	QUANTITY	PART #	DESCRIPTION	ITEM	QUANTITY	PART #	DESCRIPTION
1	1	429853	REGULATED RELEASE (MECHANICAL)	22	0	79694	1.5 ANSULEX
2	0	429856	REGULATED RELEASE (ELECTRICAL)	23	2	79372	3.0 ANSULEX
3	1	429870	ENCLOSURE ASSEMBLY	24	0	423439	101-10 CARTRIDGE
4	0	429878	BRACKET ASSEMBLY	25	0	423441	101-20 CARTRIDGE
5	0	429850	REGULATED ACTUATOR	26	1	423443	101-30 CARTRIDGE
6	0	429864	1.5 AGENT TANK	27	0	423429	LT-20-R CARTRIDGE
7	2	429862	3.0 AGENT TANK	28	0	423435	LT-30-R CARTRIDGE
8	0	429872	TWO TANK ENCLOSURE	29	0	423493	R-102 DOUBLE TANK CART.
9	5	419335	1N NOZZLE	30	0	423491	LT-A-101-30 CARTRIDGE
10	0	419336	1W NOZZLE	31	7	417369	DETECTOR
11	0	419334	1/2N NOZZLE	32	0	415745	360 FUSIBLE LINK
12	2	419337	2W NOZZLE	33	7	415746	450 FUSIBLE LINK
13	0	78078	2WH NOZZLE	34	0	73867	500 FUSIBLE LINK
14	3	419338	3N NOZZLE	35	20	423250	PULLEY ELBOW
15	0	419339	230 NOZZLE	36	0	427929	PULLEY TEE
16	0	419340	245 NOZZLE	37	1	4835	REMOTE PULL STATION
17	0	419341	260 NOZZLE	38	1	423881	MICROSWITCH
18	0	419342	290 NOZZLE	39	1	———	MECHANICAL GAS VALVE
19	0	419343	2120 NOZZLE	40	0	———	SOLENOID GAS VALVE
20	0	419333	1F NOZZLE	41	0	426151	MANUAL RESET RELAY
21	0	430913	1100 NOZZLE	42	1	418087-06	INSTALLATION MANUAL
				43	11	———	QUICK-SEAL ADAPTOR

ELECTRIC NOTES:



UP TO (4) SWITCHES PROVIDED

* WIRING DIAGRAM TO BE USED AS A REFERENCE ONLY
* ALL CONNECTIONS TO BE VERIFIED BY A LICENSED ELECTRICIAN
* ALL WIRING TO BE DONE BY A LICENSED ELECTRICIAN
* EACH SWITCH HAS A SET OF SINGLE POLE, DOUBLE THROW CONTACTS RATED AT 21 AMP, 1 HP, 125, 250, 277 VAC OR 2 HP, 250, 277 VAC
* A RELAY MUST BE SUPPLIED BY OTHERS IF THE EQUIPMENT LOAD EXCEEDS THE RATED CAPACITY OF THE SWITCH
* ALL ELECTRICAL CONNECTIONS ARE TO BE MADE OUTSIDE OF THE FIRE SYSTEM CONTROL BOX
* ELECTRICIAN TO WIRE HORN/STROBE ALARM OR BUILDING ALARM TO ACTIVATE UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE MAKE-UP AIR TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE ANY ELECTRICAL EQUIPMENT UNDER EXHAUST HOOD TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE SOLENOID GAS VALVE WITH RESET RELAY TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE (IF APPLICABLE)

ANSUL SYSTEM NOTES:

REMOTE PULL STATION REQUIREMENTS
- REMOTE PULL STATION TO BE LOCATED MINIMUM 10'-0" FROM HAZARD, ON THE PATH OF EGRESS, 48"-60" ABOVE FINISHED FLOOR.
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR EACH REMOTE PULL.
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM (2) REMOTE PULL STATIONS CAN BE USED PER SYSTEM (USING (1) PULLEY TEE)

DETECTION REQUIREMENTS
- FUSIBLE LINK DETECTOR TO BE LOCATED IN EACH DUCT OPENING AND ABOVE EACH PROTECTED APPLIANCE NOT LOCATED UNDER A DUCT
- MAXIMUM (15) SCISSOR STYLE DETECTORS CAN BE USED PER SYSTEM
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR DETECTION
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR DETECTION
- THE LAST DETECTOR ON A SYSTEM TO BE A TERMINAL DETECTOR

MECHANICAL GAS VALVE REQUIREMENTS
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR GAS VALVE
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR GAS VALVE

ELECTRICAL SOLENOID GAS VALVE
- SOLENOID GAS VALVE TO BE CONNECTED TO THE ANSUL SYSTEM MICROSWITCH BY A LICANSED ELECTRICIAN
- A MANUAL RESET RELAY MUST BE USED TO RESET GAS VALVE TO RE-OPEN

DISTRIBUTION PIPING REQUIREMENTS
- ALL DISTRIBUTION PIPING MUST BE 3/8" SCHEDULE 40 BLACK IRON, CHROME PLATED, OR STAINLESS STEEL
- ALL THREADED CONNECTIONS LOCATED IN & ABOVE THE PROTECTED AREA MUST BE SEALED WITH PIPE TAPE.

PIPE HANGER GUIDELINES
- MAXIMUM 5FT. BETWEEN HANGERS
- HANGERS TO BE PLACED BETWEEN ELBOWS WHEN THE DISTANCE IS GREATER THAN 2FT.

Reliable Fire Protection

NEW JERSEY
DIV. OF FIRE SAFETY
PERMIT ID # P00049

NEW YORK CITY
DEPT. OF BUILDINGS
LICENSE # 151C

349 ESSEX ROAD
TINTON FALLS, NJ 07753

350 FIFTH AVENUE - SUITE 3304
NEW YORK, NY 10018

PHONE: 732-643-0075 / 800-368-0024 FAX: 732-643-0076
www.reliablefireprotection.net

CHEEBURGER CHEEBURGER

644 HWY 70 WEST
BRICK TOWNSHIP, NJ 08723

1ST FLOOR - ANSUL R-102 FIRE SUPPRESSION SYSTEM

Drawn by	KBC
Sheet	1 OF 1
Scale	NTS
Date	3/18/10
Drawing #	F-001.0.0

HOOD INFORMATION

HOOD NO.	TAG	MODEL	LENGTH	MAX. COOKING TEMP.	EXHAUST PLENUM						SUPPLY PLENUM						HOOD CONSTRUCTION	HOOD CONFIG.	
					TOTAL EXH. CFM	RISER(S)					TOTAL SUP. CFM	RISER(S)						END TO END	ROW
						WIDTH	LENG.	DIA.	CFM	S.P.		WIDTH	LENG.	DIA.	CFM	S.P.			
1	LEFT	5424 ND-2-PSP-F	8' 0.00"	600 Deg.	2000	10"	19"		2000	-0.450"	1600						430 SS Where Exposed	LEFT	ALONE
2	RIGHT	5424 ND-2-PSP-F	8' 0.00"	600 Deg.	2000	10"	19"		2000	-0.450"	1600						430 SS Where Exposed	RIGHT	ALONE

HOOD INFORMATION

HOOD NO.	FILTER(S)				LIGHT(S)			UTILITY CABINET(S)						FIRE SYSTEM PIPING	HOOD HANGING WGHT
	TYPE	QTY.	HEIGHT	LENGTH	QTY.	TYPE	WIRE GUARD	LOCATION	FIRE SYSTEM		ELECTRICAL	SWITCHES			
									TYPE	SIZE	MODEL #	QUANTITY	LOCATION		
1	SS Baffle with Handles	1	16"	16"	3	Incandescent Light Fixt	NO							YES	395 LBS
		4	16"	20"											
2	SS Baffle with Handles	1	16"	16"	3	Incandescent Light Fixt	NO	Right	Ansul R102	3.0/3.0	311110FP	1 Light 1 Fan	Outside	YES	516 LBS
		4	16"	20"											

HOOD OPTIONS

HOOD NO.	OPTION
1	LEFT END STANDOFF 3" Wide
	FIELD WRAPPER 8.50" High Front
	BACKSPLASH 120.00" High X 213.00" Long 430 SS
	BACKSPLASH - INSIDE CORNER 120.00" High X 4.00" Long 430 SS
	LEFT SIDESPLASH 120.00" High X 72.00" Long 430 SS
2	FIELD WRAPPER 8.50" High Front, Right

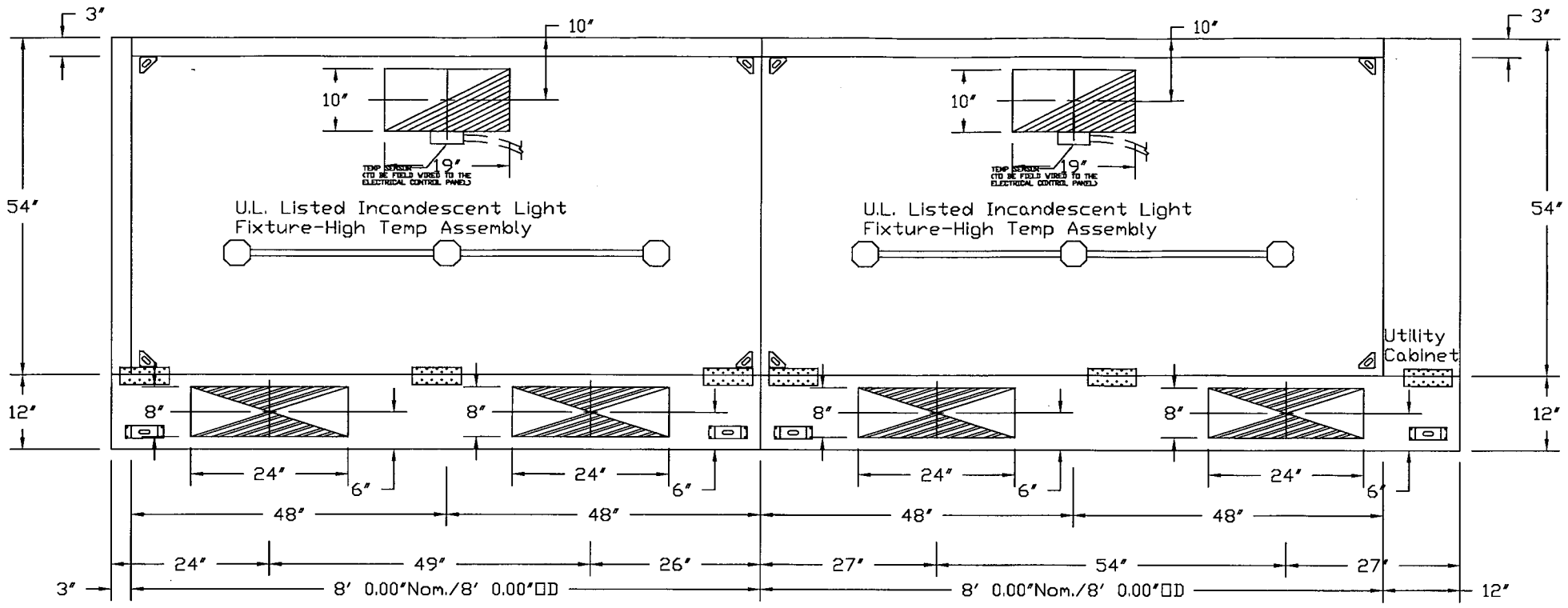
PERFORATED SUPPLY PLENUM(S)

HOOD NO.	POS.	LENGTH	WIDTH	HEIGHT	RISER(S)				
					WIDTH	LENG.	DIA.	CFM	S.P.
1	Front	99"	12"	6"	8"	24"		800	0.126"
					8"	24"		800	0.126"
2	Front	108"	12"	6"	8"	24"		800	0.146"
					8"	24"		800	0.146"

FOR QUESTIONS, CALL
CAPTIVE-AIRE SYSTEMS, INC.
BRIAN SEIDENSTRICKER
PHONE: 724-776-7520 OR 1-800-266-1116
FAX: 724-776-7522

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 1	DRAWN BY
REV.	SCALE 1/32



PLAN VIEW – Hood #1 (LEFT)
8′ 0.00" LONG 5424ND–2–PSP–F

PLAN VIEW – Hood #2 (RIGHT)
8′ 0.00" LONG 5424ND–2–PSP–F

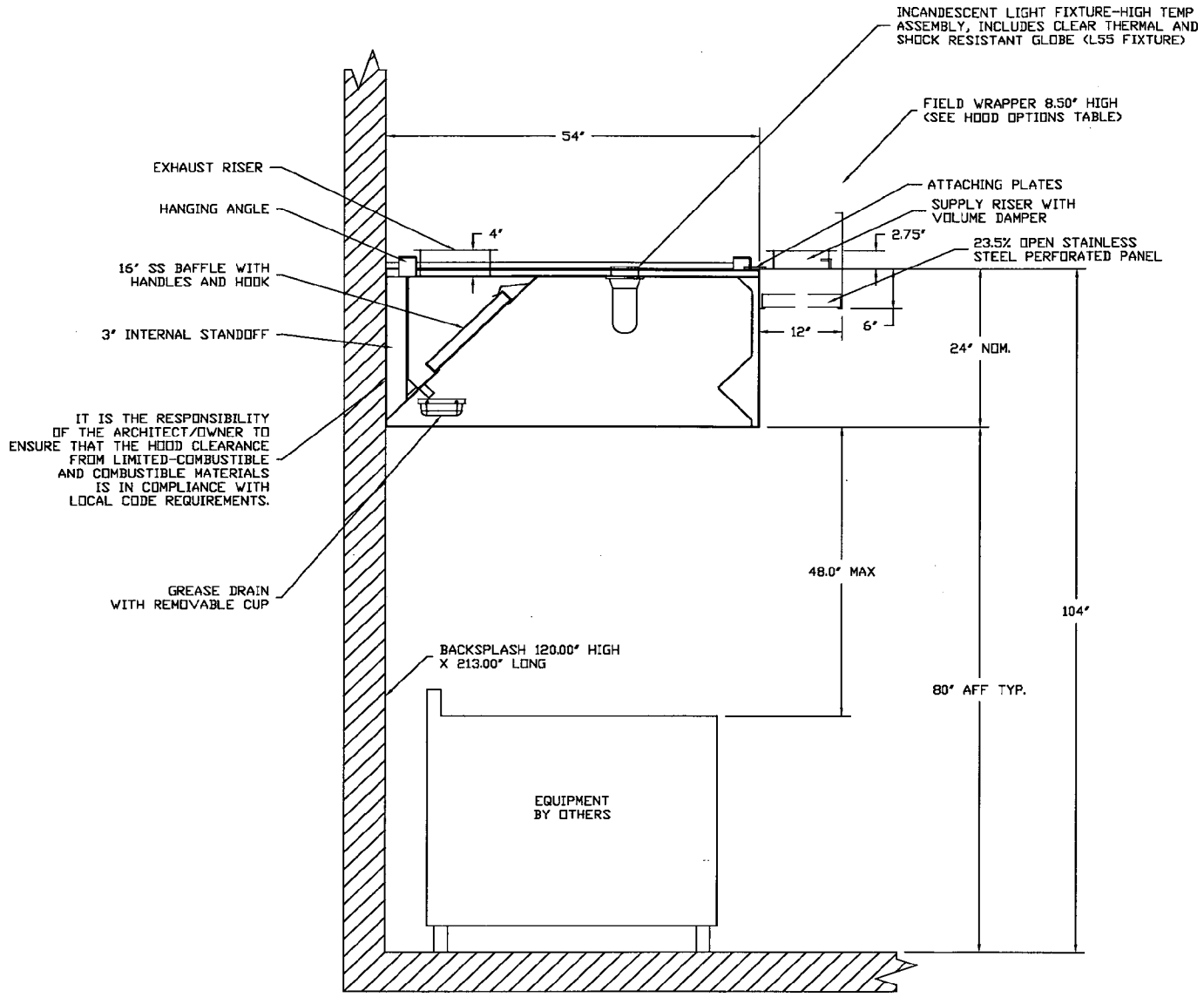
CAPTIVE-AIRE HOODS ARE
BUILT IN COMPLIANCE WITH

Intertek

NFPA #96
UL 710 & ULC710 STANDARDS
E.T.L. LISTED 3054804-001

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	*JOB #* 1116823
DWG # 2	*DRAWN BY*
REV.	*SCALE* 1/32



SECTION VIEW – MODEL 5424ND-2-PSP-F

HOOD #1

ND-2 Series with PSP Accessory Specification

The ND-2 series hood with PSP accessory is a compensating canopy hood system rated for all types of cooking equipment. The hood shall have the size, shape and performance specified on drawings.

Construction shall be type 430 stainless steel with a #3 or #4 polish where exposed. Individual component construction shall be determined by the manufacturer and ETL. Construction shall be dependent on the structural application to minimize distortion and other defects. All seams, joints and penetrations of the hood enclosure to the lower outermost perimeter that directs and captures grease-laden vapor and exhaust gases shall have a liquid-tight continuous external weld in accordance with NFPA 96. Hood shall be wall type with fully welded 10 gauge corner hanging angles. Corner hanging angles have a .625 x 1.500 slot pre-punched at the factory, allowing hanging rods to be used for quick and safe installations. Hanging rod and connect is provided by and installed by others.

Ventilator shall be furnished with U.L. classified aluminum baffle filters, supplied in size and quantity as required by ventilator. The filters shall extend the full length of the hood and the filler panels shall not be more than 6" in width.

The hood manufacturer shall supply complete computer generated submittal drawings including hood section view(s) and hood plan view(s). These drawings must be available to the engineer, architect and owner for their use in construction, operation and maintenance.

Exhaust duct collar to be 4" high with 1" flange. Duct sizes, CFM and static pressure requirements shall be as shown on drawings. Static pressure requirements shall be precise and accurate; air velocity and volume information shall be accurate within 1-ft increments along the length of the ventilator.

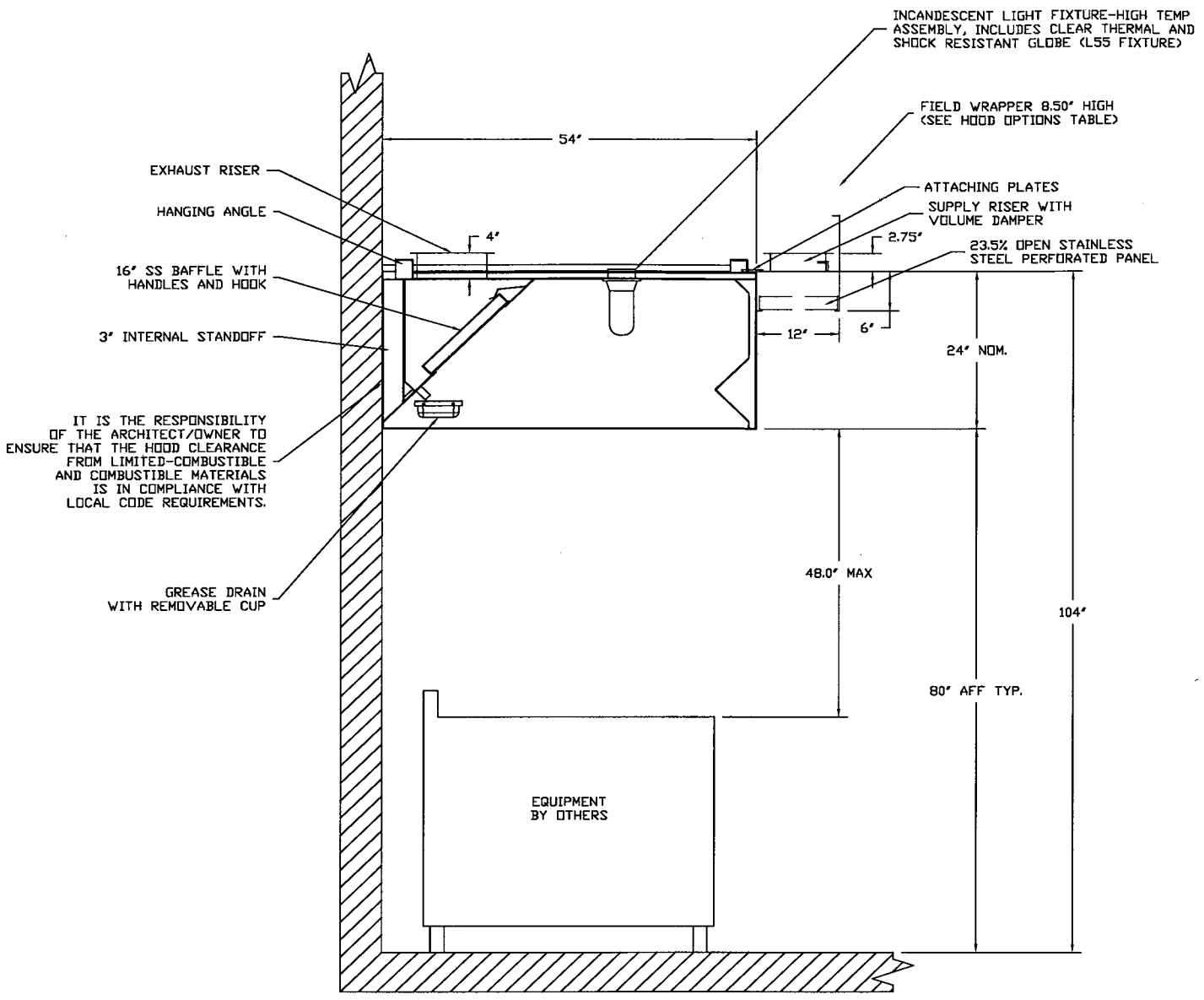
U.L. incandescent light fixtures and globes shall be installed and pre-wired to a junction box. The light fixtures shall be installed with a maximum of 4'0" spacing on center and allow up to a 100 watt standard light bulb.

The hood shall have:
- A double wall insulated front to eliminate condensation and increase rigidity. The insulation shall have a flexural modulus of 475 EI, meet UL 181 requirements and be in accordance with NFPA 90A and 90B.
- An integral front baffle to direct grease laden vapors toward the exhaust filter bank.
- A built-in wiring chase provided for outlets and electrical controls on the hood face and shall not penetrate the capture area or require an external chaseway.
- Low velocity make-up air (up to 90%) provided through front and side plenums (PSP accessory).
- A removable grease cup for easy cleaning.

The hood shall be ETL Listed as "Exhaust Hood Without Exhaust Damper", ETL Sanitation Listed and built in accordance with NFPA 96. The hood shall be listed for 450°F cooking surfaces at 150 CFM/ft, 600°F cooking surfaces at 200 CFM/ft, and 700°F cooking surfaces at 250 CFM/ft.

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ		
LOCATION Brick, NJ		
DATE 3/15/2010	*JOB #* 1116823	
DWG # 3	*DRAWN BY*	
REV.	*SCALE* 1/32	



SECTION VIEW – MODEL 5424ND-2-PSP-F

HOOD #2

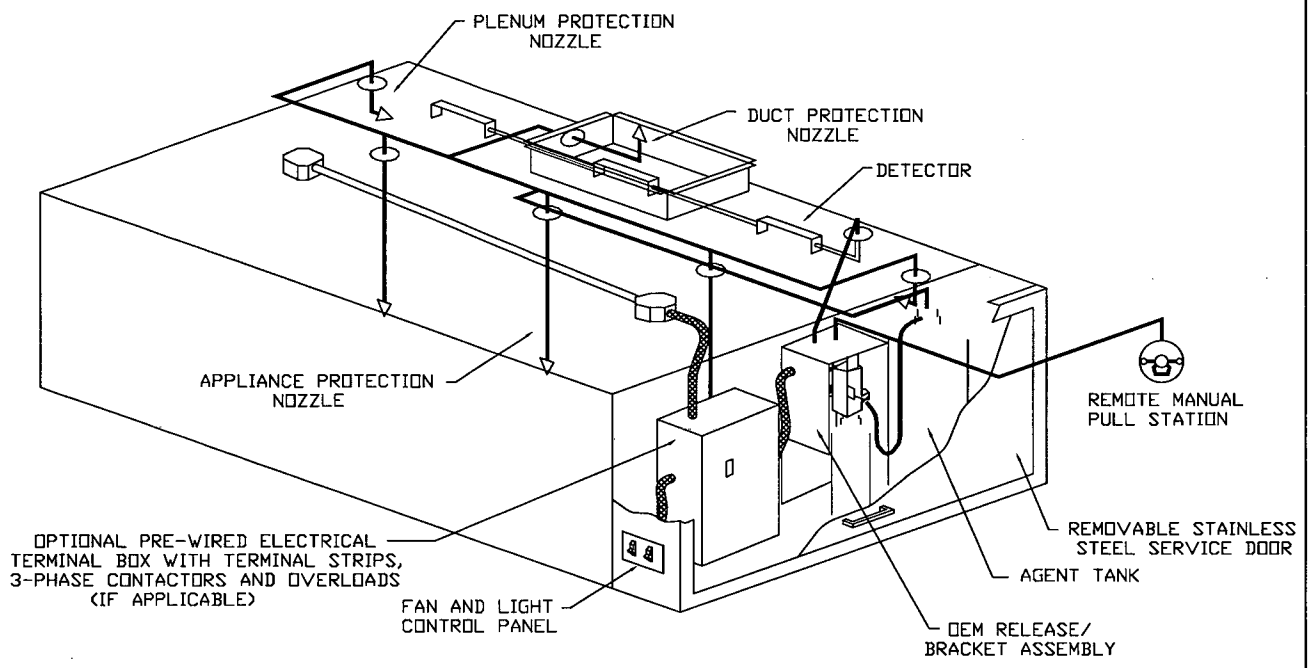
CAPTIVE-AIRE	*JOB* CHEEBURGER-Brick, NJ	
	LOCATION Brick, NJ	
	DATE 3/15/2010	*JOB #* 1116823
	DWG # 4	*DRAWN BY*
	REV.	*SCALE* 1/32

Fire System Information

FIRE SYSTEM NO.	TYPE	SIZE	FLOW POINTS	INSTALLATION	
				SYSTEM	LOCATION ON HOOD
1	Ansul R102	3.0/3.0	18	Fire Cabinet Right	Right

Job #: 1116823
Job Name: CHEEBURGER-Brick, NJ
Drawn By: BAS
System Size: ANSUL-3.0/3.0 Total FP required: 18
Hood # 1 8' 0.00" Long x 54" Wide x 24" High
Riser # 1 Size: 10" x 19"
Hood # 2 8' 0.00" Long x 54" Wide x 24" High
Riser # 1 Size: 10" x 19"

INCLUDES: FIELD INSTALLATION AND HOOKUP DURING NORMAL BUSINESS HOURS BY CERTIFIED INSTALLERS ONLY IN THE LOCATION NOTED ABOVE, TWO SITE VISITS ONLY (ONE VISIT TO SET PULL STATION & SYSTEM HOOKUP AND ONE VISIT FOR ONE TEST; ADDITIONAL VISITS WILL RESULT IN ADDITIONAL CHARGES), ONE MECHANICAL GAS VALVE PER SYSTEM AT A MAXIMUM SIZE OF 2", PERMIT, AND SYSTEM TEST.
EXCLUDES: UNION LABOR & PREVAILING WAGE (LABOR & WAGES WILL BE ADDED IF APPLICABLE), GAS VALVE INSTALLATION, ELECTRICAL HOOKUP AND CONNECTIONS, HANGING OF FIRE CABINET, SHUNT TRIP, HANDHELD EXTINGUISHER(S), ON-SITE RE-PIPING DUE TO EQUIPMENT LAYOUT CHANGES.



TYPICAL ANSUL R-102 SYSTEM LAYOUT

NOTES
- FIELD PIPE DROPS AS SHOWN
  SLEEVING, ELBOWS, TEES, AND NOZZLES SUPPLIED BY CAS
- RELOCATE NOZZLES IF FLOW PATTERN IS BLOCKED BY SHELVING, SALAMANDERS, ETC.
- MAXIMUM 9 ELBOWS IN SUPPLY LINE.
- MINIMUM 72 INCHES OF AGENT LINE FROM TANK TO FIRST NOZZLE.
- IF APPLICABLE, PRE-PIPED CHARBROILER DROPS ARE SHIPPED LOOSE.
- FACTORY PIPING EXTENDS A MAXIMUM OF 6" ABOVE THE TOP OF THE HOOD.

- APPLIANCE DIMENSIONS LISTED REPRESENT THE COOKING SURFACE SIZE, NOT THE OVERALL APPLIANCE SIZE.

- THIS FIRE SYSTEM COMPLIES WITH U.L. 300 REQUIREMENTS

SPECIFICATIONS

THE RESTAURANT FIRE SUPPRESSION SYSTEM SHALL BE THE PRE-ENGINEERED TYPE WITH A FIXED NOZZLE AGENT DISTRIBUTION NETWORK. IT SHALL BE LISTED WITH UNDERWRITERS LABORATORIES, INC. (UL)

THE SYSTEM SHALL BE CAPABLE OF AUTOMATIC DETECTION AND ACTUATION WITH LOCAL OR REMOTE MANUAL ACTUATION. ACCESSORIES SHALL BE AVAILABLE FOR MECHANICAL OR ELECTRICAL GAS LINE SHUT-OFF APPLICATIONS.

THE EXTINGUISHING AGENT SHALL BE A POTASSIUM CARBONATE, POTASSIUM ACETATE-BASED FORMULATION DESIGNED FOR FLAME KNOCKDOWN AND SECUREMENT OF GREASE RELATED FIRES. IT SHALL BE AVAILABLE IN PLASTIC CONTAINERS WITH INSTRUCTIONS FOR LIQUID AGENT HANDLING AND USAGE.

THE REGULATED RELEASE MECHANISM SHALL BE COMPATIBLE WITH A FUSIBLE LINK DETECTION SYSTEM. THE FUSIBLE LINK SHALL BE SELECTED AND INSTALLED ACCORDING TO THE OPERATING TEMPERATURE IN THE VENTILATING SYSTEM. THE FUSIBLE LINK SHALL BE SUPPORTED BY A DETECTOR BRACKET/ LINKAGE ASSEMBLY.

LEGEND - FIRE CABINET ANSUL SYSTEM

1A	1.5 GALLON TANK
1B	3 GALLON TANK
2	OEM AUTOMAN RELEASE
3	OEM REGULATED RELEASE
4	OEM REGULATED ACTUATOR
5	ANSULEX LIQUID AGENT (3 GAL.)
6	ANSULEX LIQUID AGENT (1.5 GAL.)
7	CARTRIDGE (101-20)
8	CARTRIDGE (101-10)
9	CARTRIDGE (101-30)
9A	CARTRIDGE (LT-A-101-30)
9B	DOUBLE TANK CARTRIDGE
10	TEST LINK
11	DOUBLE MICROSWITCH
12	HOSE ASSEMBLY
1100	DUCT NOZZLE (430913)
2W	DUCT NOZZLE (419337)
1W	NOZZLE ASSEMBLY (419336)
1F	NOZZLE ASSEMBLY (419333)
1N	NOZZLE ASSEMBLY (419335)
1/2N	NOZZLE ASSEMBLY (419334)
3N	NOZZLE ASSEMBLY (419338)
245	NOZZLE ASSEMBLY (419340)
230	NOZZLE ASSEMBLY (419339)
2120	NOZZLE ASSEMBLY (419343)
290	NOZZLE ASSEMBLY (419342)
260	NOZZLE ASSEMBLY (419341)
28	DETECTOR BRACKET
29	LOW TEMP FUSIBLE LINK
30	HIGH TEMP FUSIBLE LINK
MGV	MECHANICAL GAS VALVE
EGV	ELECTRICAL GAS VALVE
34	REMOTE MANUAL PULL STATION
S	SWIVEL ADAPTOR

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	*JOB #* 1116823
DWG # 5	*DRAWN BY*
REV.	*SCALE* 1/32

EXHAUST FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	MODEL	TAG	CFM	S.P.	RPM	H.P.	ø	VOLT	FLA	WEIGHT (LBS.)
1	NRTP,B-A2-D.500-G15-NCA18FA	NCA18FA		4000	1.000	953	2.000	3	208	6.0	1020.38

HEATER/MUA FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	BLOWER	HOUSING	TAG	CFM	S.P.	RPM	H.P.	ø	VOLT	FLA	WEIGHT (LBS.)
1	NRTP,B-A2-D.500-G15-NCA18FA	G15	A2-D.500B		3200	0.250	675	2.000	3	208	6.0	1020.38

GAS FIRED MAKE-UP AIR UNIT(S)

FAN UNIT NO.	INPUT BTUs	OUTPUT BTUs	TEMP. RISE	REQUIRED INPUT GAS PRESSURE	GAS TYPE
1	230400	211968	60 deg F	7 in. w.c. - 14 in. w.c.	Natural

FAN OPTIONS

FAN UNIT NO.	OPTION (Qty. - Descr.)
1	1 - Motorized Backdraft Damper for A2-D Housing
	1 - Grease Box
	1 - Low Fire Start
	1 - Inlet Pressure Gauge, 0-35"
	1 - Manifold Pressure Gauge, -5 to 15" wc

FAN ACCESSORIES

FAN UNIT NO.	FAN UNIT TAG	EXHAUST			SUPPLY			
		GREASE CUP	GRAVITY DAMPER	WALL MOUNT	SIDE DISCHARGE	GRAVITY DAMPER	MOTORIZED DAMPER	WALL MOUNT
1		YES					YES	

CURB ASSEMBLIES

NO.	ON FAN	ITEM	SIZE
1	# 1	Curb	31.000"W x 123.875"L x 20.000/20.000"H Insulated Vented Hinged
	# 1	Exhaust Adapter	From 31.750"sq To 26.500"sq x 9.000"H
	# 1	Rail	4.000"W x 4.000"L x 36.000"HAlong Width,

NOTE:
FANS SIZED FOR SINGLE STORY, STRAIGHT DUCT RUN TO THE ROOF. PLEASE VERIFY.

FAN START-UP AND AIR BALANCE IS BY THE INSTALLING CONTRACTOR AND REQUIRED FOR PROPER OPERATION OF THE HOOD SYSTEM.

AN AIR BALANCE REPORT IS REQUIRED AND IS TO BE SUBMITTED TO THE OWNER UPON COMPLETION.

CAPTIVE AIRE WARRANTY IS FOR PARTS ONLY FOR ONE YEAR. THE INSTALLING CONTRACTOR IS RESPONSIBLE FOR ALL LABOR WARRANTY FOR ONE YEAR.

INSTALL ALL CAPTIVE AIRE EQUIPMENT PER LOCAL CODES.

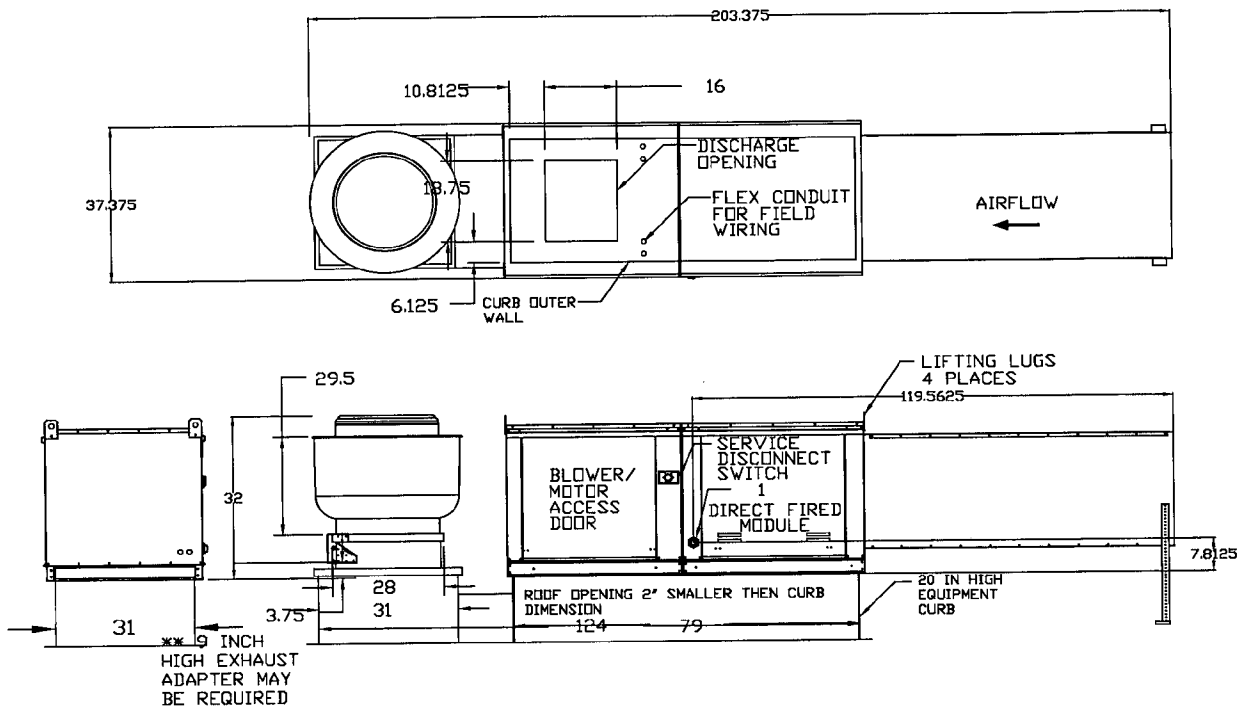
CAPTIVE AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 6	DRAWN BY
REV.	SCALE 1/32

Modular Direct-Fired Heater (Fan #1 NRTP.B-A2-D.500-G15-NCA18FA)

- (Model#: TL-02MDF) TRUNKLINE - Extended Intake for size #2 Modular Heater. 24.75" Wide, 91.68" Long, 29.25" High. Includes intake hood with 2" EZ Kleen metal mesh filters, adjustable legs and 38" long extension.
- (Model#: NRTP.B-A2-D.500-G15-NCA18FA) Combination Unit with an Upblast Centrifugal Exhaust Fan with a 20.75" Wheel and a #2 Modular Direct-Fired Make-Up Air Unit with a 15" Blower Wheel rated for a maximum of 500,000 BTUs.
- Down Discharge - Air Flow Right -> Left

- (Model#: CRB31X124X20/20INS) ROOF CURB - 31" Width, 123.875" Length, 20" Exhaust/Supply Height, Exhaust Opening 29", Supply Opening 79", Insulated



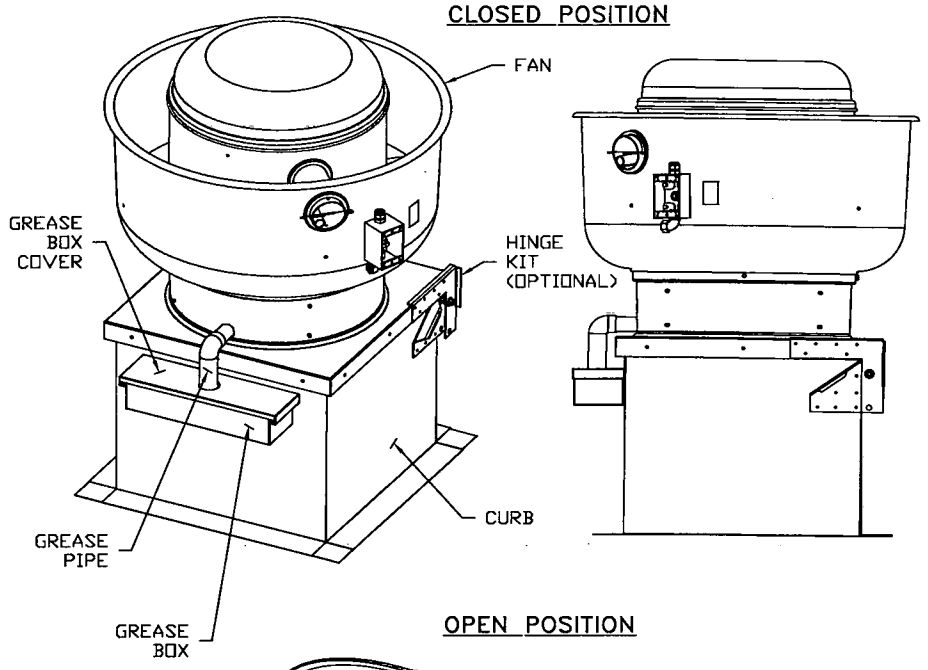
CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 7	DRAWN BY
REV.	SCALE 1/32

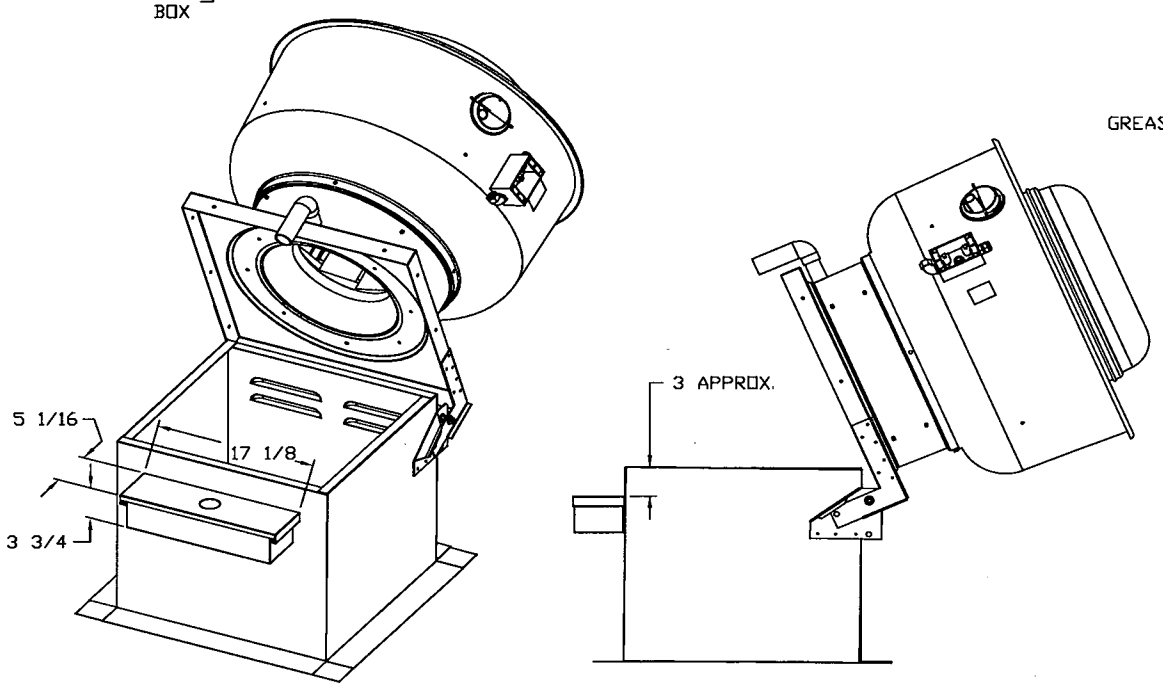
GREASE BOX
REV.#2 08/19/02

GREASE BOX INSTALLATION

CLOSED POSITION



OPEN POSITION



PARTS INCLUDED

GREASE BOX
GREASE BOX COVER
GREASE PIPE

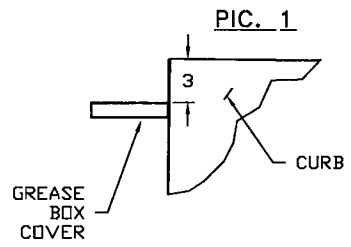
SHEET METAL SCREWS
3 - LONG (3/4" LG.)

GREASE BOX FIELD INSTALLATION

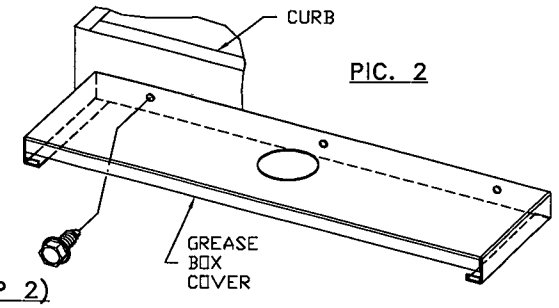
STEP 1)

ATTACH GREASE BOX COVER TO THE CURB,
HOLD 3" DIMENSION AS SHOWN ON PIC. 1.
SCREW GREASE BOX COVER TO CURB USING (3) LONG (3/4" LG.)
SCREWS AS SHOWN ON PIC. 2.

PIC. 1



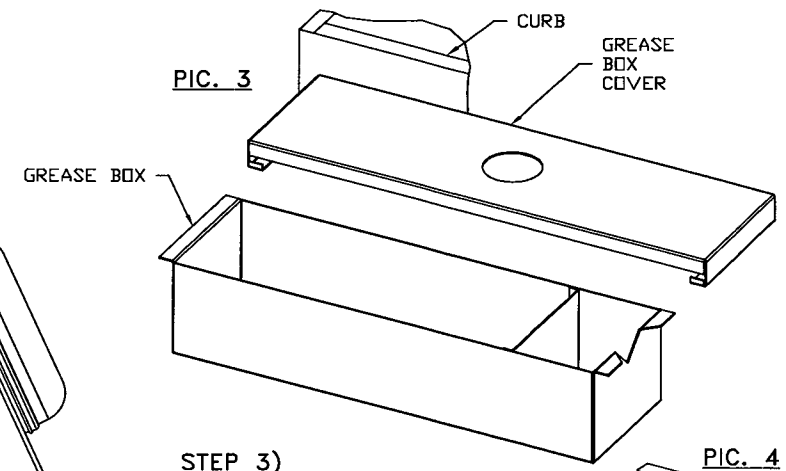
PIC. 2



STEP 2)

ATTACH GREASE BOX TO GREASE BOX COVER; SLIDE AND DROP.
AS SHOWN ON PIC. 3.

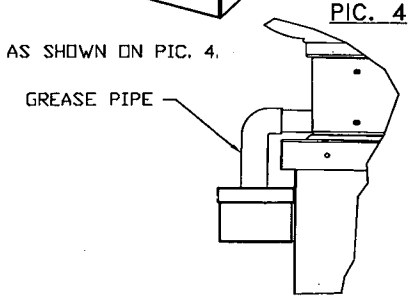
PIC. 3



STEP 3)

INSTALL GREASE PIPE AS SHOWN ON PIC. 4.

PIC. 4



JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 8	DRAWN BY
REV.	SCALE 1/32

ELECTRICAL PACKAGES

NO.	TAG	PACKAGE #	LOCATION	SWITCHES		ROOFTOP STARTERS	OPTION	FANS CONTROLLED				
				LOCATION	QUANTITY			TYPE	ø	H.P.	VOLT	FLA
1	ES #1	311110FP	Utility Cabinet Right	Utility Cabinet Right	1 Light		Exhaust On In Fire, Fans On/Off Thermostatically Controlled	Exhaust	3	2.000	208	6.0
				Hood # 2	1 Fan							
								Supply	3	2.000	208	6.0

CAPTIVE-AIRE

JOB	CHEEBURGER-Brick, NJ	
LOCATION	Brick, NJ	
DATE	3/15/2010	*JOB #* 1116823
DWG #	9	*DRAWN BY*
REV.		*SCALE* 1/32

Direct Fired Heater Wiring

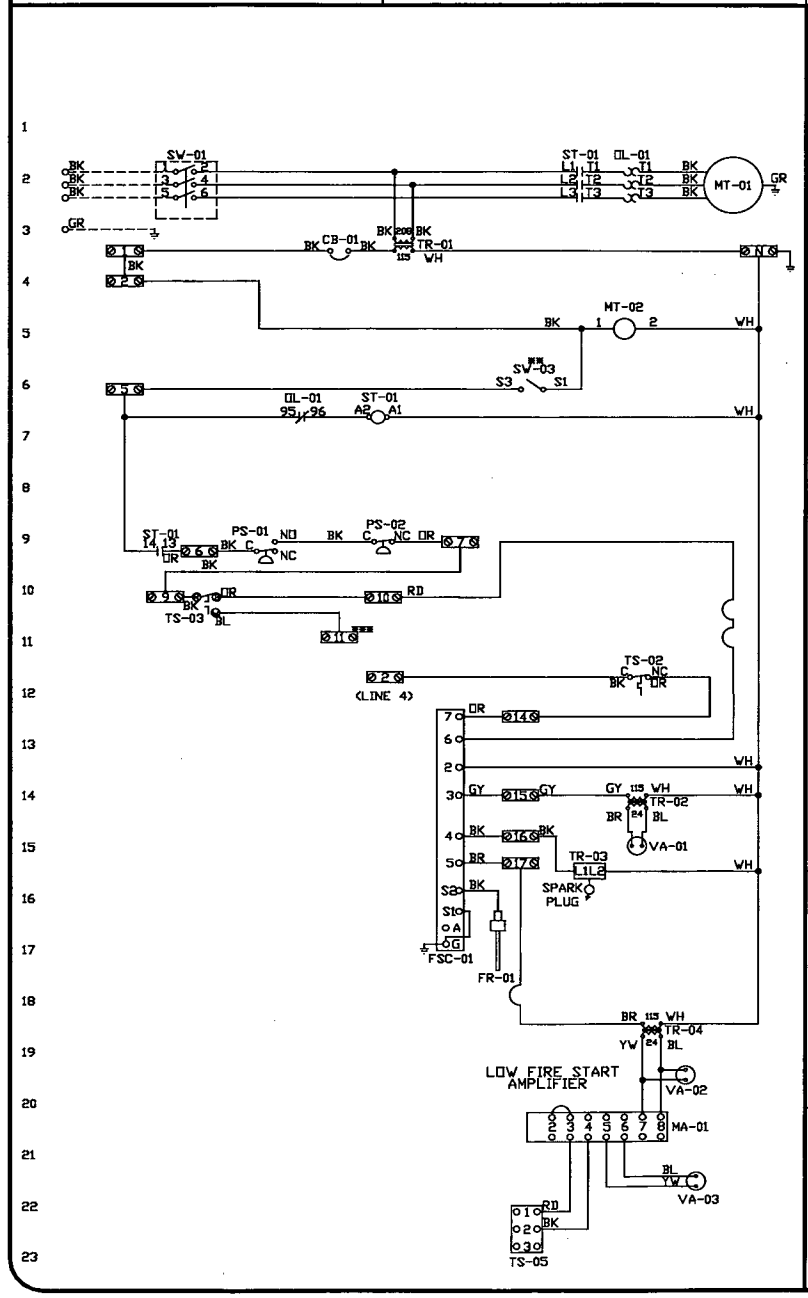
JOB NAME *CHEEBURGER-Brick, NJ*

DATE *3/15/2010*

DRAWING NUMBER *DF1116823-1*

JOB NUMBER *1116823*

MODEL NRTP.B-A2-D.500-G15-NCA18FA



Installed Options

Motorized Back Draft Damper

Discharge Temp. Control

Component Identification

Label	Description	Location
CB-01	Circuit breaker (2amp)	[3]
FR-01, FSC-01	Flame rod, Fireye FSC	[16], [11-14]
MA-01	Modulating amplifier	[19]
MT-01	Supply motor	[2]
MT-02	Damper motor	[5]
OL-01	Supply motor overload	[2][7]
PS-01	Low Airflow Switch	[9]
PS-02	High Air-flow Switch	[9]
ST-01	Supply motor contactor	[2][7][9]
SV-01	Main disconnect switch	[2]
SV-03	Damper end unit switch	[4]
TR-01	Power transformer(200va)[3]	
TR-02	Power transformer(20va)	[12]
TR-03	Ignition transformer	[14]
TR-04	Power transformer(20va)	[17]
TS-02	High temp limit switch	[10]
TS-03	Intake air thermostat	[10]
TS-05	Discharge Air Sensor	[21]
VA-01	Pilot gas valve	[13]
VA-02	Main gas valve	[18]
VA-03	Modulating gas valve	[20]

Motor Info

Supply		
	HP	2
	VOLTS	3 phs 208 V
	FLA	6
	CONTACTOR	100-K09D10M
	OVERLOAD	193-K863

MINIMUM CIRCUIT AMPACITY: 8.65

NOTES

------ DENOTES FIELD WIRING

——— DENOTES INTERNAL WIRING

** TERMINALS S4 AND S6 USED ON AF SERIES ACTUATORS

*** TERMINAL 11 PROVIDES COOLING CONNECTION

WIRE COLOR

	YW - YELLOW	RD - RED	
	GR - GREEN	WH - WHITE	
BR - BROWN	GY - GRAY	PK - PINK	
OR - ORANGE	PR - PURPLE		

Installation Wiring

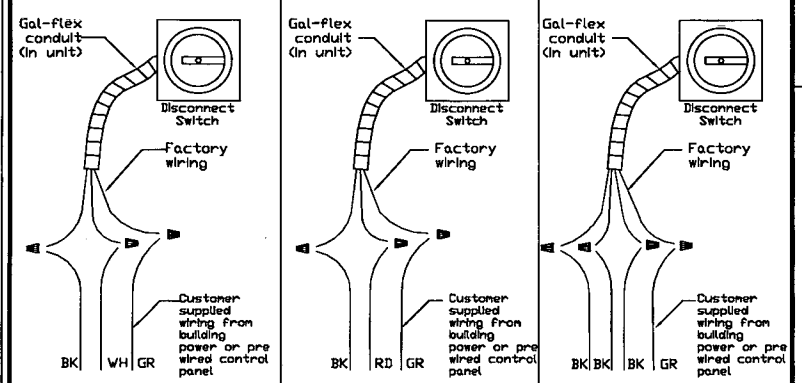
JOB NAME *CHEEBURGER-Brick, NJ*

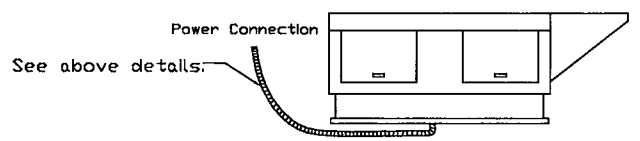
DATE *3/15/2010*

DRAWING NUMBER *RP1116823-1*

JOB NUMBER *1116823*

MODEL NRTP.B-A2-D.500-G15-NCA18FA





Installed Options

Component Identification

Label	Description	Location

NOTES

WIRE COLOR

BK - BLACK	YW - YELLOW		
BL - BLUE	GR - GREEN		
BR - BROWN	GY - GRAY		
OR - ORANGE	PR - PURPLE		
RD - RED	PK - PINK		
WH - WHITE			

CAPTIVE-AIRE

JOB	CHEEBURGER-Brick, NJ		
LOCATION	Brick, NJ		
DATE	3/15/2010	*JOB #*	1116823
DWG #	10	*DRAWN BY*	
REV.		*SCALE*	1/32

Exhaust Fan Wiring

DRAWING NUMBER *EXH1116823-1*

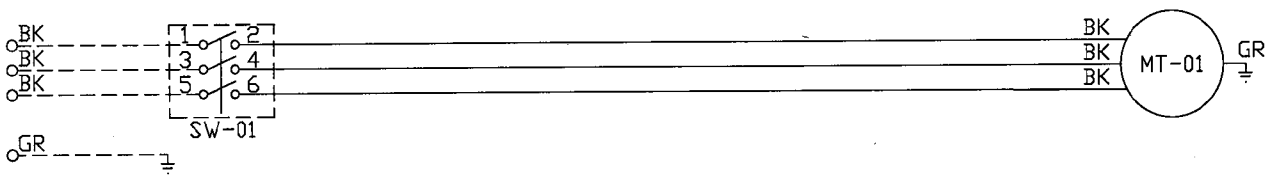
JOB NAME *CHEEBURGER-Brick, NJ*

JOB NUMBER *1116823*

DATE *3/15/2010*

MODEL **NRTP.B-A2-D.5C**

Installed Op



Label	Component Iden Description
MT-01	Fan Motor
SW-01	Main disconnect

Exhaust	HP	2
	VOLTS	3
	FLA	6
	CONTACTOR	1
	OVERLOAD	1

ELECTRICAL PREWIRE PACKAGE

DRAWING NUMBER *311110FP*

JOB NAME *CHEEBURGER-Brick, NJ*

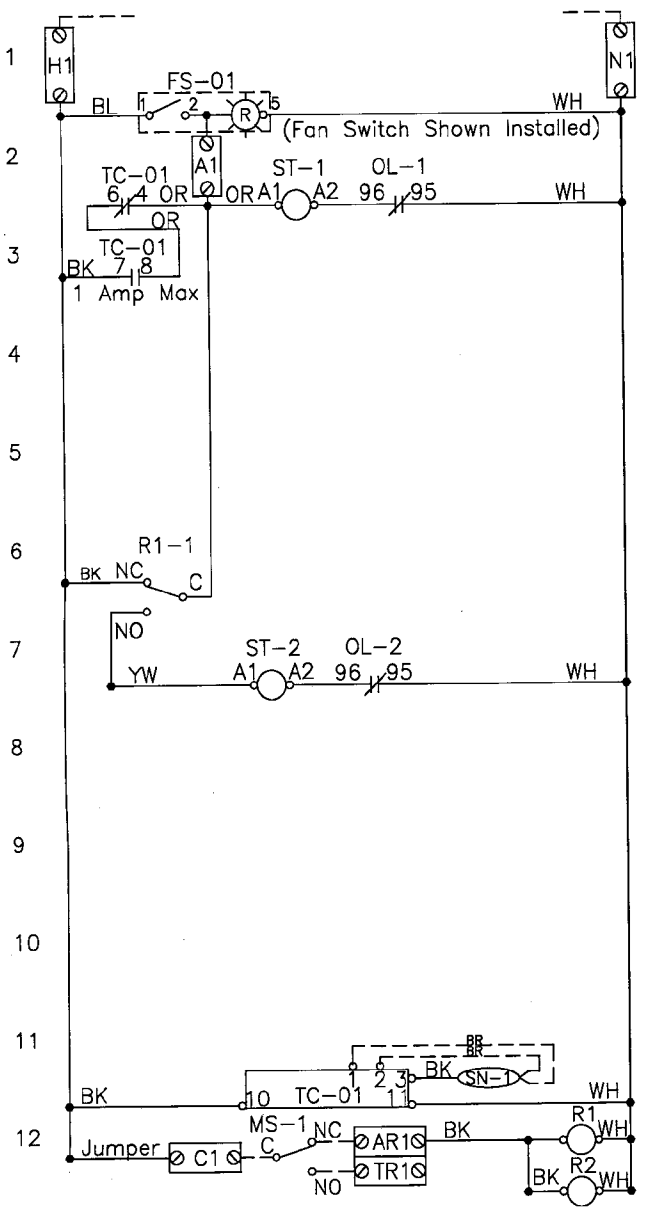
JOB NUMBER *1116823*

DATE *3/15/2*

DRAWN BY

CONTROL INPUT 120VAC H1=LINE, N1=NEUTRAL 15A BKR -- DO NOT WIRE TO SHUNT TRIP BREAKER

3 Phase, W/ 1 Exhau
Supply Fan, Exhaust i
On/Off Thermostatical



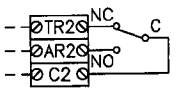
COMPONENT PARTS

LABEL	DESCRIPTION
C-x	Contactor
ST-x	Starter
OL-x	Overload
FS-xx	Fan Switch (Lighted)
LS-xx	Light Switch
L	Hood Light(s)
MS-x	MicroSwitch (Ansul/PyroChe
Rx	Relay DPDT - 34.110.0146

TC-XX TEMPERATURE CONTROLLER
SN-X RTD TEMPERATURE SENSOR

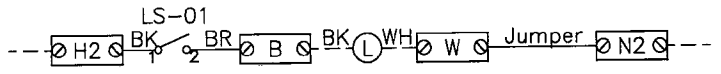
SPARE FIRE DRY CO

SPARE RELAY CONTACTS USED WHEN FIRE SYSTEM DISCHARGES TO SHUT DOWN SHUNT TRIP, EQUIPMENT... OR PROVIDE SIGNALS.



TR: Tripped, AR: Armed,

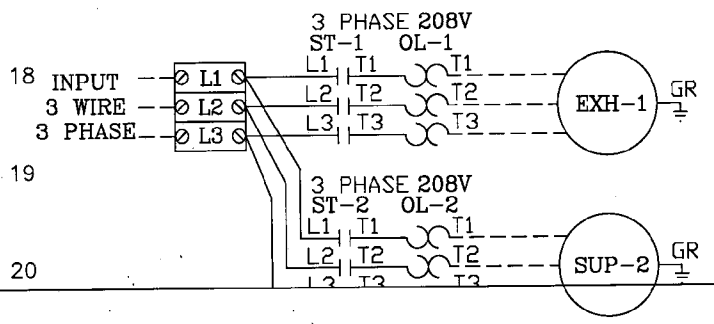
LIGHT INPUT 120VAC H2-H5=LINE, N2-N5=NEUTRAL 15A BKR (MAX 1400W PER CIRCUIT)



Rx RELAY SOCKET STYLE "CLION"

C-RD	NO	4	3
NO-BL	NC	2	1
NC-PR	COIL	8	7
	COM	6	5

Motor	Type	PH	Volt	HP
Exh-1	Exh	3	208	2
Sup-2	Sup	3	208	2



NOTES

------ DENOTES FIELD

CONTROL PANEL INSTALLATION

DRAWING NUMBER *311110FP*

JOB NAME *CHEEBURGER-Brick, NJ*

JOB NUMBER *1116823*

FIRE SYSTEM MICROSWITCH WIRING TO CONTROL PANEL

NOTE1: BUILDING FIRE ALARM IS TO BE WIRED TO THE "ALARM INITIATING SWITCH" INSIDE THE FIRE SYSTEM AUTOMAN

120VAC SHUNT TRIP BREAKER WIRING

MICRO CONNE

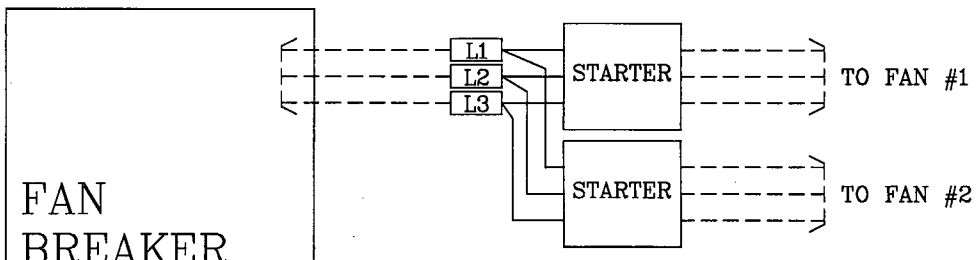
FS #

FS #

FS #

FAN WIRING TO CONTROL PANEL

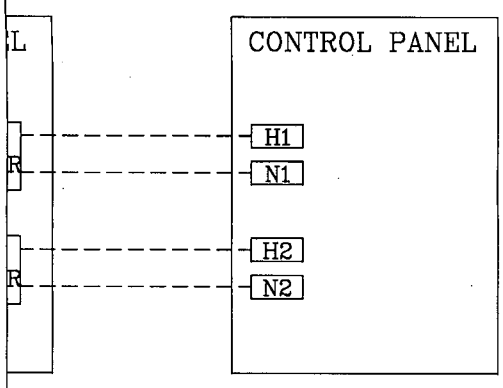
3 PHASE 208/460/575 VOLT



DATE 3/15/2010

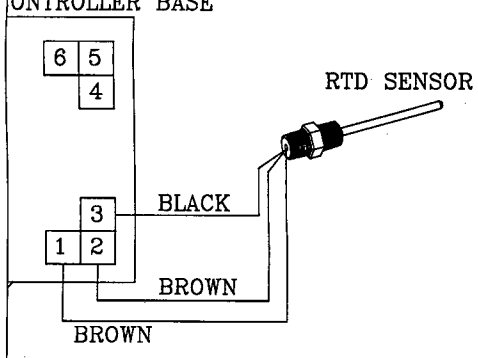
DRAWN BY

FOR CONTROLS AND LIGHTING



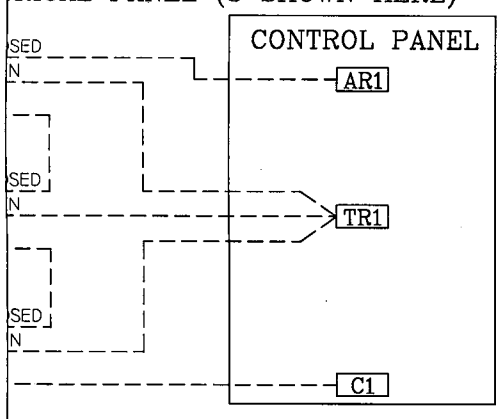
RING FOR FAN SWITCH OVERRIDE

ONTROLLER BASE



E WITH TEMP CONTROLLER
EXPOSE TERMINALS

HEN MULTIPLE FIRE SYSTEMS
RICAL PANEL (3 SHOWN HERE)



HOOD INFORMATION

HOOD NO.	TAG	MODEL	LENGTH	MAX. COOKING TEMP.	EXHAUST PLENUM						SUPPLY PLENUM						HOOD CONSTRUCTION	HOOD CONFIG.	
					TOTAL EXH. CFM	RISER(S)					TOTAL SUP. CFM	RISER(S)						END TO END	ROW
						WIDTH	LENG.	DIA.	CFM	S.P.		WIDTH	LENG.	DIA.	CFM	S.P.			
1	LEFT	5424 ND-2-PSP-F	8' 0.00"	600 Deg.	2000	10"	19"		2000	-0.450"	1600						430 SS Where Exposed	LEFT	ALONE
2	RIGHT	5424 ND-2-PSP-F	8' 0.00"	600 Deg.	2000	10"	19"		2000	-0.450"	1600						430 SS Where Exposed	RIGHT	ALONE

HOOD INFORMATION

HOOD NO.	FILTER(S)				LIGHT(S)			UTILITY CABINET(S)						FIRE SYSTEM PIPING	HOOD HANGING WGHT
	TYPE	QTY.	HEIGHT	LENGTH	QTY.	TYPE	WIRE GUARD	LOCATION	FIRE SYSTEM		ELECTRICAL	SWITCHES			
									TYPE	SIZE	MODEL #	QUANTITY	LOCATION		
1	SS Baffle with Handles	1	16"	16"	3	Incandescent Light Fixt	NO							YES	395 LBS
		4	16"	20"											
2	SS Baffle with Handles	1	16"	16"	3	Incandescent Light Fixt	NO	Right	Ansul R102	3.0/3.0	311110FP	1 Light 1 Fan	Outside	YES	516 LBS
		4	16"	20"											

HOOD OPTIONS

HOOD NO.	OPTION
1	LEFT END STANDOFF 3" Wide
	FIELD WRAPPER 8.50" High Front
	BACKSPLASH 120.00" High X 213.00" Long 430 SS
	BACKSPLASH - INSIDE CORNER 120.00" High X 4.00" Long 430 SS
	LEFT SIDESPLASH 120.00" High X 72.00" Long 430 SS
2	FIELD WRAPPER 8.50" High Front, Right

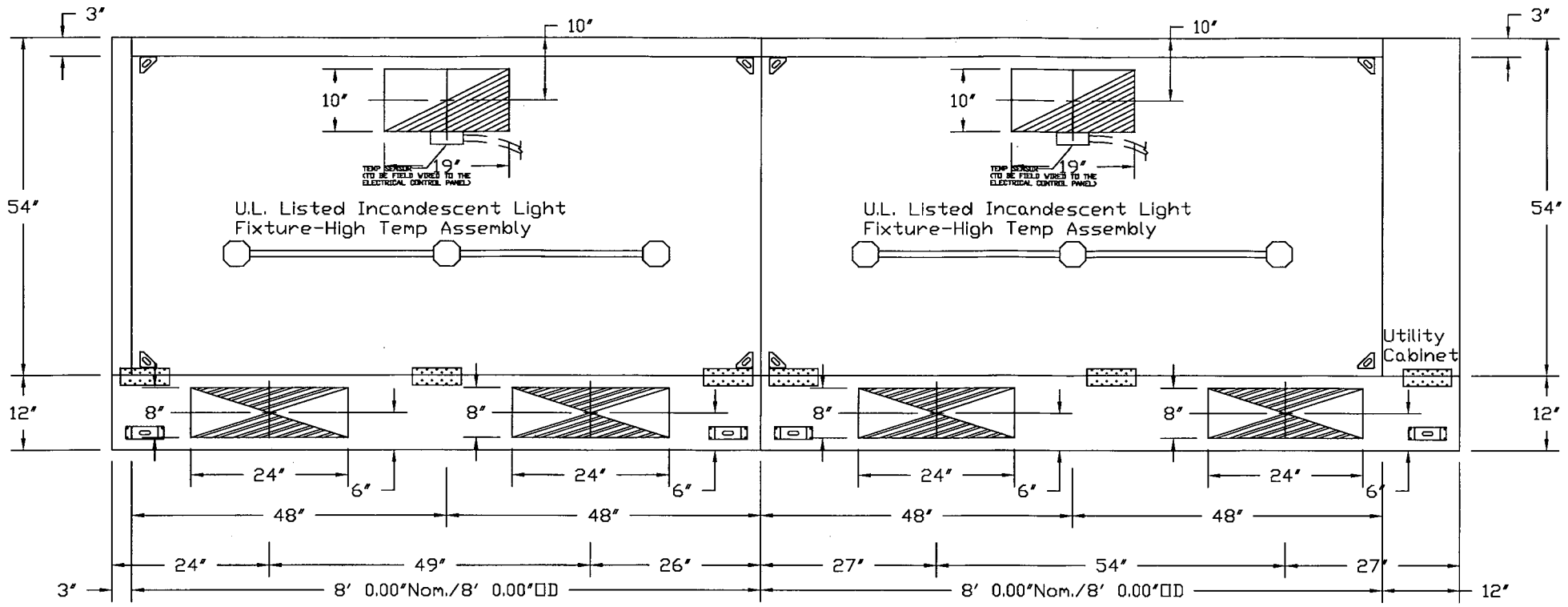
PERFORATED SUPPLY PLENUM(S)

HOOD NO.	POS.	LENGTH	WIDTH	HEIGHT	RISER(S)				
					WIDTH	LENG.	DIA.	CFM	S.P.
1	Front	99"	12"	6"	8"	24"		800	0.126"
					8"	24"		800	0.126"
2	Front	108"	12"	6"	8"	24"		800	0.146"
					8"	24"		800	0.146"

FOR QUESTIONS, CALL
CAPTIVE-AIRE SYSTEMS, INC.
BRIAN SEIDENSTRICKER
PHONE: 724-776-7520 OR 1-800-266-1116
FAX: 724-776-7522

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 1	DRAWN BY
REV.	SCALE 1/32



PLAN VIEW – Hood #1 (LEFT)
8' 0.00" LONG 5424ND-2-PSP-F

PLAN VIEW – Hood #2 (RIGHT)
8' 0.00" LONG 5424ND-2-PSP-F

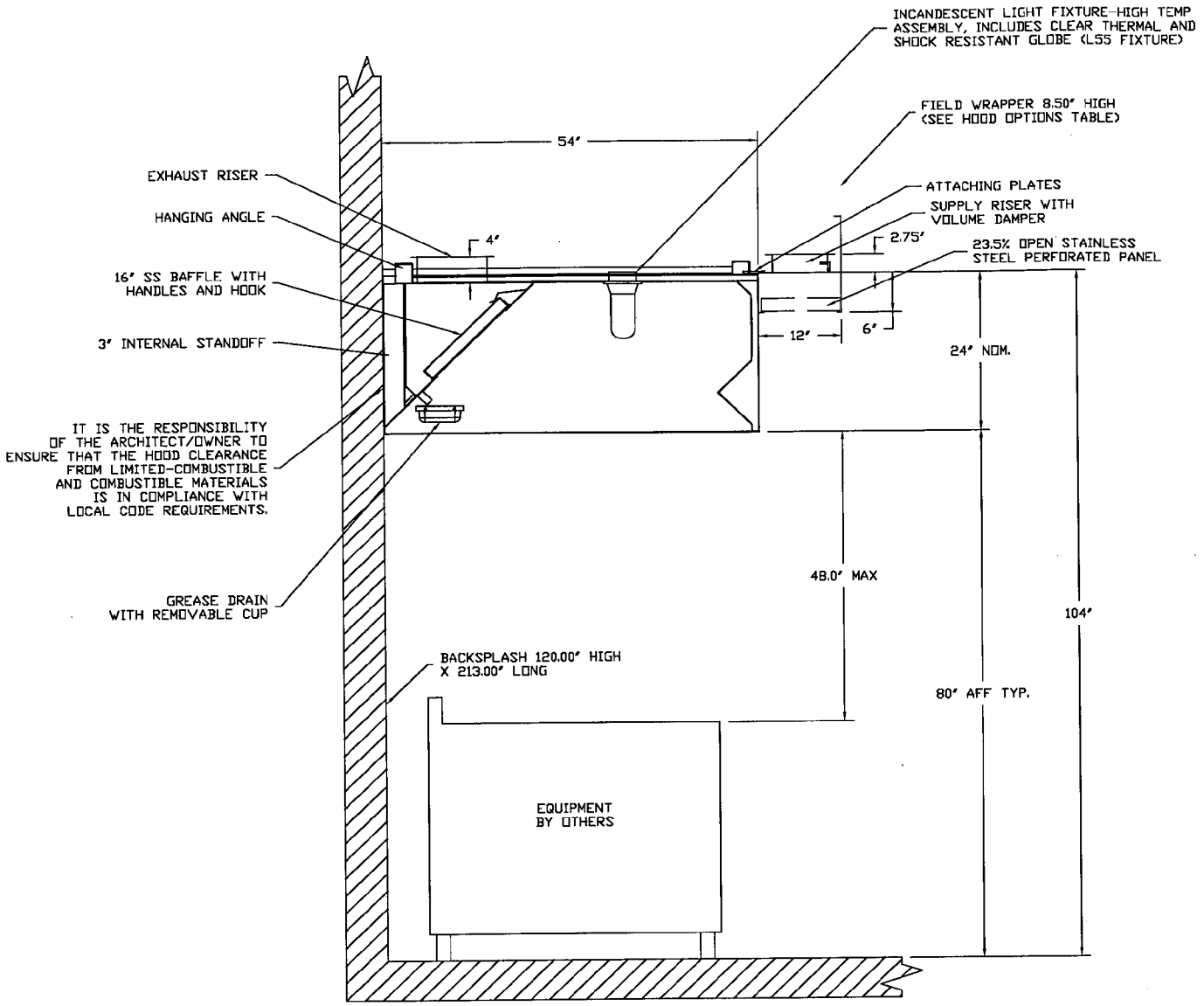
CAPTIVE-AIRE HOODS ARE BUILT IN COMPLIANCE WITH

Intertek

NFPA #96
UL 710 & ULC710 STANDARDS
E.T.L. LISTED 3054804-001

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ		
LOCATION Brick, NJ		
DATE 3/15/2010	*JOB #* 1116823	
DWG # 2	*DRAWN BY*	
REV.	*SCALE* 1/32	



SECTION VIEW – MODEL 5424ND-2-PSP-F

HOOD #1

ND-2 Series with PSP Accessory Specification

The ND-2 series hood with PSP accessory is a compensating canopy hood system rated for all types of cooking equipment. The hood shall have the size, shape and performance specified on drawings.

Construction shall be type 430 stainless steel with a #3 or #4 polish where exposed. Individual component construction shall be determined by the manufacturer and ETL. Construction shall be dependent on the structural application to minimize distortion and other defects. All seams, joints and penetrations of the hood enclosure to the lower outermost perimeter that directs and captures grease-laden vapor and exhaust gases shall have a liquid-tight continuous external weld in accordance with NFPA 96. Hood shall be wall type with fully welded 10 gauge corner hanging angles. Corner hanging angles have a .625 x 1.500 slot pre-punched at the factory, allowing hanging rods to be used for quick and safe installations. Hanging rod and connect is provided by and installed by others.

Ventilator shall be furnished with U.L. classified aluminum baffle filters, supplied in size and quantity as required by ventilator. The filters shall extend the full length of the hood and the filler panels shall not be more than 6" in width.

The hood manufacturer shall supply complete computer generated submittal drawings including hood section view(s) and hood plan view(s). These drawings must be available to the engineer, architect and owner for their use in construction, operation and maintenance.

Exhaust duct collar to be 4" high with 1" flange. Duct sizes, CFM and static pressure requirements shall be as shown on drawings. Static pressure requirements shall be precise and accurate; air velocity and volume information shall be accurate within 1-ft increments along the length of the ventilator.

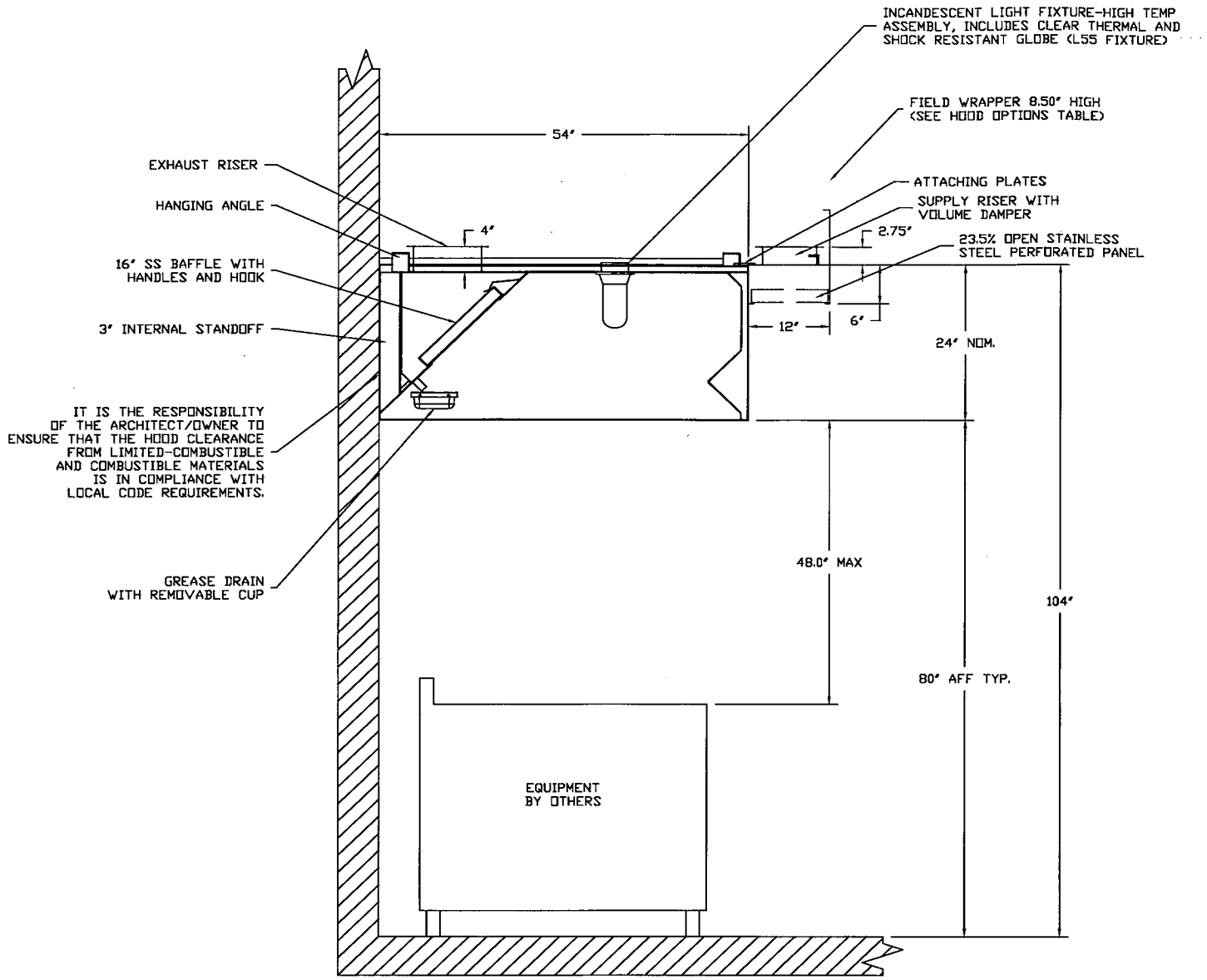
U.L. incandescent light fixtures and globes shall be installed and pre-wired to a junction box. The light fixtures shall be installed with a maximum of 4'0" spacing on center and allow up to a 100 watt standard light bulb.

The hood shall have:
- A double wall insulated front to eliminate condensation and increase rigidity. The insulation shall have a flexural modulus of 475 EI, meet UL 181 requirements and be in accordance with NFPA 90A and 90B.
- An integral front baffle to direct grease laden vapors toward the exhaust filter bank.
- A built-in wiring chase provided for outlets and electrical controls on the hood face and shall not penetrate the capture area or require an external chaseway.
- Low velocity make-up air (up to 90%) provided through front and side plenums (PSP accessory).
- A removable grease cup for easy cleaning.

The hood shall be ETL Listed as "Exhaust Hood Without Exhaust Damper", ETL Sanitation Listed and built in accordance with NFPA 96. The hood shall be listed for 450°F cooking surfaces at 150 CFM/ft, 600°F cooking surfaces at 200 CFM/ft, and 700°F cooking surfaces at 250 CFM/ft.

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	*JOB #* 1116823
DWG # 3	*DRAWN BY*
REV.	*SCALE* 1/32



SECTION VIEW - MODEL 5424ND-2-PSP-F

HOOD #2

CAPTIVE-AIRE

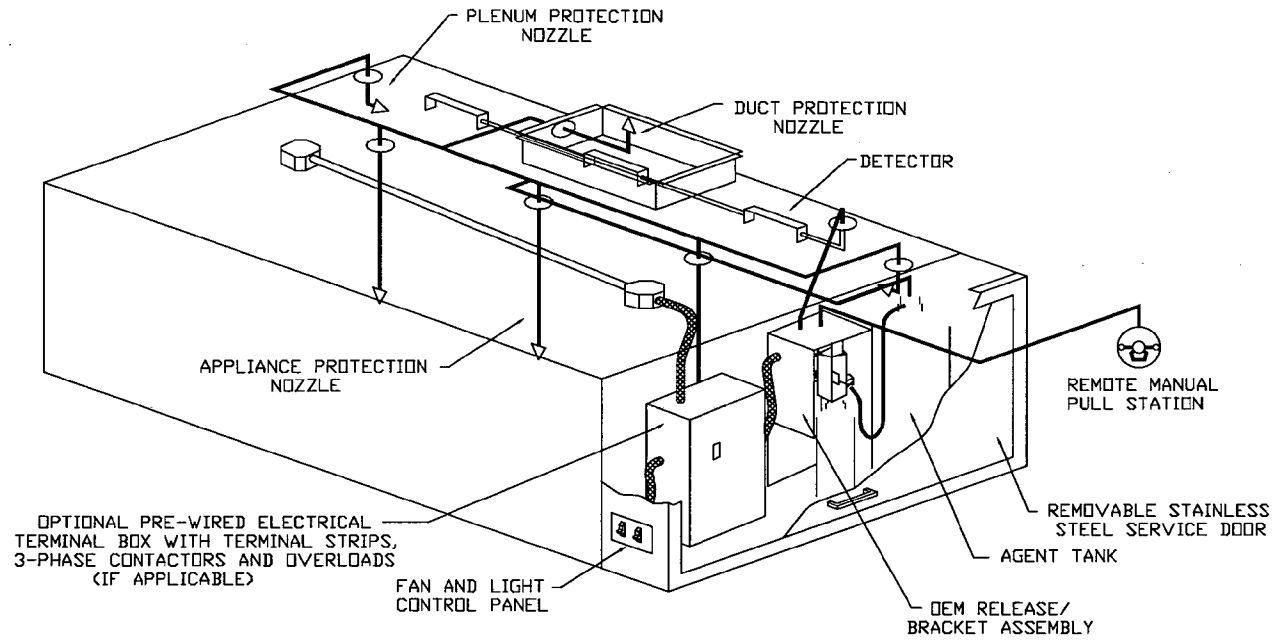
JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	*JOB #* 1116823
DWG # 4	*DRAWN BY*
REV.	*SCALE* 1/32

Fire System Information

FIRE SYSTEM NO.	TYPE	SIZE	FLOW POINTS	INSTALLATION	
				SYSTEM	LOCATION ON HOOD
1	Ansul R102	3.0/3.0	18	Fire Cabinet Right	Right

Job #: 1116823
Job Name: CHEEBURGER-Brick, NJ
Drawn By: BAS
System Size: ANSUL-3.0/3.0 Total FP required: 18
Hood # 1 8' 0.00" Long x 54" Wide x 24" High
Riser # 1 Size: 10" x 19"
Hood # 2 8' 0.00" Long x 54" Wide x 24" High
Riser # 1 Size: 10" x 19"

INCLUDES: FIELD INSTALLATION AND HOOKUP DURING NORMAL BUSINESS HOURS BY CERTIFIED INSTALLERS ONLY IN THE LOCATION NOTED ABOVE, TWO SITE VISITS ONLY (ONE VISIT TO SET PULL STATION & SYSTEM HOOKUP AND ONE VISIT FOR ONE TEST; ADDITIONAL VISITS WILL RESULT IN ADDITIONAL CHARGES), ONE MECHANICAL GAS VALVE PER SYSTEM AT A MAXIMUM SIZE OF 2", PERMIT, AND SYSTEM TEST.
EXCLUDES: UNION LABOR & PREVAILING WAGE (LABOR & WAGES WILL BE ADDED IF APPLICABLE), GAS VALVE INSTALLATION, ELECTRICAL HOOKUP AND CONNECTIONS, HANGING OF FIRE CABINET, SHUNT TRIP, HANDHELD EXTINGUISHER(S), ON-SITE RE-PIPING DUE TO EQUIPMENT LAYOUT CHANGES.



TYPICAL ANSUL R-102 SYSTEM LAYOUT

NOTES
- FIELD PIPE DROPS AS SHOWN
  SLEEVING, ELBOWS, TEES, AND NOZZLES SUPPLIED BY CAS
- RELOCATE NOZZLES IF FLOW PATTERN IS BLOCKED BY SHELVING, SALAMANDERS, ETC.
- MAXIMUM 9 ELBOWS IN SUPPLY LINE.
- MINIMUM 72 INCHES OF AGENT LINE FROM TANK TO FIRST NOZZLE.
- IF APPLICABLE, PRE-PIPED CHARBROILER DROPS ARE SHIPPED LOOSE.
- FACTORY PIPING EXTENDS A MAXIMUM OF 6" ABOVE THE TOP OF THE HOOD.

- APPLIANCE DIMENSIONS LISTED REPRESENT THE COOKING SURFACE SIZE, NOT THE OVERALL APPLIANCE SIZE.

- THIS FIRE SYSTEM COMPLIES WITH U.L. 300 REQUIREMENTS

SPECIFICATIONS

THE RESTAURANT FIRE SUPPRESSION SYSTEM SHALL BE THE PRE-ENGINEERED TYPE WITH A FIXED NOZZLE AGENT DISTRIBUTION NETWORK. IT SHALL BE LISTED WITH UNDERWRITERS LABORATORIES, INC. (UL)

THE SYSTEM SHALL BE CAPABLE OF AUTOMATIC DETECTION AND ACTUATION WITH LOCAL OR REMOTE MANUAL ACTUATION. ACCESSORIES SHALL BE AVAILABLE FOR MECHANICAL OR ELECTRICAL GAS LINE SHUT-OFF APPLICATIONS.

THE EXTINGUISHING AGENT SHALL BE A POTASSIUM CARBONATE, POTASSIUM ACETATE-BASED FORMULATION DESIGNED FOR FLAME KNOCKDOWN AND SECUREMENT OF GREASE RELATED FIRES. IT SHALL BE AVAILABLE IN PLASTIC CONTAINERS WITH INSTRUCTIONS FOR LIQUID AGENT HANDLING AND USAGE.

THE REGULATED RELEASE MECHANISM SHALL BE COMPATIBLE WITH A FUSIBLE LINK DETECTION SYSTEM. THE FUSIBLE LINK SHALL BE SELECTED AND INSTALLED ACCORDING TO THE OPERATING TEMPERATURE IN THE VENTILATING SYSTEM. THE FUSIBLE LINK SHALL BE SUPPORTED BY A DETECTOR BRACKET/ LINKAGE ASSEMBLY.

LEGEND - FIRE CABINET ANSUL SYSTEM

1A	1.5 GALLON TANK
1B	3 GALLON TANK
2	OEM AUTOMAN RELEASE
3	OEM REGULATED RELEASE
4	OEM REGULATED ACTUATOR
5	ANSULEX LIQUID AGENT (3 GAL.)
6	ANSULEX LIQUID AGENT (1.5 GAL.)
7	CARTRIDGE (101-20)
8	CARTRIDGE (101-10)
9	CARTRIDGE (101-30)
9A	CARTRIDGE (LT-A-101-30)
9B	DOUBLE TANK CARTRIDGE
10	TEST LINK
11	DOUBLE MICROSWITCH
12	HOSE ASSEMBLY
1100	DUCT NOZZLE (430913)
2W	DUCT NOZZLE (419337)
1W	NOZZLE ASSEMBLY (419336)
1F	NOZZLE ASSEMBLY (419333)
1N	NOZZLE ASSEMBLY (419335)
1/2N	NOZZLE ASSEMBLY (419334)
3N	NOZZLE ASSEMBLY (419338)
245	NOZZLE ASSEMBLY (419340)
230	NOZZLE ASSEMBLY (419339)
2120	NOZZLE ASSEMBLY (419343)
290	NOZZLE ASSEMBLY (419342)
260	NOZZLE ASSEMBLY (419341)
28	DETECTOR BRACKET
29	LOW TEMP FUSIBLE LINK
30	HIGH TEMP FUSIBLE LINK
MGV	MECHANICAL GAS VALVE
EGV	ELECTRICAL GAS VALVE
34	REMOTE MANUAL PULL STATION
S	SWIVEL ADAPTOR

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	*JOB #* 1116823
DWG # 5	*DRAWN BY*
REV.	*SCALE* 1/32

EXHAUST FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	MODEL	TAG	CFM	S.P.	RPM	H.P.	ø	VOLT	FLA	WEIGHT (LBS.)
1	NRTP.B-A2-D.500-G15-NCA18FA	NCA18FA		4000	1.000	953	2.000	3	208	6.0	1020.38

HEATER/MUA FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	BLOWER	HOUSING	TAG	CFM	S.P.	RPM	H.P.	ø	VOLT	FLA	WEIGHT (LBS.)
1	NRTP.B-A2-D.500-G15-NCA18FA	G15	A2-D.500B		3200	0.250	675	2.000	3	208	6.0	1020.38

GAS FIRED MAKE-UP AIR UNIT(S)

FAN UNIT NO.	INPUT BTUs	OUTPUT BTUs	TEMP. RISE	REQUIRED INPUT GAS PRESSURE	GAS TYPE
1	230400	211968	60 deg F	7 in. w.c. - 14 in. w.c.	Natural

FAN OPTIONS

FAN UNIT NO.	OPTION (Qty. - Descr.)
1	1 - Motorized Backdraft Damper for A2-D Housing
	1 - Grease Box
	1 - Low Fire Start
	1 - Inlet Pressure Gauge, 0-35'
	1 - Manifold Pressure Gauge, -5 to 15' wc

FAN ACCESSORIES

FAN UNIT NO.	FAN UNIT TAG	EXHAUST			SUPPLY			
		GREASE CUP	GRAVITY DAMPER	WALL MOUNT	SIDE DISCHARGE	GRAVITY DAMPER	MOTORIZED DAMPER	WALL MOUNT
1		YES					YES	

CURB ASSEMBLIES

NO.	ON FAN	ITEM	SIZE
1	# 1	Curb	31.000"W x 123.875"L x 20.000/20.000"H Insulated Vented Hinged
	# 1	Exhaust Adapter	From 31.750"sq To 26.500"sq x 9.000"H
	# 1	Rail	4.000"W x 4.000"L x 36.000"HAlong Width,

NOTE:
FANS SIZED FOR SINGLE STORY, STRAIGHT DUCT RUN TO THE ROOF. PLEASE VERIFY.

FAN START-UP AND AIR BALANCE IS BY THE INSTALLING CONTRACTOR AND REQUIRED FOR PROPER OPERATION OF THE HOOD SYSTEM.

AN AIR BALANCE REPORT IS REQUIRED AND IS TO BE SUBMITTED TO THE OWNER UPON COMPLETION.

CAPTIVE AIRE WARRANTY IS FOR PARTS ONLY FOR ONE YEAR. THE INSTALLING CONTRACTOR IS RESPONSIBLE FOR ALL LABOR WARRANTY FOR ONE YEAR.

INSTALL ALL CAPTIVE AIRE EQUIPMENT PER LOCAL CODES.

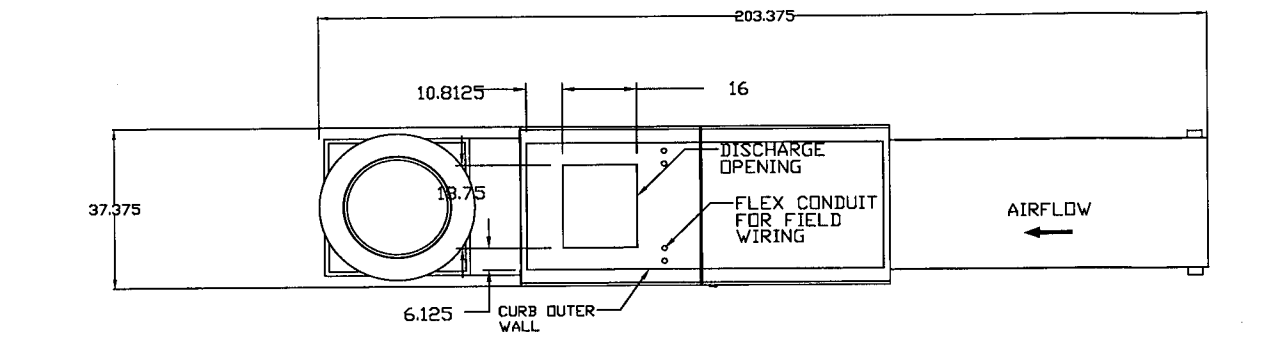
CAPTIVE AIRE

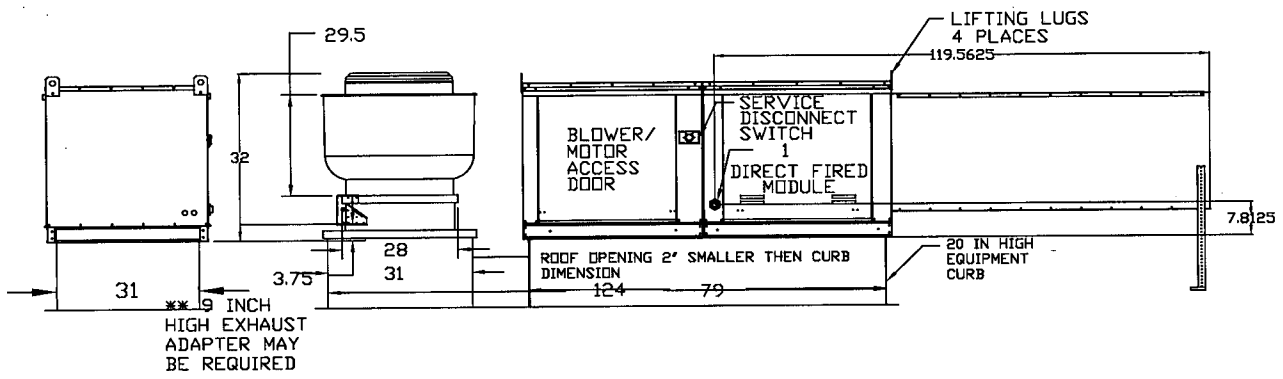
JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 6	DRAWN BY
REV.	SCALE 1/32

Modular Direct-Fired Heater (Fan #1 NRTP.B-A2-D.500-G15-NCA18FA)

- (Model#: TL-02MDF) TRUNKLINE - Extended Intake for size #2 Modular Heater. 24.75" Wide, 91.68" Long, 29.25" High. Includes intake hood with 2" EZ Kleen metal mesh filters, adjustable legs and 38" long extension.
- (Model#: NRTP.B-A2-D.500-G15-NCA18FA) Combination Unit with an Upblast Centrifugal Exhaust Fan with a 20.75" Wheel and a #2 Modular Direct-Fired Make-Up Air Unit with a 15" Blower Wheel rated for a maximum of 500,000 BTUs.
- Down Discharge - Air Flow Right -> Left

- (Model#: CRB31X124X20/20INS) ROOF CURB - 31" Width, 123.875" Length, 20" Exhaust/Supply Height, Exhaust Opening 29", Supply Opening 79", Insulated





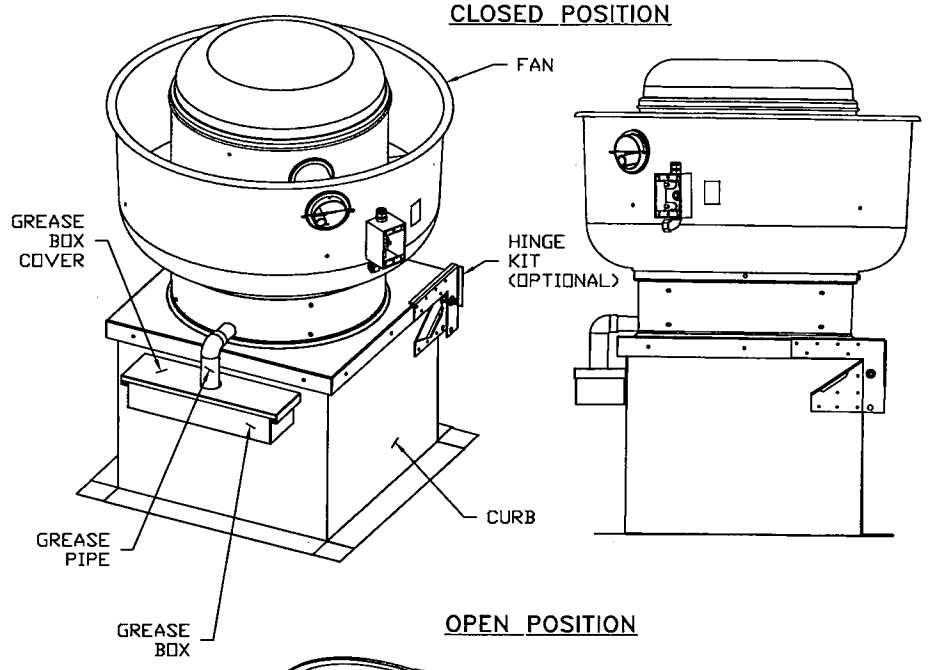
CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 7	DRAWN BY
REV.	SCALE 1/32

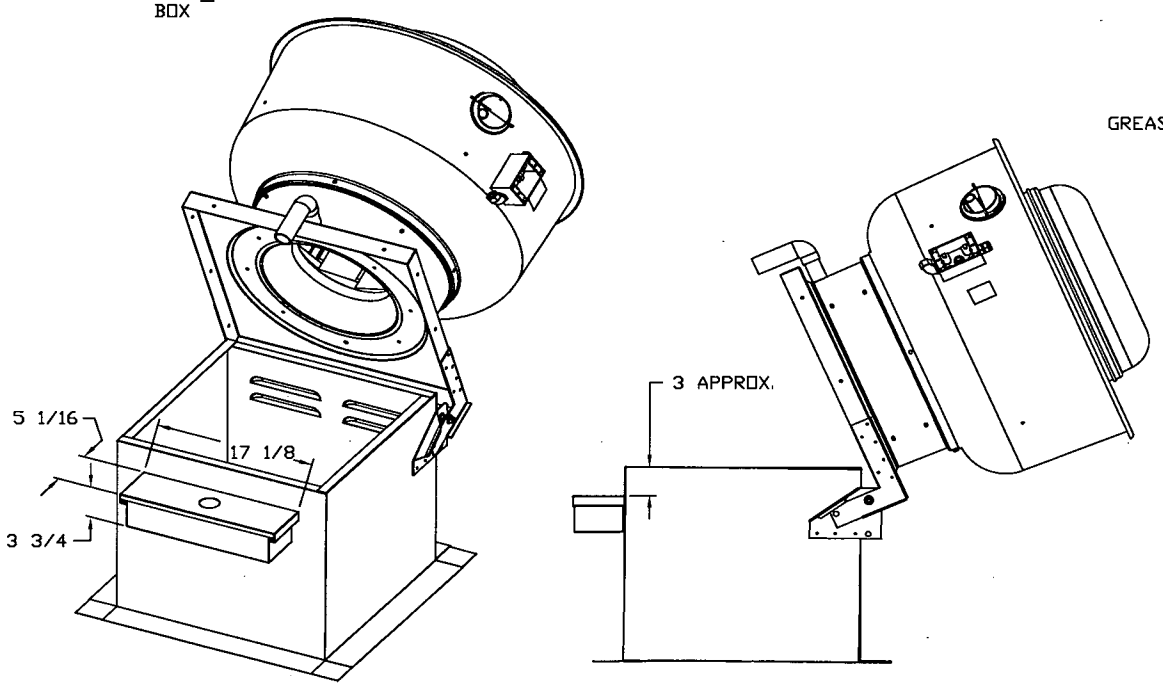
GREASE:BOX
REV.#2 08/19/02

GREASE BOX INSTALLATION

CLOSED POSITION



OPEN POSITION



PARTS INCLUDED

GREASE BOX
GREASE BOX COVER
GREASE PIPE

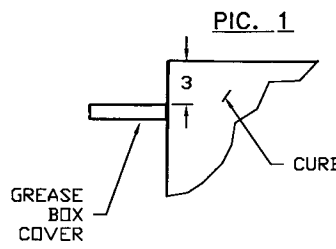
SHEET METAL SCREWS
3 - LONG (3/4" LG.)

GREASE BOX FIELD INSTALLATION

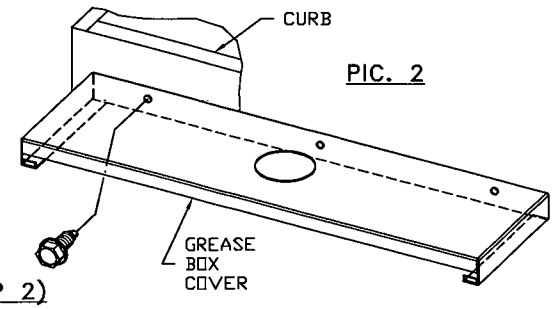
STEP 1)

ATTACH GREASE BOX COVER TO THE CURB,
HOLD 3" DIMENSION AS SHOWN ON PIC. 1.
SCREW GREASE BOX COVER TO CURB USING (3) LONG (3/4" LG.)
SCREWS AS SHOWN ON PIC. 2.

PIC. 1



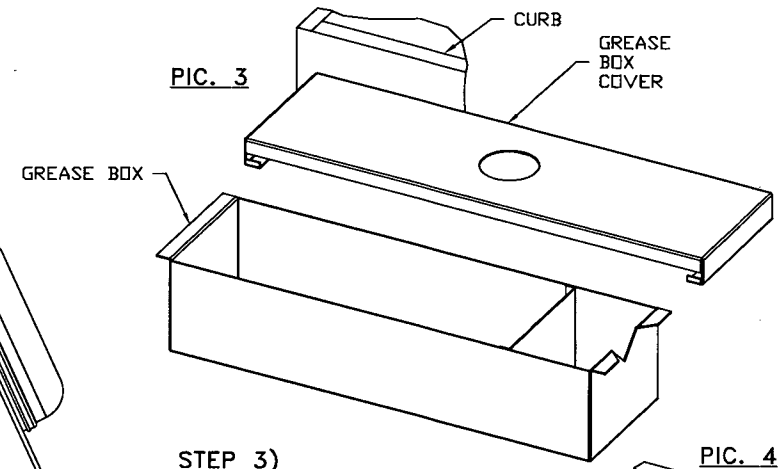
PIC. 2



STEP 2)

ATTACH GREASE BOX TO GREASE BOX COVER, SLIDE AND DROP.
AS SHOWN ON PIC. 3.

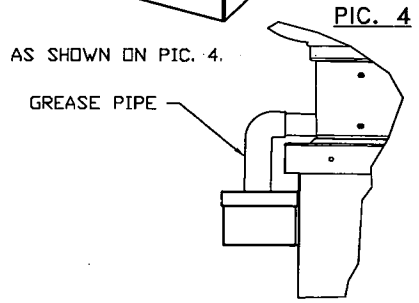
PIC. 3



STEP 3)

INSTALL GREASE PIPE AS SHOWN ON PIC. 4.

PIC. 4



JOB CHEEBURGER-Brick, NJ	
LOCATION Brick, NJ	
DATE 3/15/2010	JOB # 1116823
DWG # 8	DRAWN BY
REV.	SCALE 1/32

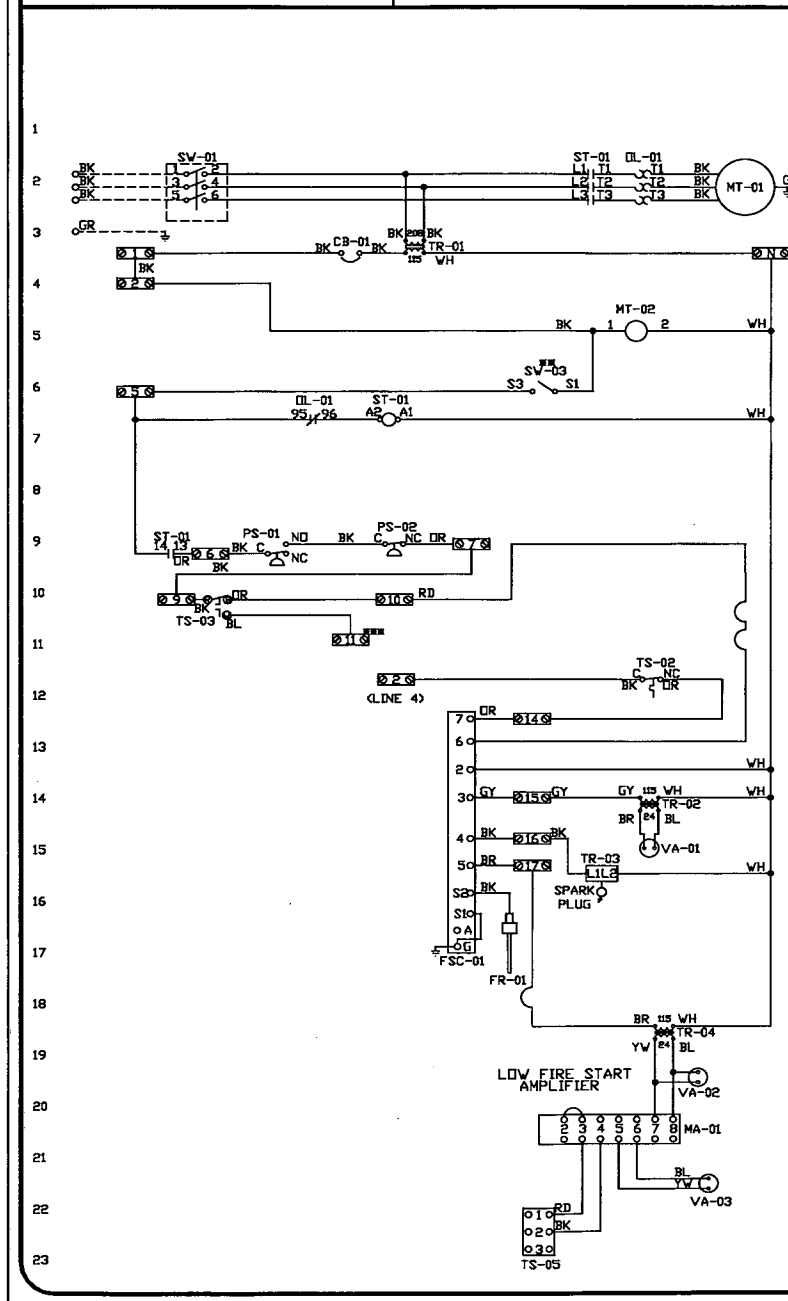
ELECTRICAL PACKAGES

NO.	TAG	PACKAGE #	LOCATION	SWITCHES		ROOFTOP STARTERS	OPTION	FANS CONTROLLED				
				LOCATION	QUANTITY			TYPE	ø	H.P.	VOLT	FLA
1	ES #1	311110FP	Utility Cabinet Right	Utility Cabinet Right	1 Light		Exhaust On In Fire, Fans On/Off Thermostatically Controlled	Exhaust	3	2.000	208	6.0
				Hood # 2	1 Fan							
								Supply	3	2.000	208	6.0

CAPTIVE-AIRE

JOB CHEEBURGER-Brick, NJ		
LOCATION Brick, NJ		
DATE 3/15/2010	*JOB #* 1116823	
DWG # 9	*DRAWN BY*	
REV.	*SCALE* 1/32	

Direct Fired Heater Wiring	JOB NAME CHEEBURGER-Brick, NJ	DATE 3/15/2010
DRAWING NUMBER DF1116823-1	JOB NUMBER 1116823	MODEL NRTP.B-A2-D.500-G15-NCA18FA



Installed Options

Motorized Back Draft Damper

Discharge Temp. Control

Component Identification

Label	Description	Location
CB-01	Circuit breaker (2amp)	[3]
FR-01	Flame rod	[6]
FSC-01	Fireye FSC	[1-14]
MA-01	Modulating amplifier	[19]
MT-01	Supply motor	[2]
MT-02	Damper motor	[5]
OL-01	Supply motor overload	[2X71]
PS-01	Low Airflow Switch	[9]
PS-02	High Airflow Switch	[9]
ST-01	Supply motor contactor	[2X71X9]
SV-01	Main disconnect switch	[2]
SV-03	Damper end Unit switch	[4]
TR-01	Power transformer(200va)	[3]
TR-02	Power transformer(20va)	[12]
TR-03	Ignition transformer	[14]
TR-04	Power transformer(20va)	[17]
TS-02	High temp limit switch	[10]
TS-03	Intake air thermostat	[10]
TS-05	Discharge Air Sensor	[21]
VA-01	Pilot gas valve	[13]
VA-02	Main gas valve	[18]
VA-03	Modulating gas valve	[20]

Motor Info

Supply		
	HP	2
	VOLTS	3 phs 208 V
	FLA	6
	CONTACTOR	100-K09D10M
	OVERLOAD	193-KB63

MINIMUM CIRCUIT AMPACITY: 8.65

NOTES

----- DENOTES FIELD WIRING
——— DENOTES INTERNAL WIRING

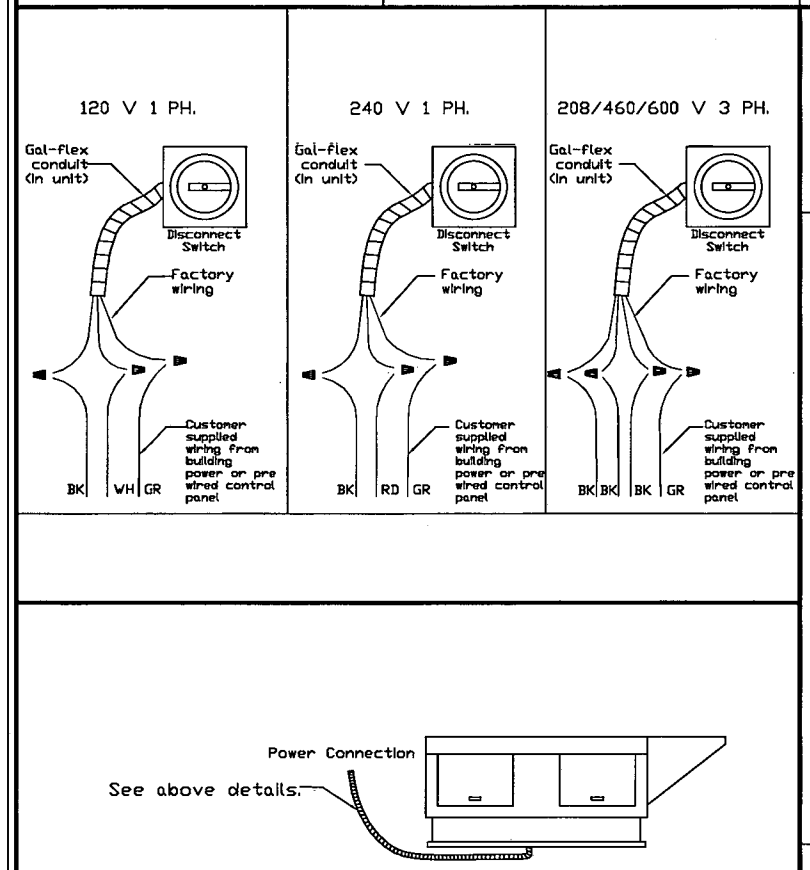
TERMINALS S4 AND S6 USED ON AF SERIES ACTUATORS

TERMINAL 11 PROVIDES COOLING CONNECTION

WIRE COLOR

BK - BLACK	YW - YELLOW	RD - RED
BL - BLUE	GR - GREEN	WH - WHITE
BR - BROWN	GY - GRAY	PK - PINK
OR - ORANGE	PR - PURPLE	

Installation Wiring	JOB NAME CHEEBURGER-Brick, NJ	DATE 3/15/2010
DRAWING NUMBER RP1116823-1	JOB NUMBER 1116823	MODEL NRTP.B-A2-D.500-G15-NCA18FA



Installed Options

Component Identification

Label	Description	Location

NOTES

WIRE COLOR

BK - BLACK	YW - YELLOW	RD - RED
BL - BLUE	GR - GREEN	WH - WHITE
BR - BROWN	GY - GRAY	PK - PINK
OR - ORANGE	PR - PURPLE	
RD - RED	PK - PINK	
WH - WHITE		

CAPTIVE-AIRE

JOB	CHEEBURGER-Brick, NJ	
LOCATION	Brick, NJ	
DATE	3/15/2010	JOB # 1116823
DWG #	10	DRAWN BY
REV.		SCALE 1/32

Exhaust Fan Wiring

DRAWING NUMBER *EXH1116823-1*

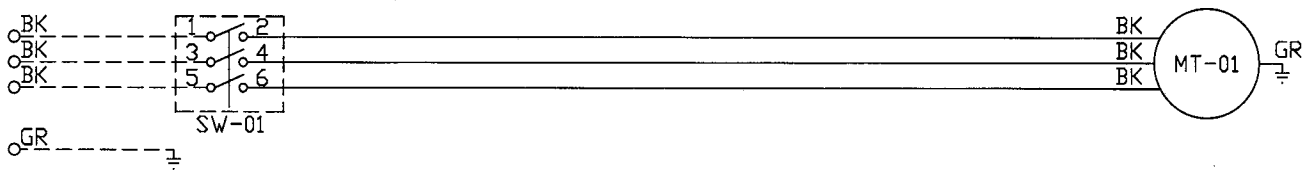
JOB NAME *CHEEBURGER-Brick, NJ*

JOB NUMBER *1116823*

DATE *3/15/2010*

MODEL **NRTP.B-A2-D.50**

Installed Op



Component Iden

Label	Description
MT-01	Fan Motor
SW-01	Main disconnect

Exhaust		
	HP	2
	VOLTS	3
	FLA	6
	CONTACTOR	1
	OVERLOAD	1

ELECTRICAL PREWIRE PACKAGE

DRAWING NUMBER *311110FP*

JOB NAME *CHEEBURGER-Brick, NJ*

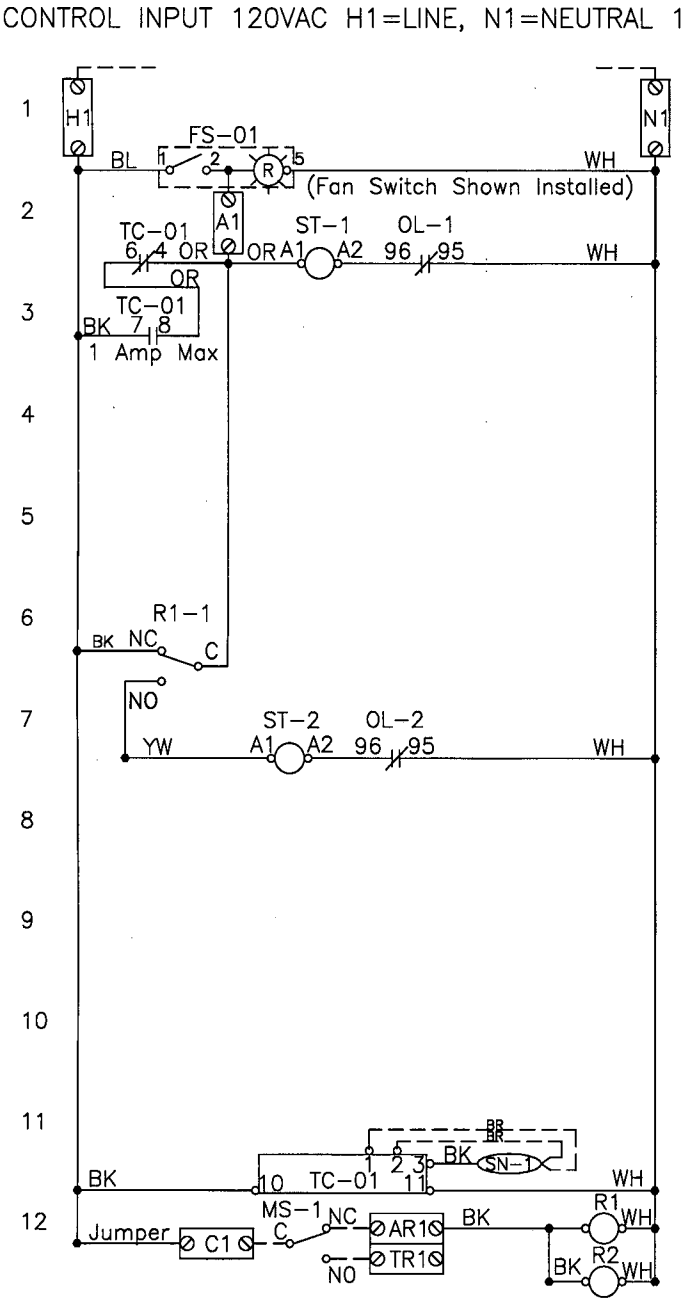
JOB NUMBER *1116823*

DATE *3/15/2*

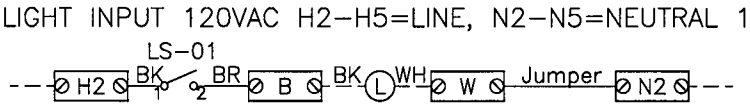
DRAWN BY

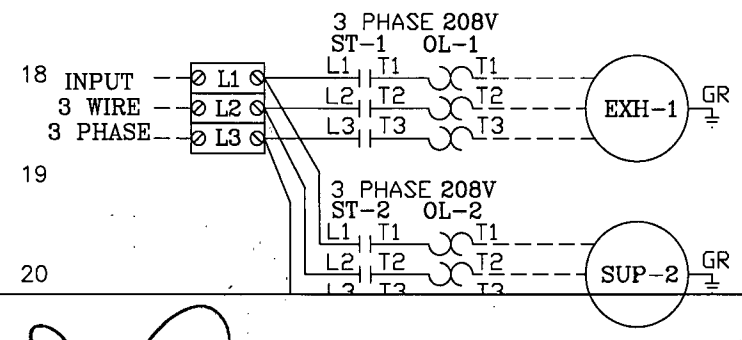
3 Phase, W/ 1 Exhau
Supply Fan, Exhaust i
On/Off Thermostatical

CONTROL INPUT 120VAC H1=LINE, N1=NEUTRAL 15A BKR – DO NOT WIRE TO SHUNT TRIP BREAKER



LIGHT INPUT 120VAC H2–H5=LINE, N2–N5=NEUTRAL 15A BKR (MAX 1400W PER CIRCUIT)





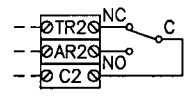
COMPONENT PARTS

LABEL	DESCRIPTION
C–x	Contactor
ST–x	Starter
OL–x	Overload
FS–xx	Fan Switch (Lighted)
LS–xx	Light Switch
L	Hood Light(s)
MS–x	MicroSwitch (Ansul/PyroChe
Rx	Relay DPDT – 34.110.0146

TC–XX TEMPERATURE CONTROLLER
SN–X RTD TEMPERATURE SENSOR

SPARE FIRE DRY CO

SPARE RELAY CONTACTS USED WHEN FIRE SYSTEM DISCHARGES TO SHUT DOWN SHUNT TRIP, EQUIPMENT... OR PROVIDE SIGNALS.



TR: Tripped, AR: Armed,

Rx RELAY SOCKET STYLE "CLION"

C–RD	NO	4	3
NO–BL	NC	2	1
NC–PR	COIL	8	7
	COM	6	5

Motor	Type	PH	Volt	HP
Exh–1	Exh	3	208	2
Sup–2	Sup	3	208	2

NOTES

----- DENOTES FIELD

CONTROL PANEL INSTALLATION

DRAWING NUMBER 311110FP

JOB NAME CHEEBURGER-Brick, N.

JOB NUMBER 1116823

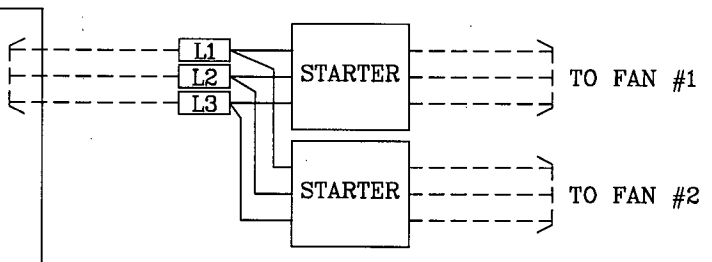
FIRE SYSTEM MICROSWITCH WIRING TO CONTROL PANEL

NOTE1: BUILDING FIRE ALARM IS TO BE WIRED TO THE "ALARM INITIATING SWITCH" INSIDE THE FIRE SYSTEM AUTOMAN

120VAC SHUNT TRIP BREAKER WIRING

FAN WIRING TO CONTROL PANEL

3 PHASE 208/460/575 VOLT



FAN BREAKER PANEL, SEE

MICRO CONNE

FS #

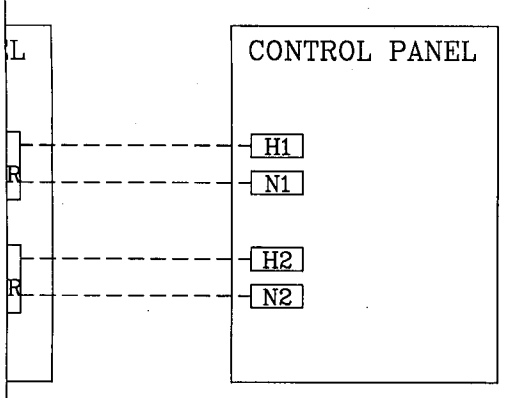
FS #

FS #

DATE 3/15/2010

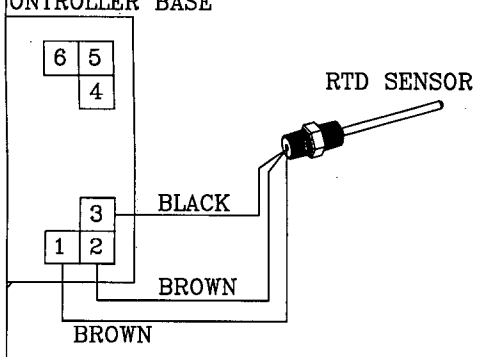
DRAWN BY

FOR CONTROLS AND LIGHTING



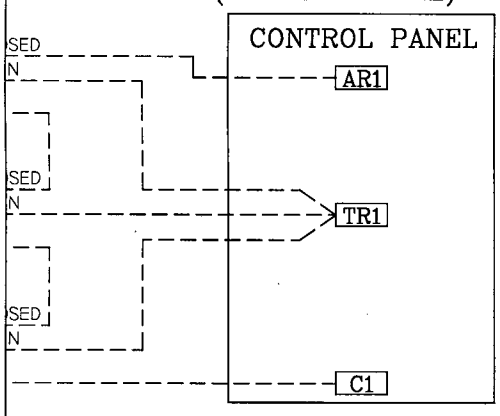
RING FOR FAN SWITCH OVERRIDE

ONTROLLER BASE

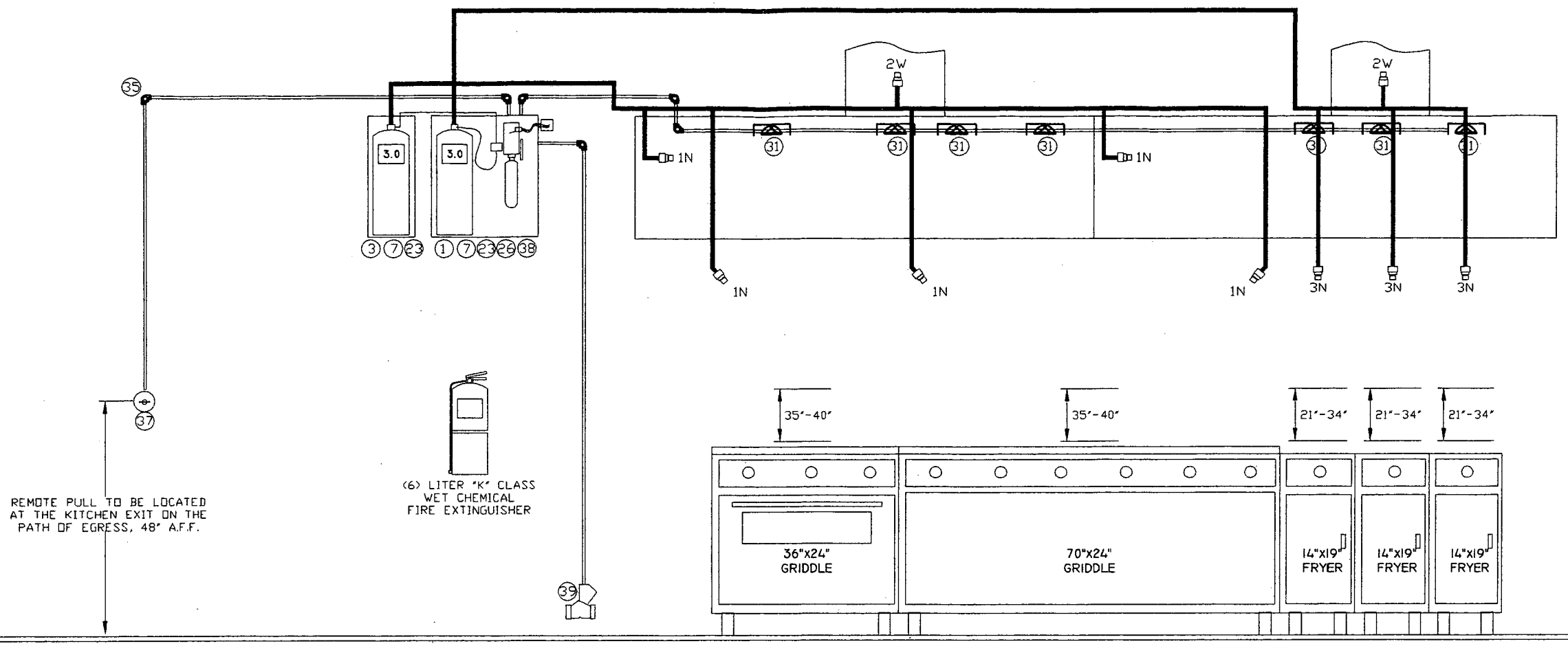


E WITH TEMP CONTROLLER
EXPOSE TERMINALS

WHEN MULTIPLE FIRE SYSTEMS
TRICAL PANEL (3 SHOWN HERE)



RevNo	Revision note	Date	Signature	Checked



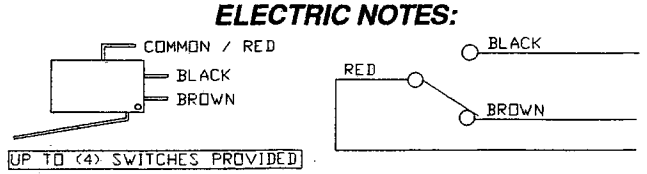
DISTRIBUTION PIPING REQUIREMENTS - 3.0 GALLON SYSTEM				
REQUIREMENTS	SUPPLY LINE	DUCT BRANCH	PLENUM BRANCH	APPLIANCE BRANCH
PIPE SIZE	3/8"	3/8"	3/8"	3/8"
MAX. LENGTH	40'-0"	8'-0"	4'-0"	12'-0"
MAX. RISE	6'-0"	4'-0"	2'-0"	2'-0"
MAX. 90 ELBOW	9	4	4	6
MAX. TEES	1	2	2	4
MAX. FLOW #	11#	4	2	4

- SYSTEM MANUFACTURER - ANSUL
- MODEL # - R-102 6.0 GALLON
- U.L. EX. - 3470
- EXTINGUISHING AGENT - ANSULEX
- # OF FLOW POINTS - 18
- HOOD SIZE - (2)8'-0"
- DUCT SIZE - (2)19"x10"
- SUPPLY PIPE SIZE - 3/8"
- BRANCH PIPE SIZE - 3/8"
- ALL PIPE SCHEDULE 40 BLACK PIPE
- ALL 1/2" CONDUIT

- THE INSTALLATION SHALL COMPLY WITH NFPA 96, NFPA 17A, THE MANUFACTURERS U.L LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION
- EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
- FIRE SYSTEM SHALL SHUTDOWN FUEL TO ALL APPLIANCES UPON SYSTEM DISCHARGE
- ALL ELECTRIC UNDER EXHAUST HOOD SHALL SHUTDOWN UPON SYSTEM DISCHARGE
- MAKE-UP AIR SHOULD SHUTDOWN UPON SYSTEM DISCHARGE
- EXHAUST FAN SHOULD REMAIN ON DURING SYSTEM DISCHARGE
- REMOTE PULL STATION TO BE LOCATED A MINIMUM 10'-0" FROM HOOD ON THE PATH OF EGRESS FROM THE PROTECTED AREA
- FIRE SYSTEM INSTALLATION IS SUBJECT TO SEMI-ANNUAL INSPECTION BY THE AUTHORIZED INSTALLING CONTRACTOR TO WARANTEE OF SYSTEM OPERATION & PERFORMANCE
- GAS VALVE TO BE INSTALLED BY A LICENSED PLUMBER

ITEM	QUANTITY	PART #	DESCRIPTION
1	1	429853	REGULATED RELEASE (MECHANICAL)
2	0	429856	REGULATED RELEASE (ELECTRICAL)
3	1	429870	ENCLOSURE ASSEMBLY
4	0	429878	BRACKET ASSEMBLY
5	0	429850	REGULATED ACTUATOR
6	0	429864	1.5 AGENT TANK
7	2	429862	3.0 AGENT TANK
8	0	429872	TWO TANK ENCLOSURE
9	5	419335	1N NOZZLE
10	0	419336	1W NOZZLE
11	0	419334	1/2N NOZZLE
12	2	419337	2W NOZZLE
13	0	78078	2WH NOZZLE
14	3	419338	3N NOZZLE
15	0	419339	230 NOZZLE
16	0	419340	245 NOZZLE
17	0	419341	260 NOZZLE
18	0	419342	290 NOZZLE
19	0	419343	2120 NOZZLE
20	0	419333	1F NOZZLE
21	0	430913	1100 NOZZLE
22	0	79694	1.5 ANSULEX
23	2	79372	3.0 ANSULEX
24	0	423439	101-10 CARTRIDGE
25	0	423441	101-20 CARTRIDGE
26	1	423443	101-30 CARTRIDGE
27	0	423429	LT-20-R CARTRIDGE
28	0	423435	LT-30-R CARTRIDGE
29	0	423493	R-102 DOUBLE TANK CART.
30	0	423491	LT-A-101-30 CARTRIDGE
31	7	417369	DETECTOR
32	0	415745	360 FUSIBLE LINK
33	7	415746	450 FUSIBLE LINK
34	0	73867	500 FUSIBLE LINK
35	20	423250	PULLEY ELBOW
36	0	427929	PULLEY TEE
37	1	4835	REMOTE PULL STATION
38	1	423881	MICROSWITCH
39	1	------	MECHANICAL GAS VALVE
40	0	------	SOLENOID GAS VALVE
41	0	426151	MANUAL RESET RELAY
42	1	418087-06	INSTALLATION MANUAL
43	11	------	QUICK-SEAL ADAPTOR

ELECTRIC NOTES:



UP TO (4) SWITCHES PROVIDED

* WIRING DIAGRAM TO BE USED AS A REFERENCE ONLY ALL CONNECTIONS TO BE VERIFIED BY A LICENSED ELECTRICIAN
* ALL WIRING TO BE DONE BY A LICENSED ELECTRICIAN
* EACH SWITCH HAS A SET OF SINGLE POLE, DOUBLE THROW CONTACTS RATED AT 21 AMP, 1 HP, 125, 250, 277 VAC OR 2 HP, 250, 277 VAC
* A RELAY MUST BE SUPPLIED BY OTHERS IF THE EQUIPMENT LOAD EXCEEDS THE RATED CAPACITY OF THE SWITCH
* ALL ELECTRICAL CONNECTIONS ARE TO BE MADE OUTSIDE OF THE FIRE SYSTEM CONTROL BOX
* ELECTRICIAN TO WIRE HORN/STROBE ALARM OR BUILDING ALARM TO ACTIVATE UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE MAKE-UP AIR TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE ANY ELECTRICAL EQUIPMENT UNDER EXHAUST HOOD TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE SOLENOID GAS VALVE WITH RESET RELAY TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE (IF APPLICABLE)

ANSUL SYSTEM NOTES:

REMOTE PULL STATION REQUIREMENTS
- REMOTE PULL STATION TO BE LOCATED MINIMUM 10'-0" FROM HAZARD, ON THE PATH OF EGRESS, 48"-60" ABOVE FINISHED FLOOR.
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM (2) REMOTE PULL STATIONS CAN BE USED PER SYSTEM (USING (1) PULLEY TEE)

DETECTION REQUIREMENTS
- FUSIBLE LINK DETECTOR TO BE LOCATED IN EACH DUCT OPENING AND ABOVE EACH PROTECTED APPLIANCE NOT LOCATED UNDER A DUCT
- MAXIMUM (15) SCISSOR STYLE DETECTORS CAN BE USED PER SYSTEM
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR DETECTION
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR DETECTION
- THE LAST DETECTOR ON A SYSTEM TO BE A TERMINAL DETECTOR

MECHANICAL GAS VALVE REQUIREMENTS
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR GAS VALVE
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR GAS VALVE

ELECTRICAL SOLENOID GAS VALVE
- SOLENOID GAS VALVE TO BE CONNECTED TO THE ANSUL SYSTEM MICROSWITCH BY A LICANSED ELECTRICIAN
- A MANUAL RESET RELAY MUST BE USED TO RESET GAS VALVE TO RE-OPEN

DISTRIBUTION PIPING REQUIREMENTS
- ALL DISTRIBUTION PIPING MUST BE 3/8" SCHEDULE 40 BLACK IRON, CHROME PLATED, OR STAINLESS STEEL
- ALL THREADED CONNECTIONS LOCATED IN & ABOVE THE PROTECTED AREA MUST BE SEALED WITH PIPE TAPE.

PIPE HANGER GUIDELINES
- MAXIMUM 5FT. BETWEEN HANGERS
- HANGERS TO BE PLACED BETWEEN ELBOWS WHEN THE DISTANCE IS GREATER THAN 2FT.

Reliable Fire Protection

NEW JERSEY
DIV. OF FIRE SAFETY
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DEPT. OF BUILDINGS
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www.reliablefireprotection.net

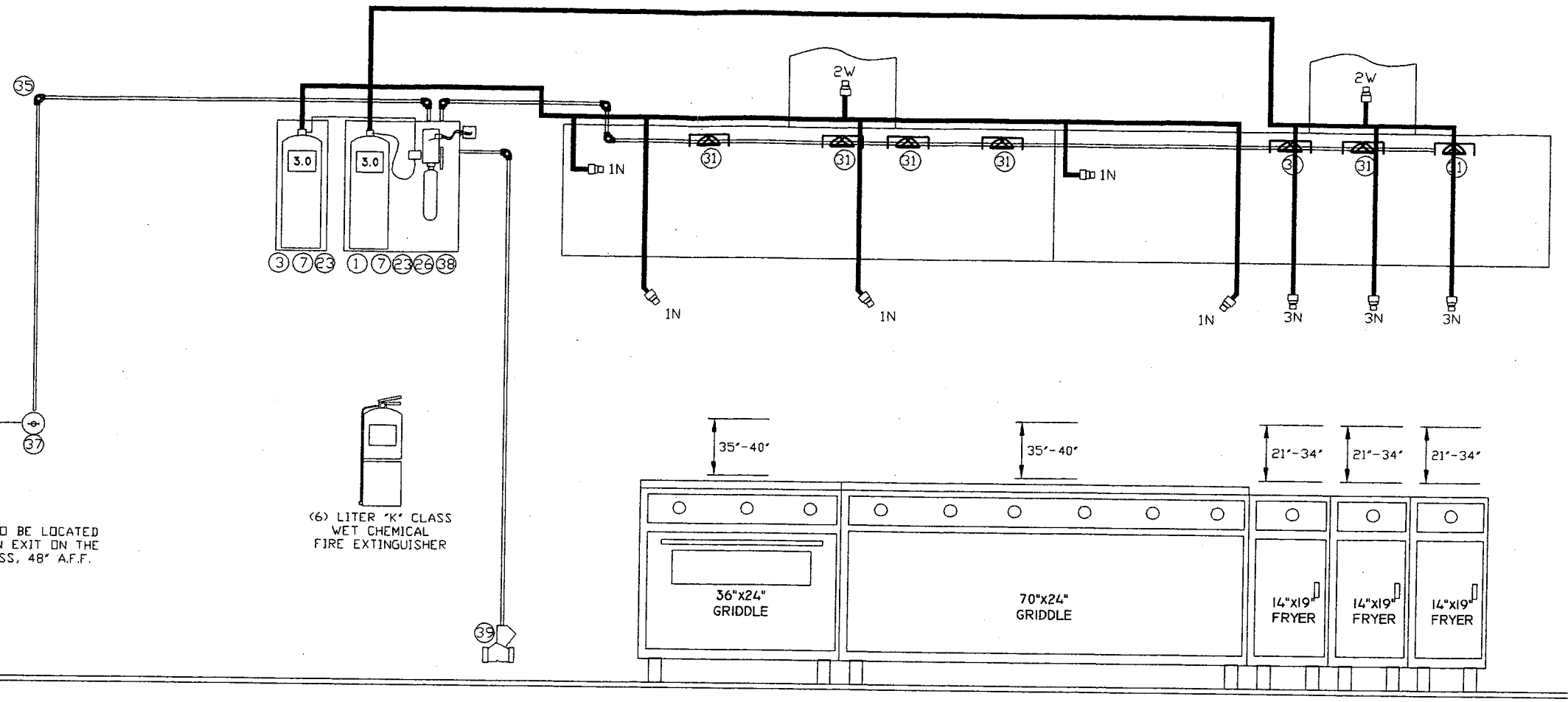
CHEEBURGER CHEEBURGER

644 HWY 70 WEST
BRICK TOWNSHIP, NJ 08723

1ST FLOOR - ANSUL R-102 FIRE SUPPRESSION SYSTEM

Drawn by	KBC
Sheet	1 OF 1
Scale	NTS
Date	3/18/10
Drawing #	F-001.0.0

RevNo	Revision note	Date	Signature	Checked



DISTRIBUTION PIPING REQUIREMENTS - 3.0 GALLON SYSTEM				
REQUIREMENTS	SUPPLY LINE	DUCT BRANCH	PLENUM BRANCH	APPLIANCE BRANCH
PIPE SIZE	3/8"	3/8"	3/8"	3/8"
MAX. LENGTH	40'-0"	8'-0"	4'-0"	12'-0"
MAX. RISE	6'-0"	4'-0"	2'-0"	2'-0"
MAX. 90 ELBOW	9	4	4	6
MAX. TEES	1	2	2	4
MAX. FLOW #	11#	4	2	4

- SYSTEM MANUFACTURER - ANSUL
- MODEL # - R-102 6.0 GALLON
- U.L. EX. - 3470
- EXTINGUISHING AGENT - ANSULEX
- # OF FLOW POINTS - 18
- HOOD SIZE - (2)8'-0"
- DUCT SIZE - (2)19"x10"
- SUPPLY PIPE SIZE - 3/8"
- BRANCH PIPE SIZE - 3/8"
- ALL PIPE SCHEDULE 40 BLACK PIPE
- ALL 1/2" CONDUIT

- THE INSTALLATION SHALL COMPLY WITH NFPA 96, NFPA 17A, THE MANUFACTURERS U.L LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION
- EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
- FIRE SYSTEM SHALL SHUTDOWN FUEL TO ALL APPLIANCES UPON SYSTEM DISCHARGE
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- MAKE-UP AIR SHOULD SHUTDOWN UPON SYSTEM DISCHARGE
- EXHAUST FAN SHOULD REMAIN ON DURING SYSTEM DISCHARGE
- REMOTE PULL STATION TO BE LOCATED A MINIMUM 10'-0" FROM HOOD ON THE PATH OF EGRESS FROM THE PROTECTED AREA
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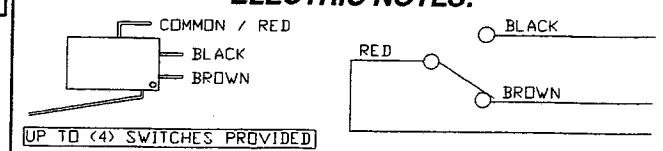
- GAS VALVE TO BE INSTALLED BY A LICENSED PLUMBER

ITEM	QUANTITY	PART #	DESCRIPTION	ITEM	QUANTITY	PART #	DESCRIPTION
1	1	429853	REGULATED RELEASE (MECHANICAL)	22	0	79694	1.5 ANSULEX
2	0	429856	REGULATED RELEASE (ELECTRICAL)	23	2	79372	3.0 ANSULEX
3	1	429870	ENCLOSURE ASSEMBLY	24	0	423439	101-10 CARTRIDGE
4	0	429878	BRACKET ASSEMBLY	25	0	423441	101-20 CARTRIDGE
5	0	429850	REGULATED ACTUATOR	26	1	423443	101-30 CARTRIDGE
6	0	429864	1.5 AGENT TANK	27	0	423429	LT-20-R CARTRIDGE
7	2	429862	3.0 AGENT TANK	28	0	423435	LT-30-R CARTRIDGE
8	0	429872	TWO TANK ENCLOSURE	29	0	423493	R-102 DOUBLE TANK CART.
9	5	419335	1N NOZZLE	30	0	423491	LT-A-101-30 CARTRIDGE
10	0	419336	1W NOZZLE	31	7	417369	DETECTOR
11	0	419334	1/2N NOZZLE	32	0	415745	360 FUSIBLE LINK
12	2	419337	2W NOZZLE	33	7	415746	450 FUSIBLE LINK
13	0	78078	2WH NOZZLE	34	0	73867	500 FUSIBLE LINK
14	3	419338	3N NOZZLE	35	20	423250	PULLEY ELBOW
15	0	419339	230 NOZZLE	36	0	427929	PULLEY TEE
16	0	419340	245 NOZZLE	37	1	4835	REMOTE PULL STATION
17	0	419341	260 NOZZLE	38	1	423881	MICROSWITCH
18	0	419342	290 NOZZLE	39	1	———	MECHANICAL GAS VALVE
19	0	419343	2120 NOZZLE	40	0	———	SOLENOID GAS VALVE
20	0	419333	1F NOZZLE	41	0	426151	MANUAL RESET RELAY
21	0	430913	1100 NOZZLE	42	1	418087-06	INSTALLATION MANUAL
				43	11	———	QUICK-SEAL ADAPTOR

ELECTRIC NOTES:



UP TO (4) SWITCHES PROVIDED

* WIRING DIAGRAM TO BE USED AS A REFERENCE ONLY ALL CONNECTIONS TO BE VERIFIED BY A LICENSED ELECTRICIAN
* ALL WIRING TO BE DONE BY A LICENSED ELECTRICIAN
* EACH SWITCH HAS A SET OF SINGLE POLE, DOUBLE THROW CONTACTS RATED AT 21 AMP, 1 HP, 125, 250, 277 VAC OR 2 HP, 250, 277 VAC
* A RELAY MUST BE SUPPLIED BY OTHERS IF THE EQUIPMENT LOAD EXCEEDS THE RATED CAPACITY OF THE SWITCH
* ALL ELECTRICAL CONNECTIONS ARE TO BE MADE OUTSIDE OF THE FIRE SYSTEM CONTROL BOX
* ELECTRICIAN TO WIRE HORN/STROBE ALARM OR BUILDING ALARM TO ACTIVATE UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE MAKE-UP AIR TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE ANY ELECTRICAL EQUIPMENT UNDER EXHAUST HOOD TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
* ELECTRICIAN TO WIRE SOLENOID GAS VALVE WITH RESET RELAY TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE (IF APPLICABLE)

ANSUL SYSTEM NOTES:

REMOTE PULL STATION REQUIREMENTS

- REMOTE PULL STATION TO BE LOCATED MINIMUM 10'-0" FROM HAZARD, ON THE PATH OF EGRESS, 48"-60" ABOVE FINISHED FLOOR.
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR EACH REMOTE PULL
- MAXIMUM (2) REMOTE PULL STATIONS CAN BE USED PER SYSTEM (USING (1) PULLEY TEE)

DETECTION REQUIREMENTS

- FUSIBLE LINK DETECTOR TO BE LOCATED IN EACH DUCT OPENING AND ABOVE EACH PROTECTED APPLIANCE NOT LOCATED UNDER A DUCT
- MAXIMUM (15) SCISSOR STYLE DETECTORS CAN BE USED PER SYSTEM
- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR DETECTION
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR DETECTION
- THE LAST DETECTOR ON A SYSTEM TO BE A TERMINAL DETECTOR

MECHANICAL GAS VALVE REQUIREMENTS

- MAXIMUM (20) PULLEY ELBOWS CAN BE USED FOR GAS VALVE
- MAXIMUM 150FT. OF WIRE ROPE CAN BE USED FOR GAS VALVE

ELECTRICAL SOLENOID GAS VALVE

- SOLENOID GAS VALVE TO BE CONNECTED TO THE ANSUL SYSTEM MICROSWITCH BY A LICANSED ELECTRICIAN
- A MANUAL RESET RELAY MUST BE USED TO RESET GAS VALVE TO RE-OPEN

DISTRIBUTION PIPING REQUIREMENTS

- ALL DISTRIBUTION PIPING MUST BE 3/8" SCHEDULE 40 BLACK IRON, CHROME PLATED, OR STAINLESS STEEL
- ALL THREADED CONNECTIONS LOCATED IN & ABOVE THE PROTECTED AREA MUST BE SEALED WITH PIPE TAPE.

PIPE HANGER GUIDELINES

- MAXIMUM 5FT. BETWEEN HANGERS
- HANGERS TO BE PLACED BETWEEN ELBOWS WHEN THE DISTANCE IS GREATER THAN 2FT.

Reliable Fire Protection

NEW JERSEY
DIV. OF FIRE SAFETY
PERMIT ID # P00049

NEW YORK CITY
DEPT. OF BUILDINGS
LICENSE # 151C

349 ESSEX ROAD
TINTON FALLS, NJ 07753

350 FIFTH AVENUE - SUITE 3304
NEW YORK, NY 10018

PHONE: 732-643-0075 / 800-368-0024 FAX: 732-643-0076
www.reliablefireprotection.net

CHEEBURGER CHEEBURGER

644 HWY 70 WEST
BRICK TOWNSHIP, NJ 08723

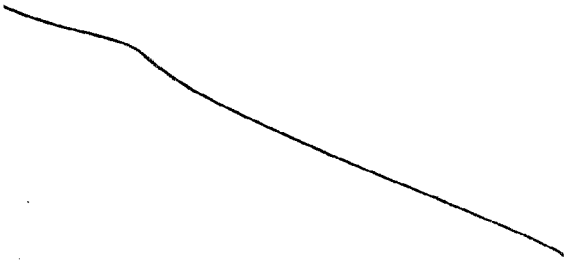
1ST FLOOR - ANSUL R-102 FIRE SUPPRESSION SYSTEM

Drawn by	KBC
Sheet	1 OF 1
Scale	NTS
Date	3/18/10
Drawing #	F-001.0.0

Ron -

+ A is resilient

+ B is new



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: 10-0449+A Control Number: C-10-000757
Last Submit Date: Thursday, March 25, 2010

Date: Thursday, March 25, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions:

2006 International Mechanical Code section 507.2.1.1 Exhaust fan shall be designed and installed to automatically activate whenever cooking operations occur.

Need update permit for kitchen exhaust system.

03-25-10
Lic #
73-643-
6076
to contractor

Sincerely,

Ron Piszar, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1159
DESTINATION ADDRESS	97326430076
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/25 14:39
USAGE T	00'21
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
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Your request is hereby denied based upon the following infractions.

2006 International Mechanical Code section 507.2.1.1 Exhaust fan shall be designed and installed to automatically activate whenever cooking operations occur.

Need update permit for kitchen exhaust system.

03-25-10
Lot #
70-643-
6076
to contractor

Sincerely,

Ron Piszar, Subcode Official

RECEIVING CLERK: KB
PERMIT #: ZP-10-00039

ZONING PERMIT APPLICATION

BLOCK: 701 LOT: 7 QUALIFIER: — ADDRESS: 644 RT 70 Brick, NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 644 RT 70 Brick, NJ
2. NAME OF OWNER IN FEE: Cheeburger Cheeburger
   ADDRESS: 644 RT 70 Brick PHONE #: (609) 221-0745
   PHONE #: (___) ___
3. NAME OF APPLICANT: Midwest Construction
   ADDRESS: 114 Brace RD Cherry Hill, NJ PHONE #: (609) 610 4010
   FAX #: (609) 755794
   E-MAIL ADDRESS: solfir7@yahoo.com
4. RESPONSIBLE PERSON FOR WORK: Curt Kelly
   ADDRESS: 114 Brace RD Cherry Hill, NJ 08034
5. PHONE#: (609) 610 4010 FAX#: (856) 795-5794

FEE SUMMARY:

APPLICATION FEE: $ 50.00

OTHER ___: $ ___

TOTAL: $ ___

SPECIAL CONDITIONS:

DRAINAGE EASEMENTS: ___

UTILITY EASEMENTS: ___

CONSERVATION EASEMENTS: ___

FEMA REQUIREMENTS: ___

D.E.P. PERMITS: ___

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: ___

APPROVED DATE: ___

COMMERCIAL

PROJECT DESCRIPTION: ☐ NEW DWELLING ☐ ADDITION

☐ PORCH ☐ DECK ☐ POOL ☐ FENCE ☐ SHED ☐ ALTERATION

☒ OTHER Fit out of Cheeburger Restaurant

HEIGHT: ___

ZONING REVIEW:

DATE RECEIVED: 1-5-10 DATE: DENIED — DATE APPROVED 1-8-10 INTLS: SE, ZO

Receipt

Payment Date 03/10/2010

Transaction # PMT-10-00848

Receipt #

Issued To Midwest Construction

Description Tenant Fit Up Change of Use

Date Printed 03/10/2010

Check Number 107

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00070
Application Date: 02/05/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **644 (744) ROUTE 70**
Bricktown Center, Unit 17
Brick Township, NJ 08723

Block: **701**
Lot: **7 & 9.03**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN VF LLC %VORNADO REALTY**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **Curt Kelly; Midwest Construction**
Address: **114 Brace Road**
Cherry Hill, NJ 08034

Application Approved Date: 02/08/2010

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

Use is: Restaurant "Cheeburger Cheeburger", (former "Dollar World" store).
Nonconforming Use is:

Work Description:

Rehabilitation - Interior alteration for a tenant fit-up for a new business in Unit 17 for a restaurant, "Cheeburger Cheeburger".

All trash and recycling containers must be removed from the parking spaces, fire zones, and driveways and placed in the enclosures.

A deed consolidating Lot 7, Lot 8, Lot 9.03 and Lot 15 into a single lot must be filed with the Ocean County Clerk.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

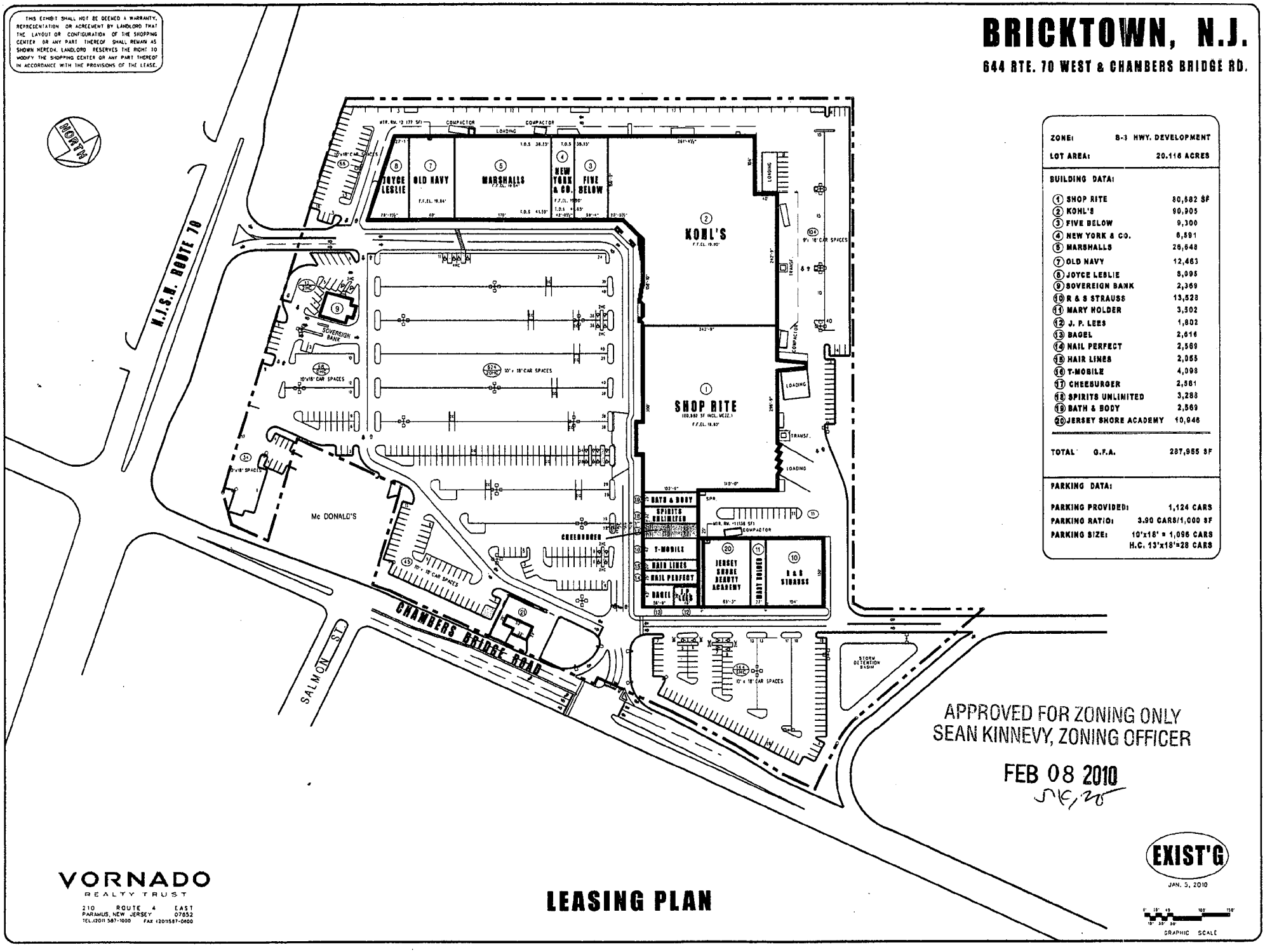
Sean Kinnevy, Zoning Officer — 02/08/2010 Date

Michael P. Fowler, Township Planner — 2/18/10 **Date**

THIS EXHIBIT SHALL NOT BE DEEMED A WARRANTY, REPRESENTATION OR AGREEMENT BY LANDLORD THAT THE LAYOUT OR CONFIGURATION OF THE SHOPPING CENTER OR ANY PART THEREOF SHALL REMAIN AS SHOWN HEREON. LANDLORD RESERVES THE RIGHT TO MODIFY THE SHOPPING CENTER OR ANY PART THEREOF IN ACCORDANCE WITH THE PROVISIONS OF THE LEASE.

BRICKTOWN, N.J.

644 RTE. 70 WEST & CHAMBERS BRIDGE RD.



ZONE:	B-3 HWY. DEVELOPMENT
LOT AREA:	20.116 ACRES

BUILDING DATA:

(1) SHOP RITE	80,682 SF
(2) KOHL'S	90,905
(3) FIVE BELOW	9,300
(4) NEW YORK & CO.	6,591
(5) MARSHALLS	26,648
(7) OLD NAVY	12,463
(8) JOYCE LESLIE	8,095
(9) SOVEREIGN BANK	2,369
(10) R & S STRAUSS	13,528
(11) MARY HOLDER	3,502
(12) J. P. LEES	1,802
(13) BAGEL	2,616
(14) NAIL PERFECT	2,569
(15) HAIR LINES	2,055
(16) T-MOBILE	4,098
(17) CHEESBURGER	2,561
(18) SPIRITS UNLIMITED	3,288
(19) BATH & BODY	2,569
(20) JERSEY SHORE ACADEMY	10,946
TOTAL G.F.A.	287,955 SF

PARKING DATA:

PARKING PROVIDED:	1,124 CARS
PARKING RATIO:	3.90 CARS/1,000 SF
PARKING SIZE:	10'x18' = 1,096 CARS H.C. 13'x18'=28 CARS

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

FEB 08 2010

SK/25

EXIST'G

JAN. 5, 2010

GRAPHIC SCALE

VORNADO
REALTY TRUST
210 ROUTE 4 EAST
PARAMUS, NEW JERSEY 07652
TEL.(201) 587-1000 FAX (201)587-0600

LEASING PLAN

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3/10/10
Permit # 10-0449

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

Block 201 Lot 7 Qualification Code

Work Site Location 644 RT 70 Brick, NJ

Owner in Fee: Cheeburger Cheeburger

Tel. (609) 221-0745 e-mail

Address 644 RT 70 Brick, NJ
street municipality zip code

Contractor: midwest Construction Tel. (609) 660 4010

Address 114 Bruce Road Cherry Hill e-mail

Contractor License No. or Builder Registration No. N/A Exp. Date

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

Federal Emp. ID No. 23-3025647 FAX: (856) 795-5794

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fit out of Cheeburger Cheeburger Restaurant Change of Use

Any wood used must be FRT Manufacturer's Tag must be on site for insp. to verify. 1-hr. on roof.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/10/10	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/10/10
Approved by: MW

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A 2
No. of Stories 1
Height of Structure 24 ft.
Area — Largest Floor 2400 sq. ft.
New Bldg. Area/All Floors 2400 sq. ft.
Volume of New Structure 28800 cu. ft.
Max. Live Load
Max. Occupancy Load 77

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 140,000
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/10/10
Control #
Date Issued
Permit # 10-0449

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

Block 201 Lot 7 Qualification Code

Work Site Location 644 RT 70 Brick, NJ

Owner in Fee: Cheeburger Cheeburger

Tel. (609) 221-0745 e-mail

Address 644 RT 70 Brick, NJ
street municipality

Contractor: Midwest Construction Tel. (609) 610 4016
zip code

Address 114 Bronco Road Cherry Hill e-mail

Contractor License No. or Builder Registration No. N/A Exp. Date

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

Federal Emp. ID No. 23-3025697 FAX: (856) 795-5794

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/10/10	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/10/10
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A 2
No. of Stories 1
Height of Structure 24 ft.
Area — Largest Floor 2400 sq. ft.
New Bldg. Area/All Floors 2400 sq. ft.
Volume of New Structure 23806 cu. ft.
Max. Live Load
Max. Occupancy Load 77

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 140,000
2. Rehabilitation $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Frt out of Cheeburger Cheeburger Restaurant Change of Use

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 $

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

U.C.C. F110
(rev. 12/07)

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 02/05/2010
Date Issued 3/10/10
Control # C-10-000336
Permit # 10-0449

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: HIGHLIGHTING CONST

Address 2831 BIRCH AVE WILLIAMSTOWN NJ 08094-

Tel. (856) 875-1115 Fax.

Lic No.

Federal Employee No. 22-3053848

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☑ Electrical Plans Approved

Date 2-16-10
Approved by: JS

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
44		Recepticles	
6		Switches	
		Detectors	
		Light Poles	
8		Motors - Fract. HP	
15		Emergency & Exit Lights	
9		Communication Points	
		Alarm Devices/F.A.C. Panel	
136		TOTAL NUMBERS	$55
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	$125
1	200	AMP Subpanels	$50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$51
TOTAL FEE	$281

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 02/05/2010 3/10/10
Date Issued
Control # C-10-000336
Permit # 10-0447

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: HIGHLIGHTING CONST

Address 2831 BIRCH AVE WILLIAMSTOWN NJ 08094-

Tel. (856) 875-1115 Fax.

Lic No.

Federal Employee No. 22-3053848

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☑ Electrical Plans Approved

Date: 2-11-10
Approved by: JS

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
44		Recepticles	
6		Switches	
		Detectors	
		Light Poles	
8		Motors - Fract. HP	
15		Emergency & Exit Lights	
9		Communication Points	
		Alarm Devices/F.A.C. Panel	
136		TOTAL NUMBERS	$55
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	$125
1	200	AMP Subpanels	$50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$51
TOTAL FEE	$281

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

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 02/05/2010
Control # C-10-000336
Date Issued 3/10/10
Permit # 10-0449

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: J REGALBATO PLUMBING & HVAC INC

Address PO BOX 6881 MINOTALA NJ 08741

Tel. (856) 697-4996 Fax. (856) 697-4894

Contractor License No.

Federal Employee No. 22-3444-030

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work **$25,000**

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$20
1	Urinal/Bidet	$10
	Bath Tub	
3	Lavatory	$30
	Shower	
5	Floor Drain	$50
10	Sink	$100
1	Dishwasher	$10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
1	Gas Piping	$10
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$50
1	Greasetrap	$50
1	Sewer Connector	$50
1	Water Service Connection	$50
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$43
TOTAL FEE	$513

U.C.C F130 (rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 02/05/2010
Control # C-10-000336
Date Issued 3/10/10
Permit # 10-0447

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 644 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: J REGALBATO PLUMBING & HVAC INC

Address PO BOX 6881 MINOTALA NJ 08741

Tel. (856) 697-4996 Fax. (856) 697-4894

Contractor License No.

Federal Employee No. 22-3444-030

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$20
1	Urinal/Bidet	$10
	Bath Tub	
3	Lavatory	$30
	Shower	
5	Floor Drain	$50
10	Sink	$100
1	Dishwasher	$10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
1	Gas Piping	$10
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$50
1	Greasetrap	$50
1	Sewer Connector	$50
1	Water Service Connection	$50
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$43
TOTAL FEE	$513

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 3/10/10
Control # 10-0449
Date Issued
Permit #

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

Block [illegible] Lot 7 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. [illegible] e-mail

Address [illegible] (street, municipality, zip code)

Contractor: [illegible] Tel. [illegible]

Address [illegible] e-mail

[illegible]

Fire Protection Equipment, NJ Div of Fire Safety Permit No. [illegible]

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

Fire Alarm Contractor No. Exp. Date [illegible]

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

Federal Emp. ID No. [illegible] FAX: [illegible]

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 $ [illegible]

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: [illegible]

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]

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. [signature]

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: [illegible]

Water Supply Source [illegible]

Method of Alarm/Suppression System Supervision [illegible]

	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)	20	77
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 $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/10/10
Control # 10-0449
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor _____ Tel. (___) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ 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 $ _____

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: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
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				
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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

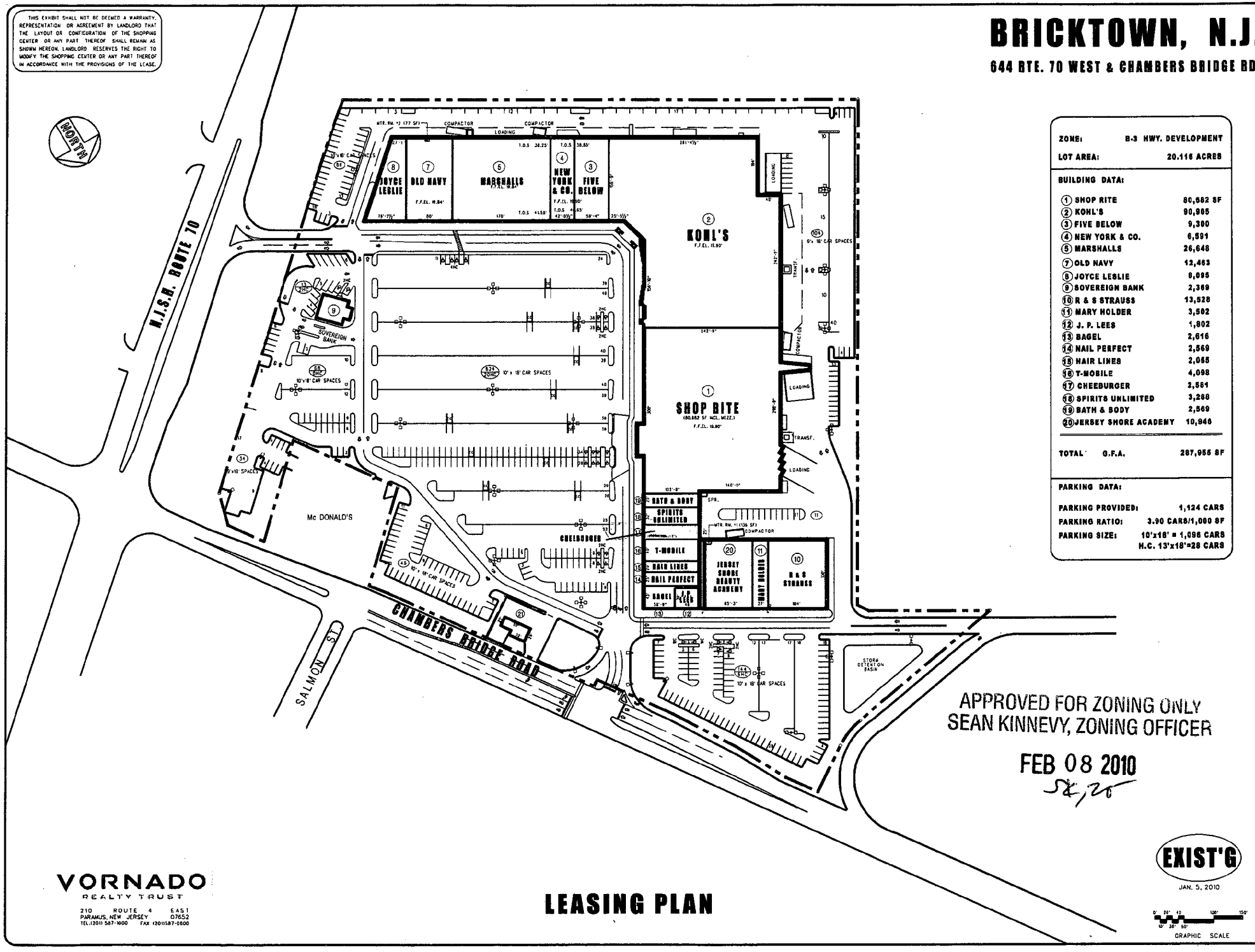
State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

THIS EXHIBIT SHALL NOT BE DEEMED A WARRANTY, REPRESENTATION OR AGREEMENT BY LANDLORD THAT THE LAYOUT OR CONFIGURATION OF THE SHOPPING CENTER OR ANY PART THEREOF SHALL REMAIN AS SHOWN HEREON. LANDLORD RESERVES THE RIGHT TO MODIFY THE SHOPPING CENTER OR ANY PART THEREOF IN ACCORDANCE WITH THE PROVISIONS OF THE LEASE.

BRICKTOWN, N.J.

644 RTE. 70 WEST & CHAMBERS BRIDGE RD.



ZONE:	B-3 HWY. DEVELOPMENT
LOT AREA:	20.116 ACRES

BUILDING DATA:

(1) SHOP RITE	80,662 SF
(2) KOHL'S	90,985
(3) FIVE BELOW	9,300
(4) NEW YORK & CO.	6,591
(5) MARSHALLS	26,648
(7) OLD NAVY	12,463
(8) JOYCE LESLIE	8,095
(9) SOVEREIGN BANK	2,369
(10) R & S STRAUSS	13,528
(11) MARY HOLDER	3,502
(12) J. P. LEES	1,802
(13) BAGEL	2,616
(14) NAIL PERFECT	2,569
(15) HAIR LINES	2,055
(16) T-MOBILE	4,098
(17) CHEEBURGER	2,561
(18) SPIRITS UNLIMITED	3,268
(19) BATH & BODY	2,569
(20) JERSEY SHORE ACADEMY	10,946
TOTAL G.F.A.	287,955 SF

PARKING DATA:

PARKING PROVIDED:	1,124 CARS
PARKING RATIO:	3.90 CARS/1,000 SF
PARKING SIZE:	10'x18' = 1,096 CARS H.C. 13'x18'=28 CARS

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

FEB 08 2010

EXIST'G

JAN. 5, 2010

GRAPHIC SCALE

VORNADO
REALTY TRUST
210 ROUTE 4 EAST
PARAMUS, NEW JERSEY 07652
TEL.(201) 587-1000 FAX (201)587-0600

LEASING PLAN

[redacted]

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 644 RT 70 Brick, NJ

Owner in Fee Cheeburger Cheeburger

Address 644 RT 70 Brick, NJ

Tel (609) 221-0745

Contractor J. Regalbuto plumbing + HVAC INC.

Address P.O. Box 648 Manalapan NJ. 07726

Tel (856) 697-4996 FAX (856) 697-4894

Contractor License No. 8689

Federal Emp. No. 22-3444-030

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed A-2

Building Sewer Size [redacted] 4" Public Sewer X Private Septic

Water Service Size 1½" Public Water X Private Well

Est. Cost of Plumbing Work $ 25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 2-16-10

Approved by: WDMM

SUBCODE APPROVAL

[ ] 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				

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
2	Water Closet
1	Urinal/Bidet
	Bath Tub
3	Lavatory
	Shower
5	Floor Drain
10	Sink
1	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
1	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
1	Backflow Preventer
1	Greasetrap
1	Sewer Connection
1	Water Service Connection
3	Stacks 3"
	Other
	Other

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

COMMERCIAL

U.C.C. F130 (rev. 01/04)

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

03-04-10
FAX # 609-758-5401

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-000336
Last Submit Date: Thursday, February 25, 2010

Date: Friday, February 26, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Provide calculations for new RTU in psf. and certify existing roof can handle newly imposed loads.

03-04-10
FAX # 856-795-5794
Attn: Curt Kelly

Called Bldr. to explain Rejection 2/26/10 MV

Sincerely,

Michael Vecchio, Subcode Official

3/4/10 returned inquiry call from Rene @ Cheeburger @ 609-758-1066 for rejections - no answer no machine

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-000336
Last Submit Date: Tuesday, February 16, 2010

Date: Wednesday, February 17, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Fill out jacket completely. Section VII / Indicate Change of Use

Plan cover sheet incorrect
1) indicates A-3 (Actual is A-2)
2) indicates 75 seats (Actual is 78)

Engineer to provide structural support for new RTU unit.

Cutain walls cannot be supported by bottom cord of trusses. provide proper design.

02-16-10
fax # 856-795-5794
Attn: Curt Kelly

Sincerely,

Michael Vecchio, Subcode Official

Arch Callin

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

03-04-10
fax # 609-758-5401

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-000336
Last Submit Date: Thursday, February 25, 2010

Date: Friday, February 26, 2010

03-04-10
fax # 856-795-5794
Attn: Curt Kelly

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Provide calculations for new RTU in psf. and certify existing roof can handle newly imposed loads.

Called Bldr. to explain Rejection 2/26/10 MV

Sincerely,

Michael Vecchio, Subcode Official

3/4/10 returned inquiry call from Renee @ Cleeburger @ 609-758-1066 for rejections - no answer no machine

Date: Friday, February 26, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Provide calculations for new RTU in psf. and certify existing roof can handle newly imposed loads.

03-04-10
GT 856
795
5794
Attn:
Curt
Kelly

Called Bldr. to explain Rejection 2/26/10 MV

Sincerely,

Michael Vecchio, Subcode Official

3/4/10 returned inquiry call from Renee @ Cheeburger @ 609-758-1066 for rejections - no answer no machine

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

Mar 4 2010 11:47 P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
18567955794	NORMAL	4,11:46	0'27"	1	* O K	

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Mar 4 2010 11:47

Telephone Number	Mode	Start	Time	Page	Result	Note
16097585401	NORMAL	4,11:46	0'25"	1	* O K	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

03-04-10
Fax #609-758-5401

03-04-10
Fax #856-795-5794
Attn: Curt Kelly

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-000336
Last Submit Date: Thursday, February 25, 2010

Date: Friday, February 26, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Provide calculations for new RTU in psf. and certify existing roof can handle newly imposed loads.

Called Bldr. to explain Rejection 2/26/10 MV

Sincerely,

Michael Vecchio, Subcode Official

3/4/10 returned inquiry call from Reese @ Cheeburger @ 609-758-1066 for rejections - no answer on machine

Last Submit Date: Tuesday, February 16, 2010

Date: Wednesday, February 17, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Fill out jacket completely. Section VII / Indicate Change of Use

Plan cover sheet incorrect
1) indicates A-3 (Actual is A-2)
2) indicates 75 seats (Actual is 78)

Engineer to provide structural support for new RTU unit.

Cutain walls cannot be supported by bottom cord of trusses. provide proper design.

02-18-10
fax # 856-795-5794
Attn: Curt Kelly

Sincerely,

Michael Vecchio, Subcode Official

02/18/2010 THU 08:20 FAX 7322622941 Brick Comm Dev/Land Use 001

TRANSMISSION OK

JOB NO.	0867
DESTINATION ADDRESS	9185679557 94
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	02/18 08:20
USAGE T	00'22
PGS.	1
RESULT	OK

*** FAX TX REPORT ***

Reliable®

Model F1FR
Model F1FR Recessed Quick Response Sprinklers

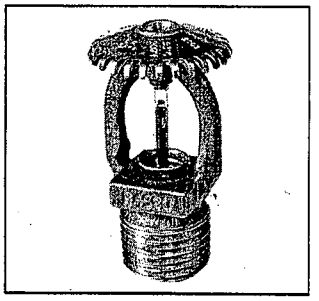
Bulletin 136 Rev.L

Model F1FR Sprinkler Types

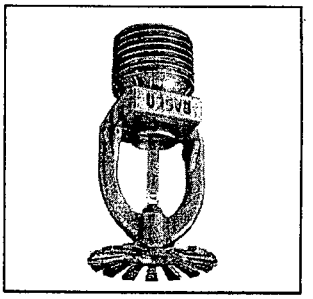
Standard Upright
Standard Pendent
Conventional
Vertical Sidewall
Horizontal Sidewall
– HSW 1 Deflector

Model F1FR Recessed Sprinkler Types

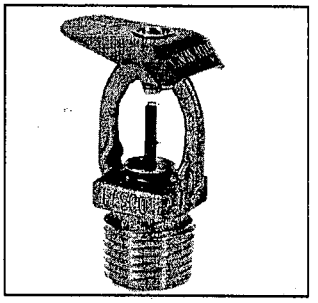
Recessed Pendent
Recessed Horizontal Sidewall
– HSW 1 Deflector



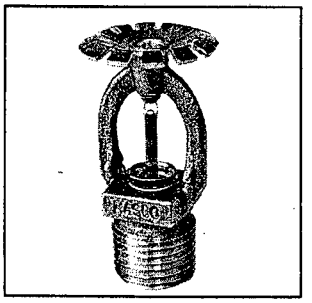
Upright



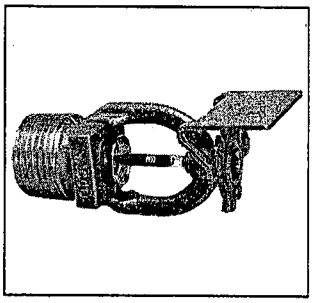
Pendent



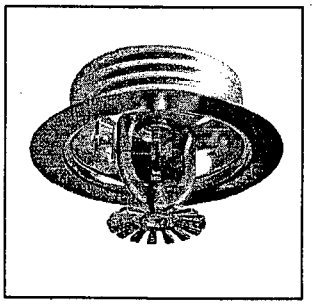
Vertical Sidewall



Conventional



Horizontal Sidewall
HSW 1 Deflector



Recessed Pendent

Listings & Approvals

1. Listed by Underwriters Laboratories, Inc. (UL)
2. Listed by Underwriters' Laboratories of Canada (ULC)
3. Certified by FM Approvals
4. Loss Prevention Council (LPC, UK)
5. NYC BS&A No. 587-75-SA
6. Meets MIL-S-901C and MIL-STD 167-1
7. Verband der Schadenversicherer (VdS, Germany)
8. NYC MEA 258-93-E

UL Listing Category

Sprinklers, Automatic & Open Quick Response Sprinkler

UL Guide Number

VNIV

Product Description

Reliable Models F1FR and F1FR Recessed Sprinklers are quick response sprinklers which combine the durability of a standard sprinkler with the attractive low profile of a decorative sprinkler.

The Models F1FR and F1FR Recessed automatic sprinklers utilize a 3.0 mm frangible glass bulb. These sprinklers have demonstrated response times in laboratory tests which are five to ten times faster than standard response sprinklers. This quick response enables the Model F1FR and F1FR Recessed sprinklers to apply water to a fire much faster than standard sprinklers of the same temperature rating.

The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response. The balance of parts are made of brass, copper and beryllium nickel.

At normal temperatures, the glass bulb contains the fluid in both the liquid and vapor phases. The vapor phase can be seen as a small bubble. As heat is applied, the liquid expands, forcing the bubble smaller and smaller as the liquid pressure increases. Continued heating forces the liquid to push out against the bulb, causing the glass to shatter, opening the waterway and allowing the deflector to distribute the discharging water.

The temperature rating of the sprinkler is identified by the color of the glass bulb.

Application

Quick response sprinklers are used in fixed fire protection systems: Wet, Dry, Deluge or Preaction. Care must be exercised that the orifice size, temperature rating, deflector style and sprinkler type are in accordance with the latest published standards of the National Fire Protection Association or the approving Authority Having Jurisdiction. Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

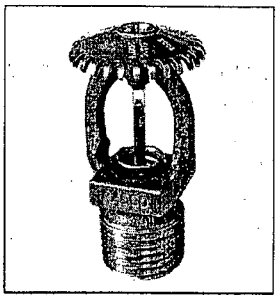
The Reliable Automatic Sprinkler Co., Inc. 525 North MacQuesten Parkway, Mount Vernon, New York 10552

Model F1FR Quick Response Upright, Pendent & Conventional Sprinklers

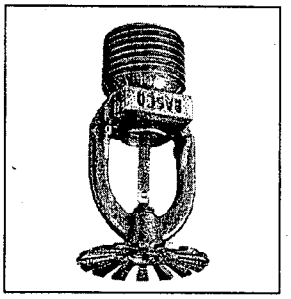
Installation Wrench: Model D Sprinkler Wrench

Installation Data:

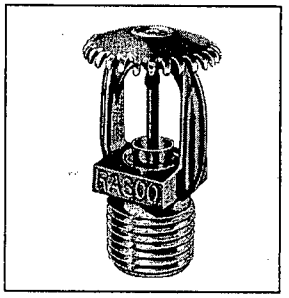
Sprinkler Type Standard–Upright (SSU) and Pendent (SSP) Deflectors Marked to Indicate Position	K Factor		Sprinkler Height	Approval Organization	Sprinkler Identification Number (SIN)	
	US	Metric			SSU	SSP
½" (15mm) Standard Orifice with ½" NPT (R½) Thread	5.6	80	2.2" (56mm)	1,2,3,4,5,6,7	R3625	R3615
17/32" (20mm) Large Orifice with ¾" NPT (R¾)Thread	8.0	115	2.3" (58mm)	1,2,3,4,7,8	R3622	R3612
7/16" (17mm) Small Orifice with ½" NPT (R½) Thread	4.2	60	2.54" (65mm)	1,2,8	R3623	R3613
⅜" (10mm) Small Orifice with ½" NPT (R½) Thread	2.8	40	2.54" (65mm)	1,2,8	R3621	R3611
10mm Orifice XLH with R⅜" Thread	4.2	60	56.1mm	4,6,7	R3624	R3614
Conventional–Install in Upright or Pendent Position						
10mm Orifice XLH with R⅜ Thread	4.2	60	56.1mm	—	R3674	
15mm Standard Orifice with ½" NPT (R½) Thread	5.6	80	56.1mm	4,6,7	R3675	
20mm Large Orifice with ¾" NPT (R¾)Thread	8.0	115	58.4mm	4,7	R3672	



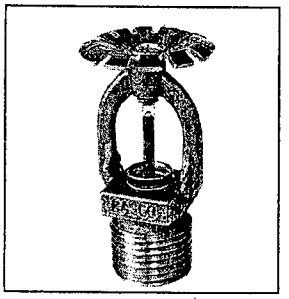
Upright



Pendent



Upright



Conventional

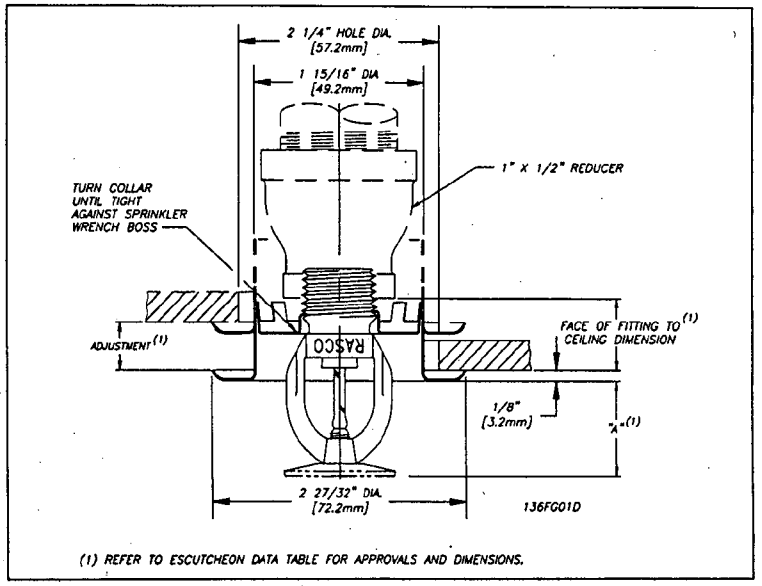
Model F1FR Quick Response Recessed Pendent Sprinkler

Installation Wrench: Model RC1 Sprinkler Wrench

Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Approval[1] Organizations	Sprinkler Identification Number (SIN)
		US	Metric			
½" (15mm)	½" NPT (R½)	5.6	80	2.2" (56mm)	1,2,3,4,5,7,8	R3615
17/32" (20mm)	¾" NPT (R¾)	8.0	115	2.3" (58mm)	1,2,3	R3612
7/16" (11mm)	½" NPT (R½)	4.2	60	2.54" (65mm)	1,2,8	R3613
⅜" (10mm)	½" NPT (R½)	2.8	40	2.54" (65mm)	1,2,8	R3611
10mm	R⅜	4.2	60	56.1mm	4,7	R3614

[1] Refer to escutcheon data table for approvals and dimensions.

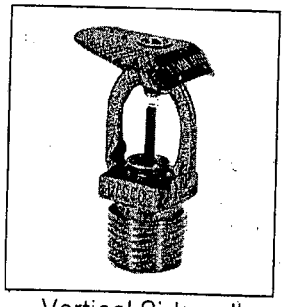


Model F1FR Quick Response Vertical Sidewall Sprinkler

Installation Wrench: Model D Sprinkler Wrench
Installation Position: Upright or Pendent
Approval Type: Light Hazard Occupancy
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Approval Organizations	Sprinkler Identification Number (SIN)
		US	Metric			
½"	½" NPT (R½)	5.6	80	2.2" (56mm)	1, 2, 3, 6, 8	R3685
15mm	½" NPT (R½)	5.6	80	2.2" (56mm)	4 (1)	

(1) LPC Approval is for Pendent position only.



Vertical Sidewall

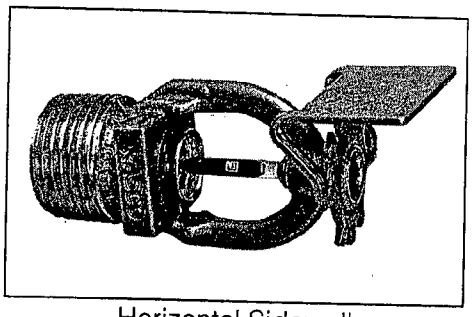
Orientation	Deflector to Ceiling Dimension (Min. - Max.)
Upright	4" - 12" (102mm - 305mm)
Pendent	6" - 12" (152mm - 305mm)

Model F1FR Quick Response Horizontal Sidewall Sprinkler

Deflector: HSW 1
Installation Wrench: Model D Sprinkler Wrench
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Length	Approval Organizations and Type of Approval		Sprinkler Identification Number (SIN)
		US	Metric		Light Hazard	Ordinary Hazard	
½" (15mm)	½" NPT(R½)	5.6	80	2.63" (67mm)	1,2,3,5,8	1,2,5,8	R3635

NOTE: UL and ULC Listing permits use with F1 or F2 recessed escutcheon.



Horizontal Sidewall

Installation

Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Model F1FR Recessed Quick Response Sprinklers are to be installed as shown. The Model F1 or F2 Escutcheons illustrated are the only recessed escutcheons to be used with the Model F1FR Sprinklers. The use of any other recessed escutcheon will void all approvals and negate all warranties.

When installing Model F1FR Sprinklers, use the Model D Sprinkler Wrench. When installing Model F1FR Recessed Sidewall Sprinklers, use the Model GFR1 Sprinkler Wrench. Use the Model RC1 Wrench for installing F1FR Recessed Pendent Sprinklers. Any other type of wrench may damage these sprinklers.

Temperature Ratings

Classification	Sprinkler Temperature °C	Sprinkler Temperature °F	Max. Ambient Temp.	Bulb Color
Ordinary	57	135	100°F (38°C)	Orange
Ordinary	68	155	100°F (38°C)	Red
Intermediate	79	175	150°F (66°C)	Yellow
Intermediate	93	200	150°F (66°C)	Green
High [1]	141	286	225°F (107°C)	Blue

[1] Not available for recessed sprinklers.

Escutcheon Data

Escutcheon Model	Approvals	Adjustment	"A" Dimension	Face of Fitting to Ceiling or Wall Dimension
F1	1,2,4	3/4" (19mm)	3/4" (19mm)	3/16" - 15/16" (5mm - 24mm)
F2	1,2,3,4,5,7,8	1/2" (13mm)	1" (25mm)	3/16" - 1 1/16" (5mm - 17mm)
FP Push-on/ Thread-off	1,2	Fully Recessed	7/16" (11mm)	
	1,2	Fully Retracted	15/16" (24mm)	

Maintenance

The Models F1FR and F1FR Recessed Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gentle vacuuming. Remove any sprinkler which has been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to installation, sprinklers should be maintained in the original cartons and packaging until used to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Sidewall (Vertical, Horizontal HSW1)
Recessed Pendent
Recessed Horizontal Sidewall HSW1

Finishes [1] [2]

Standard Finishes	
Sprinkler	**Escutcheon**
Bronze	Brass
Chrome Plated	Chrome Plated [3]
White Polyester Coated	White Painted [3]
Special Application Finishes	
Sprinkler	**Escutcheon**
Bright Brass	Bright Brass
Black Plated	Black Plated
Black Paint	Black Paint
Off White	Off White
Satin Chrome	Satin Chrome

(1) Other finishes and colors are available on special order. Consult the factory for details.
(2) FM Approvals is limited to bronze and brass, chrome or black plated finishes only.
(3) FP Push-on/Thread-off escutcheon

Ordering Information

Specify:
1. Sprinkler Model
2. Sprinkler Type
3. Orifice Size
4. Deflector Type
5. Temperature Rating
6. Sprinkler Finish
7. Escutcheon Type
8. Escutcheon Finish (where applicable)

Note: When Model F1FR Recessed sprinklers are ordered, the sprinklers and escutcheons are packaged separately.

The equipment presented in this bulletin is to be installed in accordance with the latest pertinent Standards of the National Fire Protection Association, Factory Mutual Research Corporation, or other similar organizations and also with the provisions of governmental codes or ordinances whenever applicable.

Products manufactured and distributed by Reliable have been protecting life and property for over 80 years, and are installed and serviced by the most highly qualified and reputable sprinkler contractors located throughout the United States, Canada and foreign countries.

Manufactured by

Reliable®

The Reliable Automatic Sprinkler Co., Inc.

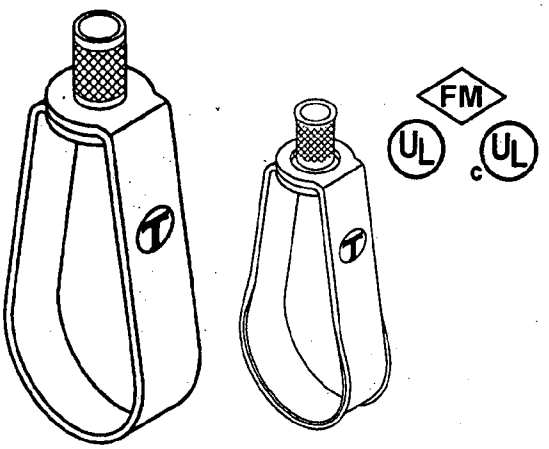
(800)431-1588 Sales Offices
(800)848-6051 Sales Fax
(914)668-3470 Corporate Offices
www.reliablesprinkler.com Internet Address

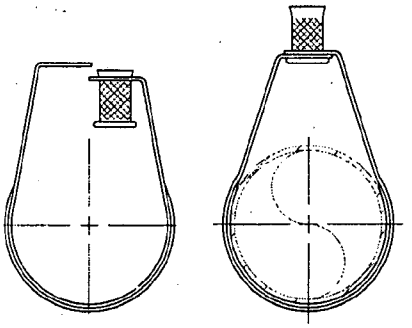
Revision lines indicate updated or new data

E.G. Printed in U.S.A. 3/03 P/N9999970027

FIG.200
ADJUSTABLE BAND HANGER

Size Range – 1/2 thru 8 inch pipe.
Material – Carbon Steel, Mil. Galvanized to G-90 specifications.
Function – For fire sprinkler and other general piping purposes. Knurled swivel nut design permits hanger adjustment after installation.
Features
• (1/2 thru 2 inch) Flared edges ease installation for all pipe types and protect CPVC plastic pipe from abrasion. Captured design keeps adjusting nut from separating with hanger. Hanger is easily installed around pipe.
• (2-1/2 thru 8 inch) Spring tension on nut holds it securely in hanger before installation. Adjusting nut is easily removed.
Approvals – Underwriters' Laboratories listed (1/2" thru 8") in the U.S. **(UL)** and Canada **(cUL)** for Steel and CPVC plastic pipe and Factory Mutual Engineering approved (3/4" thru 8"). Conforms to Federal Specifications WW-H-171E, Type 10, and Manufacturers Standardization Society SP-69, type 10.
Maximum Temperature - 650°F.
Finish – Mil. Galvanized and Stainless Steel.
Order By – Figure number and pipe size.

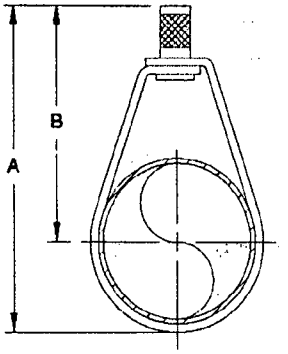




1 – 2 inch pipe

PIPE SIZE	ROD SIZE Inch	Metric*	A	B	MAX. REC. LOAD LBS.	APPROX. WT./100
1/2	3/8	8mm or 10mm	3-1/8	2-5/8	400	11
3/4	3/8	8mm or 10mm	3-1/8	2-1/2	400	11
1	3/8	8mm or 10mm	3-3/8	2-5/8	400	12
1-1/4	3/8	8mm or 10mm	3-3/4	2-7/8	400	13
1-1/2	3/8	8mm or 10mm	3-7/8	2-7/8	400	14
2	3/8	8mm or 10mm	4-1/2	3	400	15
2-1/2	3/8	10mm	5-5/8	4-1/8	600	27
3	3/8	10mm	5-7/8	4	600	29
3-1/2	3/8	10mm	7-3/8	5-1/4	600	34
4	3/8	10mm	7-3/8	5	1000	35
5	1/2	12mm	9-1/8	6-1/4	1250	66
6	1/2	12mm	10-1/8	6-3/4	1250	73
8	1/2	12mm	13-1/8	8-3/4	1250	136

* Order Fig. 200 M



1/2 - 3/4 inch pipe
2 1/2 - 8 inch pipe

FIG.65 AND FIG.66 REVERSIBLE C-TYPE BEAM CLAMPS – 3/4 AND 1-1/4 INCH THROAT OPENINGS

Size Range – (Fig. 65 and Fig. 66) 3/8 thru 5/8 inch rod (1/2 thru 10 inch pipe).
Material – Carbon Steel with hardened cup point set screw and jam nut.
Function – Recommended for hanging from steel beam where flange thickness does not exceed 3/4 inch (Fig. 65) or 1-1/4" (Fig. 66)
Features – All steel construction eliminates structural deficiencies associated with casting type beam clamps. May be used on top or bottom flange of the beam. (Beveled lip allows hanging from top flange where clearance is limited.) May be installed with set screw in up or down position. Offset design permits unlimited rod adjustment by allowing the rod to be threaded completely through the clamp. Open design permits inspection of thread engagement.
Approvals – Underwriters' Laboratories Listed in the U.S. **(UL)** and Canada **(cUL)**. Factory Mutual Engineering approved. Conforms to Federal Specification Society SP-69, type 19 and 23. Exceeds requirements of the National Fire Protection Association (NFPA), Pamphlet #13, 3/8 inch rod will support 1/2 thru 4 inch pipe, 1/2 inch rod will support 1/2 thru 8 inch pipe.
Finish – Plain, Electro-Galvanized, and HDG.
Order By – Figure number, rod size, and finish.

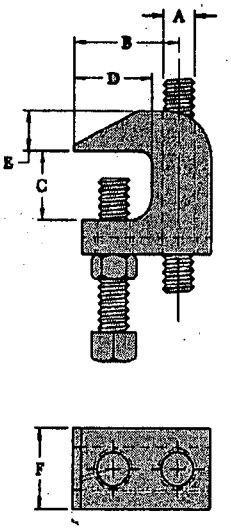
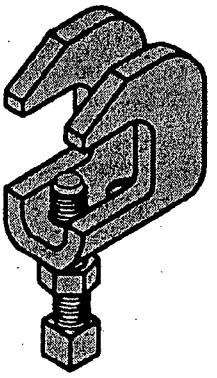


FIG. 65



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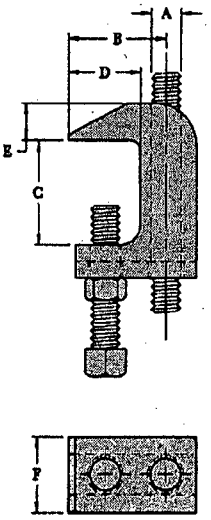
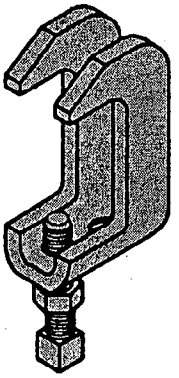


FIG. 66



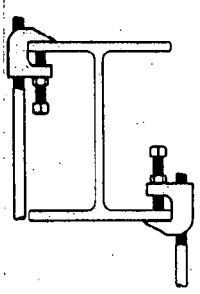


Fig. 65 TABLE

Rod Size A	Pipe Size	B	C	D	E	F	Max. Rec. Load LBS.*	Approx Wt./100
3/8	1/2 – 4	1-3/16	3/4	1	7/16	1	610	28
1/2	5 – 8	1-1/2	3/4	1	9/16	1-1/4	1130	55
5/8	10	1-1/2	3/4	1	9/16	1-1/4	1130	55

Fig. 66 TABLE

Rod Size A	Pipe Size	B	C	D	E	F	Max. Rec. Load LBS.*	Approx Wt./100
3/8	1/2 – 4	1-3/16	1-1/4	1	7/16	1	610	28
1/2	5 – 8	1-1/2	1-1/4	1	9/16	1-1/4	1130	55
5/8	10	1-1/2	1-1/4	1	9/16	1-1/4	1130	55

*Max. loads for clamp with set screw in up or down position.

Reliable®

Model F3QR Quick Response Dry Sprinklers

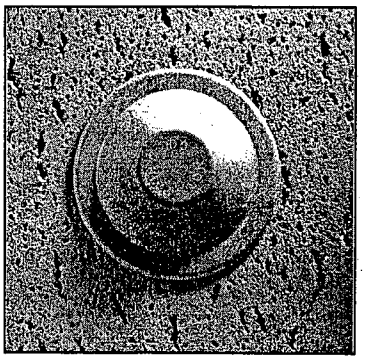
Bulletin 157 Rev.B

Features

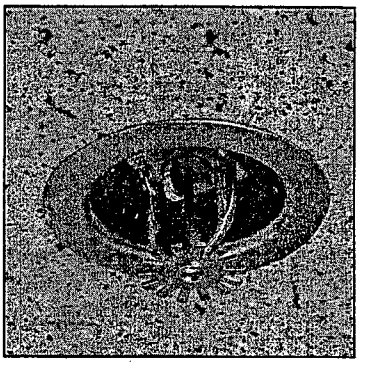
1. The Model F3QR sprinkler utilizes Belleville Spring Closure Technology. Reliable is the first in the industry to produce a Quick Response Dry Concealed sprinkler utilizing this technology.
2. Styles available
   - Pendent
   - Recessed Pendent
   - Concealed
   - Horizontal Sidewall
   - Recessed Horizontal Sidewall
3. 1½" (38mm) escutcheon adjustment on pendent sprinkler.
4. ½" (13mm) escutcheon adjustment on recessed sprinkler with push-on/thread-off FP Model Escutcheon ring.
5. ⅜" (9.5mm) cover plate adjustment on concealed sprinkler with push-on/thread-off CCP Cover Plate.
6. Attractive appearance. Employs 3mm frangible glass bulb and galvanized nipple.
7. Lengths available to accommodate installation dimensions from 2" - to - 48" (51mm - to - 1219mm), in ¼" (6mm) increments.
8. Available in a variety of plated and painted finishes.
9. U.S. Patent Numbers 5,775,431 and 5,967,240.

Approvals

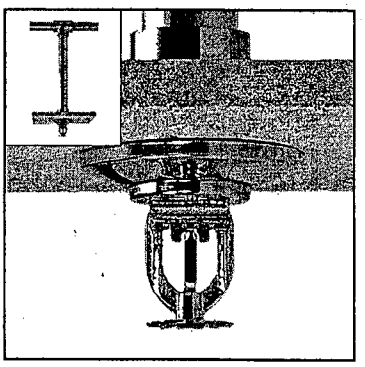
1. Listed by Underwriters Laboratories Inc. and UL Certified for Canada (cULus)
2. Factory Mutual Research Corp. (FM)
   - Light Hazard Occupancies No Limitations
   - Ordinary Hazard Occupancies Group 1 & 2 Wet System Only



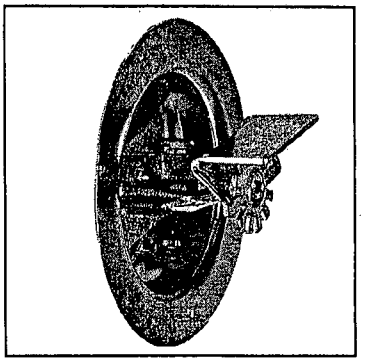
Concealed



Recessed Pendent



Pendent



Horizontal Sidewall

The Reliable Automatic Sprinkler Co., Inc., 525 North MacQuesten Parkway, Mount Vernon, New York 10552

Model F3QR Dry Pendent Sprinkler

"A" Dim.	2" to 48" (51mm to 1219mm) in ¼" (6mm) increments

Finishes[1]

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Painted[2]	White

[1] Other finishes and colors are available on special order. Consult factory for details.

[2] White painted sprinklers will have chrome plated cans.

Standard Temperature Ratings

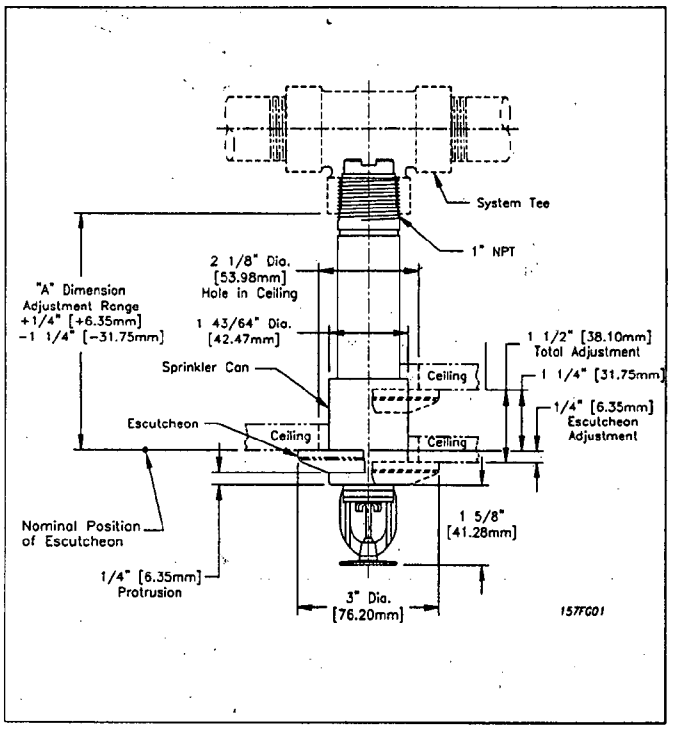
Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate	200°F (93°C)	150°F (66°C)	Green
High	286°F (141°C)	225°F (107°C)	Blue

Sprinkler Can and escutcheon fabricated of brass for better weather resistance in exterior applications.

Sprinkler Guard: Model C-2

Sprinkler Installation Wrench
Model G3 Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714



Note: The sprinkler Can protrudes ¼" when escutcheon is in nominal position. Escutcheon adjustment provides +¼" (+6mm) to -1¼" (-32mm) "A" dimension adjustment range.

Model F3QR Dry Recessed Pendent Sprinkler

"A" Dim.	3½" to 48" (89mm to 1219mm) in ¼" (6mm) increments

Finishes[1]

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Painted	White

[1] Other finishes and colors are available on special order. Consult factory for details. Cup remains unfinished. Only the escutcheon will contain desired finish.

Standard Temperature Ratings

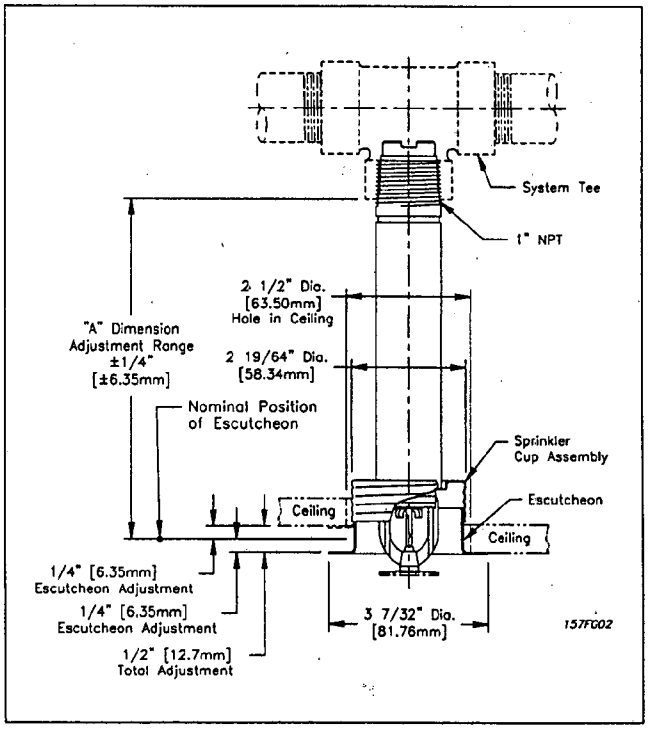
Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate	200°F (93°C)	150°F (66°C)	Green
High*	286°F (141°C)	225°F (107°C)	Blue

Sprinkler cup and FP Escutcheon fabricated of steel and recommended for interior applications.

* Listed and Certified only by cULus

Sprinkler Installation Wrench
Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714



Note: Do not install the Model F3QR Dry Pendent Recessed Sprinkler in ceilings which have positive pressure in the space above.

Model F3QR Dry Pendent Concealed Sprinkler

"A" Dim.	3½" to 48" (89mm to 1219mm) in ¼" (6mm) increments

CCP Cover Plate[1] Finishes[2]

Standard Finishes	Special Application Finishes
Chrome Plated White	Bright Brass Plated Black Plated Black Paint Off White Satin Chrome

(1) Utilizes the ½" cover plate with ⅜" total adjustment.

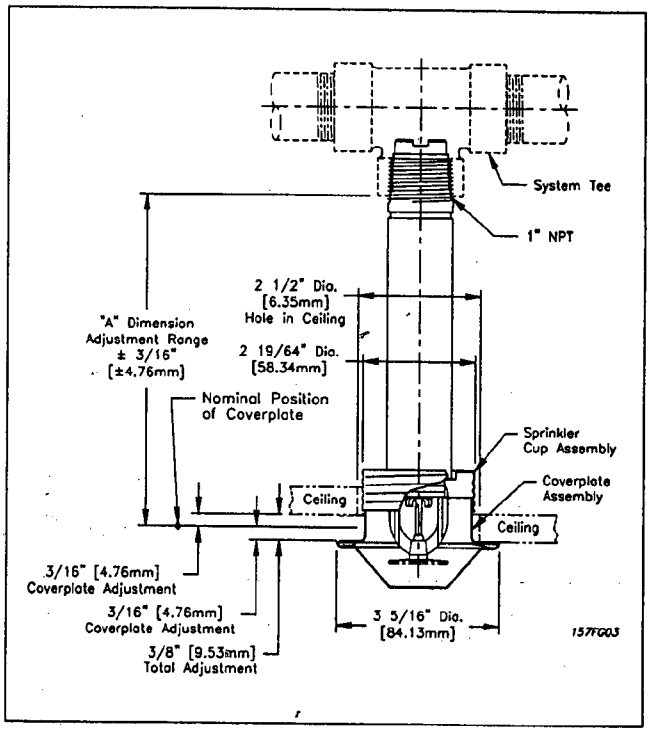
(2) Other finishes and colors are available on special order. Consult factory for details.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Cover Plate Temp. Rating	Max. Ambient Temp.
Ordinary	135°F (57°C)	135°F (57°C)	100°F (38°C)
Ordinary	155°F (68°C)	135°F (57°C)	100°F (38°C)
Intermediate	200°F (93°C)	165°F (74°C)	150°F (66°C)
High*	286°F (141°C)	165°F (94°C)	225°F (107°C)

Sprinkler cup and CCP Cover plate fabricated of steel and recommended for interior applications.

* Listed and Certified only by cULus.



Note: Do not install the Model F3QR Dry Pendent Concealed Sprinkler in ceilings which have positive pressure in the space above.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

Model F3QR Dry Horizontal Sidewall Sprinkler

"A" Dim.	2" to 48" (51mm to 1219mm) in ¼" (6mm) increments

Finishes[1]

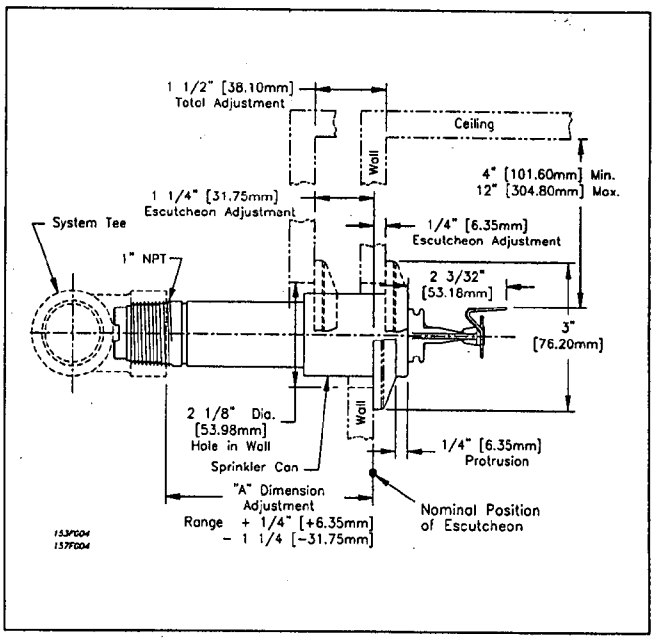
Sprinkler	Escutcheon
Bronze Chrome Plated White Painted[2]	Brass Chrome Plated White

(1) Other finishes and colors are available on special order. Consult factory for details.

(2) White painted sprinklers will have chrome plated can.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate	200°F (93°C)	150°F (66°C)	Green
High	286°F (141°C)	225°F (107°C)	Blue



Note: The sprinkler Can protrudes ¼" when escutcheon is in nominal position. Escutcheon adjustment provides +¼" (+6mm) to -1¼" (-32mm) "A" dimension adjustment range.

Sprinkler Installation Wrench:

Model G3 Sprinkler Wrench

Sprinkler Identification Number (SIN): R5734

Model F3QR Dry Horizontal Recessed Sidewall Sprinkler

"A" Dim.	3½" to 48" (89mm to 1219mm) in ¼" (6mm) increments

Finishes[1]

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Painted	White

[1] Other finishes and colors are available on special order. Consult factory for details. Cup remains unfinished. "See page 2"

* Sprinkler's can and FP Escutcheon are fabricated of steel for better weather resistance in exterior applications.

Standard Temperature Ratings

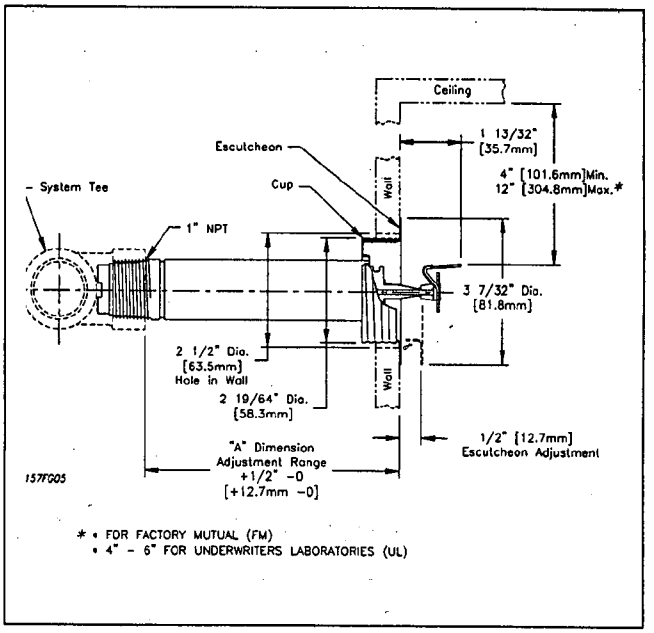
Classification	Sprinkler Temperature Rating		Max. Ambient Temp.		Bulb Color
Ordinary	135°F	(57°C)	100°F	(38°C)	Orange
Ordinary	155°F	(68°C)	100°F	(38°C)	Red
Intermediate	200°F	(93°C)	150°F	(66°C)	Green
High*	286°F	(141°C)	225°F	(107°C)	Blue

* Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5734



Notes: Do not install the Model F3QR Dry Horizontal Recessed Sidewall Sprinkler in walls which have positive pressure in their side space.

- Listed by cULus for Quick Response. Approved by FM for Standard Response.
- Recessed Horizontal sidewall sprinklers are listed with cULus for installation of min. 4" (100mm) - to - max. 6" (150mm) below ceiling and approved by FM for installation of min. 4" (100mm) - to - max. 12" (300mm) below ceiling.

Technical Data:

Orifice Size: ½" (15mm)
Thread Size: 1" NPT per ANSI B2.1
Working Pressure: 175 psi (12 bar)
Nominal K Factor - US / (Metric): 5.6 / (80)

Product Description

Reliable Model F3QR Dry Sprinklers are quick response sprinklers utilizing a durable 3mm frangible glass bulb. This quick response enables these sprinklers to apply water to a fire much sooner than standard response sprinklers of the similar temperature rating.

Model F3QR Dry Sprinklers are intended for use in dry and preaction systems and in areas subjected to freezing temperatures, such as freezers and unheated portions of buildings.

Operation

The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response. When the temperature increases sufficiently, due to a fire, the bulb shatters allowing operating parts to clear waterway. This enables the inlet seal to release air or ter and subsequently, cause water flow over the deflector in a uniform spray pattern, controlling or extinguishing the fire.

Ordering Information

Specify:

1. Sprinkler Type (select one):
   (a) Model F3QR Dry Pendent
   (b) Model F3QR Dry Recessed Pendent
   (c) Model F3QR Dry Concealed Pendent
   (d) Model F3QR Dry Horizontal Sidewall
   (e) Model F3QR Dry Recessed Horizontal Sidewall
2. Sprinkler Temperature Rating.
3. Sprinkler Finish.
4. Cover Plate/Escutcheon Finish.
5. Length:
   "A" Dimension (face of tee to face of ceiling or wall) in ¼" (6mm) increments.

Note:

1. The "A" dimension is based on a nominally gauged pipe thread "make-up" of 0.600" (15mm) per ANSI B2.1 [7½ threads approximately].
2. All platings and paintings are decorative and intended for interior use.
3. Acceptable appearance in conditions such as parking garages is generally provided with bronze sprinkler, brass cup and escutcheon for the Model F3QR Pendent only.

General Installation Instructions

Model F3QR Dry Sprinklers must be installed only in standard (ANSI B 16.4) pipe tees, even at branch line ends. Dry sprinklers should not be installed into pipe couplings located on drop nipples to the sprinklers. The "A" dimension of a dry sprinkler, which extends into freezers from wet pipe systems, should be selected to provide at least 14" (356mm) between the freezer's outside wall or ceiling and the wet pipe line.

1. Cut the specified size hole (see illustrations) for the sprinkler in the ceiling directly in line with the tee.
2. Apply pipe joint compound to the 1" (25mm) pipe threads and install sprinkler using the Model G3 or G3 R/C Sprinkler Wrench as specified.
3. Install the push-on / thread-off escutcheon or cover plate.

Note: Installation of the Model F3QR Sprinklers in copper pipe systems is not recommended, as this may reduce the life expectancy of the sprinklers.

Model F3QR Concealed and Recessed Installation Instructions

- The Model G3 R/C wrench (Fig. 1) is designed to locate on the wrenching pads of the recessed sprinkler while centering in the cup. A standard ½" drive ratchet may be used to drive this wrench. Figures 1 and 2 show sequentially the insertion of the wrench. First the wrench, with its jaws above the sprinkler deflector, is moved laterally until centered with the cup. Then raise the wrench inside of the cup until its jaws engage the sprinkler's square wrenching pads (Fig. 3). To remove the wrench, follow this procedure in reverse order. Care should be taken to avoid striking the deflector, with the wrench.
- Model G3 Wrench (Fig. 4) is used for installation of Pendent and Horizontal Sidewall sprinklers.

Maintenance

The Model F3QR Quick Response Dry Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gently vacuuming. Remove any sprinkler which had been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to installation, sprinklers should be maintained in the original cartons and packaging until used to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

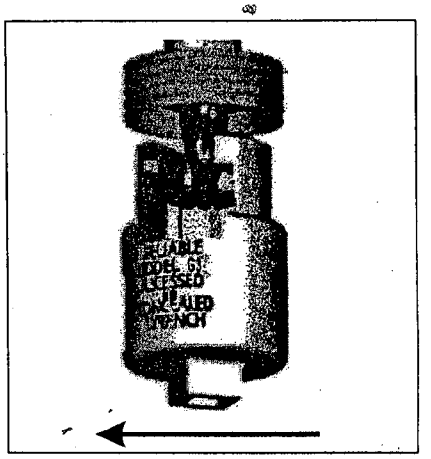


Fig. 1 - G3 R/C Wrench

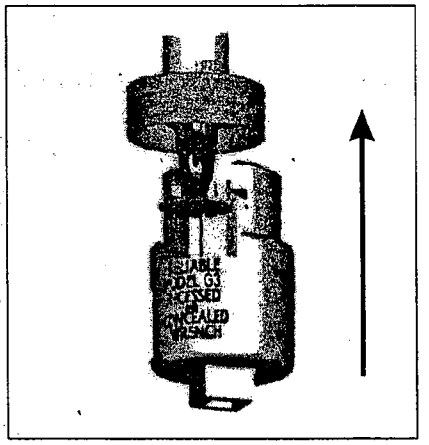


Fig. 2 - G3 R/C Wrench

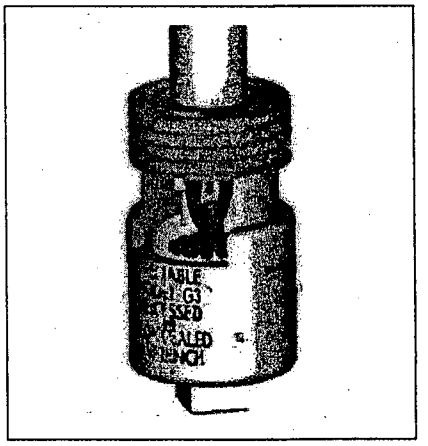


Fig. 3 - G3 R/C Wrench

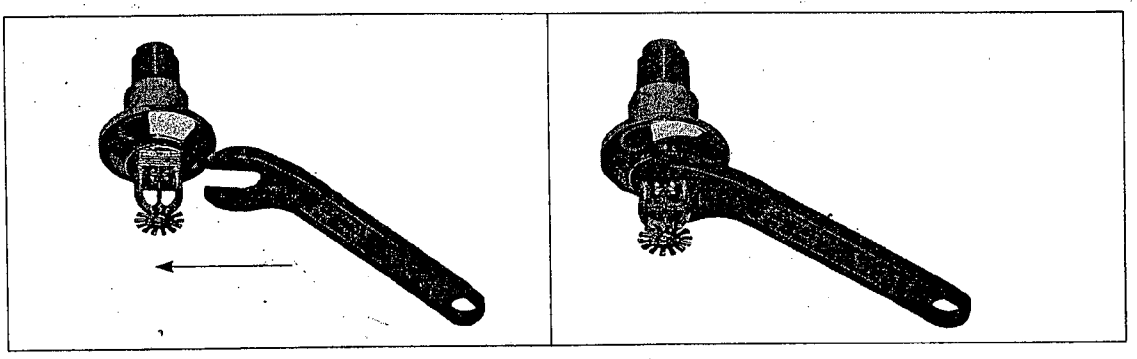
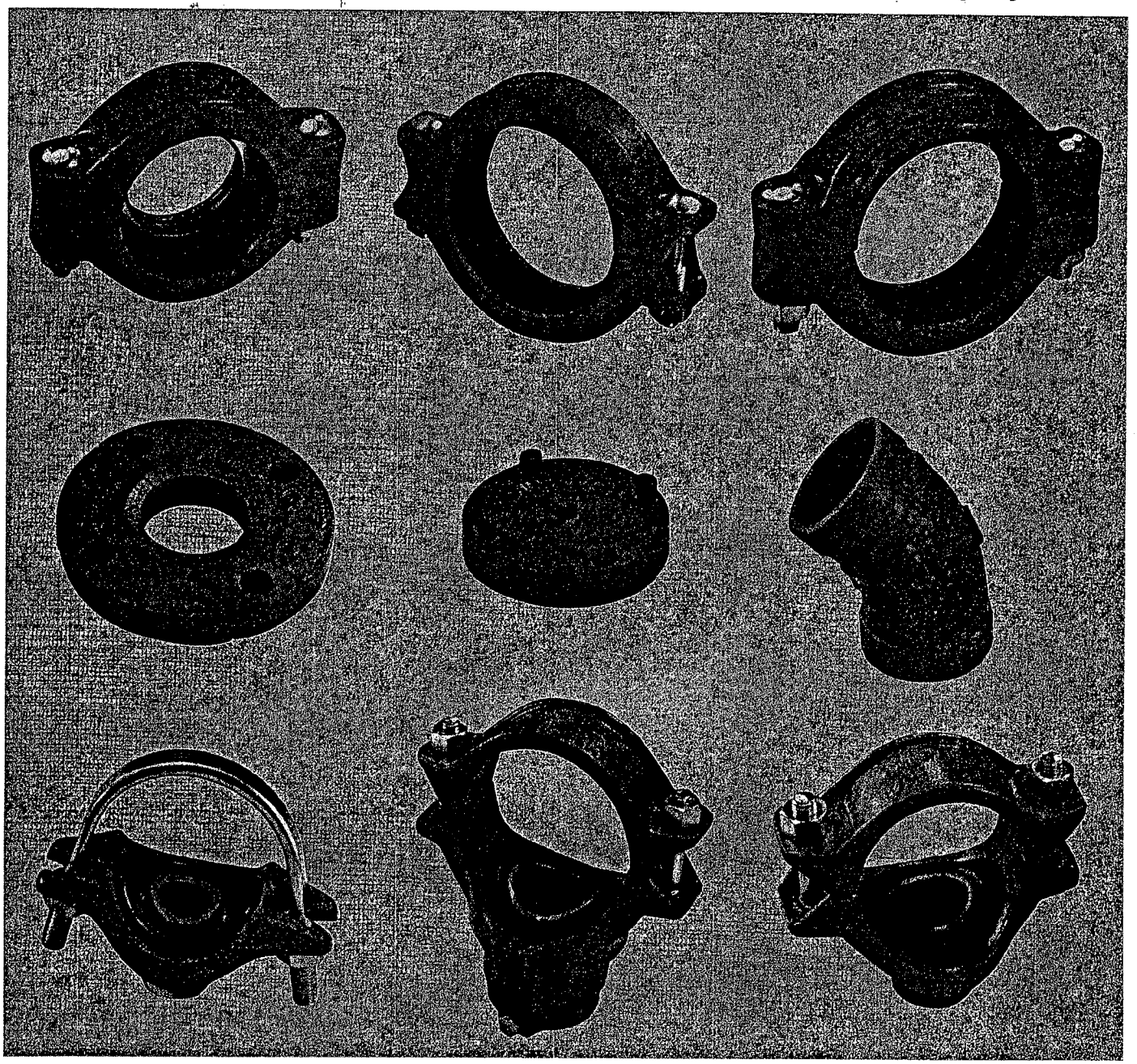


Fig. 4 - G3 Wrench

SUBMITTAL SHEET

WARD COUPLOX®

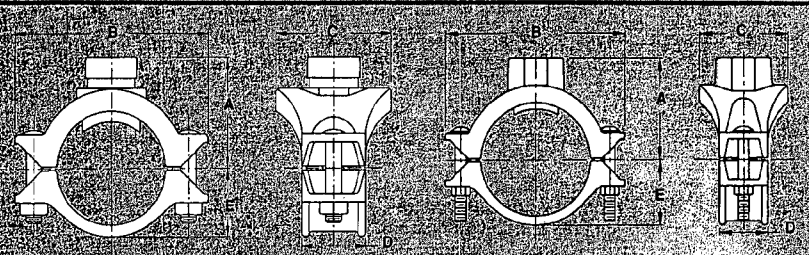
Grooved Couplings and Fittings for Fire Protection Piping Systems



WARD MANUFACTURING

Quality Products Since 1924

Blossburg, Pennsylvania 16912 • 570-638-2131 • Fax: 570-638-3410

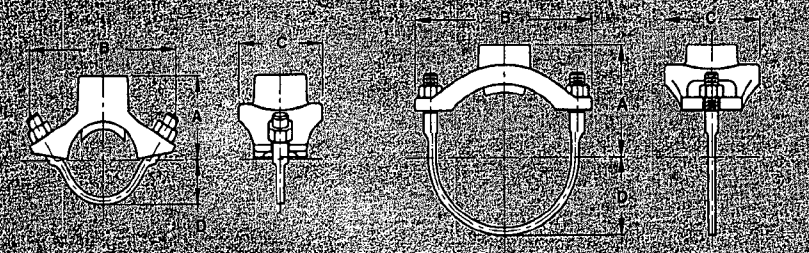


Mechanical Tee

Grooved Outlet
Fig. No. 1270

FPT Outlet
Fig. No. 1280

Nominal Size Run x Branch Inch	No. Bolt/Nut Each Inch	Recom. Bolt Torque Ft. Lbs.	Max Work Press. PSI	App. Wgt. Each		Hole Diameter		Dimensions				
				1270 Lbs.	1280 Lbs.	Max. Perm. Inch	Max. Perm. Inch	A 1270	A 1280	B	C	D	E
2-1/2 x 1/2	2/2 - 1/2 x 2-1/2	35	300	–	3.2	1-1/2	1-5/8	–	2-3/4	5-7/8	3-3/16	1-1/2	1-11/16
2-1/2 x 3/4	2/2 - 1/2 x 2-1/2	35	300	–	3.2	1-1/2	1-5/8	–	2-3/4	5-7/8	3-3/16	1-1/2	1-11/16
2-1/2 x 1	2/2 -1/2 x 2-1/2	35	300	–	3.2	1-1/2	1-5/8	–	2-3/4	5-7/8	3-3/16	1-1/2	1-11/16
2-1/2 x 1-1/4	2/2 - 1/2 x 2-1/2	35	300	–	3.5	2	2-1/8	–	3-1/32	5-7/8	3-1/4	1-1/2	1-11/16
2-1/2 x 1-1/2	2/2 - 1/2 x 2-1/2	35	300	–	3.5	2	2-1/8	–	3-1/32	5-7/8	3-1/4	1-1/2	1-11/16
3 x 1-1/4	2/2 - 1/2 x 2-3/4	75	300	4.1	4.5	2	2-1/8	3-5/8	3-3/8	6-1/4	3-5/8	2	2-1/8
3 x 1-1/2	2/2 - 1/2 x 2-3/4	75	300	4.1	4.5	2	2-1/8	3-5/8	3-3/8	6-1/4	3-5/8	2	2-1/8
3 x 2	2/2 - 1/2 x 2-3/4	75	300	5.0	5.5	2-1/2	2-5/8	3-5/8	3-1/2	6-1/4	3-7/8	2	2-1/8
4 x 1-1/4	2/2 - 1/2 x 2-3/4	75	300	5.9	6.1	2	2-1/8	4	4	7-3/8	3-5/8	2	2-5/8
4 x 1-1/2	2/2 - 1/2 x 2-34	75	300	5.9	6.1	2	2-1/8	4	4	7-3/8	3-5/8	2	2-5/8
4 x 2	2/2 - 1/2 x 2-3/4	75	300	6.0	6.2	2-1/2	2-5/8	4	4	7-3/8	4-1/8	2	2-5/8
4 x 2-1/2	2/2 - 1/2 x 2-3/4	75	300	6.1	6.3	2-3/4	2-7/8	4	4	7-3/8	4-7/16	2	2-5/8
4 x 3	2/2 - 1/2 x 2-3/4	75	300	6.5	6.7	3-1/2	3-5/8	4-1/2	4-1/2	7-3/8	5-1/16	2	2-5/8
5 x 3	2/2 - 5/8 x 4-3/4	75	300	7.2	8.2	3-1/2	3-5/8	5	5	8-1/4	5-1/8	2-1/4	3-1/4
6 x 1-1/2	2/2 - 5/8 x 4-3/4	75	300	8.8	9.1	2	2-1/8	5-1/8	5-1/8	9-1/4	3-5/8	2-1/4	3-3/4
6 x 2	2/2 - 5/8 x 4-3/4	75	300	8.9	9.2	2-1/2	2-5/8	5-1/8	5-1/8	9-1/4	4-1/8	2-1/4	3-3/4
6 x 2-1/2	2/2 - 5/8 x 4-3/4	75	300	9.6	9.9	2-3/4	2-7/8	5-1/8	5-1/8	9-1/4	4-7/16	2-1/4	3-3/4
6 x 3	2/2 - 5/8 x 4-3/4	75	300	10.1	10.4	3-1/2	3-5/8	5-1/8	5-1/2	9-1/4	5-1/8	2-1/4	3-3/4
6 x 4	2/2 - 5/8 x 4-3/4	75	300	10.5	10.7	4-1/2	4-5/8	5-1/2	5-1/2	9-1/4	6-1/8	2-1/4	3-3/4
8 x 2-1/2	2/2 - 3/4 x 4-1/4	75	300	12.6	12.9	2-3/4	2-7/8	6-1/4	6-1/4	12	4-7/16	2-1/2	4-13/16
8 x 3	2/2 - 3/4 x 4-1/4	75	300	12.7	13.0	3-1/2	3-5/8	6-1/4	6-1/2	12	5-1/8	2-1/2	4-13/16



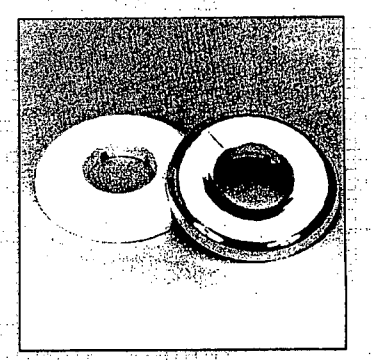
Mechanical Tee

FPT Outlet With U-Bolt
Fig. No. 1280
For all 2" sizes

FPT Outlet With U-Bolt
Fig. No. 1280
For all 3" and 4" sizes

Nominal Size Run x Branch Inch	U-Bolt Size Inch	Recom. Bolt Torque Ft. Lbs.	Pipe Outside Diameter O.D.	App. Wgt. Each Lbs.	Hole Diameter		Dimension Inches			
					Hole Saw Inch	Max. Perm. Inch	A	B	C	D
2 x 1/2	1/2	35	300	2.1	1-1/2	1-5/8	2-5/8	5	2-3/4	1-1/4
2 x 3/4	1/2	35	300	2.1	1-1/2	1-5/8	2-5/8	5	2-3/4	1-1/4
2 x 1	1/2	35	300	2.1	1-1/2	1-5/8	2-5/8	5	2-3/4	1-1/4
2 x 1-1/4	1/2	35	300	2.9	1-3/4	1-7/8	2-3/4	5-1/4	3-3/8	1-1/4
2 x 1-1/2	1/2	35	300	2.9	1-3/4	1-7/8	2-3/4	5-1/4	3-3/8	1-1/4
3 x 1/2	1/2	35	300	2.6	1-1/2	1-5/8	3	5-5/8	3-3/16	2
3 x 3/4	1/2	35	300	2.6	1-1/2	1-5/8	3	5-5/8	3-3/16	2
3 x 1	1/2	35	300	2.6	1-1/2	1-5/8	3	5-5/8	3-3/16	2
4 x 1/2	1/2	75	300	4.3	1-1/2	1-5/8	3-1/2	5-7/8	3-3/16	2-1/2
4 x 3/4	1/2	75	300	4.3	1-1/2	1-5/8	3-1/2	5-7/8	3-3/16	2-1/2
4 x 1	1/2	75	300	4.3	1-1/2	1-5/8	3-1/2	5-7/8	3-3/16	2-1/2

WALL PLATES (cont.)

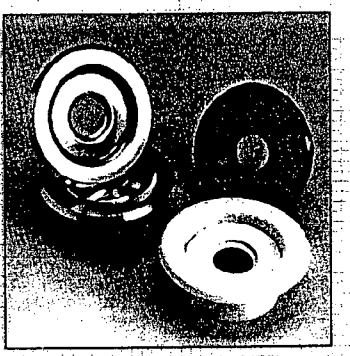


PLASTIC

Features one-piece construction of flexible plastic with a split for easy installation. Grips the pipe and will not fall off EVER! Available in Chrome, White, Brass. Brass available in "SPECIAL ORDER ONLY."

Part #	Description	Box Qty.	Part #	Description	Box Qty.
CHROME			WHITE		
01-220	1/2" IPS	144	01-232	1/2" IPS	144
01-221	3/4" IPS	144	01-233	3/4" IPS	144
01-222	1" IPS	144	01-234	1" IPS	144
01-223	1 1/4" IPS	144	01-235	1 1/4" IPS	144
01-224	1 1/2" IPS	144	01-236	1 1/2" IPS	144
01-225	2" IPS	144	01-237	2" IPS	144
01-226	2 1/2" IPS	72	01-238	2 1/2" IPS	72
01-227	3" IPS	72	01-239	3" IPS	72
01-228	4" IPS	72	01-240	4" IPS	72
01-229	5" IPS	48	01-241	5" IPS	48
01-230	6" IPS	36	01-242	6" IPS	36
01-231	8" IPS	36	01-243	8" IPS	36

RECESSED CANOPIES

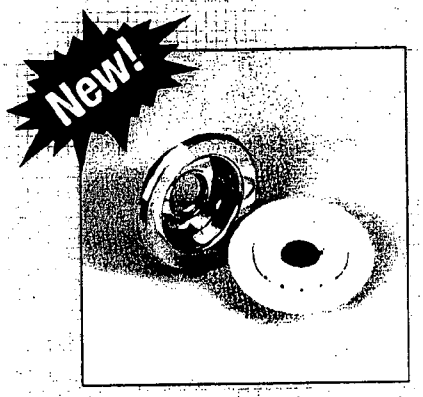


STANDARD SKIRT

3/4" of adjustment for 1/2" or 3/4" IPS sprinkler heads.

Part #	Description	Box Qty.
01-400	2-pc. Chrome 1/2"	200
01-402	2-pc. White 1/2"	200
01-406	2-pc. Brass 1/2"	200
01-408	2-pc. Black 1/2"	200
01-410	2-pc. Unfinished 1/2"	200
01-412	2-pc. Chrome 3/4"	200
01-414	2-pc. White 3/4"	200
01-418	2-pc. Brass 3/4"	200
01-420	2-pc. Black 3/4"	200
01-422	2-pc. Unfinished 3/4"	200

Both white and black are powder-coat finished for corrosion resistance and improved appearance.



SHORT SKIRT

1/2" of adjustment for 1 1/2" IPS sprinkler heads. Ideal for residential sprinklers.

Part #	Description	Box Qty.
01-450	2-pc. Chrome 1/2"	200
01-452	2-pc. White 1/2"	200
01-456	2-pc. Brass 1/2"	200

Both white and black are powder-coat finished for corrosion resistance and improved appearance.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-000336
Last Submit Date: Friday, February 12, 2010

Date: Tuesday, February 16, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Need plan from sprinkler contractor showing sprinkler head locations.

Note: Update permits to follow for gas appliances, ventilation hood, and cooking suppression system.

02-16-10
fax # 856-195-5794
Attn: Capt Kelly

Sincerely,

Ron Piszar, Subcode Official

Building
resubmit
2/19/10

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0863
DESTINATION ADDRESS	918567955794
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	02/16 14:03
USAGE T	00'22
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
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Sincerely,

Ron Piszar, Subcode Official

RECEIVING CLERK: _____

PERMIT #: _____

ENGINEERING PERMIT APPLICATION

BLOCK: 701 LOT: 7 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 644 RT 70 Brick, NJ
2. NAME OF OWNER IN FEE: Cheeburger Cheeburger
   ADDRESS: 644 RT 70 Brick PHONE #: (609) 221-0745
   FAX #: (609) 758 5401
3. PRINCIPAL CONTRACTOR: Midwest Construction
   ADDRESS: 114 Brace RD Cherry Hill, NJ 08034 PHONE #: (609) 610 4010
   FAX #: (856) 795-5794
4. ARCHITECT OR ENGINEER: J. Walker
   ADDRESS: 755 York RD Warminster PA PHONE #: (215) 957-7690
5. RESPONSIBLE PERSON FOR WORK: Curt Kelly Midwest Const.
   ADDRESS: 114 Brace RD Cherry Hill

PHONE#: (609) 610 4010 FAX#: (856) 795 5794 E-MAIL: gofirst@yahoo

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

☐ OTHER N/A

LENGTH: _____ WIDTH: _____ HEIGHT: _____

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: _____

ENGINNERING REVIEW:

DATE RECEIVED: _____ DATE: REJECTED _____ DATE APPROVED _____ INTLS: _____

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 701 Lot 7
Work Site Location 644 NJ Highway 70 west Brick
Owner in Fee/Occupant Cheeburger Cheeburger
Address 644 RT 70 Brick, NJ

Tele. (609) 221-0745
Contractor HIGHLIGHTING CONSTRUCTION INC.
Address 2831 BIRCH AVE.
WILLIAMSTOWN NJ 08094
Tele. (856) 875-1115 Fax (856) 875-8870
Lic. No. 10640A
Federal Emp. No. 22-3053848

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed ~~[illegible]~~ A-2
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

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.

Michael G. Earley
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
44		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
8		Motors—Fract. HP	
15		Emergency & Exit Lights	
9		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

ALL AMPERAGES ARE AS PER PRINT

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ ______

U.C.C. F120
(rev 3/98)

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 041620

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # (609) 221-0745

ESTABLISHMENT TRADING NAME: CHEESEBURGER CHEESEBURGER

NUMBER AND STREET: 644 State Hwy Route 70 West

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.: TO BE OBTAINED

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 22/26

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: HOWARD KRIEGER

NUMBER AND STREET: 17 Stacey Drive

CITY OR MUNICIPALITY: CREAMRIDGE

STATE: NJ

ZIP CODE: 08514

COMMUN. CODE: 1523

TIME (2400 HOURS)

DATE	BEGIN	END
01/29/2010	0959 HRS	1059 HRS

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, NA.

NAME OF INSPECTING OFFICIAL (Print): LAURENCE G. FINN

SIGNATURE OF INSPECTING OFFICIAL: Laurence G. Finn

PERMANENT REG. NO.: B-1>CO

H.D.64

Page 1 of 2

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
CHEE BURGER CHEE BURGER	TO BE OBTAINED	01/28/2010
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Lawrence J. Tenaia	BRICK	Begin 0959 HRS

REG. NO.	REMARKS (Please specify area)
NCTE	ALL FLOORS, WALLS, AND CEILINGS SHALL BE CON-
—	STRUCTED OF EASILY CLEANABLE MATERIALS.
NCTE	IF HOT HOLDING FOODS (IE CHILI, SOUPS) ARE
—	ADDED TO THE MENU IN THE FUTURE A FOOD TEMP.
—	MEASURING DEVICES THERMOMETER) SHALL BE OB-
—	TAINED.
NCTE	A THIN PROBED THERMOMETER SHALL BE OB-
—	TAINED TO MEASURE THIN FOOD TEMPERATURES
—	(IE. MEAT PATTIES AND FISH FILETS)
NCTE	A LOG BOOK SHALL BE ESTABLISHED TO
—	RECORD THE DATE, TIME, AND TEMPERATURE
—	OF THE MEAT PATTIES AND FISH FILETS.
—	STATE FACT SEPARATELY IE ONE PAGE FOR
—	MEAT PATTIES, AND THE OTHER FOR FISH
—	FILETS.
—	STIPULATION(S)
	24-48 PRIOR NOTICE REQUIRED TO
—	SCHEDULE YOUR PRE-OPERATIONAL
—	INSPECTION. ALL EQUIPMENTS SHALL
—	BE ON AND WORKING PROPERLY AT THE
—	TIME OF INSPECTION.

(Attach additional sheets if necessary)

H.D. 67

Page 2 of 2 Pages