BLOCK 79 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-0900

CONSTRUCTION PERMIT APPLICATION C16-001055

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

I. IDENTIFICATION

1. Proposed Work Site at: 644 Rte 70/OLD NAVY
2. Name of Owner in Fee: VORNADO PROPERTIES TRUST
   Tel. ( ) _____ e-mail _____
   Address 210 ROUTE 4 EAST, PARAMUS (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AUTOMATIC PROTECTION SYSTEMS Tel. (732) 739-9320
   Address 368 BROAD ST e-mail _____
   KEYPORT, NJ 07735
   License No. OR, if new home, Builder Reg. No. P00510 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3326002 FAX: (732) 739-0367
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun JOHN P. CONDON
   Tel. (732) 739-9320 FAX: (732) 739-0367

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	15 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 3		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

Called 4/19/10

IIa. PROPOSED WORK

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

2 spud leads

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MF	4/13/10						
☐ Electrical									
☐ Plumbing									
☐ Fire Protection					4-19-10	08			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
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.

(X) Check if contractor.

Agent Name AUTOMATIC PROTECTION SYSTEMS, INC

Address 368 BROAD ST

KEYPORT, NJ 07735

Telephone (732) 739-5320

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/14/2010
Control Number C-10-001055
Permit Number 10-0900
Permit Issue Date 04/28/2010
Certificate Number 10-0900

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ

Telephone:

Contractor AUTOMATIC PROTECTION SYSTEMS INC

Address 368 BROAD STREET KEYPORT NJ 07735

Telephone: (732) 739-9320 Fax: (732) 739-0367

License Number or Builders Registration Number: 00510 Federal Emp. Number: 22-3226002

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE ALTERATIONS INSTALL 2 FIRE SPRINKLER HEADS IN MAIN ENTRANCE AREA

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:

CONSTRUCTION PERMIT

Date Issued 4-28-16
Control # C-10-001055
Permit # 16-0466

IDENTIFICATION Block: 701 Lot: 7 Qualifier

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

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ

Telephone:

Contractor: AUTOMATIC PROTECTION SYSTEMS INC
Address: 368 BROAD STREET KEYPORT NJ 07735

Telephone: (732) 739-9320
Lic. No. or Bldrs. Reg. No. 00510
Federal Employee. No. 22-3226002

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 ALTERATIONS INSTALL 2 FIRE SPRINKLER HEADS IN MAIN ENTRANCE AREA

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 $1,500

Construction Official

Date 4/28/16

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$78
Check No.	1411
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.

#0900
FIRE $75.00
DCA 03.00
CHECK $78.00

☐ 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.

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/15/2010
Control # C-10-001055
Date Issued 4-28-10
Permit # 10-0900

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 , NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ

Tel.

Contractor: AUTOMATIC PROTECTION SYSTEMS INC

Address 368 BROAD STREET KEYPORT NJ 07735

Tel. (732) 739-9320 Fax. (732) 739-0367

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

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

Fire Alarm Contractor No. 00510

Federal Employee No. 22-3226002

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fire Suppression/Standpipe System: ☐ New or ☐ Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $1,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE ALTERATIONS, INSTALL 2 FIRE SPRINKLER HEADS IN MAIN ENTRANCE AREA

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	2	$75
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3
TOTAL FEE	$78

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 4-15-10

Approved by: DB

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 5-28-10

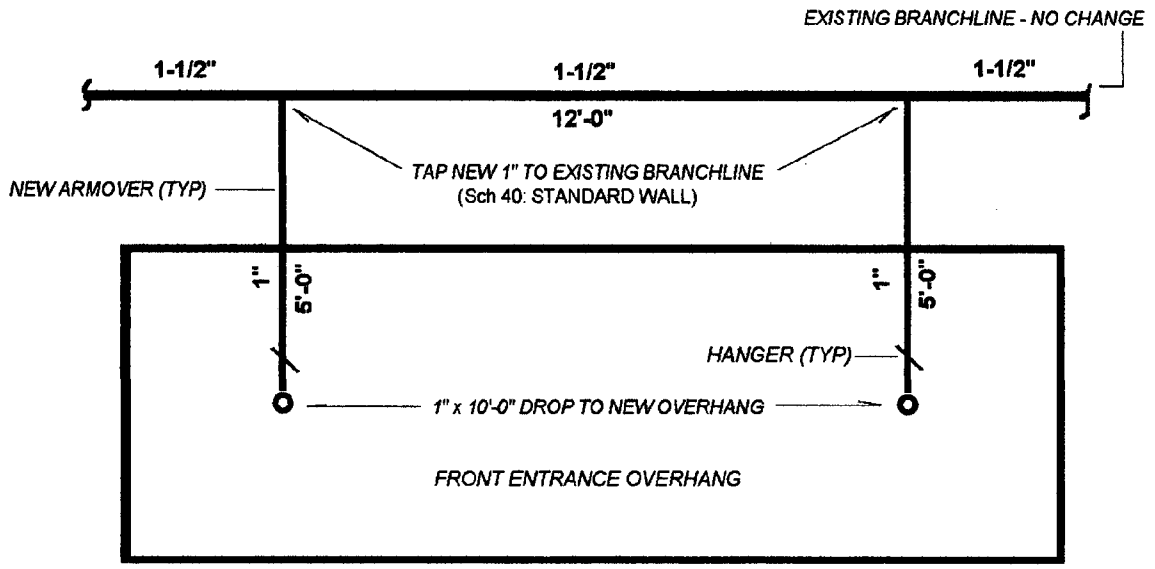
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression System			5/26/10	DB
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			5/26/10	DB
Other				

U.C.C F140 (rev. 12/07)

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

Automatic Protection Systems, Inc.



NEW OVERHANG DETAIL

NTS

GENERAL NOTES:

1. This drawing shows the location/addition of sprinkler heads for the tenant (OLD NAVY) and tenant fit-out at the existing building known as BRICK PLAZA. Floor plans were taken per site survey by Automatic Protection Systems, Inc.
2. This building has an existing wet-pipe system installed above the drop ceiling to pendant heads through the entire leased space complex. Automatic sprinkler protection is designed in accordance with occupancies as referenced on prepared architectural drawings. Accordingly, the existing designed system is hydraulically designed and the use of 1 in. armovers will not impact the hydraulic design of this system and has been reviewed and found satisfactory.
3. This work is in accordance with instructions from the owner and includes no code review of the building, structure, occupancy, or other aspects of the facility. These drawings make no warrant as to life safety, construction, building service, or other unidentified conditions. The owner warrants that the occupancies are as represented. The building owner and occupants remain solely responsible for maintaining fire safe conditions in the buildings at all times.
4. The system fitout has been installed per NFPA 13 (2002 Edition) requirements.
5. Professional review of this drawing is for hydraulic design and proposed improvements only. Conditions and arrangements of the balance of these systems and other buildings at this facility is outside the scope of this work.

OLD NAVY

TENANT FITOUT

BRICK PLAZA

BRICK, NJ 08723

DATE: MAY 4, 2010 | SCALE: AS SHOWN

NEW HEADS THIS SHEET

SYMBOL	MODEL	SIZE	SIN	FINISH	STYLE	TEMP	TOTAL
	RELIABLI	1/2"	R3521	Chrome	REC-Pend	155	2

PROFESSIONAL REVIEW FOR FIRE PROTECTION DESIGN ONLY

PATRICK J EGAN
PROFESSIONAL ENGINEER
License No 39701

368 Broad Street, Keyport, NJ 07735 • Tel. (732) 739-9320 • Fax (732) 739-0367
New Jersey Licensed Electrical Contractor #14723
DESIGN, BUILD & SERVICE FIRE CONTROLS-FIRE SPRINKLER-SUPPRESSION, EXTINGUISHERS
EMERGENCY LIGHTS CCTV SYSTEMS, PAGING SYSTEMS CERTIFIED BACKFLOW PREVENTER INSPECTIONS
24 HOUR EMERGENCY SERVICE

Sprinks

BLOCK 701

N.J.A.C. (Uniform Code) 5:23-2;.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 7

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

Vornado
Owner

Automatic Protection
Contractor

PERMIT NO. 10-0900

DATE APPROVED 4-28-10

FEE PAID 78-

CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

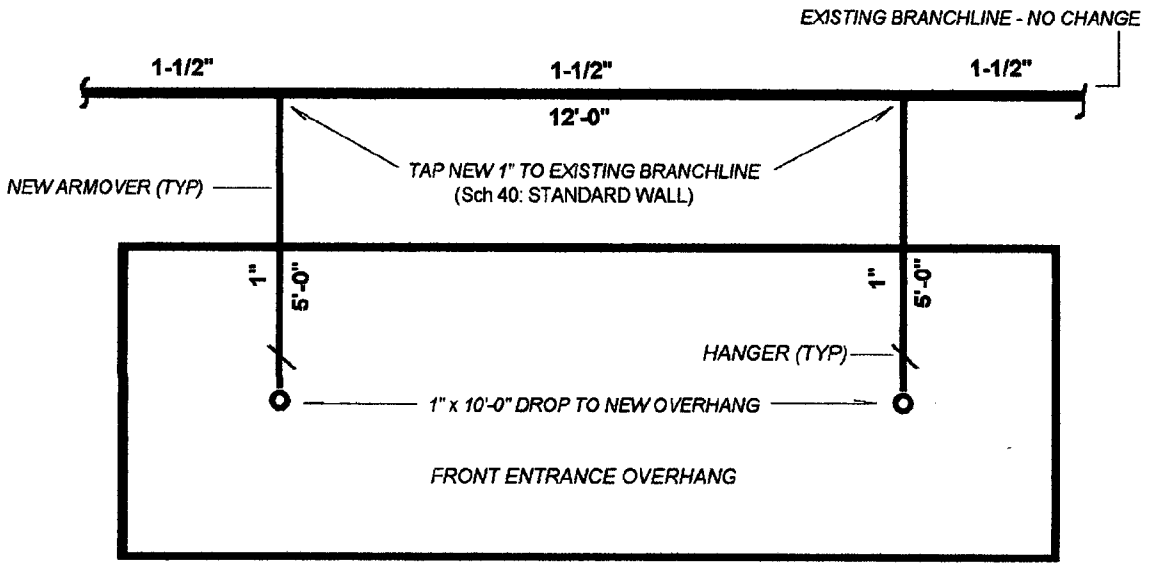
INSPECTIONS
PLS CALL
732-262-4627

INSPECTIONS

1. FOOTING
2. FOUNDATION
3. SHEATHING
4. FRAMING
5. INSULATION
6. SHEET ROCK
7. PLUMBING
8. FIRE INSPECTION
9. FINAL

PLANS MUST BE ON JOB SITE

Automatic Protection Systems, Inc.



NEW OVERHANG DETAIL

NTS

GENERAL NOTES:

1. This drawing shows the location/addition of sprinkler heads for the tenant (OLD NAVY) and tenant fit-out at the existing building known as BRICK PLAZA. Floor plans were taken per site survey by Automatic Protection Systems, Inc.
2. This building has an existing wet-pipe system installed above the drop ceiling to pendant heads through the entire leased space complex. Automatic sprinkler protection is designed in accordance with occupancies as referenced on prepared architectural drawings. Accordingly, the existing designed system is hydraulically designed and the use of 1 in. armovers will not impact the hydraulic design of this system and has been reviewed and found satisfactory.
3. This work is in accordance with instructions from the owner and includes no code review of the building, structure, occupancy, or other aspects of the facility. These drawings make no warrant as to life safety, construction, building service, or other unidentified conditions. The owner warrants that the occupancies are as represented. The building owner and occupants remain solely responsible for maintaining fire safe conditions in the buildings at all times.
4. The system fitout has been installed per NFPA 13 (2002 Edition) requirements.
5. Professional review of this drawing is for hydraulic design and proposed improvements only. Conditions and arrangements of the balance of these systems and other buildings at this facility is outside the scope of this work.

OLD NAVY

TENANT FITOUT

BRICK PLAZA

BRICK, NJ 08723

DATE: MAY 4, 2010 | SCALE: AS SHOWN

NEW HEADS THIS SHEET

SYMBOL	MODEL	SIZE	SIN	FINISH	STYLE	TEMP	TOTAL
	RELIABLI	1/2"	R3622	Chrome	REC-Pend	155	2

PROFESSIONAL REVIEW FOR FIRE PROTECTION DESIGN ONLY

PATRICK J EGAN
PROFESSIONAL ENGINEER
License No 39701

368 Broad Street, Keyport, NJ 07735 • Tel. (732) 739-9320 • Fax (732) 739-0367
New Jersey Licensed Electrical Contractor #14723
DESIGN, BUILD & SERVICE FIRE CONTROLS-FIRE SPRINKLER-SUPPRESSION, EXTINGUISHERS
EMERGENCY LIGHTS CCTV SYSTEMS, PAGING SYSTEMS CERTIFIED BACKFLOW PREVENTER INSPECTIONS
24 HOUR EMERGENCY SERVICE

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/15/2010
Control # C-10-001055
Date Issued 4-15-10
Permit # 10-0766

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 , NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ

Tel.

Contractor: AUTOMATIC PROTECTION SYSTEMS INC

Address 368 BROAD STREET KEYPORT NJ 07735

Tel. (732) 739-9320 Fax. (732) 739-0367

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

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

Fire Alarm Contractor No. 00510

Federal Employee No. 22-3226002

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $1,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE ALTERATIONS, INSTALL 2 FIRE SPRINKLER HEADS IN MAIN ENTRANCE AREA

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	2	$75
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3
TOTAL FEE	$78

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

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

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/15/2010
Control # C-10-001055
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: 744 ROUTE 70 644 ROUTE 70 , NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ

Tel.

Contractor: AUTOMATIC PROTECTION SYSTEMS INC

Address 368 BROAD STREET KEYPORT NJ 07735

Tel. (732) 739-9320 Fax. (732) 739-0367

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

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

Fire Alarm Contractor No. 00510

Federal Employee No. 22-3226002

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE ALTERATIONS, INSTALL 2 FIRE SPRINKLER HEADS IN MAIN ENTRANCE AREA

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	2	$75
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3
TOTAL FEE	$78

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 / Old Navy Dr. Rt 4 East

Owner in Fee Vornado Properties Trust

Tel. ( ) e-mail

Address 210 Rt 4 East Paramus.
(street, municipality, zip code)

Contractor Automatic Protection Systems Inc Tel. (732) 739-9320

Address 368 Broad St e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No 00570

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. 223326002 FAX: (732) 739-0367

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class Present Proposed Location of Panel:

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

Type [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [X] Existing

[ ] Other Location of Main Control Valve:

Location: Sprinkler Room

Fuel Storage Tank:

Fuel Type [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work: $ 1500

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 2 fire Sprinkler heads in main entrance Area

Water Supply Source City

Method of Alarm/Suppression System Supervision fscp

	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)	2	
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		
Fired Appliances [ ] Gas or [ ] Oil		
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

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date

Approved by:

SUBCODE APPROVAL

[ ] 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				

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