

N
C05-134247

I. IDENTIFICATION

- V. FEE SUMMARY (for office use only)**

Called
5/10/05
L.M.

VI. BUILDING/SITE CHARACTERISTICS

- (office use only)

II. PROPOSED WORK

- Est. Cost

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

- ### VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) BOCA
5. ☐ One-Family (R-5) BOCA
6. ☐ One-Family (R-6) BOCA

No. of dwelling units

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Species Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

APPROVED BY JDH DATE 5/6/05

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☒ Fire Protection

I further certify that I will perform the following work:

C.3. ☒ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name ADT Security Services

Address 7895 Browning Road

Pennsauken NJ 08109

Telephone (856) 910-4669

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 05/11/2005
Control # C-05-134247
Permit # 05-1602

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor ADT SECURITY SERVICE
Address 7895 BROWNING ROAD RONNSAUKEN NJ 08109
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ Telephone: (856) 910-4677
11530 Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No. 2258181021

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:

ALARM SYSTEM (BURGLAR OR FIRE)

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$4,538

Construction Official 05/11/2005
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$75
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$121
Check No.	48151
Cash	\$0
Credit	\$0
Collected By	Ann Marie Hanlon

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.

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: ADT Security Services, Inc.

2340 Route 130, Suite 100, Cranbury, NJ

08512

Address

Exemption No. 438

Signature of Holder



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



Hereby Issues To

ADT SECURITY SERVICES INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

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

ADT SECURITY SERVICES INC

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

07/24/2003 to 10/31/2006
Date Issued Lapse Date

P00451
Permit ID

P00451 07/24/2003 to 10/31/2006
Permit ID Date Issued Lapse Date

Susan Bass Levin
Commissioner

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

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

PLEASE DETACH HERE

Dear Contractor:

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

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

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 633-6737.

Sincerely,

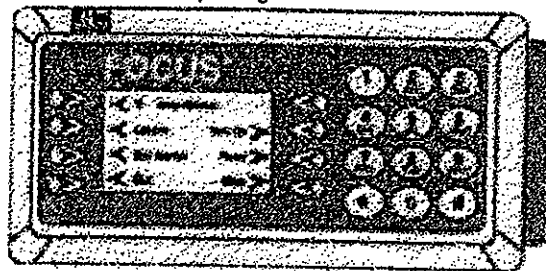
Susan Bass Levin

Susan Bass Levin, Commissioner

FOCUS® CADET

UL Listed Commercial Fire/Burglar
and Access Control Security System

Operating Panel



S789
(FOCUSCADET)

GENERAL

The ADT FOCUS CADET is an economical, user-friendly, programmable, electronic security system that links a facilities detectors with a single microprocessor-based control unit. The FOCUS CADET allows you to control hundreds of critical fire and security functions from one menu-driven interface as simple to use as the automated teller machine (ATM) at your local bank.

FEATURES

- Control of up to 64 input/output protection points in as many as four independent groups from one central location.
- 1 built-in supervised bell outputs for compliance with local FA requirements as well as for use with BA applications.
- Up to 32 2-wire smoke detectors.
- Built in 4-wire smoke detector power reset.
- Up to 4 BA partitions.
- 8 built-in points including two 2-wire smoke detector loops.
- An RS485 bus employed for communicating and powering the gateways, operation panels, printer interface units, and sensors via gateways.
- The RS485 bus can handle a 4000ft wire run (which can be extended to 8000ft max. with a repeater).

- Built-in SIM gateway that serves as interfaces for sensors, output devices and wired expansion modules.
- A built-in communicator and support for an optional backup dialer for monitoring purposes to a Customer Monitoring Center.
- Ability to download the programming from a remote location using the ADEMCO Compass Downloader.
- Programmable scheduling of events to automatically occur at a specific time of day.
- Manual activation and deactivation of any function.
- Ability to bypass points for maintenance or service.
- Up to 99 individual operating panel users, each having unique security privileges.
- Up to 255 individual card/key reader users, each having unique levels of access.
- Up to 4 door access control readers.
- Continuous supervision and identification of faults associated with low battery voltage, AC power and internal or external communication.
- Capability of employing up to 8 operating panels, with a single operating panel controlling all BA groups.
- Ability to program automatic activation/deactivation of security groups.

SPECIFICATIONS

- Input power: 120VAC, 50/60Hz
- Output power: 18V, 60Hz, 50VA (1.5A) or 72VA (1.5A)
- Standby Battery: 12VDC Sealed Lead-acid battery
- Float Charging Voltage to battery: 13.65VDC
- Battery charger range: 7 AH - 24 AH with 50VA transformer / 7 AH - 34.4 AH with 72VA transformer
- Low battery Signal: 12VDC
- Low battery Cutoff: 9.8VDC
- Aux. Power #2: 12VDC, 1.0Amp max. (PTC protected)
- Notification Circuits (BELL 1): 12VDC, 1.7 AMP Max. (Style Y)(PTC Protected)
- AUX Relay output: Dry contact rating: 28V, 2 AMP max. resistive load. Wet: 12VDC, 1.7AMP max.
- Current Draw: Standby 300mA Alarm 440mA
- Temperature Range: 32F (0C) to 120F (49C)

COMMUNICATION FORMAT

- Contact ID

CABINET SPECIFICATIONS

- 18" H x 14 1/2" W x 4.3" D

SYSTEM CAPACITY

- Total programmable input/output points: 64
- Operating Panels: 8
- Notification Bell Circuits: 1
- Number of users: 255
- First 99 may be ID codes and/or card keys
- Remaining are card/key users only
- Partitions: 4
- History Log: 512 events

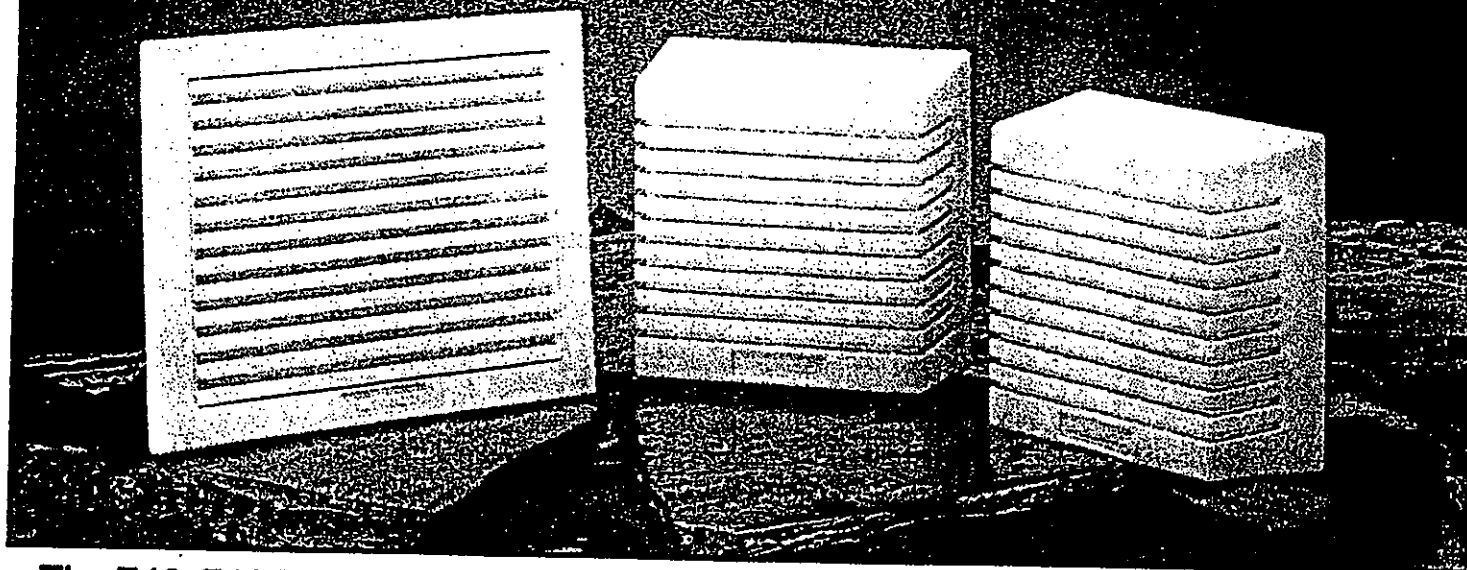
tyco

Fire &
Security



746/746F/747/747F

ADEMCO



The 746, 746F and 747, 747F indoor sounders are attractive, compact and durable. Their clear sound and easy installation make them a *sound decision* for you and your customers.

746/746F – INDOOR SPEAKERS

FEATURES:

- High quality mylar cone
- Heavy duty magnet
- Durable ABS plastic
- Attractive designer case
- Easy to mount on wall (746) or flush mount (746F)
- Mounting hardware included
- Private labeling available

SPECIFICATIONS:

Voice coil impedance - 8 ohm
Voice coil diameter - .79" (20mm)
Cone diameter - 3.43" (87mm)

Power Rating:

15 watts continuous
20 watts peak

Speaker Type:

Mylar cone

Magnet Weight:

2.8 oz (81g)

Dimensions:

746: 4" x 4" x 2"

(102mm x 102mm x 51mm)

746F: 5" x 6.75" x 1.675"

(127mm x 159mm x 42.5mm)

Color:

.....

747/747F – SELF CONTAINED SIRENS

FEATURES:

- 95dB output at 12VDC
- 2 tones - steady and warble
- High quality mylar cone
- Heavy duty magnet
- Durable ABS plastic
- Attractive designer case
- Easy to mount on wall (747) or flush mount (747F)
- Hardware included
- Private labeling available

SPECIFICATIONS:

Voice coil impedance - 8 ohm
Voice coil diameter - .79" (20mm)
Cone diameter - 3.43" (87mm)

Speaker Type:

Mylar cone

Input Voltage:

6-15VDC

dB Output:

95dB @ 12VDC @ 10'

Current Draw:

400mA @ 12VDC 8 ohm load

Operating Temp:

0°C to 50°C

Tone Frequency:

Steady - 1200HZ

Warble - 800HZ to 1200HZ, 1 second ramp cycle

Magnet Weight:

2.8 oz (81g)

Dimensions:

747 4" x 4" x 2"

(102mm x 102mm x 51mm)

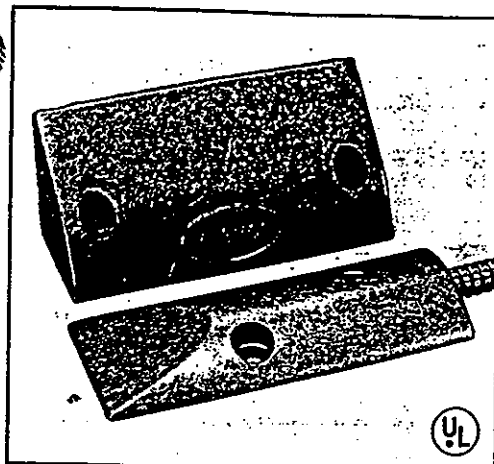
747F 5" x 6.75" x 1.675"

(127mm x 159mm x 42.5mm)

Color:

957 Overhead Door Series

OVERHEAD
DOOR



Overhead Door Magnetic Contacts (TUFFTACTS®)

- Rugged cast aluminum housing for protecting magnet
- Armored cable standard on every model (18")
- Standard gap: 1" min.
- Unobtrusive design resists damage in high traffic areas
- Wide gap: 2" min. (51 mm)

Quantity: 1/pkg.

How to Order:

SPST Closed Circuit—957

Circuit is closed with magnet engaged

SPST Long (48") Cable—957L

For closed circuit with optional 48" armored cable

Wide Gap (2")—957W

Extra large magnet to increase gap to over 2.0". SPST contacts

48" Cable/Wide Gap—957L-W

Optional cable lead with extra large magnet. SPST contacts

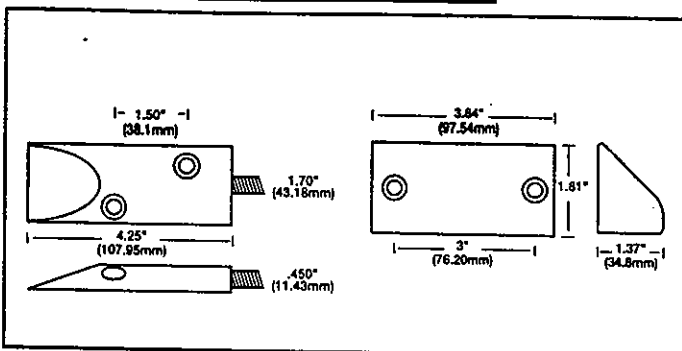
SPDT/48" Cable/Wide Gap—957-2L-W

Open or closed circuit, optional 48" armored cable with extra large magnet for increased gap to over 2.0"

Junction Box—58

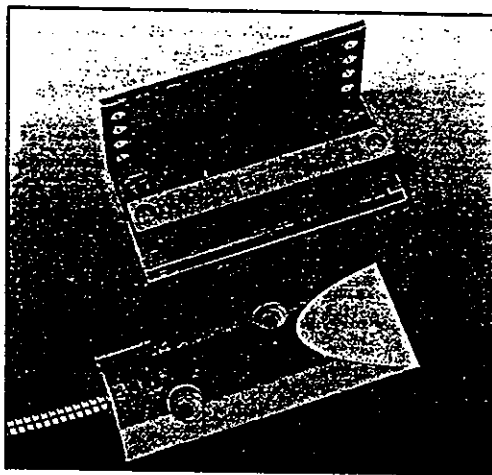
For use with conduit

See page 75 for new 959 XTP



958 Overhead Door Series

OVERHEAD
DOOR



Overhead Door Magnetic Contacts (TUFFTACTS®)

- Adjustable magnet with L bracket for fast installation
- 24" armored cable is standard
- Standard gap = 2" min. (51 mm)
- Epoxy sealed for protection from moisture and impact

Quantity: 1/pkg.

The ASC Edge:

- Rugged "shock absorber" design protects reed against flex or damage to housing

How to Order:

SPST Closed Circuit—958

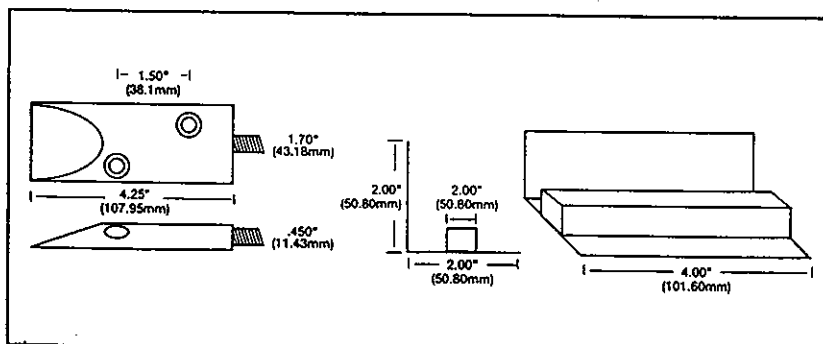
Circuit is closed with magnet engaged

SPDT—958-2

Single pole double throw contacts for closed or open circuit (Form C Switch)

Extra Magnet—958M

See page 75 for ne





FG-730

Glassbreak Detector

ADT's Glassbreak Detectors offer the following features:

• Dual technology system can help detect intrusion and reduce false alarms

• Adjustable sensitivity level

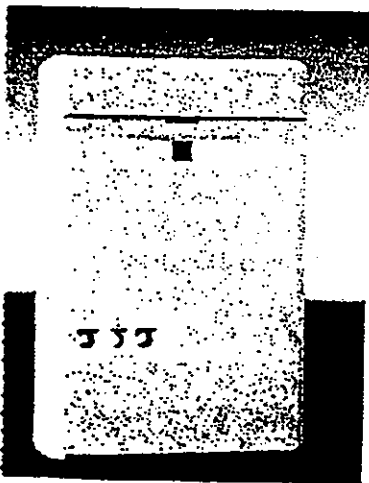
• Helps detect breakage of up to 1/4 inch plate, tempered, laminated, or wired glass at distances up to 30 feet

• Mounts to nearby ceiling, walls or corners

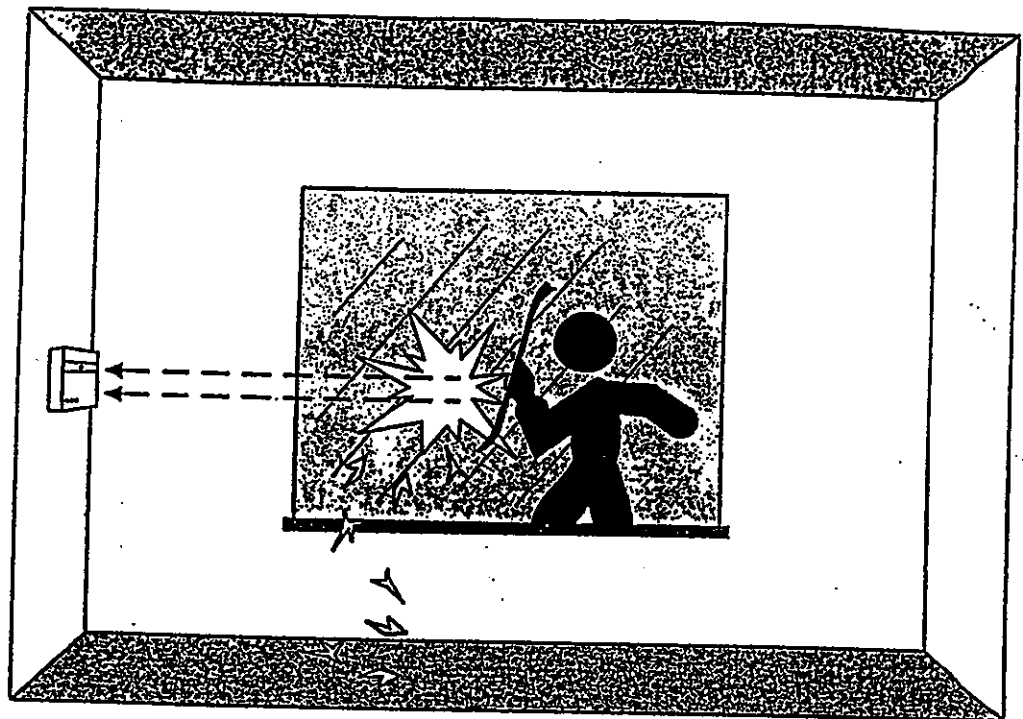
• No disfiguring of windows with unsightly foil strips and costly wiring

• Tamper resistant

• Alarm memory indicated by LED



ADT, UL Listed FG-730 Glassbreak Detector can help detect intrusion in both commercial buildings and homes.



The ADT FG-730 Glassbreak Detector can help detect intrusion in both commercial buildings and in homes.

Product Description: An alarm is generated only when a low frequency "flex" signal is followed within a prescribed time window by a high-frequency "audio" signal. Both signals must have valid amplitude, duration and frequency characteristics. The flex signal is produced when the impact of a breaking tool causes an initial displacement of the glass. The audio signal is generated by the actual shattering of the glass.

Helps Protect Without Unsightly and Costly Wiring of Windows

ADT's FG-730 Glassbreak Detector helps protect without the unsightly foil strips and costly wiring of windows used by other systems. Glass breakage can be detected up to 30 feet away.

Detectors can be located on walls, ceilings (including false or suspended ceilings) or in corners. The FG-730 can be mounted on any surface.

Adjustable Sensitivity Levels Help Reduce False Alarms

The detector greatly reduces the potential for false alarms with its adjustable sensitivity levels. It can be adjusted so noise and vibrations of internal operations and external activities will not trigger the alarm.

The FG-730 Glassbreak Detector is designed not to sound an alarm because of humidity, thunder storms or other weather conditions; microwave infrared or ultrasonic interference; telephones or doorbells; generators or motors; structural vibrations or background noises.

**Surface-mounted,
Magnetic Contacts
provide
defeat-resistant
protection.**

Used where high security, defeat-resistant protection is essential, these Magnetic Contacts are designed to help detect a break-in at a conventional door, overhead door, or window.

They can be flush-mounted on the surface, or buried in the floor when used with overhead doors.

SAFEGUARDING WINDOWS AND EXTERIOR DOORS AGAINST UNAUTHORIZED ENTRY.

The contact consists of an actuating block (magnet) mounted to the door, and a contact block (switch and biasing magnet) mounted to the door frame.

The output contact is actuated when the door is opened, owing to removal of the balanced magnetic field, and initiates an alarm signal.

Quality installation by experienced ADT installers leaves your home or business virtually spotless.

Three models are available, all UL/ULC Listed.



Reed Switch Type Magnetic Contacts

Specifications

	B4039 Magnetic Contact	B4037 Magnetic Contact	B4040-011 Magnetic Contact
Output Contacts:	Normally Closed SPST	Transfer Type SPDT	Transfer Type SPDT
Contact Rating:	0.25 A at 28 VDC	0.5 A at 28 VDC	0.5 A at 28 VDC
Magnetic Air Gap:	Up to 3/4" Standard, to 1 1/4" Heavy Duty	1/2"	To 3/4" Standard, Over 3/4" Heavy Duty
Wiring:	Two wires, #22 gauge, three or 11-foot attached cable	Four wires, six or 15-foot attached cable	Four wires, 11-foot attached cable
Finish:	Gray	Gray	Gray
Material:	Phenolic	Phenolic	Molded Plastic
Dimensions			
Actuating Block:	2 1/6" W x 3/8" H x 3/8" D	2 1/6" W x 3/8" H x 3/8" D	3 1/2" x 1/2" Square
Contact Block:	2 1/6" W x 3/8" H x 3/8" D	2 1/6" W x 3/8" H x 3/8" D	3 1/2" x 1/2" Square

UL/ULC Listed



Security Systems

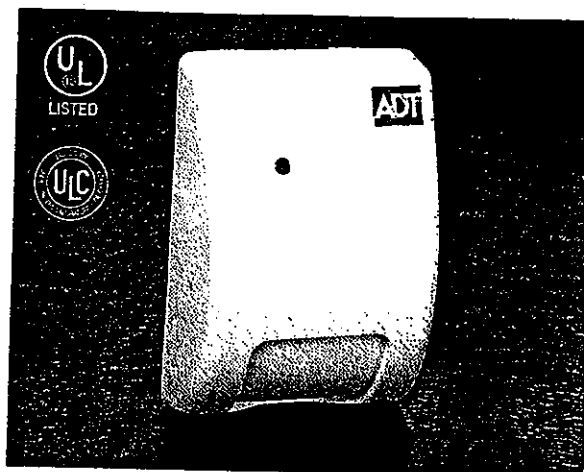
ADT Security Systems, Inc.
300 Interpace Parkway
Parsippany, NJ 07054
1-800-ADT-INFO

ADT Canada
5734 Yonge Street
Willowdale
Ontario, Canada M2M 5T3
1-800-268-5770

Printed in U.S.A.
Form L 4282-00: (12-89/20M)

DUE TO CONTINUOUS DEVELOPMENT OF OUR PRODUCTS
SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

ADT Safeshield 450 Series Adaptive Passive Infrared 450A, 450, 450AM



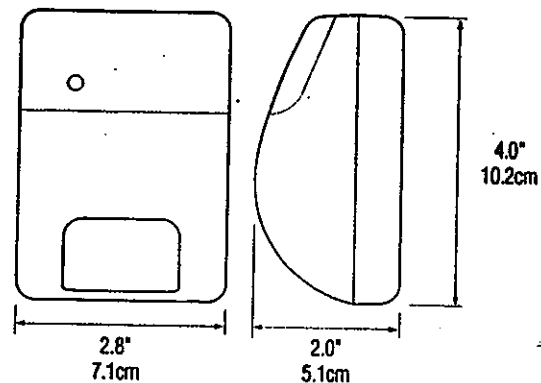
GENERAL

ADT's Safeshield™ 450 series sensors are "adaptive" passive infrared sensors that use true barrier coverage patterns to maximize detection and provide "undercrawl" protection. Utilizing 4D signal processing, these sensors are able to self-adjust their alarm threshold when faced with harsh environments. A Range Control switch allows the PIRs to be optimized for small rooms, reducing susceptibility to "hot spots" without reducing sensitivity to real human movement. These products are also designed for increased stability and enhanced detection in warm environments.

The Safeshield 450 series immunity to false alarms is the result of "4D" signal processing which allows the PIRs to analyze a signal pattern to the degree that it can distinguish between human movement and false alarm sources. It does this by comparing the size and shape of successive signals and the speed at which they occur. Signals which do not fit this pattern — i.e. temperature changes on the floor, shock, vibration, etc. — are rejected.

In addition, these PIRs are easy to install. Simple clip-on mirror masks on the Safeshield 450 allow selection from four coverage patterns.

DIMENSIONS



FEATURES

- True barrier coverage patterns
- ASIC based 4D signal processing analyzes size, shape, speed and alarm threshold
- Adaptive Passive Infrared Technology automatically adjusts alarm threshold in harsh environments.
- Safeshield 450 - 9 barriers, 50 ft. range at 6'-10' mounting heights



OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 135-167 Van Zile Rd.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Big Box
APPLICANT ADT Security Service PHONE NUMBER [REDACTED]
APPLICANT ADDRESS [REDACTED] CITY & STATE [REDACTED]

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

NO FEE REQUIRED

MANDATORY DEVELOPER FEES

- ☐ Residential is .005 %
- ☒ Commercial is .01%
- ☒ The estimated equalized assessed value of the proposed construction is

APPROVED BY [Signature] DATE 5/6/05

\$ 0

[Signature: Frederick R. Millman]
Frederick R. Millman, CTA, Tax Assessor

5/6/05
Date

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ 0

[Signature: Frederick R. Millman]
Frederick R. Millman, CTA, Tax Assessor

5/6/05
Date

Preliminary Fee _____
Check # _____

Date _____
Receipt # _____

Final Fee _____
Check# _____

Date _____
Reciept # _____

Total Fee Due/Paid _____
Balance Due _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

5/2/05 - Ta prelem.

[Signature]
Office of Affordable Housing



FIRE SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/11/05
05-1602

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

Block 1149 Lot 135-167
Work Site Location 131 Van Zile Road
Brick NJ 08724
Owner in Fee Big Lots Stores Inc.
Address 300 Phillipi Road
Columbus OH 43223
Tele. (614) 278-6486
Contractor ADT Security Services
Address 7895 Branning Road
Pennsauken NJ 08109
Tele. (856) 910-4619 Fax (856) 661-4449
Lic. No. _____
Federal Emp. No. 58 181 4102

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems ☐ New ☐ Existing ☐ HVAC
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Location: _____

Fire Alarm System
New ☐ Existing ☐
Location of Panel: _____
Fire Suppression/Standpipe System
New ☐ Existing ☒
Location of Main Control Valve: Rear Stack

Total Cost of Fire Protection Work \$ 138.00

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: 150006

Approved by: _____

INSPECTIONS

Type:	Failure	Approval	Initial
Alarm System			
Suppression Sys.			
Standpipe			
Fire Pump			
Pre-Eng. System			
Mechanical			
Smoke Control			
TCO			
Final			
Other			

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity _____ Fuel _____

Alarm Systems ☐ 110v Interconnected ☐ System
NUMBER _____

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 Duct Detector _____

TOTAL IF Applicable _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas ☐ or Oil ☐ Fired Appliances _____

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

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 _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/11/05
05-1602

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

Block 1149 Lot 1
Work Site Location 135-167
Brick NJ 08724
Owner in Fee/Occupant Big Lots Stores Inc.
Address 300 Philippi Road
Columbus OH 43228
Tele. (614) 278-6486
Contractor ADT Security Services 17
Address 7895 Browning Road
Pennsauken NJ 08109
Tele. (856) 910-4619 Fax (856) 661-4449
Lic. No. [REDACTED]
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 4,400

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		<u>New Security System</u>
		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

FEE (Office Use Only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	
[] Building [] Plumbing			Temp. Serv.	
[] Fire [] Elevator			Constr. Serv.	
[] Elec. Plans Approved			TCO	
Date: <u>5/12/05</u>			Other	
Approved by: <u>[Signature]</u>			Service	
			Final	

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: _____
Approved by: _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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.

[Signature]
Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor ☒ Exempt Applicant

Administrative Surcharge \$ 40
Minimum Fee \$ 0
DCA Training Fee \$ 0
TOTAL FEE \$ 40

