Elec OK for Stock only

1C

RECEIVED Page 1

SEP 20 1989

DIV. OF INSPECTION

TOWNSHIP OF BRICK

FAVVA SHOE S.C.

# CONSTRUCTION PERMIT APPLICATION

## I. IDENTIFICATION

1. Proposed Work at: CALDOR S.C. - Rt #70 + CHAMBERS BRIDGE RD
2. Owner Name: MORSE Shoe Co. Tel. ( ) 1-800-366-6773-EXT 2080
   Address 555 TURNPIKE ST. CANTON, MASS.
3. Principal Contractor: DL Murphey Tel. (215-891-1714
   Address 416 E. COUNTRY CLUB LANE, WARMINSTER, PA 19086
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: NONE Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work CHARLES BASCH (SUPT.) Tel. (215 586-6894

## II. PROPOSED WORK

### A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   *Complete only II.B., III and IV.A. and Page 2*
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: FIT-UP

### B. CATEGORIES OF WORK

| Permit/Category | | Estimated |
|---|---|---|
| 1. ☑ | Building/ Structural | $ 15,000.00 |
| 2. ☐ | Plumbing | |
| 3. ☑ | Electrical | 4,000.00 |
| 4. ☐ | Fire Protection | |
| 5. ☐ | Other _____ | |
| 6. ☐ | Other _____ | |
| | TOTAL COST | $ 19,000.00 |

### C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☑ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

### A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

### B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☑ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: RETAIL SHOE STORE (FAVVA)

If Change in Use Group, Indicate Former: _____

## IV. BUILDING CHARACTERISTICS

### A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

### B. HEATING FUEL

| Principal | Secondary | Type |
|---|---|---|
| 3. ☐ | ☐ | Gas |
| 4. ☐ | ☐ | Oil |
| 5 ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood,Coal,Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | Other _____ |

### C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

### D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

### E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

U.C.C. Form F-100 (8/83)

LDS BR 10312154

# CERTIFICATION IN LIEU OF OATH

## I. OWNER SECTION

**I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.**

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

## II. AGENT SECTION

**I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.**

**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 Al Stephens TEL.(215) 891-1714

ADDRESS 416 E. Coventry Crib Lane

Wallingford, PA. 19086

SIGNATURE Albert H. Stephens

BLOCK NO. 702 LOT NO. 7, 8, 8.01, 15-16 SUBDIVISION _____ PERMIT NO. 5578



# PRIOR APPROVALS CHECKLIST

| APPROVALS | LOCAL | | | | COUNTY | | | | REGIONAL | | | | STATE | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | |
| | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | |
| ☐ Planning Board | | | | | | | | | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | | | | | | | | | |
| ☐ Fire Department | | | | | | | | | | | | | | | | | |
| ☐ Police Department | | | | | | | | | | | | | | | | | |
| ☐ Health Department | | | | | | | | | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Community Affairs | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Transportation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Environmental Protection | | | | | | | | | | | | | | | | | |
| ☐ Other: _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |

## SUBCODES AND SPECIAL REGULATIONS APPLICABLE

| | EDITION OF CODE | | EDITION OF CODE | | |
|---|---|---|---|---|---|
| ☐ One and Two Family Dwellings | _____ | ☐ Mechanical | _____ | ☐ Flood Hazard | _____ |
| ☐ Building | _____ | ☐ Energy | _____ | ☐ As Built Elevation Certification | _____ |
| ☐ Electrical | _____ | ☐ Barrier Free | _____ | ☐ Other | _____ |
| ☐ Plumbing | _____ | ☐ Other | _____ | | _____ |

# PERMIT CONTROL

## I. PLAN REVIEW STATUS

*Updated at time of receipt of drawings and when plans are approved.*

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

| Plan Review Required | Type of Work | Plans Received By Date | Plans Received By Receiver | Approval Date | Reviewer | Comments |
|---|---|---|---|---|---|---|
| ☒ | BUILDING | 9/20/89 | ✓ | 9-21-89 | IGH | |
| | Footings/Foundations | | | | | |
| | Framing | | | | | |
| | Architectural | | | 21 Sept 89 | CEE | |
| | Other _____ | | | | | |
| ☐ | PLUMBING | | | | | |
| ☐ | ELECTRICAL | | | | | |
| ☐ | FIRE PROTECTION | | | 9-21-89 | JS | |
| ☐ | OTHER ~~Fence~~ | | | | | |

OCV

## II. PERMIT/INSPECTION STATUS

*Updated at time of permit and after final approvals.*

| Issue Date | Category | Revisions | Final Inspection | Comments |
|---|---|---|---|---|
| | ALL CONSTRUCTION | | 11-17-89 | 115 ($80) |
| ✓ | BUILDING | | | |
| | Footings/Foundations | | | |
| | Framing | | | |
| | Architectural | | | |
| | Other _____ | | | |
| ✓ | PLUMBING | | 11-19-89 | J.S. ($80) |
| ✓ | ELECTRICAL | | 11-17-89 | R.K. ($80) |
| ✓ | FIRE PROTECTION | | 11-16-89 | J.E. ($80) |
| | OTHER _____ | | | |

## III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: Soil

| | Date Issued |
|---|---|
| ✓ ☐ Temporary Certificate of Occupancy<br>Date Expired 11-30-89 | 11-17-89 |
| ☐ Temporary Certificate of Occupancy<br>Date Expired _____ | _____ |
| ✓ ☐ Certificate of Occupancy<br>No. 5578 | 5-2-90 |
| ☐ Certificate of Continued Occupancy<br>No. _____ | _____ |
| ☐ Certificate of Approval<br>No. _____ | _____ |
| ☐ None | |

## IV. ON-GOING INSPECTIONS

| On-going Inspections Required (See Page 1, II.D.) | Date Posted to Log and Tickler |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## V. FEE SUMMARY

*Initial fee collection recorded in A; all others in section B.*

### A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

| | AMOUNT |
|---|---|
| BUILDING | $ 142.50 |
| PLUMBING | . |
| ELECTRICAL | . |
| FIRE PROTECTION | 40.00 |
| OTHER _____ | . |
| SUBTOTAL | $ 152.50 |
| – LESS: 20% of subtotal (when plan review performed by state agency). | ( 5.00 ) |
| D.C.A. TRAINING FEE .0006 x _____ = | . |
| CERTIFICATE OF OCCUPANCY | 20.00 |
| OTHER _____ | . |
| OTHER _____ | . |
| TOTAL COLLECTED WHEN PERMIT ISSUED | $ 177.50 |

DATE 10/10/89 Collected By Pablo

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

| | Date | Collected By | AMOUNT |
|---|---|---|---|
| CERTIFICATE OF OCCUPANCY | | | . |
| OTHER | | | . |
| OTHER | | | . |
| – LESS: Refunds | | | ( . ) |
| TOTAL COLLECTED AFTER PERMIT ISSUED | | | $ . |

### C. TOTAL CONSTRUCTION FEES COLLECTED

| | AMOUNT |
|---|---|
| COLLECTED WITH PERMIT (VA) | $ . |
| COLLECTED AFTER PERMIT (VB) | . |
| TOTAL | $ . |

# CERTIFICATE

Date Issued 5-7-90
*Control #*
Permit # 5578

IDENTIFICATION

Block 701 Lot 7,8, 15, 16
Work Site Location Rt. 70 & Chambersbridge Rd.

Owner in Fee Morse Shoe Co.
Address 555 Turnpike St.
Canton, Mass.
Tele. ( )
Contractor Al Stephey
Address 416 E. Country Club Lane
Wallingford, Pa.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

**Home Warranty No.** none
**Use Group** B 2 hours
**Maximum Live Load**
**Description of Work/Use:**

Retail sales - Shoes

**Type of Warranty Plan:** [ ] **State** [ ] **Private**
**Construction Classification**
**Maximum Occupancy Load**

## CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cuozzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

**TOWNSHIP OF BRICK**

# CERTIFICATE

CERT. NO. 5578
DATE ISSUED 11-17-89
Block 701 Lot 7,8,15,16
Subdivision

## IDENTIFICATION

Owner Morse Shoe Co.
Address 555 Turnpike St.
Canton, Mass.
Tel. ( )
Work Site Address
Rt. 70 & Chambersbridge

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

## PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

## CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than Nov. 30, , 19 89 or the owner will be subject to a fine or order to vacate:

TCO extended to December 31, 1989
Pending final Ocean County Soil

and Completion of entire Building

D. DESCRIPTION OF WORK:

Business, alterations

USE GROUP B FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Retail Sales

FINAL COST OF CONSTRUCTION: $ 19,000.

Arthur J. Crowe
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant's Copy Goldenrod = Tax Assessor's Copy

# CONSTRUCTION PERMIT

Date Issued 10-10-89
Control #
Permit # 5578

IDENTIFICATION Block 701 Lot 7-8-8.2-15-16

Work Site Location Rt. 70 + Chambers Bridge Rd Contractor Al Stephany

Address

Owner in Fee Morse Shoe Co.

Address 555 Thornpike ST. Canton, Mass.

Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 5578-#

or Social Security No. BLOCK 0.00

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alter. & C/O

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

Estimated Cost of Work $ 19000.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

| PAYMENTS (Office Use Only) | 701 # L7.8.8.2.1 | |
|---|---|---|
| Building | | |
| Plumbing | 5.16 # | |
| Electrical | BUILDING | 112.50 |
| Fire Protection | FIRE | 40.00 |
| Other | PLAN RVW | 5.00 |
| Other | C / O | 20.00 |
| DCA Training Fee | TOTAL | 177.50 |
| Cert. of Occ. | CHECK | 177.50 |
| Other | CHANGE | 0.00 |
| Total | 10/10/89 NO. 5 0002A005 | 11:10 |
| Check No. | | |
| Cash | | |
| Collected By: | | |

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/26/90
Date Issued
Control #
Permit # 46-90

**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, 8, 15-16
Work Site Location CALDOR INC.

Owner in Fee CALDOR
Address 20 GLOVER AVE NORWALK CT.

Tele. (203) 849-3911
Contractor FROHLING SIGN CO.
Address 419 E BTG 59
NANUET, N.Y.
Tele. (914) 623-2258
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

**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

SIGN

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [X] No Plans Req. | 1-16-90 | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/7/90
Approved By:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Insulation | | | | |
| Finishes: | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[X] Miscellaneous
  [ ] Fence Height
  [ ] Sign 330 Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

**(Office Use Only)**
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5578
DATE ISSUED 10-10-89
REVISION DATE
Block 701 Lot 7,8,12
Subdivision 15-16

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Moose Store Co.
Address 535 Turnpike St.
Canton, Mass. 02021
Tel. ( ) 1-800-336-6773

Contractor A. Stephey
Address 416 E. Courtney Cir. Lane
Williamsford PA. 19086
Tel. (215) 891-1714

Work Site Address Rt. 209 Churchville Rd. - Cedar S.C.
CE. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Albert H. Stephey
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

*Give detail description including materials used, dimensions, etc.*

INSTALL - 2x4 METAL STUDS - 5/8 - DRY-WALL EACH SIDE - 1 METAL JAMB & DOOR - TO DEVIDE STOCKROOM FROM SALES - INSTALL SOUND WALL ON SIDE WALLS WHERE SHOWN - INSTALL WALL STANDARDS ON SIDE & REAR WALLS. - PAINTING BOTH SALES & STOCKROOM - V.A.T. TILE STOCK-ROOM FLOOR

☐ See Plans

TYPE OF WORK:

- ☒ New Building EXISTING
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

| | Fee Basis | Fee |
|---|---|---|
| | | $ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SUBTOTAL | | $ |
| Minimum Building Fee (if applicable) | | $ |
| Total Building Fee (Greater of Minimum or Subtotal) | | $ |

## C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

# PLAN REVIEW AND INSPECTION – BUILDING

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| 11-16-89 | Ceiling tiles not complete JK |

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

# JOB SUMMARY

## PLAN REVIEW

| | Date | Initials |
|---|---|---|
| ☐ No Plans Required | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Frame | | |
| ☐ Architectural | | |
| ☐ Other | | |

## INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 11-17-89

Inspected By:

## INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☐ Footing/Foundation | | | | |
| ☐ Slab | | | | |
| ☑ Frame | | | | 10/19/89 W.S. |
| ☐ Architectural | | | | |
| ☐ Insulation | | | | |
| ☑ Finishes | 11-16-89 JK | | | 11-17-89 |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other | | | | |

U.C.C. Form F-110 (8/83)

# BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — *When changing contractors, notify this office*

Owner Envivas Shoes
Address Calcia Shopping Ctr.
Tel. ( ) _____
Work Site Address Rt 70 & Chambers Rd Spec. No. _____
Federal Emp. No. _____

Contractor AL Stephan
Address 555 Turnpike St
Canton, Mass
Tel. (617) 821-1714

**CERTIFICATION IN LIEU OF OATH:**

*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
*Give detail description including materials used, dimensions, etc.*

C/O Fit up

☒ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

| | Fee Basis | Fee |
|---|---|---|
| | | $ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SUBTOTAL | | $ |
| Minimum Building Fee (if applicable) | | $ |
| Total Building Fee *(Greater of Minimum or Subtotal)* | | $ |

## C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

# FIRE SUBCODE
## TECHNICAL SECTION

PERMIT NO. 5575
DATE ISSUED 10-10-89
REVISION DATE
Block 701 Lot 7, 8, 8.2
Subdivision 15-16

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Horse Shoe Co.
Address 555 Turnpike St
Canton Mass. 02021
Tel. ( ) 1-800-344-6773 Ext 2080

Contractor A.C. Stephen
Address 416 E. Country Club Drive
Woolwich Twp. NJ 08085
Tel. (215) 891-1714

Work Site Address Rt. 70 & Chamberlesburg Rd. Cedar S.C.
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Albert A. Stephen
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ EXISTING $

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ $CO_2$ ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: None
Estimated Cost of Work: $ _____ $

### B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ None $

### B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $

### B5. OTHER

Just all - 2HR METAL STUD PARTITION
To FC. DRYWALL Typ SIDES
WALL STANDARDS FROM ON SIDE WALLS
SLOT WALL IN ONE PLACE WHERE
SHOWN. Will not to effect Sprinklers $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

## D. COMMENTS

work not to Effect Sprinklers, heads

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

## PLAN REVIEW AND INSPECTION – FIRE

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| 11-16-89 | Complies with Code. Final |

## JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9-21-89
Approved By: JL

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 11-16-89
Inspected By: JL

INSPECTIONS

| Type | Failure Date | | | Approval Date |
|---|---|---|---|---|
| ☐ Fire Suppression Test | | | | |
| ☒ Fire Alarm Test | | | | 11-16-89 |
| ☒ Smoke Test | | | | 11-16-89 |
| ☐ TCO | | | | |
| ☒ Other Final | | | | 11-16-89 |
| ☐ Other | | | | |
| ☐ Other | | | | |
| ☐ Other | | | | |

U.C.C. Form F-140 (8/83)

# FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Fmy vas Shoe Store
Address Cotton Shopping Ctr 555 Turnpike St Mass

Contractor AC Stephany
Address _____

Tel. ( ) _____
Work Site Address _____
_____

Tel. ( ) _____
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ $CO_2$ ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
_____
_____
_____
Estimated Cost of Work: $ _____ $ _____

### B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

### B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

### B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

# CUT-IN-CARD

MUNICIPALITY R.T

LOCATION ~~1124~~ Rt 78 Chamberlain BLK 701 LOT 15 & 2 UTILITY CO PP

OWNER Morse Shoe Co. OCCUPANT Lawn Shoe

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ days

SERVICE _____ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS additional lts.

DATE 11-15-84 PERMIT # 11640 INSPECTOR B. Kane

Elec. 104 Insp. Lic# 60

# CUT-IN-CARD

MUNICIPALITY B.T

LOCATION Pt 70 & Chamberbridge Rd BLK 70 f LOT 7/15 UTILITY CO PP

OWNER Landthrop Enterprises OCCUPANT Fayre Shoes

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☐FINAL ☐TEMPORARY This approval void after _____ days

SERVICE 600A. RANGE _____ WATER HEATER _____

AIR COND 1 ELECT HEAT 1 MISC _____

COMMENTS Shell only

DATE 11-5-89 PERMIT # 10913 INSPECTOR B. Kelly

Elec. 104 P. 10-31-89 Insp. Lic# 28

ZELL BROS., INC.
P. O. BOX 227
RED LION, PA. 17356

* SLOT WALL - FAVA Shoe

## TABLE 1 — FIRE RATINGS

### FLAME SPREAD-FUEL-SMOKE DATA

| NEMA TYPE | RWP PRODUCT | UNBONDED | BONDED TO ACB* | BONDED TO FRPB** |
|---|---|---|---|---|
| FR32 | 604 | 30-0-45 | 10-0-5 | 15-5-15 |
| FR50 | 605 | 30-0-50 | 10-0-5 | 15-5-15 |
| FR62 | 607 | 10-0-50 | 10-0-5 | 15-5-15 |
| | 264 | 25-0-0 | 20-10-0 | 20-10-0 |
| | 900† | 15-0-5 | 15-0-5 | Not applicable |

†Refers to all METALCOR LAMINATE PANELS

*ACB — asbestos cement board or other incombustible substrate.

**FRPB — fire-rated particleboard such as Duraflake with U.L. rating 25-10-25. Adhesive used is resorcinol.

Test data obtained by ASTM-E84(80) tunnel test method listed by Underwriters Laboratories.

**NOTE:** Listed below are various panel compositions and their fire test results determined by an independent laboratory. The values may vary depending on fabrication and laboratory testing.

## FIRE TEST RESULTS

**COMMERCIAL TESTING COMPANY**
**1215 So. Hamilton St.**
**Dalton, GA 30720**

| TYPE | SUBSTRATE | ADHESIVE | FLAME | FUEL | SMOKE | UBC | BBC | SBCC | NFPA |
|---|---|---|---|---|---|---|---|---|---|
| 107 | 3/8" F.R. P.B. | Contact | 60 | 45 | 35 | II | II | B | B |
| 107 | 3/8" 45# P.B. | PVAc | 165 | 145 | 175 | III | III | C | C |
| 107 | 3/8" P.B. | Contact | 190 | 140 | 130 | III | III | C | C |
| 107 | Unbonded | — | 100 | 15 | 35 | III | III | C | C |
| 335 | 3/8" F.R. P.B. | Contact | 60 | 40 | 30 | II | II | B | B |
| 335 | 3/8" P.B. | Contact | 165 | 145 | 135 | III | III | C | C |
| 335 | 3/8" 45# P.B. | PVAc | 195 | 135 | 115 | III | III | C | C |
| 335 | 3/8" F.R. P.B. | Borden's/ Resorcinol | 20 | 30 | 25 | I | I | A | A |
| 335 | Unbonded | — | 30 | 0 | 30 | II | II | B | B |
| 350 | 3/8" P.B. | Contact | 170 | 135 | 155 | III | III | C | C |
| 350 | 3/8" 45# P.B. | PVAc | 190 | 145 | 150 | III | III | C | C |
| 350 | 3/8" F.R. P.B. | Contact | 55 | 45 | 55 | II | II | B | B |
| 350 | Unbonded | — | 50 | 0 | 40 | II | II | B | B |

*Numbers given are an average of two separate tests.

UBC — Uniform Bldg. Code
BBC — Basic Bldg. Code
SBCC — Southern Bldg. Code Congress
NFPA — National Fire Protection Association

Class "C" Hi-Gloss Lam.
3/7/88

3243-W114-84Y-20M (PRINTED IN U.S.A)

**DISTRIBUTION CENTERS**

**ATLANTA**
224 Rio Circle
Decatur, GA 30030
(404) 377-0731

**BOSTON**
51 Concord Street
North Reading, MA 01864
(617) 662-9700
(617) 664-5230

**CHICAGO**
1100 Chase Avenue
Elk Grove Village, IL 60007
(312) 437-1500
(312) 569-2758

**COLUMBUS**
1758 Westbelt Drive
Columbus, OH 43228
(614) 876-1515

**DENVER**
3900-G Nome Street
Denver, CO 80239
(303) 373-0286

**DETROIT**
13281 Merriman Road
Livonia, MI 48150
(313) 425-7920

**LOS ANGELES**
13911 E. Gannet Street
Santa Fe Springs, CA 90670
(213) 771-8141
(213) 921-7426
(714) 523-1200

**MIAMI**
315 West 75th Place
Hialeah, FL 33014
(305) 822-5140

**NEW YORK**
1 Brenner Drive
Congers, NY 10920
(914) 268-4171
(212) 933-1035

**ARCHITECTURAL & DESIGN OFFICE**
919 Third Avenue
New York, NY 10022
(212) 753-8686
(212) 753-8687

**PHILADELPHIA**
959 Bethel Avenue
Pennsauken, NJ 08110
(609) 662-4747
(215) 923-5542

**SAN FRANCISCO**
1753 Sabre Street
Hayward, CA 94545
(415) 782-6055

**SEATTLE**
20866 84th Avenue S.
Kent, WA 98032
(206) 872-8070

**TEMPLE**
500 East Ridge Drive
Temple, TX 76502
(817) 778-7391

# D E S C R I P T I O N

PRODUCTS COVERED:

Uncoated hardboard.

USE:

These products are intended for use as building materials as permitted by authorities having jurisdiction.

RKL/RNW:ccj
lbrv

## Flame Spread

The maximum distance the flame spreads along the length of the sample from end of the igniting flame is determined by observation.

The flame spread Classification of the material is derived by determining the area under the flame spread distance (ft) versus time (min) curve, ignoring any flame front recession, and using one of the calculation methods as described below.

1. If this total area ($A_T$) is less than or equal to 97.5 min-ft (meter-minute x 3.3), the flame spread index shall be 0.515 times the total area (FSC - 0.515 $A_T$), [FSC = 4900/(195-$A_T$)].

2. If the total area ($A_T$) is greater than 97.5 min-ft (meter-minute x 3.3), the flame spread index is to be 4900 divided by 195 minus the total area ($A_T$), [FSC = 4900/(195-$A_T$)].

| Test No. | Nominal Thickness (In.) | Calculated Value For Flame Spread |
|---|---|---|
| 1 | 1/4 | 157.3 |
| 2 | 3/16 | 165.1 |
| 3 | 1/2 | 127.5 |
| 4 | 1-1/8 | 126.3 |
| 5 | 1-1/8 | 95.1 |
| 6 | 1-1/8 | 96.0 |

## Smoke Developed

The smoke developed during the test is indicated by the output of a photoelectric circuit operating across the furnace flue pipe. A curve is developed by plotting values of light absorption (decrease in cell output) against time. The calculated value for the smoke developed index is derived by expressing the net area under the curve for the tested material as a percentage of the net area under the curve for untreated red oak.

RKL/RNW:ccj
lbry

| Test No. | Nominal Thickness (In.) | Calculated Value For Smoke Developed |
|---|---|---|
| 1 | 1/4 | 120.5 |
| 2 | 3/16 | 108.0 |
| 3 | 1/2 | Not determined |
| 4 | 1-1/8 | 139.0 |
| 5 | 1-1/8 | Not determined |
| 6 | 1-1/8 | 177.0 |

RKL/RNW:cci
1brv

UNDERWRITERS LABORATORIES INC.
333 PFINGSTEN ROAD · NORTHBROOK, ILLINOIS 60062
*an independent, not-for-profit organization testing for public safety*

File R10568
Project 83NK23477

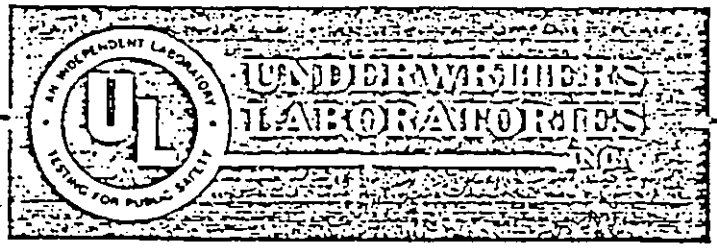
December 16, 1983

REPORT

on

HARDBOARD

Plum Creek Timber Co., Inc.
Columbia Falls, MT


AN INDEPENDENT LABORATORY
UL
TESTING FOR PUBLIC SAFETY
UNDERWRITERS
LABORATORIES
INC.

# C O N C L U S I O N

SURFACE BURNING CHARACTERISTICS:

Based on the above test results, it is the judgement of Underwriters Laboratories Inc. that the following Surface Burning Characteristics are appropriate for the products submitted.

SURFACE BURNING CHARACTERISTICS

| | |
|---|---|
| FLAME SPREAD | 165 |
| SMOKE DEVELOPED | 140-175 |

FOLLOW-UP PROGRAM:

The products covered by this Report will be placed under the Follow-Up Service of Underwriters Laboratories Inc.

The Classification Marking of Underwriters Laboratories Inc. attached to the product will be evidence that such products has been produced under the Follow-Up Service Program. Such Classification Marking will bear the following information:

UNDERWRITERS LABORATORIES INC. R

CLASSIFIED
HARDBOARD
SURFACE BURNING CHARACTERISTICS

| | |
|---|---|
| FLAME SPREAD | 165 |
| SMOKE DEVELOPED | 140-175 |

Report by:

R. K. LAYMON
Project Engineer
Fire Protection Department

Reviewed by:

R. N. WALKE
Engineering Group Leader
Fire Protection Department

ZELL BROS., INC.
P. O. BOX 327
RED LION, PA. 17356

RKL/RNW:cci
1br:

# T E S T  R E C O R D  N O.  1

## EXAMINATION OF MATERIAL:

The material used in this investigation was produced under the observation of a representative of Underwriters Laboratories Inc.

The manufacture of the product is of a proprietary nature. The details and specifications of this process are on file at Underwriters Laboratories Inc. for use in the Follow-Up Service Program.

Various physical tests were conducted on the finished product. The data developed from these tests were employed in establishing specifications for use in the Follow-Up Service Program.

## SURFACE BURNING CHARACTERISTICS TESTS:

### SAMPLES

The samples selected for test were nominal 3/16 in., 1/4 in., 1/2 in. and 1-1/8 in. thick panels designated by the manufacturer as medium density fiberboard. The panels were uncoated and unfaced.

The samples were conditioned to equilibrium at temperature of 73.4 ± 5°F and a relative humidity of 50 ± 5 percent prior to testing.

### METHOD

The tests were conducted in accordance with the Standard of Underwriters Laboratories Inc. for Test for Surface Burning Characteristics of Building Materials, UL 723.

RKL/RNW:ccj
1brv

# C O N C L U S I O N

SURFACE BURNING CHARACTERISTICS:

Based on the above test results, it is the judgement of Underwriters Laboratories Inc. that the following Surface Burning Characteristics are appropriate for the products submitted.

SURFACE BURNING CHARACTERISTICS

| | |
|---|---|
| FLAME SPREAD | 165 |
| SMOKE DEVELOPED | 140-175 |

FOLLOW-UP PROGRAM:

The products covered by this Report will be placed under the Follow-Up Service of Underwriters Laboratories Inc.

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UNDERWRITERS LABORATORIES INC. R

CLASSIFIED
HARDBOARD
SURFACE BURNING CHARACTERISTICS

| | |
|---|---|
| FLAME SPREAD | 165 |
| SMOKE DEVELOPED | 140-175 |

Report by:

R. K. LAYMON
Project Engineer
Fire Protection Department

Reviewed by:

R. N. WALKE
Engineering Group Leader
Fire Protection Department

RKL/RNW:cci
1bcw

UNDERWRITERS LABORATORIES INC.
CHICAGO · NORTHBROOK, ILL. · MELVILLE, N.Y. · SANTA CLARA, CALIF. · TAMPA, FLA.

*an independent, not-for-profit organization testing for public safety*

| | |
|---|---|
| FILE NO. | R10563 12-16-83 |
| PROJECT NO. | 83NK23477 |

ISSUED FROM

- ☐ 207 East Ohio St. Chicago, Ill. 60611
- ☐ 1655 Scott Blvd. Santa Clara, Calif. 95050
- ☒ 333 Pfingsten Rd. Northbrook, Ill. 60062
- ☐ 2602 Tampa East Blvd. Tampa, Fla. 33619
- ☐ 1285 Walt Whitman Rd. Melville, L.I., N.Y. 11746

IN CORRESPONDENCE PLEASE REFER TO THE ABOVE FILE AND PROJECT NUMBERS.

Plum Creek Timber Co., Inc.
Lanny Hammock
PO Box 160
Columbia Falls, MT 59912

Attn:

Product: HARDBOARD

Type L Service

We have completed our investigation of the subject product and have established Follow-Up Service thereon in accordance with your application.

Enclosed is your copy of the Follow-Up Service Procedure which describes your product in detail. The general methods and conditions of this Service are outlined in the Follow-Up Service Agreement which has been signed by an officer of your company. The original copy of this agreement is on file at our Northbrook Office. If there is any phase of this Service which is not entirely clear to you, please let us know.

Vol. 1

Inspections at your plant will be conducted under the supervision of Barbara M. Melbourg, Inspector, RT. 1, Box 2373, Cascade, MT 59421. Phone, 406-468-2207.

Listing Marks may be obtained from Ms. Kim Perberg, Underwriters Laboratories Inc., 333 Pfingsten Rd., Northbrook, IL 60062. Phones, 312-273-4255, 312-272-8800, Telex, 724336, Cable, UNDLABINC NBRK

Report Issued 12-16-83

☐ An invoice covering the cost of our Follow-Up Service will be mailed to the Applicant's address which is shown on the first page of the enclosed Procedure. If you have any special billing instructions, i.e., Purchase Order, individual name, department, address or questions regarding charges, please write to our Follow-Up Service Department: 333 Pfingsten Rd., Northbrook, IL 60062.

☒ Each order addressed to our local Label Distribution Center for the release of Listing Marks to your plant must be accompanied by your remittance made payable to Underwriters Laboratories Inc. to cover the service charge for the quantity of Listing Marks ordered.

Please examine this Procedure carefully and notify Mr. R. Laymon promptly of any inaccuracies or omissions. Kindly file the Procedure where it will be readily accessible for our inspector's use.

Very truly yours,
Helen Pawl

UNDERWRITERS LABORATORIES INC.

HP:jh
enc:REport and procedure
cc:Helena IC - enc
cc:FUS - enc
cc:Ms. Kim Perberg, FUS, NBK - Letter only

* Carpet - Frame Shop

J&J INDUSTRIES, INC.
"Makers of Commercial Carpet Since 1957"
P. O. BOX 1297 ■ DALTON, GEORGIA 30720 ■ (404) 278-4484

October 28, 1982

| FABRIC SPECIFICATIONS* | GRADUATE |
|---|---|
| TYPE FACE YARN | 100% C. F. ZEFTRON™ Soil Hiding Nylon |
| YARN SIZE | 5200 Denier (2600/2 Ply) |
| COLORATION | Yarn Dyed |
| PILE HEIGHT | .187 Inch |
| STITCHES PER INCH | 8 |
| TUFTS PER SQ. IN. | 64 |
| TUFTS PER SQ. YD. | 82,944 |
| GAUGE | 1/8 (216 Pitch) |
| STATIC RESISTANCE | Below 3.5 Kilovolts as Tested Under AATCC-134 |
| DENSITY FACTOR | 5,390 |
| WEIGHT DENSITY FACTOR | 150,930 |
| PILE WEIGHT | 28 Oz./Sq. Yd. (949 Gms./Sq. M.) |
| PRIMARY BACKING | Polypropylene |
| SECONDARY BACKING | Jute or Synthetic (Mill Option Only) |
| TOTAL WEIGHT (JUTE) | 71.05 Oz./Sq. Yd. (2,409 Gms./Sq. M.) |
| TOTAL WEIGHT (SYNTHETIC) | 69 Oz./Sq. Yd. (2,339 Gms./Sq. M.) |

*SUBJECT TO NORMAL MANUFACTURING TOLERANCES

Further information or specifications will be supplied on request.

J & J INDUSTRIES, INC.
"Makers of Commercial Carpet Since 1957"
P. O. BOX 1287 ■ DALTON, GEORGIA 30720 ■ (404) 278-4454

# FLAMMABILITY AND SMOKE TESTS

This letter is to certify that the following flammability and smoke tests were run at various independent testing laboratories and yielded the following results:

1. DOC FF1-70 (ASTM D 2859)

| STYLE | BACKING | DATE TESTED | TEST NUMBER | RESULTS |
|---|---|---|---|---|
| GRADUATE | ActionBac | November 22, 1982 | 3038 | Passes |

2. FLOORING RADIANT PANEL TEST (G.S.A. STD. NO. 372)

| STYLE | BACKING | DATE TESTED | TEST NUMBER | RESULTS |
|---|---|---|---|---|
| GRADUATE | Jute | November 05, 1982 | 3038 | Passes Institutional Health & Commercial Occupancies |

3. NBS/AMINCO SMOKE CHAMBER (N.F.P.A. STD. NO. 258)

| STYLE | BACKING | DATE TESTED | TEST NUMBER | RESULTS |
|---|---|---|---|---|
| GRADUATE | Jute | November 10, 1982 | 3038 | Passes |

4. STEINER TUNNEL TEST (ASTM E-84 76a)

| STYLE | BACKING | DATE TESTED | TEST NUMBER | RESULTS |
|---|---|---|---|---|
| GRADUATE | Jute | December 20, 1982 | 21264 | Class B (26-75) |

These test reports are on file at our Dalton, Georgia office and may be obtained by writing or calling the Technical Services Manager at that location.

Sincerely,

J & J INDUSTRIES, INC.

Wayne Pollard

Wayne Pollard
Technical Services Manager
glk

INDEPENDENT TEXTILE TESTING SERVICE, INC.
P. O. Box 1948 - 1503 Murray Ave.
Phone 404-278-3013
Dalton, Georgia 30720

Test Number
3038
Page 1

— REPORT —

**CUSTOMER:** J & J Industries, Inc.

November 22, 1982

**SUBJECT:** One (1) sample of carpeting sampled and identified by Customer as " 2875 Graduate "

## FLAMMABILITY

A sample of carpeting was tested in accordance with Federal Flammability Standard DOC FF 1-70:

Sample Identification:

Style: 2875 Graduate
Color: 525
Roll No: 25546-1B
Pile Content: Nylon
Backing: AB

PASSES

8 of 8 (Face Side)
8 of 8 (Back Side)

## COLORFASTNESS

A sample of carpeting was tested for Colorfastness in accordance with the following tests and procedures: Color - 525

| | | |
|---|---|---|
| 1. | Light - Xenon Arc, AATCC 16E | Class 5 |
| 2. | Dry Crocking, AATCC 8 | Class 5 |
| 3. | Wet Crocking, AATCC 8 | Class 5 |
| 4. | Hi-Humidity Ozone, AATCC 129 | Class 3 |
| 5. | Wet Cleaning, DDD-C-95 | Class 5 |

Independent Textile Testing Service, Inc.

INDEPENDENT TEXTILE TESTING SERVICE, INC.
P. O. Box 1948 — 1503 Murray Ave.
Phone 404-278-3013
Dalton, Georgia 30720

Test Number 3038

Page 2

— REPORT —

**CUSTOMER:** J & J Industries, Inc.

November 22, 19

**SUBJECT:** One (1) sample of carpeting sampled and identified by Customer as " 2875 Graduate "

DELAMINATION STRENGTH

A sample of carpeting was tested in accordance with Federal Test Method 191, Textile Test Method 5950:

| Sample Identification: | Pounds Per Inch |
|---|---|
| 2875 Graduate | 4.6 |

DRY BREAKING STRENGTH

A sample of carpeting was tested in accordance with Federal Test Method 191,5100:

| Sample Identification: | Results in Pounds |
|---|---|
| 2875 Graduate | 255.0 Warp Direction<br>254.0 Fill Direction |

PILLING AND FUZZING RESISTANCE

A sample of carpeting was tested in accordance with the DuPont Random Tumble Test Method 609:

| Sample Identification: | Results |
|---|---|
| 2875 Graduate | Fuzzing - 5<br>Pilling - 5 |

Key to Rating: On this scale a rating not below 3.5 is acceptable.

Degree of Pilling and/or Fuzzing

No. 5 - None
No. 4 - Slight
No. 3 - Moderate
No. 2 - Bad
No. 1 - Very Bad

Independent Textile Testing Service, Inc.

INDEPENDENT TEXTILE TESTING SERVICE, INC.
P. O. Box 1948 - 1503 Murray Ave.
Phone 404-278-3013
Dalton, Georgia 30720

Test Number 3038

— REPORT —



**CUSTOMER:** J & J Industries, Inc. November 22, 198

**SUBJECT:** One (1) sample of carpeting sampled and identified by Customer as " 2875 Graduate "

## SHRINKAGE

A sample of carpeting was tested in accordance with DDD-C-95:

| Sample Identification: | Percent |
|---|---|
| 2875 Graduate | 0.5 - Length<br>0.0 - Width |

## ABRASION RESISTANCE

A sample of carpeting was subjected to Abrasion employing a Taber Abrader with H-18 wheels and a 1000 grams load. The sample was abraded until the primary backing was visible which is considered the "End Point."

| Sample Identification: | End Point |
|---|---|
| 2875 Graduate | 22,500 Cycles |

## COMPRESSION AND RECOVERY

A sample of carpeting was subjected to a compression of 50 pounds per square inch for a period of 48 hours. The thickness measurements were determined using a Scheifer Compressometer with a one inch presser foot under a pressure of 0.1 pounds per square inch.

The recovery was determined by measuring the thickness immediately after release from pressure and again at various intervals of recovery as listed below:

| Original | Immediate | 24 Hours | 48 Hours | 72 Hours | 96 Hours |
|---|---|---|---|---|---|
| .310 | .240 | .295 | .300 | .302 | .302 |

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— REPORT —



**CUSTOMER:** J & J Industries, Inc.

November 22, 198

**SUBJECT:** One (1) sample of carpeting was sampled and identified by Customer as "2875 Graduate"

TUFT BIND

A sample of carpeting was tested in accordance with ASTM D-1335:

| Sample Identification: | Results in Pounds: |
|---|---|
| 2875 Graduate | 18.2 |

DEGREE OF RESIDUAL STAINING

| | |
|---|---|
| After Immediate Cleaning | Negligible |
| After 24 hours and cleaning with Detergent | All Apparent Stains Remov |

Staining Media Employed: Coffee, Milk, Cola, Catsup, Mayonnaise, Tea, Wine, Butter, Tomato Juice and Orange Juice.

Independent Textile Testing Service, Inc.

# REPORT

## ETL TESTING LABORATORIES, INC.

INDUSTRIAL PARK CORTLAND, NEW YORK 13045

Order No. 23596K

Date December 9, 1982

REPORT NO. 458132

SOUND ABSORPTION TESTS ON
CARPET STYLE 2875 "GRADUATE"

RENDERED TO

J & J INDUSTRIES, INC.

### INTRODUCTION

This report gives the results of Sound Absorption tests and the determination of the Noise Reduction Coefficients on Style 2875 "Graduate" carpet tested on concrete and on a 40 ounce hair and jute pad.

### AUTHORIZATION

Purchase Order No. 6689-6930 dated October 27, 1982 from Mr. Warren W. Duke, Director of Product Development.

### TEST METHOD

The specimen was tested in accordance with the American Society for Testing and Materials designation ASTM C423-81, "Standard Test Method for Sound Absorption and Sound Absorption Coefficients by the Reverberation Room Method".

### GENERAL

This test method describes the measurement of sound absorption by analyzing the decay rate of sound in a reverberation room. The difference of the decay with and without the specimen in the room is utilized to determine the sound absorption of the specimen under test.

GENERAL (cont'd)

The sound absorption coefficient is ideally defined as the fraction of the randomly incident sound power absorbed by the material. The greater the coefficient, the greater the sound absorption.

The Noise Reduction Coefficient (NRC) is a single number rating obtained by taking the arithmetic average of the absorption coefficients at 250, 500, 1000 and 2000 Hz rounded to the nearest multiple of 0.05.

DESCRIPTION OF TEST SPECIMEN

Test #1 - Style #2875 "Graduate" measured 9' long by 8' wide and weighed 0.51 lbs. per sq. ft.

Test #2 - Style #2875 "Graduate" on 40 oz. hair and jute pad weighed 0.79 lbs. per sq. ft.

RESULTS OF TEST

Mounting Designation "A"

| Test Specimen | Absorption Coefficients - Sabins/ft.$^2$ One-Third Octave Band Center Frequency Hz | | | | | | |
|---|---|---|---|---|---|---|---|
| | 125 | 250 | 500 | 1000 | 2000 | 4000 | NRC |
| Test #1 | 0.03 | 0.09 | 0.12 | 0.26 | 0.53 | 0.60 | 0.25 |
| Test #2 | 0.06 | 0.83 | 0.47 | 0.32 | 0.47 | 0.86 | 0.50 |
| Precision ± | 0.05 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | |

Report Approved by:

Norman H. Bay

Norman H. Bay, Manager
Acoustical Division

Vornado
properties

October 26, 1989

TOWNSHIP OF BRICK
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, NJ 08723

RE: CALDOR/SHOP-RITE SHOPPING CENTER
BRICKTOWN, NEW JERSEY

Dear Sir:

We are requesting permission to stock the Morse Shoe store in the above captioned shopping center.

We will not hold the Township responsible in any way and the store will not be opened for "business" until a Certificate of Occupancy is issued.

Very truly yours,

VORNADO, INC.

6/C

James J. Fallon
Director of Design and Construction

JJF/lpe

Morse Shoe

174 Passaic Street
Garfield, N.J. 07026
(201) 773-4000