RECEIVED

JAN 5 1990

TOWNSHIP OF BRICK BUILDING

NEW JERSEY UNIFORM CONSTRUCTION CODE — CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Spirits Unlimited Rt 70 & Chambers Bridge Rd
2. Owner Name: _____ Tel. (___) _____
   Address _____
3. Principal Contractor: Oxygen Supply Co Tel. (201) 370 2330
   Address 1368 Rt 9 Lakewood N.J.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 228 111640 000
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work KIERAN FLYNN Tel. (201) 370 2330

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: Fire Hood & Suppression Sys

B. CATEGORIES OF WORK

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

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: Kitchen System & Hood

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.

LDS BR 10216225

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 701 LOT NO. 7, 8, 15, 16 SUBDIVISION _____ PERMIT NO. 9-90

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					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			1-5-90	JE	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
✓	PLUMBING		3-29-90	
✓	ELECTRICAL		3-26-90	JE
✓	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval 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	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	52.00
OTHER Suppression Sys. & Hood	_____
SUBTOTAL	$ 52.00
– 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	$ 77.00

DATE _____ Collected By _____

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	$

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued Jan 16, 1990
Control #
Permit # 9-90

IDENTIFICATION Block 701 Lot 7,8,15,16

Work Site Location Spirits Unlimited

Owner in Fee

Address Rt 70 & Charles Bridge Rd.

Tele. ( ) 370-2330

Contractor Oxygen Supply Co

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

0007
0##
BLOCK 0.00
701 #
LOT 0.00
781516 #
FIRE 52.00
PLAN RVW 5.00
C / O 20.00
TOTAL 77.00
CHECK 77.00
CHANGE 0.00
01/16/90 NO. 5 0016A005 16:17

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

fire local - suppression sys

PAYMENTS **(Office Use Only)**

Building
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

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

Estimated Cost of Work $ 7,100 —

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-16-90
Control #
Permit # 9

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 SPIRITS UNLIMITED RT 70 & CHAMBERS Bridge Rd
Owner in Fee
Address
Tele. ( )
Contractor OXYGEN Supply Co
Address 1368 RT 9 LAKEWOOD, N.J.
Tele. (201) 370 2330
Lic. No.
Federal Emp. No. 222111640 000 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-5-90
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3-26-90
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			3-26-90	
Fire Alarm Test				
Smoke Test			3-26-90	
Mechanical			3-26-90	
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Kieran P Flynn
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Suppression Syst & Duct & Exhaust Hood

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	2	
Heat Detectors		
TOTAL	2	
Stand Pipes		
Kitchen Hood Exhaust Systems 7'	1	7.00
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	1	45.00
Gas or Oil Fired Appliance	3	
OTHER ~~Hood & Duct (7') 1~~		52.00

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

U.C.C. Form F-140A

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

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

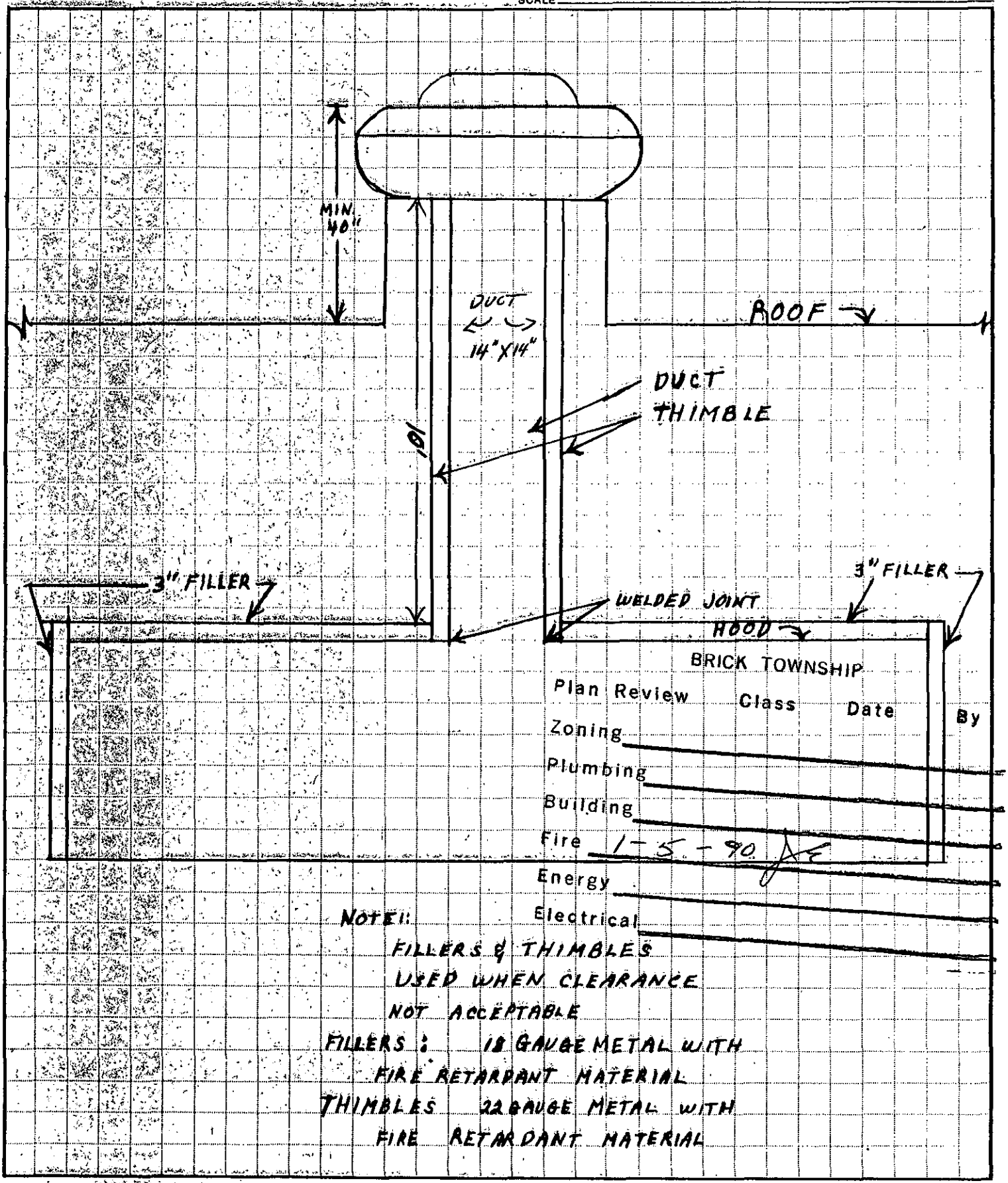
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		1-5-90	
Energy			
Electrical			

NOTE!: FILLERS & THIMBLES USED WHEN CLEARANCE NOT ACCEPTABLE

FILLERS : 18 GAUGE METAL WITH FIRE RETARDANT MATERIAL

THIMBLES 22 GAUGE METAL WITH FIRE RETARDANT MATERIAL

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

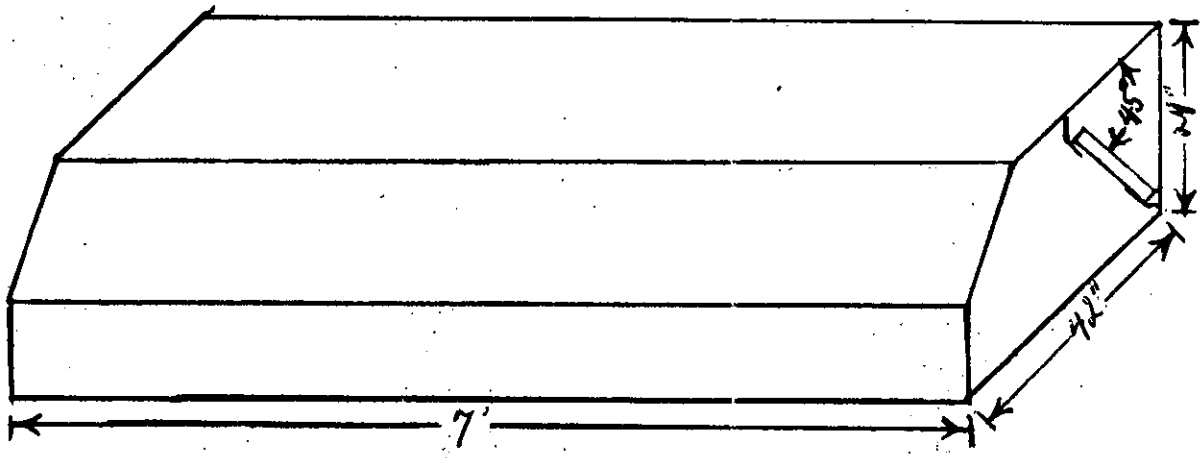
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



NOTE

HOOD:
18 GAUGE METAL
ALL WELDED SEAMS
FILTERS ON A 45° ANGLE

DUCT:
16 GAUGE METAL
ALL WELDED SEAMS
WELDED A HOOD JOINT
INSULATED THIMBLE WHERE
COMBUSTIBLES ARE TO CLOSE

BRICK TOWNSHIP

Class _____ Date _____ By _____

Plan Review _____

Zoning _____

Plumbing _____

Building _____

Fire 1-5-90 JE

Energy _____

Electrical _____

PRODUCT 204-1 NEBS Inc., Groton, Mass. 01471.

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(201) 370-2330

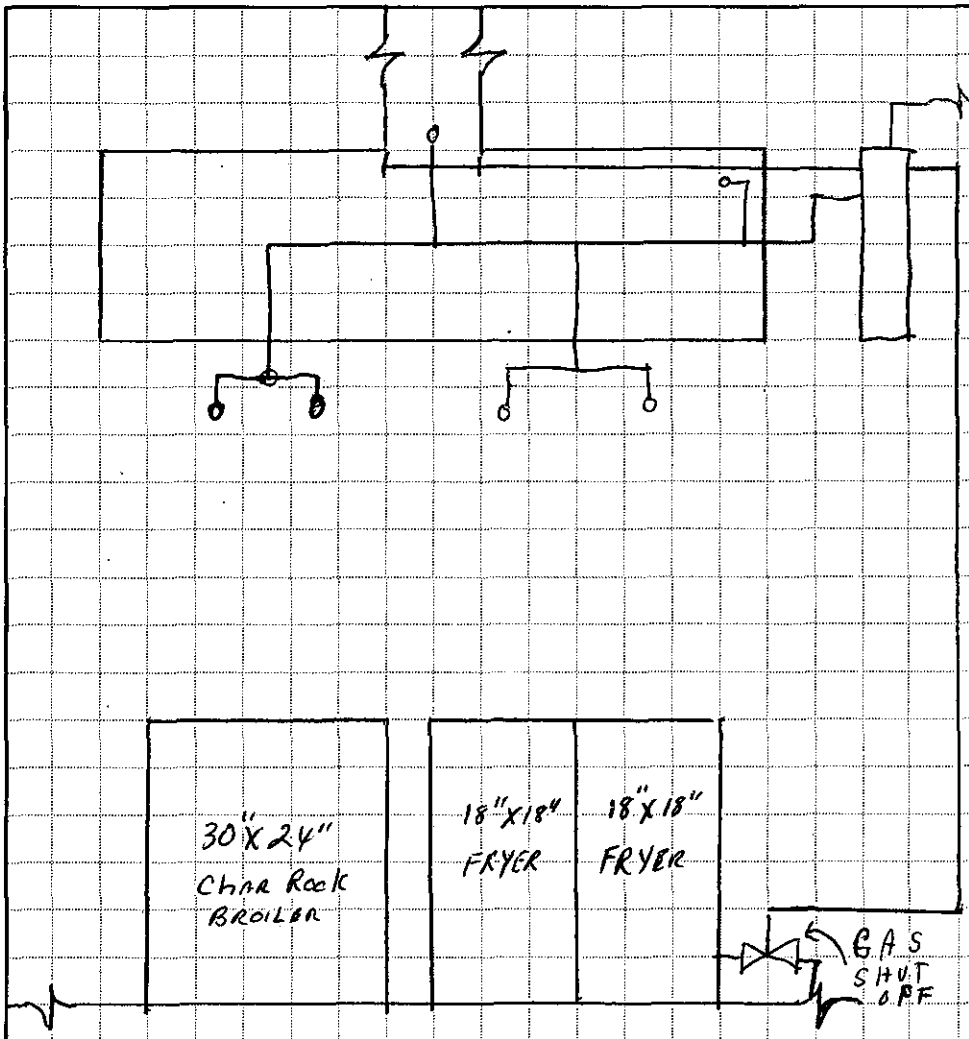
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



NOTE

SYSTEM :
WHDR 250 KIDDE
SYSTEM WILL MEET
NFPA AND MAUFACTOR
SPECIFICATIONS.

MANUAL PULL :
PULL STATION TO BE
ON EXIT WAY 10' TO
15' FROM HOOD.

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire		1-5-90	
Energy			
Electrical			

PRODUCT 204-1 NEBS Inc., Groton, Mass. 01471.

CERTIFICATE of INSPECTION

THIS IS TO CERTIFY THAT THE FIRE EXTINGUISHING SYSTEM PROTECTING:

Spirits Unlimited Bricktown NJ
NAME. ADDRESS

WAS INSPECTED IN 3/26/90 AND LEFT IN OPERATING CONDITION.
DATE

THIS CERTIFICATE EXPIRES IN 9/26/90
DATE

Oxygen Supply Co., Inc.
1368 Route 9
Lakewood, N. J. 08701
(201) 370-2330

by: [signature]
Thomas McElroy, Pres.

WHITE - CUSTOMER'S COPY CANARY - INSURANCE COPY PINK - FIRE INSPECTION COPY