BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-2621

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-003515

I. IDENTIFICATION

1. Proposed Work Site at: 1930 NJ-88, BRICK NJ
2. Name of Owner in Fee: PROVIDENT BANK
   Tel. (732) 590-9200 e-mail _____
   Address 100 WOOD AVE S (street) ISELIN (municipality) NJ 08830 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NORTHSTAR SERVICES, INC Tel. (732) 738-3712
   Address PO BOX 165 41 HANSEN AVE e-mail _____
   FORDS, NJ 08863
   License No. OR, if new home, Builder Reg. No. P00757 Exp. Date 4/31/2016
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3200547 FAX: (732) 738 5219
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun JERRY FRANEK
   Tel. (732) 738 3712 FAX: (732) 738 5219 ✓

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	45 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 48 ✓		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES *(Check all that apply)*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	1,500				6-19-13	Ken			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/10/2013
Control Number C-13-003515
Permit Number 13-2621
Permit Issue Date 06/19/2013
Certificate Number 13-2621

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE NJ 85261

Telephone: (732) 590-9200

Contractor Northstar Services LLc

Address 41 Hanson Ave. Fords NJ 08863

Telephone: (732) 738-3712 Fax:

License Number or Builders Registration Number: P00757 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE)

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/10/2013 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 06/19/2013
Control # C-13-003515
Permit # 13-2621

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261
Telephone: (732) 590-9200

Contractor Northstar Services LLc
Address 41 Hanson Ave. Fords NJ 08863
Telephone: (732) 738-3712
Lic. No. or Bldrs. Reg. No. P00757
Federal Employee. No.

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 constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$48
Check No.	
Cash	$48
Credit	$0
Collected By	Christopher Romano

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

M55-MD

Date Received 13-2621
Control #
Date Issued 6-19-13
Permit #

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 NJ-88
BRICK, NJ

Owner in Fee: PEOPLES BANK

Tel. (732) 590-9200 e-mail

Address 100 WOODLAWN S. ISELIN NJ 08830
street municipality zip code

Contractor: NORTHSTAR SERVICES, INC Tel. (732) 738-3712

Address PO 155 414 HANSON AVE FORDS NJ 08863 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00757

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 155629

Fire Alarm Contractor No. 34BF00018100 Exp. Date 1/31/2014

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

Federal Emp. ID No. 22-3200547 FAX: (732) 738 5219

B. FIRE PROTECTION CHARACTERISTICS

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

Constr. Class: Present ____ Proposed ____ Location of Panel: LOBBY CLOSET

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

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

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 1500.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE EXISTING FIRE ALARM PANEL THAT FAILED. PANEL ONLY

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System	1	
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

LEAVE SPEC SHEET MANUAL ON SITE

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6-19-13

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 6-27-13

Approved by: ____

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			6/24/13	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/28/13	
Other ____				

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: **Northstar Services, Inc.**
Address: **P.O. Box 0155**
Fords, New Jersey 08863

Representative: J. FRANKO

License No.: P00757

Telephone: 732 510 7469

MONITORING ENTITY

Contact: CMS INTL

Telephone: 1800 624 3068

Monitoring Account Ref. No.: RMBM 7568

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☑ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify) _____

Control Unit Manufacturer: Fike/ITE

Circuit Styles: B, Y

Number of Circuits: 5B 4Y

Software Rev.: _____

DATE: 6-20-2013

TIME: 1030 AM

PROPERTY NAME (USER)

Name: PROVIDENT BANK

Address: 1930 RT 88 BRICK, NJ

Owner Contact: ALLISON MONGE

Telephone: 732-785-9183

APPROVING AGENCY

Contact: _____

Telephone: _____

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually
- ☑ Other (Specify) FACP Replaced

Model No.: MS-540-3

Last Date System Had Any Service Performed: 6-20-20-13

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
2	B	Manual Fire Alarm Boxes
		Ion Detectors
15	B	Photo Detectors
		Duct Detectors
		Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify): _____

Alarm verification feature is disabled ✓ enabled _____.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
2	4	Horns
		Chimes
2	4	Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see *NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 110 Amps 1 AMP.

Overcurrent Protection: Type CIRCUIT BREAKER Amps 20 AMP

Location (of Primary Supply Panelboard): UTILITY ROOM DISTRIBUTION PANEL

Disconnecting Means Location: _____

(b) Secondary (Standby):

2 X 12 Storage Battery: Amp-Hr. Rating 12 AHR

Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell

☐ Nickel-Cadmium

☑ Sealed Lead-Acid

☐ Lead-Acid

☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 701, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	CMS DOCUMENTATION	1020
Building Occupants	☑	☐	PERSONNEL	1030
Building Management	☑	☐	BR. MGR	1030
Other (Specify)	☑	☐	BRICK DISPATCH	1030
AHJ Notified of Any Impairments	☑	☐	BRICK FIRE SAFETY	1030

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDS	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☑	☑	

SECONDARY POWER TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☑	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES			
Audible	☑	☑	
Visible	☑	☑	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (Specify)	☑	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 6-20-2013 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. Eganko Date: 6-20-13 Time: _____

Signature: _____

Name of Owner or Representative: Allison Monge AVP

Date: 6-20-2013 Time: _____

Signature: X Allison Monge

System Event Report

Sorted by Installer#

Installer# 3746 to 3746 | CS# RMBM7568 to RMBM7568 | Site Type All | Dates 6/20/2013 to 6/20/2013
Employee# All | Corporate Acct. All | System Type All | Reporting Group All

Date	CS#	Op	Zone	Event	Location/Comment	Disposition	Scheduled	User
Installer								
Site Name THE PROVIDENT BANK				Site Address 1930 RTE 88 BRICK, NJ 08724				
6/20/2013 10:49:01	RMBM7568	N01E		1999 Contact P/C Verifie				FIRE ACCT NO PC REQUIRED
6/20/2013 10:49:06	RMBM7568	N01E		SCI Subscriber Call In				FIRE ACCT NO PC REQUIRED
		allsion request test all zones until 3pm						
6/20/2013 10:49:10	RMBM7568	N01E		ONTEST Placed On Tes	*Test			FIRE ACCT NO PC REQUIRED
		Expires: 06/20/2013 15:00:00 All Zones						
6/20/2013 10:49:11	RMBM7568	N01E		ST Sub Testing				FIRE ACCT NO PC REQUIRED
6/20/2013 12:00:42	RMBM7568	DJLM		1999 Contact P/C Verifie				INSTALLER
6/20/2013 12:06:40	RMBM7568	DJKF		1999 Contact P/C Verifie				INSTALLER
6/20/2013 12:26:39	RMBM7568		E300	TRO513 Trbl (C) PR-CL	*Test	GENERAL SYSTEM TROI		
6/20/2013 12:27:07	RMBM7568		R300	RES499 Restore LOG	*Test	GENERAL		
6/20/2013 12:31:04	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:32:08	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:32:36	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:32:39	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:33:09	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:33:28	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:33:56	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:34:17	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:34:46	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:35:08	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:35:48	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:36:18	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:36:40	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:36:58	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:37:43	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:38:04	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:38:30	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:38:48	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:39:17	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:39:35	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:40:09	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:40:30	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:40:56	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:41:15	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		
6/20/2013 12:41:39	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test	SMOKE DETECTOR		
6/20/2013 12:41:58	RMBM7568		1	RES499 Restore LOG	*Test	SMOKE DETECTOR		

Installer

System Event Report

Sorted by Installer#

Installer# 3746 to 3746 **CS#** RMBM7568 to RMBM7568 **Site Type** All **Dates** 6/20/2013 to 6/20/2013

Employee# All **Corporate Acct.** All **System Type** All **Reporting Group** All

Date	CS#	Op	Zone	Event	Location/Comment	Disposition	Scheduled	User	Installer
Site Name THE PROVIDENT BANK					**Site Address** 1930 RTE 88 BRICK, NJ 08724				
6/20/2013 12:42:58	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test SMOKE DETECTOR				
6/20/2013 12:43:24	RMBM7568		1	RES499 Restore LOG	*Test SMOKE DETECTOR				
6/20/2013 12:43:59	RMBM7568		1	FIR664 Fire (C) FD-PR-(	*Test SMOKE DETECTOR				
6/20/2013 12:44:24	RMBM7568		1	RES499 Restore LOG	*Test SMOKE DETECTOR				
6/20/2013 12:50:00	RMBM7568		E310	TRO513 Trbl (C) PR-CL	*Test GROUND FAULT				
6/20/2013 12:50:03	RMBM7568		R310	RES499 Restore LOG	*Test GROUND FAULT				
6/20/2013 12:50:05	RMBM7568		E310	TRO513 Trbl (C) PR-CL	*Test GROUND FAULT				
6/20/2013 12:50:09	RMBM7568		R310	RES499 Restore LOG	*Test GROUND FAULT				
6/20/2013 12:50:32	RMBM7568		E311	TRO513 Trbl (C) PR-CL	*Test BATTERY MISSING				
6/20/2013 12:51:08	RMBM7568		R311	CIR311 RESTORE Batte	*Test				
6/20/2013 12:54:04	RMBM7568		E351	TRO513 Trbl (C) PR-CL	*Test PHONE LINE 1				
6/20/2013 12:55:20	RMBM7568		R351	RES499 Restore LOG	*Test PHONE LINE 1				
6/20/2013 13:00:52	RMBM7568		2	FIR664 Fire (C) FD-PR-(	*Test PULL STATION				
6/20/2013 13:01:14	RMBM7568		2	RES499 Restore LOG	*Test PULL STATION				
6/20/2013 13:02:02	RMBM7568		2	FIR664 Fire (C) FD-PR-(	*Test PULL STATION				
6/20/2013 13:02:30	RMBM7568		2	RES499 Restore LOG	*Test PULL STATION				
6/20/2013 13:02:35	RMBM7568		E322	TRO513 Trbl (C) PR-CL	*Test BELL CIRCUIT 2				
6/20/2013 13:02:37	RMBM7568		R322	RES499 Restore LOG	*Test BELL CIRCUIT 2				
6/20/2013 13:03:13	RMBM7568		2	FIR664 Fire (C) FD-PR-(	*Test PULL STATION				
6/20/2013 13:03:15	RMBM7568		2	RES499 Restore LOG	*Test PULL STATION				
6/20/2013 13:05:41	RMBM7568	DNR		1999 Contact P/C Verifie				INSTALLER	
6/20/2013 13:25:38	RMBM7568		E311	TRO513 Trbl (C) PR-CL	*Test BATTERY MISSING				
6/20/2013 13:27:54	RMBM7568		R311	CIR311 RESTORE Batte	*Test				
6/20/2013 14:16:11	RMBM7568	DML'		1999 Contact P/C Verifie				INSTALLER	

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. PROTECTED PROPERTY INFORMATION

Name of property: THE PROVIDENT BANK

Address: 1930 Rte 88 Laurel Square Brick NJ 08724

Description of property: BANK BRANCH OFFICE

Occupancy type: Commercial

Name of property representative: Allison Monge AVP

Address: 1930 Rte 88 Brick NJ 08724

Phone: 732 785-9183 Fax: 856 534 4163 E-mail:

Authority having jurisdiction over this property: Brick Fire Safety

Phone: 732 458-4100 Fax: E-mail:

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: Northstar Services Inc

Address: P.O. Box 158 Fords NJ 08863

Phone: 732 510 7469 Fax: 732 738 5219 E-mail:

Service organization for this equipment: Same

Address:

Phone: Fax: E-mail:

Location of as-built drawings: Location of historical test reports:

Location of system operation and maintenance manuals: On Site

A contract for test and inspection in accordance with NFPA standards is in effect as of

Contracted testing company:

Address:

Phone: Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections:

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

*NFPA 72*Chapter Reference of System Type: Chapters 6 & 8

Name of organization receiving alarm signals with phone numbers *(if applicable)*:

Alarm: Criticom Intl Phone: 800 624 3068

Supervisory: — — Phone: — — —

Trouble: — — Phone: — — —

Entity to which alarms are retransmitted: Brick Twp Dispatch Phone: 732 262 1100

Method of retransmission of alarms to that organization or location: Telephone Lines

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE *(continued)*

If Chapter 8, note the means of transmission from the protected premises to the central station:

☑ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐ N/A

If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level: _____

Site-specific software revision date: _____ Revision completed by: _____

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: 4 Style: 4 Class: B

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: 5 Style: B Class: B

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations

Number of manual pull stations: 2

Types of devices: ☐ Addressable ☑ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors

Number of smoke detectors: 15

Type of coverage: ☐ Complete area ☑ Partial area ☐ Nonrequired partial area ☐ N/A

Types of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.2 Duct Smoke Detectors

Number of duct smoke detectors: _____

Type of coverage: _____

Types of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.3 Heat Detectors

Number of heat detectors: _____

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ N/A

Types of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Sprinkler Waterflow Detectors

Number of waterflow detectors: _____

Types of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Alarm Verification

Number of devices subject to alarm verification: _____

Alarm verification on this system is: ☐ Enabled ☐ Disabled ☐ Set for _____ seconds

13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: V Franko Date: 6-20-2013

Organization: Nohrstrom Services Title: Service Tech Phone: 732 510 7469

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: V. Franko Date: 6-20-2013

Organization: Nohrstrom Services Title: Service Tech Phone: 732 510 7469

13.3 Central Station

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: V. Franko Date: 6-20-2013

Organization: Nohrstrom Services Title: _____ Phone: 732 510 7469

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: Allison Monge Date: 6-20-2013

Organization: The Provident Bank Title: AVP Phone: 732 855 9183

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: Richard Carlson Date: 6-20-13

Organization: Brick Twp Bureau Fire Inspector Title: _____ Phone: 732 458 4400

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

Department Of Community Affairs

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

Hereby Issues To

JEROME M FRANKO

The Following Certification As

FIRE ALARM SYSTEM

04/09/2013 to 04/30/2016
Issue Date Lapse Date

155629
ID Number

Richard E. Constable, III
Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that
JEROME M FRANKO
Has been certified as
FIRE ALARM SYSTEM
04/09/2013 to 04/30/2016
Issue Date Lapse Date
155629
ID Number

PLEASE DETACH HERE

If your certification card is lost please notify:

Contractor's Certification and Emblems Unit
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

PLEASE DETACH HERE

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

Northstar Services Inc
Jerome M Franko
41 Hanson Ave
Fords NJ 08863-0155

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

12/14/2010 TO 01/31/2014
VALID

34BF00018100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
Northstar Services Inc
BA and FA Business

12/14/2010 TO 01/31/2014
VALID

SIGNATURE

34BF00018100
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Fire Alarm, Burglar Alarm & Locksmi
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

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(f)1.ix:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓ Check if contractor.

Agent Name NICHOLAS FRANCO

Address 41 HAWSON AVE

FORDS, NJ 08863

Telephone (732) 738-3712

Signature _____

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