

RECEIVED

JUL 18 1989 Page 1



CONSTRUCTION PERMIT APPLICATION

DEPT. OF INSPECTION

TOWNSHIP OF BRICK

I. IDENTIFICATION

1. Proposed Work at: BAGEL Factory Inc. 1905 Rt 88 E Brick NJ.
2. Owner Name: Richard C Aiello Tel. (201) 840 7511
Address 1905 Rt 88 E BRICK NJ 08723
3. Principal Contractor: FIREY SAFETY Sys Co Tel. (201) 775 0500
Address 122 So Main St Ocean Grove NJ 07756
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (____) _____
Address _____
5. Responsible Person in Charge of Work _____ Tel. (____) _____

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 suppression

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	<u>2000</u>
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ <u>2000</u>

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) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
If other than new construction, enter no. of dwelling units: _____
3. ☐ Two Family (R-3b) Before Construction: _____
4. ☐ One-Family (R-3a) 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, Infirmeries (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: _____

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 10411212

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 RICHARD C Aiello TEL. () 840 7511
 ADDRESS 1905 RT 88 E
BRICK NJ
 SIGNATURE Richard C Aiello



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 3884
DATE ISSUED 2-24-89
REVISION DATE 2-24-89
Block 869-1 Lot 4
Subdivision 4

A. IDENTIFICATION

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

Owner Basel Factory Inc Contractor Fike Safety Sys Co
Address 1905 Rt 88 E Address 12250 MAIN ST
BRICK NJ 08723 DELAN GROVE NJ 07256
Tel. (301) 840 7511 Tel. (201) 275 0505
Work Site Address S/A 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 _____
Areas Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised - Method: _____ Size: _____
Water Supply - Source: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other Fire Suppression
Manual Pull: ☒ Yes ☐ No
Locations: _____

Estimated Cost of Work: \$ 2005

B3. ALARM

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

FEE

B4. STAND PIPES

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

B5. OTHER

Suppression Bay
at Longwood

Subtotal

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

35

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

needs tank when
completes
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

7/26/89

JOB CONDITION/COMMENTS

Test on Suppression Sys. Good & Adequate
 & Fire Shut off. Value. 1 complete run
 Code.

JOB SUMMARY

☐ No Plans Required

☐ Plan Review Approved

Date: 7/26/89

Approved By: [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 7/26/89

Inspected By: [Signature]

INSPECTIONS

Type

Failure Date

Approval Date

☒ Fire Suppression Test

☐ Fire Alarm Test

☐ Smoke Test

☐ TCO

☐ Other

☐ Other

☐ Other

☐ Other

7/26/89



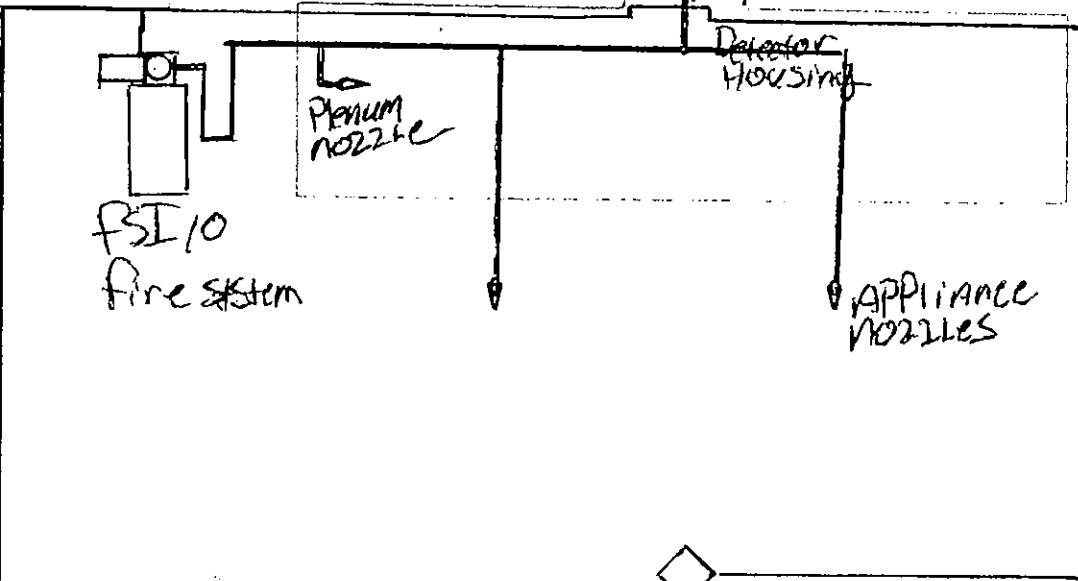
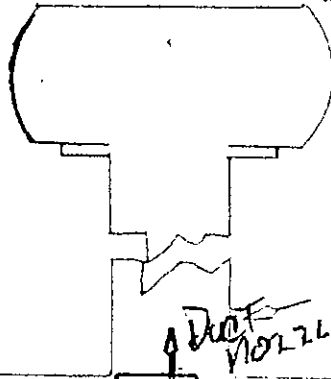
FIRE & SAFETY SYSTEMS CO. • 122 South Main Street

7-18-89
Ocean Grove, New Jersey 07756 • Telephone (201) 775-0505

Bagel Factory
1405 Rt 88
Brick N.J.



Air is exhausted 40"
Above Roof Minimum



Existing 6' Hood.

Auto Gas
Shut Off

Fire 7/2/89

Fire System is Guaranteed to
meet BOCA Building Codes
and NFPA 17-96 when
Installed

[Signature]