

BLOCK 446.05 LOT 3 ADDRESS (SITE) 550 BRICK BLVD PERMIT NO. 3034-94

CHANGE OF CONTRACTOR



CONSTRUCTION PERMIT APPLICATION

JEFF HENLEY

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 550 BRICK BLVD
2. Name of Owner in Fee: BOSTON CHICKEN Tel. (280) 0885
LAKE RIVIERA CO. Tel. 477-2000
Address 550 BRICK BLVD. BRICK 08123
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: VICEROY BUILDER LTD. Tel. (215) 441-4323
Address P.O. Box 97 HORSHAM, PA. 19044
License No. OR, if new home. Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 23 217 3056 Social Security No. _____
5. Architect or Engineer HAAS & CORDASCO Tel. (_____) _____
Address 125 E. MAIN ST. DENVILLE N.J. 07834
6. Responsible Person In Charge of Work STEPHEN CARROCHI Tel. (215) 441-4323

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☒ Plumbing
8. ☒ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

250,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			11/9/94	AK	12/3/94		
			11/7/94	X	1/2/95		
			11/4/94	GP	1/5/95		

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update 914	Update
1. Building	\$ 209	705	
2. Electrical			
3. Plumbing	372		
4. Fire Protection	867		
5. Other			
6. Subtotal	\$ 1944		
7. Less 20% for State Plan Review	194		
8. Subtotal	\$		
9. DCA Training Fee	77		
10. Subtotal	\$ 194		
11. Cert. of Occupancy			
12. Other 2PA/EP	30		
13. TOTAL	\$ 2439		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors 3140 sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification 48112
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO
No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: Occ-upancy
3. Change in Use Group. Indicate Former:

ok 5-11-95
CW
TAL APPROVAL

LDS BR 10206565

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓) Check if contractor.

Agent Name STEVEN SLOTRICK

Address 150 RYAN RUN

TOMAS RIVER N.J

Telephone (908) 929 8930

Signature [Signature] Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final 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. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Occupancy
- ☐ Continued Certificate of Occupancy
- ☒ Certificate of Occupancy
- ☐ Certificate of Approval
- ☐ None

No. _____
No. _____
No. 3034
No. _____

5-13-95

BLOCK 446.0 RECEIVED 3

ADDRESS (SITE) BEICK BLVD & CEDAR BRIDGE RD.

ADDITIONAL INFORMATION FEE - RESIDENTIAL PERMIT NO. 2034-94

1 8 1994

DIV. OF INSPECTION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1 Proposed Work-site at: BEICK BLVD & CEDAR BRIDGE RD.

Name of Owner in Fee: BOSTON CHICKEN Tel. (908) 280-0885

Address: 417-S AVE BELMAR NJ 07719

Ownership in Fee: Public X Private

Principal Contractor: HOLLY CONSTRUCTION Tel. (908) 449-3367

Address: 304 CHICAGO BLVD, SEA GIRT, NJ

License No. OR, if new home, Builder Reg. No. Exp. Date

Federal Emp. No. Social Security No.

Architect or Engineer LINDSTROM & DISSNER Tel. ()

Address: 321 MATOLOKING RD, BEICK, NJ

Responsible Person In Charge of Work WALTER ZWIERZ Tel. (908) 280-0885

II. PROPOSED WORK

☐ Minor Work (single trade)

☐ Small Job (\$5,000 and no prior approvals)

☒ New Building

☐ Addition

☐ Alteration

☐ Fire Protection

☐ Plumbing

☐ Electrical

☐ Asbestos Abatement

☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd By SA Date Rec'd 8/18/94 Rejection Date 10/20/94 Approval Date 10/20/94 Re-viewer Re-submission Dates Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☒ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		
2. Height of Structure		ft.
3. Area—Largest Floor		sq. ft.
4. Building Area—All Floors	<u>3140</u>	sq. ft.
5. Volume of Structure	<u>9090</u>	cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed		sq. ft.
8. Flood Hazard Zone		ft.
9. Base Flood Elevation		ft.
10. Wetlands	yes	sq. ft.
	no	
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No of dwelling units: 1
Before Construction 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL

- 1. State Specific Use: RESTAURANT
- 2. Use Group: A-3
- 3. Change in Use Group. Indicate Former:

V. FEE SUMMARY (for office use only)

1. Building \$ 209 Update

2. Electrical \$ 209 Update

3. Plumbing \$ 209 Update

4. Fire Protection \$ 209 Update

5. Other \$ 209 Update

6. Subtotal \$ 209 Update

7. Less 20% for State Plan Review \$ 41.8

8. Subtotal \$ 167.2

9. DCA Training Fee \$ 209

10. Subtotal \$ 376.2

11. Cert. of Occupancy \$ 30.00

12. Other \$ 209

13. TOTAL \$ 615.20

AHBT PRELIMINARY APPROVAL

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature

Walter Z

Date

8-18-94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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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

WALTER ZWIRZ FOR BOSTON CHICKEN

Address

417-5 AVE

BERMAN, NJ

Telephone

908, 280-0885

Signature

Walter Z

Date

8-18-94



CERTIFICATE

Date Issued 5-12-95
Control #
Permit # 3034-94

IDENTIFICATION

Block 446.05 Lot 3
Work Site Location 550 Brick Blvd.
Owner in Fee Boston Chicken/Take Riviera Co.
Address 550 Brick Blvd.
Brick, NJ
Tele. ()
Contractor Viceroy Builders LTD.
Address P.O. Box 97
Horsham, Pa. 19044
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Commercial Building "BOSTON CHICKEN RESTAURANT"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

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 APPROVAL

☐ 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:

CONSTRUCTION OFFICIAL

Arthur J. Perry
AS

Fee \$
Paid [] Check No.
Collected by:



CERTIFICATE

Date Issued 1/24/95
Control #
Permit # 3034-94

IDENTIFICATION

Block 446.05 Lot 3
Work Site Location 550 Brick Blvd
Brick, N.J.
Owner in Fee Boston Chicken/Kake Riviera Co
Address 550 Brick Blvd
Brick, N.J.
Tele. ()
Contractor Viceroy Builders Ltd.
Address P.O. Box 97
Horsham Pa 19044
Tele. ()
Lic. No. or Bids. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Commercial Bldg/Boston Chicken Restaurant

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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 APPROVAL

☐ 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 4/21/95, 19 or the owner will be subject to a fine or order to vacate:
Engineering final by 4/21/95

CONSTRUCTION OFFICIAL

Fee \$
Paid [] Check No.
Collected by:



PERMIT UPDATE

Date Update Issued

Control #

Permit # 3034-94

Date Permit Issued

11-15-94

Boston Chicken

IDENTIFICATION Block 446.05 Lot 3
 Work Site Location 550 BRICK BLVD
 Contractor VICE ROY BUILDERS LTD
 Address PO BOX 97
 Owner in Fee LAKE RIVIERA CO.
 Address 550 BRICK BLVD
 Address BRICK N.J.
 Address HORSHAM PA 19044
 Tele. (908) 477 2000
 Tele. (215) 441-4223
 Lic. No. or Bids. Reg. No. 23 2173056
 Federal Emp. No. 23-2173056
 or Social Security No. DELETED

0.00

is hereby granted permission to perform the following work:

[4] BUILDING [4] PLUMBING [] Other _____
 [] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

New Corn'l Building

Estimated Cost of Work \$

25000-

3140
48112

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	(209) + 705	3 #	0.00
Plumbing	37	PAID IN ADVANCE	705.00
Electrical		PLUMBING	72.00
Fire Protection	86	PAID	87.00
Other	194	PAID IN ADVANCE	194.00
Other		P.C.A.	77.00
DCA Training Fee	87	PAID	194.00
Cert. of Occ.	15	PAID IN ADVANCE	15.00
Other	21	PAID	15.00
Total	211	PAID IN ADVANCE	2139.00
Check No.	15	PAID	
Cash	1005	PAID	
Collected By:		PAID	

CHANGE OF CONTRACTOR



Date Received
Date Issued
Control #
Permit #

11-15-94
3034-94

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

Block 446.05 Lot 3
Work Site Location 550 BRICK BLVD
BRICK N.J.
Owner in Fee Lake Riviera Co
BRICK N.J.
Address 550 BRICK BLVD.
Tele. (908) 477-2000
Contractor VICE ROY BUILDERS LTD
PO Box 97
Address HOSHAM PA 19044
Tele. (215) 441-4323
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. 23 2173056 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Initial
☐ No Plans Req.			Type:	Approval		
☐ All			Footings	<u>11/3/94</u>	<u>WS.</u>	
☐ Footing			Foundation	<u>11/13/94</u>	<u>WS.</u>	
☐ Foundation			Slab	<u>11/18/94</u>	<u>WS.</u>	
☐ Frame			Frame			
☐ Other			Insulation			
Joint Plan Review Required:			Finishes	<u>11/19/94</u>	<u>WS.</u>	
☐ Elec. ☐ Plumb. ☐ Fire			Energy			
SUBCODE APPROVAL			Mechanical			
☒ CO ☐ CCO ☐ CA			TCO			
Date: <u>10/3/94</u>			Other			
Approved By: <u>[Signature]</u>			Final			

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class Present 3B Proposed 3B
No. of Stories 1
Height of Structure _____ Ft.
Area—Largest Floor 3104 Sq. Ft.
New Bldg. Area/All Floors 3104 Sq. Ft.
Volume of New Structure 48,112 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Boston Chicken Restaurant

(Office Use Only)
FEE

TYPE OF WORK:	
☒ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	DCA TRAINING FEE \$ _____
	TOTAL FEE \$ _____

CHANGE OF CONTRACTOR



Date Received
Date Issued
Control #
Permit #

11-15-94
303494

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

Block 446.05 Lot 3
Work Site Location 550 BRICK BLVD
BRICK N.J.
Owner in Fee LAKE RIVIERA Co
Address 550 BRICK BLVD
BRICK N.J.
Tele. (908) 477-2000
Contractor WILSON BUILDERS LTD
PO Box 97
HOBOKEN PA 19044
Address 441-4323
Tele. (215) 441-4323
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 23 2173056 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☐ All			Footings		<u>11/3/94</u>
☐ Footing			Foundation		<u>W.S.</u>
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: _____			Other		
Approved By: _____			Final		

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class Present 3B Proposed 3B
No. of Stories 1
Height of Structure _____ Ft.
Area--Largest Floor 3104 Sq. Ft.
New Bldg. Area/All Floors 3104 Sq. Ft.
Volume of New Structure 49,112 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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 [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Boston Chicken Restaurant

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Demolition

(Office Use Only)
FEE

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block Lot
Work Site Location BRICK BLVD & CEDAR BRIDGE RD.

Owner in Fee POSTED OFFICER
Address 417-5AVE
BERLIN NJ 07119
Tele. (908) 280-0885
Contractor BOUY CONSTRUCTION
Address 304 CHICAGO BLVD
SEA GIRT NJ
Tele. (908) 449-3367
Lic. No. or Bldg. 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 SHE DATA

DESCRIPTION OF WORK

See Center

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	Date
☐ No Plans Req.	Initial
☐ All	Type: _____
☐ Footing	Footing
☐ Foundation	Foundation
☐ Slab	Slab
☐ Frame	Frame
☐ Other	Insulation
Joint Plan Review Required:	
☐ Elec. ☐ Plumb. ☐ Fire	Finishes:
SUBCODE APPROVAL	
☐ CO ☐ CCO ☐ CA	Energy
Date: _____	Mechanical
Approved By: _____	TCO
	Other
	Final

TYPE OF WORK:	
☒ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

B. BUILDING CHARACTERISTICS	
Use Group	Present _____ Proposed _____
Constr. Class	Present _____ Proposed _____
No. of Stories	_____
Height of Structure	_____ Ft.
Area--Largest Floor	_____ Sq. Ft.
New Bldg. Area/All Floors	_____ Sq. Ft.
Volume of New Structure	_____ Cu. Ft.
Total Land Area Disturbed	_____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Alteration \$ _____

3. Total (1+2) \$ _____

FEE	
Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	DCA TRAINING FEE \$ _____
	TOTAL FEE \$ _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location BRICK BLVD CEDAR BRIDGE RD.

Owner in Fee POSTED CHICAGO

Address 417.5 AVE
PELHAM NJ 07119

Tele. (908) 280-0885

Contractor HOLLY CONSTRUCTION

Address 304 CHICAGO BLVD
SEA GIRT NJ

Tele. (908) 449-3367

Lic. No. or Bldgs. Reg. No. _____

Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	Date
☐ No Plans Req.	Initial: _____
☐ All	Type: _____
☐ Footing	Failure _____
☐ Foundation	Failure _____
☐ Slab	Failure _____
☐ Frame	Failure _____
☐ Other	Failure _____
Joint Plan Review Required:	Initial _____
☐ Elec. ☐ Plumb. ☐ Fire	Failure _____
SUBCODE APPROVAL	Failure _____
☐ CO ☐ CCO ☐ CA	Failure _____
Date: _____	Failure _____
Approved By: _____	Failure _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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

See Center

TYPE OF WORK:
☒ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Demolition

Height (6' or over)
Sq. Ft.

(Office Use Only)	
FEE	
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA TRAINING FEE	\$ _____
TOTAL FEE	\$ _____

Paid ☐ Check # _____
Collected by: _____

BORCAH ACARY SYSTEM:

1- ALARM PANEL
1- WOOD SHED
1- KEYPAD

4- HOLD-UP BUTTONS
1- MOTION DETECTOR



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

JAN 6 95 000082

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

Block 446.05

Work Site Location 550 BRICK BLVD / BROOKLYN PARK

Owner in Fee H.T. ROSE / BORDA CHECKER
Address 580 BRICK BLVD

Tele. (908) 497-6430

Contractor SECURITY CO, INC.
Address 92-37 81ST AVE, NY 11428

Tele. (718) 776-4081

Lic. No. 1200028930

Federal Emp. No. 15276326

or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 2500 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS				
[X] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:						
[] Bldg. [] Plumb.		Rough				
[] Fire [] Elevator		Temporary				
[] Elec. Plans Approved		Constr. Serv.				
Date:		TCO				
		Other				
Approved by:		Service				
		Final				
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued				
Date:						
Approved By:						

C. CERTIFICATION IN LIEU OF OATH

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

[] Licensed Electrical Contractor [X] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

FEE (Office Use Only)

Paid [] Check # 2671	Administrative Surcharge	\$ 40 -
	Minimum Fee	\$ 2 -
	DCA Training Fee	\$ 42 -
Collected by:	TOTAL FEE	\$

CK 101611
R7-211 12/11



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #
NOV 22 94 010424

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

Block 446, OS Lot 3
Work Site Location 550 BRICK BLVD & CEMENT BRIDGE BLVD
Owner in Fee LAKE RIVER CO. (BOSTON CHICKEN)
Address 550 BRICK BLVD
Buck. NJ
Tele. () 477-2000
Contractor CONCRETE BRICK CO
Address 175 EVELINE DR
Buck. NJ
Tele. () 920 3532
Lic. No. 4556
Federal Emp. No. 222323105 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Boston College Utility Co. WEP# 8117
Est. Cost of Elec. Work \$ 35,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb.
[] Fire [] Elevator
[] Elec. Plans Approved
Date: 8/11/21
Approved by: MM. 21
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 11/5/95
Approved By: CD 4/85

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
160		Fixtures (1)
44		Receptacles (2)
20		Switches (3)
160		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
2		Kw Dryer
		5000 AC Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
2		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
3		hp Pump(s)
		Amp Motor Control Center/Sub Panels
1		Signs
		Light Standards
		hp Motors--Fractional H.P.
4		hp Motors--All Others
		Kw Transformers
		Kw Generators
1		Amp Service Entrance
		Other See Attachment

FEE (Office Use Only)

Paid Check # <u>16743</u>	Administrative Surcharge	\$ <u>325</u>
Collected by: <u>GA</u>	Minimum Fee	\$ <u>25</u>
	DCA Training Fee	\$ <u>353</u>
	TOTAL FEE	\$ <u>703</u>

C. CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Electrical Contractor [] Exempt Applicant

Signature--Contractor Seal

U.C.C. Form F-1208

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

11/24/94 all paper work complete

12/6/94 RW-Inc - El 4/158

- 11/4/95 ✓ Proper box cap for refrigeration unit next to panels
- ✓ 2 No power to in computer area + by coffee table
- ✓ 3 Open junction boxes in ceiling
- ✓ 4 30 Amp max OCPD for steam table cut station
- ✓ 5 Disc for steam table
- ✓ 6 Ice machine not wired - Sep. App when installed
- ✓ 7 Cooler evaporator unit requires 15 Amp max OCPD
- ✓ 8 Make up air roof unit requires 30 Amp msn. circuit
- ✓ 9 Connect Eq. On in disc for work in cooler compressor on roof.
- ✓ 10 15 Amp max OCPD cooler comp. + salad comp.
- ✓ 11 Signs Inc. El 4/158 Sep. App when installed

Beckton



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

JRN 6 950 001 08

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

Block 446.05 Lot 3
Work Site Location BEICK, N.J.
Owner in Fee AYE KERRIA 16 BEICK, N.J.
Address 550 BEICK BLVD
Address BEICK, N.J.

Tele. () 477-2000
Contractor BEASTAL ELEC CO
Address 17 SEVILLE DRIVE
Address BEICK, N.J.

Tele. () 920-3532
Lic. No. 4558
Federal Emp. No. 222323105 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present A-3 Proposed A-3
[] Pole/Pad # [] Temporary [] Other
Building Occupied as RESTAURANT Utility Co. DEPEL 13 WEE 5117
Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb.
[] Fire [] Elevator
[] Elec. Plans Approved
Date: _____
Approved by: _____

INSPECTIONS	Dates (Month/Day)
Type:	Failure Failure Approval Initial
Rough	
Temporary	
Constr. Serv.	
TCO	
Other	
Service	
Final	
Temp. Cut-in-Card Date Issued	
Final Cut-in-Card Date Issued	

C. CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Electrical Contractor [] Exempt Applicant
Signature: _____
Contractor Seal

D. TECHNICAL SITE DATA

NO. SIZE ITEM

Fixtures (1)
Receptacles (2)
Switches (3)
Total 1 + 2 + 3

Kw Range
Kw Oven(s)
Kw Surface Unit
hp Dishwasher
hp Garbage Disposal
Kw Dryer
20 Kw A/C-Unit AMP 100V ICE MAKER

Burglar Alarms
Intercoms Panels
Smoke Detectors
hp Whirlpool/spa
Pool Bonding
hp Pool Filter Motor
Pool Lights
Kw Water Heater(s)
Kw Central heat:
oil, gas or elec.

Kw Baseboard Heat Units
Thermostats
hp Heat Pump
hp Pump(s)
Amp Motor Control Center/Sub Panels
Signs 120V PIANO SIGN

Light Standards
hp Motors—Fractional H.P.
hp Motors—All Others
Kw Transformers
Kw Generators
Amp Service Entrance
2 30 Other AMP 100V 100V

Collected by: _____
Paid [] Check # 10830 Administrative Surcharge \$ 40.00
Minimum Fee \$ 1.00
DCA Training Fee \$ 41.00
TOTAL FEE \$ 41.00

U.C.C. Form F-1208
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

11/5/95

~~No super on jobsite 02:30 PM~~

N/A

JH

~~No approved plans. N/A~~

JH

Not ready for final

Ansul system to be tested per manufacturers specs with gas
or gas expend

No remote lights for duct smoke det. which must
be identified on ciding

duct smokes to be tested for activation and fan shutdown
plan shows Ansul R102 system Pouchen System
installed

submittal pending

6/

Boston Chicken



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # **3034-94**

Handwritten signature

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

Block 446.05 Lot 3
Work Site Location 550 BRICK BVD.
Owner in Fee BRICK NJ
Address 550 BRICK BLVD
Tele. 908 920-2463
Contractor OXYGEN SUPPLY CO
Address 1368 RT 9
Tele. () 370-2330
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Const. Class. Present 3-B Proposed 3-B
Heating Systems () New () Existing
Type: () Gas () Oil () Electrical () Solar
() Other ROOFTOP

Location: ROOFTOP
Total Est. Cost of Fire Prot. Work \$ 3000.00 () Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
() No Plans Required	Suppression Test				
() Bldg. () Plumb.	Fire Alarm Test				
() Elec. () Elevator	Smoke Test				
() Fire Plans Approved	Mechanical				
Date: _____	TCO				
Approved by: _____	Other _____				
SUBCODE APPROVAL:	Other _____				
() CO () CCO () CA	Other _____				
Date: _____	Other _____				
Approved by: _____	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.

Handwritten signature
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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)

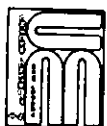
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____
Smoke Detectors	<u>5</u>
Heat Detectors	_____
TOTAL	_____

Stand Pipes _____
Kitchen Hood Exhaust Systems 4
Pre-Engineered Systems WEST CHESTER

CO ₂ Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	<u>4</u>
Gas or Oil Fired Appliance	<u>13</u>
OTHER _____	_____

Paid () Check # _____	Administrative Surcharge \$ _____
Minimum Fee \$ _____	
DCA Training Fee \$ _____	
Collected by: _____	TOTAL FEE \$ _____

BOSTON CHICEN



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit # 3034-94

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

Block 446.05 lot 3
Work Site Location 550 BRICK BMD.
Owner in Fee BRICK NJ
Address 550 BRICK BLVD
Contractor 908 OXYGEN SUPPLY CO
Address 1368 RT 9
Tel. () 370-2330
Lc. No. 370-2330
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group A-3 Proposed A-3
Constr. Class. 313 Proposed 3B
Heating Systems () New () Existing
Type: () Gas () Oil () Electrical () Solar
Location: ROOF TOP
Total Est. Cost of Fire Prot. Work \$ 3000.00 () Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
() No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required: Suppression Test
() Bldg. () Plumb. Fire Alarm Test
() Elec. () Elevator Smoke Test
() Fire Plans Approved Mechanical
Date: TCO
Approved by: Other
SUBCODE APPROVAL: Other
() CO () CCO () CA Other
Date:
Approved by:

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision
Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks
Fuel
() Capacity
() Capacity
() Capacity
() Capacity
Fuel
Fuel
Fuel

Number

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL
FEE (Office Use Only)

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems
Fire Alarm System
Wet Chemical
Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Pyrochem

Gas or Oil Fired Appliance
OTHER
13
4
4
13

Gas or Oil Fired Appliance
OTHER

Administrative Surcharge

Paid () Check # Minimum Fee \$
DCA Training Fee \$
Collected by: TOTAL FEE \$



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block 446.05 Lot 3
Work Site Location SAUCE BEE
Owner in Fee BOSTON CHURCH
Address 417-3 AVE
Tele. (908) 280-0885 BERMAN, JST 0719
Contractor ADRIAN ELECTRIC
Address 16 WILKINSON ST.
BRIDGEPORT NJ.
Tele. () 536-6141
Lic. No. 5370 or Social Security No. 056382253
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

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

Total Est. Cost of Fire Prot. Work \$ 650 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
	Type:	Failure	Approval
☐ No Plans Required	Suppression Test		
Joint Plan Review Required:	Fire Alarm Test		
☐ Bldg. ☐ Plumb.	Smoke Test		
☐ Elec. ☐ Elevator	Mechanical		
☐ Fire Plans Approved	TCO		
Date: _____	Other _____		
Approved by: _____	Other _____		
SUBCODE APPROVAL:	Other _____		
☐ CO ☐ CCO ☐ CA	Other _____		
Date: _____			
Approved by: _____			

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)

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Number

FEE (Office Use Only)

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____

3

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

2.4

Pre-Engineered Systems _____

CO₂ Suppression _____

Halon Suppression _____

Foam Suppression _____

Dry Chemical _____

Wet Chemical _____

Gas or Oil Fired Appliance _____

OTHER Stove & Stairs

10

Administrative Surcharge \$ _____

Paid ☐ Check # _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

Collected by: _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block 446.05 Lot 3
Work Site Location BUCKLE BLDG.
Owner in Fee BOSTON CHURCH
Address 417. 3 AVE
Tel. (908) 280. 0885 PERMAN, NJ 07719
Contractor MOLLY ELECTRIC
Address 16 WICKLIFFE RD.
ENGLISHTOWN NJ.
Tel. () 536-6141
Lic. No. 5570
Federal Emp. No. 5570 or Social Security No. 66632253

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Proposed
Const. Class. Present Proposed Proposed
Heating Systems ☒ New ☐ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other
Location: ROOF TOP
Total Est. Cost of Fire Prot. Work \$ 650 ☐ Other 141

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
☐ No Plans Required
Joint Plan Review Required:
☐ Bldg. ☐ Plumb.
☐ Elec. ☐ Elevator
☐ Fire Plans Approved
Date: 7/5/2010
Approved by: Occupying to be done
SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ CA
Date: 7/5/2010
Approved by: 141

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.

141
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity
() Capacity
() Capacity
() Capacity
Fuel
Fuel
Fuel

Wet Sprinkler Heads
Dry Sprinkler Heads

Number

Smoke Detectors
Heat Detectors
TOTAL

3

Stand Pipes
Kitchen Hood Exhaust Systems

4

Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

4

Gases or Oil Fired Appliance
OTHER 10

3

Administrative Surcharge \$

Paid ☐ Check # 10 Minimum Fee \$

DCA Training Fee \$

Collected by: 141 TOTAL FEE \$

FEE (Office Use Only)

PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

Block 446.05 Lot 3
Work Site Location Brick Blvd. & Cedar Bridge Ave.
Brick Ave. N.E. 07123
Owner in Fee Boston Chicken
Address 417-5 Ave
Tel. (908) 280-0885 924MAY 125 07119
Contractor Central Jersey Mechanical
Address P.O. Box 34716
Red Bank, N.J. 07101
Tele. (908) 530-1036
Lic. No. 9369
Federal Emp. No. 223211652 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 4" Proposed X
Building Sewer Size 4" Public Sewer X Private Septic _____
Water Service Size 2" Public Water X Private Well _____
Estimated Cost of Plumbing Work \$ 36,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	_____
☐ Bldg. ☐ Elec.	Rough	_____
☐ Fire ☐ Elevator	Water	_____
☐ Plumb. Plans Approved	Sewer	_____
Date: _____	Fixtures	_____
Approved by: _____	Gas Equipment	_____
	Gas Piping	_____
SUBCODE APPROVAL:	Solar	_____
☐ CO ☐ CCO ☐ CA	TCO	_____
Approved By: _____		_____
Date: _____		_____

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	_____
1	Urinal/Bidet	_____
1	Bath Tub	_____
1	Lavatory	_____
1	Shower	_____
10	Floor Drain	_____
3	Sink	_____
1	Dishwasher	_____
1	Drinking Fountain	_____
1	Washing Machine	_____
1	Hose Bibb	_____
1	Water Heater	_____
1	Fuel Oil Piping	_____
X	Gas Piping	_____
3	Steam Boiler	_____
3	Hot Water Boiler	_____
1	Sewer Pump	_____
1	Interceptor/Separator	_____
1	Backflow Preventer	_____
3	Greasetrap	_____
1	Water Cooled A/C	_____
1	or Refrigeration Unit	_____
1	Sewer Connection	_____
1	Water Service Connection	_____
1	Active Solar System	_____
1	Other	_____

Paid ☐ Check # _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

Collected by: _____ TOTAL \$ _____

PLUMBING **SUBCODE** **TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 446.05 Lot 3
Work Site Location Brick Blvd & Cedar Bridge Ave
Owner in Fee Brick Club
Address 417-2 Ave
Tele. (408) 280-0885
Contractor Central Jersey Mechanical
Address 1000 10th St
Tel. (908) 530-1080
Lic. No. 9369
Federal Emp. No. 33301123 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed X
Building Sewer Size 4" Public Sewer X Private Septic _____
Water Service Size 2" Public Water X Private Well _____
Estimated Cost of Plumbing Work \$ 36000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Bldg. ☐ Elec.	Water				
☐ Fire ☐ Elevator	Sewer				
☐ Plumb. Plans Approved	Fixtures				
Date: _____	Gas Equipment				
Approved by: _____	Gas Piping				
SUBCODE APPROVAL:	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Approved By: _____					
Date: _____					

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler <u>HUA</u>	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Water Cooled A/C	
1	or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
1	Active Solar System	
1	Other	

Paid ☐ Check # _____ Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____

CHANGE OF CONTRACTOR



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #
11-15-94
3034-94

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

Black 446.05 Lot 3
Work Site Location 550 BRICK BLVD
Owner in Fee LAKE RIVERA CO
Address 550 BRICK BLVD
BRICK N.J.
Tele. 908 477 2000
Contractor KARREN PLUMBING INC
Address 265 S. PARK DRIVE
WESTMOUNT N.J. 08108
Tele. (609) 854 8577
Lic. No. 2222045 5674
Federal Emp. No. 222201583 or Social Security No. _____

B. PLUMBING CHARACTERISTICS
Use Group Present A-3 Proposed A-3

Building Sewer Size 2" Public Sewer ✓ Private Septic _____
Water Service Size 2" Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work \$ 25,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	11/14/94
☐ Bldg. ☐ Elec.	Rough	12/16/94
☐ Fire ☐ Elevator	Water	4/29/94
Date: <u>11-14-94</u>	Sewer	12/16/94
Approved by: <u>[Signature]</u>	Fixtures	12/16/94
SUBCODE APPROVAL:	Gas Equipment	12/16/94
<u>APCO () 550 () CA</u>	Gas Piping	12/16/94
Approved By: <u>[Signature]</u>	Solar	12/16/94
Date: <u>11/14/94</u>	TCO	12/16/94

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____
record and am authorized to make this application
and perform the work listed on this application.
Signature—Contractor Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	21.
1	Urinal/Bidet	7
2	Bath Tub	14.
10	Lavatory	10.
3	Shower	21.
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater	14.
1	Fuel Oil Piping	25.
3	Gas Piping	13.
3	Steam Boiler/HVAC	75.
	Hot Water Boiler	
	Sewer Pump	
1	Interceptor/Separator	25.
1	Backflow Preventer	25.
3	Greasetrap	75.
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other VENT	10.

Paid ☐ Check # _____	Administrative Surcharge \$
	Minimum Fee \$
DCA Training Fee \$	
Collected by: _____	TOTAL \$

61-(6070)-

12/8/94 - interior tested and Approved - Root and down wall
must be retested later -

12/22/94 - gas test completed OK (22)

1/4/95 - self closing fusets need in BATH

② VACUUM breaker for hose above 3 bay sink

1/9/95 - As per A. Corp's letter stating ~~handycamp~~
self closing fusets will be installed when
they become available

CHANGE OF CONTRACTOR



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11-15-94
3034-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block 446.05 Lot 3

Work Site Location 550 BRICE BLVD BRICE N.J. 08723

Owner in Fee Lake Riverda Co

Address 550 BRICE BLVD

City BRICE N.J.

State 477 2000

Contractor KARPEL PLUMBING, INC.

Address 265 S. PARK DRIVE

City WESTMONT N.J. 08108

Telephone (609) 854 8577

Lic. No. 222201583 5674

Federal Emp. No. 222201583 or Social Security No. 75

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed A-3

Building Sewer Size 2" Public Sewer ✓ Private Septic ✓

Water Service Size 2" Public Water ✓ Private Well ✓

Estimated Cost of Plumbing Work \$ 25,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 11-14-94

Approved by: [Signature]

SUBCODE APPROVAL:

☐ CO ☐ CCO ☐ CA

Approved By: [Signature]

Date: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO. 3 FIXTURE/EQUIPMENT

1 Water Closet

2 (3) Urinal/Bidet

10 Bath Tub

3 Lavatory

10 Shower

3 Floor Drain

10 Sink

3 Dishwasher

10 Drinking Fountain

3 Washing Machine

1 Hose Bibb

2 Water Heater

1 Fuel Oil Piping

3 Gas Piping

3 Steam Boiler/HVAC

3 Hot Water Boiler

1 Sewer Pump

1 Interceptor/Separator

1 Backflow Preventer

1 Greasetrap

3 Water Cooled A/C

1 or Refrigeration Unit

1 Sewer Connection

1 Water Service Connection

1 Active Solar System

1 Other VENT

FEE (Office Use Only)

7

14

14

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U.C.C. Form F-1308

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Paid ☐ Check # 61-6070 Administrative Surcharge \$ 372
Minimum Fee \$ 10
DCA Training Fee \$ 10
Collected by: [Signature] TOTAL \$ 372

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: Oct. 7, 1994

10/94 **Z**0075

Block 446.05

Lot 3

Zone B-2, G.B.

Property Address: 550 Brick Blvd., Riviera Plaza

Owner: Lake Riviera Co.

(Phone): 477-2000

Applicant: Walter Zwirz, Boston Chicken, Belmar

(Phone): 280-0885

Use: Former site of Perkins Restaurant

Proposed Construction (if any): Boston Chicken Restaurant building with drive-thru.
60.5' by 50', 3,140 square feet. One story. 54 seats. 10 employees.

Conditions: Preliminary and final site plan approval by Planning Board.

Resolution No. R-39-94 approved June 8, 1994.

Case No. PB-2105-PSP-V/FSP-3/94.

Site plan map signed Oct. 6. 1994.

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinney

Land Use Officer

Please type or
PRINT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
RESIDENTIAL PROPERTIES

Applicant's Name and Address _____

Phone _____

Owner's Name and Address _____

Phone _____

Property Address _____

Block _____ Lot _____ Zone _____

Present Use: Vacant _____ Single-family _____ Two-family _____ Multi-family _____

Proposed construction: House _____ Multi-family Unit _____ Addition ☒

Alteration _____ Fence _____ Shed _____ Swimming pool _____ Retaining wall _____

Attached garage _____ Detached garage _____ Attached deck _____ Height _____

Detached deck _____ Height _____ Dock/bulkhead _____ Repair/roof/siding _____

Other _____ Please explain 2nd story & 3 small lot stone addition

Building height: Feet 30' Stories 2 Number of kitchens 1

Floor areas: First 617 Second 1360 Third _____ Attic _____

Number of on-site parking spaces: In driveway 2 In garage 2

Prior approvals: Zoning Board: Yes ☒ No ☒ Planning Board: Yes _____ No _____

If yes, state date of resolution and/or map filing _____

Additional information _____

Please submit with application an accurate plot plan either drawn by a surveyor or engineer, or hand-drawn on an 8½" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

Signature of applicant _____ Date _____

Received by zoning office: Date _____ Complete _____ Incomplete _____

Please type or
PRINT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
NONRESIDENTIAL PROPERTIES
MULTIFAMILY PROPERTIES

Applicant's Name and Address _____

Phone _____

Owner's Name and Address _____

Phone _____

Property Address _____

Existing or most recent use _____

Proposed use _____

Proposed construction _____

Check and give dates of prior approvals:

Abridged site plan _____. Resolution No. _____. Date _____.

Minor site plan _____. Resolution No. _____. Date _____.

Full site plan _____. Resolution No. _____. Date _____.

Subdivision exemption _____. Resolution No. _____. Date _____.

Minor subdivision _____. Resolution No. _____. Date _____.

Major subdivision _____. Resolution No. _____. Date _____.

Zoning Board of Adjustment _____. Planning Board _____. Other _____.

Additional information _____

NOTE: All maps must be signed before a zoning permit can be issued.

If no Board approval is required a plot plan must be submitted which shows all existing and proposed structures and setbacks. Proposals for signs must show all sign dimensions, area, clearance from ground, location and wording. Wall signs must show location on building.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

Signature of applicant _____ Date _____.

Received by zoning officer Date _____. Complete _____. Incomplete _____.

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: Oct. 7, 1994

10/94 **Z**0075

Block 446.05

Lot 3

Zone B-2, G.B.

Property Address: 550 Brick Blvd., Riviera Plaza

Owner: Lake Riviera Co.

(Phone): 477-2000

Applicant: Walter Zwirz, Boston Chicken, Belmar

(Phone): 280-0885

Use: Former site of Perkins Restaurant

Proposed Construction (if any): 'Boston Chicken' Restaurant building with drive-thru.
60.5' by 50', 3,140 square feet. One story. 54 seats. 10 employees.

Conditions: Preliminary and final site plan approval by Planning Board.

Resolution No. R-39-94 approved June 8, 1994.

Case No. PB-2105-PSP-V/FSP-3/94.

Site plan map signed Oct. 6. 1994.

Zoning — OK

Affordable Housing — OK

Engineering — OK

Monte Smith — Hold-up

— Must post surety performance bond —

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinney

Land Use Officer

CERTIFICATE of INSPECTION

NR 003134

THIS IS TO CERTIFY THAT THE FIRE EXTINGUISHING SYSTEM PROTECTING:

NAME ADDRESS Crystal Clearing, 550 Baring Blvd. Brentwood

WAS INSPECTED IN

1/6/95
DATE

AND LEFT IN OPERATING CONDITION.

THIS CERTIFICATE EXPIRES IN

7/6/95
DATE

Oxygen Supply Co., Inc.

1368 Route 9

Lakewood, NJ 08701

(908) 370-2330

by:

Thomas McElroy
Thomas McElroy, Pres.

WHITE - CUSTOMER'S COPY

CANARY - INSURANCE COPY

PINK - FIRE INSPECTION COPY

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner



Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: Block 98605 Lot 2

DATE: 4/10/95

☐

Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is \$ _____.

Preliminary

Frederick R. Millman, CTA

Date

☒

Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is \$ 578,000.

Final

Frederick R. Millman, CTA

Date

INSPECTOR:

K Shaffer

JOB:

Boston
Chicken

SECTION:

Lake
Riviera
Plaza

WEATHER:

40°'s

TEMPERATURE:

Cloudy / Drizzle

DATE:

1-18-95

TYPE OF WORK:

Temp CO

LOCATION:

Brick Blvd

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	* See note
2. Grading	✓	* See note
3. Sidewalk	✓	
4. Road Pavement	✓	* See note
5. Landscaping & Sodding	✓	* See note
6. Clean-up Procedures	✓	* See note
7. Note on going construction in immediate area	✓	
8. Safety	✓	* See note

COMMENTS REFERENCING ITEM NUMBER: ~~1, 2, 4-6, 8~~

For Final CO, all bonding requirements to be completed. Temp CO expires 4-21-95

RECOMMENDATIONS:

☒ TEMP. C.O.☐ FINAL C.O.☐ DETAILED REINSPECTION☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
 PLANNING BOARD ENGINEER

 MUNICIPAL ENGINEER

1/20/95 [Signature]

_____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within 90 days of the issuance of Certificate of Occupancy.

☐ EXEMPT
☒ PRELIMINARY 10-12-94
☐ TEMPORARY
☒ FINAL 1/23/95 (B)

CERTIFICATE OF COMPLIANCE

NAME: Trinity Center DATE: 10/12

ADDRESS: 47-55 AVE
BRIDGE PLAZA NJ 07719

PROPERTY LOCATION: 550 BRICK BLVD

ACCOUNT NO: _____ BLOCK 47-55 LOT 3

INCLUSIONARY DEVELOPMENT

☐ Affordable Fee Required \$500.00 Date _____
 Down Payment _____ Date _____
 Balance _____ Date _____
 Pd. in Full _____ Date _____

☐ Market Rate No Fee Required _____ Date _____

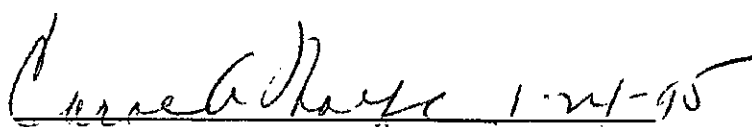
MANDATORY DEVELOPER FEES

☐ Residential is .005%
☒ Commercial is .01%

Initial Assessment
 \$ 516,200
Final Assessment
 \$ 378,000

Estimated Fee : \$ 516,200.00 Date: 10-12-94
 Down Payment : \$ 138,581.00 Date: 12-14-94 *12-14-94 (12-14-94)*
 Final Fee : \$ 378,000.00 Date: 1/19/95
 (Less down payment)
 Balance : \$ 1199.00 Date: 1/19/95
 Pd. in Full : \$ 3759.00 Date: 1/23/95 (B) *ck # 1663*

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


 CAROL A. WOLFE
 AFFORDABLE HOUSING ADMINISTRATOR

TOWNSHIP OF BRICK



APPLICATION FOR A VARIATION

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

IDENTIFICATION

OWNER:	CONSTRUCTION LOCATION:
Name <u>Boston Chicken</u>	Name _____
Address _____	Address <u>550 Brick Blvd</u>
Town/State/Zip _____	Town/State/Zip <u>Brick, NJ</u>
	<u>08723</u>

FEE

FEE: \$ _____
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

*per section 7.2.3.2
handicap faucets are required to be self closing*

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.:

*not presently available as self closing
will be replaced when available*

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: *as per letter*

DATE: _____ SIGNED: _____
APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☐ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

Date: 1/9/85
SUBCODE OFFICIAL
CONSTRUCTION OFFICIAL



GENERAL CONTRACTOR
P.O. Box 97
Horsham, PA 19044
Tel: 215/411-4823
Fax: 215/411-4812

DIV. OF INSPECTION

JAN 6 - 9 1995

RECEIVED

January 9, 1995

Brick Township Building Department
Brick, New Jersey 08723

Gentlemen:

RE: Boston Chicken

Please be advised that the faucets used in the bathrooms of the above captioned restaurant are handicapped faucets, not self closing. When self closing handicapped faucets are readily available, we will change the existing handicapped faucets.

Very truly yours,

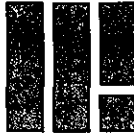
Steve Slotnick
Construction Superintendent

jak

7.2.3.2

Boston Chicken - Nickerson
K.I.T. EQUIP.

7	1 - 140	STAND NOT UNIT
7	1 - 8.5 lb	HOT FEED CASE
7	1 - 8.6 lb	CUT STATION
7	1 - 240	MIXER
7	1 - 2.8 lb	WATER WHEEL
7	1 - 5	HP R.T.V.
7	1 - 3	HP N.T.V.
7	1 - 240	N.T.V.
7	1 - 3	HP M.C.V.H.
7	1 - 240	E.F.
7	1 - 1 1/2	HP E.F.
4777		



HAAS & CORDASCO, P.C.

ARCHITECTS

125 EAST MAIN STREET DENVER, NEW JERSEY 07834
PHONE (201) 627-6250 FAX (201) 627-8375

October 5, 1994

RECEIVED

OCT 11 1994

DIV. OF INSPECTION

Mr. Raymond Korkowski
Construction Official Brick Twp.
Municipal Building
401 Chambers Bridge Road
Brick, NJ 07723

Re: Boston Chicken, Inc.
Brick
Comm. No. 93-1730

Dear Mr. Korkowski:

Enclosed is the revised men's toilet drawing "sealed" for your use and records.

Please attach to our set of plans.

Thanks.

Very truly yours,

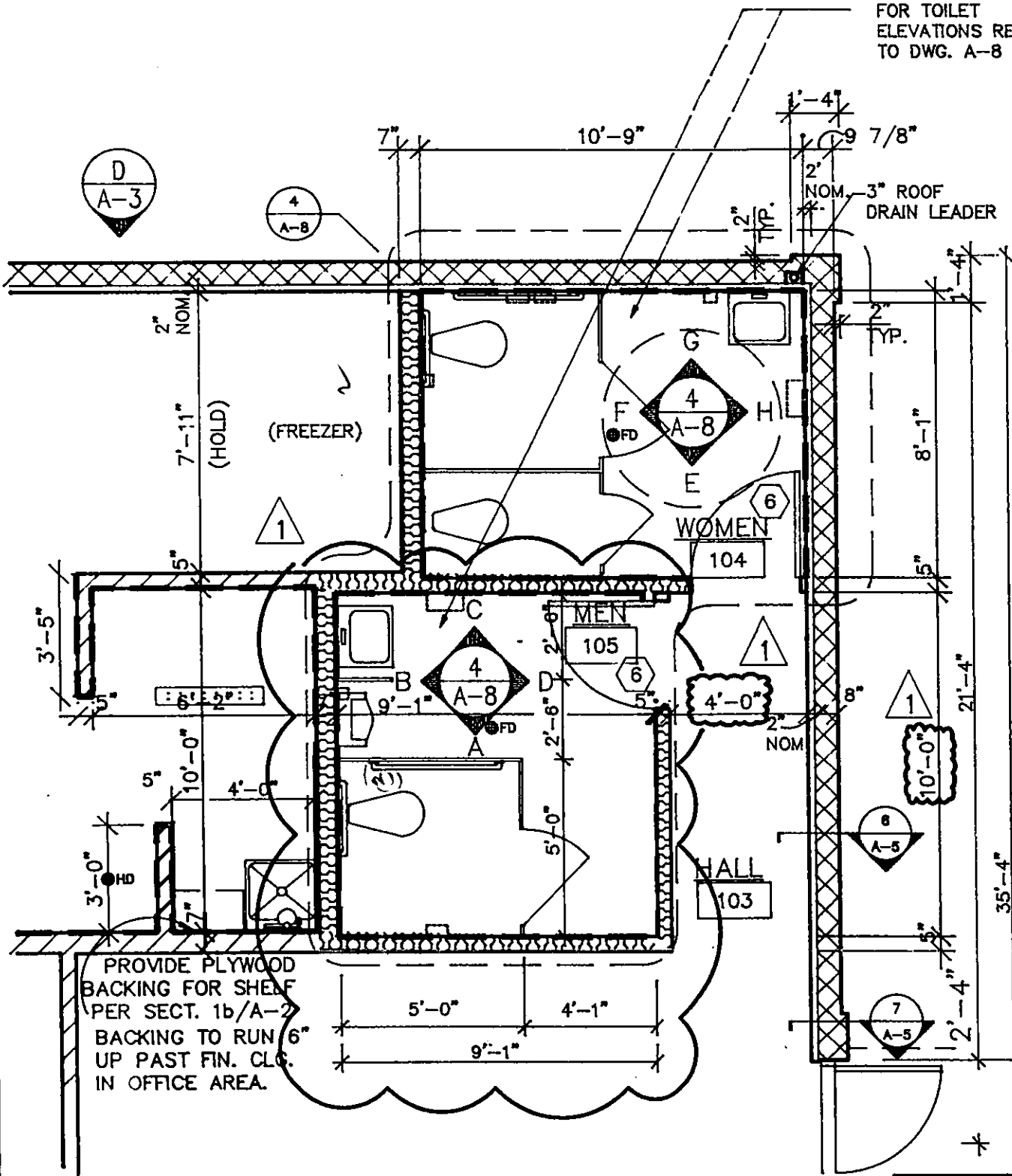
HAAS & CORDASCO, P.C.


Mark A. Haas, AIA
Architect

MH:js
Enclosure

cc: Walter Zwirz

FOR TOILET
ELEVATIONS REFER
TO DWG. A-8



PROVIDE PLYWOOD
BACKING FOR SHELF
PER SECT. 1b/A-2
BACKING TO RUN 6"
UP PAST FIN. CLS.
IN OFFICE AREA.

REVIS
1 OCT. 4, 1994

ADA TOILET REVISIONS

Boston Chicken

BRICK TWP., NJ

SCALE 1/4" = 1'	DATE OCT. 4, 1994	DRAWN BY g	CHECKED BY
93-1730	DRAWING NO.	D-2	REVIS OF

HAAS & CORDASCO, P.C.
ARCHITECTS

DELMAR, N.J. 07834

SEALED 10/4/94

Plan Review BRICK TOWNSHIP

Zoning _____ Class _____ Date _____ By _____

Plumbing _____

Building _____

Elre _____

Energy _____

Electrical _____

11-9-24

11/9/24

[Signature]



OCEAN COUNTY HEALTH DEPARTMENT

No. _____

NEW ESTABLISHMENT SANITARY INSPECTION REPORT

~~NEW~~ Block 446.05 Lot 3 ESTABLISHMENT INFORMATION

PHONE # 280-0885 (TEMP.)	ESTABLISHMENT CODE 22	GOODS ☐ DESTROYED ☐ EMBARGOED
ESTABLISHMENT TRADING NAME BOSTON CHICKEN	EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
NUMBER AND STREET CEDARBRIDGE AVE + BRICK BLVD	WATER SUPPLY ☒ Public - Community ☐ Individual (Public - Non-Community)	
CITY OR MUNICIPALITY BRICK	ZIP CODE 08723	
ESTABLISHMENT LICENSE NO.	COMMUN. CODE 1506	RISK II

OWNER INFORMATION (Complete this section only if different from establishment information)		TIME (2400 HOURS)		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT WALTER ZWIRZ		DATE 9-7-94	BEGIN 09:15	END 09:
NUMBER AND STREET 1804 CENTRE POINT DR				
CITY OR MUNICIPALITY NAPERVILLE	STATE ILL	COMPLAINT NO. _____		
ZIP CODE 60563	COMMUN. CODE	COMPLAINT REC. _____		
		COMPLAINT INSPECTED _____		

INSPECTION TYPE ☐ COMPLAINT ☐ INITIAL INSPECTION ☐ REINSPECTION ☒ PLAN REVIEW ☐ CONFERENCE	TYPE OF ESTABLISHMENT ☒ RETAIL ☐ WHOLESALE ☐ VENDING MACHINE NO. OF MACHINES ☐ FROZEN DESSERTS ☐ OTHER	Herbert W. Roeschke Health Officer Sunset Avenue P.O. Box 2191 Toms River, N.J. 08754-2191 Telephone No. 908-341-9700
		NAME OF INSPECTING OFFICIAL (Print) JOSEPH A. CAPRIO
		SIGNATURE OF INSPECTING OFFICIAL Joseph A. Caprio
		PERMANENT REG. NO. P 375

[illegible]

H.D.67

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01

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OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Boston Chicken
HERBERT W. ROESCHKE
PUBLIC HEALTH COORDINATOR

10/20/94

BoD of Health

FAX TRANSMITTAL

To: Brick Twp.

Department: Building Dept.

Copies to: Tina

From: OCHD - Environmental

Total number of pages: 3, including this page

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contact: Gloria at (908) 341-9700 Ext. 7433

61 Copies of Inspection Report.

I will mail copies to you. for your files.



OCEAN COUNTY HEALTH DEPARTMENT

P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

HERBERT W. ROESCHKE
PUBLIC HEALTH COORDINATOR

10/20/94

FAX TRANSMITTAL

To: Brick Twp.Department: Building Dept.Copies to: TinaFrom: OCHD - EnvironmentalTotal number of pages: 3, including this page

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G1 Copies of Inspection Report.

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OCEAN COUNTY HEALTH DEPARTMENT

No. _____

NEW ESTABLISHMENT SANITARY INSPECTION REPORT

Block 446.05 Lot 3 ESTABLISHMENT INFORMATION

PHONE # 280-0885 (TEMP.)		ESTABLISHMENT CODE 22	GOODS ☐ DESTROYED ☐ EMBARGOED	
ESTABLISHMENT TRADING NAME BOSTON CHICKEN		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY		
NUMBER AND STREET CEDAR BRIDGE AVE + BRICK BLVD		WATER SUPPLY ☒ Public - Community ☐ Individual (Public - Non-Community)		
CITY OR MUNICIPALITY BRICK	ZIP CODE 08723			
ESTABLISHMENT LICENSE NO.	COMMUN. CODE 1506	RISK II		
OWNER INFORMATION (Complete this section only if different from establishment information)		TIME (2400 HOURS)		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT WALTER ZWIRZ		DATE 9-7-94	BEGIN 09:15	END 09:
NUMBER AND STREET 1804 CENTRE POINT DR				
CITY OR MUNICIPALITY NAPERVILLE	STATE ILL	COMPLAINT NO. _____		
ZIP CODE 60563	COMMUN. CODE	COMPLAINT REC. _____		
		COMPLAINT INSPECTED _____		
INSPECTION TYPE ☐ COMPLAINT ☐ INITIAL INSPECTION ☐ REINSPECTION ☒ PLAN REVIEW ☐ CONFERENCE	TYPE OF ESTABLISHMENT ☒ RETAIL ☐ WHOLESALE ☐ VENDING MACHINE NO. OF MACHINES ☐ FROZEN DESSERTS ☐ OTHER		Herbert W. Roeschke Health Officer Sunset Avenue P.O. Box 2191 Toms River, N.J. 08764-2191 Telephone No. 908-941-9700	
		NAME OF INSPECTING OFFICIAL (Print) JOSEPH A. CAPRIO		
		SIGNATURE OF INSPECTING OFFICIAL Joseph A. Caprio		PERMANENT REG. NO. B-375

CONTINUATION SHEET

(Attach additional sheets if necessary)

PROVIDE PLYWOOD
BACKING FOR SHELF
PER SECT. 1b/A-2
BACKING TO RUN 6"
UP PAST FIN. CLG.
IN OFFICE AREA.



W. H. HARRIS & COMPANY
ARCHITECTS
100 N. W. 1st St.
MIAMI, FLA.

DENVER, N.J. 07834

JOHN V. GIBBARD, ARCHITECT
ANN ARBOR

Boston Chicken

BRICK TWP.,

N

SCALE	1/4" = 1'	FIG. NO.	93-1730
-------	-----------	----------	---------

DATE	DRAWING NO.
------	-------------

OCT. 4 1994

D-2

FORM NO. 10-100

☐ General	☐ Other
--	--

'SEAL' 10/4/94

6.05 N.J.A.C. (Uniform Code) 5:23-2.8, Paragraph 8. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT

3

APPROVED

Permit Must Be Displayed Immediately At Start of Construction

THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

Owner

RIVERH/BOSTON

Contractor

Holly Constr.

PERMIT NO.

3034-194

10/20/194

204

CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE.
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

6. SHEET ROCK

7. PLUMBING

8. FIRE INSPECTION

9. FINAL



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

U N I F O R M C O N S T R U C T I O N C O D E
Chapter 23, Title 5

Approval of Part
5.23-2.16 (g)

OWNER/AGENT Lake Riviera Co. LP.
ADDRESS 550 Brick Blvd.
TOWN Brick ZIP 08723
BLOCK 446.05 LOT 3

- ☒ FOOTING
☒ FOUNDATION
☐ OTHER

Only 11-3/94 W.S.

OWNER/AGENT PROCEED AT OWN RISK ☐

OWNER/AGENT *[Signature]*

BUILDING SUB-CODE OFFICIAL *[Signature]*

CONSTRUCTION OFFICIAL *[Signature]*



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

Date 10/20/94

Subject: RIVIERA/PLAZA - BOSTON CHICKEN

Block 446-05 Lot 3

AFFIDAVIT:

I Dean R. Smith hereby request a temporary building permit to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

[Signature] 10/20/94
Applicant Date

Thomas K. Hayes 10/20/94
Twp. Engineer or Ass't. Engineer Date

Sean Kirney 10-20-94
Zoning Officer Date
Zoning Department

[Signature]
Building Inspector Date
Building Department

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Mary Lou Powner, President
Stephen C. Acropolis
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Michael A. Thulen



Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

October 4, 1994

Boston Chicken
417 - 5th Avenue
Belmar, N.J. 07719

RE: Block 446.05 Lot 3
550 Brick Blvd.

Dear Sir:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that applicants for commercial construction which affects an added value assessment of \$15,000.00 or more pay a fee in the amount of 1% of the total equalized assessed value. The Municipal Tax Assessor has estimated that the equal assessed value for the work to be completed under the construction permit application for Block 446.05, Lot 3 is \$516,200.00, which results in a total fee due in the amount of \$5,162.00. Therefore, it is required that one half of the required fee (\$2,581.00) be paid at this time, said check being made payable to the Township of Brick for deposit in the Affordable Housing Trust Fund and the balance to be collected prior to the issuance of the Certificate of Approval/Occupancy.

We suggest that you notify this office two weeks prior to your request for a Certificate of Approval, so that the Tax Assessor's office will have adequate time to prepare a final assessment.

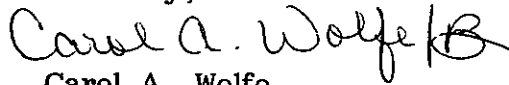
RE: Block 446.05 Lot 3
550 Brick Blvd.

Page 2

Until we receive the above amount due, your application will remain in the Affordable Housing Office.

If you have any questions or wish to discuss this matter, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Carol A. Wolfe" followed by a stylized flourish or initial.

Carol A. Wolfe
Affordable Housing Administrator

CAW/bmb

cc: Frederick R. Millman, CTA, Tax Assessor
Arthur J. Cierzo, Construction Code Official
File/MDF-Boston Chicken



Holly Construction Co., Inc.

General Contractors

November 3, 1994

Mr. Arthur Cierszo
Construction Code Official
Township of Brick
401 Chambers Bridge Road
Brick, N. J. 08723

Re: Boston Chicken Project
Brick Boulevard
Brick, N. J.

Dear Mr. Cierszo:

Reference is made to our telephone conversation this date regarding the above captioned project.

Pursuant to your request, please be advised that HCC-Holly Construction Co., Inc. is not the General Contractor for this project nor are our Sub-Contractors, Central Jersey Mechanical, Inc. (Plumbing) and Holiday Electric (Electrical).

Please do not hesitate to call if you have any questions.

Very truly yours,


Paul D. Farrell
President

**robins engineering, inc.****ENGINEERING CONSULTANTS**

54 Birch Avenue
P.O. Box 247
Little Silver, New Jersey 07739
TEL. (908) 842-8100
FAX (908) 747-8912

FACSIMILE MESSAGESEND TO: BRICK BUILDING DEPT. DIVISION OF INSPECTORIALSATTENTION: ART GIERZOFAX: ~~915 5365~~ 920 4850SUBJECT: BOSTON CHICKEN REST.SENT BY: JOEDATE: 11/07/94R.E.I. FILE No. 94-110PAGE 1 OF 2

920 4850

REMARKS: _____

PLUMBING OCCUPANCY REQUIREMENTS

 robins engineering, inc.
ENGINEERING CONSULTANTS

54 Birch Avenue
P.O. Box 247
Little Silver, N.J. 07739
(908) 842-8100
FAX (908) 747-8912

EDWIN ROBINS, P.E., President
Member: N.S.P.E., C.E.C.N.J., A.S.H.R.A.E.
NICHOLAS W. CONNORS, Vice President
Associate: ABEL S. LAMPA, P.E.

November 7, 1994

Building Department
Division of Inspections
401 Chambers Bridge Road
Brick, N.J. 08723

Re: Boston Chicken Restaurant
Brick, N.J.
R.E.I. 94-110

Attention: Art Cierzo

Dear Mr. Cierzo:

This letter is to confirm our telephone conversation of November 4, 1994. As discussed, the occupant load for determining the minimum number of plumbing fixtures required for the above referenced project will be determined as follows:

1. 50 seats in seating area
 2. 11 employees per shift
- Grand Total 61 occupants

Per section 7.24.2 of the National Standard Plumbing Code multiply the occupant load by 60% to determine the number of males and females:

61 x .60 = 37 males
61 x .60 = 37 females

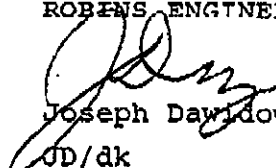
Thus per table 7.24.1A of the National Standard Plumbing Code the minimum number of plumbing fixtures required is as follows:

Male - 1 water closet, 1 urinal, 1 lavatory
Female - 2 water closets, 1 lavatory

If you have any questions, please contact our office.

Very truly yours,

ROBINS ENGINEERING, INC.



Joseph Dawidowicz

JD/dk

CC: Mark Haas



robins engineering, inc.

ENGINEERING CONSULTANTS

54 Birch Avenue
P.O. Box 247
Little Silver, N.J. 07739
(908) 842-8100
FAX (908) 747-8912

EDWIN ROBINS, P.E., President
Member: N.S.P.E., C.E.C.N.J., A.S.H.R.A.E.
NICHOLAS W. CONNORS, Vice President
Associate: ABEL S. LAMPA, P.E.

November 7, 1994

Building Department
Division of Inspections
401 Chambers Bridge Road
Brick, N.J. 08723

RECEIVED

NOV 9 1994

DIV. OF INSPECTION

Re: Boston Chicken Restaurant
Brick, N.J.
R.E.I. 94-110

Attention: Art Cierzo

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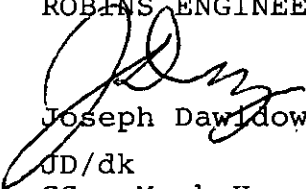
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Female - 2 water closets, 1 lavatory

If you have any questions, please contact our office.

Very truly yours,

ROBINS ENGINEERING, INC.


Joseph Dawidowicz

JD/dk

CC: Mark Haas

SIZING FOR WATER AND SEWER SERVICES

Property Owner Boston CHICKEN

Date 12-30-94

Property Address 590 - BRICK BLVD

Block 44605 Lot 3

Zoning _____

Use Group _____

Contractor Rapen

License No. Registration 5674

Water Main Size _____

Water Pressure _____

Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>3</u>	<u>(10)</u> <u>30</u>	<u>()</u>
2. Lavatory	<u>2</u>	<u>(1)</u> <u>2</u>	<u>()</u>
3. Bath Tub	<u> </u>	<u>()</u>	<u>()</u>
4. Shower Stall	<u> </u>	<u>()</u>	<u>()</u>
5. Kitchen Sink	<u>3</u>	<u>(3)</u> <u>9</u>	<u>()</u>
6. Service Sink	<u>1</u>	<u>(3)</u>	<u>()</u>
7. Laundry Tray	<u>1</u>	<u>()</u>	<u>()</u>
8. Dishwasher	<u> </u>	<u>()</u>	<u>()</u>
9. Washing Machine	<u>1</u>	<u>(1)</u> <u>5</u>	<u>()</u>
10. Urinal	<u> </u>	<u>()</u> <u>5</u>	<u>()</u>
11. Floor Drain	<u> </u>	<u>()</u>	<u>()</u>
12. Drinking Fountain	<u> </u>	<u>()</u>	<u>()</u>
13. Air Conditioner (water cooled)	<u> </u>	<u>()</u>	<u>()</u>
14. Dental Unit	<u> </u>	<u>()</u>	<u>()</u>
15. Lawn Sprinkler No. of Heads	<u> </u>	<u>()</u>	<u>()</u>
16. Fire Sprinkler No. of Heads	<u> </u>	<u>()</u>	<u>()</u>
17. _____	<u> </u>	<u>()</u>	<u>()</u>
18. _____	<u> </u>	<u>()</u>	<u>()</u>

Total

45

Gallons per minute

28

Size of Service

1 1/4" \ 1 1/2"

Date: _____

Approved: _____

Brick Township Plumbing Inspector



HAAS & CORDASCO, P.C.

ARCHITECTS

125 EAST MAIN STREET DENVER, NEW JERSEY 07834

PHONE (201) 627-6250 FAX (201) 627-8375

October 5, 1994

RECEIVED

OCT 11 1994

DIV. OF INSPECTION

Mr. Raymond Korkowski
Construction Official Brick Twp.
Municipal Building
401 Chambers Bridge Road
Brick, NJ 07723

Re: Boston Chicken, Inc.
Brick
Comm. No. 93-1730

Dear Mr. Korkowski:

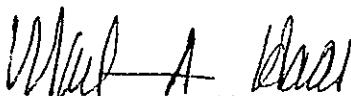
Enclosed is the revised men's toilet drawing "sealed" for your use and records.

Please attach to our set of plans.

Thanks.

Very truly yours,

HAAS & CORDASCO, P.C.


Mark A. Haas, AIA
Architect

*Did 75
other 66
141*

MH:js
Enclosure

cc: Walter Zwirz

INSPECTOR: Nick MURJOLO

DATE: 5/11/95

JOB: Boston Chicken SECTION:

TYPE OF WORK: Final Eng.

WEATHER: Cloudy / Drizzle

LOCATION: off Brick Blvd

TEMPERATURE: 50°

BLOCK: 0446.05 ~~5-2~~ LOT: 3

ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of
_____, hereby acknowledge the
above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution
thereof within _____ days of the issuance of Certificate of Occupancy.



OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick
PROJECT: Riviera Plaza SCD NO.: 5065
BLOCK NO.(s) 446.05 LOT NO.(s) 3

Complete Compliance ☐

Temporary Compliance ☒

Block No.	Lot No.	Conditions
<u>446.05</u>	<u>3</u>	<u>04-30-95</u> This <u>TEMPORARY</u> compliance expires on <u>01-11-95</u>. The applicant is required to notify this office when work is <u>properly</u> completed. A <u>\$75.00</u> re-inspection fee will be billed to the applicant for each day the required work is not <u>properly</u> completed. TOTAL FEES DUE: \$ <u>75</u>

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: Judy Heinrichs

AUTHORIZED DISTRICT SIGNATURE: [Signature]

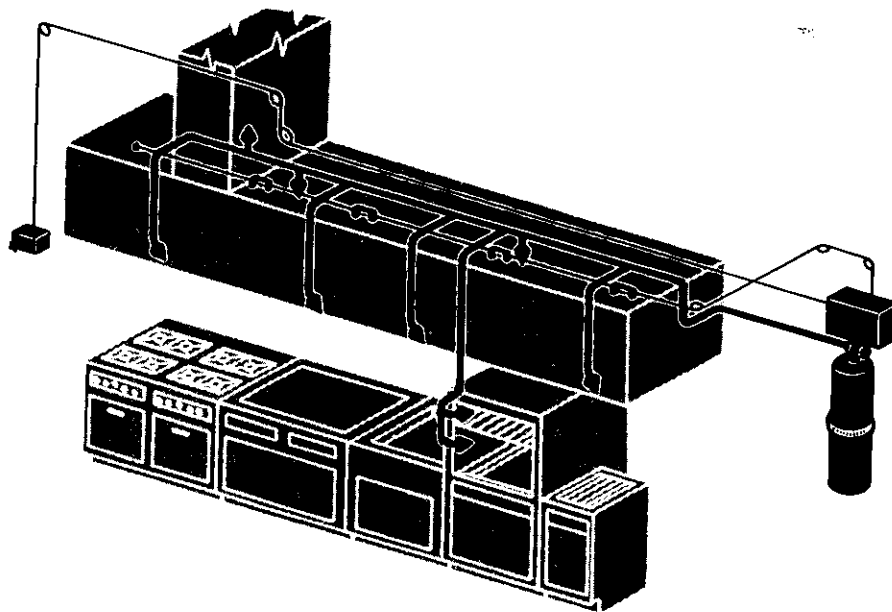
DATE: 01-11-95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Pyro ChemTM, Inc.

PCL-165 / 275 / 550 RESTAURANT KITCHEN FIRE EXTINGUISHING SYSTEM

TECHNICAL MANUAL INSTALLATION, MAINTENANCE AND SERVICE



Pyro Chem, Inc.
301 Division Street
Boonton, New Jersey 07005

UL EX3830
ULC CEX812
May 1, 1988
Revised August 1, 1990

**PCL-165 / 275 / 550
RESTAURANT KITCHEN
FIRE EXTINGUISHING SYSTEM**

**TECHNICAL MANUAL
INSTALLATION, MAINTENANCE AND SERVICE**

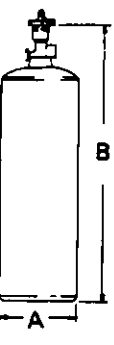
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CHAPTER I DESCRIPTION

A. GENERAL — Pyro Chem automatic wet chemical extinguishing systems are of the pre-engineered type as defined by the NFPA Standard for Wet Chemical Extinguishing Systems, NFPA 17A. In accordance with this standard, pre-engineered type systems may incorporate special nozzles, flow rates, methods of application, nozzle placement, quantities of agent, etc., which may differ from those detailed in the standard if listed by a nationally recognized testing laboratory. As pre-engineered systems, they are in accordance with NFPA provided they are installed within the limitations established by these listings. It is of primary importance that all installations be made in accordance with this manual. Limitations detailed in this manual have been established through extensive testing by Underwriters Laboratories Inc.; Underwriters Laboratories of Canada, and Factory Mutual Research. Pyro Chem automatic wet chemical extinguishing systems are U.L. Listed, U.L.C. Listed and F.M. Approved.

Pyro Chem automatic wet chemical extinguishing systems covered in this manual are supplied with 1.65, 2.75 or 5.50 gallon capacity cylinders.



MODEL NO.	DIM IN INCHES.		CAPACITY IN GALLONS	FLOW POINT CAPACITY
	A	B		
PCL-165	8	19 1/8	1.65	6
PCL-275	8	28 1/8	2.75	10
PCL-550	10	34 1/2	5.50	20
PCL-275 S	10	19-13/16	2.75	10

Figure 1-1. Cylinder and Valve Assemblies

Multiple cylinders of any size can be operated in tandem with each cylinder piped in to its own nozzles. Manifolding of cylinders is not permitted. In addition, where desired, the wet chemical extinguishing system may be used in tandem with Pyro Chem's U.L. Listed dry chemical extinguishing system. When both wet and dry systems are used in tandem, one type must be used for appliance protection and the other type for plenum and duct protection. It is not allowed to mix both wet and dry chemical systems in the same hazard area, i.e., appliance or ventilation system. All models are charged with Pyro Chem potassium carbonate base wet chemical.

Cylinders are charged with dry nitrogen to a pressure of 175 PSIG at 70°F. This nitrogen provides the energy to propel the chemical through a piping network. The operating temperature of all listed system components is 32°F through 120°F.

B. CYLINDER & VALVE — The Model PCL-165/275/550 cylinder and valve assemblies dimensions are shown in Figure 1-1. The cylinder is manufactured, tested, and marked in accordance with DOT 4B175 or DOT 4B225.

As an alternate to the PCL-275 System where height limitations may prohibit its use, a PCL-275 S may be used. A comparison of their dimensions is shown in Fig. 1-1

The PCL-275 S may be used as a direct substitution for the PCL-275, therefore, subject to all the requirements and limitations described in this Technical Manual.

The valve shown in Figure 1-2 is of a design which will provide rapid actuation and discharge of agent. It is a pressure seated poppet type valve which has a forged brass body, stainless steel stem with rubber seat, and pressure gauge assembly. To operate the system a control head is connected to the top of the valve. This control head will provide pressure to the top of the valve stem, thereby opening the Pyro Chem valve.

C. CYLINDER BRACKETING — (Model MB-1/MB-15) Vertical bracketing for the PCL-550 and PCL-275 is provided by the MB-1 bracket kit. This kit must be ordered separately with each valve/cylinder assembly. An additional cylinder strap will be provided with the PCL-550 cylinder assembly. This cylinder strap will be utilized in place of the one provided with the MB-1 to accommodate the larger diameter cylinder. Cylinder installation instructions are provided in the installation section of the Technical Manual.

Vertical bracketing for the PCL-165 cylinder is provided by the MB-15 bracket kit. This kit must be ordered separately with each valve/cylinder assembly. Cylinder installation instructions are provided in the installation section of the Technical Manual.

Vertical bracketing for the PCL-275 S cylinder is provided by the MB-15 Bracket Kit. The Kit must be ordered separately with each valve/cylinder assembly. Cylinder installation instructions are provided in the installation section of the Technical Manual.

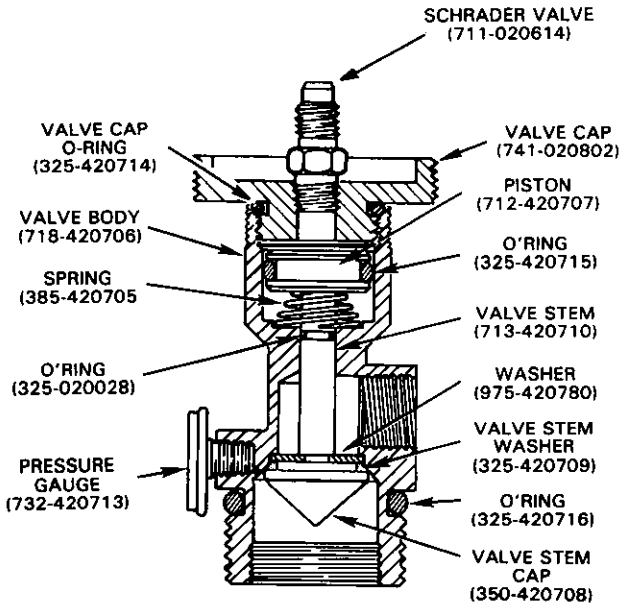


Figure 1-2. Valve Cross Section

D. ACTUATION CONTROLS

1. Model MCH-System Control Head — The Model MCH-system control head is a fully mechanical control head which can be connected to PCL-165/275/550 Pyro Chem cylinder valves. This control head will support a fusible link detection system, a remote manual mechanical pull station, and a mechanical gas shutoff valve. It can be field fitted with a miniature electrical switch. (See Figure 4-6). The system control head is provided with a local manual control handle which is a double action device. Operation of the local manual control requires removing the pull pin and rotating the handle clockwise. (See Figure 1-3).

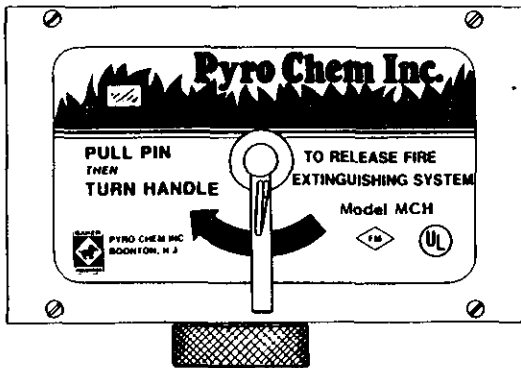


Figure 1-3. Mechanical Control Head

2. Model ECH-System Control Head — The Model ECH-system control head is an electrically operated control head which can be mounted to all Model PCL-165/275/550 Pyro Chem cylinder valves. This control head will not support a fusible link detection system. It will support a remote mechanical pull station and a mechanical gas shutoff valve. It is equipped with a factory installed solenoid operator. (See Figure 1-4). This solenoid operator is available in both 24 VDC and 120VAC. The system control head is provided with a local manual control handle which is a double action device. Operation of the local manual control requires removing the pull pin and rotating the handle clockwise.

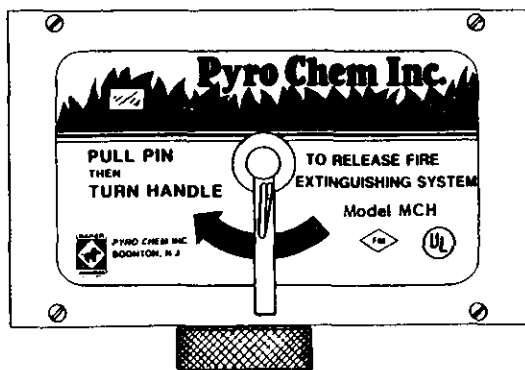


Figure 1-4. Electrical Control Head

3. Multiple Cylinder Operation

- I. The Pyro Chem Model MCH or ECH system control head can pneumatically operate;
 - A. One PCL Series Wet Chemical Cylinder Assembly Remotely
 - B. Two PCL Series Wet Chemical Cylinder Assemblies

C. One PCL Series Wet Chemical Cylinder Assembly with one PC Series Dry Chemical Cylinder Assembly

from a single carbon dioxide cartridge input.

In order to actuate these cylinder combinations from the MCH or ECH controls heads, a $\frac{1}{4}$ " $\times$ 45° flare type fitting conforming to SAE J513c must be screwed into the base of the actuator. (Fitting provided by installer)

II. Model MB-P2 System Control Head Mounting Bracket for Pneumatic Release

The mounting bracket, (Figure 1-5) is to be used in conjunction with the Model MCH or ECH control head. This mounting bracket is utilized to keep the control head vertically stable since it can not be mounted on the top of the cylinder valve assembly for the combinations previously stated.

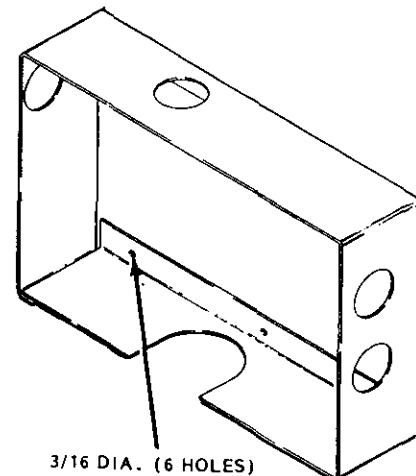


Figure 1-5. Model MB-P2 Control Head Mounting Bracket

III. Model PDA-D2 Pressure Actuator

This device is a pressure actuator which is designed to adapt the pneumatic release to Pyro Chem Dry Chemical Extinguishing System Units, Model PC-15, PC-25, and PC-50. The inlet of the PDA-D2 pressure actuator is a male $\frac{1}{4}$ " $\times$ 45° flare connector with an internal check valve. This check valve locks the dry chemical valve open until it is manually reset. (See Figure 1-6)

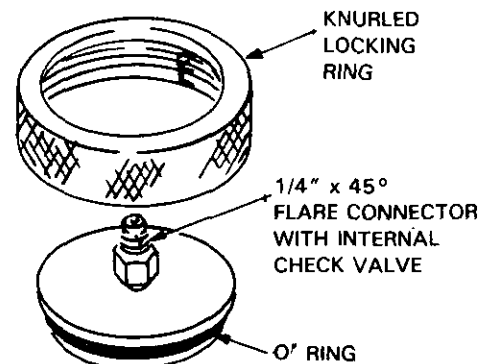


Figure 1-6. Model PDA-D2 Pressure Actuator

IV. Model PAC-10

The Pyro Chem Model PAC-10 is a pneumatic release which is designed to operate a maximum of ten extinguishing system units simultaneously. This device may be used in place of or when exceeding the combinations previously mentioned. The Pyro Chem Model PAC-10 (See Figure 1-7) consists of a DOT 4B350 cylinder pressurized with dry nitrogen to 350 PSIG at 70°F (21°C), a brass valve with pressure gauge and a wall mounting bracket. In addition, the Model MCH or ECH control head must be purchased separately and installed on the PAC-10 to open the valve.

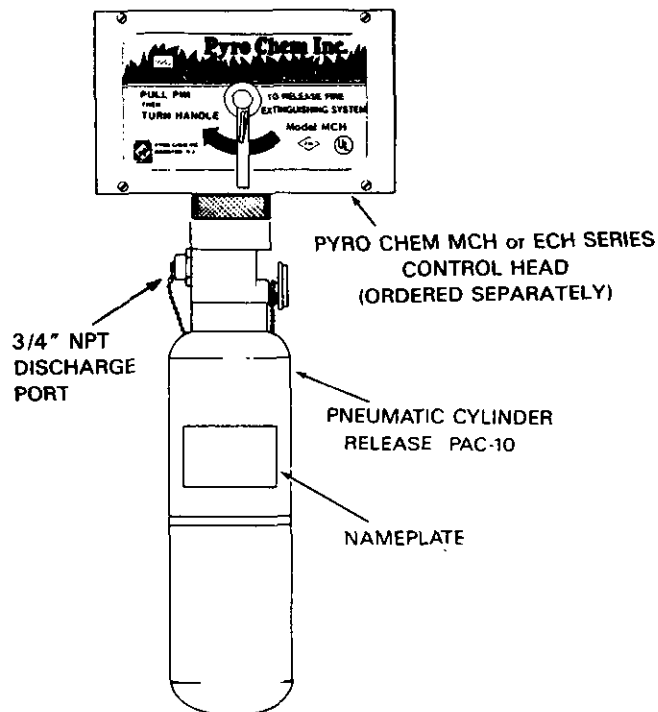


Figure 1-7. Model PAC-10 Cylinder and Valve Assembly with MCH Series Control Head

4. Remote Manual Control — (Model RPS-M) — Remote manual control is provided through the use of a mechanical pull station connected by stainless steel cable to the system control head. This cable is enclosed in 1/2 inch EMT with corner pulleys at each change in direction. (See Figure 1-8).

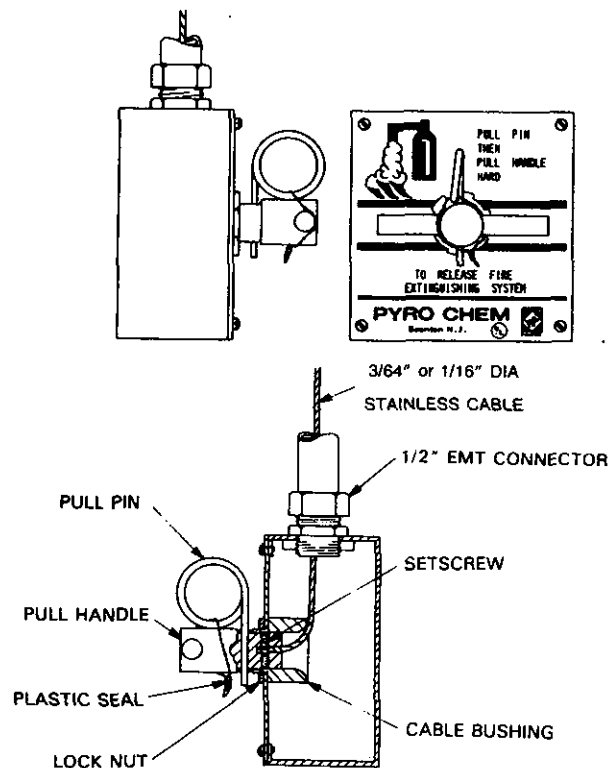


Figure 1-8. Remote Manual Control Pull Station

E. NOZZLES — Nozzles have been developed for surface appliance coverage, charbroiler, upright broiler, plenum and duct application. All nozzles have a specific flow point value. Application limitations for the discharge nozzles are described in Chapter II of this manual. All nozzles will be supplied with covers to prevent clogging. The model of each nozzle is stamped on the tip retainer nut and the part number is stamped on the tip. (See Figure 1-9).

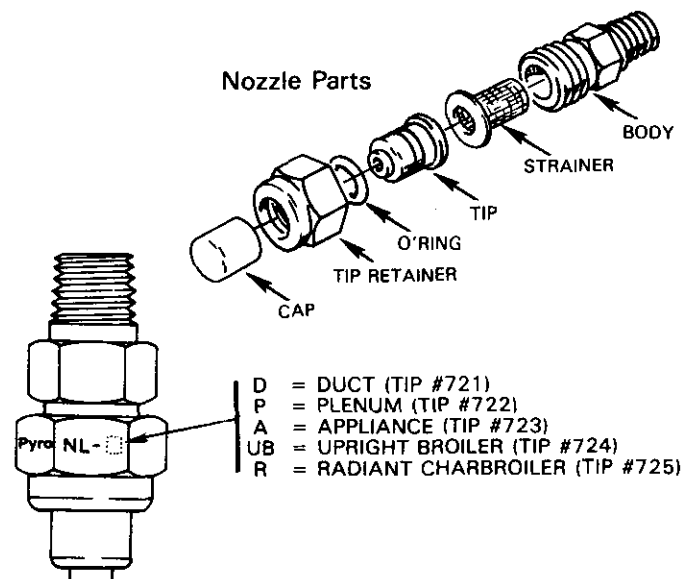


Figure 1-9. Nozzle Identification

F. ACCESSORY EQUIPMENT

1. Mechanical Gas Shutoff Valve (Series GVS0) — Each system which is installed to protect a gas fueled cooking appliance must include a Listed gas valve to stop gas flow in the event of a system actuation. The gas valve is operated from the actuator. Gas valves are available in $\frac{3}{4}$, 1, 1 $\frac{1}{4}$, 2, 2 $\frac{1}{2}$ and 3 inch pipe diameters (See Figure 1-10).

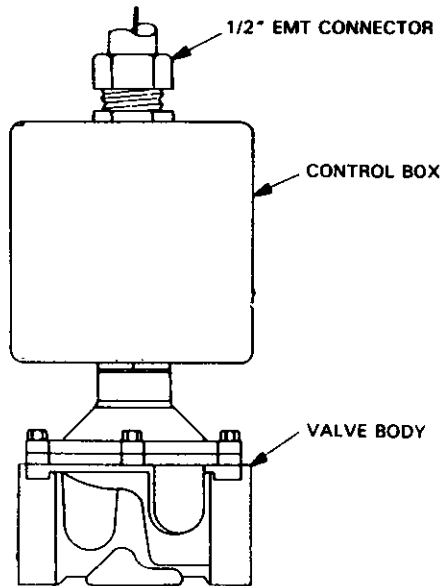


Figure 1-10. Gas Valve, Mechanical Shutoff

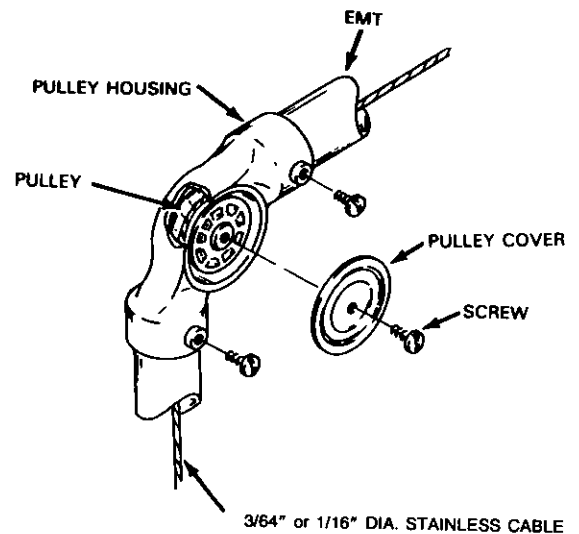


Figure 1-11. Corner Pulley, Pyro Chem

2. Corner Pulley (Model MCP-1) — The pulley is used anywhere a change in cable direction is required. The pulley is equipped with set screw fittings for connection to $\frac{1}{2}$ inch EMT. (See Figure 1-11).

3. Fusible Link Detector (Model FLK-1) — Fusible link type detectors are available in kit form and utilize a standard 350°F link. For temperatures higher than 350°F, fusible links with ratings of 500°F are available. Links are not included in the kit and must be ordered separately from Pyro Chem. (See Figure 1-12).

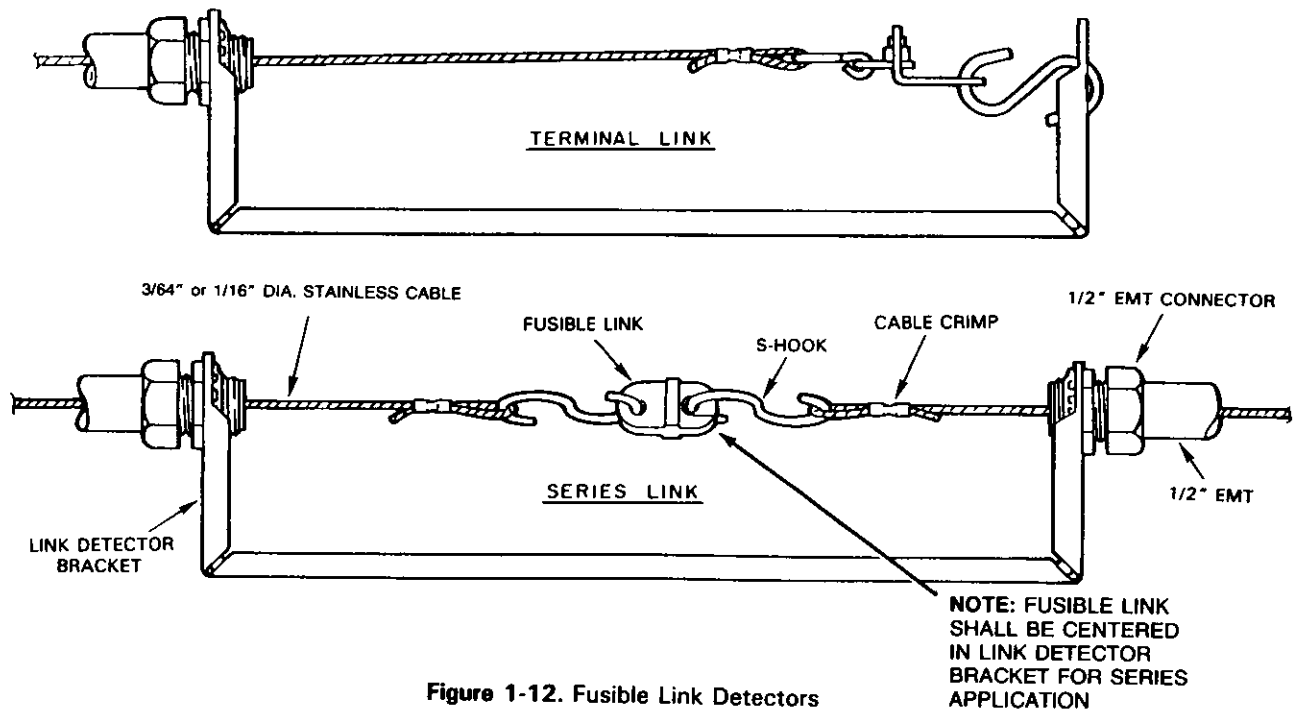


Figure 1-12. Fusible Link Detectors

4. Tee Pulley. (Model TP-1) — For situations where a cable output from the control head must be split into two cables and terminate at two points (two mechanical gas valves) or an input to the control head must come from two sources (two pull stations), a tee pulley is available. The tee pulley replaces two standard pulleys (See Figure 1-13).



A tee pulley must never be used to connect multiple fusible link lines to a single control head.

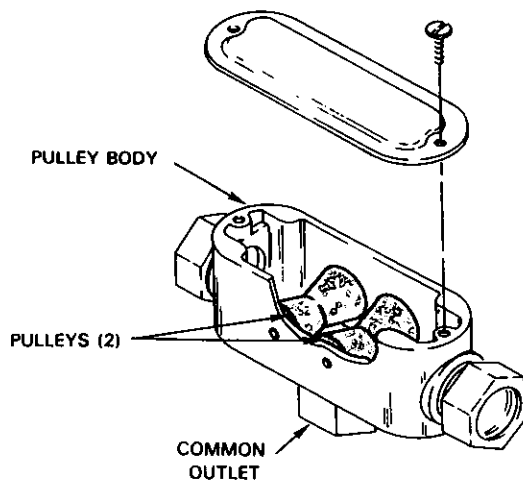


Figure 1-13. Tee Pulley

5. Pressure Switch (Model PS-1) — The pressure switch is used to perform interlock functions, such as sounding alarms or shutting down electrical motors or other equipment only. It is actuated only by pressure of the extinguishant when discharging through the system piping. (See Figure 1-14).

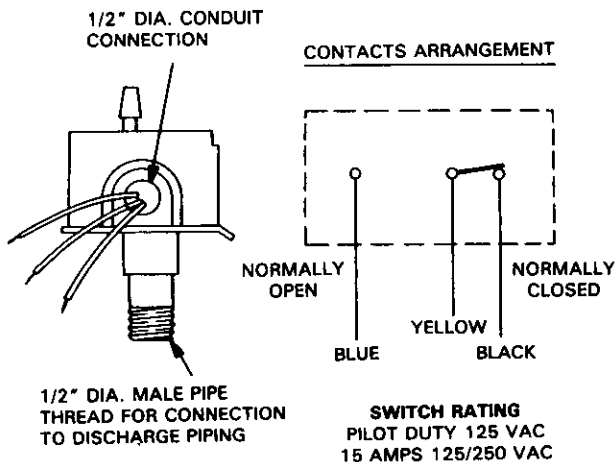


Figure 1-14. Pressure Switch

6. Miniature Switch (MS-SPDT) — The Model MS-SPDT is a miniature switch which is field mounted in the system control head. The switch is single pole, double throw. All three leads (blue, purple and black) are brought out through a knockout on the right side of the control head, eliminating any need for internal wiring connectors. (See Figure 1-15).

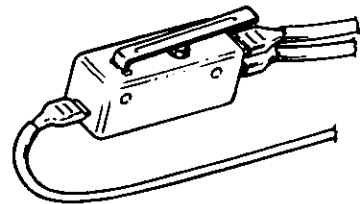


Figure 1-15. Switch, Miniature, Single Pole-Double Throw (MS-SPDT)

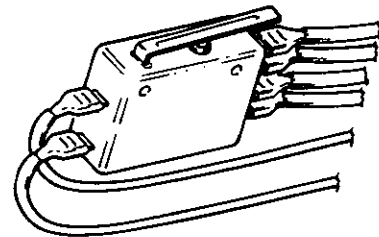


Figure 1-16. Switch, Miniature, Double Pole-Double Throw (MS-DPDT)

8. Electrical Gas Shutoff Valve (Series EGVSO) — For situations where fuel gas must be shut off electrically, as part of the hazard protection, Pyro Chem offers a complete line of U.L. Listed electrically operated gas shutoff valves. These valves are available in sizes 3/4, 1 1/4, 1 1/2, 2, 2 1/2 and 3 inch NPT. (See Figure 1-17).

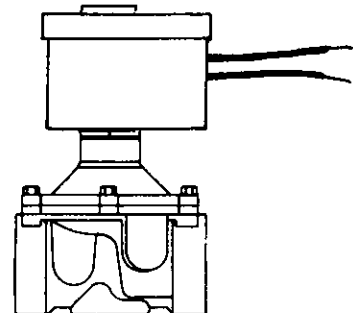


Figure 1-17. Gas Valve, Electrical Shutoff

9. Electrical Controls — Solenoid Monitor — Pyro Chem offers two solenoid monitors for use with the "wet" chemical system. The Model SM-24 is used with the 24 VDC solenoid. The Model SM-120 is used with the 120 VAC solenoid. The solenoid monitor is an "end of line" type device that monitors the solenoid circuit. In the event of a problem in the circuit, a light on the monitor goes out. Two sets of NO/NC dry contacts are provided for signaling if required. The unit mounts directly to a three gang wall outlet box. In addition to monitoring the solenoid, this unit will monitor any normally open contact devices in the solenoid circuit. (See Figure 1-18).

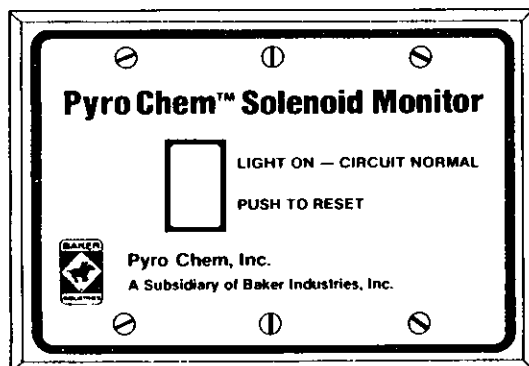


Figure 1-18. Solenoid Monitor

G. PIPE AND FITTINGS — Pipe and fittings must be furnished by the installer. Schedule 40 stainless steel, chrome plated or black pipe must be used. Standard weight stainless steel, chrome plated or black fittings must also be used. Galvanized pipe and fittings are not to be used.

H. CHEMICAL AGENT — The agent used in Pyro Chem PCL-165/275/550 wet chemical systems is a potassium salt solution. This agent has been shown to be extremely effective on all types of kitchen fires. It attacks the fire in three areas:

1. It provides rapid flame knock-down.
2. It quickly saponifies cooking grease to seal off oxygen to the fire.
3. It cools as the liquid vaporizes.

In addition, as a wet agent, this chemical has class A fire fighting capability and can be used on naturally fueled charbroilers.

There are precautions which must be taken when handling and transferring wet agents as they are caustic in nature. *Goggles should be worn at all times. If any agent gets into the eyes, they should be flushed with clean water for 15 minutes and a physician contacted. If the agent contacts the skin, it should be flushed with clean water to prevent irritation.*



Pyro Chem wet chemical solution is caustic and electrically conductive. If it comes in contact with skin or eyes, it should be flushed for 15 minutes with clean water and a physician contacted if irritation persists. Care must be taken to thoroughly clean up the discharge around electrical appliances before turning the power on.

Pyro Chem Wet Chemical Solution, Part No. 450-420702, is packaged in 2 1/4 gallon recharge containers Model RL-275 and can be ordered as needed. The PCL-550 will utilize two (2) RL-275 containers and the PCL-275 will utilize one (1) RL-275 container to recharge the cylinders. The PCL-165 system utilizes Pyro Chem Wet Chemical Solution Part No. 450-420702, which is packaged in RL-165 recharge containers.

This is the only recharge agent which can be used.

CHAPTER II

NOZZLE PLACEMENT REQUIREMENTS

Nozzles used with the Pyro Chem Model PCL-165/275/550 wet chemical extinguishing systems have been tested in accordance with the requirements of Underwriter's Laboratories Inc., Underwriters Laboratories of Canada, and Factory Mutual Research.

These systems have been found to be effective when applied within the limitations established by that testing. It is, therefore, imperative that the nozzle placement requirements detailed in this section be followed. When the hazard is of such a size that it exceeds the limitation of a nozzle, additional nozzles are to be used. In no instance shall any nozzle be used to protect an area greater than its Listed or Approved coverage.

Nozzles have been developed to protect the following hazards:

- | | |
|--------------------|------------------------|
| A. Exhaust Duct | G. Synthetic Rock |
| B. Hood and Plenum | Charbroiler |
| C. Deep Fat Fryer | H. Radiant Charbroiler |
| D. Griddle | I. Natural Class "A" |
| E. Range Top | Charbroiler |
| F. Range/Griddle | J. Upright Broiler |
| Combination | K. Chain Broiler |

A. EXHAUST DUCT PROTECTION

Model NL-D Nozzle (Tip #721) — This nozzle has been developed to protect ducts of unlimited length with a maximum of 100 inch perimeter. For ducts with a maximum of 100 inch perimeter, a single exhaust duct nozzle can be used. Where the exhaust duct perimeter is between 100 and 150 inches, two nozzles must be used. These nozzles have been Listed and Approved for application where the exhaust duct is dampered, undampered with fan off, or undampered with fan on. It is not required that the fan be shut down or the exhaust duct be dampered for the system to operate properly.

The nozzles must always be installed on the centerline of the area they protect. If the duct is larger than 100 inch perimeter, the cross section of area must be subdivided into two equal symmetrical areas. One nozzle must then be installed at the midpoint of the area they protect. The nozzles must always be installed so that they aim directly into the duct. (See Figure 2-1).

As previously stated, nozzles are Listed and Approved to protect ducts of unlimited length. A single nozzle will protect circular ducts of 100 perimeter (31 3/4 inch diameter). Rectangular ducts of 100 inch perimeter may also be protected with a single nozzle provided no side of the rectangle exceeds 33 1/2 inches in length.

Two nozzles can be used to protect circular ducts up to 150 inch perimeter (47 1/2 inch diameter). In situations where two nozzles are used to protect a rectangular duct of 100 to 150 inch perimeter, the longest side of the rectangle must not exceed 50 inches. (See Figure 2-2).

Model NL-P Nozzle (Tip #722) — The Model NL-P has been developed to protect ducts of unlimited length with a maximum of 50 inch perimeter. For ducts with a maximum 50 inch perimeter, a single nozzle can be used. Where the exhaust duct perimeter is greater than 50 inches additional nozzles must be used. These nozzles have been Listed and Approved for application where the exhaust duct is dampered, undampered with fan off, or undampered with fan on. It is not required that the fan be shut down or the exhaust duct be dampered for the system to operate properly.

The nozzles must always be installed on the centerline of the area they protect. If the duct is larger than 50 inch perimeter, the cross section of area must be subdivided into two equal symmetrical areas. One nozzle must then be installed at the midpoint of the areas they protect. The nozzles must always be installed so they aim directly into the duct. (See Figure 2-1).

As previously stated, nozzles are Listed and Approved to protect ducts of unlimited length. A single nozzle will protect circular ducts of 50 inch perimeter (16 inch diameter). Rectangular ducts of 50 inch perimeter may also be protected with a single nozzle provided no side of the rectangle exceeds 17 inches in length.

Two nozzles can be used to protect circular ducts up to 84 inches in perimeter, (26 3/4 inch in diameter). In a situation where additional nozzles are used to protect rectangular ducts larger than 50 inches in perimeter, the cross sectional area of the duct must be divided into equal symmetrical areas as previously stated. Each individual area must satisfy the limitation of 50 inches in perimeter with a maximum side of 17 inches. (See Figure 2-2).

The Model NL-P (Tip #722) will still maintain a flow number of one and will follow the branch piping requirements for the duct branch. A maximum of two flow numbers will be allowed per branch.

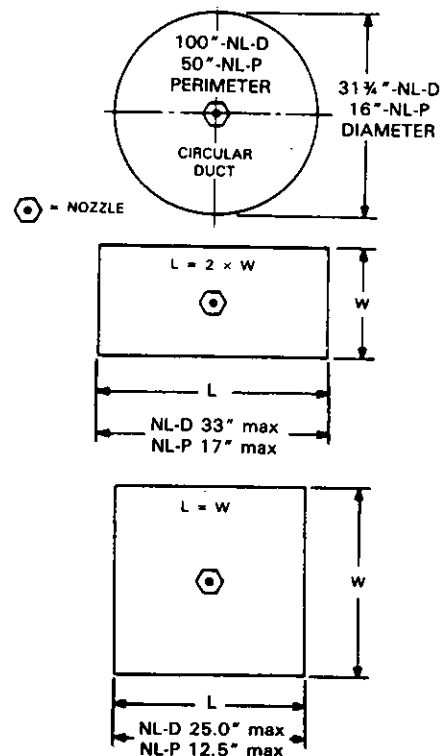


Figure 2-1. Nozzle Coverage Limitations

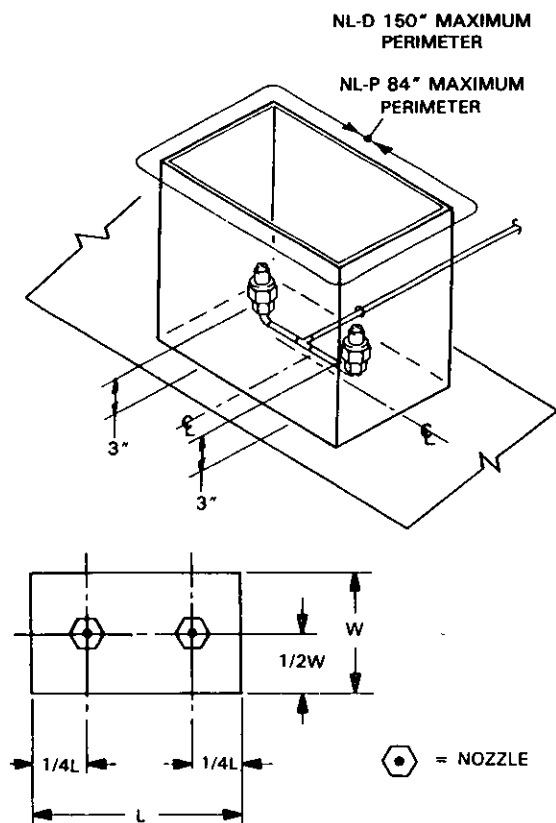


Figure 2-2 Nozzle Placement in Duct

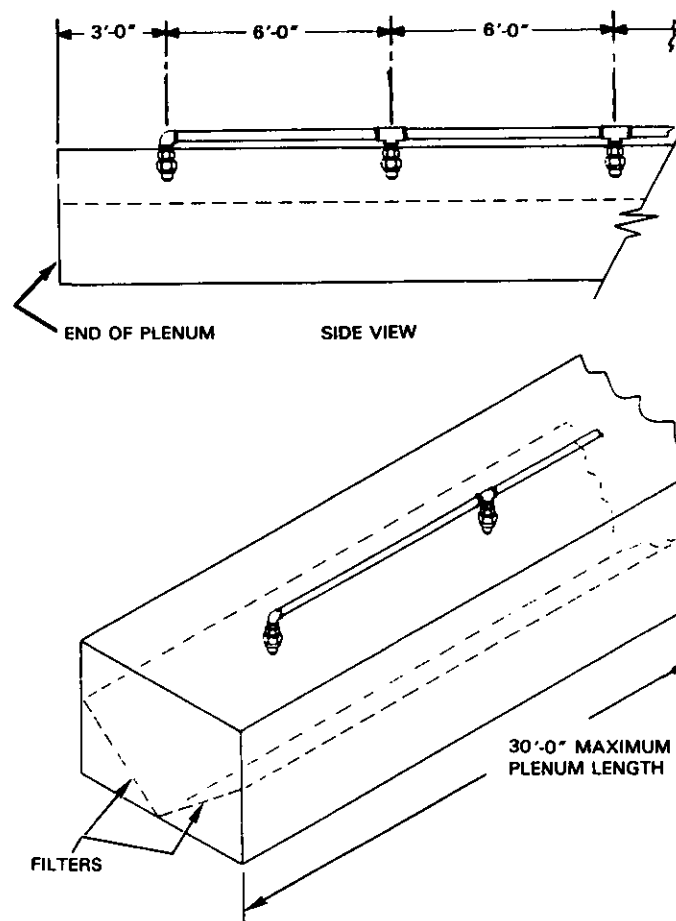


Figure 2-3. Nozzle Placement in Plenum

B. HOOD AND PLENUM NOZZLE

Model NL-P (Tip #722) — The Pyro Chem plenum nozzles have been developed to protect the plenum section of the hood. The Model PCL-165/275/550 systems uses the NL-P nozzle for this application. This nozzle has been Listed and Approved to protect plenums with rectangular dimensions of 6 x 4 feet or less. Larger plenums can be protected but the hazard areas must be divided so that each nozzle protects an area of 6 x 4 feet or less. Examples of plenum nozzle placement are shown in Figure 2-3.

In addition to size limitations, nozzles must be located at the top center of the plenum, within 4 inches of the top of the hood. They must always be aimed in the downward direction, toward the filter banks. (See Figure 2-4).

Model NL-A (Tip #723) — The Model NL-A has been adapted to protect the plenum section of the hood. This nozzle has been Listed and Approved to protect plenums with rectangular dimensions of 8 x 4 feet or less. Larger plenums can be protected but the hazard areas must be divided so that each nozzle protects an area of 8 x 4 feet or less. Examples of plenum nozzle placement are shown in Figure 2-5.

In addition to size limitations, nozzles must be located at the center of the V-Bank width or centered between the filter width dimensions when it is utilized with a single bank filter plenum. (See Figure 2-6). The NL-A (Tip #723) nozzle must be mounted so that it is within 4 inches of the short wall it is mounted on.

The Model NL-A (Tip #723) will still maintain a flow number of one and will follow the branch piping requirements for the plenum branch. A maximum of one flow number will be allowed per branch.

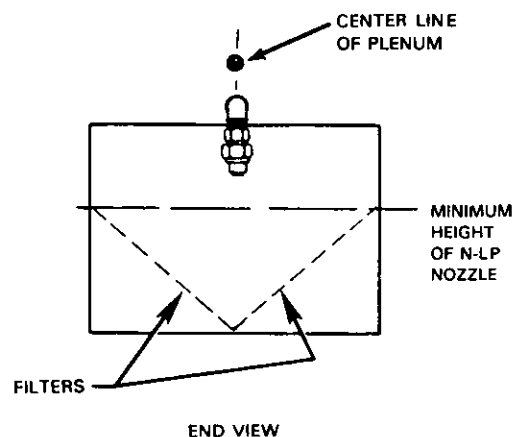
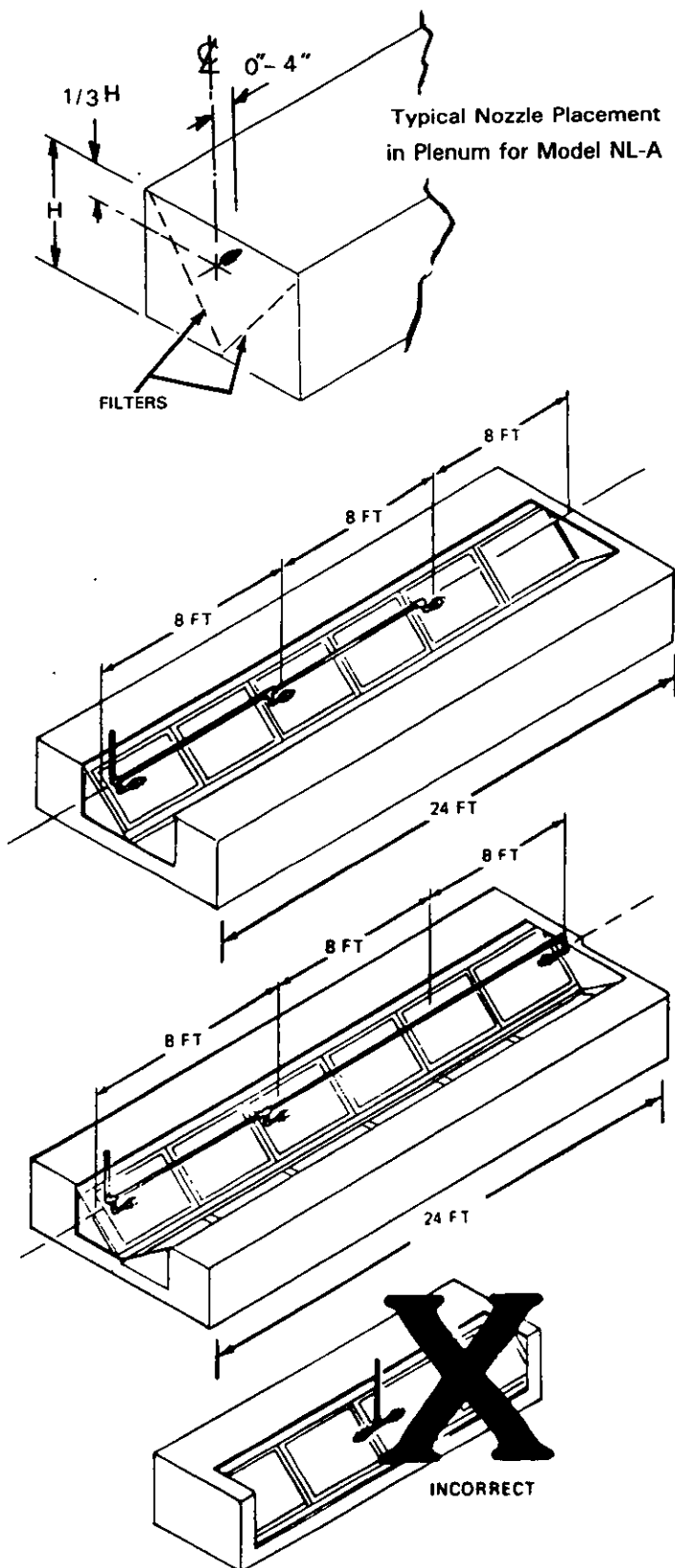


Figure 2-4. Nozzle Placement in Plenum for Model NL-P



The nozzle positioning shown is not an acceptable method of protection because the plenum area directly under the fitting tee is not within the discharge pattern of either nozzle.

Figure 2-5. V-Bank Filters

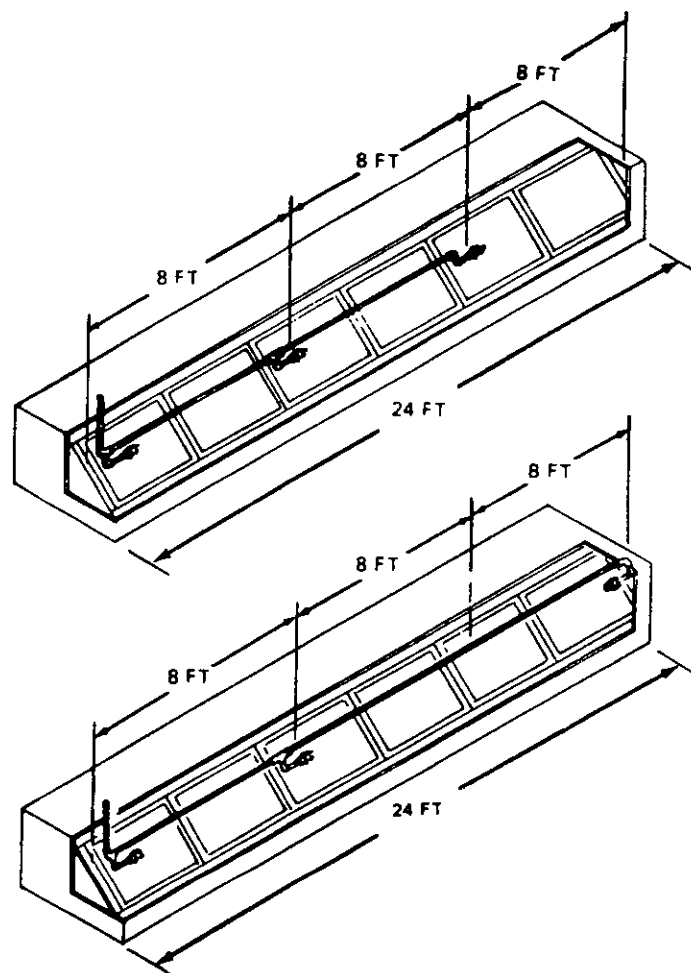


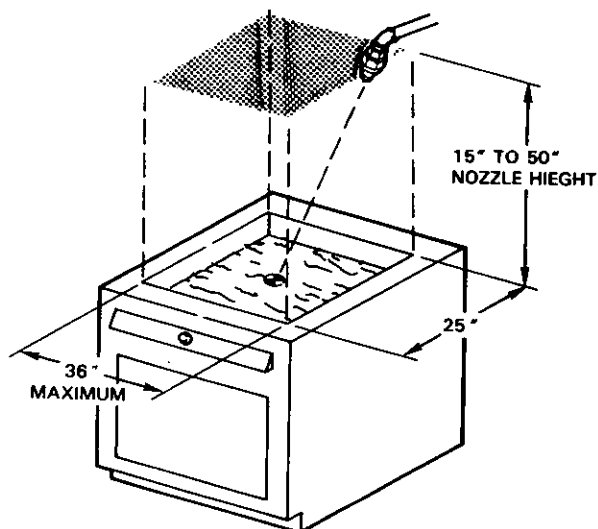
Figure 2-6. Single Filter Bank

C. DEEP FAT FRYER — The deep fat is protected by the Model NL-A nozzle. When applied to the deep fat fryer, this nozzle has been U.L. Listed and F.M. Approved to protect a hazard area of 6.25 square feet. This area can have a maximum side dimension of 36 inches. The hazard may consist of a single large fryer or multiple smaller fryers.

For a single large fryer or multiple fryers spaced no more than one inch apart, the nozzle can be located anywhere over the fryer but it must be aimed at the midpoint. The allowable range in nozzle height is 15 inches to 50 inches. (See Figure 2-7).

For double fryers spaced up to 12 inches apart, the nozzle must be installed within 6 inches of the front to rear center line and within the perimeter of the area to be protected. The nozzle can be mounted between 22 inches and 50 inches above the fryer surface. (See Figure 2-7).

☉ = DENOTES CENTER
POINT OF APPLIANCE



NOTE:
NOZZLE SHALL BE LOCATED ANYWHERE
IN THE SHADED AREA AND AIMED AT THE
CENTER POINT (☉).

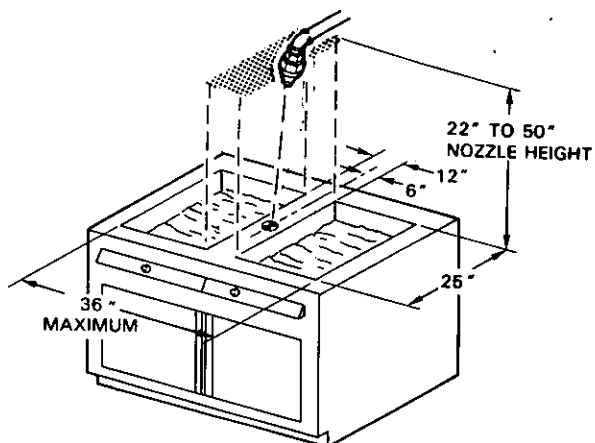


Figure 2-7. Nozzle Location, Single and Double
Deep Fat Fryer

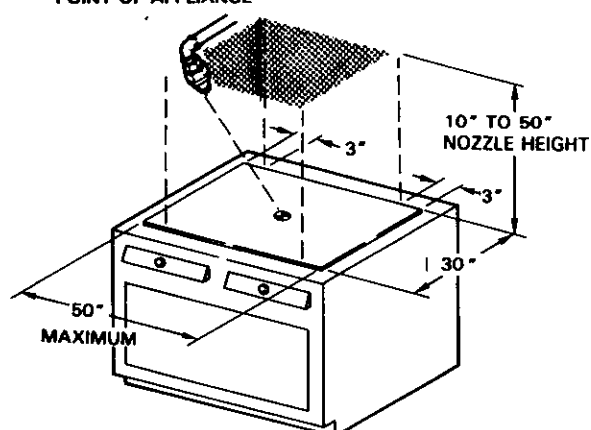
D. GRIDDLE — The Model NL-A nozzle is also used to protect a cooking griddle. The maximum griddle area which can be protected is 10.4 square feet with a maximum side dimension of 50 inches.

The nozzle must be located over the griddle cooking surface, at least 3 inches inside either left or right edge. The nozzle must be aimed at the midpoint of the appliance and mounted 10 inches to 50 inches above the cooking surface. (See Figure 2-8).

E. RANGE TOP — The Model NL-A nozzle is also used to protect a range top. The maximum range top area which can be protected is 10.4 square feet with a maximum side dimension of 50 inches.

The nozzle must be located over the range top cooking surface, at least 3 inches inside either left or right edge. The nozzle must be aimed at the midpoint of the appliance and mounted 10 inches to 50 inches above the cooking surface. (See Figure 2-9).

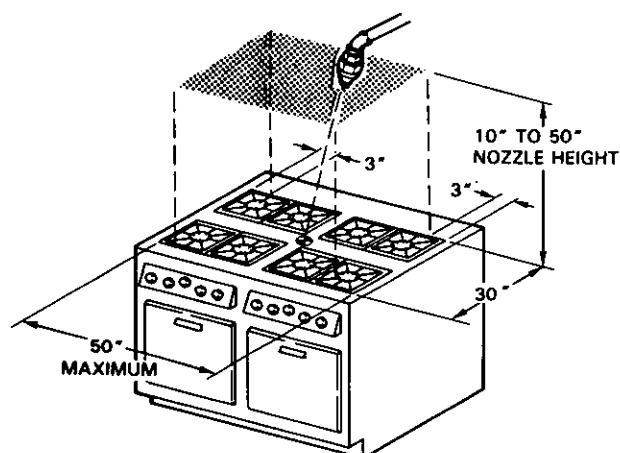
☉ = DENOTES CENTER
POINT OF APPLIANCE



NOTE:
NOZZLE SHALL BE LOCATED ANYWHERE
IN THE SHADED AREA AND AIMED AT THE
CENTER POINT (☉).

Figure 2-8. Nozzle Location, Griddle

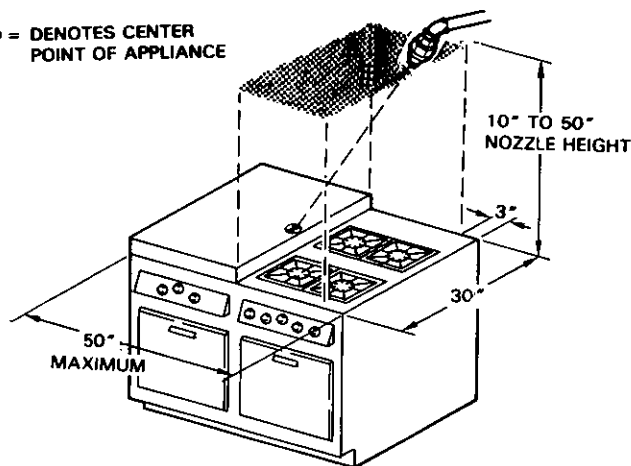
☉ = DENOTES CENTER
POINT OF APPLIANCE



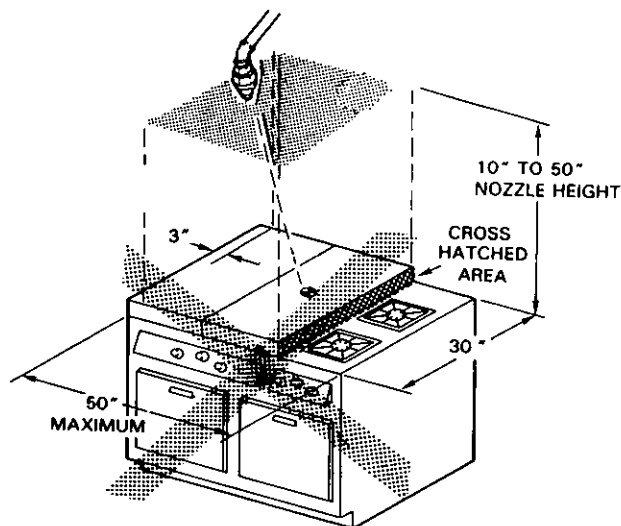
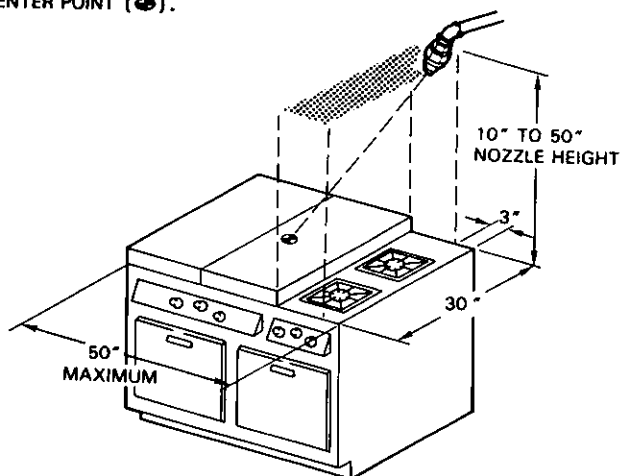
NOTE:
NOZZLE SHALL BE LOCATED ANYWHERE
IN THE SHADED AREA AND AIMED AT THE
CENTER POINT (☉).

Figure 2-9. Nozzle Location, Range

● = DENOTES CENTER POINT OF APPLIANCE



NOTE:
NOZZLE SHALL BE LOCATED ANYWHERE
IN THE SHADED AREA AND AIMED AT THE
CENTER POINT (●).



NOTE:
ONE (1) NOZZLE ABOVE GRIDDLE, ONLY IN SHADED AREA, IS AN
NON-ACCEPTABLE METHOD. CROSS HATCHED AREA IS AN UN-
PROTECTED AREA, WHERE WET CHEMICAL WILL NOT FALL.

Figure 2-10. Nozzle Location,
Griddle and Range Combo

F. RANGE/GRIDDLE COMBINATION — The Model NL-A nozzle can be used to protect a range/griddle combination appliance providing the width does not exceed 50 inches. The total area of coverage is not to exceed 10.4 square feet and the griddle and range must lie in essentially the same plane. For purposes of this application, the same plane will be defined as within 4 inches of each other and no obstructed area is permitted in the discharge pattern.

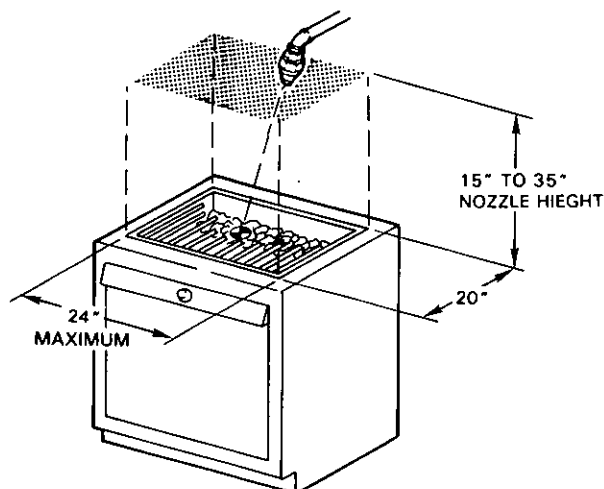
The nozzle must be located over the cooking surface, at least 3 inches inside either the left or right edge. The nozzle must be aimed at the midpoint of the appliance. Nozzle height limitations of 10 inches to 50 inches must be satisfied for both sections of the combination appliance. (See Figure 2-10).

G. SYNTHETIC ROCK CHARBROILERS — A synthetic rock charbroiler is an appliance which simulates a charcoal grill for cooking. The appliance can use lava rock, synthetic rock or pumice type of briquettes and is fueled by either gas or electricity.

The synthetic rock charbroiler is protected by the Model NL-A nozzle. A single NL-A nozzle will protect a surface area of 480 square inches with a maximum side dimension of 24 inches.

The nozzle must be located over the protected surface and aimed at the midpoint. Nozzle heights are limited to 15 inches to 35 inches. (See Figure 2-11).

● = DENOTES CENTER POINT OF APPLIANCE



NOTE:
NOZZLE SHALL BE LOCATED ANYWHERE
IN THE SHADED AREA AND AIMED AT THE
CENTER POINT (●).

Figure 2-11. Nozzle Location, Synthetic Rock
Charbroiler

H. RADIANT CHARBROILER — Either the Model NL-A or Model NL-R can be used to protect either electric or gas fueled radiant charbroilers.

NOTE

The radiant charbroiler is distinguished by the use of gas or electrically heated metal strips, (Radiants), which are used to cook the meat.

The NL-A nozzle can protect a radiant charbroiler with a cooking surface of 480 square inches with a maximum side dimension of 24 inches.

The NL-A nozzle must be installed within 3 inches of the front to rear centerline and within the perimeter of the protected cooking surface. The nozzle must be installed between 8 inches and 15 inches from the cooking surface and aimed at the midpoint. (See Figure 2-12A).

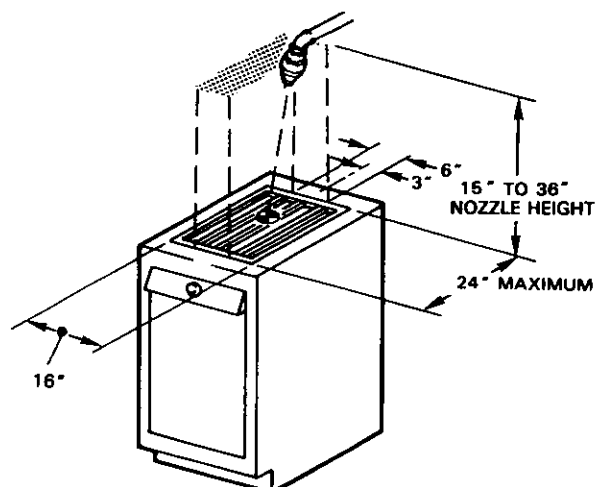
The NL-R nozzle can protect a radiant charbroiler with a cooking surface of 384 square inches with a maximum side dimension of 24 inches.

The NL-R nozzle must be installed within 3 inches of the front to rear centerline and within the perimeter of the protected cooking surface. The nozzle must be installed between 15 inches and 36 inches from the cooking surface and aimed at the midpoint. (See Figure 2-12B).

I. NATURAL "CLASS A" CHARBROILER — The Model NL-A nozzle will protect a naturally fired charbroiler. These types of appliances specifically use either real charcoal or mesquite wood to support combustion. The Pyro Chem Model NL-A nozzles has been Approved and Listed to extinguish fires in this type of appliance. Tests were conducted using charcoal, mesquite chips, chunks, and logs with a maximum fuel depth of 6 inches.

Each NL-A nozzle can protect a Class "A" hazard of up to 480 square inches in area and maximum side dimension of 24 inches. The nozzle must be located over the protected surface and aimed at the midpoint. Nozzle heights must be between 15 inches and 35 inches. (See Figure 2-13).

☉ = DENOTES CENTER POINT OF APPLIANCE

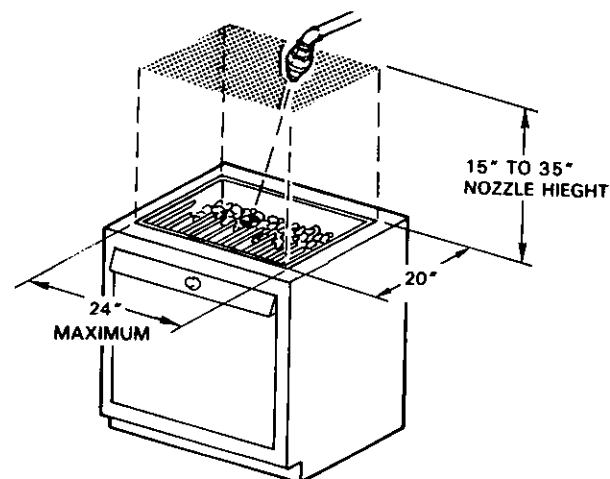


NOTE:

NOZZLE SHALL BE LOCATED ANYWHERE IN THE SHADED AREA AND AIMED AT THE CENTER POINT (☉).

Figure 2-12B. Nozzle Location, Radiant Charbroiler Using NL-R Nozzle

☉ = DENOTES CENTER POINT OF APPLIANCE

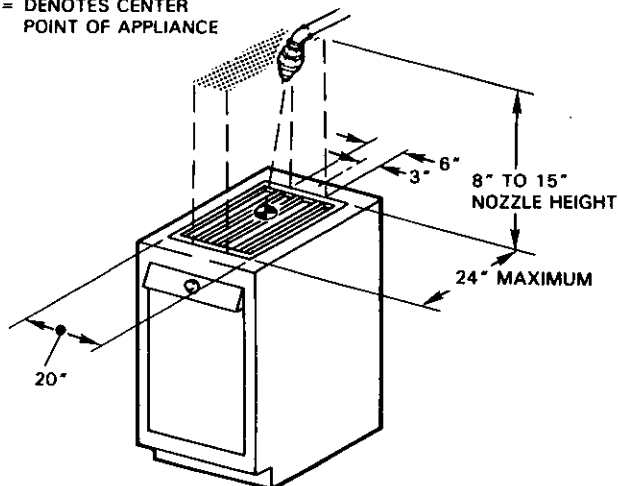


NOTE:

NOZZLE SHALL BE LOCATED ANYWHERE IN THE SHADED AREA AND AIMED AT THE CENTER POINT (☉).

Figure 2-13. Nozzle Location, Class A Charbroiler

☉ = DENOTES CENTER POINT OF APPLIANCE



NOTE:

NOZZLE SHALL BE LOCATED ANYWHERE IN THE SHADED AREA AND AIMED AT THE CENTER POINT (☉).

Figure 2-12A. Nozzle Location, Radiant Charbroiler Using NL-A Nozzle

J. UPRIGHT BROILER — The upright broiler is protected by a pair of NL-UB nozzles. Each nozzle has a flow number of $\frac{1}{2}$. The purpose of using two nozzles is to distribute the chemical properly between the cooking chamber and the grease drip pan. These nozzles will protect upright broilers with internal dimensions of 34 inches by 30 inches.

One nozzle must be installed in the front entrance of the broiling chamber and aimed at the diagonal corner. The nozzle will be positioned above the grate. A second nozzle must be installed above the front edge of the grease drip pan and aimed at its midpoint.

For extra large broilers or multiple upright broilers, additional nozzle pairs must be used. Each nozzle pair will protect a 34" x 30" upright broiler. (See Figure 2-14).

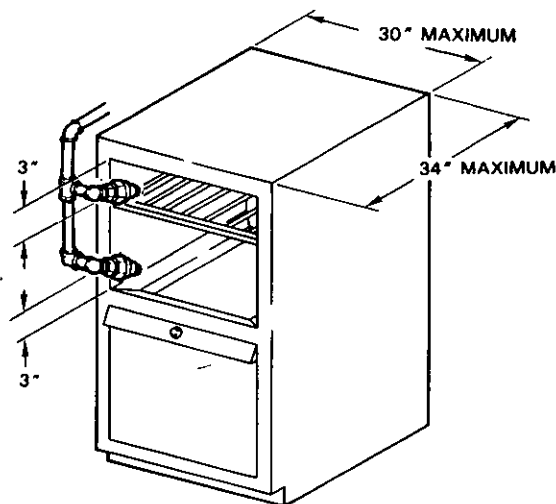


Figure 2-14. Nozzle Location, Upright Broiler

K. CHAIN BROILER — Two types of chain broilers are currently in common use. These are open top and closed top. Each is protected in a different manner.

Closed top chain broilers are protected by using the NL-UB nozzle in pairs. Each nozzle counts as $\frac{1}{2}$ flow point. One nozzle should be mounted in the inlet just above the chain. A second nozzle should be installed to protect the drip pan. Using this nozzle placement as shown in Figure 2-15, a chain broiler with a cooking area of 30" x 34" can be protected. A larger cooking area will require additional nozzle pairs.

Open top chain broilers with cooking chambers of 32" x 34" maximum are protected using the NL-A nozzle mounted over the opening in the top and directed downward towards the mid point of the cooking chain. This nozzle counts as one flow point and can be mounted from 10-22 inches above the cooking surface as shown in Figure 2-16.

NOTE

Dimensions of opening on top of chain broiler is not to interfere with nozzle discharge pattern.

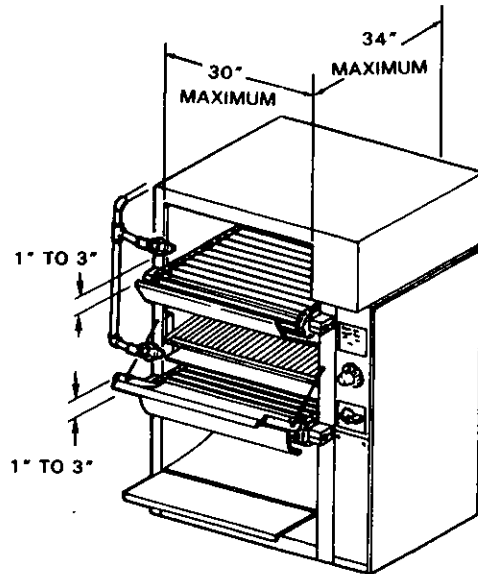


Figure 2-15. Nozzle Location, Automatic Broiler with Closed Hood.

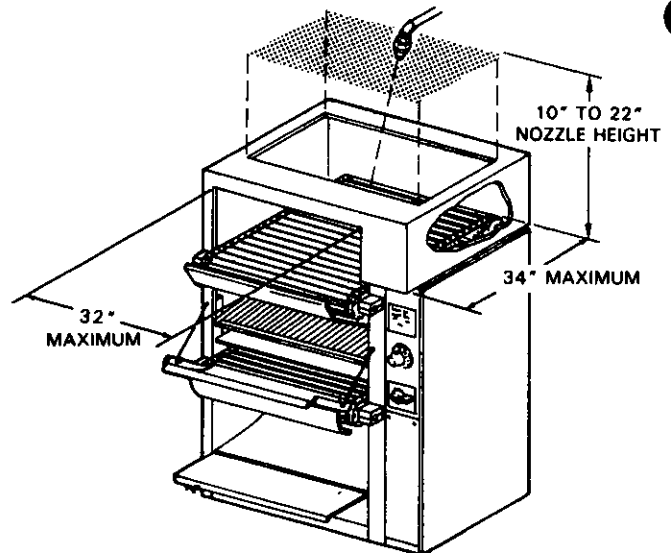


Figure 2-16. Nozzle Location, Automatic Broiler with Open Hood

CHAPTER III

PIPING REQUIREMENTS

Pyro Chem Automatic Restaurant Systems permit a variety of unbalanced piping configurations. Piping for the PCL-165/275/550 systems are intended to be very simple and straight forward. There are no flow diverters or restrictors used in the system.

NOTE

The only acceptable types of piping which can be used with the PCL-165/275/550 is black pipe, chrome plated pipe, or stainless steel pipe. Galvanized pipe cannot be used.

The PCL-165/275/550 systems have been developed using a system of flow points. Each system has a maximum of:

- I. PCL-165 — 6 flow points
- II. PCL-275 — 10 flow points.
- III. PCL-550 — 20 flow points.

Pyro Chem uses a flow point system to permit maximum flexibility in piping. Each nozzle has a flow point rating as follows:

NL-D (Duct Nozzle)	3 flow points
NL-P (Plenum/Duct Nozzle)	1 flow point
NL-A (Appliance/Plenum Nozzle)	1 flow point
NL-R (Radiant Charbroiler Nozzle)	1 flow point
NL-UB (Upright Broiler Nozzle)	½ flow point

MAXIMUM NOZZLE USAGE ON SYSTEM

Nozzle	Application	MAXIMUM NUMBER		
		PCL-165	PCL-275	PCL-550
NL-A	Appliance	6	10	20
	Plenum	6	10	20
NL-P	Plenum	6	5	18
	Duct	6	10	18
NL-D	Duct	2	3	6
NL-UB	Upright Broiler	6 pair	10 pair	16 pair
NL-R	Radiant Charbroiler	6	10	20

To further simplify piping, the Pyro Chem PCL-165/275/550 systems do not restrict piping runs to specific lengths and quantity of fittings. Instead, limits are placed on pipe lengths in terms of actual length of pipe and equivalent length of fittings. All pipe fittings develop a pressure loss which can be equated to the loss through a specific length of straight pipe. This loss is the equivalent length of the fitting. The equivalent length of fitting is always added to the total pipe length to determine the equivalent length of the branch. Table 3-1 illustrates the equivalent of pipe fittings used in PCL-165/275/550 systems.

Table 3-1. Pipe Fitting Equivalent Length in Feet

PIPE SIZE	45° ELBOW	90° ELBOW	TEE FLOW THROUGH	TEE SIDE OUTLET	UNION OR COUPLINGS
3/8	0.6	1.3	0.8	2.7	0.3
½	0.8	1.7	1.0	3.4	0.4
¾	1.0	2.2	1.4	4.5	0.5

Pyro Chem PCL-165/275/550 piping is broken down into a main supply line and branch lines. Branch lines can further be defined as duct branch, plenum and appliance branch.

A. MAIN SUPPLY LINE —

1. PCL-165 — The main supply line is the run of ¾" pipe from the cylinder to the hazard area. In general, this will be a straight line run using tees to "branch" off the main. Limitations on main supply line piping for the PCL-165 are shown in Table 3-2.

Table 3-2. Piping Limitations for PCL-165

SECTION	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS		MIN. LENGTHS		MAX. VERT. RISE
			FEET LINEAR	FEET EQUIV.	FEET LINEAR	FEET EQUIV.	
Main Supply Line	¾"	6	30	47	3	7	12'

See Figure 3-1 for acceptable configurations

NOTE

The maximum length of the main supply line between the first branch tee and the last branch tee is 20 feet.

2. PCL-275 — The main supply line is the run of 1/2" pipe from the cylinder to the hazard area. In general, this will be a straight line run using tees to "branch" off the main. Limitations on main supply line piping for the PCL-275 are shown in Table 3-3.

A 3/8 in. main supply line may be used for the PCL-275 system, as an alternate to 1/2 in. main supply line. Limitations on 3/8" main supply line piping for the PCL-275 are shown in Table 1.

Table 1. 3/8 in. piping limitations for PCL-275

Section	pipe diam.	max. flow points	max. lengths		min. lengths		max. vert. rise
			feet linear	feet equiv.	feet linear	feet equiv.	
main supply line	3/8"	10	35	60	3	7	12'

1. The maximum length of the main supply line between the first branch tee and the last branch tee is 15 feet.
2. The only acceptable types of 3/8 in. piping which can be used with the PCL-275 is black pipe, chrome plated pipe, or stainless steel pipe. Galvanized pipe cannot be used.
3. Examples of acceptable piping arrangements for the PCL-275 are shown in Chapter III of this manual, Figure 3-2
4. Duct, plenum, and appliance branch piping limitations are as stated in Chapter III of this manual, Sections B, C and D.

Table 3-3. Piping Limitations for PCL-275

SECTION	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS		MIN. LENGTHS		MAX. VERT. RISE
			FEET LINEAR	FEET EQUIV.	FEET LINEAR	FEET EQUIV.	
Main Supply Line	½"	10	50	75	3	7	12'

See Figure 3-2 for acceptable configurations

NOTE

The maximum length of the main supply line between the first branch tee and the last branch tee is 20 feet.

3. PCL-550 — The main supply line is the run of ½" and ¾" pipe from the cylinder to the hazard area which must supply a minimum of eleven (11) flow points with the PCL-550 system. The ¾" diameter pipe section is used to supply from the cylinder to the first ten flow points required.

The main supply is then reduced to 1/2" diameter pipe and will supply from one to ten additional flow points as required to protect the needs of the hazard for a maximum of twenty flow points. In general, this will be a straight line run using tees to "branch" off the main. Limitations on main supply line piping are shown in Table 3-4.

The main supply line when used with the PCL-550 for balanced split systems will utilize the 3/4" diameter pipe to supply from the cylinder to the tee which splits the system to each separate hazard area. The 3/4" diameter pipe is not permitted to have any branch lines in this application. The pipe run extending from each side of the tee is reduced to 1/2" diameter pipe from which each side will supply a maximum of ten flow points. Each side must be balanced within one flow point and not more than a ± 10 percent imbalance on piping run. Limitations on main supply line piping are shown in Table 3-5.

NOTE

The PCL-550 is only to be utilized in excess of ten flow points. If the total of flow points is below ten, a PCL-275 or PCL-165 system should be used.

Table 3-4. Piping Limitations for PCL-550

SECTION	PIPE DIAM.	Straight Line				Supply Line		MAX. VERT. RISE
		MAX. FLOW POINTS	MAX. LENGTHS		MIN. LENGTHS			
			FEET LINEAR	EQUIV.	FEET LINEAR	EQUIV.		
Main Supply Line	¾"	10	31	60	3	7	12'	
	½"	10	22	40	—	—		

See Figure 3-3 for acceptable configurations

NOTE

The 3/4" diameter pipe section is used to supply from the cylinder to the first ten flow points required. The main supply is then reduced to 1/2" diameter pipe and will supply from one to ten additional flow points as required to protect the needs of the hazard for a maximum of twenty flow points. The maximum length of the main supply line between the first branch tee and the last branch tee is 42 feet.

Table 3-5. Piping Limitations for PCL-550
Balanced Split System Piping
± 10 Percent

SECTION	PIPE DIAM.	MAX. FLOW POINTS	MAX. LENGTHS		MIN. LENGTHS		MAX. VERT. RISE
			FEET LINEAR	FEET EQUIV.	FEET LINEAR	FEET EQUIV.	
Main Supply Line							
Before Split	3/4"	0	21	35	3	7	12'
After Split	1/2"	20	40	74	—	—	

See Figure 3-4 for acceptable configurations

NOTE

The main supply line when used with the PCL-550 for balanced split systems will utilize the 3/4" diameter pipe to supply from the cylinder to the tee which splits the system to each separate hazard area. The 3/4" diameter pipe is not permitted to have any branch lines in this application. The pipe run extending from each side of the tee is reduced to 1/2" diameter pipe from which each side will supply a maximum of ten flow points. Each side must be balanced within one flow point and not more than a ± 10 percent imbalance on piping run. The maximum length of the main supply line between the first branch tee and the last branch tee is 18 feet.

B. DUCT BRANCH LINE — The duct branch line is the run of 3/8" pipe which connects the duct nozzles to the main supply line. A single duct branch line can supply six flow points when utilizing the NL-D nozzle. A single duct branch can supply two flow points when utilizing the NL-P nozzle. The piping limitations specified in Table 3-6 apply to the PCL-165, PCL-275 and PCL-550 for the duct branch line.

Table 3-6. Duct Branch Piping Limitation

SECTION	PIPE DIAM.	MAX. FLOW POINTS PER BRANCH	MAX. LENGTH		MIN. LENGTH		MAX. VERT. RISE
			FEET LINEAR	FEET EQUIV.	FEET LINEAR	FEET EQUIV.	
Duct Branch Line	3/8"	6 2	8	20	0	0	4'

NOTE

* A single duct branch line can supply six flow points when utilizing the NL-D nozzle. A single duct branch can supply two flow points when utilizing the NL-P nozzle.

C. PLENUM BRANCH LINE — The plenum branch line is the run of 3/8" pipe which connects the main supply line to the plenum nozzles. Only one flow point per branch is permitted. The piping limitations specified in Table 3-7 apply to PCL-165, PCL-275 and PCL-550 for plenum branch line.

Table 3-7. Plenum Branch Piping Limitations

SECTION	PIPE DIAM.	MAX. FLOW POINTS PER BRANCH	MAX. LENGTH		MIN. LENGTH		MAX. VERT. RISE
			FEET LINEAR	FEET EQUIV.	FEET LINEAR	FEET EQUIV.	
Plenum Branch Line	3/8"	1	8	20	0	0	4'

D. APPLIANCE BRANCH LINE — The appliance line is the piping which connects the main supply line to the appliance nozzle. This will be 3/8" diameter pipe and can support up to four flow points. The piping limitation specified in Table 3-8 apply to the PCL-165, PCL-275 and PCL-550 for the appliance branch line.

Table 3-8. Appliance Branch Piping Limitation

SECTION	PIPE DIAM.	MAX. FLOW POINTS PER BRANCH	MAX. LENGTH		MIN. LENGTH		MAX. VERT. RISE
			FEET LINEAR	FEET EQUIV.	FEET LINEAR	FEET EQUIV.	
Appliance Branch Line	3/8"	4	15	25	0	0	4'

NOTE:

Special piping restrictions apply to each system along with the piping limitations previously mentioned as follows:

1. PCL-165

- Total of all duct, plenum and appliance branch piping is not to exceed 30 linear feet.
- Total of duct, plenum and appliance branch pipe and fittings is not to exceed 52 equivalent feet.

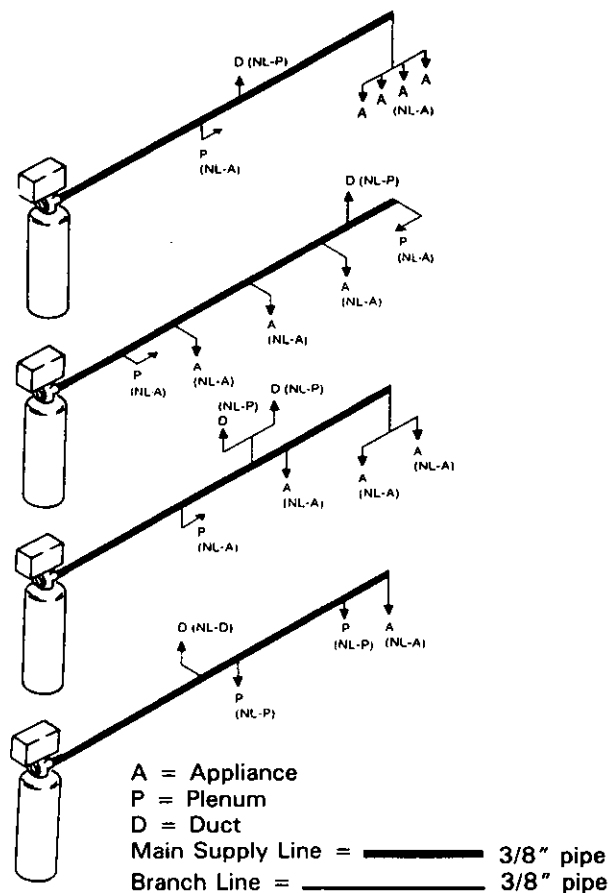
2. PCL-275

- Total of all duct, plenum and appliance branch piping is not to exceed 50 linear feet.
- Total of duct, plenum and appliance branch pipe and fittings is not to exceed 70 equivalent feet.

3. PCL-550

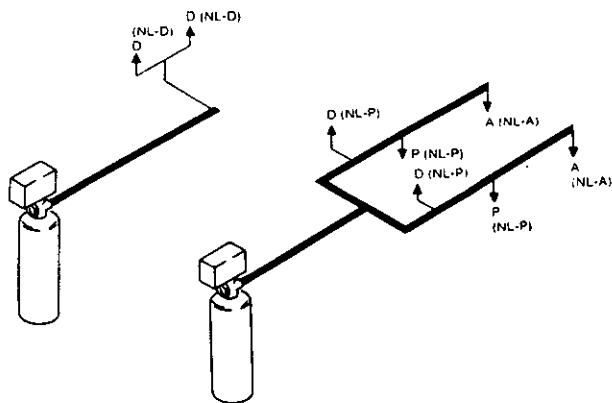
- Total of all duct, plenum and appliance branch piping is not to exceed 75 linear feet.
- Total of duct, plenum and appliance branch pipe and fitting is not to exceed 130 equivalent feet.

Examples of acceptable piping arrangements for the PCL-165 are shown in Figure 3-1. This is not a complete list of all possible configurations. Others will be acceptable provided they conform to the limitations shown in Chapter III.



NOTE

Distance from first branch to last cannot exceed 20 feet of 3/8" pipe.

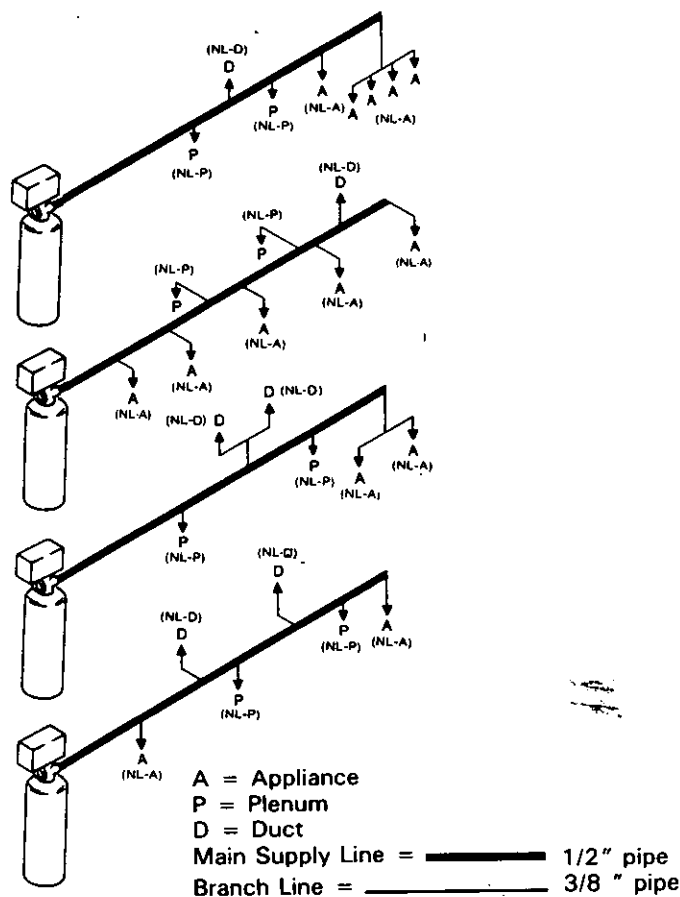


NOTE

In split piping systems the entire main supply line, including both sides of the split, cannot exceed the length limitations shown in Chapter III. In addition, the supply line must be balanced to within $\pm 10\%$ on either side of the tee. The difference in flow points on each side of the tee split cannot exceed one flow point.

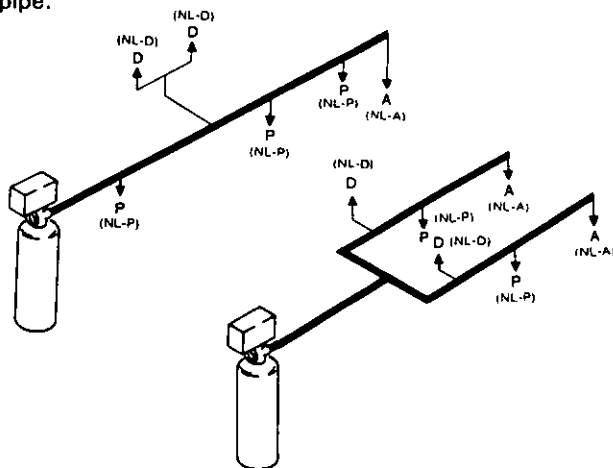
Figure 3-1. Acceptable Examples of Piping for PCL-165

Examples of acceptable piping arrangements for the PCL-275 are shown in Figure 3-2. This is not a complete list of all possible configurations. Others will be acceptable provided they conform to the limitations shown in Chapter III.



NOTE

Distance from first branch to last cannot exceed 20 feet of 1/2" pipe.



NOTE

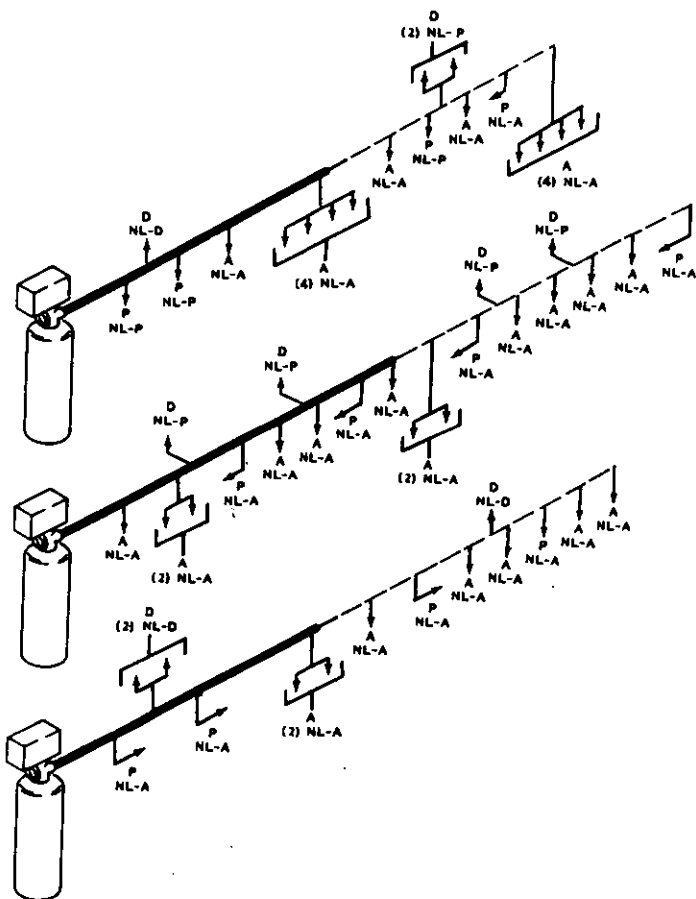
In split piping systems the entire main supply line, including both sides of the split, cannot exceed the length limitations shown in Chapter III. In addition, the supply line must be balanced to within $\pm 10\%$ on either side of the tee. The difference in flow points on each side of the tee split cannot exceed one flow point.

Figure 3-2. Acceptable Examples of Piping for PCL-275

Examples of acceptable piping arrangements for the PCL-550 are shown in Figure 3-3 and Figure 3-4. This is not a complete list of all possible configurations. Others will be acceptable provided they conform to the limitations shown in Chapter III.

A = Appliance
P = Plenum
D = Duct

Main Supply Line =  3/4" pipe
----- 1/2" pipe
Branch Line =  3/8" pipe



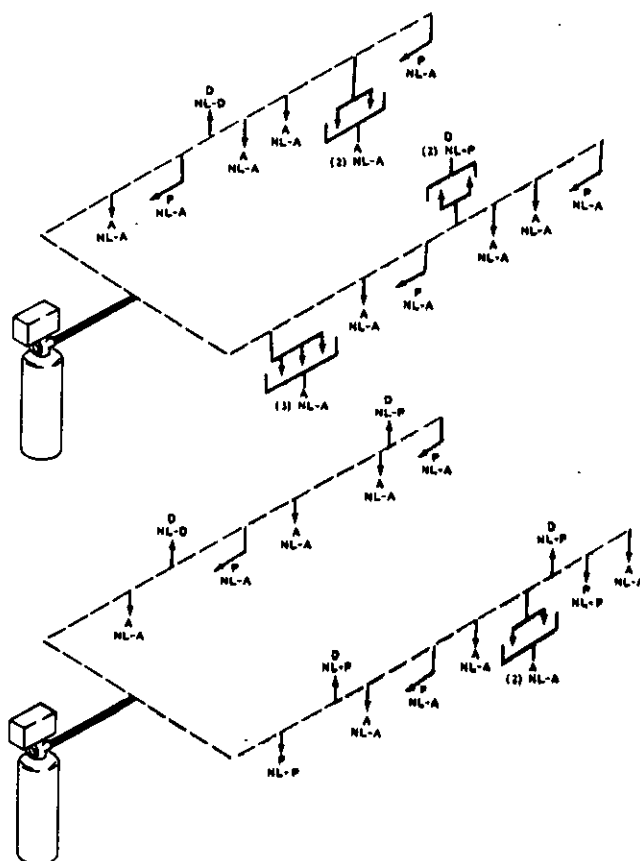
NOTE

Distance from first branch to last cannot exceed 42 feet.

Figure 3-3. Acceptable Examples of Piping for PCL-550

A = Appliance
P = Plenum
D = Duct

Main Supply Line =  3/4" pipe
----- 1/2" pipe
Branch Line =  3/8" pipe



NOTE

In split piping systems the entire main supply line, including both sides of the split, cannot exceed the length limitation shown in Chapter III. In addition, the supply line must be balanced to within $\pm 10\%$ on either side of the tee. The difference in flow points on each side of the tee split cannot exceed one flow point.

Figure 3-4. Acceptable Examples of Piping for Split PCL-550.

CHAPTER IV SYSTEM CONTROLS

At the heart of each pre-engineered Pyro Chem System is the control head. (See Figure 4-1). The control head performs several functions.

These functions are as follows:

1. Local manual system actuation
2. Actuation in response to a separated fusible link
3. Remote manual system actuation (pull station)
4. Shut off heat source in response to actuation
5. Depress valve stem and release extinguishing agent
6. Electrical signaling, by miniature switch

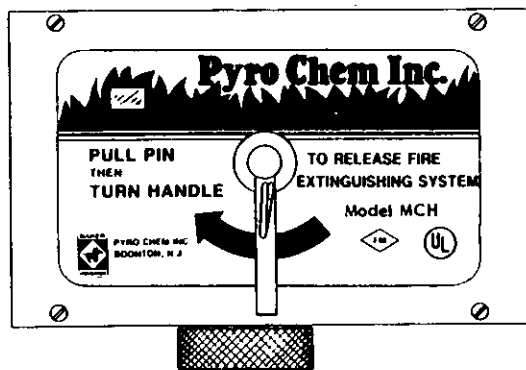


Figure 4-1. Control Head

ADDITIONAL CONTROL FUNCTIONS:

1. The Local Manual Control — The local manual control is located on the front cover of the control head. This control provides system actuation at the control head. In order to actuate the system by this means, the pull pin must be removed and the handle rotated clockwise. This is a part of the control head and requires no separate installation.

2. Fusible Link Control — The Pyro Chem control head also provides a connection for fusible link detectors, Model FLK-1. These detectors are connected in series using 3/64 or 1/16 inch diameter stainless steel cable. The control head maintains a tension on the series of fusible links. If the tension is released for any reason (link melts), the control head will operate and actuate the system. The fusible link cable enters the control head in the upper left corner. (See Figure 4-2).

This cable must be enclosed in 1/2 inch EMT for protection. Pyro Chem Model MCP-1 90° corner pulleys must be used whenever a change in direction is needed.



Under no circumstances shall tubing be bent to form a directional change. Only Pyro Chem corner pulleys shall be used.

Pyro Chem Model FLK-1 link detectors use a 350°F rated link which is connected to the cable by "S" hook and cable crimp as shown in the installation section of the manual. The FLK-1 link detectors must be installed over each appliance in the exhaust air stream from that appliance. One detector must also be installed in the duct. This duct detector must be installed in the first 20 feet of duct beginning at the duct entrance.

NOTE

If an appliance is located directly beneath the duct opening, its detector can be eliminated. The duct detector will provide protection for this appliance provided the fusible link or heat detector is installed at the entrance of not more than 12 in. into the duct.

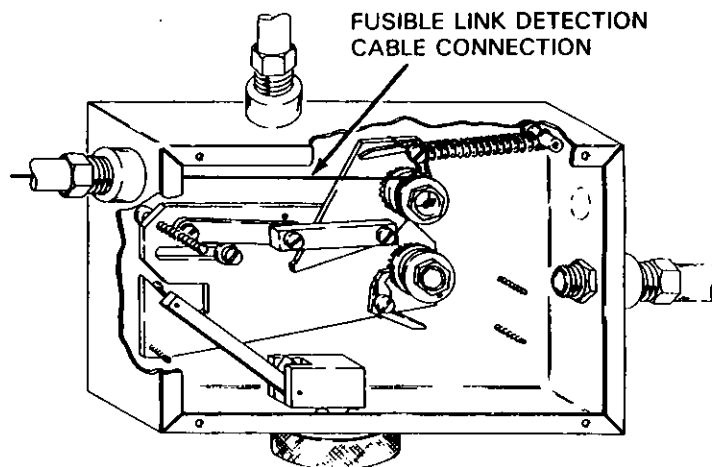


Figure 4-2. Control Head, Fusible Link Control

High temperature links are available for use in the FLK-1 detector. A temperature study of the protected hazard area should be made to determine the "Normal" operation temperature. If normal temperatures exceed 300°F the 500° link should be installed to prevent false actuation. Maximum limitation for the detector cable run is as follows:

Detector Cable Run	
Maximum number of FLK-1 detectors	15
Maximum length of cable (3/64 or 1/16 inch dia.)	100 feet
Maximum number of pulleys (3/64 inch dia.)	20
Maximum number of pulleys (1/16 inch dia.)	20

3. Remote Manual Actuation (Pull Station) — The control head can be operated remotely using the Pyro Chem Model RPS-M manual pull station. This pull station is connected to the control head using 3/64 or 1/16 inch diameter wire cable. This cable enters on the top center of the control head. (See Figure 4-3).

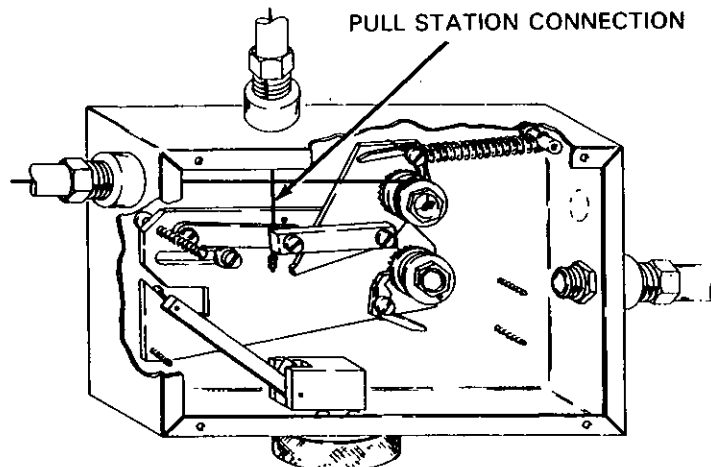


Figure 4-3. Control Head, Remote Pull Station Control

The cable must be enclosed in 1/2 inch EMT. A Pyro Chem Model MCP-1 corner pulley is used whenever a change in cable direction is required.



Under no circumstances shall tubing be bent to form directional changes. Only 90° corner pulleys shall be used.

For the remote manual control (pull station), the following limitations must be observed:

Remote Control Cable Run

Maximum cable length (3/64 or 1/16 inch dia.)	100 feet
Maximum number of pulleys (3/64 inch dia.)	20
Maximum number of pulleys (1/16 inch dia.)	17

4. Fuel Shut-Off — The Pyro Chem Control Head will also operate the gas shutoff valve. This valve is located in the fuel gas supply line to the cooking appliance. The gas shutoff valve is spring loaded and requires five pounds of force to hold it in the fully open position. This force is supplied by a 3/64 or 1/16 inch diameter cable in tension connected to the control head.

The gas valve control cable is connected to a ratchet in the control head. At the time of operation the ratchet releases the cable allowing the gas valve to close. The gas valve control cable is fastened at each end using a wire crimp. The cable exits the control head in the lower right hand corner. (See Figure 4-4). This cable must also be enclosed in 1/2 inch EMT. Pyro Chem Model MCP-1 corner pulleys must be used whenever a change in direction is needed.



Under no circumstances shall tubing be bent to provide directional change. Only Pyro Chem 90° corner pulleys shall be used to provide directional change.

Maximum limitations for the gas valve shutoff cables are as follows:

Gas Valve Cable Run

Maximum cable (3/64 or 1/16 inch dia.)	50 feet
Maximum number of pulleys (3/64 inch dia.)	15
Maximum number of pulleys (1/16 inch dia.)	15

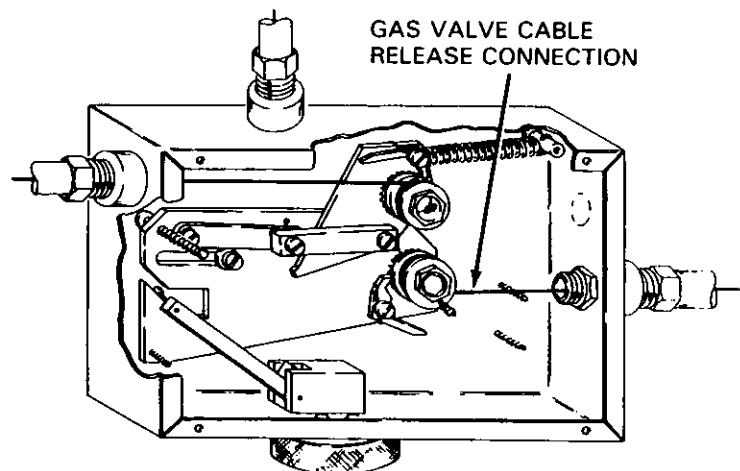


Figure 4-4. Control Head, Gas Valve Control

5. System Operation — The Pyro Chem control head will operate the cylinder valve actuating the system. This is done by puncturing a pilot cartridge of carbon dioxide. The carbon dioxide pressure is applied to a piston which pushes against the cylinder valve stem. When this stem is depressed the extinguishing agent is released.

Operation of any system control (local manual, remote manual or detector), will result in automatic simultaneous release of the gas valve cable and of the extinguishing agent.

6. Electrical Signaling by Pressure Switch — A pressure operated switch is available for use where an electrical output is required. The switch is equipped with one set of double contacts. The switch is also provided with a manual reset button to prevent automatic return to the standby position. The switch is shown in Figure 1-14. Installation of the switch is detailed in the installation section of the manual.

6A. Electrical Signaling by Miniature Switch (MS-SPDT or MS-DPDT) — Two mechanically operated miniature switches are available for use where an electrical output is required. The switches are equipped with either one or two sets of double contacts. These switches automatically reset when the control head is reset. Both switches are field installed in the MCH control head (See Figure 4-5 and 4-6).

Wiring connections for MS-SPDT and MS-DPDT switches are shown in Figures 4-7 and 4-8. As stated, the switches provide one or two sets of NO/NC contacts. The ratings for both switches are as follows:

- 10 amps @ 125/250 VAC
- ½ H.P. @ 125 VAC
- 1 h.p. @ 250 VAC

Either of these switches may be selected and wired to provide an electrical signal to the main breaker and/or operate small electrical accessories provided the rating of the switch is not exceeded.



Neither miniature switch can ever be wired for direct cooking appliance shutdown.

NOTE

Pyro Chem., Inc. does not furnish the electrical contactor to shut off the power to electrically heated cooking appliances. The installer must furnish U.L. Listed enclosed industrial control equipment and magnetic switch of appropriate rating, coil 125 VAC, 60 cy.

In the event that additional contacts are required, the Model PS-SPDT pressure operated switch should be installed in the discharging piping as indicated in this manual.

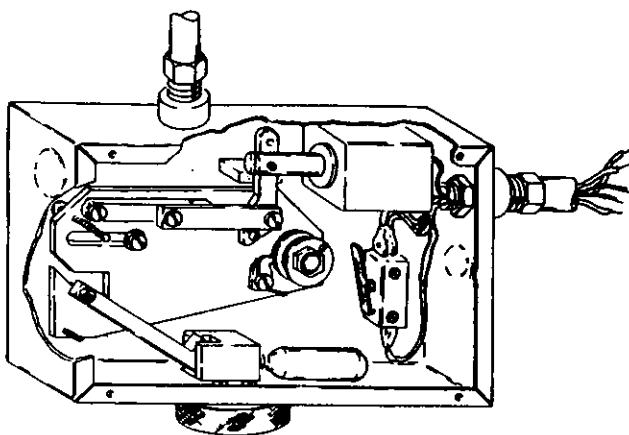


Figure 4-5. Electrical Control Head with Electrical Miniature Switch (Single Pole-Double Throw)

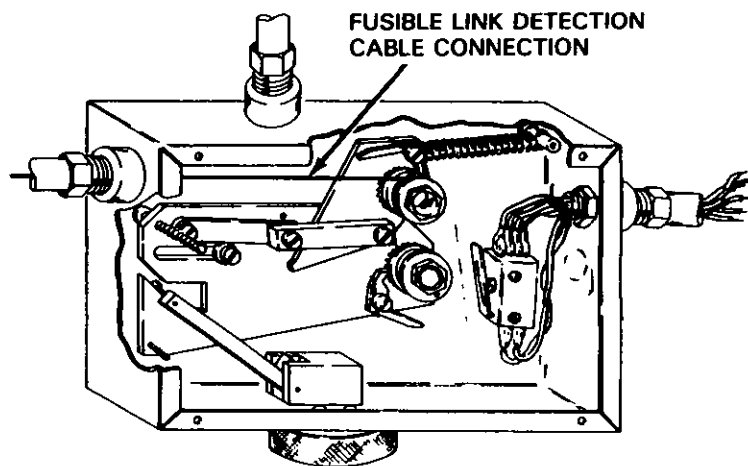


Figure 4-6. Mechanical Control Head with Electrical Miniature Switch (Double Pole-Double Throw)



WIRED TO SOLENOID
WHEN INSTALLED IN
MODEL ECH SERIES
CONTROL HEAD
(See Figure 5-2)

Figure 4-7. Wiring Diagram for Miniature Switch Single Pole-Double Throw (MS-SPDT)

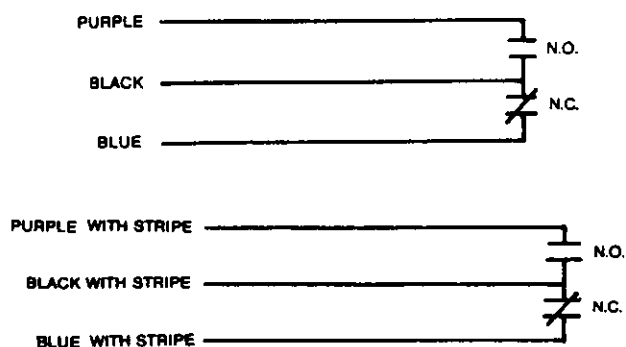


Figure 4-8. Wiring Diagram for Miniature Switch Double Pole-Double Throw (MS-DPDT)

7. Multiple Cylinder Operation

A. The Pyro Chem Model MCH or ECH system control head can pneumatically operate;

1. Two PCL Series Wet Chemical Cylinder Assemblies
2. One PCL Series Wet Chemical Cylinder Assembly with one PC Series Dry Chemical Cylinder Assembly
3. One PCL Series Wet Chemical Cylinder Assembly remotely.

from a single carbon dioxide cartridge input.

The Pyro Chem Model MCH or ECH must be installed with a Model MB-P2 mounting bracket. The bracket must be securely anchored to the wall using bolts or lag screws. (See Figure 4-9). The wall must be sufficiently strong enough to support the Pyro Chem MCH or ECH control head. Approximate weight is six (6) pounds.

In order to actuate these cylinder combinations from the MCH or ECH control heads a $\frac{1}{4}$ " , 45° flare type fitting conforming to SAE J513c must be screwed into the base of the actuator. (Provided by installer) A maximum of twenty-four (24) inches of refrigeration type tubing is allowed with an outside diameter of $\frac{1}{4}$ inch and wall thickness of $\frac{1}{32}$ of an inch. (See figure 4-10).

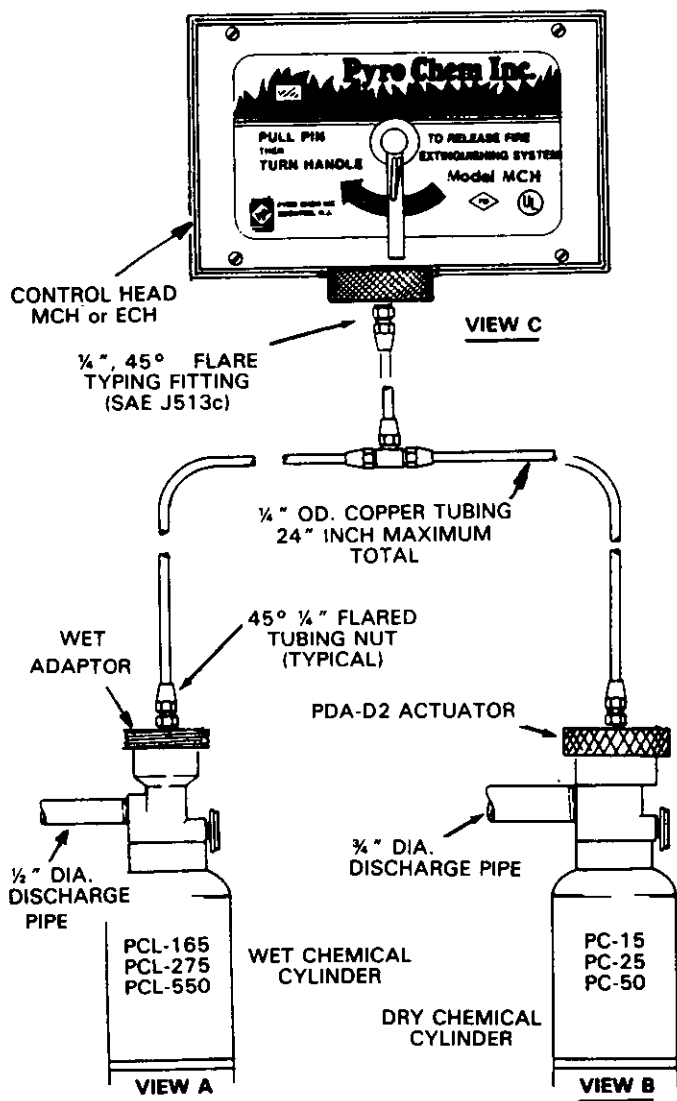


Figure 4-9. Cylinder, Actuator and Tubing Installation

B. The Pyro Chem Model PAC-10 will be used if more than two cylinders need to be simultaneously operated. The MCH or ECH shall be used in conjunction with the Model PAC-10 pneumatic releasing device to operate a maximum of ten extinguishing systems of any combination with a maximum of 100 feet of tubing.

Pneumatic tubing and fittings, mounting bolts, and screws are not furnished as part of the PAC-10 pneumatic release. These items must be furnished by the installer.

NOTE

Tubing used in this installation shall have an outside diameter of $\frac{1}{4}$ " with a minimum wall thickness of $\frac{1}{32}$ of an inch. This is commonly known as refrigeration type copper tubing. All tubing fittings shall be of the $\frac{1}{4}$ " , 45° flare type conforming to SAE J513c. Compression type fittings are not acceptable. (See figure 4-10).

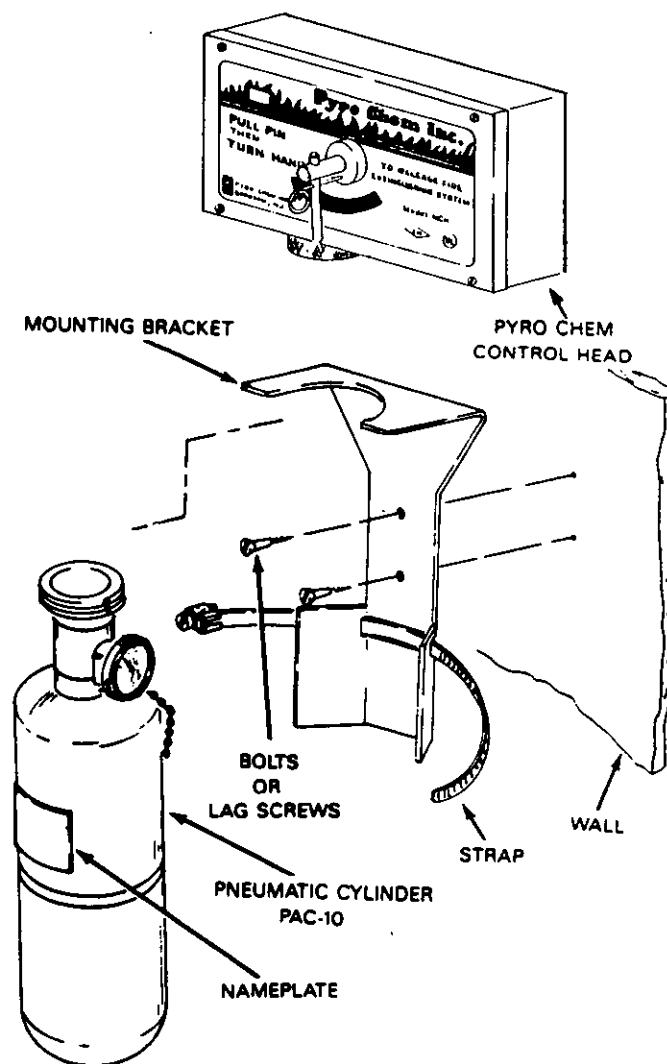


FIGURE 4-10. Pneumatic Cylinder Installation

CHAPTER V

ELECTRICAL CONTROL HEAD

In addition to the mechanical control head, Model MCH Pyro Chem offers an electrical control head, Model ECH. This control head is available with either 24VDC or 120VAC solenoid operation. The electrical control head supports all the control functions of the mechanical control head with the exception of fusible link detection. The method of installing mechanical control equipment is as shown in Chapter IV of this manual.

NOTE

The Model ECH control head does not support a fusible link detection system. The only means of automatic actuation is electrical.

When the Model ECH control head is used in conjunction with a solenoid monitor Model SM24 and SM120, several electrical control functions are available. These include:

1. Solenoid circuit monitoring
2. Remote electrical actuating (electrical pull station)
3. Electrical gas shut-off valve
4. Electrical audible alarm signal
5. Two additional sets of NO/NC contacts

A. THEORY OF SOLENOID MONITOR — The solenoid monitors, Models SM24 and SM120 provide a simple means of supervising the actuation circuit as a Model ECH control head. The solenoid monitors can also indicate a condition other than normal when a system has discharged.

Each solenoid monitor is comprised of a push type switch with built-in indicator light, a plug type relay, relay socket and cover plate. The cover plate also serves as the mounting plate and is sized to fit standard electrical boxes. The light, when on, indicates a normal supervised solenoid circuit condition. (See Figure 5-1).

The Model SM24 solenoid monitor requires a 2 amp. 24 volt DC power supply. This can be any UL Listed and FM Approved 24VDC power supply with a minimum of 2 amp. rating.

The Model SM120 solenoid monitor requires a 1.00 amp. 120 VAC power source. This solenoid monitor is used only with the 120 VAC solenoid in the control head.

NOTE

As per NFPA 17, 24 hour power supply back up should be provided, which is stated in paragraph 2-6.5 of NFPA 17.

Exception: When acceptable to the authority having jurisdiction, secondary (standby) power shall not be required to operate the evacuation alarm-indicating appliances or other supplemental functions not essential to the receipt of signals at the main control unit.

As a complement to the supervisory function of the solenoid monitor, it can be adapted as a reset relay. A reset relay is used to provide positive manual reset of electrically operated fuel gas shut-off valves. The reset relay will prevent the gas shut-off valves from reopening after an interruption in electrical power. The relay must be reset to restore power.

To more adequately explain the principle of operation of a solenoid monitor, please refer to the general wiring diagram, Figure 5-2.

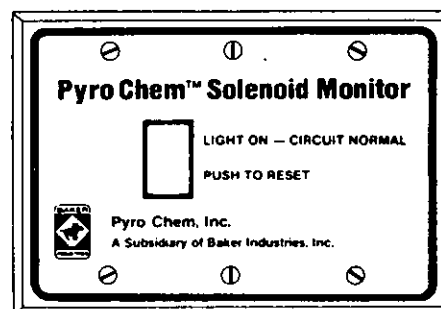
The basic diagram (Figure 5-2) is common to both the SM24 and SM120. Note that the solenoid monitor is always at the end of the line. Also note that the circuit closing devices (remote manual electric pull station and other normally open actuating contacts) are in parallel across the line and located between the solenoid coil and the circuit monitor.

When the circuit is in the normal supervisory condition, supervisory current flows through the solenoid coil, lights the indicating light in the push switch and flows through the solenoid monitor relay coil causing the relay contacts to be held in their normal supervisory positions. The resistance of the solenoid monitor is sufficient to maintain the supervisory current at a level far below that required to operate the control head.

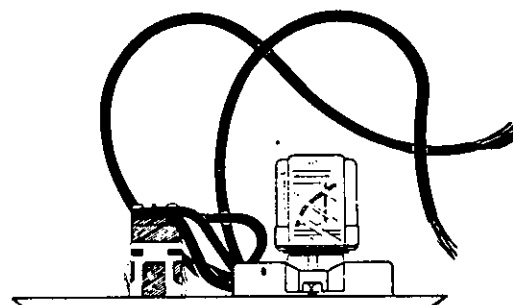
An opening in the circuit causes the light to go out and the relay coil to be de-energized.

Operation of a circuit closing device, initiating the Pyro Chem wet chemical system discharge, will short out the solenoid monitor, similarly causing the light to go out and the relay coil to be de-energize.

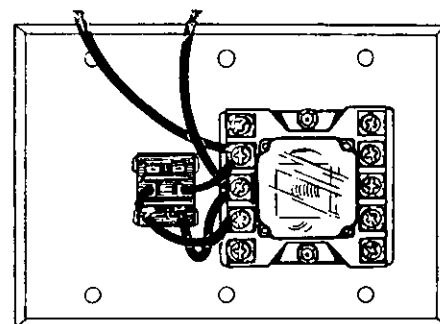
It can be seen that when the solenoid monitor operates to give an indication of a condition other than normal, such indication is caused either by trouble or by system operation. In both cases, corrective action is required either to identify and clear the trouble or to return the system to normal service after operation.



Front View



Top View



Back View

Figure 5-1. Solenoid Monitor Wire Routing

When the system actuates in response to a circuit closing device, the closing devices can be reset and the solenoid monitor reset. This would return the solenoid monitor to its normal supervisory condition. This would be an unsatisfactory response to the actual condition of a discharged system and fired control head. Therefore, it is necessary that a miniature switch, actuated by the system control head, is used with its contacts located between the first circuit closing device and the control head solenoid shown in Figure 5-2. It is necessary for the contacts to be located between the first circuit closing device and the control head solenoid so that the circuit will open upon system actuation and shut-off power to the solenoid. The miniature switch, until the control head is reset, will keep the circuit open to the circuit monitor, thus maintaining the open circuit indicator.

The miniature switch performs a similar function in the event that the system is operated by manual mechanical means, which would otherwise have no effect on the solenoid monitor.

B. SOLENOID MONITOR USED AS A RESET RELAY — The solenoid monitors, Models SM24 and SM120 can be used as a reset relay when required. A reset relay is required whenever an electrical gas shut-off valve is used in conjunction with the Pyro Chem wet chemical system. Figure 5-3 shows a typical method of connecting the electrical gas valve to the reset relay.

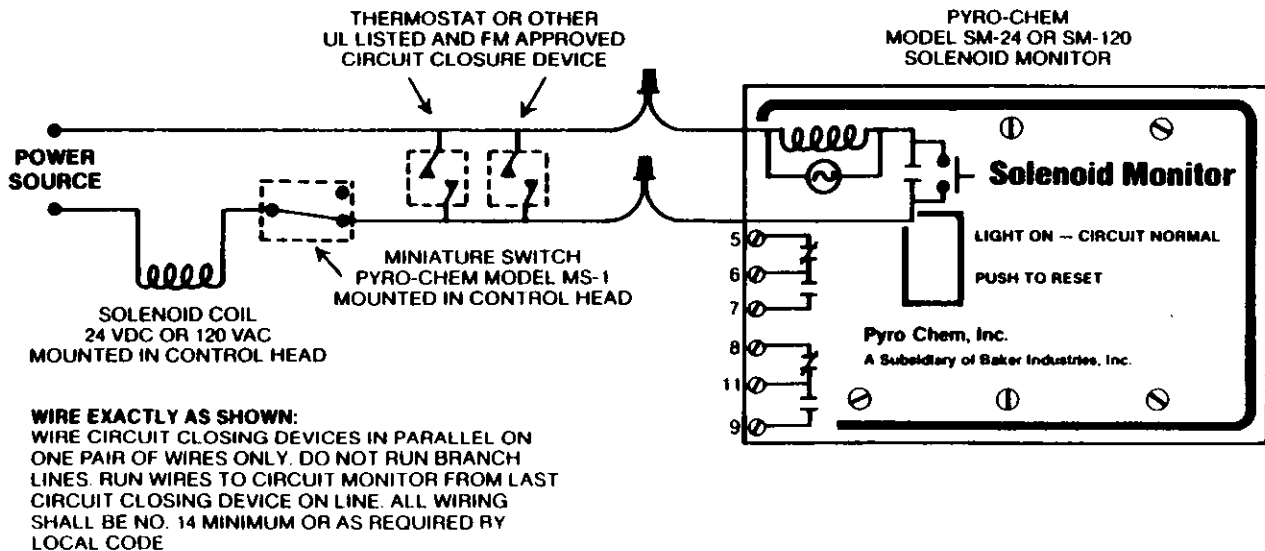


Figure 5-2. Wiring Diagram, Solenoid Monitor Operation

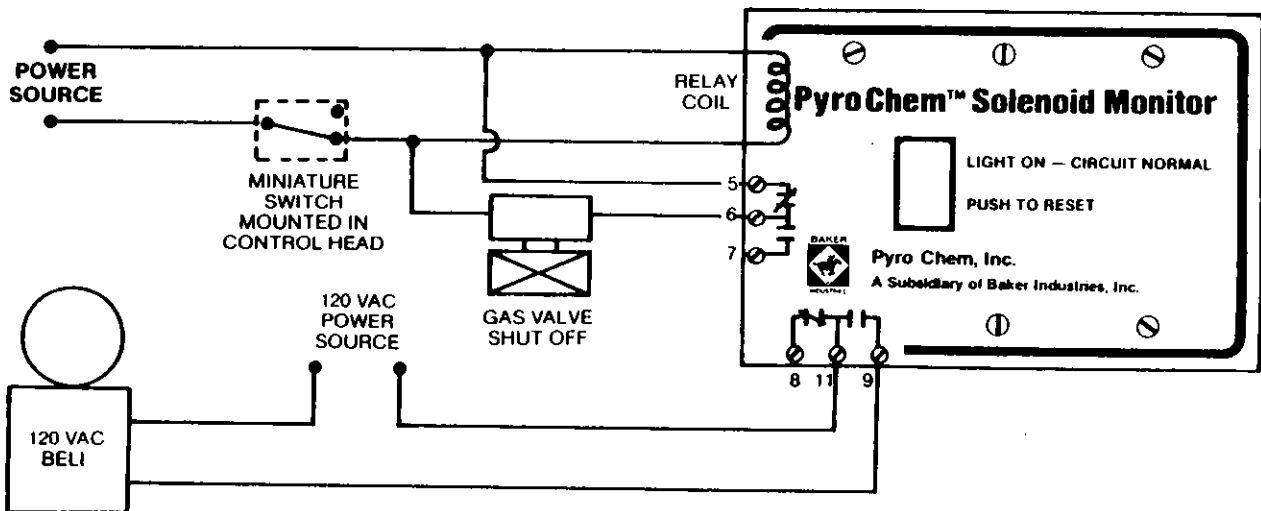


Figure 5-3. Wiring Diagram with Bell and Electric Gas Shutoff Valve

CHAPTER VI

SYSTEM INSTALLATION

A. GENERAL — Pipe and fittings for the discharge piping, tubing (EMT) for remote pull cable protection, pipe straps or pipe hangers, mounting bolts and screws are not furnished as part of the Pyro Chem pre-engineered wet chemical extinguishing system. These items are to be furnished by the installer.

Unpack the system and check that all parts are on hand as specified and ordered. Inspect parts for damage. Verify that cylinder pressure is within the range shown as acceptable.

B. CYLINDER INSTALLATION — The cylinder and valve assembly is shipped with an anti-recoil plug in the valve outlet.



The anti-recoil plug must remain in the valve outlet until the discharge piping is connected to the valve.

The cylinder must be mounted vertically with the discharge port facing either left or right. The discharge port can never face toward or away from the wall. The cylinder will be mounted using the bracket kit, Model MB-1 or MB15.

The bracket is to be securely anchored to the wall using bolts or lag screws as shown in Figure 6-1.

The wall to which this bracket is attached must be sufficiently strong to support the Pyro Chem cylinder. Approximate weight for the Model PCL-165/275/550 cylinder, bracket and control head is 47 lbs., 65 lbs. and 112 lbs. respectively. The bracket should never be fastened to dry wall or similar material. If this type of wall is encountered, the studs must be located and the bracket fastened into them.

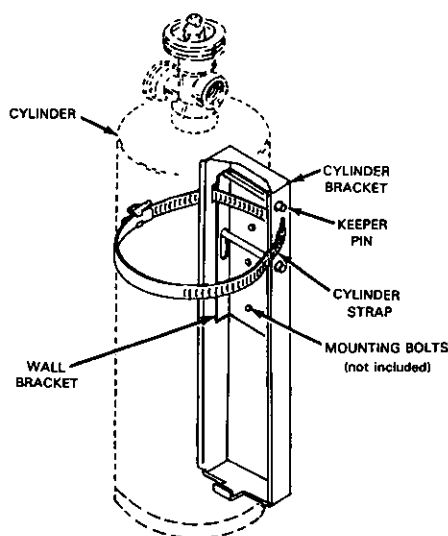


Figure 6-1 Mounting Bracket Installation

C. PIPE AND NOZZLE INSTALLATION — All pipe ends shall be thoroughly reamed after cutting and all oil and chips shall be removed. All foreign material must be removed from the pipe as it may interfere with the flow of chemical.

It is recommended that the following procedures be followed in installation.

1. Periodically check your pipe threading dies, to ensure that they are cutting to specification, and not leaving burrs or chips in the pipe threads.
2. Make certain that all threaded ends are reamed, chips blown clear, and threads cleaned to remove all mill varnish, and cutting oil.
3. Apply teflon tape on threaded ends. Start at the second male thread, wrapping the tape clockwise around the threads away from the pipe opening.
4. Do not overtighten, but be sure the pipe is snug. Do not back off sections of pipe to make them fit better. If the pipe was cut too short, recut another pipe to the proper length.



Do not apply teflon tape to cover or overlap the pipe opening, as the pipe and nozzles could be blocked, and prevent the proper flow of the fire suppression agent.

Do not use thread sealant or pipe joint compound as these are not approved.

All piping shall be securely fastened by means of pipe hangers and/or pipe straps. U.L. Listed pipe hangers are recommended.

A union should be installed in the discharge piping conveniently close to the cylinder valve to permit disconnection and removal for inspection and service.

Dry air or nitrogen should be blown through the piping to remove chips and other debris prior to installation of nozzles.

Nozzles shall be installed in accordance with the limitations described in Chapter II, Nozzle Placement Requirements. Blow-off caps are provided for each nozzle regardless of location. These will prevent dirt and grease from entering the nozzle.

D. CONTROL HEAD

1. **Mechanical — Model MCH** — Install the control head on top of the Pyro Chem cylinder valve. When the control head is properly aligned in the desired position, on top of the valve, tighten the knurled lock ring to secure the assembly. Remove the front cover plate.

The fusible link line must be threaded through the hole in the pulley ratcheting mechanism and then the line will be crimped. The crimp will be positioned inside the pulley wheel once it is connected to the fusible link line.

The fusible link line will now be put into a set position by tensioning the fusible link line.

This can be accomplished by a 5/8 inch socket that will ratchet in a clockwise direction. The pulley wheel will be ratched in a clockwise direction until the spring plate makes contact with the top of the actuator box. The fusible link line is now in a set position.

The slide plate may now be moved from right to left making sure the bolt extending from the cam is in the slot provided in the slide plate. The slide plate will be moved from right to left until the linkage bar is engaged and locked out.

A pull pin will be inserted into a hole in the slide plate which is located above the linkage bar and to the right of the remote pull station connection. This will put the control head in an inoperable mode. (See Figure 6-2A).

The Model MCH control head is in a set position so that the remainder of the appropriate connections can be made as necessary. (See Chapter IV)

When all necessary connections are made the carbon dioxide cartridge may be installed into the brass actuator.

The free play of the firing pin may be checked by lifting up gently on the cam arm. If the bolt attached to the cam does not make contact with the slide plate when the cam is lifted, the carbon dioxide cartridge is screwed into the proper depth. If this should fail to happen, further investigation must take place to find the source of the problem.

Once the carbon dioxide is checked for proper installation, the pull pin may be removed from the slide plate.

The cover plate can now be replaced on the actuator box.

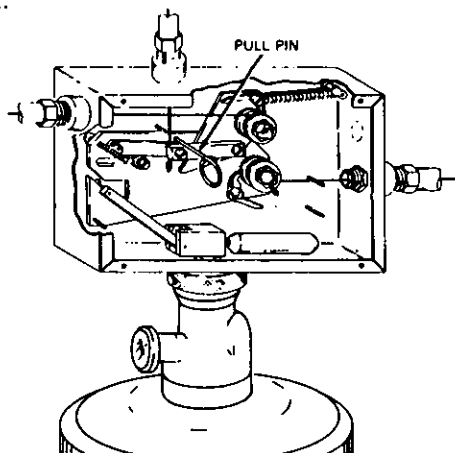


Figure 6-2A. Mechanical Control Head Installation

2. **Electrical — Model ECH** — Install the control head on the top of the Pyro Chem cylinder valve. When the control head is properly aligned, in the desired position, on top of the valve, tighten the knurled lock ring to secure the assembly.

NOTE

Make sure the solenoid is de-energized.

The slide plate may now be moved from right to left making sure the bolt extending from the cam is in the slot provided in the slide plate. The slide plate will be moved from right to left until the linkage bar is engaged and locked out. (See Figure 6-2B)

The Model ECH control head is now in a set position and the appropriate connections can be made as necessary. (See Chapter IV and related sections of Chapter V).

The ECH-120 must be powered by a 120 VAC, 2.0 amp circuit and the ECH-24 must be powered by a 24 VDC, 1.7 amp circuit. Also, the MS-SPDT miniature switch provided with the control head must be wired in the normally closed position to the solenoid.

When all the necessary connections are made, the carbon dioxide cartridge may be installed into the brass actuator.

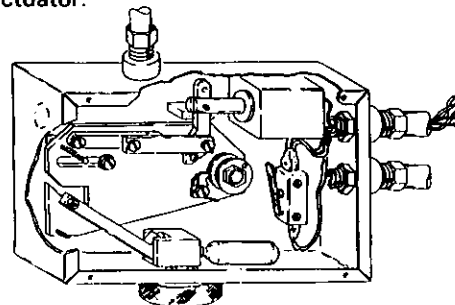


Figure 6-2B Electrical Control Head Installation

E. FUSIBLE LINK DETECTORS — The first step in installing the fusible link detector is to install the detector bracket. These brackets must be installed over appliances and in the ducts as explained in Chapter IV of this manual. Limitations regarding the maximum number of fusible links, corner pulleys and feet of cable must be followed.

Install the fusible link bracket by drilling an 11/16 inch hole in the sheet metal where required. This hole will permit the 1/2 inch EMT to pass through using suitable tubing connectors for a cable penetration hole. Connect the fusible link bracket to the EMT conduit using conduit bracket connectors supplied with the FLK-1 detector kit.

After the brackets are installed and EMT run through the hazard area, fusible links should be installed in the brackets. A standard 350°F link should be installed unless the hazard survey indicates the need for a higher temperature link.

Begin installing links at the terminal bracket. Here the link is anchored to the terminal side of the bracket using an "S" hook. A tight loop is made in the cable. This loop is secured with a crimp. Install an "S" hook through the loop and through the link. Feed the cable through to the next bracket. The procedure will now be repeated. The link is secured by cable at both ends when in series. (See Figures 1-12 and 4-3.)

CAUTION

Crimps must always be used in conjunction with two cable lengths. Loops are the accepted method of connecting the cable to mechanical components. The crimp must never be used on a single cable.

After the last link in the series is connected, the cable should be fed through the EMT back to the control heads and terminated as shown in Chapter IV, System Controls.

F. REMOTE MANUAL CONTROL (Pull Station) — Install the pull box in a readily accessible location. The pull box should be installed near an exit in the path of egress from the hazard area. This remote pull station should be located no more than 5 feet above the floor.

The pull box can be surface mounted or recessed and the design provides for entrance of the cable from bottom, top, either side or back. See Figure 6-3 for pull box installation details.

Fasten 3/64 or 1/16 inch stainless steel cable to the pull handle with the set screw provided. The cable must protrude into the handle and fully cross the set screw hole.

The cable should be run in 1/2 inch EMT with a corner pulley at each change in direction. Limitations for cable length and number of corner pulleys shown in Chapter IV must be observed. Cable should be run through the EMT to the Pyro Chem control head. At the control head it should be connected as shown in Figure 4-2.

When the pull station has been installed, insert the locking pull pin through the pull handle. Seal the pull station with a plastic wire seal. This seal will provide an indication of tampering if any takes place.

G. GAS SHUTOFF VALVE — A gas shutoff valve must be installed in the gas supply line. The valve body has an arrow which indicates direction of gas flow through the valve.

After the valve is installed in the gas line, 1/2" EMT conduit must be run from the control head to the gas valve. A corner pulley is used wherever a change in conduit direction is required.

NOTE

Limitations for total length of run and number of pulleys are shown in Chapter IV of this manual. These limitations must not be exceeded.

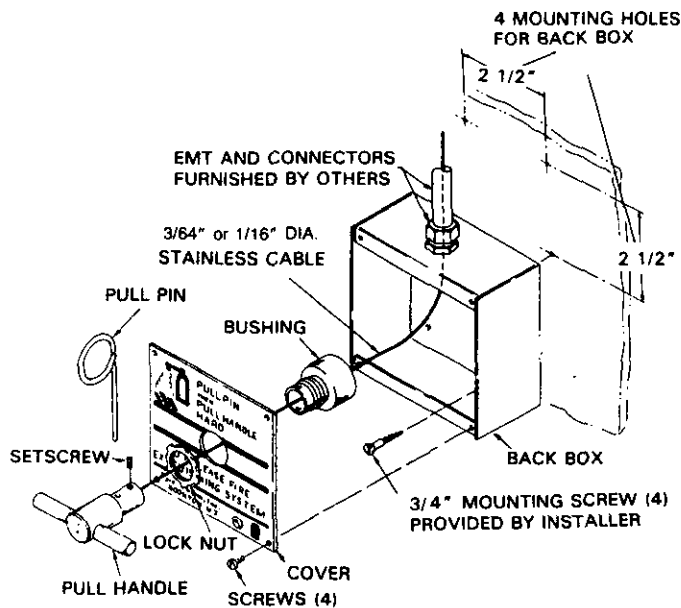


Figure 6-3. Pull Box Installation

Remove the gas valve cover and feed 3/64 or 1/16 inch cable through the EMT to the control head. Secure the cable to the gas valve ratchet mechanism as shown in Figure 4-4.

At the gas valve, loop the cable through the valve stem and secure with a cable crimp. The cable must be pulled tight before crimping. Operation of the control head will release the gas valve cable. Do not install gas valve cover until system checkout is complete. See Figure 6-4.

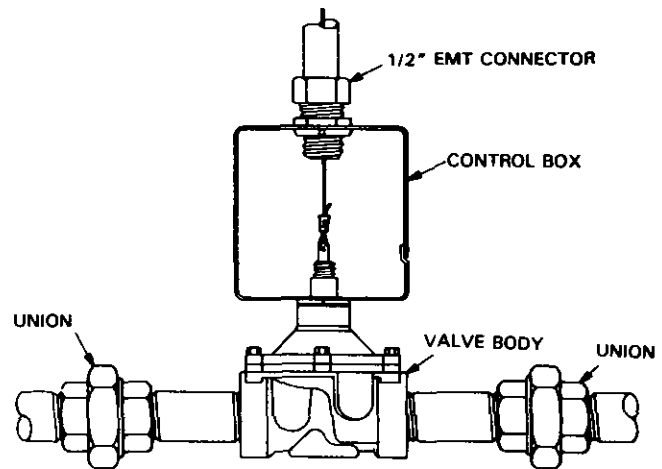


Figure 6-4. Gas Valve Installation

H. Tee Pulley — The tee pulley can be connected wherever two responses are needed from a particular input. This is limited to two pull stations operating a control head or two energy shutoff devices being closed from a single control head. (See Figure 6-5.)

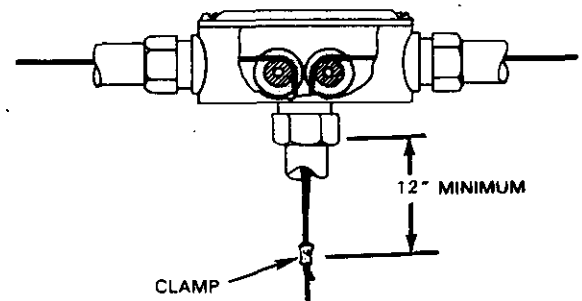


Figure 6-5. Tee Pulley Installation

I. PRESSURE SWITCH — The pressure switch must be installed in the discharge piping as shown in Figure 6-6.

NOTE

Minimum and maximum dimensions for pipe must be observed when installing the pressure switch.

The pressure switch is installed in the discharge piping within 12 inches of the valve discharge port. An inline tee is used for the installation. The pressure switch is isolated from the chemical flow by a 12 to 15 inch column of air in the form of a vertical pipe nipple. The switch is then mounted at the top of this nipple.

The wiring connection to the switch is as shown in Figure 1-14. The switch may be wired to provide an electrical signal to a main breaker or operate small electrical accessories provided the capacity of the switch is not exceeded. Its capacity is as follows:

15 amps @ 125/250 VAC
1/8 h.p. @ 125 VAC
1/4 h.p. @ 250 VAC

It is recommended that the switch be wired using 1/2 inch EMT conduit. Other methods allowed by local electrical codes will be acceptable to Pyro Chem.



The pressure switch must never be wired for direct cooking appliance shutdown.

NOTE

Pyro Chem, Inc. does not furnish the electrical contactor to shut off the power to electrically heated cooking appliances. The installer must furnish U.L. Listed enclosed control equipment or magnetic switch of appropriate rating, coil 125 V, 60 cy.

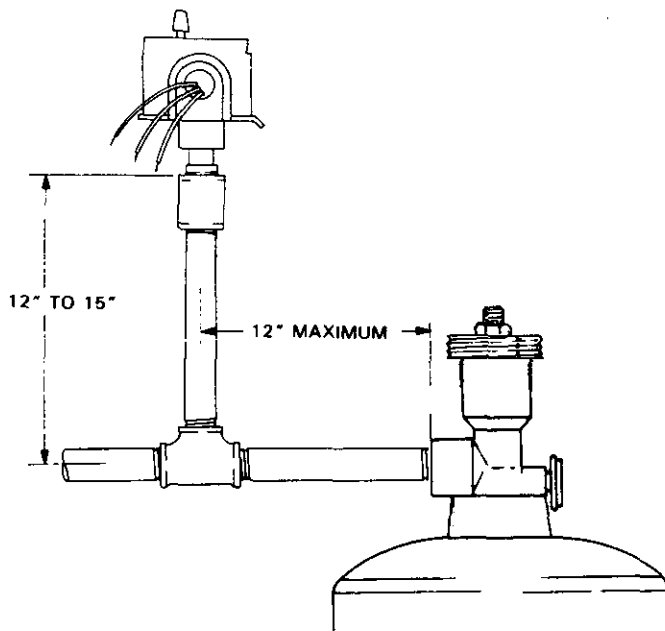


Figure 6-6. Pressure Switch Installation

J. SOLENOID MONITOR INSTALLATION — The solenoid monitor should be mounted in a location where it can be readily observed. This might be in or near the protected hazard, in the vicinity of the system cylinders, adjacent to other control equipment or wherever deemed most suitable for the particular hazard. But note that wherever the solenoid monitor is physically, electrically it must be on the end of the line. This means that a pair of wires must be run from the last circuit closing device to the solenoid monitor wherever it is installed.

For flush mounting, a three gang electrical box is used. The box must be 3 1/2 inches deep. For surface mounting, a 6 inch by 4 inch electrical box is used with a three gang adapter plate. (See Figure 6-7.)

All wire for circuits using the SM-24 circuit monitor shall be No. 18 minimum or as required by local code. All wire for circuit using the Model SM-120 solenoid monitor shall be No. 14 minimum or as required by local code. For typical wiring connection, see Chapter V.

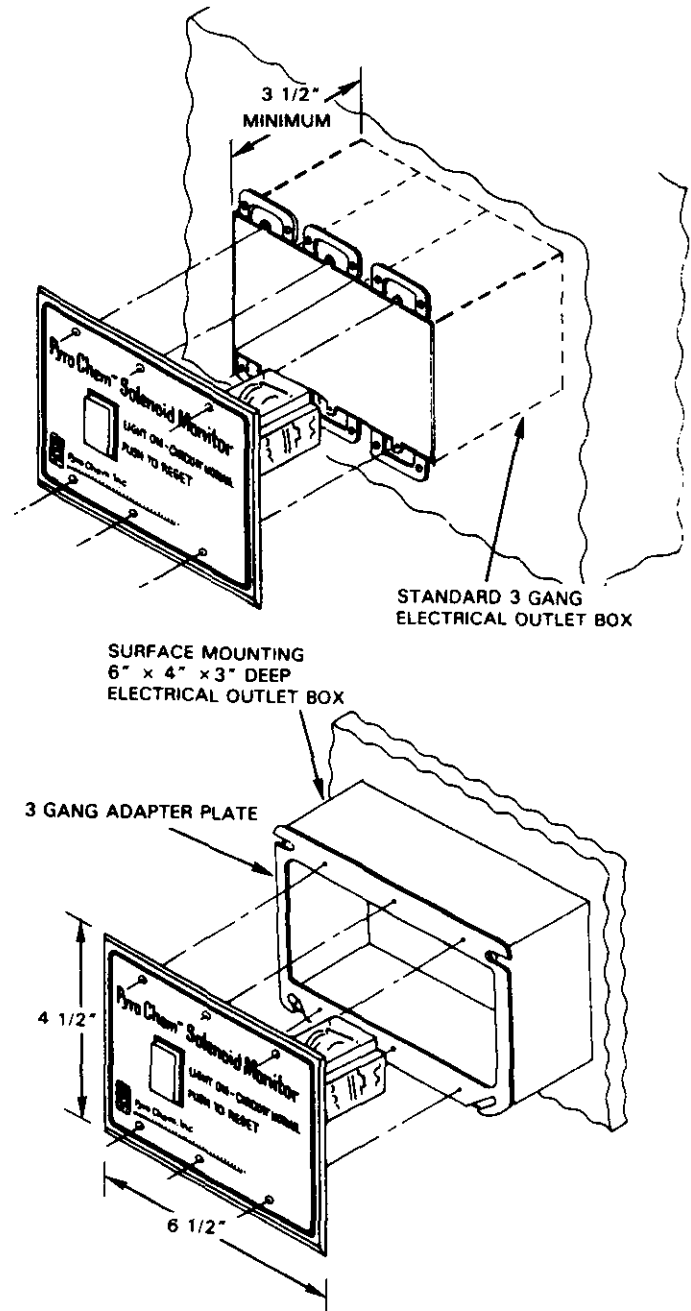


Figure 6-7. Solenoid Monitor Installation

K. MULTIPLE CYLINDER ACTUATION

1. Tandem Cylinder Actuation from Model MCH or Model ECH control head.

Pneumatic tubing and fittings, mounting bolts and screws are not furnished as part of the pneumatic activation system. These items are to be furnished by the installer.

NOTE

Tubing used in this installation shall have an outside diameter of $\frac{1}{4}$ " with a minimum wall thickness of $\frac{1}{32}$ of an inch. This is commonly known as refrigeration copper tubing. All tubing fittings shall be of the $\frac{1}{4}$ ", 45° flare type conforming to SAE J513c. Compression type fittings are not acceptable.

A Pyro Chem Model MCH or ECH must be installed with a Model MB-P2 mounting bracket. The bracket must be securely anchored to the wall using bolts or lag screws. The wall must be sufficiently strong enough to support the Pyro Chem MCH or ECH control head. Approximate weight is five (5) pounds.



Pyro Chem mounting brackets must never be fastened to dry wall or similar material. If this type of wall is encountered, the studs must be located and the bracket fastened to them.

In order to actuate the cylinder combinations stated in Chapter IV from the MCH or ECH control heads a $\frac{1}{4}$ ", 45° flare type fitting conforming to SAE J513c must be screwed into the base of the actuator. (Provided by installer)

The control head must be installed within the limitations stated in Chapter IV.

From the $\frac{1}{4}$ ", 45° flare type fitting at the base of the actuator tubing will be used to make the connections. The tubing in this installation shall have an outside diameter of $\frac{1}{4}$ " with a minimum wall thickness of $\frac{1}{32}$ of an inch. This is commonly known as refrigeration copper tubing. A maximum length of 24 inches of copper tubing is permitted. All tubing fittings shall be $\frac{1}{4}$ ", 45° flare type conforming to SAE J513c. Compression type fittings are not acceptable.

From this tubing, connections can then be made to the cylinders via their adaptors for remote tandem actuation. (See Figure 6-8) The wet cylinder can be connected directly to the valve cap adaptor provided with the cylinder. (See Figure 1-2) To make connections to the dry chemical cylinder the Model PDA-D2 will be required. (See Figure 1-6) Both are connected by screwing the flare connectors onto the inlet check valves. Verify that all tubing and fittings are free of obstructions by blowing compress air or nitrogen through them before making connections to adaptors.

2. Model PAC-10

The Pyro Chem Model PAC-10 will be used if more than two cylinders need to be simultaneously operated. The Model MCH or ECH control head must be installed on the Model PAC-10 pneumatic release. A maximum of ten extinguishing systems, of any combination, with a maximum of 100 feet of refrigeration copper tubing can be used with the Model PAC-10.

Pneumatic tubing and fittings, mounting bolts, and screws are not furnished as part of the PAC-10 Pneumatic Release. These items are to be furnished by the installer.

NOTE

Tubing used in this installation shall have an outside diameter of $\frac{1}{4}$ " with a minimum wall thickness of $\frac{1}{32}$ of an inch. This is commonly known as refrigeration type copper tubing. All tubing fittings shall be of the $\frac{1}{4}$ ", 45° flare type conforming to SAE J513c. Compression type fittings are not acceptable.

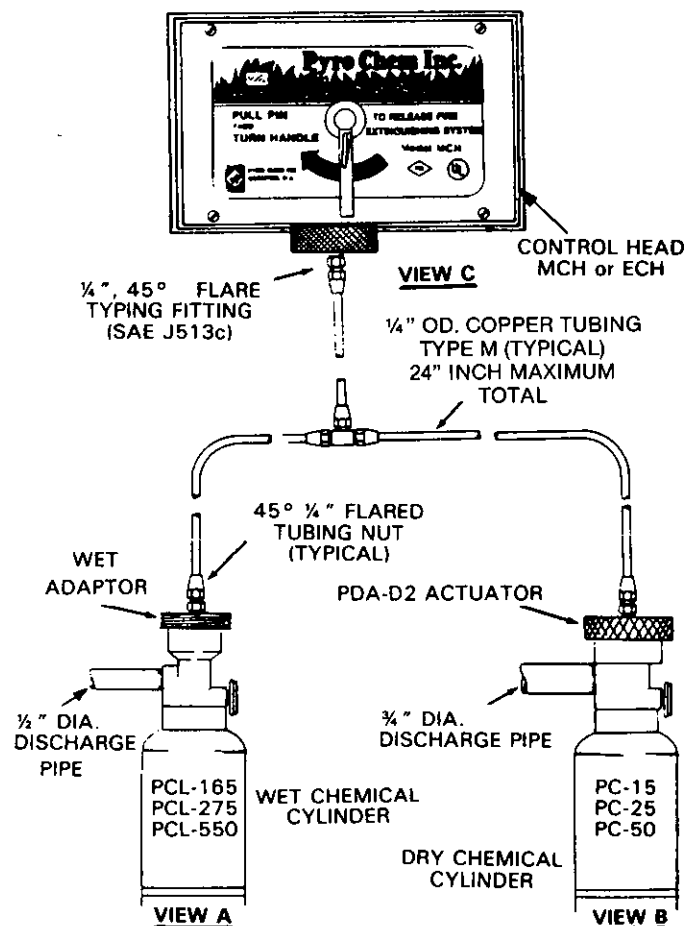


Figure 6-8. Cylinder, Actuators and Tubing Installation

Pneumatic Cylinder Installation — The cylinder and valve assembly with bracket is shipped complete. The cylinder must be mounted vertically with the nameplate facing out, away from the wall. The bracket must be securely anchored to the wall using bolts or lag screws as shown in Figure 6-9. The wall to which the pneumatic cylinder is mounted must be sufficiently strong to support the Pyro Chem PAC-10. Approximate weight is 20 pounds.



Pyro Chem mounting brackets must never be fastened to dry wall or similar material. If this type of wall is encountered, the studs must be located and the bracket fastened to them.

A total of 10 pressure actuators of either type can be operated from one PAC-10 pneumatic release. This can be any combination of wet valve caps or PDA-D2 actuators providing the total does not exceed 10 actuators. (See Figure 6-10)

The wet valve cap actuator is screwed into the top of each wet chemical extinguisher unit valve as shown in Figure 6-10, View A. Connection to the tubing is as shown.

The Model PDA-D2 actuator is screwed onto the top of the dry chemical extinguisher system unit installed as shown in Figure 6-10, View B. Connection to the tubing is as shown.

The tubing is connected to the PAC-10 pneumatic release using a $\frac{1}{8}$ " x $\frac{3}{4}$ " bushing and a 45° flare connector as shown in Figure 6-10, View C. A total of 100 feet of tubing can be used with the PAC-10 pneumatic release. This tubing should be coiled at each connection to a diameter of approximately 2½ inches as shown in Figure 6-10.

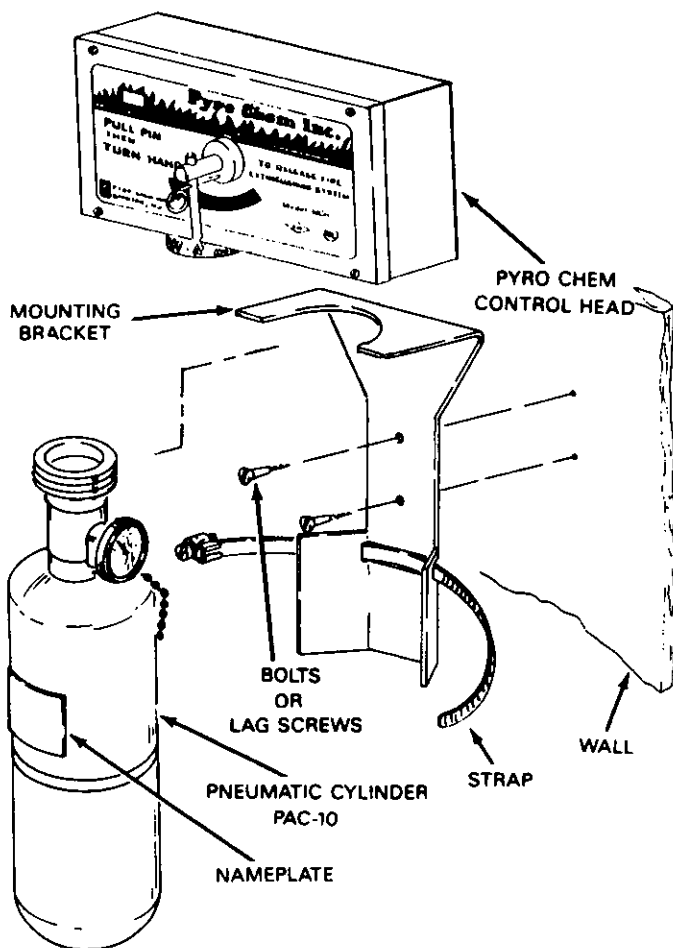


Figure 6-9. Pneumatic Cylinder Installation

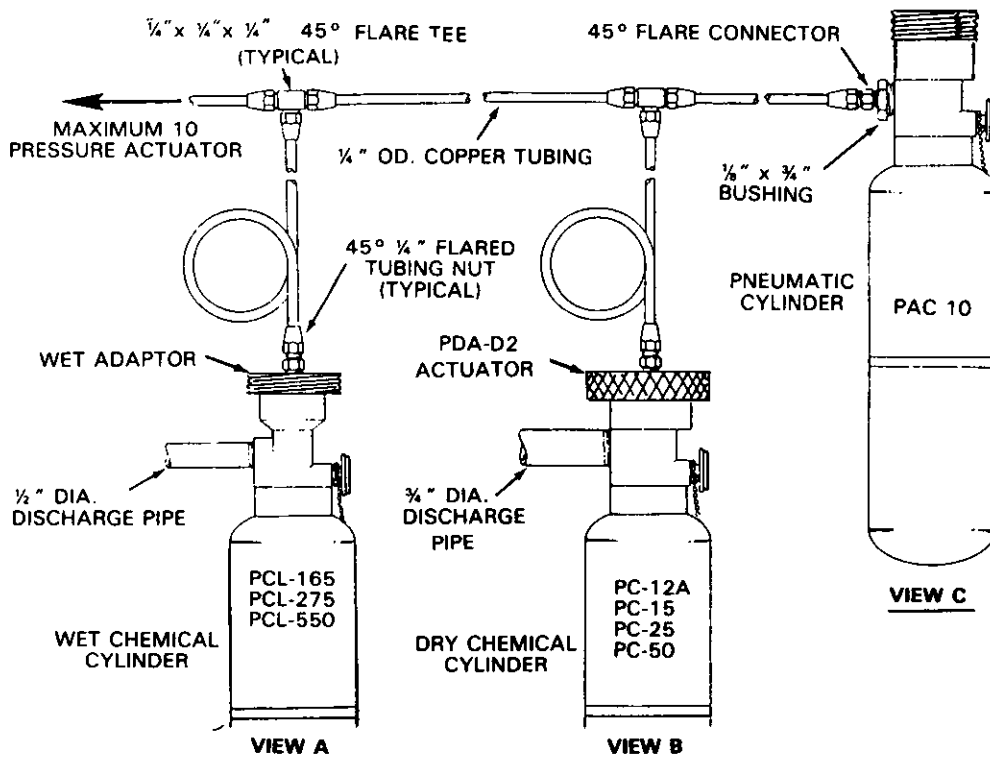


Figure 6-10. Cylinders, Actuators and Tubing Installations

CHAPTER VII

SYSTEM CHECKOUT AFTER INSTALLATION

MODEL MCH CONTROL HEAD

Prior to putting the system into service, all components must be checked for proper operation. During this checkout the PCL-165/275/550 cylinder should be removed from the control head.



The carbon dioxide pilot cartridge will actuate the PCL-165/275/550 cylinder and is to be removed from the control head during these operations.

To check satisfactory operation of the control head, adjust tension on the fusible link line until the spring plate makes contact with the top of the actuator box. This is approximately a 20 pound pull. Adjustment is made by tensioning the 3/64 or 1/16 inch cable with a 5/8 inch socket turning clockwise on the fusible link line ratcheting mechanism. (See Figure 4-2.)

The gas valve cable should be held in tension by the ratcheted pulley. The gas valve will be held open. The manual pull station cable should be slightly slack with the station in the set position.

Operate the control head by cutting the terminal link or an "S" hook holding that link. This action will relieve all tension on the fusible link line and operate the control head. The gas valve cable should have been released. The slide plate will have moved fully to the right.

If any of these events failed to occur, the problem must be investigated and repaired.

Repair the terminal link and reset the fusible link line by the ratcheting mechanism. Release tension on the gas valve cable. Reset the actuator cam and slide plate. Adjust tension on the gas valve control cable by ratcheting it to an open position. Check to see if the remote pull station is in an operable position.

Operate the control head by means of remote pull station. The gas valve cable should release. If any of these events fails to occur, the problem must be investigated and repaired.

Release tension on the gas valve cable. Reset the Model MCH control head slide plate. Replace the pull station handle and install the plastic wire wrap seal on the pull station. Adjust tension on the gas valve cable by the ratcheting pulley.

Install the pull pin into the slide plate to put the linkage bar into a negated position.



Make sure the fusible link line mechanism and linkage bar assembly are in the full reset position before screwing carbon dioxide cartridge into brass actuator. The pull pin should be installed in the slide plate during this operation.

Install the 12 gram carbon dioxide cartridge. Reinstall the system cylinder.

Remove the pull pin and install the control head cover. Make sure that the local manual control is in the set position with the safety pin and plastic seal in place.

The system is now in operation. If electric power or gas supply was interrupted doing the checkout, the electric power must be turned on. Gas appliances must be checked and pilot lights relit.

MODEL ECH CONTROL HEAD

Prior to putting the system into service, all components must be checked for proper operation. During this checkout the PCL-165/275/550 cylinder should be removed from the control head.



The carbon dioxide pilot cartridge will actuate the PCL-165/275/550 cylinder and is to be removed from the control head during these test operations.

Remove the carbon dioxide pilot cartridge. Set ECH control head and reset solenoid monitor. Test circuit closing devices by manual operation. Solenoid should energize and control head actuate.

While the circuit closing device is in the closed position, observe the solenoid monitor light which should be out.

At the same time, if the solenoid monitor relay is utilized for a remote indication, check to see that indication is given or that accessory equipment has operated.

Make certain that all circuit closing devices are open and that the solenoid operator is de-energized. Reset control head, reset solenoid monitor.

Operate the control head by means of remote mechanical pull station. The gas valve cable should release. If any of these events fails to occur, the problem must be investigated and repaired.

Release tension on the gas valve cable. Reset the Model ECH control head slide plate. Replace the pull station handle and install the plastic wire wrap seal on the pull station. Adjust tension on the gas valve cable by the ratcheting pulley.



Make sure that the cam and the trip linkage are in the full reset position.

Make sure that the local manual control is in the set position with the safety pin and plastic seal in place.

Remove the pull pin from the slide plate. Install the control head cover. The system is now in operation. If electric power or gas supply was interrupted doing the checkout, the electric power must be turned on. Gas appliances must be checked and pilot lights relit.

If any of these events fails to occur, the problem must be investigated and repaired.

PNEUMATIC CYLINDER OPERATION

Disconnect all actuators and the pneumatic release from the tubing. Blow compressed air or nitrogen through the tubing and see that it is discharged at each actuator fitting. Reconnect the tubing.

CHAPTER VIII

INSTRUCTIONS AFTER SYSTEM OPERATION

A. CLEANUP — Hazard area cleanup after a fire is very basic. The wet chemical solution forms a foam on the grease which can be easily wiped up. Chemical which is not in the grease can be wiped up with a damp cloth. The Pyro Chem wet chemical solution is non-toxic; however, its alkaline nature will cause food to become unpalatable.

CAUTION

No cleanup should be attempted until the hazard area is cooled. Water should never be used to clean up hot grease.

Due to the alkaline nature of Pyro Chem's wet chemical, it should not be allowed to stand for long periods on kitchen surfaces. It will have minimal effect on stainless steel, but could cause deterioration of non-ferrous metals like copper or aluminum.

CAUTION

Pyro Chem wet chemical solution is electrically conductive. All electrical equipment must be completely de-energized prior to cleanup to avoid electric shock.

B. SYSTEM RECHARGE PCL 165/275/550 — Remove the cylinder after operation and inspect for visual damage. If there is any damage, the cylinder must be hydrostatically tested before refill. If there is no damage, the cylinder can be recharged as follows:

CAUTION

Check the pressure gauge. If it is showing any residual pressure, or the valve stem offers resistance to movement install the recoil plug to dispell the pressure. Goggles and rubber gloves should be worn during this operation.

WARNING

Pyro Chem wet chemical solution is caustic and electrically conductive. If it comes in contact with skin or eyes it should be flushed for 15 minutes with clean water and a physician contacted if irritation persists. Care must be taken to thoroughly clean up the discharge around electrical appliances before turning the power on.

1. Disconnect control head or pneumatic tubing from appropriate pneumatic actuator, Model PDA-D2 or wet valve cap.
2. Relieve pressure out of top of valves by depressing Schrader valve core. By performing this operation the cylinder valves will close and reset to working status.
3. Verify the system is fully discharged by depressing the valve stem. This will expell any residual pressure.

4. Remove the valve and syphon tube. Inspect the valve and regrease the seals with clear silicone grease such as Parker Super-O-Lube. Damaged seals should be replaced. Discard any remaining wet chemical in the tank.

5. Refill the tank with Pyro Chem wet chemical solution, part number 450-420702, available in 2.75 and 1.65 gallon recharge packs.

The PCL-165 will take one (1) 1.65 gallon recharge pack.

The PCL-275 will take one (1) 2.75 gallon recharge pack.

The PCL-550 will take two (2) 2.75 gallon recharge pack.

These packs are premeasured to provide the correct fill for this appropriate cylinder.

6. Install valve assembly and syphon tube to cylinder. Valve should be installed hand tight as it uses an O-ring seal.
7. Using Pyro Chem recharge adapter, part number 500-420735, the system should be repressurized to 175 PSIG. Invert cylinder after pressurized to clear air bubble in syphon tube. Using a soap solution, check for leaks.

NOTE:

System recharge and reset should only be performed by authorized Pyro Chem distributors who are trained in the installation and maintenance of Pyro Chem systems.

C. PIPE AND NOZZLES

1. All nozzles must be removed from the system and disassembled. All strainers and nozzle orifices must be cleaned with fresh, warm water and checked for obstruction. The nozzle must then be reassembled and new covers installed.

2. Piping must be flushed with warm water. This is normally done by discharging a 2 3/4 gallon test cylinder through the piping. The piping can then be blown out with dry nitrogen.

3. After cleaning the pipe, replace all nozzles in their proper location.

II. Tandem Pneumatic Cylinder Release

1. Disconnect tubing fittings from appropriate pneumatic actuators, Model PDA-D2 and wet valve cap.

2. Relieve pressure out of top of valves by depressing schrader valve core. By performing this operation the cylinder valves will close and will reset them to working status.

3. Recharge extinguishing system units in accordance with directions on nameplates and Section B.

4. Reconnect all tubing fitting at actuators for pneumatic release.

5. Verify carbon dioxide (CO₂) cartridge has been replaced with new carbon dioxide (CO₂) cartridge.

III. PAC-10

1. Reset all pneumatic actuators, Models PDA-D2 and wet valve cap by depressing check valve in top and relieving pressure.
2. Recharge extinguishing system units in accordance with directions on nameplates and Section B.
3. Disconnect tubing fittings and remove the PAC-10 pneumatic release from its bracket.
4. Connect valve outlet to regulated nitrogen source. Adjust regulator to 350 PSIG. Open valve and pressurize cylinder to 350 PSIG.
5. Close nitrogen supply valve. Disconnect nitrogen from PAC-10 discharge port.
6. Record recharge date on tag and reinstall cylinder in bracket.
7. Reconnect all tubing fittings at actuators and PAC-10 pneumatic release.

D. SYSTEM RESET.

1. All fusible links should be replaced. The fusible link line should then be readjusted to proper tension as described in Chapter VI.
2. The remote manual pull station must be inspected and reset if this means of actuation was used to operate the system.
3. Turn off all gas burners and reset the mechanical gas valve cables as shown in Chapter VI.

E. SYSTEM CHECKOUT.

Follow instructions for system checkout in Chapter VII.

SYSTEM MAINTENANCE

A. MONTHLY.

1. Check that the extinguishing system is in its proper location.
2. Manual actuators are unobstructed.
3. Check that all plastic seals are in place and no one has tampered with the system.
4. Maintenance tag or certificate is in place.
5. Check piping, EMT and nozzle for visual damage.
6. Inspect fusible link detectors for excessive grease buildup. They should be wiped clean.
7. Check pressure gauge wet chemical on cylinder and pneumatic release valve. If it is below the minimum (out of green area), the cylinder must be serviced by an authorized Pyro Chem distributor.

B. EVERY SIX MONTHS.

1. Check that the hazard has not changed.
2. Repeat monthly checks.
 - 2a. Remove control head cover and remove carbon dioxide pilot cartridge.
3. Disconnect and remove discharge piping from the cylinder. Using air or nitrogen blow out the pipe to check for obstructions.
4. Inspect cylinder pressure and PAC-10 pressure if applicable. Tap gauge lightly to insure that the needle is free moving. Any cylinder leakage will be indicated by pressure loss.
5. Remove cylinder and verify filled weight.
6. Perform full operation test of system as detailed in Chapter VII.
7. Reconnect discharge piping. Reinstall carbon dioxide pilot cartridge and replace control head cover.
8. Verify that the electrical signaling, miniature switches, MS-SPDT, MS-DPDT functions and resets after the control head is reset.

C. ANNUALLY.

1. Inspect as per 6 month instructions.
2. Remove pilot cartridge and replace with a new cartridge.
3. Fixed temperature sensing elements of the fusible alloy type shall be replaced at least annually or more frequently if necessary to assure proper operation of the system.

D. HYDROSTATIC TEST — Wet chemical cylinders and pneumatic release cylinder shall be hydrostatically tested at least every 12 years as per NFPA 17

The procedures used shall be those of an approved laboratory for each type of equipment.

- (a) The wet chemical removed from the container shall be discarded.
- (b) To protect the hazard during the hydrostatic testing period, if there is no automatic connected reserve, alternate protection acceptable to the authority having jurisdiction shall be provided.

NOTES



OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BUCK
PROJECT: RIVIERA PLAZA SCD NO.: 5065
BLOCK NO.(s) 446.05 LOT NO.(s) 3

PROJECT: RIVIERA PLAZA SCD NO.: 5065

BLOCK NO.(s) 446.05 LOT NO.(s) 3

Complete Compliance

Temporary Compliance ☐

Block No.	Lot No.	Conditions
		TOTAL FEES DUE: \$ _____

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: M. J. Murphy

DATE: 5/16/38

DISTRIBUTION: WHITE - Township