BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 399 Brick Blvd. PERMIT NO. 18-3054

CONSTRUCTION PERMIT APPLICATION

18-0040271

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

I. IDENTIFICATION

1. Proposed Work Site at: 399 Brick Blvd. New China State
2. Name of Owner in Fee: Drum Point Plaza
   Tel. ( ) _____ e-mail _____
   Address 249 Brick Blvd. (street)
3. Ownership in Fee: Public _____ Private (municipality) X (zip code)
4. Principal Contractor: Freedom Fire + Safety Tel. (732) 948-8944
   Address 218 B Grant Ave PO Box 512 e-mail _____
   Pine Beach, NJ 08741
   License No. OR, if new home, Builder Reg. No. 20280 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 271-136-663 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Timothy Poppe
   Tel. (732) 948-6944 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	1750-		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	7-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1757-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

Suppression

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	3500-								
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

✓ Check if contractor.

Agent Name Freedom Fire + Safety Equipment LLC. Timothy Poppe

Address 218 B Grand Ave PO Box 512

Pine Brook, NJ 07411

Telephone (732) 948-6944

X Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/13/2018
Control Number C-18-004027
Permit Number 18-3059
Permit Issue Date 11/2/2018
Certificate Number 18-3059

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. NEW CHINA STAR Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone:

Contractor Freedom Fire & Safety

Address 218 B Grant Ave. Pine Beach NJ 08741

Telephone: (877) 351-3473 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - - NEW CHINA STAR ...REPLACE SUPPRESSION SYSTEM

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/13/2018

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 11/2/18
Control # C-18-004027
Permit # 18-3054

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

Work Site Location: 335-399 BRICK BLVD. NEW CHINA STAR Brick Township, NJ

Owner in Fee: DRUM POINT PLAZA LLC, 249 BRICK BLVD BRICK NJ 08723

Telephone:

Contractor: Freedom Fire & Safety

Address: 218 B Grant Ave. Pine Beach NJ 08741

Telephone: (877) 351-3473

Lic. No. or Bldrs. Reg. No. PO1280 PO1280 PO1280

Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - NEW CHINA STAR ...REPLACE SUPPRESSION SYSTEM

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

Estimated Cost of Work $3,500

D. J. Murray Jr. Inc

Construction Official

10/31/18

Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$170
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$177
Check No.	1573
Cash	$0
Credit	$0
Collected By	M. Ingen

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

New China Star

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Last system of 3 for activation only

Date Received / Control # 11/2/18

Date Issued / Permit # 18-3059 Bimbo Guerra

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

Block 547.01 Lot 15 Qualification Code _____

Work Site Location 399 Brick Blvd. / New China Star
Brick, NJ 08723

Owner in Fee: Drum Point Plaza LLC

Tel. _____ e-mail _____

Address 335-399 Brick Blvd. 249 Brick Blvd.
(street) (municipality) (zip code)

Contractor: Freedom Fire & Safety Equipment, LLC Tel. (732) 948-6944

Address 218 B Grant Ave. PO Box 5112 e-mail freedomfiresafety@outlook.
Pine Beach, NJ , 08741

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01280

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 271136663 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 3,500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved
Date: 10/2/18 Approved by: DG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-25-18
Approved by: EG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCCO [X] CA
Date: 12-10-18
Approved by: EG

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-10-18	JA
Other _____				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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.

Applicant/Contractor sign here: _____

Print name here: Timothy Poppe

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Install UL300 Wet chem. suppression kitchen system over existing equipment

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

COMMERCIAL

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

Pre-Engineered Restaurant Fire suppression System Report

FREEDOM Fire and Safety Equipment
P.O. Box 512 Pine Beach, NJ 08741
Phone: 877-351-3473 NJ Fire Permit #P01280

Customer

Name: New China Star
Address: 399 Brick Blvd. Block 5420 Lot 15
City: Brick State: NJ Zip: 08723
Telephone: 732-477-6211 Store No.
Owner/Manager

Date of Service: 12-7-18 Time: 9:30 AM PM

Annual	Semi-Annual	Recharge	Installation	Renovation
	☐		X	

Location of System Cylinders: High of hood
UL 300: ☒ Yes ☐ No

Manufacturer: ☐ Amerex ☐ Ansul ☐ Kidde ☒ Pro Tex II ☐ Pyro chem ☐ Range Guard ☐ Other
Chemical: ☒ Wet ☐ Dry

Model Number(s): L4600 L4600

Cylinder Size Master	Cylinder Slave Size	Cylinder Slave Size
4.6 gallon	4.6 gallon	

Serial Number(s): ATM744941 ATM744819

Fusible Links 360°	Fusible Links 450°	Fusible Links 500°	Other
/	ML 7	/	/

Fuel Shut-Off: ☐ Electric ☒ Gas ☐ Both

Electric – Mechanical: Gas Shut-Off Valve(s): C.I.
Gas Size(s): 2"

Hydrostatic Test Date: 2018

Cooking Appliance Locations: Hood Size(s): 2 ft. 0" Duct(s) 4 Size(s) 15x23 17x23

Broiler, Fryer, Fryer, wok, wok, wok, wok, wok, wok

1. All appliances properly covered w/correct nozzles	Yes	No	NA	16. Proper nozzle covers in place	Yes	No	NA
2. Duct & plenum covered w/ correct nozzles	Yes	No	NA	17. Check fuse links & clean	Yes	No	NA
3. Check positioning of all nozzles	Yes	No	NA	If no, replaced	Yes	No	NA
4. System installed according to MFG UL listing	Yes	No	NA	18. Check travel of cable nuts/S-hooks	Yes	No	NA
5. Hood/duct penetrations sealed w/weld or UL device	Yes	No	NA	19. Piping & conduit securely bracketed	Yes	No	NA
6. Check if seals are intact	Yes	No	NA	20. Proper separation between fryers & flame	Yes	No	NA
Evidence of tampering	Yes	No	NA	21. Proper clearance from flame to filters	Yes	No	NA
7. Has system been discharged	Yes	No	NA	22. Exhaust fan in operating order	Yes	No	NA
8. Pressure gauge in proper range	Yes	No	NA	23. All filters in place	Yes	No	NA
9 Check cartridge weight/gauge	Yes	No	NA	24. Fuel shut-off in "ON" position	Yes	No	NA
10. Inspect cylinder & mount	Yes	No	NA	25. Manual & remote set/seals in place	Yes	No	NA
11. Operate system from terminal link	Yes	No	NA	26. Replace system covers	Yes	No	NA
12. Test for proper operation from remote	Yes	No	NA	27. System operational & seals in place	Yes	No	NA
Location: Back exit				28. Slave system operational	Yes	No	NA
13. Check operation of micro-switch	Yes	No	NA	29. Clean cylinder & mount	Yes	No	NA
Devices: MUA - Horn/Strobe - Alarm				30. Fan warning sign on hood	Yes	No	NA
Electric shut off – Other				31. Personnel instructed in manual operation of system	Yes	No	NA
14. Check operation of gas valve	Yes	No	NA	32. Proper hand portable extinguishers	Yes	No	NA
Location: Ceiling				33. Portable extinguishers properly serviced	Yes	No	NA
15. Clean nozzles	Yes	No	NA	34. Service & certificate tag on system	Yes	No	NA

Comments/Discrepancies:

Permit # 18-3059

On this date, this pre-engineered fire suppression system was inspected & operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 & the manufacturer's manual with the results indicated above.

X	12-7-18	9:30 AM PM	X
Service Technician	Date	Time	Customer's Authorized Signature

The above service technician certifies that the above system was personally inspected & found conditions to be as indicated on this report.

WHITE – *CUSTOMER COPY* ***CANARY*** – *DISTRIBUTOR* ***PINK*** – *AUTHORITY HAVING JURISDICTION*

New China Star

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/2/18

Date Issued / Permit # 18-3059

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 399 Brick Blvd. / New China Star
Brick, NJ 08723

Owner in Fee: Drum Point Plaza LLC

Tel. e-mail

Address 335-399 Brick Blvd 247 Brick Blvd.
street municipality zip code

Contractor: Freedom Fire & Safety Equipment, LLC Tel. (732) 948-6944

Address 218 B Grant Ave. PO Box 5112 e-mail freedomfiresafety@outlook.

Pine Beach, NJ , 08741

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01280

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 271136663 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 3,500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10/25/18 Approved by: JD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-25-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Applicant/Contractor sign here:

Print name here: Timothy Poppe

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install UL300 Wet chem. suppression Kitchen System over existing equipment

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

CONNECTICUT

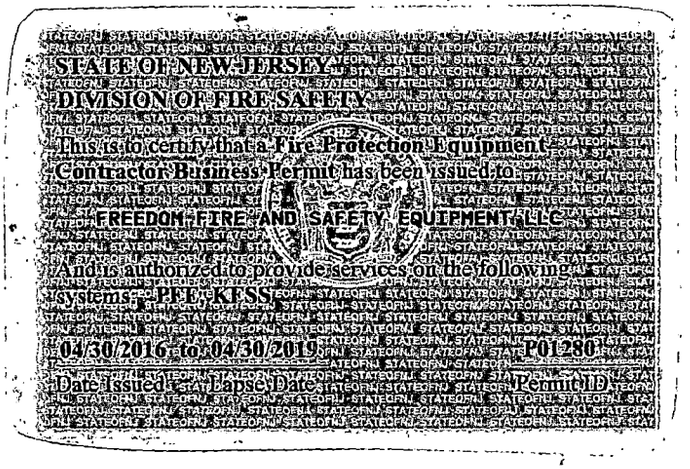
Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



STATE OF NEW JERSEY

DIVISION OF FIRE SAFETY

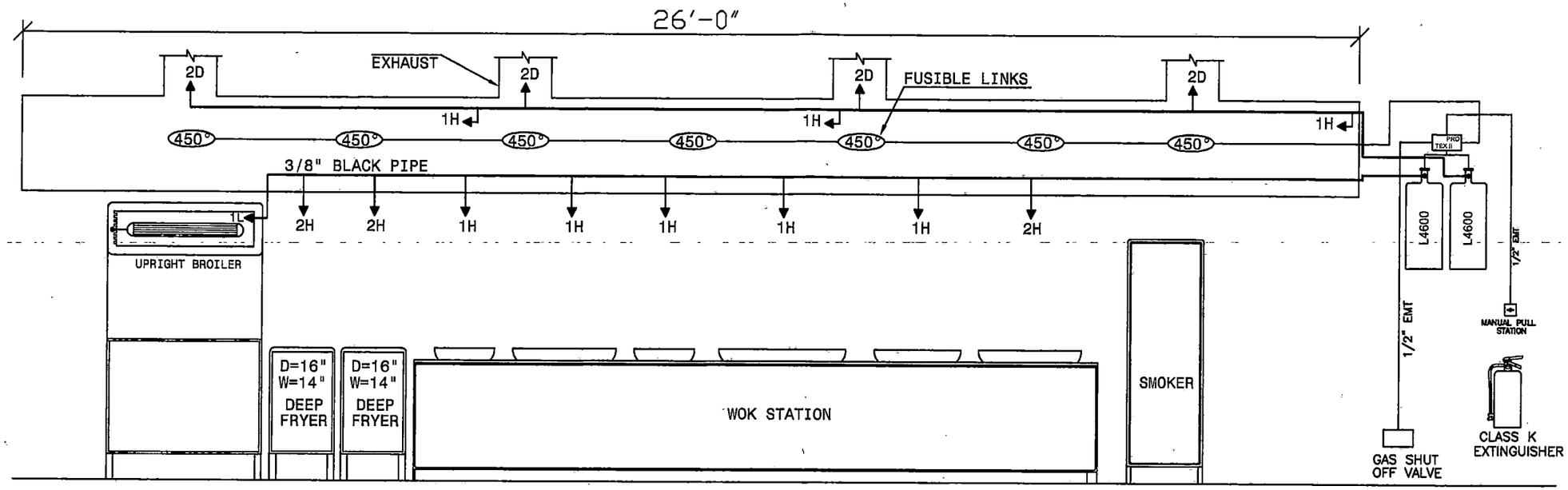
This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to

FREEDOM FIRE AND SAFETY EQUIPMENT, LLC

And is authorized to provide services on the following systems: PFE-KFSS

04/30/2016 to 04/30/2019 P01280

Date Issued Expiration Date Permit ID

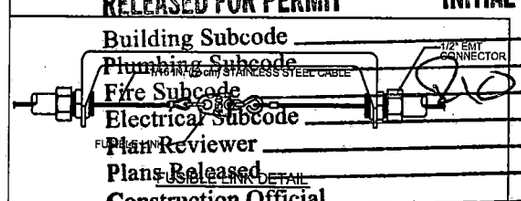


FILE COPY

EXISTING KITCHEN SUPPRESSION SYSTEM IS NO LONGER SUPPORTED BY THE MANUFACTURER AND DOES NOT MEET UL300 STANDARD

REPLACE EXISTING SYSTEM WITH A NEW UL300 KITCHEN SUPPRESSION SYSTEM TO PROTECT EXISTING HOOD AND COOKING EQUIPMENT

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official



GENERAL NOTES:

1. THIS INSTALLATION IS TO BE MADE IN ACCORDANCE WITH THE PRO TEX II INSTALLATION MANUAL AND IN ACCORDANCE WITH ALL STATE AND LOCAL CODES.
2. ALL PIPE LENGTHS TO BE FIELD VERIFIED.
3. THESE DRAWINGS MAY BE USED TO SECURE APPROVAL FROM THE AUTHORITY HAVING JURISDICTION.
4. IT IS NECESSARY THAT ALL PIPE FITTINGS AND NOZZLES BE WRENCH TIGHTENED AND SECURELY SUPPORTED AND THAT ALL NOZZLES ARE PROPERLY AIMED AS INDICATED IN THE PRO TEX II INSTALLATION MANUAL.
5. THE WIRE ROPE FOR THE DETECTOR AND REMOTE PULL STATION IS TO BE INSTALLED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
6. THIS INSTALLATION IS TO BE INSPECTED, PUT INTO OPERATION AND CERTIFIED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
7. ALL ELECTRICAL DEVICES UNDER HOOD SHALL SHUT DOWN UPON SYSTEM ACTIVATION. ELECTRICAL CONTACTS AND WIRING FOR APPLIANCE SHUT OFF TO BE PROVIDED BY THE ELECTRICAL CONTRACTOR.
8. PRO TEX II RESTAURANT FIRE SUPPRESSION SYSTEMS HAVE BEEN TESTED AND ARE LISTED BY UNDERWRITERS' LABORATORIES INC. AS PRE-ENGINEERED SYSTEMS, AND WHEN INSTALLED AS SHOWN ON THIS DRAWING SHALL COMPLY WITH ALL RELEVANT PRO TEX II INSTALLATION RECHARGE INSPECTION AND MAINTENANCE MANUALS AND SHALL COMPLY WITH NFPA 96 WHEN INSTALLED AND CERTIFIED BY AUTHORIZED TRAINED PRO TEX II DISTRIBUTORS IN ACCORDANCE WITH THE MANUAL.
9. ALL AGENT DISTRIBUTION PIPING AND DETECTION CONDUIT HOOD PENETRATIONS MUST BE PROPERLY SEALED IN ACCORDANCE WITH NFPA 96.
10. MAKE-UP AIR SHALL SHUT DOWN UPON SYSTEM ACTIVATION
11. EXHAUST FAN SHALL REMAIN ON DURING SYSTEM ACTIVATION
12. SYSTEM SHALL SHUT DOWN FUEL TO ALL APPLIANCES UPON SYSTEM ACTIVATION
13. COOKING APPLIANCES SHALL BE 0'-6" FROM ALL ENDS OF HOOD.
14. MANUAL PULL STATION SHALL BE LOCATED A MINIMUM OF 10'-0" FROM HOOD AND AT A MEANS OF EGRESS.

NOZZLE SCHEDULE

QTY.	MODEL#	DESCRIPTION	FLOW POINTS
8	1H	HIGH RANGE APPLIANCE/PLENUM NOZZLE	1
1	1L	LOW RANGE APPLIANCE NOZZLE	1
3	2H	HIGH RANGE APPLIANCE NOZZLE	2
0	2L	LOW RANGE APPLIANCE NOZZLE	2
4	2D	DUCT NOZZLE	2

NUMBER OF FLOW POINTS AVAILABLE: 30
NUMBER OF FLOW POINTS USED: 23

PROJECT RESTAURANT INFORMATION

NAME:
NEW CHINA STAR

ADDRESS:
399 BRICK BLVD.
BRICK, NJ 08723

DRAWING TITLE

FIRE SUPPRESSION SYSTEM PLAN
ELEVATION & NOTES

DRAWN BY	DWG NO.	DATE:	DRAWING #
TMP	2355	10/25/18	KS-1 1 OF 1

FREEDOM FIRE & SAFETY EQUIPMENT, LLC
P.O. BOX 512
PINE BEACH, NJ 08741
PHONE: 877-351-3473
N.J. BUSINESS PERMIT # P01280