BLOCK 670 LOT 9.03 QUALIFICATION CODE ~~C02·61~~ Office ADDRESS (SITE) 940 Cedar Bridge PERMIT NO. 02-2550

CONSTRUCTION PERMIT APPLICATION

"Mult bldg" Catlin 7/9

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

I. IDENTIFICATION

1. Proposed Work Site at: 940 CEDAR BRIDGE AVE
2. Name of Owner in Fee: R-STONE COMPANY Tel. (732) 244-6771
   Address 36 WASHINGTON ST (street) TOMS RIVER (municipality) N.J. 08753 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: R-STONE COMPANY Tel. (732) 244-6771
   Address 36 WASHINGTON ST TOMS RIVER N.J. 08753
   License No. OR, if new home, Builder Reg. No. 5097 Exp. Date 7/31/02
   Federal Employee No. 22-213402 FAX: (____) ______
5. Architect or Engineer ______ Tel. (____) ______
   Address ______
6. Responsible Person in Charge of Work ______
   Tel. (____) ______ FAX (____) ______

COMMERCIAL

Methane gas detector

see Office bldg packet for mech approval

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical	35		
3.	Plumbing			
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	8		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 78		

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK / OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Approval	Resubmission Rejection	Reviewer
1. ☐ Minor Work									
2. ☐ New Building		ENP	6/28/02						
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					7/8/02	KLS			
6. ☐ Plumbing									
7. ☒ Electrical					7/3/02	JW			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

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:
3. Change in Use Group, Indicate Former:

LDS BR 10303810

U.C.C. F100-1 (rev. 3/96)

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 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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/10/2002
Control 0
Permit 0 02-2550

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 670 Lot 9.03 Qual

Work Site Location 940 CEDAR BRIDGE AVE
METHANE GAS DETECTORS
Owner in Fee R-STONE COMPANY
Address 36 WASHINGTON ST
TOMS RIVER, NJ 08753-
Telephone (732)244-6771

Contractor PRECISION LINE ELECTRIC CORP
Address PO BOX 607
CLIFFWOOD, NJ 07721-
Telephone (732)264-7200
Lic. No. or Bldrs. Reg. No. 11381
Federal Esp. No. 22-3785695

Is hereby granted permission to perfore the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
METHANE GAS DETECTORS

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 $ 10,000

DF Neuer Jr JB
Construction Official

07/10/2002
Date

U.C.C. F170 (rev. 3/95)

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other	
Total	78
Check No.	01437
Cash	
Collected By	JB

7/10/02 8:06AM 0000000N3186
#006 SERV.006

#022550	
ELECTRIC	$35.00
FIRE	$35.00
DCA	$8.00
CHECK	$78.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/28/2002
Date Issued 7/10/02
Control # C02-67
Permit # 02-2550

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

Block 670 Lot 9.03 Qual
Work Site Location 940 CEDAR BRIDGE AVE
METHANE GAS DETECTORS
Owner in Fee R-STONE COMPANY
Address 36 WASHINTON ST
TOMS RIVER, NJ 08753-
Tele.(732)264-7200 Fax ( )
Contractor PRECISION LINE ELECTRIC CORP
Address PO BOX 607
CLIFFWOOD, NJ 07721-
Tele.(732)264-7200
Lic. No. or Bldrs. Reg. No. 11381
Federal Emp. No. 22-3785695

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 3 02
Approved By: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
7		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 4

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/28/2002
Date Issued 7/10/02
Control # CO2-67
Permit # 02-2550

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

Block 670 Lot 9.03 Qual
Work Site Location 940 CEDAR BRIDGE AVE
METHANE GAS DETECTORS
Owner in Fee R-STONE COMPANY
Address 36 WASHINTON ST
TOMS RIVER, NJ 08753-
Tele.(732)244-6771 Fax ( )
Contractor R STONE AND COMPANY
Address 36 WASHINGTON ST SUITE 1
TOMS RIVER, NJ 08753-
Tele.(732)244-6771
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2213402

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 5,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 7-8-02
Approved By: KEB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	6	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	35
Suppression Systems		
Fire Pump 0 GPH Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

TIE into central Call for TEST

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	4

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

R. STONE & COMPANY
36 Washington Street, Suite 1 • Toms River, NJ 08753 • 732-244-6771 • FAX 732-244-5526

DATE: 6-14-02

Bob -
732 8140131

TIME: 3:20PM

FAX TRANSMITTAL

TO: KEVIN BATZEL FAX #: 732-262-8954

FROM: Robert Stone

RE: Town Hall Office Bld - Methane Monitoring System

Kevin -

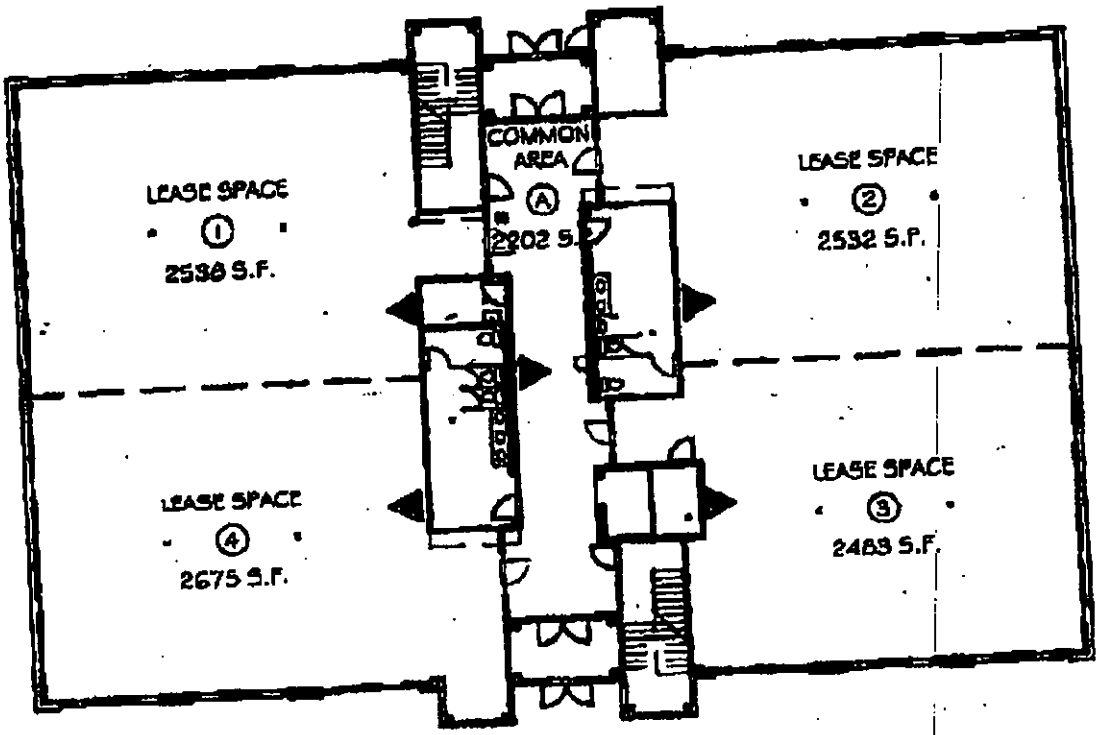
Please review the following paperwork supplied by the owners engineer and let me know if same is acceptable once I provide you with a completed Tech card.

This paperwork is the same (similar) as was submitted for the Tutor Time facility.

Please give me a call and thanks -

Bob

WE ARE TRANSMITTING A TOTAL OF 7 PAGES INCLUDING THIS COVER SHEET.
IF YOU DON'T RECEIVE ALL PAGES PLEASE CALL US AT 732-244-6771.



FIRST FLOOR PLAN

SCALE: 1" = 20'-0"

ACTUAL LEASE SPACE (S.F.)		% OF LEASE SPACE	ADJUSTED LEASE SPACE (S.F.)
①	2009	12.92	2538
②	2005	12.29	2532
③	1966	12.05	2483
④	2110	12.99	2675
TOTAL	8098		10,228

COMMON AREA Ⓐ 2202 S.F.

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.
A Division Of Consolidated Resource Management, Inc.
1913 Atlantic Avenue, Suite R5
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3660

May 28, 2002

VIA TELEFAX (732-262-8954) AND REGULAR MAIL

Mr. Kevin Batzel
Fire Inspector
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08724

Re: Methane Monitoring Equipment
Proposed New Building, including Tutor Time
Town Hall Shoppes
990 Cedar Bridge Avenue, Brick Township, Ocean County, New Jersey
Brinkerhoff Project No. 01B022

Dear Mr. Batzel:

Several questions were raised regarding the methane monitoring proposed for the above-referenced site. The first issue related to the gases detectable by Model 128. The attached specification sheet shows that Model 128 detects combustible gases, which includes methane, propane, butane, and others.

The second issue was that a cut sheet of the sensor was needed, a copy of which is attached. The third issue related to the square foot coverage of each sensor. According to the manufacturer, when used in an industrial setting involving processing which uses or creates the hazard being monitored, it is recommended that sensors be placed every 30 feet. The manufacturer has no recommended coverage area for a site such as the subject site.

Mr. Kevin Batzel
Fire Inspector
Township of Brick
Re: Methane Monitoring Equipment
Proposed New Building, including Tutor Time
Town Hall Shoppes
990 Cedar Bridge Avenue, Brick Township, Ocean County, New Jersey
May 28, 2002

Since continuous monitoring using Model 128 is a secondary monitoring system and not required by the New Jersey Department of Environmental Protection (NJDEP) for the subject site, the Brick Township resolution requiring one (1) monitor in each of the rooms of the Tutor Time building, excluding hallways, bathrooms, etc., should be more than adequate for monitoring purposes. The requirement of placing one (1) monitor on each inside wall of other buildings constructed on the site should also be adequate to effectively monitor for methane gas. Since methane would have to build up on the lower floor of a multifloor building before migrating to an upper floor, sensors would only be needed on the lower floor. The attached map shows the recommended location of sensors for the office building.

It should be noted that the interior monitoring system is not required by the NJDEP as part of the approved Landfill Disruption Permit for the site. The NJDEP approved the installation of a methane barrier under each building and the installation of a methane collection/monitoring system below the methane barrier. This collection/monitoring system will be monitored quarterly for the presence of methane. Should methane be detected under the building, active venting would be implemented to remove any methane which would accumulate under the building, thus preventing any methane from bypassing the methane barrier and entering the building.

If you have questions or comments or require additional information, please do not hesitate to contact the undersigned at 732-223-2225.

Respectfully submitted,

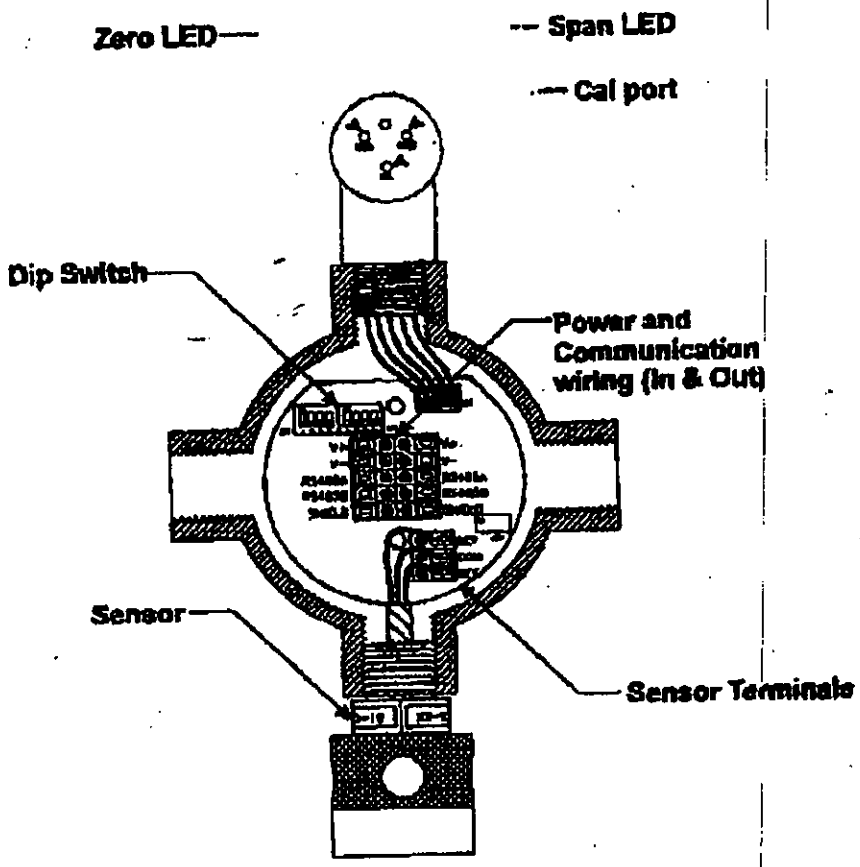
BRINKERHOFF ENVIRONMENTAL SERVICES, INC.
A DIVISION OF CONSOLIDATED RESOURCE MANAGEMENT, INC.

[redacted] KARM, P.G.
Vice President, Technical Services

Attachments (4)

cc: David Levy, Via Telefax (732-942-3102) Only
James Tierney, Via Telefax (732-477-6788) Only
Paul Duggan, Via Telefax (732-244-5526) Only

MODEL 128



COMPONENT LOCATION

GASTECH

05-08-00

MODEL 128

Wall Mounted, Local Area Monitor
For one to eight sensors

Specifications

Sensors:	Toxic/O_2 (consult factory for Class I, Groups A, B, C & D areas (optional)
Area Classification:	General Purpose
Combustible:	Explosion-proof, suitable for Class I, Groups B, C & D hazardous
Inputs:	One to eight remote sensors
Current Consumption:	0.2 A protected by a 0.3 A fuse

Environmental

Operating Temp:	-4°F to 122°F (-20°C to 50°C)
Humidity:	0 to 95% RH, non-condensing

User Interface

Low Alarms:	User programmable, latching or non-latching, energized or de-energized and alarm delay
High Alarms:	User programmable, energized or de-energized and alarm delay
Audible Alarm:	90 dB @ 1ft. (30cm)
Display:	Internally mounted 16 x 2 character backlight LCD
Programming:	Five buttons: Run, Enter, Up, Down, Reset
Data Logging Output:	RS-232 Serial Communications
Internal Relays:	Common Low, High and Fault alarms, form C contacts rated at 5 Amps/250 Vac

Power

Input Power:	100/120 Vac 50/60 HZ, 200/240 Vac 50/60 HZ (optional)

Construction

Dimensions:	10 in. (254 mm) H x 8 in. (203mm) W x 6 in. (152mm) D
Weight:	8 lbs (3.6 Kg)
Case Materials:	nEMA 4X fiberglass polyester

Calibration

Time Out:	User adjustable from OFF to 180 minutes
Reminder:	User adjustable from OFF to 180 days

Approvals
CSA Approved and NRTL Classification

Warranty
One year (materials and workmanship)

Gas	Formula	Standard Range
Ammonia	NH_3	0 to 100 ppm in 1 ppm increments
Arsine	AsH_3	0 to 1.00 ppm in 1 ppm increments
Carbon Monoxide	CO	0 to 500 ppm in 1 ppm increments
Chlorine	Cl_2	0 to 10.0 ppm in 0.1 ppm increments
Chlorine Dioxide	ClO_2	0 to 2.00 ppm in 0.01 ppm increments
Combustibles	various	0 to 100% LEL in 1% LEL
Diborane	B_2H_6	0 to 1.00 ppm in 0.01 ppm increments
Fluorine	F_2	0 to 10.0 ppm in 0.1 ppm increments
Hydrogen Chloride	HCl	0 to 30.0 ppm in 0.1 ppm increments
Hydrogen Cyanide	HCN	0 to 30.0 ppm in 0.1 ppm increments
Hydrogen Fluoride	HF	0 to 10.0 ppm in 0.1 ppm increments
Hydrogen Sulfide	H_2S	0 to 100 ppm in 1 ppm increments
Nitric Oxide	NO	0 to 100 ppm in 1 ppm increments
Nitrogen Dioxide	NO_2	0 to 20.0 ppm in 0.1 ppm increments
Oxygen	O_2	0 to 30.0% Vol. in 0.1% increments
Ozone	O_3	0 to 1.0 ppm in 0.1 ppm increments
Phosgene	PH_3	0 to 1.0 ppm in 0.1 ppm increments
Silane	SiH_4	0 to 30.0 ppm in 0.1 ppm increments
Sulfur Dioxide	SO_2	0 to 10.0 ppm in 0.1 ppm increments

Thermo GasTech

5407 Central Avenue Newark, CA 94560
1.877.GAS.TECH (toll free in USA) or 1.510.745.8700 (outside USA) or 1.510.794.8201 (fax) or 1.403.291.4700 (in Canada)
www.thermogastech.com or sales@thermogastech.com

A Thermo Electron business

RESPONSE FACTORS FOR THE GASTECH 6.0V COMBUSTIBLE SENSOR

GAS/VAPOR	HEXANE LEL	HEXANE PPM	METHANE LEL	METHANE PPM	PENTANE LEL
ETHYL FORMATE	1.02	0.95	2.22	0.45	1.33
2-ETHYL HEXANOL	1.50	-	-	-	-
ETHYL MERCAPTAN	0.82	1.18	1.79	0.56	1.07
FORMALDEHYDE	1.96	7.40	4.19	4.40	2.52
GASOLINE	1.02	0.95	2.22	0.45	1.33
nHEPTANE	1.00	0.87	2.17	0.46	1.30
nHEXANE	1.00	1.00	2.22	0.45	1.33
HYDRAZINE	1.02	0.95	2.22	0.45	1.33
HYDROGEN	0.47	2.06	1.02	0.98	0.61
HYDROGEN CYANIDE	0.96	1.01	2.08	0.48	1.25
HYDROGEN SULFIDE	1.12	0.86	2.44	0.41	1.46
JET A,B	1.03	0.98	1.77	0.46	1.06
KEROSENE	1.18	0.82	2.56	0.39	1.54
METHANE	0.46	2.10	1.00	1.00	0.60
METHYL ACETATE	0.92	1.05	2.00	0.50	1.20
METHYL ACRYLATE	-	-	1.80	-	-
METHYL ALCOHOL(METHANOL)	0.47	2.04	1.03	0.97	0.62
METHYLAMINE	0.60	1.62	1.30	0.77	0.78
METHYL BROMIDE	0.51	1.89	1.11	0.90	0.67
METHYL CHLORIDE	0.45	2.14	0.99	1.02	0.59
METHYL CHLOROFORM	0.72	3.70	1.6	1.60	-
METHYL CYCLOHEXANE	1.04	0.92	2.27	0.44	1.36
METHYLENE CHLORIDE	0.60	7.70	1.30	3.60	-
METHYLENE DICHLORIDE	0.50	1.95	1.08	0.93	0.64
METHYL ETHYL ETHER	1.04	0.92	2.27	0.44	1.36
METHYL ETHYL KETONE (MEK)	0.90	1.07	1.96	0.51	1.17
METHYL Iso BUTYL KETONE	1.00	1.00	0.47	2.10	1.26
METHYL FORMATE	0.69	1.41	1.49	0.67	0.89
METHYL MERCAPTAN	0.71	1.28	1.54	0.61	0.98
METHYL METHACRYLATE	1.62	1.05	2.24	0.76	1.34
METHYL PROPIONATE	0.90	1.07	1.96	0.51	1.17
METHYL nPROPYL KETONE	0.97	0.86	2.11	0.41	1.46
METHYL TERT BUTYL ETHER (MTBE)	0.70	1.30	1.50	0.61	0.90

OFFICE BUILDING
METHANE GAS
DETECTORS

Township of Brick
Counter Form
(PLEASE PRINT)

COMMERCIAL

Site Location: 940 Cedar Bridge Avenue, Brick, NJ 08723
Block: 670 Lot: 9.03
Owner's Name: Ninth Venture, L.L.C.
Owner's Mailing Address: 1195 Route 70
Lakewood, NJ 08701
Phone: (732) 942-2363

BUILDING

Contractor: R. Stone & Company
Address: 36 Washington St., Ste.1
Toms River, NJ 08753
Phone#: (732) 244-6771
Lis # 5097 Expires 7/31/02
Federal Emp # or SSN 22--213402

Technical Data

Description of Work:

Type of Work

X New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

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

Signature:

Please Print Name

ELECTRICAL

Contractor: PRECISION-LINE ELECTRIC CORP.
Address: 729 Highway 34
MATAWAN, NJ 07747
Phone#: 732-765-8005
Lis #: 11381
Federal Emp # or SSN 22-3785695

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	METHANE GAS DETECTORS (6)
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC (Panel) Total	+ METHANE GAS MONITOR PANEL (1)
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	___KW
Oven/Surface Unit	___KW
Electric Water Heater	___KW
Electric Dryer	___KW
Dishwasher	___KW
Garbage Disposal	___HP
A/C Unit -Central Air	___KW
Space Heater/Air Handler	___KW
Baseboard Heating	___KW
Motors 1+ HP	
Transformer/Generator	___KW
Light Stander	___AMP
Service	___AMP
Subpanel	___AMP
Motor Control Center	___AMP
Sign/Outline Light	___KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $5000.00

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

X Signature: Anthony V. Accardo Jr.
Please Print Name: Anthony V. Accardo

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: R. Stone & Company
Address: 36 Washington St., Ste.1
Toms River, NJ 08753
Phone #: (732) 244-6771
Lis #: 5097 (Expires 7/31/02)
Federal Emp # or SSN 22-2133402

Technical Data

Description of Work:

Heating Type: ___ Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ___ Existing
Location of Furnace/Boiler: _____

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

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	0
Dry Sprinkler Heads	0
Total	0
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	0
Kitchen Hood Exhaust System	0

Pre-Engineered Systems:

CO2 Suppression	0
Halon Suppression	0
Foam Suppression	0
Dry Chemical	0
Wet Chemical	0

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances 0

Furnace _____
Gas/Wood Fireplace 0
Gas Logs 0
Wood Burning Stove 0
Other:

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

OFFICE BUILDING
METHANE GAS
DETECTORS

Counter Form
PLEASE PRINT

PLUMBING

Contractor: [illegible]
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work

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

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor: R. Stone & Company
Address: 36 Washington St., Ste.1
Toms River, NJ 08753
Phone #: (732) 244-6771
Lis #: 5097 (Expires 7/31/02)
Federal Emp # or SSN 22-213402

Technical Data

Description of Work: METHANE GAS DETECTORS

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks capacity fuel
Combustible Storage Tanks capacity fuel
LPG Storage Tanks capacity fuel

Item	Quantity
Wet Sprinkler Heads	0
Dry Sprinkler Heads	0
Total	0
Smoke Detectors METHANE GAS DETECTORS	6
Heat Detectors	
Total METHANE MONITOR PANEL	= 1
Stand Pipes	0
Kitchen Hood Exhaust System	0

Pre-Engineered Systems:

CO2 Suppression	0
Halon Suppression	0
Foam Suppression	0
Dry Chemical	0
Wet Chemical	0

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances 0

Furnace
Gas/Wood Fireplace 0
Gas Logs 0
Wood Burning Stove 0
Other:

Estimated Cost of Fire Work $5000.00

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

Signature: Anthony V. Accardo Jr.
Print Name: Anthony V. ACCARDO

Township of Brick
Counter Form
(PLEASE PRINT)

COMMERCIAL

Site Location: 940 Cedar Bridge Avenue, Brick, NJ 08723
Block: 670 Lot: 903
Owner's Name: Ninth Venture, L.L.C.
Owner's Mailing Address: 1195 Route 70
Lakewood, NJ 08701
Phone: (732) 942-2363

BUILDING

Contractor: R. Stone & Company
Address: 36 Washington St., Ste.1
Toms River, NJ 08753
Phone#: (732) 244-6771
Lis # 5097 Expires 7/31/02
Federal Emp # or SSN 22--213402

Technical Data

Description of Work:

Type of Work

X New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____ sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work:_____

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

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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

X Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL