B4

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Custom Care Cleaners, Town Hall Plaza, Brick Blvd. and Cedar Bridge Rd, BrickTown, N.J.
2. Owner Name: Mr. Byung C. Lee Tel. (201) 905-6447 (H), 367-5981 (O)
   Address 37 Ashford Rd. Jackson. N.J. 08527
3. Principal Contractor: Joy Service & Sales Tel. (201) 826 0822
   Address 141 Smith Street, Perth Amboy, N.J. 08861
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2880476
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Young Jeon Tel. (201) 826 0822

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration & C/O
6. ☑ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 2,000.-
2. ☐	Plumbing	3,000.-
3. ☐	Electrical	1,000.-
4. ☐	Fire Protection	1,000.-
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 7,000.-

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: Dry Cleaners

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10309625

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

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

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

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

SIGNATURE Gregory C Lee DATE 8/15/88

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☑ **Check if contractor.**

AGENT NAME Joy Service & Sales TEL.(201) 826 0822

ADDRESS 141 Smith Street

Perth Amboy N. J. 08861

SIGNATURE Gregory Joy

BLOCK NO. 469 LOT NO. 12 SUBDIVISION _____ PERMIT NO. 2418

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	8/17/88	✓	8-31-88	LCG	
	Footings/Foundations					
	Framing					
✓	Architectural 2					
	Other _____			8/23/88	OK	
☑	PLUMBING			8/30/88	JS	
☐	ELECTRICAL					
☐	FIRE PROTECTION			8/30/88	JE	as noted on plans
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	✓ ALL CONSTRUCTION			
	BUILDING		10-18-88 BCG	
	Footings/Foundations			
	Framing			
	Architectural			
	✓ Other _____			
	✓ PLUMBING		10-19-88 JS	
	ELECTRICAL			
	✓ FIRE PROTECTION		10-19-88 JE	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☑ Certificate of Occupancy No. 2418	10-20-88
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 52.50
PLUMBING	50.00
ELECTRICAL	.
FIRE PROTECTION	15.-
OTHER _____	.
SUBTOTAL	$ 117.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.-)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 142.50

DATE 9/1/88 Collected By ✓ CK 118

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

TOWNSHIP OF BRICK
"Custom Care Cleaners

CERTIFICATE

CERT. NO. 2418
DATE ISSUED 10-20-88
Block 469 Lot 12
Subdivision

IDENTIFICATION

Owner Byung C. Lee
Address 37 Ashford Rd
Jackson, N.J.
Tel. ( )

Agent Joy Service & Sales
Address
Tel. ( )

Work Site Address Town Hall Plaza
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

Alteration & C/O

USE GROUP B FIRE GRADING 1 hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Dry Cleaners

FINAL COST OF CONSTRUCTION: $ 7,000.

Arthur J. Ceizo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

Bldg. B4

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2418
DATE ISSUED 9/1/88
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner Mr. Bruno C. Leo
Address 37 Ashford Rd. Jackson, N.J. 08527
Tel. (201) 905-6447
Work Site Address Town Hall Plaza Brick Blvd. & Cedar Bridge Rd. Bricktown

Contractor Joy Service & Sales
Address 141 Smith Street Perth Amboy, N.J. 08861
Tel. (201) 826 0822
Lic. No.
Federal Emp. No. 22-2880472

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alter. C/O

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$

C. BUILDING CHARACTERISTICS

USE GROUP: F-1 Present _____ Proposed

No. of Stories 1 Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 2000.-

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	8-31-88	LAA
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 10-18-88

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				10-18-88
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

TOWNSHIP OF BRICK

Bldg. B4

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2418
DATE ISSUED 9/4/89
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner Mr. Byung C. Lee
Address 37 Ashford Rd. Jackson, N.J. 08527
Tel. (201) 905-6447
Work Site Address Town Hall Plaza Brick Blvd. & Cedar Bridge Rd. Brick Town

Contractor Joy Service & Sales
Address 141 Smith Street Perth Amboy, N.J. 08861
Tel. (201) 826 0822
Lic. No.
Federal Emp. No. 22-2880472

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alter + C/O

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: F-1 Present _____ Proposed

No. of Stories 1 Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 2000.-

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

Bldg. B4

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 2488
DATE ISSUED 9/1/88
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mr. Byung C. Lee
Address 37 Ashford Rd.
Jackson N.J. 08527
Tel. (201) 905-6447
Work Site Address Town Hall Plaza
Brick Blvd. & Cedar Bridge Rd.

Contractor Jay Service & Sales
Address 141 Smith St.
Perth Amboy N.J. 08861
Tel. (201) 826 0822
Lic. No.
Federal Emp. No. 22-2880472

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ 30

B4. STAND PIPES

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

B5. OTHER

Fire alarm $
Sprinkler Gong Bell $
Exit Lights $
Fire Extinguishers $
Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2418
DATE ISSUED 9/1/88
REVISION DATE

Block 469 Lot 12
Subdivision

Bldg. B 4

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mr. Byung C. Lee
Address 37 Ashford Rd.
Jackson N.J. 08527
Tel. (201) 905-6447 (H), 367-5981 (O)
Work Site Address Town Hall Plaza, Brick Blvd. & Cedar Bridge Rd, Brick Town

Contractor GORDON ST HEATING INC
Address 175 Smith St
PERTH AMBOY N.J. 08861
Tel. (201) 826-2934
Lic.No./Bus. Permit 8217
Federal Emp. No. 222-498-167/000

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	25.-
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10.-
	Steam Boiler	15.-		Solar System	
	Water Util. Connection		1	Other AIR COMPRESSOR	
	Sewer Util. Connection		2	Other DRYCLEANG MAH.	
	Hose Bibb		6	Other STEAM PRESS	
	Water Cooler			Other	
	COLUMN 1	$ 15.-		COLUMN 2	$ 35.-

Fee	
COLUMN 1	$ 15.-
COLUMN 2	$ 35.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 50.-

C. PLUMBING CHARACTERISTICS

USE GROUP: F-1 Present _____ Proposed

Drainage – Material _____ Size _____
Building Sewer– Material _____ Size _____
Water Service– Material _____ Size _____
Venting – Material _____ Size _____

Estimated Cost of Plumbing Work: $ 3000.-

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

Bldg. B 4

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2418
DATE ISSUED 9/1/88
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mr. Byung C. Lee
Address 37 Ashford Rd. Jackson N.J. 08527
Tel. (201) 905-6441 (H), 367-5981 (O)
Work Site Address Town Hall Plaza, Brick Blvd. & Cedar Bridge Rd, Brick Town

Contractor GORDON ST HEATING INC
Address 175 Smith St PERTH AMBOY N.J. 08861
Tel. (201) 826-2934
Lic.No./Bus. Permit 8217
Federal Emp. No. 222-498-167/000

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: DRY CLEANER'S STORE

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		$1	Backflow Device	25.—
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		5	Vent Stack	10.—
1	Steam Boiler	15.—		Solar System	
	Water Util. Connection		3	Other Air Compressor	
	Sewer Util. Connection		2	Other DRY CLEAN'G MAH.	
	Hose Bibb		4	Other STEAM PRESS	
	Water Cooler			Other	
	COLUMN 1	$ 15.—		COLUMN 2	$ 35.—

Fee	
COLUMN 1	$ 15.—
COLUMN 2	$ 35.—
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 50.

C. PLUMBING CHARACTERISTICS

USE GROUP: F-1 Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ 3000.—

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 8-30-88
Approved By: J.W. Lyle

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10-19-88
Inspected By: J.W. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

called 8/24/88

PLUMBING & MECHANICAL CHECK LIST

✓X TECHNICAL SECTION INCOMPLETE PLUMBER'S LICENSE #

✓X PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

✓X GAS PIPING LAYOUT WITH APPLIANCE RATINGS

SIZE OF EXISTING HEATING UNIT

✓X BROCHURE FOR ~~HEATING UNIT~~ 10 H.P. BOILER

HEAT LOSS

OTHER

Vulcan CHEMICALS

MATERIAL SAFETY DATA SHEET

24 Hour Emergency Phone (316) 524-5751

Division of Vulcan Materials Company / P.O. Box 7689 • Birmingham, AL 35253-0689

I – IDENTIFICATION

CHEMICAL NAME	CHEMICAL FORMULA	MOLECULAR WEIGHT
Tetrachloroethylene	C_2Cl_4	165.82

TRADE NAME
Perchloroethylene, All Grades

SYNONYMS	DOT IDENTIFICATION NO.
Perc	UN 1897

II – PRODUCT AND COMPONENT DATA

COMPONENT(S) CHEMICAL NAME	CAS REGISTRY NO.	% (Approx)	ACGIH TLV-TWA
Tetrachloroethylene	127-18-4	100	50 ppm

III – PHYSICAL DATA

APPEARANCE AND ODOR	SPECIFIC GRAVITY
Colorless, clear liquid; mildly sweet odor	1.62 @ 25/25°C
BOILING POINT	**VAPOR DENSITY IN AIR (Air = 1)**
250°F (121.1°C)	5.8
VAPOR PRESSURE	**% VOLATILE, BY VOLUME**
13 mm Hg @ 20°C	100
EVAPORATION RATE	**SOLUBILITY IN WATER**
(ether = 1): 0.1	0.015 gm/100 gm @ 25°C

IV – REACTIVITY DATA

STABILITY	CONDITIONS TO AVOID
Stable	Avoid contact with open flame, electric arcs, or other hot surfaces which can cause thermal decomposition.

INCOMPATIBILITY (Materials to avoid)

Strong oxidizers, barium, lithium

HAZARDOUS DECOMPOSITION PRODUCTS

Hydrogen chloride, phosgene, chlorine.

HAZARDOUS POLYMERIZATION

None

V – FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)
None (TCC)

FLAMMABLE LIMITS IN AIR
None

EXTINGUISHING AGENTS
N/A

UNUSUAL FIRE AND EXPLOSION HAZARDS
Toxic gases formed by thermal decomposition. Firefighters should wear self-contained, positive-pressure breathing apparatus, and avoid skin contact.

VI – TOXICITY AND FIRST AID

EXPOSURE LIMITS (When exposure to this product and other chemicals is concurrent, the TLV must be defined in the workplace.)

ACGIH: 50 ppm TWA (8 hr), no STEL OSHA: 100 ppm TWA (8 hr), 200 ppm Ceiling (for peak concentration refer to 29 CFR 1910.1000 Z-2)

(Odor threshold approximately 50 ppm; causes olfactory fatigue.)

Effects described in this section are believed not to occur if exposures are maintained at or below appropriate TLVs.
Because of the wide variation in individual susceptibility, TLVs may not be applicable to all persons and those with medical conditions listed below.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
Acute and chronic liver disease, rhythm disorders of the heart, and neuritis.

ACUTE TOXICITY Primary route(s) of exposure: ☒ Inhalation ☒ Skin Absorption ☐ Ingestion

Inhalation: Major potential route of exposure. 100 ppm for 7 hours causes mild irritation to eyes, nose, and throat; flushing of face and neck; headache, slurred speech, and drowsiness. 200 ppm for 1 hour causes the same symptoms, plus dizziness and lightheadedness. 600 ppm for 10 minutes causes sensation of numbness around mouth, dizziness, and incoordination; 2,000 ppm causes mild narcosis within 5 minutes. 5,000 ppm cannot generally be tolerated and causes vertigo, nausea, and mental confusion. Unconciousness or death can occur at extremely high concentrations or on prolonged exposures above 500 ppm.

Skin: Prolonged or repeated contact of liquid can cause irritation, defatting of skin, and dermatitis. Prolonged single exposure can result in progressively severe burning sensation and redness. Absorption of liquid through intact skin is possible, causing systemic effects, but this is an unlikely route of significant exposure.

Eyes: Liquid in eyes produces pain and irritation with mild temporary damage possible. Vapor can irritate eyes.

Ingestion: Single dose toxicity is moderate and causes severe gastrointestinal irritation with nausea, vomiting, stomach cramps, and diarrhea likely. If vomiting occurs, perchloroethylene can be aspirated into lungs, which can cause chemical pneumonia and systemic effects.

FIRST AID

Inhalation: Remove to fresh air. If breathing has stopped, administer artificial respiration. Call a physician.

Skin: Remove contaminated clothing and shoes. Wash skin with large quantities of water. Wash contaminated clothing before reuse.

Eyes: Flush eyes immediately with water for at least 15 minutes. If irritation persists, call a physician.

Ingestion: Do not induce vomiting. Contact physician or emergency medical facility immediately.

NOTE TO PHYSICIAN: Adrenalin should never be given to persons overexposed to perchloroethylene.

CHRONIC TOXICITY

The finding of chronic toxic effects in laboratory animals may indicate toxicity to humans. Overexposure should be avoided, failure to do so could result in injury, illness or even death.

Perchloroethylene has caused liver and kidney toxic effects in chronically overexposed experimental animals.

Carcinogenicity: Three studies have been conducted to assess the carcinogenic potential of perchloroethylene in laboratory animals. In one study, rats and mice were exposed by gavage (force-fed) at levels of 500 and 1000 mg/kg/day. Increased incidence of liver tumors were observed in mice. The results of the rat study were inconclusive due to an excess in animal deaths. The second study involved rats exposed to concentrations up to 600 ppm via inhalation, six hours per day, 5 days per week for one year. The animals were observed until the time of death or until the 31st month and studies indicate no statistically significant increase in tumors. The significance of the second study has been questioned, since exposure lasted for only one year. A third study conducted for the National Toxicology Program (NTP) involved exposure of mice to 100 or 200 ppm and rats to 200 and 400 ppm for six hours per day, 5 days per week for 2 years. Increased incidence of liver tumors were observed in mice. In rats an increase in a rare kidney tumor was observed in the male rat, and both males and females had an increased incidence of mononuclear cell leukemia.

The International Agency for Cancer Research considers liver tumors in mice as limited evidence of animal carcinogenicity. Epidemiologic studies have been inconclusive in determining whether perchloroethylene causes cancer in humans.

Perchloroethylene has been identified as an animal carcinogen by NTP, but is not listed on the IARC, OSHA or NTP, carcinogen lists, as of September 30, 1986.

Reproductive Toxicity: Studies on mice, rats and rabbits have been conducted to evaluate the potential effects perchloroethylene may have on reproduction and offspring of laboratory animals. Perchloroethylene has been found to be embryotoxic and has caused delays in the development of fetuses. Perchloroethylene has not caused teratogenic (birth defect) effects in experimental animals.

VII – PERSONAL PROTECTION AND CONTROLS

RESPIRATORY PROTECTION

Where vapor concentration exceeds or is likely to exceed 50 ppm, an approved organic vapor type respirator is acceptable. Approved self-contained breathing apparatus or air line respirator, with fullface piece, is required for vapor concentrations above 500 ppm and for spills and/or emergencies. Follow any applicable respirator use standards or regulations.

VENTILATION

Do not use in closed or confined space. Open doors and/or windows. Use ventilation to maintain exposure levels below 50 ppm (TWA).

SKIN PROTECTION

Wear solvent-resistant gloves such as Viton, polyvinyl alcohol, or equivalent. Sovent-resistant boots, apron, headgear and/or faceshield should be worn where splashing is a possibility.

EYE PROTECTION

Wear safety glasses. Contact lenses should not be worn. Chemical goggles and/or face shields should be worn where splashing is a possibility.

HYGIENE

Avoid contact with skin and avoid breathing vapors. Do not eat, drink, or smoke in work area. Wash hands prior to eating, drinking, or using restroom. Any clothing or shoes which become contaminated with perchloroethylene should be removed immediately and thoroughly laundered before wearing again.

OTHER CONTROL MEASURES

To determine exposure level(s), monitoring should be performed regularly. Safety shower and eyewash station should be available.

NOTE: Protective equipment and clothing should be selected, used, and maintained according to applicable standards and regulations. For further information, contact the clothing or equipment manufacturer or the Vulcan Chemicals Technical Service Department.

VIII – STORAGE AND HANDLING PRECAUTIONS

Follow protective controls set forth in Section VII when handling this product.

Store in labeled, tightly sealed containers in a cool, dry, well-ventilated area. Prevent water or moist air from entering storage tanks or containers. Do not cut or weld on empty or full drums. Aluminum equipment should not be used for storage and/or transfer.

Vapors are heavier than air and will collect in low areas.
Do not remove or deface label.

Do not reuse drum without recycling or reconditioning in accordance with any applicable federal, state or local laws.

IX – SPILL LEAK AND DISPOSAL PRACTICES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Evacuate the area, ventilate, and avoid breathing vapors. Dike area to contain spill. Clean up area (wear protective equipment – refer to Section VII) by mopping or with absorbent material and transfer to closed containers for disposal. Avoid contamination of ground and surface waters. Do not flush to sewer.

If spill occurs indoors, turn off heating and/or air conditioning systems, to prevent vapors from contaminating entire building.

WASTE DISPOSAL METHOD

Recovered liquids may be sent to a licensed reclaimer or incineration facility. Contaminated material must be disposed of in a permitted waste management facility. Consult federal, state, or local disposal authorities for approved procedures.

X – TRANSPORTATION

DOT HAZARD CLASSIFICATION

None when transported by land. ORM-A when transported by air.

PLACARD REQUIRED

None

LABEL REQUIRED

Label as required by OSHA Hazard Communication Standard, and any applicable state and local regulations. ORM-A when transported by air.

Medical Emergencies

Call collect 24 hours a day for emergency toxicological information 415/821-5338

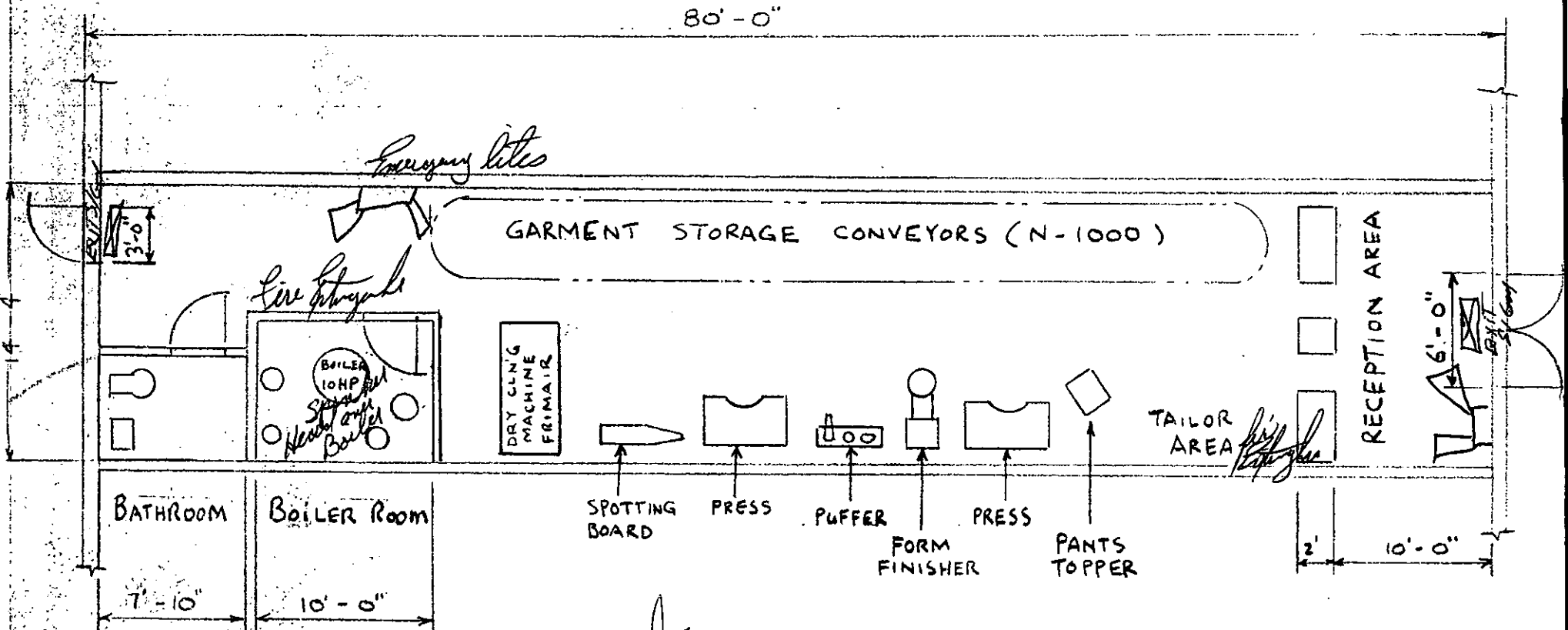
Other Emergency information

Call 316/524-5751 (24 hours)

For any other information contact:

Vulcan Chemicals
Technical Service Department
P. O. Box 7689
Birmingham, AL 35253-0689
205/877-3459
8 AM to 5 PM Central Time
Monday through Friday

DATE OF PREPARATION: October 1, 1986



file 8/30/88 JK

PLAN

(SCALE: 1/8" = 1'-0")

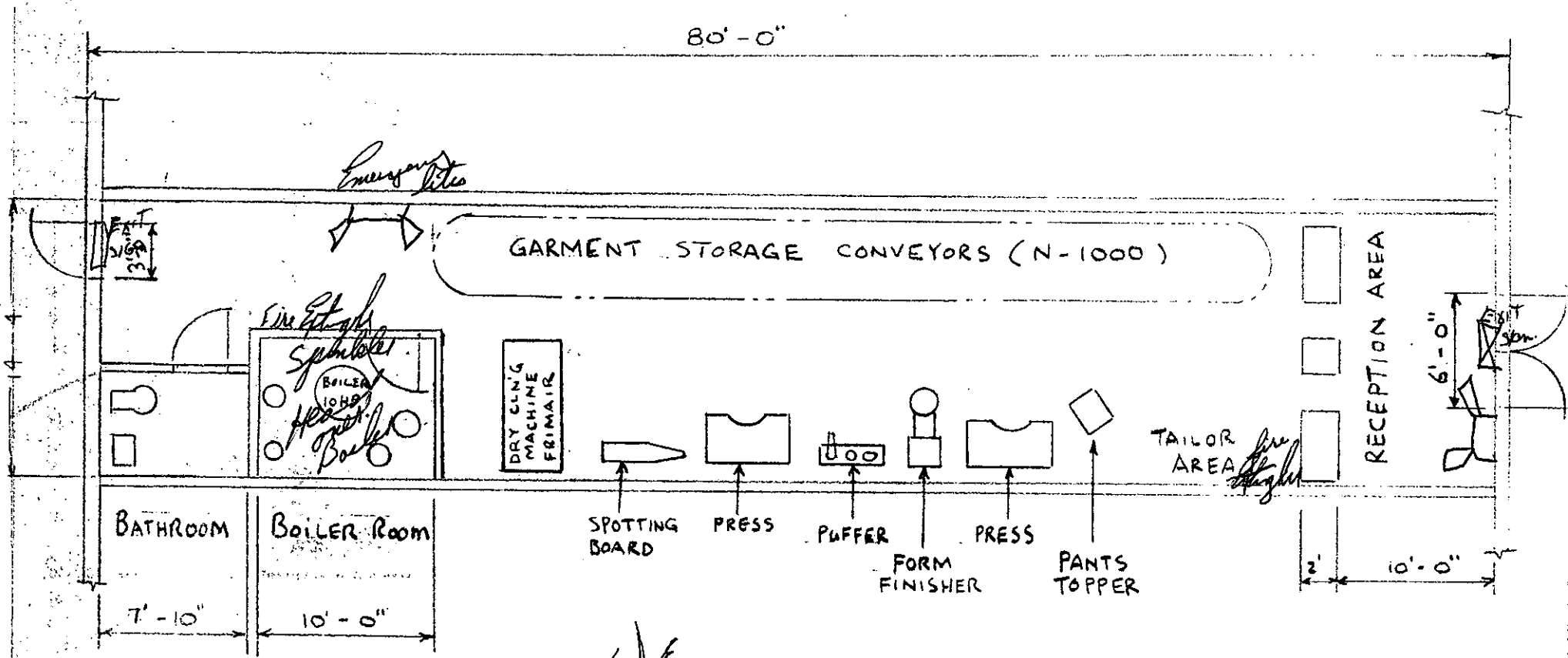
N

JOY SERVICE & SALES
141 Smith Street
PERTH AMBOY, N.J. 08861

SCALE: 1/8" = 1'-0"	APPROVED BY	DRAWN BY KJ 8/15/88
DATE: Aug. 15. 88		

CUSTOM CARE CLEANERS
TOWN HALL PLAZA, BRICK TOWN, N.J.

DRAWING NUMBER



Fire 8/30/88 JE

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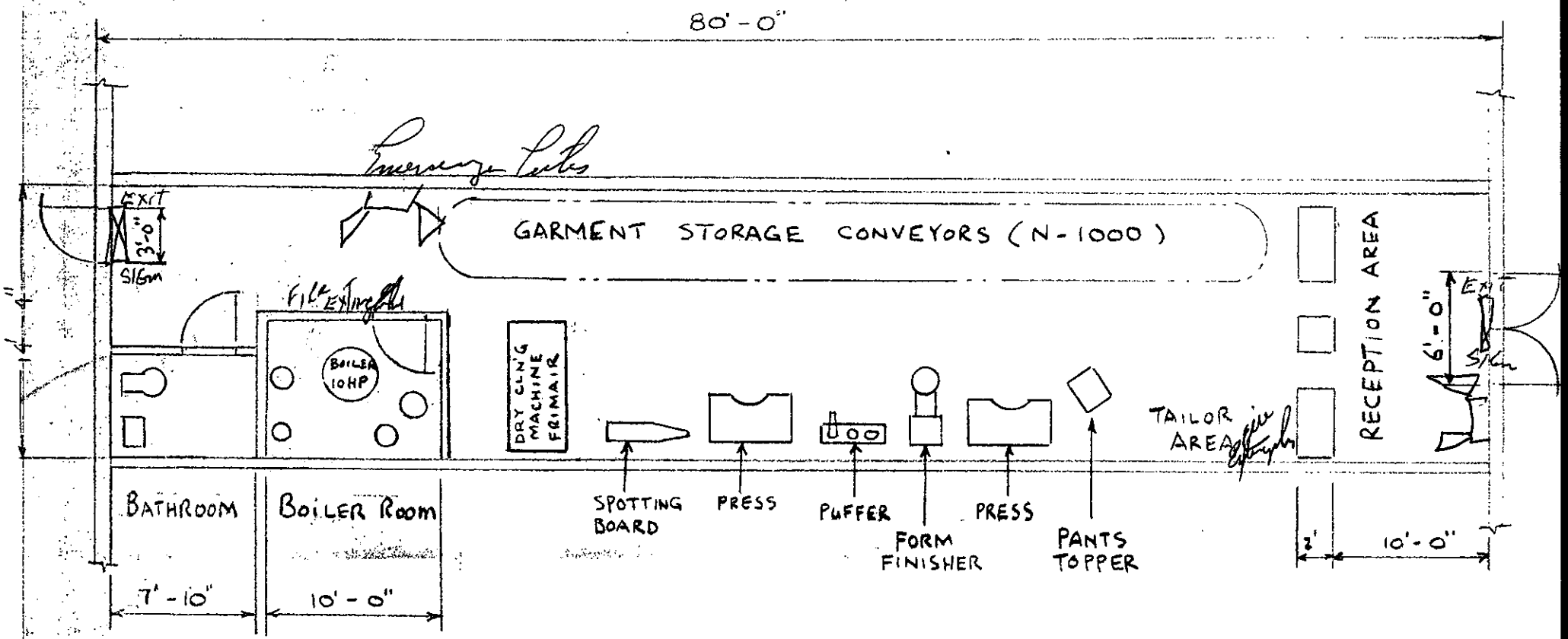
PLAN

(SCALE: 1/8" = 1'-0")

JOY SERVICE & SALES 141 Smith Street PERTH AMBOY, N.J. 08861	
SCALE: 1/8" = 1'-0"	APPROVED BY
DATE: Aug. 15. 88	DRAWN BY: YK J 8/15/8
CUSTOM CARE CLEANERS TOWN HALL PLAZA, BRICK TOWN, N.J.	
	DRAWING NUMBER



fire 8/30/88 JK

PLAN

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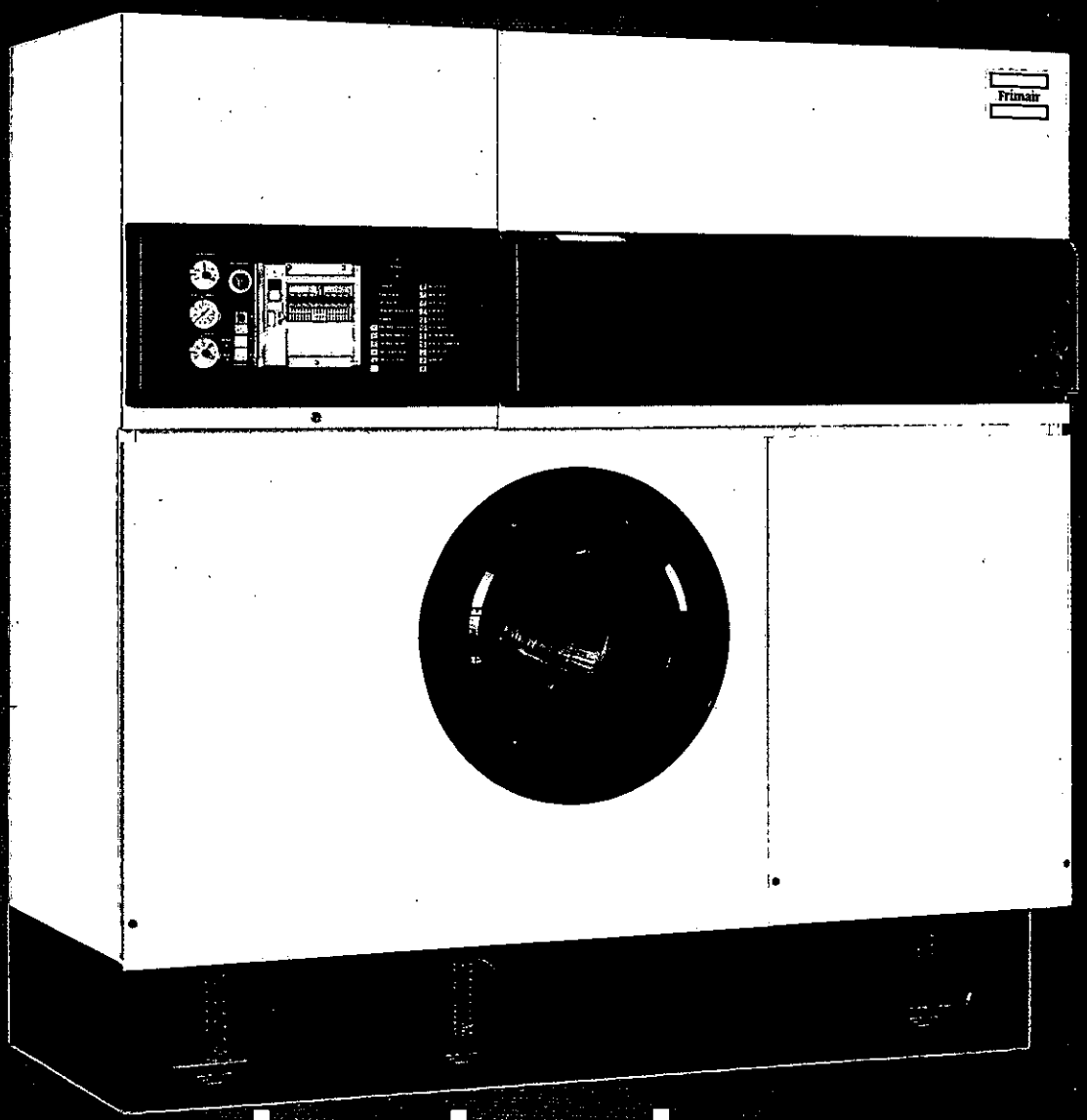
CUSTOM CARE CLEANERS TOWN HALL PLAZA, BRICK TOWN, N.J.		
		DRAWING NUMBER

RIVIERA

CLOSED CIRCUIT . HEAT PUMP
GROWING INTERNATIONAL SUCCESS



dry cleaning perchloroéthylène

Frimair

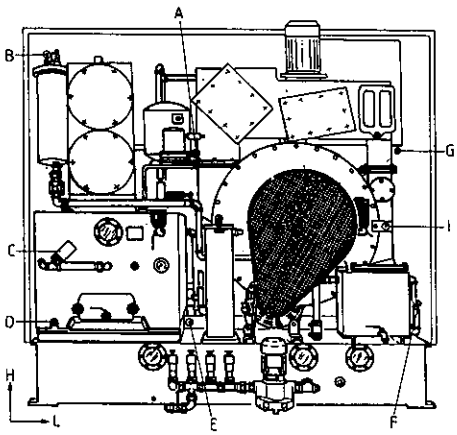
distributed by :

HEAT PUMP - CLOSED CIRCUIT

Frimair

20/25 Lb
30/35 Lb
40 Lb

Serving the dry-cleaning industry with closed circuit-heat pump technology, reliable electrical and pneumatic circuits



A Water connections for heat pump
B Water connections for still condenser (return)
C Steam intet for steam still
D Steam condensation return
E Water alimentation for still condenser
F Water drain of separator
G Electrical connection
I Compressed air connection

THE ONLY MACHINE WITH AUTONOMOUS HEAT-PUMP DRYING WITHOUT ANY NEED OF COMPLEMENTARY ELECTRICAL HEATING

The OSHA regulations are met or surpassed for solvent vapor levels in the work area. Less than 25 PPM. Automation features, which cut labor costs extraordinary solvent life; reduced energy consumption and floor space requirements; support the "energy efficient" reputation of FRIMAIR.

The solvent circuit pneumatic valves are operated by electro-valves situated at the back of the machine and easy to reach

The air circuit is equipped with a filter, oiler and expansion valve system for the low pressure circuit as well as for the high pressure, allowing automatic lubrication of the pneumatic network.

POLLUTION-FREE MACHINES

- No steam or boiler required
- Cartridge Filter or Powder Filter
- All electric ot steam still
- Less than 25 ppm
- 70% less water consumption
- 30% less electric consumption
- Low solvent consumption (45000 lbs cleaning per drum)
- No venting - No sniffer
- Automatic Program Card Controlled
- Front Mounted Push Button Manual Control (For Semi-Automatic or Manual Operation)
- 24-Volt Control Circuit
- Reversing
- 3 Independent Automatic Tanks
- Stainless Steel - Basket, Condenser, Water Separator, and Recovery Section
- Automatic Solvent Levels
- Automatic Program Selection / Pre-Wash to Still / No-Dip Bath with Pump Circuit / Medium Solvent Level Filter Bath / High Solvent Level for Drape cleaning
- Longer Cartridge Filter Life
- Rinse with Clear Solvent
- Extra Large, Self Cleaning Illuminated Sight Glasses
- Illuminated Still
- Large Capacity / Rapid Distillation
- Automatic Solvent Cooling
- Automatic Injector for Detergent, Water, or other Cleaning Aid Addition
- Emulsifying Circuit - for Cleaning Aids
- All Viton Seals
- Cycle Extension Timer
- Low Temperature Drying Control
- Short Cycle Time
- Solvent Recovery to Either Tank (distilled and / or reclaimed solvent)

Load capacity	20-25 lb	30-35 lb	40
Basket diameter	28"	32"	36"
Basket depth	17"	20"	22"
Cleaning speed/RPM	42	43	
Extracting speed/RPM	420	430	
Filtration (Puritan Type)	2 Tube 4 Cart	3 Tube 6 Cart	4 Tube 8 Cart
Filter capacity (Puritan Type)	16 Gal.	24 Gal.	32 Gal.
Filtration (KR Type)	2 Tube 1 Cart	2 Tube 1½ Cart	2 Tube 2 Cart
Filter capacity (KR Type)	10 Gal.	15 Gal.	20 Gal.
Still capacity/gal.	38	52	80
Cleaning motor/hp	55	80	1
Extraction motor/hp	1,8	3	4
Fan motor/hp	1,5	1,5	1,5
Pump motor/hp	.75	.75	1
Refrigeration/hp	9,5	9,5	12
Main base tank/gal	32	36	52
2nd base tank/gal.	24	36	52
WP tank	18	24	36
Water consumption/gph	16	30	34
Electric energy/KWh	10	11	14
Water inlet connection	½"	½"	½"
Water outlet	½"-1"	½"-1"	½"-1"
Compressed Air-PSI	90	90	95
Installation dimensions/length	76½"	84¼"	90½"
Installation dimensions/width	51½	61"	61"
Installation dimensions/height	76½"	84¼"	90½"
Shipping weight packed-lbs	2700	3000	3680
Weight/empty machine-lbs	10 + 9	11+12	14+18
Medium cleaning cycle time	32 min	32 min	32 min
Installed capacity/KW			
Amperage @ 220 Volt/3 phase Steam	25	36	39

(609) 881-9393
or 881-5635

Frimair

FRIMAIR USA
P.O. BOX 8206
TURNERSVILLE
N.J. 08012
~~Phone (609) 629.9729~~
Telex 285 512

FRIMAIR FRANCE
Z.I. - B.P. 60
21602 LONGVIC CEDEX
Tél. (80) 66.48.24
Telex 350 768

FRIMAIR CANADA
FACTORY SERVICE & SALES
141 Smith Street
PERTH AMBOY, NEW JERSEY 08861
(201) 826-0822

IMPRIMERIE RUCHEY 21230 ARNAY

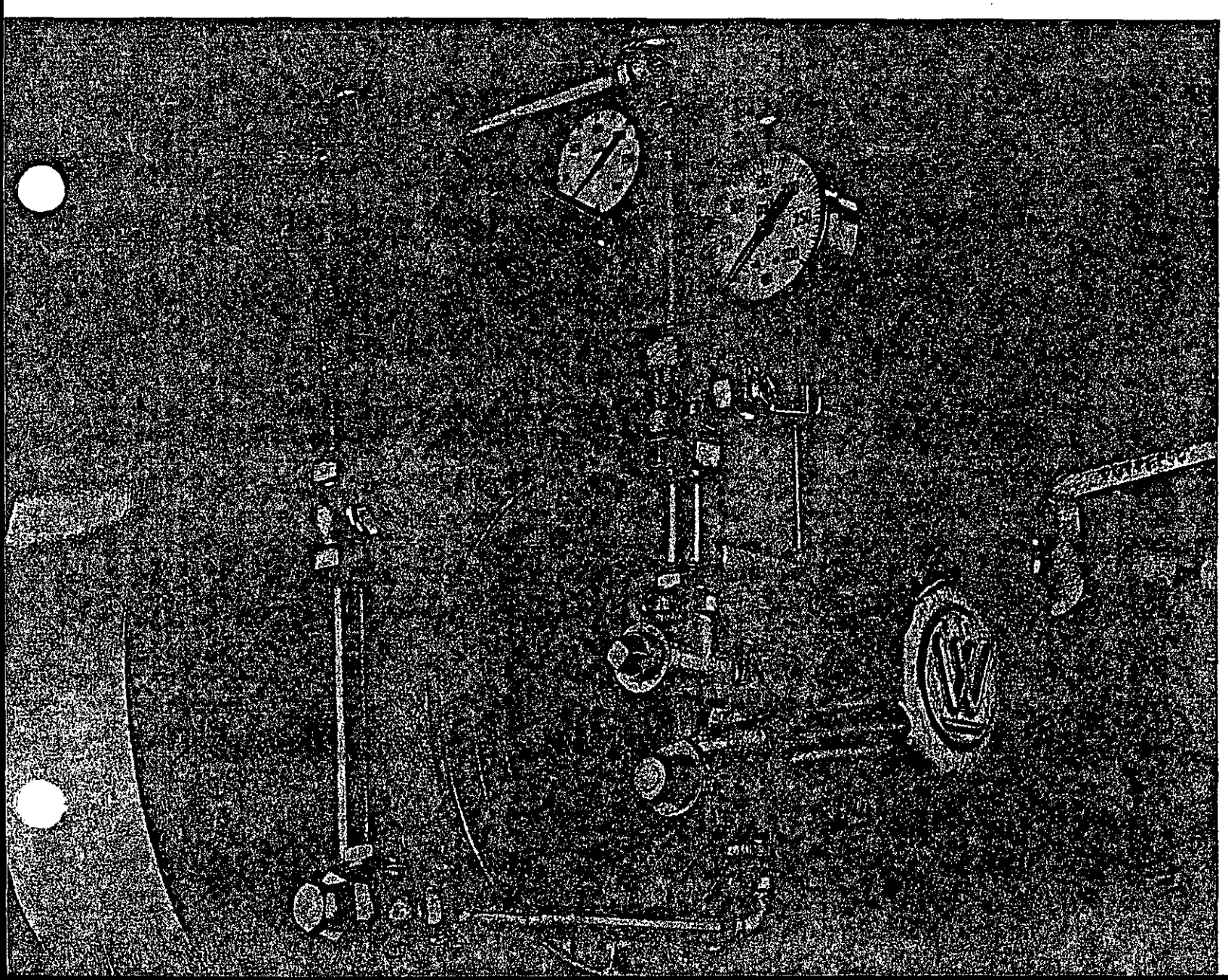
Fulton®

Fulton Boiler Works, Inc.

Fulton Oil-Fired, Gas-Fired, and Combination Oil/Gas-Fired Steam Boilers

4, 6, 10, 15, 20, 30, 50, 60, 80, and 100 Horsepower

A full range of Vertical, Tubeless Boilers to suit every industrial heat process requirement up to 300 psi.

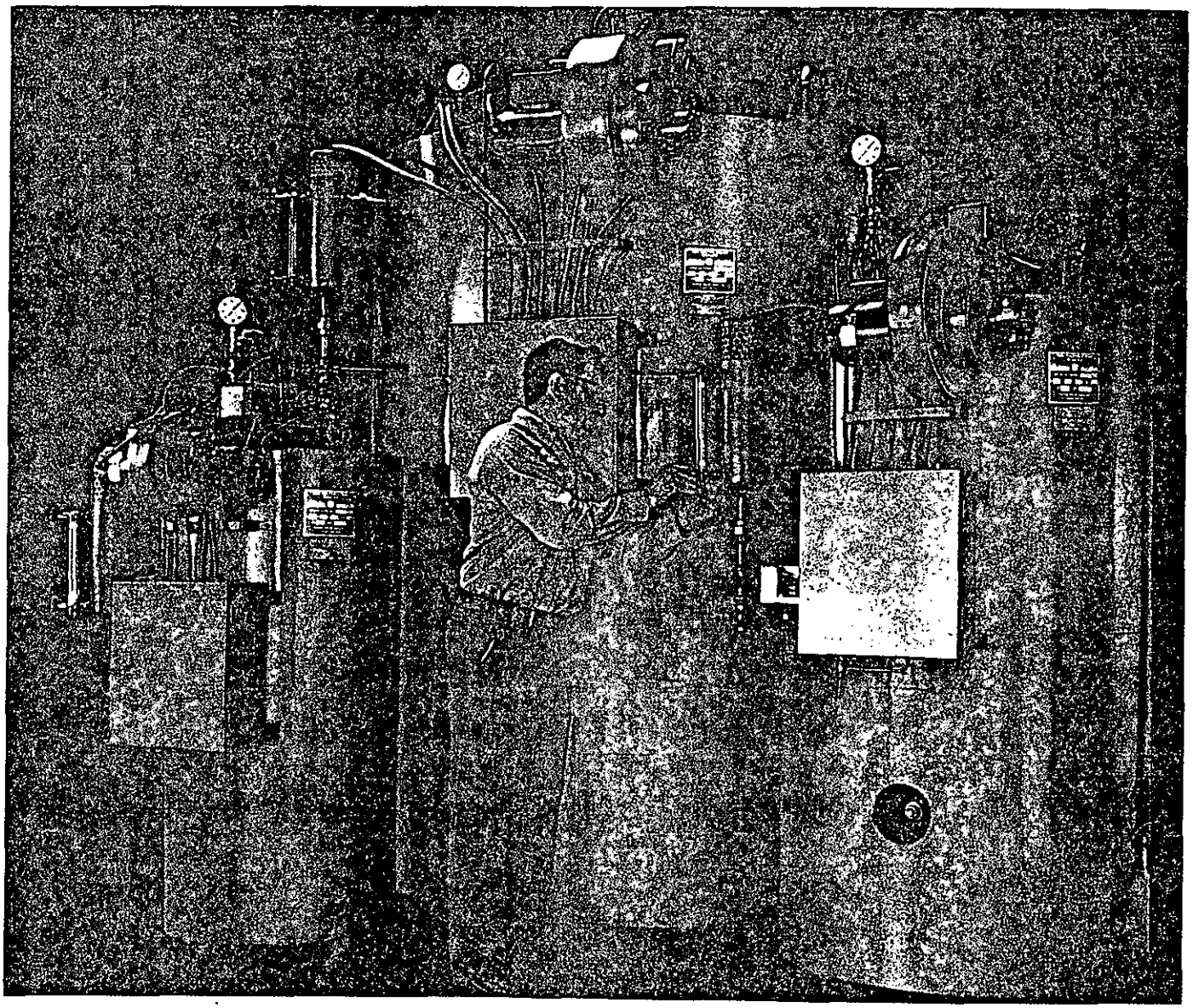


Fulton Oil-Fired, Gas-Fired, and Combination Oil/Gas-Fired Steam Boilers

Fulton Oil-Fired, Gas-Fired, and Combination Oil/Gas-Fired Steam Boilers for your low or high pressure heat process requirements.

The Fulton name has been known throughout the world for over 35 years and is regarded as the leader in the design and manufacture of vertical tubeless boilers to produce pressures up to 300 psi. Fulton boilers have no tubes or coils, making them trouble-free, durable and safe.

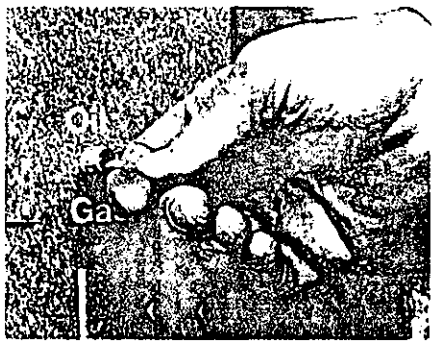
Every Fulton boiler is ASME stamped and carries a national board number. Fulton's boilers are built to applicable codes and standards including UL or CSA and are fully assembled and test fired before shipping. All Fulton Oil, Gas and Combination Boilers also incorporate the Fulton-designed and manufactured power burner, a forced draft type top-fired system designed to deliver a spinning radiant flame through the entire length of the furnace.



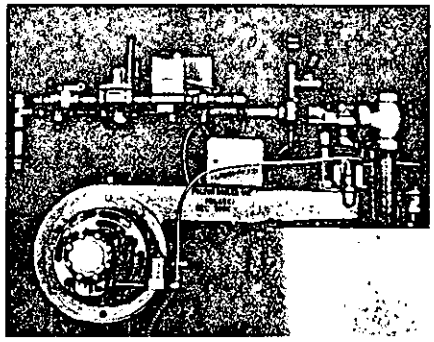
Fulton Oil- and Gas-Fired Boilers, showing our new 100 HP unit in the center.

Combination Oil/Gas-Fired Steam Boilers.

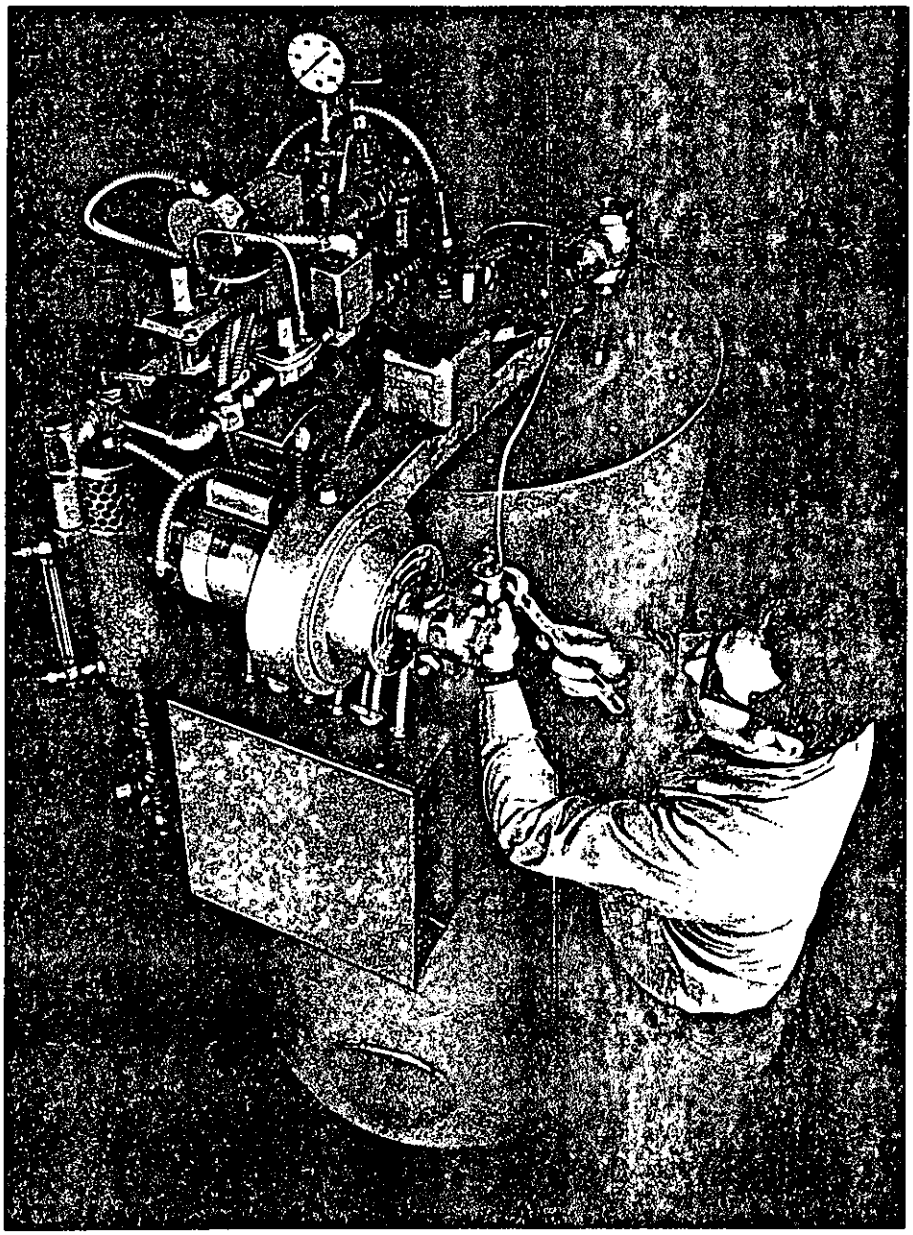
Fulton combination Oil/Gas-Fired Steam Boilers provide you instantaneously with a second fuel alternative with only minor adjustments.



Simple minor adjustments convert to desired fuel source on the combination boiler



The compact duel fuel-fed system, instantly provides your choice of oil-fired or gas-fired operation.



Combination Oil/Gas Fuel-Fired Steam Boiler.

About Fulton Boiler Works, Inc.

Over 50,000 Fulton boilers have been installed throughout the world, manufactured in our plants in Pulaski-New York, and Bristol-England, with licensees in several countries. The headquarters for Fulton Boiler Works, Inc. is located in Pulaski, New York, U.S.A.

The company policy of continuous product improvement through consistent research and development enables Fulton Boiler Works, Inc. to maintain the lead with the most advanced and well-engineered, vertical tubeless boilers in the world.

Applications.

Fulton Boilers have been successfully applied in many diverse industries. Among them are: textiles, food, chemicals, laundry, drycleaning, bakeries, baths (steam), battery manufacturing, bottling (soft drinks), canning, concrete blocks, dairies, dyeing, hospital equipment, jacketed kettles, process heating, restaurant equipment (steam tables), tire recapping.

Consult factory for applications not listed above.

Dimensions (nominal)

Model FB-A		004	006	010	015	020	030	050	060	080	100
Unit Size:	HP	4	6	10	15	20	30	50	60	80	100
HEIGHTS											
(A) Gas Boiler and Comb. Oil/Gas Boiler Overall	IN	66	73	79	89.5	92	100	108	118	118	120
	MM	1675	1855	2020	2275	2335	2540	2745	3000	3000	3050
(A) Oil Boiler Overall	IN	64	71	77	87.5	90	98	105	111	111	112
	MM	1625	1805	1955	2225	2285	2490	2670	2820	2820	2845
(B) Top of Boiler	IN	47	57	63	69	72	82	87	93	93	99
	MM	1194	1448	1600	1753	1829	2083	2210	2362	2362	2515
(C) Flue Outlet	IN	42	52	57	63	66	73	76	82	82	88
	MM	1070	1320	1450	1600	1675	1855	1930	2085	2085	2235
(D) Feedwater Inlet	IN	27	33	33	33	34	34	35	35	35	35
	MM	685	840	840	840	865	865	890	890	890	890
(E) Handholes	IN	19	19	19	19	19	19	20	20	20	20
	MM	485	485	485	485	485	485	510	510	510	510
(F) Blowdown Outlet	IN	15	15	15	15	16.5	16.5	17.5	17.5	17.5	18
	MM	380	380	380	380	420	420	445	445	445	460
WIDTHS											
(G) Boiler Only	IN	26	26	28	30	39	46	55	55	67	75
	MM	660	660	710	760	990	1170	1400	1400	1702	1905
(H) Overall Stack To Fan Housing	IN	38	40	41	42	54	63	73	73	88	94
	MM	965	1015	1040	1070	1370	1600	1855	1855	2235	2390
(I) Water Column Extension	IN	14	14	14	14	14	14	14	14	14	14
	MM	355	355	355	355	355	355	355	355	355	355
(J) Fan Housing Extension	IN	13	14	13	13	15	16	18	18	21	18
	MM	330	355	330	330	381	410	460	460	535	460
(L) Gas Train Extension	IN	18	18	22	22	22	22	25	25	25	28
	MM	460	460	560	560	560	560	635	635	635	710
BOILER CONNECTIONS											
(M) Steam Outlet 15 PSI	IN	1	1	1.25	1.5	2	3	3	3	3	3
	MM	25	25	32	38	51	76	76	76	76	76
(M) Steam Outlet 100-150 PSI	IN	0.75	0.75	1	1.25	1.5	2	3	3	3	3
	MM	19	19	25	32	38	51	76	76	76	76
(V) Safety Valve Size 100-150 PSI	IN	0.75	0.75	0.75	0.75	1	1	1.25	1.25	1.5	2-1.5
	MM	19	19	19	19	25	25	32	32	38	2-38
(N) Feedwater Inlet	IN	1	1	1	1	1	1	1	1	1	1.25
	MM	25	25	25	25	25	25	25	25	25	32
(O) Blowdown Outlet	IN	1	1	1	1	1.25	1.25	1.5	1.5	1.5	2
	MM	25	25	25	25	32	32	38	38	38	51
(P) Water Column Blowdown	IN	1	1	1	1	1	1	1	1	1	1
	MM	25	25	25	25	25	25	25	25	25	25
(Q) Flue Outlet	IN	6	6	6	8	10	12	14	14	14	14
	MM	152	152	152	203	254	305	356	356	356	356
MINIMUM CLEARANCES											
(R) Total Height Required	IN	71.5	81	86	93.5	96	106	114	120	120	125
	MM	1816	2057	2184	2375	2438	2692	2896	3048	3048	3175
(S) Burner Removal	IN	18	18	18	18	18	18	20	20	20	20
	MM	457	457	457	457	457	457	508	508	508	508
(T) Front Of Boiler	IN	41	41	41	41	41	41	41	41	41	41
	MM	1041	1041	1041	1041	1041	1041	1041	1041	1041	1041
(U) Sides And Rear Of Boiler	IN	18	18	18	18	18	18	18	18	18	18
	MM	457	457	457	457	457	457	457	457	457	457
Water-Content	U.S. GALLONS	14	16	24	39	77	170	245	270	375	580
	LITERS	53	61	91	148	292	643	927	1022	1419	2195
Approx. Shipping Wt.	LB	1400	1700	2000	2300	3400	4700	7200	7700	10500	11600
	KG	640	770	910	1045	1545	2140	3270	3500	4770	5270

Dimensions are approximate We reserve the right to change specifications

The main features.

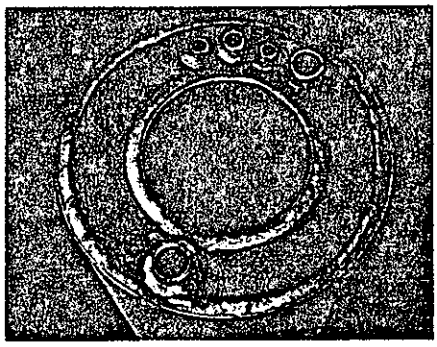
- Fulton-designed and manufactured power burner.
- High temperature insulation.
- Reliable flame safety systems.
- Vertical tubeless design saves valuable floor space.
- Welded convection fins to extend heating surface.

The way it works.

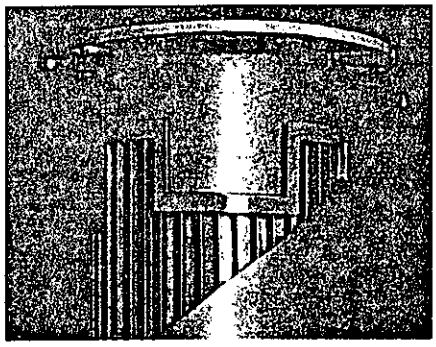
The unit is a fully-automatic, top-fired tubeless design. The power burner delivers a spinning flame down the length of the furnace to achieve maximum efficiency. The hot gases from the flame are carried upward in the secondary flue passage, over the convection fins which are welded the full length of the vessel. These fins transmit the remaining heat into the outer side of the water vessel. The result is efficient, even boiling of the water.

Advantages of Fulton Boilers.

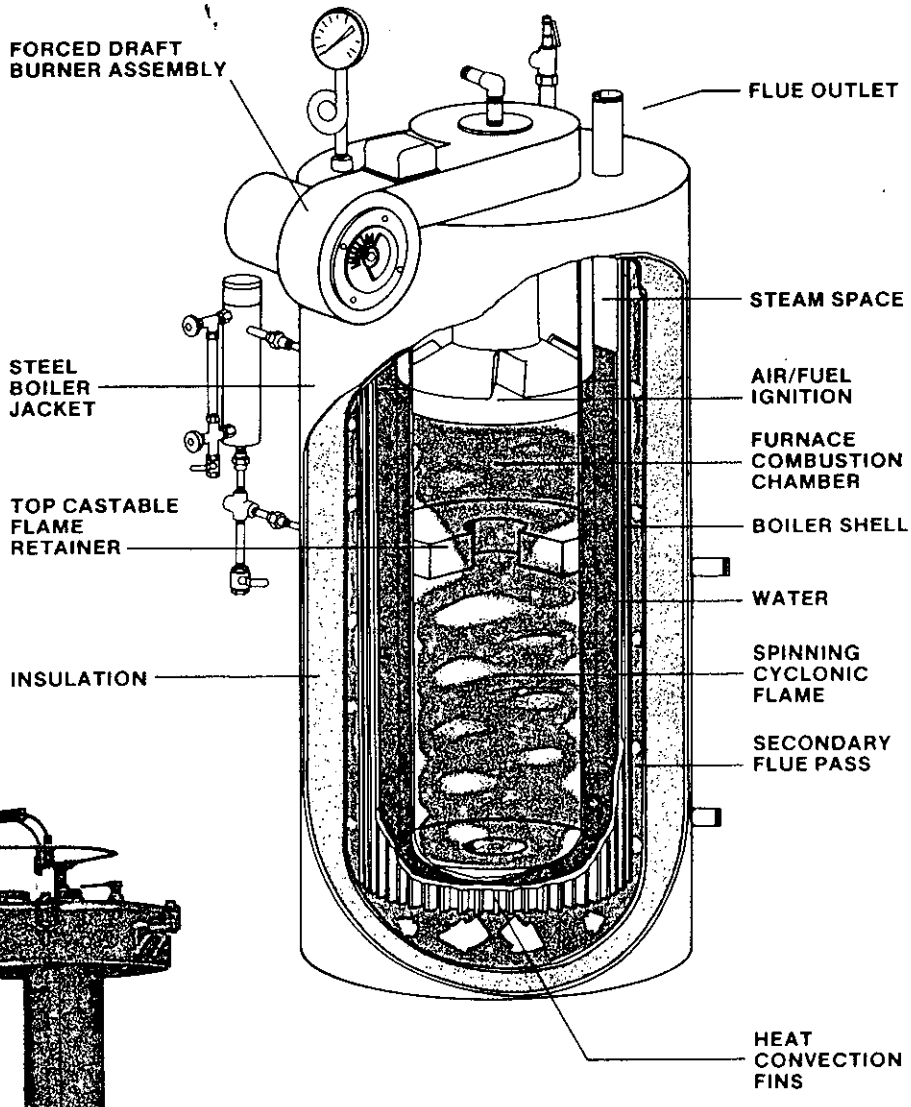
Our unique vertical, tubeless design of Fulton boilers, without the use of coils or tubes, saves energy and floor space, and keeps maintenance costs to a minimum. And Fulton boilers are *dependable*, backed as they are by an experienced team of sales and service personnel worldwide. The Fulton power burner was expressly designed and manufactured by Fulton for the Fulton boiler. A combustion and thermal efficiency of 80% guarantees low-cost operation.



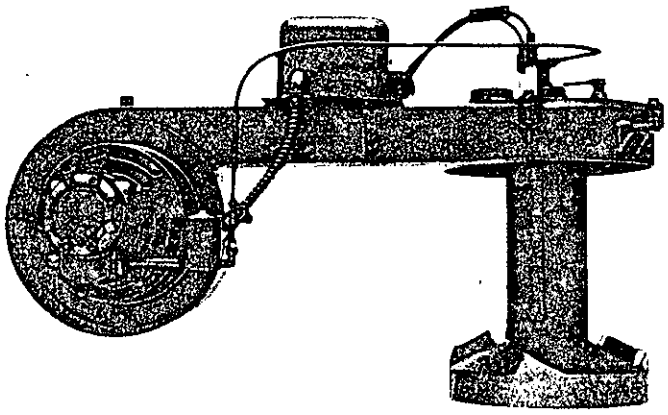
Boiler pressure vessel showing its unique, rigid design.



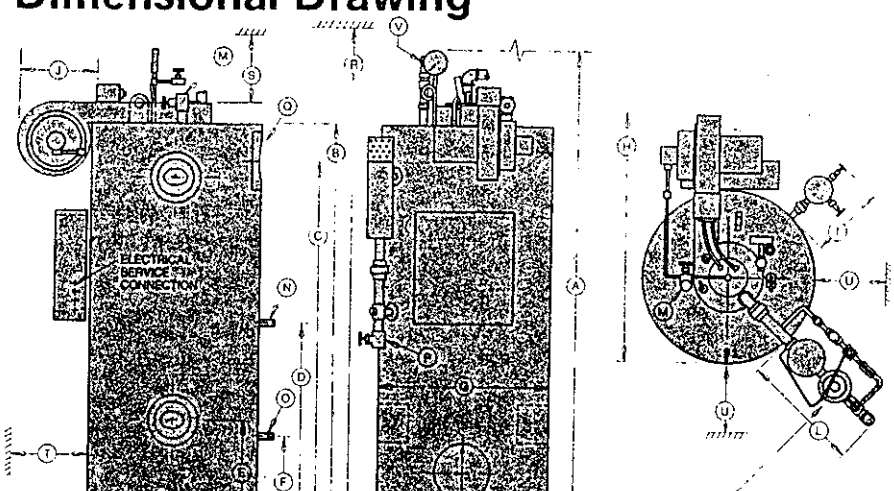
Fulton cutaway shell construction displaying welded convection fins and flue passage.



Fulton designed and manufactured power burner.



Dimensional Drawing



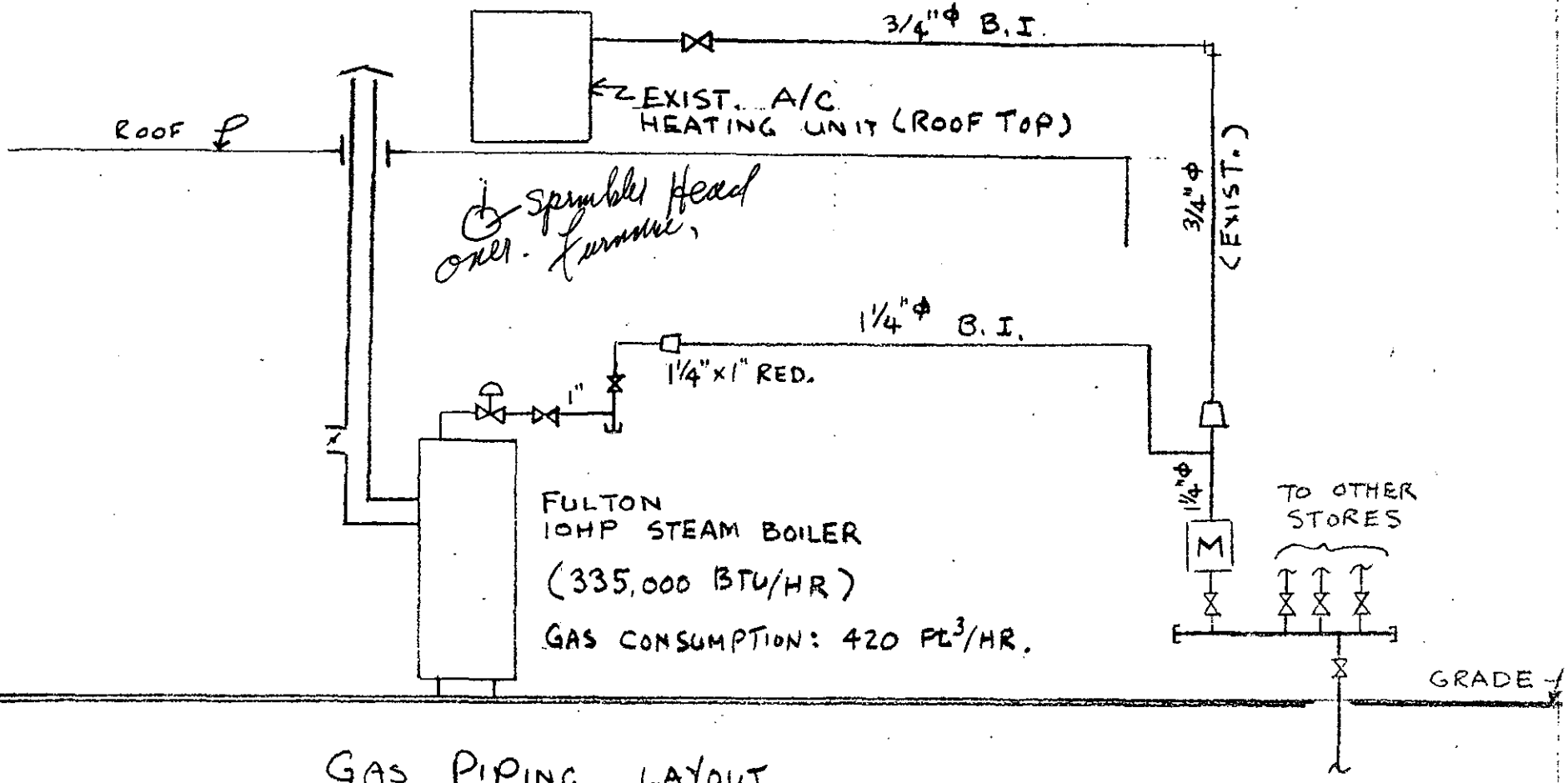
Side View
Oil Unit

Front View
Gas Unit

Top View
Combination Oil/Gas Unit

Specifications

Model FB-A		004	006	010	015	020	030	050	060	080	100
Unit Size:	BHP	4	6	10	15	20	30	50	60	80	100
RATINGS* (SEA LEVEL TO 3000 FT)											
Output	1000 BTU/HR	134	201	335	502	670	1004	1674	2009	2678	3347
	1000 KCAL/HR	34	51	84	127	169	253	422	506	675	844
Steam Output	LB/HR	138	207	345	518	690	1035	1725	2070	2760	3450
	KG/HR	63	94	157	235	312	470	783	939	1252	1565
APPROXIMATE FUEL CONSUMPTION AT RATED CAPACITY†											
Light Oil‡	GPH	1.5	2.0	3.0	4.5	6.0	9.0	15.0	18.0	24.0	30.0
	LPH	5.7	7.6	11.4	17	22.7	34	56.8	68.1	90.8	114
Propane Gas	FT³/HR	70	105	170	250	330	500	830	1000	1330	1660
	M³/HR	2	3	4.8	7.1	9.3	14.2	23.5	28.3	37.7	47



GAS PIPING LAYOUT

JOY SERVICE & SALES
141 Smith Street
PERTH AMBOY, N.J. 08861

SCALE : NONE	DRAWN BY
DATE : Aug. 25. 88	K.K. Jeon 8/25

CUSTOM CARE CLEANERS
TOWNHALL PLAZA, BRICK TOWN, N.J.

State of New Jersey

W. CARY EDWARDS
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF MASTER PLUMBERS

JAMES J. BARRY, JR.
DIRECTOR

1100 RAYMOND BLVD.—ROOM 503
NEWARK, NEW JERSEY 07102
PHONE: 201-648-3310

August 18, 1988

TO WHOM IT MAY CONCERN

Our records indicate that William Bahamondes

License 8217 has applied to the Board for a seal press which has not yet been issued to him by the vendor.

Please accept this letter as an interim device pending the furnishing of a seal press to William Bahamondes
133 Gordon St.
Perth Amboy, NJ 08861

This letter should be rendered invalid 140 days after the date of its issuance.

BOARD OF EXAMINERS OF MASTER PLUMBERS

CHRISTINE T. DEGREGORIO
EXECUTIVE DIRECTOR

CTDG:mrd