RECEIVED
SEP 28 REC'D
BUILDING

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: Brick Blvd. + Cedar Bridge Ave. Bldg. "A"
2. Owner Name: Cedar Bridge Assoc Tel. ( )
   Address 510 S. Burnt Mill Rd
3. Principal Contractor: Tel. ( )
   Address Race Ass.
   Lic. No. or Builder Reg. No. Federal Emp. No. (609)-978-8897
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Mike Datz Tel. (201) 920-3645

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 70,000.00

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: ____

If Change in Use Group, Indicate Former: ____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

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

LDS BR 10309637

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME Michael F. Daly Pace Assoc. TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 469 LOT NO. 12 SUBDIVISION _____ PERMIT NO. 146

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	_____		_____
☐ Fire Protection					_____

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	9/28/87	JC.			
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			9/29/87	CC	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
1-7-88	FIRE PROTECTION				1-7-88 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. _____	_____
☐ 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	$ _____ .
PLUMBING	_____ .
ELECTRICAL	_____ .
FIRE PROTECTION	215.00
OTHER _____	_____ .
SUBTOTAL	$ 215.—
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ .)
D.C.A. TRAINING FEE .0006 x _____	= _____ .
CERTIFICATE OF OCCUPANCY	20.—
OTHER _____	_____ .
OTHER _____	_____ .
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 235.—

DATE _____ Collected By _____

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	$ _____ .

Bldg. "A"

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO 146
DATE ISSUED 2-1-88
REVISION DATE
Block 469 Lot 12
Subdivision

IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner ~~Developer East~~ Cedar Bridge Assoc.
Address 510 S. Burnt Mill Rd
Voorhees N.J. 08043
Tel. (609) 354-0945
Work Site Address Brick Blvd. & Cedar Bridge Ave

Contractor Tri-State Fire Protection
Address Box 97 RD#3
Sewell N.J. 08080
Tel. (609) 589-9370
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Michael F. Daly Pace Assoc.
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: $ _____ $200.00

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: $ _____ $ _____

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $200.00
Minimum Fire Protection Fee (If Applicable) $150
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $215.00

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

Bldg. "A"

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 146
DATE ISSUED 2-1-84
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner Seaside Bridge Assoc.

Address 50 E. Burnt Mill Rd
Voorhees N.J. 08043

Tel. (609) 354-0945

Work Site Address Bay Blvd.
Ocean Bridge Ave

Contractor Tri-State Fire Protection

Address Box 47 RD#2
Sewell N.J. 08080

Tel. (609) 589-7370

Lic. No.

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Michael F. Lisk Pres. Assoc.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____
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: $ _____

FEE: $200.00

B2. SPECIAL SUPPRESSION SYSTEMS

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

FEE: $

B3. ALARM

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

FEE: $

B4. STAND PIPES

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

$

B5. OTHER

Sprinkles. & Test — $15
Test Sheet att. —

Subtotal	$200.00
Minimum Fire Protection Fee (If Applicable)	$15.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$215.00

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

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
1-7-88	Build Load Sprinkler Test at 200PSI for one hour. & Complied with Code. JE

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 9-29-87
Approved By: R. Ruella

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 1-7-88
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				1-7-88
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

TRI-STATE FIRE PROTECTION, INC.
R. D. #3, BOX 97, SEWELL,
HUFFVILLE, NJ 08080

HYDRAULIC CALCULATIONS

FOR

Towne Hall Shoppes
BRICK TOWNSHIP SHOPPING CENTER
BRICK TWP., N.J.

FILE NUMBER: 8739C
06-30-1987

-DESIGN DATA-

OCCUPANCY CLASSIFICATION:	ORD. HAZARD GROUP II
DENSITY:	.19 gpm/sq. ft.
AREA OF APPLICATION:	1500 sq. ft.
COVERAGE PER SPRINKLER:	130 sq. ft.
NUMBER OF SPRINKLERS CALCULATED:	14 heads
TOTAL SPRINKLER WATER FLOW REQUIRED:	565 gpm
TOTAL WATER REQUIRED (including hose):	565 gpm
FLOW & PRESSURE (at base of riser):	565 gpm @ 53.9 psi
SPRINKLER ORIFICE SIZE:	1/2 inch

NAME OF CONTRACTOR: TRI-STATE FIRE PROTECTION INC.

NAME OF DESIGNER: RALPH J. MULLIGAN (609-589-9370)

AUTHORITY HAVING JURISDICTION: ISO - MT. LAUREL, N.J.

CALCULATIONS BY HASS COMPUTER PROGRAM
HRS SYSTEMS, INC.
ATLANTA, GA

Date: 06-30-1987
JOB TITLE: BRICK

BRICK

WATER SUPPLY DATA

SOURCE NODE TAG	STATIC PRESS. (PSI)	RESID. PRESS. @ (PSI)	FLOW (GPM)	AVAIL. PRESS. @ (PSI)	TOTAL DEMAND (GPM)	REQ'D PRESS. (PSI)
32	60.0	52.0	2000.0	59.2	565.0	53.9

AGGREGATE FLOW ANALYSIS:

TOTAL FLOW AT SOURCE	565.0 GPM
TOTAL HOSE STREAM ALLOWANCE AT SOURCE	250.0 GPM
OTHER HOSE STREAM ALLOWANCES	0.0 GPM
TOTAL DISCHARGE FROM ACTIVE SPRINKLERS	315.0 GPM

NODE ANALYSIS DATA

NODE TAG	ELEVATION (FT)	NODE TYPE	PRESSURE (PSI)	DISCHARGE (GPM)
1	10.5	- - - -	33.3	- - -
2	10.0	K= 5.60	15.7	22.2
3	10.0	K= 5.60	15.3	21.9
4	10.0	K= 5.60	15.2	21.8
5	10.0	K= 5.60	15.3	21.9
6	10.0	K= 5.60	15.7	22.2
7	10.5	- - - -	21.2	- - -
8	10.5	- - - -	33.5	- - -
9	10.0	K= 5.60	15.8	22.2
10	10.0	K= 5.60	15.4	21.9
11	10.0	K= 5.60	15.3	21.9
12	10.0	K= 5.60	15.3	21.9
13	10.0	K= 5.60	15.7	22.2
14	10.5	- - - -	21.3	- - -
15	10.5	- - - -	33.9	- - -
16	10.0	K= 5.60	18.1	23.8
17	10.0	K= 5.60	17.8	23.6
18	10.0	K= 5.60	17.8	23.6
19	10.0	K= 5.60	18.0	23.7
20	10.5	- - - -	21.7	- - -
21	10.5	- - - -	34.7	- - -
22	10.5	- - - -	22.4	- - -
23	10.5	- - - -	35.8	- - -
24	10.5	- - - -	22.8	- - -
25	10.5	- - - -	37.4	- - -
26	10.5	- - - -	23.1	- - -
27	10.5	- - - -	39.6	- - -
28	10.5	- - - -	23.1	- - -
29	10.5	- - - -	43.2	- - -
30	10.5	- - - -	45.6	- - -
31	-4.0	- - - -	53.6	- - -
32	-4.0	SOURCE	53.9	315.0

JOB TITLE: BRICK

PIPE DATA

PIPE TAG / END NODES	ELEV. (FT)	NOZ. (K)	PT (PSI)	DISC. (GPM)	Q(GPM) VEL(FPS)	DIA(IN) HW(C) F.L./FT		LENGTH (FT)		PRESS. SUM. (PSI)
Pipe: 1					55.7	1.610	PL	160.0	PF	17.9
1	10.5	0.0	33.3	0.0	8.8	120	FL	6.0	PE	0.2
2	10.0	5.6	15.7	22.2		0.108	TL	166.0	PV	0.5
Pipe: 2					33.5	1.610	PL	10.0	PF	0.4
2	10.0	5.6	15.7	22.2	5.3	120	FL	0.0	PE	0.0
3	10.0	5.6	15.3	21.9		0.042	TL	10.0	PV	0.2
Pipe: 3					11.6	1.610	PL	10.0	PF	0.1
3	10.0	5.6	15.3	21.9	1.8	120	FL	0.0	PE	0.0
4	10.0	5.6	15.2	21.8		0.006	TL	10.0	PV	0.0
Pipe: 4					-10.2	1.610	PL	10.0	PF	0.0
4	10.0	5.6	15.2	21.8	1.6	120	FL	0.0	PE	0.0
5	10.0	5.6	15.3	21.9		0.005	TL	10.0	PV	0.0
Pipe: 5					-32.1	1.610	PL	10.0	PF	0.4
5	10.0	5.6	15.3	21.9	5.1	120	FL	0.0	PE	0.0
6	10.0	5.6	15.7	22.2		0.039	TL	10.0	PV	0.2
Pipe: 6					-54.2	1.610	PL	50.0	PF	5.7
6	10.0	5.6	15.7	22.2	8.5	120	FL	6.0	PE	0.2
7	10.5	0.0	21.2	0.0		0.102	TL	56.0	PV	0.5
Pipe: 7					55.7	2.635	PL	11.5	PF	0.1
8	10.5	0.0	33.5	0.0	3.3	120	FL	0.0	PE	0.0
1	10.5	0.0	33.3	0.0		0.010	TL	11.5	PV	0.1
Pipe: 8					55.8	1.610	PL	160.0	PF	17.9
8	10.5	0.0	33.5	0.0	8.8	120	FL	6.0	PE	0.2
9	10.0	5.6	15.8	22.2		0.108	TL	166.0	PV	0.5
Pipe: 9					33.6	1.610	PL	10.0	PF	0.4
9	10.0	5.6	15.8	22.2	5.3	120	FL	0.0	PE	0.0
10	10.0	5.6	15.4	21.9		0.042	TL	10.0	PV	0.2
Pipe: 10					11.6	1.610	PL	10.0	PF	0.1
10	10.0	5.6	15.4	21.9	1.8	120	FL	0.0	PE	0.0
11	10.0	5.6	15.3	21.9		0.006	TL	10.0	PV	0.0
Pipe: 11					-10.3	1.610	PL	10.0	PF	0.0
11	10.0	5.6	15.3	21.9	1.6	120	FL	0.0	PE	0.0
12	10.0	5.6	15.3	21.9		0.005	TL	10.0	PV	0.0
Pipe: 12					-32.2	1.610	PL	10.0	PF	0.4
12	10.0	5.6	15.3	21.9	5.1	120	FL	0.0	PE	0.0
13	10.0	5.6	15.7	22.2		0.039	TL	10.0	PV	0.2
Pipe: 13					-54.4	1.610	PL	50.0	PF	5.8
13	10.0	5.6	15.7	22.2	8.6	120	FL	6.0	PE	0.2

14	10.5	0.0	21.3	0.0		0.103	TL	56.0	PV	0.5

JOB TITLE: BRICK

PIPE DATA (cont'd)

PIPE TAG / END NODES	ELEV. (FT)	NOZ. (K)	PT (PSI)	DISC. (GPM)	Q(GPM) VEL(FPS)	DIA(IN) HW(C) F.L./FT		LENGTH (FT)		PRESS. SUM. (PSI)
Pipe: 14					54.2	2.635	PL	11.5	PF	0.1
14	10.5	0.0	21.3	0.0	3.2	120	FL	0.0	PE	0.0
7	10.5	0.0	21.2	0.0		0.009	TL	11.5	PV	0.1
Pipe: 15					111.5	2.635	PL	11.5	PF	0.4
15	10.5	0.0	33.9	0.0	6.6	120	FL	0.0	PE	0.0
8	10.5	0.0	33.5	0.0		0.035	TL	11.5	PV	0.3
Pipe: 16					50.8	1.610	PL	170.0	PF	16.0
15	10.5	0.0	33.9	0.0	8.0	120	FL	6.0	PE	0.2
16	10.0	5.6	18.1	23.8		0.091	TL	176.0	PV	0.4
Pipe: 17					27.0	1.610	PL	10.0	PF	0.3
16	10.0	5.6	18.1	23.8	4.3	120	FL	0.0	PE	0.0
17	10.0	5.6	17.8	23.6		0.028	TL	10.0	PV	0.1
Pipe: 18					3.4	1.610	PL	10.0	PF	0.0
17	10.0	5.6	17.8	23.6	0.5	120	FL	0.0	PE	0.0
18	10.0	5.6	17.8	23.6		0.001	TL	10.0	PV	0.0
Pipe: 19					-20.3	1.610	PL	10.0	PF	0.2
18	10.0	5.6	17.8	23.6	3.2	120	FL	0.0	PE	0.0
19	10.0	5.6	18.0	23.7		0.017	TL	10.0	PV	0.1
Pipe: 20					-44.0	1.610	PL	50.0	PF	3.9
19	10.0	5.6	18.0	23.7	6.9	120	FL	6.0	PE	0.2
20	10.5	0.0	21.7	0.0		0.070	TL	56.0	PV	0.3
Pipe: 21					108.7	2.635	PL	11.5	PF	0.4
20	10.5	0.0	21.7	0.0	6.4	120	FL	0.0	PE	0.0
14	10.5	0.0	21.3	0.0		0.034	TL	11.5	PV	0.3
Pipe: 22					162.4	2.635	PL	11.5	PF	0.8
21	10.5	0.0	34.7	0.0	9.6	120	FL	0.0	PE	0.0
15	10.5	0.0	33.9	0.0		0.071	TL	11.5	PV	0.6
Pipe: 23					35.6	1.610	PL	250.0	PF	12.3
21	10.5	0.0	34.7	0.0	5.6	120	FL	12.0	PE	0.0
22	10.5	0.0	22.4	0.0		0.047	TL	262.0	PV	0.2
Pipe: 24					152.7	2.635	PL	11.5	PF	0.7
22	10.5	0.0	22.4	0.0	9.0	120	FL	0.0	PE	0.0
20	10.5	0.0	21.7	0.0		0.063	TL	11.5	PV	0.5
Pipe: 25					197.9	2.635	PL	11.5	PF	1.2
23	10.5	0.0	35.8	0.0	11.6	120	FL	0.0	PE	0.0
21	10.5	0.0	34.7	0.0		0.102	TL	11.5	PV	0.9
Pipe: 26					36.7	1.610	PL	250.0	PF	13.0
23	10.5	0.0	35.8	0.0	5.8	120	FL	12.0	PE	0.0

24	10.5	0.0	22.8	0.0		0.050	TL	262.0	PV	0.2

JOB TITLE: BRICK

PIPE DATA (cont'd)

PIPE TAG / END NODES	ELEV. (FT)	NOZ. (K)	PT (PSI)	DISC. (GPM)	Q(GPM) VEL(FPS)	DIA(IN) HW(C) F.L./FT	LENGTH (FT)		PRESS. SUM. (PSI)
Pipe: 27					117.1	2.635	PL 11.5	PF	0.4
24	10.5	0.0	22.8	0.0	6.9	120	FL 0.0	PE	0.0
22	10.5	0.0	22.4	0.0		0.039	TL 11.5	PV	0.3
Pipe: 28					234.6	2.635	PL 11.5	PF	1.6
25	10.5	0.0	37.4	0.0	13.8	120	FL 0.0	PE	0.0
23	10.5	0.0	35.8	0.0		0.140	TL 11.5	PV	1.3
Pipe: 29					38.8	1.610	PL 250.0	PF	14.4
25	10.5	0.0	37.4	0.0	6.1	120	FL 12.0	PE	0.0
26	10.5	0.0	23.1	0.0		0.055	TL 262.0	PV	0.3
Pipe: 30					80.4	2.635	PL 11.5	PF	0.2
26	10.5	0.0	23.1	0.0	4.7	120	FL 0.0	PE	0.0
24	10.5	0.0	22.8	0.0		0.019	TL 11.5	PV	0.2
Pipe: 31					273.4	2.635	PL 11.5	PF	2.1
27	10.5	0.0	39.6	0.0	16.1	120	FL 0.0	PE	0.0
25	10.5	0.0	37.4	0.0		0.185	TL 11.5	PV	1.7
Pipe: 32					41.7	1.610	PL 250.0	PF	16.5
27	10.5	0.0	39.6	0.0	6.6	120	FL 12.0	PE	0.0
28	10.5	0.0	23.1	0.0		0.063	TL 262.0	PV	0.3
Pipe: 33					41.7	2.635	PL 11.5	PF	0.1
28	10.5	0.0	23.1	0.0	2.5	120	FL 0.0	PE	0.0
26	10.5	0.0	23.1	0.0		0.006	TL 11.5	PV	0.0
Pipe: 34					315.1	2.635	PL 5.0	PF	3.6
29	10.5	0.0	43.2	0.0	18.5	120	FL 10.0	PE	0.0
27	10.5	0.0	39.6	0.0		0.241	TL 15.0	PV	2.3
Pipe: 35					315.1	2.635	PL 5.0	PF	2.4
30	10.5	0.0	45.6	0.0	18.5	120	FL 5.0	PE	0.0
29	10.5	0.0	43.2	0.0		0.241	TL 10.0	PV	2.3
Pipe: 36					315.1	4.026	PL 5.0	PF	1.7
31	-4.0	0.0	53.6	0.0	7.9	120	FL 50.0	PE	6.3
30	10.5	0.0	45.6	0.0		0.031	TL 55.0	PV	0.4
Pipe: 37					315.0	6.010	PL 100.0	PF	0.3
32	-4.0	SRCE	53.9	(N/A)	3.6	140	FL 6.0	PE	0.0
31	-4.0	0.0	53.6	0.0		0.003	TL 106.0	PV	0.1

JOB TITLE: BRICK

NOTES:

(1) Calculations were performed by the HASS 5.0 computer program under license no. 4281183XXX granted by

HRS Systems, Inc.
2193 Ranchwood Dr., N.E.
Atlanta, Georgia 30345

(2) The system has been balanced to provide an average imbalance at each node of 0.006 gpm and a maximum imbalance at any node of 0.184 gpm.

(3) Velocity pressures are printed for information only, and are not used in balancing the system. Maximum water velocity in any pipe is 18.5 ft/sec.

(4) a. System remote area HAS been proven or 'peaked'.

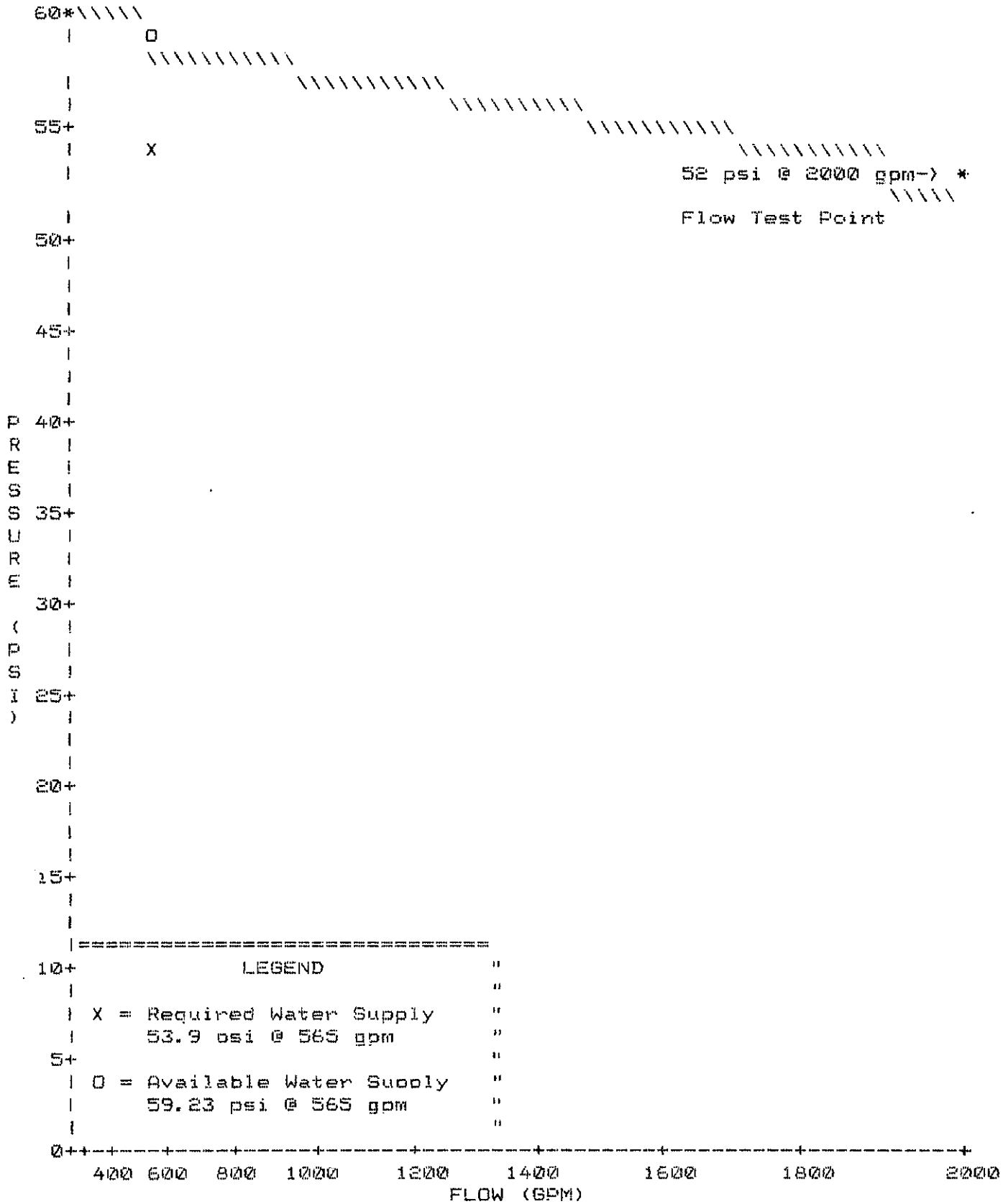
b. Minimum pressure at any sprinkler: 15.224 psi

c. Minimum pressure with remote area shifted one sprinkler space toward left cross main: 15.235 psi

d. Minimum pressure with remote area shifted one sprinkler space toward right cross main: 15.243 psi

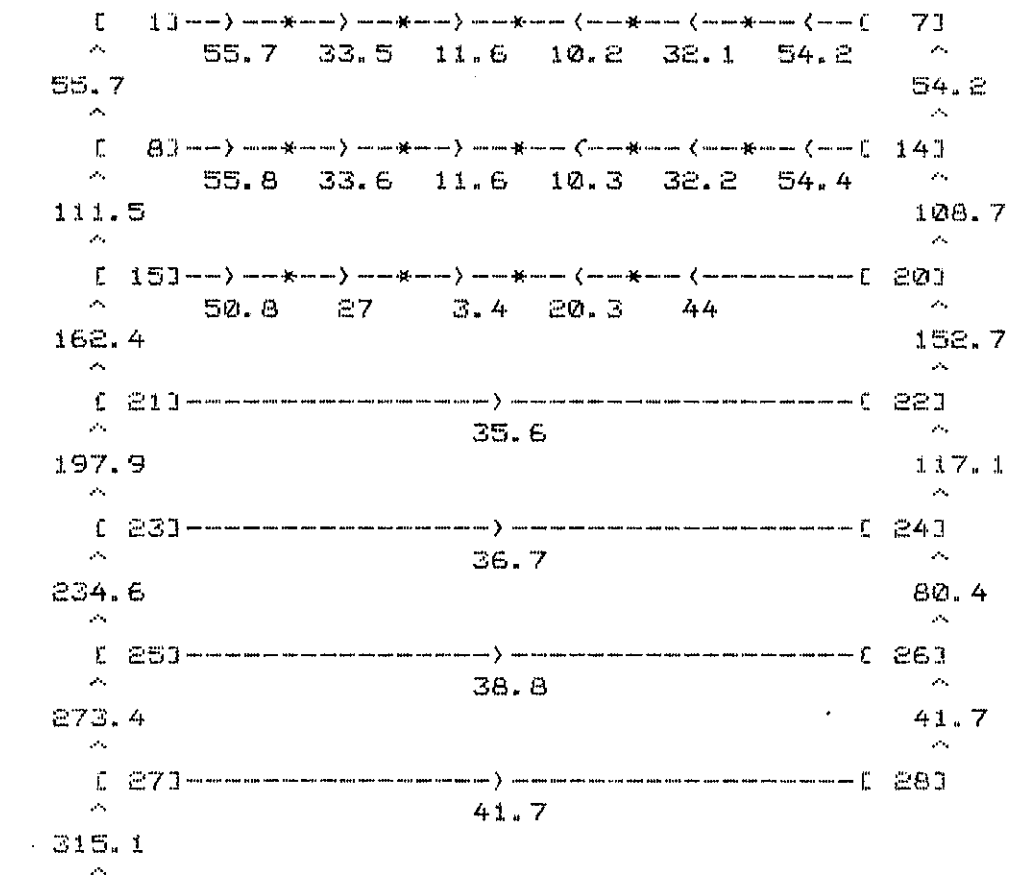
JOB TITLE: BRICK

WATER SUPPLY CURVE



JOB TITLE: BRICK

GRID FLOW DIAGRAM



TRI-STATE FIRE PROTECTION, INC.

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: TOWNE HALL SHOPPES — DATE: 1-7-88

PROPERTY ADDRESS: BRICK TWP. N.J.

PLANS

ACCEPTED BY APPROVING AUTHORITY('S) NAMES: J. EVERISTO - Fire Subcode Official - ICBO

ADDRESS: BRICK TWP. N.J. MT. LAUREL, N.J.

INSTALLATION CONFORMS TO ACCEPTED PLANS — ☒ YES ☐ NO

EQUIPMENT USED IS APPROVED — ☒ YES ☐ NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT IF NO, EXPLAIN — ☒ YES ☐ NO

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES IF NO, EXPLAIN — ☒ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BLDGS. CENTER BLDG.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
CENTRAL CR PD	"A"	1987	½"	226	165°
CENTRAL BR UP	"A"	1987	½"	15	212°
CENTRAL BR UP	"A"	1987	½"	2	286°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA #13 STANDARD — ☒ YES ☐ NO

FITTINGS CONFORM TO NFPA #13 STANDARD — ☒ YES ☐ NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	MAKE	MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	SEC.
FLOW SWITCH	POTTER	VSRD	—	45

DRY PIPE OPERATING TEST

DRY VALVE MAKE	MODEL	SERIAL NO.	O.O.D. MAKE	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST PIPE* MIN.	SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN.	SEC.	ALARM OPERATED PROPERLY YES	NO
Without O.O.D.									
With O.O.D.									

IF NO, EXPLAIN

*MEASURED FROM TIME INSPECTOR'S TEST PIPE IS OPENED.

(OVER)

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 6-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-½ psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☐ YES ☐ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: 70 PSI | RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE 60 PSI

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE U FORM NO. 85B ☐ YES ☐ NO | OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ YES ☐ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
0		

WELDING

WELDED PIPING ☐ YES ☒ NO

IF YES . . .

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☐ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED ☒ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 1-7-88

SIGNATURES

NAME OF SPRINKLER CONTRACTOR
TRI-STATE FIRE PROTECTION, INC. R. D. #3 Box 97, SEWELL, N. J. 08080

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
T. O. Lynn Jr.	SUPERINTENDENT	1/7/88
FOR SPRINKLER CONTRACTOR (SIGNED)	**TITLE**	**DATE**
William Cook	Foreman	1-7-88

ADDITIONAL EXPLANATION AND NOTES