BLOCK 701 LOT 8.01 C6-801 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-0081

1-5-99

1-7-99 NP

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: McDonald's 106 Chambersbridge Rd.
2. Name of Owner in Fee: D'Ambrosio Associates Tel. (732) 528-6366
   Address 2410 Highway 34 Manasquan NJ 08736
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Fire Master Tel. (732) 938-3473
   Address 133 yellowbrook Rd Farmingdale NJ 07727
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 94-3077928 FAX: (_____) _____
5. Architect or Engineer Fire Master Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Joseph E Inzirillo
   Tel. (732) 938-3473 FAX (732) 919-0503

Fire Suppression

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	92.-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2.-		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 94.-		

5016

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	

COMMERCIAL

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		LSP	1/5/99						
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection	2140.00				1-758	KCB	2/23/99		CMV
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2140.00								

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: McDonald's REST.
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10109970

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 Fire Master

Address 133 Yellowbrook Rd Farmingdale NJ 07727

Telephone (732) 938-3473

Signature Joseph E Spillane Jr

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/13/99
Control #
Permit # 99-0081

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 701 Lot 8.01 Qual

Work Site Location 106 CHAMBERSBRIDGE RD
FIRE SUPPR/ MC DONALDS
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Telephone (732)528-6366

Contractor FIREMASTER
Address 133 YELLOWBROOK RD.
FARMINGDALE, NJ 07727-
Telephone (732)938-3473
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 94-3077928

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE SUPPRESSION SYSTEM IN MC DONALDS

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 $ 2,140

Construction Official

01/13/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	92
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	94
Check No.	5016
Cash	
Collected By	CS

U.C.C. P170 (rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received 1-13-99
Date Issued
Control #
Permit # 99-0081

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

Block 701 Lot 8.01
Work Site Location McDonald's 106 Chambers Bridge Rd

Owner in Fee D'Ambrosio Associates Inc
Address 2410 Highway 34 Manasquan NJ 08736
Brick NJ
Tele. (732) 528-6366
Contractor Fire Master
Address 133 yellowbrook Road
Farmingdale NJ 07727
Tele. (732) 938-3473 Fax (732) 919-0503
Lic. No.
Federal Emp. No. 94-3077928

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 2,140.00

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

Joe

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 1-7-99
Approved by: KeB
SUBCODE APPROVAL
[.] CO [ ] CCO [✓] CA
Date: 2-23-99
Approved by: Ken

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			2-23-99	Ken
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

Dates (Month/Day)

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 Joseph E Gullo Jr.

1 syst. by Fires only UL 300 - Self cont unit

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of a cabinet mounted Ansul Kitchen Fire suppression system UL300
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

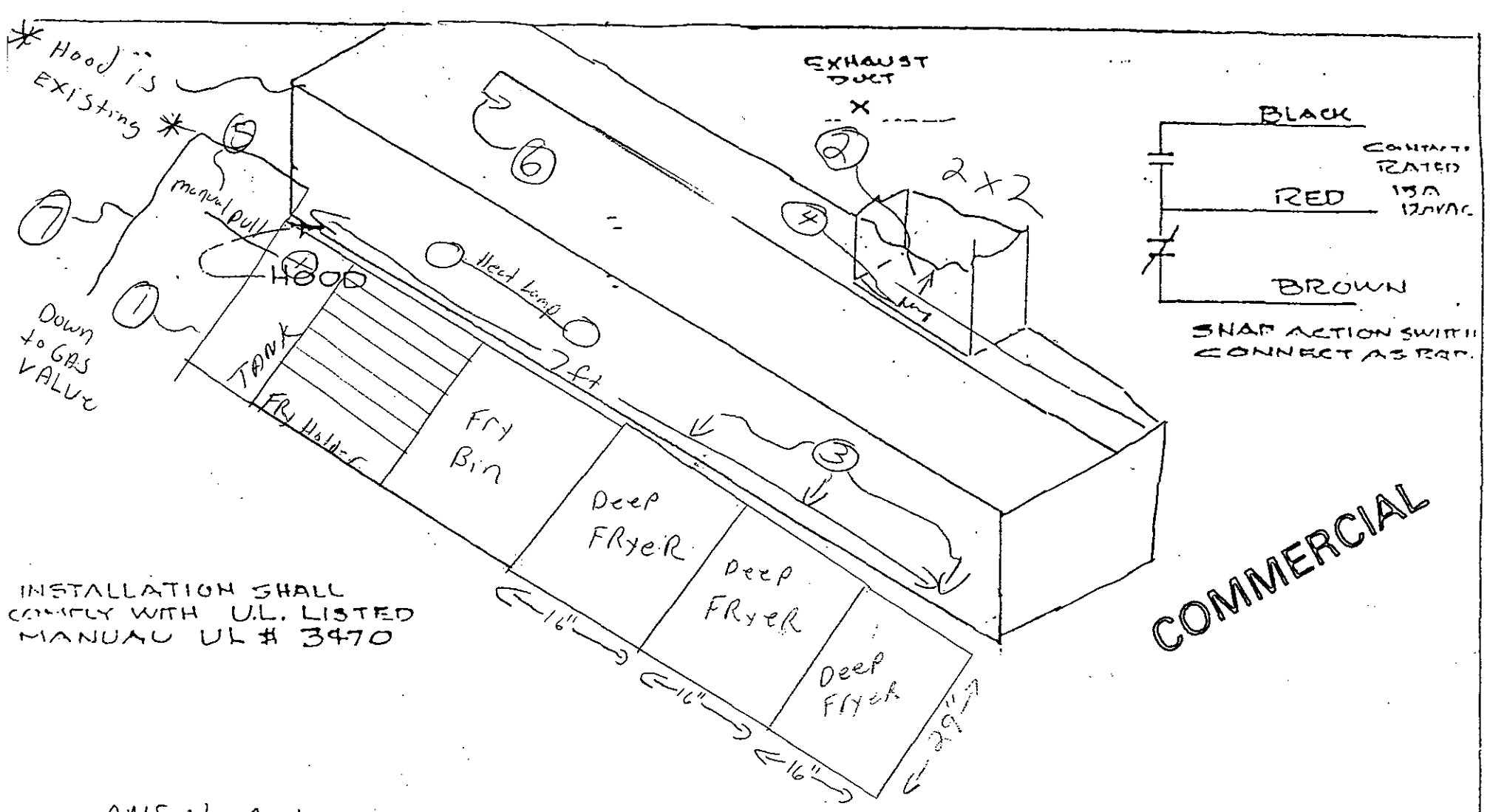
- Existing Hood Heads relocating call for Dump test

COMMERCIAL

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	92.—
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

Administrative Surcharge	$ 92.—
Minimum Fee	$
DCA Training Fee	$ 2.—
TOTAL FEE	$ 94.—

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



ANSUL AUTOMAN
3 GAL
WET CHEMICAL
FIRE SUPPRESSION
SYSTEM

MATERIAL LIST			
NO.	QUAN	DESCRIPTION	PART NO.
1	1	ANSUL AUTOMAN	79372
2	1	DUCT NOZZLE	1W
3	3	APPLIANCE NOZZLE	2120
4	1	FUSIBLE LINK	360°F
5	1	MANUAL PULL	54011
6	1	PLENUM NOZZLE	2W
7	1	GAS VALVE	55601
8			

DRN. BY	NO	DATE

FireMaster
760 FAIRFIELD AVENUE
• KENILWORTH, NJ 07033 • (908) 241-2950

McDONALDS
106 CHAMBEAU BRIDGE RD
BRICK NJ

COMMERCIAL

BHICK TOWNSHIP

Date

Class

ion Review

Zoning

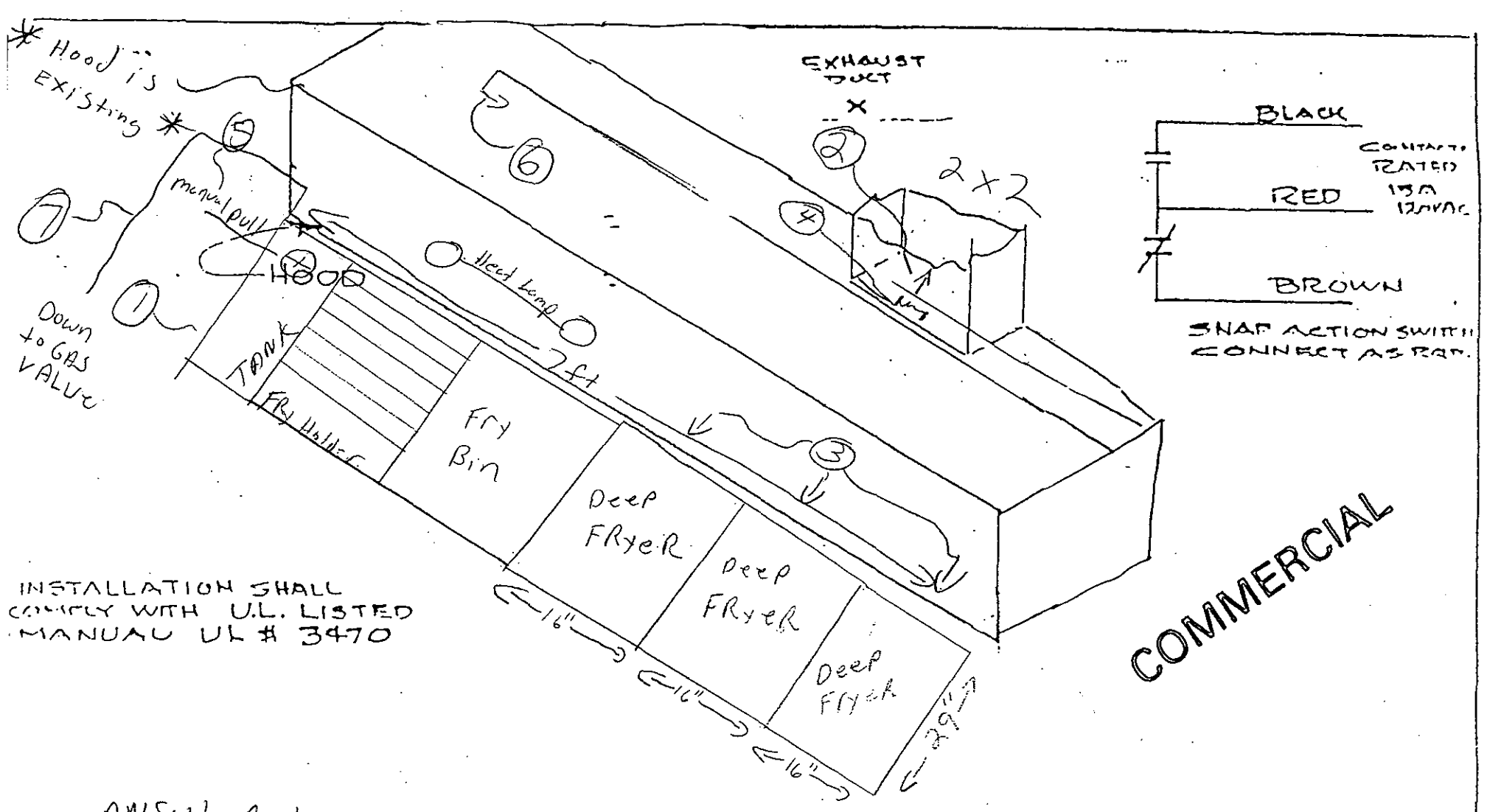
Plumbing

Building

Fire

Energy

Electrical



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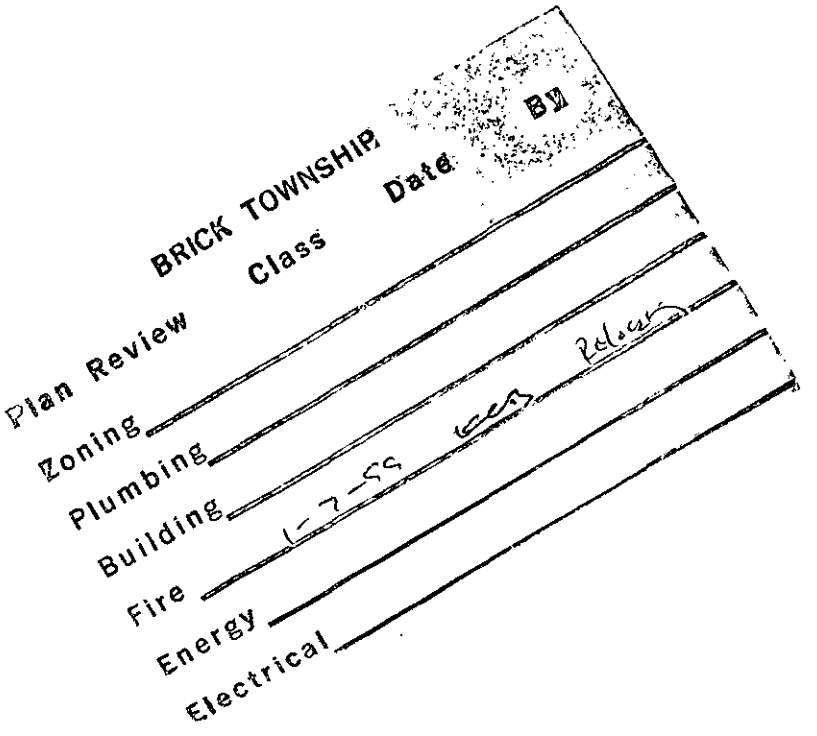
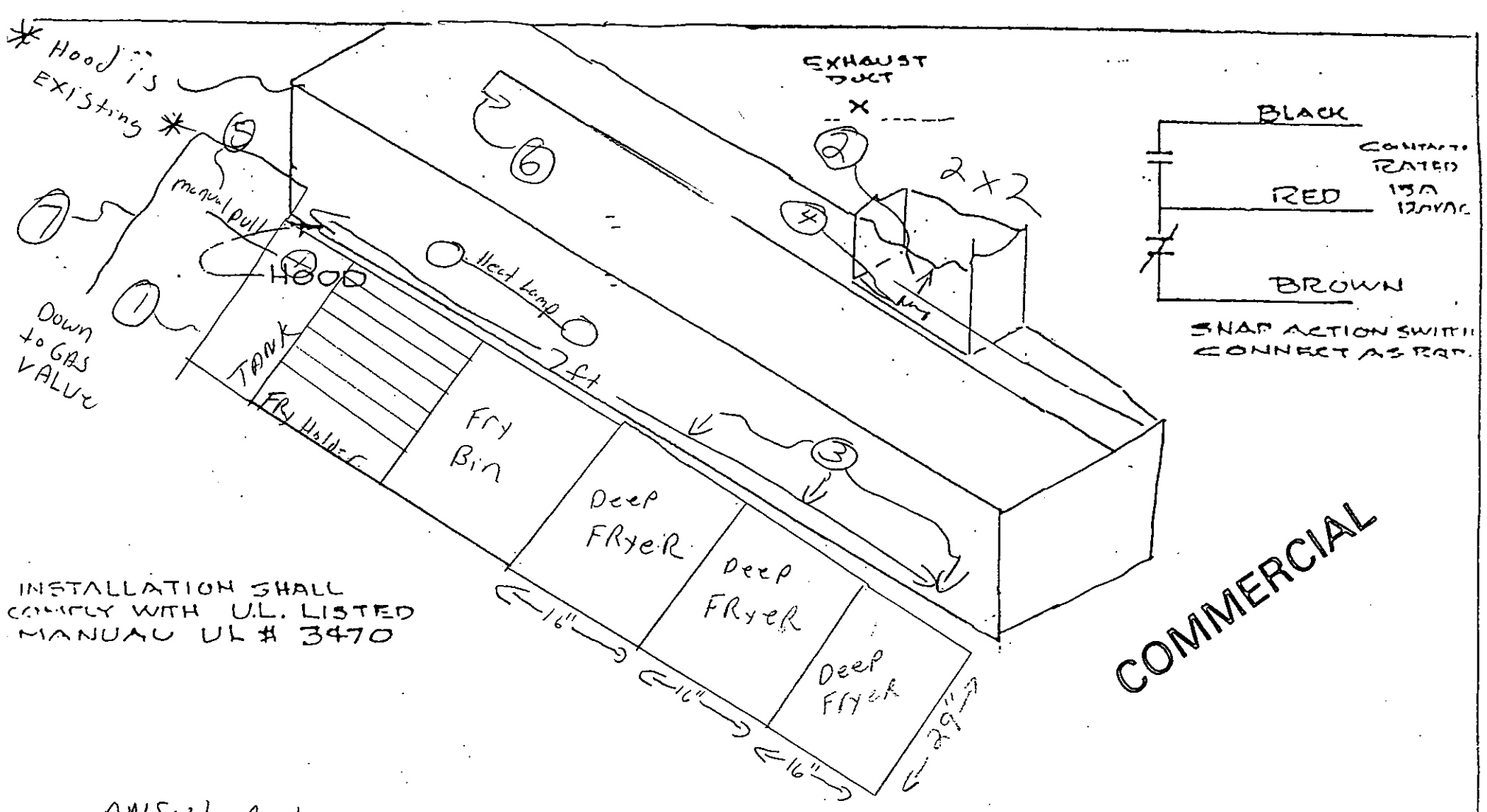
DRN. BY	NO.	DATE

FireMaster
760 FAIRFIELD AVENUE
• KENILWORTH, NJ 07033 • (908) 241-2950

McDONALDS
106 CHAMBERS BRIDGE RD
BRICK NJ

CONNECTICUT





ANSUL AUTOMAN
3 GAL
WET CHEMICAL
FIRE SUPPRESSION
SYSTEM

MATERIAL LIST			
NO.	QTY.	DESCRIPTION	PART NO.
1	1	ANSUL AUTOMAN	79372
2	1	DUCT NOZZLE	IN
3	3	APPLIANCE NOZZLE	2120
4	1	FUSIBLE LINK	360°F
5	1	MANUAL PULL	54011
6	1	PLENUM NOZZLE	2W
7	1	GAS VALVE	55601

DRN. BY	NO.	DATE

FireMaster
760 FAIRFIELD AVENUE
• KENILWORTH, NJ 07033 • (908) 241-2950

McDONALDS
106 CHAMBERN BRIDGE RD
BRICK NJ

SENIOR TOWNSHIP

Class

Date

Plan Review

Zoning

Plumbing

Building

Fire

Energy

Electrical