BLOCK 701 LOT 8.01 C22-180 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-2555

RECEIVED JUN 22 99

CONSTRUCTION PERMIT APPLICATION

McDonalds

COMMERCIAL

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

DIV 6

I. IDENTIFICATION

1. Propsed Work Site at: 106 CHAMBERS BRIDGE RD
2. Name of Owner in Fee: D'AMBROSIO ASSOCIATES Tel. ( ) _____
   Address 2410 - Rt 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 Yellow Brook 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 JOE PIZZILLO
   Tel. (732) 938-3473 FAX (732) 919-0503

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	90		
5. Elevator Devices			
6. Subtotal	$		
7. Less 70% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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	

WET CHEMICAL SYSTEM (FIRE)

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection	2885.00				6235	ER	10/22/99		gk
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2885.00								

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 0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: FOOD CHAIN
3. Change in Use Group, Indicate Former:

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

LDS BR 10109969

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 Yellow Brook Rd

Farmingdale NJ 07727

Telephone (732) 938-3473

Signature Joseph E Gallo

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 07/09/99
Control #
Permit # 99-2555

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701 Lot 8.01 Qual

Work Site Location 106 CHAMBERSBRIDGE RD
WET CHEMICAL SYSTEM
Owner in Fee O'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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
WET CHEMICAL SYSTEM

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.	5568
Cash	
Collected By	MK

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 $ 2,885

Construction Official

07/09/99
Date

U.C.C. F170 (Rev. 3/96)

07/09/99 NO. 5 0024A005 11:06
CHANGE 0.00
CHECK 94.00
TOTAL 94.00
D.C.A. 2.00
FIRE 92.00
801 # 0.00
LOT
701 #
BLOCK 0.00
2555*#
0003

FIRE SUBCODE TECHNICAL SECTION

Date Received 7-9-99
Date Issued
Control #
Permit # 99-2555

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 166 Chambers Bridge Rd

Owner in Fee D'Ambrosio Associates McDonalds
Address 2410 Rt 34 Manasquan NJ 08736

Tele. (732) 528 6366
Contractor Fire Master
Address 133 Yellow Brook Rd
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 $ 2885.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 6-23-99
Approved by: ERS

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-22-99
Approved by: ERS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump	NOT REQ'D			
Pre-Eng. System	8-31-99	9-15	10-22-99	ERS
Mechanical				
Smoke Control			See Attached Letter	
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: Install of ANSUL Ued Chem UL-300 Kitchen System
Water Supply Source _____
Method of Alarm Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [X] Combustible Liquid
[ ] LPG [ ] LNG Capacity _____ Fuel _____

Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
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	
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	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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

8-30-22 NOT READY

Jeff Kraft

10-20-22 - letter & certificate not using GRICC

10-22 OK - As built drawing (Seamco)

- showing heads

- cont. of completion

10-22 OK - no elect. shut off

-

FireMaster®
MASTER PROTECTION CORPORATION

133 Yellowbrook Road • Farmingdale, NJ 07727 • (908) 938-3473 • Fax (908) 919-0503

October 5, 1999

Kevin
BRICK TOWNSHIP BUILDING DEPT.
Division of Inspections
401 Chambers Bridge Road
Brick, NJ 08723

RE: McDONALDS, 106 Chambers Bridge Road, Brick, NJ
Kitchen Fire Suppression System Installation

Dear Sir:

In accordance with the above referenced location, the following is the information you requested:

Block Number:	701
Lot Number:	8.01
Permit Number:	99-2555

If you have any other questions or concerns, please do not hesitate to contact me.

Sincerely,

Joseph E. Inzirillo, Jr.
Sales Representative

JEI/ejg

McDonald's

D'Ambrosio Associates, Inc.
2410 Highway 34
Manasquan, New Jersey 08736
732/528-6366
Fax: 732/223-6982

Mr. Joseph E. Inzirillo
133 Yellowbrook Rd.
Farmingdale, N.J. 07727

09/10/99

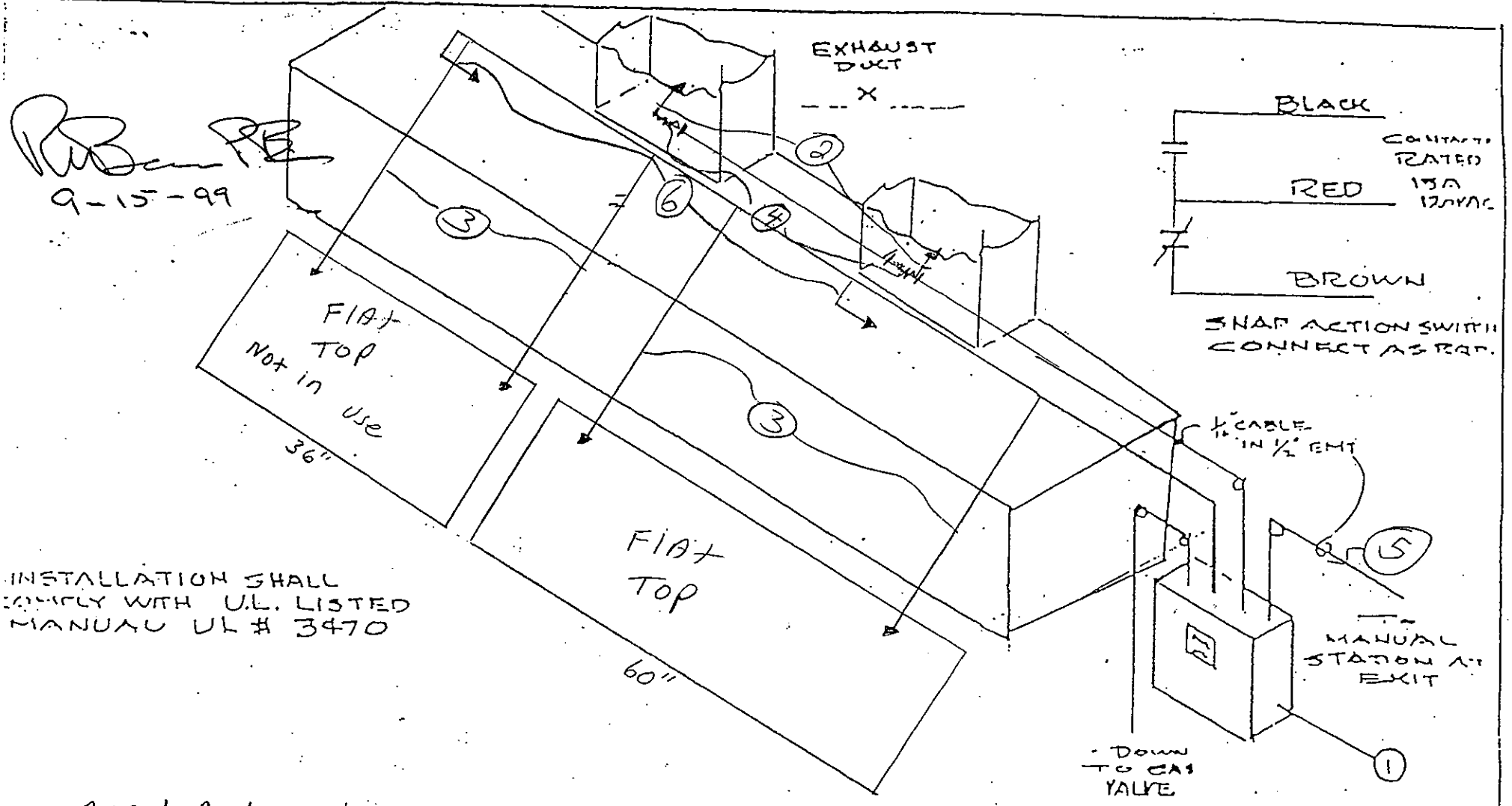
Dear Joseph,

I am writing this letter to inform you of the third grill we currently have at our Bricktown McDonalds located at 106 Chambersbridge Rd. We do in fact have a flat gas snap action grill in our kitchen, but it is not in use nor workable at the present time. We have no plans on using it right now. I have been informed that once it is useable that we must contact you for a reinspection of the ansul unit. I give you my word we will be more than happy to comply.

If there are any questions please feel free to contact me at our office. (732)- 528-6366.

Sincerely,

Anthony D'Ambrosio Jr.



9-15-99

INSTALLATION SHALL COMPLY WITH U.L. LISTED MANUAL UL # 3470

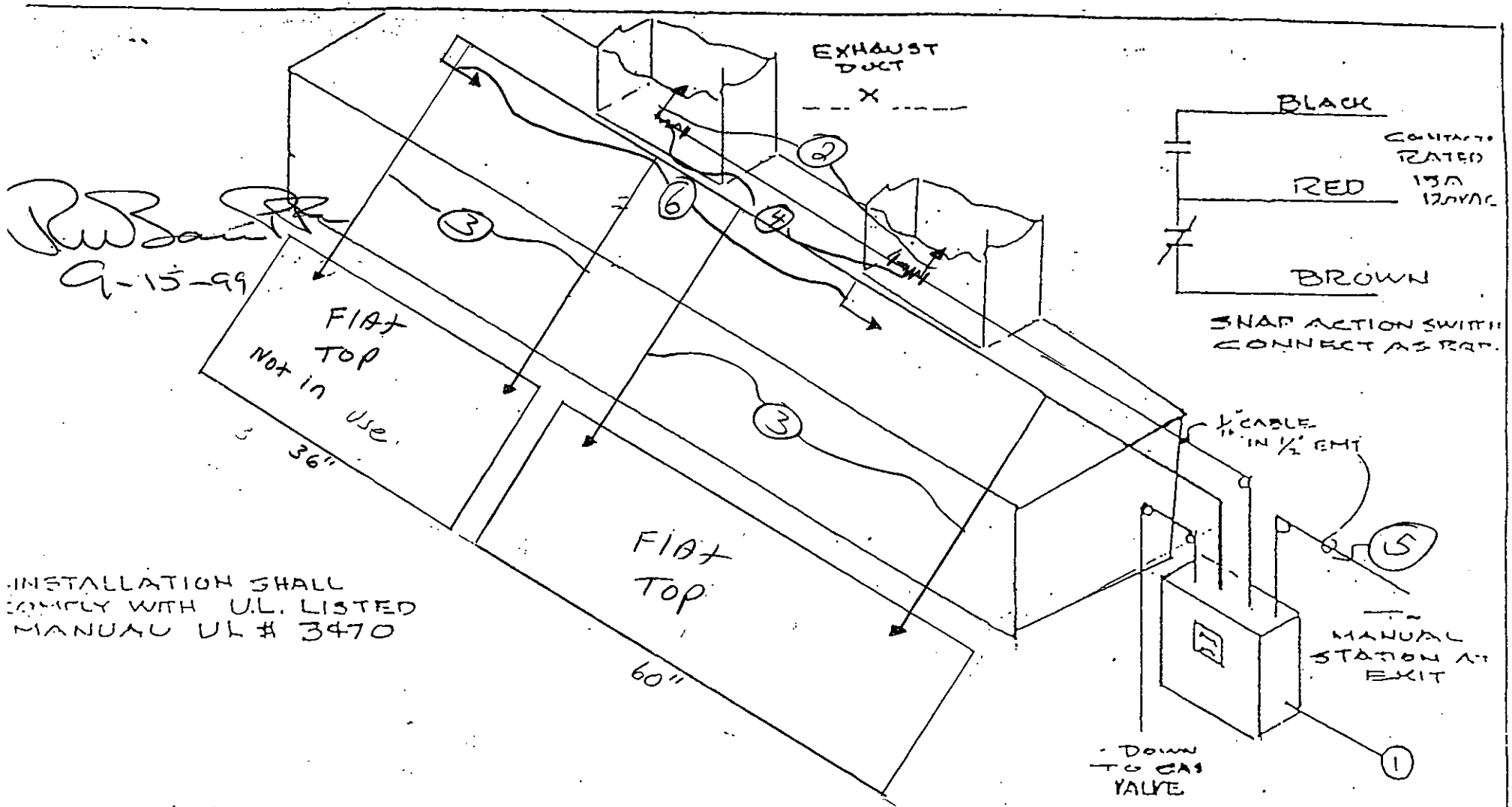
Ansul Automan 3 GAL

WET CHEMICAL FIRE SUPPRESSION SYSTEM

MATERIAL LIST			
NO.	QTY.	DESCRIPTION	PART NO.
1	1	AUTOMAN	79372
2	2	DUCT NOZZLE	1W-
3	2	APPLIANCE NOZZLE	1N
4	2	FUSIBLE LINK	360°F
5	1	MANUAL PULL	54011
6	2	Plenum Nozzle	1N
7			

DRAWN BY | N.E. | DATE

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



9-15-99

INSTALLATION SHALL COMPLY WITH U.L. LISTED MANUAL UL # 3470

ANSUL AUTOMAN 3 GAL WET CHEMICAL FIRE SUPPRESSION SYSTEM

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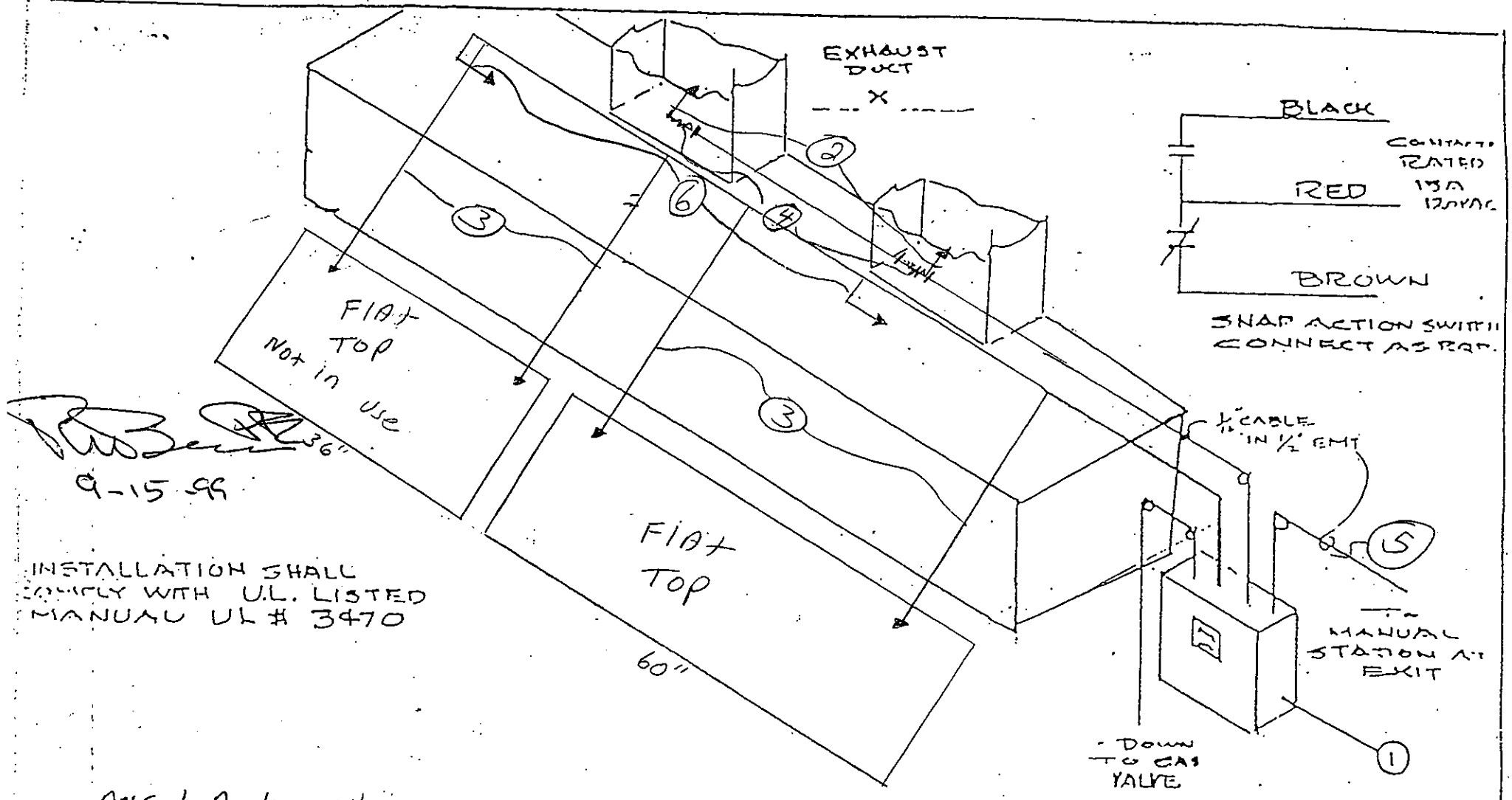
7			

DRN. BY	NO.	DATE

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



ANSUL Automan
3 GAL
WET CHEMICAL
FIRE SUPPRESSION
SYSTEM

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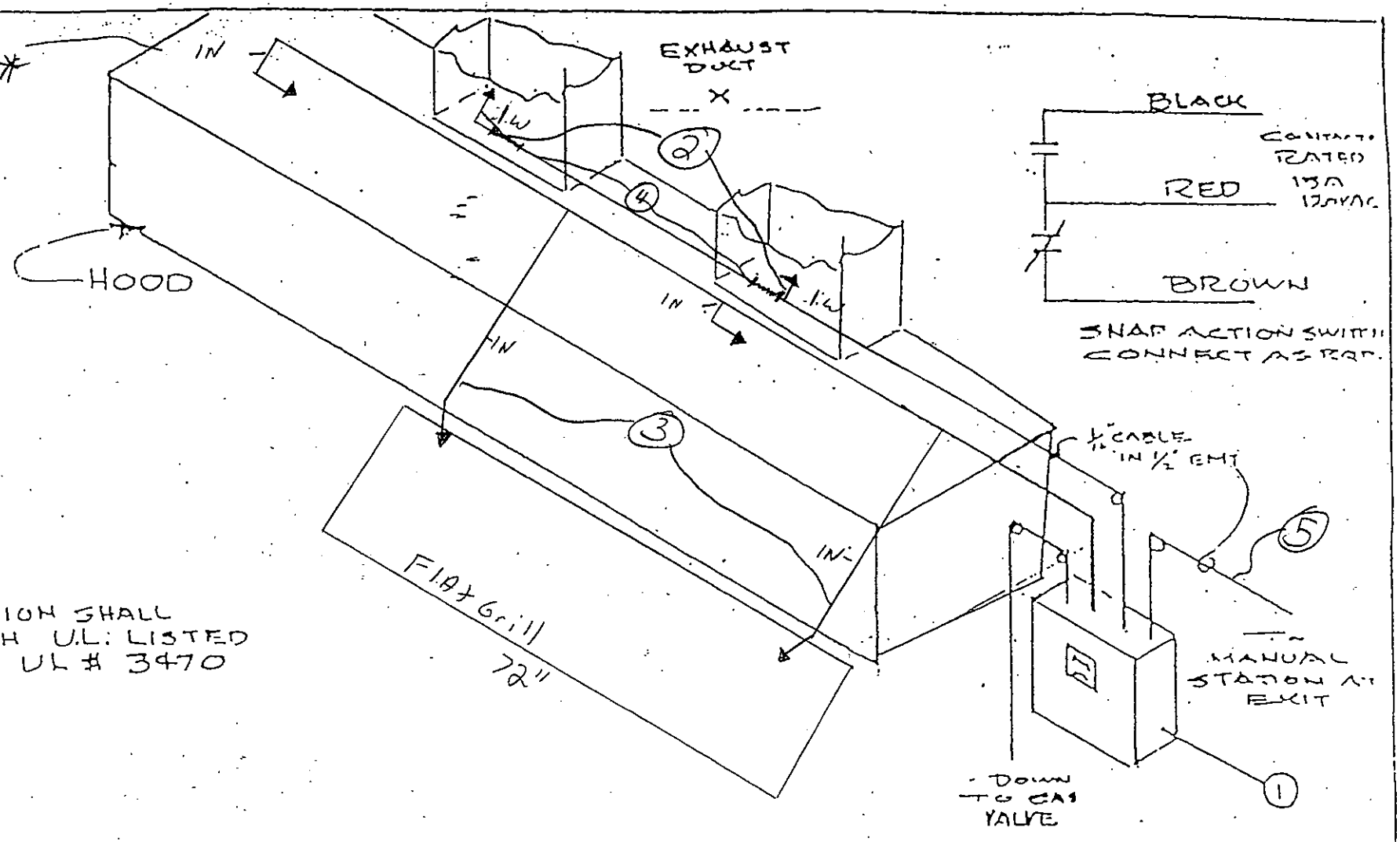
7			

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

DRAWN BY | NO. | DATE

Hood is existing



INSTALLATION SHALL COMPLY WITH U.L. LISTED MANUAL UL # 3470

ANSUL AUTOMAN
3 GAL
WET CHEMICAL
FIRE SUPPRESSION
SYSTEM

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7			

DRN. BY	NO.	DATE

FireMaster
Fire Protection Specialists
Fire Equipment - Sales and Service

FireMaster
MASTER PROTECTION CORPORATION

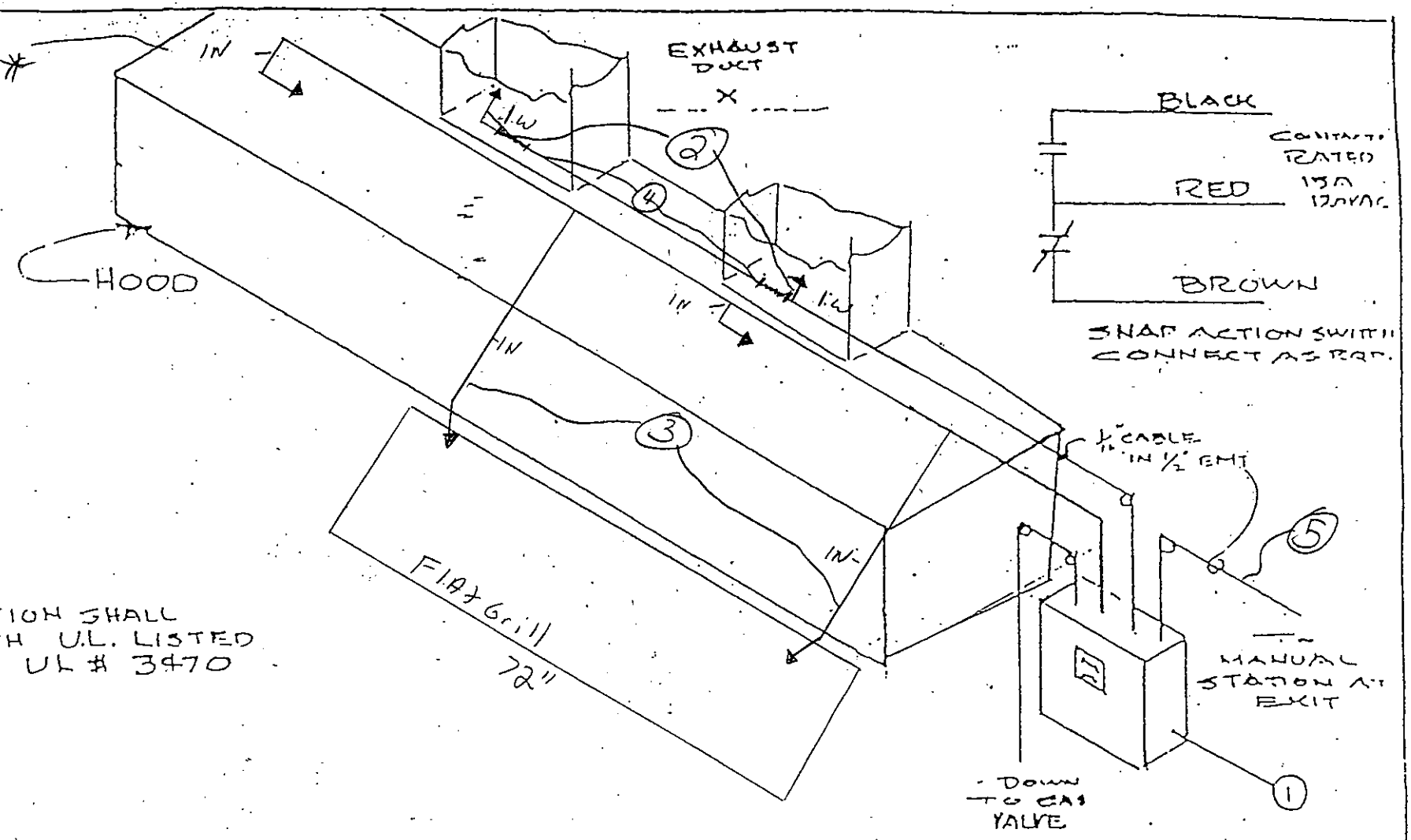
JOSEPH E. INZIRLLO, JR.
Sales Representative

133 Yellowbrook Road
Farmingdale, NJ 07727
Fax #: (732) 919-0503
(732) 938-3473
Pager: (732) 478-5739
(See Reverse side for additional services)

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			

Hood is Existing



INSTALLATION SHALL COMPLY WITH U.L. LISTED MANUAL UL # 3470

ANSUL AUTOMAN 3 GAL WET CHEMICAL FIRE SUPPRESSION SYSTEM

MATERIAL LIST

NO.	QTY.	DESCRIPTION	PART NO.
1	1	AUTOMAN	79372
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DRN. BY | NG | DATE

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(See Reverse side for additional services)

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire	6-23-5		
Energy			
Electrical			

MC Bowers