BLOCK 701.39 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-2031

CONSTRUCTION PERMIT APPLICATION C12-001158

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

New CC 7/9/12

I. IDENTIFICATION

1. Proposed Work Site at: BRICK TOWNSHIP H.S. 346 CHAMBERS BRIDGE RD
2. Name of Owner in Fee: BRICK TWP BD OF ED
   Tel. (732) 785-3000 e-mail _____
   Address 101 HENDRICKSON AVE (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: WALLACE CONTRACTING Tel. (732) 295-9340
   Address 413 RAILROAD PLAZA SQ e-mail SWALLACE@WALLACECC.COM
   POINT PLEASANT BEACH NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer DESIGN RESOURCES GROUP Contact FRANK BOLSY/PATRICK STEELE
   Address 371 HOES LN PISCATAWAY NJ. e-mail _____
   Tel. (732) 560 7900 FAX: (732) 560 7910
6. Responsible Person in Charge once Work has Begun STEVE WALLACE/LOU RENTON
   Tel. (732) 295 9340 FAX: (732) 295-5358

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1-2	
2. Height of Structure 24 ft.	
3. Area — Largest Floor 186 158 sq. ft.	
4. New Building Area — sq. ft.	
5. Volume of New Structure — cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ✓	

IIa. PROPOSED WORK

CLASSROOM + HVAC RENOVATIONS Plans

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building							7/19/12		
☐ Electrical								4/11/13	
☐ Plumbing				7-17-12		2	8/29/12	4.06.13	
☐ Fire Protection					7/30/12	DOB			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: COMMERCIAL
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: E
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/9/2014
Control Number C-12-001158
Permit Number 12-2031
Permit Issue Date 7/20/2012
Certificate Number 12-2031

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701.39 Lot: 12 Qual:

Owner in Fee: BRICK TOWNSHIP EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 785-3000

Contractor WALLACE BROTHERS INC.

Address 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ

Telephone: (732) 295-9340 Fax: (732) 295-5358

License Number or Builders Registration Number: 58882 Federal Emp. Number: 22-2775668

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Science labs

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/9/2014

U.C.C. F260 (rev. 08/05)

(RICK 732-539-4323)

BILL - 732-232-2348

ERIC

7/9/12 New Contractor

FRANK ANNESE 732-624-4892

C-12-001158+A

HIGH SCHOOL

PLUMBING SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received: 7/20/12
Control #: 12.2031+A
Date Issued
Permit #

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

Block 701.39 Lot 12 Qualification Code

Work Site Location 346 CHAMBERS BRIDGE RD - BRICK NJ 08724
BRICK TWP HIGH SCHOOL

Owner in Fee: BRICK TWP BD OF EDUCATION

Tel. (732) 785-3005 e-mail

Address 101 HENDRICKSON AVE BRICK NJ 08724
street municipality zip code

Contractor: Annese Mechanical Inc. Tel. (732) 363-7750

Address 699 Cross St Unit 2 e-mail gerrie@Annesemech.com
Lakewood NJ 08701

Contractor License No. 36BI00707900 Exp. Date 6-30-2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2964462 FAX: (732) 363-7755

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 230 000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Frank Annese

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK PLUMBING WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

COMMERCIAL

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12-31-13
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12-31-13	[initial]

(Dates (Month/Day))

SEE ALL INSPECTION SHEETS
(LETTER SUBMITTED FOR FINAL)

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-2031

Date Issued / Permit # 7/20/12

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

Block 701.39 Lot 12 Qualification Code

Work Site Location BRICK TOWNSHIP HIGH SCHOOL
346 CHAMBERS BRIDGE ROAD BRICK

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail

Address 101 HENDRICKSON AVE (street) BRICK (municipality) 08724 (zip code)

Contractor: DESIGN RESOURCES Tel. (732) 560-7900

Address 371 HOES LANE STE 301 e-mail
PISCATAWAY NJ 08854

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present E Proposed E

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 230,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Francis L Bowlby

Print name here: FRANCIS L. BOWLBY

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SCIENCE CLASSROOM (6) ELEVATION
DEMO EXISTING FIXTURES/PIPING & INSTALL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
35	Lavatory	
10	Shower (EMERGENCY)	
	Floor Drain	
15	Sink	
2	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
80 +/-	Gas Piping (gas jets for lab)	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks 11 AC	
1	Other ACID NEUTRALIZATION TANK	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

inside under floor 60

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

BUILDING SUBCODE
TECHNICAL SECTION

7/9/12 New Construction

1052-1054

Date Received
Control # 12.203

Date Issued
Permit # 7/20/12

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

Block 701.39 Lot 12 Qualification Code

Work Site Location Brick Twp HS
346 Chambers Bridge Rd Brick NJ.

Owner in Fee: Brick Twp Bd of Ed

Tel. (732) 785-3000 e-mail

Address 101 Hendrickson Ave Brick NJ.
street municipality

Contractor: Wallace Contracting Tel. (732) 295-9340
zip code

Address 413 Railroad Square Place e-mail SWallace@WallaceGC.com
Point Pleasant Beach NJ.

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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.

Sign here:

Print name here: Lou Renton

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Renovation (9) existing science labs/classrooms & convert (2) classrooms to labs

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/19/12	KA

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/5/13
Approved by: KA

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	OVER			
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Conservation	OVER	C.O. Complete 1-8-13		G.P.
Mechanical				
TCO SEE BACK OF TECH				
Other				
Final * 12/20/12 KW		2-1-13		G.P.
Barrier-Free				

12-27-12 N.R.
OVER

B. BUILDING CHARACTERISTICS

Use Group Present E Proposed E
No. of Stories 1-2
Height of Structure 24 ft.
Area — Largest Floor 156,158 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 118800
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

COMMERCIAL

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

7/9/12 New Contractor

Date Received
Control # 12.2031

Date Issued
Permit # 7/20/12

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

Block 101.39 Lot 13 Qualification Code

Work Site Location BRICK TWSP. HIGH SCHOOL - SCIENCE RM. RENO
346 CHAMBERSBRIDGE Rd. - BRICK NJ 08724

Owner in Fee: BRICK TWSP. BOARD OF EDUCATION

Tel. (732) 785.3005 e-mail ROBERT VOGEL

Address 101 HENDRICKSON AVE. - BRICK NJ 08724
street municipality zip code

Contractor: SUN ELECTRICAL CONST. CORP Tel. (732) 477 3500

Address 308 DRUM POINT Rd. e-mail azurella@sunelectric.us
BRICK NJ 08723

Contractor License No. 7146 Exp. Date 3.31.15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2763732 FAX: (732) 477 5709

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 330,000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-26-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				JK BACK
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-26-13	DJ
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL WORK, LIGHTING, FIRE ALARM DEVICES, CLOCK & SPEAKER DEVICES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
217		Lighting Fixtures	
197		Receptacles	
35		Switches	
25		Detectors	
47		~~Light Poles~~ FLOOR BOXES	
		Motors—Fract. HP	
		Emergency & Exit Lights	
159		Communications Points	
		Alarm Devices/F.A.C. Panel	
680		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
11	21	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	600A	AMP Subpanels (MP1)	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	400A	Subpanel (MP2)	
12		Disconnects	

↳ (1-600A, 8-60A, 3-100A)

COMMERCIAL

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 12/07)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Gerrie McCormack

From: Smith, Joe <jsmith@concord-engineering.com>
Sent: Friday, April 05, 2013 4:04 PM
To: lrenton@wallacegc.com
Cc: Frank Bowlby (frankb@drgaia.com); Gerrie McCormack
Subject: Plumbing Code Official Call

Lou,

I called Bob W., Plumbing code official and left a voice mail with an explanation.

I did contact Tom Pitcherello, DCA Code Assistance Unit, and reviewed the issue with him. He was in agreement that the 3" vertical riser will meet code and that no variance is required, providing it is an engineered system (it is) and signed/sealed drawings are submitted (they were).

I'll follow up once I hear back from the code official.

Joe

Joseph M. Smith LEED AP
Project Manager
CONCORD ENGINEERING
520 S. Burnt Mill Rd.
Voorhees, NJ 08043
T: (856) 427-0200 ext-137
F: (856) 427-6529
www.concord-engineering.com
jsmith@concord-engineering.com

CONCORD ENGINEERING

April 23, 2013

Mr. Robert Wennlund
Plumbing Subcode Official, Brick Township
Brick Twp. Municipal Building
401 Chambersbridge Road
Brick, NJ 08723

RE: SCIENCE ROOM RENOVATIONS TO THE BRICK TOWNSHIP HIGH SCHOOL PLUMBING SYSTEMS INSPECTION & ACCEPTANCE CEG PROJECT No. 1C12061.00

Dear Mr. Wennlund,

Concord Engineering has performed a final inspection of the Plumbing systems installation at the above referenced project. All plumbing work was installed in a workman-like manner and was functional at the time of the visit. Systems have been tested and no leaks or abnormalities have been found. The plumbing installation for the second floor science rooms meets the criteria of Appendix E of the 2006 National Standard Plumbing Code:

1. Air Admittance Valves (AAV) are designed in accordance with NSPC-2006, Appendix E, Section E.8 and installed in accordance with the manufacturer's instructions.
2. Special Design Plumbing System is designed in accordance with NSPC-2006, Appendix E, Sections E.1 thru E.4. All fixtures draining to 3" stack are Lab sinks with flow restriction faucets, carrying liquid waste only. No water closets are connected to this stack. Based on table 11.5.1B, one stack of three branch intervals or less can carry 48 DFU. Stack, as designed, carries 26.5 DFU.

All other plumbing installed for this project meets the criteria set forth in the 2006 National Standard Plumbing Code and was found acceptable to Concord Engineering, the Engineer of Record (EOR).

If you have questions or require additional information, please contact me at 856-427-0200.

Best regards,
CONCORD ENGINEERING

Joseph M. Smith
Project Manager

CC: W. Conley
F. Bowlby (DRG)
Project File

G.B.I. INC. T/A THERMAL PIPING

LETTER OF TRANSMITTAL

Mailing & Office:
493 Sykesville Road
Wrightstown, NJ 08562

P: 609-724-0006
F: 609-724-1555

DATE	JOB NO.
7/30/13	DRG #1135
Science Room Renovations at Brick Township HS	
Brick, New Jersey	

TO: Brick Twp. Building Department
401 Chambers Bridge Road
Brick NJ 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of Letter ☐ Change Order ☐ Submittals

COPIES	DATE	NO.	DESCRIPTION
1			HVAC AS-BUILT DRAWINGS

AUG 01 2013

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit copies for approval

☒ For your use ☐ Approved as noted ☐ Submit_____copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return_____corrected prints

☐ For review and comment ☐ PRINTS RETURNED AFTER LOAN TO US

☐ FOR BIDS DUE ☐ ORIGINAL SERVICE AGREEMENTS - To Sign

SIGNED Mallory Thomas

If enclosures are not as noted, kindly notify us at once.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

12 2031
7/20/12

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

Block 701.39 Lot 12 Qualification Code

Work Site Location BRICK TOWNSHIP HIGH SCHOOL
346 CHAMBERS BRIDGE ROAD

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail

Address 101 HENDRICKSON AVE (street) BRICK (municipality) 08724 (zip code)

Contractor: DESIGN RESOURCES GROUP Tel. (732) 560-7900

Address 371 HOES LANE, STE 301 e-mail
PISCATAWAY NJ 08854

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present E Proposed E

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 190,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 4-19-12 Approved by: JS

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-19-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Francis L. Bowlby

Print name here: FRANCIS L. BOWLBY

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SCIENCE CLASSROOM ENGINEERING

QTY.	SIZE	ITEMS	FEE (Office Use Only)
205		Lighting Fixtures	
190		Receptacles	
22		Switches	
		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
24		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
11	21	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
2	800,400	AMP Subpanels (1)800 (1)400	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

7/9/12 New contractor

Date Received 12.2031
Control #

Date Issued 7/20/12
Permit #

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

Block 70.39 Lot 13 Qualification Code

Work Site Location BRICK TWSP. HIGH SCHOOL - SCIENCE RM RENO
346 CHAMBERSBRIDGE Rd. - BRICK NJ 08724

Owner in Fee: BRICK TWSP. BOARD OF EDUCATION

Tel. (732) 785-3005 e-mail ROBERT VOGEL

Address 101 HENDRICKSON AVE. BRICK NJ 08724
street municipality zip code

Contractor: Sun Electrical Const. Corp. Tel. (732) 477 3500

Address 308 DRUM POINT Rd. BRICK e-mail azurella@sunelectric.us

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 7196 Exp. Date 3.31.15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2763732 FAX: (732) 477-5789

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ____

Total Cost of Fire Protection Work $ 12,000.

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

FIRE ALARM DEVICES TO EXISTING FIRE ALAR SYSTEM

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	25	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	25	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 7/18/12
Approved by:

SUBCODE APPROVAL
[ ] CC [ ] CCO [ ] CA
Date: 4-8-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	9/7/12	12/27/12	4/1/13	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	9/7/12	12/27/12	4/1/13	
Final				
Other				

U.C.C. F140 (rev. 10/06)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

[redacted]TECTION SUBCODE
[redacted]NICAL SECTION

NEW JE[redacted] UNIFORM CONSTRUC[redacted] CO[redacted]

Date Received Control # 12.2031

Date Issued Permit # 7/20/12

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

Block 701.39 Lot 12 Qualification Code

Work Site Location BRICK TOWNSHIP HIGH SCHOOL
346 CHAMBERS BRIDGE ROAD

Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION

Tel. (732) 785-3000 e-mail

Address 101 HENDRICKSON AVE. BRICK 08724
street municipality zip code

Contractor: DESIGN RESOURCES Tel. (732) 560-7900

Address 371 HOES LANE, STE 301 e-mail
PISCATAWAY, NJ 08854

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present E Proposed E

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 90,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	9/7/12	12/27/12	1/15/13	1/15/13
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.

Applicant/Contractor sign here: Francis L. Bowlby

Print name here: FRANCIS L. BOWLBY [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	24	Exempt
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		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other 3 Fume Hoods		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	80+/-	Exempt
Fireplace Venting/Metal Chimney		
Other 11 HVAC Rooftop		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Rms: 101, 103, 105, 11, 12, 102, 104 + Prep Rooms & Storage Rooms

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
To be completed by the system installation contractor

1. PROTECTED PROPERTY INFORMATION

Name of Property: Brick High School
Street Address: 340 Chambersbridge Road
Town, State, Zip: Brick NJ
Description of Property: School Occupancy Type: Educational

Property Representative: CO Chris Trisko (Sun Electric)
Street Address:
Town, State, Zip:
Phone: Fax: Email:

Authority Having Jurisdiction over this property:
Phone: Fax: Email:

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation Contractor for this equipment: SUN ELECTRICAL CONSTRUCTION
Street Address: 308 Drum Point Road
Town, State, Zip: Brick, New Jersey 08723
Phone: 732 477 3500 Fax: Email: sunelectricalconstruction.com

Service Organization for this equipment: Systems Sales Corp.
Street Address: 1345 Campus Parkway
Town, State, Zip: Neptune, N.J. 07753
Phone: 732-751-0600 Fax: 732-751-0489 Email:
Location of as-built drawings:
Location of historical test reports:
Location of system operation and maintenance manuals:
A contract for test and inspection in accordance with NFPA standards is in effect as of :

Contracted testing company:
Street Address:
Town, State, Zip:
Phone: Fax: Email:
Contract expires: Contract #: Frequency of routine inspections:

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type:
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: Phone:
Supervisory: Phone:
Trouble: Phone:
Entity to which alarms are retransmitted: Phone:
Method of retransmission of alarms to that organization or location:
If Chapter 8, note the means of transmission from the protected premises to the central station:
☒ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ N/A
If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level:
Site-specific software revision date: Revision completed by:

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):
Quantity: 2 Phase 1 Style: Y Class: B

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):
Quantity: 17 Style: Y Class: B

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: _____
Type of coverage: ☐ Completed area ☐ Partial area ☐ Nonrequired partial area ☐ N/A
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: _____
Type of coverage: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: **17 Phase 1**
Type of coverage: ☒ Completed area ☐ Partial area ☐ Nonrequired partial area ☐ N/A
Type of devices: ☐ Addressable ☒ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: _____
Alarm verification on this system is:: ☐ Enabled ☐ Disabled ☐ Set for ___ seconds

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System Number of valve supervisory switches: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

6.2 Fire Pump

Type of fire pump: ☐ Electric ☐ Diesel
Type of fire pump supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
Fire Pump Functions Supervised
☐ Fire pump power ☐ Fire pump running ☐ Fire pump phase reversal ☐ Selector switch not in auto
☐ Engine or control panel trouble ☐ Low fuel ☐ Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel
☐ Other _____

7. ANNUNCIATORS

7.1 Annunciator 1 ☐ Local ☐ Remote
Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.2 Annunciator 2 ☐ Local ☐ Remote
Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.3 Annunciator 3 ☐ Local ☐ Remote
Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service
Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____
Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks
Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____
Type of telephone system installed: ☐ Electrically powered ☐ Sound powered ☐ N/A

8.3 Nonvoice Audible System
Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):
Quantity: _____ Style: _____ Class: _____

8.4 Types and Quantities of Nonvoice Notification Appliances Installed
Bells: _____ With visual device: _____ Horns: _____ With visual device: _____
Chimes: _____ With visual device: _____ Bells: _____ With visual device: _____
Visual devices without audible devices: _____ Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

☐ Hold-open door releasing devices ☐ Smoke management or smoke control
☐ Door unlocking ☐ Elevator recall ☐ Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power
Nominal voltage _____ Amps _____
Overcurrent protection: Type: _____ Amps _____
Location (of primary supply panelboard): _____
Disconnecting means location: _____

10.2 Secondary Power
Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____
Number of standby batteries: _____ Amp hour rating: _____
Location of emergency generator: _____
Location of fuel storage: _____
Calculated capacity of secondary power to drive the system
In standby mode: _____ In alarm mode: _____

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☒ NFPA 72
☐ NFPA 70, *National Electrical Code,* Article 760
☐ Manufacturer's published instructions
☐ Other (please specify) _____

System deviations from referenced NFPA standards:

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☒ NFPA 72
☒ NFPA 70, *National Electrical Code,* Article 760
☒ Manufacturer's published instructions
☐ Other (please specify)
☐ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: 732-751-0600

13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: *John Martinez* Printed Name: John Martinez Date: 12-28-12
Organization: Systems Sales Corp. Title: _____ Phone: 732-803-1442

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

Comments:
Electrical Contractor to fill in required sections of this form. Please note this record is for the phase 1 1st floor installed heat detectors only qty 17.

NFPA 72 FORM
INSPECTION AND TESTING FORM

DATE: 12-28-12
TIME: 11:00

SERVICE ORGANIZATION
Name: Systems Sales Corporation
Address: 1345 Campus Parkway
Neptune, NJ 07753
Representative:
License No. P-00525
Telephone: (732) 751 - 0600

PROPERTY NAME (USER)
Name: Brick High School
Address: 340 Chambersbridge Road
Brick NJ
Owner Contract: CO Sun Electric Chris Trisko
Telephone: 609-709-0679

MONITORING ENTITY
Contact: Customer to provide
Telephone:
Monitoring Account Ref. No.:

APPROVING AGENCY
Contact: Brick FD
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Polarity
- ☐ RF
- ☐ Other (Specify)

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually
- ☒ Other (Specify) Acceptance

Control Unit Manufacturer: Silent Knight Model No.: 5820XL
Circuit Styles: B
Number of Circuits: 2 for Phase 1
Software Revision: NA
Last Date System had any Service Performed: NA
Last Date that any Software or Configuration was Revised: NA

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Manual Fire Alarm Boxes
-	-	-	Ion Detectors
			Photo Detectors
			Duct Detectors
17 Phase 1		17 Phase 1	Heat Detectors
			Waterflow Switches
			Supervisory Switches
-	-	-	Other (Specify):

Alarm verification feature is disabled x enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
			Horns with strobes
-	-	-	Chimes
			Strobes
			Speakers
-	-	-	Other (Specify):

No. of alarm notification appliance circuits:

Are circuits monitored for integrity: ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Low Fuel
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify):

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 2 Phase 1 Style(s) B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120 Amps 15
Overcurrent Protection: Type Breaker Amps 15
Location (of Primary Supply Panelboard): _____
Disconnecting Means Location: _____

b. Secondary (Standby):
12vdc Storage Battery: Amp-Hr. Rating 7
Calculated capacity in _____ Amp-Hrs to operate system for _____ Hours.
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify) _____
☒ Sealed Lead-Acid

c. Emergency system used as a backup to primary power supply, instead of using a secondary power supply:
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	Yes	No	Who	Time
Monitoring Entity	☒	☐	Customer to provide	
Building Occupants	☒	☐	Tom Custodian	8:00
Building Management	☒	☐	Tom Custodian	8:00
Other (Specify)	☐	☐		
AHJ Notified of any Impairments	☐	☐	Brick FD	8:00

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDs	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☐	N/A
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

Audible	☐	☐	
Visual	☒	☒	
Speakers	☐	☐	N/A
Voice Clarity		☐	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
13 Zone 9	Heat ROR	☒	☒			☒	☐
4 Zone 10	Heat ROR	☒	☒			☒	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	N/A
Phone Jacks	☐	☐	N/A
Off-Hook Indicator	☐	☐	N/A
Amplifier(s)	☐	☐	N/A
Tone Generator(s)	☐	☐	N/A
Call-in Signal	☐	☐	N/A
System Performance	☐	☐	N/A

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) N/A	☐	☐	☐
(Specify) N/A	☐	☐	☐
(Specify) N/A	☐	☐	☐

Special Procedures: N/A

Comments:

SUPERVISING STATION MONITORING:	Yes	No	Time	Comments
Alarm Signal	☐	☐		Customer to provide
Alarm Restoration	☐	☐		Customer to provide
Trouble Signal	☐	☐		Customer to provide
Trouble Signal Restoration	☐	☐		Customer to provide
Supervisory Signal	☐	☐		Customer to provide
Supervisory Restoration	☐	☐		Customer to provide

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐	Tom Custodian	11:00
Monitoring Agency	☒	☐	Customer to provide	
Building Occupants	☒	☐	Tom Custodian	11:00
Other (Specify) _____	☐	☐	N/A	

The following did not operate correctly: None

Systems restored to normal operation: Date: 12-28-12 Time: 11:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

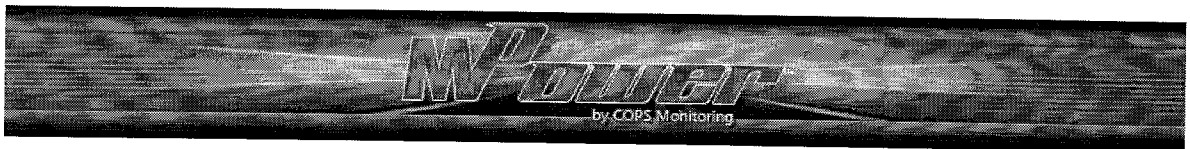
Name of Inspector John Martinez Date: 12-28-12 Time: 11:00

Signature: John Martinez

Name of Owner or Representative: Chris Trisko Date: 12-28-12 Time: 11:00

Signature:

Comments: This is a test only of the new heat detectors installed 17 on phase 1.



Return to Main Menu

C.O.P.S. Monitoring - Test Results

Test Results
Account Number # 116-3022
12/28/2012 - 12/28/2012

Account Name: BRICK HIGH SCHOOL

NOTE: Test results are available for three months (current month and two prior). If you need older information, please contact Dealer Support to learn about obtaining archived test results.

Date	Time	Time Zone	Event	Code	Zone	Condition	Handle By Zone?	Special Instruction?	NCF	Original Code-Zone	Account Number	Partition	Account Name	ANI	Virtual Account
12/28/12	08:04:13	E	E	110	008	FIRE ALARM FIRE PANEL ALARM					116-3022	1	BRICK HIGH SCHOOL	732-262-0968	
12/28/12	08:09:38	E	R	110	008	FIRE ALARM RESTORE FIRE PANEL ALARM					116-3022	1	BRICK HIGH SCHOOL	732-262-0968	
12/28/12	09:04:57	E	E	110	008	FIRE ALARM FIRE PANEL ALARM					116-3022	1	BRICK HIGH SCHOOL	732-262-0968	
12/28/12	09:26:43	E	E	110	008	FIRE ALARM FIRE PANEL ALARM					116-3022	1	BRICK HIGH SCHOOL	732-262-0968	
12/28/12	09:38:42	E	R	110	008	FIRE ALARM RESTORE FIRE PANEL ALARM					116-3022	1	BRICK HIGH SCHOOL	732-262-0968	

Logout

NFPA 72 FORM
INSPECTION AND TESTING FORM

DATE: 3-26-13
TIME: 9:00

SERVICE ORGANIZATION
Name: Systems Sales Corporation
Address: 1345 Campus Parkway
Neptune, NJ 07753
Representative: John Martinez
License No. P-00525
Telephone: (732) 751 - 0600

PROPERTY NAME (USER)
Name: Brick High School
Address: 340 Chambersbridge Road
Brick NJ
Owner Contract: CO Sun Electric Chris Trisko
Telephone: 609-709-0679

MONITORING ENTITY
Contact: Customer to provide
Telephone:
Monitoring Account Ref. No.:

APPROVING AGENCY
Contact: Brick FD
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Polarity
- ☐ RF
- ☐ Other (Specify)

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually
- ☒ Other (Specify) Acceptance

Control Unit Manufacturer: Silent Knight Model No.: 5820XL
Circuit Styles: B
Number of Circuits: 1 for Phase 2
Software Revision: NA
Last Date System had any Service Performed: NA
Last Date that any Software or Configuration was Revised: NA

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Manual Fire Alarm Boxes
-	-	-	Ion Detectors
			Photo Detectors
			Duct Detectors
8 Phase 2		8 Phase 2	Heat Detectors
			Waterflow Switches
			Supervisory Switches
-	-	-	Other (Specify):

Alarm verification feature is disabled x enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
			Horns with strobes
-	-	-	Chimes
			Strobes
			Speakers
-	-	-	Other (Specify):

No. of alarm notification appliance circuits: _____
Are circuits monitored for integrity: ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Low Fuel
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
Quantity 2 Phase 1 Style(s) B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120 Amps 15
Overcurrent Protection: Type Breaker Amps 15
Location (of Primary Supply Panelboard): _____
Disconnecting Means Location: PP3 CB23

b. Secondary (Standby):
12vdc Storage Battery: Amp-Hr. Rating 7
Calculated capacity in _____ Amp-Hrs to operate system for _____ Hours.
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify) _____
☒ Sealed Lead-Acid

c. Emergency system used as a backup to primary power supply, instead of using a secondary power supply:
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	Yes	No	Who	Time
Monitoring Entity	☒	☐	Customer to provide	
Building Occupants	☒	☐	Tom Custodian	8:00
Building Management	☒	☐	Tom Custodian	8:00
Other (Specify)	☐	☐		
AHJ Notified of any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDs	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☐	N/A
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

Audible	☐	☐	
Visual	☒	☒	
Speakers	☐	☐	N/A
Voice Clarity		☐	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
8 Zone 15	Heat ROR	☒	☒			☒	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	☐	☐	N/A
Phone Jacks	☐	☐	N/A
Off-Hook Indicator	☐	☐	N/A
Amplifier(s)	☐	☐	N/A
Tone Generator(s)	☐	☐	N/A
Call-in Signal	☐	☐	N/A
System Performance	☐	☐	N/A

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) N/A	☐	☐	☐
(Specify) N/A	☐	☐	☐
(Specify) N/A	☐	☐	☐

Special Procedures: N/A

Comments:

SUPERVISING STATION MONITORING:	Yes	No	Time	Comments
Alarm Signal	☐	☐		Customer to provide
Alarm Restoration	☐	☐		Customer to provide
Trouble Signal	☐	☐		Customer to provide
Trouble Signal Restoration	☐	☐		Customer to provide
Supervisory Signal	☐	☐		Customer to provide
Supervisory Restoration	☐	☐		Customer to provide

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐	Tom Custodian	9:00
Monitoring Agency	☒	☐	Customer to provide	
Building Occupants	☒	☐	Tom Custodian	9:00
Other (Specify) _____	☐	☐	N/A	

The following did not operate correctly: None

Systems restored to normal operation: Date: 3-26-13 Time: 9:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: John Martinez Date: 3-26-13 Time: 9:00

Signature: *John Martinez*

Name of Owner or Representative: Chris Trisko Date: 3-26-13 Time: 9:00

Signature:

Comments: This is a test only of the new heat detectors installed 8 on phase 2.

Room 301
Storage 301
Prep 301
Room 303
Room 305
Storage 305
Prep 305
Room 307

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
To be completed by the system installation contractor

1. PROTECTED PROPERTY INFORMATION

Name of Property: Brick High School
Street Address: 340 Chambersbridge Road
Town, State, Zip: Brick NJ
Description of Property: School Occupancy Type: Educational

Property Representative: CO Chris Trisko (Sun Electric)
Street Address:
Town, State, Zip:
Phone: Fax: Email:

Authority Having Jurisdiction over this property:
Phone: Fax: Email:

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation Contractor for this equipment:
Street Address:
Town, State, Zip:
Phone: Fax: Email:

Service Organization for this equipment: Systems Sales Corp.
Street Address: 1345 Campus Parkway
Town, State, Zip: Neptune, N.J. 07753
Phone: 732-751-0600 Fax: 732-751-0489 Email:
Location of as-built drawings:
Location of historical test reports:
Location of system operation and maintenance manuals:
A contract for test and inspection in accordance with NFPA standards is in effect as of :

Contracted testing company:
Street Address:
Town, State, Zip:
Phone: Fax: Email:
Contract expires: Contract #: Frequency of routine inspections:

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type:
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: Phone:
Supervisory: Phone:
Trouble: Phone:
Entity to which alarms are retransmitted: Phone:
Method of retransmission of alarms to that organization or location:
If Chapter 8, note the means of transmission from the protected premises to the central station:
☒ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ N/A
If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level:
Site-specific software revision date: Revision completed by:

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):
Quantity: 1 Phase 2 Style: Y Class: B

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):
Quantity: 8 Style: Y Class: B

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: _____
Type of coverage: ☐ Completed area ☐ Partial area ☐ Nonrequired partial area ☐ N/A
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: _____
Type of coverage: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: **8 Phase 2**
Type of coverage: ☒ Completed area ☐ Partial area ☐ Nonrequired partial area ☐ N/A
Type of devices: ☐ Addressable ☒ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: _____
Alarm verification on this system is:: ☐ Enabled ☐ Disabled ☐ Set for ___ seconds

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System Number of valve supervisory switches: _____
Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

6.2 Fire Pump

Type of fire pump: ☐ Electric ☐ Diesel
Type of fire pump supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
Fire Pump Functions Supervised
☐ Fire pump power ☐ Fire pump running ☐ Fire pump phase reversal ☐ Selector switch not in auto
☐ Engine or control panel trouble ☐ Low fuel ☐ Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A
☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel
☐ Other _____

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

7. ANNUNCIATORS

7.1 Annunciator 1 ☐ Local ☐ Remote
Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.2 Annunciator 2 ☐ Local ☐ Remote
Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.3 Annunciator 3 ☐ Local ☐ Remote
Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service
Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____
Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks
Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____
Type of telephone system installed: ☐ Electrically powered ☐ Sound powered ☐ N/A

8.3 Nonvoice Audible System
Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):
Quantity: _____ Style: _____ Class: _____

8.4 Types and Quantities of Nonvoice Notification Appliances Installed
Bells: _____ With visual device: _____ Horns: _____ With visual device: _____
Chimes: _____ With visual device: _____ Bells: _____ With visual device: _____
Visual devices without audible devices: _____ Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

☐ Hold-open door releasing devices ☐ Smoke management or smoke control
☐ Door unlocking ☐ Elevator recall ☐ Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power
Nominal voltage 120 Amps _____
Overcurrent protection: Type: Breaker Amps _____
Location (of primary supply panelboard): _____
Disconnecting means location: PP3 CB 23

10.2 Secondary Power
Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____
Number of standby batteries: _____ Amp hour rating: _____
Location of emergency generator: _____
Location of fuel storage: _____
Calculated capacity of secondary power to drive the system
In standby mode: _____ In alarm mode: _____

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☒ NFPA 72
☐ NFPA 70, *National Electrical Code,* Article 760
☐ Manufacturer's published instructions
☐ Other (please specify) _____

System deviations from referenced NFPA standards:

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☒ NFPA 72
☒ NFPA 70, *National Electrical Code,* Article 760
☒ Manufacturer's published instructions
☐ Other (please specify)
☐ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached.

Signed: _____ Printed Name: _____ Date: _____
Organization: . Title: _____ Phone: 732-751-0600

13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: *John Martinez* Printed Name: John Martinez Date: 3-26-13
Organization: Systems Sales Corp. Title: _____ Phone: 732-803-1442

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

NFPA 72
FIRE ALARM SYSTEM RECORD OF COMPLETION
(continued)

Comments:
Electrical Contractor to fill in required sections of this form. Please note this record is for the phase 2 1^{2nd} floor installed heat detectors only qty 8.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/2/2013
Control Number C-12-001158
Permit Number 12-2031
Permit Issue Date 7/20/2012
Certificate Number 12-2031

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701.39 Lot: 12 Qual:

Owner in Fee: BRICK TOWNSHIP EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 785-3000

Contractor WALLACE BROTHERS INC.

Address 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ

Telephone: (732) 295-9340 Fax: (732) 295-5358

License Number or Builders Registration Number: 58882 Federal Emp. Number: 22-2775668

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Science labs

Certificate Comments: For Classrooms 11/12/101/103/105 for furniture and students
Ok for classrooms 102 and 104 (dated 2/6/13)

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 3/31/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 3/31/2013
Conditions to be met:
Final Building/Electric/Plumbing/Fire

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/6/2013

U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/2/2013
Control Number C-12-001158
Permit Number 12-2031
Permit Issue Date 7/20/2012
Certificate Number 12-2031

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 346 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701.39 Lot: 12 Qual:

Owner in Fee: BRICK TOWNSHIP EDUCATION

Owner Address: 101 HENDRICKSON AVE. BRICK NJ 08723

Telephone: (732) 785-3000

Contractor WALLACE BROTHERS INC.

Address 413 RAILROAD SQ PLAZA PT PLEASANT BEACH NJ

Telephone: (732) 295-9340 Fax: (732) 295-5358

License Number or Builders Registration Number: 58882 Federal Emp. Number: 22-2775668

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Science labs

732-295-9340

Rooms 102/104 OL

Certificate Comments: For Classrooms 11/12/101/103/105 for furniture and students

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
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☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 3/31/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 3/31/2013
Conditions to be met:
Final Building/Electric/Plumbing/Fire

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/2/2013

U.C.C. F260 (rev. 08/05)