BLOCK 830 LOT 21.01 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. 16-251

CONSTRUCTION PERMIT APPLICATION

C-16-003081

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

I. IDENTIFICATION

1. Proposed Work Site at: 1659 Rt 88 Brick 08724
2. Name of Owner in Fee: Syndale Corp
   Tel. (201) 301-4157 e-mail HALCYONPHARMACY@GMAIL.COM
   Address PO Box 3246 Harvey Cedars 08008
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ADT LLC Tel: (856) 324-1918
   Address 200 EAST PARK DR., SUITE 200, MT. LAUREL, NJ 08054 e-mail _____
   License No. OR, if new home, Builder Reg. No. 34BF00048300 Exp. Date 1/31/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 454343781 Fax (856) 234-4659
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ Fax ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (856) 324-1918 Fax (856) 234-4659

V. FEE SUMMARY (for office use only)

		Update	Updat
1. Building	$ 150		
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	1 -		
10. Subtotal	$		
11. Cert of Occupancy			
12. Other			
13. TOTAL	$ 151 -		

VI. BUILDING/SITE CHARACTERISTICS (office use o)

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. 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:

- ☑ Minor Work (Marina)
- ☐ 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)

- ☐ Building
- ☑ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

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
	OK							
99.00				6/30/16	RJC			

TOTAL COSTS $99.00

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct Classification Present _____
Proposed _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
1. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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
10. ☐ Swimming Pools, Spas and Hot Tub

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/23/2016
Control Number C-16-003081
Permit Number 16-2515
Permit Issue Date 7/20/2016
Certificate Number 16-2515

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1659 ROUTE 88 Brick Township, NJ Block: 830 Lot: 21.01 Qual:

Owner in Fee: SYNDALE CORP

Owner Address: PO BOX 3246 HARVEY CEDARS NJ 08008

Telephone: (201) 301-4157

Contractor ADT LLC

Address 200 East Park Dr. Suite 200 Mt. Laurel NJ 08054

Telephone: (856) 324-1918 Fax: (856) 234-4659

License Number or Builders Registration Number: 34BF00048300 Federal Emp. Number: 454343781

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE)

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/23/2016

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

262-1030
1332

ELECTRICAL SUBCODE TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received 7/20/16
Date Issued
Control#
Permit# 16-2515

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

Block 830 Lot 21.01 Qualification Code
Work Site Location 1659 Rt. 88 Brick 08724

Owner in Fee: Syndale Corp
Tel. 201 301-4157 e-mail HALCYONPHARMACY@GMAIL.COM
Address PO Box 3246 Harvey Cedars 08008
street municipality zip code

Contractor: ADT LLC Tel. (856) 324-1918
Address 200 EAST PARK DR., SUITE 200
MT. LAUREL, NJ 08054
Contractor License No. 34BF00048300 Exp. Date 1/31/17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 454343781 FAX: (856) 234-4659

B.ELECTRICAL CHARACTERISTICS
Use Group: Present B Proposed
[ ] Pole/Pad# [ ] Temporary [ ] Other
Building Occupied as Business Utility Co.
Estimated Cost of Electrical Work $ 99.00

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.
Applicant Sign/Contractor sign and seal here: Anthony Pantaleo
Print name here: ANTHONY PANTALEO
[ ] Licensed Elec.Contractor [ ] Certif'd Landscape Irrigation Contr'r [X] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION WORK: Install New Security - BA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
1		Detectors - MOTION	
		Light Poles	
		Motors–Fract. HP	
		Emergency& Exit Lights	
		Communications Points	
2		Alarm Devices/F.A. ~~C.Panel~~	
8		Panel & Keypad	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec.Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[✓] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Elec. Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/30/16
Approved by:
SUBCODE APPROVAL for PERMIT [ ] CO.
[ ] CO [ ] CCO [✓] CA
Date: 7/22/16
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv				
TCO				
Other alarm			8-18-16 MM	
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				

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

UCC/F-120
(rev. 1/13)

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag- Office Copy

CONSTRUCTION PERMIT

Date Issued 7/20/16
Control # C-16-003081
Permit # 16-2515

IDENTIFICATION Block: 830 Lot: 21.01 Qualifier
Work Site Location: 1659 ROUTE 88 Brick Township, NJ
Owner in Fee: SYNDALE CORP, PO BOX 3246 HARVEY CEDARS NJ 08008
Telephone: (201) 301-4157

Contractor: ADT LLC
Address: 200 East Park Dr. Suite 200 Mt. Laurel NJ 08054
Telephone: (856) 324-1918
Lic. No. or Bldrs. Reg. No. 34BF00048300 34BF00048300
Federal Employee. No. 454343781

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$151
Check No.	17687
Cash	$0
Credit	$0
Collected By	CW $151.00

Note: If constuction 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 $99

L. Naumann Jr. — Construction Official
7/20/16 — Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

E 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	
oning Officer			X	X	X	X	X	X	
anning Board							X	X	
oning Board			X	X	X	X	X	X	
ewer Authority							X	X	
ater Authority							X	X	
olice Department			X	X	X	X	X	X	
ealth Department					X	X			
oil Conservation							X	X	
.J. Department of ommunity Affairs	X	X	X	X	X	X			
J. Department of ransportation	X	X	X	X	X	X			
J. Department of nvironmental Protection	X	X	X	X	X	X			
tility Dig No.			X	X	X	X	X	X	

UBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only-optional)

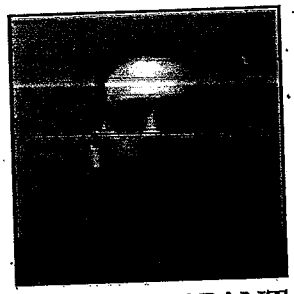
Name of Code & Edition		Name of Code & Edition		
ng		Energy	Other	
rical		Barrier Free		
nbing		Flood Hazard		
Protection		As Built Elevation Cert.		
anical		Other		

ERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
emporary Certificate of Occupancy	No.				
mporary Certificate of Compliance	No.				
ontinued Certificate of Occupancy	No.				
ertificate of Compliance	No.				
ertificate of Occupancy	No.				
ertificate of Approval	No.				
ead Abatement Clearance Certificate	No				

State of New Jersey

FIRE ALARM
LICENSE
34FA00140500
EXPIRES: 8/31/2016
DOB: 11/27/1971

ANTHONY PANTALEO



State of New Jersey

BURGLAR ALARM
LICENSE
34BA00179000
EXPIRES: 8/31/2016
DOB: 11/27/1971

ANTHONY PANTALEO

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
ADT LLC
BA and FA Business

12/05/2013 TO 01/31/2017
VALID

SIGNATURE

34BF00048300
License/Registration/Certificate #

DIRECTOR

If this identification card is found, please return to:

State of New Jersey

Office of the Attorney General
Department of Law & Public Safety
Division of Consumer Affairs
Board of Examiners of Electrical Contractors
Fire Alarm, Burglar Alarm & Locksmith Advisory Committee
124 Halsey Street, 6th Floor
PO BOX 45042
Newark, NJ 07101

Signature

If this identification card is found, please return to:

State of New Jersey

Office of the Attorney General
Department of Law & Public Safety
Division of Consumer Affairs
Board of Examiners of Electrical Contractors
Fire Alarm, Burglar Alarm & Locksmith Advisory Committee
124 Halsey Street, 6th Floor
PO BOX 45042
Newark, NJ 07101

Signature

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
ADT LLC
BA and FA Business

12/05/2013 TO 01/31/2017
VALID

SIGNATURE

34BF00048300
License/Registration/Certificate #

DIRECTOR

BACKGROUND HAS MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

ADT LLC
Anthony Pantaleo
7895 Browning Road
Pennsauken NJ 08109-4640

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

12/05/2013 TO 01/31/2017
VALID

34BF00048300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
ADT LLC
BA and FA Business

12/05/2013 TO 01/31/2017
VALID

SIGNATURE

34BF00048300

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Fire Alarm, Burglar Alarm & Locks
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

ADT LLC

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34BF 00048300 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Fire Alarm, Burglar Alarm & Locksmith Adv Comm
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW:
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY TH DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

Honeywell

VISTA-20P

CONTROL PANEL

The high capacity, feature-rich VISTA-20P lets you deliver more value to your customers on each and every sale with up to 48 zones of protection, Internet uploading/downloading, graphic keypad support and dual partitions. VISTA-20P gives you the ability to send alarm signals and upload/download via an Internet Protocol (IP), improving the speed at which information can be delivered to and from the control panel.

In addition, the VISTA-20P, used with an AlarmNet Internet or digital communicator can be installed in premises without TELCO lines with no sacrifice in functionality. The panel's installation advantages, innovative end-user benefits and robust system capacity make the value-priced VISTA-20P an ideal choice for higher end installations.

FEATURES

- IP alarm reporting and uploading/downloading capability for Internet and Intranet use via 7845i, 7845i-ENT, 7845GSMR or 7845i-GSM
- Supports four graphic touchscreen keypads
- Wireless keys can be programmed without using zones
- Eight on-board hardwired zones standard (16 when Zone Doubling feature is used)
  - 40 hardwire expansion zones
  - 40 wireless expansion zones
- Two low current on-board trigger outputs
- 100 Event Log viewable at system keypads with time/date stamp
- 48 system user codes assignable to either partition
- Expandable to 48 total zones when used with hardwired and/or wireless expansion modules
- Two independent partitions plus a common partition
  - Global Arming from any system keypad
  - Goto function to view or operate [illegible] from the other
- 16 output devices
  - Relays (Model 4204 Relay Modules, or 4229 Expansion Module), and/or X-10® devices (when used with a 4800 Transformer)
- Four installer-configurable zone types allows the installer to create custom zone types by assigning all zone attributes
- Supports four-wire and up to 16 two-wire smokes
  - Works with Sentrol CleanMe™ maintenance signal
- Multiple actions on output devices depending on system state
  - Turns lights off when system arms
  - Turns the same light on when system disarms
  - Flashes same lights when system is in alarm
- Built-in phone line out monitor with programmable delay and annunciation options
  - Display on system keypads
  - Trigger local sounders
  - Trigger system bell

Security Dealer Features

- Automatic System Load Shed
  - During extended AC power fail, the system battery will be disconnected to prevent irreversible
- Dynamic Signaling
  - Reduces redundant reporting to the central station when multiple reporting methods are used; i.e. digital dialer and AlarmNet radio

Valuable End-User Features

- Viewable on system keypads:
  - Exit countdown
  - Time and date display*
  - Event log*
- Auto keypad backlighting on entry
- Keyswitch arming
- Programmable macro buttons and single-button arming
- Supports a variety of wireless remote controls for single-button operation
- User Scheduling
  - Automatically activates X-10 and relays at programmed times
  - Latchkey reports to pagers
  - Auto arm/disarm
  - "User access" time windows
- Supports up to four end-user numeric pagers
- VIP Module allows system control from any touchtone phone
- Chime by zone

* Requires custom alpha keypad

VISTA-20P

CONTROL PANEL

SPECIFICATIONS

Electrical

- Aux. power 12VDC, 600mA maximum
- Seven hour standby at 400mA aux. load with four amp-hour battery
- 16.5VAC/25VA transformer
- Alarm output 12VDC, 2.0 amps max. – For UL installations, combined aux. and alarm output cannot exceed 700mA

Output Control

- Supports up to four relay boards (up to 16 relays)
- Optional X-10 transformer/interface (part no. 4800) may be used to control up to 16 X-10 receiving devices

Zones

- Eight hardwired zones (15 with zone doubling)
- Selectable response 10msec, 350msec, 750msec
- Assignable to any partition
- 20 selectable zone types plus four configurable zone types
- Programmable swinger suppression

Expansion Devices

- 4219 – Eight hardwired zones – 16mA
- 4204 – Up to four relays – 15mA standby (each active relay draws an additional 40mA)
- 4229 – Eight hardwired zones and two relays – 36mA (each active relay draws an additional 40mA)

Accessories

- 7845I Internet Communicator
- 7845I-ENT Enterprise Internet Communicator
- 7845GSMR Dual-Path Digital Wireless Communicator
- 7845I-GSM Triple-Path Digital Communicator
- 4286 VIP Voice Module – 220mA
- 5881ENL RF Receiver supports up to eight zones – 60mA
- 5881ENM supports up to 16 zones – 50mA
- 5881ENH supports up to 48 zones – 50mA
- 5883 Transceiver supports up to 48 zones – 80mA
- Supports Eagle 1225 and 1221 boards

Keypads

- 6160 Custom Alpha (required for programming) – 100mA
- 6160V Custom Alpha Voice – 100mA
- 6150 Fixed English LCD – 85mA/40mA
- 6150V Fixed English Voice LCD – 85mA/40mA
- 6150RF Fixed English RF LCD – 85mA/40mA
- 6148 Fixed English LCD – 70mA/30mA
- 6270 Graphic Touchscreen
- 6271V Graphic Touchscreen with Voice
- 6271C Color Graphic Touchscreen
- 6271CV Color Graphic Touchscreen with Voice
- 8132 Advanced User Interface

Agency Listings

- UL Residential Fire, Burglary and CSFM Smoke Detectors
- Supports up to 16 two-wire smoke detectors
- Supports four-wire smoke detectors

Communications

- 7845I Internet Communicator
- 7845I-ENT Enterprise Internet Communicator
- 7845GSMR Dual-Path Digital Wireless Communicator
- 7845I-GSM Triple-path Digital Communicator
- Touchtone or pulse
- Formats supported
  - ADEMCO Contact ID
  - ADEMCO 4+2 Express
  - ADEMCO low speed
  - Sescoa/Radionics
- 3+1, 4+1 and 4+2 reporting
- Reporting capabilities
  - Split
  - Dual
  - Split/Dual – True dial tone detection
- Low battery reports 11.2 – 11.6VDC
- AC loss and restoral reporting supported

ORDERING

VISTA-20P	Control Panel

Automation and Control Solutions
Honeywell Security & Communications
2 Corporate Center Dr. Suite 100
P.O. Box 9040
Melville, NY 11747

Honeywell

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 TH IS 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 .ix:

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 C4. ( ) 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. 5:23-2.15(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 **ADT LLC**

Address **200 EAST PARK DR., SUITE 200**
MT. LAUREL, NJ 08054

Telephone (**856) 324-1918**

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.