BLOCK 702 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 235 Chambersbridge PERMIT NO. 07-0412

CONSTRUCTION PERMIT APPLICATION

07-000674

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

I. IDENTIFICATION

1. Proposed Work Site at: Dynasty Kitchen 235 Chambers Bridge Rd
2. Name of Owner in Fee: MR SOON Tel. (___) _____
   Address 235 Chambers Bridge (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private
4. Principal Contractor: Northeast Fire Equip Tel. (___) 836-1300
   Address 1377 Golden Ct Toms River
   License No. OR, if new home, Builder Reg. No. 1181 Exp. Date 10/09
   Federal Employee No. 201659441 FAX: (___) 929-9217
5. Architect or Engineer NA Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun ANDREW CIPOLLA
   Tel. (___) 245-9298 Cell FAX: (___) 929-9217

Called 2/27/07

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		95	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review		4	
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy		99	
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction					2/27/07	DB	3-14-07		
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/05)

LDS BR-B 1067804

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(✓ Check if contractor.

Agent Name Northeast Fire Equipment LLC

Address 1377 Yellow Ct

Toms River

Telephone (732) 836-1300

Signature

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	03/15/2007
Tracking Number	C-07-000674
Permit Number	07-0412
Permit Issue Date	03/05/2007
Certificate Number	07-0412

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 235 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 19 Qual:

Owner in Fee: VARONE, SHAY

Owner Address: 471 MADISON AVE TOMS RIVER NJ 08753

Telephone:

Contractor NORTHEAST FIRE EQUIPMENT LLC

Address 1377 GILLIAN COURT TOMS RIVER NJ

Telephone: 732-836-1300 Fax: 732-929-9217

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
FIRE ALTERATIONS WET CHEMICAL

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: 3077
Collected By: Inspection Account

Date Printed: 03/15/2007

CONSTRUCTION PERMIT

Date Issued 3/5/2007
Control # C-07-000674
Permit # 07-0412

IDENTIFICATION Block: 702 Lot: 19 Qualifier

Work Site Location: 235 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: VARONE, SHAY
Address: 471 MADISON AVE TOMS RIVER NJ 08753
Telephone:

Contractor: NORTHEAST FIRE EQUIPMENT LLC
Address: 1377 GILLIAN COURT TOMS RIVER NJ
Telephone: 732-836-1300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 201-44165-9

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:

FIRE ALTERATIONS WET CHEMICAL

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $3,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$95
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$99
Check No.	3077
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Control # 07-0117

Date Issued 3-5-07
Permit #

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

Block 702 Lot 19 Qualification Code

Work Site Location 235 Cambridge Ave
DYNASTY Kitchen

Owner in Fee NA SOON

Address SAME

Tel ( )

Contractor Northeast Fire Equipment LLC

Address 1377 Gallion Ct
Toms River NJ 08753

Tel (732) 836 1300 FAX (732) 928-9217

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P0118(

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153384

Fire Alarm Contractor No. NA

Federal Emp. No. 201659441

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 $ 3,000.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 2-27-07

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 3/4/07

Approved by: DB

A3 per attached plan

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression Sys.			3/4/07	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/4/07	DB
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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Kitchen hood, duct & appliance fire suppression System UL300 upgrade from drychem to wetchem,

Water Supply Source ____

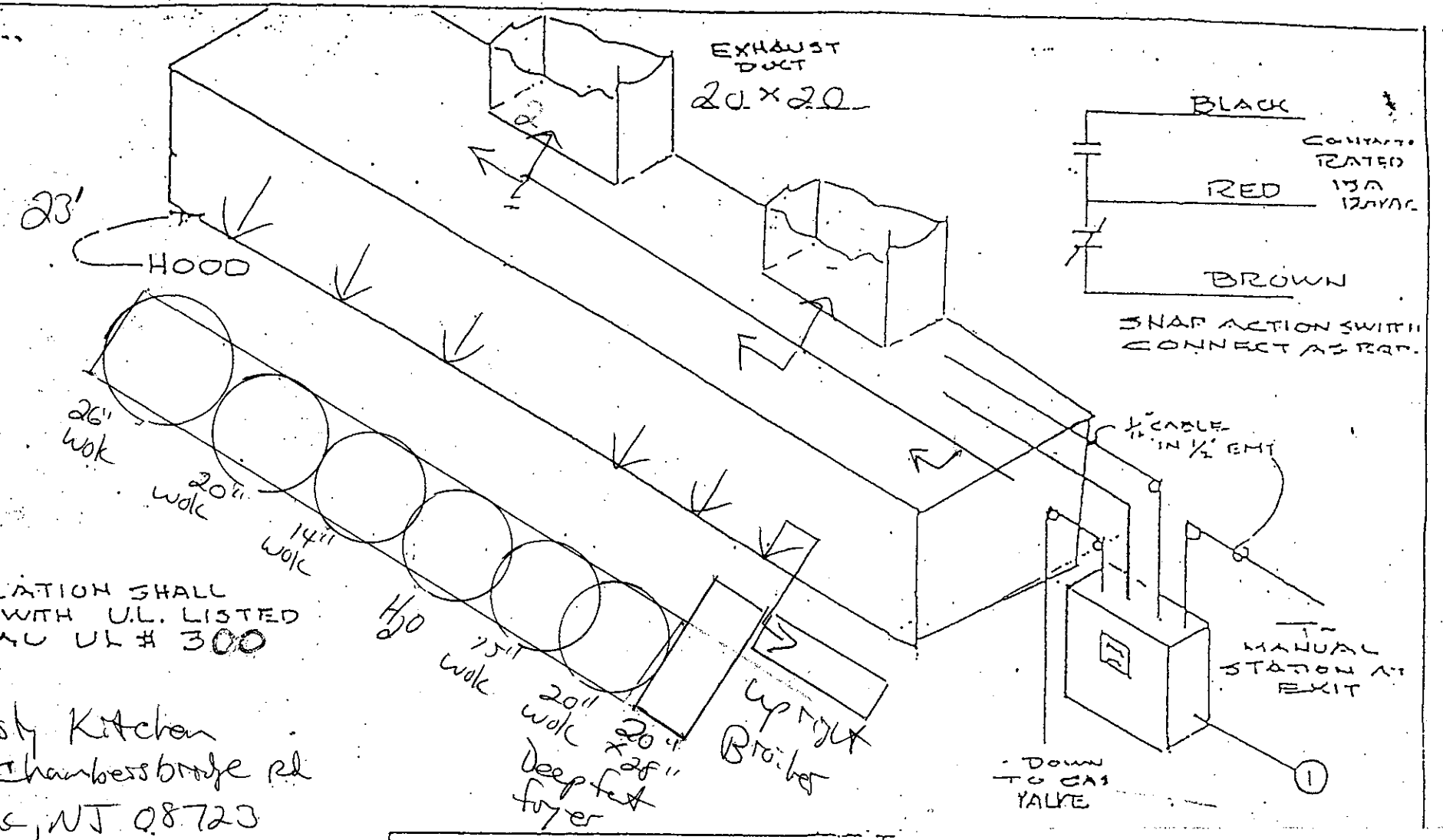
Method of Alarm/Suppression System Supervision ____

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

U.C.C. F140
(rev. 1/04)

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



INTALLATION SHALL COMPLY WITH U.L. LISTED MANUAL UL # 300

Dynasty Kitchen
235 Chambersbridge Rd
Brick, NJ 08723

GAL

WET CHEMICAL FIRE SUPPRESSION 6 gallon SYSTEM.

LOT 19
Block 702

2-27-06

MATERIAL LIST			
NO.	QTY.	DESCRIPTION	PART NO.
1	1	6 Gallon	
2	2	DUCT NOZZLE	-
3	7	APPLIANCE NOZZLE	
4	5	FUSIBLE LINK	
5	1	MANUAL PULL	
6			

Fire Extinguishers
Andrew Cipolla
732-836-1300
Fax 732-929-9217
Northeast Fire Equipment LLC
NJ Dir. of Fire Bus. Permit 1181
www.nefire.com
Restaurant Fire Suppression Systems
Exit/Emergency Lighting

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

Northeast Fire

(732) 836-1300

CUSTOMER

Name Dinasty Kitchen

Address 233 Chambers Bridge Rd.

City Brick

Telephone (732) 477-1939 Store No..

Owner or Manager

DATE OF SERVICE 3/14/07		TIME 10:30	AM X	PM
ANNUAL /	SEMI-ANNUAL	RECHARGE	INSTALLATION X	RENOVATION
LOCATION OF SYSTEM CYLINDERS Left of Hood				
MANUFACTURER Pyro Chem	MODEL NUMBER PCL 600	WET Yes	DRY CHEMICAL No	
CYLINDER SIZE MASTER 6 Gal		CYLINDER SIZE SLAVE 16 Gallons	CYLINDER SIZE SLAVE	
FUSE LINKS 360°F —	FUSE LINKS 450°F 6	FUSE LINKS 500°F —	OTHER —	
FUEL SHUT-OFF Yes	ELECTRIC No	GAS Yes	SIZE 2 inch	
SERIAL NUMBER # 314252		LAST HYDRO TEST DATE 07	LAST RECHARGE DATE 07	
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER	DRAWING NUMBER:			

1. All appliances properly covered w/correct nozzles ✓
2. Duct and plenum covered w/correct nozzles ✓
3. Check positioning of all nozzles ✓
4. System installed in accordance w/MFG UL listing ✓
5. Hood/duct penetrations sealed w/weld or UL device ✓
6. Check if seals intact, evidence of tampering NA
7. If system has been discharged, report same NA
8. Pressure gauge in proper range (if gauged) ✓
9. Check cartridge weight (if applicable) ✓
10. Hydrostatic test date New
11. 6 year maintenance date ✓
12. Inspect cylinder and mount ✓
13. Operate system from terminal link ✓
14. Test for proper operation from remote ✓
15. Check operation of micro switch ✓
16. Check operation of gas valve ✓
17. Clean nozzles ✓
18. Proper nozzle covers in place ✓
19. Check fuse links and clean ✓
20. Replaced fuse links (6) ✓
21. Check travel of cable nuts/S-hooks ✓
22. Piping & conduit securely bracketed ✓
23. Proper separation between fryers and flame ✓
24. Proper clearance-flame to filters ✓
25. Exhaust fan in operating order ✓
26. All filters replaced ✓
27. Fuel shut-off in on position ✓
28. Manual & remote set/seals in place ✓
29. Replace systems covers ✓
30. System operational & seals in place ✓
31. Slave system operational NA
32. Clean cylinder & mount ✓
33. Fan warning sign on hood ✓
34. Personnel instructed in manual operation of system ✓
35. Proper hand portable extinguishers ✓
36. Portable extinguishers properly serviced ✓
37. Service & Certification tag on system ✓

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

3x Wok	H20	2x Wok	Deep Fat Fryer	Broiler
COMMENTS				

* AI's test witnessed by Ron of BTFPR

* Sys/hood need to be cleaned -

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, references to Fire Suppression Systems contained in NFPA 96, and the manufacturer's manual, and was operated according to these procedures with results indicated above.

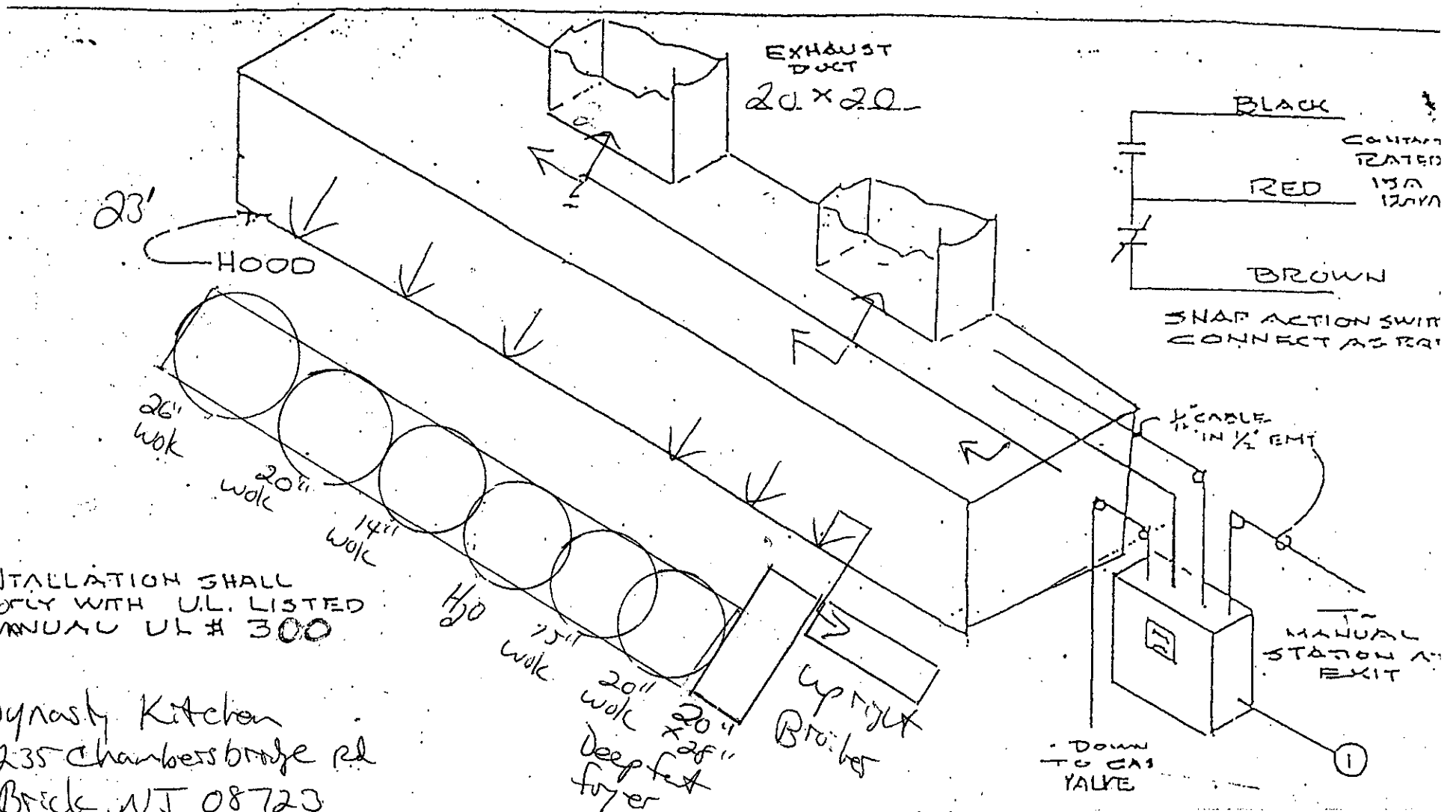
X	P1181	3/14/07		X		
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	AM	PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

WHITE–CUSTOMER COPY YELLOW–DISTRIBUTOR PINK–AUTHORITY HAVING JURISDICTION

P/N SER100

© 2006 Heiser Logistics



INTALLATION SHALL COMPLY WITH U.L. LISTED MANUAL UL # 300

Dynasty Kitchen
235 Chambersbridge Rd
Brick, NJ 08723

GAL

WEET CHEMICAL FIRE SUPPRESSION 6 gallon SYSTEM.

LOT 19
Block 702

8-21-08

MATERIAL LIST			
NO.	QNTY	DESCRIPTION	PART NO.
1	1	6 Gallon	
2	2	DUCT NOZZLE	-
3	7	APPLIANCE NOZZLE	
4	5	FUSIBLE LINK	
5	1	MANUAL PULL	
6			

Fire Extinguishers
Andrew Cipoli
732-836-1300
Fax 732-929-9217
Northeast Fire Equipment LLC
NJ Div. of Fire Bus. Permit 1161
www.nefire.com
Restaurant Fire Suppression Systems
Exit/Emergenc Lighting