BLOCK 701.29 LOT 1 QUALIFICATION CODE C-07-000036 ADDRESS (SITE) _____ PERMIT NO. 07-0037

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: OSCAR's Pizza - 270 Chamberbridge
2. Name of Owner in Fee: Twp. of Brick Tel. ( ) 262 1000
   Address 401 Chambersbridge Rd. (street / municipality / zip code)
3. Ownership in fee: Public ✓ Private _____
4. Principal Contractor: Northeast Fire Equip LLC Tel. ( ) 836-1300
   Address 1377 Gillam CT Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. 01181 Exp. Date _____
   Federal Employee No. 201441659 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 FAX: ( ) 929-9217

Called 11/5/07

Fire protection

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		3.	
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		98	
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									
5. ☑ Fire Protection					11/5/06	RJD	11/22/07		
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

OFFICIAL COPY

LDS BR-B 10427803

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 Fore Equipment, LLC

Address 1377 Galloway CT

Toms River NJ 08753

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 1/8/2007
Control # C-07-000038
Permit # 07-0037

IDENTIFICATION Block: 701.29 Lot: 1 Qualifier
Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor NORTHEAST FIRE EQUIPMENT LLC
Address 1377 GILLIAN COURT TOMS RIVER NJ

Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERSBRIDGE RD BRICK NJ 08723
Telephone: 732-836-1300
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 262-1000
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:
WET/DRY SPRINKLER HEADS

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 $2,200

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	$3
CO Fee	
Other	$0
Total	$98
Check No.	3001
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

Date Received / Control # 07-0932
Date Issued / Permit # 1-8-07

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

Block 701.29 Lot 1 Qualification Code
Work Site Location OSCAR'S Pizza - 270 Chambersbridge
Owner in Fee Twp. of Brick
Address 401 Chambersbridge Brick NJ
Tel (732) 262-1000
Contractor Northeast Fire Equipment LLC
Address 1377 Gillian CT Toms River NJ 08753
Tel (___) 836-1300 FAX (___) 929-9217
Fire Protection Equipment, NJ Div of Fire Safety Permit No. 01181
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153364
Fire Alarm Contractor No. NA
Federal Emp. No. 201441659

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____
Location: ____
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity 7
Total Cost of Fire Protection Work $ 2200.-

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

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
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: UL 300 upgrade fire Suppression system only. Kitchen hood
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 $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1/5/07
Approved by: DSO
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			1/5	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other ____				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 07-0037
Control #

Date Issued 1-8-07
Permit #

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

Block 701.29 Lot 1 Qualification Code _____

Work Site Location OSCAR'S Pizza - 270 Chambersbridge

Owner in Fee Twp. of Brick

Address 401 Chambersbridge
Brick NJ

Tel (732) 262-1000

Contractor Northeast Fire Equipment LLC

Address 1377 Gillian CT
Toms River NJ 08753

Tel (_____) 836-1300 FAX (_____) 929-9217

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 01181

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

Fire Alarm Contractor No. NA

Federal Emp. No. 201441659

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location: _____

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: _____

Total Cost of Fire Protection Work $ 2200.-

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

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: UL300 upgrade fire Suppression system only - kitchen hood

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 _____		

PAID IN FULL 1/8/07

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: 1/5/07

Approved by: DSO

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 1/8/07

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.			1-8-07	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	1-4-07		1-8-07	
Other _____				

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

1-19-07 Filters to covered in grease.

1/22/07 Either replace or have cleaned.
Ok, and reinstalled.

COMMERCIAL

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY
Northeast Fire
(732) 836-1300

CUSTOMER
Name Oscars Pizza
Address 270 Chambers Bridge Rd.
City Brick
Telephone (732) 262-1000 Store No.
Owner or Manager Mike

DATE OF SERVICE 1/19/07		TIME 9:30		AM X	PM
ANNUAL /	SEMI-ANNUAL	RECHARGE	INSTALLATION X	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Left of Hood					
MANUFACTURER Pyrochem	MODEL NUMBER PCL-300	WET Yes	DRY CHEMICAL No		
CYLINDER SIZE MASTER 3 Gal		CYLINDER SIZE SLAVE CO² Cart 15 lbs/gms	CYLINDER SIZE SLAVE		
FUSE LINKS 360°F –	FUSE LINKS 450°F 2	FUSE LINKS 500°F –	OTHER –		
FUEL SHUT-OFF Yes	ELECTRIC No	GAS Yes	SIZE 3/4 inch		
SERIAL NUMBER ?	LAST HYDRO TEST DATE 06	LAST RECHARGE DATE 06			
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 ✓
7. If system has been discharged, report same N/A
8. Pressure gauge in proper range (if gauged) ✓
9. Check cartridge weight (if applicable) ✓
10. Hydrostatic test date ✓
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 N/A
20. Replaced fuse links New
21. Check travel of cable nuts/S-hooks ✓
22. Piping & conduit securely bracketed ✓
23. Proper separation between fryers and flame *N/O
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 ✓
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

	Deep Fat Fryer	6+ Burners	
COMMENTS	↓	↓ ↓ ↓	
		○ ○ ○	

* No Separation Between Fryers and flame
** Test On New wet chemical system witness By Ron Pizar

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.

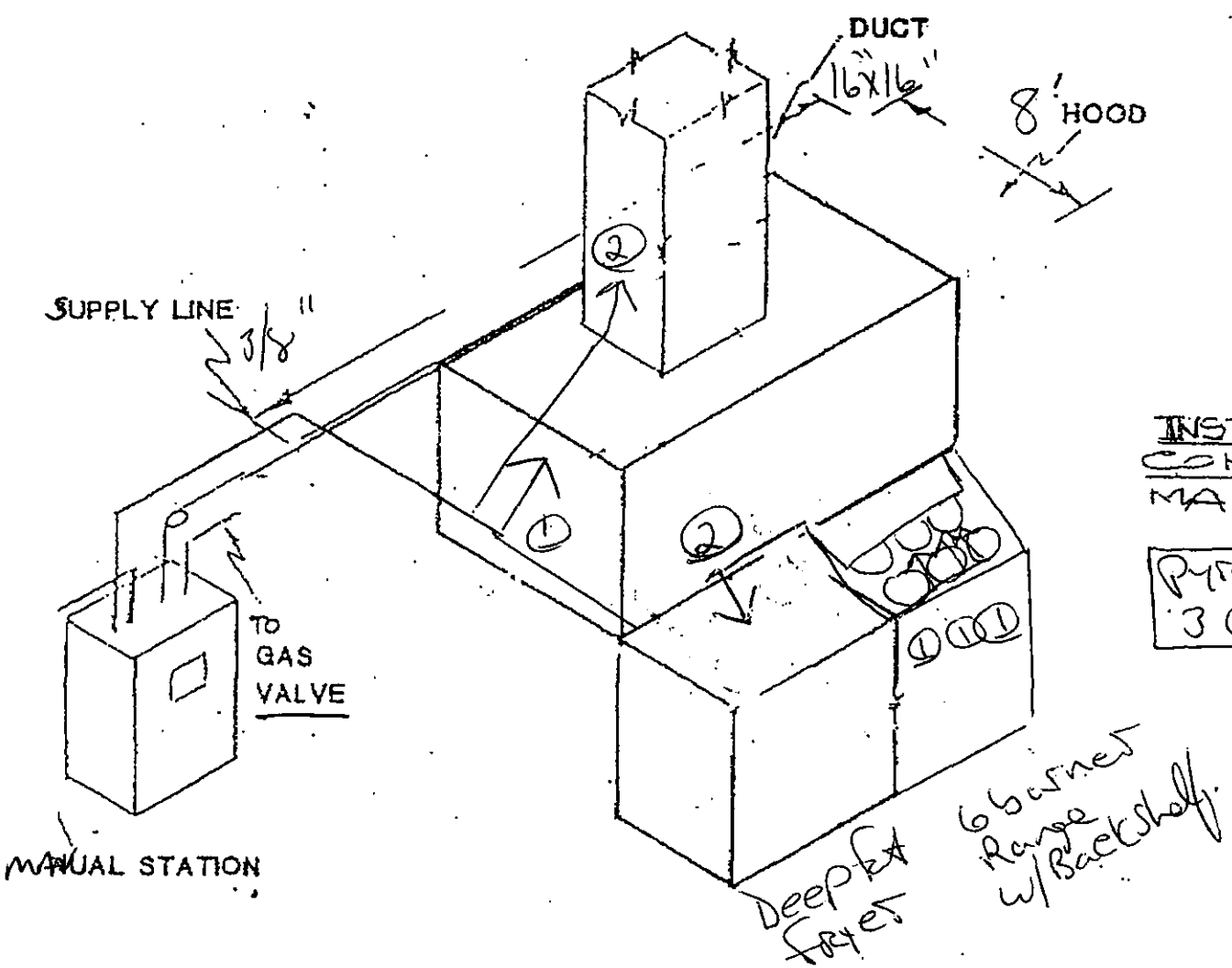
X						
SERVICE TECHNICIAN	PERMIT NO.	DATE 1/19/07	TIME 9:45	AM X	PM	CUSTOMER'S AUTHORIZED AGENT X

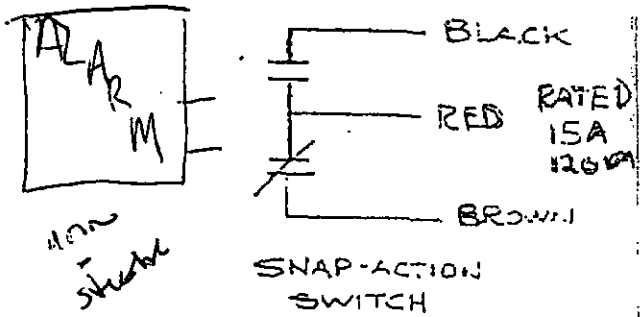
The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

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

P/N SER100

© 2006 Heiser Logistics





INSTALLATION SHALL COMPLY WITH UL LISTED MANUAL U.L. NO. 300

Pyrochem PCL
3 Gallon

6 Lt.
K class
wet chem

Total 10 flows in tank, 8 used

MATERIAL LIST			
NO	QTY	DESCRIPTION	PART NO
1	1	3 Gallon Tank	
2	1	DUCT NOZZLE	
3	1	PLENUM NOZZLE	
4	6	APPLIANCE NOZZLE	
5	1	FUSIBLE LINK 360°	
6	1	PULL BOX	

CHK'D	DATE	DWG NO
	11/3/07	AC 1

Oscar's Pizza
70 Chamberbridge Rd.
Brick NJ 920-2233

Andrew Cipolla
Lic # PO 11181
732-836-1300
Fax 732-929-9217
Northeast Fire Equipment, LLC
Fire Extinguishers • Restaurant Fire Suppression Systems
Exit/Emergency Lighting