BLOCK 847 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1730 West Princeton Rte 88 + Olden PERMIT NO. 05-0950

CONSTRUCTION PERMIT APPLICATION

05-173592

called 4/5/05

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

I. IDENTIFICATION

1730 W. Princeton Ave

1. Proposed Work Site at: Rte 88 + Olden Ave
2. Name of Owner in Fee: Laurelton Fire Co. Tel. (___) _____
   Address Rte 88 + Olden Ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: Aaron Fire Equipt Co Tel. (732) 363-1446
   Address 344 Ford Rd. Howell NJ 07731
   License No. OR, if new home, Builder Reg. No. P00651 Exp. Date 12/06
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Kevin Esposito
   Tel. (732) 363-1446 FAX: (732) 363-0165

Wet Chem.

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 Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					3-28-05	MF			
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:
   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:

LDS BR 10325210

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

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 Kevin Esposito

Address 344 Ford Rd.
Howell NJ 07731

Telephone (732) 363-1446

Signature Kevin Esposito

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

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 04/06/2005
Control # C-05-133592
Permit # 05-0950

IDENTIFICATION Block: 847 Lot: 1 Qualifier

Work Site Location: 1730 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: LAURELTON FIRE CO #1
Address: P. O. BOX 312 BRICK NJ 08723
Telephone:

Contractor: AARON FIRE EQUIPMENT CO
Address: 344 FORD RD HOWELL NJ 07731-
Telephone: 732/363-1446
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 15-3669403

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

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 $800

Construction Official

04/06/2005
Date

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-0950

Date Issued
Permit # 4-6-05

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

Block 847 Lot 1 Qualification Code ____

Work Site Location ~~Rte 88 + Olden Ave~~ 1730 W. Princeton Ave

Owner in Fee Lavrelton Fire Co.

Address Rte 88 + Olden Ave
Brick NJ 08724

Tel (____)

Contractor Aaron Fire Equipt. Co.

Address 344 Ford Rd.
Howell NJ 07731

Tel (732) 363-1446 FAX (732) 363-0165

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00651

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 123967

Fire Alarm Contractor No. ____

Federal Emp. No. ____

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

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

Location: ____

Fire Suppression/Standpipe System: [X] New OR [X] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 8000.00

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. Ben [illegible]
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Upgrade current sys. w/ new U.C 300 wet chemical sys.

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	✓	
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: 3-28-05

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 4-6-05

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			4-11-05	[signature]
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4-11-05	[signature]
Other ____				

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

Range Hood Systems Report

SERVICE COMPANY

AARON
Fire Equipment Company
P.O. BOX 961 · FREEHOLD, NJ 07728
(732) 363-1446

DATE OF SERVICE	TIME	A.M.	P.M.
4-11-05			

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			X

LOCATION OF SYSTEM CYLINDERS: (1) on Hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyrochem	ACL 300	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
3.0 gal		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
	3		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
Y	X	X	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	New	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name Lawrenceton Fire Co.

Address W. Princeton Ave

City Brick NJ 08723

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

8 Burner Stove	Flat Grill		

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

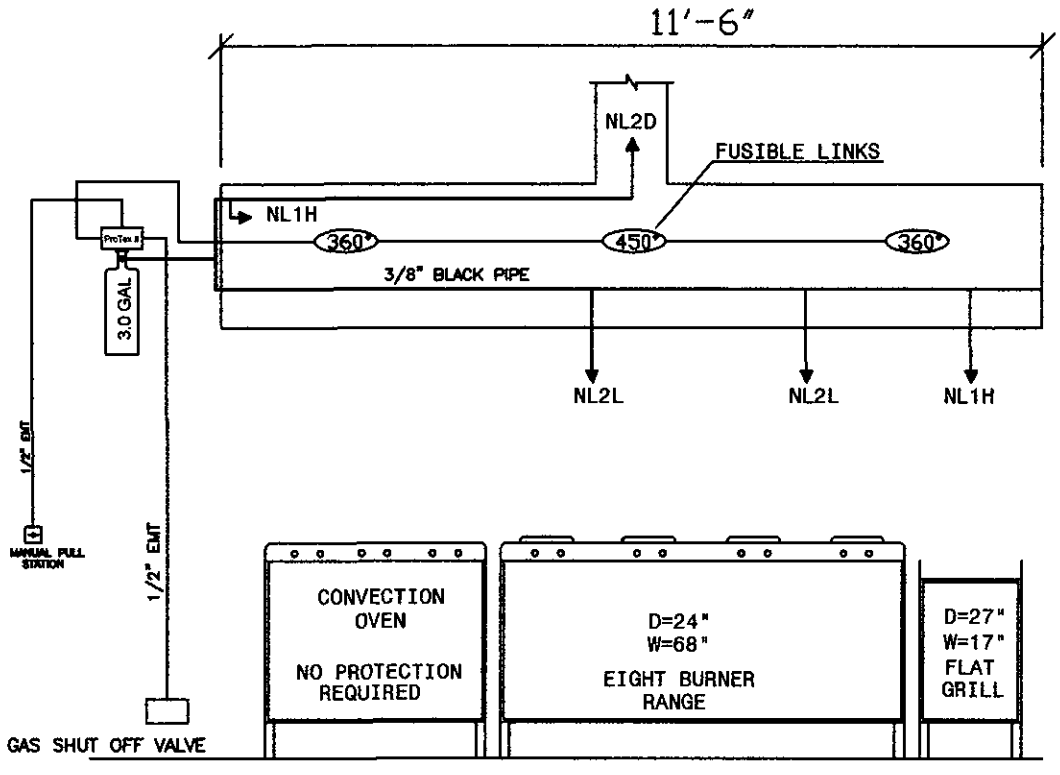
COMMENTS: _____

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

X						
SERVICE TECHNICIAN	PERMIT NO. P0065!	DATE: 4/11/05	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

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

NEW PRE-ENGINEERED, UL STANDARD 300
3.0 GALLON PROTEX II KITCHEN FIRE SUPPRESSION SYSTEM.



NOZZLE SCHEDULE:

NOZZLE TYPE	# FLOW POINTS
(2) NL1H	1
(2) NL2L	2
(1) NL2D	2

OF FLOW POINTS AVAILABLE: 10
OF FLOW POINTS USED: 8

TO REQUEST A MANUAL FREE OF CHARGE PLEASE CALL HEISER CUSTOMER SERVICE DEPT. AT 1-800-828-9638

NOTES	JOB INFORMATION	DRAWN BY: BLUE EMBER DESIGNS CO.
-HOOD, DUCT, AND FAN BY OTHERS. -SYSTEMS SHALL CONFORM TO STATE AND LOCAL CODES. -COOKING APPLIANCES SHALL BE WITHIN 6" FROM END OF HOOD. -PRE-ENGINEERED, U/L STANDARD 300 NFPA 17A APPROVED, PROTEX II WET CHEMICAL KITCHEN SUPPRESSION SYSTEM. -ALL EQUIPMENT & MAKEUP AIR SHALL SHUT DOWN UPON SYSTEM ACTIVATION.	NAME: LAURTON FIRE COMPANY ADDRESS: RT 88 BRICK, NJ 08723 WET CHEMICAL SYSTEM DATE: 3/16/2005	AARON FIRE EQUIPMENT P.O. BOX 1983 BRICK, N.J. 08723 N.J. BUSINESS PERMIT # P00651 PHONE:732-363-1446 FAX:732-363-0165

Fire 3-28-05 06