BLOCK 838 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 710 Laurelton St. PERMIT NO. 14.3954

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-14-005067

3589561

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

I. IDENTIFICATION

1. Proposed Work Site at: 710 Laurelton St.
2. Name of Owner in Fee: Aimme Duffey
   Tel. [redacted] e-mail njpermits@defenderdirect.com
   Address 710 Laurelton St. (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Defender Security Company Tel. (609) 297-8103
   Address 27 Horseneck Road, Suite 2 e-mail njpermits@defenderdirect.com
   Fairfield, NJ 07004
   License No. OR, if new home, Builder Reg. No. 34BF00021800 Exp. Date 01/31/2017
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 352042072 FAX: (317) 564-2547
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Samantha Hernandez
   Tel. (609) 297-8103 FAX: (317) 564-2547

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 25 ✓		
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	6		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 31		

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. 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
- ☐ 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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		NOV 12 2014							
☒ Electrical	3101.00				w/listing	to			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/9/2015
Control Number C-14-005067
Permit Number 14-3954
Permit Issue Date 12/3/2014
Certificate Number 14-3954

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1710 LAURELTON ST. Brick Township, NJ 08724 Block: 838 Lot: 1 Qual:

Owner in Fee: NOVAK, ANDREW J. & CAROLE

Owner Address: 1710 LAURELTON ST BRICK NJ 08724

Telephone: [redacted]

Contractor Defender Security Company

Address 295 Rt. 46 W Ste. 207 Fairfield NJ 07004

Telephone: (609) 297-8103 Fax: (317) 564-2541

License Number or Builders Registration Number: 34BF00021800 Federal Emp. Number: 35-2042072

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: 2/9/2015

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

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(f)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 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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name _____

Address 3750 Priority Way South Drive, Suite #200

Indianapolis, IN 46240

Telephone (317) 810-4720

Signature _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/3/14
Control #
Date Issued
Permit # 14.3954

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

Block 838 Lot Qualification Code

Work Site Location 1710 Hamilton St.

Owner in Fee: Lynne Duffey

Tel. [redacted] e-mail njpermits@defenderdirect.com

Address 1710 Hamilton St.
street municipality zip code

Contractor: Defender Security Company Tel. (609) 297-8103

Address 27 Horseneck Road, Suite 2 e-mail njpermits@defenderdirect.com
Fairfield, NJ 07004

Contractor License No. 34BF00021800 Exp. Date 01/31/2017

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

Federal Emp. ID No. 352042072 FAX: (317) 564-2547

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3101.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial Underslab Utilities Approved

Date 11/19/14 Approved by: [illegible]

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11/19/14

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 2/5/15

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/5/15	PE
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Low Voltage Burglar Alarm:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
13		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

CONSTRUCTION PERMIT

Date Issued 12/3/14
Control # C-14005067
Permit # 14-3954

IDENTIFICATION Block: 838 Lot: 1 Qualifier
Work Site Location: 1710 LAURELTON ST. Brick Township, NJ 08724

Owner in Fee: NOVAK, ANDREW J. & CAROLE
1710 LAURELTON ST BRICK NJ 08724

Telephone: [redacted]

Contractor: Defender Security Company
Address: 295 Rt. 46 W Ste. 207 Fairfield NJ 07004
Telephone: (609) 297-8103
Lic. No. or Bldrs. Reg. No. 34BF00021800
Federal Employee. No. 35-2042072

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)

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 $3,101

David A. Newman Jr. — Construction Official
11/19/14 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$75
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$81
Check No.	24643
Cash	$0
Credit	$0
Collected By	

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.

Defender Security Company
3750 Priority Way S. Dr., #200
Indianapolis, IN 46240
Attn: Permits Dept. /NJ

To Construction Department;

Enclosed is a permit application for the installation of security systems in your township. Per NJAC 5:23-2.17A(c), we understand that these wireless installations of burglar alarms are considered "Minor Work," but may still require a permit application. Note that the system is a wireless plug-in unit, not a hard-wired primary system. If smoke sensors are installed, these are secondary wireless battery operated detectors that do not modify pre-existing primary systems.

Please review the enclosed documents:

- Construction Permit Application: UCCF100-1 (Short form UCCF170)
- Electrical Sub-code Technician Form: UCCF120
- Optional: Fire Sub-code Technician Form: UCCF140 (if smoke detectors installed)
- A copy of our Licenses (contractor's and licenseholder's NJ state license)
- *Optional*: Spec./UL cut sheets & wiring pages for panels, or smoke detectors.

Once you have determined the Permit Fee, we need the following in order to mail a payment:

- Your name, phone and municipality
- Property Owner name & address
- Fee amount (please notify us if you need separate checks for DCA fees, etc.)

For your convenience, please notify our office of any fees or forms due by:

Email:	njpermits@defenderdirect.com
Phone:	(609) 297-8103
Fax:	317.564.2547

Once the permit has been issued and the inspection completed, please fax or mail a copy of the Certificate of Approval to our office.

Sincerely,

Shawn Meier
Permits Manager
sm9890@defenderdirect.com

State of New Jersey

FIRE ALARM
LICENSE
34FA00032000
EXPIRES: 8/31/2016
DOB: 5/23/1965

JOHN D. SORRELL

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00037000
EXPIRES: 8/31/2016
DOB: 5/23/1965

JOHN D. SORRELL

Mail to: PO Box 308
Trenton, NJ 08646

FEE REQUIRED

STATE OF NEW JERSEY
DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

Overnight to: 225 West State St.
3rd Floor
Trenton, NJ 08608-1001

C-150G

Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. Refer to the instructions on page 26 for filing fee and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

FILED
JUN 30 2008
STATE TREASURER

Check Appropriate Statute:

[X] Title 14A:2-2.1 (2) New Jersey Business Corporation Act [ ] Title 42:2D Limited Liability Company

[ ] Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act [ ] Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business. Defender Security Company

2. NJ 10-digit ID number: 0100965370

3. Set forth state of Original Incorporation/Formation: Indiana

4. Date of Incorporation/Formation.

   Date of Authorization (Foreign) 7/2006

5. Alternate Name to be used: Protect Your Home

6. State the purpose or activity to be conducted using the Alternate Name: Sales and installation of home security systems

7. The Business intends to use the Alternate Name in this State

8. The Business has not previously used the Alternate Name in this State prior to the effective date of this Statute, or, if it has, the month and year in which it commenced such use is

Signature requirements:

For Corporations	Chairman of the Board, President, Vice-President
For Limited Partnerships	General Partner
For all Other Business Types	Authorized Representative

SIGNATURE:

John Corliss
NAME (please type):

Vice President
TITLE

6/20/2008
DATE

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

Client#: 12385 DEFESEC

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Heather Brenan
MJ Insurance, Inc. PO Box 50435 Indianapolis, IN 46250-0435 317 805-7500	PHONE (A/C, No, Ext): 317 805-7553 FAX (A/C, No): 317 805-7515 E-MAIL ADDRESS: heather.brenan@mjinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Ins.	18058
INSURER B : Travelers Property Casualty Co.	25674
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Defender Security Company
3750 Priority Way S. Drive, Suite 200
Indianapolis, IN 46240

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ALARM E&O GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT X LOC			PHPK1040320	07/01/2013	07/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X PHYS DAMAGE			PHPK1040320 $500 COMP DED	07/01/2013 $1000 COLLIDED	07/01/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10,000			PHUB425859	07/01/2013	07/01/2014	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TC2JUB1108L22613 TRJUB1108L46013 3A STATES INCL ALL 3C STATES EXCL	10/07/2013 EXCEPT MONOPOLISTIC ND,OH,WA,WY	10/07/2014	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
NAMED INSURED CON'T: dba DIRECT DISH SATELLITE TV; dba ADP SECURITY; dba DIRECT ASAP; dba DEFENDER DIRECT; dba PROTECT YOUR HOME; dba ENJOY BETTER TV; dba ADR SECURITY; dba ADEX SECURITY; dba WATER SYSTEMS TODAY; dba WATER SYSTEMS NOW; dba ENJOY BETTER VACATIONS; dba TRUE BLUE WATER SOLUTIONS
NAMED INSURED CON'T FOR WORK COMP ONLY: DEFENDER SECURITY COMPANY; DEFENDER SECURITY DBA PROTECT YOUR HOME; DPL ONE, LLC; TRUE HOME TRUE.HOME HEATING/COOLING, INC. DBA WILLIAMS COMFORT AIR, INC.

CERTIFICATE HOLDER

State of New Jersey
Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street
Newark, NJ 07102

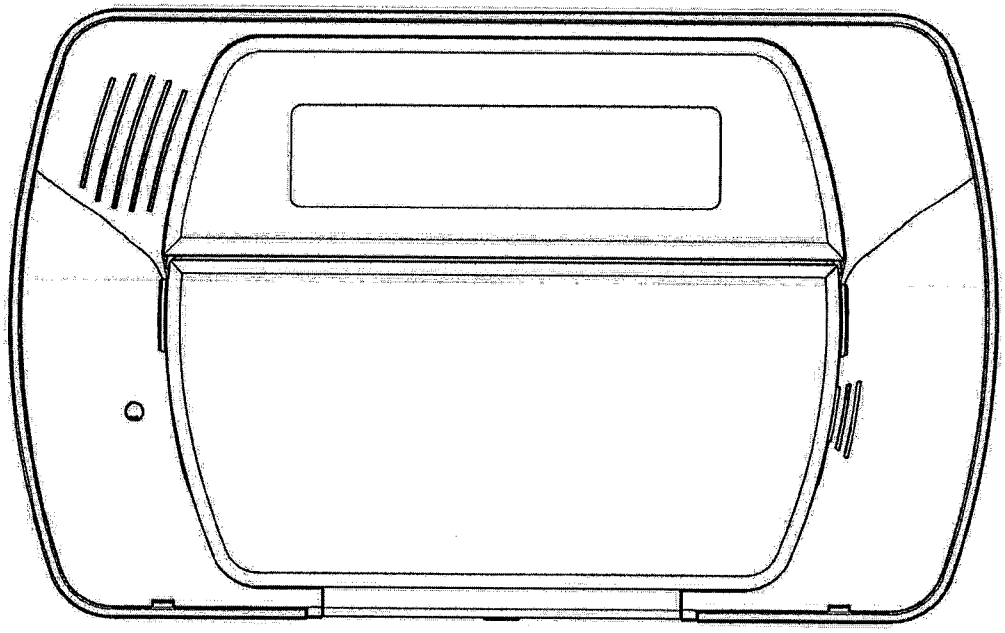
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

IMPASSA

Self Contained Wireless Alarm System



Models:
SCW9055(D)(G)(I)-433/868
SCW9057(D)(G)(I)-433/868

Used with:
WT5500-433/868
WT5500(P)-433/868

v1.0 Installation Guide

WARNING: This manual contains information on limitations regarding product use and function and information on the limitations as to liability of the manufacturer. The entire manual should be carefully read.

SAFETY INSTRUCTIONS for SERVICE PERSONNEL

WARNING: When using equipment connected to the TELEPHONE NETWORK, there are basic safety instructions that should always be followed. Refer to the SAFETY INTRUCTIONS provided with this product; save them for (future) reference. Instruct the end-user regarding the safety precautions that shall be observed when operating this equipment.

Before Installing The Equipment

Ensure your package includes the following items:

- Installation and User Manuals, including the SAFETY INSTRUCTIONS.

  READ and SAVE These Instructions!

  Follow All WARNINGS AND INSTRUCTIONS specified within this document and/or on the equipment
- SCW905x alarm controller
- Power Supply, direct plug-in
- Mounting hardware

Selecting A Suitable Location For The Alarm Controller

Use the following list as a guide to find a suitable place for this equipment:

- Locate near a telephone socket and power outlet.
- Select a place free from vibration and shocks.
- Place the alarm controller on a flat, stable surface and follow the installation Instructions.

  DO **NOT** locate this product where persons may walk on the secondary circuit cable(s).

  DO **NOT** connect the alarm controller to electrical outlets on the same circuit as large appliances.

  DO **NOT** select a place that exposes your alarm controller to direct sunlight, excessive heat, moisture, vapors, chemicals or dust.

  DO **NOT** install this equipment near water. (e.g., bath tub, wash bowl, kitchen/laundry sink, wet basement, near a swimming pool).

  DO **NOT** install this equipment and its accessories in areas where there is a risk of explosion.

  DO **NOT** connect this equipment to electrical outlets controlled by wall switches or automatic timers;

  AVOID interference sources.

  AVOID setting up the equipment near heaters, air conditioners, ventilators, and/or refrigerators.

  AVOID locating this equipment close to or on top of large metal objects (e.g., metal wall studs).

SAFETY Precautions Required During Installation

- **NEVER** install this equipment and/or telephone wiring during a lightning storm.
- **NEVER** touch uninsulated telephone wires or terminals unless the telephone line has been disconnected at the network interface.
- Position cables so that accidents can not occur. Connected cables must NOT be subject to excessive mechanical strain.
- Use only the power supply provided with this equipment. Use of unauthorized power supplies may cause damage.
- For direct plug-in versions, use the transformer supplied with the device.

WARNING:

THIS EQUIPMENT HAS NO MAINS ON/OFF SWITCH. THE PLUG OF THE DIRECT PLUG-IN POWER SUPPLY IS INTENDED TO SERVE AS THE DISCONNECTING DEVICE IF THE EQUIPMENT MUST BE QUICKLY DISCONNECTED. IT IS IMPERATIVE THAT ACCESS TO THE MAINS PLUG AND ASSOCIATED MAINS SOCKET/OUTLET IS NEVER OBSTRUCTED.

IMPORTANT NOTE!

This Alarm System shall be installed and used within an environment that provides the pollution degree max 2 and over-voltages category II NON-HAZARDOUS LOCATIONS, indoor only. The equipment is DIRECT PLUG-IN (external transformer) and is designed to be installed, serviced and/or repaired by service persons only; [service person is defined as a person having the appropriate technical training and experience necessary to be aware of hazards to which that person may be exposed in performing a task and of measures to minimize the risks to that person or other persons]. There are no parts replaceable by the end-user within this equipment. The wiring (cables) used for installation of the Alarm System and accessories, shall be insulated with PVC, TFE, PTFE, FEP, Neoprene or Polyamide.

(a) The equipment enclosure must be secured to the building structure before operation.

(b) Internal wiring must be routed in a manner that prevents:

- Excessive strain or loosening of wire on terminal connections;

- Damage of conductor insulation

(c) Disposal of used batteries shall be made in accordance with local waste recovery and recycling regulations.

(d) Before servicing, DISCONNECT the power and telephone connection.

(e) DO NOT route any wiring over circuit boards.

(f) It is the installer's responsibility to ensure that a readily accessible disconnect device is incorporated in the building for permanently connected installations.

The power supply must be Class II, FAIL SAFE with double or reinforced insulation between the PRIMARY and SECONDARY circuit/ ENCLOSURE and be an approved type acceptable to the local authorities. All national wiring rules shall be observed.

1.3 Product Specifications

Control and Indicating Equipment Specifications

Zone Configuration

- 32 Wireless zones supported and 2 hardwired zones available on the main board
- 28 zone types, 13 programmable zone attributes
- Zone configurations available: normally closed, single EOL and DEOL supervised
- 1 separate wireless keypad supported: model WT5500 or WT5500P (433MHz or 868MHz)
- 16 separate remote access key supported: model WT4989/ WT8989, WS4939/WS8939, WS4949, WS4959, WS4969
- With WT5500P keypad, 16 separate proximity tags supported: model PT4/PT8

Access Codes

- Up to 16 access codes: 16 (level 2), one system master code (level 3), one installer code (level 3), and one maintenance code
- Programmable attributes for each user code (see SCW9055/57 User Guide for details)
- 58823 access code variations (6-digit codes) for each user code

Warning Device output

- Integral sounder supported capable of 85 dB @ 3m
- 2 remote, wireless indoor/outdoor warning devices supported, models WT4901/WT4911 or WT8901/WT8911
- Programmable as steady, pulsed or temporal three (as per ISO8201) and temporal four (CO alarm) output
- Fire and CO alarm notifications have priority over burglary alarm notification.

Memory

- CMOS EEPROM memory
- Retains programming and system status on AC or battery failure
- Data Retention: 20 years min.

Programmable Outputs (PGMs)

- Up to 2 programmable outputs (PGM) with 13 options
- PGM outputs are open collector type and switched to ground, rated max. 50mA

Power Supply

- Regulated, supervised and integral to the control unit
- Type A as per EN50131-6 Standard
- Input ratings: 16.5VAC/20VA (Min.) @50/60Hz, 100mA
- Current Draw:
  - 240 VAC Primary ..... 100mA(AC)(Max)
  - 120 VAC Primary ..... 100mA(AC)(Max)
  - 16.5 VAC Secondary ..... 160mA(AC)(Max)
- Plug-in transformer included
- Connected, protected by fuse in primary circuit. For EU, rated 160mA/250VAC. For NA, rated 114mA/120VAC
- Transformer secondary ratings: 16VAC, 20VA min.
- AUX Output Voltage: 12VDC, -15%/+15% when AC Input Voltage is 85% to +110% of rated value
- Aux max. draw is 100mA
- Output ripple voltage: 150mVp-p max.
- Storage device: NiMH, rechargeable battery, rated 7.2VDC (nominal)
- Battery capacity:
  - DSC part no. 17000145 ..... 1.5Ah
  - DSC part no. 17000152 ..... 3.6Ah
- Note: 17000145 for use with SCW9055/57 models. 17000152 for use with SCW9055/57 G, D, and I models.
- Maximum standby time 24h (AUX=0mA)/ 4h (AUX=100mA)
- Recharging time to 80% 24hours
- Recharging current:
  - DSC part no. 17000152 (1.5Ah) 125mA
  - DSC part no. 17000145 (3.6Ah) 250mA
- Low battery trouble indication threshold 7.2VDC
- Low Battery Trouble Restore Threshold 7.6VDC
- Battery deep discharge protection (cut-off at 6VDC)
- Main board current draw (battery only):
  - SCW9055/57 (no alternate communicator)
  - Standby ..... 160mA DC
  - SCW9055/57 D,G, I, SM (including alternate communicator)
  - Standby ..... 190mA DC
  - Transmit (alternate communicator module) ..... 195mA DC
- Resettable fuses (PTC) used on circuit board instead of replaceable fuses
- Supervision for loss of primary power source (AC Fail), battery fail or battery low voltage (Battery Trouble) with indication provided on the keypad
- Internal clock locked to AC power frequency

Operating Environmental Conditions

- Temperature range: -10°C to +55°C (14°F-131°F)
- Relative humidity: 93% non condensing

Note: UL/ULC tested for 0°C to +49°C (32°F to 122°F), 85%R.H.

Alarm Transmitter Equipment (ATE) Specification

- Digital dialer integral to the main control board
- Supports all major formats: SIA, Contact ID, 20BPS and Residential Dial
- Optional Dual IP/Cellular communication modules [model "D" and "D-SM" (NA only)], 3G or GSM only [model "G" and "G-SM" (NA only)] or IP only [model "I" and "I-SM" (NA only)] can be installed in the same enclosure and can be configured as primary communicator or back-up, with AES128 bit encryption for higher line security applications.

System Supervision Features

The SCW9055/57 continuously monitors a number of possible trouble conditions and provides audible and visual indication at the keypad. Multiple signals are indicated using scroll buttons on the LCD keypads (no priority assigned).

Additional Features

- Automatic inhibit (swinger shutdown) for Alarm, Tamper, Trouble signals after 3 occurrences in a given set period (see section [377]), Opt [1] alarms, [2] tampers, [3] troubles
- Programmable keypad lockout option (see section [012])
- 500 Event Buffer, date and time stamped

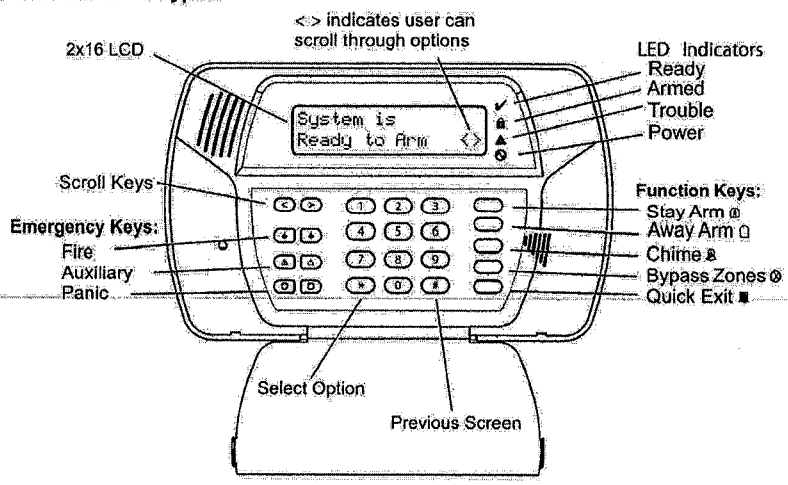
1.4 Controls & Indicators

The SCW9055/57 has four status indicators located on the front right side of the panel. See the table below for details:

Table 1-6 Controls & Indicators - Alarm Panel

Alarm Indicators	
✔	**Ready:** Panel is ready to be armed.
🔒	**Armed:** Panel is armed.
⚠	**Trouble:** Enter [*][2] to view troubles. Yellow indicates trouble. Orange indicates RF Jam trouble.
⏦	**AC Power:** On=AC present. OFF=AC absent.

Figure 1-1 Controls & Indicators - Keypad



1.5 Data Entry

Conventions Used in this manual

Brackets [ ] indicate numbers or symbols that must be entered on the keypad.

e.g., [*][8][Installer Code][898] requires the following key entries: [*] [8] [5] [5] [5] [5] [8] [9] [8]

[*] indicates to the alarm system that a special command will be entered.

[8] places the alarm system in Installer Programming mode.

[5555] is the default installer code. The default installer code should be changed during initial programming of the system.

[898] indicates the particular programming section being accessed. e.g. **[898]** Wireless Device Enrollment, **[899]** Template Programming, **[999]** Alarm System Default.

Special Keys:

Scroll symbols < > on the display indicate that options can viewed by pressing the [<] [>] keys. These scroll keys can also be used to position the cursor.

The [*] key is similar in function to the "ENTER" key on a personal computer. It is generally used to accept the existing programming option. It is also the first key entry for [*] commands and can be used to enter the letters A-F when in Installer Programming mode.

The [#] key functions similarly to the "ESC" (escape) key on a personal computer. It is generally used to exit the current programming section or to return to the previous menu.

Entering Letters

1. In Installer Programming, enter the section you want to add text to (usually a system label).
2. Use the arrow keys [<][>] to move the cursor to the letter you want to change.
3. Press the number key corresponding to the letter you require. Each number button accesses three letters and a number. The first press of the number key displays the first letter. The second press displays the second letter, etc.

1 A, B, C, 1	2 D, E, F, 2	3 G, H, I, 3
4 J, K, L, 4	5 M, N, O, 5	6 P, Q, R, 6
7 S, T, U, 7	8 V, W, X, 8	9 Y, Z, 9,0
	0 Space	

4. To select lower case letters press [*], scroll to "lower case" and press [*] again to select.

2 Installation

This section describes how to install and connect the SCW9055/57.

2.1 Mounting

1. If required, separate the front and back covers by removing the cover screw then inserting a small slotted screwdriver between the front and back covers and gently twist the screwdriver to separate.
2. Route Telephone line wiring, I/O Wiring, and AC power through the cutout in the back cover (see Fig. 2 Mounting & Wiring details). If Programming with DLS, see "4.2.1 Local Programming with PC-Link" on page 17. If using Template programming or Advanced Keypad programming, continue to the next step.
3. Secure the back cover to the wall with the hardware provided. See figure 2, Mounting & Wiring Details for hole locations.
   NOTE: If mounting unit on a double-ganged box with the wall tamper feature, secure the back plate to the right side of the ganged box using the center mounting holes. This provides the tamper switch with unobstructed access to the wall surface.
4. Connect wiring to the terminals indicated. See Section "2.2 Wiring" on page 6 for details.
   NOTE: Do NOT apply power until wiring is completed.
5. Connect battery cable connector to the PC Board.
   NOTE: Ensure connector key is oriented correctly.
6. Position the cover onto the back plate. Ensure tamper switch, if used, is positioned correctly.
7. Insert cover in the top edge of the back plate at a 35° to 55° angle then snap cover in place.
8. Apply power to the system.

Once the system is wired and mounted, do the following:

- Enroll devices. Enter [*][8][Installer Code][898]. See "2.3 Wireless Device Setup" on page 7.
- If performing Template programming, enter [*][8][Installer Code][899]. See "4.1 Template Programming" on page 14.
  NOTE:
  - See DLS Programming on page 17 for reprogramming an existing Installation.
  - AC Power must be present for the alarm system to answer incoming calls from DLS. After the initial installation 24 Hrs. is required to fully charge the standby battery.

Figure -1, Opening Cover

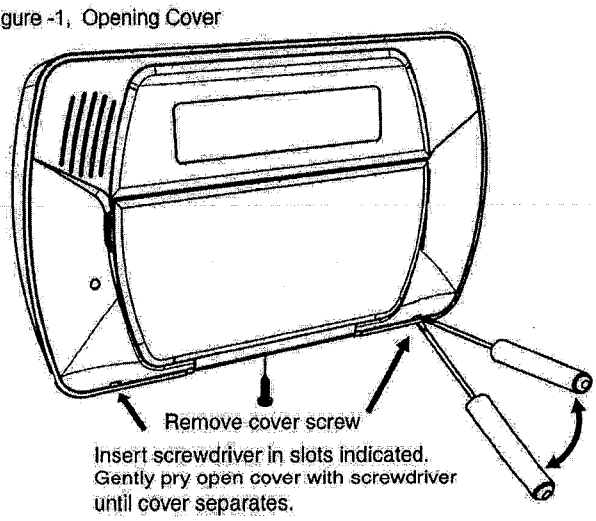
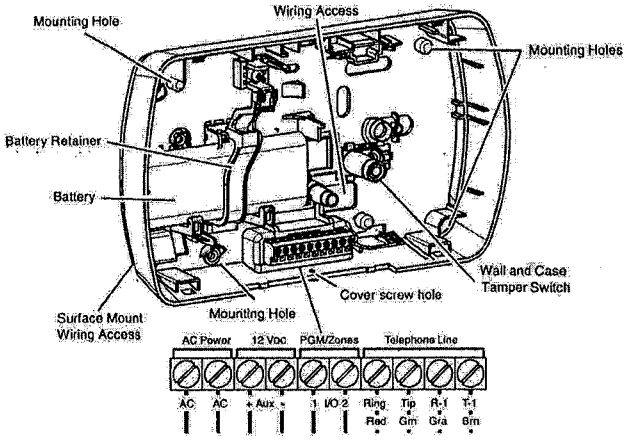


Figure -2, Mounting & Wiring Details

SCW9055/57



SCW 9055/57 (G, I, D Models)