BLOCK 547 10 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 451 BRICK BLVD PERMIT NO. 07-3081

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII (07-00218)

I. IDENTIFICATION

1. Proposed Work Site at: 451 BRICK BLVD Co ROAD NO 549
2. Name of Owner in Fee: 6 AVE ELECTRONICS Tel. (___) _____
   Address 22 RT 22 WEST (street) SPRINGFIELD (municipality) N.J. 07081 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: 6 AVE ELECTRONICS Tel. (___) _____
   Address 22 RT 22 W SPRING FIELD N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer YAU HONG CHEUNG Tel. (___) _____
   Address 456 MORRIS AVE SPRINGFIELD Contact _____
6. Responsible Person in Charge once Work has Begun FRANK MORAN
   Tel. (516) 410 9066 FAX: (___) _____

Tenant Fit Up Two

V. FEE SUMMARY (for office use only)

			TA Update	TB Update
1.	Building	$ 2850		
2.	Electrical		115	40
3.	Plumbing	100		
4.	Fire Protection	300		75
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 224		
9.	State Permit Fee Surcharge			17
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA	30		
13.	TOTAL	$ 3564	115	132

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 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	150,000								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical	53,500				9/11/07		11-16-07		
8.	☐ Elevator Devices					10.307		11-16-07		
9.	☐ Asbestos Abat. Subch. 8							3-10-08		
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	203,500	CM	6/7/07		6/7/07				

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:

General Store & Electronics

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 FRANK MORAN

Address 1290 LAKESHORE DR

MASSAPEQUA PK NY 11762

Telephone (516) 410 9066

Signature Frank Moran

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	03/11/2008
Control Number	C-07-002185
Permit Number	07-3081
Permit Issue Date	09/27/2007
Certificate Number	07-3081

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 451 BRICK BLVD. , NJ Block: 547 Lot: 6 Qual:

Owner in Fee: 6 AVE ELECTRONICS

Owner Address: 22 ROUTE 22 WEST SPRINGFIELD NJ 07081

Telephone:

Contractor FRANK MORAN

Address 1290 LAKESHORE DRIVE MASSAPEOUA PK NY 11762

Telephone: (516) 410-9066 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP

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: 03/11/2008 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/20/2007
Control Number C-07-002185
Permit Number 07-3081
Permit Issue Date 09/27/2007
Certificate Number 07-3081

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 451 BRICK BLVD. , NJ Block: 547 Lot: 6 Qual:

Owner in Fee: 6 AVE ELECTRONICS

Owner Address: 22 ROUTE 22 WEST SPRINGFIELD NJ 07081

Telephone:

Contractor FRANK MORAN

Address 1290 LAKESHORE DRIVE MASSAPEOUA PK NY 11762

Telephone: (516) 410-9066 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: TENANT FIT UP

Certificate Comments: FOR STORE ONLY NOT TO BE USED FOR HOME THEATER ROOM

☐ **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: 04/01/2008
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/20/2007

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/19/2007
Control Number	C-07-002185
Permit Number	07-3081
Permit Issue Date	09/27/2007
Certificate Number	07-3081

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 451 BRICK BLVD. , NJ Block: 547 Lot: 6 Qual:

Owner in Fee: 6 AVE ELECTRONICS

Owner Address: 22 ROUTE 22 WEST SPRINGFIELD NJ 07081

Telephone:

Contractor FRANK MORAN

Address 1290 LAKESHORE DRIVE MASSAPEOUA PK NY 11762

Telephone: (516) 410-9066 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: TENANT FIT UP

Certificate Comments: Temp Until 12-21-07 No Use of Back Room

☐ **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: 12/21/2007
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/19/2007

CONSTRUCTION PERMIT

Date Issued 9/27/2007
Control # C-07-002185
Permit # 07-3081

IDENTIFICATION Block: 547 Lot: 6 Qualifier
Work Site Location: 451 BRICK BLVD. , NJ
Owner in Fee 6 AVE ELECTRONICS
22 ROUTE 22 WEST SPRINGFIELD NJ 07081
Telephone:

Contractor FRANK MORAN
Address 1290 LAKESHORE DRIVE MASSAPEOUA PK NY 11762
Telephone: (516) 410-9066
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP

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 $166,100

Construction Official Date

PAYMENTS (Office Use Only)

Building	$2,850
Electrical	$0
Plumbing	$160
Fire Protection	$300
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$224
CO Fee	
Other	$30
Total	$3,564
Check No.	2266
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.

PERMIT UPDATE

Date Update Issued 10/3/2007
Control # C-07-002185+A
Permit # 07-3081+A

IDENTIFICATION Block: 547 Lot: 6 Qualifier
Work Site Location: 451 BRICK BLVD. , NJ
Contractor FRANK MORAN
Address 1290 LAKESHORE DRIVE MASSAPEOUA PK NY 11762

Owner in Fee 6 AVE ELECTRONICS
22 ROUTE 22 WEST SPRINGFIELD NJ 07081
Telephone: (516) 410-9066
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Telephone:

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:
ELECTRICAL 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 $53,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$115
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$115
Check No.	2270
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.

PERMIT UPDATE

Date Update Issued 10/19/2007
Control # C-07-005085
Permit # 07-3081+B

IDENTIFICATION Block: 547 Lot: 6 Qualifier
Work Site Location: 451 BRICK BLVD. , NJ
Owner in Fee 6 AVE ELECTRONICS
22 ROUTE 22 WEST SPRINGFIELD NJ 07081
Telephone:

Contractor FRANK MORAN
Address 1290 LAKESHORE DRIVE MASSAPEOUA PK NY 11762
Telephone: (516) 410-9066
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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), SMOKES

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 $12,995

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$17
CO Fee	
Other	$0
Total	$132
Check No.	2294
Cash	$0
Credit	$0
Collected By	Allison Peltier

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 01-3081+A
Control #
Date Issued 10-3-07
Permit # C07-0021857+B

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

Block 347 Lot 6 Qualification Code
Work Site Location BRICK BLVD Co ROAD # 549

Owner in Fee 6 AVE ELECTRONICS INC
Address 22 RT 22 W. SPRINGFIELD NJ 07081

Tel ( )
Contractor HYE-TEK ELECTRICAL CONTRS INC.
Address 247 EAGLE Ave
NEW MILFORD N.J. 07646
Tel (201) 599-9515 FAX (201) 599-9515
Contractor License No. 12470
Federal Emp. No. 223719983

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 53,500.-

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
120 100		Lighting Fixtures	
120	200	Receptacles	
30		Switches	
10		Detectors	
		Light Poles	
		Motors—Fract. HP	
15		Emergency & Exit Lights	
6		Communications Points	
1		Alarm Devices/F.A.C.P. Panel	
265		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	20 6kw	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	
2		KW Elec. Sign/Outline Light	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10307
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 31008
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			10107	Walls
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			11507	
Other				
Service Final			31008	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

INC 111307

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

called 10/3/07

Camera wire on Sprinkler pipe front South
Open wire in show window
North side end open
Front Room Fan Wire Hanging
Hall Recess light not connected to grid

update 07-3081 HB

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 10-19-07

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

Block 547 Lot 6 Qualification Code

Work Site Location 451 Brick Blvd
Brick, NJ 08723

Owner in Fee Sixth Avenue Electronics

Address 22 Rt 22 W
Springfield, NJ 07081

Tel (973) 924-8441

Contractor Supreme Security Systems, Inc.

Address 1565 Union Avenue
Union, NJ 07083

Tel (908) 810-8822 FAX (908) 810-8329

Contractor License No. 7544

Federal Emp. No. 22-1829279

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 9995.00 + $1705.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
9		Detectors 8-PIR's/1-smk
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
25		Alarm Devices/F.A.C. Panel
34		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

FEE (Office Use Only)

$ CONTROL

Administrative Surcharge $ 40
Minimum Fee $ 13
State Permit Surcharge Fee $ 53
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10/19/07
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/6/08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			11/5/07	
Other T			11	
Service				
Final			3/6/08	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

called 10/19/07 MB

U.C.C. F120 (rev. 07/03) Internet version

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

~~Borough of Ridgefield~~
~~515 Church Street~~
~~Ridgefield, New Jersey 07657~~
~~(201) 943-5546~~

ELECTRICAL SUBCODE TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received 07-3496
Date Issued 11-9-07
Control #
Permit #

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

Block 547 Lot 6
Work Site Location 451 BRICK BLVD

Owner in Fee/Occupant 6 AVE ELECTRONICS INC
Address 22 R 22 W. SPRINGFIELD NJ 07081
Tele. (516 410 9066

Contractor HYB-TEK ELECTRICAL Contrs Inc.
Address 247 EAGLE Ave
New Milford NJ. 07646
Tele. (201) 599-9515 Fax (201) 599-9518
Lic. No. 12470
Federal Emp. No. 223719983

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10 2407
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	111507 [initials]		31008	[initials] #2

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 31008
Approved by: [signature]

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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

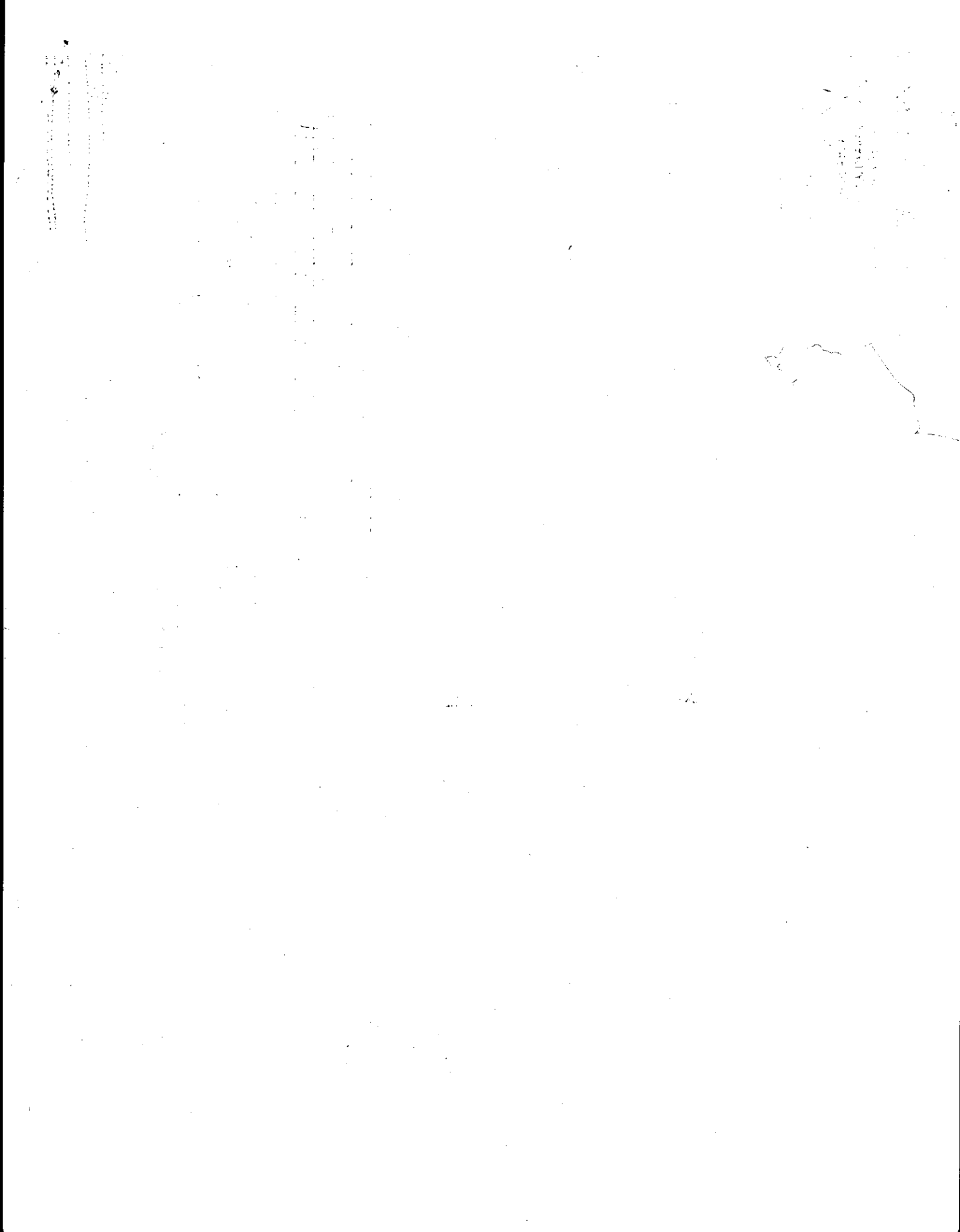
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. 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	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/96)

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



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3081

Date Issued / Permit # 9-27-07

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

Block 547 Lot 6 Qualification Code

Work Site Location 451 BRICK BLVD

Owner in Fee GAS ELECTRONICS INC

Address 22 RT 22 W. SPRINGFIELD N.J.

Tel (516) 410 9066

Contractor North East Fire Prevention LLC

Address 19 2nd Ave Hawthorne NJ 07506

Tel (973) 427-4927 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No. FS3746 P004442

Fire Protection Equipment, NJ Div of Fire Safety Installer No. IS3746

Fire Alarm Contractor No.

Federal Emp. No. 223745566

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: ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 31,000.00

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source CITY

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)	1	
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	DRY Wet	
Pre-action Valves	130	
Sprinkler Heads (Dry and Wet)	63	
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: 9-19-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 11-16-07

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	11-14-07		11-16-07	DC
Suppression Sys.	11-14-07		11-16-07	DC
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	11-14-07		11-16-07	DC
Other				

[signature]

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

update 09-3081 tb

FIRE SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 10-19-07

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

Block 547 Lot 6 Qualification Code

Work Site Location 451 Brick Blvd
Brick, NJ 08723

Owner in Fee Sixth Avenue Electronics

Address 22 Rt 22 W
Springfield, NJ 07081

Tel (973) 924-8441

Contractor Supreme Security Systems, Inc.

Address 1565 Union Avenue
Union, NJ 07083

Tel (908) 810-8822 FAX (908) 810-8329

Contractor License No. 7544

Federal Emp. No. 22-1829279

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: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank -Location: _____

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

Total Cost of Fire Protection Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 10/19/07

Approved by: DJV

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 11-16-07

Approved by: DO

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	11-14-07		11-16-07	DO
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	11-14-07		11-16-07	DO
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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install fire/security system
Tie in existing duct smokes and waterflow

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	9	
Other Devices		
TOTAL	16	COMMERCIAL
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		
Other		

Administrative Surcharge $	75
Minimum Fee $	4
State Permit Surcharge Fee $	
TOTAL FEE $	79

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

11/9 — Knox Box mounted

— water test on sprinkler 200psi

11/10 H/S front right side to be added.

11/14 — sprinkler head by TV above ceiling tile to be capped.

11/16 — dry test

11/14 — FDC sign above connection.

11/16 — alarm report

11/16 — sprinkler report

Record of Completion

Name of Protected Property: Sixth Ave Electronics
Address: 451 Brick BLVD. Brick N.J. 08723
Rep. of Protected Prop. (Name/Phone): _____
Authority Having Jurisdiction: _____
Address/Phone Number: _____

1. Type(s) of System or Service

_____ NFPA 72, Chapter 3 Local
If alarm is transmitted to location(s) off premises, list where received:
Supreme Security

_____ NFPA 72, Chapter 3 Emergency Voice/Alarm Service
Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____
Quantity of speakers installed: _____ Quantity of speaker zones: _____
Quantity of telephones or telephone jacks included in system: 2

_____ NFPA 72, Chapter 4 Auxiliary
Indicate type of connection:
Local energy: _____ Shunt: _____ Parallel telephone: _____
Location and telephone number for receipt of signals:
Supreme Security · 908·810·8822

_____ NFPA 72, Chapter 5 Remote Station
Alarm: yes
Supervisory: yes

_____ NFPA 72, Chapter 5 Proprietary
If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:
Supreme Security
Indicate how alarm is retransmitted:
Digital + Radio Back-up

_____ NFPA 72, Chapter 5 - Central Station
The Prime Contractor:
Supreme Security
Central Station Location:
Union N.J.
Means of transmission of signals from the protected premises to the central station:
_____ McCulloh _____ Multiplex _____ One-Way Radio
X Digital Alarm Communicator X Two-Way Radio _____ Others
Means of transmission of alarms to the public fire service communications center:
(a) _____
(b) _____
System Location: _____

	Organization Name/Phone	Representative Name/Phone
Installer	Robert Steele	908 810 8822
Supplier	Supreme Security	" "
Service Organization	" "	" "

Location of Record (As-Built) Drawings:
Supreme Security

Location of Owners Manuals:
above panel

Location of Test Reports:
Supreme Security

A contract, dated 11/14/07, for test and inspection in accordance with NFPA Standard(s) No(s). _____ dated _____, is in effect.

2. Record of System Installation (Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by Robert Steele on 11/14/07, includes the devices shown below, and has been in service since 11/14/07

- ✓ NFPA 72, Chapters 1 2 3 4 5 6 7 (circle all that apply)
- ✓ NFPA 70, National Electrical Code, Article 760
- ✓ Manufacturer's Instructions
- _____ Other (specify):

Signed: [signature] Date: 11/15/07

Organization: Supreme Security

3. Record of System Operation

All operational features and functions of this system were tested by Robert Steele on 11/14/07, and found to be operating properly in accordance with the requirements of:

- ✓ NFPA 72, Chapters 1 2 3 4 5 6 7 (circle all that apply)
- ✓ NFPA 70, *National Electrical Code*, Article 760
- ✓ Manufacturer's Instructions
- _____ Other (specify):

Signed: [signature] Date: 11/15/07

Organization: Supreme Security

4. Alarm-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

MANUAL

(a) 5 Manual Stations _____ Noncoded, Activating _____ Transmitters _____ Coded

(b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage: Complete: _____ Partial: _____

(a) 1 Smoke Detectors _____ Ion ✓ Photo

(b) 1 Duct Detector _____ Ion ✓ Photo

(c) 0 Heat Detectors _____ FT _____ RR _____ FT/RR _____ RC

(d) 2 Sprinkler Waterflow Switches: _____ Transmitters _____ Noncoded, Activating _____ Coded

5. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)
   GUARD'S TOUR
   (a) _____ Coded Stations
   (b) _____ Noncoded Stations, Activating _____ Transmitters
   (c) _____ Compulsory Guard Tour System Comprised of _____ Transmitter Stations and
   _____ Intermediate Stations
   NOTE: Combination devices recorded under 4(b) and 5(a).
   SPRINKLER SYSTEM
   (a) 4 Coded Valve Supervisory Signaling Attachments
   Valve Supervisory Switches, Activating _____ Transmitters
   (b) 1 Building Temperature Points
   (c) _____ Site Water Temperature Points
   (d) _____ Site Water Supply Level Points
   Electric Fire Pump:
   (e) _____ Fire Pump Power
   (f) _____ Fire Pump Running
   (g) _____ Phase Reversal
   Engine-Driven Fire Pump:
   (h) _____ Selector in Auto Position
   (i) _____ Engine or Control Panel Trouble
   (j) _____ Fire Pump Running
   Engine-Driven Generator:
   (k) _____ Selector in Auto Position
   (l) _____ Control Panel Trouble
   (m) _____ Transfer Switches
   (n) _____ Engine Running
   Other Supervisory Function(s) (specify): _____
   _____
   _____
   _____
   _____
6. Alarm Notification Appliances and Circuits
   Quantity of indicating appliance circuits connected to the system: 1
   Types and quantities of alarm indicating appliances installed:
   (a) _____ Bells _____ Inch
   (b) _____ Speakers
   (c) _____ Horns
   (d) _____ Chimes
   (e) _____ Other: _____
   (f) 10 Visual Signals Type: Strobes+Horns 8 with audible 2 w/o audible
   (g) _____ Local Annunciator
7. Signaling Line Circuits
   Quantity and Style (see NFPA 72, Table 3-6) of signaling line circuits connected to system:
   Quantity: _____ Style: _____

8. System Power Supplies

(a) Primary (Main): Nominal Voltage: 120 Current Rating: 20amp

Overcurrent Protection: Type: Breaker Current Rating: 20

Location: Panel #4 Breaker #11

(b) Secondary (Standby):

2 Storage Battery: Amp-Hour Rating 7amp

_____ Calculated capacity to drive system, in hours: ___X24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

(c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:

_____ Emergency System described in NFPA 70, Article 700

_____ Legally Required Standby System described in NFPA 70, Article 701

_____ Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

9. System Software

(a) Operating System Software Revision Level(s): _____

(b) Application Software Revision Level(s): _____

(c) Revision Completed by: _____

(name) (firm)

10. Comments:

_____

_____

(signed) for Central Station or Alarm Service Company (title) (date)

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA Standard(s):

Annual

_____

System deviations from the referenced NFPA standard(s) are:

_____

_____

(signed) for Central Station or Alarm Service Company (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the Authority Having Jurisdiction):

_____

(signed) Representative of the Authority Having Jurisdiction (title) (date)

Distributed by: AFAA — P.O. Box 951807 Lake Mary, FL 32795-1807
Phone—(407) 322-6288 Fax—(407) 322-7488 Web—www.afaa.org

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: 6 AVE Electronics — DATE: 11/16/07

PROPERTY ADDRESS: 451 Belk Blvd. Belk, NJ 08723

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES)

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS — ☐ YES ☐ NO

EQUIPMENT USED IS APPROVED — ☐ YES ☐ NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? — ☑ YES ☐ NO

IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS — ☑ YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS — ☑ YES ☐ NO
3. NFPA 13A — ☑ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BUILDINGS

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Victaulic	G	2007	½"	190	155 °F
Victaulic	G	2007	½"	40	200°

PIPE AND FITTINGS

Type of Pipe: Steel

Type of Fittings: cast Iron

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC.
Potter	Potter	857		

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	Q.O.D. MAKE	Q.O.D. MODEL	Q.O.D. SERIAL NO.
Reliable	D	G488042			

	TIME TO TRIP THRU TEST CONNECTION* MIN.	TIME TO TRIP THRU TEST CONNECTION* SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN.	TIME WATER REACHED TEST OUTLET* SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without Q.O.D.									
With Q.O.D.									

Ex. 5t. 25

IF NO, EXPLAIN

* MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

85A (10-88) PRINTED IN U.S.A.

(OVER)

Figure 2-1.2.1 Contractor's material and test certificate for aboveground piping.

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 50 psi (3.4 bars) above design pressure for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped. Systems with fire department connections shall be hydrostatically tested in accordance with NFPA 13, paragraph 1-11.2.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☑ YES ☐ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ☑ YES ☐ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: 70 PSI | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE 50 PSI

UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.

VERIFIED BY COPY OF THE U FORM NO. 85B ☐ YES ☐ NO | OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ ☐ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED

WELDING

WELDED PIPING ☐ YES ☐ NO

IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☐ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☐ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☐ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAME PLATE PROVIDED ☑ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

NAME OF SPRINKLER CONTRACTOR: Northeast Fire Prevention LLC

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED) | TITLE Manager. | DATE

FOR SPRINKLER CONTRACTOR (SIGNED) Andrew Dragone | TITLE Owner | DATE 11/16/07

ADDITIONAL EXPLANATION AND NOTES

85A BACK

Figure 2-1.2.1 (Continued) Contractor's material and test certificate for aboveground piping.

547 — 6

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3081

Date Issued Permit # 9-27-07

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

Block 547 Lot 6 77A89830 Qualification Code _____

Work Site Location 451 BRICK BCUD

Owner in Fee 6th AVE ELECTRONICS INC

Address 22 RT 22 WEST SPRINGFIELD N.J.

Tel (_____)

Contractor TRI COUNTY PLUMBING INC.

Address 49 FRANK APPLEGATE RD. JACKSON, NJ 08527

Tel (732) 771-3602 FAX (_____)

Contractor License No. 12160

Federal Emp. No. 20-3407882

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 16,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 9-11-07

Approved by: [signature]

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 11-14-07

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			10-29-07	[signature]
Rough			10-29-07	[signature]
Water				
Sewer				
Fixtures	11-14-07		11-19-07	[signature]
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				

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.

Michael Barnes

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

COMMERCIAL

NO.	FIXTURE/EQUIPMENT
3	Water Closet
1	Urinal/Bidet
	Bath Tub
4	Lavatory
	Shower
2	Floor Drain
2	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks _____
	Other _____
	Other _____

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

10-11-07

WC wet vented by a kit sink

11-14-07

① 10.15.6.C 110° at law = ASSE 1070

② No Partitions

③ H.+ trap, groove head + insulate

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3081

Date Issued / Permit # 9-21-07

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

Block 547.02 Lot 46 Qualification Code

Work Site Location BRICK BLVD COUNTY RD # 549

Owner in Fee: 6 AVE ELECTRONICS

Tel. ( ) e-mail

Address 22 RT 22 W. SPRINGFIELD NJ 07081
street municipality zip code

Contractor: 6 AVE ELECTRONICS Tel. (516) 410 9066

Address 22 RT 22 WEST SPRINGFIELD e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-25-07	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-20-07
Approved by: FM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Footing Bonding				
Foundation				
Slab				
Frame See other side.			10-22-07	FM
~~Truss Sys. Drawing~~ Electrical				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical OK TO STOCK		11-15-07		
TCO				
Other Above Ceiling			10-25-07	FM
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 150,000
3. Total (1+ 2) $

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AS PER DRAWINGS

AIR BALLANCE TEST REQ FOR FINAL

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEES (Office Use Only)
$

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

10/15/07 MV - Frame Rej -

1) Front Facade Not Fastened properly
   A) Densglass secured with 1¼ Drywall screws into Plywood-
      Note: Plywood Not Secured to framing members properly
   B) Architect to create detail drawings:
      A) Front Facade fastening schedule for framing members and densglass -
      B) Curtain wall framing details for 36" opening
      C) Ceiling details for both hard and drop ceilings -
         Note: Ceilings framed with technique not of typical Construction

10-19-07
FINAL STOP: MISSING EIFS TRIM

11-13-07
NOT Ready

9-25-07 Partial Inspection Frame (Rej)

INSPECTOR: D. Shafer

JOB: 6th Ave Electronics

SECTION: 5A Brick Blvd

WEATHER: Rainy

TEMPERATURE: 60°

DATE: 11/19/07

TYPE OF WORK: Temp

LOCATION: 451 Brick Blvd

BLOCK: 547 LOT: 6, 7 & 39

ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area	✓	
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER: 2, 5, 6, 8

RECOMMENDATIONS:

☒ TEMP. C.O. Until 12/21/07

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

SUPREME SECURITY SYSTEMS INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00616	04/09/2007 to 04/30/2010	
Permit ID	Date Issued	Lapse Date

Commissioner

STATE OF NEW JERSEY DIVISION OF FIRE SAFETY
Commissioner Business Permit
SUPREME SECURITY SYSTEMS INC
Date Issued 04/09/2007 to 04/30/2010 P00616

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression Syste
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

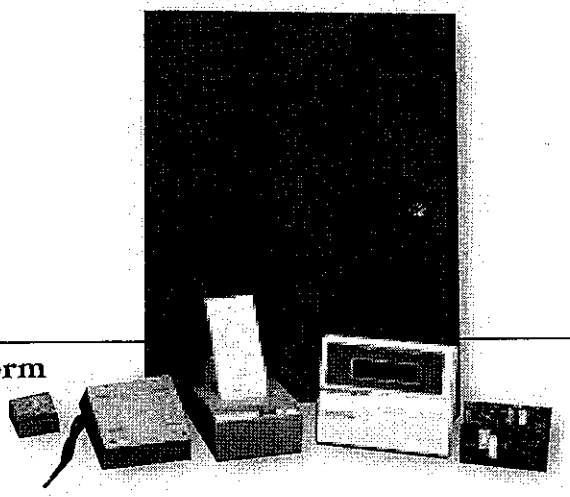
Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809 or phone us at (609) 633-6737.

Sincerely,

Honeywell

ADEMCO
VISTA-128FB/V128FB-24

Commercial Fire and Partitioned Alarm Platform



Designed to integrate seamlessly with CCTV, access control and Honeywell's full range of fire and burglary components, the VISTA-128FB provides the ultimate protection of life and property. The UL listed Commercial Fire and Burglary Control Platform controls up to eight partitions, and supports up to 128 zones/points using hardwired, wireless and addressable V-Plex technologies. A diverse line of Honeywell initiating devices, notification circuits, digital dialers, keypads, RF receivers and relays support this extremely powerful control platform. The VISTA-128FB has been designed to mount quickly and easily in an attack resistant cabinet, and is available in 12V and 24V models.

FEATURES

- Supports addressable V-Plex access control points using VistaKey (1 to 8 doors)
- Supports up to 15 doors of access control using Vista Gateway Module (VGM)*
- Supports CCTV applications with the new VistaView-100 CCTV switcher module
- Identifies the point or zone of a fire or alarm, using the new FSA-8/ FSA-24 Fire system annunciator
- Stores up to 512 events and can accommodate 150 user codes
- New E2 software simplifies programming
- Easily programmed and maintained with newly upgraded Compass Downloader software
- Eight hardwired zones standard, expandableto 120 V-Plex addressable points/zones or 128 wireless points/zones
- Can control eight separate areas independently (8 partitions)
- Two on-board notification (bell) circuits delivering 2.3A @ 12V or 3.4 amp @ 24V
- Automatic smoke detector sensitivity maintenance testing

** Connects to Honeywell's Passpoint Access Control Systems. Maximum 32 doors.*

ADEMCO VISTA-128FB/V128FB-24

Commercial Fire and Partitioned Alarm Platform

SPECIFICATIONS

Cabinet dimensions

- 18"H X 14.5"W X 4.3"D

Environmental

- Storage temp: -10°C to 70°C
- Operating temp: 0°C to 50°C
- Humidity: 85% RH

EMI

Meets or exceeds the following requirements:

— FCC Part 15, Class B Device
— FCC Part 68
— IEC EMC Directive

Agency Listings

Burglary

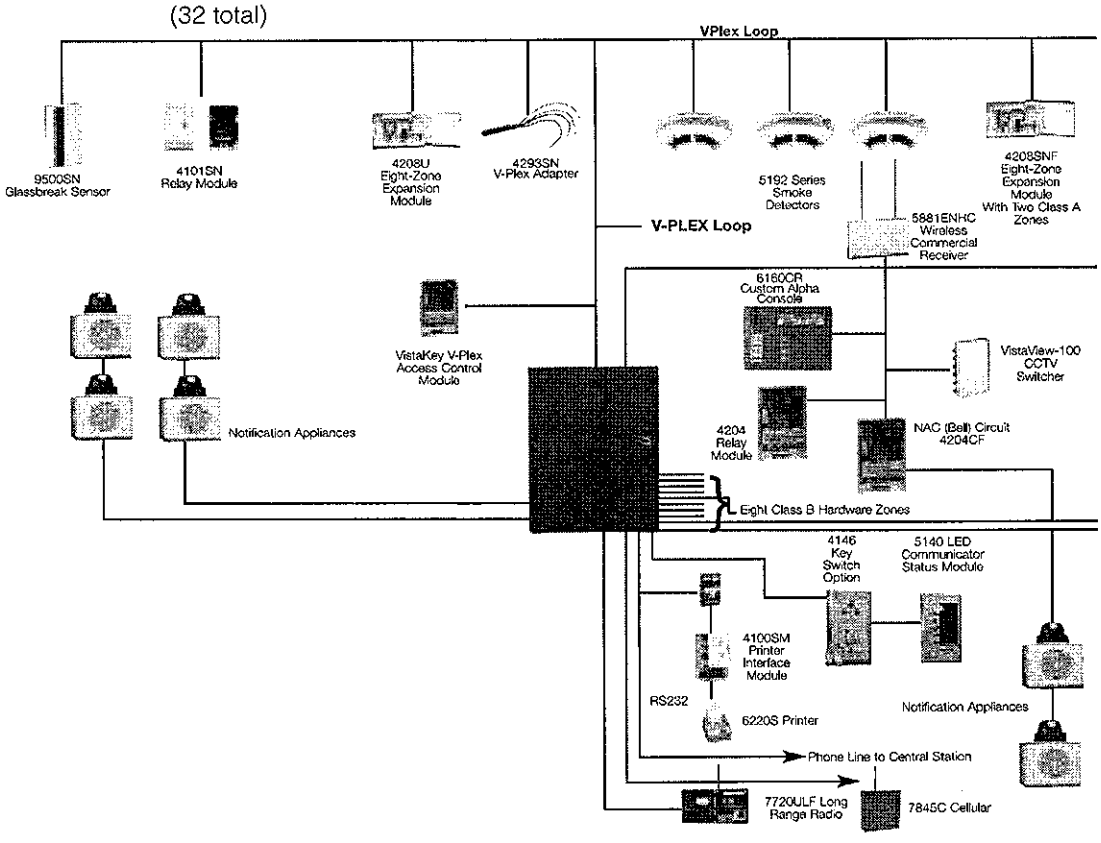
- UL609 Grade A Local Mercantile Premises and
- Mercantile Safe and Vault
- UL611/1610 Grades A, AA, Central Station
- UL365 Grades A, AA Police Connect

Fire

- UL864/NFPA72 Local, Central Station and Remote Station
- Factory Mutual
- California State Fire Marshal
- MEA
- UL985

Additional Features

- Notification Appliance Circuits (two)
  — Programmable
  — Temporal code compliant
  — Individually silenceable
- Programmable on-board auxiliary relay
- SIA false alarm reduction features:
  — Exit Error Logic
  — Exit Delay Reset
  — Cross Zoning
  — Call Waiting Defeat
  — Recent Close Report
- Supports commercial hardwired, addressable V-Plex polling loop and wireless zones
- Hardwired zones:
  — Provides nine style B hardwired zones
  — EOLR supervised for Fire and UL burglary installations
  — Supports N.O or N.C. sensors
  — Individually assignable to one or all eight partitions
  — Up to 16 two-wire smoke detectors each zone 1 and 2 (32 total)
  — Up to 50 two-wire glass break detectors on zone eight
- Patented addressable V-Plex polling loopV-Plex technology:
  — Supports up to 120 two-wire zones/points
  — Global polling technology for faster processing
  — Increased current draw capacity (128mA)
  — Supervised by panel
  — Individually assignable to partitions, notification circuit (bell) output or aux relay
  — 4,000 ft capability without the use of shielded cable
  — Extender/Isolation bus module
  — Two-wire smoke detector zone/group expansion module adds two or four zones
  — Eight zone - Class A and B Extender Module
  — One zone supervised Contact Monitor Module
- UL Listed wireless expansion
  — Supports up to 128 wireless zones using 5881 Receiver



  - — Supervised by control for check-in signals
  - — Tamper protection for transmitters
  - — Individually assignable up to eight partitions
  - — Supports UL864/NFPA approved wireless smoke detectors
- Access control integration
  - — Full integration with PassPoint Access Control System Complete Gateway in access functions
- Event reporting
- Local printer of access or VISTA related event
- Scheduled uploading of events to central station
- Stored events for one call retrieval
- Communication
  - — Phone mapping by zone response type
  - — Supports VIP Interactive Phone Voice Module
  - — Panel operation during download
  - — Uploading equipment list to central station
  - — Communication to PassPoint via Vista Gateway Module (VGM)

Applications

Supported by a diverse line of Honeywell initiating devices, the powerful VISTA-128FB is the ideal integrated fire and burglary control for applications where a higher level of security is necessary including medical and professional buildings, supermarkets, churches and synagogues, office buildings, schools, universities, strip malls, larger residences and factory or warehouse environments.

Installation

The VISTA-128FB alarm system has been designed to mount both quickly and easily in an attack resistant cabinet. It meets all applicable requirements for UL commercial burglary installations.

Electrical:

Primary power:
— 18 VAC@ 72 VA No. 1450

Quiescent current draw:
— 350mA

Backup battery

- 12VDC, 12AH min to 34AAH max
- Lead acid battery (gel type)

Alarm power

- 12VDC, 1.7A max for each notification (bell) circuit output

Aux. standby power

- 12VDC, 1A max

Total power

- 2.3A at 12VDC, 3.4A at 24VDC from all sources

Standby time

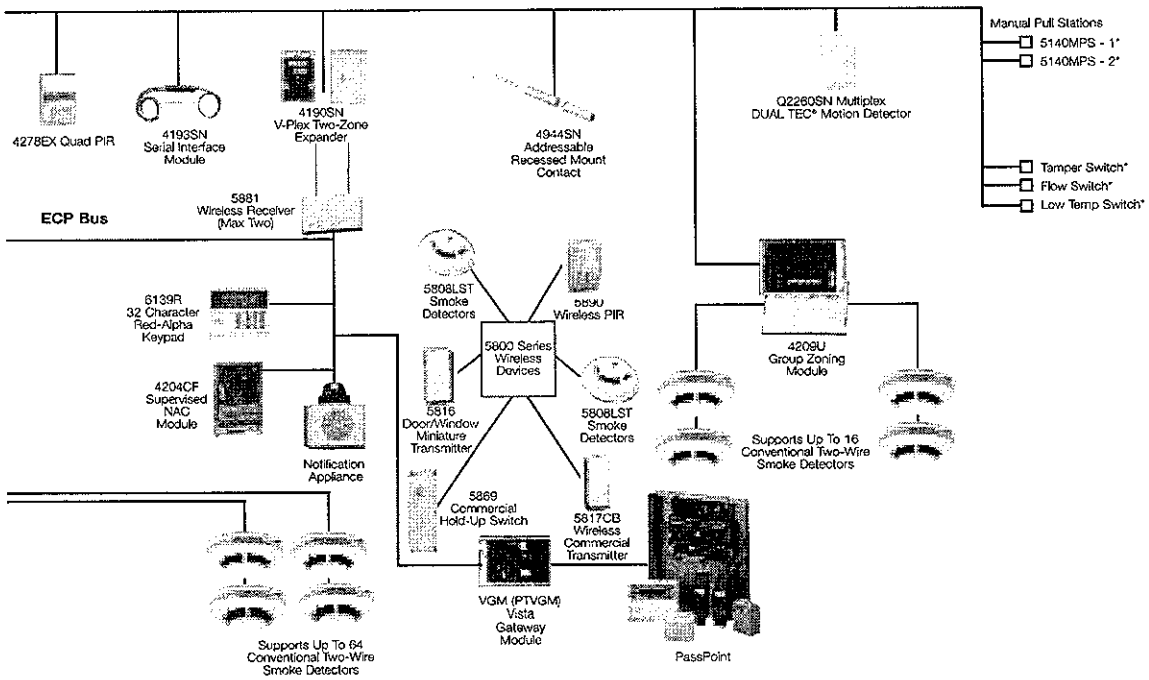
- 24 hours with 1A standby load or 60 hours with 205mA max standby load using 34AAH battery

Fusing

- Battery input, aux. and notification (bell) circuit outputs are protected using PTC circuit protectors. All outputs are power limited.

Main dialer

- Line seize:
  - — Double Pole



Honeywell

ADEMCO VISTA-128FB/V128FB-24

Commercial Fire and Partitioned Alarm Platform

SPECIFICATIONS

Ringer equiv.

— 0.713

Formats:

— ADEMCO Low Speed, ADEMCO 4+2 Express, ADEMCO High Speed, ADEMCO Contact ID, Sescoa and Radionics

Auxiliary devices

- 6160CR Alpha Keypad Commercial Fire
- 6139R - Red Alpha Keypad/Annunciator
- FSA-8 & FSA-24 Fire System Annunciator
- 4204 - Relay Module, four form C contacts
- 4204CF - Two supervised output circuits
- 6220S - System printer used with 4100SM Serial Interface Module
- 5140DLM, FSA-8, FSA-24, FSAKSM Fire Annunciator

Two-wire and four-wire smoke detectors conventional:

- System Sensor smoke detectors

Horn/Strobes

- System Sensor notification appliances

Manual pull stations:

- 5140MPS-1
- 5140MPS-2

V-Plex (addressable) devices:

- 4101SN Single Relay/Zone Module
- 4190SN Remote Point Module - two zones
- 4190WH Two Point Multiplex RPM
- 4193SN Two Zone Serial Interface Module
- 4208U Loop Expansion Module - eight zones
- 4208SNF Class A/13 Expander Module
- 4209U Group Zoning Module - two/four zones
- 4293SN One Zone Serial Interface Module
- 4297 Isolation/Extender Module

V-Plex (addressable) smoke detectors

- 5192SD
- 5192SDT

Passive infrared detectors

- 998MX
- 4275EX-SN
- 4278EX-SN
- Quest 2260SN

V-Plex (addressable) contacts

- 4939SN-WH
- 4944SN-WH
- 4959SN

Glassbreak detectors

- 9500SN

VISTA Interactive Phone Module

- 4286 Voice Module

Optional 24V power supply

- PS24 - 24V power supply - 3.4A

Long range radio

- Long range radio 7720ULF-XX, 7845C, 7835CFPK

Upgraded software

- Upgraded Compass Downloader Windows compatible

Wireless devices

- 5804 - Wireless Key
- 5804BD - Bi-Directional Key
- 5804BDV - Bi-Directional with voice
- 5816 - Door/Window Transmitter
- 5819 - Shock Sensor
- 5827BD - Bi-Directional Keypad
- 5849 - Glassbreak Detector
- 5881 Series - RF Receiver supporting 5800 wireless detectors
- 5890 - PIR

Access control

- VistaKey V-Plex (addressable) Access Control
- VistaKey-SK Starter Kit
- VistaKey-EX Expansion Kit
- VGM Vista Gateway Module to PassPoint Access Control (Honeywell Access Systems)

CCTV

- VistaView-100-CCTV Switch Module

Commercial wireless devices

- 5869 - Hold up Transmitter
- 5817CB - Wireless Commercial Transmitter
- 5881ENHC - Commercial Fire/Burg Receiver
- 5808LST - Wireless Smoke Detector
- 5809 - Wireless Heat Detector

ORDERING

VISTA-128FB	Commercial Fire and Partitioned Burglary Alarm Platform 12V Model
V128FB-24	Commercial Fire and Partitioned Burglary Alarm Platform 24V Model

Honeywell Security & Custom Electronics
165 Eileen Way, Syosset, NY 11791
www.ademco.com

ADEMCO VISTA-128FB/V128FB-24

Commercial Fire and Partitioned Alarm Platform

SPECIFICATIONS

Cabinet dimensions
- 18"H X 14.5"W X 4.3"D

Environmental
- Storage temp: -10°C to 70°C
- Operating temp: 0°C to 50°C
- Humidity: 85% RH

EMI

Meets or exceeds the following requirements:
- FCC Part 15, Class B Device
- FCC Part 68
- IEC EMC Directive

Agency Listings

Burglary
- UL609 Grade A Local Mercantile Premises and
- Mercantile Safe and Vault
- UL611/1610 Grades A, AA, Central Station
- UL365 Grades A, AA Police Connect

Fire
- UL864/NFPA72 Local, Central Station and Remote Station
- Factory Mutual
- California State Fire Marshal
- MEA
- UL985

Additional Features
- Notification Appliance Circuits (two)
  - Programmable
  - Temporal code compliant
  - Individually silenceable
- Programmable on-board auxiliary relay
- SIA false alarm reduction features:
  - Exit Error Logic
  - Exit Delay Reset
  - Cross Zoning
  - Call Waiting Defeat
  - Recent Close Report
- Supports commercial hardwired, addressable V-Plex polling loop and wireless zones
- Hardwired zones:
  - Provides nine style B hardwired zones
  - EOLR supervised for Fire and UL burglary installations
  - Supports N.O or N.C. sensors
  - Individually assignable to one or all eight partitions
  - Up to 16 two-wire smoke detectors each zone 1 and 2 (32 total)
  - Up to 50 two-wire glass break detectors on zone eight
- Patented addressable V-Plex polling loopV-Plex technology:
  - Supports up to 120 two-wire zones/points
  - Global polling technology for faster processing
  - Increased current draw capacity (128mA)
  - Supervised by panel
  - Individually assignable to partitions, notification circuit (bell) output or aux relay
  - 4,000 ft capability without the use of shielded cable
  - Extender/Isolation bus module
  - Two-wire smoke detector zone/group expansion module adds two or four zones
  - Eight zone - Class A and B Extender Module
  - One zone supervised Contact Monitor Module
- UL Listed wireless expansion
  - Supports up to 128 wireless zones using 5881 Receiver
  - Supervised by control for check-in signals
  - Tamper protection for transmitters
  - Individually assignable up to eight partitions
  - Supports UL864/NFPA approved wireless smoke detectors
- Access control integration
  - Full integration with PassPoint Access Control System Complete Gateway in access functions
- Event reporting
- Local printer of access or VISTA related event
- Scheduled uploading of events to central station
- Stored events for one call retrieval
- Communication
  - Phone mapping by zone response type
  - Supports VIP Interactive Phone Voice Module
  - Panel operation during download
  - Uploading equipment list to central station
  - Communication to PassPoint via Vista Gateway Module (VGM)

Applications

Supported by a diverse line of Honeywell initiating devices, the powerful VISTA-128FB is the ideal integrated fire and burglary control for applications where a higher level of security is necessary including medical and professional buildings, supermarkets, churches and synagogues, office buildings, schools, universities, strip malls, larger residences and factory or warehouse environments.

Installation

The VISTA-128FB alarm system has been designed to mount both quickly and easily in an attack resistant cabinet. It meets all applicable requirements for UL commercial burglary installations.

Electrical:

Primary power:
- 18 VAC@ 72 VA No. 1450

Quiescent current draw:
- 350mA

Backup battery
- 12VDC, 12AH min to 34AAH max
- Lead acid battery (gel type)

Alarm power
- 12VDC, 1.7A max for each notification (bell) circuit output

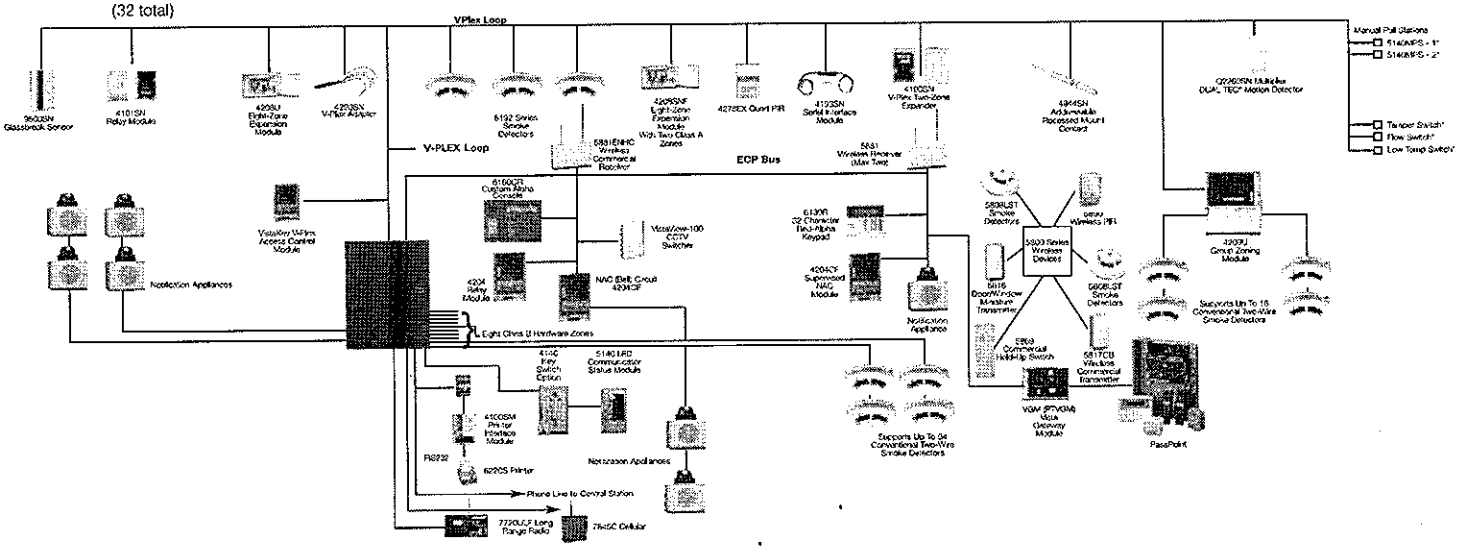
Aux. standby power
- 12VDC, 1A max

Total power
- 2.3A at 12VDC, 3.4A at 24VDC from all sources

Standby time
- 24 hours with 1A standby load or 60 hours with 205mA max standby load using 34AAH battery

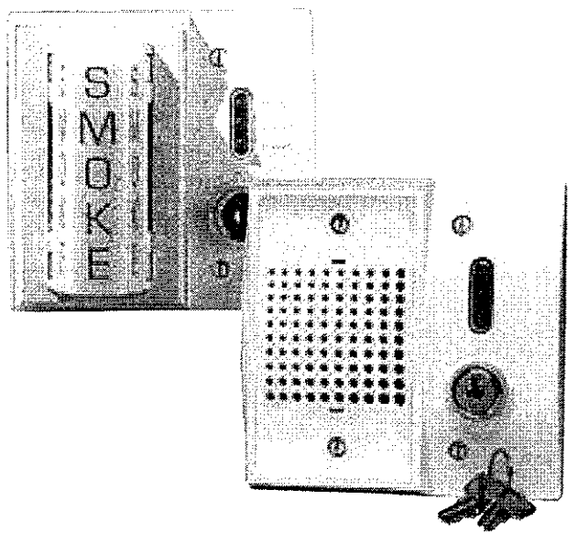
Fusing
- Battery input, aux. and notification (bell) circuit outputs are protected using PTC circuit protectors. All outputs are power limited.

Main dialer
- Line seize:
  - Double Pole



SYSTEM SENSOR®

SSK451
Multi-Signaling Accessory



Innovair™

Features

- Key-activated test and reset functions
- Sounder horn can be wired for periodic or temporal tone
- Power (green), trouble (amber) and alarm (red) LEDs
- Design permits easy installation to a double-gang electrical box
- Constructed to allow simple addition of PS24LOW strobe and PS12/24SLENSW "SMOKE" lens for visual alarm signaling to meet special code requirements in certain jurisdictions
- Compatible with all System Sensor DH100ACDC and DH400ACDC duct smoke detectors

The System Sensor SSK451 multi-signaling accessory is designed for use with System Sensor DH100ACDC and DH400ACDC duct smoke detector models. The accessory installs easily to a double-gang electrical box.

The SSK451 combines a horn feature with the key-activated test and reset functions. Green, amber and red LEDs provide visual indication of power, trouble and alarm conditions, respectively.

To meet special code requirements in certain jurisdictions, the optional PS24LOW strobe and the PS12/24LENSW "SMOKE" lens can be added without difficulty for visual alarm signaling.

Agency Listings

UL LISTED S2522

FM APPROVED 3004795

7300-1653:140