BLOCK 852 LOT 4-01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-16116

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII E-13-0017606

I. IDENTIFICATION

1. Proposed Work Site at: [redacted] Windmill 856 Rt 70
2. Name of Owner in Fee: Sandelman, Sanford, Inc Properties
   Tel. ( ) _____ e-mail _____
   Address 185 NW Spanish River (street) Boca Raton (municipality) Fl 33431-4230 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Daly Fire Protection Inc Tel. (732) 458-3038
   Address 14 Loretta Dr e-mail dalyfire@aol.com
   Howell, NJ 07731
   License No. OR, if new home, Builder Reg. No. P00231 Exp. Date 10/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Dan Daly
   Tel. (732) 458-3038 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	45- ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 48-		

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CR 3-21-13							
☐ Electrical									
☐ Plumbing									
☑ Fire Protection					3/3/15	COR			
☐ Elevator									
TOTAL COST									

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 05/16/2013
Control Number C-13-001766
Permit Number 13-1616
Permit Issue Date 04/16/2013
Certificate Number 13-1616

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 856 ROUTE 70 Windmill Brick Township, NJ Block: 852 Lot: 4.01 Qual:

Owner in Fee: SANDELMAN,SANFORD %KIN PROPERTIES

Owner Address: 185 NW SPANISH RIVER #100 BOCA RATON NJ 33431

Telephone:

Contractor DALY FIRE PROTECTION

Address 14 LORELEI DRIVE HOWELL NJ 07731-

Telephone: (732) 458-3030 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3103081

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: 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: 05/16/2013 U.C.C. F260 (rev. 08/05)

4/1/13 Cont. # not in service,
No # for HP

13-1616

CONSTRUCTION PERMIT

Date Issued
Control # C-13-001766
Permit #

4-16-13

IDENTIFICATION Block: 852 Lot: 4.01 Qualifier
Work Site Location: 856 ROUTE 70 Windmill Brick Township, NJ
Owner in Fee: SANDELMAN,SANFORD %KIN PROPERTIES 185 NW SPANISH RIVER #100 BOCA RATON NJ 33431
Telephone:

Contractor: DALY FIRE PROTECTION
Address: 14 LORELEI DRIVE HOWELL NJ 07731-
Telephone: (732) 458-3030
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3103081

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)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$48
Check No.	4131
Cash	$0
Credit	$0
Collected By	

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 $1,800

Daniel J. Newman Jr. — Construction Official
3/30/13 — Date

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.

04/15/13 9:10AM 0013588207S

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.

4131
FIRE $45.00
DCA $3.00
CHEK $48.00

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 13-1616

Date Issued / Permit # 4-16-13

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

Block 852 Lot 4.01 Qualification Code _____

Work Site Location 856 RT 70 Windmill Rest.
Brick, NJ 08724

Buiding Owner Windmill - Sandelman Sand & Rm Properties

Address 185 NW Spanish River Blvd Boca Raton Fl 33431-4230

Tel (_____)

Contractor DALY Fire Protection Inc

Address 14 Lorelei Drive
Howell NJ 07731

Tel (732) 458-3038 FAX (732) 458-9219

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00231

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153769

Fire Alarm Contractor No. —

Federal Emp. No. 223-103-051

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 $ 1500

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: upgrade to UL 300 Fire system.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 3/30/13

Approved by: Ken

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

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

1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received / Control # 13-1616

Date Issued / Permit # 4-16-13

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

X Block 852 X Lot 4-01 Qualification Code

Work Site Location 856 RT 70 Windmill Rest.
Brick, NJ 08724

X Buiding Owner Windmill - Sandelman Sanford Rin Properties

X Address 185 NW SPANISH River Boca Raton, FL 33431-4230

X Tel ( )

Contractor DALY Fire Protection Inc

Address 14 Corlies Drive
Howell NJ 07731

Tel (732) 458-3038 FAX (732) 458-8219

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00231

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153769

Fire Alarm Contractor No.

Federal Emp. No. 223-103-081

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 $ 1500

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: upgrade to UL 300 Fire system.

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 3/30/13

Approved by: Ker

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 5/5/13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control			5/3/13	
TCO				
Flam/Combust Tanks				
Fireplace Venting			5/3/13	
Final			5/3/13	
Other				

Document Attached

Pre-Engineered Restaurant Fire Suppression Systems Report

DALY FIRE PROTECTION, INC.

14 Lorelei Drive

Howell, NJ 07731

732-458-3038

NJ Permit # P00231

Name Windm. 11

Address 856 12th To

City Brick NJ

Telephone _____ Store No.. _____

Owner or Manager Brian

DATE OF SERVICE 05-13-13		TIME 9 am		AM X	PM
ANNUAL	SEMI-ANNUAL X	RECHARGE	INSTALLATION X	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Rear					
MANUFACTURER PYRO	MODEL NUMBER PCL	WET X	DRY CHEMICAL		
CYLINDER SIZE MASTER 6W		CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
FUSE LINKS 360°F	FUSE LINKS 450°F 4	FUSE LINKS 500°F	OTHER		
FUEL SHUT-OFF X	ELECTRIC	GAS X	SIZE		
SERIAL NUMBER		LAST HYDRO TEST DATE	LAST RECHARGE DATE		
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER DRAWING NUMBER:					

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

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Fry	Fry	stove	chamber
Grill			

COMMENTS MC TEST -

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

X						
SERVICE TECHNICIAN	PERMIT NO.	DATE 5/13/13	TIME 9 am	AM X	PM	CUSTOMER'S AUTHORIZED AGENT

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

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

P/N SER100

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Hereby Issues To

DALY FIRE PROTECTION

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Portable Fire Extinguisher
Kitchen Fire Suppression System

P00231 — Permit ID

10/31/2012 to 10/31/2015 — Date Issued / Lapse Date

Richard E. Constable, III
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

DALY FIRE PROTECTION

And is authorized to provide services on the following systems: PFE, KFSS

PLEASE DETACH HE

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

PLEASE DETACH HE

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Hereby Issues To

DANIEL DALY

The Following Certification As

PORTABLE FIRE EXTINGUISHER

10/31/2012 to 10/31/2015
Issue Date Lapse Date

153769
ID Number

Richard E. Constable, III
Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: DANIEL DALY
Has been certified as: C5-PFE
10/31/2012 to 10/31/2015
Issue Date Lapse Date
153769
ID Number
Richard E. Constable, III
Acting Commissioner

PLEASE DETACH HERE

If your certification card is lost please notify:

Contractor's Certification and Emblems Unit
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

PLEASE DETACH HERE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Hereby Issues To

DANIEL DALY

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

10/31/2012 to 10/31/2015
Issue Date Lapse Date

153769
ID Number

Richard E. Constable, III
Acting Commissioner

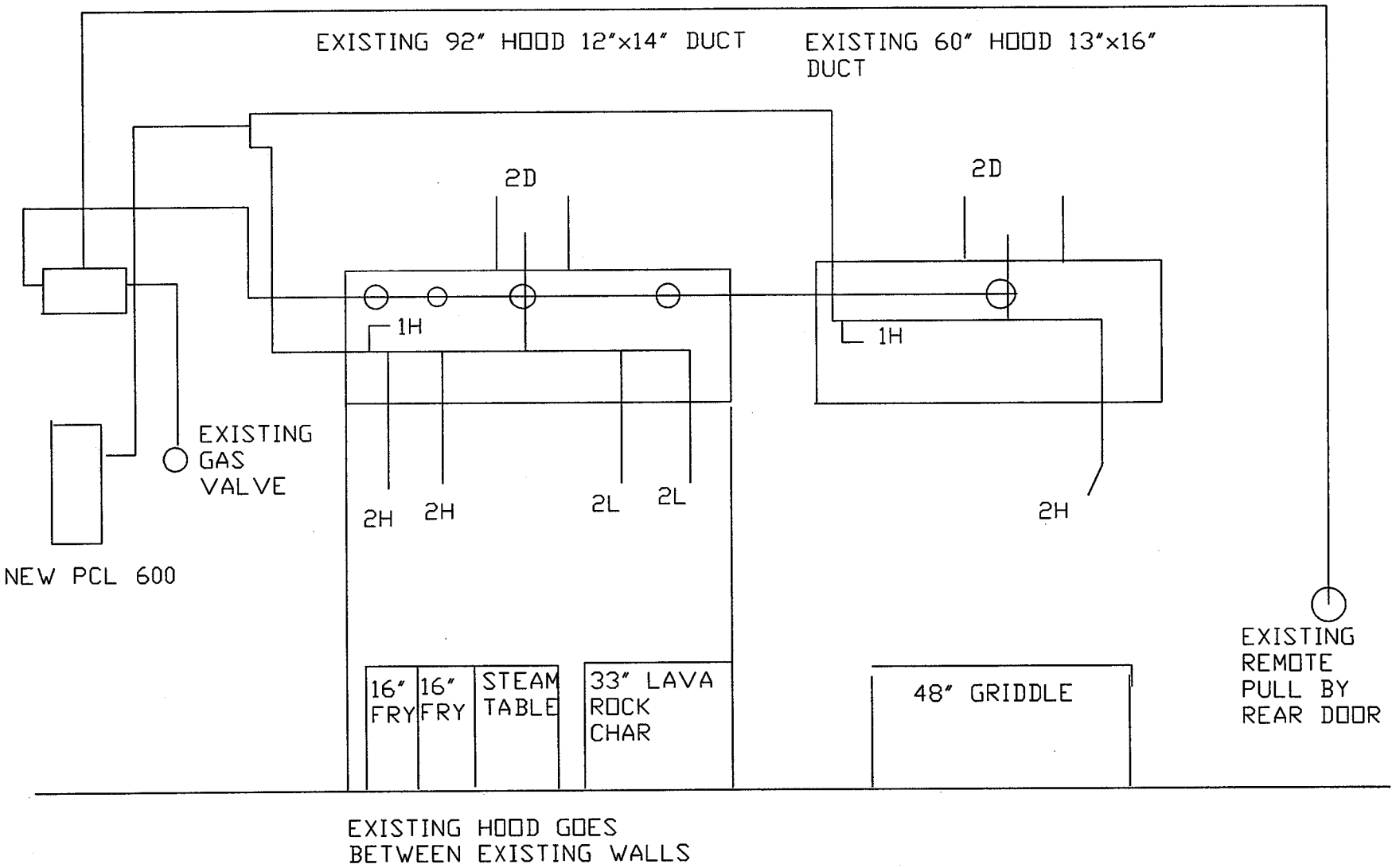
STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: DANIEL DALY
Has been certified as: C6-KFSS
10/31/2012 to 10/31/2015
Issue Date Lapse Date
153769
ID Number
Richard E. Constable, III
Acting Commissioner

PLEASE DETACH HERE

If your certification card is lost please notify:

Contractor's Certification and Emblems Unit
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

PLEASE DETACH HERE



20 POINTS ALLOWED 16 POINTS USED

5- 450 DEGREE LINKS

Daly Fire Protection Inc.
14 Lorelei Drive
Howell, NJ 07731
(732) 458-3038 (732) 458-8219 Fax
e-mail: dalyfire@aol.com
NJDFS Permit # P00231 Installer # 153769

Job Name: Windmill Restaurant Brick, NJ

Drawing Name: Plan

Date: 11-14-11

PYRO CHEM UL 300 INFO SHEET

TANK SIZE AND FLOW POINTS
ALLOWED
PCL 300 = 10 POINTS
PCL 460 = 15 POINTS
PCL 600 = 20 POINTS

ALL DISCHARGE PIPING SHALL BE SCH.40 BLACK IRON PIPE. DISCHARGE PIPING FOR PCL 300 AND 460 WILL BE 3/8". PCL 600 WILL HAVE 1/2"SUPPLY LINE TO 3/8"SPILIT SYSTEM. ALL EMT PIPING WILL BE 1/2"

ALL ELECTRICAL WORK IS EXISTING.

HOODS ARE EXISTING AND NEW GAS FRYERS ARE BEING INSTALLED AND ARE REPLACING ELECTRIC FRYERS.
EXISTING SYSTEM IS A NON UL 300 AND IS BEING UPGRADED.

NOZZLE TYPE & POINT VALUE

1H = 1 POINT
1L = 1 POINT
2H = 2 POINTS
2L = 2 POINTS
2D = 2 POINTS

ALL ELECTRIC UNDER HOOD SHALL SHUT DOWN UPON SYSTEM ACTIVATION.
MUA UNIT WILL SHUT DOWN AND EXHAUST FAN REMAIN RUNNING DURING SYSTEM ACTIVATION.

REMOTE PULL SHALL BE LOCATED 10'-20' FROM HOOD IN PATH OF EGRESS. HEIGHT ABOVE FINISHED FLOOR WILL BE 42"-48"

FUSIBILE LINKS SHALL BE GLOBE MODEL ML- 360,450, OR 500 DEGREE

SYSTEM WILL BE INSTALLED PER NFPA96, NFPA 17A, THE MANUFACTERS UL LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION.

Daly Fire Protection Inc.
14 Lorelei Drive
Howell, NJ 07731
(732) 458-3038 (732) 458-8219 Fax
e-mail: dalyfire@aol.com
NJDFS Permit # P00231 Installer # 153769

Job Name: Windmill Restaurant Brick, NJ

Drawing Name: Plan | Date: 11-14-11

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Hereby Issues To

DALY FIRE PROTECTION

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Portable Fire Extinguisher
Kitchen Fire Suppression System

P00231	10/31/2012 to 10/31/2015
Permit ID	Date Issued Lapse Date

Richard E. Constable, III
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

DALY FIRE PROTECTION

And is authorized to provide services on the following systems: PFE, KFSS

PLEASE DETACH HE

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

PLEASE DETACH HE

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Hereby Issues To

DANIEL DALY

The Following Certification As

PORTABLE FIRE EXTINGUISHER

10/31/2012 to 10/31/2015
Issue Date Lapse Date

153769
ID Number

Richard E. Constable, III
Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: DANIEL DALY
Has been certified as: C5-PFE
10/31/2012 to 10/31/2015
Issue Date Lapse Date
153769
ID Number
Richard E. Constable, III
Acting Commissioner

PLEASE DETACH HERE

If your certification card is lost please notify:

Contractor's Certification and Emblems Unit
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

PLEASE DETACH HERE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Hereby Issues To

DANIEL DALY

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

10/31/2012 to 10/31/2015
Issue Date Lapse Date

153769
ID Number

Richard E. Constable, III
Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: DANIEL DALY
Has been certified as: C6-KFSS
10/31/2012 to 10/31/2015
Issue Date Lapse Date
153769
ID Number
Richard E. Constable, III
Acting Commissioner

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If your certification card is lost please notify:

Contractor's Certification and Emblems Unit
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

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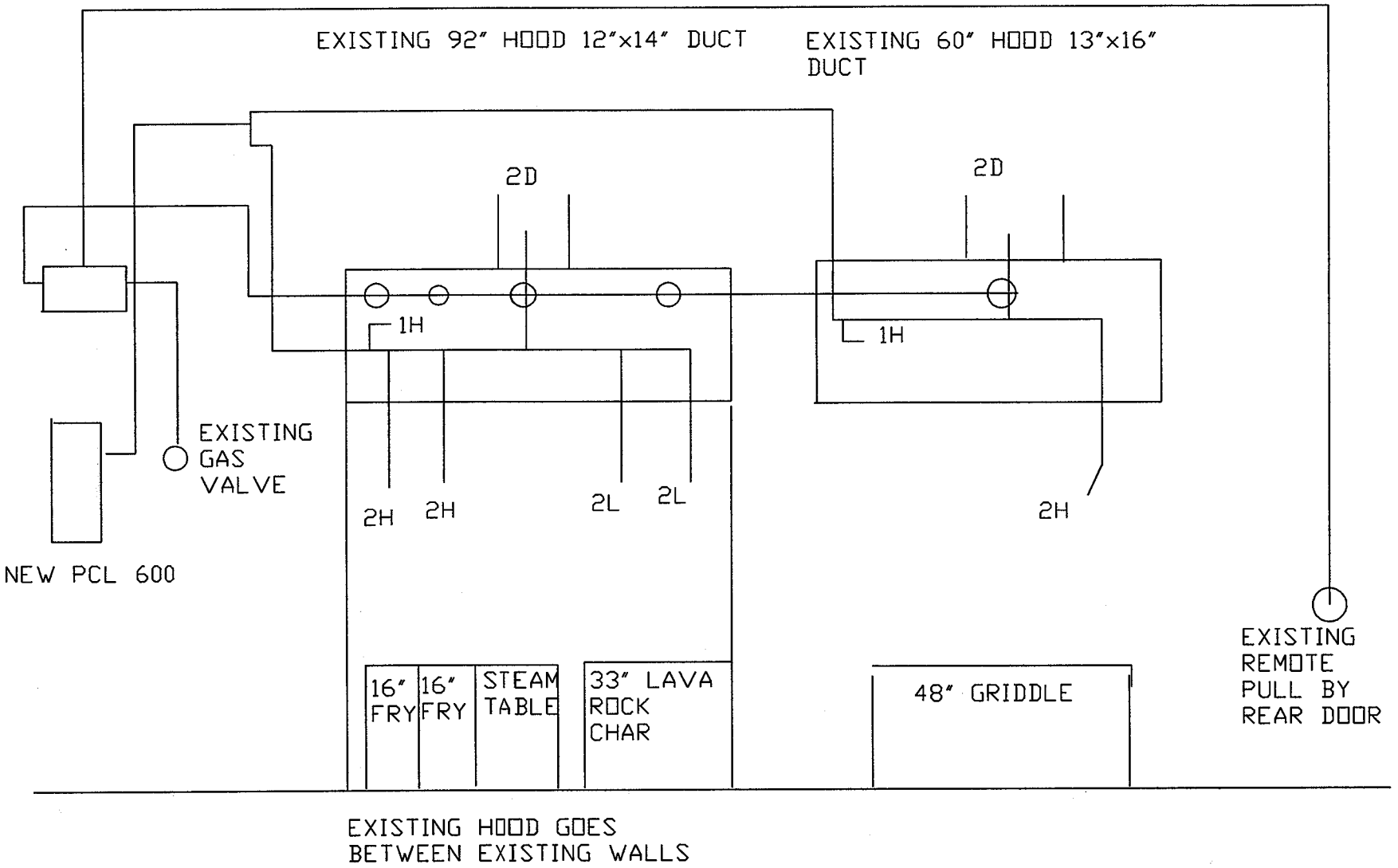

20 POINTS ALLOWED 16 POINTS USED

5- 450 DEGREE LINKS

Daly Fire Protection Inc.
14 Lorelei Drive
Howell, NJ 07731
(732) 458-3038 (732) 458-8219 Fax
e-mail: dalyfire@aol.com
NJDFS Permit # P00231 Installer # 153769

Job Name: Windmill Restaurant Brick, NJ

Drawing Name: Plan

Date: 11-14-11

PYRO CHEM UL 300 INFO SHEET

TANK SIZE AND FLOW POINTS
ALLOWED
PCL 300 = 10 POINTS
PCL 460 = 15 POINTS
PCL 600 = 20 POINTS

ALL DISCHARGE PIPING SHALL BE SCH.40 BLACK IRON PIPE. DISCHARGE PIPING FOR PCL 300 AND 460 WILL BE 3/8". PCL 600 WILL HAVE 1/2"SUPPLY LINE TO 3/8"SPILIT SYSTEM. ALL EMT PIPING WILL BE 1/2"

ALL ELECTRICAL WORK IS EXISTING.

HOODS ARE EXISTING AND NEW GAS FRYERS ARE BEING INSTALLED AND ARE REPLACING ELECTRIC FRYERS.
EXISTING SYSTEM IS A NON UL 300 AND IS BEING UPGRADED.

NOZZLE TYPE & POINT VALUE

1H = 1 POINT
1L = 1 POINT
2H = 2 POINTS
2L = 2 POINTS
2D = 2 POINTS

ALL ELECTRIC UNDER HOOD SHALL SHUT DOWN UPON SYSTEM ACTIVATION.
MUA UNIT WILL SHUT DOWN AND EXHAUST FAN REMAIN RUNNING DURING SYSTEM ACTIVATION.

REMOTE PULL SHALL BE LOCATED 10'-20' FROM HOOD IN PATH OF EGRESS. HEIGHT ABOVE FINISHED FLOOR WILL BE 42"-48"

FUSIBILE LINKS SHALL BE GLOBE MODEL ML- 360,450, OR 500 DEGREE

SYSTEM WILL BE INSTALLED PER NFPA96, NFPA 17A, THE MANUFACTERS UL LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION.

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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.

(✓ Check if contractor.

Agent Name Daly Fire Protection Inc

Address 14 Lorele Dr

Howell, NJ 07731

Telephone (732) 458-3038

Signature

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