BLOCK 820 LOT 60 QUALIFICATION CODE _____ ADDRESS (SITE) 1563 RT 88 PERMIT NO. 07-3251

CONSTRUCTION PERMIT APPLICATION

COM-004163

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

I. IDENTIFICATION

1. Proposed Work Site at: 1563 RT 88 @ Country store
2. Name of Owner in Fee: Richard D'Eratmo
   Tel. ( ) e-mail
   Address 1563 RT 88 (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Oxygen Supply Tel. (732) 281-2990
   Address 1889 RT 9 Toms River e-mail
   License No. OR, if new home, Builder Reg. No. P002990 Exp. Date 10-08
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Not Req
   Federal Emp. ID No. 222-111-640 FAX: ( )
5. Architect or Engineer _____ Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Jim Clark
   Tel. (732) 803-7834 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	90		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

- ☑ Minor Work Suppression System
- ☐ 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		BL	8/22/07						
☐ Electrical									
☐ Plumbing									
☑ Fire Protection	2000				8/24/07	RJC	11/28/07		
☐ Elevator									
TOTAL COSTS	2000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Commercial kitchen
2. Use Group: A-2
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 *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 9/06)

Called #'d 8/27/07

LDS BR-B 10428712

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.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 Oxygen Supply Co

Address 1889 RT 9 Toms River NJ

Telephone (732) 281-2990

Signature James Clark

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/29/2007
Control Number	C-07-004163
Permit Number	07-3251
Permit Issue Date	10/17/2007
Certificate Number	07-3251

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1563 ROUTE 88 Brick Township, NJ Block: 820 Lot: 60 Qual:

Owner In Fee: D'ERASMO, RICHARD

Owner Address: 1563 RT 88 W BRICK NJ 08724

Telephone:

Contractor OXYGEN SUPPLY CO INC

Address 1889 ROUTE 9 TOMS RIVER NJ

Telephone: (732) 281-2993 Fax:

License Number or Builders Registration Number: P00290 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: WET/DRY SPRINKLER HEADS

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: 11/29/2007

CONSTRUCTION PERMIT

Date Issued 10/17/2007
Control # C-07-004163
Permit # 07-3251

IDENTIFICATION Block: 820 Lot: 60 Qualifier

Work Site Location: 1563 ROUTE 88 Brick Township, NJ

Owner in Fee: D'ERASMO, RICHARD
1563 RT 88 W BRICK NJ 08724

Telephone:

Contractor: OXYGEN SUPPLY CO INC
Address: 1889 ROUTE 9 TOMS RIVER NJ

Telephone: (732) 281-2993
Lic. No. or Bldrs. Reg. No. P00290
Federal Employee. No. 22-2111640

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

WET/DRY SPRINKLER HEADS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$93
Check No.	2344
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 perlodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for Inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

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

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

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

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

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3251

Date Issued / Permit # 10-17-07

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

Block 820 Lot 60 Qualification Code ____

Work Site Location 1563 RT 88 @ The Country Store

Owner in Fee Rich D'Eramo

Address Same

Tel (____)

Contractor Oxygen Supply Co

Address 1889 RT 9 Toms River NJ

Tel (732) 281-2440 FAX (____)

Fire Protection Equipment, NJ Div of Fire Safety Permit No. A00390

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

Fire Alarm Contractor No. ____

Federal Emp. No. 222-111-640

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A-2 Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [✓] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 2,000

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. James Clark

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change obsolete Kitchen Suppresion System to UL-300 Compliant Type

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)	1	____
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: 8/24/07

Approved by: RSO

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 11-2-07

Approved by: OB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System	____	____	____	____
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	11-2-07	____	11-2-07	OB
Mechanical	____	____	____	____
Smoke Control	____	____	____	____
TCO	____	____	____	____
Flam/Combust Tanks	____	____	____	____
Fireplace Venting	____	____	____	____
Final	____	____	11-2-07	OB
Other ____	____	____	____	____

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 07-3251
Control #

Date Issued 10-17-07
Permit #

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

Block 820 Lot 60 Qualification Code _____

Work Site Location 1563 RT 88 @ The Country Store

Owner in Fee Rich D'Eramo

Address Same

Tel (_____)

Contractor Oxygen Supply Co

Address 1869 RT 9 Toms River NJ

Tel (732) 281-2990 FAX (_____)

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00390

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

Fire Alarm Contractor No. _____

Federal Emp. No. 222-111-640

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A-2 Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

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

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

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

Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 2,000

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. James Clark
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change obsolete Kitchen Suppresion System to UL-300 Compliant Type

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)	1	
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: 3/24/07

Approved by: RJO

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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)

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

JOB TITLE: THE COUNTRY STORE

OXYGEN SUPPLY CO. INC.
LICENSE # P-00290

WET CHEMICAL FIRE SUPPRESSION SYSTEM SPECS.
MAKE: RANGEGUARD
MODEL: RG 4
CYLINDER CAPACITY: 4 GALLONS
NUMBER OF FLOW POINTS AVAILABLE: 12
NUMBER OF FLOW POINTS USED: 9
MEANS OF ACTUATION: PNEUMATIC CONTROL HEAD

*** NOZZLE SUMMARY ***

GRIDDLE, "ADP" NOZZLE
MAX COVERAGE=42"X 30"
NUMBER OF FLOW POINTS=1
TOTAL NOZZLES USED=2

FRYER "F" NOZZLE
MAX COVERAGE=18" X 18"
NUMBER OF FLOW POINTS=2
TOTAL NOZZLES USED=1

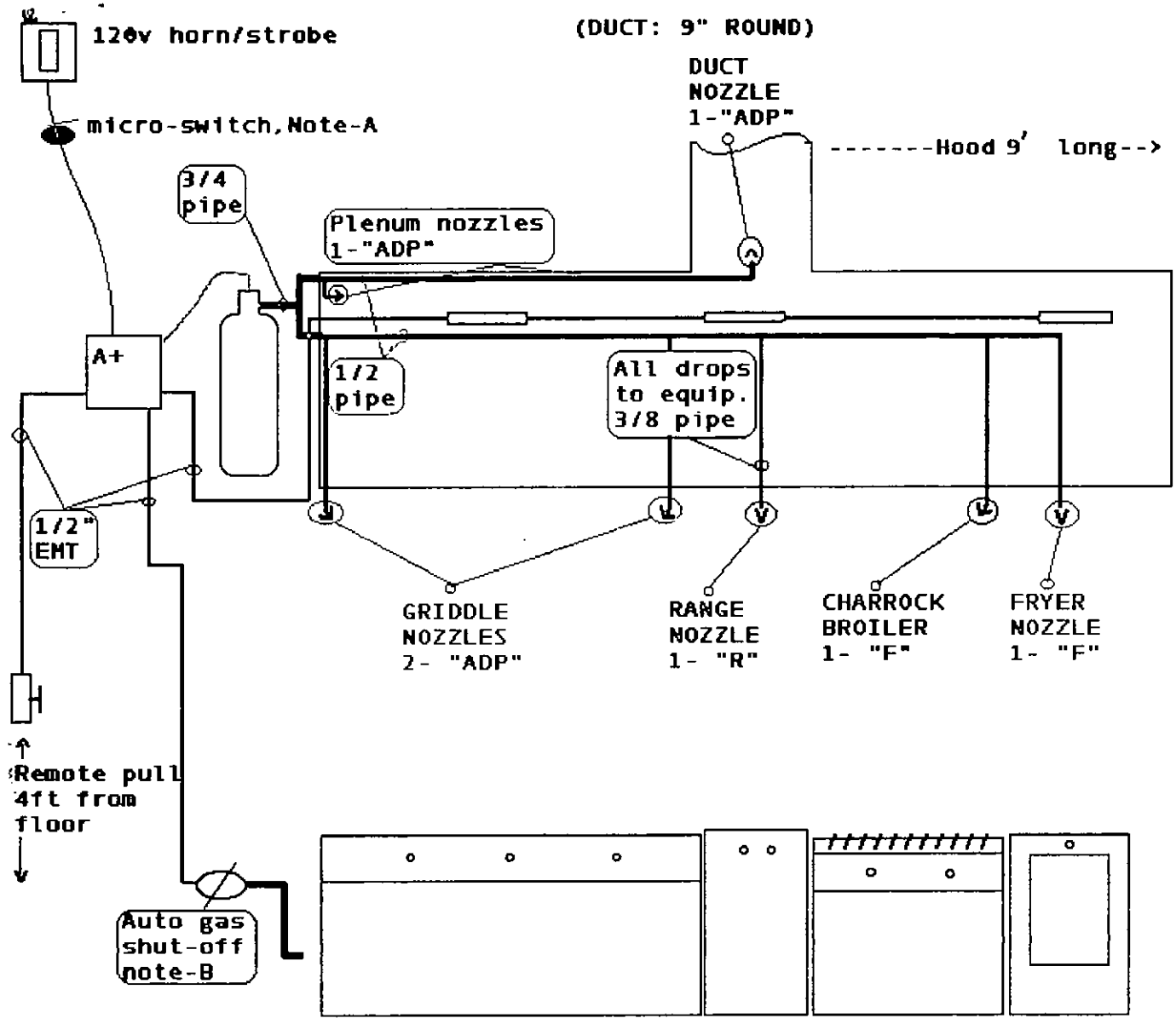
RANGE "R" NOZZLE
MAX. COVERAGE=24" X 24"
NUMBER OF FLOW POINTS=1
TOTAL NOZZLES USED=1

LAVA ROCK CHARBROILER "F" NOZZLE
MAX. COVERAGE=22" X 23"
NUMBER OF FLOW POINTS=2
TOTAL NOZZLES USED=1

DUCT: "ADP" NOZZLE
MAX COVERAGE= 50" PERIMETER
NUMBER OF FLOW POINTS=1
TOTAL NOZZLES USED=1

PLENUM: "ADP" NOZZLE
MAX COVERAGE= 10FT. X 4FT.
NUMBER OF FLOW POINTS=1
TOTAL NOZZLES USED=1

NOTES:
*ALL SYSTEMS PIPED TO UL AND MANUFACTURERS SPECIFICATIONS USING SCHEDULE 40 BLACK IRON PIPE.
*NOTE A: MICROSWITCH, TO ACTIVATE ALARM AND RETURN AIR SHUTDOWN UPON SYSTEM DISCHARGE.
*NOTE B: AUTO GAS SHUT OFF, TO ACTIVATE UPON SYSTEM DISCHARGE
*LINK DETECTION, 3, 450 DEGREE FUSIBLE LINKS
DRAWINGS NOT TO SCALE


120v horn/strobe
(DUCT: 9" ROUND)
DUCT
NOZZLE
1-"ADP"
micro-switch,Note-A
-------Hood 9' long-->
3/4
pipe
Plenum nozzles
1-"ADP"
A+
1/2
pipe
All drops
to equip.
3/8 pipe
1/2"
EMT
GRIDDLE
NOZZLES
2- "ADP"
RANGE
NOZZLE
1- "R"
CHARROCK
BROILER
1- "F"
FRYER
NOZZLE
1- "F"
Remote pull
4ft from
floor
Auto gas
shut-off
note-B

3-13 Range

RANGE

One 'R' nozzle will protect one four burner range with a maximum hazard area of 28" x 28" (71 cm x 71 cm).

The nozzle is to be located directly over the midpoint of the hazard area and anywhere within the area of a circle generated by a 9" (23 cm) radius about the midpoint. The nozzle shall not be more than 42" (107 cm) nor less than 20" (51 cm) from the midpoint of the hazard area, aimed at the midpoint. (See figure 3-25) **NOTE: SHAPE OF BURNER NOT IMPORTANT**

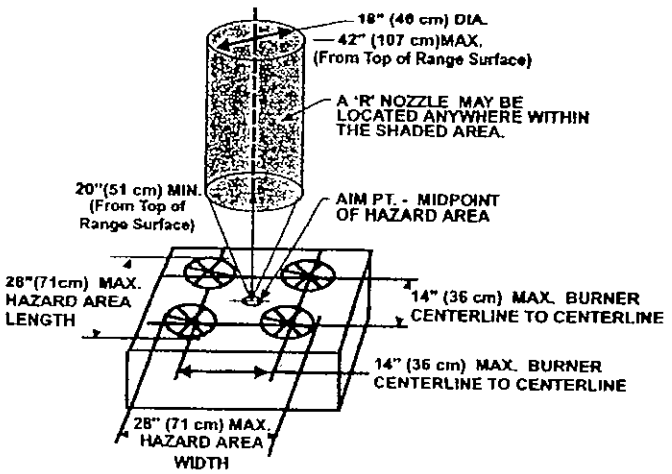


Figure 3-25. Four Burner Range

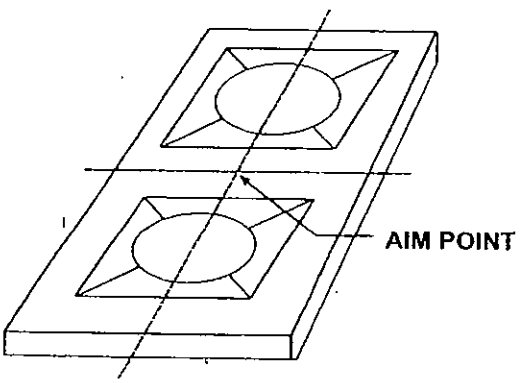


Figure 3-26. Two Burner Aim Point Center of Hazard

SINGLE BURNER RANGE

Special care is to be taken when aiming the 'R' nozzle over a single burner range. The aiming point is to be located 7" (18 cm) from the center of the burner. The nozzle placement shall fall within a cylindrical area generated by a 9" (23 cm) radius about the aiming point. The nozzle must be placed no more than 42" (107 cm) nor less than 20" (51 cm) above the hazard area. (See figure 3-27)

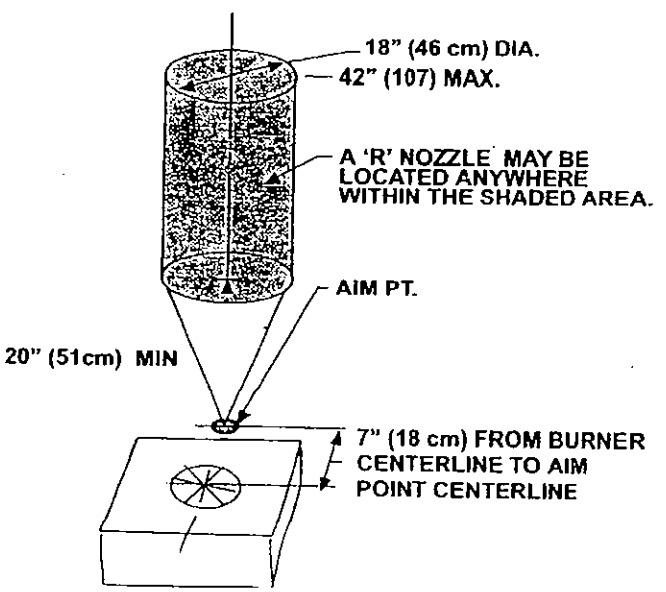


Figure 3-27. Single Burner Range

3-11 Charbroilers

CHARBROILERS

Lava, Pumice, Ceramic or Synthetic Rock Charbroiler

One F or Plenum nozzle will protect a **gas fired charbroiler** (pumice - ceramic stone) to a maximum dimension of 22" x 23" (56 cm x 58 cm) with a maximum of two layers of lava, pumice or stone. The nozzle is located at an angle of 45° or more from the horizontal and is aimed at the midpoint of the hazard area. It shall be not more than 48" (122 cm) from the midpoint of the hazard area nor less than 24" (61 cm) above the grate surface The nozzle can be outside the perimeter of the appliance. (See Figure 3-19).

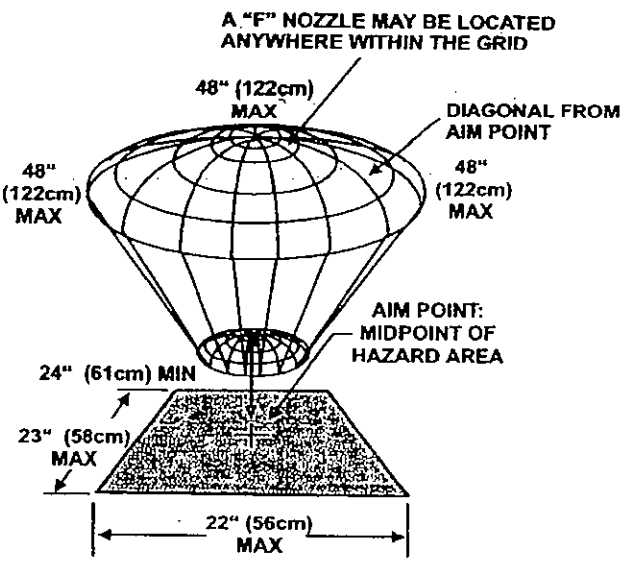


Figure 3-19. Lava, Pumice, Ceramic, or Synthetic Rock Charbroiler

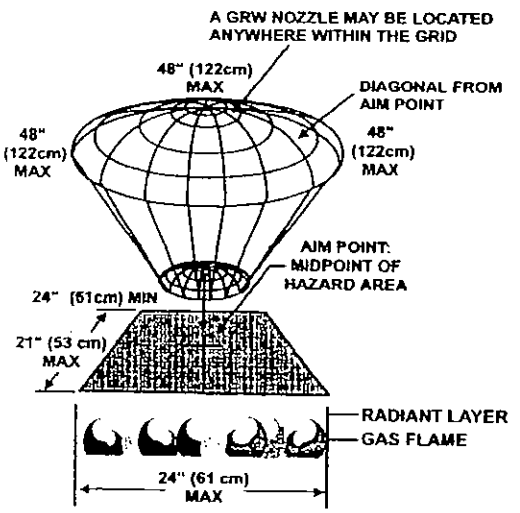


Figure 3-20. Gas/Electric Radiant Charbroiler

Gas Radiant Charbroiler

One GRW nozzle will protect a gas fired radiant charbroiler with maximum cooking surface dimensions of 21" x 24" (53 X 61 cm). The nozzle is located at an angle of 45° or more from the horizontal and is aimed at the midpoint of the hazard area. The nozzle shall be not less than 24" (61 cm) nor more than 48" (122 cm) above the cooking surface The nozzle can be outside the perimeter of the appliance. (See Figure 3-20).

Electric Charbroilers

Grid surface electric charbroilers (a cooking surface with grids or openings in it) are protected the same as gas radiant charbroilers. (See figure 3-20).

CAUTION: ELECTRICAL APPLIANCES BEING PROTECTED MUST BE SHUT OFF AUTOMATICALLY UPON SYSTEM ACTUATION.

Natural or Mesquite Charcoal Charbroiler

One ADP nozzle will protect a **natural charcoal/ mesquite-charcoal charbroiler** with a maximum dimension on any side of 24" (61 cm). The nozzle is located at an angle of 45° or more from the horizontal and aimed at the midpoint of the hazard area. The nozzle shall be not less than 24" (61 cm) nor more than 48" (122 cm) above the cooking surface The nozzle can be outside the perimeter of the appliance. (See Figure 3-21).

The depth of mesquite charcoal pieces or charcoal is limited to **6" (15 cm) maximum**. Mesquite logs or wood are **not** acceptable.

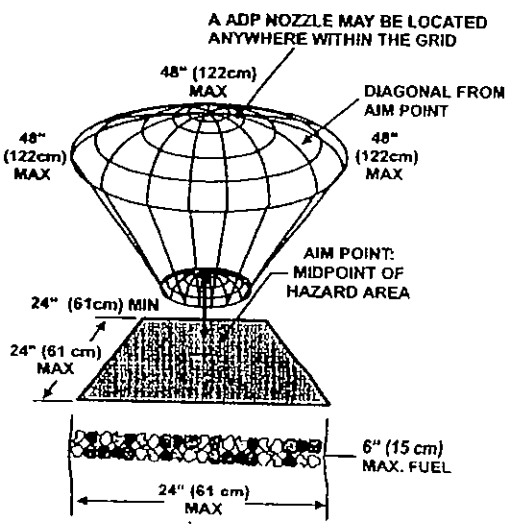


Figure 3-21. Natural or Mesquite Charcoal Charbroiler

3-5 Deep Vat Fryer and Griddle

SINGLE VAT DEEP FAT FRYER WITH DRIP BOARDS

One F nozzle or Plenum nozzle will protect one Single Vat Deep Fat Fryer with a maximum hazard area of 18" x 18" (46 cm x 46 cm) and an appliance area 18" x 23" (46 cm x 58 cm) for fryers with a drip board. The nozzle is located at an angle of 45 degrees or more from the horizontal. It shall not be more than 45" (114 cm) nor less than 27" (69 cm) from the top of the appliance and aimed at the midpoint of the hazard area. The nozzle can be outside the perimeter of the appliance. (Hazard Area 18" x 18" (46 cm x 46 cm) - See Figure 3-7)

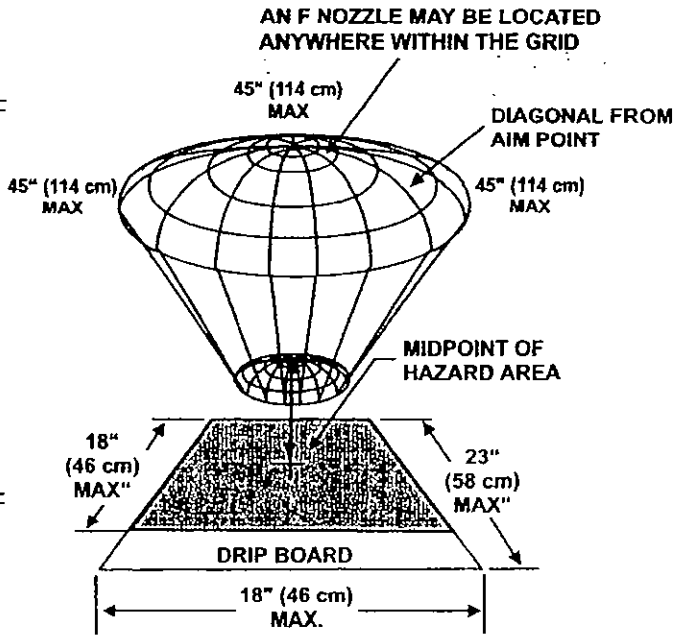


Figure 3-7. Single Vat Deep Fat Fryer

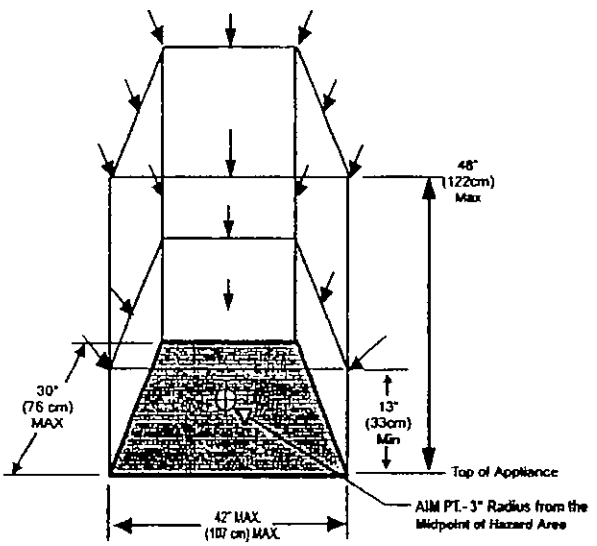


Figure 3-8. Griddle - Flat Cooking Surface

GRIDDLE - FLAT COOKING SURFACE

One ADP nozzle will protect one griddle (with or without raised ribs) with a maximum hazard area of 30" x 42" (76 cm x 107 cm). **The nozzle is located at any point on the perimeter of the appliance** *and aimed at a point 3" (7.6 cm) from the midpoint* of the hazard area. It shall not be more than 48" (122 cm) nor less than 13" (33 cm) above the edge of the appliance perimeter. **Positioning the nozzle directly over the appliance is not acceptable.** (See figure 3-8.)

SPLIT VAT DEEP FAT FRYER

One F nozzle or Plenum nozzle will protect a Split Vat Deep Fat Fryer with a split vat hazard area maximum of 14" x 15" (36 cm x 38 cm) without drip board and 14" x 21" (36 cm x 53 cm) with a drip board. The nozzle is located at an angle of 45 degrees or more from the horizontal. It shall not be more than 45" (114 cm) nor less than 27" (69 cm) from the top of the appliance and aimed at the midpoint of the hazard area. The nozzle can be outside the perimeter of the appliance. (Hazard Area 14" x 15" (36 cm x 38 cm) - See figure 3-9)

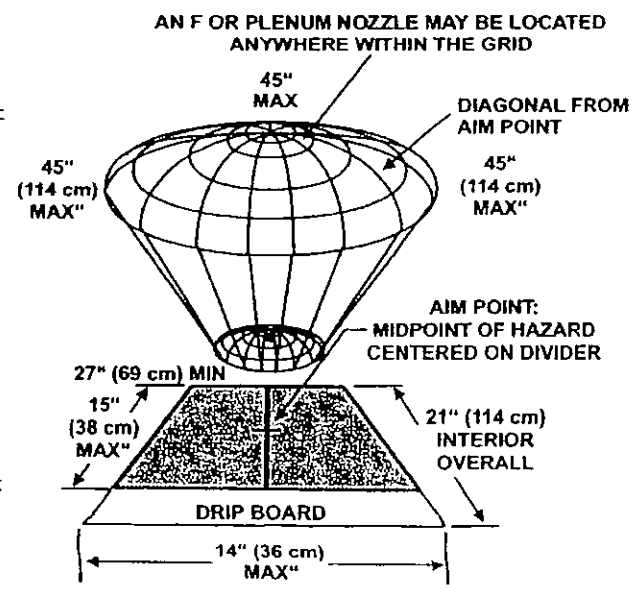


Figure 3-9. Split Vat Deep Fat Fryer

AD-2 Designing for Plenum Protection

A single ADP nozzle (P/N B120011) will protect a single filter or "V" filter bank plenum with the following maximum dimensions:

Plenum Length 10 Feet (3.0 m)

Plenum Width 4 Feet (1.2 m)

When no filters are present, the nozzle protecting the plenum is used to discharge the wet chemical on the underside of the hood. In this case, the hood may not exceed a length of 10 ft. (3.0 m) or a width of 4 ft. (1.2 m).

A plenum with either a single filter bank or "V" filter bank and a length of 10 ft. (3.0 m) or less may be protected by one ADP nozzle. The nozzle shall be located at one end of the plenum. Longer plenums may be similarly protected with a single ADP nozzle being used for each 10 ft. (3.0 m) of plenum length and each 4 ft. (1.2 m) of plenum width.

ADP nozzles may be used in combinations (see Figure AD-2). Multiples may be installed facing in the same direction, and/or at the ends of the plenum pointing in. Each nozzle shall provide a maximum of 10 feet of coverage.

ADP nozzles must be centrally located in the plenum with their discharge directed along the length of the plenum and located in relation to the filters as shown in Figure AD-2.

Note: **All Range Guard systems are listed by UL for use with the exhaust fan either on or off when the system is discharged.**

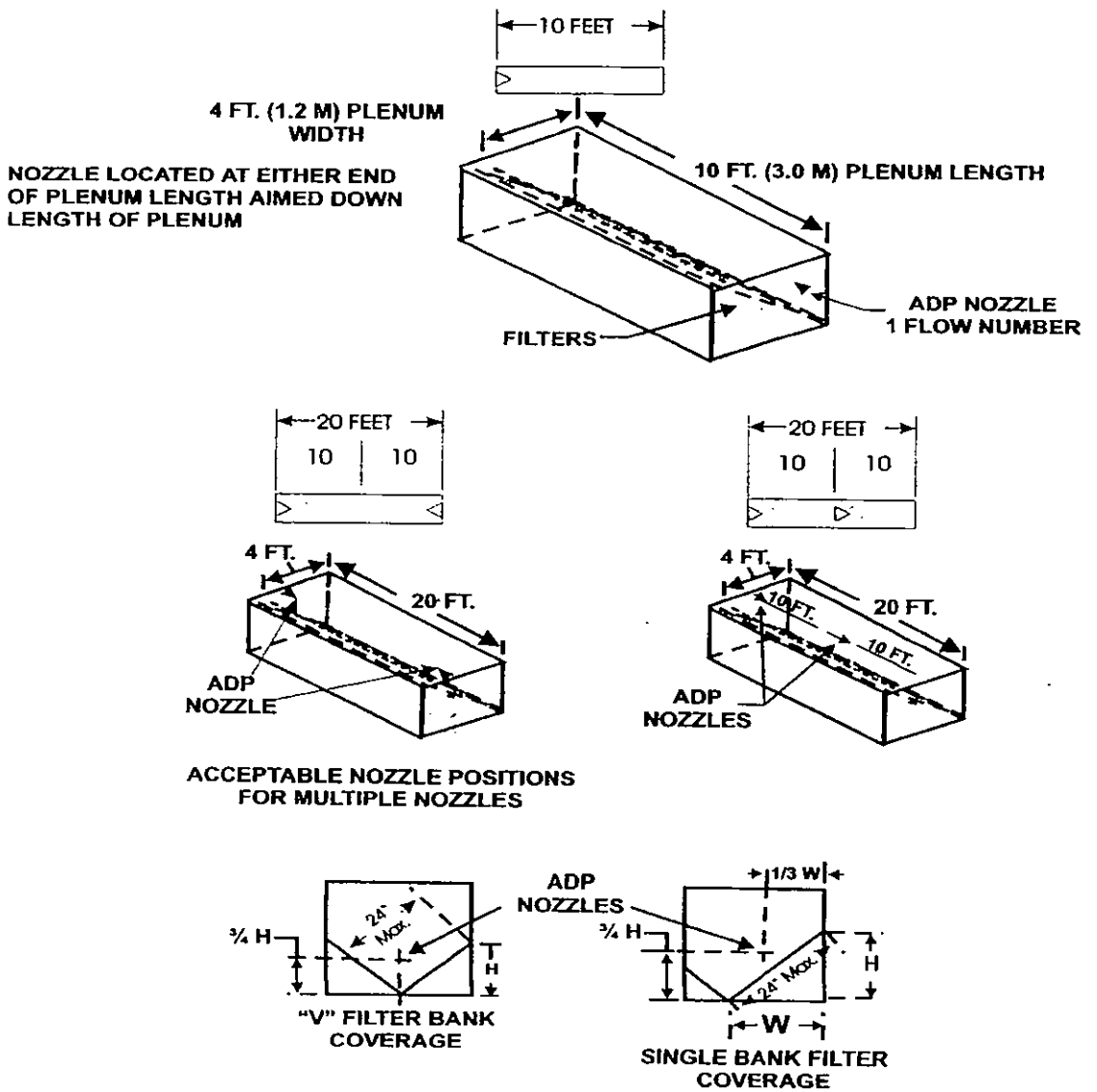


Figure AD-2. Plenum Protection Nozzle P/N B120011

AD-4 Designing for Duct Protection

Duct Protection

The ADP nozzle, P/N B120011, is used for protection of the exhaust ductwork.

The duct cross section can be any shape (i.e., round, square, or rectangular) and the duct itself can be of unlimited length. In accordance with NFPA 96, the exhaust fan should be left running at the time of system discharge. A damper, if present, should be left open at system discharge. However, if the damper is closed, the system designer must insure that the duct nozzle discharge is not impeded by the closed damper.

Protection of Ducts 0 to 50 inches perimeter

One ADP nozzle, P/N B120011, is required for protection of a duct with a perimeter up to 50 inches. (See Figure AD-4). Length of duct is unlimited.

The nozzle is located at the geometric center of the cross-sectional area that it is protecting, and is located in the duct within six inches of the entrance.

Note: **All Range Guard systems are listed by UL for use with the exhaust fan either on or off when the system is discharged.**

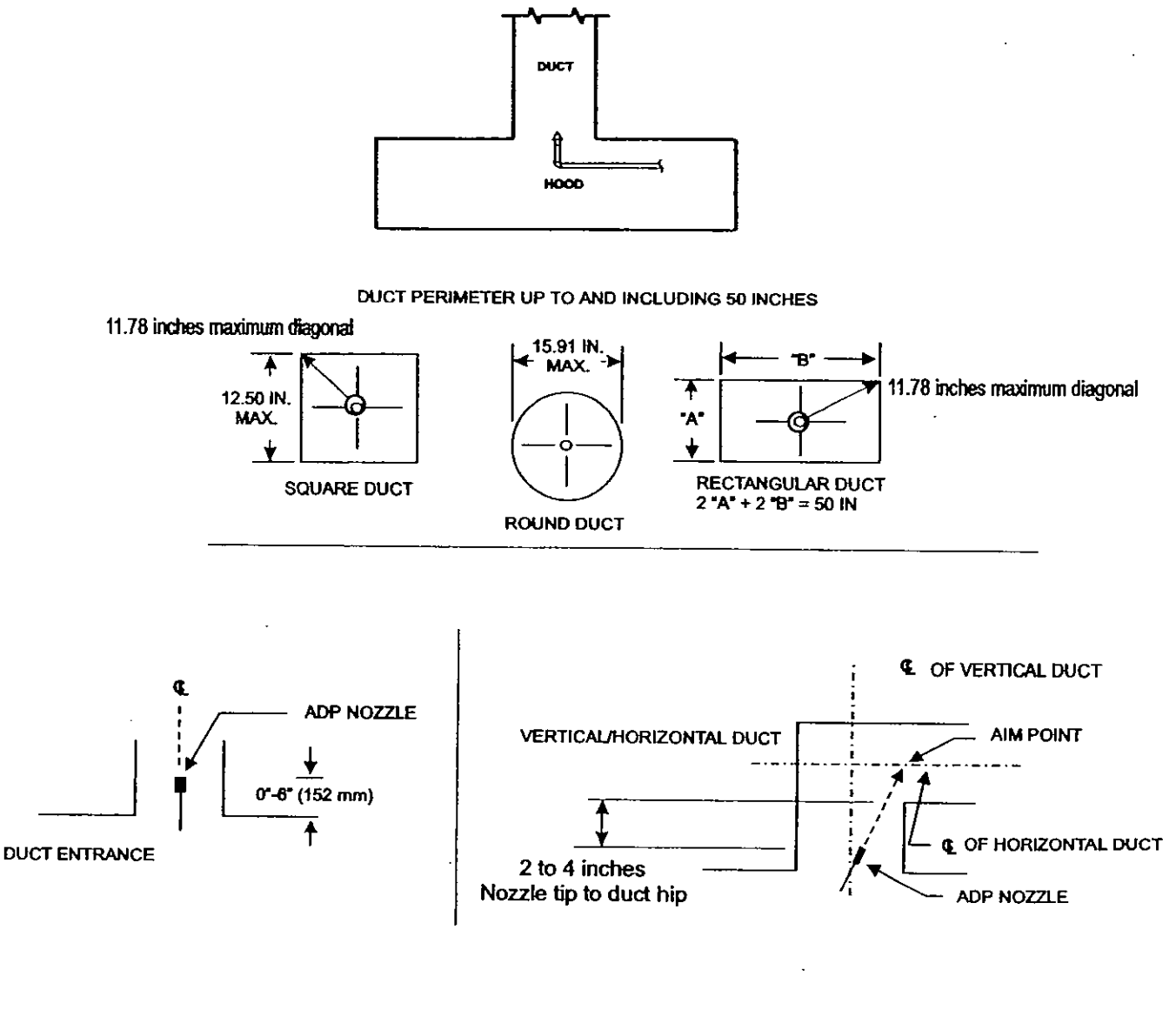


Figure AD-4 **Duct Protection Using Single ADP Nozzle, P/N B120011**

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State of New Jersey

Department of Community Affairs

Division of Fire Safety

Hereby Issues To

THOMAS J MCELROY

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

09/29/2006 to 10/31/2009

Issue Date Lapse Date

153624

ID Number

Susan Bass Levin

Commissioner

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Department of Community Affairs

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OXYGEN SUPPLY CO., INC.

Fire Protection Division
LIC#P00290

NFPA MEMBER

SHOP:
1889 Route 9, Unit 116
Toms River, NJ 08755
(732) 281-2990

OFFICE:
547 Hardwood Drive
Lanoka Harbor, NJ 08734
(609) 971-6124
Fax (609) 971-8756

NAFED — National Association of Fire Equipment Distributors — THE MARK OF PROFESSIONAL SERVICE

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

DATE: 11/26/07

NAME: Country Store

ADDRESS: 1563 RT 88 Brick

PHONE/FAX#: 458-7277 Rich.

HOOD SIZE/SYSTEM SPECS: 9' 4gal Ranegard

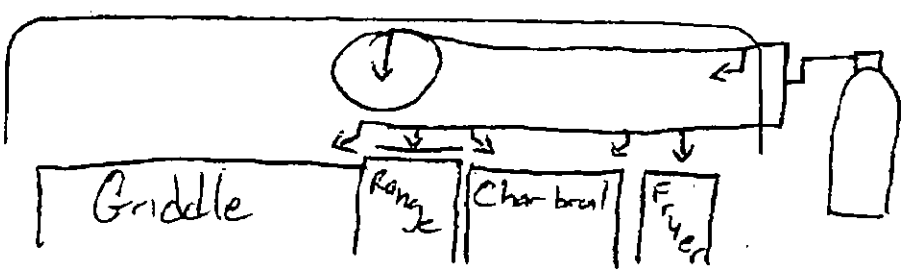
SHUT OFF: Gas

HYRDO-STATIC TEST/SIX YEAR MAINTENANCE DATES: New 07'

FUSIBLE LINKS: (DEGREE/YEAR/QUANTITY)

APPLIANCES: Griddle
2 Burner Range
Char-Rock Broiler
Deep Fryer

APPLIANCE LAYOUT



INSPECTION ACKNOWLEDGED BY OWNER'S REPRESENTATIVE
SIGN & PRINT YOUR NAME

TECHNICIAN'S SIGNATURE

OXYGEN SUPPLY CO., INC.

Fire Protection Division
LIC#P00290

NFPA MEMBER

SHOP:
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(609) 971-6124
Fax (609) 971-8756

NAFED — 30 National Association Fire Equipment Distributors — The Mark of Professional Service

SEMI-ANNUAL INSPECTION CHECK LIST

- ✓ DOES SYSTEM COMPLY WITH UL300 SPECIFICATIONS: Yes
- ✓ INSERT SAFETY PIN OR REMOVE CARTRIDGE TO DEACTIVATE SYSTEM
- ✓ REMOVE CYLINDER FROM CONTROL HEAD TO PREVENT ACCIDENTAL DUMP
- ✓ CHECK FOR PROPER PRESSURE IN GAUGE OR WEIGHT CARTRIDGE
- ✓ FILTERS PRESENT AND IN PROPER PLACEMENT
- ✓ GREASE BUILD-UP IN HOOD AND DUCTWORK: Minimal to Slight Build-up
- ✓ EXHAUST/MUA FAN(S) OPERATING PROPERLY
- ✓ CHECK AUTOMATIC OR ELECTRIC GAS SHUT OFF
- ✓ CHECK ALL NOZZLES FOR GREASE BUILD-UP AND PROPER POSITIONING
- ✓ ALL VISIBLE CABLE FREE OR FRAYING, KINKING, AND/OR WEAK SPOTS
- ✓ UPDATED FUSIBLE LINKS: Yes
- ✓ FILTER AND COVER PLACEMENT CORRECT
- ✓ REACTIVATE SYSTEM-SAFETY PIN REMOVED-CARTRIDGE REPLACED (W/ ORING) - TENSION RESET
- ✓ PLACE INSPECTION/SERVICE TAGS ON SYSTEM AND MANUAL PULL STATION
- ✓ CHECK FOR/SERVICE PORTABLES INCLUDING "K" TYPE UNIT
- ✓ INSTRUCT PERSONNEL ON OPERATION SYSTEM

COMMENTS: System upgraded to UL-300 specs.
System pipe found to be loose in spots, ALL Pipe on the Vertical removed & Horizontal Runs tightened. Plugged openings & pressurized to about 200 psi. Re-tightned any other loose Fittings & Reassembled pipe.
System returned to operation.
-Country Store, 1563 Rt 88 Brick, -

R D Evans
INSPECTION ACKNOWLEDGED BY OWNER'S REPRESENTATIVE
SIGN & PRINT YOUR NAME

Tom Clark
TECHNICIAN'S SIGNATURE

RANGE GUARD
FIRE SUPPRESSION SYSTEM
FIRST...WITH THE BEST

WARNING - THIS SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH ITS' UNDERWRITERS' LABORATORIES, INC. LISTING (EX. 2458), RANGE GUARD INSTALLATION MANUAL PART NO. 9127100 DATED SEPT. 1997 AND BY AN AUTHORIZED RANGE GUARD DISTRIBUTOR.

INSTALLING DISTRIBUTOR:

NAME Oxygen Supply Co Inc

STREET [illegible] 1020 RT 9

CITY [illegible] STATE NJ ZIP _____

CUSTOMER:

NAME Country Store

STREET [illegible]

CITY [illegible] STATE [illegible] ZIP _____

INFORMATION: CYLINDER SIZE [illegible]

DUCT LENGTH 16' PERIMETER 16' PLENUM WIDTH [illegible] LENGTH 9'

SURFACE APPLIANCES:

- ☑ FLAT COOKING SURFACE
- ☑ LIQUID SURFACE
- ☐ CHINESE WOKS
- ☐ UPRIGHT BROILER
- ☐ CHAIN BROILER
- ☐ CHARBROILER TYPE: _____
- ☑ APPLIANCE COMBINATIONS SPECIFY: [illegible]
- ☐ OTHER: _____

OPTIONAL ACCESSORIES:

- ☑ REMOTE MANUAL CONTROL
- ☑ SPDT OR DPDT SWITCH
- ☐ ELECTRIC GAS VALVE
- ☑ MECHANICAL GAS VALVE
- ☑ OTHER: [illegible]

I acknowledge receipt of the Range Guard Owner's Manual dated 9/97 and have been instructed in the system's operation.

[illegible] [illegible]

CUSTOMER SIGNATURE DATE

P/N 06-235549-001

WHITE - CUSTOMER COPY CANARY - DISTRIBUTOR / INSTALLER PINK - FILE COPY

OXYGEN SUPPLY CO., INC.
OCEAN COUNTY BUSINESS PARK
1889 ROUTE 9 – UNIT 116
TOMS RIVER, NJ 08755
PH# 732-281-2990
FAX# 609-971-8756

FAX COVER SHEET

DATE: 11/26/07

TO: Ron Piszar

FROM: Jim

PAGES: 4 (incl. Cover)

MESSAGE: If there is anything else you need from me, please feel free to call the above number