BLOCK 842 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 09-0935

CONSTRUCTION PERMIT APPLICATION

09-000316

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

I. IDENTIFICATION

1. Proposed Work Site at Brick corner convenience store
2. Name of Owner in Fee: 1715 Route 88 Brick NJ 08724
   Tel. (877) 351-3473 e-mail _____
   Address 1715 Route 88 Brick NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: B+B Fire protection, llc Tel. (877) 351-3473
   Address 800 ocean rd ft. pleasant e-mail _____
   License No. OR, if new home, Builder Reg. No. P01169 Exp. Date 10-2009
   Federal Employee No. 030-608-478 FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun B+B Fire Protection, llc
   Tel. (877) 351-3473 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		150 ✓	10 ✓
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	8	2
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	158	12

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		KD	2/9/09						
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection					2-10-09	DB			
6.	☐ Plumbing					5-5-09	SJ			
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: 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:

n

COMMERCIAL

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

Called 2/18/09

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. (X) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. (X) 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, count y, 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 12-15-08

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, count y, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name B & B Fire protection LLC

Address 800 OCEAN RD Pt Pleasant NJ

Telephone (877) 357-3473

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 09-0935
Control # C-09-000316
Permit # 05-05-09

IDENTIFICATION Block: 842 Lot: 28 Qualifier
Work Site Location: 1715 ROUTE 88 Brick Township, NJ
Owner in Fee: BRICK CORNER CONVENIENCE STORE
1715 ROUTE 88 BRICK NJ 08742
Telephone: (877) 351-3473

Contractor: B & B FIRE PROTECTION
Address: 800 OCEAN ROAD PT PLEASANT NJ 08742
Telephone: (877) 351-3473
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:
FIRE SUPPRESSION ALTERATIONS

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 $5,900

Construction Official Date 5-5-09

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$158
Check No.	
Cash	$0
Credit	$0
Collected By	

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 09-0935
Control # C-09-000316+A
Permit # +A
05-17-09

IDENTIFICATION Block: 842 Lot: 28 Qualifier
Work Site Location: 1715 ROUTE 88 Brick Township, NJ
Owner in Fee: BRICK CORNER CONVENIENCE STORE
1715 ROUTE 88 BRICK NJ 08742
Telephone: (877) 351-3473

Contractor: KEITH CHRISTOPHER
Address: 551 FORECASTLE AVE BEACHWOOD NJ
Telephone: (732) 473-0705
Lic. No. or Bldrs. Reg. No. 10401
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:

GAS PIPING Instalation of Gas line for a new grill in convenience store.

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 $1,300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$70
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$72
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/22/2009
Control Number C-09-000316
Permit Number 09-0935
Permit Issue Date 05/05/2009
Certificate Number 09-0935

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1715 ROUTE 88 Brick Township, NJ Block: 842 Lot: 28 Qual:

Owner in Fee: BRICK CORNER CONVENIENCE STORE

Owner Address: 1715 ROUTE 88 BRICK NJ 08742

Telephone: (877) 351-3473

Contractor B & B FIRE PROTECTION

Address 800 OCEAN ROAD PT PLEASANT NJ 08742

Telephone: (877) 351-3473 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE SUPPRESSION ALTERATIONS

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: 09/22/2009 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/22/2009
Control Number C-09-000316
Permit Number 09-0935
Permit Issue Date 05/05/2009
Certificate Number 09-0935

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1715 ROUTE 88 Brick Township, NJ Block: 842 Lot: 28 Qual:

Owner in Fee: BRICK CORNER CONVENIENCE STORE

Owner Address: 1715 ROUTE 88 BRICK NJ 08742

Telephone: (877) 351-3473

Contractor B & B FIRE PROTECTION

Address 800 OCEAN ROAD PT PLEASANT NJ 08742

Telephone: (877) 351-3473 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE SUPPRESSION ALTERATIONS

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: 09/22/2009 U.C.C. F260 (rev. 08/05)

09-0935 + A

Date Received 05-07-09

Control #

Date Issued

Permit # 09-000316 + A

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 842 Lot 28 Qualification Code

Work Site Location BRICK CORNER CONVENIENCE STORE

1715 RT 88 STORE #7

Owner in Fee: KIRAN PATEL

Tel. (732) 447 3541 e-mail

Address 1715 RT 88 #7 BRICK 08724
street municipality zip code

Contractor: KEITH CHRISTOPHER Tel. (732) 473-0705

Address 551 FORECASTLE AVE. e-mail

BEACHWOOD, NJ

Contractor License No. 10401 Exp. Date 6-09

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed GAS LINE FOR GRILL

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 5-5-09 Approved by: 2

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9-8-09
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			8/12/09	MH
Water				
Sewer				
Fixtures				
Gas Equipment			8/12/09	MH
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	08/25/09		09/03/09	PH

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLING NEW GAS LINE FROM METER AT REAR OF BUILDING ACROSS BACK OF STRUCTURE TO LOCATION OF GRILL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

COMMERCIAL

PEK

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

08.25.09 PP

① 100PSI RELIEF – OK → 09.03.09 PP

② SECURE ~~SEA~~ TO WALL
+ CAULK 3-BAY SINK OK

COMMERCIAL

Copy.

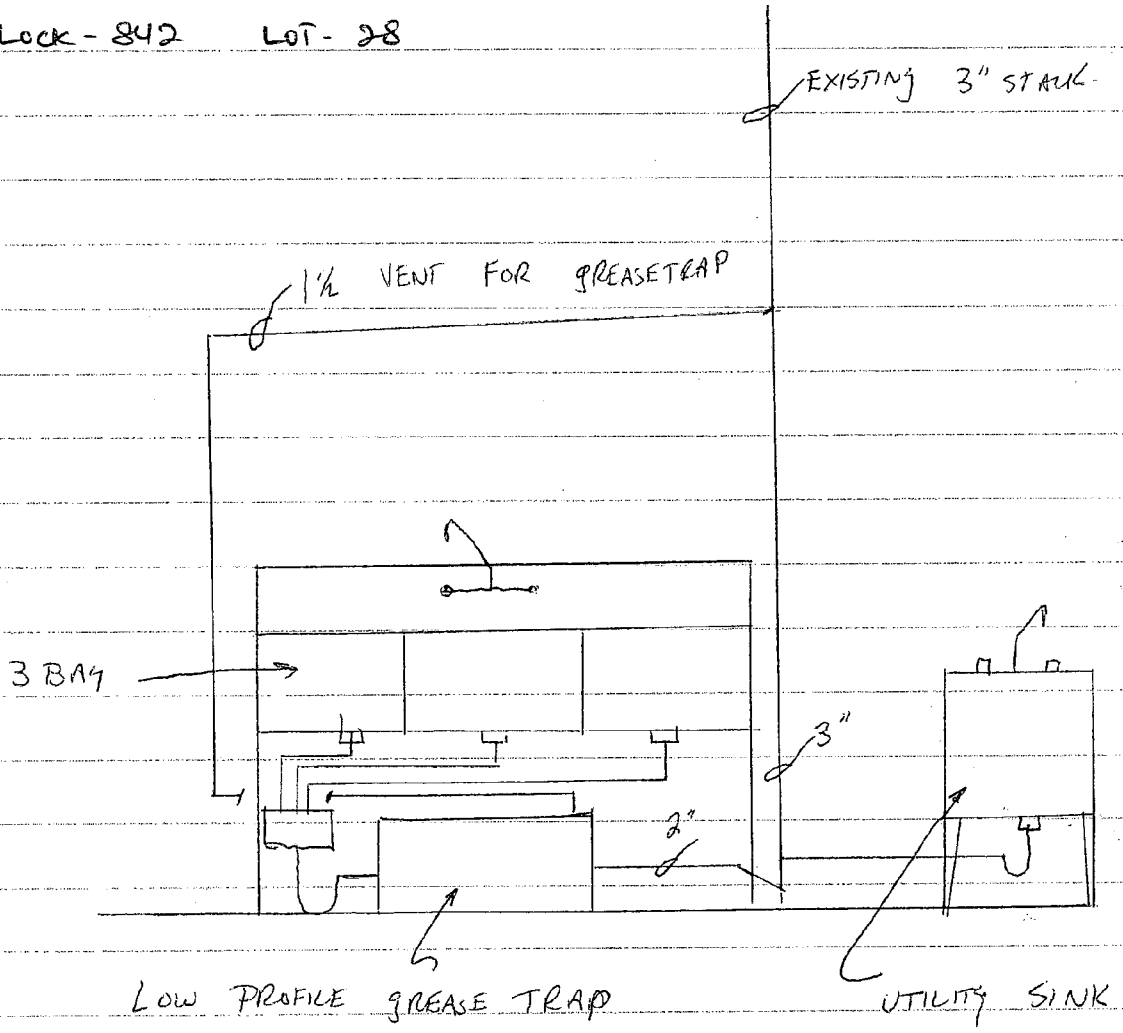
KEITH CHRISTOPHER LIC # 10401

PROPOSED GREASE TRAP AND ADDITION OF UTILITY SINK WITIN EXISTING 3-BAY SINK

STORE - BRICK CORNER CONUENIENCE - OWNER KIERAN PATEL

1715 RT#88 UNIT #7 BRICK NJ

BLOCK - 842 LOT - 28



Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing		4-28-05	
Building			
Fire			
Electrical			

KEITH CHRISTOPHER LIC # 10401

PROPOSED GAS LINE FOR BRICK CORNER CONVENIENCE STORE BLOCK-842, LOT 28

1715 RT 58 # 7

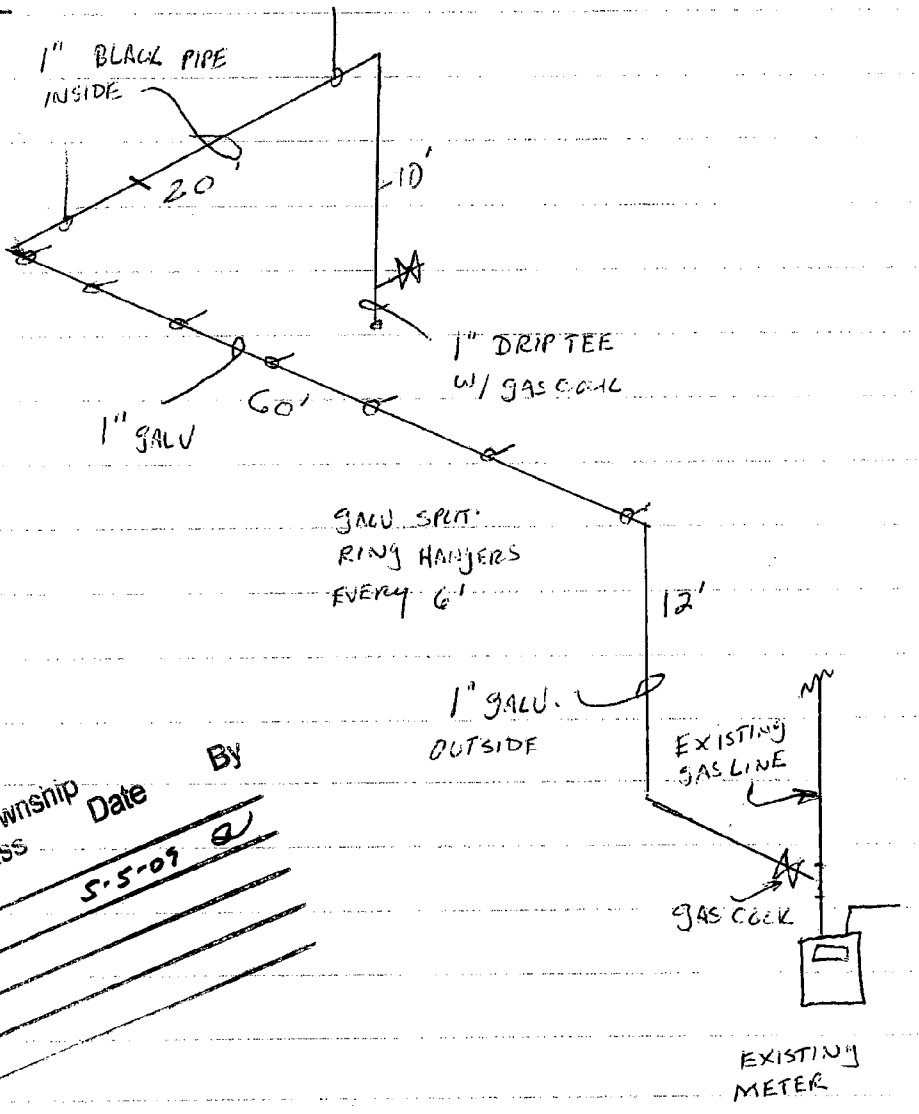
OWNER KIRAN PATEL

105 FT 1" PIPE 199KBTU CAPACITY

GRILL 60K BTU

FRYER 90K BTU

150K BTU



By

Brick Township

Date 5-5-09

Class

Plan Review

Zoning

Plumbing

Building

Fire

Electrical

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

08-20-09 Change of Contractor

Date Received
Control #
Date Issued
Permit # 09-0935

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

Block 842 Lot 28 Qualification Code ____

Work Site Location Buick Corner Convenience Store 1215 RT 88

Owner in Fee: ____

Tel. (____) ____ e-mail ____

Address ____

Contractor: ANKOR FIRE + SAFETY (street / municipality) Tel. (856) 629-8188 (zip code)

Address PO Box 187 e-mail ____
Mt EPHRAIM NJ 08059

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00114

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

Fire Alarm Contractor No. ____ Exp. Date 10/10

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

Federal Emp. ID No. ____ FAX: (____) ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: ____

Total Cost of Fire Protection Work $ 2200.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/20/09
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			8/20/09	[signature]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust. Tanks				
Fireplace Venting				
Final			8/20/09	[signature]
Other ____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (owner/owner of record and an authorized agent / lessee or other person having a legal interest in the property) to make this application.

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire Suppression UL-300 3 Gal Wet Chem

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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

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

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

09-0935
05-0519

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

Block 84 Lot 28
Work Site Location BRICK-CORNER-CONVENIENCE-STORE
1715 Rt 88 BRICK 08724
Owner in Fee BRICK CORNER CONV. STORE
Address 1715 Rt 88 BRICK 08724

Tele. (877) 351-3473
Contractor BOB Fire protection, LLC
Address 800 ocean rd pt pleasant 08742

Tele. (877) 351-3473 Fax ( ) _____
Lic. No. P01169
Federal Emp. No. 030-60-478

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 5900.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [X] Existing [ ]
Location of Main Control Valve:
_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2/1005
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.		8/4/05		
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	8/4/05			
Smoke Control				
TCO			8/4/05	
Final				
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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL ONE new 4' stainless HOOD & NEW UL300 Fire SUPPRESSION SYSTEM

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____
Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		COMMERCIAL
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	95-
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System	1	95-
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances	2	100-
Other _____		

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

U.C.C. F140
(rev. 3/96)

8-1409

- Gas not on for fryer
- Exhaust heat sensor overrride needs to turn on exhaust fan

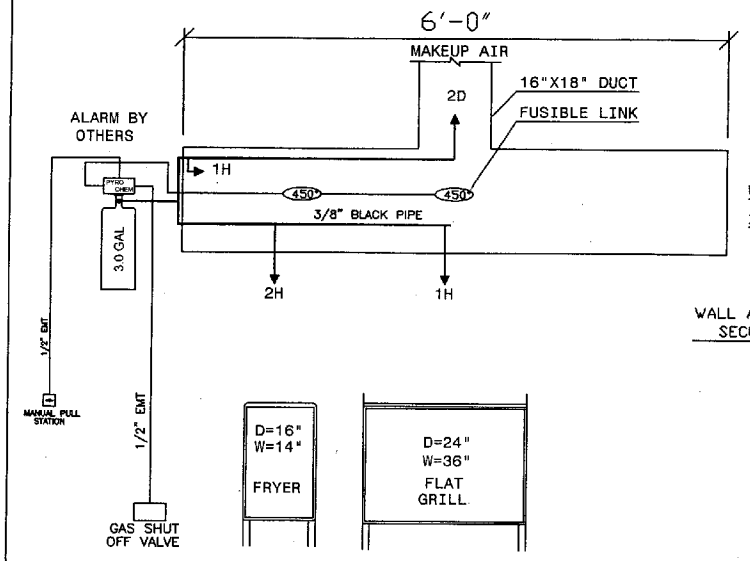
need change on contractor form for cooking suppression system.

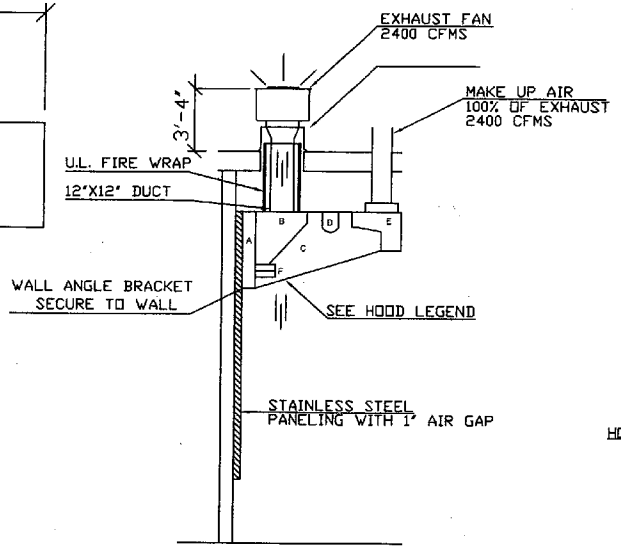
All power to hood cooking system shut down
No power after 10 min.

- wet chem extinguisher not mounted

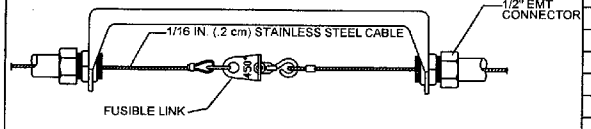
8-20-09 still need change of contractor

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





HOOD SECTION
SCALE: NTS



FUSIBLE LINK DETAIL

HOOD LEGEND	
REF.	DESCRIPTION
A	4" AIR SPACE
B	EXHAUST PLENUM
C	UL BAFFLE FILTERS
D	UL VAPOR PROOF LIGHT
E	MAKEUP AIR
F	GREASE TRAP AND CUP

GENERAL NOTES:

1. THIS INSTALLATION IS TO BE MADE IN ACCORDANCE WITH THE PYRO CHEM INSTALLATION MANUAL AND IN ACCORDANCE WITH ALL STATE AND LOCAL CODES.
2. ALL PIPE LENGTHS TO BE FIELD VERIFIED.
3. THESE DRAWINGS MAY BE USED TO SECURE APPROVAL FROM THE AUTHORITY HAVING JURISDICTION.
4. IT IS NECESSARY THAT ALL PIPE FITTINGS AND NOZZLES BE WRENCH TIGHTENED AND SECURELY SUPPORTED AND THAT ALL NOZZLES ARE PROPERLY AIMED AS INDICATED IN THE PYRO CHEM INSTALLATION MANUAL.
5. THE WIRE ROPE FOR THE DETECTOR AND REMOTE PULL STATION IS TO BE INSTALLED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
6. THIS INSTALLATION IS TO BE INSPECTED, PUT INTO OPERATION AND CERTIFIED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
7. ELECTRICAL CONTACTS AND WIRING FOR APPLIANCE SHUT OFF TO BE PROVIDED BY THE ELECTRICAL CONTRACTOR.
8. PYRO CHEM RESTAURANT FIRE SUPPRESSION SYSTEMS HAVE BEEN TESTED AND ARE LISTED BY UNDERWRITERS' LABORATORIES INC. AS PRE-ENGINEERED SYSTEMS, AND WHEN INSTALLED AS SHOWN ON THIS DRAWING SHALL COMPLY WITH ALL RELEVANT PYRO-CHEM INSTALLATION RECHARGE INSPECTION AND MAINTENANCE MANUALS AND SHALL COMPLY WITH NFPA 96 WHEN INSTALLED AND CERTIFIED BY AUTHORIZED TRAINED PYRO-CHEM DISTRIBUTORS IN ACCORDANCE WITH THE MANUAL.
9. ALL AGENT DISTRIBUTION PIPING AND DETECTION CONDUIT HOOD PENETRATIONS MUST BE PROPERLY SEALED IN ACCORDANCE WITH NFPA 96.
10. MAKE-UP AIR SHALL SHUT DOWN UPON SYSTEM ACTIVATION
11. EXHAUST FAN SHALL REMAIN ON DURING SYSTEM ACTIVATION
12. SYSTEM SHALL SHUT DOWN FUEL TO ALL APPLIANCES UPON SYSTEM ACTIVATION
13. COOKING APPLIANCES SHALL BE 0'-6" FROM END OF HOOD.
14. MANUAL PULL STATION SHALL BE LOCATED A MINIMUM OF 10'-0" FROM HOOD AND AT A MEANS OF EGRESS.

HOOD NOTES

1. HOOD SHALL MEET CURRENT NFPA 96, IMC AND IBC CODES.
2. ALL WELDS SHALL HAVE LIQUID TIGHT SEAMS.
3. EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
4. HOOD SHALL BE A MINIMUM OF 18 GAUGE STAINLESS STEAL OR 16 GAUGE GALVANIZED STEAL.
5. GREASE FILTERS SHALL BE ON A MINIMUM OF A 45° ANGLE.
6. HOOD SHALL BE SUSPENDED BY 3/8" STEEL RODS @ 5'-0" OC TO STRUCTURE.
7. DUCT WORK SHALL BE OF A 16 GAUGE GALV. METAL WITH LIQUID TIGHT SEALS

8 135° duct sensors will be placed in exhaust duct work

2-15-07 DB

NOZZLE SCHEDULE

QTY.	MODEL#	DESCRIPTION	NO. FLOW POINTS
2	1H	HIGH RANGE APPLIANCE/PLENUM NOZZLE	1
1	2H	HIGH RANGE APPLIANCE NOZZLE	2
1	2D	DUCT NOZZLE	2

NUMBER OF FLOW POINTS AVAILABLE: 10
NUMBER OF FLOW POINTS USED: 6

PROJECT INFORMATION
NAME: Brick corner convenience store
ADDRESS: 1715 Route 88 Brick, NJ 08724

DRAWING TITLE
FIRE SUPPRESSION SYSTEM PLAN ELEVATION & NOTES

DRAWN BY: JG
DATE: 07/26/07
DRAWING #: KS-1 1 OF 1

B&B FIRE PROTECTION, LLC.
800 Ocean Rd
POINT PLEASANT, NJ 08742
PHONE: 877-351-3473
N.J. BUSINESS PERMIT # P01169

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

Department of Community Affairs

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

DIVISION OF FIRE SAFETY STATE OF NEW JERSEY

Hereby Issues To

ANKOR FIRE SAFETY EQUIPMENT

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Portable Fire Extinguisher
Kitchen Fire Suppression System

P00114	10/31/2006 to 10/31/2009	
Permit ID	Date Issued	Lapse Date

Susan Bass Levin
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:

ANKOR FIRE SAFETY EQUIPMENT

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

P00114	10/31/2006 to 10/31/2009	
Permit ID	Date Issued	Lapse Date

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

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

PLEASE DETACH HERE

BACKGROUND AND MULTIPLE SECURITY FEATURES

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

Hereby Issues To

CHARLES P DOUGHERTY JR

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

10/31/2007 to 10/31/2010
Issue Date Lapse Date

105448
ID Number

Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: CHARLES P DOUGHERTY JR
Has been certified as: C6-KFSS
10/31/2007 to 10/31/2010
Issue Date Lapse Date
105448
ID Number
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

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

Hereby Issues To

CHARLES P DOUGHERTY JR

The Following Certification As

PORTABLE FIRE EXTINGUISHER

10/31/2007 to 10/31/2010
Issue Date Lapse Date

105448
ID Number

Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: CHARLES P DOUGHERTY JR
Has been certified as: C5-PFE
10/31/2007 to 10/31/2010
Issue Date Lapse Date
105448
ID Number
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

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

Hereby Issues To

CHARLES P DOUGHERTY III

The Following Certification As

PORTABLE FIRE EXTINGUISHER

10/31/2006 to 10/31/2009
Issue Date Lapse Date

154607
ID Number

Susan Bass Levin
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: CHARLES P DOUGHERTY III
Has been certified as: C5-PFE
10/31/2006 to 10/31/2009
Issue Date Lapse Date
154607
ID Number
Susan Bass Levin
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

70110

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

Hereby Issues To

CHARLES P DOUGHERTY III

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

10/31/2006 to 10/31/2009
Issue Date Lapse Date

154607
ID Number

Susan Bass Levin
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that: CHARLES P DOUGHERTY III
Has been certified as: C6-KFSS
10/31/2006 to 10/31/2009
Issue Date Lapse Date
154607
ID Number
Susan Bass Levin
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

AnKor FIRE & SAFETY EQUIPMENT INC. JOB WORK ORDER

P.O. Box 187 • Mt. Ephraim, NJ 08059 • (856) 547-9121 • (856) 629-8188

BILL TO Brick Corner Convenience Store	PHONE
ADDRESS Rt 88	CUSTOMER ORDER NO.
CITY Brick Twp	ORDER TAKEN BY
JOB NAME AND LOCATION	DATE ORDERED
JOB PHONE ☐ SEMI ANNUAL ☐ ANNUAL ☐ CONTRACT ☐ SERVICE	DATE PROMISED ☐ A.M. ☐ P.M.

☐ SUPPRESSION SYSTEM ☐ FIRE EXTG. ☐ INSTALL ☐ BOTH **License # P00114**

DESCRIPTION OF WORK:

Air test was done all balloons blew up evenly gas ~~hot~~ shut off, alarm went off. Release Air went off

Leak test was done No air was used, gas shut off, alarm went off and return Res shut down

System OK

Anchor Fire & Safety Fire Protection

Brick Twp Fire Official

Check PW request P00114

	Amount	
TOTAL MATERIAL		
TOTAL LABOR		
SUB TOTAL		
SALES TAX		
TOTAL		

I hereby acknowledge the satisfactory completion of the above described work:

SIGNATURE DATE COMPLETED 8/20/09

MAINTENANCE • INSTALLATION • REPAIR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

(18-21-19 CHANGE of CONTRACTOR-

Date Received
Control #

Date Issued
Permit # 09-0935

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

Block 842 Lot 28 Qualification Code _____

Work Site Location Brick Corner Convenience Store
1715 RT 88

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____

Contractor: ANKOR FIRE + SAFETY (street, municipality) Tel. (856) 629-8188 (zip code)

Address PO BOX 187 e-mail _____
Mt EPHRAIM NJ 08059

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00114

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

Fire Alarm Contractor No. _____ Exp. Date 10/10

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: _____

Total Cost of Fire Protection Work $ 2200.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

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: Fire suppression
UL-300 3 Gal Wet Chem

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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
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
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____
[ ] Fire Protection Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 02-0936

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

Block 842 Lot 28 Qualification Code ____

Work Site Location Brick Corner Convenience Store
1715 RT 88

Owner in Fee: ____

Tel. (____) ____ e-mail ____

Address ____

Contractor: ANKOR FIRE + SAFETY (street / municipality) Tel. (856) 624 8188 (zip code)

Address PO BOX 187 e-mail ____
Mt EPHRAIM NJ 08059

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00114

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

Fire Alarm Contractor No. ____ Exp. Date 10/10

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

Federal Emp. ID No. ____ FAX: (____) ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: ____

Total Cost of Fire Protection Work $ 2200.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

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: Fire Suppression UL-300 300 gal Wet Chem

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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
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
[ ] Partial -Underslab Utilities Approved
Date:____ Approved by: ____
[ ] Fire Protection Plans Approved
Date:____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 ____				

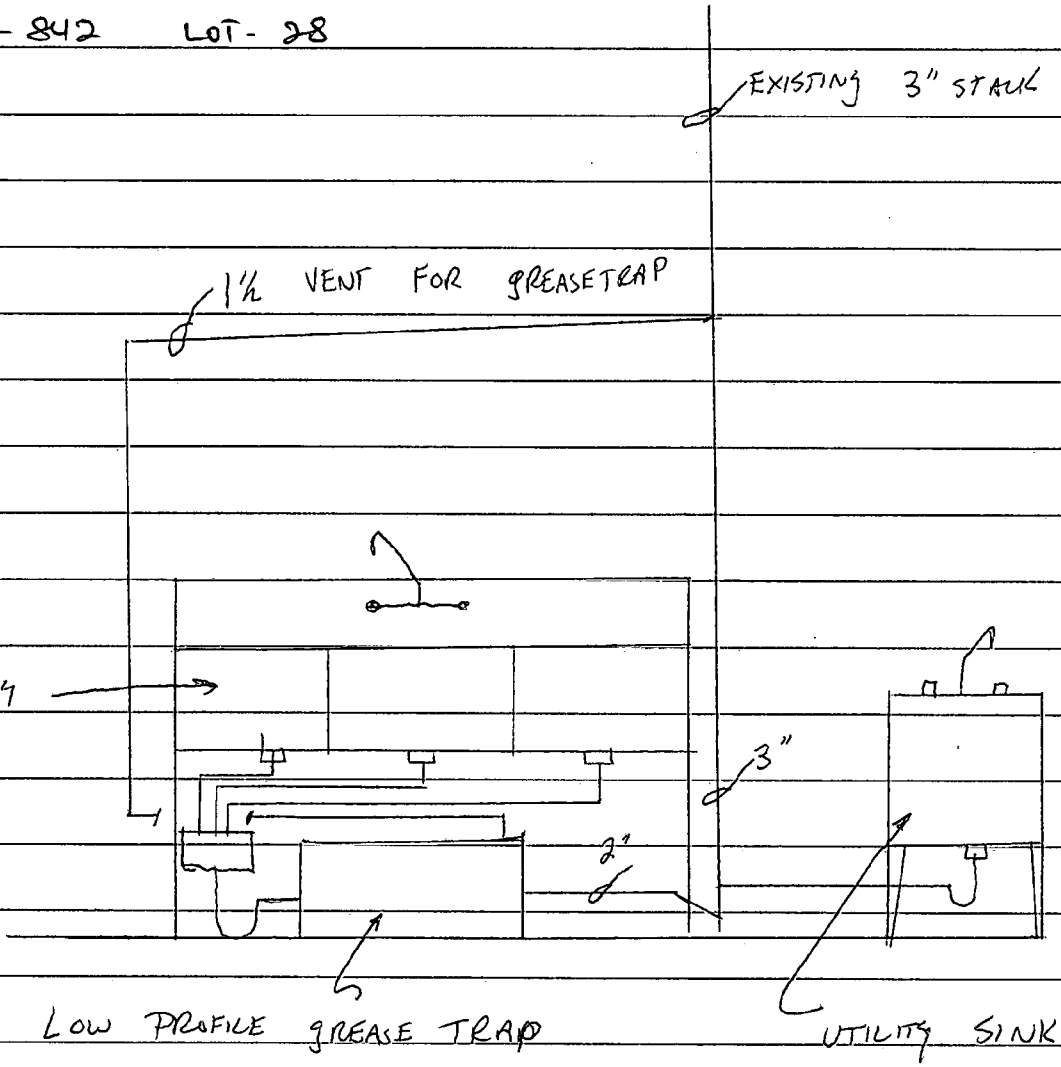
KEITH CHRISTOPHER LIC # 10401

PROPOSED GREASE TRAP AND ADDITION OF UTILITY SINK WITH EXISTING 3-BAY SINK

STORE - BRICK CORNER CONVENIENCE - OWNER KIERAN PATEL

1715 RT#88 UNIT #7 BRICK NJ

BLOCK - 842 LOT - 28



Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing		4-28-09	
Building			
Fire			
Electrical			

KEITH CHRISTOPHER LIC# 10401

PROPOSED GAS LINE FOR BRICK CORNER CONVENIENCE

STORE BLOCK-842, LOT-28

1715 RT 88 #7

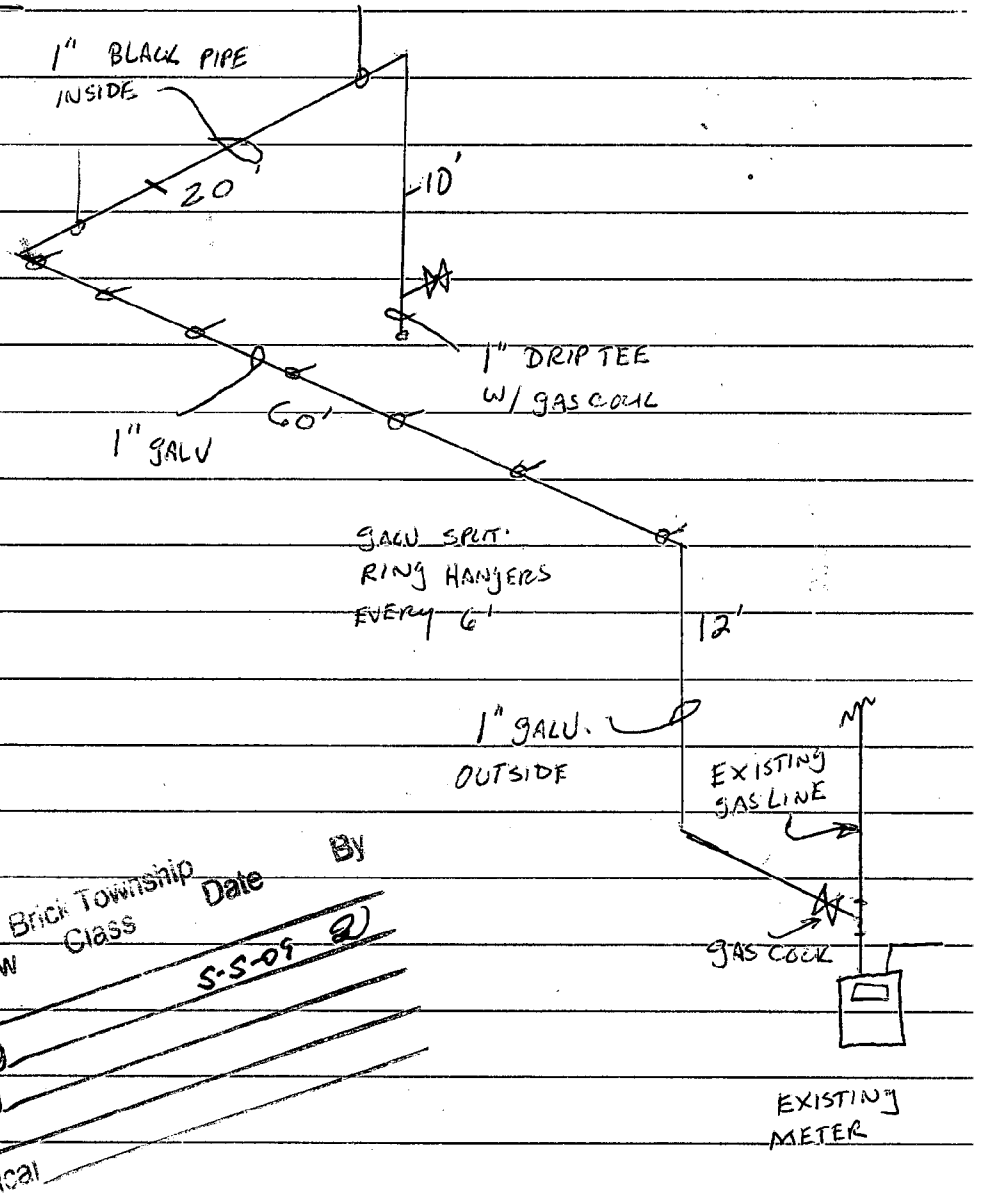
OWNER KIRAN PATEL

105 FT 1" PIPE 199KBTU CAPACITY

GRILL 60K BTU

FRYER 90K BTU

150K BTU



Brick Township Glass

By

Date 5-5-09

Plan Review

Zoning

Plumbing

Building

Fire

Electrical

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1715 ROUTE 88 BRICK, NJ 08742 CC:

RE: Plumbing Subcode
Block: 842 Lot: 28 Qual:
1715 ROUTE 88
Permit Number: +A Control Number: C-09-000316+A
Last Submit Date: Tuesday, March 24, 2009

Date: Tuesday, March 24, 2009

Dear BRICK CORNER CONVENIENCE STORE,

The following comments were made during the Plan Review process:

1.Department of Health approval is required for alterations to all food handling establishments. ✓

2.Floor plan is required for kitchen alterations. ✓

3.Application must include fire technical section for gas-fired appliances.

4.Cooking in store will require a grease trap. ✓

Additional review is needed once a plan for the kitchen is submitted.

Plumber has been notified 3-24-09

need BTU of appliance on plan
need distance of plumbing on plan
Sign & seal gas sketch

4/17/09
Spoke w/ Mrs. Patel
732-447-3541
12:50pm

Sincerely,

Daniel F Newman Jr, Subcode Official

Kevin,

Please relook at this. The Plumber tells me no hood has ever been used here. If true we need permit for gas-fired appliances, and needs grease trap.

DAN

09-0935 + A

Date Received 05-07-09
Control #

Date Issued
Permit # 109-003316 + A

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 842 Lot 28 Qualification Code

Work Site Location BRICK CORNER CONVENIENCE STORE
1715 RT 88 STORE #7

Owner in Fee: KIRAN PATEL

Tel. (732) 447 3541 e-mail

Address 1715 RT 88 #7 BRICK 08724
street municipality zip code

Contractor: KEITH CHRISTOPHER Tel. (732) 473-0705

Address 551 FORECASTLE AVE. e-mail
BEACHWOOD, NJ

Contractor License No. 10401 Exp. Date 6-09

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed GAS LINE FOR GRILL

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date 5-5-09 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLING NEW GAS LINE FROM METER AT REAR OF BUILDING ACROSS BACK OF STRUCTURE TO LOCATION OF GRILL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 340 Lot 29 Qualification Code

Work Site Location BRICK CORNER CONVENIENCE STORE
1715 RT 88 STORE #7

Owner in Fee: KIRAN PATIL

Tel. (732) 447 3541 e-mail

Address 1715 RT 88 #7 BRICK 08724
street municipality zip code

Contractor: KEITH CHRISTOPHER Tel. (732) 473-0705

Address 551 FORESTGATE AVE. e-mail
BEACHWOOD, NJ

Contractor License No. 10401 Exp. Date 6-09

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed GAS LINE FOR GRILL

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 5-5-09 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLING NEW GAS LINE FROM METER AT REAR OF BUILDING ACROSS BACK OF STRUCTURE TO LOCATION OF GRILL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

From:- Kiran Patel
Brick corner con-
store
1715 Rt 88
Brick NJ 0872
732 477 3541

TO, Allison.
Building Dep.
Brick.

Total Page. 3.

Report From Helth Dep.

K. C. Patel

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 2032

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 732-477-3541

ESTABLISHMENT TRADING NAME: Brick Corner Convenience Store

NUMBER AND STREET: 1715 Rt 88 West Store #7

CITY OR MUNICIPALITY: Brick

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 12/10

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: KIRAN PATEL

NUMBER AND STREET: C/O SAME

CITY OR MUNICIPALITY:

STATE:

ZIP CODE:

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
4/29/09	1600	1700

COMPLAINT NO.:

COMPLAINT REC.:

COMPLAINT INSPECTED:

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE
  NO. OF MACHINES: _____
- ☐ FROZEN DESSERTS
- ☐ OTHER
  _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O. V, NA.

NAME OF INSPECTING OFFICIAL (Print): GEORGE D McG

SIGNATURE OF INSPECTING OFFICIAL: George D McG

PERMANENT REG. NO.: B-2062

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Brick Corner Convenience		4/29/09
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours) Begin**
J. McCoy	Brick	

REG. NO.	REMARKS (Please specify area)
	- this Flow Chart was observed to be satisfactory upon completion of construction (additions etc.) Contact this agency for an inspection.
	24hrs notice are required

(Attach additional sheets if necessary)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1715 ROUTE 88 BRICK, NJ 08742 CC:

RE: Plumbing Subcode
Block: 842 Lot: 28 Qual:
1715 ROUTE 88
Permit Number: +A Control Number: C-09-000316+A
Last Submit Date: Tuesday, April 28, 2009

Date: Tuesday, April 28, 2009

Dear BRICK CORNER CONVENIENCE STORE,

The following comments were made during the Plan Review process:
Department of Health approval is required for alterations to all food handling establishments.

Floor plan is required for kitchen alterations.

Application must include fire technical section for gas-fired appliances.

Cooking in store will require a grease trap.
gas piping under sized 4-28-09

Sincerely,

Daniel F Newman Jr, Subcode Official

4-28-09
732-473-0705
Called Contractor
Keith Fire Castle
spoke w/ secretary
Resubmit
5-5-09

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

09-0935

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

Block 892 Lot 28

Work Site Location BRICK CORNER CONVENIENCE STORE
1715 RT 88 BRICK 08724

Owner in Fee BRICK CORNER CONV. STORE

Address 1715 RT 88 BRICK 08724

Tele. (877) 351-3473

Contractor B+B FIRE PROTECTION, LLC

Address 800 OCEAN RD PT PLEASANT 08742

Tele. 877) 351-3473 Fax ( ) _____

Lic. No. PA1169

Federal Emp. No. 030608478

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

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

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 5900.00

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [X] Existing [ ]

Location of Main Control Valve:

_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 2-10-09

Approved by: _____

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				
Final				
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.

_____
Signature

D. TECHNICAL SITE DATA

05-1519

DESCRIPTION OF WORK: INSTALL ONE NEW 4' STAINLESS HOOD + NEW UL300 FIRE SUPPRESSION SYSTEM

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks	**NUMBER**	**FEE (Office Use Only)**
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
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	55-
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System	1	95-
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	2	150-
Other _____		

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

U.C.C. F140
(rev. 3/96)

BRICK CORNER CONVENIENCE STORE
1715 Route 88 Store #7
Brick, N.J. 08724

April 27, 2009

Building Inspector
Township of Brick

Re: Block 842
Lot 28

Dear Sir,

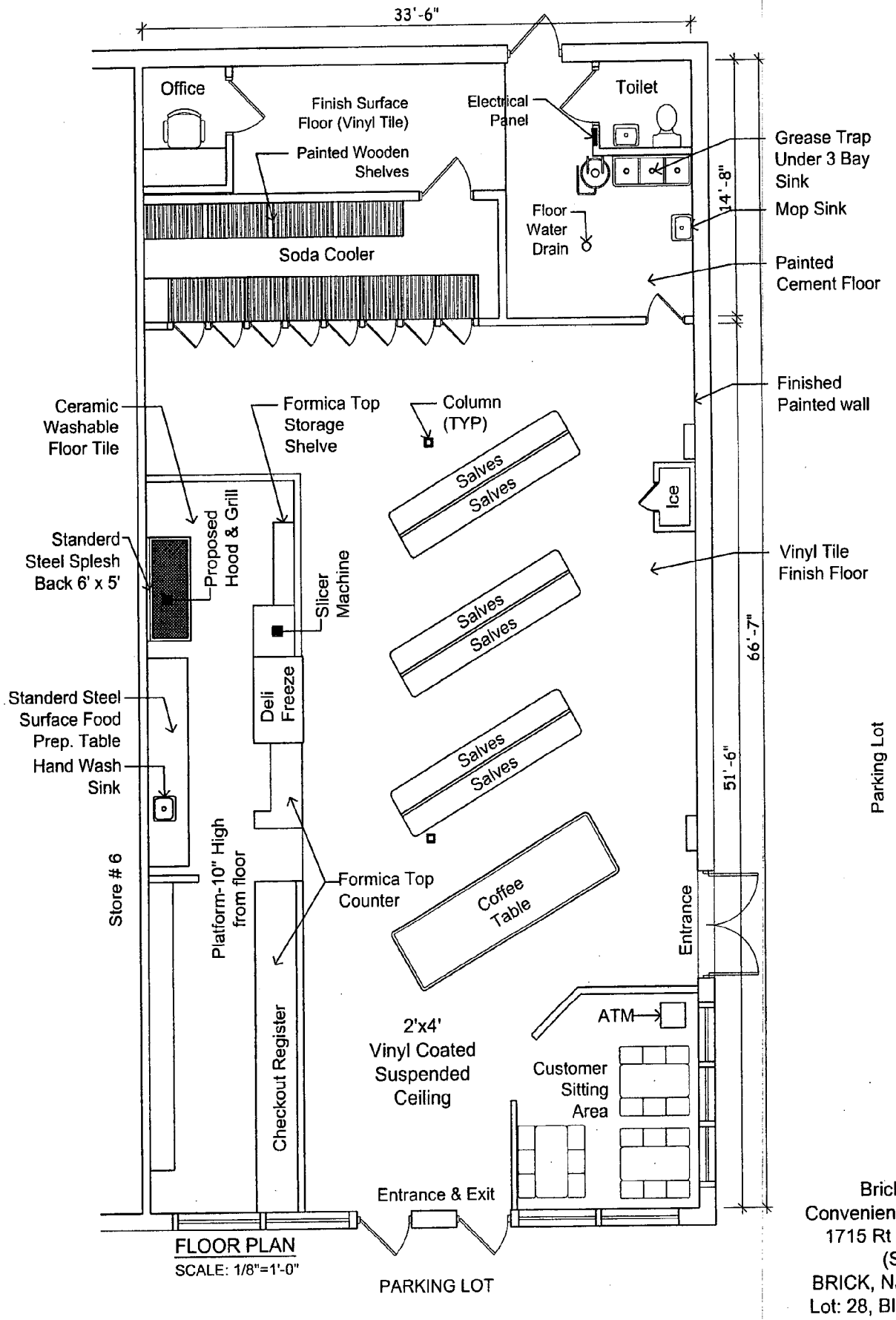
Please find enclosed revised drawing for gas line, grease trap, and mop sink as required for permit.

If you need any further information I can be reached at 732-447-3541.

Thank you.

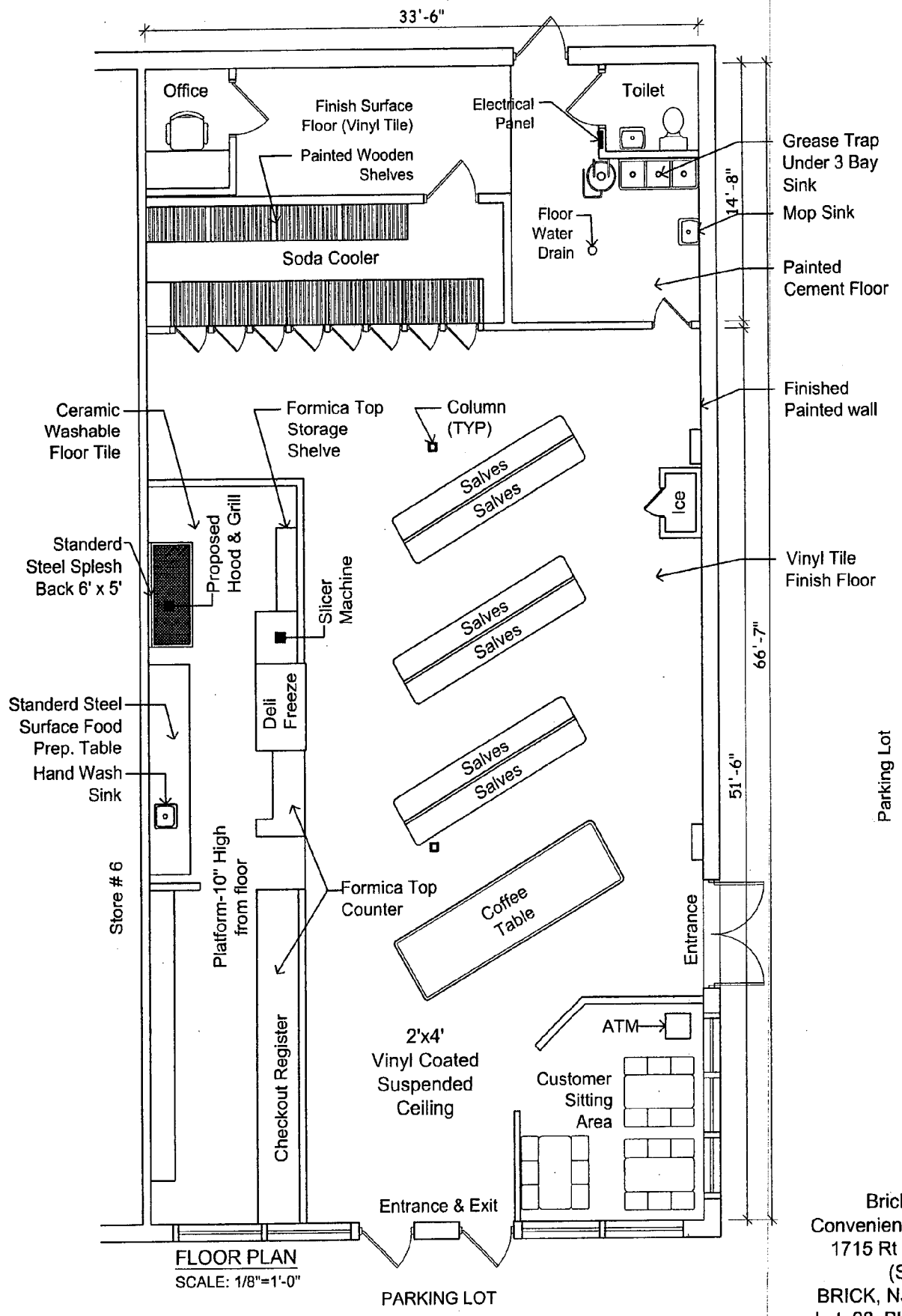
Sincerely,

KIRAN PATEL



FLOOR PLAN
SCALE: 1/8"=1'-0"

Brick Corner
Convenience Store
1715 Rt 88 West
(Store #7)
BRICK, NJ. 08724
Lot: 28, Block: 842
Owner: Kiran Patel
Cell: 732-447-3541

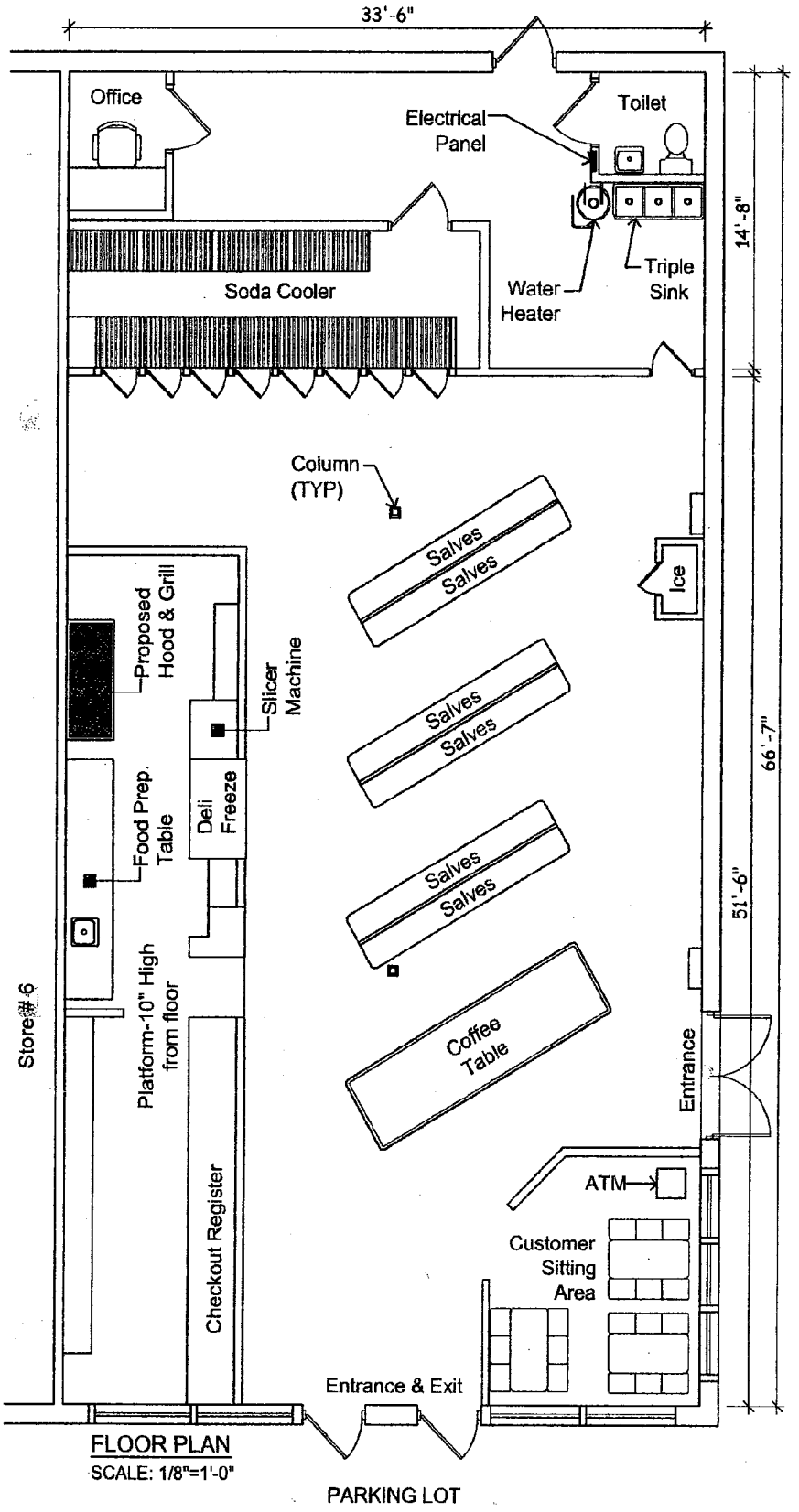


FLOOR PLAN
SCALE: 1/8"=1'-0"

East ⟵ Route 88 ⟶ West

Brick Corner
Convenience Store
1715 Rt 88 West
(Store #7)
BRICK, NJ. 08724
Lot: 28, Block: 842
Owner: Kiran Patel
Cell: 732-447-3541

Apr 07, 2009 - 12:51pm



FLOOR PLAN
SCALE: 1/8"=1'-0"

All existing Layout

East ⟵ Route 88 ⟶ West

Brick Corner
Convenience Store
1715 Rt 88 West
(Store #7)
BRICK, NJ. 08724
Owner: Kiran Patel
Cell: 732-447-3541

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C09-000316

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1715 Route 88 - Brick Corner Convenience Store

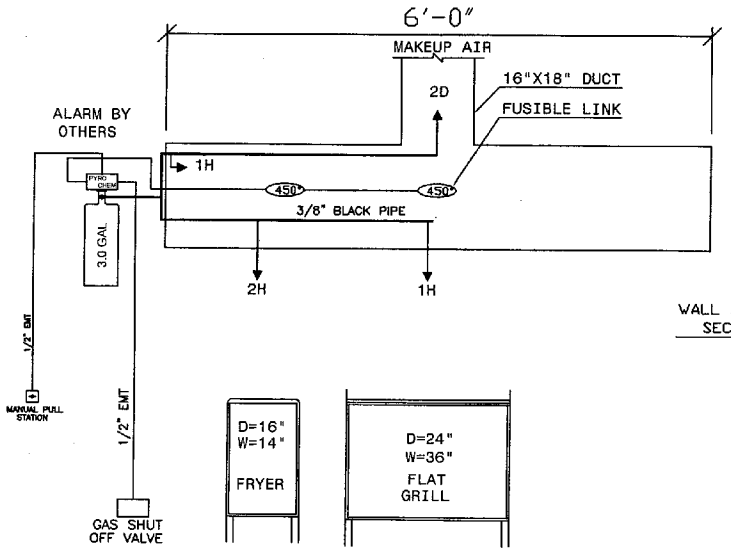
DATE REVIEWED:

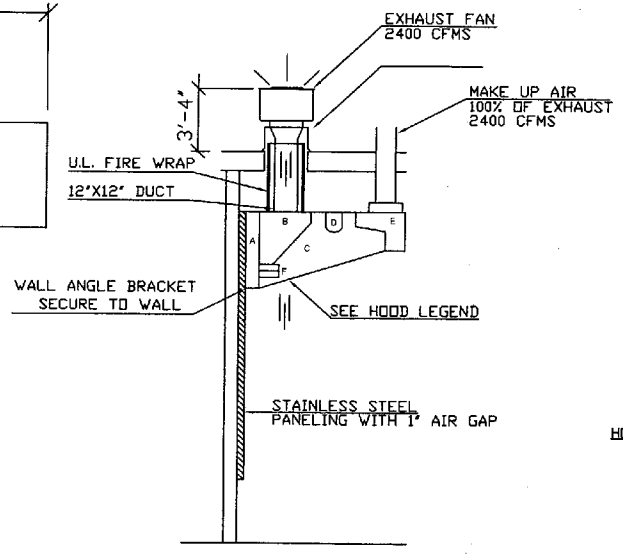
REVIEWED BY:

CONTACT CALLED/FAXED: Kevin- Please Relook @ this - See DARS notation on Rg. Reject Sheet - Thank- A—

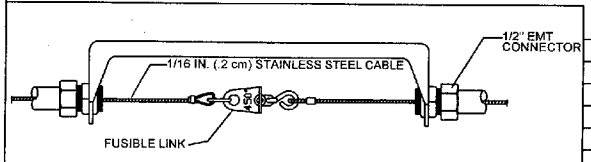
3-27-19 No Hood or system currently in place.
Ron Bittner

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





HOOD SECTION
SCALE: NTS



FUSIBLE LINK DETAIL

HOOD LEGEND	
REF.	DESCRIPTION
A	4" AIR SPACE
B	EXHAUST PLENUM
C	UL BAFFLE FILTERS
D	UL VAPOR PROOF LIGHT
E	MAKEUP AIR
F	GREASE TRAP AND CUP

GENERAL NOTES:

1. THIS INSTALLATION IS TO BE MADE IN ACCORDANCE WITH THE PYRO CHEM INSTALLATION MANUAL AND IN ACCORDANCE WITH ALL STATE AND LOCAL CODES.
2. ALL PIPE LENGTHS TO BE FIELD VERIFIED.
3. THESE DRAWINGS MAY BE USED TO SECURE APPROVAL FROM THE AUTHORITY HAVING JURISDICTION.
4. IT IS NECESSARY THAT ALL PIPE FITTINGS AND NOZZLES BE WRENCH TIGHTENED AND SECURELY SUPPORTED AND THAT ALL NOZZLES ARE PROPERLY AIMED AS INDICATED IN THE PYRO CHEM INSTALLATION MANUAL.
5. THE WIRE ROPE FOR THE DETECTOR AND REMOTE PULL STATION IS TO BE INSTALLED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
6. THIS INSTALLATION IS TO BE INSPECTED, PUT INTO OPERATION AND CERTIFIED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
7. ELECTRICAL CONTACTS AND WIRING FOR APPLIANCE SHUT OFF TO BE PROVIDED BY THE ELECTRICAL CONTRACTOR.
8. PYRO CHEM RESTAURANT FIRE SUPPRESSION SYSTEMS HAVE BEEN TESTED AND ARE LISTED BY UNDERWRITERS' LABORATORIES INC. AS PRE-ENGINEERED SYSTEMS, AND WHEN INSTALLED AS SHOWN ON THIS DRAWING SHALL COMPLY WITH ALL RELEVANT PYRO-CHEM INSTALLATION RECHARGE INSPECTION AND MAINTENANCE MANUALS AND SHALL COMPLY WITH NFPA 96 WHEN INSTALLED AND CERTIFIED BY AUTHORIZED TRAINED PYRO-CHEM DISTRIBUTORS IN ACCORDANCE WITH THE MANUAL.
9. ALL AGENT DISTRIBUTION PIPING AND DETECTION CONDUIT HOOD PENETRATIONS MUST BE PROPERLY SEALED IN ACCORDANCE WITH NFPA 96.
10. MAKE-UP AIR SHALL SHUT DOWN UPON SYSTEM ACTIVATION
11. EXHAUST FAN SHALL REMAIN ON DURING SYSTEM ACTIVATION
12. SYSTEM SHALL SHUT DOWN FUEL TO ALL APPLIANCES UPON SYSTEM ACTIVATION
13. COOKING APPLIANCES SHALL BE 0'-6" FROM END OF HOOD.
14. MANUAL PULL STATION SHALL BE LOCATED A MINIMUM OF 10'-0" FROM HOOD AND AT A MEANS OF EGRESS.

HOOD NOTES

1. HOOD SHALL MEET CURRENT NFPA 96, IMC AND IBC CODES.
2. ALL WELDS SHALL HAVE LIQUID TIGHT SEAMS.
3. EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
4. HOOD SHALL BE A MINIMUM OF 18 GAUGE STAINLESS STEAL OR 16 GAUGE GALVANIZED STEAL.
5. GREASE FILTERS SHALL BE ON A MINIMUM OF A 45° ANGLE.
6. HOOD SHALL BE SUSPENDED BY 3/8" STEEL RODS @ 5'-0" OC TO STRUCTURE.
7. DUCT WORK SHALL BE OF A 16 GAUGE GALV. METAL WITH LIQUID TIGHT SEALS

8 135° Heat Sensors will be placed in exhaust duct work

2-10-08

NOZZLE SCHEDULE			
QTY.	MODEL#	DESCRIPTION	NO. FLOW POINTS
2	1H	HIGH RANGE APPLIANCE/PLENUM NOZZLE	1
1	2H	HIGH RANGE APPLIANCE NOZZLE	2
1	2D	DUCT NOZZLE	2

NUMBER OF FLOW POINTS AVAILABLE: 10
NUMBER OF FLOW POINTS USED: 6

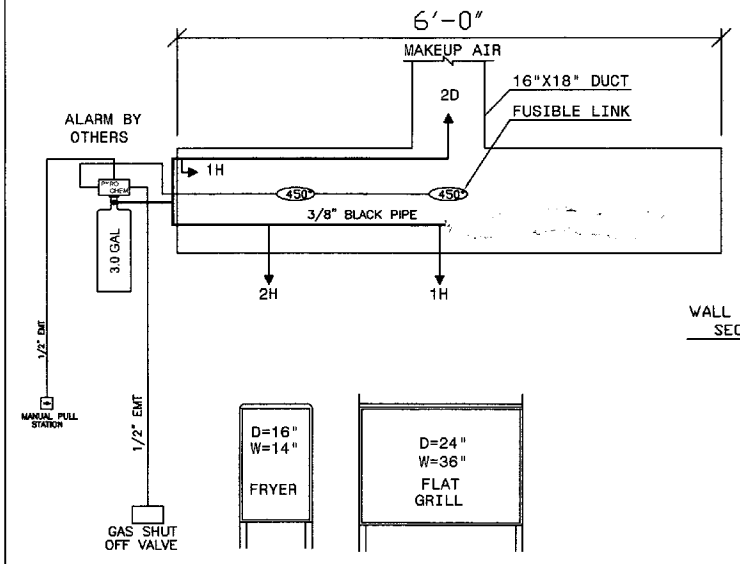
PROJECT INFORMATION
NAME: Brick corner convenience store
ADDRESS: 1715 Route 88
Brick, NJ 08724

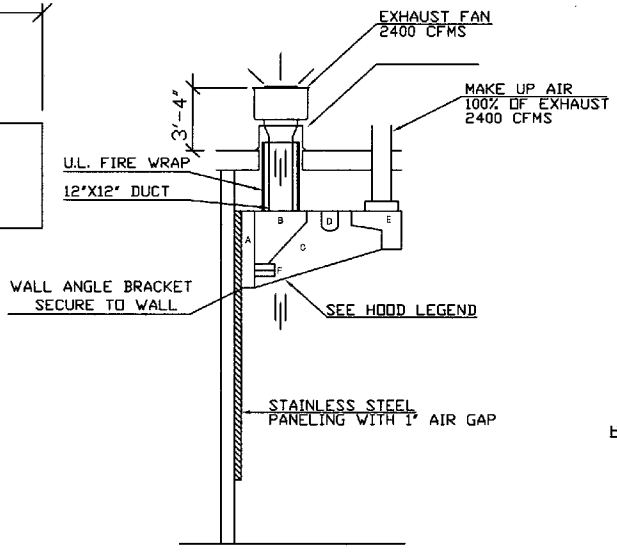
DRAWING TITLE
FIRE SUPPRESSION SYSTEM PLAN
ELEVATION & NOTES

DRAWN BY: JG
DATE: 07/26/07
DRAWING #: KS-1 1 OF 1

B&B FIRE PROTECTION, LLC.
800 Ocean Rd
POINT PLEASANT, NJ 08742
PHONE: 877-351-3473
N.J. BUSINESS PERMIT # P01169

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





HOOD SECTION
SCALE: NTS

GENERAL NOTES:

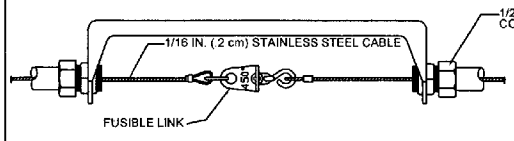
1. THIS INSTALLATION IS TO BE MADE IN ACCORDANCE WITH THE PYRO CHEM INSTALLATION MANUAL AND IN ACCORDANCE WITH ALL STATE AND LOCAL CODES.
2. ALL PIPE LENGTHS TO BE FIELD VERIFIED.
3. THESE DRAWINGS MAY BE USED TO SECURE APPROVAL FROM THE AUTHORITY HAVING JURISDICTION.
4. IT IS NECESSARY THAT ALL PIPE FITTINGS AND NOZZLES BE WRENCH TIGHTENED AND SECURELY SUPPORTED AND THAT ALL NOZZLES ARE PROPERLY AIMED AS INDICATED IN THE PYRO CHEM INSTALLATION MANUAL.
5. THE WIRE ROPE FOR THE DETECTOR AND REMOTE PULL STATION IS TO BE INSTALLED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
6. THIS INSTALLATION IS TO BE INSPECTED, PUT INTO OPERATION AND CERTIFIED BY AN AUTHORIZED AND FACTORY TRAINED DISTRIBUTOR OR SERVICE REPRESENTATIVE.
7. ELECTRICAL CONTACTS AND WIRING FOR APPLIANCE SHUT OFF TO BE PROVIDED BY THE ELECTRICAL CONTRACTOR.
8. PYRO CHEM RESTAURANT FIRE SUPPRESSION SYSTEMS HAVE BEEN TESTED AND ARE LISTED BY UNDERWRITERS' LABORATORIES INC. AS PRE-ENGINEERED SYSTEMS, AND WHEN INSTALLED AS SHOWN ON THIS DRAWING SHALL COMPLY WITH ALL RELEVANT PYRO-CHEM INSTALLATION RECHARGE INSPECTION AND MAINTENANCE MANUALS AND SHALL COMPLY WITH NFPA 96 WHEN INSTALLED AND CERTIFIED BY AUTHORIZED TRAINED PYRO-CHEM DISTRIBUTORS IN ACCORDANCE WITH THE MANUAL.
9. ALL AGENT DISTRIBUTION PIPING AND DETECTION CONDUIT HOOD PENETRATIONS MUST BE PROPERLY SEALED IN ACCORDANCE WITH NFPA 96.
10. MAKE-UP AIR SHALL SHUT DOWN UPON SYSTEM ACTIVATION
11. EXHAUST FAN SHALL REMAIN ON DURING SYSTEM ACTIVATION
12. SYSTEM SHALL SHUT DOWN FUEL TO ALL APPLIANCES UPON SYSTEM ACTIVATION
13. COOKING APPLIANCES SHALL BE 0'-6" FROM END OF HOOD.
14. MANUAL PULL STATION SHALL BE LOCATED A MINIMUM OF 10'-0" FROM HOOD AND AT A MEANS OF EGRESS.

HOOD NOTES

1. HOOD SHALL MEET CURRENT NFPA 96, IMC AND IBC CODES.
2. ALL WELDS SHALL HAVE LIQUID TIGHT SEAMS.
3. EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS
4. HOOD SHALL BE A MINIMUM OF 18 GAUGE STAINLESS STEAL OR 16 GAUGE GALVANIZED STEAL.
5. GREASE FILTERS SHALL BE ON A MINIMUM OF A 45° ANGLE.
6. HOOD SHALL BE SUSPENDED BY 3/8" STEEL RODS @ 5'-0" OC TO STRUCTURE.
7. DUCT WORK SHALL BE OF A 16 GAUGE GALV. METAL WITH LIQUID TIGHT SEALS

8 135° Heat sensors will be placed in exhaust duct work

2-10-08



FUSIBLE LINK DETAIL

HOOD LEGEND	
REF.	DESCRIPTION
A	4" AIR SPACE
B	EXHAUST PLENUM
C	UL BAFFLE FILTERS
D	UL VAPOR PROOF LIGHT
E	MAKEUP AIR
F	GREASE TRAP AND CUP

NOZZLE SCHEDULE

QTY.	MODEL#	DESCRIPTION	NO. FLOW POINTS
2	1H	HIGH RANGE APPLIANCE/PLENUM NOZZLE	1
1	2H	HIGH RANGE APPLIANCE NOZZLE	2
1	2D	DUCT NOZZLE	2

NUMBER OF FLOW POINTS AVAILABLE: 10
NUMBER OF FLOW POINTS USED: 6

PROJECT INFORMATION

NAME: Brick corner convenience store

ADDRESS: 1715 Route 88 Brick, NJ 08724

DRAWING TITLE

FIRE SUPPRESSION SYSTEM PLAN
ELEVATION & NOTES

DRAWN BY	DATE:	DRAWING #
JG	07/26/07	KS-1 1 OF 1

B&B FIRE PROTECTION, LLC.
800 Ocean Rd
POINT PLEASANT, NJ 08742
PHONE: 877-351-3473
N.J. BUSINESS PERMIT # P01169

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: BRICK CORNER CONVENIENCE STORE
2. Name of Owner in Fee: KIRAN PATEL
   Tel. (732) 447-3541 e-mail _____
   Address 1715 (street) RT 88 STORE # 7 BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: KEITH CHRISTOPHER Tel. (732) 473-0705
   Address 551 FORECASTLE AVE e-mail _____
   BEACHWOOD, NJ 08722
   License No. OR, if new home, Builder Reg. No. 10401 Exp. Date _____
   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 _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit 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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☑ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing									
☐ Fire Protection									
☐ 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks