BLOCK ✓ 542 LOT ✓ 28 QUALIFICATION CODE _____ ADDRESS (SITE) ✓ 1715 Route 88 PERMIT NO. 01-0658

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1715 Route 88 Bricktown, NJ 08723
2. Name of Owner in Fee: United Check Cashing Tel. (215) 238-0300
   Address 400 Market St. Suite 1030 Philadelphia PA 19106
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Guardian Protection Service Tel. (800) 297-6054
   Address 3 Terri Lane Suite 8 Burlington, NJ 08016
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 25-1666844 FAX: (609) 239-0094
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Kris Kucinski
   Tel. (800) 297-6054 FAX (609) 239-0094

Security System

COMMERCIAL

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	35	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		5	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	40	

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical	6,422				3-21-01	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS BR 10400795

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

03/21/01 09:03AM 0000000#2350
#807 SERV.007
#01658 ELECTRIC $35.00
BCA $5.00
CHECK CASH $40.00

Date Issued 03/21/20
Control #
Permit # 01-0658

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 842 Lot 28 Qual

Work Site Location 1715 ROUTE 88
ALARM SYSTEM
Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Telephone (732)833-2490

Contractor GUARDIAN PROTECTIONS
Address 3 TERRI LANE SUITE 8
BURLINGTON, NJ 08016-
Telephone (800)297-6054
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-1666844

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SECURITY SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	ERP

NOTE: If construction 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 $ 6,422

Construction Official

03/21/2001
Date

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/21/2001
Date Issued 03/21/2001
Control #
Permit # 01-0658

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

Block 642 Lot 24 Qual
Work Site Location 1715 ROUTE 88
ALARM SYSTEM
Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(800)297-6054 Fax ( )
Contractor GUARDIAN PROTECTIONS
Address 3 TEER1 LANE SUITE 8
BURLINGTON, NJ 08016-
Tele.(800)297-6054
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-1666844

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6.42

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect. Plans Approved
Date: 3/21/01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 5

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/21/2001
Date Issued 03/21/2001
Control #
Permit # 01-0658

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

Block 642 Lot 2t Qual
Work Site Location 1715 ROUTE 88
ALARM SYSTEM
Owner in Fee SOS CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(800)257-6054 Fax ( )
Contractor GUARDIAN PROTECTIONS
Address 3 TERRI LANE SUITE 6
BURLINGTON, NJ 08016-
Tele.(800)292-6054
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-1666844

F. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole,Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,42[illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elec. Plan Approved
Date: 3/21/01
Approved by:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	Kb Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Suspanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # Collected by:

Administrative Surcharge	$ 0
Minimum fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 5

U.C.C. FL.0 (rev. 3/96)

W[redacted] 021299
Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 9 97 0 0 8 4 9 0

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
Work Site Location Rt. 88 Brick, N.J.
PLAZA 1715
Owner in Fee MAHESH UBEROI UII Corp.
Address 374 Commons Way
Princeton NJ. 08540
Tele. (609) 924-3200
Contractor NSCars Electrical Service, Inc.
Address 265 Bruce St.
Lakewood NJ.
Tele. (732) 363-6642
Lic. No. 8019
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO			9-11-97	
Other				
Service				
Final				

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

7/25/00 BV 5433 9/20/00 rel 12/3/00 ea C 1/31/01 Sent BB 3/9/01

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.

Mark Hamm
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
1	40 amp	Signs	35-
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	40 Amp	Service Entrance	40-
		Other	

Paid [ ] Check # 10344-10345
Collected by: m

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 75-

U.C.C. Form F-120B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

SEP 9 97 008H30

9.11.97 (1) Formis were used inside of Sign
(2) 1" Rigid used for Mast.
(3) Mast Running thru entire length of sign.

7/25/00 MAILED COPY AND LETTER.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #
MAY 16 97 0 0 4 3 0 6

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

Block 94 Lot 28
Work Site Location 1715 RT. 88 W
BRICK
Owner in Fee MANESH UBEROI
Address [redacted]
Tele. ( )
Contractor LIGHTING + ELECTRIC DESIGN
Address 475 16TH AVE. BRICK N.J. 08724
Tele. (908) 458-5791
Lic. No. 13632
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Office Space Utility Co. _____
Est. Cost of Elec. Work $ 1000.00 APROX. Including New Circuit w/ Smoke Detectors

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
7/25/00 OWEN 5433
9/26/00 Sent OK 11/13/00 OK 12/9/01

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
6		Receptacles (2)	
		Switches (3)	
9		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
4		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

Paid [✓] Check # 2788
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 35.-
DCA Training Fee	$ 1.-
TOTAL FEE	$ 36.-

U.C.C. Form F-1208

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

2/25/00 MAILED COPY AND LETTER

RADIO BACK UP

SECTION 13

Specifications

Dimensions	6 5 x 4 0 x 1 5 without antenna
Power	Panel auxiliary power output 9 6 13 8VDC
Backup Battery	ADEMCO K4362
DC Current drain	100mA max in current limit mode 350mA max if current limit disabled and battery low or bad
	NOTE When the 7720P is plugged in an additional 100mA is drawn from the power supply
Radio fault output	Open collector
Input triggering levels	Voltage ground or contacts can trigger 2K EOL supervised
RF power output	600mW
Frequency band	833 835MHz Transmit
	878 880MHz Receive
Channel separation	30kHz
Receiver sensitivity	115dBm
Operating temp	30 to +60 Celsius
Storage temp	40 to +70 Celsius
Humidity	0 to 90% relative humidity noncondensing
Altitude	to 10 000 ft operating to 40 000 ft storage
Antenna	ADEMCO Cellular Antenna (included K4193)

For MAGLOCKS

Altronix®

SMP7-CTX
Supervised Power Supply/Charger

Overview:

The SMP7-CTX is a power limited supply/chargers that will convert a 115 VAC / 60Hz input, into a 12VDC or 24VDC power limited output, with 4 amps of continuous supply current (see specifications).

Specifications:

- Switch selectable 12VDC or 24VDC.
- Input 115VAC / 60Hz, 1.45 amp.
- Maximum charge current .7 amp.
- 6 amps continuous supply current at 12VDC or 24VDC.
- Filtered and electronically regulated outputs.
- Built-in charger for sealed lead acid or gel type batteries.
- Automatic switch over to stand-by battery when AC fails (zero voltage drop).
- AC input and DC output LED indicators.
- Short circuit and thermal overload protection.
- Unit is complete with power supply, enclosure and cam lock.
- Includes battery leads.
- Power on-off switch.

Specified at 25° C ambient.

SMP7-CTX Enclosure Dimensions: 15.5"H x 12"W x 4.5"D (cam lock included)
Note: Enclosure accommodates up to two (2) 12AH batteries

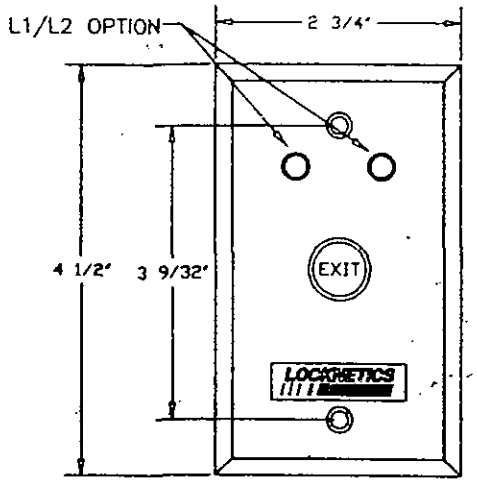
Power Supply Voltage Output Specifications: *

Output VDC	Switch Position	Max. Load DC
12VDC	SW 1 - Closed	6 amps
24VDC	SW1 - Open	6 amps

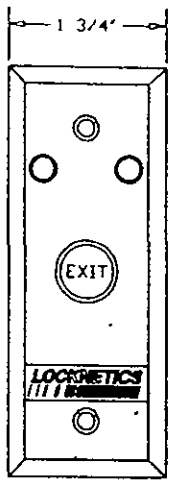
Installation Instructions:

The SMP7-CTX should be installed in accordance with The National Electrical Code and all applicable Local Regulations.

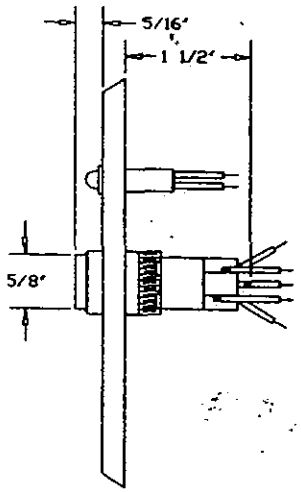
1. Mount the SMP7-CTX in desired location.
2. Set the SMP7-CTX to desired DC output voltage via SW1 (see power supply voltage output selection chart).
3. Connect AC power to terminals marked [L & N], connect ground to terminal marked [G].
   Keep power limited wiring separate from non-power limited wiring (115VAC / 60Hz Input, Battery Wires). Minimum .25" spacing must be provided.
4. Connect devices to be powered to terminals marked [+ DC –].
   Note: It is good operating practice to measure and verify output voltage before connecting devices to ensure proper operation of equipment.
   *Note: Power switch is used to turn off DC output voltage (However if battery is connected, its voltage will appear on the output). It disconnects the L (HOT) terminal from the rest of the board. When servicing the unit, AC mains should be removed.
5. When using stand-by batteries, they must be lead acid or gel type.
   Connect battery to terminals marked [- BAT +] (battery leads included).
   Use two (2) 12VDC batteries connected in series for 24VDC operation.
   Note: When batteries are not used a loss of AC will result in the loss of output voltage.



701 SINGLE GANG
(WITH L2 OPTION)



702 NARROW
(WITH L2 OPTION)



SIDE VIEW

SPECIFICATIONS:

SWITCHES:

CONTACT RATINGS:
5 AMPS @ 250 VAC

"ILL" OPTION:
24 VDC LED

WIRE LEADS:
20 AWG – 6" LONG

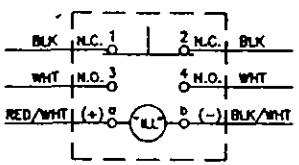
L1/L2 OPTIONS:

INPUT REQUIREMENTS:
VOLTAGE: 12 – 24 VAC/VDC
CURRENT: 30 mA MAX EACH

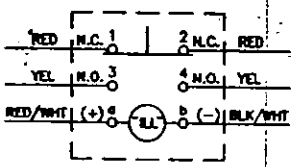
WIRE LEADS:
24 AWG – 6" LONG

WIRE COLORS:

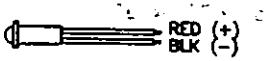
MOMENTARY SWITCH (FORM 'Z')



'AA' OPTION SWITCH (FORM 'Z')



L1/L2 OPTION



RECOMMENDED ELECTRICAL MOUNTING BOX:

STYLE	LOCKNETICS PART NUMBER
MORTISE MOUNT	724–40
SURFACE MOUNT	744–1

MODEL NUMBERING:

701 – RD EX – AA

MODEL

701 – SINGLE GANG
702 – NARROW STYLE

BUTTON STYLE

RD EX – RED w/EXIT LOGO
RD EX ILL – RED w/EXIT LOGO, (ILLUMINATED)

OPTIONS

AA – ALTERNATE ACTION
L1 – ONE LED (RED or GRN)
L2 – TWO LEDS (RED & GRN)

DRAWN BY: JK	DATE 1/93	TITLE		DRAWING NO.	PAGE	REV.
CHK'D BY:		701 & 702 SERIES PUSHBUTTON SWITCH – ENGRAVED BUTTON	LOCKNETICS Security Engineering	70101	2 OF 2	A
APP'D BY:						

Control Panel

SECTION 19

Specifications and Accessories

In This Section

- *Specifications*
- *Accessories (Compatible Devices)s*

Specifications

FA147C Security Control

1. Physical:

12-1/2" W x 14-1/2" H x 3" D (318mm x 368mm x 76mm)

2. Electrical:

VOLTAGE INPUT: 16.5VAC from plug-in 25VA transformer, Ademco No. 1317.

RECHARGEABLE BACK-UP BATTERY: 12VDC, 4AH (Gel type). Charging Voltage: 13.8VDC.

ALARM SOUNDER: 12V, 2.0 Amp output can drive 12V BELLS or can drive one or two 702 (**series** connected) self-contained 20-watt sirens. Do **not** connect two 702s in parallel.

AUXILIARY POWER OUTPUT: 12VDC, 500mA max. Interrupts for 4-wire smoke detector reset.

***Note**: For UL installations, Alarm Sounder plus Auxiliary Power currents should not exceed 600mA total.*

STANDBY TIME: (see Table in the *Final Power Up* section)

3. Communication:

FORMATS SUPPORTED:

4 + 2 Ademco Express,
10 characters/sec, DTMF (Touch-Tone) Data Tones, 1400/2300Hz ACK, 1400Hz KISSOFF.

Ademco Contact ID Reporting,
10 characters/sec., DTMF (Touch-Tone) Data Tones, 1400/2300Hz ACK, 1400Hz KISSOFF.

4 + 2 Ademco Low Speed, Standard
10 pulses/sec, 1900Hz Data Tone, 1400Hz ACK/KISSOFF.

Radionics, Standard
20 pulses/sec, 1800Hz Data Tone, 2300Hz ACK/KISSOFF.
Can report 0–9, B–F.

Line Seize: Double Pole.

Ringer Equivalence: 0.7B.

FCC Registration No.: AC 398U–68192–AL–E.

4. Maximum Zone Resistance: Zones 1–6 = 300 ohms excluding EOLR.

ADEMCO

QUEST 2220 & QUEST 2220C
MICROWAVE/PIR MOTION SENSORS

INSTALLATION INSTRUCTIONS

GENERAL INFORMATION

The Quest 2220 and Quest 2220C (with Form C relay) Microwave/PIR motion sensors offer next-generation performance with technology advances in many areas, including optics and signal processing. Unmatched levels of operation are assured with the following advanced features:

- Microprocessor-based C^3 signal processing (Cross-Channel Correlation) instantaneously correlates data from both the PIR and microwave channels. No longer are there separate PIR and microwave decisions–only a single, total unit alarm based on multi-dimensional analysis of simultaneous data from both channels.
- Split-Zone Optics technology improves discrimination between human and animal targets.
- Robust pet immunity to 100 lbs. over a range of mounting heights without sacrifice to detection.
- Accu-Trak environmental test feature allows the installer to check for environmental disturbances on both the PIR and microwave channels at the same time.
- Automatic adaptation to environmental disturbances.
- Rejection (with a patented digital notch filter) of fluorescent light disturbance.
- Continuous supervision of both PIR and microwave.
- Advanced dual-slope temperature compensation assures optimal detection.

This detector is shipped with its standard pet immune lens installed to provide coverage of 20 ft. x 25 ft. If other coverage patterns are desired, please consider the following alternative products:

- Quest 2235: 35 ft. x 45 ft. with 100 lb. pet immunity
- Quest 2260: 60 ft. x 75 ft.

Optional swivel-mounting brackets are available under part number 998SB and Quest-SB2, but are not recommended for installations with pets.

NOTE: To use the optional Look Down Zone, the masking material must be removed. Once the masking material has been removed, the Look Down Zone may be removed again by taking out the Look Down lens (see Figure 3 for location). **Do not remove the masking material for pet applications.**

COVERAGE & LOCATION CONSIDERATIONS

Combined protective patterns are shown in Figure 1 for a nominal mounting height of 7.5 ft. (2.3m). The microwave detection pattern shown in Figure 1 represents coverage in open space. In practical applications, when the detector is bounded by ceiling, floor, and walls, reflections can occur.

SELECTING A MOUNTING LOCATION

The detector responds to changes in energy that occur when an intruder moves into the combined protection pattern. Best coverage will be obtained if the mounting site is selected so that the likely direction of intruder motion is generally across the pattern and angles slightly toward the detector.

SPECIFICATIONS

Detection Method:	Dual-technology Microwave/PIR
Coverage:	Standard Pet Immune Lens 20' x 25' (6.1m x 7.6m)
Detection Zones:	Pet Immune Lens - 30 zones (8 long range, 7 over 7 over 7 short range, 1 optional Look Down Zone)
Pulse Processing:	Standard or Intermediate, selectable via DIP Switch
Detectable Walk Rate:	0.5-10 ft./Sec (.15-3mSec)
Mounting Height:	7-8 ft. (2.1-2.4m), 7.5 ft. (2.3m) recommended for pet installations
Indicator:	Red and Green LED (see LED INDICATIONS); enabled/disabled via DIP switch
Alarm Relay:	Form A, N.C. (Quest 2220), Form C, SPDT (Quest 2235C), 16VDC, 90mA max. with 15 ohm protective resistor
Input Voltage:	10-16VDC with reverse polarity protection
Current @ 12V:	25mA nominal (non-alarm) for Quest 2220 38mA nom. (non-alarm) for Quest 2220C 13mA nom. (alarm, LED disabled) 20mA nom. (alarm, LED enabled) Up to 50mA nom. during warm-up
Standby:	Power source should be capable of at least 4 hours of battery standby
Operating Temp.:	-20°F to 122°F (-29°C to +50°C) (0°C to +50°C for UL installations)
Operating Humidity:	Up to 95% RH (max.), noncondensing
Dimensions:	2.8"W x 5.2"H x 2.2"D (71mm x 132mm x 56mm)

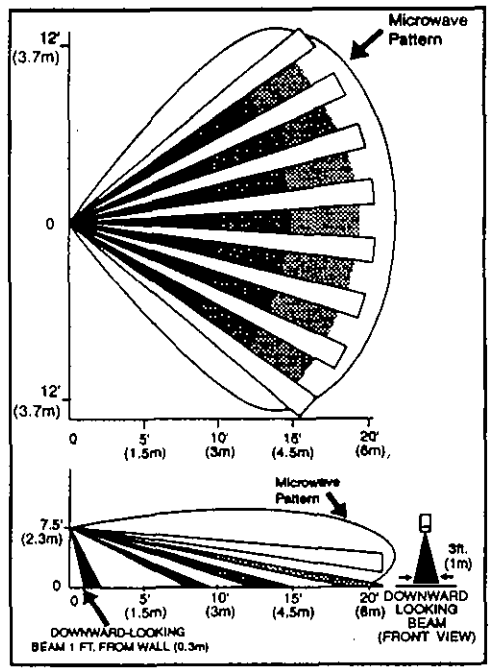


Figure 1. COVERAGE PATTERN

Installation Instructions for the DS1101I/1102I/1108I Glass Breakage Detectors

1.0 Specifications

- **Coverage:** 25 ft. (7.6 m) maximum to farthest point of glass being protected. For glass sizes over 12" by 12" (0.3 m by 0.3 m); types of 1/4" (0.64 cm) Plate, Tempered, Laminated, and Wired glass; and 1/8" (0.32 cm) Plate glass (DSB).
- **Mounting:** Directly to the ceiling, on an opposite wall, or on an adjacent wall.
- **Input Power:** **DS1101I/1102I:** 12 VDC (8 VDC min. to 15 VDC max.), 23 mA nominal @ 12 VDC (29 mA max. in LED latch mode).
  DS1108I: 12 VDC (9 VDC min. to 15 VDC max.), 21 mA nominal @ 12 VDC (24 mA max. in LED latch mode).
- **Standby Power:** Connect to power sources capable of supplying standby power of 23 mA-H for each hour of required standby time. *Four hour minimum standby time required for U. L. Certificated installations.*
- **Alarm Relay:** **DS1101I/1102I:** Form "C" reed relay (NO/C/NC). Contacts rated 3.5 Watts, 125 mA @ 28 VDC for DC resistive loads. Protected by a 4.7 ohm resistor in the common "C" leg.
  DS1108I: Normally Closed reed relay (NC/C). Contacts rated 3.5 Watts, 125 mA @ 28 VDC for DC resistive loads. Protected by a 4.7 ohm resistor in the common "C" leg.
- **Tamper:** Normally Closed (NC/C) rated 125 mA @ 28 VDC maximum.
- **Operating Temperature:** -20° to +120°F (-29° to +49°C). *For U. L. Certificated installations, the temperature range is +32° to +120°F (0° to +49°C).*
- **Enclosure:** Round = **DS1101I/DS1108I** = 3.4" diameter by 0.83" D (8.6 cm diameter by 2.1 cm D).
  Square = **DS1102I** = 3.4" H, 3.4" W, 0.83" D (8.6 cm H, 8.6 cm W, 2.1 cm D).
- **Accessories:** DS1110i Glass Breakage Tester.

2.0 Installation Considerations

Note: Always pre-test the detector's location using the DS1110I Glass Breakage Tester.

- **Do Not...**
  - ...Mount the detector with obstructions between the glass being protected and the detector.
  - ...Mount on the same wall as the glass being protected.
  - ...Mount the detector closer than 5 ft. (1.5 m) to the wall that the glass being protected is on, or any hard, sound reflecting surface.
  - ...Mount closer than 2 ft. (0.6 m) to heating or cooling outlets; mount as far away as possible. If drafts from these outlets blow on the detector, select a different location for the detector. Use the environmental test (see Section 4) to verify good installation locations.
  - ...Install on 24-hour protection circuits.
- ***Remember...***
  - ...The best mounting location is 10 to 20 ft. (3 to 6 m) from the glass, in-line with the glass's center, and on the ceiling or opposite wall of the glass being protected. Do not exceed maximum range.
  - ...The detector should be within ±30° of the center of the glass to be protected.
  - ...Range will be reduced in areas that are acoustically soft. This may be due to carpeting, drapes, plants, or other sound absorbing materials. The DS1110I Glass Breakage Tester should be used to verify range in all installations.
  - ...Glass breakage detectors are intended only as perimeter protection devices. They should always be backed up with motion sensors.
  - ...Glass breakage detectors are designed to detect the breakage of framed glass and may not detect such things as bullet holes, spontaneous breakage of glass (with no impact), and removal of glass.
- **Maximum range:**

  The maximum detection range is 25 ft. (7.6 m) from the farthest corner, for glass sizes 12" by 12" (0.3 m by 0.3 m) and larger.

Hint: Tie a 25 ft. (7.6 m) string to the detector. The string should be able to touch every part of the glass being protected. If any part of the glass can not be touched by the string, it is outside of the detector's coverage and additional detectors should be used.

3.0 Selecting a Mounting Location

Opposite Wall Mounting

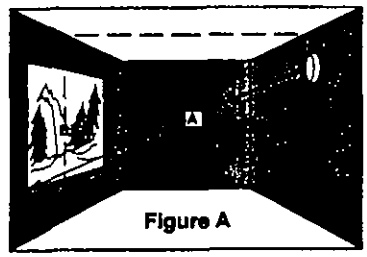


Figure A

- Mount the detector where there are no objects between itself and the glass.
- Do not mount the detector closer than 5 ft. (1.5 m) to the wall that the glass being protected is on, or any hard, sound reflecting surface.
- The detector should be within ±30° of the center of the glass to be protected (line B in Figure A).
- Make sure the detector is no farther than 25 ft. (7.6 m) from any corner of the glass (line A in Figure A).

Ceiling Mounting

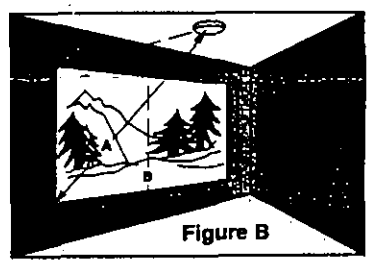


Figure B

- The recommended location is half the distance between the glass and its opposite wall or 2/3 of the rated range, whichever is smaller.
- Mount the detector where there are no objects between itself and the glass.
- Mounting to drop ceiling tiles is acceptable.
- Do not mount the detector closer than 5 ft. (1.5 m) to the wall that the glass being protected is on, or any hard, sound reflecting surface.
- Make sure the detector is no farther than 25 ft. (7.6 m) from any corner of the glass (line A in Figure B).
- The detector should be within ±30° of the center of the glass to be protected (line B in Figure B).

Adjacent Wall Mounting (not preferred)

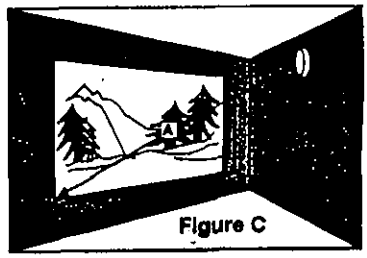


Figure C

- Mount the detector where there are no objects between itself and the glass.
- Do not mount the detector closer than 5 ft. (1.5 m) to the wall that the glass being protected is on, or any hard, sound reflecting surface.
- Make sure the detector is no farther than 25 ft. (7.6 m) from the farthest corner of the glass (line A in Figure C).

Detection Systems, Inc., 130 Perinton Parkway, Fairport, New York 14450-9199
(716) 223-4060 • (800) 289-0096 • Fax: (716) 223-9180

10/97
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DS1101I/1102I/1108I Instructions P/N 26227H

KEYPAD

Sub-Option/ Description	Display	Choices	
Sub Option 4 Loop Number + Function	A-	1-4 + YYYY (Y = Loop Function)	Enter **4** to program the Loop Number and its Function. The display will flash "A-." Enter the loop number. The display will alternately flash "A" with the loop number and the current function. To erase the current entry, press **[0]** as many times as necessary until the keypad beeps twice. Again press **[0]** until the keypad beeps twice. The display will alternately flash "A" with the loop number and blank. Enter the function for this wireless key loop (refer to the Wireless Key Function chart on previous page). The display will alternately flash "A" with the loop number and the function you just entered. Press the [*] key. The display will flash "A-." Repeat the procedure until all loops are programmed for this wireless key. Press the [*] key until the display flashes "d" followed by the device number.
Sub Option 5 FA245RF Relay Action	o-	1-4 + Z (Z = Relay Action)	Enter **5** to program the Relay Action. The display will flash "o-." Enter the loop number of the wireless key. The display will flash "o" followed by the loop number. Enter the relay action. There are 5 choices: 0 = no action; 1 = relay off; 2 = relay on; 3 = relay toggles on & off; 4 = relay closes for 2 seconds. The display will show "o" and alternately flash the loop number and the relay action. Press the [*] key. The display will show "o-." Enter the next loop number and enter the relay action. When all loops have been programmed for this wireless key, press the [*] key. The display will flash "d" followed by the device number.
			Repeat steps starting at Program Option 5 until all wireless keys have been programmed. Press the [*] key twice. This will take you back to the main display, which will alternately flash "oo" and "- -." Press the [*] to exit the FA245RF Program Mode.

Note: If the display takes a long time to show the system status ("READY" or "NOT READY"), go back into program mode by pressing the 1 & 3 keys at the same time, then press [1] and verify the keypad address.

Defaulting the FA245RF

The FA245RF is shipped with a set of pre-programmed default values. The installer to suit specific needs can change these default values. To restore the FA245RF's default values, perform the following procedure:

1. Enter the program mode. The keypad will alternately flash 00 and 2 dashes.
2. Press the [9] key. The display will flash EE.
3. Press the [1] key to restore the default values, or press any other key to exit without restoring the default values.

If [1] was pressed the keypad will beep 3 times and return to alternately flashing 00 and 2 dashes. If any other key was pressed the keypad will not beep and return to the alternately flashing the 00 and 2 dashes.

4. Press the [*] to exit the FA245RF Program Mode.

Specifications

Physical: 4-3/4" H x 5-3/4" W x 1" D (121mm x 146mm x 25.4mm)

Wiring:

Red	+12VDC
Black	Ground
Green	Data to Control Panel
Yellow	Data from Control Panel

Current:

Standby	60ma
Transmitting and/or Relay Activated	120ma

Relay: Normally Open, 2A, 28VDC

Sounder: Piezo-electric (fire alarm is loud pulsing tone; burglary/audible panic alarm is continuous tone)

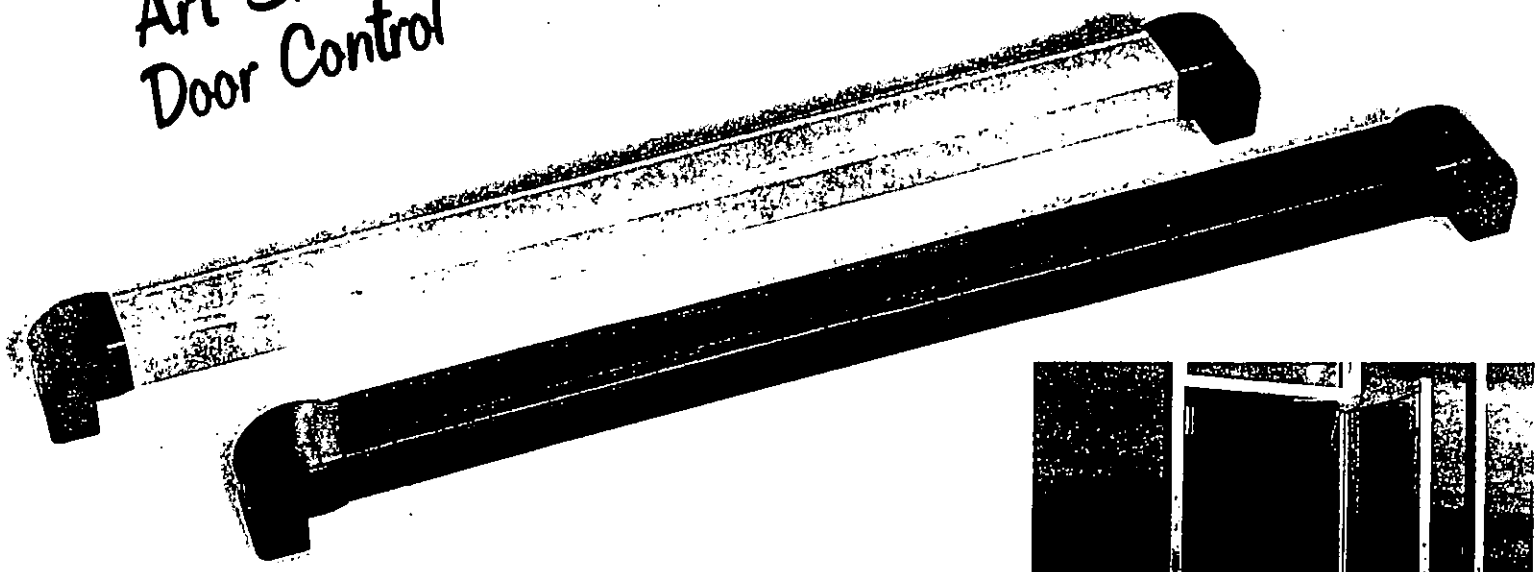
PN #500-16400
Rev. A 3, 4/00

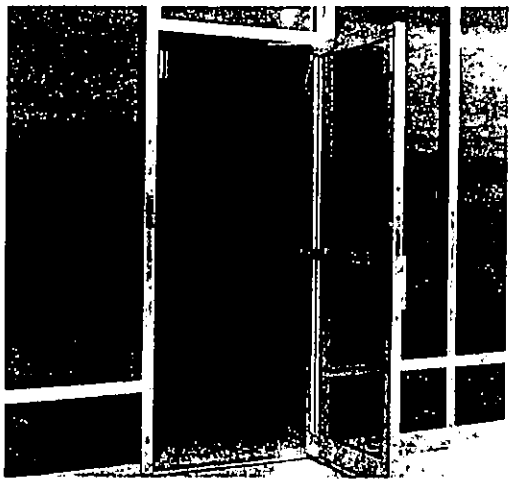
SECURITRON

SERIES TSB-3 TOUCH SENSE BAR
INSTALLATION and OPERATION INSTRUCTIONS

ISO 9001 World Quality Standard A5066 UL REGISTERED FIRM

State of the Art Smart! Door Control





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An ASSA ABLOY Group company

ASSA ABLOY

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1715 Route 88 Bricktown, NJ 08723
Block: _____ Lot: _____
Owner's Name: United Check Cashing
Owner's Mailing Address: 400 Market St. Suite 1030
Philadelphia, PA 19106
Phone: (215) 238-0300

BUILDING

Contractor: _____
Address: _____
_____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: Guardian Protection Svc.
Address: 3 Terri Ln Suite 8
Burlington, NJ 08016
Phone#: 800-297-6054
Lis #: _____
Federal Emp # or SSN 25-1666844

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	FA147 Control Panel (Van)
	Total 43 TOTAL DEVICES INCLUDING CAMERA SYSTEM AND LOCKING SYSTEM FOR DOORS
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	HP
Garbage Disposal	KW
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	
Motors 1+ HP	KW
Transformer/Generator	AMP
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	KW
Sign/Outline Light	
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 6,422.00

Signature: [signature]

Please Print Name Kristine Kucinski

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____