BLOCK 852 LOT 1 QUALIFICATION CODE ADDRESS (SITE) 1743 RT 88 BRICK NJ. PERMIT NO. 07-2501

07-0024467

CONSTRUCTION PERMIT APPLICATION COMMERCIAL

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

I. IDENTIFICATION

1. Proposed Work Site at: 1743 RT 88 BRICK NJ. 08724
2. Name of Owner in Fee: MICHAEL + KELLY MINUTTA (732) 845-5102
   Address 410 BURLINGTON RD (street) FREEHOLD (municipality) NJ. 07728 (zip code)
3. Ownership in fee: Public ✓ Private (N/A)
4. Principal Contractor: JOHNNY'S CONSTRUCTION Tel. (973) 773-5422
   Address 54 STEWART ST PASSAIC NJ. 07055
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-857-848 FAX: (___) _____
5. Architect or Engineer ALLEN FELD Tel. (201) 963-5877
   Address 14 HARRISON ST JERSEY CITY NJ. Contact ALLEN FELD
6. Responsible Person in Charge once Work has Begun ROBERT D. TATULLI
   Tel. (732) 822-3661 FAX: (___) _____

Called 8/7/07

↑ call when ready

Tenant Fit Up

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	588		
2. Electrical		3430	40	
3. Plumbing		620		220
4. Fire Protection		75		60
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	69.		28
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZIA		30		
13. TOTAL	$	4812.	117.	1122

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	ft.	
3. Area — Largest Floor	2100 sq. ft.	
4. New Building Area	2100 sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	-0- sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration									
☐ c. Renovation									
☒ d. Reconstruction									
5. ☒ Fire Protection					8.2.07				
6. ☒ Plumbing									
7. ☒ Electrical				7/18/07					
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition		GM	6/11/07		6/11/07				
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. LAUNDROMAT
2. Use Group:
3. Change in Use Group, Indicate Former:

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

U.C.C. F100-1 (rev. 12/05)

LDS BR-B 10526441

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. (X) 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.

X Signature _____ X Date 5/20/07

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.

X Agent Name JLR ASSOCIATES (ROBERT D. TATULLI)

Address 2020 LESSER AVE OAKHURST N.J. 07755

Telephone (732) 822-3661

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.				

IMPORTANT No fee required
A.H.B.T. - MANDATORY FEE - COMMERCIAL

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: [illegible] Date: 5/23/07

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	12/19/2007
Control Number	C-07-002467
Permit Number	07-2501
Permit Issue Date	08/13/2007
Certificate Number	07-2501

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1743 ROUTE 88 Brick Township, NJ Block: 852 Lot: 1 Qual:

Owner in Fee: LP & APTS, LLC%G B LTD

Owner Address: PO BOX 5008 FREEHOLD NJ 07728

Telephone:

Contractor JLR ASSOCIATES

Address 2020 LESSER PKY OAKHURST NJ 07755

Telephone: (732) 822-3661 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: TENANT FIT UP ALTERATION FOR LAUNDROMAT - -FRAMING, CONCRETE PLATFORMS, SHEETROCK & METAL STUDS

Certificate Comments: BRICK LAUNDROMAT

☑ **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: 12/19/2007

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	12/4/2007
Control Number	C-07-002467
Permit Number	07-2501
Permit Issue Date	8/13/2007
Certificate Number	07-2501

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1743 ROUTE 88 Brick Township, NJ Block: 852 Lot: 1 Qual:

Owner in Fee: LP & APTS, LLC%G B LTD

Owner Address: PO BOX 5008 FREEHOLD NJ 07728

Telephone:

Contractor JLR ASSOCIATES

Address 2020 LESSER PKY OAKHURST NJ 07755

Telephone: (732) 822-3661 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: TENANT FIT UP ALTERATION FOR LAUNDROMAT - -FRAMING, CONCRETE PLATFORMS, SHEETROCK & METAL STUDS

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: 12/18/2007
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 12/18/2007
Conditions to be met:

Additional Emergency Exit Lights
Update for 19 gas fired dryers/plumbing/fire

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/4/2007

CONSTRUCTION PERMIT

Date Issued 8/13/2007
Control # C-07-002467
Permit # 07-2501

IDENTIFICATION Block: 852 Lot: 1 Qualifier
Work Site Location: 1743 ROUTE 88 Brick Township, NJ
Owner in Fee LP & APTS, LLC%G B LTD
PO BOX 5008 FREEHOLD NJ 07728
Telephone:

Contractor JLR ASSOCIATES
Address 2020 LESSER PKY OAKHURST NJ 07755
Telephone: (732) 822-3661
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP ALTERATION FOR LAUNDROMAT - -FRAMING, CONCRETE PLATFORMS, SHEETROCK & METAL STUDS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $50,900

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$588
Electrical	$3,430
Plumbing	$620
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$69
CO Fee	
Other	$30
Total	$4,812
Check No.	115
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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

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

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

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

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

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

- [ ] A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 12/18/2007
Control # C-07-005971
Permit # 07-2501+B

IDENTIFICATION Block: 852 Lot: 1 Qualifier
Work Site Location: 1743 ROUTE 88 Brick Township, NJ
Owner in Fee LP & APTS, LLC%G B LTD
PO BOX 5008 FREEHOLD NJ 07728
Telephone:

Contractor JLR ASSOCIATES
Address 2020 LESSER PKY OAKHURST NJ 07755
Telephone: (732) 822-3661
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:

ALTERATION FOR LAUNDROMAT - -FRAMING, CONCRETE PLATFORMS, SHEETROCK & METAL STUDS

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

Estimated Cost of Work $1,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$220
Fire Protection	$900
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$1,122
Check No.	228
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received / Control # 07-2501

Date Issued / Permit # 8-13-07

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

Block 852 Lot 1 Qualification Code

Work Site Location 1743 RT 88
BRICK N.J. 08724

Owner in Fee: MICHAEL MINUTILLO

Tel. (732) 845-5702 e-mail 07728

Address 410 BURLINGTON RD FREEHOLD N.J. 07728
street municipality zip code

Contractor: JOHNNY'S CONSTRUCTION CO Tel. (973) 773-5922

Address 54 STEWART ST PASSAIC N.J. e-mail

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

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

Federal Emp. ID No. 22-357-848 FAX: ( )

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 BRICK Laundromat

DESCRIPTION OF WORK

ALTERATION FOR LAUNDROMAT
SHEETROCK & METAL STUDS
FRAMING
CONCRETE PLATFORMS
ALL FINISH WORK
MUST BE ADA COMPLIANT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-30-07	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-5-07
Approved by: FM

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab			9/5/07	
Frame			Partial See Back	
Truss Cyc/Bracing		Balance	*9/19/07	
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			*11/6/07	
Other				
Final			12/4/07	
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed LAUNDROMAT
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 20 Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 24,500
3. Total (1+ 2) $ 24,500

COMMERCIAL

9/10/07 MW

1) Partial Frame App—
*Unit Pad walls only—
No Elect-rem

9/14/07 MW Balance of Frame
1) Contingent on Elect App.

11/19/07 MW—Rec. TCO—
1) Addn Emer ϕ's needed—

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-2501

Date Issued / Permit # 8-13-07

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

Block 852 Lot 1 Qualification Code

Work Site Location 1243 RT 88
BRICK N.J. 08724

Owner in Fee: MICHAEL MINUTILLO

Tel. (732) 845-5102 e-mail 07728

Address 410 BURLINGTON RD FREEHOLD NJ. 07728
street municipality zip code

Contractor: JOHNNY'S CONSTRUCTION CO Tel. (973) 773-5922

Address 54 STEWART ST PASSAIC NJ. e-mail

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

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

Federal Emp. ID No. 22-357-848 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-30-07	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed LAUNDROMAT
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 20 Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 24,500
3. Total (1+ 2) $ 24,500

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA BRICK LAUNDROMAT

DESCRIPTION OF WORK

ALTERATION FOR LAUNDROMAT
SHEETROCK & METAL STUDS
FRAMING
CONCRETE PLATFORMS
ALL FINISHWORK
MUST BE ADA COMPLIANT

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

FEE (Office Use Only)
$ 250

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received / Control # 07-2501

Date Issued / Permit # 8-13-07

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

Block 852 Lot 1 Qualification Code

Work Site Location 1743 RT 88 BRICK

Owner in Fee MICHAEL MINUTILLO

Address 410 BURLINGTON RD FREEHOLD NJ 07728

Tel (732) 845-5102

Contractor COSTIGAN ELECTRIC INC

Address PO BOX 521 BRIELLE NJ 08730

Tel (732) 528-1066 FAX ( )

Contractor License No. 9081

Federal Emp. No. 22-2889283

BRICK LAUNDROMAT

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as LAUNDRAMAT Utility Co.

Est. Cost of Elec. Work $ 25,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Paul Costigan

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
30		Lighting Fixtures	
10		Receptacles	
		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
44		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5	KW Central A/C Unit	
1		HP/KW Space Heater Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
29		WASHERS - hardwire	
36	gas	DRYERS - hard wire	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8107

Approved by: MM

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 11507

Approved by: MM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9640	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO Slab			9407	MM
~~Other~~				
Service			10207	MM
Final			11507	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

FIRE PROTECTION SUBCODE — COMMERCIAL
TECHNICAL SECTION

Date Received / Control # 07-2501

Date Issued / Permit # 8-13-07

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

Block 852 Lot 1 Qualification Code

Work Site Location 1743 RT 88
Brick

Owner in Fee MICHAEL MINUTILLO

Address 410 BURLINGTON RD
FREEHOLD NJ 07728

Tel (732) 845-5182

Contractor COSTIGAN Electric INC

Address PO BOX 521
BRIELLE NJ 08730

Tel (732) 528-1066 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No. 22-2889283

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

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

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

[ ] Other ____

Location: ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 400.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Paul Costigan

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

BRICK
Laundromat

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

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

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 7-30-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12-19-07

Approved by: [signature]

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

need update 19 5mt appliances

Inspected ok.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Brick Laundromat

07-2501 HS

Date Received
Control #
Date Issued 12/18/07
Permit # C07-005971

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

Block 852 Lot 1 Qualification Code _____

Work Site Location 1743 Route 88
BRICK, NJ 08724

Owner in Fee LP + A.P.S, LLC c/o GB LTD

Address P.O. Box 5008
Freehold, NJ 07728

Tel (_____)

Contractor J.L.R. ASSOC ROBERT TATULLI

Address 2020 LEGGETT DR
OAKHURST NJ. 07755

Tel (732) 732-822-3661 FAX (_____)

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

[ ] Other _____

Location: _____

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: _____

Total Cost of Fire Protection Work $ 500—

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	19	
Fireplace Venting/Metal Chimney		
Other _____		

COMMERCIAL

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12-17-07

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12-18-07

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			12-Feb	OG
Other _____				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2501

Date Issued
Permit # 8-13-07

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

Block 852 Lot 1 Qualification Code

Work Site Location 1943 RT 88
Brick

Owner in Fee MICHAEL MINUTILLO
Address 410 BURLINGTON RD
FREEHOLD N.J. 07728

Brick
Underpinning

Tel (732) 845-5102

Contractor COSTIGAN Electric INC
Address PO BOX 521
BRIELLE NJ 08730

Tel (732) 528-1066 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No. 22-2889283

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 7-5-07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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. Pablo Costigan

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	4	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

01-??01 -

FIRE PROTECTION 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 ______ Lot ______ Qualification Code ______

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible] NJ [illegible]

Tel ( ) ______

Contractor J.L.R. ASSOC [illegible]

Address [illegible] NJ [illegible]

Tel ( ) 732-[illegible]-3661 FAX ( ) ______

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

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

Fire Alarm Contractor No. ______

Federal Emp. No. ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______ Fire Alarm System: [ ] New OR [ ] Existing

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

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

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

[ ] Other ______ Location of Main Control Valve: ______

Location: ______

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 500 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ______

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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

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]

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	19	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

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

PLUMBING SUBCODE
TECHNICAL SECTION

Brick Laundromat

07-2561/B

Date Received
Control # 12/18/07

Date Issued
Permit # C07-60591

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

Block 852 Lot 1 Qualification Code

Work Site Location 1743 RT 88
BRICK NJ - 08724

Owner in Fee MICHAEL MINUTELLO

Address 410 BURNAMTON RD
FREEHOLD NJ 07728

Tel (732) 845-5102

Contractor GREGORY HALLORAN

Address 2411 OAK ST
PT PLEASANT N.J. 08742

Tel (732) 899-0659 FAX ( )

Contractor License No. 10363

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group *Present* Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/18/07
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			12/19/07	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Greg C. Halloran

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

FEE (Office Use Only)

$

COMMERCIAL

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

BRICK - Laundromat

PLUMBING SUBCODE COMMERCIAL
TECHNICAL SECTION

Date Received
Control #

Date Issued 8-13-07
Permit #

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

Block 862 Lot #1 Qualification Code
Work Site Location 1743 Brick Rise 9 NJ 08724
Owner in Fee [redacted] MICHAEL MINUTILLO
Address [redacted]
410 Burlington Rd. FREEHOLD NJ.
Tel (201) [redacted] 732-845-5102
Contractor LOUIS E. CARRILLO
Address 530-61st
W.N.Y. N.J 07093
Tel (201) 662-9440 OR (201) 364-632
Contractor License No. 2890
Federal Emp. No. 097144417

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed LAUNDROMAT
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1½" Public Water ✓ Private Well ____
Est. Cost of Plumbing Work $ $2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-20-07
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8/24/07	
Rough			8/24/07	
Water			8/30/07	
Sewer				
Fixtures	11/16/07		12/18/07	
Gas Equipment			9/6/07	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO ✓			11/21/07	
MASTER			11/16/07	

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.

Louis E. Carrillo
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

2 11

8/24/07

COMMERCIAL

0. DRY LINES 2" -

⊗ 9-6-07

① copper not tested yet, no water connection

② architect to provide specs for dryer exhaust & fresh air inlet separation distance on roof

---

11/16/07

① - NO ACCESS TO ROOF

② - 404.8 PROTECTION AGAINST CORROSION (BLK PIPE BY GAS METER)

③ - BACK FLOW PROTECTION AGAINST DEAD END - (SPRINKLER HEAD IN LAUNDRY ROOM)

④ - UP DATE FOR GAS DRYERS ?#?

11/21/07

① T.C.O - OK

② UPDATE FOR 18 GAS OUTLETS - PLUMBING + FIRE?

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 8117
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 852 Lot 1 Qualification Code ____
Work Site Location 1743 RT 35
Owner in Fee Michael [illegible]
Address [illegible]
[illegible] N.J 07728
Tel (732) 845-5102
Contractor [illegible]
Address 2411 OAK ST
PT PLEASANT N.J. 08742
Tel (732) 899-0659 FAX ( )
Contractor License No. 12563
Federal Emp. No. [illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: [illegible]
Approved by: [illegible]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

(Dates (Month/Day))

C. CERTIFICATION IN LIEU OF OATH

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

[signature]

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

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
3	Water Heater	
	Fuel Oil Piping	
14	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
6	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C	
18	Other GAS DRYERS	

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

U.C.C. F130
(rev 01/04)

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

Brick Laundromat

07-2501

8-13-07

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 852 Lot #1 Qualification Code ______

Work Site Location 1743 Brick Blvd. [illegible] NJ 08724

Owner in Fee ~~[illegible]~~ Michael Minutillo

Address [illegible] Freehold NJ

Tel (~~304~~) ~~[illegible]~~ / 732-845-5102

Contractor Louis E. Carrillo

Address 530 - 61st

[illegible] N.J. 07093

Tel (201) 662 7440 FAX (201) 201 3654632

Contractor License No. 20911

Federal Emp. No. 0571[illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed Laundromat

Building Sewer Size 4" Public Sewer ✓ Private Septic ______

Water Service Size 1½" Public Water ✓ Private Well ______

Est. Cost of Plumbing Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[—] Plumbing Plans Approved

Date: 8-7-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			[illegible]	
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

Dates (Month/Day)

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.

Louis E. Carrillo

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
31	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other	
	Other	

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

U.C.C. F130 (rev. 01/04)

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

Township of Brick
Zoning Permit

Approved: Thursday, May 31, 2007 **Number:** 657

Block 852 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 1743 Route 88; Laurelton Plaza

Applicant: Michael Minutillo

Property Owner: LP & Apts., LLC

Existing Use: Vacant unit No. 9 (former carpet store).

Proposed Use: Laundromat, "Brick Laundromat".

Proposed Construction: Interior alterations for a new business.

Conditions: An additional zoning permit is required for any sign or banner, or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

MAY 24 2007

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 852 LOT 14 QUALIFIER —

PROPERTY ADDRESS 1743 RT 88 UNIT #9 BRICK NJ. 08724

PERSONAL NAME OF APPLICANT MICHAEL ~~+ KELLY~~ MINUTILLO

BUSINESS NAME OF APPLICANT —

MAILING ADDRESS OF APPLICANT 410 BURLINGTON RD FREEHOLD NJ 07728

PROPERTY OWNER'S FULL NAME LP & APTS, LLC, MAIN ST FREEHOLD NJ.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) VACANT - CARPET STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) LAUNDROMAT BRICK LAUNDROMAT

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

COMMERCIAL

CHECKLIST

☑ All information completed above
☐ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☒ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT [signature] Date 5/20/07

Reviewed by Zoning Office _____ Date 5/21/7 (A) Approved ( ) Denied

March 2003

5/23/07

27'4"

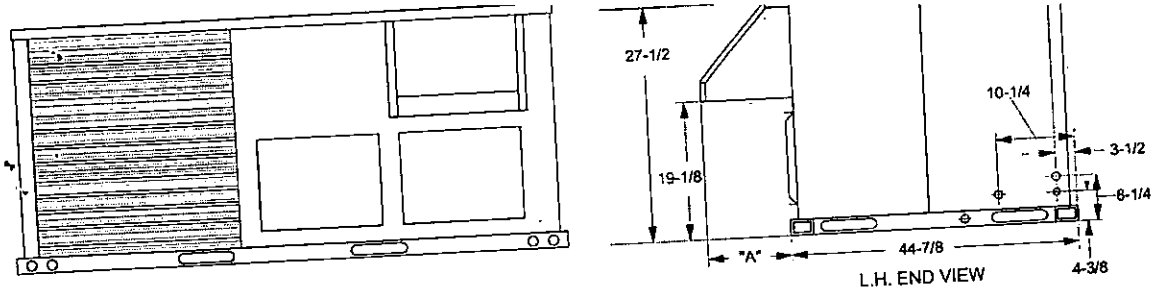
EXISTING FLOOR PLAN

75'

EXISTING PARTITION

LAV

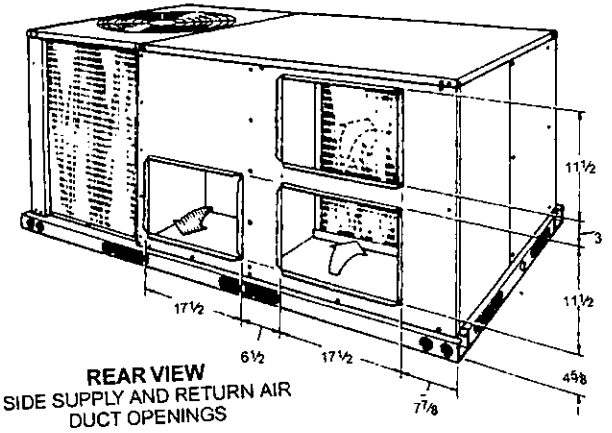
10'



DIMENSION "A"	
FIXED OUTDOOR AIR DAMPER	12
MOTORIZED DAMPER	16-1/2

DETAIL "B"

FIGURE 13 - UNIT WITH FIXED OUTDOOR AIR/MOTORIZED DAMPER RAINHOOD



REAR VIEW
SIDE SUPPLY AND RETURN AIR DUCT OPENINGS

DUCT COVERS - Units are shipped with all air duct openings covered.
For side duct applications;
1. Remove and discard the supply and return air duct covers.
2. Connect ductwork to duct flanges on the rear of the unit.

For bottom duct applications;
1. Remove the side supply air duct cover to gain access to the bottom supply air knockout panel.
2. Remove and discard the bottom knockout panel.
3. Replace the side duct cover.
4. With filter section access panel removed from the unit, remove and discard the bottom return air knockout panel.
5. Replace the filter access panel.

FIGURE 14 - UNIT DIMENSIONS (REAR VIEW)

FIGURE 15 - DISCONNE

TABLE 14: UTILITIES E

HOLE	OPENING SIZE ([1]
A	7/8" KO[1]
B	2" KO[1]
C	1-5/8" KO
D	1-1/2" KO

1. Opening in the bottom side in the insulation.
2. Do not remove the 2"

Master Plumber

For additional information

This data is current as of November 9, 2007.
Please use our License Verification Line at (973) 273-8090 for the most recent status of a licensee.

Your search for **Master Plumber** with the name **carrillo** generated 1 match.

Name:	CARRILLO, LOUIS E
Address:	West New York, NJ 07093
License Number:	36BI00289000
License Status:	Active
Expiration Date:	30-JUN-09
Board Action	Yes * See bottom of page

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Consent Order, Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record of a pending matter such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General, and do not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.
State Board of Examiners of Master Plumbers at (973) 504-6420

ALAN FELD
ARCHITECT

HOLLAND PLAZA BUILDING
215 FOURTEENTH STREET
JERSEY CITY, NJ 07310
(201) 963-5877 TEL
(201) 656-1129 FAX

November 20, 2007

Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Att: Mark
Plumbing Subcode Official

Ref: Laundromat
1743 Route 88
Control Number 002467

Mark,

Please be advised that the proposed Laundromat will have 18 - 8 inch diameter dryer exhaust flues.

As required, it will have 9 -16 inch diameter fresh air inlets. The fresh air volume equals the exhaust.

I trust this meets with your approval.

Sincerely,

Alan Feld

cc: Robert Tatulli

2020 Lesser Parkway
Oakhurst, NJ 07755

FAX: 732-517-0417
732-822-3661

07-2501

Brick Laundromat

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 1743 Rt 88 Block 852 Lot 1

Final Inspections needed if applicable as follows:

Bob
732 822-3661

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS
BUILDING	APPROVED	TCO (pending additional emerg. lights)
PLUMBING	APPROVED	TCO (pending update for gas outlets + inspection)
FIRE	APPROVED	~~11/9/07 TCO~~ need update for gas dryers
ELECTRIC	APPROVED	11/15/07
ENGINEERING	APPROVED	n/a
O.C.SOIL	APPROVED	n/a

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A 11/30/07

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING (no fee required)

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

Bldg (Elect) Fire Plumbing (Please mark subcode)

CONTROL NUMBER 002467

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1743 RT88

DATE REVIEWED: 7 18 07

REVIEWED BY: TOM

CONTACT CALLED/FAXED:

✓ NO WIRE SIZE - LINE DIAGRAM -

NO RACEWAY SIDE

NO PANEL LOCATIONS

ELECTRICAL CONTRACTOR 732-528-1066

ARCHITECT 201-963-5877

Frank/plan review template

Power & Light
A FirstEnergy Company

▶LOAD INFORMATION SHEET◀

WR#:

Note: All Information Must be Completed Before Processing of Order

General Information

Job Name:

Type of Business: LAUNDROMAT

Address: 1743 RT 88 BRICK, 08724 #9(w) Total Square Footage of Building: 2100

Phone: 732-822-3661

Job Contact Name: ROBERT TATULLI

Name/Address of Person/Corporation Responsible for Payment of this Job: ☑Indiv ☐Corp ☐LLC ☐Municipality ☐Partnership ☐School

ROBERT TATULLI

President or Managing Member (if appl): Secretary (if appl):

Mailing Address: 2020 LESSER PKY OAKHURST N.J. 07755

Phone: 732-822-3661 Fax#:

Exempt from NJ State Sales Tax? NO If Yes, Certificate of Authority#:

Electrical Contractor: Name: PAUL COSTIGAN ELECTRIC INC

Address: PO BOX 521 BRIELLE NJ 08730

Phone: 732-528-1066 Fax: Cell: 732-890-4663

Service Information

Service Size: 400 Amp Closest Pole/Pad#: # of Meters Requested: 1

Note: All Metering Equipment to be Located Outside. Meter Dept Contact: Kevin Wiemken (732) 942-2837

Type of Service: ☐ New ☐ Temporary ☐ Underground
☑ Upgrade ☐ Relocation ☐ Overhead

Service Voltage: ☑ 3 Phase 4 Wire Wye 120/208 ☐ 1 Phase 3 Wire 120/240
☐ 3 Phase 4 Wire Wye 277/480* ☐ Other (must be approved by JCP&L)

*Main Disconnect (Solid or Breaker) required before CT cabinet for all 480V service and/or when the transformer serves more than one UG service

For Customer-Owned UG Service Only:

Size of Wires: Sets of Wires per Phase: Wire Type: ☐ Al ☐ CU Neutral Size:

Note: Service lugs ≤600MCM supplied by Electrician Conduit Size: *Note: Only one set of conductors per conduit*

Connected Load

r Conditioning**	6 tons	Heat - Space	kw	Refrigeration	kw		
omm'l Cooking	kw	Lighting	4 kw	Range	kw		
omm'l Washer/Dryer	12 x .56 kw 13 x .77 kw 6 x 1.5 kw	Office Equipment	kw	Water Heating	kw		
isting KW Load	kw	Receptacle	1.8 kw	Miscellaneous	kw		

If HVAC, please separate Air from Heat

Motor Information:

	Motor #1	Motor #2	Motor #3	Motor #4	Motor #5
HorsePower‡:	1/2	1/2	380 dryers - 2 motors each		
Phase:	1	1			
Hours of Operation/Week:					

‡ If you have any motors 30HP or more, you need to fill out a Motor Load Information Sheet

Paul Costigan
nature of Person Filling out this Form

PAUL COSTIGAN
Please print name

Layout Technician: Deborah Rumney
417 New Jersey Avenue
Point Pleasant Beach NJ 08742
Phone: 732-714-2830
Fax: 732-892-5828

Rev 10/21/2004

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 11/30/07

NAME Michael Minutillo

ADDRESS 410 Burlington Rd FreeholdNJ 07728

PROPERTY LOCATION 1743 Rte 88- Laundromat

Account No L059424 Block 852 Lot 1

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Carol Hunsel

☐ Building ☐ Electrical ☐ Fire ☒ Plumbing

CONTROL NUMBER 002467

TOWNSHIP of BRICK

APPLICATION REVIEW PROCESS

Resubmit to plumb. 7/9/07 MB

ADDRESS OF APPLICATION: 1743 Rt. 88

DATE REVIEWED: 7-03-07

REVIEWED BY: Bernie

CONTACT CALLED/FAXED: Allen Feld 201-963-5877

A slop sink is needed, A complete gas sketch and chart used is needed, W. H. Btu load and combustion air is needed.

Bernie,

Now has Paper Permit !!

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

WATER SERVICE PERMIT

Block: 852 Lot: 1
1743 Rte 88 W Laundromat

Minutillo, Mike
410 Burlington Rd
Freehold NJ 07728

ACCOUNT # L059424 METER # _____ METER MFGR. _____

SIZE OF SVC LINE 2" METER SIZE 2"

CONNECTION FEE $ _____

INSPECTIONS 15.00

	Date 1st	Insp. 2nd	Comment	Inspector
A. Service Line				
B. Curb Connection				
C. House Conn & Mtr				
D. Cross-Connection				

_____
Inspector

_____
Homeowner/Applicant

07-002467

in Electric

Bldg · Elect ok M Fire Plumbing (Please mark subcode)

2025 # 67.5

CONTROL NUMBER 002467

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

plumbing 6/28/07 MK

ADDRESS OF APPLICATION: 1743 RT 88 (Laundramat)

DATE REVIEWED: 6-20-07

REVIEWED BY: EVM.

CONTACT CALLED/FAXED: 822-3661 @ 11:35 Left Message

(1) Sheet A-1 Provides Space For Info But None Supplied

(A) Use Group

(B) Occupancy Load.

Still a Problem ↓ (C) Construction Type.

(2) Change OF use Requires Compliance with 5:23-6.6K
was "M" use Now "B" use

(3) Drawing Notes "Boiler Room" But shows HWH. will A Boiler Be Installed? see 302.1.1

Frank/plan review template

(4) Fresh Air Requirements Per occupant under Rehab Subcode

ALAN FELD
ARCHITECT

HOLLAND PLAZA BUILDING
215 FOURTEENTH STREET
JERSEY CITY, NJ 07310
(201) 963-5877 TEL
(201) 656-1129 FAX

July 3, 2007

Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Att: Building Subcode Official

Ref: Laundromat
1743 Route 88
Control Number 002467

Gentlemen:

In response to the review dated 6-20-07, please be advised of the following:

1. a. Block 852
   b. Lot 1
   c. Use Group
      Existing M
      Proposed B
   d. Occupant Load 21 persons max.
   e. Construction Type 3B

2. Per section 5:23-6.6K, the washing machines will be frontload washing machines and stack dryers. They are ADA compliant.

3. There is no boiler. It is a Mechanical Room.

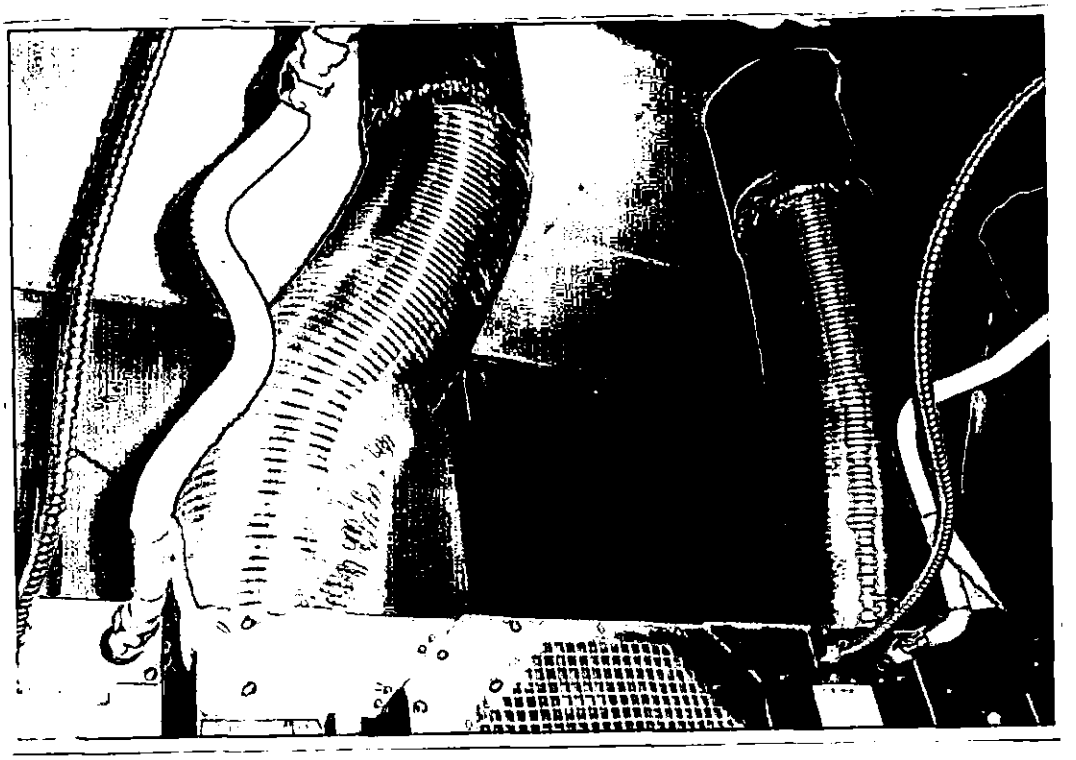
4. Fresh air is supplied by HVAC unit.
   Per Table N, 30 cfm/ person X 21 = 630 cfm.

I trust this meets with your approval.

Sincerely;

Alan Feld

cc: Robert Tatulli



INSTALLATION MANUAL

DOC NO.487 23 10 81REV. 04
EN/US

TD30x30

Wascomat provides efficient washers, dryers, flatwork ironers and wetcleaning systems in a size and model for every laundry and wetcleaning need!

Wascomat Laundry Equipment
516-371-4400 • www.wascomat.com

Adjusting the tumble dryer

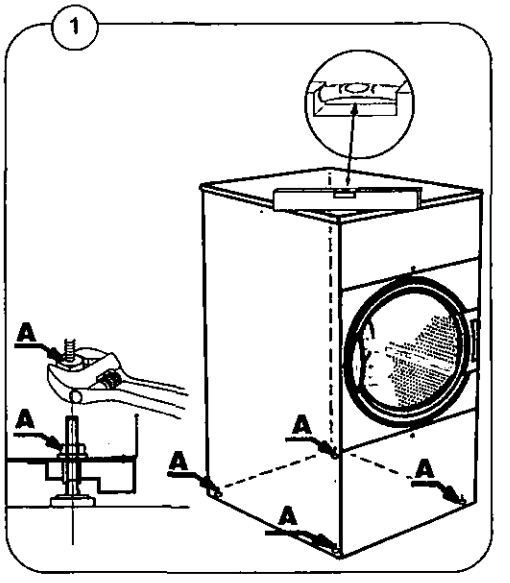
Adjusting feet

Fig. 1 Adjust the dryer to ensure that it is horizontal and stands firmly on *all* feet. The maximum height adjustment of the feet is 5/8" (15 mm).

The feet must be locked

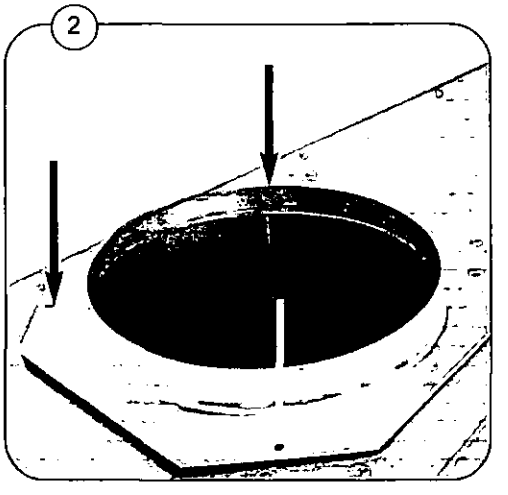
Fig. 1 Bearing in mind the stability of the feet, it is important to lock the tumble dryer's feet with nuts.

After adjusting, reinstall the panels.



Connection branch

Fig. 2 Mount the enclosed branch at the top of the exhaust plenum. Use the 4 screws.



Exhaust system

Fresh-air

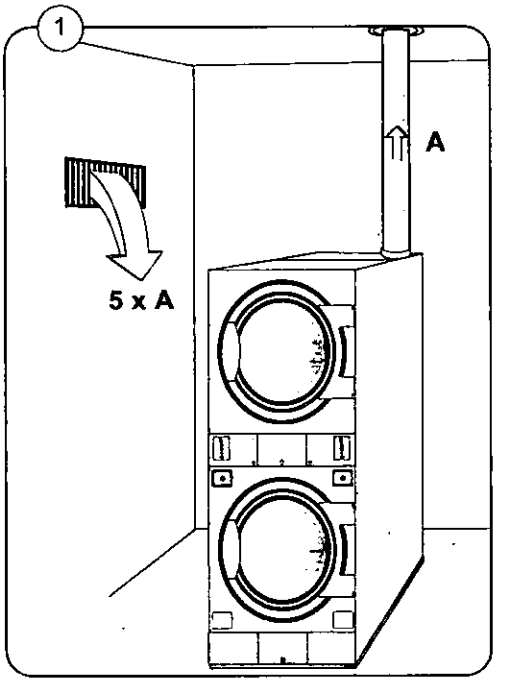
Fig. 1 For maximum efficiency and the shortest possible drying time, it is important to ensure that fresh air is able to enter the room from the outside in the same volume as that blown out of the room.
To avoid a draught in the room, it is advisable to place the air inlet behind the dryer.
Fig. 2. The area* of the air inlet opening must be 5 times the size of the exhaust pipe area.

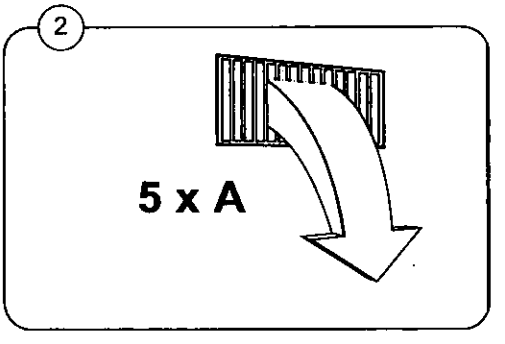
The resistance in the grating/slats on the air-inlet cover plate should not exceed 10 Pa (0.1 mbar).

Gas heated: The air consumption is 2 x 354 cu.ft/min (2 x 600 m³/h)

*The area of the inlet opening is the area through which the air can flow without resistance from grating/slatted cover.

Note that gratings/slatted covers often block half of the total fresh air vent area. Remember to take this into account.





Air principle

The blower creates low pressure in the dryer, drawing air into the drum via the heating unit.

The heated air passes through the garments and the cylinder vents.

The air then flows out through a lint filter (filter drawer) positioned immediately below the drum. After this, the air is evacuated through the fan and exhaust system.

Evacuation system

Exhaust duct

- The exhaust duct must be smooth on the *inside* (low air resistance).
- The exhaust duct must lead to the outdoors.
- The exhaust duct must lead clear of the building as condensation may cause frost damage to the building.
- The exhaust duct must be protected against rain and foreign objects.
- The exhaust duct must have gentle bends (fig. 1).
- The exhaust duct must not be a shared duct between dryers and appliances using gas or other fuels as their energy source.

When several dryers share an exhaust duct:

- The exhaust duct diameter must increase after each dryer (fig. 2).

The table below shows the exhaust duct diameter and the necessary fresh-air inlet area.

Note! It is recommended that each dryer is connected to a separate exhaust duct.

Service organization/dealer

If you have questions relating to the design of the exhaust system, please contact your local dealer or service organization.

The evacuation pipe diameter must not be reduced.

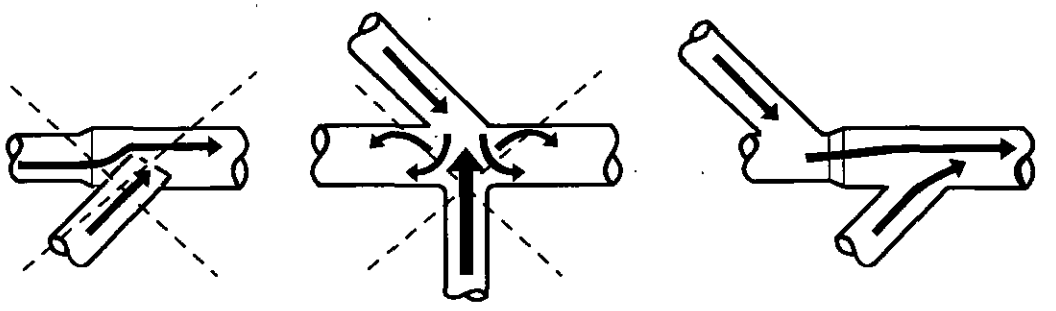
No. of dryers	1	2	3	4	5	6	7	8	9	10
Exhaust duct diameter in mm	200 8"	280 11"	315 12 3/8	355 14"	400 15 3/4"	450 18"	475 18 3/4"	500 19 5/8"	535 21"	560 22"
Minimum area of fresh-air intake in m^2 /square feet	0.15 1 5/8	0.30 3 1/4	0.45 4 7/8	0.60 6 1/2	0.75 8 1/16	0.90 9 5/8	1.05 11 5/16	1.20 13	1.35 14 1/2	1.50 16 1/8

Each machine requires a fresh-air aperture of 400 x 400 mm / 15 3/4" x 15 3/4"

Evacuation system

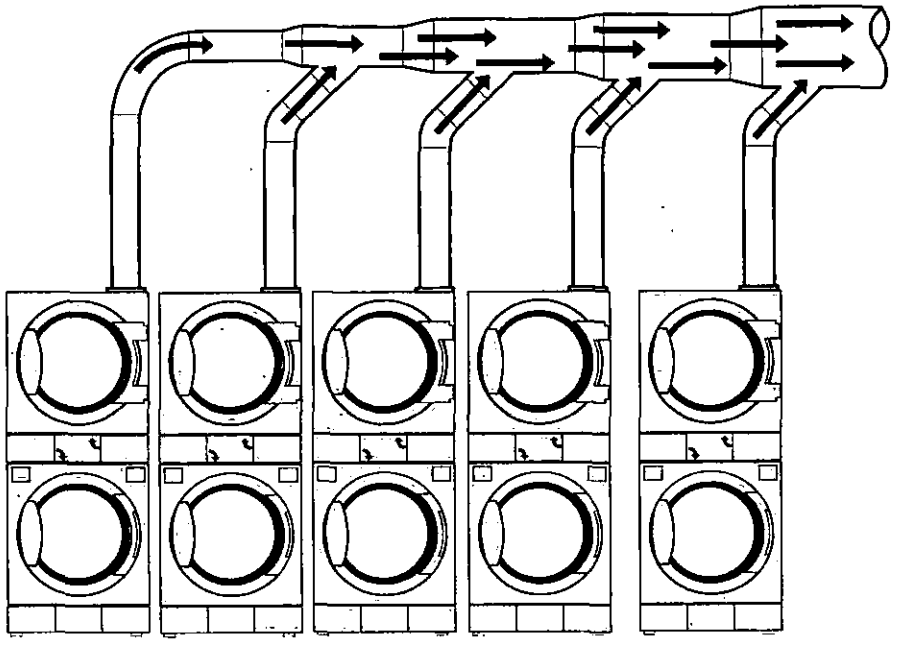
Gentle bends

1



Several dryers on a shared exhaust duct

2



Exhaust system

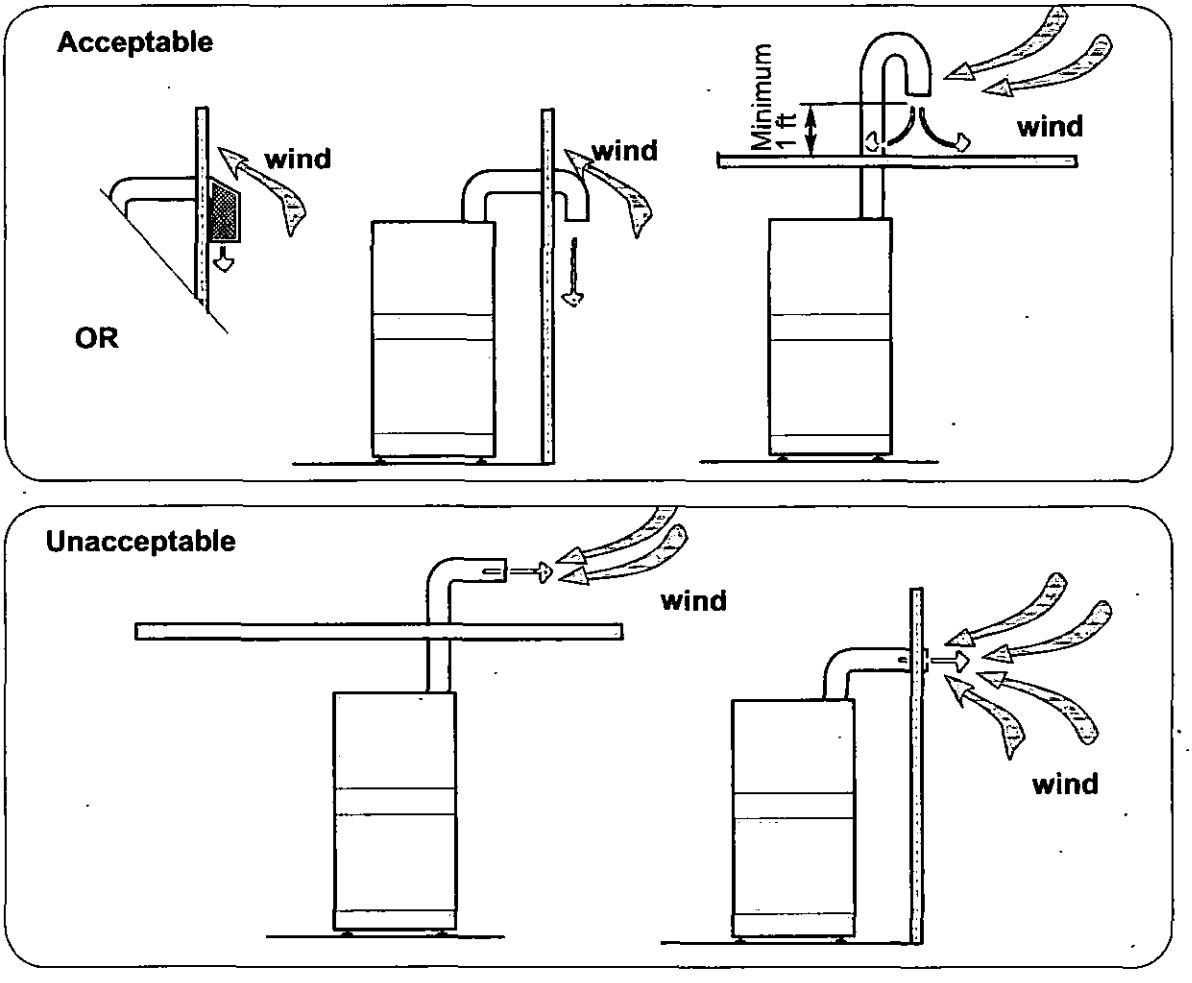
Exhaust duct

The exhaust duct must be designed to minimize backpressure. The end of the exhaust duct must never be exposed to wind pressure.

Maximum duct length

	With 1 elbow	With 2 elbow	With 3 elbow
TD30x30	30 ft	24 ft	18 ft

Exhaust illustrations



Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ▶	$________
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶	$-________
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$-________
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶	$-________
Remaining total cost of the project deducting **1.**, **2.**, & **3.** above. ▶	$________
Calculate **20%** of the remaining total cost. ▶	$________

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Michael Minutillo DATE 7-03-07

PROPERTY ADDRESS 1743 Rt. 88 BLOCK 852 LOT 1

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	1	( )	2.5	( )	
4. LAVATORY	1	( )	1	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1	( )	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	31	( )	124	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		130.5		

GALLONS PER MINUTE 53

SIZE of SERVICE 2"

DATE: 7-03-07 APPROVED BY: _____

SIZING FOR WATER AND SEWER SERVICES

Property Owner [redacted] LPT APTS, LLC Date 5/20/07

Property Address 1743 RT 88 #9 BRICK NJ. 08724 Block 852 Lot 1

Zoning COMMERCIAL / RETAIL Use Group RETAIL

Contractor JOHNNY'S CONSTRUCTION CORP 54 STEUART ST PASSAIC 07055 License No. Registration 22-357-848

Water Main Size 1½" Water Pressure _____ Sewer Main Size 4"

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet		( )	( )
2. Lavatory	1	( )	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine	39	( ) 1,200,000	(1) 4" + 6"
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 1,200,000/YR

Gallons per minute _____

Size of Service 1½" 4"

Date: _____ Approved: _____

Brick Township Plumbing Inspector

ALAN FELD
ARCHITECT

HOLLAND PLAZA BUILDING
215 FOURTEENTH STREET
JERSEY CITY, NJ 07310
(201) 963-5877 TEL
(201) 656-1129 FAX

June 22, 2007

Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Att: Building Subcode Official

Ref: Laundromat
1743 Route 88
Control Number 002467

Gentlemen:

In response to the review dated 6-20-07, please be advised of the following:

1. a. Block 852
   b. Lot 1
   c. Use Group
      Existing B
      Proposed M
   d. Occupant Load 21 persons max.
   e. Construction Type 3B

2. Per section 5:23-6.6K, the washing machines will be frontload washing machines and stack dryers. They are ADA compliant.

3. There is no boiler. It is a Mechanical Room.

4. Fresh air is supplied by HVAC unit.
   Per Table N, 30 cfm/ person X 21 = 630 cfm.

I trust this meets with your approval.

Sincerely,

Alan Feld

cc: Robert Tatulli


STORE
HORN/STROBE
ANNUNCIATER
CONTROL
(5) SMOKE DECT.
ANNUN
H/S
STAIRS TO BASEMENT
FRONT DOOR

BASEMENT

4/5

COUNTER

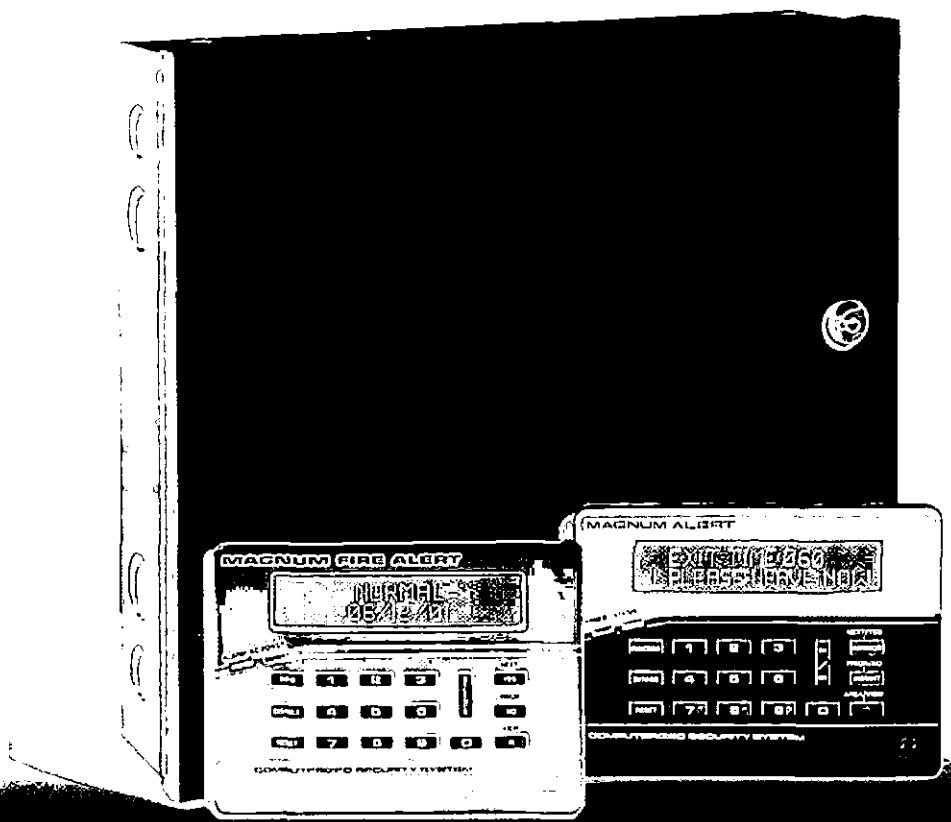
STAIRS TO BAISEMENT

(S)

(S)

4/5
CONTER
STAIRS TO BASEMENT
S
S
BASEMENT
TO 6279

THE ULTIMATE BURGLARY/FIRE & ACCESS CONTROL PROTECTION IN ONE HIGHLY ADVANCED "DO-IT-ALL" MULTI-TASKING SYSTEM



NEW! Dual Line Display Keypads

MA3000 ADVANCED FEATURES:

- 12 to 96 Fully Programmable Zones designed for UL Commercial and residential burglary and fire.
- Includes 8 True Partitions
- 96 Multi-function User Codes
- 800-Event History Log with Real Time Clock
- 255 Event Scheduler
- 8 to 64 Programmable Auxiliary Relay Outputs Provision for the Incorporation of Home Automation and Derived Channel/Long-Range Radio Phoneline Backup Systems
- Fuseless Auto-Resettable Polyswitches
- Built-In Access Control Capability - Up to 8 points of access control enabled at the Keypad. Access codes can be logged by station, user ID and time.
- The access control output is immediately available through the PMG wire at each Keypad.
- Exclusive Sensor Watch Feature continuously monitors motion detectors for proper operation.

COMPLIANCES

- UL Burglary/UL Fire; Commercial & Residential (NFPA 72A/C, 71); NFPA 71 Signaling Systems for Central Station, California State Fire Marshal (CSFM) Commercial Fire, FM (pending); D.O.C., FCC.

COMMERCIAL FIRE CONFIGURATION

MA3000 Control

MA3000 Control

FEATURES

CONTROL PANEL

- 8 E.O.L Supervised, Programmable Zones for Burglary, 2- or 4- Wire Fire/Commercial Fire or Panic
- Expandability to 96 Zones with use of EZM multiplex modules or keypad zones
- Programmable Relay Outputs (1 for pulse) for: bell, access control, fire reset, etc.
- Up to 96 Zones programmable for fire and "alarm verification by zone"
- 800 Event History Log with Real Time Clock
- Log can be sorted for printing or displayed at keypad by 4 different categories.
- O/C, system troubles, alarm, fire
- Keypad Recall of Events in History Log
- Up to 8 Programmable Areas/Partitions with Keypad Management Mode
- 96 individually-reporting User Codes w/4 programmable security levels each
- Secured Bypass Option-disallows bypassing by other than authorized users (based on security level)
- Two Separate Interior Bypass Options per area
- Auto Arm/Auto Disarm - Auto arming/disarming at a predesignated time with holiday scheduling
- Manual Auto Arm - Enables delayed arming of system or area(s) by 1,2,3 or 4 hours
- 255 Event Schedule, Programmable for 296 types of events including: test timer, remote relay enable/disable, auto arm/disarm service reminder message, log down load, and download at pre-designated increments of events
- On Board Supervised Printer Output -Capability to print log as events occur, or as selected, i.e., open/closes, or in entirety per programmed schedule or with keypad
- Programmable Log Download By Time and Volumes (600 - 750)
- Audible EZM Zone Locator
- Programmable E.O.L. Resistor by zone
- Diagnostics Mode
- Dynamic Battery Test (4 hr. intervals)
- Sensor Watch - Checks for sensor activity over selectable time duration
- Exit/Entry Follower Zones
- Chime-by-Zone-Selectable Duration
- Swinger Shutdown by Zone
- Disable by Zone Feature
- Separate Dealer, User Program and Download Codes
- Flexible Watch Modes by Area
- Fire verification by zone
- Auto Bypass, Interior Bypass, and Selectable Bypass
- 2 Separately Programmable Entry Delay Times; programmable Exit Delay Time
- 8 Stages of Lightning/RFI Protection
- "True" Dual Line Telco Cut Detection
- 24-hour protection programmable for all zones
- Fail to communicate indicated at command centers
- Armed Output
- Low Battery Output
- Resumes Previous Status After Power Outages
- *"Program Change Alert"* to CS -supervises integrity of original program

COMMUNICATOR

- Transmits in all Major Formats, Including High Speed Modem Formats: SIA MODEM 2, POINT ID, 4/3/1
- Pager/Beeper Compatibility
- DPDT line seizure
- 4 Telephone numbers with subscriber ID numbers assignable by area
- Open/Close Suppression for Reduced Central Station Traffic
- Fail-to-Close Reporting and Fail-to-Open Reporting with Auto Open (Disarm)/Close (Arm)
- Telco Line Monitoring for Phone Line(s) with Programmable Testing Time(s) (2nd Line Provided by CF5530 Commercial Fire Module)
- Digital Dialer Test to Central Station from Keypad
- Optional Reporting of Bypassed Zones
- Reports Sensor Watch "Troubles"
- Ability to Dial Touch Tone digit labeled ("*"key) to disable "Call Waiting" for the duration of the call (not usable in all areas)
- Open report after alarm
- Split, double and back-up reporting
- Conditional closing report with status
- Alarm and restore codes: on fire, fire trouble, low battery and AC loss

KEYPADS

- RP3000LCDe - Backlit Dual-Line LCD Custom Language Display (WHITE)
- CF3000LCDe Fire Marshall Version (RED)
- Each Keypad Incorporates Built-in EZM for Four Additional, Fully-Programmable E.O.L.R. Multiplexed Zones
- Auto Scroll-Display of Open Zone(s)
- System Supports up to 15 Keypads, Providing a Total of up to 60 Additional Zones
- Fully-Supervised with Tamper Feature
- Each Keypad Includes 4 Independent, Selectable Panics: Ambush, Fire, Auxiliary, Panic
- Built-in Telephone List: Four Programmable Emergency Phone Numbers
- Keypad Recall of Events in History Log
- Total or Selective History Log Print Commands at Keypad
- Manual Auto Arm - Provides Delayed Arming of System or Area(s) by 1 through 4 hours
- Overview/Management Mode Codes Enable Viewing of Status of Entire System or Each Area, and Provides Complete System Control Simply from a Keypad
- Complete Alphanumeric Zone Directory
- Backlit, Touch-Tone Full-Size Keys Brighten When Touched
- Up to 96 Multi-level User Codes Changeable by Authorized Users
- AC Fail Indication
- Diagnostic Modes Include: Fault Find, Locate & EZM Audible Zone-Locate

SPECIFICATIONS

Input Power-16.5 VAC, Class 2 Plug in TRF11 40VA Transformer or TRF14 50VA Transformer

Loop Resistance-300 ohms max.; 50 ohms for 2-wire

Relay Outputs-Burglary Output -12Vdc,1.2A max., Fire Output-SPDT wet contacts 12Vdc, 2A, Reset and Aux. Relays-Resistive(cut for dry contacts)

Combined Standby Current-(Remote EZM power + Auxiliary Output) (Household Burg/Fire and Commercial Burg) With TRF14 50VA Transformer: 0.9A with RBAT-6 Battery: 1.15A with 2 RBAT-4 Batteries (Commercial Fire) With TRF14 50VA Transformer: 0.5A with 3 RBAT-4 Batteries at max. bell output 1.2A (Requires PS3000 for 2.0A Bells)

SYSTEM COMPONENTS

MA3000LKDL 12V UL Commercial/Residential Burg/Fire/Access Control/Communicator with TRF14 Transformer supplied.

H1518 UL Commercial/Merchantile Locking metal cabinet with 16VAC/50VA Transformer supplied.

CB1518KIT Commercial Burglary Kit (for H1518 Housing) w/attack-resistant shielding partitions plus tamper switches

H1214 Standard UL Household Listed metal panel enclosure

RP3000LCDe Designer Backlit Dual Line Alphanumeric Display Command Center. Built-in 4 Zone EZM Expansion Module, etc. (WHITE)

CF3000LCDe Fire-Dedicated Model Dual Line Keypad with signal shutdown and system restoral functions, etc. (RED)

EZM3008 8-Zone Expansion Module

CF5530 Supervised Dual Phone Line Switcher Module for Commercial Fire

RM/RB3008 Relay Board Provides 8 Programmable Form "C" Relay Outputs

PS3000 Heavy-Duty Power-Supply Module, 12Vdc, 4A for Commercial Use

MAV-15 Two-Way Voice/Listen-In Module.

RPB-3 Surface Mount Back Box w/ tamper for mounting Command Centers on concrete or tile (WHITE)

RPB-3RED Surface Mount Back Box w/ tamper for mounting keypads on concrete or tile(RED)

TRF14 Transformer, 16Vac/50VA, Class 2

TRF15 Transformer, 18Vac/100VA, Class 2, in separate enclosure.

PCBL Parallel Printer Cable

NAPCO SECURITY GROUP
333 BAYVIEW AVENUE • AMITYVILLE, NY 11701 • 1-800-645-9445 • (631) 842-9400
FAX: (631) 789-9292 • www.napcosecurity.com

INSTALLATION AND MAINTENANCE INSTRUCTIONS

i³ Series

Photoelectric Smoke Detector

Models: 2W-B, 2WT-B
4W-B, 4WT-B

SYSTEM SENSOR®
3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6495
www.systemsensor.com

Before Installing

Please read thoroughly System Sensor manual A05-1003, *Application Guide: System Smoke Detectors,* which provides detailed information on detector spacing, placement, zoning, wiring, and special applications. Copies of this manual are available from System Sensor at no charge.

NOTICE: This manual shall be left with the owner/user of this equipment.

IMPORTANT: This detector must be tested and maintained regularly following NFPA 72 requirements. At a minimum, cleaning should be performed annually.

General Description

Models 2W-B and 2WT-B are 2-wire photoelectric smoke detectors; models 4W-B and 4WT-B are 4-wire photoelectric smoke detectors. All models incorporate a state-of-the-art optical sensing chamber and an advanced microprocessor. The microprocessor allows the detector to automatically adjust its sensitivity back to the factory setting when it becomes more sensitive due to contaminants settling in its chamber. In order for this feature to work properly, the chamber must never be opened while power is applied to the smoke detector. This includes cleaning, maintenance or screen replacement. Should it become necessary, the *screen/sensing chamber is field replaceable.* Models 2WT-B and 4WT-B also feature a restorable, built-in, fixed temperature (135° F) thermal detector and are also capable of sensing a freeze condition if the temperature is below 41° F.

All i³ Series detectors are designed to provide open area protection. Two-wire models must be used with compatible UL Listed panels only.

When used with an i³ Series compatible control panel or the i³ Series 2W-MOD module (refer to installation manual D500-46-00), the 2W-B and 2WT-B are capable of generating a "maintenance needed" signal. The 2W-MOD can indicate a need for cleaning, replacement, or a freeze condition (2WT-B only) at the control panel or module.

Installation of the 2W-B, 2WT-B, 4W-B, and 4WT-B detectors is simplified by the use of a mounting base that may be pre-wired to the system, allowing the detector to be easily installed or removed. The mounting base installation is further simplified by the incorporation of features compatible with drywall fasteners.

Two LEDs on the detector provide a local visual indication of the detector's status:

Table 1: Detector LED Modes

	Green LED	Red LED
Power-up	Blink 10 sec	Blink 10 sec
Normal (standby)	Blink 5 sec	-
Out of sensitivity	-	Blink 5 sec
Freeze Trouble	-	Blink 10 sec
Alarm	-	Solid

After an initial power-up delay, the red and green LEDs will blink synchronously once every ten seconds. It will take approximately 80 seconds for the detector to finish the power-up cycle (see Table 2).

Table 2: Power-up Sequence for LED Status Indication*

Condition	Duration
Initial LED Status Indication	80 seconds
Initial LED Status Indication (if excessive electrical noise is present)	4 minutes

*Refer to Electrical Specifications for power up to alarm time.

NOTE: If, during power-up, the detector determines there is excessive electrical noise in the system such as those caused by improper grounding of the system or the conduit, both LEDs will blink for up to 4 minutes before displaying detector status (see Table 2).

After power-up has completed and the detector is functioning normally within its listed sensitivity range, the green LED blinks once every five seconds. If the detector is in need of maintenance because its sensitivity has shifted outside the listed limits, the red LED blinks once every five seconds. When the detector is in the alarm mode, the red LED latches on. The LED indication must not be used in lieu of the tests specified under **Testing.** In a freeze trouble condition, the red LED will blink once every 10 seconds (refer to Table 1).

To measure the detector's sensitivity, the i³ Series Model SENSRDR Infrared Sensitivity Reader tool (see Figure 4) should be used.

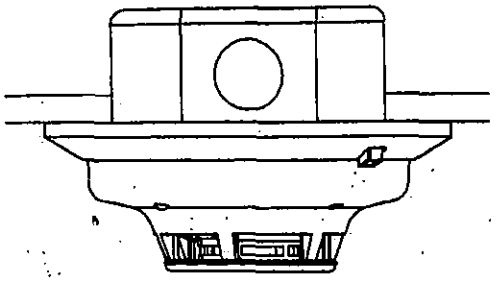
Models 2W-B and 2WT-B also include an output that allows an optional Model RA400Z Remote Annunciator to be connected.

Mounting

Each i^3 Series detector is supplied with a mounting base that can be mounted:

1. To a single gang box, or
2. To a 3½-inch or 4-inch octagonal box, or
3. To a 4-inch square box with a plaster ring, or
4. Direct mount or to ceiling using drywall fasteners (Figure 2).

Figure 1: Mounting of Detector



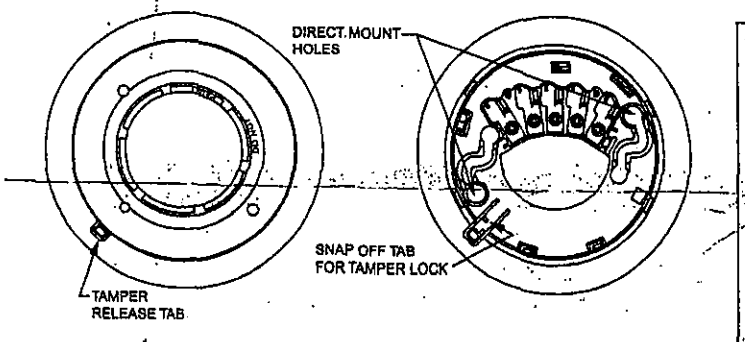
A78-2706-00

The i^3 Series heads and bases are keyed so that a 2-wire head will only mount to a 2-wire base, and a 4-wire head will only mount to a 4-wire base. The heads and bases are clearly identified as either 2-wire or 4-wire. When mounting the i^3 Series, ensure that the head is mounted to the correct base.

Tamper-Resistant Feature

The i^3 Series detectors include a tamper-resistant feature that prevents removal from the mounting base without the use of a tool. To engage the tamper-resistant feature, cut the small plastic tab located on the mounting base (Figure 2), and then install the detector. To remove the detector from the base once it has been made tamper resistant, use a small screwdriver to depress the square tamper release tab, located on the skirt of the mounting base, and turn the detector counterclockwise.

Figure 2: Tamper-Resistant Feature



A78-2711-00

Do NOT Install Detectors in the Following Areas:

- In or near areas where particles of combustion are normally present such as kitchens; in garages (vehicle exhaust); near furnaces, hot water heaters, or gas space heaters.
- In very cold or very hot areas.
- In wet or excessively humid areas, or next to bathrooms with showers.
- In dusty, dirty, or insect-infested areas.
- Near fresh air inlets or returns or excessively drafty areas. Air conditioners, heaters, fans, and fresh air intakes and returns can drive smoke away from the detector.

Consult NFPA 72, the local Authority Having Jurisdiction (AHJ), and/or applicable codes for specific information regarding the spacing and placement of smoke detectors.

Wiring Installation Guidelines

All wiring must be installed in compliance with the National Electrical Code, applicable state and local codes, and any special requirements of the local Authority Having Jurisdiction.

Proper wire gauges should be used. The conductors used to connect smoke detectors to the alarm control panel and accessory devices should be color-coded to reduce the likelihood of wiring errors. Improper connections can prevent a system from responding properly in the event of a fire.

The screw terminals in the mounting base will accept 14-22 gauge wire. For best system performance, all wiring should be installed in separate grounded conduit; do not mix fire alarm system wiring in the same conduit as any other electrical wiring. Twisted pair may be used to provide additional protection against extraneous electrical interference.

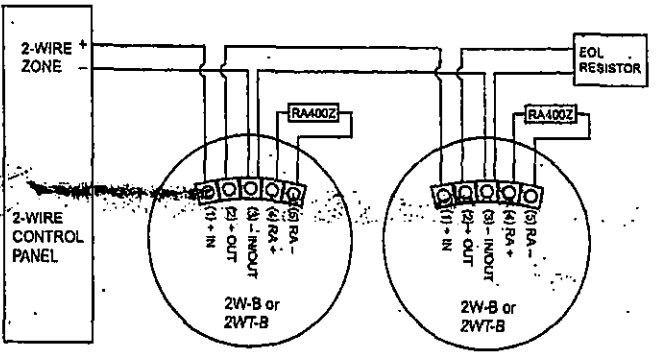
Wire connections are made by stripping approximately ¼-inch of insulation from the end of the feed wire, inserting it into the proper base terminal, and tightening the screw to secure the wire in place.

Two-Wire Compatibility

System Sensor two-wire smoke detectors are marked with a compatibility identifier located on the label on the back of the product. For two-wire models 2W-B and 2WT-B, connect detectors only to compatible alarm control panels as identified by System Sensor's compatibility chart. This chart contains the current list of detectors and UL Listed compatible control units. A copy of this list is available from System Sensor upon request.

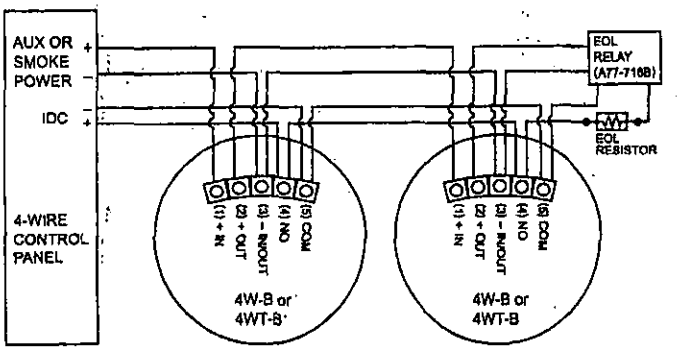
Wiring Diagrams

Figure 3a: Wiring Diagram, 2W-B and 2WT-B



A78-2714-00

Figure 3b: Wiring Diagram, 4W-B and 4WT-B



Installation

⚠WARNING

Remove power from alarm control unit or initiating device circuits before installing detectors.

NOTE: To install units so that corresponding LEDs are lined up, refer to the "Green LED" indicator on the base.

1. Wire the mounting base screw terminals per Figure 3a or Figure 3b, as applicable.
2. Place detector on the base and rotate clockwise. The detector will drop into the base and lock into place with a "click".
3. After all detectors have been installed, apply power to the alarm control unit.
4. Test each detector as described in **Testing.**
5. Reset all the detectors at the alarm control unit.
6. Notify the proper authorities that the system is in operation.

⚠CAUTION

Dust covers are an effective way to limit the entry of dust into the smoke detector sensing chamber. However, they may not completely prevent airborne dust particles from entering the detector. Therefore, System Sensor recommends the removal of detectors before beginning construction or other dust producing activity. When returning the system to service, be sure to remove the dust covers from any detectors that were left in place during construction.

Testing

Detectors must be tested after installation and following maintenance.

NOTE: Before testing, notify the proper authorities that maintenance is being performed and the system will be temporarily out of service. Disable the zone or system undergoing maintenance to prevent any unwanted alarms.

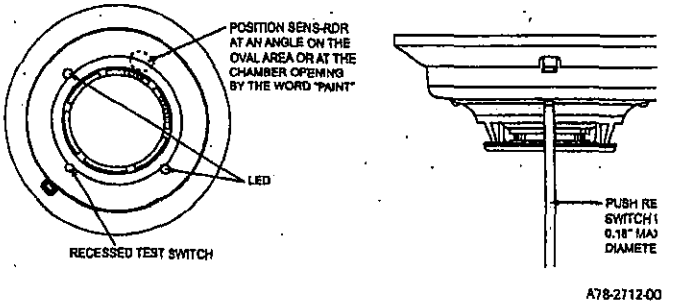
Ensure proper wiring and power is applied. *After power up, allow 80 seconds for the detector to stabilize before testing.*

Test i^3 Series detectors as follows:

A. Test Switch

1. An opening for the recessed test switch is located on the detector housing (See Figure 4).
2. Insert a small screwdriver or allen wrench (0.18" max.) into the test switch opening; push and hold.
3. If the detector is within the listed sensitivity limits, the detector's red LED should light within five seconds.

Figure 4: Recessed Test Switch Opening and SENS-RDR Position



B. Smoke Entry Test

Hold a smoldering punk stick or cotton wick at the side of the detector and gently blow the smoke through the detector until it alarms.

C. Direct Heat Method (models 2WT-B and 4WT-B only)

Using a 1000-1500 watt hair dryer, direct the heat toward either of the thermistors. Hold the heat source about 12 inches from the detector to avoid damage to the plastic.

NOTE: For the above tests, the detector will reset only after the power source has been momentarily interrupted.

If a detector fails any of the above test methods, its wiring should be checked and it should be cleaned as outlined in the **Maintenance** section. If the detector still fails, it should be replaced.

Notify the proper authorities when the system is back in service.

Loop Verification (models 2W-B and 2WT-B only)

Loop verification is provided by the EZ Walk loop test feature. This feature is for use with i^3 Series compatible control panels or the i^3 Series 2W-MOD module only. The EZ Walk loop test verifies the initiating loop wiring and provides visual status indication at each detector.

1. Ensure proper wiring and power is applied. Wait approximately six minutes before performing EZ Walk test.
2. Place control panel or module in EZ Walk Test mode (refer to panel manufacturer's manual or 2W-MOD manual D500-46-00).
3. Observe the LEDs on each detector:

Table 3: EZ Walk Test Detector Modes

	Green LED	Red LED
Proper Operation	Double blink 5 sec	-
Out of Sensitivity	-	Double Blink 5 sec
Freeze Condition	-	Double Blink 10 sec

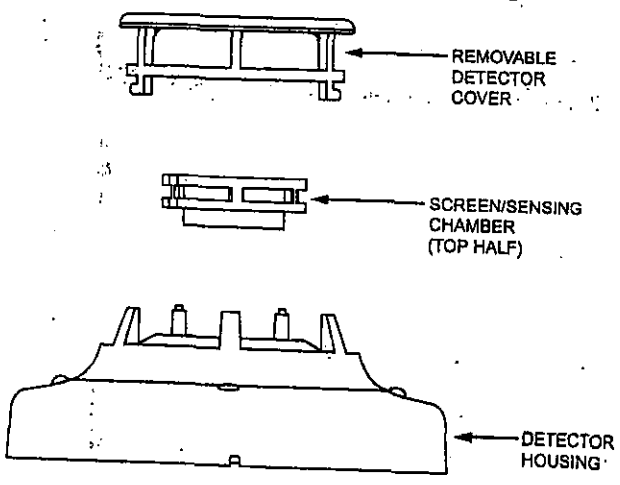
NOTE: The EZ Walk loop test must not be used instead of alarm testing.

Maintenance

NOTE: Before performing maintenance on the detector, notify the proper authorities that maintenance is being performed and the system will be temporarily out of service. Disable the zone or system undergoing maintenance to prevent any unwanted alarms. **Power must be removed from the detector before performing maintenance of any kind.**

1. Remove the detector cover by turning counterclockwise. (See Figure 5.)
2. Vacuum the cover or use canned air to remove any dust or debris.
3. Remove the top half of the screen/sensing chamber by lifting straight up (Figure 5).
4. Vacuum or use canned air to remove any dust or particles that are present on both chamber halves.
5. Replace the top half of the screen/sensing chamber by aligning the arrow on the screen/sensing chamber with the arrow on the housing. Press down firmly until the screen/sensing chamber is fully seated.
6. Replace the detector cover by placing it over the screen/sensing chamber and turning it clockwise until it snaps into place.
7. Reinstall the detector and test. (See the **Testing** section.)
8. Notify the proper authorities when the system is back in service.

Figure 5: Removing/Replacing Screen/Sensing Chamber



Electrical Specifications	**2-wire**	**4-wire**	
System Voltage - Nominal:	12/24	12/24	Volts Non-polarized
Min.:	8.5	8.5	Volts
Max.:	35	35	Volts
Max. Ripple Voltage:	30	30	% of nominal peak to peak
Max. Standby Current:	50	50	μA average
Peak Standby Current:	100	-	μA
Max. Start-up Capacitance:	0.1	-	μF
Latching Alarm:	Reset by momentary power interruption		
Maximum Initial Start-up Time:	45	15	sec
Power-up Time after 10 sec. reset:	15	15	sec
Max. Alarm Current:	130	20	mA 12 Volt Systems
(For 2W-B and 2WT-B, panel must limit current)	130	23	mA 24 Volt Systems
Alarm Contact Ratings:	-	0.5	Amp @ 30 V AC/DC
Alarm Reset Voltage:	2.5	2.5	Volts
Alarm Reset Time:	0.3	0.3	sec

Physical Specifications

Heat Sensor (Model 2WT-B and 4WT-B):	135° F (57.2° C)
Freeze Trouble (Model 2WT-B and 4WT-B):	41° F (5° C)
Operating Temperature Range:	
2W-B and 4W-B:	32 to 120° F (0 to 49° C)
2WT-B and 4WT-B:	32 to 100° F (0 to 37.8° C)
Operating Humidity Range:	0 to 95% RH non-condensing
Storage Temperature Range:	- 4 to 158° F (- 20 to 70° C)
Diameter (including base):	5.3 inches
Height (including base):	2.0 inches
Weight:	6.3 oz.

Please refer to insert for the Limitations of Fire Alarm Systems

Three-Year Limited Warranty

System Sensor warrants its enclosed smoke detector to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for this smoke detector. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the repair or replacement of any part of the smoke detector which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. After phoning System Sensor's toll free number 800-SENSOR2 (736-7672) for a Return Authorization number, send defective units postage prepaid to: System Sensor, Repair Department, RA #_____, 3825 Ohio Avenue, St. Charles, IL 60174. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to repair or replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

FCC Statement

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.

Note: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

D100-96-00

156-1800-04R

SpectrAlert Horns, Strobes, and Horn/Strobes

SYSTEM SENSOR®
A Division of Pittway
3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6495

For use with the following models:

Horns:	12/24 volt:	H12/24*, H12/24W*
Strobes:	12 volt:	S1215, S121575, S1215W, S121575W
	24 volt:	S2415*, S241575F(FUEGO), S241575*, S2475*, S24110*, S2415W*, S241575W*, S2475W*, S24110W*
Combo:	12 volt:	P1215, P121575, P1215W, P121575W
	24 volt:	P2415*, P241575F(FUEGO) P241575*, P2475*, P24110*, P2415W*, P241575W*, P2475W*, P24110W*

* ULC models add suffix "A", 24-volt models only

SPECTRAlert

Specifications

Voltage Range:	DC or Full-Wave Rectified (CAUTION: H12/24(A) and H12/24W(A) will not operate on coded power supplies.) Horn: 10.5 to 30 Volts; H12/24A and H12/24WA (ULC) 20 to 30 volts Strobes & Horn/Strobes: 12-volt models–10.5 to 17 volts; 24-volt models–20 to 30 volts (with MDL module): 12-volt models–11 to 17 volts; 24-volt models–21 to 30 volts
Flash Rate:	1 Flash Per Second
Operating Temperature:	32° F to 120° F (0° C to 49° C)
Light Output:	Models with 15 only in the model number are listed at 15 candela Models with 1575 are listed at 15 candela per UL 1971 but will provide 75 candela on axis (straight ahead) Models with 75 are listed at 75 candela Models with 110 are listed at 110 candela
Sound Output:	Sound output levels are established at Underwriters Laboratories in their reverberant room. Always use the sound output specified as UL Reverberant Room when comparing products.
Listings:	UL S4011 (Horns and Horn/Strobes), UL S5512 (Strobes), ULC CS548 (Horns), ULC CS549 (Strobes and Horn/Strobes), Factory Mutual, CSFM, MEA

General Description

The SpectrAlert series notification appliances are designed to meet the requirements of most agencies governing these devices, including: NFPA, The National Fire Alarm Code, UL, ULC, FM, CSFM, MEA. Also, check with your local Authority Having Jurisdiction for other codes or standards that may apply.

The SpectrAlert series can be installed in systems using 12- or 24-volt panels having DC or full-wave rectified (FWR) power supplies. The series can also be installed in systems requiring synchronization (module MDL required) or systems that do not require synchronization (no module required).

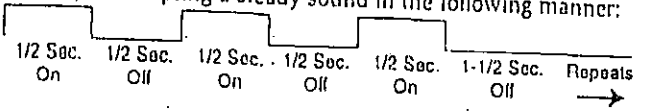
NOTICE: This manual should be left with the owner/user of this equipment.

Fire Alarm System Considerations

Temporal and Non-Temporal Coded Signals:

The American National Standards Institute and the National Fire Alarm Code require that all horns used for building evacuation installed after July 1, 1996, must produce Temporal Coded Signals.

Signals other than those used for evacuation purposes do not have to produce the Temporal Coded Signal. Temporal coding is accomplished by interrupting a steady sound in the following manner:



Power Supply Considerations

Panels typically supply DC filtered voltage or FWR (full-wave rectified) voltage. The system design engineer must calculate the number of units used in a zone based on the type of panel supply. Be certain the sum of all the device currents do not exceed the current capability of the panel. Calculations are based on using the device current found in the subsequent charts and must be the current specified for the type of panel power supply used.

Wire Sizes

The designer must be sure that the last device on the circuit has sufficient voltage to operate the device within its rated voltage. When calculating the voltage available to the last device, it is necessary to consider the voltage drop due to the resistance of the wire. The thicker the wire, the less the voltage drop. Generally, for purposes of determining the wire size necessary for the system, it is best to consider all of the devices as "lumped" on the end of the supply circuit (simulates "worst case").

Typical wire size resistance:

18 AWG solid:	Approximately 8 ohms/1,000 ft.
16 AWG solid:	Approximately 5 ohms/1,000 ft.
14 AWG solid:	Approximately 3 ohms/1,000 ft.
12 AWG solid:	Approximately 2 ohms/1,000 ft.

Example: Assume you have 10 devices on a zone, and each requires 50 mA average and 2000 Ft. of 14 AWG wiring (total length = outgoing + return). The voltage at the end of the loop is 0.050 amps per device x 10 devices x 3 ohms/1,000 ft. x 2000 ft = 3 volts drop.

System Operation: Non-Synchronized Devices

Figure 1: Any combination of models powered by a 2-wire circuit:

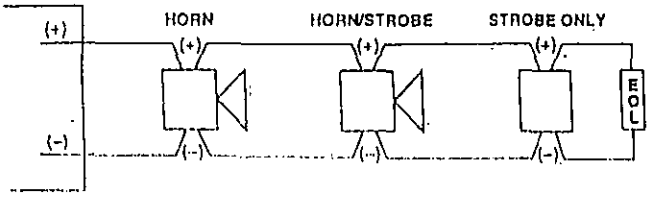


Figure 2. Any combination of models powered by a 4-wire circuit to provide independent horn and strobe operation (Remove factory installed jumpers, see Figure 4):

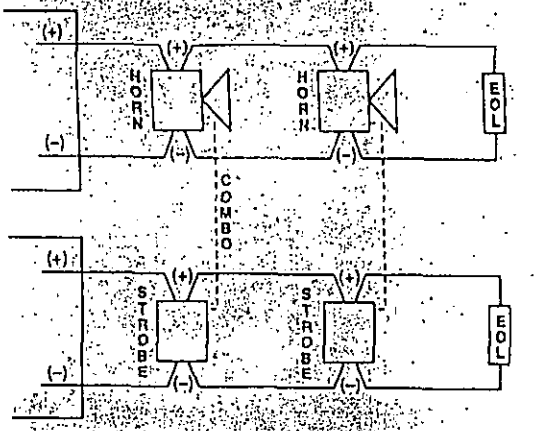


Figure 3: Horns and strobes powered in tandem:

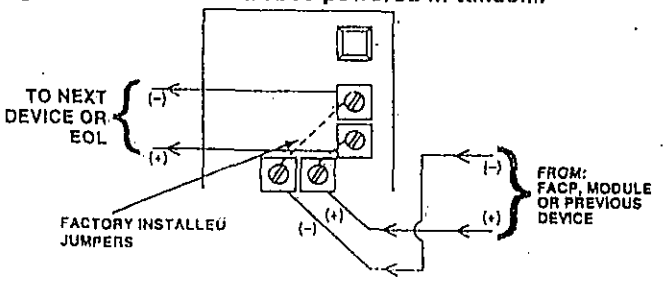
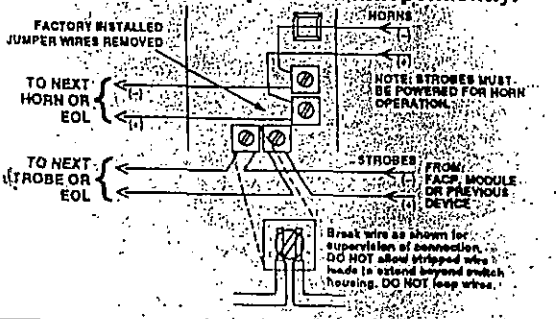


Figure 4: Horns and strobes powered independently:



⚠WARNING

The Limitations of Horn/Strobes

The horn and/or strobe will not work without power. The horn/strobe *gets its power from the fire/security panel monitoring the alarm system. If* power is cut off for any reason, the horn/strobe will not provide the desired audio or visual warning.

The horn may not be heard. The loudness of the horn meets (or exceeds) current Underwriters Laboratories' standards. However, the horn may not alert a sound sleeper or one who has recently used drugs or has been drinking alcoholic beverages. The horn may not be heard if it is placed on a different floor from the person in hazard or if placed too far away to be heard over the ambient noise such as traffic, air conditioners, machinery or music appliances that may prevent alert persons from hearing the alarm. The horn may not be heard by persons who are hearing impaired.

The signal strobe may not be seen. The electronic visual warning signal uses an extremely reliable xenon flash tube. It flashes at least once every second. The strobe must not be installed in direct sunlight or areas of high light intensity (over 60 foot candles) where the visual flash might be disregarded or not seen. The strobe may not be seen by the visually impaired.

The signal strobe may cause seizures. Individuals who have positive photic response to visual stimuli with seizures, such as persons with epilepsy, should avoid prolonged exposure to environments in which strobe signals, including this strobe, are activated.

The signal strobe cannot operate from coded power supplies. Coded power supplies produce interrupted power. The strobe must have an uninterrupted source of power in order to operate correctly. System Sensor recommends that the horn and signal strobe always be used in combination so that the risks from any of the above limitations are minimized.

Three-Year Limited Warranty

System Sensor warrants its enclosed horn, strobe, or horn/strobe to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for this horn, strobe, or horn/strobe. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the repair or replacement of any part of the horn, strobe, or horn/strobe which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. *After phoning System Sensor's toll free number 800-SENSOR2 (736-7672)* for a Return Authorization number, send defective units postage prepaid to: System Sensor, Repair Department, RA # _____, 3825 Ohio Avenue, St. Charles, IL 60174. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to repair or replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

Strobe Only:

Candela	AVERAGE CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR	PEAK CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR	IN RUSH CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR
15	133	159	114	157	81	128	59	120	53	80	46	79	460	460	450	460	420	480	150	270	150	270	140	250	80	108	92	124	140	190	170	230	220	280	270	370
15/75	168	182	142	171	99	150	76	92	66	93	58	132	490	520	490	520	460	480	170	270	170	270	160	270	76	104	88	126	160	185	170	230	210	270	270	360
75	NA	NA	NA	NA	NA	NA	145	170	123	159	102	141	NA	NA	NA	NA	NA	NA	350	440	340	460	330	480	NA	NA	NA	NA	NA	NA	190	240	230	280	290	380
110	NA	NA	NA	NA	NA	NA	169	220	140	191	115	174	NA	NA	NA	NA	NA	NA	460	560	450	570	420	620	NA	NA	NA	NA	NA	NA	190	230	220	290	290	370

Horn Only:

Tone	High/Low Volume	Temp /Non	AVERAGE CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR
Electro-mech.	High	Temp	10	11	10	10	14	14	19	21	25	16	29	28
		Non	10	10	10	10	14	25	17	29	23	34	30	42
	Low	Temp	NA	NA	NA	NA	NA	NA	11	12	13	13	17	16
		Non	NA	NA	NA	NA	NA	NA	12	18	14	19	17	24
3000 Hz Interrupt.	High	Temp	11	13	11	11	16	16	24	26	26	23	37	33
		Non	11	17	11	21	14	28	19	34	27	39	35	45
	Low	Temp	NA	NA	NA	NA	NA	NA	14	14	17	15	21	19
		Non	NA	NA	NA	NA	NA	NA	13	18	16	21	22	26

Horn/Strobe 15 cd:

Tone	High/Low Volume	Temp /Non	AVERAGE CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR
Electro-mech.	High	Temp	143	170	124	167	95	142	78	101	78	98	75	141
		Non	143	170	124	167	95	142	69	98	76	100	76	138
	Low	Temp	NA	NA	NA	NA	NA	NA	70	92	66	93	63	132
		Non	NA	NA	NA	NA	NA	NA	71	92	67	93	63	132
3000 Hz Interrupt.	High	Temp	144	172	125	168	97	144	83	106	81	103	83	148
		Non	144	173	125	168	95	146	78	102	80	106	81	142
	Low	Temp	NA	NA	NA	NA	NA	NA	73	94	70	95	67	134
		Non	NA	NA	NA	NA	NA	NA	72	92	09	94	66	132

Horn/Strobe 75 cd:

Tone	High/Low Volume	Temp /Non	AVERAGE CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR
Electro-mech.	High	Temp	NA	NA	NA	NA	NA	NA	164	191	148	167	131	167
		Non	NA	NA	NA	NA	NA	NA	163	188	148	169	132	169
	Low	Temp	NA	NA	NA	NA	NA	NA	150	182	136	162	119	156
		Non	NA	NA	NA	NA	NA	NA	157	182	137	162	119	157
3000 Hz Interrupt.	High	Temp	NA	NA	NA	NA	NA	NA	169	196	151	172	139	174
		Non	NA	NA	NA	NA	NA	NA	164	192	150	175	137	177
	Low	Temp	NA	NA	NA	NA	NA	NA	159	184	140	164	123	160
		Non	NA	NA	NA	NA	NA	NA	158	188	139	163	124	162

Horn/Strobe 1575 cd:

Tone	High/Low Volume	Temp /Non	AVERAGE CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR
Electro-mech.	High	Temp	178	193	152	181	113	184	95	113	91	111	87	163
		Non	176	193	152	181	113	184	93	110	89	113	88	150
	Low	Temp	NA	NA	NA	NA	NA	NA	87	104	79	106	75	144
		Non	NA	NA	NA	NA	NA	NA	88	104	80	106	75	144
3000 Hz Interrupt.	High	Temp	179	195	152	183	115	186	100	118	94	116	95	156
		Non	179	196	152	183	113	188	95	114	93	118	93	154
	Low	Temp	NA	NA	NA	NA	NA	NA	90	106	83	108	79	146
		Non	NA	NA	NA	NA	NA	NA	89	104	82	107	80	144

Horn/Strobe 110 cd:

Tone	High/Low Volume	Temp /Non	AVERAGE CURRENT (mA) 12V Models 10.5V DC	10.5V FWR	12V DC	12V FWR	17V DC	17V FWR	24V Models 20V DC	20V FWR	24V DC	24V FWR	30V DC	30V FWR
Electro-mech.	High	Temp	NA	NA	NA	NA	NA	NA	188	241	165	209	144	200
		Non	NA	NA	NA	NA	NA	NA	186	238	163	211	145	202
	Low	Temp	NA	NA	NA	NA	NA	NA	180	232	153	204	132	189
		Non	NA	NA	NA	NA	NA	NA	181	232	154	204	132	190
3000 Hz Interrupt.	High	Temp	NA	NA	NA	NA	NA	NA	193	246	168	214	152	207
		Non	NA	NA	NA	NA	NA	NA	186	242	167	217	150	210
	Low	Temp	NA	NA	NA	NA	NA	NA	183	234	157	206	136	193
		Non	NA	NA	NA	NA	NA	NA	182	232	156	205	137	195

Sound Output Guide

			UL Reverberant Room dBA@ volts DC 10.5	12	17	20	24	30	Anechoic dBA @10 ft./volts DC 10.5	12	17	20	24	30
Temporal	Low Volume	Electromechanical	NA	NA	NA	75	75	79	NA	NA	NA	94	96	98
		3000 Hz Interrupted	NA	NA	NA	75	79	79	NA	NA	NA	94	96	98
	High Volume	Electromechanical	75	75	79	82	82	82	94	95	98	100	101	102
		3000 Hz Interrupted	75	75	79	82	85	85	94	95	98	100	101	102
Non-Temporal	Low Volume	Electromechanical	NA	NA	NA	79	82	85	NA	NA	NA	94	96	98
		3000 Hz Interrupted	NA	NA	NA	82	82	85	NA	NA	NA	94	96	98
	High Volume	Electromechanical	79	79	85	85	88	88	94	95	98	100	101	102
		3000 Hz Interrupted	79	82	85	88	88	90	93	95	98	100	101	102

The same number of devices using 12 AWG wire will produce only 2 volts drop. The same devices using 18 AWG wire will produce 8 volts drop.

Consult your panel manufacturer's specifications, as well as SpectrAlert's operating voltage range to determine acceptable voltage drop.

Horn Selections

Horns are factory set for high volume, temporal code, and electromechanical tone.

Tones:

Two tones may be selected using the jumper plugs located on the printed circuit board. With the jumper offset, the tone is the Electromechanical sound. With the jumper in place, the tone is a 3 kHz sound.

Temp/Non-Temp:

Temporal coding, or Non-Temporal coding can be selected using the jumper plugs located on the printed circuit board. With the jumper offset, the tone pattern is the Temporal Coded Signal. With the jumper in place, the Non-Temporal code (continuous) tone is active.

High/Low Volume:

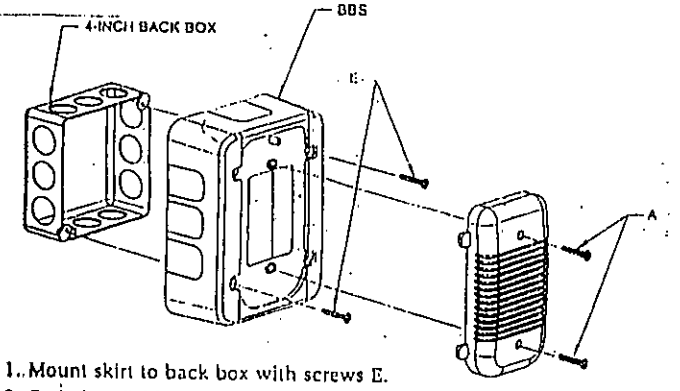
High or low volume may be selected using the jumper plugs located on the printed circuit board. With the jumper in place, the sound output level is the high level. With the jumper offset, the sound output level is the low level. The low volume setting must NOT be used when the device is powered from a 12-volt panel.

NOTE: Always power down devices before setting jumpers.

Screw types used for mounting:

A – #8-x 1-1/4 plastite
B – 6-32 x 1-3/8 oval head
C – 6-32 x 1-5/16 pan head
D – #6 plastite
E – 8-32 x 3/4 flat head

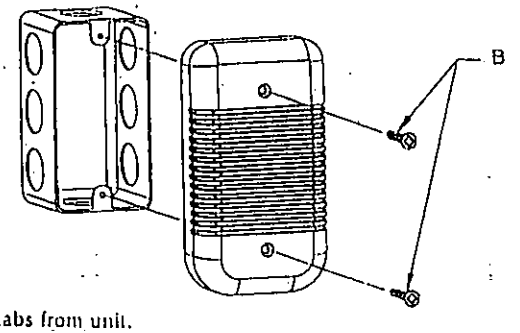
Horn surface mount:



1. Mount skirt to back box with screws E.
2. Complete field wiring.
3. Mount unit to skirt with screws A.

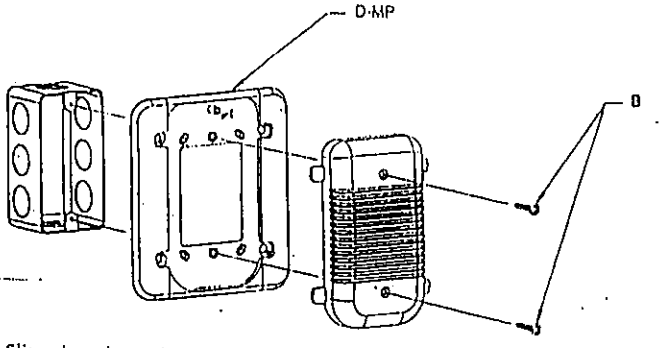
NOTE: Horn and skirt may also mount to a 2-inch box using screws B instead of screws A.

Horn direct mount:



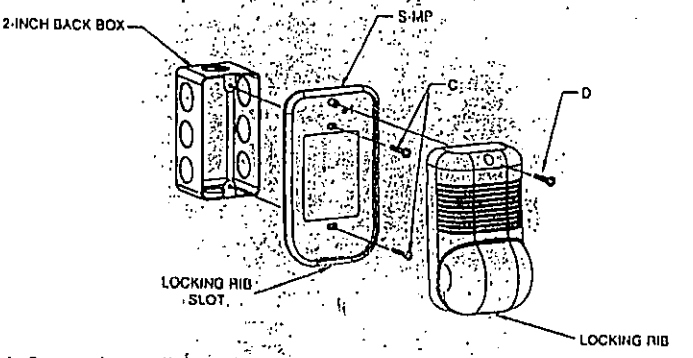
1. Break off four tabs from unit.
2. Complete field wiring.
3. Mount unit to back box with screws B.

Horn with universal mounting plate:



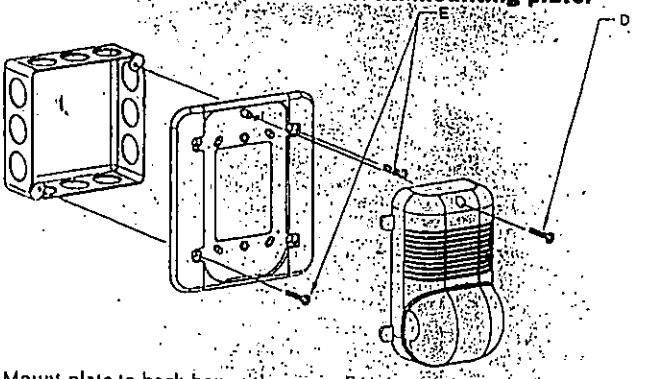
1. Slip wires through plate.
2. Complete field wiring.
3. Mount unit to back box with screws B.

Strobe or Horn/Strobe with small footprint mounting plate:



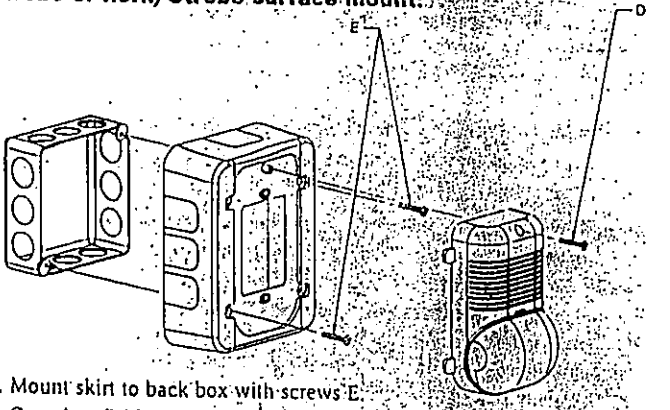
1. Screw plate to back box with screws C.
2. Break off four tabs from unit.
3. Complete field wiring.
4. Insert locking rib on unit into slot on plate.
5. Push into plate.
6. Secure unit to plate with screw D.

Strobe or Horn/Strobe with universal mounting plate:



1. Mount plate to back box with screws E.
2. Complete field wiring.
3. Insert locking rib into slot on plate.
4. Push into plate.
5. Secure unit to plate with screw D.

Strobe or Horn/Strobe surface mount:



1. Mount skirt to back box with screws E.
2. Complete field wiring.
3. Insert locking rib into slot on plate.
4. Push into recessed area.
5. Secure unit to skirt with screw D.

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

Hereby Issues To

GERARD R MELIA

The Following Certification As

FIRE ALARM SYSTEM

10/31/2006 to 10/31/2009	153691
Issue Date Lapse Date	ID Number

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

Hereby Issues To

GERARD R MELIA JR

The Following Certification As

FIRE ALARM SYSTEM

10/31/2006 to 10/31/2009	153693
Issue Date Lapse Date	ID Number

STATE OF NEW JERSEY
GERARD R. MELIA SR
34BA00098600
BURGLAR ALARM LICENSE

Expiration Date: 8/31/2007

DOB:3/23/1950

STATE OF NEW JERSEY
GERARD R. MELIA SR
34FA00081800
FIRE ALARM LICENSE

Expiration Date: 8/31/2007

DOB:3/23/1960

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

JM Security Communications
Gerald Melia
591 Fischer Boulevard
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/02/2007 TO 12/31/2007

13VH02037500

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

*Limited Wiring Exemption**

Issued to: JM Security Communications
591 Fischer Blvd.
Toms River, NJ 08753

Signature of holder

1457
Exemption No.

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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

JM SECURITY COMMUNICATIONS INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00439 **10/31/2006 to 10/31/2009**

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 5-15-07

PLOT PLAN EXEMPT FORM

Block: 852 Lot: 1

Property Address: 1743 RTE 88 BRICK NJ. 08724

I, MICHAEL MINUTILLO (name) of 40 BURLINGTON RD FREEHOLD NJ. 07728 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 6/11/07 Signed:

Rejected on: _____ Signed: _____

Comments:

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1743 RT 88 BRICK N.J. 08724

Block: 852 Lot: 1

Contractor: JOHNNY'S CONSTRUCTION COMPANY

Contractor's Address: 54 STEWART ST PASSAIC N.J.

Type of Construction (minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): WOOD, CONCRETE, SHEETROCK, CARPET,

Party responsible for removal: DELISSA DISPOSAL, NEPTUNE N.J. 07055

Dumpster size: (1) 20 YD (1) 10 YARD

Destination of debris: MAZZA SHAFTO RD TINTON FALLS N.J.

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

5-15-07
Date

ROBERT D. TATULI
Print Name