RECEIVED

NOV 30 REC'D

BUILDING

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: BRICK DELI ROUTE 88 EAST BRICKTOWN, N.J.
2. Owner Name: BRICK DELI Tel. ( )
   Address 1743 ROUTE 88 EAST BRICKTOWN
3. Principal Contractor: KITCHEN VENTILATION SPECIALISTS Tel. (201) 446-6500
   Address P.O. BOX 367 ENGLISHTOWN, N.J. 07726
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 222036360
4. Architect or Engineer: _____ Tel. ( )
   Address _____
5. Responsible Person in Charge of Work WILLIAM C. CONNELL Tel. (201) 446-6500

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☑ Other: VENTILATION FIRE PROTECTION

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☑	Fire Protection	1000.00
5. ☑	Other VENTILATION	3000.00
6. ☐	Other	
	TOTAL COST	$4000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☑ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: DELI RESTAURANT

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10312420

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☒ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☒ **Check if contractor.**

AGENT NAME KITCHEN VENTILATION SPECIALISTS INC. TEL.(201) 446-6500

ADDRESS P.O. BOX 367

ENGLISHTOWN, N.J. 07726

SIGNATURE William C. Connell

BLOCK NO. 852 LOT NO. 1 SUBDIVISION _____ PERMIT NO. 13264

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing		☐ Other			

PERMIT CONTROL

Pa

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			12-7-87	LCH	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			12-4-87	J.E.	need test when complete
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL		1-28-88	P.R.
1	FIRE PROTECTION		1-21-88	J.E. Suppression Test
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

- ☐ Temporary Certificate of Occupancy — _____
  Date Expired _____
- ☐ Temporary Certificate of Occupancy — _____
  Date Expired _____
- ☐ Certificate of Occupancy — _____
  No. _____
- ☐ Certificate of Continued Occupancy — _____
  No. _____
- ☐ Certificate of Approval — _____
  No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 50.–
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	35.–
OTHER _____	.
SUBTOTAL	$ 85.–
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.–)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.–
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 90.–

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 13264
DATE ISSUED 12-17-87
REVISION DATE ____
Block 852 Lot 1
Subdivision ____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* | When changing contractors, notify this office

Owner BRICK DELI
Address ROUTE 88 EAST 1743
BRICKTOWN, N.J.
Tel. ( ) ____
Work Site Address SAME

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367
ENGLISHTOWN, N.J.
Tel. (201) 446-6500
Lic. No. ____
Federal Emp. No. 222036360

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

KITCHEN VENTILATION
HOOD, FAN & DUCT

☑ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other ____		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☑ Other VENTILATION		
	SUBTOTAL	$
	Minimum Building Fee (if applicable)	$
	Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: A-3 Present ____ Proposed

No. of Stories ____ | Total Building Area—All Floors ____ Sq. Ft.
Height of Structure ____ Ft. | Volume of Structure ____ Cu. Ft.
Area—Largest Floor ____ Sq. Ft. | Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 3000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JUN 26 95 0 0 5 7 2 2

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
Work Site Location 1743 RT. 88 STORE #9
BRICK TOWN, N.J. 08724
Owner in Fee CARL P. GROSS
Address P.O. Box 5008
FREEHOLD NJ. 07728
Tele. (908) 780-8888
Contractor GEMINI ELECTRIC
Address 45 CYPRESS RD
TOMS RIVER NJ 08753
Tele. (908) 505-8131
Lic. No. 5362
Federal Emp. No. 22 2220811 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Michael Michaels
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge		$ _____
Paid [✓] Check # 1653	Minimum Fee	$ _____
PF	DCA Training Fee	$ _____
Collected by: _____	TOTAL FEE	$ 40.—

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV 12 96 0 1 0 3 1 3

Brick

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

Block 552 Lot 1

Work Site Location BAGEL EXCHANGE LAURELTON SHOP. PLAZA 1743 HWY 88 BRICK TWP

Owner in Fee Carl Gross. G-B Limited Co Inc

Address 63 W Main ST Freehold NJ 07728

Tele. (908) 780 5888

Contractor Anthony Stiglio JR

Address 1149 Clinton Terrace Toms River NJ 08720

Tele. (908) 753-0353

Lic. No. 12097

Federal Emp. No. _____ or Social Security No. 146-66-7938

B. ELECTRICAL CHARACTERISTICS

Use Group Present A3 Proposed A3

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

Building Occupied as BAGEL STORE Utility Co. _____

Est. Cost of Elec. Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 12-3-96
Approved by: [signature]

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

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

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

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

[signature] [seal]
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
25		Fixtures (1)	
16		Receptacles (2)	45
2		Switches (3)	
43		Total 1 + 2 + 3	
	___ Kw	Range	
1	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
1	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: Make up air unit oil, gas or elec.	
2	___ Kw	*Baseboard Heat Units*	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
1		Signs	
1	___	Light Standards	
5	___ hp	Motors—Fractional H.P.	
3	___ hp	Motors—All Others (1) 2 HP	21-
	___ Kw	Transformers (1) 22 KP	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

	Administrative Surcharge	$ _____
Paid [ ] Check # 2198	Minimum Fee	$ 66-
	DCA Training Fee	$ 2-
Collected by: _____	TOTAL FEE	$ 68- paid cash

U.C.C. Form F-120B RF

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 13264
DATE ISSUED 12-17-87
REVISION DATE
Block 852 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner BRICK DELI
Address ROUTE 88 EAST 1743
BRICKTOWN, N.J.
Tel. ( )
Work Site Address SAME

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367
ENGLISHTOWN, N.J. 07726
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 222036360

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

William C. Connell
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☑ Other ~~ANSUL~~ PYRO CHEM PC 1.65
Manual Pull: ☑ Yes ☐ No
Locations: DRAWG. SUBMITTED

Estimated Cost of Work: $ 1000.00 $

B3. ALARM

FEE

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ $

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 35

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-3 Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 1000.00

D. COMMENTS

Suppression Sys.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 12-4-87
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 1-21-88
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				1-21-88
☐ Fire Alarm Test				
☒ Smoke Test				1-21-88
☐ TCO				
☒ Other Exit Signs				1-21-88
☒ Other Emergency Lites				1-21-88
☐ Other Fire Extinguishers				1-21-88
☐ Other				

U.C.C. Form F-140 (8/83)

Test
11:30 AM.

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 1264
DATE ISSUED 12-17-87
REVISION DATE
Block 852 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner BRICK DELI
Address ROUTE 88 EAST 1743
BRICKTOWN, N.J.
Tel. ( )
Work Site Address SAME

Contractor KITCHEN VENTILATION SP.
Address P.O. BOX 367
ENGLISHTOWN, N.J. 07726
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 222036360

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

William C. Conrad
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☑ Other ~~See~~ PYRO CHEM PC.1.65
Manual Pull: ☑ Yes ☐ No
Locations: DRAWG. SUBMITTED

Estimated Cost of Work: $ 1000.00 $ 35

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal 0
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 35

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-3 Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 1000.00

D. COMMENTS

Suppression: Sp,

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION _____ UTILITY CO P.P.

1743 R/C Rd BLK 952 LOT 1

OWNER Country Acres Const. Co. OCCUPANT Pick 'Deli.

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☐FINAL ☐TEMPORARY This approval void after _____ days

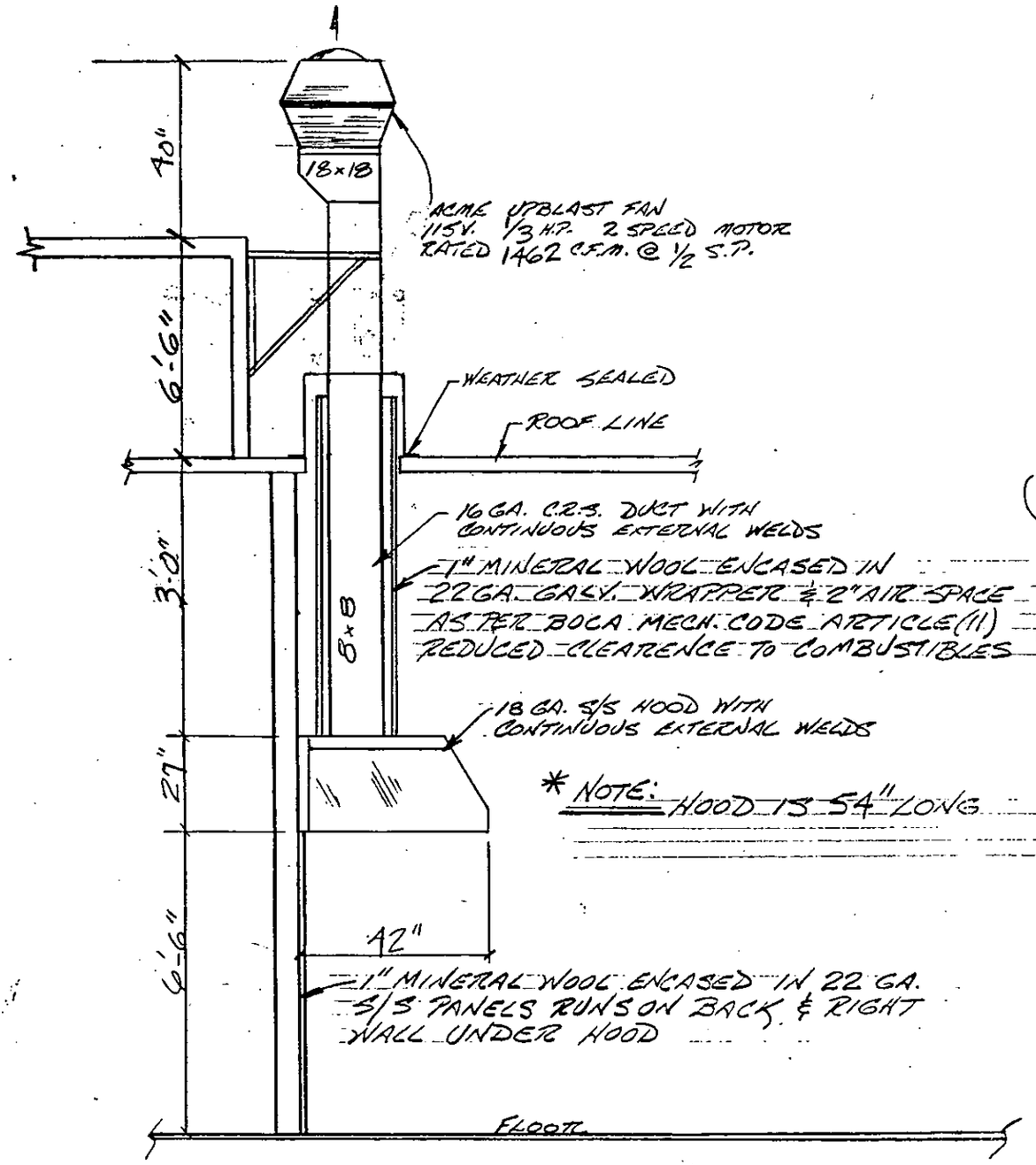
SERVICE _____ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS _____

DATE 1-27-84 PERMIT # 5232 INSPECTOR R. Collins

Elec. 104 Insp. Lic # 74



SIDE ELEVATION

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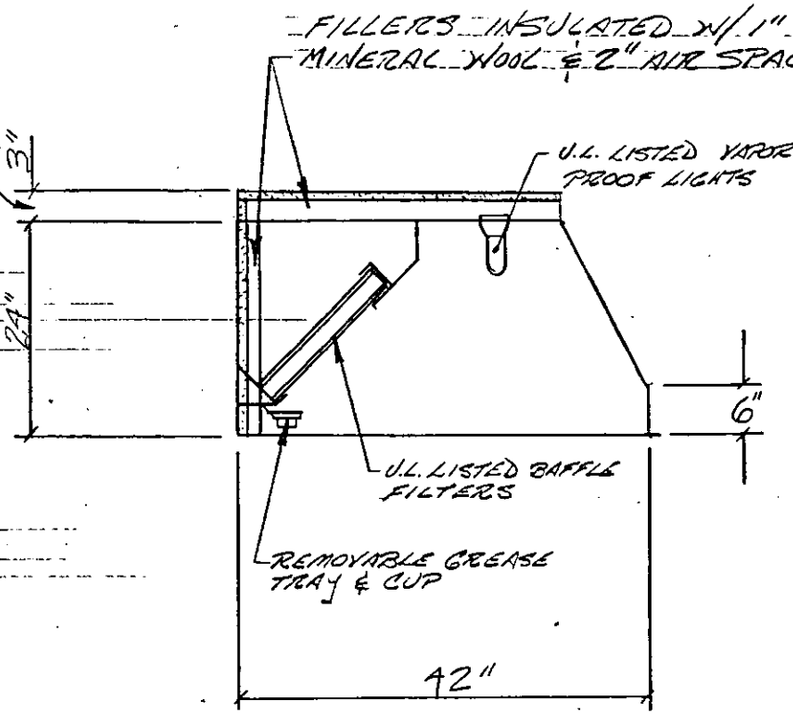


SECTION THRU HOOD

~NO SCALE:

KVS 11/27/87

QE

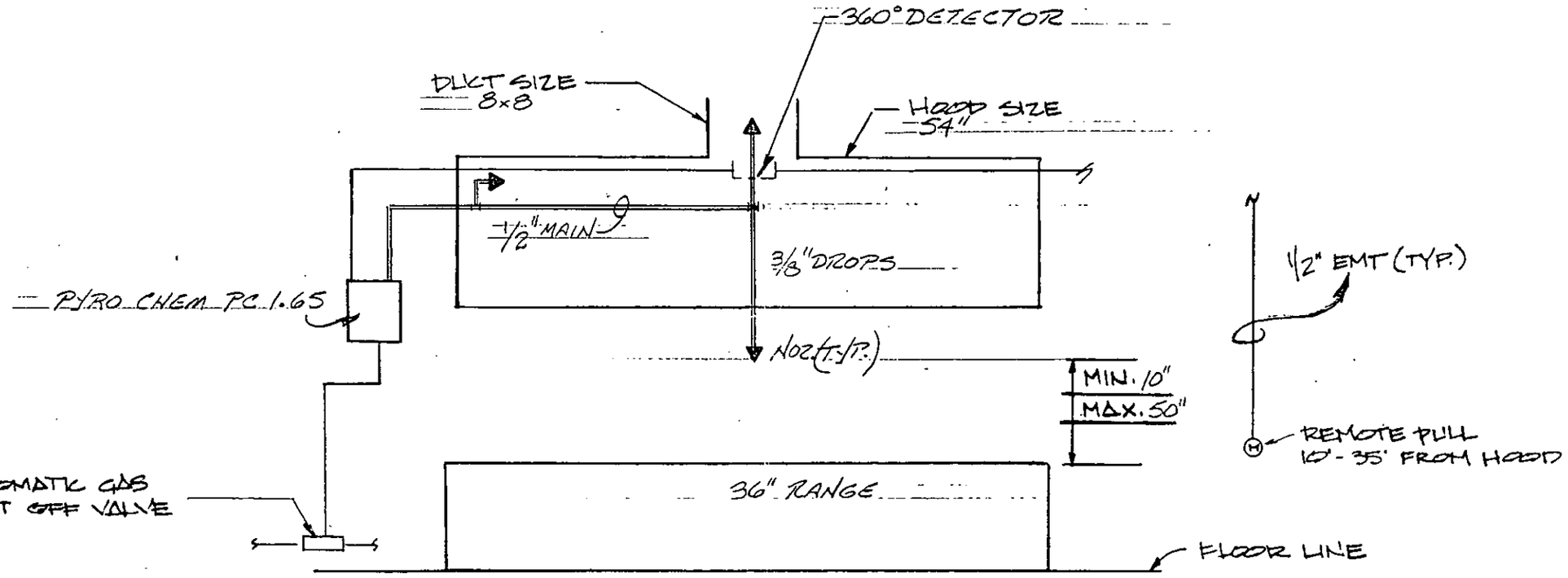
RFP

BRICK DELI
ROUTE 88 EAST
BRICKTOWN, N.J.

K.V.S. INC.
P.O. BOX 367
ENGLISHTOWN, N.J.

11-27-87 | SCALE ~ | B.C.

12-7-87 Kevin Mc



~ SYSTEM NOT TO SCALE

ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURES SPECS.

12-7-87

KVS	1	
QE	1	
RFP	E.J	11-27-87

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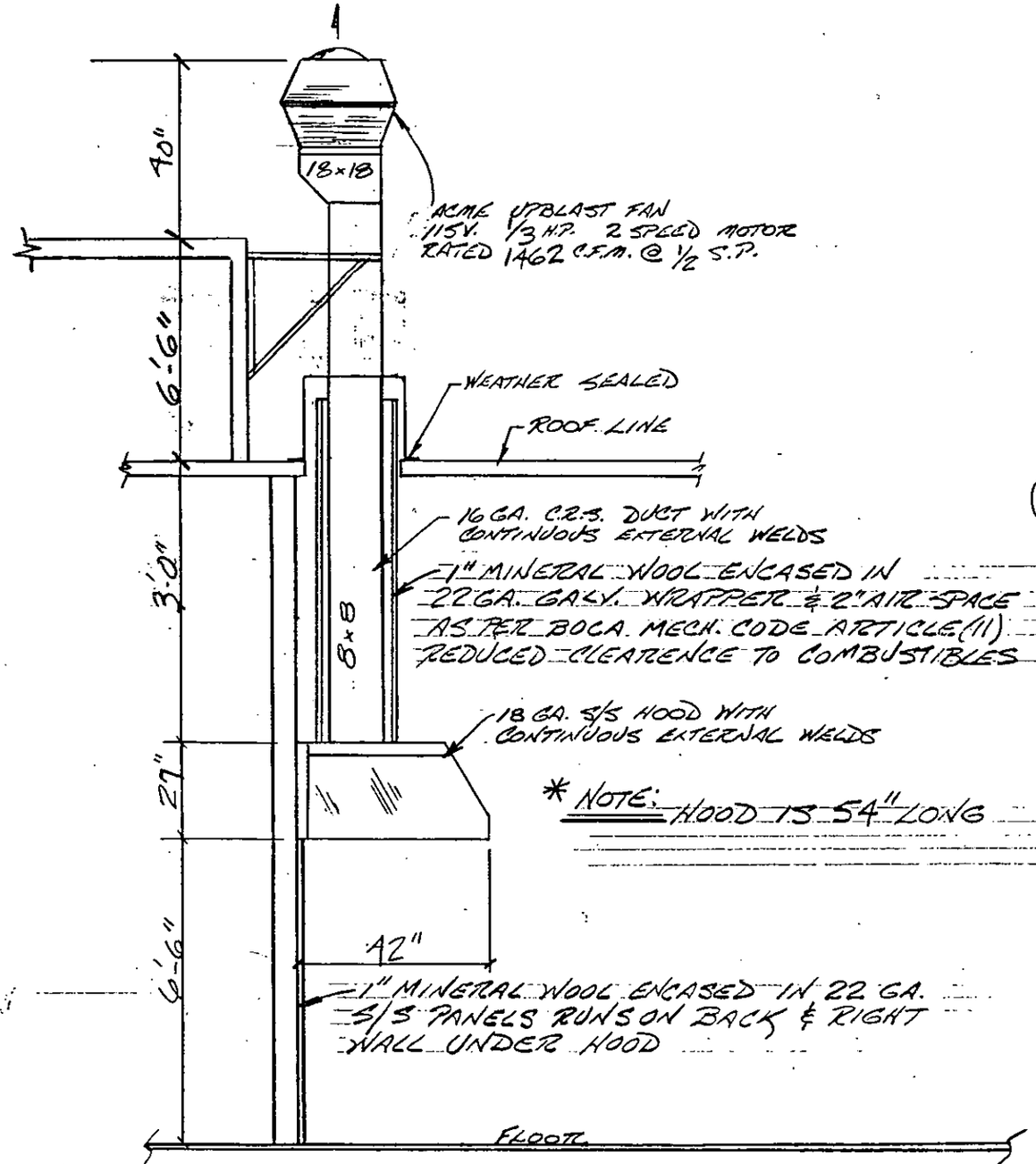
ROUTE 88 EAST
BRICKTOWN, N.J.

K.V.S. INC.
P.O. BOX 367
MANALAPAN N.J.

11-27-87 | SCALE ~ | B.C.



12-7-87 Hennings

SIDE ELEVATION

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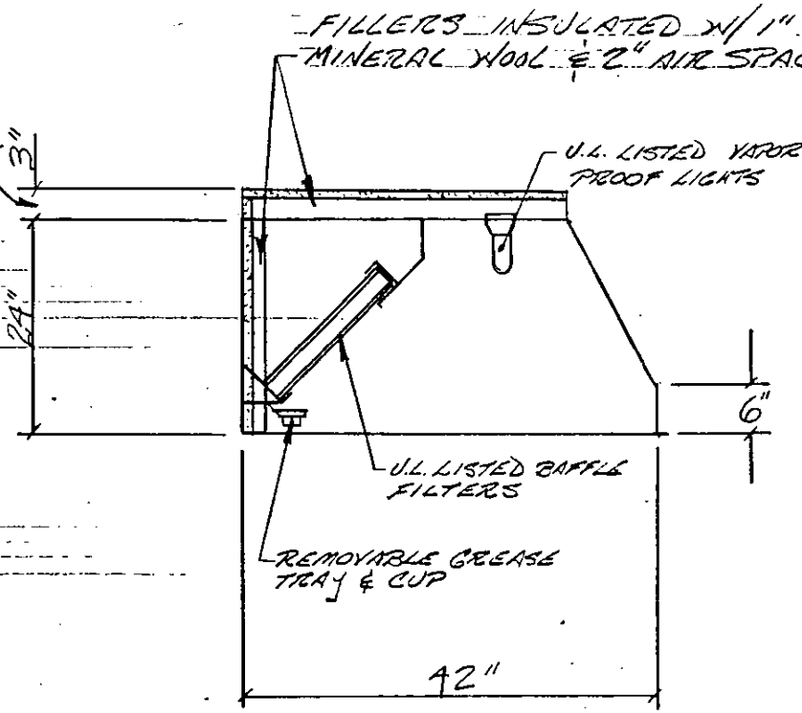


SECTION THRU HOOD

~NO SCALE:

KVS 11/27/87

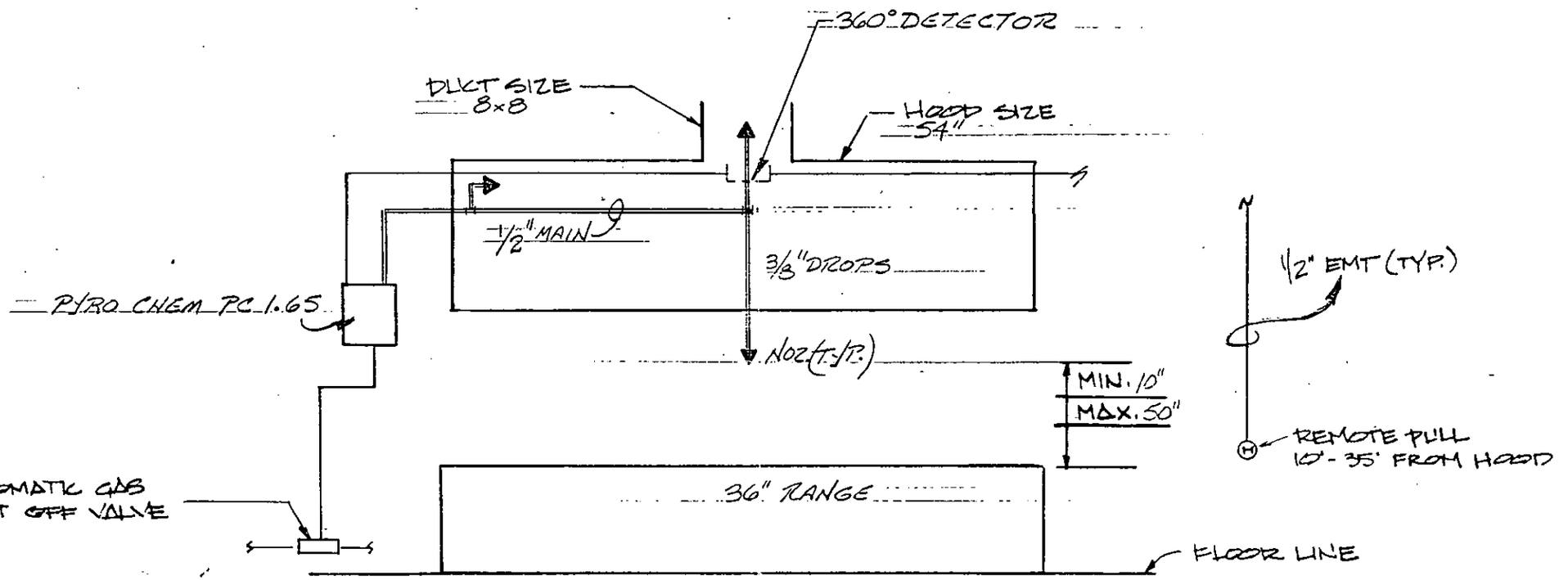
QE

RFP

BRICK DELI
ROUTE 88 EAST
BRICKTOWN, N.J.

K.V.S. INC.
P.O. BOX 367
ENGLISHTOWN, N.J.

11-27-87 | SCALE: | R.C.



~ SYSTEM NOT TO SCALE

ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURES SPECS.

12-7-87 ICM engrs

KVS		
QE		
RFP	E.J	11-27-87

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ROUTE 88 EAST
BRICKTOWN, N.J.

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11-27-87 | SCALE N | B.C.