RECEIVED
Page 1
NOV 8 REC'D

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at: Raasko's Bonanza
2. Owner Name: 595 Brick Blvd Tel. (___) ___
   Address Brick Twp N.J
3. Principal Contractor: Atlantic Fire + Safety Tel. (201) 741-2113
   Address 381 Hwy 35 Red Bank N.J 0779
   Lic. No. or Builder Reg. No. ___ Federal Emp. No. 221 904 087
4. Architect or Engineer: ___ Tel. (___) ___
   Address ___
5. Responsible Person in Charge of Work ___ Tel. (___) ___

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: Fire Suppression System

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☒	Fire Protection	3200 00
5. ☐	Other ___	
6. ☐	Other ___	
	TOTAL COST	$ 3200

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: ___

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 10309632

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 Allied Fire + Safety TEL. 2? 74?-2?13

ADDRESS 381 Hwy # 35

Red Bank NJ 0774

SIGNATURE [signature]

BLOCK NO. 420-A LOT NO. 16 SUBDIVISION _____ PERMIT NO. 129

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	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

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	11/5/87				
	Footings/Foundations					
	Framing					
	Architectural					
	Other ______					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			11/4/87	ac	11/13/87
☐	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					
✓	FIRE PROTECTION				8-7-89	
______	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	$ ______
PLUMBING	______
ELECTRICAL	______
FIRE PROTECTION	35.00
OTHER ______	______
SUBTOTAL	$ 35
– LESS: 20% of subtotal (when plan review performed by state agency).	(______)
D.C.A. TRAINING FEE .0006 x ______	= ______
CERTIFICATE OF OCCUPANCY	20
OTHER ______	______
OTHER ______	______
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 55

DATE 1/25/88 Collected By Palo

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	$ ______

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. ____
DATE ISSUED ____
REVISION DATE ____
Block 470-A Lot 16
Subdivision ____

A. IDENTIFICATION

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

Owner Rocco Pozanza	Contractor Allied Fire + Safety
Address 595 Brick Blvd Bricktown NJ	Address 381 Hwy # 35 Red Bank NJ 07701
Tel. ( )	Tel. (201) 741-2113
Work Site Address Same	Lic. No.
	Federal Emp. No. 221-904087

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Renovation To Fire Suppression System – Enlarging

☐ See Plans

TYPE OF WORK:

Type	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
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: $ ____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 470-A Lot 16
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Rasko Bozuta
Address 595 Brick Blvd Brick Twp NJ
Tel. ( ) Same
Work Site Address _____

Contractor Allied Fire & Safety
Address 581 Hwy # 35 Red Bank NJ 07701
Tel. (201) 741-2113
Lic. No. _____
Federal Emp. No. 221-90487

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Renovation To Fire Suppression System – Enlarging

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other _____		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other _____		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-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: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	11-16-87	IGM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

BRICK TWP

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 129
DATE ISSUED 1-25-88
REVISION DATE
Block 470-A Lot 16
Subdivision

A. IDENTIFICATION

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

Owner Rocco's Pizzeria
Address 595 Brick Blvd
Brick Town NJ
Tel. ( )
Work Site Address Same

Contractor Allied Fire + Safety
Address 358 Hwy 35
Red Bank NJ 0770
Tel. (201) 741-2413
Lic. No.
Federal Emp. No. 221-904-087

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.
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
Manual Pull: ☒ Yes ☐ No
Locations: Side Work Ladder To Back Entrance
Estimated Cost of Work: $ 3200 — $ 35.00

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 $ 35.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 35.00

C. FIRE PROTECTION CHARACTERISTICS

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

D. COMMENTS

UL EX 2153
APPROVED FIRE SUPP. SYSTEM
☐ Partial Releases ☐ Prototype Processing

BRICK TWP

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 129
DATE ISSUED 1-25-88
REVISION DATE
Block 470-A Lot 16
Subdivision

A. IDENTIFICATION

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

Owner Rocco's Pizzeria
Address 595 Brick Blvd
Brick NJ
Tel. ( )
Work Site Address Same

Contractor United Fire Safety
Address 350 Hwy 35
Red Bank NJ 07701
Tel. (201) 741-2113
Lic. No.
Federal Emp. No. 221-904-067

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.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☒ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☒ Yes ☐ No
Locations: Side Wall Lead To Bell Enclosure
Estimated Cost of Work: $ 3200

$ 31.00

B3. ALARM

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

FEE $

B4. STAND PIPES

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

$

B5. OTHER

$
$
$

Subtotal $ 31.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 31.00

C. FIRE PROTECTION CHARACTERISTICS

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

D. COMMENTS

UL EX 2153
APPROVED FIRE SUPP. SYSTEM

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
11-13-87	FIRE (APPROVED VL 2-53 APPROVED Revision

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 11-16-87
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 8/7/89
Inspected By: AA

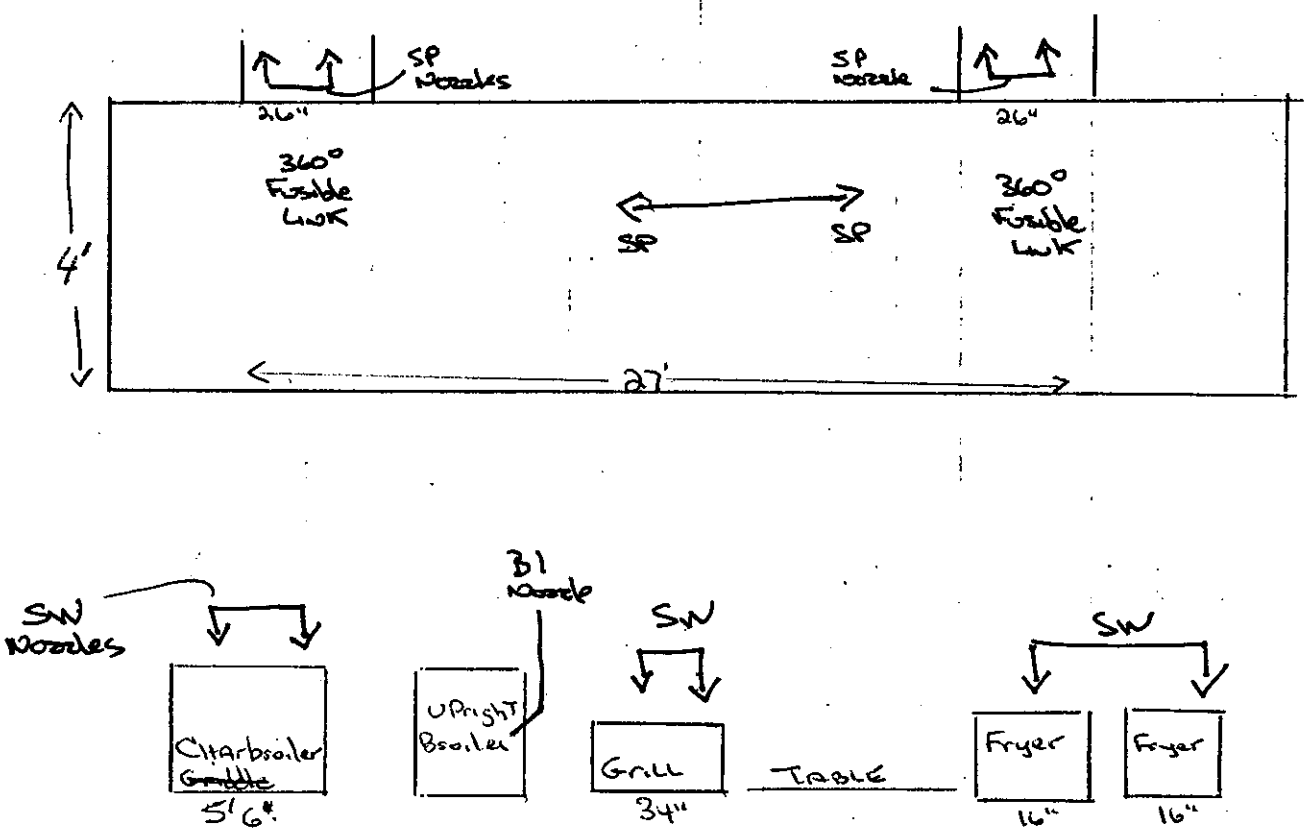
INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				8/7/89
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

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

Rawsko's Bodanza
595 Brick Blvd
Brick Town N.J

50 LB Dry Chemical Suppression System



Cylinder
50 LB HDR
Located on 2nd Fl

Pull Station
⊗

*System will Provide For All Required Fuel Shut Offs

An intermediate basic piping consists of the eight SW-2 nozzles and a total of six SP-2 nozzles in the plenum and/or duct areas. (See Figure 4-3).

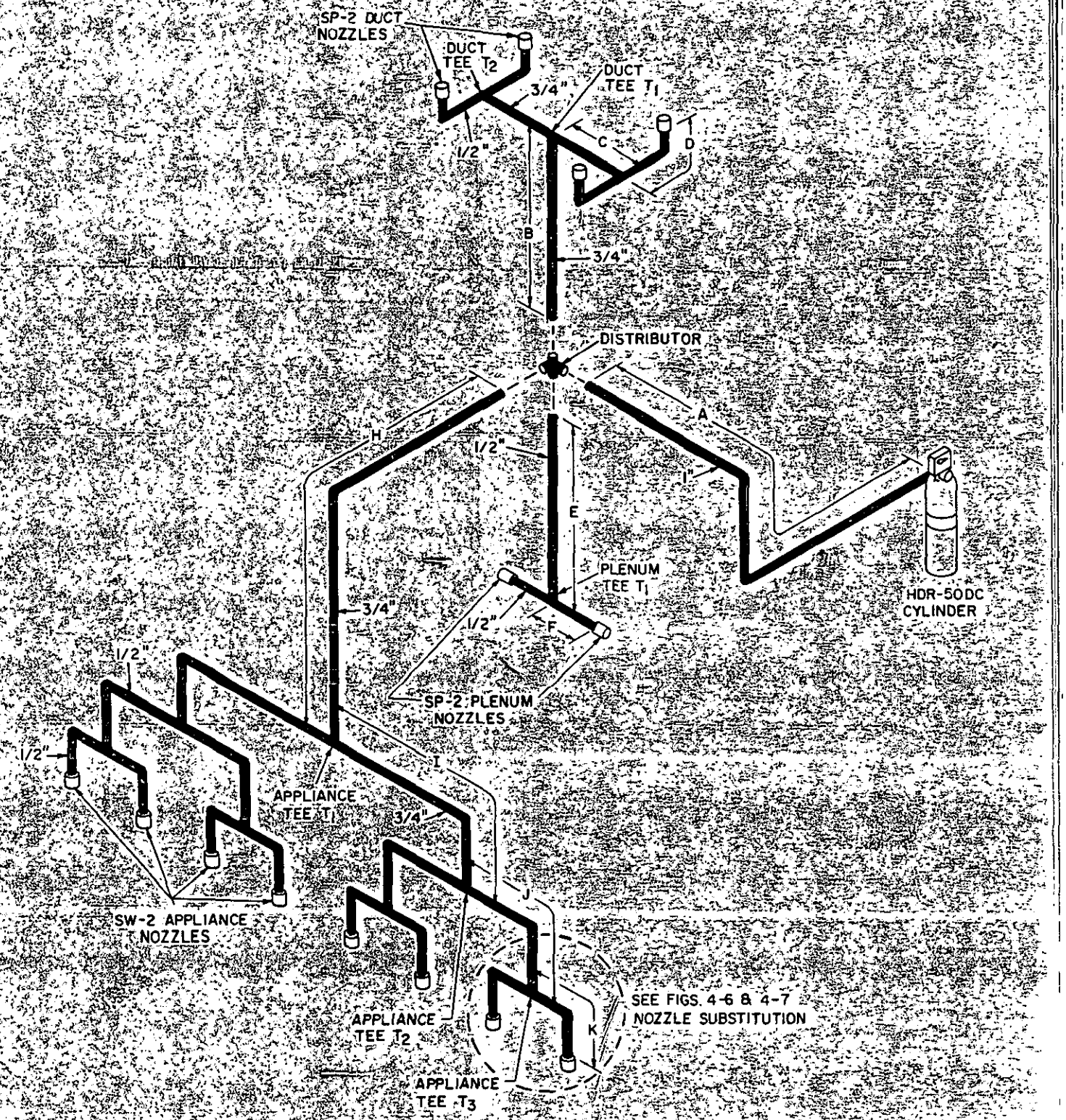
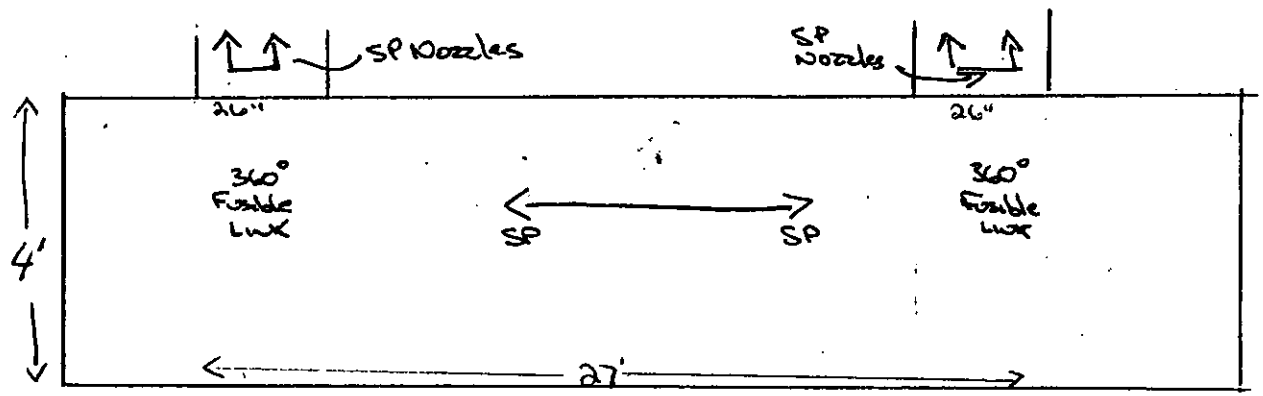
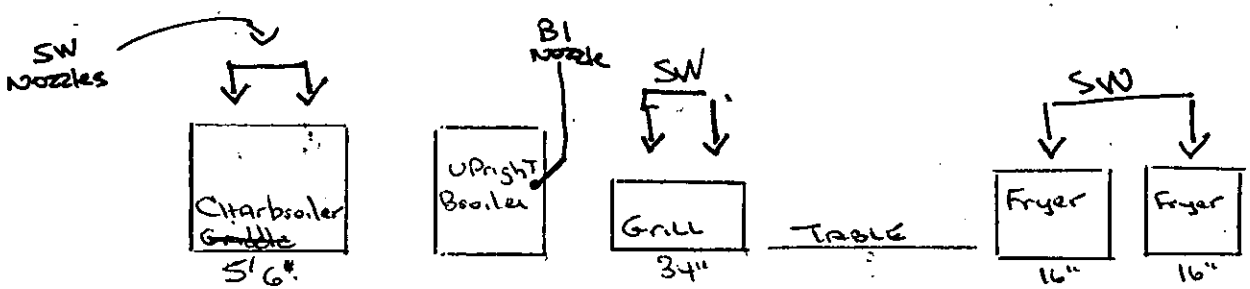


Figure 4-3. Kidde HDR-50DC - intermediate piping configuration.

Ranska's Bonanza
595 Brick Blvd
Brick Town N.J

50 LB Dry Chemical Suppression System





Cylinder
50 LB HDR
Located on 2nd Fl

Pull Station
⊗

*System will Provide For All Required Fuel Shut offs

An intermediate basic piping consists of the eight SW-2 nozzles and a total of six SP-2 nozzles in the plenum and/or duct areas. (See Figure 4-3).

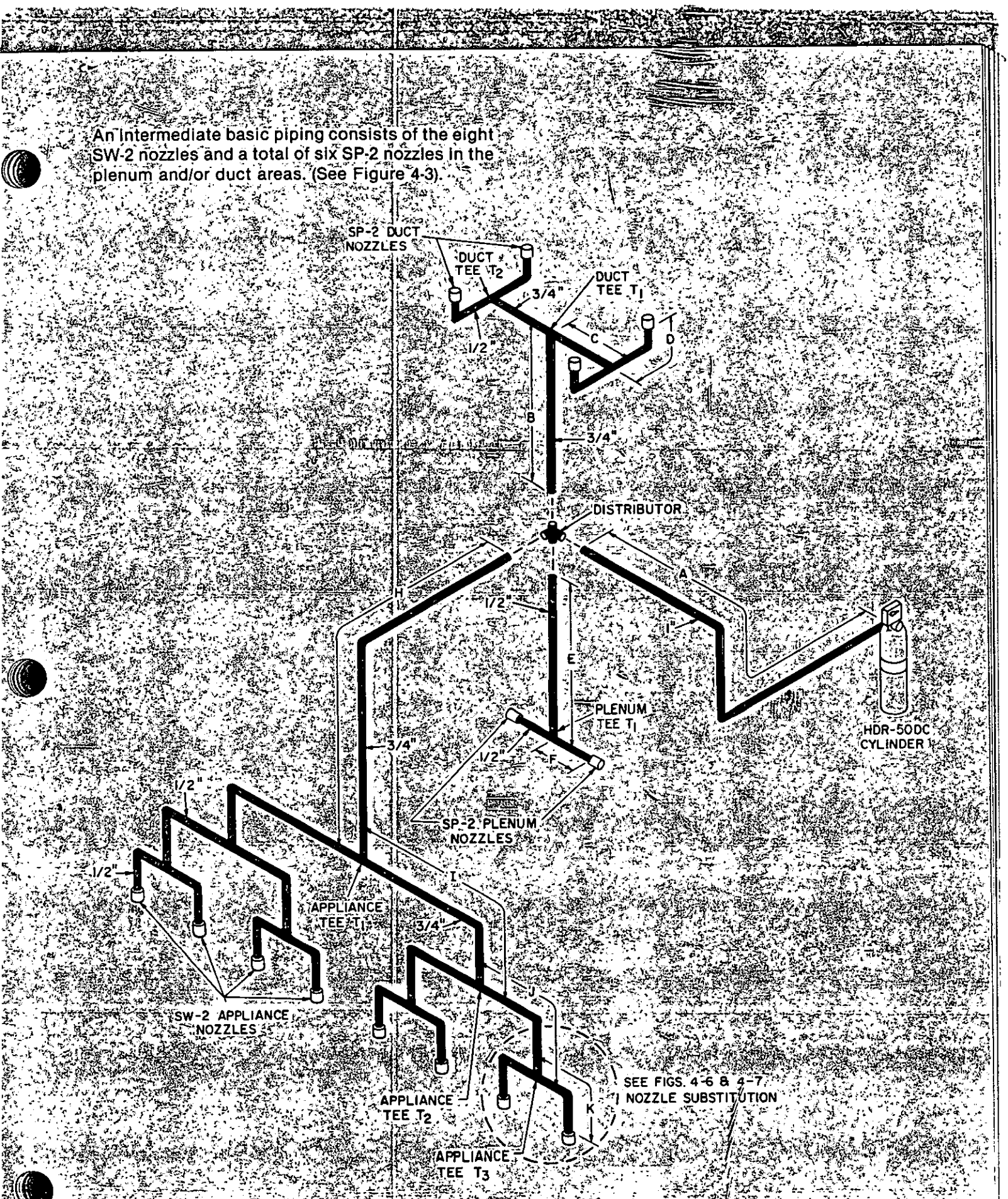


Figure 4-3. Kidde HDR-50DC intermediate piping configuration.

BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

Plumbing _____

Building 11-16-87 Vosemgaus

Fire 11-13-87 UL APP 2153

Energy _____

Electrical _____

Any pair of SW-2 nozzles, in either the maximum or minimum surface appliance systems, can be replaced by the piping for a charbroiler (See circle No. 1 of Figure 6-3) or an upright broiler (See circle No. 2 of Figure 6-3).

Broiler nozzle placement and coverage shall be as specified in Section 3 of this addendum. Piping and elbow limitations are given in Table 6-II. With the upright broiler, an end elbow replaces T_4.

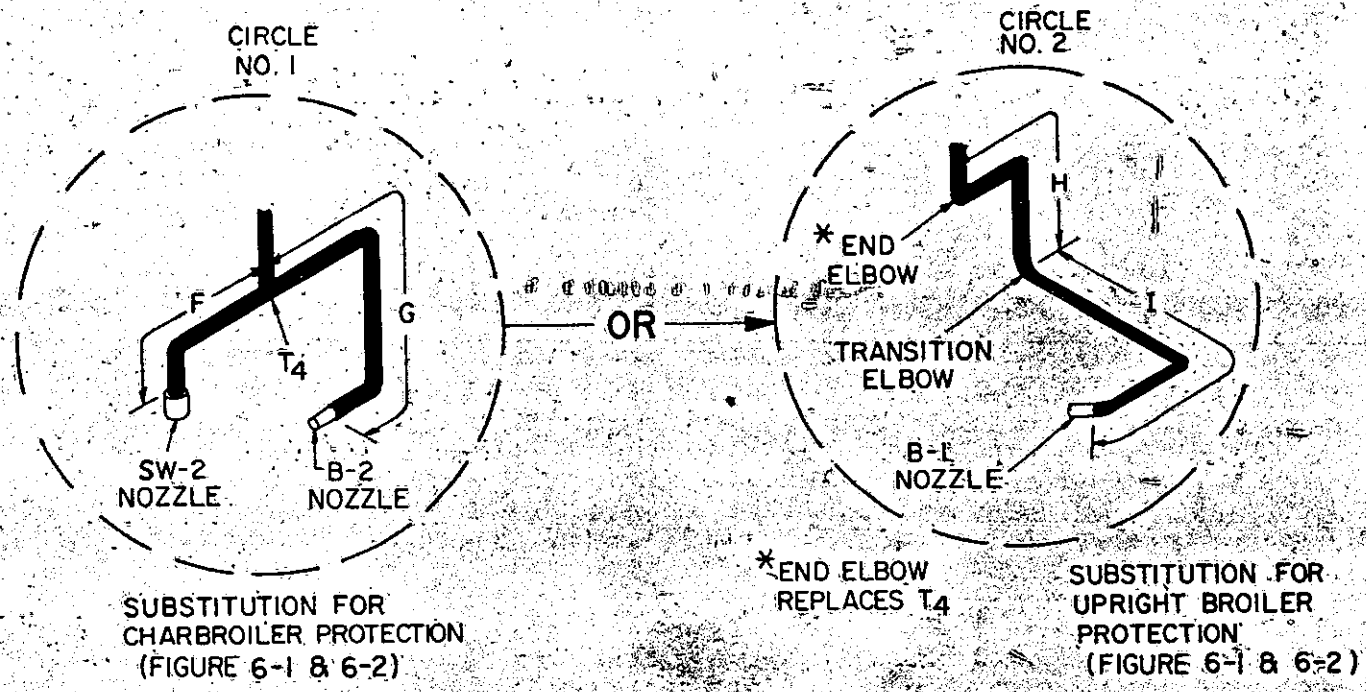


Figure 6-3. Broiler substitutions. Sixteen nozzle system (Figure 6-1). Eight nozzle system (Figure 6-2).

TABLE 6-II

PIPING AND ELBOW LIMITATIONS

BROILER SUBSTITUTIONS - EXTENDED PIPING

Fig. 6-3 REF.	DESCRIPTION	PIPE LENGTH MAX.	PIPE LENGTH MIN.	ELBOWS* MAX.	ELBOWS* MIN.	PIPE DIAM. INCHES
F	Appliance tee, T_4, to SW-2 nozzle for charbroiler	4' 6"	0'	2	1	1/2
G	Appliance tee, T_4, to B-2 nozzle for charbroiler	8' 7"	0'	3	1	1/2
H	End elbow (at T_4, location) to transition elbow	8' 0"	0'	3	1	1/2
I	Transition elbow to B-1 nozzle	3' 0"	1'	2*	1*	3/8

*Includes transition elbow 1/2" to 3/8".

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		11-16-87	Wilmington
Fire		11-13-87	MC UL APP. 2153
Energy			
Electrical			

Any pair of SW-2 nozzles, in either the maximum or minimum surface appliance systems, can be replaced by the piping for a charbroiler (See circle No. 1 of Figure 6-3) or an upright broiler (See circle No. 2 of Figure 6-3).

Broiler nozzle placement and coverage shall be as specified in Section 3 of this addendum. Piping and elbow limitations are given in Table 6-II. With the upright broiler, an end elbow replaces T_4.

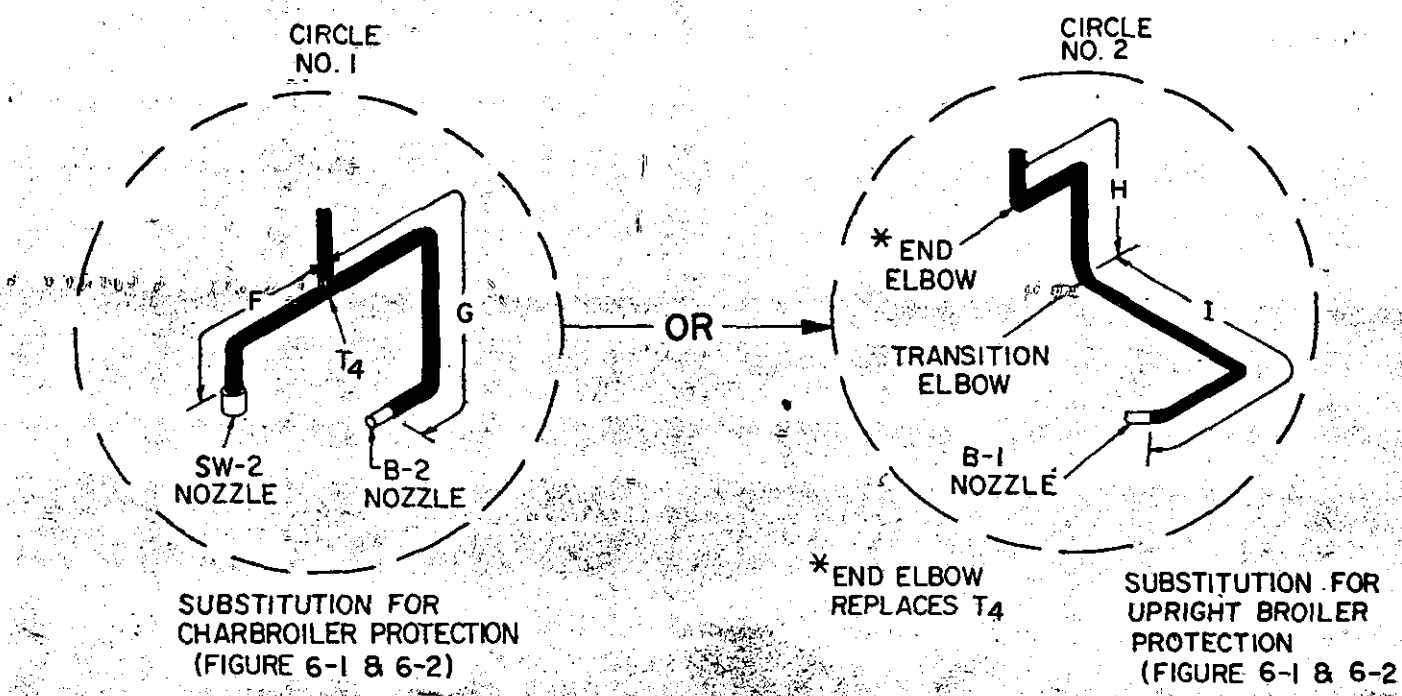


Figure 6-3. Broiler substitutions. Sixteen nozzle system (Figure 6-1). Eight nozzle system (Figure 6-2).

TABLE 6-II

PIPING AND ELBOW LIMITATIONS

BROILER SUBSTITUTIONS - EXTENDED PIPING

Fig. 6-3 REF.	DESCRIPTION	PIPE LENGTH MAX.	PIPE LENGTH MIN.	ELBOWS* MAX.	ELBOWS* MIN.	PIPE DIAM. INCHES
F	Appliance tee, T_4, to SW-2 nozzle for charbroiler	4' 6"	0'	2	1	1/2
G	Appliance tee, T_4, to B-2 nozzle for charbroiler	8' 7"	0'	3	1	1/2
H	End elbow (at T_4, location) to transition elbow	8' 0"	0'	3	1	1/2
I	Transition elbow to B-1 nozzle	3' 0"	1'	2*	1*	3/8

*Includes transition elbow 1/2" to 3/8".

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		11-14-87	Vosenyak
Fire		11-13-87	UL APP 2153
Energy			
Electrical			

An intermediate basic piping consists of the eight SW-2 nozzles and a total of six SP-2 nozzles in the plenum and/or duct areas. (See Figure 4-3).

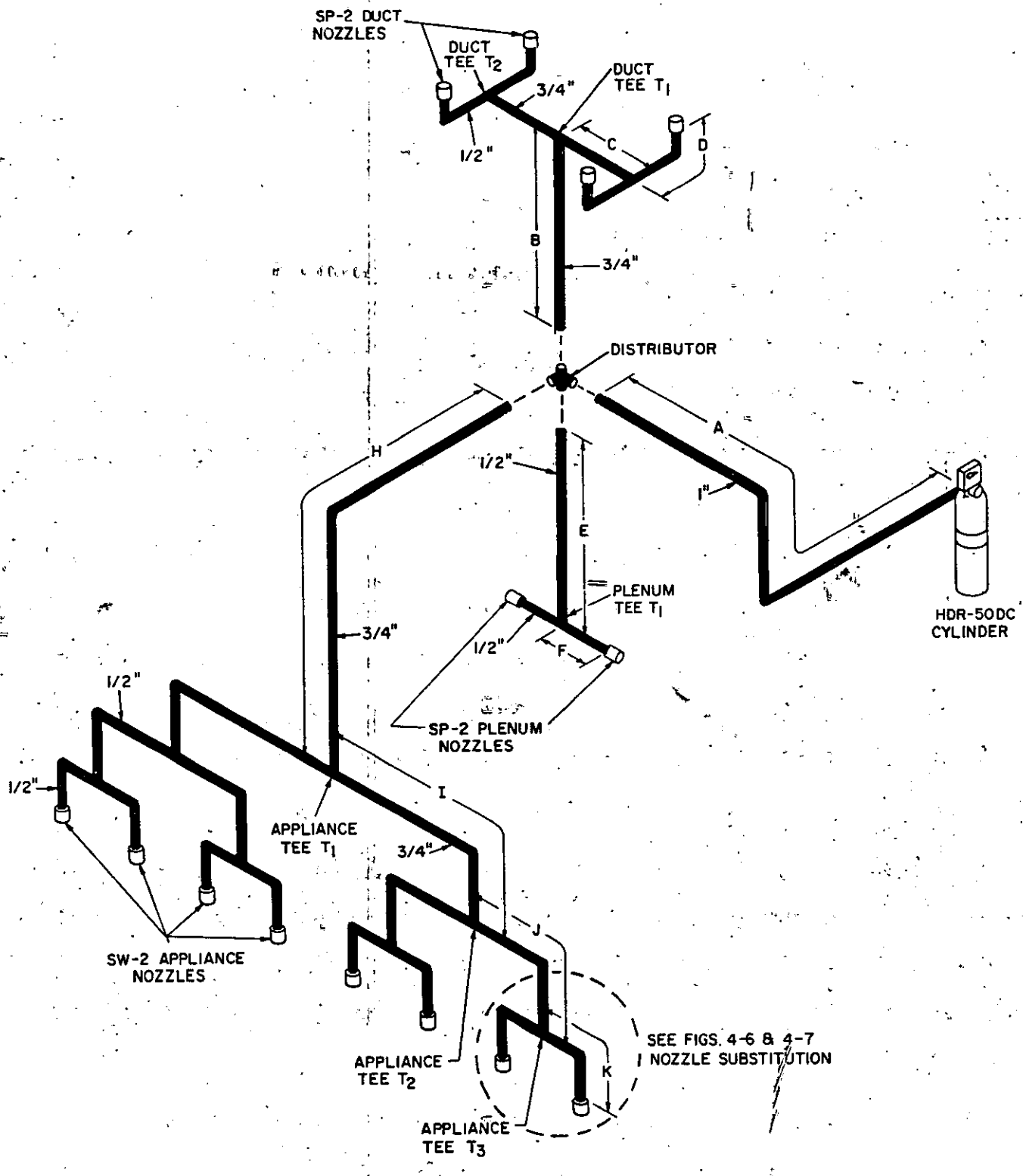


Figure 4-3. Kidde HDR-50DC - intermediate piping configuration.