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Page 1

TOWNSHIP OF BRICK

(Old NJ Bell Bldg.)

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 751 Brick Blvd Brick Township 08723
2. Owner Name: Edmond J Nagle Tel. (201) 295-2661-753 6840
   Address 285 Adelson Rd.
3. Principal Contractor: A.U.C. Inc Tel. (1800) 241 0645 201 920 2288
   Address 11475 Klondike Rd Suite 100 Conyers Ga 30207
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Donald Blankinship Tel. (201) 920 2288

673-14

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: Comm Alteration

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 10 000
2. ☐	Plumbing	5000
3. ☑	Electrical	~~25,000~~ 20000
4. ☑	Fire Protection	10,000
5. ☐	Other Heat/Air	15 000
6. ☐	Other Carpet wall Paint	20,000
	TOTAL COST	$ 150,000 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: _____

If Change in Use Group, Indicate Former: Branch of Bell

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 One
15. Height of Structure 20' Ft.
16. Area–Largest Floor 50 X 80 Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10310840

N.J.C. Form F-100 (8/83)

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 Donald Blankenship A.U.C. TEL.( ) 1800 241 0640 920 2285

ADDRESS 1475 Klondike Rd Suite 100

Conyers Ga 30207

SIGNATURE Donald Blankenship

BLOCK NO. 612 LOT NO. 14 SUBDIVISION _____ PERMIT NO. 9653

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. _____

no Soil required

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	1-2-87	AP	1-5-87	BD	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Z			1/2/87	JK	
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			1/19/87	[illegible]	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Eng ok

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING	2/8/88	2-8-88 KM	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
✓	PLUMBING		4-15-88 OK BK	
✓	ELECTRICAL		7-16-87 AA	
✓	FIRE PROTECTION			
	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. 9653	4-20-88
☐ 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	$ 1125.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	60.00
OTHER _____	.
SUBTOTAL	$ 1185.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 1110.00

DATE 1-5-87 Collected By J.C. ck. 1,150 #60

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

CERTIFICATE

CERT. NO. 9653

DATE ISSUED 4-20-88

Block 673 Lot 14

Subdivision

IDENTIFICATION

Owner Edmond J. Nagle

Address 285 Aderson Rd.

Tel. ( )

Work Site Address 751 Brick Blvd.

Agent A.U.C., Inc.

Address 1475 Klondike Rd. Suite 100 Congers, Ga. 30207

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY XXX ☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Commercial alteration

USE GROUP B

FIRE GRADING 2 hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Storer Cable - Business

FINAL COST OF CONSTRUCTION: $ 150,000.

Arthur J. Cerzo

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
1/27/88	Handrails loose going down to basement

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	1-5-87	EB
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 2-8-88

Inspected By: [illegible]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☑ Frame				1-13-87 [illegible]
☐ Architectural				
☐ *Insulation*				
☒ Finishes	1/27/88-JC			
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 9653
DATE ISSUED 1-5-87
REVISION DATE
Block 613 Lot 14
Subdivision

A. IDENTIFICATION

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

Owner STORER CABLE COMMUNICATION
Address 751 BRICK BLVD
BRICKTOWN N.J.
Tel. ( ) 920-2288
Work Site Address SAME

Contractor SHORE FIRE PROTECTION
Address 652 DRUMMONT RD.
BRICKTOWN NJ.
Tel. ( ) 920-2210
Lic. No.
Federal Emp. No.

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.

Thomas J. Rabe
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☒ Partial (specify in comments) BASEMENT
No. of Heads: 92 No. of Spare Heads: 6
☐ Valves Supervised – Method: WATER FLOW SWITCH
Water Supply – Source: CITY Size: 16"
FD Connection Location: WEST SIDE OF BUILDING
Estimated Cost of Work: $ 19,000 $ 45.00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

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 $ 45.00
Minimum Fire Protection Fee (If Applicable) $ 15.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 60.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ 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: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 9653
DATE ISSUED 1/30
REVISION DATE
Block 673 Lot 14
Subdivision

A. IDENTIFICATION

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

Owner STORER CABLE COMMUNICATION
Address 751 BRICK BLVD
BRICKTOWN N.J.
Tel. ( ) 920 2200
Work Site Address SAME

Contractor SHORE FIRE PROTECTION
Address 652 DRUM POINT RD.
BRICKTOWN N.J.
Tel. ( ) 920-2216
Lic. No.
Federal Emp. No.

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) BASEMENT
No. of Heads: 92 No. of Spare Heads: 6
☐ Valves Supervised – Method: WATER FLOW SWITCH
Water Supply – Source: CITY Size: 16"
FD Connection Location: WEST SIDE OF BUILDING
Estimated Cost of Work: $ 12,000 $45.00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

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

_____ $ 0
_____ $ 0
_____ $ 0

Subtotal $45.00
Minimum Fire Protection Fee (If Applicable) $15.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $60.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ 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: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 1-5-87
Approved By: R. Rell

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA
Date: 7-16-87
Inspected By: R. Rell

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other Hydrostatic				7-16-87
☑ Other Flow Alarm				7-16-87
☐ Other				
☐ Other				

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

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 7653
DATE ISSUED 1-5-87
REVISION DATE
Block 673 Lot 14
Subdivision

A. IDENTIFICATION

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

Owner Edmon J Nagle
Address 285 Adelson Rd

Tel. 201 953-6840
Work Site Address 751 Brick Blvd
Brick Township

Contractor AUC Inc.
Address 1475 Klondike Rd
Congers Ga. 30207
Tel. ( ) 1-800 241 0645
Lic. No.
Federal Emp. No.

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.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☑ Demolition
- ☑ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: Office Present _____ Proposed

No. of Stories One — Total Building Area—All Floors 1600 Sq. Ft.

Height of Structure 20' Ft. — Volume of Structure _____ Cu. Ft.

Area—Largest Floor 50 x 80 Sq. Ft. — Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 150 600 300 x 400

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

MUNICIPALITY B.T.

CUT-IN-CARD

LOCATION 251 Brick Road

UTILITY CO L.P.

BLK _____ LOT _____

OWNER E Nagel

OCCUPANT Stowe Cable T.V.

"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 Additional Wiring

DATE 4-15-98 PERMIT # 0258 INSPECTOR B. Fowles

Insp. Lic # 70

Elec. 104

CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
PART "A" GENERAL

PROCEDURE

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: STORER CABLE — DATE: 7/16

PROPERTY ADDRESS: BRICK BLVD, BRICK N.J.

ORIGINAL ILLEGIBLE

PLANS

ACCEPTED BY INSPECTION AUTHORITY ('S) NAMES

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS — YES ☐ NO ☐
EQUIPMENT USED IS APPROVED — YES ☐ NO ☐
IF NO, STATE DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT — YES ☐ NO ☐
IF NO, EXPLAIN

HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT — YES ☐ NO ☐
IF NO, EXPLAIN

TEST DESCRIPTION

FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs.

Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.

HYDROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above-ground piping leakage should be stopped.

LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory and necessary repairs made.

PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.

PART "B" — UNDERGROUND PIPING

LOCATION

FEEDS BLDGS.

UNDERGROUND PIPES AND JOINTS

PIPE TYPE AND CLASS — TYPE JOINT

CONFORMS TO _____ STANDARD — YES ☐ NO ☐
IF NO, EXPLAIN

JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD — YES ☐ NO ☐
IF NO, EXPLAIN

TESTS REQUIRED

FLUSHING — HYDROSTATIC — LEAKAGE

FLUSHING

NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD — YES ☐
BY (COMPANY)

HOW WAS FLUSHING FLOW OBTAINED

PUBLIC WATER ☐ — TANK OR RESERVOIR ☐ — PUMP ☐

THROUGH WHAT TYPE OPENING

HYD. HOSE ☐ — OPEN PIPE ☐

TESTS

LEAD-INS FLUSHED ACCORDING TO _____ STANDARD
BY (COMPANY)

HOW WAS FLUSHING FLOW OBTAINED

PUBLIC WATER ☐ — TANK OR RESERVOIR ☐

THROUGH WHAT TYPE OPENING

T COUP. TO FLANGE & SPOUT ☐ — OPEN PIPE ☐

Form No. 85 Rev.

ORIGINAL
ILLEGIBLE

DROSTATIC TEST

ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS

EAKAGE TEST

TOTAL MOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS

ALLOWABLE LEAKAGE _____ GALS. _____ HOURS

DRANTS

NUMBER INSTALLED | TYPE AND MAKE

ALL OPERATE SATISFACTORILY YES ☐ NO ☐

CONROL VALVES

WATER CONTROL VALVES LEFT WIDE OPEN YES ☐ NO ☐
IF NO, STATE REASON

EMARKS

DATE LEFT IN SERVICE

RTS A & B

NAME OF SPRINKLER CONTRACTOR | FOR PROPERTY OWNER (SIGNED) | TITLE

GNATURES

FOR SPRINKLER CONTRACTOR (SIGNED) | DATE

PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

OCATION

SERVES BLDGS.

TESTS EQUIRED

1-HYDROSTATIC TEST OF ALL PIPING
2. PNEUMATIC TEST OF ALL DRY PIPING
3. EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

RINKLERS OR SPRAY IOZZLES

MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING
RELIABLE	55U	1/2"	92	165°

PE AND ITTINGS

MATERIAL AND KIND CONFORMS TO NFPA #13 STANDARD
IF NONE, EXPLAIN

RM VALVE OR FLOW DICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE SEC.
ELECTRIC	POTTER ROMER	351		

DRY PIPE VALVES

MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS: TIME TO TRIP THROUGH TEST PIPE — WITHOUT Q. O. D. MIN.	WITHOUT Q. O. D. SEC.	WITH Q. O. D. MIN.	WITH Q. O. D. SEC.	WATER PRESS. P.S.I.	AIR PRESS. P.S.I.	TRIP POINT AIR PRESS. P.S.I.	TIME WATER REACHED TEST OUTLET MIN.	TIME WATER REACHED TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO

IF NO, EXPLAIN

DELUGE & REACTION VALVES

OPERATION PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐

PIPING SUPERVISED YES ☐ NO ☐ | DETECTING MEDIA SUPERVISED YES ☐ NO ☐

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES ☐ NO ☐

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES ☐ NO ☐
IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	DOES EACH CIRCUIT OPERATE VALVE RELEASE NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	MAXIMUM TIME TO OPERATE RELEASE SEC.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS
DRY PIPING PNEUMATICALLY TESTED YES ☐ NO ☐
EQUIPMENT OPERATE PROPERLY YES ☐ NO ☐
IF NO, STATE REASON

DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE _____ PSI RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: _____ PSI

BLANK- ESTING ASKETS

NUMBER USED | LOCATIONS | NUMBER REMOVED

MARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN. 7/16/87

RT "C" NATURES

NAME OF SPRINKLER CONTRACTOR SHORE FIRE PROTECTION | FOR PROPERTY OWNER (SIGNED) | TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) Norman Rabe

(201) 920-2210

Shore Fire Protection, Inc.

Designers & Installers Automatic Sprinkler Systems

P.O. BOX 222 SHORE ACRES
652 DRUMPOINT ROAD, BRICKTOWN N. J. 08723

TO Anthony Avello
36 Hadley Avenue
Toms River,N. J. 08754

DATE July 17, 1987

PROJECT Storer Cable

REF.

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following:

☐ Tracings ☐ Prints ☐ Sepias ☐ Shop Drawings ☐ Specifications
☐ Copy of letter ☐ Change order ☐ Brochures ☐ Cuts ☐ Samples
☐ Requisition ☐ Plans ☐ Submission No. ☐ Addendum No. ☐

# of COPIES	DRAWING NO.	DATE	DESCRIPTION
1	1	7-16-87	Hydrostatic test papers

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ For Revision and Comment ☐ Resubmit copies for approval
☐ No exceptions taken ☐ For Your Information ☐ Submit copies for distribution
☐ Note markings ☐ As Requested ☐ Return corrected prints
☐ Rejected ☐ For Your Records ☐ For Payment
☐ Revise and Resubmit ☐ _____ ☐ _____
☐ Confirm

REMARKS Dear Tony,
Enclosed please find one completed copy of the test papers for Storer Cable in Brick, for your records

COPY TO _____

By: _____

INSPECTOR: [illegible]

DATE: 1-[illegible]

JOB: Storer Cable

SECTION: [illegible]

TYPE OF WORK: [illegible]

WEATHER: [illegible]

LOCATION: 151 [illegible] Blvd

TEMPERATURE: Sunny

BLOCK: 673 LOT: 14

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	*	[illegible]

COMMENTS REFERENCING ITEM NUMBER:

8) Fencing for truck area installed as per plan

OK 2/1/88 [illegible]

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[signature] MUNICIPAL ENGINEER
2-2-88

I ____________________, Authorized representative of ____________________, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _______ days of the issuance of Certificate of Occupancy.