

1170

5

ADDRESS (SITE)

PERMIT NO.

214-95

RECEIVED

JAN 27 1995

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

CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION: IDENTIFICATION

1. Proposed Work-site at: 1722 Route 88 Atick N.J. 08723
2. Name of Owner in Fee: Price Costco Inc. Tel. (206) 828-8100
Address P.O. Box 97077 Kirkland WA. 98083-9777
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Fairfield Refrigeration Tel. (201) 227-2210
Address 15 OAK Rd. Fairfield N.J. 07004
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-2598606 Social Security No. _____
5. Architect or Engineer Mulvanny Partnership Tel. (206) 822-0444
Address 11820 Northrup Way E 300 Bellevue WA 98004
6. Responsible Person
in Charge of Work UDO KLEMP Tel. (201) 227-2210

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
2. ☐ Small Job (\$5,000
and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☒ Fire Protection
7. ☒ Plumbing
8. ☒ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

Interior Alt

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
			2-6-95	RA	4/6/95		JL
			2/15/95	JL	4/6/95		JL
			2/11/95	JL	4/6/95		JL
					4/5/95		Paul
Qu	1/31/91		Enu	blw			

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 190 -		
2. Electrical			
3. Plumbing		59 -	
4. Fire Protection	46		
5. Elevator Devices			
6. Subtotal	\$ 236		
7. Less 20% for State Plan Review	24		
8. Subtotal	\$		
9. DCA Training Fee	8		
10. Subtotal	\$ 28 -		
11. Cert. of Occupancy	15.00		
12. Other EPA			
13. TOTAL	\$ 303		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

- 2. Use Group:**

3. Change in Use Group,
Indicate Former:

LDS BR 10505406

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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.

(X) Check if contractor.

Agent Name FAIRFIELD REFRIGERATION

Address 15 OAK Rd.

FAIRFIELD N.J. 07004

Telephone (201) 227-2210

Signature Mike O. Korman Date 1-26-95

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									IMPORTANT A.H.B.T. - EXEMPT
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. <u>214</u>	<u>4/6/95</u>		



Date Issued 4/6/95
Control #
Permit # 214-95

CERTIFICATE

IDENTIFICATION

Block 1170 Lot 5
Work Site Location 1722 Route 88
Brick, N.J.
Owner In Fee Price Costco Inc.
Address 1722 Route 88 / P.O. Box 97077
Kirkland, W.A. 980083
Tele. ()
Contractor Fairfield Refrigeration
Address Fairfield, N.J.
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B - 2 hours
Maximum Live Load
Description of Work/Use:

Interior Alteration
Relocate Pharmacy & Photo Center

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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.

☐ 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 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:

☒ CERTIFICATE OF APPROVAL

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

Arthur J. Celis



Brick N.J.



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

IDENTIFICATION Block

11-70

Lot

5-6-601+602

Work Site Location

1722 Route 88

Bricks N.J. 08723

Owner in Fee

Price Costco Inc

Address

P.O. Box 97077

Kirkland WA. 98083-9777

Tele.

(206) 828-8100

Contractor

Fairfield Refrigeration

Address

150AK Rd.

Fairfield N.J. 07009

Tele.

(201) 227-2210

Lic. No. or Bids. Reg. No.

Exp. Date

Federal Emp. No.

22-2598606

or Social Security No.

Is hereby granted permission to perform the following work:

☐ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Relocate Pharmacy

Relocate Photo Center

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

Estimated Cost of Work \$

9700⁰⁰

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

CONSTRUCTION OFFICIAL

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

2/17/95
214-95

IDENTIFICATION Block 1170 Lot 5
 Work Site Location 1725 Route 18 Contractor Fairfield Rocking
 Owner in Fee Trice Construction Co. Address _____
 Address 15100 92077 Tele. () _____
 Tele. () 1-800-661-1012 Lic. No. or Bldrs. Reg. No. _____ Exp. Date 217-95
 Federal Emp. No. 1170 W or Social Security No. LOT

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Interior Alteration

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

Estimated Cost of Work \$ 9700 *B. Corzo*

PAYMENTS (Office Use Only) ^D #		
Building	<u>190</u> - BUILDING	170.00
Plumbing	FIRE	16.00
Electrical	PLAN RWK	24.00
Fire Protection	400 C.A.	8.00
Other	<u>100</u> - <u>2010</u>	20.00
Other	ZONE PLOT	15.00
DCA Training Fee	TOTAL	313.00
Cert. of Occ.	CHECK	313.00
Other	CHANGE	0.00
Total	<u>322</u>	
Check No.	<u>0023A005</u>	5:40
Cash		
Collected By:	<i>JL</i>	



PERMIT UPDATE

Date Update Issued

Control #

Permit #

Date Permit Issued

4/5/95
214-95

0003

214**

IDENTIFICATION Block

1170

Lot

S-6-6.0176.02

Work Site Location

1722 Route 88

Contractor

J.M.M.

BLOCK

0.00

Address

1170 #

Owner in Fee

Price Costco

LOT

0.00

Address

J.M.M.

Tele. ()

5-6-6.01.6

Lic. No. or Bldrs. Reg. No.

02 #

Tele. ()

Federal Emp. No.

ON HANDING

99.00

or Social Security No.

TOTAL

99.00

is hereby granted permission to perform the following work:

☐ BUILDING☒ PLUMBING☐ Other☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Plumb fee

Estimated Cost of Work \$

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

CHECK
CHARGE

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

89 - 00230000

09:24

89 -

2123

T. J. J. J.



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/17/95
2/14-95

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

Block 1170 Lot 5-6-601 + 602
Work Site Location 1722 Route 88
Owner in Fee Price Cos Inc.
Address P.O. Box 97077
Kirkland WA, 98083-9777
Tele. (206) 828-8100
Contractor R.L. Dehn + Sons Fire Protection Inc.
Address 60 W. Prospect St.
Waltham MA
Tele. (206) 445-1155
Lic. No. _____
Federal Emp. No. 22-2683232 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [X] New [] Existing
Type: [] Gas [X] Oil [] Electrical [] Solar
[] Other _____
Location: 245/94
Total Est. Cost of Fire Prot. Work \$ 1600.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Test	
[] Bldg. [] Plumb.	Fire Alarm Test	
[] Elec. [] Elevator	Smoke Test	
[X] Fire Plans Approved	Mechanical	
Date: <u>2/15/94</u>	TCO	
Approved by: <u>[Signature]</u>	Other	
SUBCODE APPROVAL: <u>[Signature]</u>	Other	
[] CO [] CCO [] CA	Other	
Date: _____	Other	
Approved by: _____	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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work sprinklers for new pharmacy

Water Supply Source Existing

Method of Valve Supervision _____

Local Alarm Supervision _____

Central Supervision _____

Proprietary Supervision _____

Flammable Liquid Storage Tanks _____

Combustible Liquid Storage Tanks _____

L.P.G. Storage Tanks _____

L.N.G. Storage Tanks _____

Number

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance Atc

OTHER _____

FEE (Office Use Only)

46-

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

46-



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

2/14/95
2/14/95

IDENTIFICATION - APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING
CROSS NOTE THIS OFFICE CALL UTILITY DIG NO. 1 800 272 1000

1170 Lot 5-6-601 + 602

Site Location 1722 Route 88

Price N.S. 08723

Price COS TCO INC

POI BOX 97077

Kirkland WA. 98083-9777

204 828-8100

RL Oph + Sons Fire Protection Inc

600 W. Prospect St

204 445-4155

204 445-4155

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D TECHNICAL SITE DATA

Description of Work Sprinklers for New Pharmacy

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

LPG Storage Tanks

LNG Storage Tanks

Number

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pie Engineered Systems

CO Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

Paid [] Check #

Collected by

UCC Form F-108

1 White = Office Copy

3 Pink = Applicant Copy

2 Canary = Office Copy

4 Hard = Inspector Copy

FEE (Office Use Only)

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Date Received
Date Issued
Control #
Permit #
2/17/95
214-95

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

Block 1170 Lot 5-6-6.011 602
Work Site Location 1722 ROUTE 88
Owner in Fee PRICC COSTCO INC.
Address PO BOX 97077
City/State/Zip KIRKLAND WA. 98083-9777
Tele. (206) 828-8100
Contractor Cosimano Plumbing Co.
Address 719 Astorman Ave.
City/State/Zip Glenn Ridge N.Y. 07452
Tele. (201) 670-6773
Lic. No. B-5151 or Social Security No. 137-36-7816
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 4" Proposed 6"
Building Sewer Size 4" Public Sewer 6" Private Septic _____
Water Service Size 2" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 1700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure
☐ Joint Plan Review Required:	Slab	Failure
☐ Bldg. ☐ Elec.	Rough	Approval <u>2/17/95</u>
☐ Fire ☐ Elevator	Water	
☐ Plumb. Plans Approved	Sewer	
Date: <u>2-1-1995</u>	Fixtures	
Approved by: <u>[Signature]</u>	Gas Equipment	
	Gas Piping	
	Solar	
	TCO	
SUBCODE APPROVAL:		
☒ CO ☐ CC ☐ CA		
Approved By: <u>[Signature]</u>		
Date: <u>2/6/95</u>		

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 [Signature] Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping <u>40,000 BTU Heating Unit</u>	<u>15</u>
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	<u>25</u>
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other <u>Heater</u>	<u>25</u>

Paid ☐ Check # _____	Administrative Surcharge \$ _____
	Minimum Fee \$ _____
	DCA Training Fee \$ _____
Collected by: _____	TOTAL \$ <u>89</u>



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/17/95
2145-95

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

Block 1170 Lot 5-6-6.01 + 6.02
Work Site Location 1722 ROUTE 88
Owner in Fee BRIGGS N.S. 08 723
Address P.O. BOX 97077
Kirkland WA. 98083-9777
Tele. (206) 828-8100
Contractor FAIRFIELD REFRIGERATION
Address 15 DAK RD.
Tele. (206) 2227-2210
Lc. No. or Bldgs. Reg. No. _____
Federal Emp. No. 22-25 98606 or Social Security No. _____

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 W. O. Mearns

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ROTORODS PHARMACY
ARRCADE PHOTO ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☐ All			Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ P			TCO		
Date: _____			Other		
Approved By: _____			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 30
Height of Structure 30 Ft.
Area—Largest Floor 115000 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 4500.00
2. Alteration \$ _____
3. Total (1+2) \$ _____

**(Office Use Only)
FEE**

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (6' or over)
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement
- ☐ Other Pharmacy Upgrade
- ☐ Other PHOTO CONTROL ROOM
- ☒ Demolition

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: Jan. 27, 1995

1995 **Z0117**

Block 1170

Lot 5

Zone B-3, H-D

Property Address: 1722 Route 88

Owner: Price Costco Inc

(Phone): 206-828-8100

Applicant: Same

(Phone): same

Use: The Price Club retail store

Proposed Construction (if any): Interior alterations; relocation of the photo
center and pharmacy.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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.

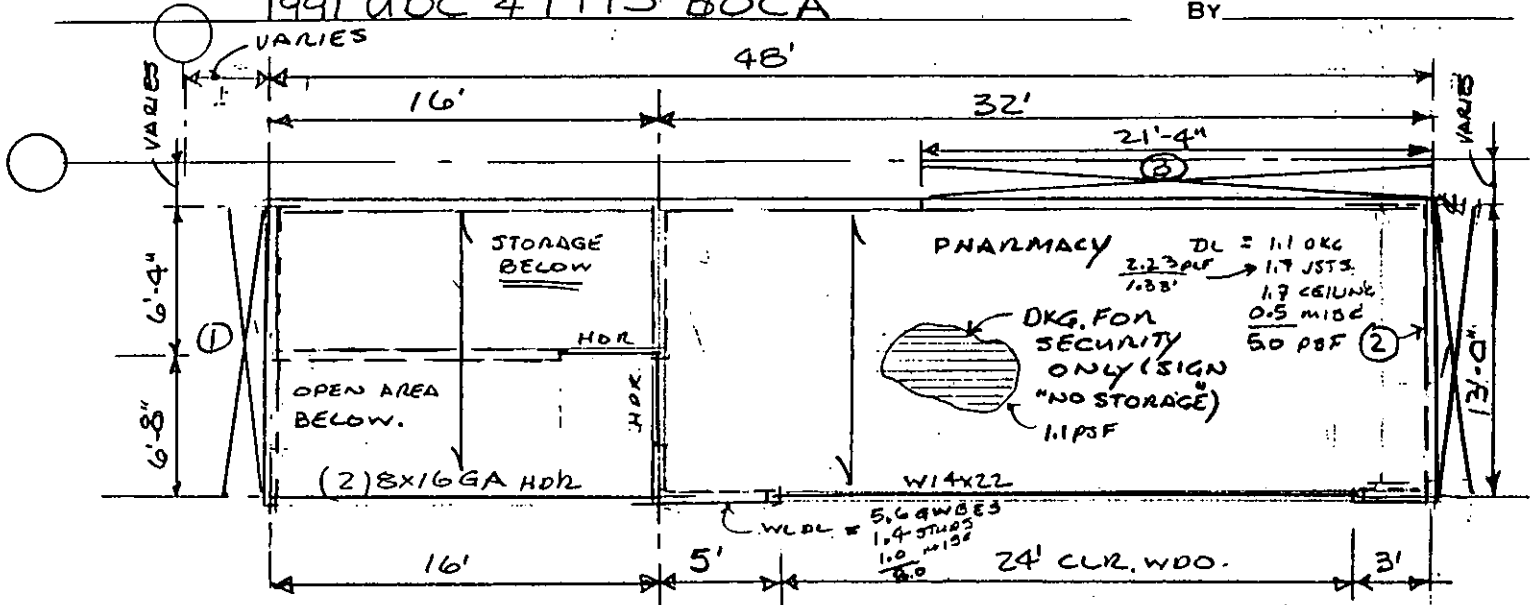
Sean Kinnear
Land

~~Land Use Officer~~

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. 94136 JOB NAME PRICE CLUB - BRICK, N.J. DATE 7/15/93 ^{REV.} 3/28/94
 SUBJECT SEPARATE PHARMACY w/ 6'-9x16' STORAGE SHEET PM-1 OF 3
1991 UBC & 1993 BOCA BY _____



- a) JOISTS @ 16" ON CENTER FOR SECURITY SAY $DL = .015 KSF$ w/ $LL = .010 KSF$ FOR MAINTENANCE ONLY.
 $L_1 = 13'-0"$
 $L_2 = 6'-8"$ $W = (.015 + .010) \frac{16}{12} = .033 K/FT \Rightarrow M = \frac{.033(13.0)^2}{8} = 0.70 \frac{KFT}{JS}$
 USE 16 GA $F_y = 40 \text{ MIN.}$ $S_{REQD} = \frac{0.70 \times 12}{.6(40)} = .35 \text{ IN}^3$ TRY 4 CC 18 $C_s = .378$ $I = .769$
 $C_{y/360} I_{REQD} = \frac{5(.033)(13.0)^4 + 1.728(360)}{384(29)13.0 \times 12} = 1.7 \text{ IN.}$ USE 6 CC 18 $I = 2.02 > 1.7 \text{ OK}$

- b) LATERAL (SEISMIC ZONE 4) $V = \frac{ZICW}{R_w} = \frac{.4(1)2.75W}{4} = .275 W = 2.44K$

	CEILING WT.	TRIB. WL. WT.	Z WT.	V	V1	V2	V3
3.12K	120 = 576K	8.88K	2.44K	1.34K	1.34K	2.44K	
605x48x125	120 = 576K	8.88K	2.44K	1.34K	1.34K	2.44K	

WALL DL $D = 6.9 \left(\frac{12 \times L}{1000} \right) + 4.5 \left(\frac{13}{2} \right) \frac{L}{1000}$

WL	L	DC 6.9 PSF	OTM $(.85 D \frac{L}{2}) = \text{NET OTM}$	T	T3	V
① 12'	0.99K	16.08 - 5.05 = 11.03K	0.96K 3.88'	1.94K	1.34K	
② 12'	0.99K	16.08 - 5.05 = 11.03K	0.96K 3.88'	1.94K	1.34K	
③ 21'	2.30K	29.04 - 20.58 = 8.46K	0.42K 2.35'	2.80K	2.44K	

1600 4627
 $\frac{3}{4}"$ HILTI KWIK-BOLT II (KB-II)
 EMBED 4 3/4" MIN. $T = 1.94K$ $V = 9.22K$
 OR USE 5/8" PHILTI-HUA ALLTREAD
 $T = 4.3$ $V = 2.81$ USE 2 MIN.
 CK 4" x 16 GA STRAP STRESS $= \frac{2.80K}{9(.056)(11.33)} = 9.3KSI$ OK
 WELD $L = 2.80$
 $\frac{.509(1.33)}{8} = 9.2" @ 3RW$ $L = \frac{2.80(1.5)}{.509(1.7)} = 4.9" \rightarrow$ USE 8" WELD.

* HDL L=16 $W = .025 \left(\frac{6.47}{L} \right) + .008(3.5) = .111 K/FT$ $M = \frac{.111(16)^2}{8} = 3.55 KFT$
 $f_b = \frac{3.55 \times 12}{130(2)} = 16.4 KSI < .6(40) = 24 OK$
 W14x22 $M = \frac{.213(24.5)^2}{8} = 16 KFT$ $F_h = \frac{16K \times 12}{16 \times 12} = 1.62 KSI < L = 6.62(8.2) = 18$

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 7/21/94 ^{REV.} 8/1/94

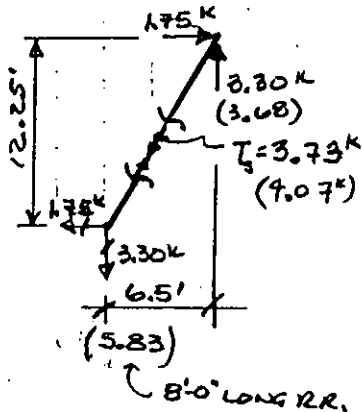
SUBJECT REVISED PHARMACY WALL W/ THE ADDITION OF AN SHEET PM-2 OF 3

8' x 9' RESTROOM 3-4 x 7' 2" RO. DOOR W/ 13' BY _____

() = 8' RESTROOM NO BATHROOM - NOT ON PLANS
as per Udo KEMP
INCREASE PHARMACY LENGTH BY 6' (6' RESTROOM) URC 2710(J)
FROM PM-1

TOTAL WT. = $\frac{48+8}{48} (888) = 10.4^k$ LOAD TO WALL BTWN. RESTROOM & PHARMACY

$V = 10.4 \left(\frac{48+8}{2} \right) \frac{1}{48} (0.275) 1.05 = 1.75^k$ (1.34^k w/o RESTROOM)



4" x 16 GA. STRAP $T = 3.73^k$ $f_t = \frac{3.73^k}{4(0.0566)(1.33)} = 12.4 \text{ KSI OK}$

WELD $L = \frac{3.73^k}{0.509(1.33)} = 5.50 \text{ IN.}$ $C \frac{8 \text{ RW}}{8} \Rightarrow L = \frac{3.73 \times 1.5}{0.509(1.7)} = 6.5 \text{ IN}$ $C + 18 \text{ RW} \frac{3.73}{8}$

USE 8" OF WELD T & B

HEADER $M = 3.03 \text{ KFT}$ $F_b = \frac{3.03 \times 12}{1.3 \times 2} = 13.97^k$ $C. 6 \times 50 = 30$ $\uparrow$ OK

#SCREWS $\frac{1.65^k}{0.34} = 4.9 \Rightarrow 6 \text{ OK}$

2 STUDS $3 \frac{3}{8} \times 1 \frac{1}{2} \times 20 \text{ GA. W/ 3/8" FLAT + AXIAL OF 1.65^k @ H=12'$
 $1.24^k / \text{STUD} = 2.48^k > 1.65^k \text{ OK}$

HOLD DOWN $\frac{3}{4}" \phi$ HILTI - KWIK BOLT II (KB II) EMBED 4" ($T = 1.94^k, V = 4.22^k$) ⁹⁶²⁷
 $\frac{5}{8}" \phi$ " HIT C-100 (EMBED 5") ($T = 2.14^k, V = 2.21^k$) ⁹⁰
 $\uparrow \times 1.33$

$\frac{3.30}{1.94 \times 2} + \frac{1.75}{4.22 \times 2} = .85 + .21 = 1.06 > 1.0 \text{ N.G. (KB II)} \frac{3}{4}" \phi$ ^{NG} $1 \text{ CBO } 4627$

$\frac{3.30}{2.14 \times 2} + \frac{1.75}{2.21 \times 2} = .77 + .31 = 1.08 < 1.33 \text{ OK (HIT C-100)} \frac{3}{4}" \phi$ ^{USE} $1 \text{ CBO } 4016$

$\sqrt{\frac{3.30^k}{0.075(1.05)}} = 7.20 \text{ SF. CK 6" CONC. SLAB CANT } 3.6'$

$M_u = \frac{1.4(0.075)(3.6)^2(1.76)}{2} = 0.68^k \text{ FT}$ $d = \frac{6}{2} - \frac{1}{2} = 2 \frac{1}{2}"$ $K_u = \frac{1.68}{(2.5)^2} = 0.109 \text{ KSI}$ ^{.121}

$\frac{4}{3} \rho = .002265, A_s = .07 < \frac{2}{15} = .133 \text{ IN}^2 / \text{FT OK}$ ^{4 @ 18"} _(.08)

ENGINEERS - NORTHWEST INC. P.S.

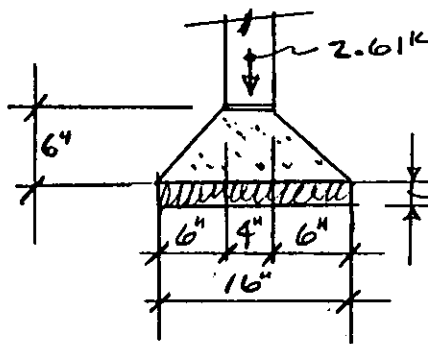
6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 7/13/94
 SUBJECT PHARMACY SHEET PM-3 OF 3
 BY _____

COLUMN LOAD TO SOIL

$$P_{\text{MAX.}} = .213 \left(\frac{29.5}{2} \right) = 2.61^{\text{K}} \text{ EFF. COL. BASE IS } 4" \text{ SQ.}$$

SAY FTG. IS 6" S.O.G. NEGL. REINF.



$$q_s = \frac{2.61^{\text{K}}}{(1.33)^2} = 1.48 \text{ KSF. OK}$$

OK 6" SLAB w/ #4 @ 18" O.C. E.W. @ SLAB & CANTILEVERING
2'-0" MIN. $M_u = \frac{1.4(1.075)(2)^2}{2} = 0.21 \text{ KFT/FT}$ $d = 6/2 - 1/2 = 2 1/2"$

$$K_u = \frac{.21}{(2.5)^2} = .034 \text{ KSI} , F'_c = 3 , F_y = 60 , Y_u = .21 \quad \nu_u = .008 < .110 \quad \text{SHR. OK}$$

$$\frac{4}{3}\rho = .000836 \Rightarrow A_s = .000836 (12) 2.5 = .0251$$

$$\rho @ 18" \text{ O.C.} = .038 < .20 \text{ CONC. SLAB OK FOR UPLIFT.}$$

↑ 5.3x

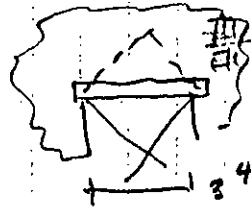
ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME Price Club DATE 1-21-95
SUBJECT Pharmacy addition SHEET 1 OF _____
BY _____

New Opus 30 x 70

- well opens vent to girt as before
- add ldr over door
angle 5 x 3 1/2 x 3/8



Old Opus

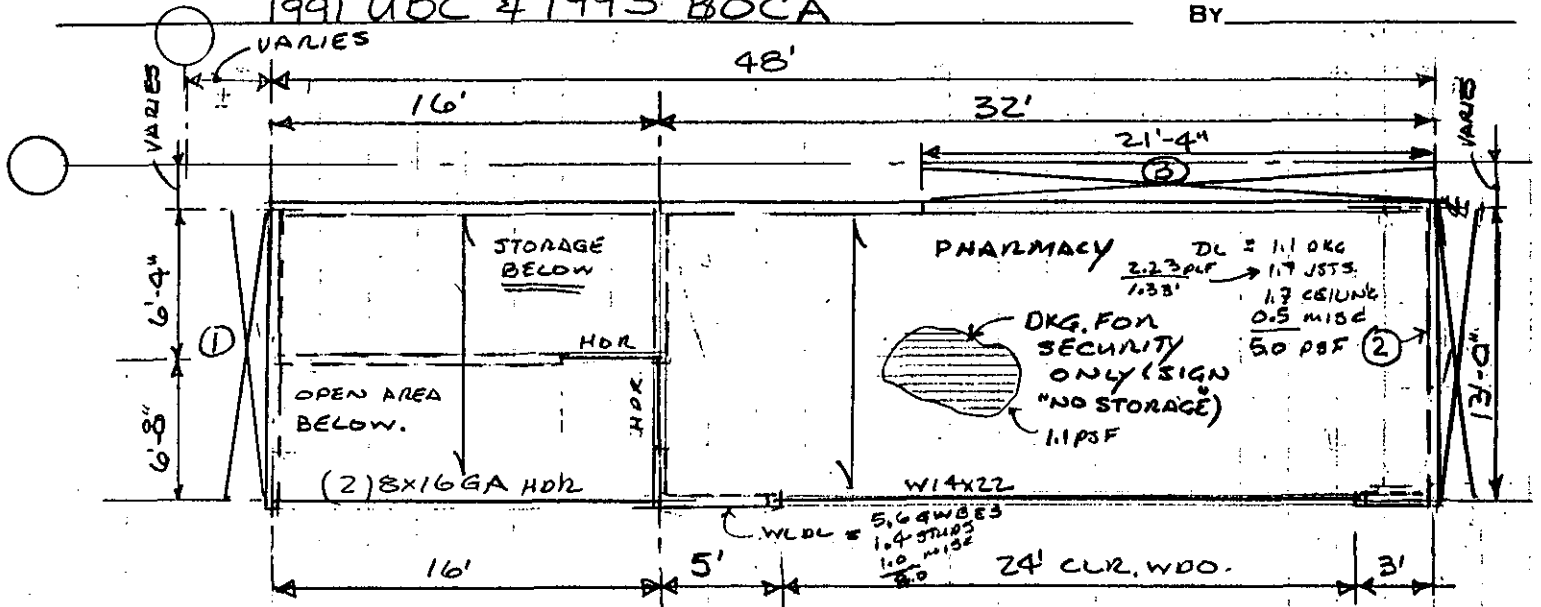
- Plug w/ CMU
- dowels @ 24" EW
drill & grout into exist

ProMaster/MS

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. 94136 JOB NAME PRICE CLUB - BRICK, N.J. DATE 7/15/93 ^{REL.} 3/28/94
 SUBJECT SEPARATE PHARMACY w/ 6'-4" x 16' STORAGE SHEET PM-1 OF 3
1991 UBC & 1993 BOCA BY _____



a) JOISTS @ 16" OC FOR SECURITY SAY DL = .015 KSF w/ LL = .010 KSF FOR MAINTENANCE ONLY.

$$l_1 = 13'-0"$$

$$l_2 = 6'-8"$$

$$W = (.015 + .010) \frac{16}{12} = .033 \text{ K/FT} \Rightarrow M = \frac{.033 (13.0)^2}{8} = 0.70 \text{ KFT/JST}$$

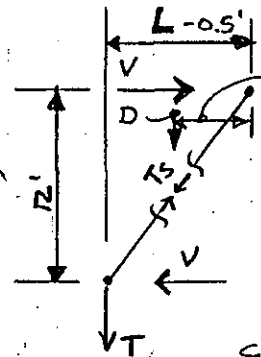
USE 16 GA $\Rightarrow F_y = 40 \text{ MIN.}$ $\Delta \text{REQD} = \frac{0.70 \times 12}{.6 (40)} = .35 \text{ IN.}$ TRY 4 CC 18 CS = .378

$$C_{y/360} I_{\text{REQD}} = \frac{5 (.033) (13.0)^4 1.728 (360)}{384 (29) 13.0 \times 12} = 1.7 \text{ IN. USE 6 CC 18 } I = 2.02 > 1.7 \text{ OK}$$

b) LATERAL (SEISMIC ZONE 4) $V = \frac{ZICW}{R_m} = \frac{.4(1)2.75W}{4} = .275 W = 2.44 \text{ K}$

CEILING WT.	TRIB. WL. WT.	Z WT.	V	V ₁	V ₂	V ₃
3.12K 205x48x125	.008(13) 120=576K	8.88K	2.44K	1.34K	1.34K	2.44K

WALL DL
 $D = 6.9 (12 \times 6) + 4.5 \left(\frac{13}{2} \right) \frac{L}{1000}$



WL	L	DC 6.9 PSF	DTM $(.85 D \cdot \frac{L}{2})$	NET OTM	T	T ₃	V
1/2 ①	12'	0.99 ^K	16.08 - 5.05 =	11.03 ^K	0.96 ^K 3.88	1.94 ^K	1.34 ^K
②	12'	0.99 ^K	16.08 - 5.05 =	11.03 ^K	0.96 ^K 3.88	1.94 ^K	1.34 ^K
③	21'	2.30 ^K	29.04 - 20.58 =	8.46 ^K	0.42 ^K 2.35	2.80 ^K	2.44 ^K

3/4" HILTI KWIK-BOLT (KB-11)
 EMBED 4.54" MIN. $T = 1.94 \text{ K}$ $V = 4.22 \text{ K}$
 OR USE 5/8" HILTI-HUA ALLTHREAD
 $T = 4.3$ $V = 2.81$ USE 2 MIN.

CK 4" x 16 GA STRAP STRESS = $\frac{2.80 \text{ K}}{4 (.056) (1.33)} = 9.3 \text{ KSI OK}$
 WELD $L = \frac{2.80}{.509 (1.33)} = 4.2"$ @ 3RW $L = \frac{2.80 (1.5)}{.509 (1.7)} = 4.9"$ USE 8" WELD.

* HDR L=16 $W = .025 \left(\frac{6.47}{L} \right) + .008 (3.5) = .111 \text{ K/FT}$ $M = \frac{.111 (16)^2}{8} = 3.55 \text{ KFT}$
 $f_b = \frac{3.55 \times 12}{130 (2)} = 16.4 \text{ KSI} < .6 (40) = 24 \text{ OK}$
 * RM. L=24.5' $W = .025 \left(\frac{13}{2} \right) + .008 (3.5) + .022 = .213 \text{ K/FT}$ $M = \frac{.213 (24.5)^2}{8} = 16 \text{ KFT}$ $f_b = \frac{16 \times 12}{29} = 6.62 \text{ KSI} < .6 (40) = 24 \text{ OK}$
 TRY W14x22 $R = 2.61 \text{ K}$ $G = 1.56 \text{ K}$ $S_{\text{PAN}} = 18.9$
 $\Delta T = 0.30 \text{ in.} \Rightarrow 0.15 \text{ in.}$

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 7/21/94 ^{REV.} 8/1/94

SUBJECT REVISED PHARMACY WALL W/ THE ADDITION OF AN SHEET PM-2 OF 3

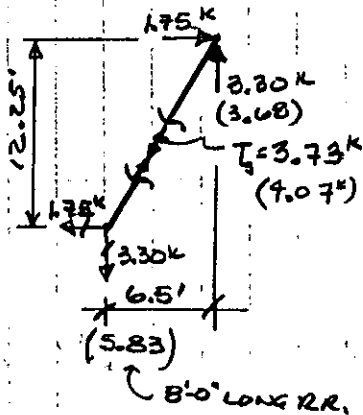
8' x 9' RESTROOM #A 3-4 x 7-2" RO. DOOR, WLT BY _____

2 () = 8' RESTROOM, NO BATHROOM - As per plan - as per UDO

INCREASE PHARMACY LENGTH BY 6' (6' RESTROOM) URC 2710 (U) ^{ICEMP}

TOTAL WT. = $\frac{48+8}{48} (888) = 10.4^k$ LOAD TO WALL BTWN. RESTROOM & PHARMACY

$V = 10.4 \left(\frac{48+8}{2} \right) \frac{1}{48} (0.275) 1.05 = 1.75^k$ (1.34^k w/o RESTROOM)



4" x 16 GA. STRAP $T = 3.73^k$ $f_t = \frac{3.73^k}{4(0.0566)(1.33)} = 12.4 \text{ KSI OK}$
 WELD $L = \frac{3.73^k}{0.509(1.33)} = 5.50 \text{ IN.}$ $\frac{8 \text{ RW}}{8} \Rightarrow L = \frac{3.73 \times 1.5}{0.509(1.33)} = 6.5 \text{ IN.}$ $\uparrow + 1870 \text{ y } \frac{3.44}{8}$

USE 8" OF WELD T & B

HEADER $M = 3.03 \text{ KFT}$ $F_b = \frac{3.03 \times 12}{1.3 \times 2} = 13.97 \text{ KSI}$
 $\uparrow 0.6 \times 50 = 30$
 $\uparrow OK$

SCREWS $= \frac{1.65^k}{.34} = 4.9 \Rightarrow 6 \text{ OK}$

2 STUDS $3 \frac{5}{8} \times 1 \frac{3}{8} \times 20 \text{ GA. W/ 3/8" FLAT + AXIAL OF } 1.65^k$ $C_H = 12'$
 $1.24^k / \text{STUD} = 2.48^k > 1.65^k \text{ OK} \leftarrow$

HOLDDOWN $\frac{3}{4}" \phi$ HILTI - KWIKBOLT II (KB II) EMBED 4" $(T = 1.94^k, V = 4.22^k)$ ⁴⁶²⁷
 $\frac{5}{8}" \phi$ " HIT C-100 (EMBED 5") $(T = 2.14^k, V = 2.81^k)$ ⁴⁰¹⁶

$\frac{3.30}{1.94 \times 2} + \frac{1.75}{4.22 \times 2} = .85 + .21 = 1.06 > 1.0 \text{ NG}_1 \text{ (KB II)} \frac{3}{4}" \phi$ ⁴⁶²⁷ $\leftarrow NG$

$\frac{3.30}{2.14 \times 2} + \frac{1.75}{2.81 \times 2} = .77 + .31 = 1.08 < 1.33 \text{ OK (HIT C-100)} \frac{3}{4}" \phi$ ⁴⁰¹⁶ $\leftarrow USE$

$\sqrt{\frac{3.30^k}{.075(80)}} = 7.20 \text{ 5 } \phi$ CK 6" CONC. SLAB CANT 3.6'

$M_u = \frac{1.4(0.075)(3.6)^2(76)}{2} = 0.68^k$ $d = \frac{6}{2} - \frac{1}{2} = 2 \frac{1}{2}"$ $K_u = \frac{1.68}{(2.5)^2} = 1.09 \text{ KSI}$

$\rho = .002265$ $A_s = .07 < \frac{2}{1.5} = .133 \text{ IN}^2 / \text{FT OK}$ ⁴⁹⁸¹⁸

ENGINEERS - NORTHWEST INC. P.S.

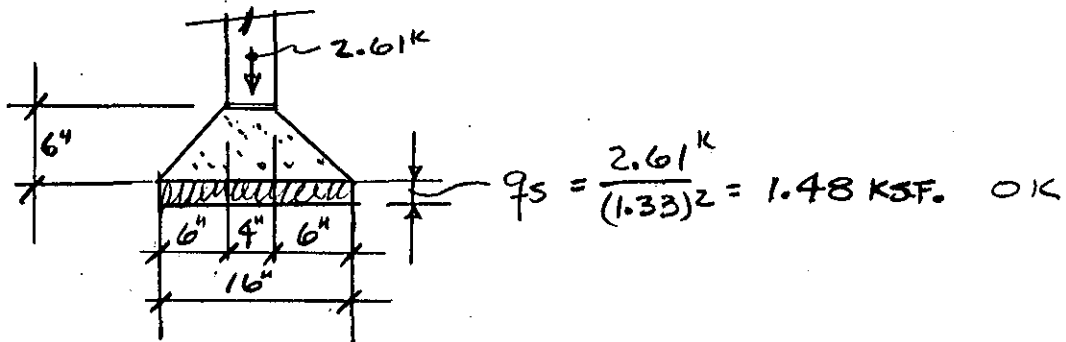
6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 7/13/94
 SUBJECT PHARMACY SHEET PM-3 OF 3
 BY _____

COLUMN LOAD TO SOIL

$$P_{\text{MAX.}} = .213 \left(\frac{29.5}{2} \right) = 2.61^{\text{K}} \text{ EFF. COL. BASE IS } 4' \text{ SQ.}$$

SAY FTG. IS 6" S.O.G. NEGL. REINF.



CK 6" SLAB w/ #4 @ 12" E.W. @ SLAB & CANTILEVERING
2'-0" MIN. $M_u = \frac{1.4(1.075)(2)^2}{2} = 0.21^{\text{K}} \text{ FT/FT}$ $d = 6/2 - 1/2 = 2'1/2"$

$$K_u = \frac{.21}{(2.5)^2} = .034 \text{ KSI}, F'_c = 3, F_y = 60, \gamma_u = .21 \quad \gamma_u = .0084 \cdot 110 \text{ SHR. OK}$$

$$\frac{4}{3}\rho = .000836 \Rightarrow A_s = .000836 (12) 2.5 = .0251$$

$c 18^{\circ} \text{oc} = .038 < .20$ CONC. SLAB OK FOR UPLIFT.
 ↑ 5.3x

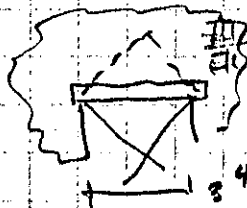
ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME Price Club DATE 1-21-95
SUBJECT Pharmacy addition SHEET 1 OF _____
BY _____

New Opus 30x70

- Well spans vent to gnt as before
- add ldr over door
angle 5x 3 1/2 x 3/8



Old opus

- Plug w/ CMU
- dowels @ 24" EW
drill & grout into exist

Richard J. [Signature]



For Information Call: 1177 5-6-6.01 + 6.02

Permit No. 10 320

APPROVAL FOR ELECTRICAL

PHARMACY RELOCATION

Date

Inspector

☒ Rough

3/24/95

☐ Service

☒ Other

4/5/95 PHARMACY

☐ Final

U.C.C. Form F-222A

U.C.C. Form F-224A

☐ Final

☐ Other

☐ Mechanical

☐ Alarm

☐ Special Supp.

☐ Standpipes

☒ Sprinklers

Date

4/6/95

Inspector

APPROVAL FOR FIRE PROTECTION

Permit No. 214-95

For Information Call: Price Club

1170

5-6-6.01

TOWNSHIP OF BRICK



For Information Call: Price Club

Permit No. Price Club

APPROVAL FOR BUILDING

Date

Inspector

☐ Footing

☐ Foundation

☐ Frame

☐ Mechanical

☐ Other

PHARMACY

☒ Final

U.C.C. Form F-221A

4/6/95

PRICE CLUB
DATE 4-6-95
TO Paul
FROM 2091
PAGES 1 OF 5

1722 RT. 88, BRICK, NJ 08724

(609) 452-2114 FAX (609) 452-3035

FACSIMILE TRANSMITTAL COVER

FROM:

Robert Ryan, Jr.
Security Representative

**Wells Fargo Alarm Services***The First Name in Security*

Burglary • Access Control • CCTV • Fire

Princeton Commerce Center
29 D Emmons Drive, CN 5201
Princeton, NJ 08543-5201
Tel: (609) 452-1700 Fax: (609) 452-1396

TO:

Joel Quass / Paul

DATE:

April 6, 1995NUMBER OF PAGES INCLUDING COVER 5INTENDED RECEIVER FAX# (908) 840-3838

MESSAGE

Paul, Please see Engineering/Arch.
specifications for commercial
approvals. Any questions, please call.

Thanks
Bob

NOTICE

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*Follow-up
information
requested
from
Wells Fargo
on Pharmacia
alarm
Brick
Price Club*



WELLS FARGO ALARM SERVICES

ENGINEERING SPECIFICATIONS

Major Features

- **ADDRESSABLE POINT TECHNOLOGY** provides high level of security and reliability.
- **UP TO EIGHT SEPARATE GROUPS** in one system operate as independent protection circuits increasing security flexibility and reducing costs.
- **REMOTE KEYPAD OPERATION** provides full function control of any combination of up to eight groups from up to eight separate keypads.
- **PLAIN ENGLISH-LANGUAGE TEXT** display helps achieve fast identification of alarms and simplifies system operation through software-definable keys and menu-driven displays.
- **UNPRECEDENTED SELF-TESTING** capabilities check the system electronics, communications link to central station, communication link to every intelligent sensor, and calibration of compatible smoke detectors every few seconds.
- **UL LISTED** for proprietary and central station alarm systems, for GRADE A LOCAL service, and for multiplex GRADE AA service with or without encrypted line security.

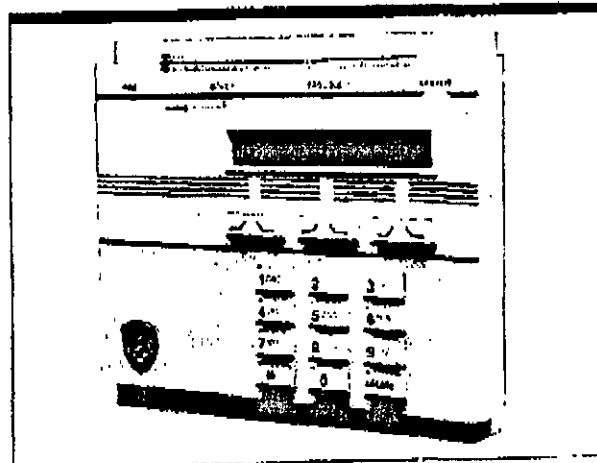
Principles Of Operation

The ExactPoint 120 is an advanced system that provides addressable point security and fire protection. It is able to communicate continuously with, and check and report on the status of, a total of up to 120 addressable points. Alarm information can be transmitted to a Wells Fargo Alarm Services' central station computer via either multiplex or digital communication modes. System activity also may be communicated to other data communications equipment using a General Purpose Input/Output module that provides an RS-232 interface.

The ExactPoint 120 accommodates two loops to which may be attached a combination of up to 120 security and fire detection devices. This loop technology eliminates the requirement of "home run" wiring. The points on the loop are addressed at the time of installation, and communicate in an encrypted format to the control unit.

The result is a higher security system. Any attempt to compromise the system by cutting a loop or circumventing a detector will be picked up and transmitted as an alarm condition. In addition, with the ExactPoint 120's bi-directional

ExactPoint® 120 Addressable Point Fire and Security System



ExactPoint 120 Keypad/Display Unit

communications loop, security goes on unimpeded, even if a communications loop wire is cut or broken. When a detector goes into alarm, the system will display the location data for that alarm and initiate a local sounder and, simultaneously signal the Wells Fargo Alarm Services' central station computer via the appropriate transmission technology.

Prerequisites and Optional Equipment

The ExactPoint 120 is designed to serve as the main control in a Wells Fargo Alarm Services' ExactPoint addressable point fire and security system. This system can be monitored and supervised from a Wells Fargo Alarm Services' central station computer. The local output from the ExactPoint 120 system can be used for sounding local bells, lighting building areas, or turning on other security components.

Optional Equipment

- **WELLS FARGO ALARM SERVICES' MULTIPLEX COMMUNICATIONS (P/N 5343-1)** to central station.
- **DIGITAL COMMUNICATIONS (P/N 5340-1)** to central station using switched telephone network.
- **SECONDARY LOOP MODULE (P/N 5508-1)** interfaces second addressable loop to the main board.
- **GENERAL PURPOSE INPUT/OUTPUT MODULE (P/N 5533-1)** interfaces with DTE or DCE equipment using RS-232.

Continued →

ExactPoint® 120 Addressable Point Fire and Security System

Optional Equipment, Cont.

- **PREMISES PRINTER (P/N4770-3)** with internal battery back-up provides complete documentation of the activity associated with the system.
- **WALL MOUNT BACK BOX (P/N 5351)** provides surface-mounted conduit-enclosed wire entry to keypad/display unit.
- **ENCRYPTED DATA SECURITY** with each "SX"-type addressable device offers a high degree of protection against compromise.
- **INTELLIGENT SECURITY SENSORS** containing the integral microelectronics needed to communicate exact address information are available in types listed below.
 - **Magnetic Switch Sets**, including SXS-1 Reed Switch Set with large magnet-module, SXS-2 Reed Switch Set with small magnet module, and SXB-1 Balanced Switch Set.
 - **SXE-1 Sensor Interface Modules**, used when non-intelligent devices, such as photo-electric detectors, are connected to the loops. Model SXE-1 is standard. Model SXR-1 includes a relay to trigger cameras and other peripherals under alarm conditions.
 - **SXE-2 Sensor Interface Modules** are functionally identical with the SXE-1 Modules, but can mount inside a single- or multiple-gang electrical box. Includes built-in tamper. Model SXR-2 includes relay. Models SXE-2L and SXR-2L provide additional lightning protection (recommended for use in areas of high electrical storm occurrence.)
 - **SEL-1 End-of-Line Device** provides supervision for two-wire initiating circuits connected to an SXE-1 or SXR-1 module.
 - **EPIC-80, EPIC-85, EPIC-90, and EPIC-91** Series of intelligent passive Infrared detectors.
 - **EPIC-40 ionization detector and DT-X3-135** thermal detector series of intelligent fire sensors.
 - **MSX-1 or MSX-2 Manual Station**, a wall-mounted intelligent pull station.
 - **TRX-1 or TRX-2 Fire Interface Module**, an intelligent device for interfacing non-intelligent fire sensors to the "X"-type communications loop. Relay is included.
 - **AWD-1 or AWD-2 Intelligent Bell**, a supervised, attack resistant, bell with internal batteries and double housing and tamper protection. Meets U.L. Grade A requirements without the need for conduit.
 - **Command Center (P/N 5593-1)**, desk top console containing keypad/display unit and premises printer with take-up mechanism. Includes locked door for printer access and window for viewing recent printed events.

Application Data

The ExactPoint 120, when used as the main control for a security system, receives signals from a variety of intelligent fire, intrusion, and other devices. The primary components in the system include a single control unit, up to eight remote keypad/display units, and addressable devices and field wiring. (See Fig. 1)

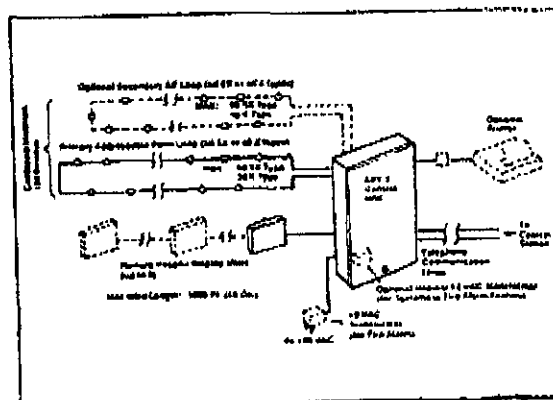


Fig. 1 ExactPoint 120 simplified diagram

Control unit

The control unit is the heart of an ExactPoint 120 system. All device loops, keypads, communication lines, and power are terminated in the control unit. Physically the control unit is a rigid metal, locked, and tampered box that is intended for mounting in an "out of sight" location. There are space provisions within the control unit for up to 80 hours of battery back-up.

Keypad/Display Unit

The keypad/display unit is the user interface to the ExactPoint 120 Security System. Each keypad/display unit consists of a keypad, and a two-line, 24 character each, alpha-numeric display for indicating system status and annunciating point status. LEDs on the keypad also provide a visual indication of status (Green), alarms (Red), and troubles (Amber) anywhere on the addressable point loops.

Any keypad/display may be used for adding or deleting authorization codes, opening and closing schedules for any system, and shunting (bypassing) individual devices depending upon the operator's password level. Up to three password levels are available for up to 63 passwords. The use of point annunciation on the display, which includes time, date, and point number/description, as well as location, simplifies system operation.



WELLS FARGO ALARM SERVICES

With the ExactPoint 120, the ability to partition points of protection into multiple groups and control these groups with multiple keypads is standard. The ExactPoint 120 allows any of the 120 points to be partitioned in up to eight separate "groups of points" that can be monitored and controlled as eight independent systems. In addition, all eight groups of points can be controlled from either a single keypad/display unit or from up to eight keypad/display units with any combination of groups at each individual keypad. The table below presents the maximum distance which any keypad should be located from the control unit based upon wire gauge and number of keypads sharing a single four conductor wire run. Distances increase if keypads use separate wire runs.

Wire Gauge	1 Kpds	2 Kpds	3 Kpds	4 Kpds	5 Kpds	6 Kpds	7 Kpds	8 Kpds
16	5000	5000	3300	2500	2000	1650	1400	1250
18	5000	2500	1650	1250	1000	830	700	625
22	2500	1250	830	625	500	410	350	300

Addressable Devices and Wiring

The ExactPoint 120 receives its signals from a variety of intelligent fire, intrusion, and other detector devices. Two addressable point loops are available for two types of basic protection: FIRE ("X"-type), or SECURITY ("SX"-type). Both loops can be the same type or one of each type with a combined limit of 120 addressable points. They can be wired either as Class-B "dead-end" loops or as Class-A return loops. The total wire length of either Class-A or Class-B loop can be up to 5000 feet using twisted pair (2500 feet for shielded wire or "X"-type fire loops). Up to 120 SXR combination input/output point modules can be used to activate bells, lights, cameras, and other devices.

Loop Wiring Distance Limitations

WIRE TYPE	AWG	X Loops (up to 30 devices)	SX Loops (up to 90 devices)
OPEN TWISTED WIRE PAIR	22	NOT ALLOWED	2000 FT.
	20	NOT ALLOWED	3000 FT.
	18	3000 FT.	5000 FT.
TWISTED PAIR IN METAL CONDUIT	22	NOT ALLOWED	2000 FT.
	20	NOT ALLOWED	3000 FT.
	18	3000 FT.	4000 FT.
SHIELDED TWISTED WIRE PAIR	22	NOT ALLOWED	2000 FT.
	20	NOT ALLOWED	2500 FT.
	18	2500 FT.	2500 FT.

Engineer/Architect Specifications

The security system shall provide for addressable point security and fire protection. The system shall include a control unit which can be mounted in a secure location and shall provide for at least two separate addressable point loops utilizing encrypted communication within the loops. The control unit shall be housed in a locked and tampered metal enclosure separate from keypad display units and shall have provision for the mounting of at least 80 hours of battery back-up within the enclosure.

The system shall support a total of up to 120 addressable points, using advanced intelligent security and fire sensors.

The system shall also provide for the interfacing of non-intelligent types of fire and security sensors. It shall be capable of transmitting system activity to a central monitoring facility via multiplex communications or digital communications. The system shall also provide an RS-232 interface and also shall provide a supervised, local-premises activity printer with internal battery back-up.

The system shall provide the ability to support up to a total of eight remote keypad display units and support a configuration of up to eight groups of addressable points. These groups must have the ability to function as eight completely independent alarm systems. The keypad display units must be compact and physically separate from the control unit.

The system shall have the ability to allow all eight groups of points to be managed and controlled from either a single keypad or up to eight keypads. Each keypad must have its own unique address and the system must have the ability, in any combination, to control what groups' information is presented on each keypad and also what groups can be controlled from each keypad.

Operator access to system operation shall be restricted by requiring a password entry at the keypad/display unit. Up to 63 passwords shall be provided, with each password having up to three levels of access. Each password shall be usable on one group or multiple groups up to eight.

The front of the keypad display unit shall include a back lit keypad and Liquid Crystal Display (LCD) providing two lines of up to 24 ALPHANUMERIC characters. This display shall constantly indicate the status of the addressable point loop circuits as well as reporting troubles, alarms, and operational status of the

Continued →

ExactPoint® 120 Addressable Point Fire and Security System

Engineer/Architect Specifications Cont.

individual addresses on the loops. The front of the keypad display unit shall also provide other visual indicators which include a STATUS Light Emitting Diode (LED) indicator, two "ALARM" LEDs (one for fire, one for other), a system TROUBLE LED. Each keypad shall provide a dual-tone sounder which shall produce different sounds for different critical system events.

The system shall be UL listed for Central-Station Burglar-Alarm Systems, Proprietary Burglar-Alarm Units and Systems, Local Burglar Alarm Units and Systems, Holdup Alarm Units and Systems, Digital Burglar Alarm Communication System Units, and Control Units for Fire-Protective Signaling Systems. The unit shall operate on 12 VAC power.

The system shall be a Wells Fargo Alarm Services' ExactPoint 120 Addressable Point Fire and Security System.

Operating Data

PHYSICAL DESCRIPTION:

The control unit cabinet shall be made of 16 gauge steel, painted black. Overall dimensions are 20"H, 13"W, and 5 1/4"D. The front cover shall be secured with a key lock.

The keypad/display unit shall be a gray, two-piece molded-plastic housing with overall dimensions of 7 1/4"W, 6 3/4"H, and 15/16"D. For fire systems applications, the keypad/display unit shall be red in color.

ELECTRICAL REQUIREMENTS:

Power Supply:	12 VAC
Voltage Range:	+10%, -15%
Power Consumption:	30 mA
Ambient Temperature Range:	+32°F to +122°F
Ambient Humidity Range:	up to 95% at 100°F non-condensing



**WELLS FARGO
ALARM SERVICES**

Specifications are provided for information only and are subject to change without notice. Responsibility is assumed by Wells Fargo Alarm Services for their use. Subject to change without notice.
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CA Cert. No. 6339910 Alarm Co. Lic. #000294
B257-0249 (9/91)

780 Fifth Avenue - King of Prussia, PA 19406-0966
215-337-3855

A Division Of Manor Protection Services, Inc.

TOTAL P.05

FINAL PLUMBING APPROVED

BRICK TOWNSHIP, N.J.

TOWNSHIP OF
BRICK NJ

04/06/95 NO. 5

0003

214*#

BLOCK 0.00

1170 #

LOT 0.00

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PLUMBING 89.00

TOTAL 89.00

CHECK 89.00

CHANGE 0.00

0025A005 09:24

The advanced security/fire system you need

Here is the advanced security technology you need in the 1990s and beyond for the protection of life and property.

Outlined on these pages, you will find many ExactPoint 120 System capabilities which no other system provides...such as:

- Microintelligence capabilities which turn every security sensor point and every fire sensor point in your facility into a smart point.
- Encrypted communications capabilities which secure all alarm signaling to our central station as well as within your facility.
- Electronic partitioning capabilities which enable you to configure one ExactPoint 120 System to work like multiple independent systems.
- Optional upload and download telecommunications capabilities which facilitate fast system setup, equipment service, and problem resolution from Wells Fargo Alarm Services over the phone.
- Operational capabilities which allow you to manage it all with ease and economy not previously available.

Partition up to 120 sensor points in up to eight separate groups

The high-capacity ExactPoint 120

System manages up to 120 intelligent security and fire sensor points. These sensor points can be electronically partitioned as you want them in up to eight separate groups. Each group can be independently monitored and controlled as if it were a completely independent alarm system.

Up to eight keypad displays put you in total command

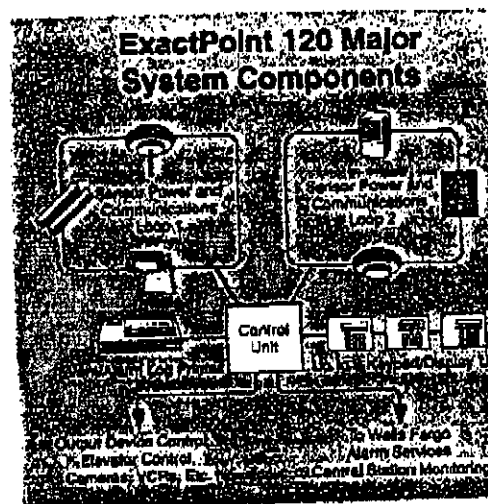
From one to eight compact keypad display units, as pictured on the cover, provide an exceptionally user-friendly interface.

In facilities where you partition sensor points into separate groups, each group of sensor points can be controlled from a separate keypad display unit. One keypad display can control all groups, or you can combine them any way you wish!

Intuitive operation for unprecedented ease of use

To merely call the sophisticated ExactPoint 120 System's operation simple would be a gross understatement. It's, well...intuitive. You simply do what the display asks.

Step-by-step English language prompts appearing on the liquid

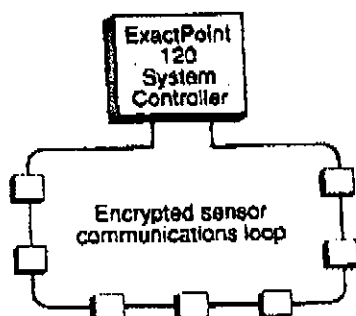


crystal display eliminate the need to remember operating codes or to interpret alarms. It virtually eliminates the need for a user operations manual.

You don't have to study the ExactPoint 120 System. You just walk up to the keypad display panel and begin using it.

To minimize, if not eliminate, the need for the operator to "look up in a book" the commands to control the system, the ExactPoint 120 System uses a series of menus to present its various commands and options. After selecting a command from the menu, a

Unique Encrypted Sensor Communications Loops



ExactPoint 120 System secures local sensor wiring to an unprecedented high level

Only ExactPoint Systems have this exclusive secure sensor communications encryption capability.

With an ExactPoint 120 System, each security/fire sensor point continuously communicates status/alarm messages to the System Controller in a secured, encrypted code.

One or two encrypted communications loops are used for this purpose. They provide the utmost in secured status/alarm message integrity.

The ExactPoint 120 System's local loop encryption uses the same kind of "hard to crack" coding scheme that would be used to secure a secret military message.

The ultimate local wiring scheme that resists compromise

Unlike all other systems, there is no way for an unauthorized person to merely wire across a sensor to compromise the system. No one can fool the system by tapping into the line and sending simple nonencrypted "I'm OK" status messages either. If the ExactPoint 120 System Controller doesn't get the proper encrypted messages from the sensor, it will sound the alarm in an instant.

No other fire/security system comes close to the ExactPoint 120 System for maintaining local sensor loop integrity.

DATE 4-5-95
 TO Paul - Electrical Inspector
 FROM Joel Quass
 PAGES 1 OF 4
 1722 RT. 88, BRICK, NJ 08724
 (908) 458-2114 FAX (908) 840-3838

Here's the
data on our
Pharmacy
alarm
panel.

FACSIMILE TRANSMITTAL COVER

FROM:

Robert Ryan, Jr.
Security Representative



Wells Fargo Alarm Services

The First Name in Security

Burglary • Access Control • CCTV • Fire

Princeton Commerce Center
 29 D Emmons Drive, CN 5201
 Princeton, NJ 08543-5201
 Tel: (609) 452-1700 Fax: (609) 452-1396

TO:

Joel Quass

DATE:

April 5, 1995

NUMBER OF PAGES INCLUDING COVER 4INTENDED RECEIVER FAX# (908) 840-3838

MESSAGE

Joel, As discussed the following are
the specifications of the burglar
alarm control. I will be filing for
permits.

Thanks
Rob

NOTICE

UNLESS OTHERWISE INDICATED OR OBVIOUS FROM THE NATURE OF THE TRANSMITTAL, THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATIONS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATIONS IN ERROR OR ARE NOT SURE WHETHER IT IS PRIVILEGED, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, DESTROY ALL COPIES AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE AT OUR EXPENSE. THANK YOU

DATE _____
 TO Paul - Electrical Inspector
 FROM Joel Quass
 PAGES 1 OF 4

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10:40 010:0N 12:42 NO.010 P.01

TEL: 1-609-452-1396

and power

No "home run" wiring is required for point identification.

No rewiring is required to configure the sensors in groups. Sensors and bells can be wired in any sequence. And, because the same wiring is used for alarm communications and sensor power, there's no extra cost. What could be better for you?

Digital or multiplex central station alarm communications

These telephone options provide two cost/security choices to meet your needs and budget. Both are widely used and meet the needs of many varying businesses.

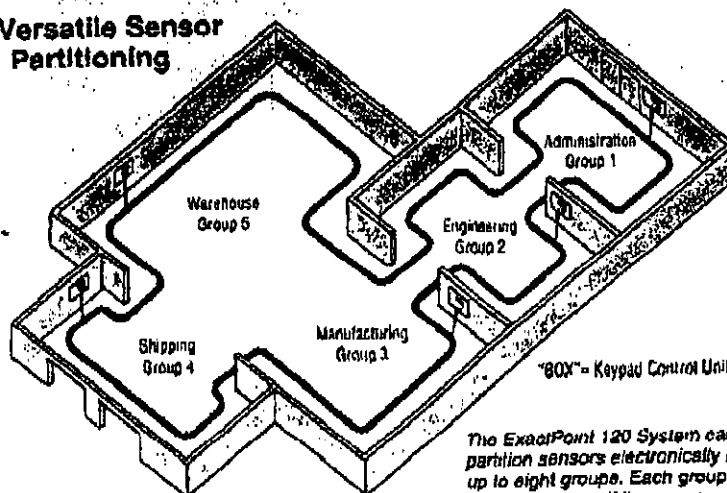
Optional event log printer

This optional event printer with built-in battery backup gives you

- GRADE A local service
- GRADE AA service with or without encrypted line security

- 72D proprietary fire alarm UL standard 864 as a local and central station fire alarm control

Versatile Sensor Partitioning



The ExactPoint 120 System can partition sensors electronically in up to eight groups. Each group can be controlled as if it were an entirely independent alarm system.