BLOCK 1170 LOT 18.03 QUALIFICATION CODE _____ ADDRESS (SITE) 415 JACK MARTIN BLVD. BRICK, N.J. 08724 PERMIT NO. 10-0683

CONSTRUCTION PERMIT APPLICATION C10-000856

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

I. IDENTIFICATION

1. Proposed Work Site at: MERIDIAN HEALTH NURSING + REHAB AT BRICK 415 JACK MARTIN BLVD., BRICK, N.J. 08724
2. Name of Owner in Fee: GREG MATSKO
   Tel. (732) 206-8036 e-mail GMATSKO@MERIDIANHEALTH.COM
   Address 415 JACK MARTIN BLVD. (street) BRICK (municipality) N.J. 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: G+C ELECTRONICS Tel. (732) 657-7007
   Address 317 CHURCH STREET e-mail KEVIN@MYCESPRO.COM
   LAKE HURST, N.J. 08733
   License No. OR, if new home, Builder Reg. No. 34BF00020000 Exp. Date 01/31/2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3399683 FAX: (732) 323-8987
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

4/7/10

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	15		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 2		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 17		

VI. BUILDING/SITE CHARACTERISTICS

(office use only) COMMERCIAL

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

Called

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building (elec to follow)
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		3/30/10	CB						
☐ Electrical									
☐ Plumbing									
☐ Fire Protection					4-7-10	OK			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____
   Gained, Rental _____
   Lost, Sale _____
   Lost, Rental _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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(f)1.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 KEVIN J. OLIVER

Address 317 CHURCH STREET, LAKEHURST, N.J. 08733

Telephone (732) 657-7007

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/17/2010
Control Number C-10-000856
Permit Number 10-0683
Permit Issue Date 04/07/2010
Certificate Number 10-0683

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Block: 1170 Lot: 18.03 Qual:

Owner in Fee: OCEAN NURSING PAVILION INC

Owner Address: 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone:

Contractor G & C ELECTRONIC SERVICES

Address 319 CHURCH STREET LAKEHURST NJ 08723-

Telephone: (732) 657-7007 Fax: (732) 323-8987

License Number or Builders Registration Number: Federal Emp. Number: 22-3399683

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE ALTERATIONS EXISTING SIMPLEX 4020 FIRE PANEL, ADDING DEVIES CONSISTING OF TWO TAMPERS & 2 SUPERVISED I.A.MODULES.

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 05/17/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 11/1/10
Control # C-10-000856
Permit # 11-(1175

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier
Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ
Owner in Fee: OCEAN NURSING PAVILION INC
415 JACK MARTIN BLVD BRICK NJ 08724
Telephone:

Contractor: G & C ELECTRONIC SERVICES
Address: 319 CHURCH STREET LAKEHURST NJ 08723-
Telephone: (732) 657-7007
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3399683

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE ALTERATIONS EXISTING SIMPLEX 4020 FIRE PANEL, ADDING DEVIES CONSISTING OF TWO TAMPERS & 2 SUPERVISED I.A.MODULES.

Note: If constuction 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 $1,200

Construction Official

Date 11/1/10

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$77
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

11/02/10 3:01PM 0015583692A
207 SERV.007
#0693
FIRE $75.00
$2.00
77.00

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 9/1/10
Control # C-10-000856
Permit # 11-11,43

IDENTIFICATION Block: 1170 Lot: 18.03 Qualifier
Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ
Owner in Fee: OCEAN NURSING PAVILION INC
415 JACK MARTIN BLVD BRICK NJ 08724
Telephone:

Contractor: G & C ELECTRONIC SERVICES
Address: 319 CHURCH STREET LAKEHURST NJ 08723-
Telephone: (732) 657-7007
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3399683

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
FIRE ALTERATIONS EXISTING SIMPLEX 4020 FIRE PANEL, ADDING DEVIES CONSISTING OF TWO TAMPERS & 2 SUPERVISED I.A.MODULES.

Note: If constuction 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 $1,200

Construction Official

Date 9-1-10

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$77
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

09/07/10 3:01PM 9015586926
#907 SERV.COT
4U483
FIRE $75.00
$2.00
$77.00

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

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

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/7/10
Control # CCO-000856
Date Issued
Permit # 10-0683

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

Block 1170 Lot 18.03 Qualification Code

Work Site Location MERIDIAN HEALTH NURSING + REHABILITATION AT BRICK
415 JACK MARTIN BLVD. BRICK N.J. 08724

Owner in Fee: GREG MATSKO, DIRECTOR PLANT OPERATIONS

Tel. (732) 206-8036 e-mail GMATSKO@MERIDIANHEALTH.COM

Address 415 JACK MARTIN BLVD. TOWNSHIP OF BRICK 08724
(street) (municipality) (zip code)

Contractor: G+C ELECTRONICS Tel. (732) 657-7007

Address 317 Church St, LAKEHURST, NJ. e-mail KEVIN@MYCESPRO.COM

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

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

Fire Alarm Contractor No. 34BF00020000 Exp. Date 01/31/2011

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

Federal Emp. ID No. 22-3399683 FAX: (732) 323-8987

B. FIRE PROTECTION CHARACTERISTICS

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

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

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

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

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ $1,200.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA EXISTING SIMPLEX 4020 FIRE

DESCRIPTION OF WORK:
PANEL. ADDING DEVICES CONSISTING OF TWO TAMPER SWITCHES + 2 SUPERVISED I.A. MODULES.
NOTE: ELECTRICAL DONE BY ALLAIRE ELECTRIC.

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)	2	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices SUPERVISED I.A.M	2	
TOTAL	4	75
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 4-12-10
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/26/10
Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			4/26/10	DB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/26/10	DB
Other ____				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/7/10
Control # C10-00056

Date Issued
Permit # 10-0683

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

Block 1170 Lot 18.03 Qualification Code

Work Site Location MERIDIAN HEALTH NURSING + REHABILITATION AT BRICK
415 JACK MARTIN BLVD. BRICK N.J. 08724

Owner in Fee: GREG MATSKO, DIRECTOR PLANT OPERATIONS

Tel. (732) 206-8036 e-mail GMATSKO@MERIDIANHEALTH.COM

Address 415 (street) JACK MARTIN BLVD. (municipality) TOWNSHIP OF BRICK (zip code) 08724

Contractor: G+C ELECTRONICS Tel. (732) 657-7007

Address 317 CHURCH ST. LAKEHURST, NJ. e-mail KEVIN@MYCESPRO.COM

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

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

Fire Alarm Contractor No. 34BF00020000 Exp. Date 01/31/2011

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

Federal Emp. ID No. 22-3396683 FAX: (732) 323-8987

B. FIRE PROTECTION CHARACTERISTICS

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

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

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

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

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1260.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: EXISTING SIMPLEX 4020 FIRE PANEL. ADDING DEVICES CONSISTING OF 2 TAMPER SWITCHES + 2 SUPERVISED I.A. DEVICES. NOTE: ELECTRICAL DONE BY ALLAIRE ELECTRIC

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)	2	
Signaling Devices (i.e., horn/strobes, bells)		75
Other Devices SUPERVISED I.A.M.	2	
TOTAL	4	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 4-1-10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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U.C.C. F140 (rev. 10/06)

Simplex

Multi-Application Peripherals

*UL, ULC, CSFM Listed; FM Approved; MEA (NYC) Acceptance**

IDNet™ and MAPNET II® Communicating Devices, Individual Addressable Modules (IAMs)

Features

IDNet or MAPNET II addressable communications supply both data and power over a single wire pair to provide:**

- Supervised Class B monitoring of normally open, dry contacts
- Total wiring distance from IAM to supervision resistor(s) of up to 500 ft (152 m)
- Monitored connection is compatible with Simplex® 2081-9044 Overvoltage Protectors for outdoor wiring or electrically noisy applications

For use with following Simplex control panels:

- Model Series 4008, 4010, and 4100U fire alarm control panels for IDNet communications
- Model Series 4100/4100U, 4120, 4020, and 2120 Communicating Device Transponders (CDTs) equipped with MAPNET II communications

Model 4090-9001:

- Enclosed design minimizes dust infiltration
- Mounts in standard single gang electrical box
- Screw terminals for wiring connections
- Visible LED flashes to indicate communications
- Optional covers are available to allow LED to be viewed after installation (requires mounting bracket, ordered separately)

Model 4090-9051:

- Encapsulated design for extended exposure to high humidity (LED is not present on this model)
- Color coded 18 AWG leads for wiring

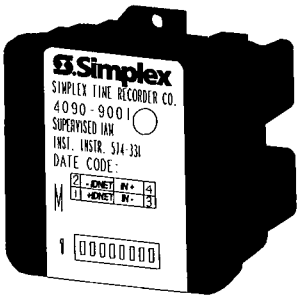
IDNet communications provides current limited monitoring:

- Provides monitoring of tamper switch (supervisory) and waterflow switch (alarm) on same circuit using one point
- Available with IDNet communications only

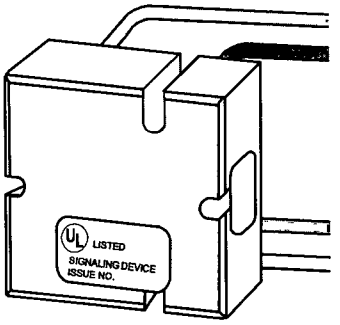
Multiple operation modes are available and are selectable at the control panel:

- Contact closure status can be tracked
- Momentary contact closure conditions can be selected at the panel to be latched or tracked (not available with the 2120 CDT)

UL listed to Standard 864



4090-9001 Supervised IAM
(shown approximately 3/4 size)



4090-9051 Supervised IAM
(shown approximately 3/4 size)

Description

Individual addressable modules (IAMs) receive both power and communications from a two-wire MAPNET II or IDNet circuit. They provide location specific addressability to a single initiating device (such as single station smoke detector alarm contacts or heat detector contacts) or multiple devices at the same location by monitoring normally open dry contacts and the wiring to an end-of-line resistor.

Model 4090-9001 is packaged in a thermoplastic housing and provides screw terminal connections and a status indicating LED.

Model 4090-9051 is an encapsulated package with wire leads. It does not provide a status indicating LED.

* These products have been approved by the California State Fire Marshal (CSFM) pursuant to Section 13144.1 of the California Health and Safety Code. See CSFM Listing 7300-0026:223 for allowable values and/or conditions concerning material presented in this document. It is subject to re-examination, revision, and possible cancellation. Accepted for use – City of New York Department of Buildings – MEA35-93E. Additional listings may be applicable; contact your local Simplex product supplier for the latest status. Listings and approvals under Simplex Time Recorder Co. are the property of Tyco Safety Products Westminster.

** IDNet and MAPNET II addressable communications are protected under U.S. Patent Nos. 4,796,025; 5,966,002; and 6,034,601.

Operation

Contact Closure. Closure of the monitored contact(s) initiates an alarm or other response as programmed at the fire alarm control panel. An open in the monitored circuit wiring will cause a trouble to be reported.

Panel Selections. Selections can be made at the control panel to maintain the alarm condition if the initiating device contacts are momentary, such as from a rate-of-rise heat detector, or to track the device contact status (not available with the 2120 CDT).

Current Limited Operation Applications

For use with IDNet communications only, these IAMs can provide quad-state sensing of normal, open circuit, short circuit, and current limited conditions. (Program type is "T-sense.") With the proper end-of-line and current limiting resistors, dual functions such as tamper switch and waterflow switch monitoring can be determined and communicated by a single addressable point.

IAM Product Selection

Model	Description
4090-9001	Supervised IAM, mounted in thermoplastic housing with screw terminals; see applicable options below
4090-9051	Supervised IAM, encapsulated with wire leads

Optional Trim Plates and Mounting Bracket for Model 4090-9001

Model	Description	
4090-9806	For semi-flush mounted box	Trim plate with LED viewing window, requires 4090-9810 mounting bracket, includes mounting screws; galvanized steel
4090-9807	For surface mounted box	
4090-9810	Mounting bracket, mounts IAM to electrical box and provides screw holes for trim plate, **required for optional trim plates**	

End-of-Line Resistor Harnesses (ordered separately as required)

Model	Reference No.	Description	
4081-9004	733-886	6.8 kΩ, 1/2 W; Standard end-of-line resistor harness for N.O. contact supervision	
4081-9003	733-896	4.7 kΩ, 1/2 W	Use for current limited monitoring applications
4081-9005	733-984	1.8 kΩ, 1/2 W	

Specifications

Electrical

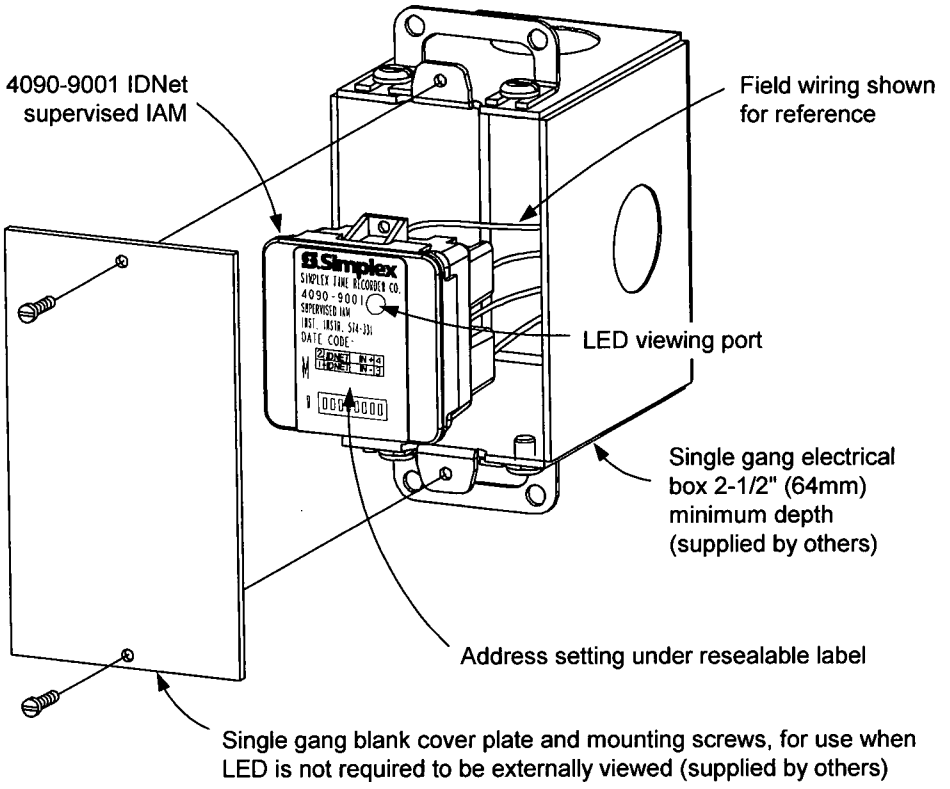
Power and Communications		MAPNET II or IDNet, auto selected, 1 address per IAM
Input Requirements		Normally open, dry contacts
Wire Connections	4090-9001	Screw terminals for in/out wiring, 18 to 14 AWG wire (0.82 mm^2 to 2.08 mm^2)
	4090-9051	Color coded wire leads, 18 AWG (0.82 mm^2), 8" long (203 mm)
Reference Documents	Installation Instructions	574-331 for 4090-9001; 579-572 for 4090-9151
	Field Wiring Diagrams	842-073 for IDNet operation; 841-804 for MAPNET II operation

Wiring Distances

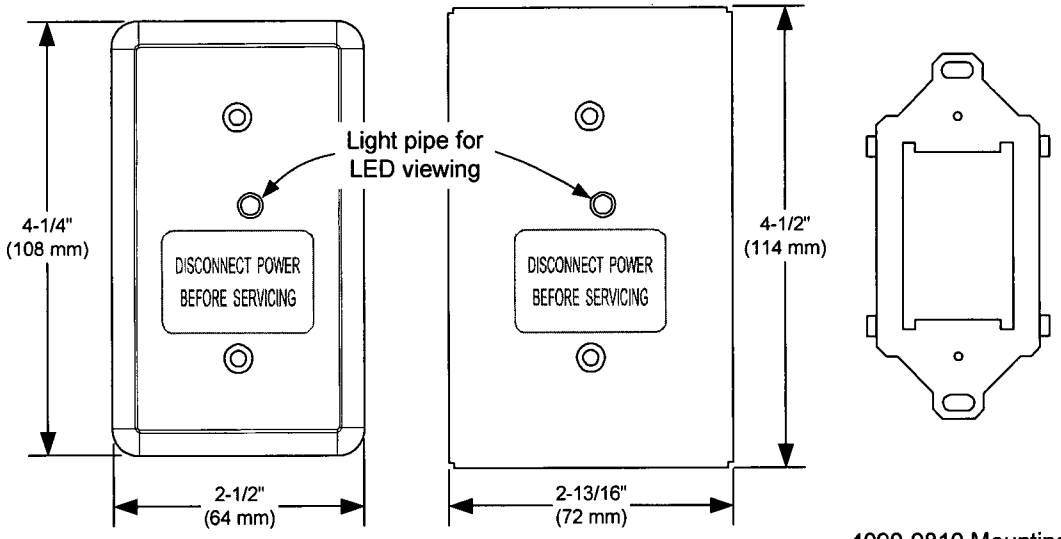
Distance from IAM to Contacts	500 ft (152 m) maximum without protectors
	400 ft (122 m) maximum with 2081-9044 Overvoltage Protectors
Wiring Distance Reference per channel, MAPNET II or IDNet Communications	2500 ft (762 m) maximum from fire alarm control panel
	10,000 ft (3048 m) maximum total wiring distance (including T-Taps)

Mechanical

Dimensions	4090-9001	1-9/16" W x 1-3/4" H x 1-1/4" D (40 mm x 44 mm x 32 mm)
	4090-9051	1-9/16" W x 1-9/16" H x 9/16" D (40 mm x 40 mm x 14 mm)
Housing Material, 4090-9001		Black thermoplastic
Encapsulation Material, 4090-9051		Epoxy, beige
Temperature Range		32° to 120° F (0° to 49° C) intended for indoor operation
Humidity Range		Up to 93% RH at 100° F (38° C)



Mounting Reference, Single Gang Blank Cover Plate



4090-9806, Trim plate for semi-flush mounted box

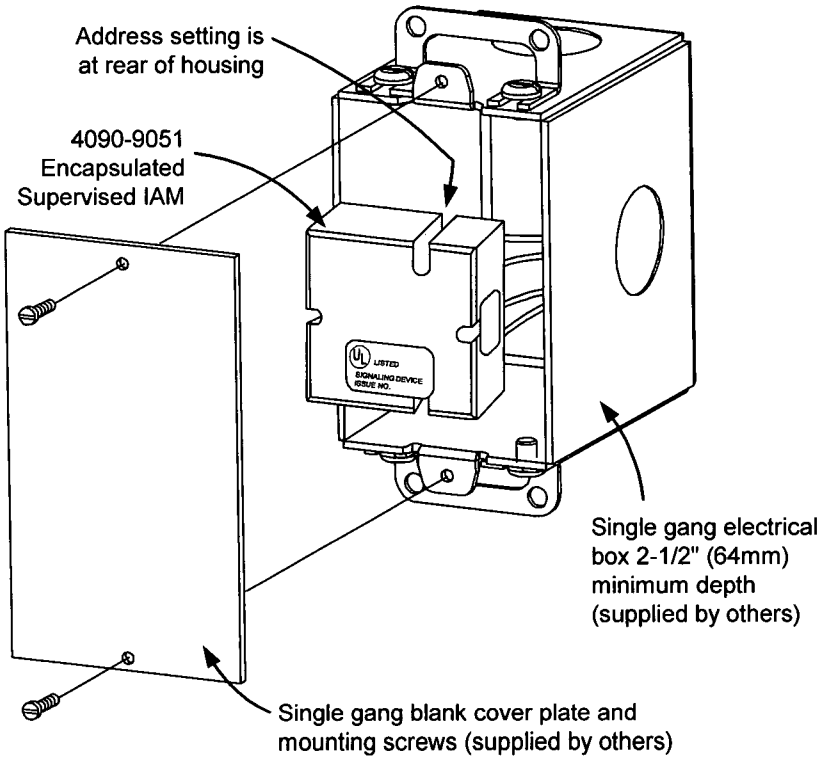
4090-9807, Trim plate for surface mounted box

4090-9810 Mounting bracket, ordered separately

NOTE: These mounting plates require mounting bracket 4090-9810.

Optional Trim Plates and Mounting Bracket for Visible LED

4090-9051 Mounting Information



502-491-6543

Simplex®

*UL Listed; FM and CSFM Approved**

MAPNET II® Communicating Devices

Zone Adapter Modules (ZAMs) Addressable Interface to Conventional Circuits

Features

MAPNET II ZAMs provide an addressable interface to conventional fire alarm zone circuit devices including:**

- Initiating devices (Monitor ZAM)
- Notification appliance circuits (Signal ZAM)
- Control relays (Control ZAM)

These ZAMs are compatible with the following Simplex® fire alarm control panels when equipped with MAPNET II communications:

- 4100/4100U Series fire alarm control panels
- 4100 Series Universal Transponders
- 4120 Series Network node fire alarm control panels
- 4020 Series fire alarm control panels
- 2120 Communicating Device Transponders

MAPNET II communications can be wired:

- NFPA Style 4/Class B or Style 6/Class A
- Style 4/Class B communications may be wired either "T" tapped or In/Out

Convenient DIP switch address selection

UL listed to Standard 864

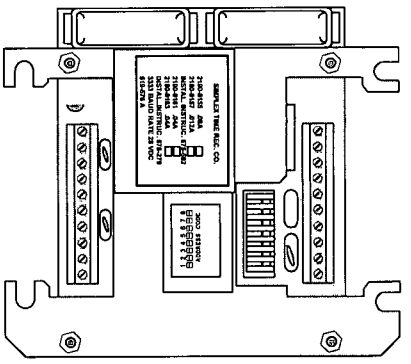
Description

MAPNET II zone adapter modules (ZAMs) provide an addressable interface between conventional zone devices and the host fire alarm control panel.

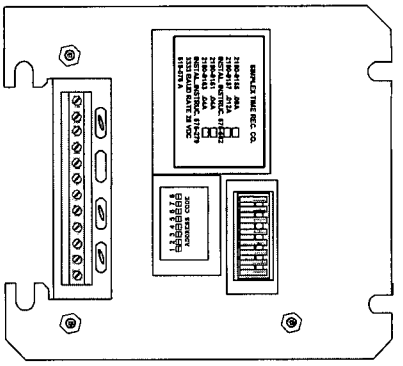
Monitor ZAMs provide status monitoring and supervision of an initiating device circuit (IDC) zone and are used for circuits with non-addressable detectors and for other contact closures such as waterflow and tamper switches or non-addressable manual stations. Different models of Monitor ZAMs are available for two-wire IDCs Class B, or Class A, and for four-wire IDCs with Class B IDC input. Each type required a separate 24 VDC input power from a listed fire alarm power supply.

Signal ZAMs supervise and operate 24 VDC notification appliances, speakers, and telephone circuits. Output capacity is up to 2 A @ 24 VDC, or 50 W of 25 VRMS speakers, or up to three simultaneously activated firefighter phones. The signal ZAM is available for either Style Y/Class B or Style Z/Class A operation for notification appliance circuits.

* This product has been approved by the California State Fire Marshal (CSFM) pursuant to Section 13144.1 of the California Health and Safety Code. See CSFM Listing 7300-0026:182 for allowable values and/or conditions concerning material presented in this document. It is subject to re-examination, revision, and possible cancellation. This product was not ULC listed or approved by MEA (NYC) as of document revision date. Additional listings may be applicable, contact your local Simplex product supplier for the latest status.



Signal/Control ZAM



Monitor ZAM

Description *(Continued)*

Control ZAMs provide addressable control functions such as elevator capture, HVAC control, pressurization fan control, and damper control. The control relay provides a DPDT contact (contact ratings are shown on page 4).

General Specifications

Communications	Supplied by MAPNET II, 24 to 40 VDC with data
Power	Separate 24 VDC required from listed fire alarm power supply
Wiring Information	Refer to reference diagrams on pages 3 and 4
Wire Connections	Screw terminals for in/out wiring, 18 to 12 AWG wire
Address Means	DIP switch, 8 position
Temperature Range	32° F to 120° F (0° C to 49° C) intended for indoor operation
Humidity Range	Up to 85% RH at 86° F (30° C)

** MAPNET II addressable communications are protected by U.S. Patent No. 4,796,025.

Product Selection

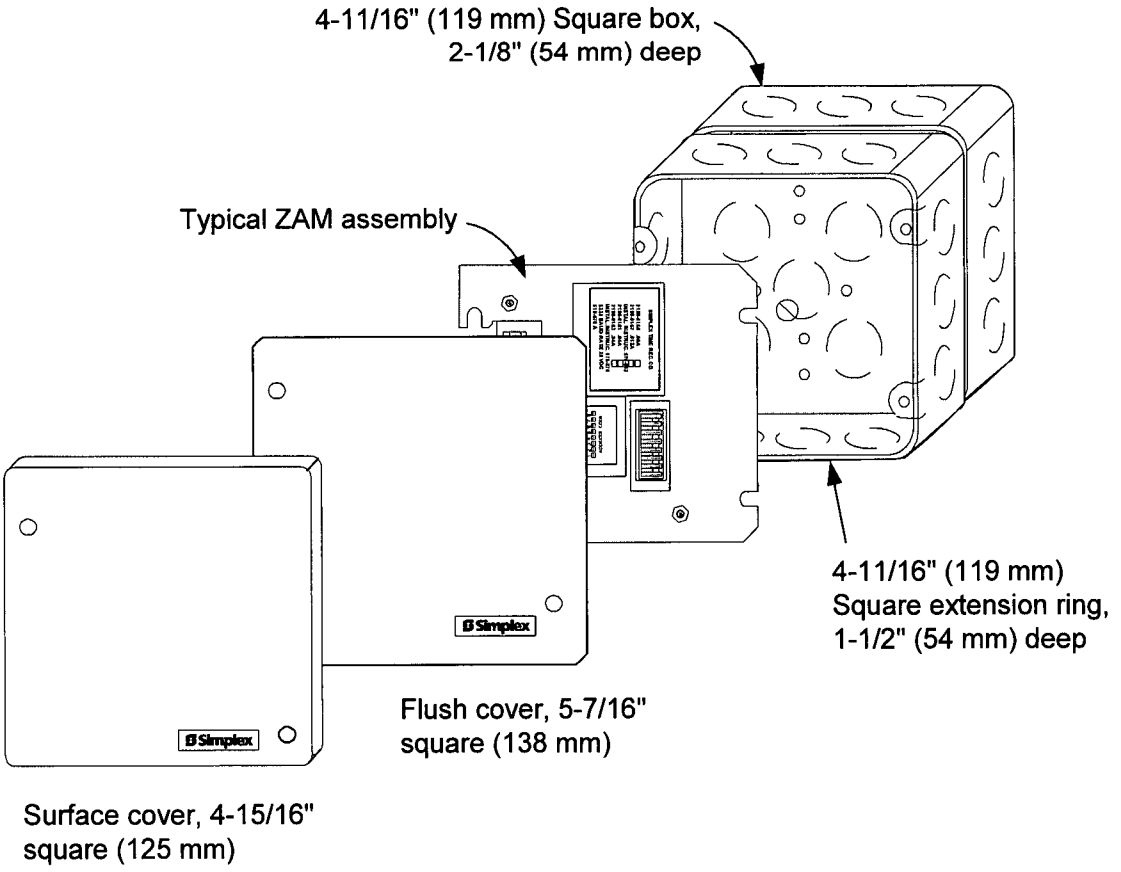
Zone Adapter Modules, Monitor ZAMs (separate 24 VDC power is required)

Model	Cover Type	Description	Supervisory Current	Alarm Current
2190-9153	Surface	Monitor ZAM, Class A (Style D)	20 mA @ 24 VDC	90 mA @ 24 VDC
2190-9154	Flush			
2190-9155	Surface	Monitor ZAM, Class B (Style B)		
2190-9156	Flush			
2190-9157	Surface	4-Wire Detector ZAM, Class B IDC input		
2190-9158	Flush			

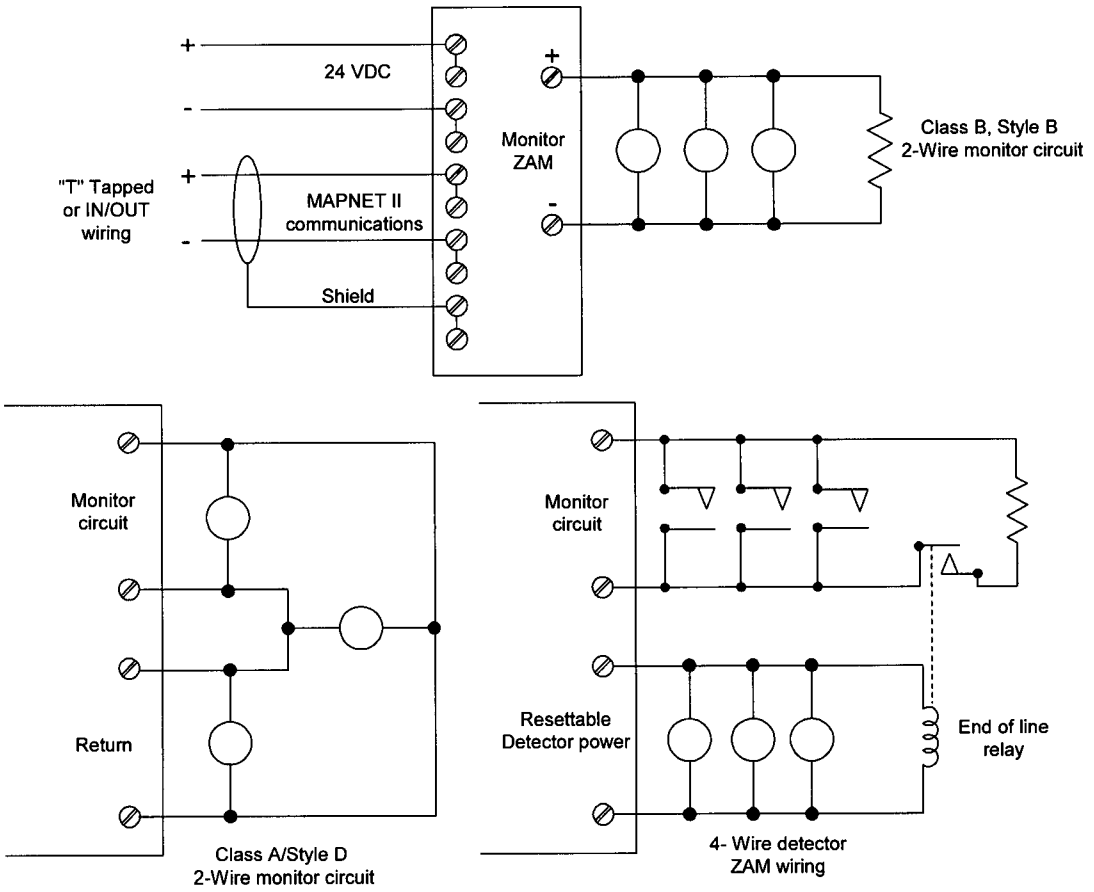
Zone Adapter Modules, Signal and Control ZAMs (separate 24 VDC power is required)

Model	Cover Type	Description	Supervisory Current	Alarm Current
2190-9159	Surface	Signal ZAM, Class A (Style Z)	15 mA @ 24 VDC	65 mA @ 24 VDC
2190-9160	Flush			
2190-9161	Surface	Signal ZAM, Class B (Style Y)	15 mA @ 24 VDC	40 mA @ 24 VDC
2190-9162	Flush			
2190-9163	Surface	Control Relay ZAM, DPDT Contacts	10 mA @ 24 VDC	
2190-9164	Flush			

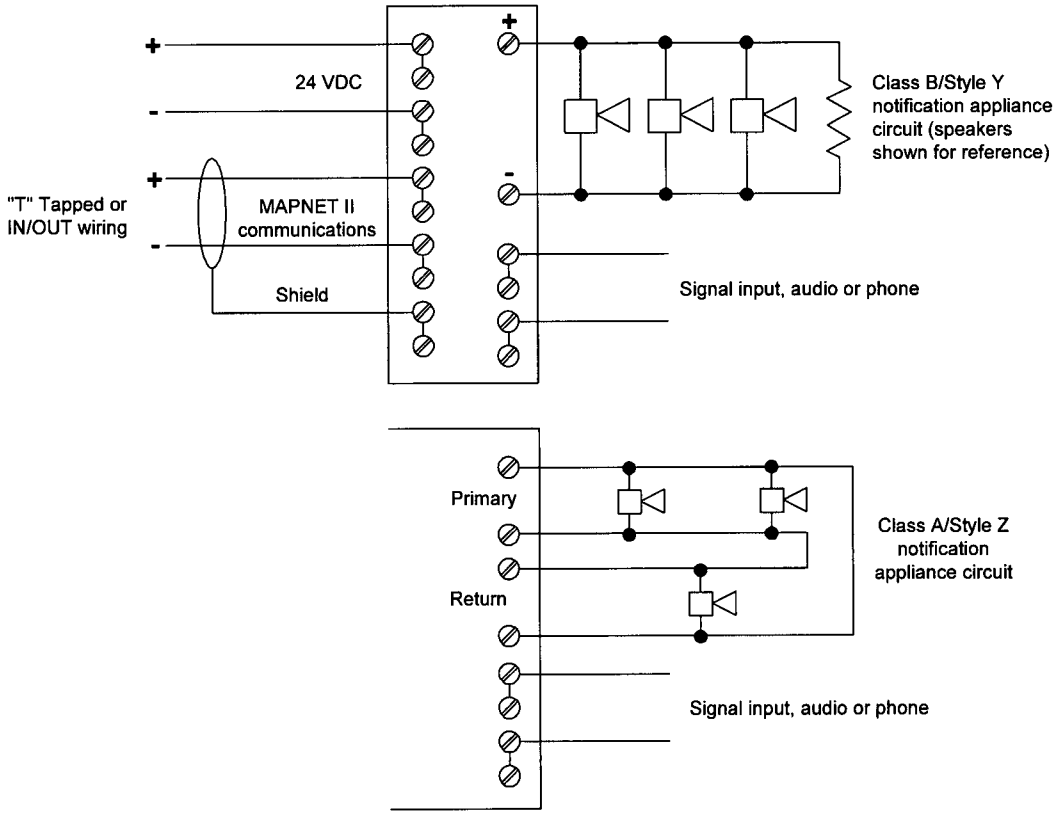
Typical ZAM Mounting



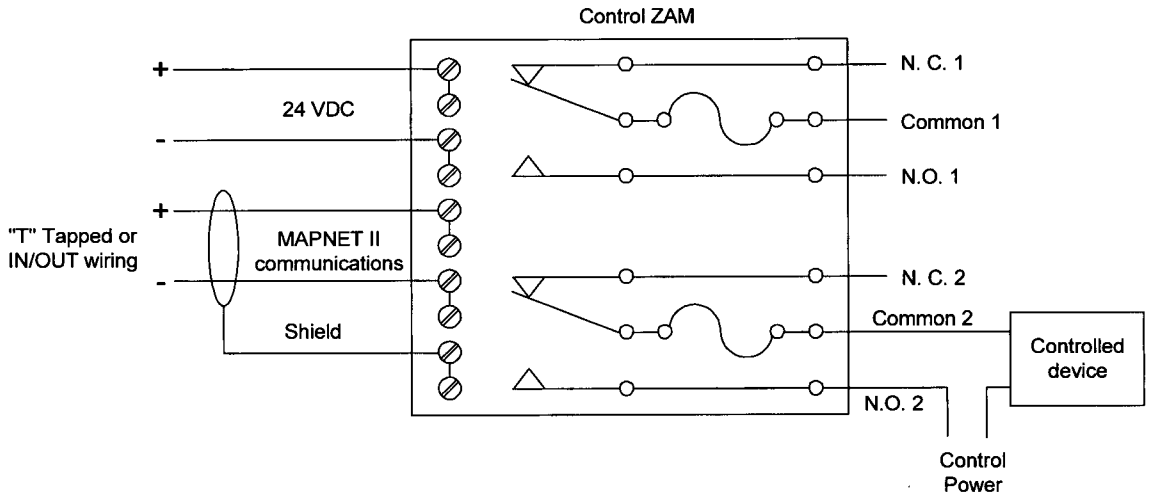
Monitor ZAM Reference Wiring Diagram



Signal ZAM Wiring Reference



Control ZAM Reference Wiring Diagram



Control ZAM Relay Ratings (DPDT Contacts)

Application	Resistive Rating	Inductive Rating**
Power Limited*	2 A @ 28 VDC	1 A @ 28 VDC
Non-Power Limited	2 A @ 28 VDC	1 A @ 28 VDC
	1/2 A @ 120 VAC	1/2 A @ 120 VAC

* DC Voltage must be from a listed Fire Alarm power supply.

** Inductive loads must be properly suppressed.

Simplex

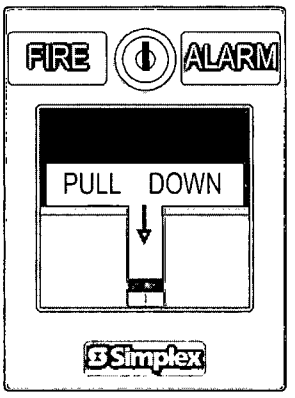
Multi-Application Peripherals and Accessories

Communicating Devices
MAPNET II® Communications
Individually Addressable Devices

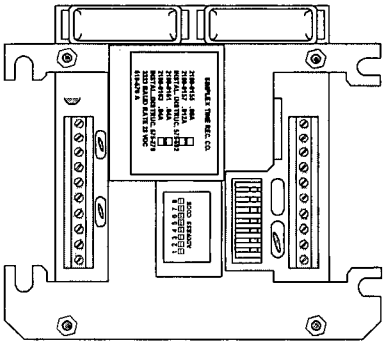
UL, ULC Listed
FM Approved

FEATURES

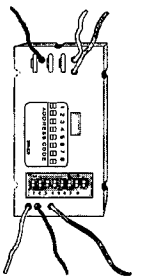
- **Individually addressable communications over a single pair of wires for interfacing to:**
  - Initiating devices
  - Notification appliance circuits
  - Control relays
- **Fire alarm control panel displays device location and status, for use with Simplex:**
  - 4100 Series fire alarm control panels
  - 4100 Series Universal Transponders
  - 4120 Series Network node fire alarm control panels
  - 4020 Series fire alarm control panels
  - 2120 Communicating Device Transponders
- **Zone Adapter Modules (ZAMS):**
  - Provide addressable interface to conventional zoned circuits
- **MAPNET II communications* can be wired:**
  - NFPA Style 4/Class B or Style 6/Class A
  - Style 4/Class B communications may be wired either "T" tapped or In/Out
- **Convenient DIP switch address selection**
- **UL listing Standards:**
  - Addressable stations are listed to Standard 38
  - All other MAPNET II addressable devices are listed to Standard 864



Addressable Manual Stations



Zone Adapter Modules (ZAMs)



Supervised Individual Addressable Module (IAM)

INTRODUCTION

MAPNET II communicating devices individually annunciate identity and accurate status to the connected control panel. Applications include interface to manual fire alarm stations, sprinkler flow switches (or any typical fire detecting device) and addressable control.

New installation wiring is via twisted, shielded wire. Performance is compatible with most retrofit wiring where unshielded and untwisted wire exist.

GENERAL SPECIFICATIONS

MAPNET II input ..... 24 to 40 VDC with data
Current ..... see chart, page 2
Address Means ..... DIP switch, 8 position
Temperature ..... 32° F to 120° F (0° C to 49° C)
Humidity ..... 85% non-condensing @ 86° F (30° C)

* MAPNET addressable communication operation is protected by U.S. Patent No. 4,796,025.

MAPNET II ADDRESSABLE DEVICE SELECTION CHART

Addressable Manual Fire Alarm Stations***

(refer to page 3)

Model	Description	Current
2099-9795	Single Action	Supplied by MAPNET II communications
2099-9797	Single Action, "Local Fire Alarm" Cover	
2099-9796	Double Action, Breakglass	
2099-9761	Double Action, Push-Pull	
2099-9135	Double Action, Push-Pull without Simplex logo	
2099-9813	Semi-flush Trim Plate	Not Applicable
2099-9814	Surface Trim Plate	
2975-9178	Back Box	

Zone Adapter Modules, Monitor ZAMs* (separate 24 VDC power required)

(refer to page 4)

Model	Cover Type	Description	Supervisory Current	Alarm Current
2190-9153	Surface	Monitor ZAM, Style D	20 mA @ 24 VDC	90 mA @ 24 VDC
2190-9154	Flush			
2190-9155	Surface	Monitor ZAM, Style B		
2190-9156	Flush			
2190-9157	Surface	4-Wire Detector ZAM		
2190-9158	Flush			

Zone Adapter Modules, Signal and Control ZAMs* (separate 24 VDC power required)

(refer to page 5)

Model	Cover Type	Description	Supervisory Current	Alarm Current
2190-9159	Surface	Signal ZAM, Style Z	15 mA @ 24 VDC	65 mA @ 24 VDC
2190-9160	Flush			
2190-9161	Surface	Signal ZAM, Style Y	15 mA @ 24 VDC	40 mA @ 24 VDC
2190-9162	Flush			
2190-9163	Surface	Control Relay ZAM, DPDT Contacts	10 mA @ 24 VDC	
2190-9164	Flush			

Addressable Supervised IAM*

(refer to page 7)

Model	Description	Ref. Data Sheet	Current
2190-9172	Supervised IAM**	S2190-0018	Supplied by MAPNET II communications

* For ULC listed products, add a "C" suffix (example: 2098-9201 C).

** 2190-9172 is considered as 1.5 devices each for MAPNET II circuit loading. Refer to data sheet S2190-0018 for more information.

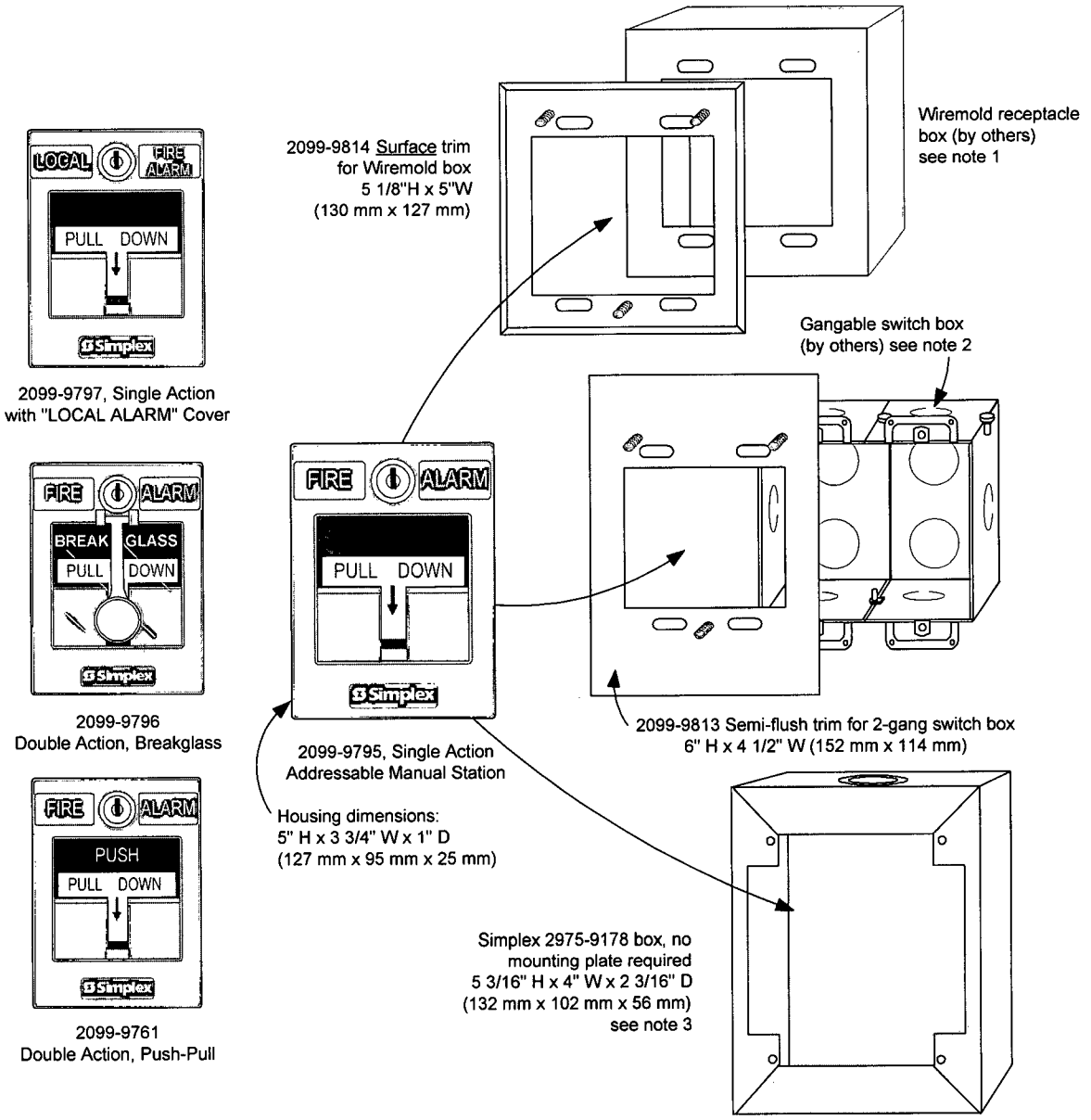
*** For ULC listed products, add the suffix "C" if in English, "CF" if in French, or "CB" if Bilingual.

ADDRESSABLE MANUAL STATIONS

MAPNET II addressable manual stations have an integrally mounted addressable module that monitors the station contact status and communicates changes to the connected control panel via the MAPNET II communications wiring.

Addressable stations are available in either single or double action or single action with "Local Alarm" cover. Mounting is surface or semi-flush using either standard boxes or the Simplex red back box, model 2975-9178.

Addressable Manual Station Mounting Options



Notes:

1. Use a Wiremold® box no. 5744-2, deep receptacle box, 4 3/4" L x 4 3/4" W x 2 1/4" D (121 mm x 121 mm x 57 mm), with the 2099-9814 surface trim band.
2. Use two gangable switch boxes, 3" L x 2" W x 2 3/4" D (76 mm x 51 mm x 70 mm), with the 2099-9813 semi-flush trim band.
3. When the 2975-9178 box is used, no trim is required.
4. The address code dipswitch is accessible when the pull station cover is in the "open" position.

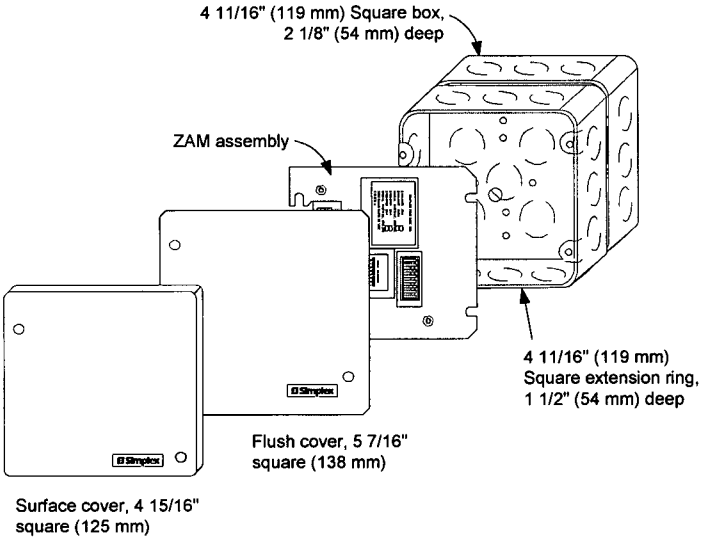
ZONE ADAPTER MODULE – MONITOR ZAM

Monitor ZAMs are used when the fire detecting devices or supervisory switches are mounted separately from the addressable electronics. It provides status monitoring and supervision to the device circuit zone and is used for circuits with non-addressable detectors and for other contact closures such as waterflow and tamper switches or non-addressable manual stations.

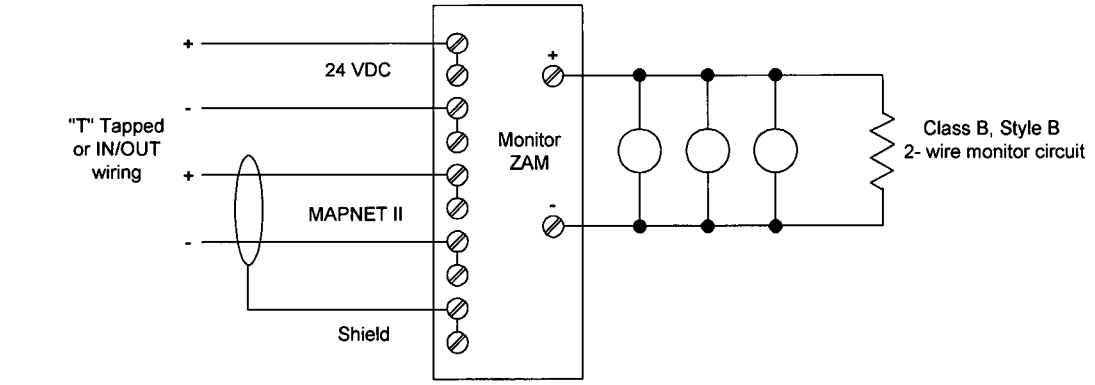
Monitor ZAM models are available for monitoring as:

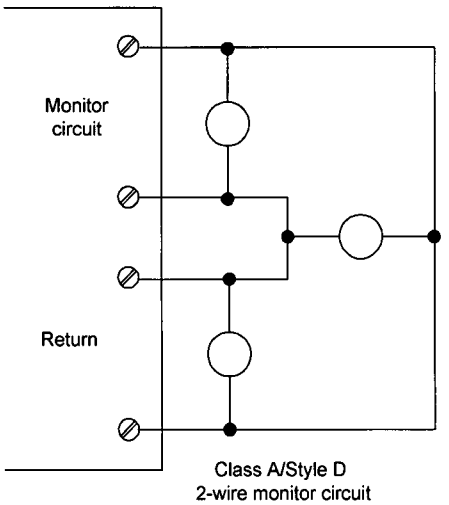
- Style B (Class B)
- Style D (Class A)
- Style B with separate detector power output (4-wire detector operation)

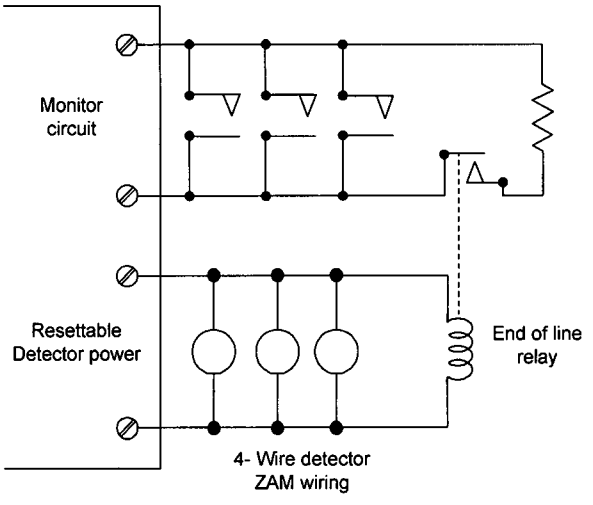
Typical ZAM Mounting, Monitor, Signal, or Control



Monitor ZAM Wiring Diagrams





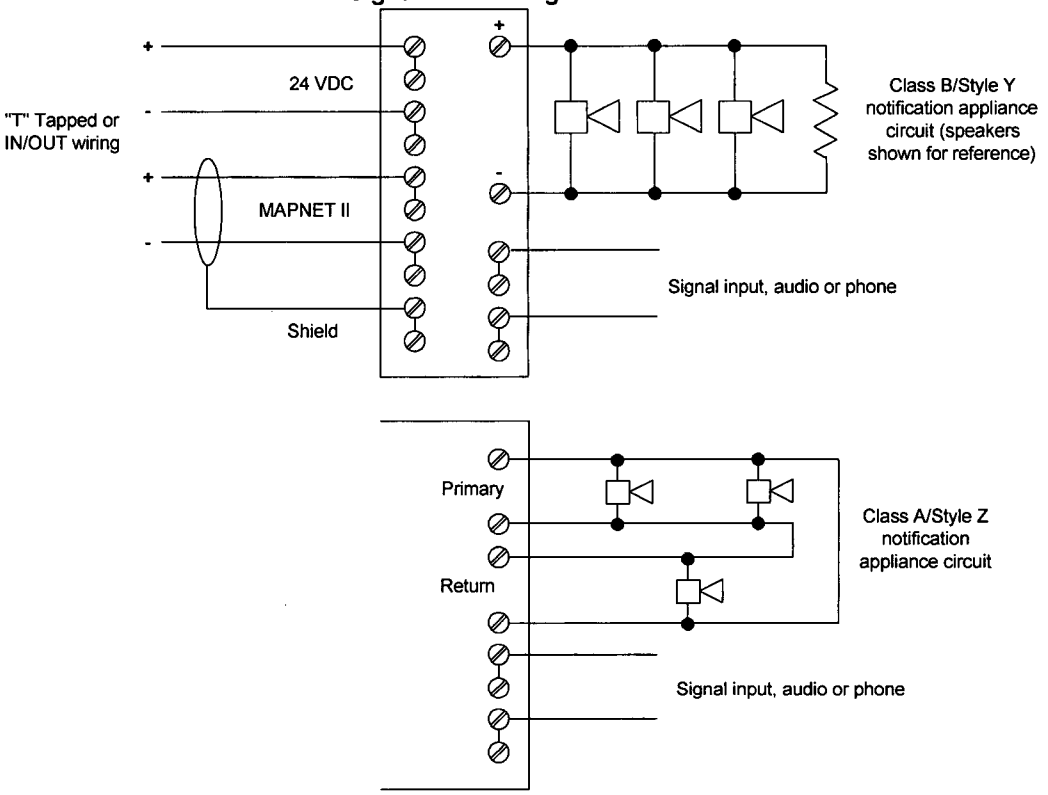


ZONE ADAPTER MODULE – SIGNAL ZAM

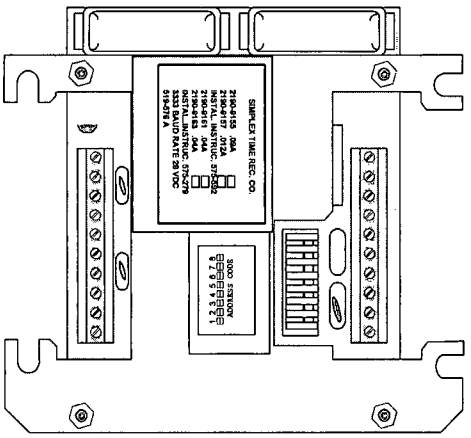
Signal ZAMs are used to supervise and operate 24 VDC notification appliances, speakers, and telephone circuits. Output capacity is up to 2 A @ 24 VDC, or 50 W of 25 VRMS speakers, or up to three simultaneously activated firefighter phones.

The signal ZAM is available for either Style Y/Class B or Style Z/Class A operation for notification appliance circuits. Wiring diagrams are shown in the following illustrations.

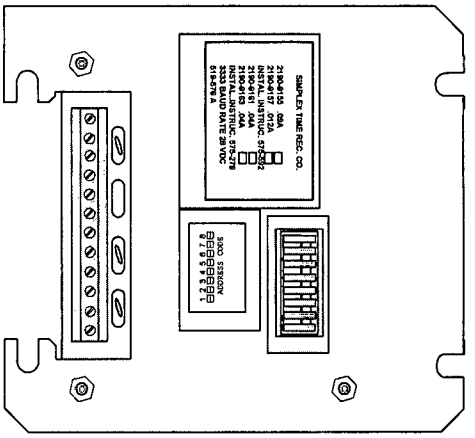
Signal ZAM Wiring Information



ZAM Package Reference Drawings



Signal ZAM/Control ZAM

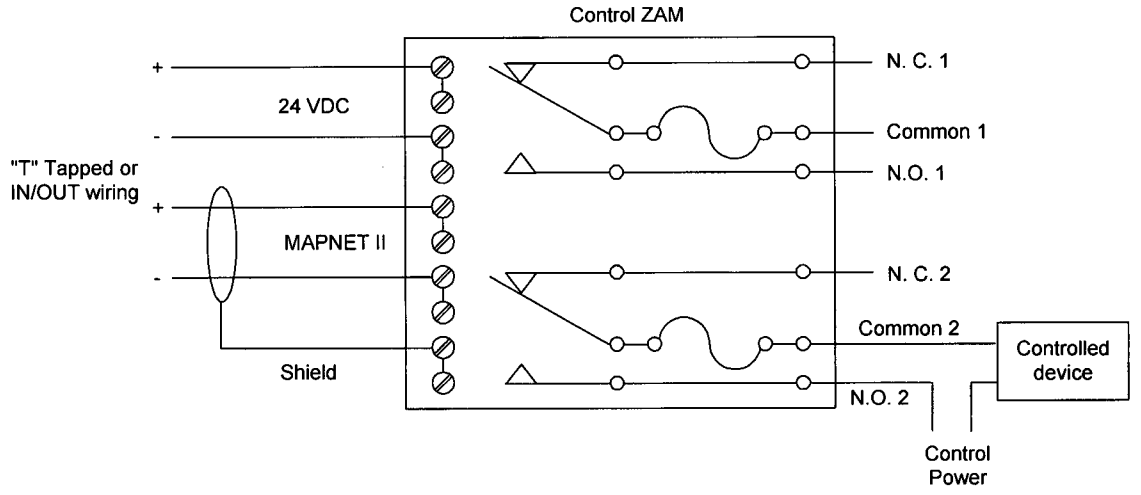


Monitor ZAM

ZONE ADAPTER MODULE – CONTROL ZAM

Control ZAMs are used to provide addressable control functions such as elevator capture, HVAC control, pressurization fan control, damper control, etc.

Control ZAM Wiring Diagram



Control ZAM Relay Ratings (DPDT Contacts)

Application	Resistive Rating	Inductive Rating**
Power Limited*	2 A @ 28 VDC	1 A @ 28 VDC
Non-Power Limited	2 A @ 28 VDC	1 A @ 28 VDC
	1/2 A @ 120 VAC	1/2 A @ 120 VAC

* DC Voltage must be from a listed Fire Alarm power supply.

** Inductive loads must be properly suppressed.

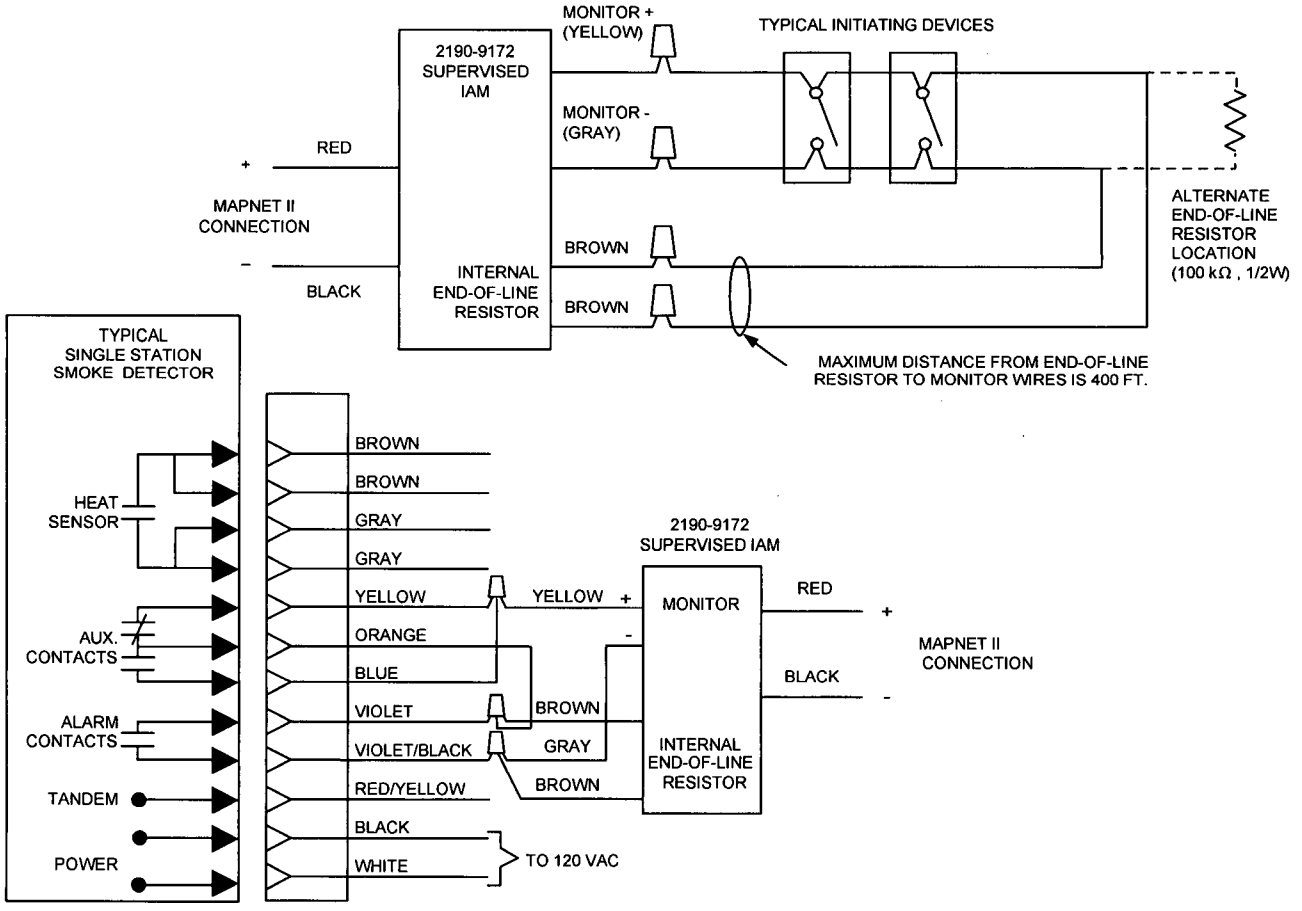
SUPERVISED INDIVIDUAL ADDRESSABLE MODULE (IAM), MODEL 2190-9172

The 2190-9172 Supervised IAM provides location specific addressability to a single initiating device or multiple devices by monitoring normally open, dry contacts. Closure of the monitored contacts initiates an alarm. An open in the initiating circuit wiring will cause a trouble to be reported at the fire alarm control panel. The small package size of 2 1/4" L x 1 1/8" W x 1/2" D (57 mm x 29 mm x 13 mm) allows easy mounting.

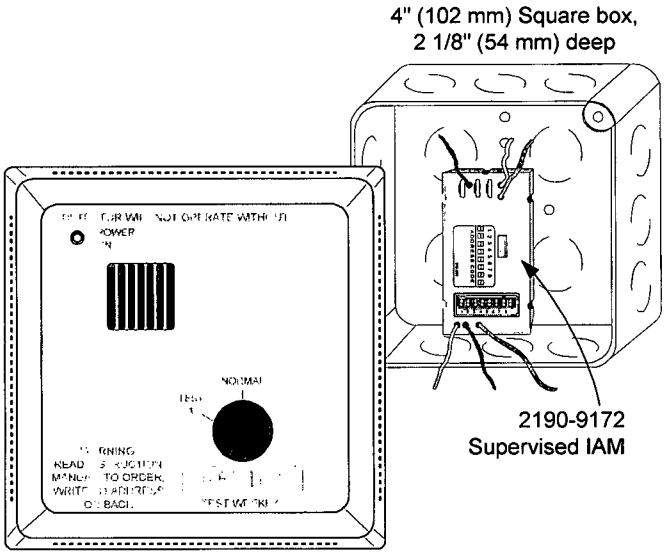
If the initiating device contacts are momentary, such as from a rate-of-rise heat detector, enabling the latch feature allows the IAM to latch the alarm condition until the system is reset. For applications where the contact closure latches, or if its condition needs to be tracked at the control panel, non-latching operation may be enabled.

The following illustrates typical connection information for interfacing into a Simplex fire alarm control panel via MAPNET II. Use with a single station detector is to annunciate the alarm status and to supervise the connector. By using a separate, additional IAM, an isolated heat sensor contact can be monitored.

Typical Supervised IAM Wiring Diagrams



Supervised IAM Mounting with Single Station Detector



Single Station (Residential) Detector

S2190-0012-13 7/99

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