BLOCK 854 LOT 2 ADDRESS (SITE) _____ PERMIT NO. 1979-93

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 849 Rt 70 / RAINBOW DINER
2. Name of Owner in Fee: RAINBOW DINER Tel. (____) _____
   Address SAME
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OXYGEN SUPPLY Tel. (____) _____
   Address 1368 RIVER AVE
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	65		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 85		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Suppression System

	Est. Cost
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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1800

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			8/24/93		8/25/93		

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

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: RESTAURANT
2. Use Group: A-3
3. Change in Use Group, Indicate Former:

UCC Form F-100A

LDS BR 10410164

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.

X 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.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☐ Other								
☐								
☐								

COMMENTS

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

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 8/24/93
Control #
Permit # 1979-93

IDENTIFICATION Block 854 Lot 2

Work Site Location 849 Rt 70

Owner in Fee Trenton Diner
Address [illegible]

Tele. ( ) ____

Contractor Oxygen Supply
Address PO Box [illegible]

Tele. ( ) ____

Lic. No. or Bldrs. Reg. No. ____ Exp. Date ~~xx/xx/xx~~

Federal Emp. No. ____ ~~xxxxxx~~

or Social Security No. ____ ~~BLOCK~~ 0.00

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Suppression System

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 $ 1800

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	LOT 854 #	0.00
Plumbing	2 #	
Electrical	FIRE	5.00
Fire Protection	CALC	10.00
Other	TOTAL	15.00
Other	CHECK	15.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.	08/24/93 NO 45 0023A005	5:23
Other		
Total	85	
Check No.	# 1170	
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/24/93
Date Issued
Control #
Permit # 1979-93

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

Block 854 Lot 2
Work Site Location 849 Rt 70
Owner in Fee RAINBOW DINER
Address SAME
Tele. ( )
Contractor OXYGEN SUPPLY
Address 1368 RIVER AVE LAKEWOOD
Tele. ( ) 370-1330
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Hood & Exhaust.
Constr. Class. Present Proposed & Suppression Sys.
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar Duct Syst.
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/24/93
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/27/93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			8/27/93	
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

D. TECHNICAL SITE DATA

Description of Work Hood & Syst.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		65—
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 65—
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/24/93
Date Issued
Control #
Permit # 1979-93

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

Block 854 Lot 2
Work Site Location 854 RT 70
Owner in Fee RAINBOW DINER
Address SAME
Tele. ( )
Contractor OXYGEN SUPPLY
Address 1368 RIVER AVE
LAKEWOOD
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/24/93
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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	Number	FEE (Office Use Only)
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Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		65-
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 65-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
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3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/24/93
Date Issued
Control #
Permit # 1979-93

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

Block 854 Lot 2
Work Site Location 849 RT 70
Owner in Fee RAINBOW DINER
Address SAME
Tele. ( )
Contractor OXYGEN SUPPLY
Address 1368 RIVER AVE LAKEWOOD
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/24/93
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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Description of Work Hood & Syst.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		65-
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 65-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
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2 Canary = Office Copy
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Proposal

OXYGEN SUPPLY COMPANY, INC.

Hood Ventilation & Fire System Specialists
1368 River Avenue (Rt. 9)
LAKEWOOD, NEW JERSEY 08701
(908) 370-2330

AUGUST 24, 1993

RAINBOW DINER RESTAURANT
RT 70 EAST
BRICK NJ 08723 840-1555

TO SUPPLY, FABRICATE AND INSTALL THE FOLLOWING ITEMS:

#1. ONE (1) HDR 25 FIRE SYSTEM INSTALLED AND CONNECTED WITH CUSTOMER'S HDR 50 FIRE SYSTEM.

#2. TRADE IN RANGE GUARD 2.5 GAL. FIRE SYSTEM.

#3. TEST & PLANS INCLUDED.

#4. OWNER RESPONSIBLE FOR PERMIT AND TO HAVE PERMIT ON PREMISES BY 8:00 AM AUGUST 26, 1993.

#5. JOB WILL BE INSTALLED BY MIDNIGHT, AUGUST 26th 1993.

#6. OXYGEN SUPPLY CO INC NOT RESPONSIBLE FOR DELAYS CAUSED BY OTHER SUB-CONTRACTORS.

MATERIALS	$500.00	PLUS 6% NJST $30.00 =	$530.00
LABOR	$1300.00	NOT TAXABLE	1300.00

WE PROPOSE to furnish labor and material — complete in accordance with above specifications, and subject to conditions found on both sides of this agreement, for the sum of:

ONE THOUSAND EIGHT HUNDRED---------- *dollars ($* 1800.00 *).*

NJST $ 30.00 TOTAL PRICE $ 1830.00

Payment to be made as follows:

PAYMENT DUE UPON COMPLETION OF WORK.

ACCEPTED. The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. (Read reverse side).

NON-REFUNDABLE DEPOSIT $

Date of Acceptance

By

By

Respectfully submitted,

OXYGEN SUPPLY COMPANY, INC.

By THOMAS J. McELROY, PRESIDENT

Note: This proposal may be withdrawn by us if not accepted within days.

CONDITIONS

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

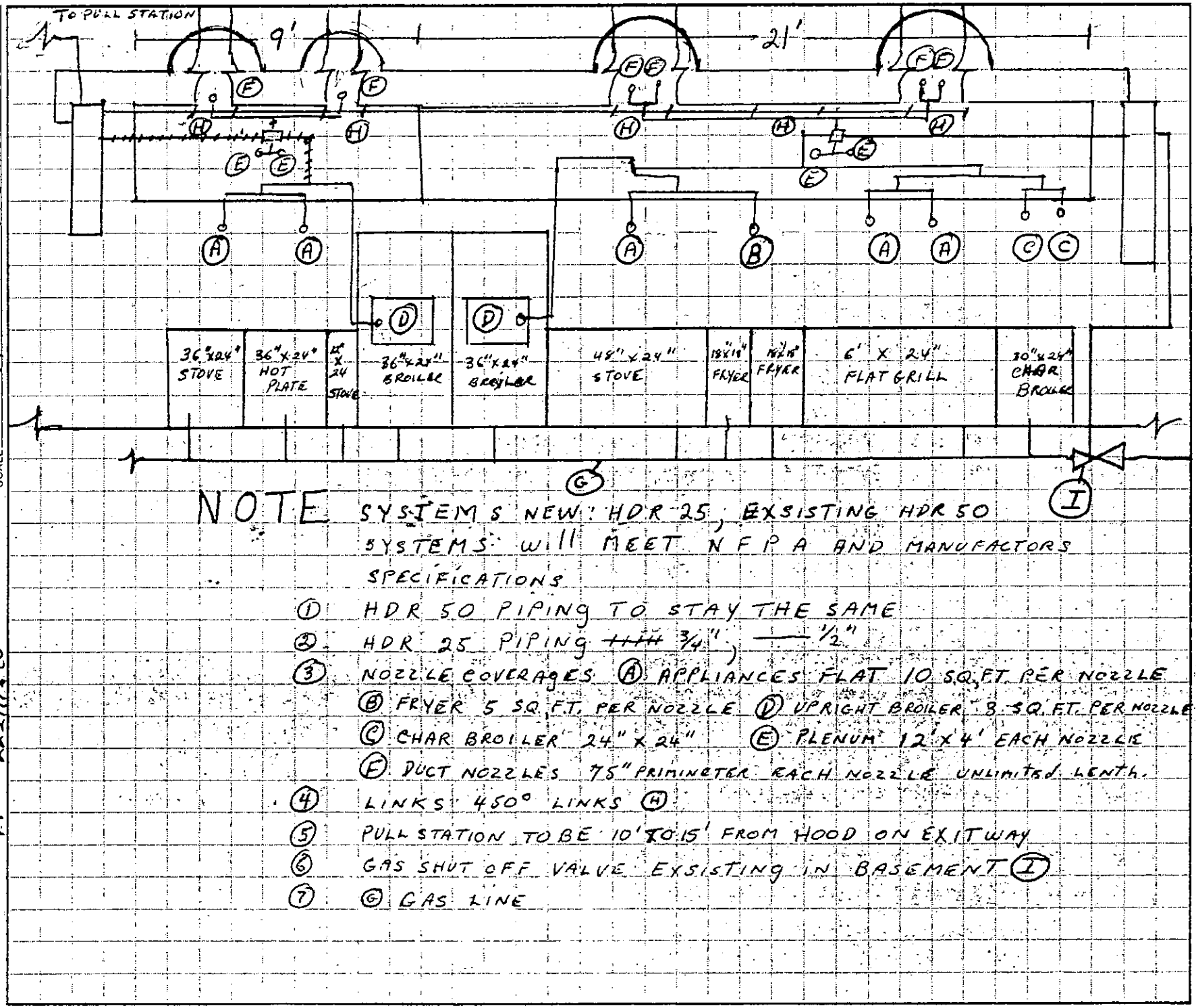
JOB _____ SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

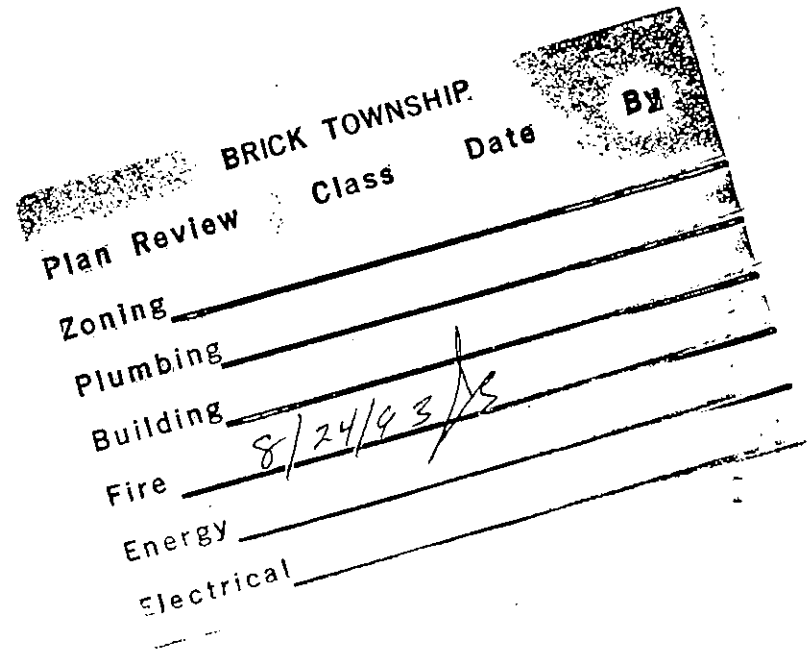
SCALE 1/4" = 1'0" FEET

OXYGEN SUPPLY CO., INC.
1368 Route 9
LAKEWOOD, NJ 08701
(~~908~~) 370-2330
FI 908 2221111440



NOTE SYSTEMS NEW: HDR 25, EXSISTING HDR 50 SYSTEMS will MEET NFPA AND MANUFACTORS SPECIFICATIONS

1. HDR 50 PIPING TO STAY THE SAME
2. HDR 25 PIPING ~~++++~~ 3/4" ——— 1/2"
3. NOZZLE COVERAGES (A) APPLIANCES FLAT 10 SQ.FT. PER NOZZLE
   (B) FRYER 5 SQ.FT. PER NOZZLE (D) UPRIGHT BROILER 8 SQ.FT. PER NOZZLE
   (C) CHAR BROILER 24" X 24" (E) PLENUM 12'X4' EACH NOZZLE
   (F) DUCT NOZZLES 75" PRIMINETER EACH NOZZLE UNLIMITED LENTH.
4. LINKS 450° LINKS (H)
5. PULL STATION TO BE 10' TO 15' FROM HOOD ON EXIT WAY
6. GAS SHUT OFF VALVE EXSISTING IN BASEMENT (I)
7. (G) GAS LINE


BRICK TOWNSHIP.
Plan Review
Class
Date
By
Zoning
Plumbing
Building
Fire
8/24/93
Energy
Electrical