RECEIVED

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at LAURELTON DIVIDE RT 70 LAURELTON CIRCLE, LAURELTON, N.J. 08733
2. Owner Name: NICK PAPAS Tel. (201) 840-1555
   Address RT 70 LAURELTON, N.J. 08733
3. Principal Contractor: ACE FIRE PROTECTION INC. Tel. 609, 655-4757
   Address P.O. BOX 489 PUBLIC ROAD CHATSWORTH, N.J. 08019
   Lic. No. or Builder Reg. No. — Federal Emp. No. 22-2574-220
4. Architect or Engineer: — Tel. ( )
   Address
5. Responsible Person in Charge of Work ROBERT ATWOOD Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☒ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☒	Other FIRE SUPPRESSION	
6. ☐	Other SYSTEM	
	TOTAL COST	$ 950.—

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units —

If other than new construction, enter no. of dwelling units:

Before Construction: —
After Construction: —
Net Gain (or loss): —

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: —

If Change in Use Group, Indicate Former: —

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other —

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories —
15. Height of Structure — Ft.
16. Area–Largest Floor — Sq. Ft.
17. Bldg. Area–All Fls. — Sq. Ft.
18. Volume of Structure — Cu. Ft.
19. Total Land Area Disturbed — Sq. Ft.

854

2

LDS BR 10312964

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree[illegible] at they are required to be registered with the N[illegible] ply with all New Jersey tax laws.

I understand th[illegible] ully false, I am subject to punishment.

SIGNATURE _____ DATE _____

ACE FIRE PROTECTION, INC.
P.O. Box 85
South River, N.J. 08882
(201) 251 0383
(201) 828-2208

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☒ Check if contractor.

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

SIGNATURE _____

RESTAURANT FIRE PROTECTION & VENTILATION
PO Box 489 Public Road
Cranbury, NJ 08512
(609) 655-4751 (201) 828-2208
ace FIRE PROTECTION INC.

BLOCK NO. 854 LOT NO. 2 SUBDIVISION _____ PERMIT NO. 21

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other			

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			1-30-90	JE	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
✓	FIRE PROTECTION				1-30-90 JE	
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☐ Certificate of Occupancy — _____
No. _____

☐ Certificate of Continued Occupancy — _____
No. _____

☐ Certificate of Approval — _____
No. _____

☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	35.—
OTHER _____	_____
SUBTOTAL	$ 35.—
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	20.—
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 55.—

DATE 1/4/88 Collected By [signature]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

~~Township~~ of
~~Middletown~~
BRICK TWP

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 241
DATE ISSUED 1-14-88
REVISION DATE
Block 854 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

Owner NICK PANAS
Address RT 70 LAURELTON CIRCLE
LAURELTON, NJ. 08734
Tel. (201) 840-1555
Work Site Address SAME

When changing contractors, notify this office

Contractor ACE FIRE PROTECTION Inc
Address P.O. BOX 689 RUSSEL ROAD
MANTOLOKING, NJ. 08738
Tel. (609) 655-4751
Lic. No.
Federal Emp. No. 22-2574220

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☒ Other PAGB (QUAD Light)
Manual Pull: ☒ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ 950.00 $ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP A-3 Present A-3 Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 950.00

D. COMMENTS

INSTALLATION FIRE SUPP. SYSTEM

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
1-30-20	Complies with Code

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 1-13-20
Approved By:

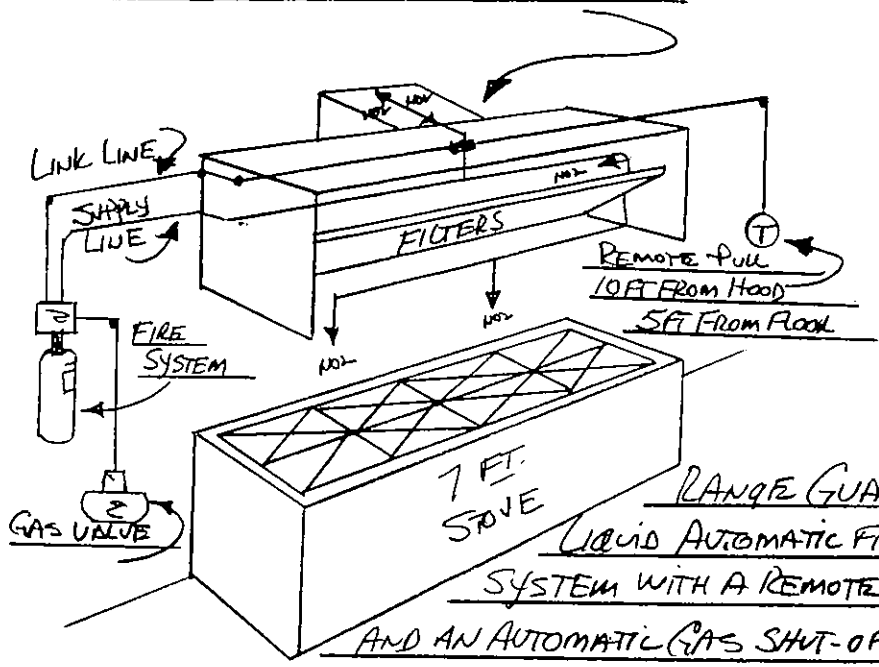
INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 1-30-20
Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☑ Fire Suppression Test				1-20-20
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

CUSTOMERS 10 FT 6 IN. HOOD-DUCT-FAN



RANGE GUARD 2½ GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM			
SUPPLY 59 FT. MAX	½ BLACK PIPE SCH 40		PIPE SIZE
HAZARD	FLOW PTS	NOZZLES	PART NO.
HOOD	2	1	96982
DUCT	2	2	96981
STOVE	2	2	96981
TOTAL	6	5	—

OFFICE COPY

RANGE GUARD 2½-GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM WITH A REMOTE PULL STATION AND AN AUTOMATIC GAS SHUT-OFF VALVE.

ALL OF ACE FIRE PROTECTION'S WORK MEETS OR EXCEEDS BOCA - CODE N.F.P.A. #96 STANDARDS AND MANUFACTURER SPECIFICATIONS.

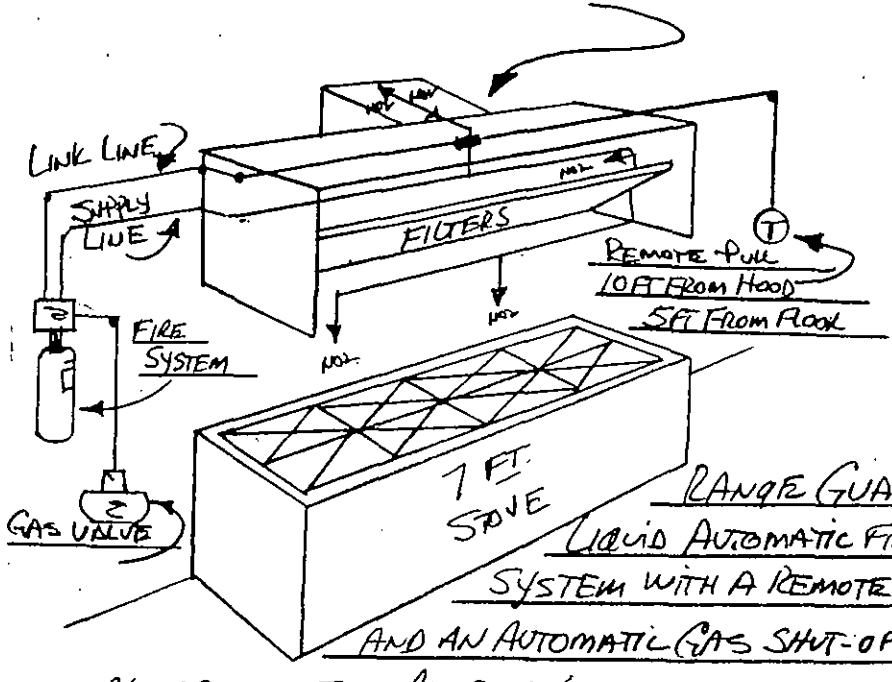
NO ELECTRIC WORK INCLUDED - ALL ELECTRIC WORK BY OTHERS

LAURELTON DINER
RT #70 LAURELTON CIRCLE
LAURELTON, N.J. 08723

RESTAURANT
FIRE PROTECTION
& VENTILATION
PO Box 489 Public Road
Cranbury, NJ 08512
(609) 655-4751 (201) 828-2208
ace FIRE PROTECTION INC.

NO SCALE -
11-3-87 RC

CUSTOMERS 10 FT 6 IN. HOOD-DUCT-FAN



RANGE GUARD 2½ GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM			
SUPPLY 59 FT. MAX	½ BLACK PIPE SCH 40		PIPE SIZE
HAZARD	FLOW PTS	NOZZLES	PART NO.
HOOD	2	1	96982
DUCT	2	2	96981
STOVE	2	2	96981
TOTAL	6.	5	—

RANGE GUARD 2½-GALLON LIQUID AUTOMATIC FIRE SUPPRESSION SYSTEM WITH A REMOTE PULL STATION AND AN AUTOMATIC GAS SHUT-OFF VALVE.

ALL OF ACE FIRE PROTECTION'S WORK MEETS OR EXCEEDS BOCA – CODE N.F.P.A. #96 STANDARDS AND MANUFACTURER SPECIFICATIONS

NO ELECTRIC WORK INCLUDED - ALL ELECTRIC WORK BY OTHERS

LAURELTON DINER
RT #70 LAURELTON CIRCLE
LAURELTON, N.J. 08723

RESTAURANT
FIRE PROTECTION
& VENTILATION
PO Box 489 Public Road
Cranbury, NJ 08512
(609) 655-4751 (201) 828-2208
ace FIRE PROTECTION INC.

NO SCALE –
11-3-87 RC