BLOCK 672 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 751 705 ST. ROUTE 70 PERMIT NO. 06-3873

CONSTRUCTION PERMIT APPLICATION

C06-103800

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

I. IDENTIFICATION

1. Proposed Work Site at: 751 705 STATE ROUTE 70
2. Name of Owner in Fee: BRICK TOWNSHIP PUBS INC Tel. (570) 674-8788
   Address 2 WOODLAND DR (street) DALLAS (municipality) PA 18612 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: HMS DEVCON GROUP LLC Tel. (732) 840-3658
   Address 607 Yellowbrick Rd.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 205049487 FAX: (___) _____
5. Architect or Engineer FORM ARCHITECTURAL GROUP Tel. (724) 543-6934
   Address 239 MARKET ST. 2ND FL. Contact RAY NEWCOMER
6. Responsible Person in Charge once Work has Begun STEVE BELIVA
   Tel. (610) 737-2170 FAX: (___) _____

Kittanning, PA 16201

IN TUBE #17

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2475		130
2.	Electrical	40		40
3.	Plumbing		50	150
4.	Fire Protection		33	75
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		21	15
8.	Subtotal	$ 170		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA HCP	60		60
13.	TOTAL	$ 2746		414

T&I Fridays

VI. BUILDING/SITE CHARACTERISTICS

1.	Number of Stories	ONE
2.	Height of Structure	25'-2" ft.
3.	Area — Largest Floor	4890 sq. ft.
4.	New Building Area	589 sq. ft.
5.	Volume of New Structure	6600 cu. ft.
6.	Construction Classification	A-2
7.	Total Land Area Disturbed	sq. ft.
8.	Flood Hazard Zone	
9.	Base Flood Elevation	ft.
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	290

(office use only)

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building					11-22-06				
3.	☒ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction							9-18-08		
5.	☐ Fire Protection									
6.	☐ Plumbing					11-22-06				
7.	☒ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		CM	9/20/06		9/20/06		7/1/07		KS
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: RESTAURANT
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 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 RAY NEWCOMER FORM ARCHITECTURAL GROUP

Address 239 MARKET ST 2ND FLOOR

KITTANNING PA 16201

Telephone (742) 543.6934 EXT 13

Signature Ray Newcomer

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 01/23/2009
Control Number C-06-103800
Permit Number 06-3873
Permit Issue Date 11/27/2006
Certificate Number 06-3873

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 705 ROUTE 70 , NJ Block: 672 Lot: 12 Qual:

Owner in Fee: ONE MORE ENTERPRISE, INC%TGI FRIDAY

Owner Address: 705 ROUTE 70 BRICK NJ

Telephone:

Contractor FORM ARCHITECTURAL GROUP

Address 239 MARKET STREET 2ND FLOOR KITTANNING PA 16201

Telephone: (742) 543-6934 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use:

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: 01/23/2009 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11/27/06
Permit # 06-3873

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

Block 672 Lot 12 Qualification Code

Work Site Location 751 STATE ROUTE 70 BRICK NJ.

Owner in Fee BRICK TOWNSHIP PUBS INC

Address 2 WOODLAND DRIVE DALLAS PA 18612

Tel. (570) 674-8788

Contractor HMS DEVCON GROUP LLC HOWARD 732-904-1313

Address 607 Yellowbrick Rd. Brick, NJ 08724

Tel. (732) 840-3658 FAX (732) 458-3640

Contractor License No. or Builder Registration No.

Federal Emp. No 205049487

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 11-22-06 — PM
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1/28/09
Approved by: RA

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing	*10/29/07	IW	*10/25/07	IW
Footing Bonding				
Foundation			*12/15/06	IW
Slab				
Frame			1/16/07	IW
Truss Sys./Bracing				
Barrier-Free				
Insulation			1/16/07	IW
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ SH			*12/26/06	IW
Mechanical				
~~Fee~~ 12/30/08	IW		*3/30/07	IW
~~Other~~ 12/23/08	IW			
Final *9/29/08	IW		1-22-09	JH
~~Barrier Free~~ *10/2/08	IW			
*11/29/08	IW			

B. BUILDING CHARACTERISTICS

Use Group Present RESTAURANT Proposed
Constr. Class Present A-2 Proposed A-2
No. of Stories ONE
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 504 Sq. Ft.
Volume of New Structure 5040 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.
USING EXISTING PATIO

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $125,000.00

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fridays

See Architects letter Attached TO plans

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [X] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

12/15/06 MW Found App

1) Pending Arch. letter to verify exist. foot-

3/30/07 MW- Recomend TCO [Former Cafe Area Only]

* Add Energy. Φ's to this Area

10/24/07 MW Foot Reg-

1) Foot Washed out-

2) Tie overlaps w.th min 2 straps-

10/25/07 MW Bathroom 30" extension

9/24/08 MW- Final Reg-

* Job completed w/o any inspections after footing.

• Open Ceiling and- inspect conditions without dismantling work- assess conditions for further action-

10/2/08 MW- Final Reg

1) Addn. Energy Φ's + Signs - (See Plans for locations)

X 2) Kraft Facing exposed above bath ceil

X 3) Install Fire blocking at new exterior wall

X 4) Terminate Duct over womens bathroom

5) Design Professionals letter to certify work which was not inspected.

6) No Roof access-

7)

12/30/08 MW same as 12/23/08

12/23/08 MW Final Reg- #'s 1,5,6 from 10/2

11/24/08 MW Final Reg #'s 1,2,4,5,6 from 10/2 and no air + balance report submitted

(B) tech

COMMENCEMENT

PLUMBING SUBCODE
TECHNICAL SECTION

Friday 1/4

06-3873+B

Date Received 9-7-07
Control #

Date Issued
Permit # C07: 002980

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

Block 672 705 Lot 12 Qualification Code

Work Site Location 709 State Rt 70
Brick NJ

Owner in Fee Brick Township Pubs Inc

Address 2 Wood Land Drive
Dallas PA 18612

Tel ( )

Contractor John Pallagrino

Address 1868 W. Veterans Hwy
Jackson NJ 08527

Tel (732) 616-9224 FAX ( )

Contractor License No. 1851

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 10,000

8/21/08

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7-7-07

Approved by: BHC

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9-18-08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	3/10/08		4-2-08	
Rough	4-2-08		4/15/08	
Water				
Sewer				
Fixtures			9-18-08	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$
2	Urinal/Bidet	
0	Bath Tub	
5	Lavatory	
0	Shower	
2	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

COMMERCIAL

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

3/10/08

1- APPROVED PLANS NOT ON JOB SITE
2- TRAP PRIMER - REQUIRED 1ST FLOOR BATHS
3- ROOF NOT READY

4-10-08

1 OLAV trap arm backpitched
1 Lav vent need hangers in ceiling

8/21/08

1 Woman's Room LAVS Tonly

CONFIRMED

P Tech

672

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1/8/07
Permit # 06-38734A

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

Block 672 Lot 12 Qualification Code
Work Site Location 751 STATE ROUTE 70 BRICK N.J.
Owner in Fee BRICK TOWNSHIP. PUBS INC.
Address 2 WOODLAND DRIVE DALLAS PA 18612
Tel (570) 674-8788
Contractor NMS / DEV-CON GROUP LLC.
Address 607 YELLOWBRICK ROAD BRICK N.J. 08724
Tel (732) 840-3658 FAX (732) 458-3640
Contractor License No.
Federal Emp. No. 205049487

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1-8-07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Bflow	9-18-07			

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet 2 / 24. 9
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
1	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other

COMMERCIAL

FEE (Office Use Only)
$

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

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

9-18-09

The application is not
sealed by a licenced plumber

@ tech +A

COMMERCIAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 1/8/07
Permit # 06-3873 fA

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

Block 672 Lot 12 Qualification Code _____

Work Site Location 751 State Rd. 70 (E705)
Brick, NJ. 08724

Owner in Fee Brick Township DUBS Inc

Address 2 Woodland Dr.
Dallas PA 18612

Tel (570) 674 8788

Contractor East Coast Equip. LLC

Address P.O Box 1975
Brick NJ.

Tel (732) 714 8000 FAX (732) 714 8614

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. 223719793

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other Under Ground main

Location: Only-

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

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

Location of Main Control Valve: _____

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
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 _____		

4" SPR MAIN ONLY

CONFIDENTIAL

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: 1-8-07
Approved by: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-10-07
Approved by: DB

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			1-10-07	DB
Other Underground			1-10-07	DB

U.C.C. F140 (rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

1-10-07
wet tap only

8-28-07 John Hydro OK - only

(F) tech +A

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 06-3873+B

Date Issued
Permit # 9-7-07

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

Block 672 705 Lot 12 Qualification Code

Work Site Location 709 STATE ROUTE 70
BRICK TOWNSHIP

Owner in Fee BRICK TOWNSHIP PUBS INC

Address 2 WOODLAND DR
DALLAS PA 18612

Tel (570) 674-8787

Contractor HMS DEVCON GROUP LLC

Address 607 YELLOWBROOK RD

Tel (732) 840-3658 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No. 205049487

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

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

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 100 00

C. CERTIFICATION IN LIEU OF OATH 07-002980

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		

Plbg Tongues

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: 9-7-07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: approved
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System			9-18-07	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	9/18/07		approved	
Other				

9-12/07

9/29 need Horn/strobe exterior over FDC

9/29 need Hydraulic calc. plate on riser

9/29 Knox Box

9/29 lines side exit on ground thru outside door in garbage area.

9/29 Sprinkler head in new bathroom when completed

9/29 test HVAC duct det.

9/29 OK 08

- ~~need alarm~~ /sprinkler report

~~Need~~ ~~K~~

9/23/08

See attached Sheet

(F) tech +B

Cooker May 08

Alarm Sept. 08

COMMERCIAL