



CONSTRUCTION PERMIT APPLICATION

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

C12-001392

I. IDENTIFICATION

- Proposed Work Site at: 1036 CEDAR BRIDGE ROAD
- Name of Owner in Fee: Lube-Tup LLC Tel. (201) 818-4609
Address 7 Pearl Court Allendale NJ 07401
street municipality zip code
- Ownership in Fee: Public _____ Private X
- Principal Contractor: NATIONAL CONTRACTING GROUP Tel. (614) 436-6001
Address 690 LAKEVIEW PLAZA BLVD WILMINGTON OH 43085
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 20-4453383 FAX: (614) 436-6005
- Architect or Engineer: THOMAS COFFEY Tel. (614) 486-3500
Address 1441 King Ave Columbus OH Contact SARAH TERRELL
- Responsible Person in Charge once Work has Begun GORDON GROSS
Tel. (201) 788-4485 FAX: (201) 818 0807

Quaker Steak *★ PLANS IN BACK ROOM* *"Plans in back"*

V. FEE SUMMARY (for office use only)

		<u>TA</u> Update	<u>TB</u> Update	<u>TC</u>
1. Building	\$ <u>12050</u>			
2. Electrical	<u>345</u>			
3. Plumbing	<u>530</u>			
4. Fire Protection	<u>300</u>	<u>130</u>	<u>95.7</u>	<u>130</u>
5. Elevator Devices				
6. Subtotal	\$			
7. Less 20% for State Plan Review				
8. Subtotal	\$			
9. State Permit Surcharge Fee	<u>1126</u>	<u>8</u>	<u>12</u>	<u>15</u>
10. Subtotal	\$			
11. Cert. of Occupancy	<u>150</u>			
12. Other <u>EP</u>				
13. TOTAL	\$ <u>13,911</u>	<u>138</u>	<u>107</u>	<u>145</u>

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories 1
- Height of Structure 18' 8" 29' 4" ft.
- Area - Largest Floor 6881 sq. ft.
- New Building Area SAME sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification 5B
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____
- Max. Live Load EXISTING
- Max. Occupancy Load 330

(office use only)

- TD
- P 530
- 688
- 598
- 26
- 246
- PF
- P. 61

II. PROPOSED WORK

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

OPTIONAL (for office use only)

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL**
- State Specific Use:
 - Use Group:
 - Change in Use Group, Indicate Former:
- No. of dwelling units: All Units Income-restricted _____
- Before Construction _____
- After Construction _____
- Net Gain or Loss _____
- B. NON-RESIDENTIAL**
- State Specific Use: RESTAURANT
 - Use Group: A-2
 - Change in Use Group, Indicate Former: no change

COMMERCIAL

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems EXISTING
- ☐ Cross-Connections/Backflow Preventers
- ☒ Hazardous Uses/Places of Assembly
- ☒ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ 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. 5:23-2.15(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.

☐ Check if contractor.

Agent Name GORDON GROSS

Address 7 Pearl Court Allendale NJ 07401

Telephone (201) 788-4485

Signature Paula A. Gross

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

OFFICE DATE RECEIVED: 5-9-12 MC28

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	JE	5/9/12							24-12-80405
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐ COAH									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

4/24/12 - Need electrical tech completed for #A - almost - for



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/2/2012
Control Number C-12-001392
Permit Number 12-1486
Permit Issue Date 6/5/2012
Certificate Number 12-1486

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Block: 671 Lot: 1.01 Qual: _____
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: _____
Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Telephone: 6144366001 Fax: 6144366005
License Number or Builders Registration Number: _____ Federal Emp. Number: 20-4453383

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: TENANT FIT UP Quaker Steak and Lube

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:

Daniel Newman Jr.

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 10/2/2012

U.C.C. F260 (rev. 08/05)

Page 1



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/21/2012
Control Number C-12-001392
Permit Number 12-1486
Permit Issue Date 6/5/2012
Certificate Number 12-1486

Certificate

Construction Code Division
(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Block: 671 Lot: 1.01 Qual: _____
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: _____
Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Telephone: 6144366001 Fax: 6144366005
License Number or Builders Registration Number: _____ Federal Emp. Number: 20-4453383

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: TENANT FIT UP Quaker Steak and Lube

Certificate Comments: FOR EMPLOYEE TRAINING ONLY!

☐ **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: 10/15/2012 or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: 10/15/2012

Conditions to be met:

Final engineering approval

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

Date Printed: 9/21/2012

U.C.C. F260 (rev. 08/05)

Page 1



PERMIT UPDATE

4-19-12

Date Update Issued	_____
Control #	C-12-003434
Permit #	12-1486+F

IDENTIFICATION	Block: <u>671</u>	Lot: <u>1.01</u>	Qualifier	_____	
Work Site Location:	<u>1036 Cedar Bridge Rd. Brick Township, NJ</u>			Contractor	<u>National Contracting Group</u>
Owner in Fee	<u>FEDERAL REALTY INVESTMENT TRUST</u>			Address	<u>690 Lakeview Plaza Blvd. Worthington OH 43085</u>
	<u>1626 EAST JEFFERSON ST. ROCKVILLE MD</u>			Telephone:	<u>6144366001</u>
	<u>20852</u>			Lic. No. or Bldrs. Reg. No.	_____
Telephone:	_____			Federal Employee. No.	<u>20-4453383</u>

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:

BACKFLOW PREVENTER/LAWN SPRINKLER Quaker Steak and Lube

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 \$400

[Signature]
Construction Official

9-19-12
Date

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$0
Plumbing	_____	\$60
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$1
CO Fee	_____	_____
Other	_____	\$0
Total	<u>1078</u>	\$61
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.

☐ 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.



PERMIT UPDATE

4-19-12

Date Update Issued _____
Control # C-12-003399
Permit # 12-1486+E

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Owner in Fee FEDERAL REALTY INVESTMENT TRUST Telephone: 6144366001
1626 EAST JEFFERSON ST. ROCKVILLE MD Lic. No. or Bldrs. Reg. No. _____
20852 Federal Employee. No. 20-4453383
Telephone: _____

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:

HOT WATER HEATER, PLUMBING ALTERATIONS

Quaker Steak and Lube

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 \$15,000

[Signature]
Construction Official

9-19-12
Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$220
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$26
CO Fee	
Other	\$0
Total	\$246
Check No. <u>1078</u>	
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.

- ☐ 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.



PERMIT UPDATE

Date Update Issued 6/8/12
 Control # C-12-001392+D
 Permit # +D
12.1486+D

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
 Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Contractor National Contracting Group
 Address 690 Lakeview Plaza Blvd. Worthington OH 43085
 Owner in Fee FEDERAL REALTY INVESTMENT TRUST Telephone: (614) 436-6001
1626 EAST JEFFERSON ST. ROCKVILLE MD Lic. No. or Bldrs. Reg. No. _____
20852 Federal Employee No. 20-4453383
 Telephone: _____

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:

Quaker Steak and Lube

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 \$40,000

[Signature]
 Construction Official

6-8-12
 Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$530
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$68
CO Fee	
Other	\$0
Total	\$598
Check No.	<u>006068</u>
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.

☐ 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.



PERMIT UPDATE

Date Update Issued
Control # C-12-001392+C
Permit # +C

6-5-12
12-1486+C

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD
20852 Telephone: (614) 436-6001
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 20-4453383

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 SUPPRESSION ALTERATIONS
Quaker Steak and Lube

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 \$9,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$130
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$15
CO Fee	
Other	\$0
Total	\$145
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.

#1486

FIRE

DCA

CHECK

5:30.00

015.00

0145.00

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.

☐ 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.



PERMIT UPDATE

Date Update Issued _____
Control # C-12-001392+B
Permit # +B

12-1486+B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST. ROCKVILLE MD Telephone: (614) 436-6001
20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: Federal Employee No. 20-4453383

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

Quaker Steak and Lube
Wet chemical

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 \$6,980

Construction Official

Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$95
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$12
CO Fee	
Other	\$0
Total	\$107
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.

☐ 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.



PERMIT UPDATE

Date Update Issued _____
Control # C-12-001392+A
Permit # +A

6-5-12
12-1486

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 1036 Cedar Bridge Rd. Brick Township, NJ Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST. ROCKVILLE MD
20852 Telephone: (614) 436-6001
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 20-4453383

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:

ALARM SYSTEM (BURGLAR OR FIRE) Quaker Steak and Lube

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 \$4,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$130
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$138
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.

☐ 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.



IDENTIFICATION	Block: <u>671</u>	Lot: <u>1.01</u>	Qualifier	<u></u>
Work Site Location:	<u>1036 Cedar Bridge Rd. Brick Township, NJ</u>		Contractor	<u>National Contracting Group</u>
Owner in Fee	<u>FEDERAL REALTY INVESTMENT TRUST</u>		Address	<u>690 Lakeview Plaza Blvd. Worthington OH 43085</u>
	<u>1626 EAST JEFFERSON ST ROCKVILLE MD</u>		Telephone:	<u>(614) 436-6001</u>
	<u>20852</u>		Lic. No. or Bldrs. Reg. No.	<u></u>
Telephone:	<u></u>		Federal Employee. No.	<u>20-4453383</u>

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

TENANT FIT UP Quaker Steak and Lube

Estimated Cost of Work \$662,500

Construction Official

Date _____

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.

- ☐ 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.

PAYMENTS (Office Use Only)	
Building	\$12,050
Electrical	\$345
Plumbing	\$0
Fire Protection	\$300
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1,126
CO Fee	
Other	\$150
Total	\$13,971
Check No.	51582542-1
Cash	\$0
Credit	\$0
Collected By	



BTFD/Fire Safety

1036
10-13 ~~CECILE~~
CEDAR BRIDGE RD.
12-1034
671 1.01
12-1486
12-213
boy#

6-5-12



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Robert Speck & Libor

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

Block 1036 Qualification Code 1036
Work Site Location 1036 Cedar Bridge Ave

Owner in Fee: Libor & Speck

Tel. (908) 818-4465 e-mail garcia@delbartinc.com

Address 7 Pearl Court Alenale NJ 07140

Contractor: Delbart Inc Tel. (908) 818-4465 e-mail garcia@delbartinc.com

Address 7 Pearl Court Alenale NJ 07140

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

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

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
Other _____ Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Partial - Underlab Utilities Approved	Suppression Sys.				
Date: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: <u>10/17/11</u> Approved by: <u>[Signature]</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: <u>5-21-12</u>	Flam/Combust Tanks				
Approved by: <u>[Signature]</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
[] CO [] LCC [] CA	Other				
Date: <u>10-10-12</u>					
Approved by: <u>[Signature]</u>					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Robert Speck

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, 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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances _____ Gas [] Oil [] Solid _____

Date Received 6-5-12
Control # 012-001392
Date Issued 12-14-86
Permit # _____

Robert Speck
600m Gros

NUMBER _____ FEE (Office Use Only) \$ _____

COMMERCIAL

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Alarm



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

6-5-12

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Jonathan H. Hester

Date Received
Control #

Date Issued
Permit #

12-148644

Print name here:

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: Re-use existing alarm, relocate some

Water Supply Source Town MUA

Method of Alarm/Suppression System Supervision Central Station

Flammable/Combustible Tanks

Alarm Systems

[] System

☒ 110V Interconnected

CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices ESAP existing

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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

*Needs Electric!

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

Block 1671 Lot 1.01 Sublot 1 Qualification Code _____

Work Site Location 1036 Cedar Ridge Road

Owner in Fee: Lube IT up LLC

Tel. 201 918-4469 e-mail ggross@doherthyinc.com

Address 7 Pearl Court Altenwald NJ 07410

Contractor: GARON STATE ALARM 1732-566-5661 Tel. (732) 566-5661

Address 144 Kover Main St Alderm. com e-mail STEVE@GARONSTATE

Aberdeen NJ 07717

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

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

Fire Alarm Contractor No. 34 PB 00008000 Exp. Date 1/2014

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

Federal Emp. ID No. 22-209 564 FAX: (732) 566 6639

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Const. Class: Present _____ Proposed _____

Heating System: [] New or [] Modification to Existing

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

Other _____

Location: _____

Total Cost of Fire Protection Work \$ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial Under-slab Utilities Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] Gas [] Oil [] Solid

Date: _____ Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

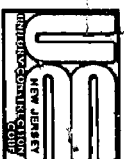
Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Supervisor
Hobbs



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

Date Issued
Control #
Permit #
6-5-12
12-1486 + B

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

Block 1036 CEANE BRIDGE RD Qualification Code 08723

Work Site Location BRICK NJ 08723

Owner In Fee: Quaker Steak & Lube

Tel. (201) 818-4669 e-mail _____

Address 1036 CEANE BRIDGE AVE BRICK NJ 08723 zip code 08723

Contractor: RELIABLE FIRE PROTECTION INC Tel. (732) 643-0075

Address: 20 MEDWIND SWIFT CARRWAY e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 200049

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565

Fire Alarm Contractor No. 223103000 Exp. Date 6/30/12

Federal Emp. No. 223103000 FAX: (732) 643-0076

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

Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 6980.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Alarm System	Failure Approval Initial
☐ No Plans Required	Suppression Sys.	
☐ Plan Review Required:	Standpipe	
☐ Building ☐ Plumbing	Fire Pump	
☐ Electric ☐ Elevator	Pre-Eng. System	
Date: <u>5-21-12</u>	Mechanical	
Approved by: <u>[Signature]</u>	Smoke Control	
SUBCODE APPROVAL	TCO	
☐ CO <u>19</u> CA	Flam/Combust Tanks	
Date: <u>9-18-11</u>	Fireplace Venting	
Approved by: <u>[Signature]</u>	Final	
	Other	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature [Signature]

Method of Alarm/Suppression System Supervision _____

Water Supply Source _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL KITCHEN UL300 FIRE SUPPRESSION SYSTEM

Flammable/Combustible Tanks

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., lamps, 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 _____

CO₂ 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 \$ 95-



FIRE PROTECTION SUBCODE TECHNICAL SECTION



update

Sprinkler

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

Block 468/671 Lot 1-9/248,442 Qualification Code 381096 2000

Work Site Location 1036 COAC 381096 ROAD

Owner in Fee: Lube IT VP LLC

Tel (201) 818-4669 e-mail ggrossedobertync.com

Address _____ Zip code _____

Contractor: Fire Pro Tech, Inc. Tel (232) 363-5955

Address Station Place e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1002342

Fire Alarm Contractor No. _____ Exp. Date 10/12

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

Federal Emp. ID No. 223554108 FAX: (232) 363-3031

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: _____ Flammable or _____ Combustible

Heating System: _____ New or _____ Modification to Existing _____ Fire Alarm System: _____ New or _____ Existing

or _____ Conversion, or _____ Replacement Location of Panel: _____

Fuel Type: _____ Gas _____ Oil _____ Electric _____ Solar _____ Fire Suppression/Standpipe System: _____

Other _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 9,000.00

Location: _____ _____ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial-Understand Utilities Approved

Date: _____ Approved by: _____

☐ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and authorized to make this application. _____
Applicant's Signature/Contractor's Signature _____
☐ Certified Contractor ☐ Exempt Applicant

6-5-12

Date Issued 12-14-86

Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Small Addition +

Spot renovation of existing

Water Supply Source Existing

Method of Alarm/Suppression System Supervision Existing

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet) 21

Standpipes 130-

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other _____

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

9/17 - Exts mounted

9/17 Sprinkler heads painted

- alarm report from central station

- Sprinkler report

- Knox box - ordered 9/17/12

9/17/12 - 15 day TCO only



CERTIFICATE OF COMPLETION

Name of Protected Property: QUAKER STEAK & LUBE
Address: 1036 CEDAR BRIDGE AVE BRICK NJ 08723
Rep. of Protected Property (Name/Phone): _____
Authority Having Jurisdiction: _____
Address/Phone Number: _____

1. Type(s) of System or Service:

☒ NFPA 72, Chapter 3 - Local
If alarm is transmitted to location(s) off premise, list where received:

SENTRY NET

☐ NFPA 72, Chapter 3 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

☐ NFPA 72, Chapter 4 - Auxiliary

Indicate type of connection:

Local energy: _____ Shunt: _____ Parallel telephone: _____

Location and telephone number for receipt of signals: _____

☒ NFPA 72, Chapter 4 - Remote Station

Alarm signal received at: SENTRY NET

Supervisory signal received at: SENTRY NET

☐ NFPA 72, Chapter 4 - Proprietary

If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:

Indicate how alarm is retransmitted:

☐ NFPA 72, Chapter 4 - Central Station

The Prime Contractor:

Central Station Location:

Means of transmission of signals from the protected premise to the central station:

☒ McCulloh ☐ Multiplex ☐ One-Way Radio
☒ Digital Alarm Communicator ☐ Two-Way Radio ☐ Others

Means of transmission of alarms to the public fire service communications center:

1. _____
2. _____

System Location: _____



Organization Name/Phone

BRIAN STRYDESKY

Representative Name/Phone

GARDEN STATE FIRE &
SECURITY
(732) 566-5661

Installer

Supplier

Service Organization

Location of Record (As-Built) Drawings:

Location of Owner's Manuals:

Location of Test Reports:

A contract, dated _____, for test and inspection in accordance with NFPA Standard(s)

No.(s) _____, dated _____, is in effect.

2. Certificate of System Installation. (Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA Standards as listed below, was inspected by

_____, on 9/13/12, includes the devices listed below and has been in service since 9/13/12.

☒ NFPA 72, Chapters 1 3 4 5 6 7 (circle all that apply)☒ NFPA 70, National Electrical Code, Article 760☒ Manufacturer's Instructions

Other (specify): _____

Signed: _____

Date: 9/13/12

Organization: GARDEN STATE FIRE & SECURITY

3. Certification of System Operation:

All operational features and functions of this system were tested by BRIAN STRYDESKY on 9/13/12 and found to be operating properly in accordance with the requirements of:

☒ NFPA 72, Chapters 1 3 4 5 6 7 (circle all that apply))☒ NFPA 70, National Electrical Code, Article 760☒ Manufacturer's Instructions

Other (specify): _____

Signed: _____

Date: 2/20/12

Organization: GARDEN STATE FIRE & SECURITY

4. Alarm Initiating Devices and Circuits (Use blanks to indicate quantity of devices.)

MANUAL

a) _____ Manual Stations _____ Noncoded _____ Transmitters _____ Coded

b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage: Complete: _____ Partial: _____

a) 1 Smoke Detectors _____ Ion _____ Photo _____

b) 7 Duct Detectors _____ Ion _____ Photo _____

c) _____ Heat Detectors _____ FT _____ RR _____ FT/RR _____ RC

d) 1 Sprinkler Water Flow Switches: _____ Noncoded _____ Transmitters _____ Coded

e) 2 Other (list): TAMPERS



5. Supervisory Signal Initiating Devices and Circuits (Use blanks to indicate quantity of devices.)

GUARD'S TOUR:

- a) _____ Coded Stations
b) _____ Noncoded Stations _____ Transmitters
c) _____ Compulsory Guard Tour System Comprised of _____ Transmitter Stations and _____ Intermediate Stations

Note: Combination devices recorded under 4(b).

SPRINKLER SYSTEM:

- a) _____ Coded Valve Supervisory Signaling Attachments
b) _____ Valve Supervisory Switches _____ Transmitters
c) _____ Building Temperature Points
d) _____ Site Water Temperature Points
e) _____ Site Water Supply Level Points

ELECTRIC FIRE PUMP:

- a) _____ Fire Pump Power
b) _____ Fire Pump Running
c) _____ Phase Reversal

ENGINE-DRIVEN FIRE PUMP:

- a) _____ Selector in Auto Position
b) _____ Engine or Control Panel Trouble
c) _____ Fire Pump Running

ENGINE-DRIVEN GENERATOR:

- a) _____ Selector in Auto Position
b) _____ Control Panel Trouble
c) _____ Transfer Switches
d) _____ Engine Running

OTHER SUPERVISORY FUNCTION(S) (SPECIFY) _____

6. Alarm Notification Appliances and Circuits

Quantity of notification appliance circuits connected to the system: 2

Types and quantities of alarm notification appliances installed:

- a) _____ Bells _____ Inch
b) _____ Speakers
c) 9 Horns
d) _____ Chimes
e) Other: _____
f) 4 Visual Signals Type: _____ with audible ☒ without audible
g) 1 Local Annunciator

7. Signaling Line Circuits:

Quantity and Style (See NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity: 19 Style: B



8. System Power Supplies

a) Primary (Main):

Normal Voltage: 120 VAC

Current Rating: 8.5

Overcurrent Protection:

Type: CIRCUIT BREAKER

Current Rating 15

Location: _____

b) Secondary (Standby):

☒ Storage Battery:

Amp-Hour Rating 14

Calculated capacity to drive system, in hours: 24 60

☐ Engine-driven generator-dedicated to fire alarm system:

Location of fuel storage: _____

c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:

☐ Emergency System described in NFPA 70, Article 700

☐ Legally Required Standby System described in NFPA 70, Article 701

☐ Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

9. System Software

a) Operating System Software Revision Level(s): _____

b) Application Software Revision Level(s): _____

c) Revision Completed by: _____

(NAME)

(FIRM)

10. Comments:

(SIGNED) for Central Station or Alarm Service Company

(TITLE)

(DATE)

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are:

(SIGNED) for Central Station or Alarm Service Company

(TITLE)

(DATE)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the Authority Having Jurisdiction):

(SIGNED) representative of the Authority Having Jurisdiction

(TITLE)

(DATE)

 GARDEN STATE Fire & Security Alarm Co., Inc.		GARDEN STATE FIRE & SECURITY ALARM CO., INC 144 Lower Main Street Aberdeen, NJ 07747 1-800-252-7626 Ext. 113 FAX: 732-566-6699 www.gardenstatealarm.com mike@gardenstatealarm.com	
To:		From: Michael A. Ash	
Fax: 732-262-2941		Pages:	
Phone:		Date: 9-14-2012	
Re:		cc:	

Signals for today's fire alarm test for Quaker Steak.



Activity Report - Customer History Report

GARDEN STATE FIRE & SEC 800-252-7626

+1 (732) 566-6699

09/14/12 00:00:00 to 09/14/12 23:59:59

Account: 542865

Time Zone: E

Subscriber: QUAKER STEAK & LUBE

Installation Address:

1036 CEDAR BRIDGE AVE
BRICK, NJ 08723

Mailing Address:

1036 Cedar Bridge Avenue
BRICK, NJ 087234000

Date/Time	Signal	Zone	Description	Incident
Fri 09/14/2012 13:10:26	DELETE N/A	@	Duration : 03:00 Heidi Trautwein.	No
13:10:26	BEG N/A	@	Duration : 03:00 Heidi Trautwein.	No
13:06:23	TROUBLE	006	A=1. CID:7329202532 NO ACTION ON FILE.	No
11:05:43	TROUBLE	006	A=1. CID:7329202532 NO ACTION ON FILE.	No
11:05:38	FIRE RESTORE	003	A=1. CID:7329202532 NO ACTION ON FILE.	No
11:05:35	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
11:04:35	FIRE	005	WATERFLOW. A=1. CID:7329202532 NO ACTION ON FILE.	No
11:04:28	RESTORAL	R2	RAW:A53555557kCID:5169279003 NO ACTION ON FILE.	No
11:04:16	FIRE	R2	ALARMNET FIRE. RAW:A515555557kCID:6314216610 NO ACTION ON FILE.	No
11:02:08	TROUBLE	006	A=1. CID:7329202532 NO ACTION ON FILE.	No
11:02:03	TROUBLE	006	A=1. CID:7329202532 NO ACTION ON FILE.	No
11:01:39	TROUBLE	006	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:58:19	FIRE RESTORE	009	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:58:16	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:58:10	FIRE	009	SIDE DIN RM PULL STA. A=1. CID:7329202532 NO ACTION ON FILE.	No
10:57:57	RESTORAL	R2	RAW:A53555557kCID:6314292364 NO ACTION ON FILE.	No
10:57:57	RUNAWAY CONDITION DETECTED	@	SYSTEM.	No
10:57:52	FIRE	R2	ALARMNET FIRE. RAW:A515555557kCID:6314216610 NO ACTION ON FILE.	No
10:57:22	RESTORAL	R2	RAW:A53555557kCID:6314216610 NO ACTION ON FILE.	No
10:57:21	FIRE RESTORE	012	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:57:18	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:57:13	FIRE	012	KITCHEN REAR PULL STA. A=1. CID:7329202532 NO ACTION ON FILE.	No
10:56:56	FIRE	R2	ALARMNET FIRE. RAW:A515555557kCID:6312492364 NO ACTION ON FILE.	No
10:55:49	FIRE RESTORE	004	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:55:46	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:55:25	RESTORAL	R2	RAW:A535555557kCID:6319234367 NO ACTION ON FILE.	No
10:53:54	FIRE	004	OFFICE SMOKE. A=1. CID:7329202532 NO ACTION ON FILE.	No
10:53:38	FIRE	R2	ALARMNET FIRE. RAW:A515555557kCID:6312492364 NO ACTION ON FILE.	No
10:48:30	TROUBLE	013	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:48:25	TROUBLE	014	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:48:21	TROUBLE	015	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:48:17	TROUBLE	016	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:48:13	TROUBLE	017	A=1. CID:7329202532 NO ACTION ON FILE.	No



Activity Report - Customer History Report

GARDEN STATE FIRE & SEC 800-252-7626

+1 (732) 566-6699

09/14/12 00:00:00 to 09/14/12 23:59:59

Account: 342863

Time Zone: E

Subscriber: QUAKER STEAK & LUBE

Installation Address:

1036 CEDAR BRIDGE AVE
BRICK, NJ 08723

Mailing Address:

1036 Cedar Bridge Avenue
BRICK, NJ 087234000

Date/Time	Signal	Zone	Description	Incident
Fri 09/14/2012 10:48:08	TROUBLE	018	A=1. CID:7329202532 NO ACTION ON FILE.	No
10:48:01	TROUBLE	019	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:51:58	TROUBLE	003	NAC SUPV. A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:45	FIRE RESTORE	007	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:42	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:37	FIRE RESTORE	007	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:30	FIRE	007	ANSUL HOOD SYSTEM. A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:26	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:19	FIRE	007	ANSUL HOOD SYSTEM. A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:10	FIRE RESTORE	007	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:18:04	FIRE	007	ANSUL HOOD SYSTEM. A=1. CID:7329202532 NO ACTION ON FILE.	No
09:17:57	FIRE RESTORE	007	A=1. CID:7329202532 NO ACTION ON FILE.	No
09:17:51	RESTORAL	R2	RAW:A53555557kCID:6314216610 NO ACTION ON FILE.	No
09:17:43	FIRE	R2	ALARMNET FIRE. RAW:A51555557kCID:6312492364 NO ACTION ON FILE.	No
09:16:30	TIME/DATE RESET		CID:7329202532 NO ACTION ON FILE.	No
09:16:27	TIME/DATE RESET		CID:7329202532 NO ACTION ON FILE.	No
08:54:42	OPEN/RESET	001	A=1. CID:7329202532 NO ACTION ON FILE.	No
08:54:35	FIRE	007	ANSUL HOOD SYSTEM. A=1. CID:7329202532 NO ACTION ON FILE.	No
08:54:34	RESTORAL	R2	RAW:A53555557kCID:6314216610 NO ACTION ON FILE.	No
08:54:18	FIRE	R2	ALARMNET FIRE. RAW:A51335557kCID:6319234367 NO ACTION ON FILE.	No
08:48:43	BEG N/A	@	Duration : 07:59 BRIAN STRYDESKY.	No
03:48:34	NO TEST RCVD	@		Yes
03:08:58	SCH EXECUTE		[SKD 01CID:7329202532.	No

Fire Suppression System Certificate of Installation



20 Meridian Road, Suite 1 • Eatontown, NJ 07724

350 Fifth Avenue • 59th Floor • New York, NY 10118

Phone: (732) 643-0075 • Toll Free: (800) 368-0024 • Fax: (732) 643-0076

Job Information

Job Name: QUAKER STEAK AND LUBE Job Number:
Job Address: 1036 CEDAR BRIDGE AVE Type of System: PCL 460/460/460/460 System
BRICK, NJ 08723

Fire System Distributor

Fuel/Energy Shut Off Device Gas Valve: Electrical () Mechanical (✓) Size: 2"

Installed. Tested on 9/14/12 Electric Equipment Shut-down Tested: (✓) Yes () No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

Installer's Name

Signature

Date 9/14/12

Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Signature

Date 9/14/12

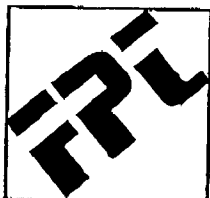
Authority Having Jurisdiction

Type of Test: ☒ Cartridge Dump ☐ Other

Functional tests have been witnessed and the system performs as designed.

Signature

Date 9/14/12



PHONE 732-363-5955
FAX 732-363-3031

Fire Pro Tech, Inc.
3 Miller Road
Howell, New Jersey 07731

facsimile transmittal

To:

Ron Pizar

Fax:

From: ~~Karl Gigganbach~~

Hik

Date:

9/17/12

Re:

Ahae Grand Cert

Pages:

3 total

Message:

Quaker Steak + Lube

Contractor's Material and Test Certificate for Aboveground Piping

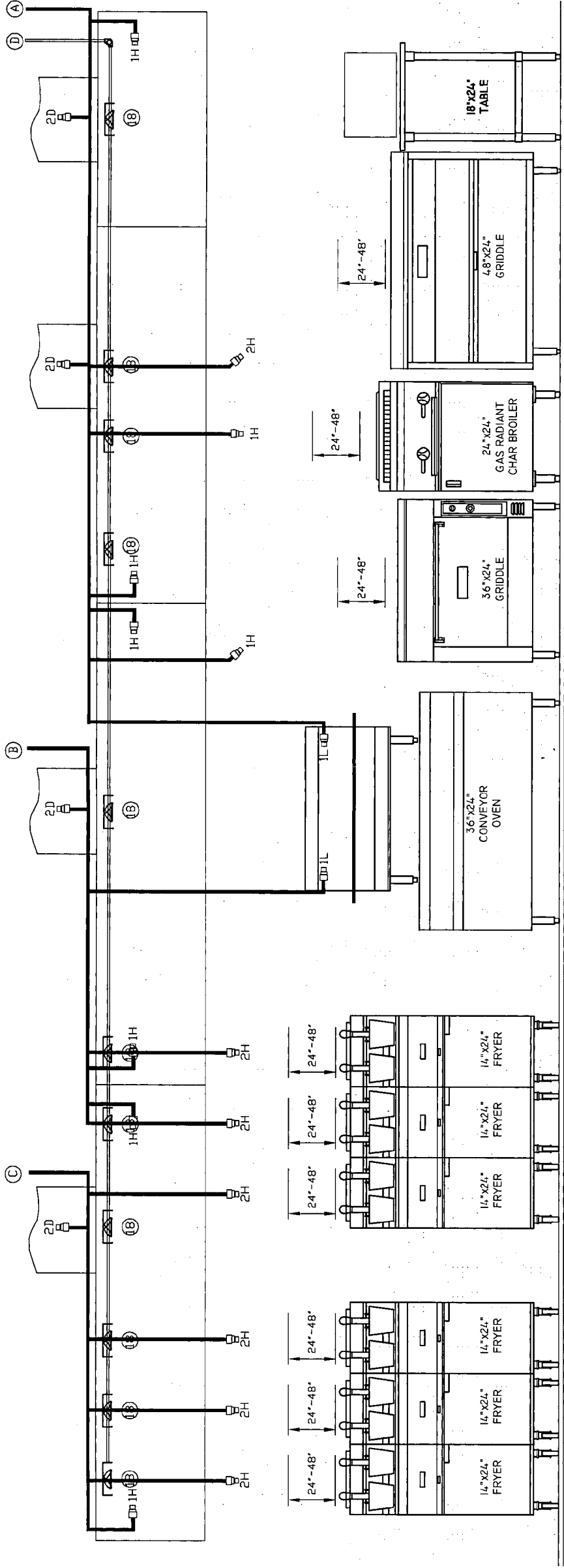
PROCEDURE

Upon completion of work, inspection and tests shall be made by the Contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.
A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME **Quaker Steak and Lube**DATE **9/14/12**PROPERTY ADDRESS **1038 Cedar Bridge Ave, Brick, NJ 08723**

PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES)								
	ADDRESS								
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, EXPLAIN DEVIATIONS					☒ YES ☐ NO ☒ YES ☐ NO			
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THEIR NEW EQUIPMENT? IF NO, EXPLAIN					☐ YES ☒ NO			
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES 1. SYSTEM COMPONENTS INSTRUCTIONS 2. CARE AND MAINTENANCE INSTRUCTIONS 3. NFPA 25					☒ YES ☐ NO ☒ YES ☐ NO ☒ YES ☐ NO ☐ YES ☒ NO			
LOCATION	SUPPLIES BUILDINGS								
SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING			
	Reliable	F1FR	2012	1/2	17	155			
	Reliable	F3QR	2012	1	1	155			
	Reliable	G4A	2012	10	1/2	212			
	Reliable	F3QR-SW	2012	1	1	200			
PIPE AND FITTINGS	TYPE OF PIPE Steel TYPE OF FITTINGS Groove								
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE					MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION			
	TYPE	MAKE	MODEL			MIN	SEC		
	Flow	System Sensor	VSF-4			0	45		
DRY PIPE OPERATING TEST	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
	TIME TO TRIP THROUGH TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
	WITH Q.O.D.								
	W/O Q.O.D.								
	Q.O.D.								
DELUGE & PREACTION VALVES	OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC								
	PIPING SUPERVISED ☐ YES ☐ NO				DETECTING MEDIA SUPERVISED ☐ YES ☐ NO				
	DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO								
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? ☐ YES ☐ NO IF NO, EXPLAIN								
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE		
			YES	NO	YES	NO	MIN	SEC	
PRESSURE REDUCING VALVE TEST	LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE	RESIDUAL PRESSURE (FLOWING)		FLOW RATE		
				INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI) FLOW (GPM)		

TEST DESCRIPTION	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped. PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1½ psi in 24 hours.		
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT 200 FOR 2 HOURS IF NO, STATE REASON DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO EQUIPMENT OPERATES PROPERLY ☐ YES ☐ NO DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ☒ YES ☐ NO DRAIN READING OF GAGE LOCATED NEAR WATER RESIDUAL PRESSURE WITH VALVE IN TEST TEST SUPPLY TEST CONNECTION 75 PSI CONNECTION OPEN WIDE 55 PSI UNDERGROUND MAINS AND LEAD-IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING. VERIFIED BY COPY OF THE U FORM NO. 858 ☐ YES ☐ NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ YES ☐ NO NA IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE IF NO, EXPLAIN HAS REPRESENTATIVE SAMPLE TESTING BEEN COMPLETED? ☐ YES ☐ NO NA		
BLANK TEST GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	Zero		
WELDING	WELDED PIPING ☐ YES ☒ NO IF YES... DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR 3? ☐ YES ☐ NO DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR 3? ☐ YES ☐ NO DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? ☐ YES ☐ NO		
CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☒ YES ☐ NO		
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED ☒ YES ☐ NO IF NO, EXPLAIN		
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN.		
	9/14/12		
SIGNATURES	NAME OF SPRINKLER CONTRACTOR: FIRE PRO TECH, INC. <i>Brent E...</i> TESTS WITNESSED BY FOR PROPERTY OWNER (SIGNED) <i>[Signature]</i> TITLE <i>Superintendent</i> DATE <i>9/14/12</i> FOR SPRINKLER CONTRACTOR (SIGNED) <i>[Signature]</i> TITLE <i>Foreman</i> DATE		
ADDITIONAL EXPLANATIONS AND NOTES:			



ELECTRIC NOTES:

- * WIRING DIAGRAM TO BE USED AS A REFERENCE ONLY
- * ALL CONNECTIONS TO BE VERIFIED BY A LICENSED ELECTRICIAN
- * ALL WIRING TO BE DONE BY A LICENSED ELECTRICIAN
- * EACH SWITCH HAS A SET OF SINGLE POLE DOUBLE THROW CONTACTS RATED AT 21 AMP, 125, 250, 277 VAC OR 2 UP, 250, 277 VAC
- * A RELAY MUST BE SUPPLIED BY OTHERS IF THE EQUIPMENT LOAD EXCEEDS THE RATED CAPACITY OF THE SWITCH
- * ALL ELECTRICAL CONNECTIONS ARE TO BE MADE OUTSIDE OF THE FIRE SYSTEM CONTROL BOX
- * ELECTRICIAN TO WIRE HORN/STROBE ALARM OR BUILDING ALARM TO ACTIVATE UPON FIRE SYSTEM DISCHARGE
- * ELECTRICIAN TO WIRE MAKE-UP AIR TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
- * ELECTRICIAN TO WIRE ANY ELECTRICAL EQUIPMENT UNDER EXHAUST HOOD TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE
- * ELECTRICIAN TO WIRE SOLENOID GAS VALVE WITH RESET RELAY TO SHUTDOWN UPON FIRE SYSTEM DISCHARGE (IF APPLICABLE)

COMMON / RED
BLACK
BROWN

UP TO (4) SWITCHES PROVIDED

RED
BLACK
BROWN

NEW JERSEY
DIV. OF FIRE SAFETY
PERMIT ID # P00049

NEW YORK CITY
DEPT. OF BUILDINGS
LICENSE # 1510

20 MERIDIAN ROAD SUITE 1
EATONTOWN, NJ 07724

350 FIFTH AVENUE - 59TH FLOOR
NEW YORK, NY 10018

PHONE: 732-643-0075 / 800-368-0024 FAX: 732-643-0076

WWW.RELIABLEFIREPRO.COM

QUAKER STEAK
AND LUBE

1036 CEDAR BRIDGE RD
BRICK, NJ 08723

1ST FLOOR -PYRO CHEM SUPPRESSION SYSTEM

Drawn by KBC

Checked by DMC

Sheet 1 OF 2

Scale NTS

Date 3/28/12

Drawing # F-001.0.0

EID # 00036041

- SYSTEM MANUFACTURER - PYRO CHEM

- MODEL # - PCL-460/460/460

- U.L. EX. - 3470

- EXTINGUISHING AGENT - WET CHEMICAL

- # OF FLOW POINTS - 42

- HOODS - 3'-0" (2) 9'-3" (2) 8'-6" 7'-3"

- DUCTS- 10"x8"(2)12"x18"(2)12"x16" 12"x20"

- PCL-600 PIPE SIZE - 1/2"

- PCL-300/460 PIPE SIZE - 3/8"

- ALL PIPE SCHEDULE 40 BLACK PIPE

- ALL 1/2" CONDUIT

- THE INSTALLATION SHALL COMPLY WITH NFPA 96, NFPA 17A, THE MANUFACTURERS U.L. LISTING AND THE LOCAL AUTHORITY HAVING JURISDICTION

- EXHAUST HOOD SHALL CONTAIN BAFFLE TYPE GREASE FILTERS

- FIRE SYSTEM SHALL SHUTDOWN FUEL TO ALL APPLIANCES UPON SYSTEM DISCHARGE

- ALL ELECTRIC UNDER EXHAUST HOOD SHALL SHUTDOWN UPON SYSTEM DISCHARGE

- MAKE-UP AIR SHOULD SHUTDOWN UPON SYSTEM DISCHARGE

- EXHAUST FAN SHOULD REMAIN ON DURING SYSTEM DISCHARGE

- REMOTE PULL STATION TO BE LOCATED A MINIMUM 10'-0" FROM HOOD ON THE PATH OF EGRESS FROM THE PROTECTED AREA

- FIRE SYSTEM INSTALLATION IS SUBJECT TO SEMI-ANNUAL INSPECTION BY THE AUTHORIZED INSTALLING CONTRACTOR TO WARRANTEE OF SYSTEM OPERATION & PERFORMANCE

- GAS VALVE TO BE INSTALLED BY A LICENSED PLUMBER

ITEM	QUANTITY	PART #	DESCRIPTION	ITEM	QUANTITY	PART #	DESCRIPTION
1	0	551194	PCL-300 TANK	17	1	551074	RPS-M REMOTE PULL
2	4	551193	PCL-460 TANK	18	16	550131	FLK-1 FUSIBLE LINK KIT
3	0	551196	PCL-600 TANK	19	20	423250	CBP-1 CORNER PULLEY
4	0	550053	MB-1 BRACKET - PCL-600	20	0	550982	WBP-1 CORNER PULLEY
5	4	550054	MB-15 BRACKET - PCL-300/460	21	0	550166	TEE PULLEY
6	0	550853	MB-P2 BRACKET - NMCH3	22	0	550302	SM-120 SOLENOID MONITOR
7	1	551203	NMCH3 CONTROL HEAD	23	0	550104	PAC-10 ACTUATOR
8	1	551208	EN-MCU3 ENCLOSURE	24	1	550009	GVB GAS VALVE BOX
9	0	550966	EN-S ENCLOSURE	25	0	550009	FL-360 FUSIBLE LINK
10	12	551029	1H NOZZLE	26	16	550367	FL-450 FUSIBLE LINK
11	2	551026	1L NOZZLE	27	0	56816	FL-500 FUSIBLE LINK
12	7	551028	2H NOZZLE	28	1	-----	MICROSWITCH
13	1	551027	2L NOZZLE	29	1	-----	MECHANICAL GAS VALVE
14	6	551038	2D NOZZLE	30	0	-----	SOLENOID GAS VALVE
15	0	423572	SWIVEL ADAPTOR	31	1	551274	INSTALLATION MANUAL
16	4	550985	PRESSURE REGULATOR	32	24	-----	QUICK-SEAL ADAPTOR

EXHAUST FAN INFORMATION

FAN UNIT NO.	FAN UNIT MODEL #	MODEL	TAG	CFM	ESP.	RPM	H.P.	Ø	VOLT	FLA	WEIGHT (LBS.)
1	NCABFA	NCABFA		950	1.000	1627	0.500	1	115	8.0	95.60

FAN OPTIONS

FAN UNIT NO.	OPTION (Qty. - Descr.)
1	1 - Grease Box

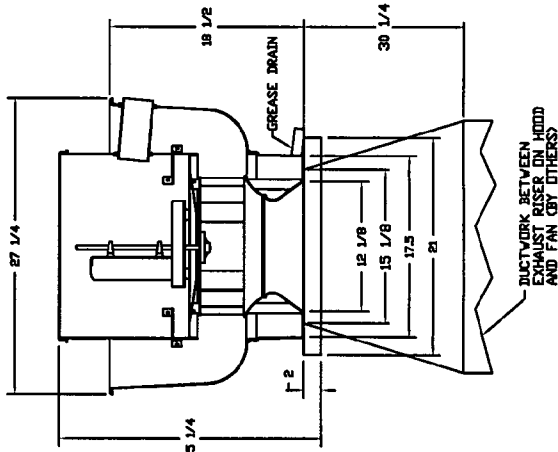
FAN ACCESSORIES

FAN UNIT NO.	FAN UNIT TAG	EXHAUST		SUPPLY		
		GREASE GRABBER CLIP	GRAVITY DAMPER	WALL MOUNT	SIDE DISCHARGE	MOTORIZED DAMPER
1		YES				

CURB ASSEMBLIES

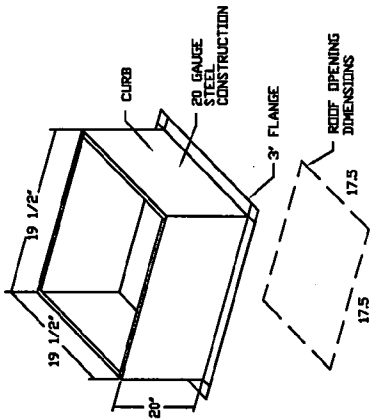
NO.	DN FAN	WEIGHT	ITEM	SIZE
1	# 1	31 LBS	Curb	19-500"V x 19-500"L x 20.000"H Hinged

FAN #1 NCABFA - EXHAUST FAN



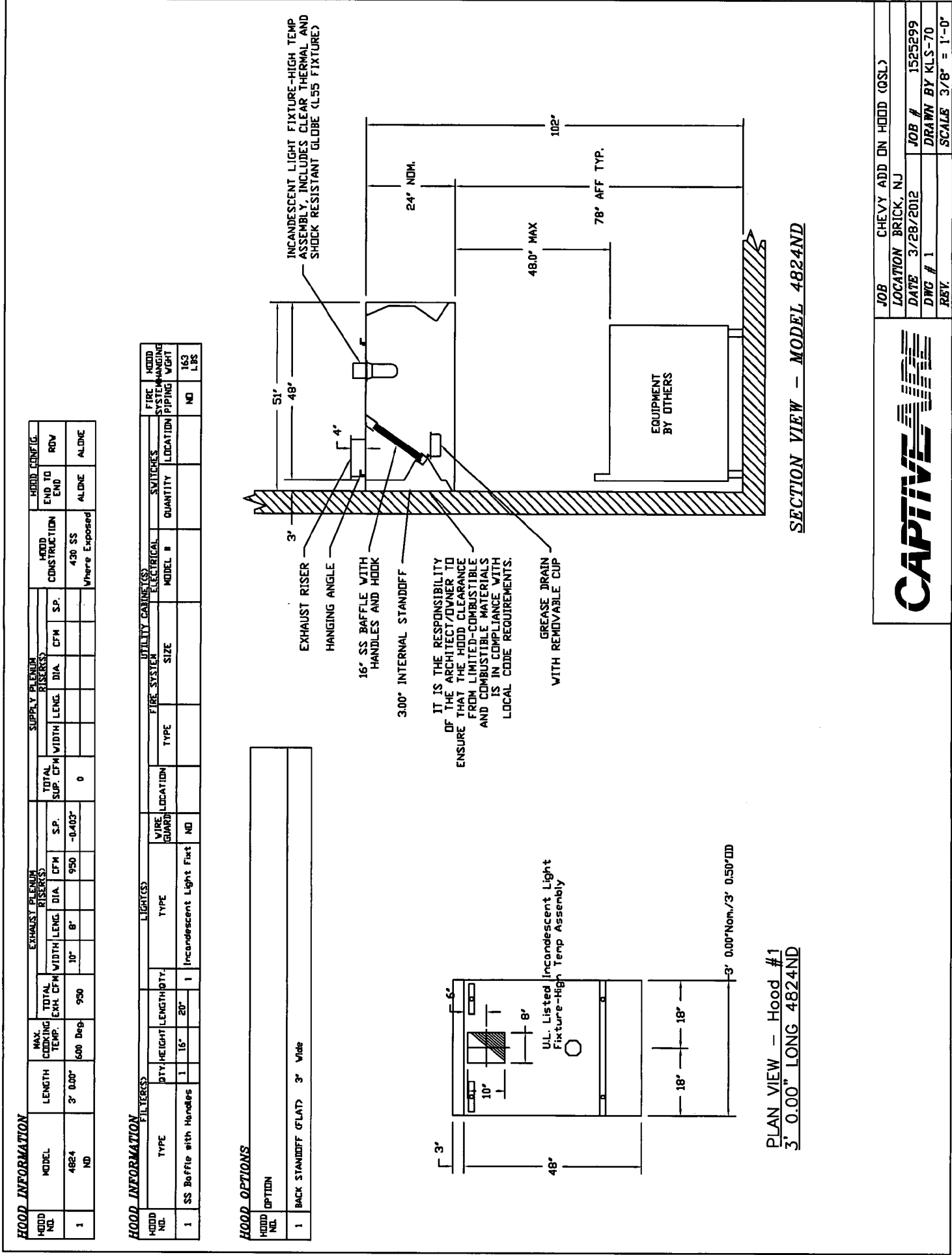
- FEATURES:**
- ROOF MOUNTED FANS
 - RESTAURANT MODEL
 - UL LISTED AND UL TYPE AIR EXHAUSTED
 - WEATHERPROOF DISCONNECT
 - WEATHERPROOF DISCONNECT
 - HIGH HEAT OPERATION 200°F (400°F)
 - GREASE CLASSIFICATION TESTING
- NORMAL TEMPERATURE TEST**
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING AIR AT 200°F (400°F) UNTIL ALL FAN PARTS HAVE REACHED THERMAL EQUILIBRIUM AND WITHOUT ANY TEMPERATURE FLUCTUATION. FAN WHICH WOULD CAUSE UNSAFE OPERATION.
- ABNORMAL FLARE-UP TEST**
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING AIR AT 200°F (400°F) UNTIL ALL FAN PARTS HAVE REACHED THERMAL EQUILIBRIUM AND WITHOUT ANY TEMPERATURE FLUCTUATION. FAN WHICH WOULD CAUSE UNSAFE OPERATION.
- ABNORMAL FLARE-UP TEST**
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING AIR AT 200°F (400°F) UNTIL ALL FAN PARTS HAVE REACHED THERMAL EQUILIBRIUM AND WITHOUT ANY TEMPERATURE FLUCTUATION. FAN WHICH WOULD CAUSE UNSAFE OPERATION.

OPTIONS
GREASE BOX



CAPTIVE

JOB	CHEVY ADD ON HOOD (QSL)
LOCATION	BRICK, NJ
DATE	3/28/2012
JOB #	1525299
DWG #	2
SCALE	3/8" = 1'-0"





1036 Cedar Bridge Avenue
Brick, NJ

PC Engineers
1441 King Avenue Suite 103
Columbus, Ohio 43212
614-886-3500 fax 614-886-4125



SHEET TITLE
FIRE ALARM PLAN

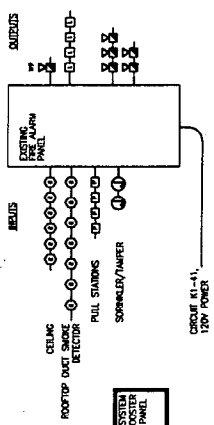
SHEET INFORMATION
PROJECT NUMBER 091119
DRAWN BY JMS
CHECKED BY JMS
SCALE AS NOTED
ISSUE FOR 09-28-11
DATE 01-12-12
REVISIONS 1

SHEET NUMBER
FA1

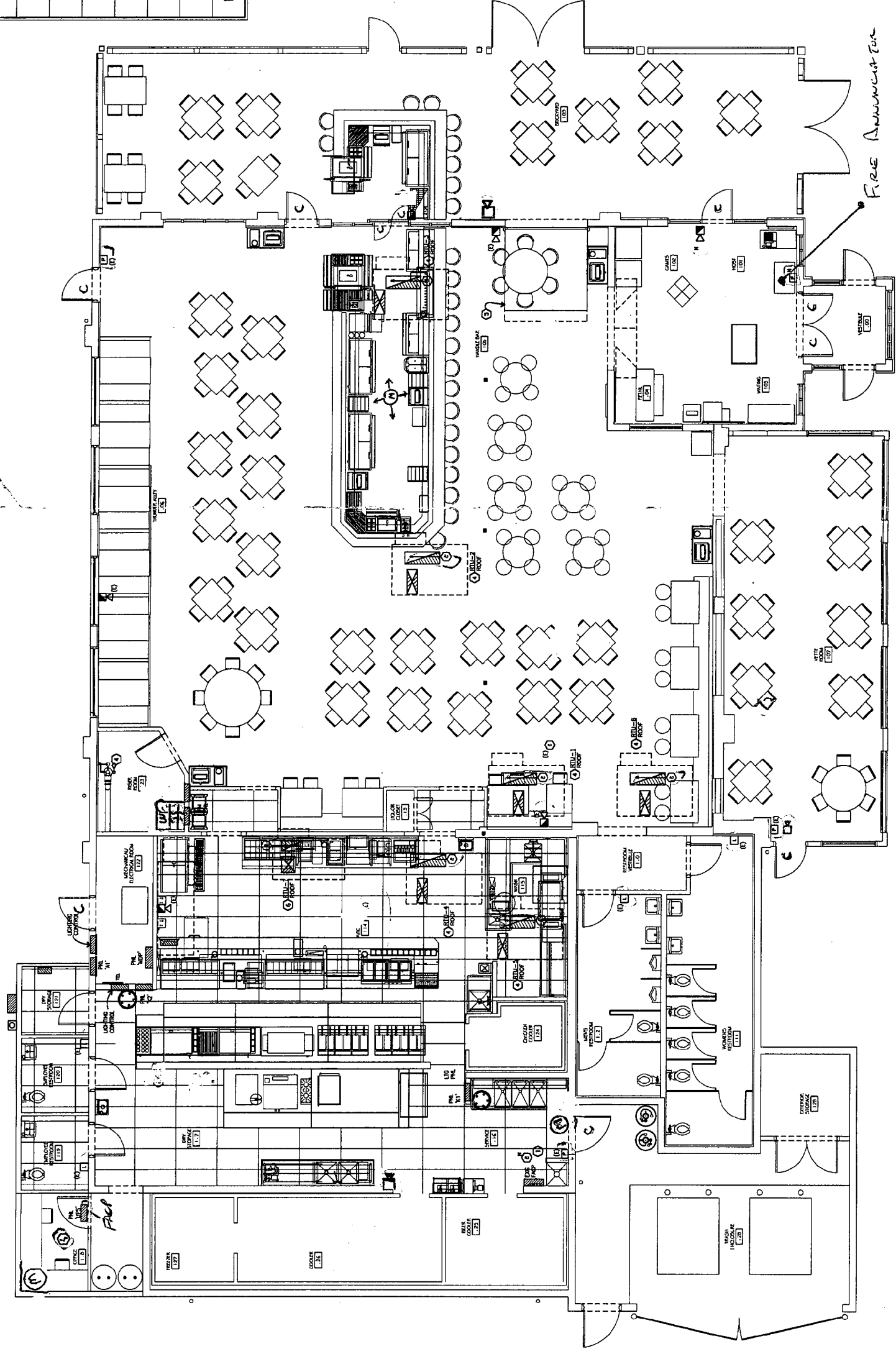
DRAWING LEGEND	
DETAIL	DESCRIPTION
	ADDRESSABLE DEVICE (AP) (NID @ 8' INT.)
	JUNCTION BOX
	MFC DUCT MOUNTED SMOKE DETECTOR
	CEILING THERMAL SENSOR
	PULL STATION
	CEILING SMOKE DETECTOR
	VISUAL DEVICE (VD @ 8' INT.)
	FIRE ALARM CONTROL PANEL
	FIRE ALARM ANNUNCIATOR
	SPRINKLER FLOW/ALARM SWITCH
	W/L 7/5

GENERAL NOTES:
A. ALL FIRE ALARM SMOKE DETECTORS LOCATED IN THE SAME ROOM OR AREA SHALL BE WIRING TO THE SAME FIRE ALARM CONTROL PANEL.
B. CONTRACTOR SHALL INSTALL ALL CONDUIT BELOW CONCRETE SLAB WHERE POSSIBLE. CONDUIT SHALL BE INSTALLED IN A MANNER THAT PROVIDES THE GREATEST POSSIBLE CLEARANCE FOR INSTALLATION.
C. ELECTRICAL CONTRACTOR TO VERIFY DUCT PLACEMENT OF ALL DEVICES PRIOR TO INSTALLATION. MECHANICAL AND PLUMBING DRAWINGS PRIOR TO FINAL PLACEMENT.
D. ALL DEVICES SHALL BE INSTALLED NEARLY AS WELL AS PARALLEL AND PERPENDICULAR TO BUILDING LINES.

- KEYED NOTES:**
- EXISTING FIRE ALARM PANEL WITH DEDICATED POWER CIRCUIT AND SYSTEM PHONE LINE. COORDINATE WITH OWNER TO OBTAIN PHONE SYSTEMS.
 - REUSE EXISTING ZONE SENSOR TO MONITOR UPDATED KITCHEN HOOD FIRE SYSTEMS.
 - NEW EXTERIOR WEATHERPROOF HORN/STROBE. CONNECT TO EXISTING FIRE ALARM PANEL.
 - EXISTING MONITORING OF FLOW AND SHUT-OFF VALVES OF SPRINKLER Riser SYSTEM.
 - ROLL-BACK OF GARAGE DOOR.
 - PROVIDE NEW DUCT SMOKE DETECTOR DEVICE FOR NEW HVAC SYSTEMS. NEW DUCT SMOKE DETECTOR UNIT IN THE EVENT OF SMOKE DETECTION.



FA1-02 FIRE ALARM RISER DIAGRAM
SCALE: NO SCALE



FA1-01 FIRE ALARM PLAN
SCALE: 1/4" = 1'-0"

10/1 8 478 874



HYDRAULIC CALCULATIONS

for:



1036 Cedar Bridge Avenue
Brick, New Jersey

DESIGN DATA: CALCULATION #1

Area Calculated: Most Remote/Demanding
•Anti-Freeze - Darcy Weisbach Formula
Reliable Uprights SIN® R3625
Hazard: Light Hazard - Restaurant Seating
Density: 0.10 gpm/ft
Area: Entire Room
No. Sprinklers Calculated: 6
Area Per Sprinkler: 225 Sq. Ft. Max.
Hose Demand: 100.000 gpm
Total Water Required: 239.517 gpm
Total Pressure Required: 63.253 psi
Safety Margin: 9.60 psi

DESIGN DATA: CALCULATION #2

Area Calculated: Most Remote/Demanding
•Wet System - Hazen Williams Formula
Reliable Uprights SIN® R3625
Hazard: Light Hazard - Restaurant Seating
Density: 0.10 gpm/ft
Area: Entire Space
No. Sprinklers Calculated: 6
Area Per Sprinkler: 225 Sq. Ft. Max.
Hose Demand: 100.000 gpm
Total Water Required: 237.767 gpm
Total Pressure Required: 52.427 psi
Safety Margin: 20.45 psi

DATE: 02-05-2012
CONTRACT # 12032
JOB: # 87

FIRE SPRINKLER CONTRACTOR:

Fire Pro Tech, Inc.

6 Station Place
Howell, New Jersey 07731
Tel: 732-363-5955 Fax: 732-363-3031

FIRE SPRINKLER DESIGN BY:

TAS Fire Protection L.L.C.

35 3rd Street
Rumson, New Jersey 07760
TEL: (732) 591-6351
E-MAIL: info@tasfire.com

Trevor A. Silvers, CET
NICET LIC. #128017
Automatic Sprinkler System Layout, Level II
Inspection & Testing of Water Based, Level II



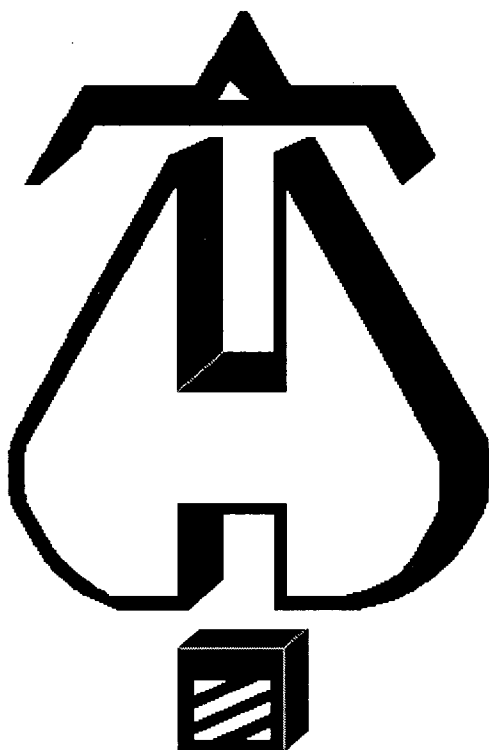
CARL A. MOENKE, P.E.

PROFESSIONAL ENGINEER

37 MAIN ST. - 3RD FLR. N.J. LIC. # 39052
TOMS RIVER, N.J. 08753 FLA. LIC. # 42005
(732) 818 - 1599 FAX: (732) 818 - 1644

Carl A. Moenke

DATE: 3-9-12



... Fire Protection by Computer Design

Fire Pro Tech, Inc.
6 Station Place
Howell, New Jersey 07731
732-363-5955

Job Name : Quaker State and Lube
Building : 1
Location : 1036 Cedar Bridge Avenue, Brick, New Jersey
System : 1
Contract : 12032
Data File : 87 Quaker State and Lube Submittal 02-05-2012 AREA 1.wxf

Hydraulic Design Information Sheet

Name - Quaker Steak and Lube Date - 02-05-2012
Location - 1036 Cedar Bridge Avenue, Brick, New Jersey
Building - 1 System No. - 1
Contractor - Fire Pro Tech, Inc. Contract No. - 12032
Calculated By - TAS Fire Protection, LLC Drawing No. - SPK 1 of 1
Construction: (X) Combustible () Non-Combustible Ceiling Height - 11'-0"
Occupancy - Light Hazard - Restaurant Seating Area

S (X) NFPA 13 (X) Lt. Haz. Ord.Haz.Gp. () 1 () 2 () 3 () Ex.Haz.
Y () NFPA 231 () NFPA 231C () Figure Curve

S Other

T Specific Ruling Made By Date

E
M Area of Sprinkler Operation - 1500 System Type Sprinkler/Nozzle
Density - 0.10 (X) Wet Make Reliable
D Area Per Sprinkler - 225 () Dry Model R3625
E Elevation at Highest Outlet - 10'-0" () Deluge Size 1/2"
S Hose Allowance - Inside - () Preaction K-Factor 5.47
I Rack Sprinkler Allowance - (X) AntiFreez Temp.Rat.155
G Hose Allowance - Outside - 100
N

Note K-Factors modified for Anti-Freeze.

Calculation Flow Required - 239.517 Press Required - 63.253 9.60 Safety
Summary C-Factor Used: 120 Overhead 140 Underground

W Water Flow Test: Pump Data: Tank or Reservoir:
A Date of Test - 02-05-2012 Cap. -
T Time of Test - 12:00 PM Rated Cap.- Elev.-
E Static Press - 75 psi @ Press -
R Residual Press - 55 psi Elev. - Well
Flow - 800 gpm Proof Flow
S Elevation - 2'-0"

U
P Location - Riser Room

P
L Source of Information - Fire Pro Tech, Inc.

Y

C Commodity Class Location
O Storage Ht. Area Aisle W.
M Storage Method: Solid Piled % Palletized % Rack
M
S R () Single Row () Conven. Pallet () Auto. Storage () Encap.
T A () Double Row () Slave Pallet () Solid Shelf () Non
O C () Mult. Row () Open Shelf
R K Flue Spacing Clearance:Storage to Ceiling
A Longitudinal Transverse
G
E Horizontal Barriers Provided:

Water Supply Curve (C)

Fire Pro Tech, Inc.
Quaker State and Lube

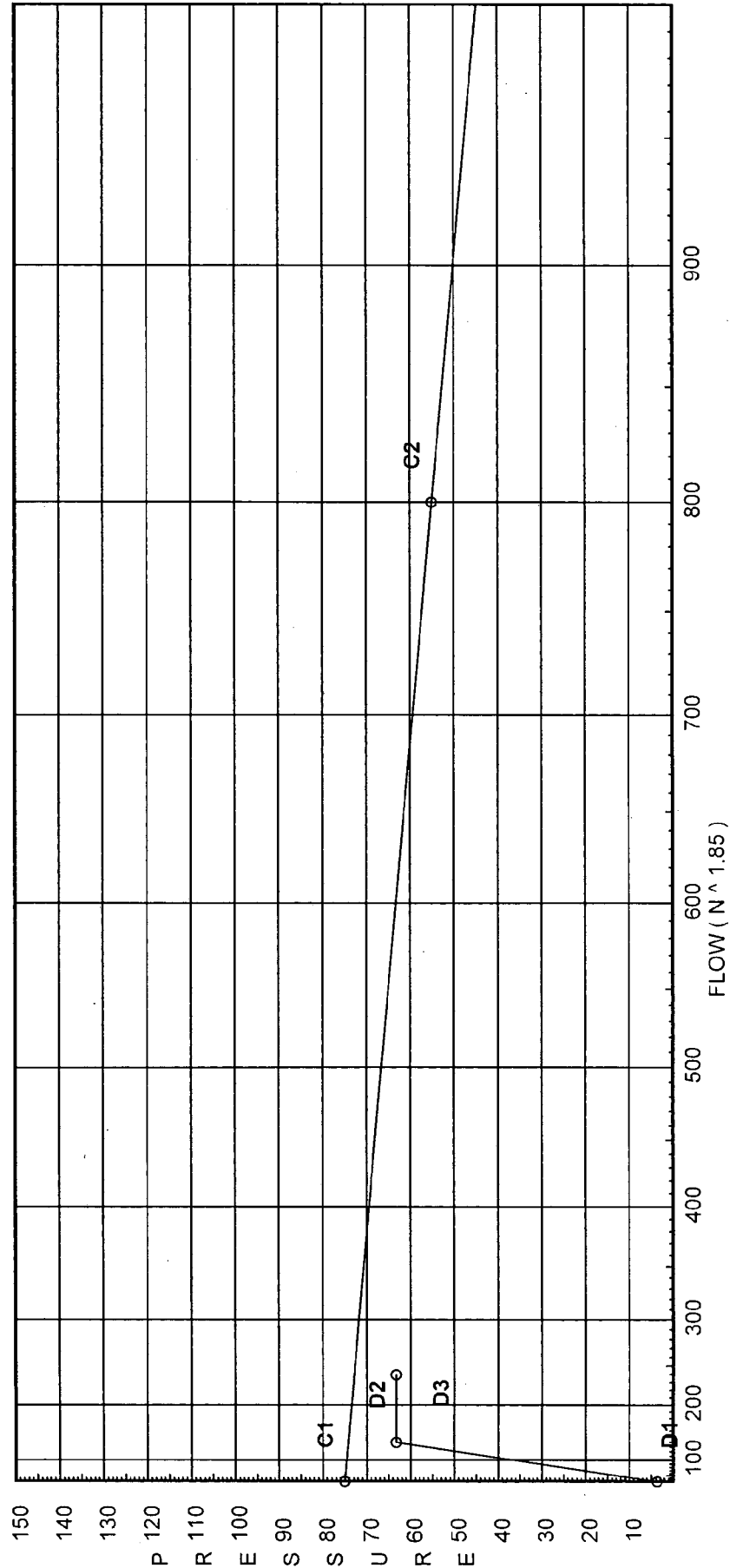
Page 2
Date 02-05-2012

City Water Supply:

C1 - Static Pressure : 75
C2 - Residual Pressure: 55
C2 - Residual Flow : 800

Demand:

D1 - Elevation : 3.664
D2 - System Flow : 139.517
D2 - System Pressure : 63.253
Hose (Demand) : 100
D3 - System Demand : 239.517
Safety Margin : 9.599



Fittings Used Summary

Fire Pro Tech, Inc.
Quaker State and Lube

Page 3
Date 02-05-2012

Fitting Legend Abbrev. Name	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	3 1/2	4	5	6	8	10	12	14	16	18	20	24
B NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
Fsp Flow Switch Potter VSR	Fitting generates a Fixed Loss Based on Flow																			
S NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zil Wilkins 975XL	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units Inches
Length Units Feet
Flow Units US Gallons per Minute
Pressure Units Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Pressure / Flow Summary - STANDARD

Fire Pro Tech, Inc.
Quaker State and Lube

Page 4
Date 02-05-2012

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
1	10.0	5.47	16.92	na	22.5	0.1	225	7.0
2	10.0	5.47	17.52	na	22.9	0.1	225	7.0
3	10.0	5.47	18.73	na	23.67	0.1	225	7.0
4	10.0		22.06	na				
5	10.0		24.42	na				
6	10.0		36.23	na				
7	2.0		59.5	na				
TEST	2.0		63.25	na	100.0			
8	10.0	5.47	17.62	na	22.96	0.1	225	7.0
9	10.0	5.47	18.23	na	23.35	0.1	225	7.0
10	10.0	5.47	19.47	na	24.13	0.1	225	7.0

The maximum velocity is 12.25 and it occurs in the pipe between nodes 4 and 5

Final Calculations - Darcy-Weisbach

Fire Pro Tech, Inc.
Quaker State and Lube

Page 5
Date 02-05-2012

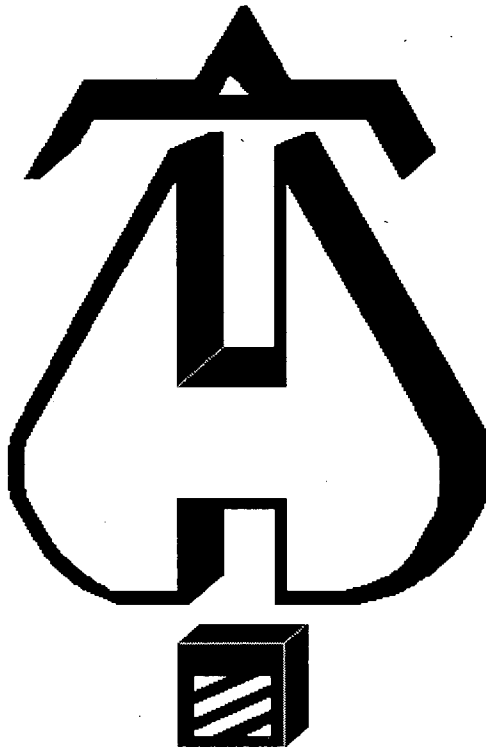
Darcy Weisbach Summary Info

Fluid Density = 65.89 lbs/ft³
Fluid Viscosity = 61 centipoise

Abbreviation Summary

E = Absolute Roughness = In.
Re = Reynolds Number
E/D = Relative Roughness
Ff = Friction Factor
1E+3 = 1 x 10³ = 1000

Hyd. Ref. Point	Qa Qt	Dia. "E" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Re E/D Ff	***** Notes *****
1 to 2	22.50 22.5	1.682 0.00400 0.0468		0.0 0.0 0.0	12.830 0.0 12.830	16.920 0.000000 0.600	7.311E+2 0.00238 0.08748	K Factor = 5.47 Vel = 3.25
2 to 3	22.90 45.4	1.682 0.00400 0.0945		0.0 0.0 0.0	12.830 0.0 12.830	17.520 0.000000 1.212	1.475E+3 0.00238 0.04334	K Factor = 5.47 Vel = 6.56
3 to 4	23.67 69.07	1.682 0.00400 0.1690	1E	4.95 0.0 0.0	14.750 4.950 19.700	18.732 0.000000 3.330	2.244E+3 0.00238 0.03352	K Factor = 5.47 Vel = 9.97
4 to 5	70.45 139.52	2.157 0.00400 0.2362		0.0 0.0 0.0	10.000 0.0 10.000	22.062 0.000000 2.362	3.535E+3 0.00186 0.03981	 Vel = 12.25
5 to 6	0.0 139.52	2.157 0.00400 0.2362		0.0 0.0 0.0	50.000 0.0 50.000	24.424 0.000000 11.811	3.535E+3 0.00186 0.03981	 Vel = 12.25
6 to 7	0.0 139.52	2.157 0.00400 0.2362	1T 1B 1Zil	12.307 7.384 0.0	1.000 19.691 20.691	36.235 18.379 4.887	3.535E+3 0.00186 0.03981	* Fixed loss = 14.715 Vel = 12.25
7 to TEST	0.0 139.52	3.26 0.00400 0.0255	1Fsp 1S	0.0 21.503 0.0	8.000 21.503 29.503	59.501 3.000 0.752	2.339E+3 0.00122 0.03387	* Fixed loss = 3 Vel = 5.36
	100.00 239.52					63.253		Qa = 100.00 K Factor = 30.12
8 to 9	22.96 22.96	1.682 0.00400 0.0478		0.0 0.0 0.0	12.830 0.0 12.830	17.616 0.000000 0.613	7.46E+2 0.00238 0.08574	K Factor = 5.47 Vel = 3.32
9 to 10	23.35 46.31	1.682 0.00400 0.0963		0.0 0.0 0.0	12.830 0.0 12.830	18.229 0.000000 1.236	1.505E+3 0.00238 0.04249	K Factor = 5.47 Vel = 6.69
10 to 4	24.14 70.45	1.682 0.00400 0.1773	1T	9.9 0.0 0.0	4.750 9.900 14.650	19.465 0.000000 2.597	2.289E+3 0.00238 0.03379	K Factor = 5.47 Vel = 10.17
	0.0 70.45					22.062		K Factor = 15.00



... Fire Protection by Computer Design

Fire Pro Tech, Inc.
6 Station Place
Howell, New Jersey 07731
732-363-5955

Job Name : Quaker State and Lube
Building : 1
Location : 1036 Cedar Bridge Avenue, Brick, New Jersey
System : 1
Contract : 12032
Data File : 87 Quaker State and Lube Submittal 02-05-2012 WET AREA 1.wxf

Hydraulic Design Information Sheet

Name - Quaker Steak and Lube Date - 02-05-2012
Location - 1036 Cedar Bridge Avenue, Brick, New Jersey
Building - 1 System No. - 1
Contractor - Fire Pro Tech, Inc. Contract No. - 12032
Calculated By - TAS Fire Protection, LLC Drawing No. - SPK 1 of 1
Construction: (X) Combustible () Non-Combustible Ceiling Height - 11'-0"
Occupancy - Light Hazard - Restaurant Seating Area

S (X) NFPA 13 (X) Lt. Haz. Ord.Haz.Gp. () 1 () 2 () 3 () Ex.Haz.
Y () NFPA 231 () NFPA 231C () Figure Curve

S Other

T Specific Ruling Made By Date

E
M Area of Sprinkler Operation - 1500 System Type Sprinkler/Nozzle
Density - 0.10 (X) Wet Make Reliable
D Area Per Sprinkler - 225 () Dry Model R3625
E Elevation at Highest Outlet - 10'-0" () Deluge Size 1/2"
S Hose Allowance - Inside - () Preaction K-Factor 5.6
I Rack Sprinkler Allowance - () Temp.Rat.155
G Hose Allowance - Outside - 100
N

Note

Calculation Flow Required - 237.767 Press Required - 52.427 20.45 Safety
Summary C-Factor Used: 120 Overhead 140 Underground

W Water Flow Test: Pump Data: Tank or Reservoir:
A Date of Test - 02-05-2012 Cap. -
T Time of Test - 12:00 PM Rated Cap.- Elev.-
E Static Press - 75 psi @ Press -
R Residual Press - 55 psi Elev. - Well
Flow - 800 gpm Proof Flow
S Elevation - 2'-0"

U
P Location - Riser Room

P
L Source of Information - Fire Pro Tech, Inc.
Y

C Commodity Class Location
O Storage Ht. Area Aisle W.
M Storage Method: Solid Piled % Palletized % Rack
M () Single Row () Conven. Pallet () Auto. Storage () Encap.
S R () Double Row () Slave Pallet () Solid Shelf () Non
T A () Mult. Row () Open Shelf

O C
R K Flue Spacing Clearance:Storage to Ceiling
A Longitudinal Transverse

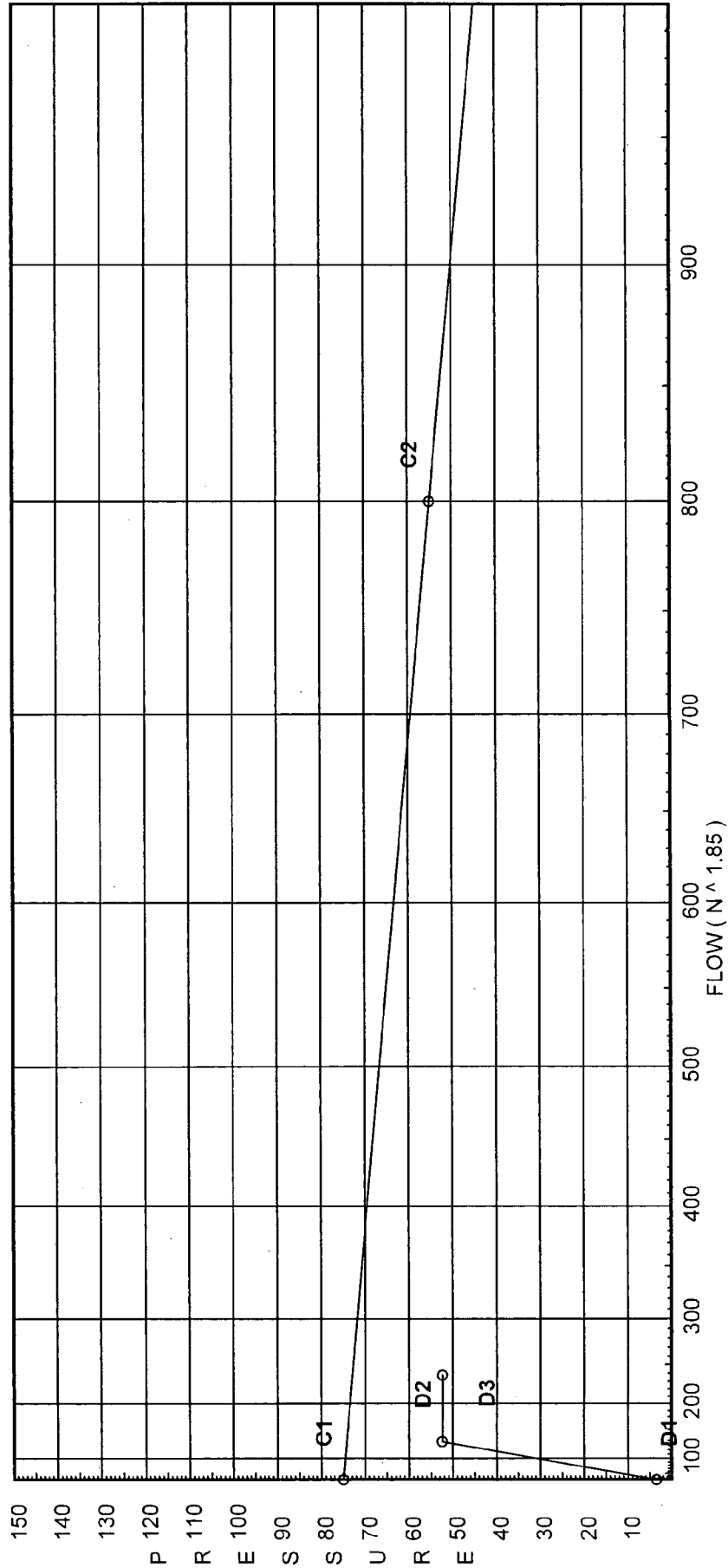
G
E Horizontal Barriers Provided:

Water Supply Curve (C)

Fire Pro Tech, Inc.
Quaker State and Lube

City Water Supply:
C1 - Static Pressure : 75
C2 - Residual Pressure: 55
C2 - Residual Flow : 800

Demand:
D1 - Elevation : 3.465
D2 - System Flow : 137.767
D2 - System Pressure : 52.427
Hose (Demand) : 100
D3 - System Demand : 237.767
Safety Margin : 20.453



Fittings Used Summary

Fire Pro Tech, Inc.
Quaker State and Lube

Page 3
Date 02-05-2012

Fitting Legend Abbrev. Name	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	3 1/2	4	5	6	8	10	12	14	16	18	20	24
B NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
Fsp Flow Switch Potter VSR	Fitting generates a Fixed Loss Based on Flow																			
S NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zil Wilkins 975XL	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units Inches
Length Units Feet
Flow Units US Gallons per Minute
Pressure Units Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Pressure / Flow Summary - STANDARD

Fire Pro Tech, Inc.
Quaker State and Lube

Page 4
Date 02-05-2012

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
1	10.0	5.6	16.14	na	22.5	0.1	225	7.0
2	10.0	5.6	16.35	na	22.64	0.1	225	7.0
3	10.0	5.6	17.11	na	23.16	0.1	225	7.0
4	10.0		19.6	na				
5	10.0		20.98	na				
6	10.0		27.89	na				
7	2.0		48.88	na				
TEST	2.0		52.43	na	100.0			
8	10.0	5.6	16.69	na	22.88	0.1	225	7.0
9	10.0	5.6	16.91	na	23.03	0.1	225	7.0
10	10.0	5.6	17.69	na	23.55	0.1	225	7.0

The maximum velocity is 12.1 and it occurs in the pipe between nodes 4 and 5

Final Calculations - Hazen-Williams

Fire Pro Tech, Inc.
Quaker State and Lube

Page 5
Date 02-05-2012

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv. Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	***** Notes *****
1 to 2	22.50 22.5	1.682 120.0 0.0163	0.0 0.0 0.0	12.830 0.0 12.830	16.143 0.0 0.209		K Factor = 5.60 Vel = 3.25
2 to 3	22.64 45.14	1.682 120.0 0.0588	0.0 0.0 0.0	12.830 0.0 12.830	16.352 0.0 0.755		K Factor = 5.60 Vel = 6.52
3 to 4	23.17 68.31	1.682 120.0 0.1266	1E 4.95 0.0 0.0	14.750 4.950 19.700	17.107 0.0 2.495		K Factor = 5.60 Vel = 9.86
4 to 5	69.46 137.77	2.157 120.0 0.1381	0.0 0.0 0.0	10.000 0.0 10.000	19.602 0.0 1.381		Vel = 12.10
5 to 6	0.0 137.77	2.157 120.0 0.1381	0.0 0.0 0.0	50.000 0.0 50.000	20.983 0.0 6.905		Vel = 12.10
6 to 7	0.0 137.77	2.157 120.0 0.1381	1T 12.307 1B 7.384 1Zil 0.0	1.000 19.691 20.691	27.888 18.136 2.858		* Fixed loss = 14.671 Vel = 12.10
7 to TEST	0.0 137.77	3.26 120.0 0.0185	1Fsp 0.0 1S 21.503 0.0	8.000 21.503 29.503	48.882 3.000 0.545		* Fixed loss = 3 Vel = 5.30
	100.00 237.77				52.427		Qa = 100.00 K Factor = 32.84
8 to 9	22.88 22.88	1.682 120.0 0.0168	0.0 0.0 0.0	12.830 0.0 12.830	16.694 0.0 0.215		K Factor = 5.60 Vel = 3.30
9 to 10	23.03 45.91	1.682 120.0 0.0607	0.0 0.0 0.0	12.830 0.0 12.830	16.909 0.0 0.779		K Factor = 5.60 Vel = 6.63
10 to 4	23.55 69.46	1.682 120.0 0.1306	1T 9.9 0.0 0.0	4.750 9.900 14.650	17.688 0.0 1.914		K Factor = 5.60 Vel = 10.03
	0.0 69.46				19.602		K Factor = 15.69



Model F1FR Series Quick Response Standard Spray

Model F1FR 56 Sprinkler Types

Standard Upright
Standard Pendent
Conventional

Model F1FR 56 Recessed Sprinkler Types

Standard Pendent/F1/F2/FP

Model F1FR 56 Concealed Sprinkler Types

Standard Pendent

Listing & Approvals

1. Underwriters Laboratories Inc. and Certified for Canada (cULus).
2. Factory Mutual Approvals (FM)
 - Light Hazard - No Limitations
 - Ordinary Hazard - Group 1 & 2, wet systems only.
3. Loss Prevention Council (LPCB, UK)
4. VdS Schadenverhütung GmbH

UL Listing Category

Sprinklers, Automatic & Open (VNIV)
Quick Response Sprinkler

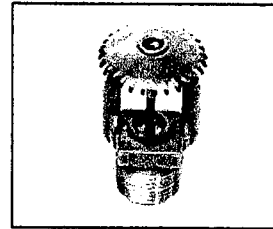
Product Description

Reliable Models F1FR Series Sprinklers are quick response sprinklers which combine the durability of a standard sprinkler with the attractive low profile of a decorative sprinkler.

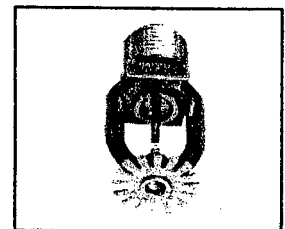
The Models F1FR Series Recessed automatic sprinklers utilize a 3.0 mm frangible glass bulb. These sprinklers have demonstrated response times in laboratory tests which are five to ten times faster than standard response sprinklers. This quick response enables the Model F1FR Series sprinklers to apply water to a fire much faster than standard sprinklers of the same temperature rating.

The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response. The balance of parts are made of brass, copper and beryllium nickel.

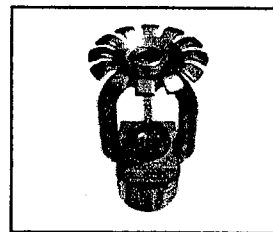
At normal temperatures, the glass bulb contains the fluid in both the liquid and vapor phases. The vapor phase can be seen as a small bubble. As heat is applied, the liquid expands, forcing the bubble smaller and smaller as the liquid pressure increases. Continued heating forces the liquid to push out against the bulb, causing the glass to shatter, opening the waterway and allowing the deflector to distribute the discharging water.



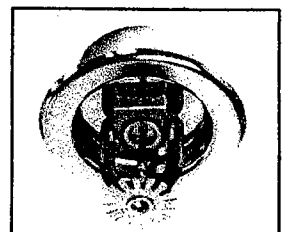
Upright



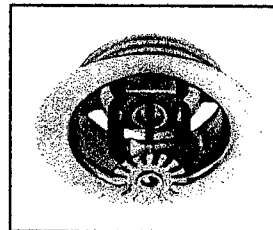
Pendent



Conventional



Recessed
Pendent/F1/F2



Recessed
Pendent/FP



Concealed Pendent

Application

Quick response sprinklers are used in fixed fire protection systems: Wet, Dry, Deluge or Preaction. Care must be exercised that the orifice size, temperature rating, deflector style and sprinkler type are in accordance with the latest published standards of the National Fire Protection Association or the approving Authority Having Jurisdiction. Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Reliable Automatic Sprinkler Co., Inc., 103 Fairview Park Drive, Elmsford, New York 10523

Model F1FR Quick Response Upright, Pendent & Conventional Sprinklers

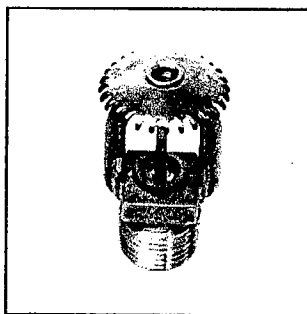
Installation Wrench: Model D Sprinkler Wrench

Installation Data:

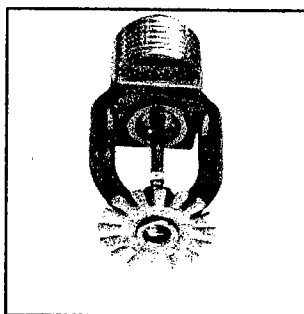
Nominal Orifice	Thread Size	Nominal K Factor		Sprinkler Height	Approval Organization	Sprinkler Identification Number (SIN)	
		US	Metric			Upright	Pendent
Standard-Upright (SSU) and pendent Deflectors Marked to Indicate Position							
½" (15mm)	½" NPT(R½)	5.6	80	2.25" (57mm)	1, 2, 3, 4	RA1425 ⁽¹⁾	RA1414 ⁽¹⁾⁽²⁾
Conventional-Install in Upright or Pendent Position							
15mm ⁽¹⁾	½" NPT(R½)	5.6	80	57mm	3, 4	RA1475	

⁽¹⁾ cULus listed corrosion resistant (Polyester coated) sprinkler.

⁽²⁾ Polyester coated FM approved sprinkler.



Upright



Pendent



Conventional

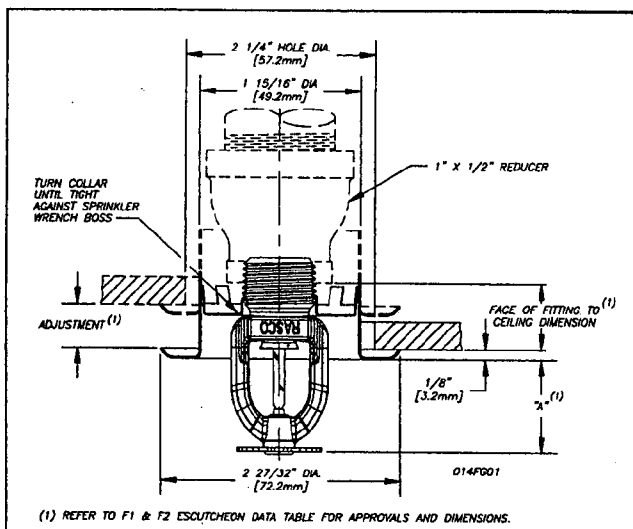
Model F1FR 56 Quick Response Recessed Pendent Sprinkler

Installation Wrench: Model GFR2 Sprinkler Wrench

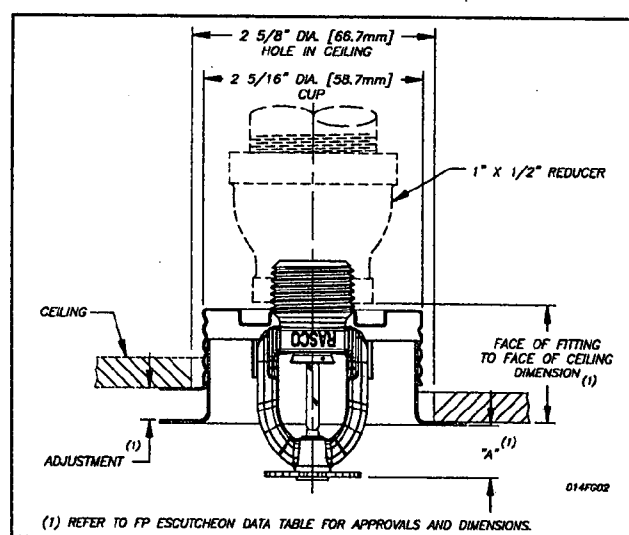
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Sprinkler Identification Number (SIN)
		US	Metric		
½" (15mm)	½" NPT(R½)	5.6	80	2.25" (57mm)	RA1414

⁽¹⁾ Refer to escutcheon data table for approvals and dimensions.



Model F1FR 56/F1 or F2



Model F1FR 56/FP

Model F1FR Quick Response Concealed Pendent Sprinklers

Installation Wrench: Model RC1 Sprinkler Wrench

Technical Data:

Nominal Orifice	"K" Factor		Thread Size	Model	Temp. Rating		Max. Ambient Temp	Bulb Color	Approvals	Sprinkler Identification Number(SIN)
	US	Metric			Sprinkler	Cover				
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	135°F/57°C	135°F/57°C	100°F/38°C	Orange	1	RA1414
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	155°F/68°C	135°F/57°C	100°F/38°C	Red	1, 4 ⁽¹⁾	RA1414
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	175°F/79°C	165°F/74°C	100°F/38°C	Yellow	1	RA1414
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	200°F/93°C	165°F/74°C	100°F/38°C	Green	1	RA1414

(1) For VdS only = 155°F/68°C Norbulb and 1/2" [12,7mm] adjustment.

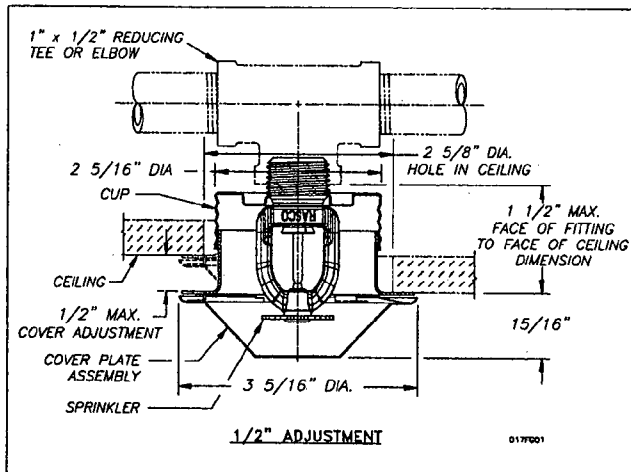


Figure 1

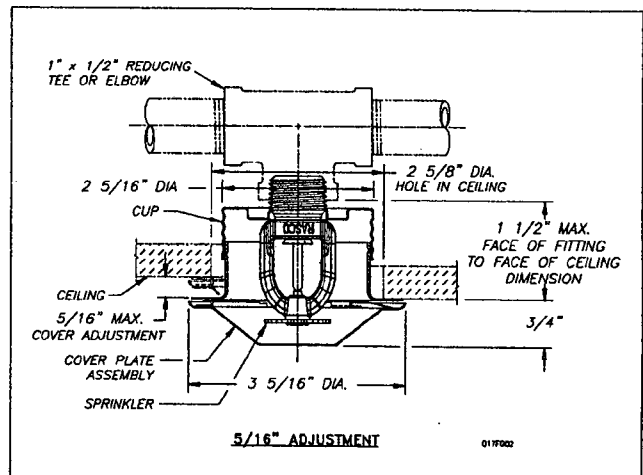


Figure 2

Installation Aid

A protective cap is included for use during installation. **Important:** The F1FR 56 Sprinkler with Model CCP cover plate is not an FM Approved combination.

Installation

Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Model F1FR 56 Recessed Quick Response Sprinklers are to be installed as shown. The Model F1 or F2 Escutcheons illustrated are the only recessed escutcheons to be used with the Model F1FR 56 Sprinklers. The use of any other recessed escutcheon will void all approvals and negate all warranties.

When installing Model F1FR 56 Sprinklers, use the Model D Sprinkler Wrench. Use the Model GFR2 Wrench for installing F1FR 56 Recessed Pendent Sprinklers. Any other type of wrench may damage these sprinklers.

NOTE: A leak tight 1/2" NPT (R1/2) sprinkler joint can be obtained with a torque of 8-18 ft-lbs (10,8 - 24,4 N-m). Do not tighten sprinklers over maximum recommended torque. It may cause leakage or impairment of the sprinklers.

The Model F1FR 56/ CCP Concealed Sprinkler uses the 1/2" orifice, 1/2" NPT (R1/2), 135°F (57°C), 155°F (68°C), 175°F (79°C) or 200°F (93°C) Model F1FR 56 Pendent

Sprinkler with a threaded Model CCP cup which is factory attached to the sprinkler. The assembly is completed by the installation of the attractive, low profile, 135°F (57°C) or 165°F (74°C) rated Model CCP push on cover plate assembly. The cover plate and sprinkler cup assemblies are joined using a cover plate skirt with flexible tabs for threaded engagement. A choice of two cover plate assemblies provide either 1/2" (13mm) or 5/16" (8mm) of cover adjustment.

Do not install these sprinklers in ceiling which have positive pressure in the space above.

After a 2 5/8" (67mm) diameter hole is cut in the ceiling, the sprinkler is easily installed with the Model RC1 Wrench. A Teflon* based thread sealant should be applied to the sprinkler threads only. The Model RC1 Wrench is then used to engage the sprinkler wrenching surfaces and to install the sprinkler in the fitting. When inserting or removing the wrench from the sprinkler/cup assembly, care should be taken to prevent damage to the sprinkler. **DO NOT WRENCH ON ANY OTHER PART OF THE SPRINKLER.** The cover plate is then pushed onto the cup. Final adjustment is made by hand turning the cover plate until the skirt flange makes full contact with the ceiling. Cover plate removal requires turning in the counter clockwise direction.

After installation, inspect all sprinklers to ensure that there is a gap between the cover plate and ceiling and that the four cup slots are open and free from any air flow impediment to the space above.

Concealed cover plate/cup assemblies are listed only for use with specific sprinklers. The use of any other concealed cover plate/cup assembly with the Model F1FR 56 Pendent Sprinkler or the use of the Model CCP Concealed cover plate assembly on any sprinkler with which it is not specifically listed may prevent good fire protection and will void all guarantees, warranties, listings and approvals.

Glass bulb sprinklers have orange bulb protectors to minimize bulb damage during shipping, handling and installation. REMOVE THIS PROTECTION AT THE TIME THE SPRINKLER SYSTEM IS PLACED IN SERVICE FOR FIRE PROTECTION. Removal of the protectors before this time may leave the bulb vulnerable to damage. RASCO wrenches are designed to install sprinklers when covers are in place. REMOVE PROTECTORS BY UNDOING THE CLASP BY HAND. DO NOT USE TOOLS TO REMOVE THE PROTECTORS.

Temperature Ratings

Classification	Sprinkler Temperature		Max. Ambient Temp.	Bulb Color
	°C	°F		
Ordinary	57	135	100°F (38°C)	Orange
Ordinary	68	155	100°F (38°C)	Red
Intermediate	79	175	150°F (66°C)	Yellow
Intermediate	93	200	150°F (66°C)	Green
High ⁽¹⁾	141	286	225°F (107°C)	Blue

⁽¹⁾ Not available for recessed sprinklers.

Escutcheon Data

Escutcheon Model	Approvals	Adjustment	"A" Dimension	Face of Fitting to Ceiling or Wall Dimension
F1	1, 3, 4	Max Recess Min Recess	1 1/2" (38.1mm) 3/4" (19.1mm)	3/16" - 15/16" (5mm - 24mm)
F2	1, 2, 3, 4	Max Recess Min Recess	1 1/2" (38.1mm) 1" (25mm)	3/16" - 11/16" (5mm - 17mm)
FP Push-on/ Thread-off	1, 4	Max Recessed Min Recessed	7/16" (11mm) 15/16" (24mm)	1 1/2" (38.1mm) 1" (25.4mm)

Maintenance

The Models F1FR 56 and F1FR 56 Recessed Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gentle vacuuming. Remove any sprinkler which has been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to

installation, sprinklers should be maintained in the original cartons and packaging to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Recessed Pendent

Finishes ⁽¹⁾

Standard Finishes		
Sprinkler	Escutcheon	Cover plate
Bronze	Brass	
Chrome Plated	Chrome	Chrome
White Polyester	Plated	White
Coated ⁽⁴⁾⁽⁵⁾	White Painted	
Special Application Finishes		
Sprinkler	Escutcheon	Cover plate
Bright Brass ⁽³⁾	Bright Brass	Bright Brass
Black Plated	Black Plated	Satin
Black Paint ⁽²⁾	Black Paint	Off White
Off White ⁽²⁾	Off White	Black Paint
Satin Chrome	Satin Chrome	Black Plated

⁽¹⁾ Other finishes and colors are available on special order.

Consult the factory for details.

⁽²⁾ cULus Listed only.

⁽³⁾ 200°F (93°C) maximum.

⁽⁴⁾ cULus listed "corrosion resistance" applies to SIN Numbers RA1425 (Upright) and RA1414 (Pendent).

⁽⁵⁾ FM Approvals finish as "Polyester coated" applies to SIN Number RA1414 (Pendent).

Ordering Information

Specify:

1. Sprinkler Model
2. Sprinkler Type
3. Orifice Size
4. Deflector Type
5. Temperature Rating
6. Sprinkler Finish
7. Escutcheon Type
8. Escutcheon Finish (where applicable)
9. Cover plate Model
10. Cover plate Thread size
11. Cover plate Temperature
12. Cover plate Adjustment
13. Cover plate Finish

Note: When Model F1FR 56 Recessed sprinklers are ordered, the sprinklers and escutcheons are packaged separately.

The equipment presented in this bulletin is to be installed in accordance with the latest published Standards of the National Fire Protection Association, Factory Mutual Research Corporation, or other similar organizations and also with the provisions of governmental codes or ordinances whenever applicable. Products manufactured and distributed by Reliable have been protecting life and property for over 80 years, and are installed and serviced by the most highly qualified and reputable sprinkler contractors located throughout the United States, Canada and foreign countries.

Manufactured by

Reliable®

The Reliable Automatic Sprinkler Co., Inc.
(800) 431-1588 Sales Offices
(800) 848-6051 Sales Fax
(914) 829-2042 Corporate Offices
www.reliablesprinkler.com Internet Address



Revision lines indicate updated or new data.

EG. Printed in U.S.A 12/09 P/N 9999970300

Reliable®

Model F3QR Quick Response Dry Sprinklers

Features

1. The Model F3QR sprinkler utilizes Belleville Spring Closure Technology. Reliable is the first in the industry to produce a Quick Response Dry Concealed sprinkler utilizing this technology.
2. Styles available
 - Pendent
 - Recessed FP Pendent
 - Recessed F1 Pendent
 - Concealed
 - Horizontal Sidewall
 - Recessed FP Horizontal Sidewall
 - Recessed F1 Horizontal Sidewall
3. 1½" (38mm) escutcheon adjustment on pendent sprinkler.
4. ½" (13mm) escutcheon adjustment on recessed sprinkler with push-on/ thread-off FP Model Escutcheon ring.
5. 3/8" (9.5mm) cover plate adjustment on concealed sprinkler with push-on/ thread-off CCP Cover Plate.
6. 3/4" (19mm) escutcheon adjustment on recessed sprinkler with F1 Escutcheon.
7. Attractive appearance. Employs 3mm frangible glass bulb and galvanized nipple.
8. Lengths available to accommodate installation dimensions from 2" - to - 48" (51mm - to - 1219mm), in ¼" (6mm) increments.
9. Available in a variety of plated and painted finishes.
10. Polyester Coated Corrosion Resistant Sprinklers.

US Patent Numbers 5,775,431 and 5,967,240.

Approvals

1. Listed by Underwriters Laboratories Inc. and UL Certified for Canada (cULus)

Style	Response	Sprinkler System Type	Hazard
Pendent Recessed Pendent Recessed F1 Pendent CCP Concealed (R5714)	Quick	Wet Pipe Dry Pipe All Preaction	Light Ordinary
Horizontal Sidewall Recessed Horizontal Sidewall (R5734)	Quick	Wet Pipe Dry Pipe All Preaction	Light

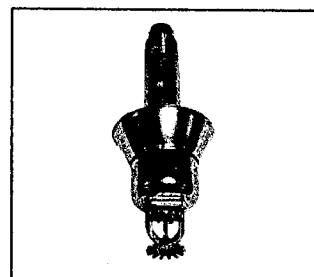
2. Certified by FM Approvals

Style	Response	Sprinkler System Type	Hazard
Pendent Recessed F1 Pendent (R5714)	Quick	Wet Pipe Dry Pipe All Preaction	Light Ordinary, Groups 1&2
Horizontal Sidewall Recessed F1 Horizontal Sidewall (R5734)	Quick	Wet Pipe Dry Pipe All Preaction	Light

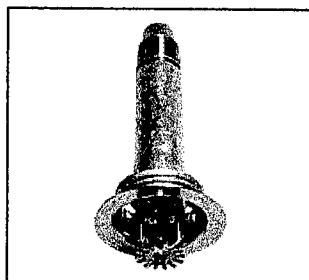
3. NYC MEA 258-93-E



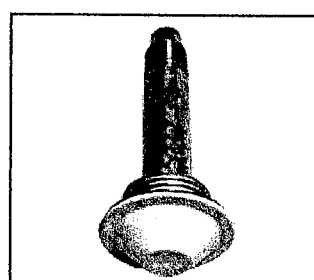
Pendent



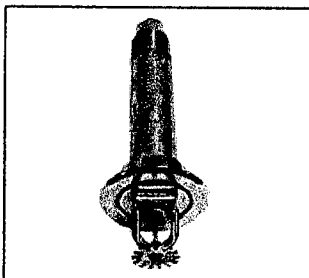
Pendent / HB



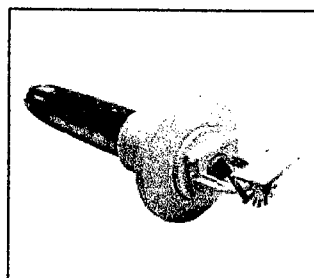
Recessed FP Pendent



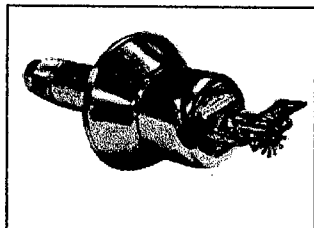
Concealed



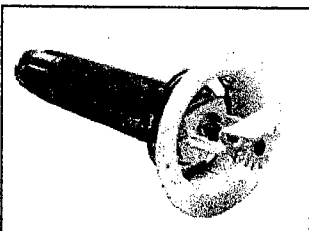
Recessed F1 Pendent



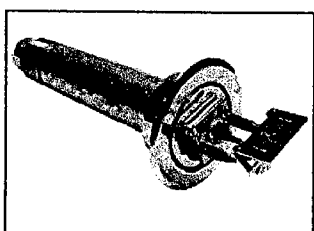
Horizontal Sidewall



Horizontal Sidewall / HB



Recessed FP
Horizontal Sidewall



Recessed F1
Horizontal Sidewall

The Reliable Automatic Sprinkler Co., Inc., 103 Fairview Park Drive, Elmsford, New York 10523

Model F3QR Dry Pendent Sprinkler

"A" Dim. 2" to 48" (51mm to 1219mm) in 1/4" (6mm) increments

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

(1) Other finishes and colors are available on special order.

Consult factory for details.

(2) cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

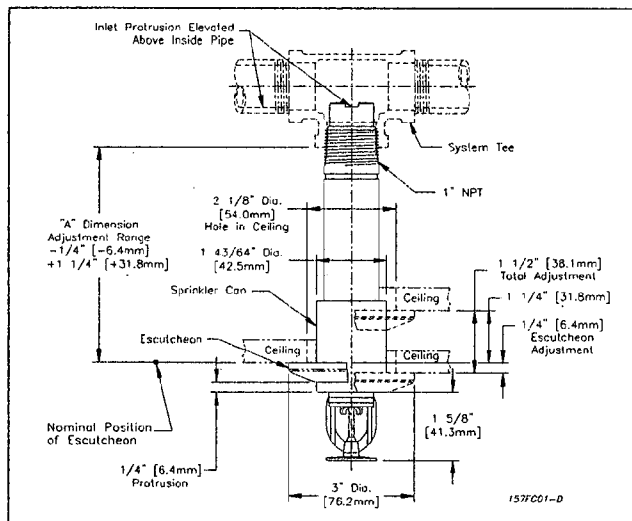


Fig. 1

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/4" (-6mm) to +1/4" (+32mm) "A" dimension adjustment range.

Sprinkler Guard: Model C-2

Sprinkler Installation Wrench: Model G3 Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

Sprinkler can and escutcheon fabricated of brass for better weather resistance in exterior applications.

(1) Listed and Certified only by cULus.

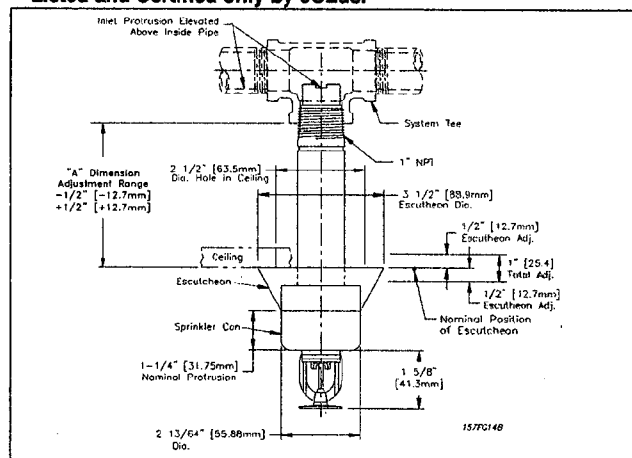


Fig. 2

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/2" (-12.7mm) to +1/2" (+12.7mm) "A" dimension adjustment range.

Model F3QR Dry Recessed FP Pendent Sprinkler

"A" Dim. 3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

(1) Other finishes and colors are available on special order.

Consult factory for details. Cup remains unfinished.

Only the escutcheon will contain desired finish.

(2) cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

Sprinkler cup and FP Escutcheon fabricated of steel and recommended for interior applications.

(1) Listed and Certified only by cULus.

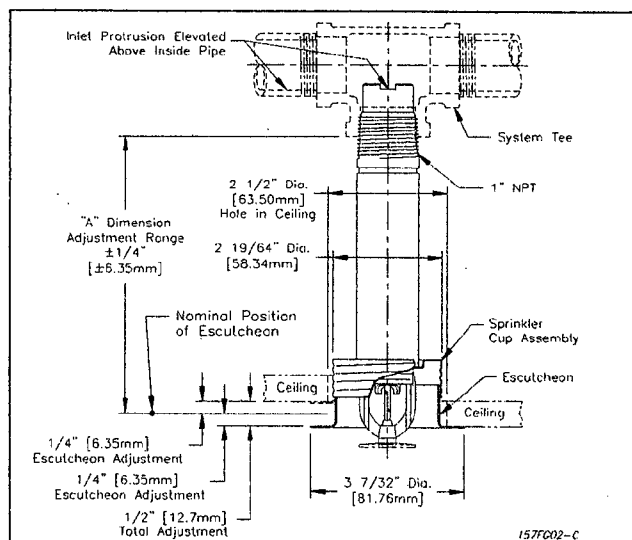


Fig. 3

Note: Do not install the Model F3QR Dry Recessed FP Pendent Sprinkler in ceilings which have positive pressure in space above.

Sprinkler Installation Wrench: Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

Model F3QR Dry Pendent Concealed Sprinkler

"A" Dim. 3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments

CCP Cover Plate ⁽¹⁾ Finishes ⁽²⁾

Standard Finishes	Special Application Finishes
Chrome Plated	Bright Brass Plated
White	Black Plated
	Black Paint
	Off White
	Satin Chrome

⁽¹⁾ Utilizes the 1/2" cover plate with 3/8" total adjustment.

⁽²⁾ Other finishes and colors are available on special order. Consult factory for details.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Cover Plate Temp. Rating	Max. Ambient Temp.
Ordinary	135°F (57°C)	135°F (57°C)	100°F (38°C)
Ordinary	155°F (68°C)	135°F (57°C)	100°F (38°C)
Intermediate ⁽¹⁾	175°F (79°C)	165°F (74°C)	150°F (66°C)
Intermediate	200°F (93°C)	165°F (74°C)	150°F (66°C)
High ⁽¹⁾	286°F (141°C)	165°F (74°C)	150°F (66°C)

Sprinkler cup fabricated of steel and CCP Cover Plate fabricated of brass and recommended for interior applications.

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

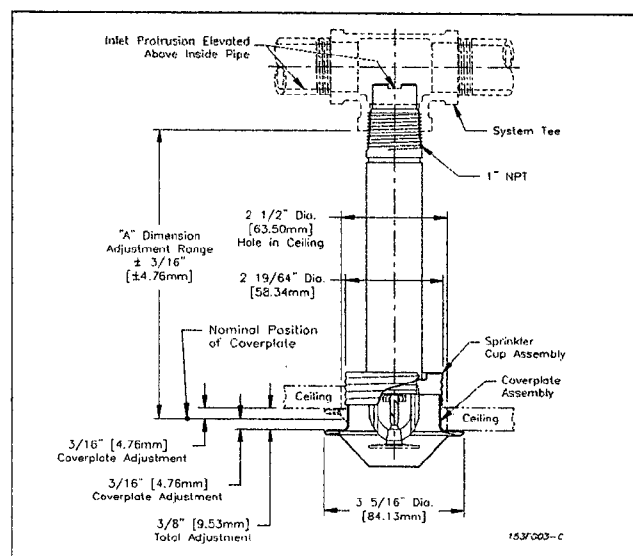


Fig. 4

Note: Do not install the Model F3QR Dry Concealed Pendent Sprinkler in ceilings which have positive pressure in the space above.

Model F3QR Dry Recessed F1 Pendent Sprinkler

"A" Dim. 3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments

Finishes ⁽¹⁾

Sprinkler	Escutcheon	Collar
Chrome Plated	Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White	White

⁽¹⁾ Other finishes and colors are available on special order. Consult factory for details.

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

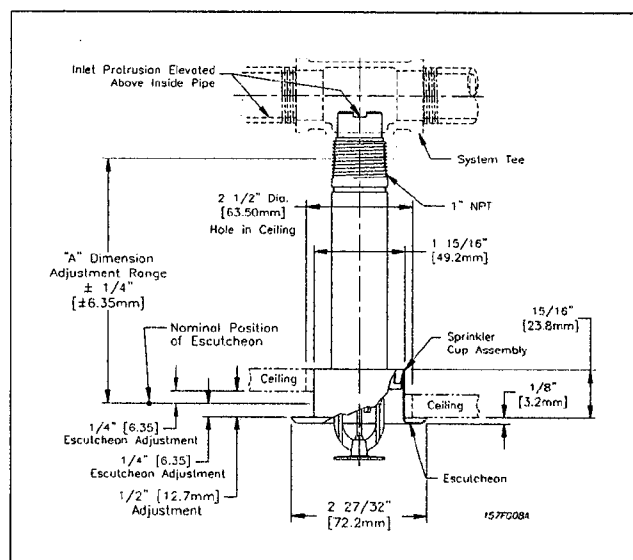


Fig. 5

Model F3QR Dry Horizontal Sidewall Sprinkler

"A" Dim. 2" to 48" (51mm to 1219mm) in 1/4" (6mm) increments

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

⁽¹⁾ Other finishes and colors are available on special order.

Consult factory for details.

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

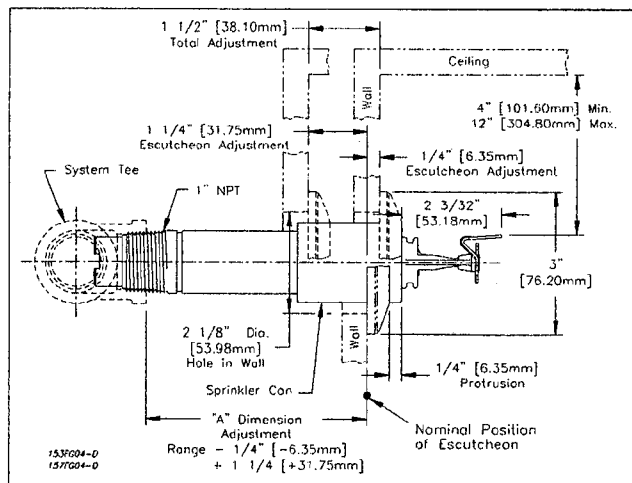


Fig. 6

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/4" (-6mm) to +1 1/4" (+32mm) "A" dimension adjustment range.

Sprinkler Installation Wrench: Model G3 Sprinkler Wrench
Sprinkler Identification Number (SIN): R5734

Model F3QR Dry Recessed FP Horizontal Sidewall Sprinkler

"A" Dim. 3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

⁽¹⁾ Other finishes and colors are available on special order.

Consult factory for details. Cup remains unfinished. "See page 2"

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:
Model G3 R/C Sprinkler Wrench
Sprinkler Identification Number (SIN): R5734

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High	286°F (141°C)	225°F (107°C)	Blue

Sprinkler can and escutcheon fabricated of brass for better weather resistance in exterior applications.

⁽¹⁾ Listed and Certified only by cULus.

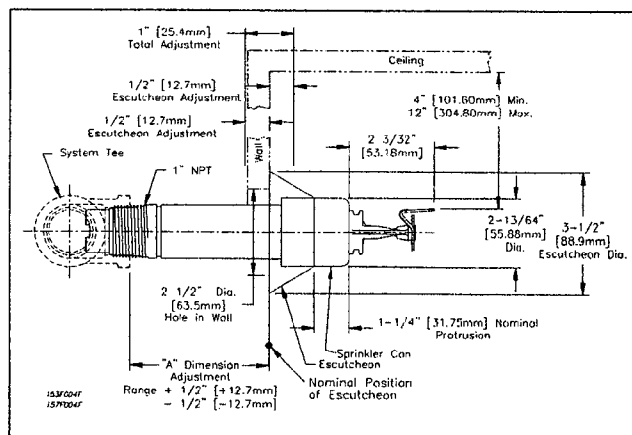


Fig. 7

Note: The sprinkler can protrudes 1 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/2" (-12.7mm) to +1 1/2" (+12.7mm) "A" dimension adjustment range.

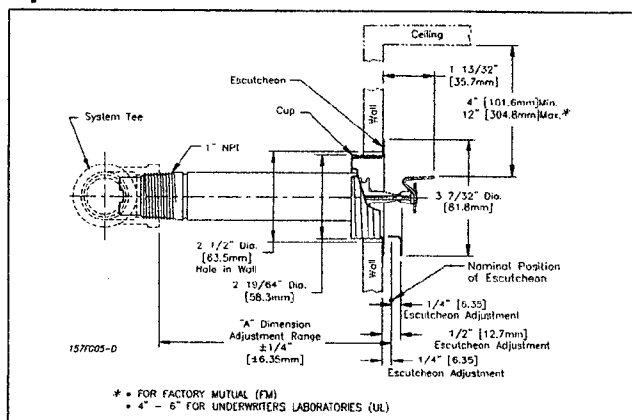


Fig. 8

Notes: Do not install the Model F3QR Dry Recessed FP Horizontal Sidewall Sprinkler in walls which have positive pressure in their side space.

- Listed by cULus for Quick Response. Approved by FM for Standard Response.
- Recessed Horizontal sidewall sprinklers are listed with cULus for installation of min. 4" (100mm) - to - max. 6" (150mm) below ceiling and approved by FM for installation of min. 4" (100mm) - to - max. 12" (300mm) below ceiling.

Model F3QR Dry Recessed F1 Horizontal Sidewall Sprinkler

"A" Dim. 3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments

Finishes ⁽¹⁾

Sprinkler	Escutcheon	Collar
Chrome Plated	Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White	White

⁽¹⁾ Other finishes and colors are available on special order.

Consult factory for details.

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5734

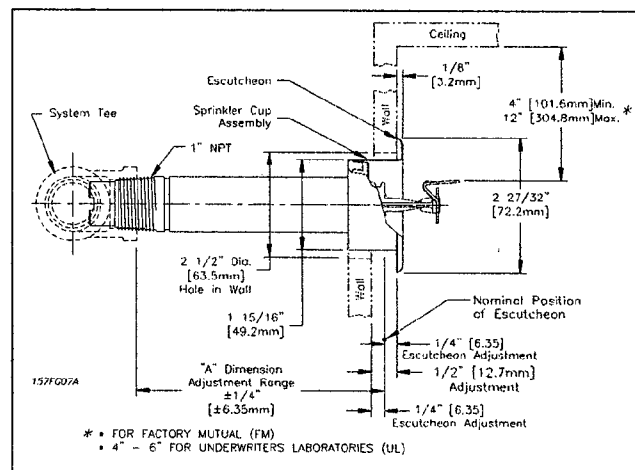


Fig. 9

- Listed by cULus for Quick Response. Approved by FM for Standard Response.
- Recessed Horizontal sidewall sprinklers are listed with cULus for installation of min. 4" (100mm) - to - max. 6" (150mm) below ceiling and approved by FM for installation of min. 4" (100mm) - to - max. 12" (300mm) below ceiling.

Technical Data:

Orifice Size: 1/2" (15mm)

Thread Size: 1" NPT per ANSI B2.1

Working Pressure: 175 psi (12 bar)

Nominal K Factor - US / (Metric): 5.6 / (80)

Product Description

Reliable Model F3QR Dry Sprinklers are quick response sprinklers utilizing a durable 3mm frangible glass bulb. This quick response enables these sprinklers to apply water to a fire much sooner than standard response sprinklers of the similar temperature rating.

Model F3QR Dry Sprinklers are intended for use in dry and preaction systems and in areas subjected to freezing temperatures, such as freezers and unheated portions inside and outside buildings.

Environments wherein dry sprinklers are employed can be corrosive. For this reason, Model F3 Sprinklers have a special wax fillet placed in the gap between the cup that supports the bulb and the wrenching boss. This wax will not interfere with the operation of the sprinkler, and it prevents contaminants from entering the internal portion of the drop nipple. The wax must not be removed.

Operation

The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response. When the temperature increases sufficiently, due to a fire, the bulb shatters allowing operating parts to clear the waterway. This enables the inlet seal to release air or water and subsequently, cause water flow over the deflector in a uniform spray pattern, controlling or extinguishing the fire.

Ordering Information

Specify:

1. Sprinkler Type (select one):
 - (a) Model F3QR Dry Pendent
 - (b) Model F3QR Dry Pendent/HB
 - (c) Model F3QR Dry Recessed FP Pendent
 - (d) Model F3QR Dry Recessed F1 Pendent
 - (e) Model F3QR Dry Concealed Pendent
 - (f) Model F3QR Dry Horizontal Sidewall
 - (g) Model F3QR Dry Horizontal Sidewall/HB
 - (h) Model F3QR Dry Recessed FP Horizontal Sidewall
 - (i) Model F3QR Dry Recessed F1 Horizontal Sidewall
2. Sprinkler Temperature Rating.
3. Sprinkler Finish.
4. Escutcheon type (F1 or FP).
5. Cover Plate/Escutcheon Finish.
6. Length:

"A" Dimension (face of tee to face of ceiling or wall) in 1/4" (6mm) increments.
7. Model F3QR Dry Pendent (a) is available without sprinkler can and escutcheon.

Note:

1. The "A" dimension is based on a nominally gauged pipe thread "make-up" of 0.600" (15mm) per ANSI B2.1 [7 1/2 threads approximately].
2. All platings and paintings are decorative and intended for interior use.

General Installation Instructions

Model F3QR dry sprinklers must be installed only in standard (ANSI B 16.3 class 150 and ANSI B 16.4 class 125) pipe tees in the horizontal position, even at branch line ends. They should not be installed into elbows or pipe couplings located on drop nipples to the sprinklers. For these and other fittings including CPVC*, the dry sprinkler should be installed into a fitting to allow protrusion into the fitting in accordance with the diagrams. The "A" dimension of the dry sprinkler, which extends into the freezers or a freezing zone from wet pipe systems, should be selected to provide, as a minimum, the specified lengths in inches shown in Fig. 10.

Caution:

Do not install Model F3QR Dry sprinklers into CPVC adapter fittings or tees that have an internal obstruction. This will damage the sprinkler and /or the fitting. Refer to Fig. 11.

During installation, the following steps must be followed:

1. Cut the specified size hole (see illustrations) for the sprinkler in the ceiling or wall directly in line with the tee.
2. Apply pipe joint compound to the 1" (25mm) pipe threads and install sprinkler using the Model G3 or G3 R/C Sprinkler Wrench as specified.
3. Install the Model FP push-on / thread-off escutcheon or CCP cover plate if required.

Note: Installation of the Model F3QR Sprinklers is not recommended in copper pipe systems, as this may reduce the life expectancy of the sprinklers.

Model F3QR Concealed and Recessed Installation Instructions

- The Model G3 R/C wrench (Fig. 12) is designed to locate on the wrenching pads of the recessed sprinkler while centering in the cup. A standard ½" drive ratchet may be used to drive this wrench. Fig. 13 and Fig. 14 show sequentially the insertion of the wrench. First the wrench, with its jaws above the sprinkler deflector, is moved laterally until centered with the cup. Then raise the wrench inside of the cup until its jaws engage the sprinkler's square wrenching pads (Fig. 14). To remove the wrench, follow this procedure in reverse order. Care should be taken to avoid striking the deflector, with the wrench.
- Model G3 Wrench (Fig. 15) is used for installation of Pendent and Horizontal Sidewall sprinklers.
- Glass bulb sprinklers have orange bulb protectors to minimize bulb damage during shipping, handling and installation. REMOVE THIS PROTECTION AT THE TIME THE SPRINKLER SYSTEM IS PLACED IN SERVICE FOR FIRE PROTECTION. Removal of the protectors before this time may leave the bulb vulnerable to damage. RASCO wrenches are designed to install sprinklers when covers are in place. REMOVE PROTECTORS BY UNDOING THE CLASP BY HAND. DO NOT USE TOOLS TO REMOVE THE PROTECTORS.

Maintenance

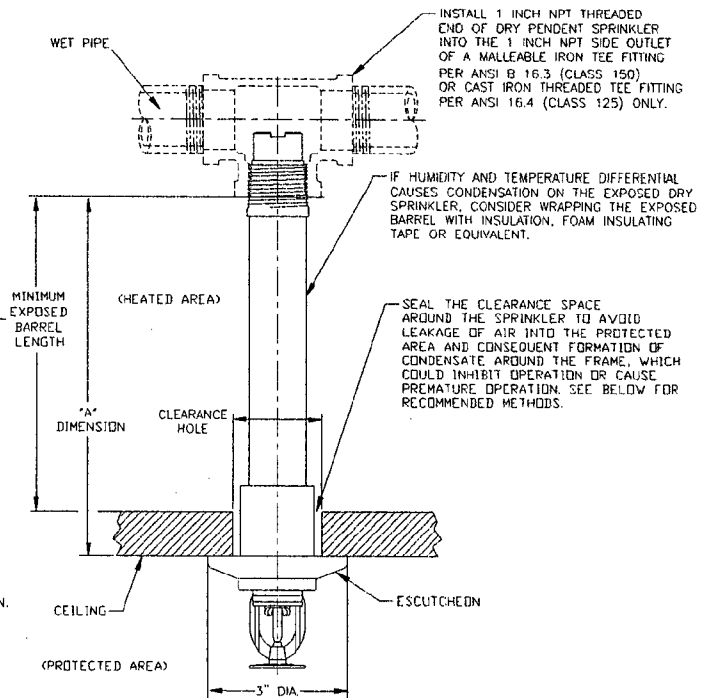
The Model F3QR Quick Response Dry Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not remove the factory applied thermally sensitive wax fillet between the bulb supporting cup and the wrenching boss. Do not replace this wax with a substitute substance. An Alternate substance may interfere with proper operation of the sprinkler. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gently vacuuming. Remove any sprinkler which has been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to installation, sprinklers should be maintained in the original cartons and packaging until used to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

RECOMMENDED EXPOSED MINIMUM BARREL LENGTH BASED ON AMBIENT TEMPERATURE IN THE PROTECTED AREA
(STANDARD DRY PENDENT SPRINKLER SHOWN)

AMBIENT TEMPERATURE OF PROTECTED AREA* AT THE DISCHARGE END OF THE SPRINKLER	EXPOSED BARREL AMBIENT TEMPERATURE		
	40°F/4°C	50°F/10°C	60°F/16°C
	EXPOSED MINIMUM BARREL LENGTH** (FACE OF TEE TO TOP OF CEILING)		
	IN. (MM)	IN. (MM)	IN. (MM)
40°F (4°C)	0	0	0
30°F (-1°C)	0	0	0
20°F (-7°C)	4 (101)	0	0
10°F (-12°C)	8 (203)	1 (25.1)	0
0°F (-18°C)	12 (305)	3 (75)	0
-10°F (-23°C)	14 (356)	4 (101)	1 (25.1)
-20°F (-29°C)	14 (356)	6 (152)	3 (75)
-30°F (-34°C)	16 (406)	8 (203)	4 (101)
-40°F (-40°C)	18 (457)	8 (203)	4 (101)
-50°F (-46°C)	20 (508)	10 (254)	6 (152)
-60°F (-51°C)	20 (508)	10 (254)	6 (152)

* THE PROTECTED AREA REFERS TO THE AREA BELOW THE CEILING. THE AMBIENT TEMPERATURE IS THE TEMPERATURE AT THE DISCHARGE END OF THE SPRINKLER.
FOR PROTECTED AREA TEMPERATURES THAT OCCUR BETWEEN THE VALUES LISTED, USE THE NEXT COOLER TEMPERATURE.

**THE MIN. REQUIRED BARREL LENGTH IS NOT THE SAME AS THE 'A' DIMENSION. NOTE: EXPOSED MINIMUM BARREL LENGTHS ARE INCLUSIVE UP TO 30MPH WIND VELOCITIES IN THE PROTECTED AREA.



RECOMMENDED EXPOSED MINIMUM BARREL LENGTHS ALSO APPLY TO HORIZONTAL SIDEWALL DRY SPRINKLERS

RECOMMENDED DRY SPRINKLER SEAL ARRANGEMENTS
(STANDARD DRY PENDENT SPRINKLER SHOWN)

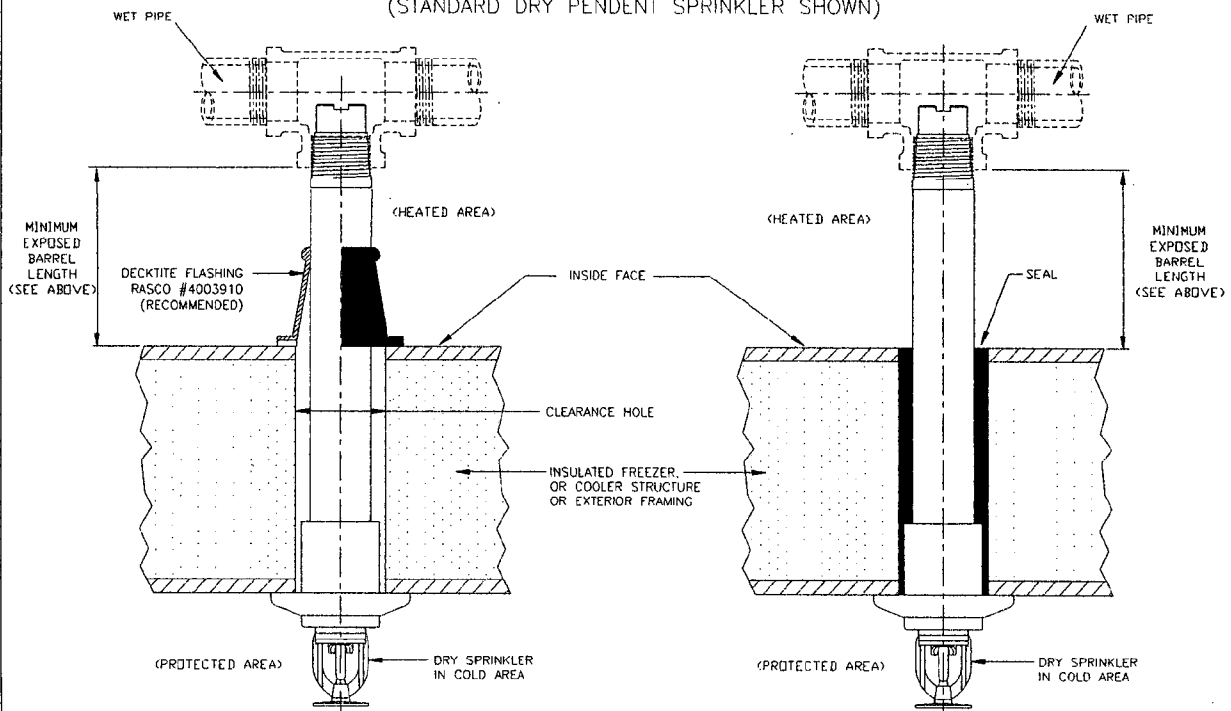
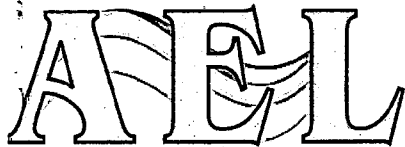


Fig. 10

Please Put this
in the Quaker
Steak Jacket

11/14/12
#

Thank
Mike



671 1.01

12-13

12-1486

AASHTO Accredited

STRUCTURAL STEEL INSPECTION REPORT

Client: National Contracting Group **Date:** 08/03/12
Project: Quaker steak& lube **Project #:** _____
Project
Address: 1036 Cedar Bridge Avenue, NJ **Report #:** _____

Per the request of the client, a representative of Atlantic Engineering Laboratories Inc. (AEL) arrived at the above noted site to perform a structural steel inspection. The following is a summary of our observations:

Services Provided (Check All That Apply)

- | | |
|--|--------------------------------------|
| ☐ Plumbness | ☐ Metal Deck |
| ☒ Bolted Connections | ☐ Shear Studs |
| ☒ Welded Connections | ☐ Roof Deck |
| ☐ NDE Services (Specify): _____ | |
| ☐ Other (Specify): _____ | |

Location of Work Inspected: _____
Structure steel framing Connections at the canopy area

Observations: _____

- Visual inspection was performed to a structure steel framing at the above mentioned location for the bolted connections. A325 bolts were installed as per design details, bolts are fully tightened
- Visual Inspection of welds was performed in accordance with 2010 AWS D1.1 Section 6 and IBC 2009 chapter 17 section 1704 at the above mentioned location

Drawing S110, S210 dated 10/28/2011 were used

Discrepancies: _____

Not observed

Follow-up Inspection Required: ☐ Yes ☒ No

Technician: Ayman Mikhael

WELDER AND WELDING OPERATOR QUALIFICATION TEST RECORD

Welder or welding operator's name FIGIRI SKENDAJ Identification no. 3642
Welding process SMAW Manual ☒ Semiautomatic _____ Machine _____
Position 3G UPWARD

(Flat, horizontal, overhead or vertical — If vertical, state whether upward or downward)
In accordance with procedure specification no. _____

Material specification A572

Diameter and wall thickness (if pipe) — otherwise, joint thickness _____

Thickness range this qualifies UNLIMITED 1 INCH

Specification no. AWS A5.1

FILLER METAL

Describe filler metal (if not covered by AWS specification) _____ Classification E7018 MP F no. 4

Is backing strip used? YES

Filler metal diameter and trade name 1/8
ESY ARC / LINCOLN

Flux for submerged arc or gas for gas metal arc or flux cored arc welding _____

Appearance EXCELLENT Undercut NONE

VISUAL INSPECTION (9.25.1)

Piping porosity NONE FOUND

Guided Bend Test Results

Type	Result	Type	Result
<u>SIDE</u>	<u>ACCEPTABLE</u>	<u>SIDE</u>	<u>ACCEPTABLE</u>

Test conducted by L E LUDWICK
per _____

Laboratory test no. 3642-7018MP

Test date 8/22/01

Appearance _____

Filler Test Results

Fracture test root penetration _____

Filler size _____

Macroetch _____

(Describe the location, nature, and size of any crack or tearing of the specimen.)

Test conducted by _____

Laboratory test no. _____

Test date _____

RADIOGRAPHIC TEST RESULTS

Film identification	Results	Remarks	Film identification	Results	Remarks

Test witnessed by _____
per _____

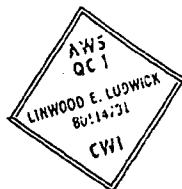
Test no. _____

We, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in accordance with the requirements of AASHTO/AWS D15. (1995) Bridge Welding Code.
(year)

Manufacturer or contractor TCI

Authorized by L.E. Ludwick

Date 8/22/01



INSPECTOR: Russell Harris

DATE: Mon. 10/1/12

JOB: Quaker Steak & Lube SECTION:

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: 1036 Cedar Bridge Ave.

TEMPERATURE: 70's

BLOCK: 468
671

LOT: 1,5 & 8
2,8 & 11

**ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

Paul Delo

MUNICIPAL ENGINEER

I _____, Authorized representative of
_____, hereby acknowledge the
above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution
thereof within _____ days of the issuance of Certificate of Occupancy.

C-12-001392 + D
4/8/12
12-1486 + D

Update

Date Received
Control #
Date Issued
Permit #

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 sign/Contractor sign and seal here:

Print name here: Tony Amecorico

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new F.O., FS

Any Kitchen Equipment

FIXTURE/EQUIPMENT	QTY	FEE (Office/Use Only)
Water Closet	7	
Urinal/Bidet	2	
Bath Tub		
Lavatory		
Shower		
Floor Drain		
Sink		
Dishwasher		
Drinking Fountain		
Washing Machine		
Hose Bibb		
Water Heater		
Fuel Oil Piping		
Gas Piping		
LP Gas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Grease Trap		
Sewer Connection		
Water Service Connection		
Stacks		
Other		

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

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block: 1036 Cedar Bridge Ave, Brick, NJ 08723

Work Site Location: QUAKER STREET LUBE

Owner in Fee: QSL of brick LLC

Tel: (201) 818-4669 e-mail: jgrosso@dohertyinc.com

Address: 7 Pearl Court, Allendale, NJ 07401

Contractor: All American Backflow, Tel: (332) 239-8365

Address: 38 Clark Dr, Howell, NJ 07731 e-mail: plummer4@optonline.net

Contractor License No: NJMPL 10803 Exp. Date: 6/30/2013

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

Federal Emp. ID No: 45-2380451 FAX: (332) 202-8957

B. PLUMBING CHARACTERISTICS

Use Group: Present Proposed

Building Sewer Size: 4" Public Sewer: X Private Septic: X

Water Service Size: Public Water: X Private Well: X

Est. Cost of Plumbing Work: \$ 40,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial - Underslab Utilities Approved
Date: 06-25-12 PA
08-13-12 PA
Approved by: [Signature]
Date: 06-25-12 PA
Approved by: [Signature]
Joint Plan Review Required:
[] Bldg. [] Elec. [] Fire. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 09-19-12
Approved by: [Signature]
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: 9-25-12
Approved by: [Signature]

INSPECTIONS
Type: Slab Rough Water Sewer
Fixtures Gas Equipment Gas Piping LP Gas Tank Fuel Oil Piping Solar TCO Final
Dates (Month/Day)
Failure Approval Initial
09-19-12 06-25-12 PA 08-13-12 PA
09-13-12 09-20-12 PA

06-26-12 PA

- ① UNDERGROUND WATER LINES TO OUTSIDE BRR IS OK

07-19-12 PA

- ① NEED NEW MEASURE GAS DRAINING TO INSPECT TEST PRESSURE IS OK

08-19-12 PA

- ① ROUGH IS OK EXCAVATION INSIDE BRR AND THE OUTSIDE BRR. OK
- ② MOVING OUTSIDE BRR FLOOR DRAIN - NEEDS TO BE REINSPECTED WHEN READY

08-01-12 PA

- ① INSIDE AIR SINK VENTING - OK

08-13-12 PA

- ① REPAIR ~~AND~~ NEED COMPOSITE

09-13-12 PA

- ① ICE MACHINE NEED AIR GMS - OK
- ② WATER SUPPLY TO SOAK MACHINES - OK
- ③ NEED BACKFLOW PREVENTER (BEFORE OF STORE)
- ③ EMPLOYEES BARRIER FREE TOILET - OK
- ④ NEED DEHUMIDIFIER SPECS FEE - OK
- ⑤ TEMPERATURE 180° WATER - OK
- ⑤ NO HOT WATER - OK

09-20-12 PA

09-18-12 PA

09-18-12 PA

- ① IF 2 NOT DONE OK
- ② POST WITHIN DIVISION - OK
- ③ WATER 144 - OK

09-20-12 PA



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Initial Physical Connection Test & Maintenance Report

Date of test 9 / 14 / 12

Instructions: After installation both pages of this form are to be completed for the initial test of each proposed Physical Connection Backflow Prevention Valve, performed by a Certified Tester and shall be submitted to the Department of Environmental Protection, Division of Water Supply, Bureau of Water Systems and Well Permitting.

To: NJ DEP
Division of Water Supply
Bureau of Water Systems and Well Permitting
PO Box 426
Trenton, NJ 08625-0436

From: (Name of Permit Holder)

Quaker Steak and Lube

1036 Cedarbridge Rd.

Brick, N.J. 08753

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Location of Valve

Manufacturer: Watts ☐ RPZ ☐ DCVA ☒ AVBModel Number: 800 M-4 Size: 1"Serial Number: 662197

Comments and Notations: _____

Lawn sprinkler supply lineoutside of water heaterroom on east side of building**PASSED**

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	1 st Check	2 nd Check	Relief Valve	1 st Check	2 nd Check
Initial Test	Closed Tight ☐	Closed Tight ☐	Opened at _____ psid	OK ☐	OK ☐
Passed ☒	at <u>2.2</u> psid	at <u>N/A</u> psid	<u>1.8</u> psid		
Leaked ☐		Leaked ☐			
Failed ☐	No. 2 Shut-off Valve Closed Tight ☒	By-pass Used ☐	Did Not Open ☐	Failed ☐	Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐	Closed Tight ☐	Opened at _____ psid	OK ☐	OK ☐
	psid	psid	psid		

Certification by the Certified Tester

I hereby certify that on 9 / 14 / 12 the Backflow Prevention Device listed on this form was functioning satisfactorily at the time of the test.

Name of Firm: ALL AMERICAN BACKFLOWAddress: 38 CLARK DR. HOWELL, N.J. 07731Certified Testers Name: TONY ANNECHARICOTitle: OWNER

Certified Testers Signature: _____

Date: 9/14/12Certifying Authority: U. A. Local #9 Training CenterCert. ID #: 273-LU#9Exp. Date: 7/13/14



PLUMBING SUBCODE TECHNICAL SECTION



Update

9-19-12

Date Received
Control #

Date Issued
Permit #

12-1486+E

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

Block 671 Lot 1.01 Qualification Code 300

Work Site Location Brick 1036 Cedarbridge Ave.

Owner in Fee: Quaker Steak + Lube

Tel. () e-mail Brick 15

Address 1036 Cedarbridge Ave Municipality Brick 15

Contractor: All American Backflow Tel. (732) 239-8365

Address 38 Clark Dr. e-mail Howell 15 07731

Contractor License No. 10803 Exp. Date 6-30-13

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

Federal Emp. ID No. 45-2388451 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Private Well

Building Sewer Size Public Water Private Well 15,000

Water Service Size Est. Cost of Plumbing Work \$

Est. Cost of Plumbing Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underlab Utilities Approved

Date 08-12-12 Approved by: PH

☐ Plumbing Plans Approved

Date: 9-18-12 Approved by: BA

Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-25-12 Approved by: 2

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCQ ☐ CA

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 sign/Contractor sign and seal here:

Print name here: Tony Annunzio

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. 1

RESTAURANT RENOVATION.

FEATURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater Replacement

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer Amend copy

Greasetrap

Sewer Connection

Water Service Connection

Stairs walk in cooler

Other Roof Top Compressor

COMMERCIAL

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

9-19-12
12-14864F

Date Issued
Permit #

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

Block 671 Lot 1.01 Qualification Code 101
Work Site Location 1036 Cedarbridge Ave.

Owner in Fee Buckeys Creek & Lube.

Tel. () e-mail Brick NJ

Address 1036 Cedarbridge Ave. Municipality Brick Zip code 08803

Contractor All American Backflow Tel. () 233-8345

Address 38 Clark Dr. e-mail Howell NJ 07731

Contractor License No. 10803 Exp. Date 6-30-13

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

Federal Emp. ID No. 45-2380451 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Private Well

Building Sewer Size Public Water

Water Service Size 400.00

Est. Cost of Plumbing Work \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: 9-18-12 Approved by: [Signature]

Joint Plan Review Required: Plumbing Plans Approved

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-18-12 Approved by: 32

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 9-25-12

Approved by: 2

INSPECTIONS

Type: Slab Failure Failure Approval Approval Initial Initial

Rough Failure Failure Approval Approval Initial Initial

Water Failure Failure Approval Approval Initial Initial

Sewer Failure Failure Approval Approval Initial Initial

Fixtures Failure Failure Approval Approval Initial Initial

Gas Equipment Failure Failure Approval Approval Initial Initial

Gas Piping Failure Failure Approval Approval Initial Initial

LP Gas Tank Failure Failure Approval Approval Initial Initial

Fuel Oil Piping Failure Failure Approval Approval Initial Initial

Solar Failure Failure Approval Approval Initial Initial

TCO Failure Failure Approval Approval Initial Initial

Final Failure Failure Approval Approval Initial Initial

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 sign/Contractor sign and seal here: [Signature]

Print name here: Tony Sanchez

D. TECHNICAL SITE DATA ☐ Licensed Plumbing Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK

Replace Backflow Preventer on Lawn Sprinkler.

QTY. 1

FIXTURE/EQUIPMENT Water Closet

Unal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Administrative Surcharge \$ 61
Minimum Fee \$ 61
State Permit Surcharge Fee \$ 61
TOTAL FEE \$ 61



APPLICATION FOR CERTIFICATE

Date Received 4/24/2012
Date Permit Issued 6/5/2012
Control # C-12-001392
Permit # 12-1486
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier _____
Work Site Location 1036 Cedar Bridge Rd. Brick Township, NJ Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Owner in Fee FEDERAL REALTY INVESTMENT TRUST Telephone 6144366001
1626 EAST JEFFERSON ST ROCKVILLE MD Lic. No. or Bldrs. Reg. No. _____
20852 Federal Employee No. 20-4453383
Telephone _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ A-2 _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 662500

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Final Engineering OK

DESCRIPTION OF WORK/USE:

Alteration TENANT FIT UP Quaker Steak and Lube

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

Owner/Agent

☐ OWNER

☐ AGENT

INSPECTOR: Russell Harris

JOB: Quaker Steak SECTION:
& Lube

WEATHER: Overcast

TEMPERATURE: 70's

DATE: Thurs. 9/20/12

TYPE OF WORK: Employee Training Only

LOCATION: 1036 Cedar Bridge Ave.

BLOCK: 468
671

LOT: 1,5 & 8
2,8 & 11

**ENGINEERING RECOMMENDATIONS FOR
CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	Store Set-up (Interior)	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☒ TEMP. C.O. - Expire Mon. 10/15/12

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[Signature Box]

PLANNING BOARD ENGINEER

[Signature Box]

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 6061 671 011 Lot 179342111101 Qualification Code 01
Work Site Location 1036 Cedar Brook Road Denville NJ

Owner in Fee: Kobe Top LLC
Tel. (201) 818-4464 e-mail ggrossodcheckinc.com

Address 7 Part of Airport NJ 07461
Contractor: Signs Inc street municipality zip code
Address 2177 Bennett Rd e-mail sewinc@signsinstall.com
Tel. (866) 349 5444

Contractor License No. or Builder Registration No. PA 19116 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 02-0566091 FAX: (215) 676-3269

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Failure	Failure	Approval	Initial
☒ All <u>5/31/12</u>	<u>12</u>	<u>W</u>	☒ Footing	<u>over</u>	<u>6/29/12</u>	<u>W</u>	<u>W</u>	<u>W</u>	<u>W</u>
☐ No Plans Required			☐ Footings/Foundations						
☐ Structural/Framework			☐ Foundation						
☐ Exterior			☐ Slab						
☐ Interior			☐ Frame						
☐ Joint Plan Review Required:			☐ Truss Sys./Bracing						
☐ Elec. ☐ Plumb. ☐ Fire. ☐ Elevator			☐ Barrier-Free						
☐ SUBCODE APPROVAL FOR PERMIT			☐ Insulation						
☐ SUBCODE APPROVAL FOR CERTIFICATE			☐ Finishes - Base Layer						
☐ Date: <u>5/31/12</u>			☐ Finishes - Final						
☐ Approved by: <u>W</u>			☐ Energy						
☐ CO ☐ CCO ☐ CA			☐ Mechanical						
☐ Date: <u>4-18-12</u>			☐ TCO						
☐ Approved by: <u>W</u>			☐ Barrier-Free						

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.	\$ <u>50,000</u>	
Volume of New Structure			2. Rehabilitation	\$ <u>50,000</u>	
Max. Live Load			3. Total (1 + 2)	\$ <u>50,000</u>	
Max. Occupancy Load					

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.
Sign here: Robert Gross

Print name here: Robert Gross
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install new signs and
signs per plans as approved
by Planning Board

Wagon Tech C.P.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other Removals
- ☐ Demolition

FEE (Office Use Only)

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

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

SECTION
ENCLOSURE

~~6/29/12 no Fuel Appud~~

Waiting Area

Slab Appud

~~Q New Office~~

7-16-12 Footing - App. G.P.

7-20-12 Footing Sign By Road App G.P.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 601 Lot 101 Qualification Code 101
Work Site Location 1036 Cedar Bridge Ave Buick NJ 08723

Owner In Fee: QSL of Brick LLC

Tel. (201) 818-4669 e-mail _____

Address 7 Pearl Court Allendale NJ 07401

Contractor: National Contractors Assoc Tel. (614) 436-6001

Address 630 Lakewood Plaza Blvd Suite C e-mail brookercencyon@comcast.net

Contractor License No. or Builder Registration No. N/A Exp. Date N/A

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 20-4453383 FAX: (614) 436-6005

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
☐ No Plans Required			☒ Footing	Foundation		8-12-12	C.P.
☐ All			☒ Footings/Foundations	Foundation		8-14-12	C.P.
☒ Structural/Framework			☒ Exterior	Frame		8-14-12	C.P.
☐ Interior			☐ Truss Sys./Bracing				
Joint Plan Review Required:			☐ Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Insulation				
SUBCODE APPROVAL FOR PERMIT			☐ Finishes - Base Layer				
Date:			☐ Finishes - Final				
Approved by:			☐ Energy & Climate				
SUBCODE APPROVAL FOR CERTIFICATE			☐ Mechanical				
☐ CO ☐ CA			☐ TCO				
Date:			☐ S.H.				
Approved by:			☐ Final				
			☐ Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present A2 Proposed A2

No. of Stories 2

Height of Structure 29'4" ft.

Area — Largest Floor 6881 sq. ft.

New Bldg. Area/All Floors 6881 sq. ft.

Volume of New Structure 6881 cu. ft.

Max. Live Load 330

Max. Occupancy Load 330

Constr. Class Present VB Proposed VB

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 600,000
2. Rehabilitation \$ 0
3. Total (1+2) \$ 600,000

U.C.C. F110 (rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Bruce R. Raker

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fit out existing Cherry's Rest to new QSL

Must update for reprogramming

FEE (Office Use Only)

\$ _____

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

Height (exceeds 6')

Sq. Ft.

600,000

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 6-5-12
Control # 12-1486
Date Issued
Permit #

6-20-12 Footing, PARING

1) DUMPSTER AREA

2) NEW OFFICE AREA

7-3-12 Footing, RET

NOT READY

7-9-12 Footing - FRONT, KUTTING APP. C.P.

FOOTING, COMPLETE

7-12-12 Slab - FRONT ENT. APP. G.P.

7-23-12 Shear N - Pic for shear to top double plate

LETTER FROM ARCH FOR NEW CHANNEL WELDED TO METAL SPOD, FRONT ENT.

8-6-12 Shear N APP M.V. - STICKER ON SITE

HUSKIES ENGINEERING, LLC

August 14, 2012

Mr. Gordon Gross
Director of Construction
Doherty Enterprises, Inc.
7 Pearl Court
Allendale, NJ 07401

Re: Quaker Steak & Lube, Structural Review of Suspended Cars
1036 Cedar Bridge Road, Brick, NJ

Dear Mr. Gross:

Per your request, Huskies Engineering LLC visited the site on August 8, 2012 to review the two cars suspended from the roof construction. This review includes the review of the as-built construction of the structural construction plans prepared by Robert T. Vucich, P.E., Dublin, OH.

The one car, a Corvette is suspended from four cables, with each pair of cables suspended from a single 5.25" x 9.25" Parallam (PSL). The car is suspended near the upper end of the PSL. The upper end of each PSL is connected to a rim board with face mounted metal beam hangers.

The second car is also suspended from four cables. Each pair of cables is supported from two doubled 1400S200-68 (14" deep, 2" flange, 14 gage) roof joists. Each pair of cables is then supported from four 14" joists. The 14" joists are clipped to the end studs with (5)-#10 screws. The cables are wrapped around a structural tee section welded to each pair of doubled joists.

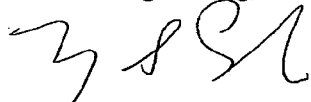
These cars were conservatively checked as 3000 pounds each (or 750 pounds per hangers). At this 3000 pound suspended load along with the full snow and dead loads, the structure was at less than 50% of its allowable capacity. The roof construction can safely support these two cars as they are constructed.

Please give me a call if you have any further questions regarding this letter, observations, and its opinions.

Sincerely,

HARD COPY TO FOLLOW. G.P.

Huskies Engineering, LLC



Timothy S. Czarnik, P.E.
NJ Professional Engineer 35196



BUILDING SUBCODE TECHNICAL SECTION



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

Block 408 Lot 1.01 Qualification Code 920A
Work Site Location 1034 Cedar Bridge Road

Owner In Fee: Lucy 114 LLC

Tel. (201) 818 4405 e-mail ggrossed@dohefyne.com

Address 7 Pearl Court Alpena NJ 07401

Contractor: National Contractors Group 43085 Tel. (614) 436-6001

Address 690 Lakewood Plaza 43085 e-mail brucker@ncgsho.com

Contractor License No. or Builder Registration No. 43085 Exp. Date 6/14/2005

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 644 FAX: (614) 436 6005

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required								
☐ All				Footings				
☐ Footings/Foundations				Footings Bonding				
☐ Structural/Framework				Foundation				
☐ Exterior				Slab				
☐ Interior				Frame				
☐ Joint Plan Review Required:				Truss Sys./Bracing				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Barrier-Free				
☐ SUBCODE APPROVAL FOR PERMIT				Insulation				
Date:				Finishes -Base Layer				
				Finishes -Final				
Approved by:				Energy				
				Mechanical				
☐ CO ☐ CC ☐ CA				TCO				
Date:				Other				
Approved by:				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.		
Volume of New Structure			2. Rehabilitation		
Max. Live Load			3. Total (1+2)		
Max. Occupancy Load					

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.

Sign here: Steven A. Johnson

Print name here: Steven A. Johnson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Been Removal of old Chevy's equipment and furniture, finishes and decor, remove partitions as necessary for new fit out

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Retaining Wall	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other	
☐ Demolition	

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



JMC
NEW JERSEY
CONSTRUCTION
CORP.

JOB SUMMARY: (Office Use Only)

Date: 7/8/20
Approved by: SS

Applicant's Signature/Contractor's Seal and Signature
☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant
☐ Licensed Elec. Contractor

FEE (Office Use Only)

Urs ent

TOTAL FEE \$

7-16-12

SLIP ONDOORWAY

KITCHEN WALLS & BACK OF KITCHEN

PORT ROUGH POS STAYED CUBS

WALL TO KITCHEN CUBS

DRIVE CEILING KITCHEN CUBS

8-3-12

BACK ROUGH

8-16-12

FRONT ENTRY ROUGH
BACK OFFICE OK
OUTSIDE BAR



PLUMBING SUBCODE TECHNICAL SECTION



Update

9-14-12

Date Received
Control #
Date Issued
Permit #

608917
12-14-86-1E

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

Block 611 Lot 1036 Qualification Code 1036

Work Site Location 1036 Cedar Bridge Ave

Owner in Fee: Ch. K. Smith, LLC

Tel. (1036) Cedar Bridge Ave e-mail Ch. K. Smith, LLC

Address 1036 Cedar Bridge Ave Municipality MS

Contractor: 38 Clark Dr. e-mail 38 Clark Dr. Tel. (730) 237 8365

Address Ho. cell MS 07731 e-mail 38 Clark Dr.

Contractor License No. 10305 Exp. Date 6-30-13

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

Federal Emp. ID No. 43 820013 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer

Water Service Size Public Water

Est. Cost of Plumbing Work \$ 13,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial-Under-slab Utilities Approved

Date 6/14/12 Approved by: MS

☐ Plumbing Plans Approved

Date: 6/14/12 Approved by: MS

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/14/12 Approved by: MS

☐ CO ☐ CCO ☐ CA

SUBCODE APPROVAL for CERTIFICATE

Date: 6/14/12 Approved by: MS

☐ CO ☐ CCO ☐ CA

Approved by: MS

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Host Mount

QTY

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

AC 1/2 PC compressors

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 sign/Contractor
sign and seal here:
Print name here: Yanyan Hu
[] Licensed Plumbing Contractor [] Exempt Applicant

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 611 Lot 111 Qualification Code 1
Work Site Location 111

Owner in Fee: 111 e-mail 111

Tel. (111) 111 e-mail 111

Address 111 street 111 municipality 111 Tel. (111) 111 zip code 111

Contractor: 111 e-mail 111

Address 111 street 111 municipality 111 Tel. (111) 111 zip code 111

Contractor License No. 111 Exp. Date 111

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 111

Federal Emp. ID No. 111 FAX: (111) 111

B. PLUMBING CHARACTERISTICS

Use Group 111 Present 111 Proposed 111

Building Sewer Size 111 Public Sewer 111 Private Septic 111

Water Service Size 111 Public Water 111 Private Well 111

Est. Cost of Plumbing Work \$ 111

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	Slab				
☐ Partial-Underslab Utilities Approved	Rough				
Date: <u>11/11/11</u> Approved by: <u>111</u>	Water				
☐ Plumbing Plans Approved	Sewer				
Date: <u>11/11/11</u> Approved by: <u>111</u>	Fixtures				
Joint Plan Review Required:	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT		LPGas Tank			
Date: <u>11/11/11</u> Approved by: <u>111</u>	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ CO ☐ CCO ☐ CA	TCO				
Date: <u>11/11/11</u> Approved by: <u>111</u>	Final				

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. 11/11/11
Applicant sign/Contractor sign and seal here:
Print name here: 111

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK 111

QTY. 1

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet		
Urinal/Bidet		
Bath Tub		
Lavatory		
Shower		
Floor Drain		
Sink		
Dishwasher		
Drinking Fountain		
Washing Machine		
Hose Bibb		
Water Heater		
Fuel Oil Piping		
Gas Piping		
LPGas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Greasetrap		
Sewer Connection		
Water Service Connection		
Stacks		
Other		

Administrative Surcharge \$ 111
Minimum Fee \$ 111
State Permit Surcharge Fee \$ 111
TOTAL FEE \$ 111



PLUMBING SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

13-14864F

Date Issued
Permit #

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

Block 171 Lot 1 Qualification Code 1

Work Site Location 1

Owner in Fee: 1

Tel. (1) 1 e-mail 1

Address 1 street 1 municipality 1 Tel. (1) 1 ZIP code 1

Contractor: 1 e-mail 1

Address 1 e-mail 1

Contractor License No. 1 Exp. Date 1

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1

Federal Emp. ID No. 1 FAX: (1) 1

B. PLUMBING CHARACTERISTICS

Use Group 1 Present 1 Proposed 1

Building Sewer Size 1 Public Sewer 1 Private Septic 1

Water Service Size 1 Public Water 1 Private Well 1

Est. Cost of Plumbing Work \$ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under/Slab Utilities Approved

Date: 1 Approved by: 1

☒ Plumbing Plans Approved

Date: 1 Approved by: 1

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 1

Approved by: 1

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 1

Approved by: 1

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 sign/Contractor sign and seal here:

Print name here: 1

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. FUTURE/EQUIPMENT

Water Closet

Uninhabited

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Administrative Surcharge \$ 1

Minimum Fee \$ 1

State Permit Surcharge Fee \$ 1

TOTAL FEE \$ 1

QUAKER
STEAK + LUBE

12-1486

468-8

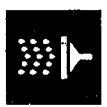
671.
1.01

1036 CEDAR BRIDGE
RD.

NEED
PUMPING TACK



PLUMBING SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

4/8/12

C-18-001392 + D

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

Block 1001 Qualification Code 1001
Work Site Location 1001 Block 1001 NJ 07223

Owner in Fee: 1001 e-mail 1001

Tel (1001) 1001 e-mail 1001

Address 1001 Municipality 1001 Tel (1001) 1001 Zip code 1001

Contractor 1001 e-mail 1001

Contractor License No. 1001 Exp. Date 1001

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 1001

Federal Emp. ID No. 1001 FAX: (1001) 1001

B. PLUMBING CHARACTERISTICS

Use Group 1001 Proposed 1001

Building Sewer Size 1001 Public Sewer 1001 Private Septic 1001

Water Service Size 1001 Public Water 1001 Private Well 1001

Est. Cost of Plumbing Work \$ 1001

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 sign/Contractor sign and seal here: 1001

Print name here: 1001

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 1001

QTY	FIXTURE/EQUIPMENT	DATE	APPROVED
1	Water Closet		
1	Urinal/Bidet		
1	Bath Tub		
1	Lavatory		
1	Shower		
1	Floor Drain		
1	Sink		
1	Dishwasher		
1	Drinking Fountain		
1	Washing Machine		
1	Hose Bibb		
1	Water Heater		
1	Fuel Oil Piping		
1	Gas Piping		
1	LP Gas Tank		
1	Steam Boiler		
1	Hot Water Boiler		
1	Sewer Pump		
1	Interceptor/Separator		
1	Backflow Preventer		
1	Greasetrap		
1	Sewer Connection		
1	Water Service Connection		
1	Stacks		
1	Other <u>1001</u>		

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 101 Lot 101 Qualification Code 101
Work Site Location 101

Owner in Fee: _____
Tel. () _____ e-mail _____

Address _____
City _____ State _____ Zip code _____
Contractor: _____ Tel. () _____ e-mail _____

Address _____
City _____ State _____ Zip code _____
Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) _____
Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS
B. 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)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Partial - Under-slab Utilities Approved		Rough Water				
Date: _____ Approved by: _____		Sewer				
☒ Plumbing Plans Approved		Fixtures				
Date: <u>7/1/12</u> Approved by: <u>[Signature]</u>		Gas Equipment				
Joint Plan Review Required		LP Gas Tank				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Fuel Oil Piping				
SUBCODE APPROVAL for PERMIT		Solar				
Date: _____		TCO				
SUBCODE APPROVAL for CERTIFICATE		Final				
☐ CO ☐ CCO ☐ CA						
Date: _____						
Approved by: _____						

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 sign/Contractor sign and seal here:
Print name here: _____
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

Date Received _____
Control # _____
Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA

QTY.	DESCRIPTION OF WORK	FIXTURE/EQUIPMENT	FEE (Office Use Only)
		Water Closet	\$
		Urinal/Bidet	\$
		Bath Tub	\$
		Lavatory	\$
		Shower	\$
		Floor Drain	\$
		Sink	\$
		Dishwasher	\$
		Drinking Fountain	\$
		Washing Machine	\$
		Hose Bibb	\$
		Water Heater	\$
		Fuel Oil Piping	\$
		Gas Piping	\$
		LP Gas Tank	\$
		Steam Boiler	\$
		Hot Water Boiler	\$
		Sewer Pump	\$
		Interceptor/Separator	\$
		Backflow Preventer	\$
		Greasetrap	\$
		Sewer Connection	\$
		Water Service Connection	\$
		Stacks	\$
		Other	\$

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



OFFICIAL CHECK

51382342-1

52-0133
112

RE: DOHERTY ENTERPRISES INC

DATE: 06/05/2012

PAY TO THE
ORDER OF Brick Township

514,849.00

Fourteen Thousand Eight Hundred Forty Nine AND 00/100

The Bank will not stop payment on this Official Bank Check and reimburse the purchaser or issue a replacement until the purchaser or payee signs a Declaration of Loss and more than 90 days have passed since the date of issue.

DRAWER: TD BANK, N.A.*



NON NEGOTIABLE

AUTHORIZED SIGNATURE

CUSTOMER COPY



FIRE PROTECTION SUBCODE TECHNICAL SECTION



update

DATE RECEIVED
Control #

6-5-12

Date Issued
Permit #

12-1486 + C

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

Block 468/671 Lot 1-9/248442 Qualification Code

Work Site Location 1036 COAC 384090 ROAD

Block 384090

Owner In Fee: Kube IT VP LLC

Tel. (201) 818-4669 e-mail ggross@dohertyinc.com

Address Fire Protection Subcode

Contractor: Fire Protection Subcode

Address Station Place Tel. (202) 3635935

Address Howell, NJ 07731 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1002412

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1002412

Fire Alarm Contractor No. 1002412 Exp. Date 10/12

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

Federal Emp. ID No. 223554108 FAX: (202) 363-3031

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fuel Storage Tank: Proposed
Constr. Class: Present Proposed Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: [] New or [] Existing

Location: Other Location of Panel: [] New or [] Existing

Total Cost of Fire Protection Work \$ 9,000.00 Location of Main Control Valve: Parallel Flow

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

☐ No Plans Required Type: Alarm System Failure Failure Approval Initial

☐ Partial Under-slab Utilities Approved Alarm System Suppression Sys. Failure Failure Approval Initial

Date: 3/12 Approved by: [Signature] Standpipe Fire Pump Failure Failure Approval Initial

Joint Plan Review Required: Pre-Eng. System Failure Failure Approval Initial

Date: 3/12 Approved by: [Signature] Mechanical Smoke Control Failure Failure Approval Initial

SUBCODE APPROVAL FOR PERMIT TCO Flam/Combust Tanks Failure Failure Approval Initial

Date: 3/12 Approved by: [Signature] Fireplace Venting Final Failure Failure Approval Initial

SUBCODE APPROVAL FOR CERTIFICATE [] CO [] CCO [] CA Failure Failure Approval Initial

Date: 3/12 Approved by: [Signature] Other Other Failure Failure Approval Initial

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: Small Addition + Spot renovation of existing

Water Supply Source Existing Method of Alarm/Suppression System Supervision Existing

Flammable/Combustible Tanks Alarm Systems NUMBER FEE (Office Use Only)

☐ System 110V Interconnected CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow) Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/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 CO₂ Suppression Foam Suppression

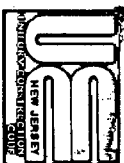
FM200 Suppression Other Other Systems

Kitchen Hood Exhaust System Smoke Control System Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney Other

Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$

TOTAL FEE \$ 130



FIRE PROTECTION SUBCODE TECHNICAL SECTION



4/10/2010

Date Issued
Permit #

6-5-12
12-1486+6

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

Block: 1036 Qualification Code: 08773

Work Site Location: 1036 CARRAGE BRIDGE AVE BRICK NJ 08723

Owner In Fee: QUAKER STAK + LUBR

Tel: (201) 815-4669 e-mail:

Address: 1036 CARRAGE BRIDGE AVE BRICK NJ 08723 zip code: 08723

Contractor: RELIABLE FIRE PROTECTION INC Tel: (732) 643-0075

Address: 2011 HERBIVORE RD SUITE 100 BRICK NJ 08723 e-mail:

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 153565

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565

Fire Alarm Contractor No. 2231033000 Exp. Date: 06/03/09 FAX: (732) 643-0076

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 Location of Main Control Valve:

Location:

Fuel Storage Tank: Capacity:

Fuel Type: [] Flammable or [] Combustible

Total Cost of Fire Protection Work \$ 6580.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required	Alarm System	Failure	Approval
☒ Joint Plan Review Required:	Suppression Sys.		
☐ Building ☐ Plumbing	Standpipe		
☐ Electric ☐ Elevator	Fire Pump		
☐ Fire Plans Approved	Pre-Eng. System		
Date: <u>1-21-12</u>	Mechanical		
Approved by: <u>[Signature]</u>	Smoke Control		
SUBCODE APPROVAL	TCO		
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks		
Date: <u></u>	Fireplace Venting		
Approved by: <u></u>	Final		
	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. Applicant's Signature/Contractor's Signature

Certified Contractor [Signature] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL KITCHEN UL300 FIRE SUPPRESSION SYSTEM

Water Supply Source:
Method of Alarm/Suppression System Supervision:

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horns/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		

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 101 101 101 Qualification Code 101

Work Site Location 101 101 101

Owner In Fee: 101 101 101

Tel. (101) 101 101 e-mail 101 101 101

Address 101 101 101 Municipality 101 101 101 Zip code 101 101 101

Contractor: 101 101 101 Tel. (101) 101 101 101 101 101

Address 101 101 101 e-mail 101 101 101

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 101 101 101

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 101 101 101

Fire Alarm Contractor No. 101 101 101 Exp. Date 101 101 101

Federal Emp. No. 101 101 101 FAX: (101) 101 101 101 101 101

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 101 Proposed 101 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class: Present 101 Proposed 101 Location of Panel: 101 101 101

Heating System: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: 101 101 101

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other 101 101 101 Location of Main Control Valve: 101 101 101

Location: 101 101 101

Fuel Storage Tank: 101 101 101 Capacity 101 101 101

Fuel Type: ☐ Flammable or ☐ Combustible

Total Cost of Fire Protection Work \$ 101 101 101

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required	Alarm System				
☐ Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☐ Fire Plans Approved	Pre-Eng. System				
Date: <u>101</u> <u>101</u> <u>101</u>	Mechanical				
Approved by: <u>101</u> <u>101</u> <u>101</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: <u>101</u> <u>101</u> <u>101</u>	Fireplace Venting				
Approved by: <u>101</u> <u>101</u> <u>101</u>	Final				
	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. 101 101 101

Certified Contractor 101 101 101 Applicant's Signature/Contractor's Signature 101 101 101

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 101 101 101

Water Supply Source 101 101 101

Method of Alarm/Suppression System Supervision 101 101 101

Flammable/Combustible Tanks 101 101 101

Alarm Systems 101 101 101

☐ System 101 101 101

☐ 110v interconnected 101 101 101

☐ CO Detectors/110v 101 101 101

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 101 101 101

Supervisory Devices (i.e., tamper, low/high air) 101 101 101

Signaling Devices (i.e., horn/strobes, bells) 101 101 101

Other Devices 101 101 101

TOTAL 101 101 101

Suppression Systems 101 101 101

Fire Pump 101 101 101 GPM Type 101 101 101

Dry Pipe/Alarm Valves 101 101 101

Pre-action Valves 101 101 101

Sprinkler Heads (Dry and Wet) 101 101 101

Standpipes 101 101 101

Pre-engineered Systems 101 101 101

Wet Chemical 101 101 101

Dry Chemical 101 101 101

CO₂ Suppression 101 101 101

Foam Suppression 101 101 101

FM200 Suppression 101 101 101

Other 101 101 101

Other Systems 101 101 101

Kitchen Hood Exhaust System 101 101 101

Smoke Control System 101 101 101

Fired Appliances ☐ Gas or ☐ Oil 101 101 101

Fireplace Venting/Metal Chimney 101 101 101

Date Issued 101 101 101
Permit # 101 101 101

12-1486 + B

6-5-12

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Update

Date Received
Control #

12-1986 + A

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

Block 101 Lot 101 Qualification Code 101

Work Site Location 101

Owner in Fee: 101

Tel. (201) 201 e-mail 101

Address 101 Street 101 Municipality 101 Zip code 101

Contractor: 101 Tel. (201) 201 e-mail 101

Address 101 Street 101 Municipality 101 Zip code 101

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 101

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 101

Fire Alarm Contractor No. 101 Exp. Date 101

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 101

Federal Emp. ID No. 101 FAX: (201) 201

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 101 Proposed 101 Fuel Storage Tank: 101

Constr. Class: Present 101 Proposed 101 Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: 101

Location: 101 Other 101 Location of Main Control Valve: 101

Total Cost of Fire Protection Work \$ 101

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/Contractor sign here: 101

Print name here: 101

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 101

Water Supply Source 101

Method of Alarm/Suppression System Supervision 101

Flammable/Combustible Tanks 101

Alarm Systems 101

[] System 101

110V Interconnected 101

CO Detectors/110V 101

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 101

Supervisory Devices (i.e., tamper, low/high air) 101

Signaling Devices (i.e., horns/strobes, bells) 101

Other Devices 101

TOTAL 101

Suppression Systems 101

Fire Pump 101 GPM Type 101

Flammable/Combustible Tanks 101

Alarm Systems 101

[] System 101

110V Interconnected 101

CO Detectors/110V 101

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 101

Supervisory Devices (i.e., tamper, low/high air) 101

Signaling Devices (i.e., horns/strobes, bells) 101

Other Devices 101

TOTAL 101

Suppression Systems 101

Fire Pump 101 GPM Type 101



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1 / Lot 1 Qualification Code 12-148644

Work Site Location _____

Owner in Fee: _____
Tel. () _____ e-mail _____

Address _____
Contractor: _____
Address _____
Tel. () _____
e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____
Const. Class: Present _____ Proposed _____
Heating System: [] New or [] Modification to Existing
or [] Conversion or [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
Other _____

Location: _____
Total Cost of Fire Protection Work \$ _____
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	
Type:	Failure	Approval	Initial
[] No Plans Required	Alarm System		
[] Partial - Underslab Utilities Approved	Suppression Sys.		
Date: _____ Approved by: _____	Standpipe		
[] Fire Protection Plans Approved	Fire Pump		
Date: _____ Approved by: _____	Pre-Eng. System		
Joint Plan Review Required: [] Bldg. [] Elec. [] Plumb. [] Elev.	Mechanical		
SUBCODE APPROVAL for PERMIT	Smoke Control		
Date: _____	TCO		
Approved by: _____	Flam/Combust Tanks		
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting		
[] CO [] CCO [] CA	Final		
Date: _____	Other		
Approved by: _____			

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/Contractor sign here: _____

Print name here: _____

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, waterflow)
Supervisory Devices (i.e., tamper, 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 _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fuel-Fired Appliances [] Gas [] Oil [] Solid _____
Fireplace Venting/Metal Chimney _____
Other _____

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

Doherty Enterprises, Inc.

To: Brick Township

BRI004

Check Number: 006068

Date: June 7, 2012

<u>Invoice Number</u>	<u>Date</u>	<u>Voucher Number</u>	<u>Description</u>	<u>Amount</u>	<u>Discount</u>	<u>Paid Amount</u>
ID060712	06/07/2012	58723	plumbing permit	\$598.00	\$0.00	\$598.00

TOTALS:	\$598.00	\$0.00	\$598.00
---------	----------	--------	----------

Progressive Consulting Engineers, Inc.

4900 Reed Rd. Suite 105

Columbus, OH. 43220

Ph # (614) 451-4410

Fx # (614) 451-2568

671

LETTER OF TRANSMITTAL

Date: June 6, 2012

To: Township of Brick
401 Chambers Bridge Rd.
Brick, NJ 08723

Attn: Kim Borgan

JUN 7 2012

Re: Quaker Steak & Lube
Location: 1036 Cedar Bridge Ave.
Brick, NJ
Control No.: 12-001392

Job No: DP1118
Sent: UPS

Transmitted for your...

- ☐ Approval
- ☒ Per your request
- ☐ Use
- ☐ Information
- ☐ Assistance
- ☐

Is the following...

- ☒ Drawings / Plans
- ☐ Specifications
- ☐ Shop Drawings
- ☐ Sketches
- ☐ Reports/Letters
- ☐ Other

Copies	Dated	Description
2	04/04/12	P2 & P5; signed & sealed

Remarks/Comments:


Perry Conrardy, P.E.
president
CC:


DOHERTY
ENTERPRISES, INC.
www.dohertyenterprisesinc.com



7 Pearl Court
Allendale New Jersey 07401
T 201 818 4669 | F 201 818 0807

May 24, 2012

New Jersey Natural Gas
ATTN: Diane
Ocean Operations Clerk
775 Vassar Avenue
Lakewood, NJ 08701

RE: Quaker Steak & Lube, 1036 Cedar Bridge Road, Brick, NJ

Dear Diane:

Enclosed is the signed "relocation of gas service" agreement, along with the appropriate check. Please process this request as soon as possible.

My new gas service requires a 14" WC (see gas loads attached).

Please contact me should you have any questions or need further information.

Sincerely,



Gordon Gross
Director of Construction
QSL of Brick, LLC
7 Pearl Court
Allendale, NJ 07401
ggross@dohertyinc.com
201-788-4485 - cell



MAY 10, 2012

To: Chevy's Restaurant

Attn: Jeff Knox

NJNG Contact:
Ocean Operations Clerk
(732) 905-4317; Fax: (732) 370-4564

Re: Relocation of Gas Service

Dear

In response to your request for New Jersey Natural Gas Company (NJNG) to perform work on our facilities at 1036 Cedar Bridge Road-Brick, **NEW JERSEY**, please note the following:

- The gas service relocation requested by you or your contractor requires NJNG to shorten or extend gas service.
- This work will cost \$1,711.24. This cost is based on information currently available, including any documentation provided by you. Costs for completion of this work are defined as including but not limited to: labor, material, street opening permit, overhead, any and all other direct or indirect costs incurred by NJNG for the aforementioned work.
- NJNG requires that you read and sign the agreement below and return this letter with your payment in full for the amount of \$1,711.24.
- Please return to the care of, **Ocean Operations Clerk**, 775 Vassar Avenue, Lakewood, New Jersey 08701.
- Checks should be made out to **NJNG**.
- NJNG will schedule the work once all applicable permits, payments and mark outs are received.

- I acknowledge and agree to authorize NJNG to relocate my service as of: 5/23/12 (Date).

****Agreement****

I, Gordon Gross acknowledge and agree that it is in my interest to have certain natural gas facilities belonging to NJNG relocate gas service to accommodate work at the above location. I hereby agree to compensate NJNG in the amount of \$1,711.24 for this service.

I hereby authorize NJNG and any of its authorized agents to enter upon my real property for the purpose of conducting the above referenced work pertaining to certain natural gas facilities belonging to NJNG. If the conditions at the worksite are unusual or unknown physical conditions which are materially different from conditions ordinarily encountered, NJNG shall stop work and give written notice of the condition to me. NJNG shall not be required to perform any work relating to the unknown condition without the written mutual agreement of the parties.

If after the commencement of the work hazardous material is discovered at the worksite, NJNG shall be entitled to immediately stop work in the affected area. NJNG shall report the condition to me and to the appropriate government agency with jurisdiction. NJNG shall not be required to perform any work relating to or in the area of hazardous material without written mutual agreement.

I shall indemnify and defend NJNG at all times after the date of this agreement against any liability, loss, damages (including punitive damages), claim, settlement payment, cost and expense, interest, award, judgment, diminution in value, fine, fee, and penalty, or other charge, arising out of or relating to the relocation of the natural gas facilities, except to the extent caused by the negligent acts or omissions of NJNG. In the event of negligent acts or omissions by NJNG, I agree to limit my recovery to actual damages and to waive all claims against NJNG for any consequential damages that may arise out of or relate to this Agreement.

I agree and consent to the above and hereby assert that I have entered into this Agreement willingly and with full knowledge that my obligations under this Agreement are legally enforceable obligations.

I, Jeff Knox, have lawful authority to make this agreement and bind myself to its terms. This Agreement shall be binding upon all successors or assigns in interest to the subject property.

- I acknowledge and agree that I am solely responsible for visibly marking, with paint and flags, the existence and location of customer-owned underground facilities (including but not limited to, sprinklers, septic, oil tanks, electrical, sewer, water, etc.) within ten feet of the existing gas service line and, if applicable, within ten feet of the proposed new gas line location. Although reasonable precautions will be taken by NJNG when excavating, neither the Company nor its contractors shall be responsible for any damage to customer-owned facilities that are not marked (as described above). If applicant suspects that an underground facility is damaged, he or she shall notify the Company immediately.

Signature

Date

Valid Phone Number

Gordon Gross 5/22/12 201-788-4485 cell



MAY 10, 2012

To: Chevy's Restaurant

Attn: Jeff Know

NJNG Contact:
Ocean Operations Clerk
(732) 905-4317; Fax: (732) 370-4564

Re: Relocation of Gas Service

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I, _____, acknowledge and agree that it is in my interest to have certain natural gas facilities belonging to NJNG relocate gas service to accommodate work at the above location. I hereby agree to compensate NJNG in the amount of \$1,711.24 for this service.

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I shall indemnify and defend NJNG at all times after the date of this agreement against any liability, loss, damages (including punitive damages), claim, settlement payment, cost and expense, interest, award, judgment, diminution in value, fine, fee, and penalty, or other charge, arising out of or relating to the relocation of the natural gas facilities, except to the extent caused by the negligent acts or omissions of NJNG. In the event of negligent acts or omissions by NJNG, I agree to limit my recovery to actual damages and to waive all claims against NJNG for any consequential damages that may arise out of or relate to this Agreement.

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Signature

Date

Valid Phone Number



OCEAN COUNTY HEALTH DEPARTMENT

No. _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 201-818-4669		ESTABLISHMENT CODE 22	GOODS ☐ DESTROYED ☐ EMBARGOED
ESTABLISHMENT TRADING NAME Parker Steak & Lube		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
NUMBER AND STREET 1036 Cedarbridge Avenue			
CITY OR MUNICIPALITY BRICK	ZIP CODE 08723		
ESTABLISHMENT LICENSE NO. —	COMMUN. CODE 1506	RISK III	WATER SUPPLY ☒ Public - Community ☐ Individual (public - Non-community)

OWNER INFORMATION

(Complete this section only if different from establishment information)

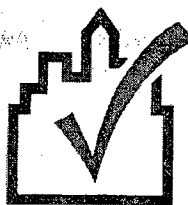
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT Attn: Gordon Gross Director of Construction		TIME (2400 HOURS)		
NUMBER AND STREET 7 Pearl Ct.		DATE 4-11-12	BEGIN 1000	END 1100
CITY OR MUNICIPALITY Allendale	STATE N.J.	COMPLAINT NO. _____ COMPLAINT REC. _____ COMPLAINT INSPECTED _____		
ZIP CODE 08401	COMMUN. CODE —			

INSPECTION TYPE ☐ COMPLAINT ☐ INITIAL INSPECTION ☐ REINSPECTION ☒ PLAN REVIEW ☐ CONFERENCE	TYPE OF ESTABLISHMENT ☒ RETAIL ☐ WHOLESALE ☐ VENDING MACHINE NO. OF MACHINES _____ ☐ FROZEN DESSERT ☐ OTHER	Daniel E. Regenye Health Officer Sunset avenue P.O. Box 2191 Toms River, N.J. 08754-2191 Telephone No. 732-341-9700	Tobacco O, V, ~~NA~~
		NAME OF INSPECTING OFFICIAL (Print) Alyde Flanagan	
		SIGNATURE OF INSPECTING OFFICIAL Alyde Flanagan	PERMANENT REG. NO. B1748

pg. 1 of 2

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

Establishment Trading Name Quaker Steak and Lube		Establishment License No. File 044389	Date 4-11-12
Signature of Inspecting Official <i>[Signature]</i>		Municipality Brick	Time - (2400 Hours) Begin
REG. NO.	REMARKS (Please specify area)		
Note:	This department received the included documentation (File 044389) for Quaker Steak & Lube Restaurant , and I have reviewed it as complete as a food plan submission. This includes Risk III certifications for 2 employees.		
Note:	This department must be contacted for a preoperational inspection before opening to the public for business.		
	PLAN IS SATISFACTORY.		



COMcheck Software Version 3.8.0

Interior Lighting Compliance Certificate

2009 IECC

Section 1: Project Information

Project Type: **Alteration**

Project Title: **QUAKER STEAK & LUBE**

Construction Site:

1036 CEDAR BRIDGE AVENUE
BRICK, NJ

Owner/Agent:

Designer/Contractor:

ROBERT YOAKUM
PC ENGINEERS
4900 REED ROAD
SUITE # 105
COLUMBUS, OH 43220
614-451-4410
pcedesign@wowway.com

Section 2: Interior Lighting and Power Calculation

A Area Category	B Floor Area (ft ²)	C Allowed Watts / ft ²	D Allowed Watts (B x C)
Dining: Family	3681	1.6	5890
Office	121	1.0	121
Total Allowed Watts =			6011

Area Category Exemption Qualifications

Activity Area	Total Wattage		Total Pre-Alt. Fixtures	# Fixtures Repl./Added
	Pre-Alt.	Post-Alt.		

Section 3: Interior Lighting Fixture Schedule

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Dining: Family (3681 sq.ft.)				
Track lighting 1: 16A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	600
Track lighting 2: 8A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	300
Track lighting 3: 16A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	600
Track lighting 4: 3A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	120
Track lighting 5: 16A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	600
Track lighting 6: 16A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	600
Track lighting 7: 7A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	300
Track lighting 8: 16A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	600
Track lighting 9: 16A: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	600
Track lighting 10: 4A + 3B: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	300
Track lighting 11: 4A + 3B: TRACK LIGHT Wattage based on current limiting device capacity	0	0	0	300
Halogen 1: E: WALL PAR / Other	1	12	35	420
HiD 1: F: RECESSED DOWNLIGHT / Metal Halide 150W / Standard	1	1	150	150
Incandescent 1: F1: RECESSED DOWNLIGHT / Incandescent 60W	1	2	60	120
Incandescent 2: Z: LED - WALL MOUNT / Other	1	2	10	20
Office (121 sq.ft.)				

Project Title: **QUAKER STEAK & LUBE**

Data filename: R:\Drawings\Ponte\Quaker Stk - Brick NJ\Other\ELECTRIC\LTG CALCS\BRICK NJ.cck

Report date: 01/13/12

Page 1 of

Section 4: Requirements Checklist**Lighting Wattage:**

- ☐ 1. Total proposed watts must be less than or equal to total allowed watts.

Allowed Watts	Proposed Watts	Complies
6011	5748	Passes

Controls, Switching, and Wiring:

- ☐ 2. Daylight zones under skylights more than 15 feet from the perimeter have lighting controls separate from daylight zones adjacent to vertical fenestration.
- ☐ 3. Daylight zones have individual lighting controls independent from that of the general area lighting.

Exceptions:

- ☐ Contiguous daylight zones spanning no more than two orientations are allowed to be controlled by a single controlling device.
- ☐ Daylight spaces enclosed by walls or ceiling height partitions and containing two or fewer light fixtures are not required to have a separate switch for general area lighting.
- ☐ 4. Independent controls for each space (switch/occupancy sensor).

Exceptions:

- ☐ Areas designated as security or emergency areas that must be continuously illuminated.
- ☐ Lighting in stairways or corridors that are elements of the means of egress.
- ☐ 5. Master switch at entry to hotel/motel guest room.
- ☐ 6. Individual dwelling units separately metered.
- ☐ 7. Medical task lighting or art/history display lighting claimed to be exempt from compliance has a control device independent of the control of the nonexempt lighting.
- ☐ 8. Each space required to have a manual control also allows for reducing the connected lighting load by at least 50 percent by either controlling all luminaires, dual switching of alternate rows of luminaires, alternate luminaires, or alternate lamps, switching the middle lamp luminaires independently of other lamps, or switching each luminaire or each lamp.

Exceptions:

- ☐ Only one luminaire in space.
- ☐ An occupant-sensing device controls the area.
- ☐ The area is a corridor, storeroom, restroom, public lobby or sleeping unit.
- ☐ Areas that use less than 0.6 Watts/sq. ft.
- ☐ 9. Automatic lighting shutoff control in buildings larger than 5,000 sq. ft.

Exceptions:

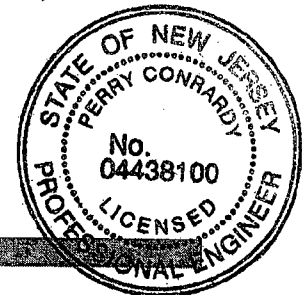
- ☐ Sleeping units, patient care areas; and spaces where automatic shutoff would endanger safety or security.
- ☐ 10. Photocell/astronomical time switch on exterior lights.

Exceptions:

- ☐ Lighting intended for 24 hour use.
- ☐ 11. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).

Exceptions:

- ☐ Electronic high-frequency ballasts; Luminaires on emergency circuits or with no available pair.

Interior Lighting: PASSES**Section 5: Compliance Statement**

Compliance Statement: The proposed lighting alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting alteration project has been designed to meet the 2009 IECC, Chapter 8, requirements in COMcheck Version 3.8.0 and to comply with the mandatory requirements in the Requirements Checklist.

PERAY CONRADY

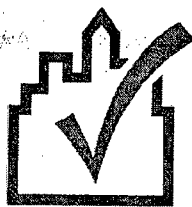
[Signature]

03-07-12

Name - Title

Signature

Date



COMcheck Software Version 3.8.0 Interior Lighting Compliance Certificate

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Project Title : **QUAKER STEAK & LUBE**

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BRICK, NJ

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Designer/Contractor:

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PC ENGINEERS
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SUITE # 105
COLUMBUS, OH 43220
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Data filename: R:\Drawings\Ponte\Quaker Stk - Brick NJ\Other\ELECTRIC\LTG CALCS\BRICK NJ.cck

Report date: 01/13/12

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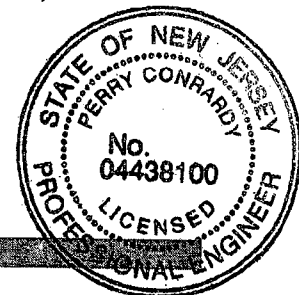
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PERRY CONRADY

[Signature]

03-07-12

Name - Title

Signature

Date



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 6-5-12
Application Number: ZA-12-00405
Application Date: 05/07/2012
Project Number: _____
Permit Number: 12-00470
Fee: \$50

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Plaza - 1036 Cedar Bridge Road**
Brick Township, NJ 08723

Block: 671
Lot: 1.01
Qualifier: _____
Zone: B-3

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, MD 20852

Applicant: **Gordon Gross; Doherty Enterprises, Inc.**
Address: **7 Pearl Court**
Allendale, NJ 07401

Application Approved Date: 05/07/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Restaurant -- "Quaker Steak & Lube" (formerly "Chevy's Fresh Mex").

Nonconforming Use is: _____

Work Description:

Addition, Rehabilitation - Expansion of the restaurant building from 7,080 square feet to 8,148 square feet with a 12' x 10' addition, a covered patio, an uncovered patio, and 295 seats.

Amended major site plan approved by the Planning Board.
Case No. 2702-A-FSP-V-8/11.
Resolution No. R-6-12 adopted on January 11, 2012.
Maps signed on March 30, 2012.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that:

- ☒ Use is permitted by Ordinance
☐ Use is permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
☐ Zoning Board of Adjustment
☐ Zoning Officer

06/05/12 3:47PM 00155845139
XXXX SERV.102

1200470
ZPA
CHECK

\$50.00
\$50.00

Sean Kinney
Sean Kinney, Zoning Officer
Michael P. Fowler
Michael P. Fowler, Township Planner

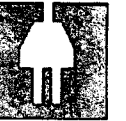
05/07/2012

Date

Date



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
 Block 281671 Lot 101 Qualification Code 101
 Work Site Location Queker Stake Lane - Back Plaza

Owner in Fee: CSL of back LLC

Tel. (201) 818-4669 e-mail gustavo@csllc.com

Address 7 Pearl Court Alvordale NJ 07461 zip code 07461

Contractor: Lords Electric Inc. Tel. (202) 928-9681

Address 580 N. Conditine Rd. Jackson MS 39207

Contractor License No. 7088 Exp. Date 2015

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

Federal Emp. ID No. 22-3538756 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ✓

☐ Pole/Pad # 1 ☐ Temporary ☐ Other ✓

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 60,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
Date	Approved by	Type	Dates (Month/Day)
☐ No Plans Required			
☐ Partial Underslab Utilities Approved		Rough	Failure Failure Approval Initial
☐ Electric Plans Approved		Barrier-Free	
Date <u>5/13/12</u> Approved by <u>JS</u>		Trench	
Joint Plan Review Required:		Temp. Serv.	
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev. ☐ Elec.		Const. Serv.	
SUBCODE APPROVAL FOR PERMIT		TCO	
Date: <u>5/14/12</u>		Service	
Approved by: <u>JS</u>		Final	
SUBCODE APPROVAL FOR CERTIFICATE		Barrier-Free	
☐ CO ☐ CCO ☐ CA		Temp. Cut-in-Card Date Issued	
Date: <u>5/14/12</u>		Final Cut-in-Card Date Issued	
Approved by:		Annual Pool Inspection	
		Date of Grounding and Bonding Certification	

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 Elec. Contractor ☐ Certif'd Landscape Irrigation Contr. ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

interior Remodel

Date Received 6-5-12
 Control # 12-1486
 Date Issued
 Permit #

QTY.	SIZE	ITEMS	FEE (Office Use Only)
65		Lighting Fixtures	
20		Receptacles	
20		Switches	
20		Detectors	
20		Light Poles	
20		Motors—Fract. HP <u>2000</u> <u>1/2</u>	
11		Emergency & Exit Lights	
17		Communications Points	
		Alarm Devices/E.A.C. Panel	
TOTAL NUMBERS			\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels - <u>1600</u> <u>1200</u>	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		UPS <u>3kw</u>	
TOTAL FEE \$			

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 101 Lot 101 Qualification Code 101
Work Site Location Quaker Street Lane - Brick Plaza

Owner in Fee: SEI of America LLC

Tel. (201) 315-9469 e-mail info@sei.com
Address 7000 East Ave Municipality Brick Zip code 08520

Contractor: Lords Electric Inc. Tel. (732) 928-9681

Address 580 N. Cantelina Rd. Jackson Heights Exp. Date 2015

Contractor License No. 7088

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

Federal Emp. ID No. 22-3535756 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ☒

☐ Pole/Pad # 1 Temporary ☐ Other ☐

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 60,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
	Type	Failure	Dates (Month/Day)
☐ No Plans Required			
☐ Partial - Underlaid Utilities Approved	Rough		
Date: <u>1/1/11</u> Approved by: <u>[Signature]</u>	Barrier-Free		
☒ Electric Plans Approved	Trench		
Date: <u>1/1/11</u> Approved by: <u>[Signature]</u>	Temp. Serv.		
☐ Joint Plan Review Required	Constr. Serv.		
☐ Bldg. ☐ Plumb ☐ Fire ☐ Elev ☐ Elec	TCO		
SUBCODE/ APPROVAL FOR PERMIT	Service		
Date: <u>1/1/11</u>	Final		
Approved by: <u>[Signature]</u>	Barrier-Free		
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cur-in-Card Date Issued		
☐ CO ☐ CCO ☐ CA	Final Cur-in-Card Date Issued		
Date: <u>1/1/11</u>	Annual Pool Inspection		
Approved by: <u>[Signature]</u>	Date of Grounding and Bonding		

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

U.C.C. F120 (rev. 12/07) ☐ Certified Landscape Irrigation Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Remodel

Date Received 6-5-12
Control # 12-1486
Date Issued
Permit #

QTY.	SIZE	ITEMS	FEE (Office Use Only)
65		Lighting Fixtures	
20		Receptacles	
8		Switches	
13		Detectors	
11		Light Poles	
17		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels - <u>120V/240V</u>	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		UPS	

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1041 Qualification Code 1041

Owner in Fee: 1041

Tel. (201) 234-1111 e-mail 234-1111

Address 234-1111 street municipality 234-1111 zip code 234-1111

Contractor: 234-1111 Tel. (201) 234-1111 e-mail 234-1111

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 234-1111

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 234-1111 Exp. Date 234-1111

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 234-1111 FAX: (201) 234-1111

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 234-1111 Proposed 234-1111 Fuel Storage Tank: Fuel Type: 234-1111 Flammable or 234-1111 Combustible

Const. Class: Present 234-1111 Proposed 234-1111 Capacity 234-1111 Heating System: 234-1111 New or 234-1111 Modification to Existing Fire Alarm System: 234-1111 New or 234-1111 Existing

Fuel Type: 234-1111 Gas 234-1111 Oil 234-1111 Electric 234-1111 Solar 234-1111 Fire Suppression/Standpipe System: 234-1111 New or 234-1111 Existing

Location: 234-1111 Other 234-1111 Location of Main Control Valve: 234-1111

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required	Type: <u>234-1111</u>	Failure	Approval
☐ Partial - Underslab Utilities Approved	Alarm System		
Date: <u>234-1111</u> Approved by: <u>234-1111</u>	Suppression Sys.		
Joint Plan Review Required: <u>234-1111</u>	Standpipe		
☐ Fire Protection Plans Approved	Fire Pump		
☐ Bidg. ☐ Elec. ☐ Plumb. ☐ Elev.	Pre-Eng. System		
SUBCODE APPROVAL FOR PERMIT	Mechanical		
Date: <u>234-1111</u>	Smoke Control		
Approved by: <u>234-1111</u>	TCO		
SUBCODE APPROVAL FOR CERTIFICATE	Flam/Combust Tanks		
☐ CO ☐ CCO ☐ CA	Fireplace Venting		
Date: <u>234-1111</u>	Final		
Approved by: <u>234-1111</u>	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.

Applicant/Contractor sign here: 234-1111

Print name here: 234-1111

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 234-1111

Water Supply Source 234-1111

Method of Alarm/Suppression System Supervision 234-1111

NUMBER 234-1111 FEE (Office Use Only) \$ 234-1111

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pull, waterflow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices 234-1111

TOTAL

Suppression Systems

Fire Pump 234-1111 GPM Type 234-1111

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other 234-1111

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances 234-1111 Gas 234-1111 Oil 234-1111 Solid 234-1111

Fireplace Venting/Metal Chimney

Other 234-1111

Administrative Surcharge \$ 234-1111

Minimum Fee \$ 234-1111

State Permit Surcharge Fee \$ 234-1111

TOTAL FEE \$ 234-1111



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



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

Block 1 1-641 Qualification Code 1
Work Site Location 1

Owner in Fee: _____

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ Tel. () _____ zip code _____

Contractor: _____ e-mail _____

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ _____

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/Contractor sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

Date Received _____
Control # _____
Date Issued _____
Permit # _____
12-14-88

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



Work Site Location

Address _____ e-mail _____

Federal Emp. ID No. _____ FAX: (_____) _____

Barrier-Free _____

Approved by: _____

Max. Live Load _____

3. Total (1 + 2) \$ _____

11CC E110

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

RECEIVING CLERK JP
DATE REC'D 4/26/12

ZONING PERMIT APPLICATION

PERMIT # 12-004702
DATE ISSUED 6-5-12

BLOCK: X8/27 LOT: 691

QUALIFIER: 1.01

SITE ADDRESS: 1036 CEDAR BRIDGE ROAD

BOCC PLAZA

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Lube IT up LLC

COMPLETE ADDRESS: 7 Pearl Court

Allenvale NJ 07401

PHONE # 201 788 4485 EMAIL: ggross@doherthyinc.com

2. NAME OF APPLICANT: GOSSON Gross

APPLICANT ADDRESS: 7 Pearl Court

Allenvale NJ 07401

PHONE # 201 788 4485 EMAIL: ggross@doherthyinc.com

3. RESPONSIBLE PERSON FOR WORK: GOSSON Gross

PHONE # 201 788 4485 FAX # 201 818 0807

4. SIGNATURE OF APPLICANT: Jordan Althoff

FEE SUMMARY:

FOR OFFICE USE ONLY

APPLICATION FEE: \$ 50,00

OTHER: \$ _____

TOTAL: \$ _____

REQUIRED BY APPLICANT

RESIDENTIAL: wp

COMMERCIAL: wp

EXISTING USE: Restaurant

PROPOSED USE: Restaurant

BOARD APPROVAL: X PB — ZB —

RESOLUTION #: 2-6-12

APPROVAL DATE: 1-11-12

GOSSON

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION X *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Existing Chevy's Rest, Alteration to new Quaker Steak and Lube

ZONING REVIEW: 5-9-12

DATE REVIEWED: 5-9-12 DATE DENIED: _____ DATE APPROVED: 6-2-12 INTLS: NG22

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) ³ ~~Two (2)~~ copies of plot plan containing:

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2VYVY-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2I-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size			Minimum Required Yard Depth			Maximum Lot Coverage by Building	Maximum Building Height			Minimum Floor/Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)		Side Yard (feet)	Rear Yard (feet)	Rear Yard (feet)		
R-R	40,000	150	150	40,000	150	150	25%	25	25	25	-	-
RR-2	See § 245-50.											
RR-3	See § 245-103.											
R-20	20,000	100	125	25,000	100	125	40	15	12	10	10	25%
R-15	15,000	100	115	17,250	100	115	35	12	10	10	10	25%
R-10	10,000	90	100	10,500	100	100	30	6	6	5	5	30%
R-7.5	7,500	75	90	9,000	75	90	25	6	6	5	5	30%
R-5	5,000	50	75	6,000	50	75	20	5	5	5	5	35%
O-P	15,000	100	150	15,000	100	150	50	10	10	20	20	35%
B-1	10,000	100	90	12,500	100	125	30	10	10	20	20	30%
B-2	20,000	125	125	20,000	125	125	30	10	10	50	50	25%
B-3	2 acres	200	200	2 acres	200	200	75	30	30	20	20	25%
B-4	5 acres	300	300	-	-	-	100 (150)	50 (150)	50	50	50	25%
M-1	5 acres	300	300	5 acres	300	300	150	75	150	150	150	20%
R-M	25 acres	350	200	-	-	-	50	50	30	30	30	25%
O-P-T	40,000	150	150	40,000	150	150	50	20	20	50	50	25%
H-S	See § 245-261.											

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

MAY 7 2012

DATE REVIEWED: 5-7-12 DATE DENIED: DATE APPROVED: 5-9-12 INTLS: 5/21

[illegible]



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-12-00405
Application Date: 05/07/2012
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Plaza - 1036 Cedar Bridge Road**
Brick Township, NJ 08723

Block: **671**
Lot: **1.01**
Qualifier: _____
Zone: **B-3**

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, MD 20852

Applicant: **Gordon Gross; Doherty Enterprises, Inc.**
Address: **7 Pearl Court**
Allendale, NJ 07401

Application Approved Date: 05/07/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Restaurant -- "Quaker Steak & Lube" (formerly "Chevy's Fresh Mex").

Nonconforming Use is: _____

Work Description:

Addition, Rehabilitation - Expansion of the restaurant building from 7,080 square feet to 8,148 square feet with a 12' x 10' addition, a covered patio, an uncovered patio, and 295 seats.

Amended major site plan approved by the Planning Board.

Case No. 2702-A-FSP-V-8/11.

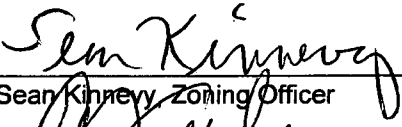
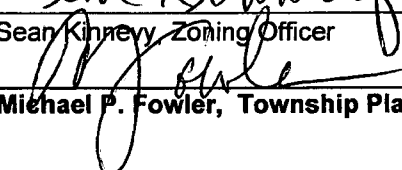
Resolution No. R-6-12 adopted on January 11, 2012.

Maps signed on March 30, 2012.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that:

- ☒ Use is permitted by Ordinance
☐ Use is permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
☐ Zoning Board of Adjustment
☐ Zoning Officer


Sean Kinney, Zoning Officer

Michael P. Fowler, Township Planner

05/07/2012

Date

5/7/12
Date

Resolution R-6-12
Application No. 2702-A-FSP-V-8/11

AMENDED FINAL MAJOR SITE PLAN
LUBE IT UP, LLC
Block 448, Lots 1-9,
Block 671, Lots 2, 4, 8, 11 & 12
B-3 Highway Development Zone
1036 Cedar Bridge Road
January 11, 2012

**A M E N D E D RESOLUTION OF APPROVAL
PLANNING BOARD, TOWNSHIP OF BRICK**

File
App
App AH
App Eng
PB AH
PB Eng
Zoning
Tax A
Eng
WHEREAS, an application has been made by Lube It Up, LLC, for approval of an amended final major site plan application for Block 448, Lots 1-9 and Block 671, Lots 2, 4, 8, 11 & 12 , as set forth on the Tax Maps of the Township of Brick.

WHEREAS, the Resolution of Approval was adopted on December 14, 2011. The attorney for the applicant requested that minor changes be made to the Resolution. The board engineer and board attorney consented to amend the Resolution as follows:

WHEREAS, the Planning Board, after carefully considering the evidence presented by the applicant at a Special Meeting of the Planning Board held on November 30, 2011, and considering the reports of its professional staff, hereby makes the following findings of fact:

1. The property is owned by Federal Realty Investment Trust, 1626 East Jefferson, St., Rockville, MC 20852.
2. The applicant has requested approval in accordance with the Ordinances of the Township of Brick.
3. The site in question is located at 1036 Cedar Bridge Avenue, within the B-3 Highway Development Zone. The site is occupied by two existing multi-unit retail and restaurant uses, a movie theater, a Sport Authority, and three detached restaurants and a gas station.

4. The applicant is requesting approval of an Amended Final Major Site Plan from the Brick Township Land Use and Development Regulations for the purpose of expanding one of the detached restaurants, Chevy's Fresh Mex Restaurant. The building is 7,080 square feet and is located at the southeasterly corner of the site, with frontage on Cedar Bridge Road. The applicant is seeking approval to expand the building from 7,080 square feet to 8,148 square feet and develop the building as a themed restaurant, Quaker Steak & Lube. The applicant is also proposing both covered and uncovered outdoor eating areas, and a small building expansion at the easterly corner. The proposed modifications are immediately adjacent to the building and are specific to the relocation of handicapped parking spaces which requires curb and sidewalk reconstruction due to a change in the building entrance. No site changes, except for striping, are proposed to the surrounding parking area.

The following variances are requested:

Signs/advertising structure not permitted higher than the roofline; signs are proposed above the roofline.

Identification wall signs:	one permitted on façade; 14 proposed; 5 existing;
Identification projecting signs:	one permitted w/a maximum area of 4 sf per side; area of 144.8 sf proposed;
Identification ground sign:	Monument type permitted; pylon sign proposed;
Parking spaces:	Minimum width of 10 ft. required; width of 9 ft. proposed/existing;

One-way circulation aisle: Minimum width of 18 ft. required; 16.5 ft. proposed/existing on east side of building;
Two-way circulation aisle: Minimum width of 25 ft. required; 24+/- ft. proposed/existing on south side of building;
Sidewalks: Minimum width of 6 ft required when parking spaces are adjacent; 5 ft. proposed at front of building;
Impervious Coverage: 65% permitted 75% existing;

5. The board engineer, Wayne R. McVicar, P.E., P.P., C.M.E., of Remington & Vernick, prepared report dated November 22, 2011, and submitted a revised report dated November 28, 2011. The Township Planner, Michael P. Fowler, AICP/PP, prepared report dated November 28, 2011. The Brick Bureau of Fire Safety prepared a report dated August 28, 2011. The Architectural Review Committee heard and approved the application on September 14, 2011 and provided a report to the Board dated September 16, 2011.

The Board hereby adopts the findings in the above-mentioned reports and incorporates the reports in this Resolution by reference.

The applicant was represented by Michael J. Vitiello, Esq., Red Bank, NJ. The applicant's architect is Pontia Architecture of Columbus, Ohio; the applicant's engineer is Robert P. Freud, P.E., of Insite Engineering, Wall, NJ.

The applicant presented the testimony of Gordon Gross, the Director of Construction for the applicant and Timothy Doherty of Doherty Enterprises, Inc. Doherty Enterprises, Inc., is the restaurant owner/management company that owns Lube It Up and other restaurant concepts, including over 45 Applebee's. Ms. Kathy Diamond, a brand designer for the Quaker Steak & Lube chain restaurants, also testified.

The applicant also presented the testimony of Robert P. Freud, P.E., whose testimony supported the applicant's contention that the proposed amended final site plan is in keeping with the area and neighborhood and that the granting of the application with variances would in no way be detrimental to the public good.

The Brick Township Planning Board concurs with these representations and so finds.

WHEREAS, the Planning Board has determined that the applicant should be granted the requested relief, with the exception of certain variances as outlined below, for the following reasons:

1. The granting of the application **and only certain of the requested variances** will not have a substantial detriment to the public good and will not substantially impair the intent and purpose of the Zone Plan, Master Plan, and Zoning Ordinances of the Township of Brick.

2. The positive criteria outweigh the negative, if any.

3. There were no objectors present at the hearing.

4. The safety and well being of the immediate area will not be adversely affected by the proposed amended Final Major Site plan and variances.

5. The application is in substantial compliance with the Zone Plan, and will not unduly impact upon the neighborhood scheme.

NOW, THEREFORE, BE IT RESOLVED, by the Brick Township Planning Board that the amended final site plan, and only ***certain of the requested variances*** be and are hereby approved subject to the following conditions:

1. The applicant must submit proof of payment of all currently due taxes to the Brick Township Planning Board.
2. The applicant must post all bonds and guaranties as required and recommended by this Board and the Township Board Engineer. Moreover, the applicant must post all required engineering inspection fees.
3. All representations and statements made by the applicant, as well as applicant's representatives and witnesses, shall be considered and deemed to be relied upon by the Board in rendering this decision and to be an expressed condition of this Board's actions in approving the subject application. Any misstatement or misrepresentation, whether by mistake or change in circumstance, shall be deemed a breach of this condition of approval and shall subject this application to further review of this Board's own motion.
4. In the event the Planning Board determines that it reasonably relied upon any misstatement or misrepresentation, then and in that event, any approvals previously given may be rescinded and any improvements at the time in place on the premises in question shall not be in compliance with the ordinances of the Township of Brick.
5. The applicant must comply with all conditions as contained in the Board Engineer's Report dated November 22, revised on November 28, 2011, and the Township Planner's Review also dated November 28, 2011, with the exception that no additional/new cooking exhaust system will be required for odor removal because, among other things, the applicant proposes to remove the natural wood kitchen grill.
6. No building permit shall be issued until the Board Secretary confirms that the Planning Board professional fees have been paid in full. In the event a building permit is issued and there are outstanding Planning Board professional fees, a stop work order will be filed against the applicant/contractor until all professional fees have been paid.
7. In the event there is an *existing* violation, the applicant shall have thirty (30) days from the date the Notice of Decision was published to correct the violation. Failure to correct the existing violation within the time proscribed will result in the issuance of a summons.
8. The applicant must comply with all conditions outlined in Schedule A attached hereto.
9. The applicant shall obtain any other local, state and other regulatory approvals as may be required.
10. The applicant shall comply with the requirements of the New Jersey Economic Stimulus Act of 2009, effective July 27, 2009, and the Non-Residential Development Fee Act of 2008 effective July 17, 2008, as amended and if applicable. The Applicant must submit a complete and accurate State of New Jersey Form N-RDF, together with an executed copy of this resolution of approval to the construction department as a condition of the issuance of certificate of occupancy even if an exemption to pay a non-residential development fee is being sought.
- 11. The following variances are DENIED:**
 - a. The applicant's request for 14 identification wall signs is denied. Only 12 identification wall signs will be permitted hereunder (see below).
 - b. The applicant's request to install a pylon sign in lieu of the required monument sign is **denied. A monument sign shall be provided.**

12. The pylon sign shall be replaced with a monument sign 11'9" tall by 11' 9" wide, placed at a setback of 10 feet from the right-of-way. A setback variance for that monument sign is hereby granted.

13. The applicant must revise the proposed façade signage as follows:

- Remove the large "The Lube" sign from the existing mural area of the wall;
- Remove the upper parapet "QSL" sign that is on the side of the building that faces the movie theater;
- Change the rectangular "Quaker Steak & Lube/Best Wings USA" that is on the side of the building that faces the movie theater to a slightly larger sign of the same type (increase size from 25 square feet to 34 square feet)

The following 12 façade signs are, therefore, specifically approved:

West Elevation

"Quaker Steak & Lube"; 78.8 SF, May be illuminated.

"Best Wings USA"; 37.34 SF, May be illuminated.

"Beer", "Wings", "Lube", & "Burgers"; 13.5 SF each; non-illuminated.

South Elevation

"Quaker Steak & Lube"; 34.38 SF, May be illuminated.

"Burgers"; 16 SF; non-illuminated.

East Elevation

"Best Wings USA"; 37.34 SF, May be illuminated.

"Beer" & "Wings"; 15 SF each; non-illuminated.

North Elevation

"Quaker Steak & Lube, Best Wings USA"; 34 SF, May be illuminated.

14. The use of neon in certain façade signs and in the projecting sign is specifically permitted.

15. Two bike racks shall be provided, one of which shall be dedicated for employees. The plans should be revised to depict the location of the required bike racks.

16. A stop bar & stop sign shall be provided at the westerly end of the drive isle on the south side of the building. A directional sign, advising motorists to make either a left or right turn, shall be placed facing motorist entering the site from Cedar Bridge Avenue.

17. A walking path shall be provided from the southerly most corner of the property to the parking lot, following the path of the existing pedestrian trail. The path shall consist of an approved surface which may include pavers or stepping stones.

18. A sight triangle shall be shown on the site plan where the drive aisles on the east and west sides of the building intersect the main drive aisle for the shopping center.

19. A note shall be added to the plan stating, "Applicant shall work with the township engineer to coordinate existing and proposed vegetation within the sight triangle areas at the drive aisles on the east and west sides of the building."

20. A note shall be added to the plan stating that, "With the exception of security lighting, all freestanding and building-mounted lights and signs shall be turned off one (1) hour after the close of business."

21. The applicant is required to change the spacing between the hairpin stripes to 12-inch spacing.

22. The applicant shall widen the base of the monument sign to be approximately as wide as the sign itself and modify the color and/or texture of the monument base in accordance with the direction and recommendations of the Township Planner.

NOW, THEREFORE, BE IT RESOLVED, the application, limited to the terms and conditions as set forth more fully in the preamble of this Resolution, be and hereby is approved.

BE IT FURTHER RESOLVED that the Planning Board secretary shall cause notification of this favorable Resolution to be published in an official newspaper of the Brick Township within ten (10) days of the adoption of this resolution.

MOVED BY: Mr. Scott

SECONDED BY: Mr. Coakley

VOTING IN THE AFFIRMATIVE: Mr. Rappoccio, Mr. Coakley, Mr. Marra, Mr. Palmieri, Mr. Scott, Mr. Beshears, Mr. DiMatteo

VOTING IN THE NEGATIVE: Councilwoman Lydecker, Mr. Burkland, Mr. Catalano

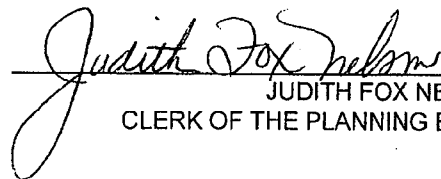
INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT:

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that I am duly authorized to certify Resolutions. I certify that the foregoing **Amended** Resolution was adopted by the Planning Board of the Township of Brick at a meeting held on the 11th day of January, 2012.


JUDITH FOX NELSON,
CLERK OF THE PLANNING BOARD

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

RESOLUTION R-6-12

PAGE 6

CASE NO.2702-A-FSP-V-8/11

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."
2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.
3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.
4. Applicant shall submit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.
5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.
6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VI (Mandatory Development Fees) of Chapter 245 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planning Board.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: Per-12-00075

BLOCK: 691 LOT: 1036 ADDRESS: 1036 Cedar Blage Road

IDENTIFICATION:

1. WORK SITE ADDRESS: 1036 Cedar Blage Road

2. NAME OF OWNER IN FEE: Lube if up LLC

ADDRESS: 7 Pearl Court PHONE #: (201) 818-4669

Alendale NJ 07401 FAX #: (201) 818-0807

3. PRINCIPAL CONTRACTOR: National Contracting Group

ADDRESS: 670 Lakeview Plaza PHONE #: (614) 436-6001

Suite Washington OH 43205 FAX #: (614) 436-6005

4. ARCHITECT OR ENGINEER: Thomas Coffey

ADDRESS: 144 King Ave Columbus OH PHONE #: (614) 486-3500

5. RESPONSIBLE PERSON FOR WORK: Gordon Gross

ADDRESS: 7 Pearl Court Alendale NJ 07401

PHONE #: (201) 788-4485 FAX #: (201) 818-0807 E-MAIL: ggross@doheafire.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☒ OTHER Attention with minor site changes

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 5/9/12 DATE REJECTED: _____ DATE APPROVED: 5/9/12 INITIALS: KSS

FEE SUMMARY:

APPLICATION FEE: \$ 1500

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ 1500

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☒ NB ☐ ZB

APPLICATION NUMBER: SP# 2202

APPROVED DATE: 1/3/12



State of New Jersey
Department of Community Affairs
Division of Fire Safety



Hereby Issues To

MICHAEL A ASH

The Following Certification As
FIRE ALARM SYSTEM

04/07/2010 to 04/30/2013

Issue Date Lapse Date

[Signature]

Lori Grifa, Acting Commissioner

135840
ID Number

01/04/2011 TO 01/31/2014
VALID

34BF00008000
LICENSE/REGISTRATION/CERTIFICATION #

[Signature]
Signature of Licensee/Registrant/Certificate Holder

[Signature]
ACTING DIRECTOR

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business



State of New Jersey
Department of Community Affairs
Division of Fire Safety



Hereby Issues To

GARDEN STATE FIRST SECURITY ALARM CO INC
Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00800
Permit ID

04/30/2010 to 04/30/2013
Date Issued Lapse Date

[Signature]

Lori Grifa, Commissioner

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Garden State Fire & Security Alarm Co Inc
Michael Ash
144 Lower Main St
Aberdeen NJ 07747

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/25/2011 TO 12/31/2012
VALID

13VH00043700
LICENSE/REGISTRATION/CERTIFICATION #

[Signature]
Signature of Licensee/Registrant/Certificate Holder

[Signature]
DIRECTOR

NICET CERTIFIED # 102990

Garden State Fire & Security Alarm Co., Inc.

144 Lower Main Street

Aberdeen NJ 07747

Ph 732-566-5661

FX 732-566-6699



State of New Jersey
Department of Community Affairs
Division of Fire Safety



Hereby Issues To

FIRE PRO TECH, INC.

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System



P00242 10/22/2009 to 10/31/2012
Permit ID Date Issued Lapse Date

Charles A. Richman
Acting Commissioner

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

AFPS - All Fire Protection Equipment Systems
FSS - Fire Sprinkler System
SHFSS - Special Hazard Fire Suppression System
FAS - Fire Alarm System
PFE - Portable Fire Extinguisher
KFSS - Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 633-6737.

Sincerely,

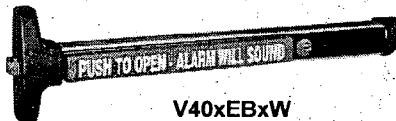
Charles A. Richman

Charles A. Richman, Acting Commissioner

VALUE SERIES®

Weatherized Alarmed Rim Exit Device (V40xEBxW)

The **V40xEBxW** is designed for doors and gates requiring a stand alone, battery powered, alarmed, weatherized panic device. The **100dB alarm** will sound when someone attempts to exit, alerting management to the unauthorized exit. The internal alarm with both remote bypass and remote signaling capabilities is ideal for applications where both security and life safety are a concern. In addition to listing as UL panic and fire exit hardware device, this device conforms to MIL-STD 810F, Method 506.4 (driving rain test); MIL-STD 810F, Method 509.4 (salt fog test) and UBC standard 7-2 (positive pressure).



V40xEBxW
(Shown with mortise cylinder - sold separately)



V40xEBxWx711xBLK
(Shown with mortise cylinder - sold separately)



V40xEBxWx711
(Shown with mortise cylinder - sold separately)

Wide Stile shown, for Narrow Stile, specify NS Option
(for use on 36" and 48" doors with 2" stiles).

Benefits -

- Weather resistant loss prevention hardware designed for use in outdoor or wet environments
- Patented back plate and plastic strike locator designed for perfect alignment with door and frame without paper template
- Fast, easy, trouble-free installation prevents costly mistakes and enhances security.
- Provides reliable loss prevention protection 24 hours a day
- Controls foot traffic to deter unauthorized exits and reduces employee and customer theft
- Rugged, durable, corrosion-resistant design reduces maintenance
- Aesthetically pleasing design for almost any door or gate in any décor

Features -

- Powered by standard 9-volt battery
- Stainless steel, self-latching bolt
- All Climate Electronics for reliable, instantaneous alarm even in wet environments
- Angled end cap deflects damage
- Tamper-resistant, immersion-proof security switches
- Plated steel, anodized aluminum and ABS components endure heavy use and exposure to the elements
- Built-in inhibitors prevent ABS fading and weakening, typically caused by exposure to extreme temperatures and UV rays
- 100dB alarm
- Indefinite alarm requiring manual rearm or variable 2 min. alarm duration with auto re-arm
- Cylinder dogging standard (can also be ordered less dogging)
- Visual and audible arming indicators
- Tamper-resistant housing protects electronics, battery and internal hardware, preventing manipulation
- Tapered design sheds rainwater
- Visual and audible low battery alert
- Armed and disarmed field selectable status indicator

Mechanical Options -

- CD - Cylinder Dogging (Std.)
- LD - Less Dogging
- 36 - Fits 36" Door Width (Std.)
- 48 - Fits 48" Door Width
- F - 3 Hour Fire Rated
- H - Hurricane Rated
- 99 - Surface Strike (Std.)
- 98 - Semi Mortise Strike
- Available with 628 Base Rail Extrusion (Std.)
- Available with 711 Base Rail Extrusion

Where Trust is Built™
DETEX®
Life Safety and Security Door Hardware

Electrical Options -

- R - Remote Signal (Form C signaling when alarm sounds)

Other Weatherized Detex Products Include:

- Request to Exit Signalling Weatherized (EXxW)

- Weatherized Delayed Egress EasyKit (WDEx10)

Accessories -

- SN1 - Sex Nut Fasteners
- KS - Key Stop - key removed only when armed

- NSK - Narrow Stile - for 2" narrow stile glass door applications

- Outside Trim (see Value Series Trim Options)

Technical Information -

- Door Types - Wood, Hollow Metal, Fiberglass
- 2" Aluminum doors need to be ordered as a narrow stile (NS)
- Door Thickness - Fits standard 1-3/4" - 2-1/4"

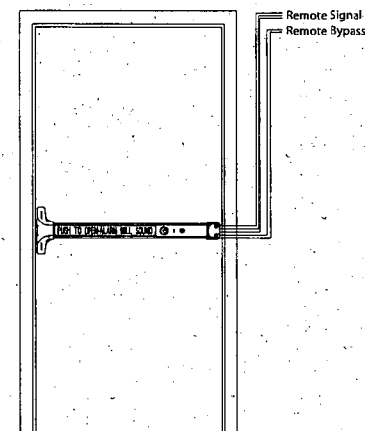
- Door Stile - Fits 2-1/2" stile doors with 98 semi-mortise strike
- Door Stile - Fits standard door with 99 surface strike (Std.)
- Exceeds MIL810F Method 506.4 Driving Rain (simulating 4"/hr. rain w/40mph wind)

- Exceeds MIL810F Method 509.4 Salt Fog Test (simulating effects of corrosive environments similar to atmospheric conditions found in coastal regions)

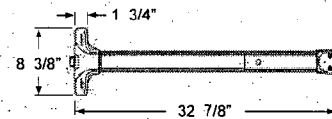
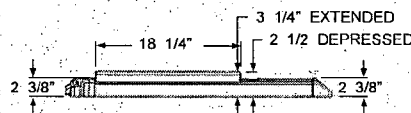
- Machine and Self Drilling Screws (Std.)

- Optional Sex Nuts or Security Torx Screws available

Riser Diagram



Dimensions



Listings and Approvals



UL Listed
Panic Hardware



UL Listed Fire Exit Hardware
for 3 hours, maximum
4x10' single doors and pairs of
4x8' with F90KR key removable Mullion



Meets ADA requirements



MIL-STD 810F, Method 506.4
(Driving Rain Test)
MIL-STD 810F, Method 509.4
(Salt fog Test)



ANSI/BHMA certified A156.3



Meets NFPA 80 & 101
for Life Safety



Miami-Dade County, Florida
NOA 10-0303.02 EXP. 04/07/15
State of Florida Approval FL9052



California State Fire Marshal -
4140-0127-105 and 3725-0127-108

Detex Limited Warranty

10 Year Mechanical/3 Year Electrical
Limited Manufacturer's Warranty

Where Trust is Built™
DETEx®
Life Safety and Security Door Hardware

Detex Corporation
302 Detex Drive
New Braunfels, Texas 78130-3045 USA
PH. (830) 629-2900
(800) 729-3839
FAX (830) 620-6711
(800) 653-3839
<http://www.detex.com>
USA Sales:
marketing@detex.com
International Sales:
export@detex.com

April 12, 2012

Gas Utility Company

RE: Quaker Steak & Lube
1036 Cedar Bridge Avenue
Brick, NJ

Dear Sir,

We request a gas delivery pressure of 14" W.C. For this project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Perry Conrardy', with a stylized, cursive script.

Perry Conrardy, P.E.
project engineer

CERTIFICATE OF FLAME RETARDANCE

ISSUED TO: SATTLER NORTH AMERICA CORP.
200 BROADHOLLOW ROAD SUITE 207
MELVILLE, NY 11747

NUMBER: #7264SAMPLE

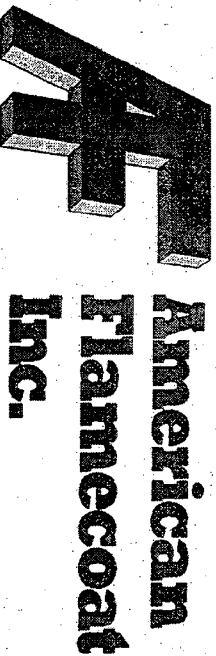
DATE: 10-29-2007

THIS CERTIFICATE OF COMPLIANCE IS ISSUED TO VERIFY THAT THE ITEMS OR AREAS DESCRIBED BELOW ON THIS CERTIFICATE HAVE BEEN TREATED WITH FLAME CHECK™. FLAME CHECK™ IS A CLASS A FIRE RETARDANT.

Description of Material, Structure, etc.

SAMPLE	AWNING FABRIC 100% ACRYLIC #41748-003 (314 763) Burgundy
	N.F.P.A. 701 SMALL SCALE, CLASS A, A.S.T.M.E-84, FLAME SPREAD:10,
	SMOKE DENSITY:25, AFTER FLAME AVG: 0.0 seconds, CALIFORNIA T.B.117E
	FOR INTERIOR & EXTERIOR USE
	10-29-2007

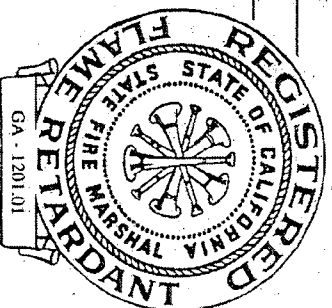
ISSUED BY:



10100 Park Cedar Dr. Suite 152
Charlotte, NC 28210
(704) 543-0903

Director GA-1201.01
(General)

A handwritten signature in black ink, appearing to read 'C. J. [unclear]', is written over a horizontal line.

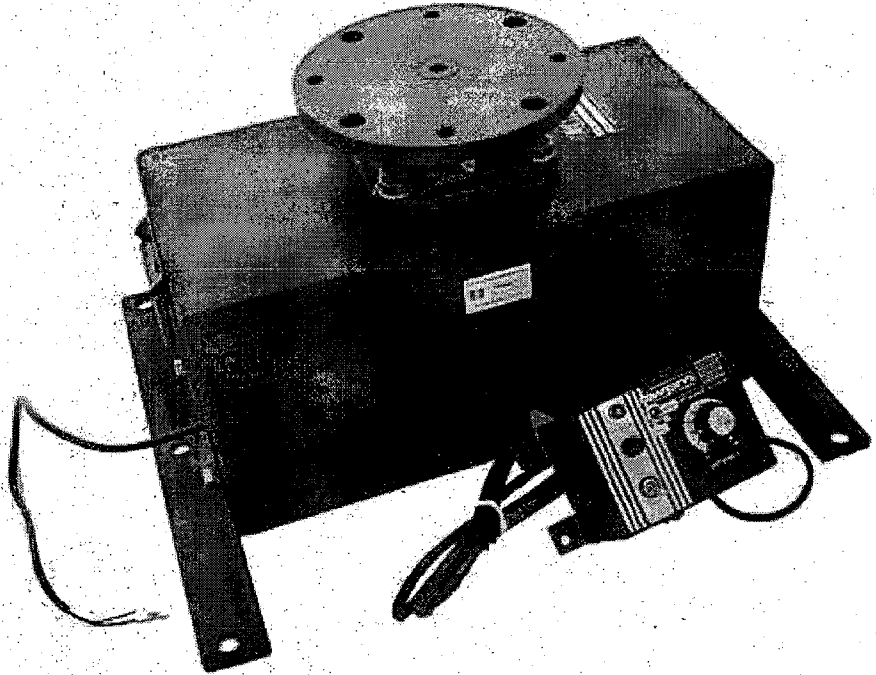


Note: Fabrics and/or materials described on this certificate are intended for interior use unless otherwise stated. Due to the number of external forces that can diminish flame retardancy, this fabric should be periodically retested to insure it retains its effectiveness. We do not warrant the length of time that the fabric remains fire retardant. We do state that when it leaves our facility, it meets the stated code. Certificate void if material is exposed to open flame or extremely hot lights or electrical wiring.



Variable Speed ZT193 Motorcycle Rotator

- Variable speed control box
- 10 ft extension for speed control
- Optional direction control switch
- Optional collector assembly for rotating outlet/cord
- Great for use as industrial turntables
- Same heavy duty frame and components as ZT193 fixed speed rotator



Pricing

Mouse over image to see ZT193-3 VS with rotating outlet

Dial in the speed you want for just the right look. Different size motorcycles or displays look better at different speeds. The external speed control gives you control from 0 to 5 rpm. You can change speed as the display turns. Variable speed is especially useful when you are not sure what speed will look best for your display.

Not just for motorcycles, the ZT193 has been used on many different kinds of projects including double rotation where rotators are stacked vertically. Projects include Christmas displays, revolving appliances, large photographic turntables, TV, stage and theater props, people turntables, fully powered revolving piano/sound systems, museum turntables, giant sculptures, welding positioners and other industrial use tables, the list goes on and on.

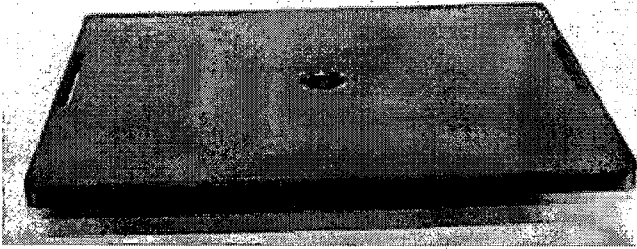
The ZT193 VS (variable speed) comes complete and prewired with a separate speed control box. Simply plug in the AC power cord, connect the plug between the speed control and the rotator and you are ready to go. Like our fixed speed model, we can add a 3-ring collector/brush assembly to give you a rotating outlet for lighting that will rotate with your display.

The ZT193 VS has the same dimensions as the fixed speed model and will support loads up to 1,000 lbs. We can customize this rotator for your special projects including increased speeds, special drilling, welding, switches, timers, relays, etc. Please call if you are working on a project that may be able to use our rotators, we are happy to offer ideas and see if we can help you.

This model is the ideal choice for showrooms, rental companies, and for projects that are continuously changing.

• Pricing:

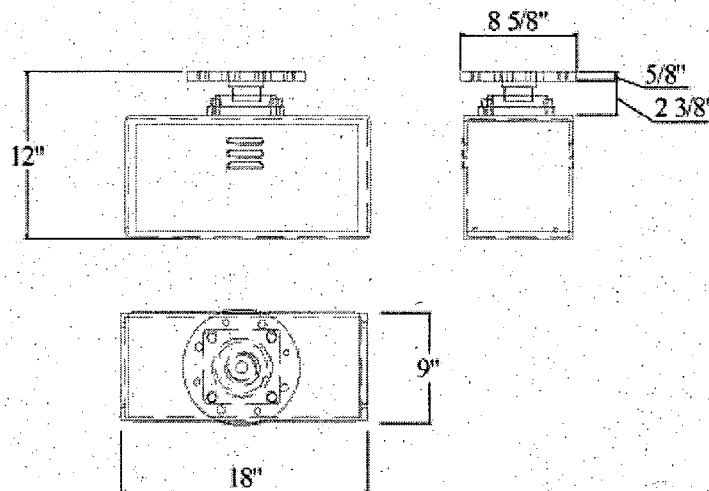
- ZT193-0 VS (Variable Speed) with separate speed control, No collector \$1,230.00
- ZT193-3 VS (Variable Speed) with 3-ring collector \$1,340.00
- ~~ZT193-0~~ (Fixed Speed) with no collector \$970.00
- ~~ZT193-3~~ (Fixed Speed) with 3-Ring collector (for rotating outlet) \$1,075.00
- Matching plate with rubber top and welded studs (See below) \$75.00



Steel matching plate with rubber top and welded studs.

The matching plate fits on rotating top plate and supports motorcycle frames up to 11 1/2" wide. Rubber top protects the frame. Slots milled in plate allow you to strap or fasten the frame of the bike to the rotator.

Drawing Specifications



Standard features include

2-year guarantee on parts
Low Profile Steel Frame
High torque, belt-drive power train
Heavy duty steel bearings (not plastic or nylon)

Optional Equipment:

3-ring collector/brush assembly for 1 or 2, 15-Amp circuits
Steel mounting plate with rubber top - supports frame of motorcycle
Extra long cord from speed control to rotator
Companion matching plate - welds to display table and bolts to top of rotator
Custom fixtures or machining for supporting frame of motorcycle

Rotator Specifications:

- Rotation speed 0-5 rpm, clockwise (direction reversible) Direction switch available at extra cost
- 1/4HP DC motor with speed control box, 115V 60Hz input, DC output to motor. 3.3A draw
- Belt drive - rotator is designed to easily stall/slip when obstructed for safety
- Display capacity 1,000 lbs.
- 15A collector/brush capacity, 1 grounded circuit, or 2 ungrounded circuits

Variable Speed Motorcycle Rotator ZT193

- 150 lb shipping weight, FOB Mtn. Green, UT 84050 USA (Fed Ex ground freight preferred)
- 10A, 6ft male powercord, 115V 60Hz input for collector assembly / lighting
- Can be run non-stop for extended periods
- 2-Year warranty on parts

Larsen Manufacturing Co, Mountain Green, Utah **USA 866-699-5918**



WOW Every Guest Every Time!

April 19, 2012

Brick Township
Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Quaker Steak & Lube (former Chevys)

To Whom It Concerns:

I am submitting my application for permits to fit-out our Chevys restaurant to a new concept, Quaker Steak & Lube.

Please contact me if there is anything further is required, or if you have any questions for me. Cell 201-788-4485; office 201-818-4669 x1101; ggross@dohertyinc.com

Thank you.

Regards,



Gordon Gross
Director of Construction

GG:tp

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 1036 Cedar Bridge Ave., Brick, NJ 08723

Block: 468/671 Lot: 1-9 / 2,4,8,11,12

Contractor: National Contracting Group

Contractor's Address: 690 Lakeview Plaza Blvd., Suite F, Worthington, OH 43085

Type of Construction (minor, new home): Commercial

Type of Debris (shingles, siding, wood, etc.): General Construction

Party responsible for removal: Tri-State Coating Inc.

Dumpster size: 30 yd Containers

Destination of debris: Ocean County Landfill - 2498 Rt 70 Manchester 08759
(732) 323-8528

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Bradley K. Ruckman Pres
Signature

04/13/12
Date

Bradley K. Ruckman Pres
Print Name

Reliable®

Model F1FR Series Quick Response Standard Spray

Model F1FR 56 Sprinkler Types

Standard Upright
Standard Pendent
Conventional

Model F1FR 56 Recessed Sprinkler Types

Standard Pendent/F1/F2/FP

Model F1FR 56 Concealed Sprinkler Types

Standard Pendent

Listing & Approvals

1. Underwriters Laboratories Inc. and Certified for Canada (cULus).
2. Factory Mutual Approvals (FM)
 - Light Hazard - No Limitations
 - Ordinary Hazard - Group 1 & 2, wet systems only.
3. Loss Prevention Council (LPCB, UK)
4. VdS Schadenverhütung GmbH

UL Listing Category

Sprinklers, Automatic & Open (VNIV)
Quick Response Sprinkler

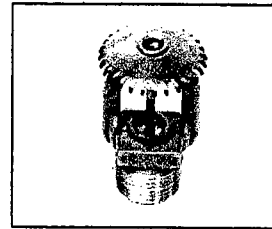
Product Description

Reliable Models F1FR Series Sprinklers are quick response sprinklers which combine the durability of a standard sprinkler with the attractive low profile of a decorative sprinkler.

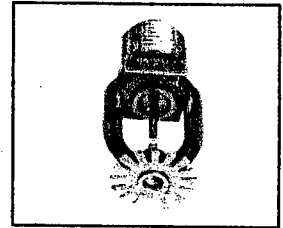
The Models F1FR Series Recessed automatic sprinklers utilize a 3.0 mm frangible glass bulb. These sprinklers have demonstrated response times in laboratory tests which are five to ten times faster than standard response sprinklers. This quick response enables the Model F1FR Series sprinklers to apply water to a fire much faster than standard sprinklers of the same temperature rating.

The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response. The balance of parts are made of brass, copper and beryllium nickel.

At normal temperatures, the glass bulb contains the fluid in both the liquid and vapor phases. The vapor phase can be seen as a small bubble. As heat is applied, the liquid expands, forcing the bubble smaller and smaller as the liquid pressure increases. Continued heating forces the liquid to push out against the bulb, causing the glass to shatter, opening the waterway and allowing the deflector to distribute the discharging water.



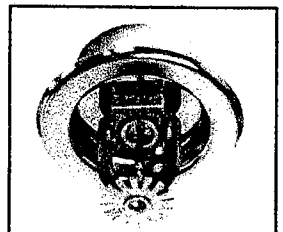
Upright



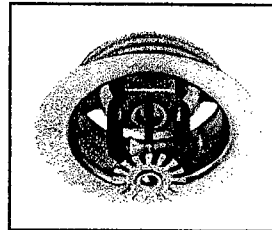
Pendent



Conventional



Recessed
Pendent/F1/F2



Recessed
Pendent/FP



Concealed Pendent

Application

Quick response sprinklers are used in fixed fire protection systems: Wet, Dry, Deluge or Preaction. Care must be exercised that the orifice size, temperature rating, deflector style and sprinkler type are in accordance with the latest published standards of the National Fire Protection Association or the approving Authority Having Jurisdiction. Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Reliable Automatic Sprinkler Co., Inc., 103 Fairview Park Drive, Elmsford, New York 10523

Model F1FR Quick Response Upright, Pendent & Conventional Sprinklers

Installation Wrench: Model D Sprinkler Wrench

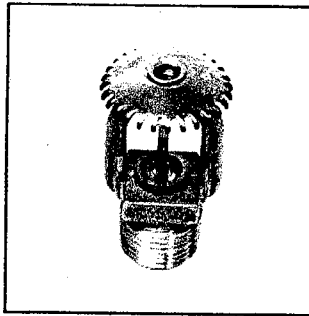
Installation Data:

Nominal Orifice	Thread Size	Nominal K Factor		Sprinkler Height	Approval Organization	Sprinkler Identification Number (SIN)	
		US	Metric			Upright	Pendent
Standard-Upright (SSU) and pendent Deflectors Marked to Indicate Position							
½" (15mm)	½" NPT(R½)	5.6	80	2.25" (57mm)	1, 2, 3, 4	RA1425 ⁽¹⁾	RA1414 ^{(1) (2)}
Conventional-Install in Upright or Pendent Position							
15mm ⁽¹⁾	½" NPT(R½)	5.6	80	57mm	3, 4	RA1475	

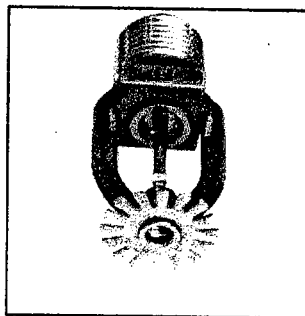
(1) All are listed on page 10 of the 2015 NFPA 13 Handbook

⁽¹⁾ cULus listed corrosion resistant (Polyester coated) sprinkler.

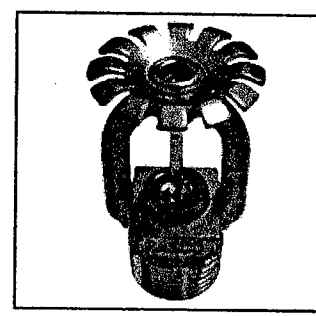
⁽²⁾ Polyester coated FM approved sprinkler.



Upright



Pendent



Conventional

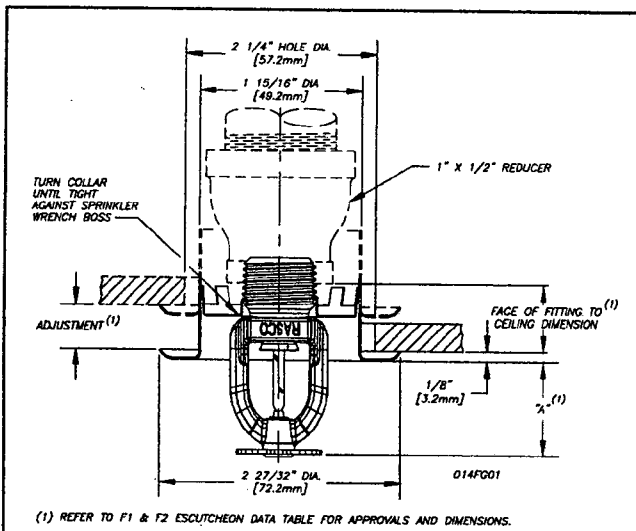
Model F1FR 56 Quick Response Recessed Pendent Sprinkler

Installation Wrench: Model GFR2 Sprinkler Wrench

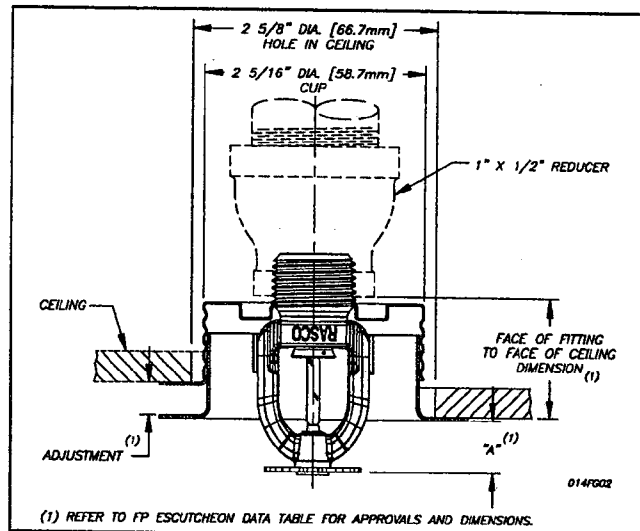
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Sprinkler Identification Number (SIN)
		US	Metric		
½" (15mm)	½" NPT(R½)	5.6	80	2.25" (57mm)	RA1414

⁽¹⁾ Refer to escutcheon data table for approvals and dimensions.



Model F1FR 56/F1 or F2



Model F1FR 56/FP

Model F1FR Quick Response Concealed Pendent Sprinklers

Installation Wrench: Model RC1 Sprinkler Wrench

Technical Data:

Nominal Orifice	"K" Factor		Thread Size	Model	Temp. Rating		Max. Ambient Temp	Bulb Color	Approvals	Sprinkler Identification Number(SIN)
	US	Metric			Sprinkler	Cover				
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	135°F/57°C	135°F/57°C	100°F/38°C	Orange	1	RA1414
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	155°F/68°C	135°F/57°C	100°F/38°C	Red	1, 4 ⁽¹⁾	RA1414
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	175°F/79°C	165°F/74°C	100°F/38°C	Yellow	1	RA1414
1/2" (15mm)	5.6	80	1/2" NPT	F1FR	200°F/93°C	165°F/74°C	100°F/38°C	Green	1	RA1414

(1) For VdS only = 155°F/68°C Norbulb and 1/2" [12,7mm] adjustment.

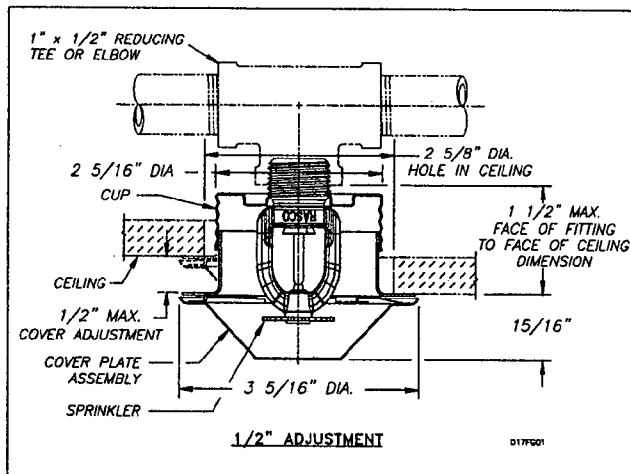


Figure 1

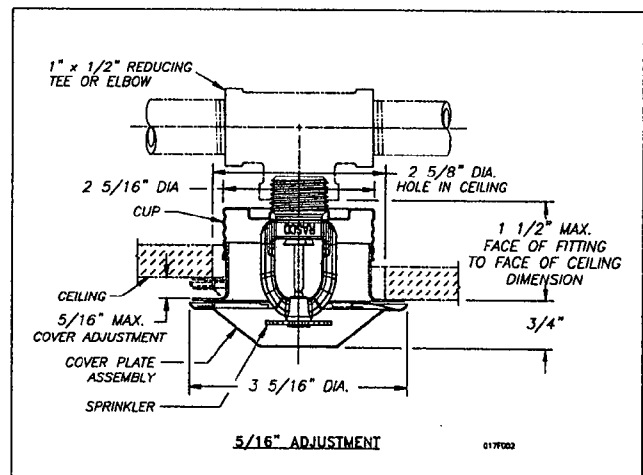


Figure 2

Installation Aid

A protective cap is included for use during installation. **Important:** The F1FR 56 Sprinkler with Model CCP cover plate is not an FM Approved combination.

Installation

Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Model F1FR 56 Recessed Quick Response Sprinklers are to be installed as shown. The Model F1 or F2 Escutcheons illustrated are the only recessed escutcheons to be used with the Model F1FR 56 Sprinklers. The use of any other recessed escutcheon will void all approvals and negate all warranties.

When installing Model F1FR 56 Sprinklers, use the Model D Sprinkler Wrench. Use the Model GFR2 Wrench for installing F1FR 56 Recessed Pendent Sprinklers. Any other type of wrench may damage these sprinklers.

NOTE: A leak tight 1/2" NPT (R1/2) sprinkler joint can be obtained with a torque of 8-18 ft-lbs (10,8 - 24,4 N-m). Do not tighten sprinklers over maximum recommended torque. It may cause leakage or impairment of the sprinklers.

The Model F1FR 56/CCP Concealed Sprinkler uses the 1/2" orifice, 1/2" NPT (R1/2), 135°F (57°C), 155°F (68°C), 175°F (79°C) or 200°F (93°C) Model F1FR 56 Pendent

Sprinkler with a threaded Model CCP cup which is factory attached to the sprinkler. The assembly is completed by the installation of the attractive, low profile, 135°F (57°C) or 165°F (74°C) rated Model CCP push on cover plate assembly. The cover plate and sprinkler cup assemblies are joined using a cover plate skirt with flexible tabs for threaded engagement. A choice of two cover plate assemblies provide either 1/2" (13mm) or 5/16" (8mm) of cover adjustment.

Do not install these sprinklers in ceiling which have positive pressure in the space above.

After a 2 5/8" (67mm) diameter hole is cut in the ceiling, the sprinkler is easily installed with the Model RC1 Wrench. A Teflon* based thread sealant should be applied to the sprinkler threads only. The Model RC1 Wrench is then used to engage the sprinkler wrenching surfaces and to install the sprinkler in the fitting. When inserting or removing the wrench from the sprinkler/cup assembly, care should be taken to prevent damage to the sprinkler. **DO NOT WRENCH ON ANY OTHER PART OF THE SPRINKLER.** The cover plate is then pushed onto the cup. Final adjustment is made by hand turning the cover plate until the skirt flange makes full contact with the ceiling. Cover plate removal requires turning in the counter clockwise direction.

After installation, inspect all sprinklers to ensure that there is a gap between the cover plate and ceiling and that the four cup slots are open and free from any air flow impediment to the space above.

Concealed cover plate/cup assemblies are listed only for use with specific sprinklers. The use of any other concealed cover plate/cup assembly with the Model F1FR 56 Pendent Sprinkler or the use of the Model CCP Concealed cover plate assembly on any sprinkler with which it is not specifically listed may prevent good fire protection and will void all guarantees, warranties, listings and approvals.

Glass bulb sprinklers have orange bulb protectors to minimize bulb damage during shipping, handling and installation. REMOVE THIS PROTECTION AT THE TIME THE SPRINKLER SYSTEM IS PLACED IN SERVICE FOR FIRE PROTECTION. Removal of the protectors before this time may leave the bulb vulnerable to damage. RASCO wrenches are designed to install sprinklers when covers are in place. REMOVE PROTECTORS BY UNDOING THE CLASP BY HAND. DO NOT USE TOOLS TO REMOVE THE PROTECTORS.

Temperature Ratings

Classification	Sprinkler Temperature		Max. Ambient Temp.	Bulb Color
	°C	°F		
Ordinary	57	135	100°F (38°C)	Orange
Ordinary	68	155	100°F (38°C)	Red
Intermediate	79	175	150°F (66°C)	Yellow
Intermediate	93	200	150°F (66°C)	Green
High ⁽¹⁾	141	286	225°F (107°C)	Blue

⁽¹⁾ Not available for recessed sprinklers.

Escutcheon Data

Escutcheon Model	Approvals	Adjustment	"A" Dimension	Face of Fitting to Ceiling or Wall Dimension
F1	1, 3, 4	Max Recess Min Recess	1 1/2" (38.1mm) 3/4" (19.1mm)	3/16" - 15/16" (5mm - 24mm)
F2	1, 2, 3, 4	Max Recess Min Recess	1 1/2" (38.1mm) 1" (25.4mm)	3/16" - 11/16" (5mm - 17mm)
FP Push-on/ Thread-off	1, 4	Max Recessed Min Recessed	7/16" (11mm) 15/16" (24mm)	1 1/2" (38.1mm) 1" (25.4mm)

Maintenance

The Models F1FR 56 and F1FR 56 Recessed Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gentle vacuuming. Remove any sprinkler which has been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to

installation, sprinklers should be maintained in the original cartons and packaging to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Recessed Pendent

Finishes ⁽¹⁾

Standard Finishes		
Sprinkler	Escutcheon	Cover plate
Bronze	Brass	
Chrome Plated	Chrome	Chrome
White Polyester	Plated	White
Coated ⁽⁴⁾⁽⁵⁾	White Painted	
Special Application Finishes		
Sprinkler	Escutcheon	Cover plate
Bright Brass ⁽³⁾	Bright Brass	Bright Brass
Black Plated	Black Plated	Satin
Black Paint ⁽²⁾	Black Paint	Off White
Off White ⁽²⁾	Off White	Black Paint
Satin Chrome	Satin Chrome	Black Plated

⁽¹⁾ Other finishes and colors are available on special order.

Consult the factory for details.

⁽²⁾ cULus Listed only.

⁽³⁾ 200°F (93°C) maximum.

⁽⁴⁾ cULus listed "corrosion resistance" applies to SIN Numbers RA1425 (Upright) and RA1414 (Pendent).

⁽⁵⁾ FM Approvals finish as "Polyester coated" applies to SIN Number RA1414 (Pendent).

Ordering Information

Specify:

1. Sprinkler Model
2. Sprinkler Type
3. Orifice Size
4. Deflector Type
5. Temperature Rating
6. Sprinkler Finish
7. Escutcheon Type
8. Escutcheon Finish (where applicable)
9. Cover plate Model
10. Cover plate Thread size
11. Cover plate Temperature
12. Cover plate Adjustment
13. Cover plate Finish

Note: When Model F1FR 56 Recessed sprinklers are ordered, the sprinklers and escutcheons are packaged separately.

The equipment presented in this bulletin is to be installed in accordance with the latest published Standards of the National Fire Protection Association, Factory Mutual Research Corporation, or other similar organizations and also with the provisions of governmental codes or ordinances whenever applicable. Products manufactured and distributed by Reliable have been protecting life and property for over 80 years, and are installed and serviced by the most highly qualified and reputable sprinkler contractors located throughout the United States, Canada and foreign countries.

Manufactured by

Reliable®

The Reliable Automatic Sprinkler Co., Inc.
(800) 431-1588 Sales Offices
(800) 848-6051 Sales Fax
(914) 829-2042 Corporate Offices
www.reliablesprinkler.com Internet Address



Revision lines indicate updated or new data.

EG. Printed in U.S.A 12/09 P/N 9999970300

Reliable®

Model F3QR Quick Response Dry Sprinklers

Features

1. The Model F3QR sprinkler utilizes Belleville Spring Closure Technology. Reliable is the first in the industry to produce a Quick Response Dry Concealed sprinkler utilizing this technology.
2. Styles available
 - Pendent
 - Recessed FP Pendent
 - Recessed F1 Pendent
 - Concealed
 - Horizontal Sidewall
 - Recessed FP Horizontal Sidewall
 - Recessed F1 Horizontal Sidewall
3. 1½" (38mm) escutcheon adjustment on pendent sprinkler.
4. ½" (13mm) escutcheon adjustment on recessed sprinkler with push-on/ thread-off FP Model Escutcheon ring.
5. 3/8" (9.5mm) cover plate adjustment on concealed sprinkler with push-on/ thread-off CCP Cover Plate.
6. 3/4" (19mm) escutcheon adjustment on recessed sprinkler with F1 Escutcheon.
7. Attractive appearance. Employs 3mm frangible glass bulb and galvanized nipple.
8. Lengths available to accommodate installation dimensions from 2" - to - 48" (51mm - to - 1219mm), in ¼" (6mm) increments.
9. Available in a variety of plated and painted finishes.
10. Polyester Coated Corrosion Resistant Sprinklers.

US Patent Numbers 5,775,431 and 5,967,240.

Approvals

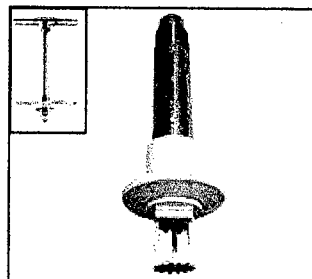
1. Listed by Underwriters Laboratories Inc. and UL Certified for Canada (cULus)

Style	Response	Sprinkler System Type	Hazard
Pendent Recessed Pendent Recessed F1 Pendent CCP Concealed (R5714)	Quick	Wet Pipe Dry Pipe All Preaction	Light Ordinary
Horizontal Sidewall Recessed Horizontal Sidewall (R5734)	Quick	Wet Pipe Dry Pipe All Preaction	Light

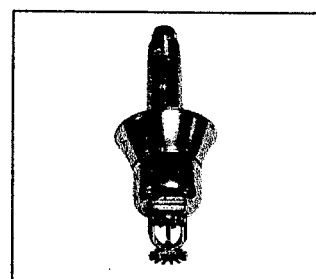
2. Certified by FM Approvals

Style	Response	Sprinkler System Type	Hazard
Pendent Recessed F1 Pendent (R5714)	Quick	Wet Pipe Dry Pipe All Preaction	Light Ordinary, Groups 1&2
Horizontal Sidewall Recessed F1 Horizontal Sidewall (R5734)	Quick	Wet Pipe Dry Pipe All Preaction	Light

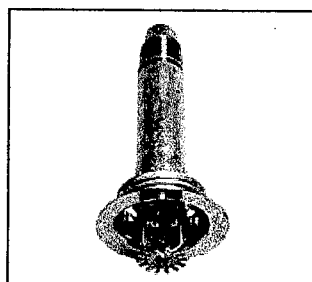
3. NYC MEA 258-93-E



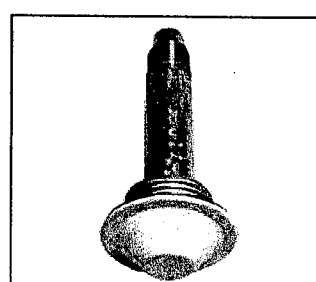
Pendent



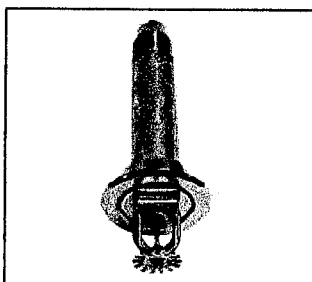
Pendent / HB



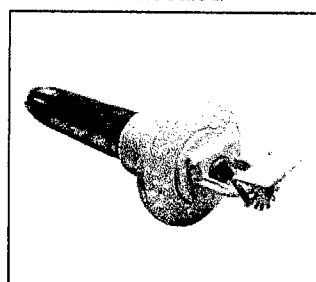
Recessed FP Pendent



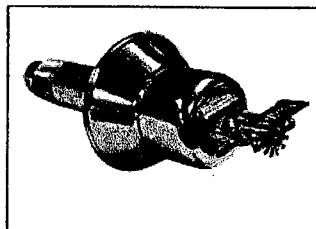
Concealed



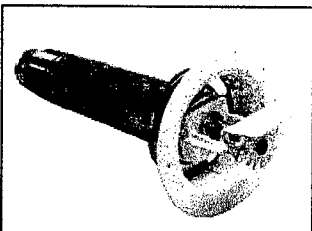
Recessed F1 Pendent



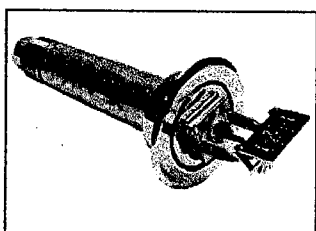
Horizontal Sidewall



Horizontal Sidewall / HB



Recessed FP
Horizontal Sidewall



Recessed F1
Horizontal Sidewall

The Reliable Automatic Sprinkler Co., Inc., 103 Fairview Park Drive, Elmsford, New York 10523

Model F3QR Dry Pendent Sprinkler

"A" Dim. 2" to 48" (51mm to 1219mm) in 1/4" (6mm) increments

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

(1) Other finishes and colors are available on special order. Consult factory for details.

(2) cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

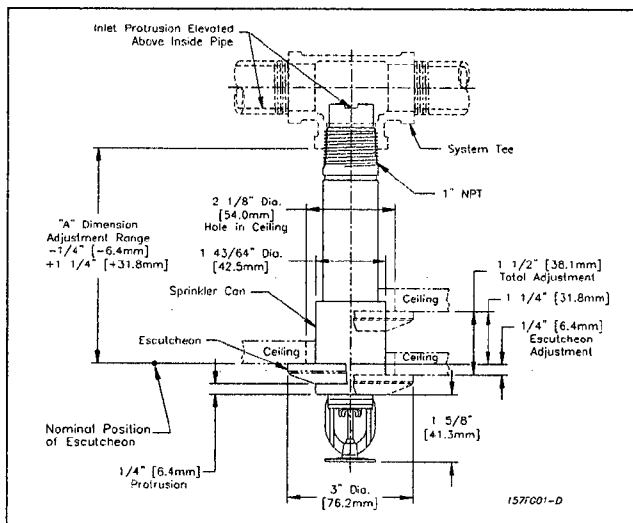


Fig. 1

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/4" (-6mm) to +1 1/4" (+32mm) "A" dimension adjustment range.

Sprinkler Guard: Model C-2

Sprinkler Installation Wrench: Model G3 Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

Sprinkler can and escutcheon fabricated of brass for better weather resistance in exterior applications.

(1) Listed and Certified only by cULus.

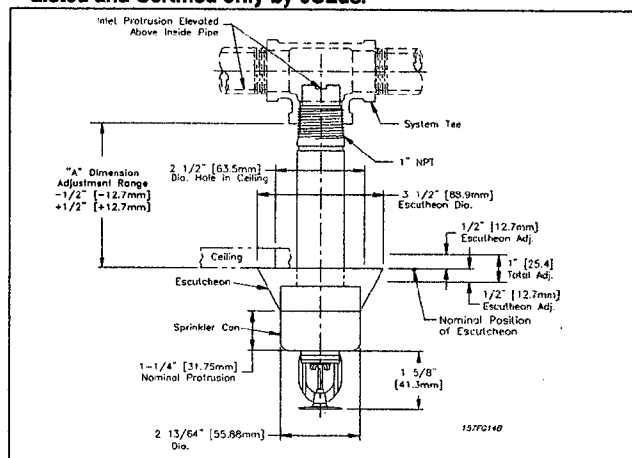


Fig. 2

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/2" (-12.7mm) to +1/2" (+12.7mm) "A" dimension adjustment range.

Model F3QR Dry Recessed FP Pendent Sprinkler

"A" Dim. 3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

(1) Other finishes and colors are available on special order. Consult factory for details. Cup remains unfinished. Only the escutcheon will contain desired finish.

(2) cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

Sprinkler cup and FP Escutcheon fabricated of steel and recommended for interior applications.

(1) Listed and Certified only by cULus.

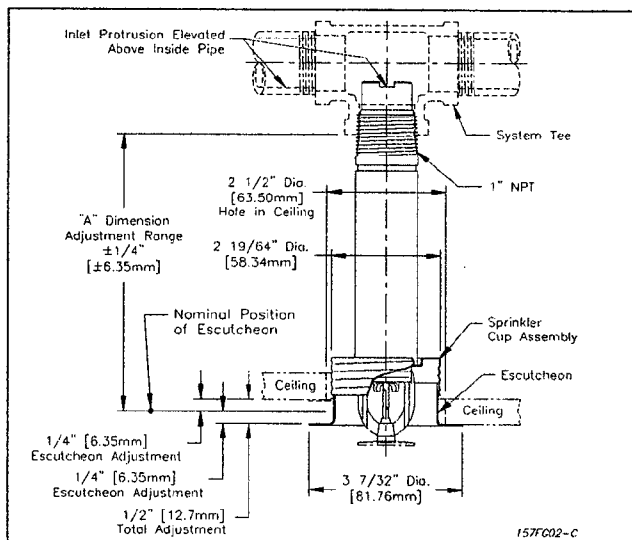


Fig. 3

Note: Do not install the Model F3QR Dry Recessed FP Pendent Sprinkler in ceilings which have positive pressure in space above.

Sprinkler Installation Wrench: Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

Model F3QR Dry Pendent Concealed Sprinkler

"A" Dim.	3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments
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CCP Cover Plate ⁽¹⁾ Finishes ⁽²⁾

Standard Finishes	Special Application Finishes
Chrome Plated	Bright Brass Plated
White	Black Plated
	Black Paint
	Off White
	Satin Chrome

⁽¹⁾ Utilizes the 1/2" cover plate with 3/8" total adjustment.

⁽²⁾ Other finishes and colors are available on special order.
Consult factory for details.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Cover Plate Temp. Rating	Max. Ambient Temp.
Ordinary	135°F (57°C)	135°F (57°C)	100°F (38°C)
Ordinary	155°F (68°C)	135°F (57°C)	100°F (38°C)
Intermediate ⁽¹⁾	175°F (79°C)	165°F (74°C)	150°F (66°C)
Intermediate	200°F (93°C)	165°F (74°C)	150°F (66°C)
High ⁽¹⁾	286°F (141°C)	165°F (74°C)	150°F (66°C)

Sprinkler cup fabricated of steel and CCP Cover Plate fabricated of brass and recommended for interior applications.

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

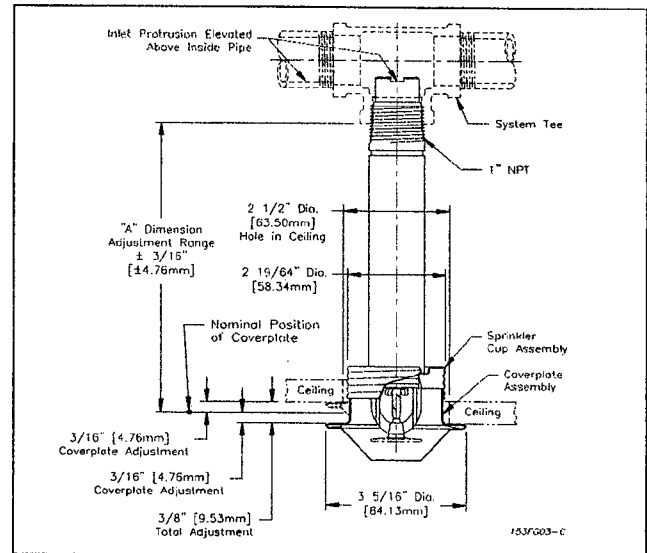


Fig. 4

Note: Do not install the Model F3QR Dry Concealed Pendent Sprinkler in ceilings which have positive pressure in the space above.

Model F3QR Dry Recessed F1 Pendent Sprinkler

"A" Dim.	3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments
----------	---

Finishes ⁽¹⁾

Sprinkler	Escutcheon	Collar
Chrome Plated	Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White	White

⁽¹⁾ Other finishes and colors are available on special order.
Consult factory for details.

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5714

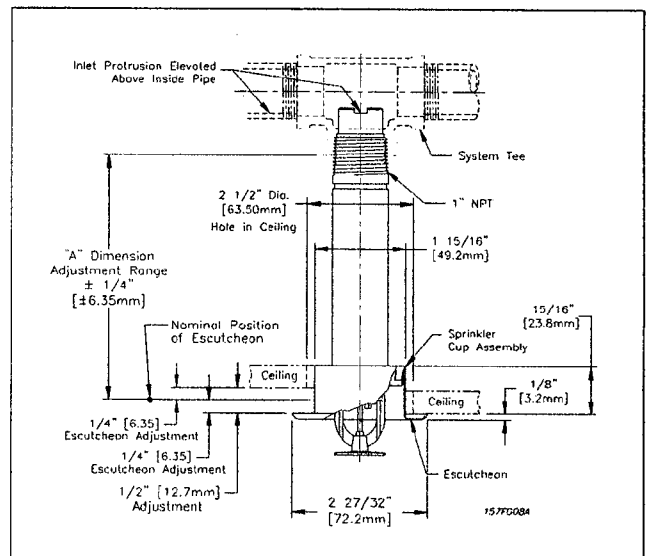


Fig. 5

Model F3QR Dry Horizontal Sidewall Sprinkler

"A" Dim.	2" to 48" (51mm to 1219mm) in 1/4" (6mm) increments
----------	---

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

⁽¹⁾ Other finishes and colors are available on special order.

Consult factory for details.

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

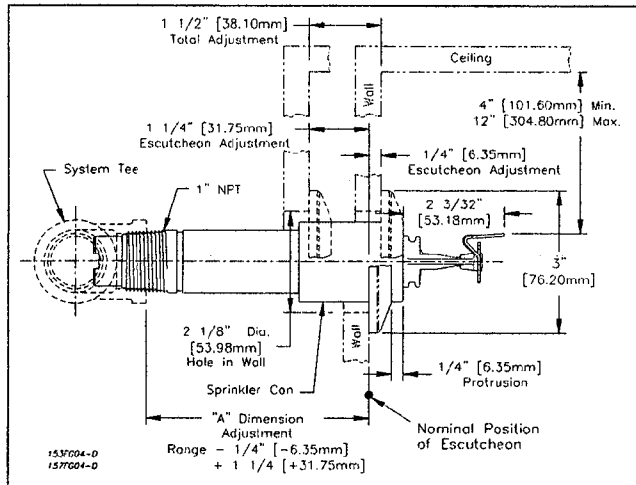


Fig. 6

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/4" (-6mm) to +1/4" (+32mm) "A" dimension adjustment range.

Sprinkler Installation Wrench: Model G3 Sprinkler Wrench
Sprinkler Identification Number (SIN): R5734

Model F3QR Dry Recessed FP Horizontal Sidewall Sprinkler

"A" Dim.	3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments
----------	---

Finishes⁽¹⁾

Sprinkler	Escutcheon
Bronze	Brass
Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White

⁽¹⁾ Other finishes and colors are available on special order.

Consult factory for details. Cup remains unfinished. "See page 2"

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:
 Model G3 R/C Sprinkler Wrench
Sprinkler Identification Number (SIN): R5734

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High	286°F (141°C)	225°F (107°C)	Blue

Sprinkler can and escutcheon fabricated of brass for better weather resistance in exterior applications.

⁽¹⁾ Listed and Certified only by cULus.

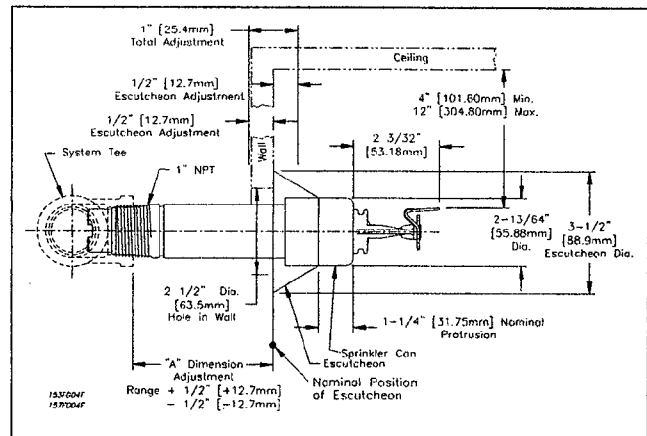


Fig. 7

Note: The sprinkler can protrudes 1/4" when escutcheon is in nominal position. Escutcheon adjustment provides -1/2" (-12.7mm) to +1/2" (+12.7mm) "A" dimension adjustment range.

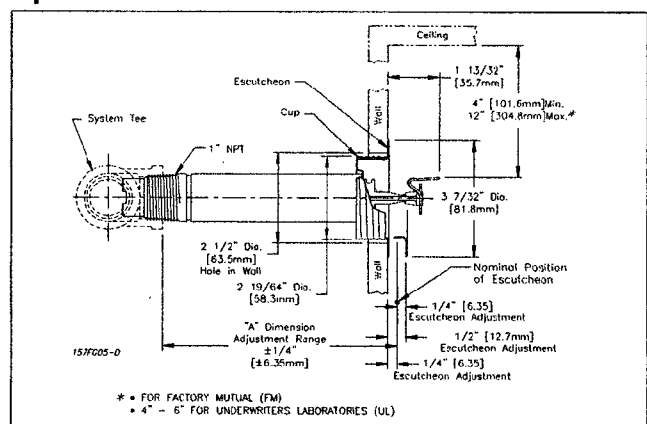


Fig. 8

Notes: Do not install the Model F3QR Dry Recessed FP Horizontal Sidewall Sprinkler in walls which have positive pressure in their side space.

- Listed by cULus for Quick Response. Approved by FM for Standard Response.
- Recessed Horizontal sidewall sprinklers are listed with cULus for installation of min. 4" (100mm) - to - max. 6" (150mm) below ceiling and approved by FM for installation of min. 4" (100mm) - to - max. 12" (300mm) below ceiling.

Model F3QR Dry Recessed F1 Horizontal Sidewall Sprinkler

"A" Dim.	3 1/2" to 48" (89mm to 1219mm) in 1/4" (6mm) increments
----------	---

Finishes ⁽¹⁾

Sprinkler	Escutcheon	Collar
Chrome Plated	Chrome Plated	Chrome Plated
White Polyester ⁽²⁾	White	White

⁽¹⁾ Other finishes and colors are available on special order.

Consult factory for details.

⁽²⁾ cULus Listed as a Corrosion Resistant sprinkler in standard Black or White.

Standard Temperature Ratings

Classification	Sprinkler Temperature Rating	Max. Ambient Temp.	Bulb Color
Ordinary	135°F (57°C)	100°F (38°C)	Orange
Ordinary	155°F (68°C)	100°F (38°C)	Red
Intermediate ⁽¹⁾	175°F (79°C)	150°F (66°C)	Yellow
Intermediate	200°F (93°C)	150°F (66°C)	Green
High ⁽¹⁾	286°F (141°C)	225°F (107°C)	Blue

⁽¹⁾ Listed and Certified only by cULus.

Sprinkler Installation Wrench:

Model G3 R/C Sprinkler Wrench

Sprinkler Identification Number (SIN): R5734

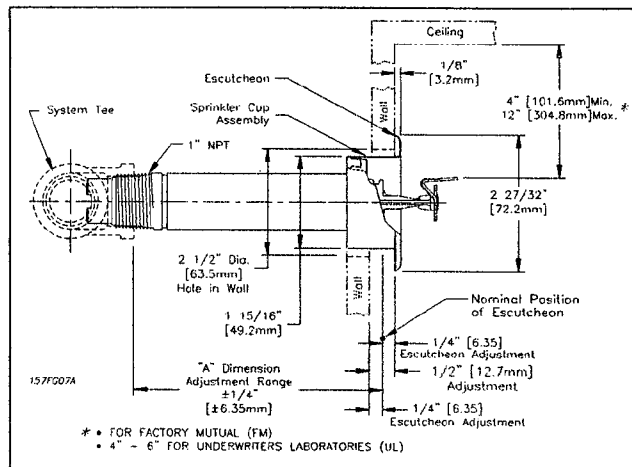


Fig. 9

- Listed by cULus for Quick Response. Approved by FM for Standard Response.
- Recessed Horizontal sidewall sprinklers are listed with cULus for installation of min. 4" (100mm) - to - max. 6" (150mm) below ceiling and approved by FM for installation of min. 4" (100mm) - to - max. 12" (300mm) below ceiling.

Technical Data:

Orifice Size: 1/2" (15mm)

Thread Size: 1" NPT per ANSI B2.1

Working Pressure: 175 psi (12 bar)

Nominal K Factor - US / (Metric): 5.6 / (80)

Product Description

Reliable Model F3QR Dry Sprinklers are quick response sprinklers utilizing a durable 3mm frangible glass bulb. This quick response enables these sprinklers to apply water to a fire much sooner than standard response sprinklers of the similar temperature rating.

Model F3QR Dry Sprinklers are intended for use in dry and preaction systems and in areas subjected to freezing temperatures, such as freezers and unheated portions inside and outside buildings.

Environments wherein dry sprinklers are employed can be corrosive. For this reason, Model F3 Sprinklers have a special wax fillet placed in the gap between the cup that supports the bulb and the wrenching boss. This wax will not interfere with the operation of the sprinkler, and it prevents contaminants from entering the internal portion of the drop nipple. The wax must not be removed.

Operation

The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response. When the temperature increases sufficiently, due to a fire, the bulb shatters allowing operating parts to clear the waterway. This enables the inlet seal to release air or water and subsequently, cause water flow over the deflector in a uniform spray pattern, controlling or extinguishing the fire.

Ordering Information

Specify:

1. Sprinkler Type (select one):
 - (a) Model F3QR Dry Pendant
 - (b) Model F3QR Dry Pendant/HB
 - (c) Model F3QR Dry Recessed FP Pendant
 - (d) Model F3QR Dry Recessed F1 Pendant
 - (e) Model F3QR Dry Concealed Pendant
 - (f) Model F3QR Dry Horizontal Sidewall
 - (g) Model F3QR Dry Horizontal Sidewall/HB
 - (h) Model F3QR Dry Recessed FP Horizontal Sidewall
 - (i) Model F3QR Dry Recessed F1 Horizontal Sidewall
2. Sprinkler Temperature Rating.
3. Sprinkler Finish.
4. Escutcheon type (F1 or FP).
5. Cover Plate/Escutcheon Finish.
6. Length:

"A" Dimension (face of tee to face of ceiling or wall) in 1/4" (6mm) increments.
7. Model F3QR Dry Pendant (a) is available without sprinkler can and escutcheon.

Note:

1. The "A" dimension is based on a nominally gauged pipe thread "make-up" of 0.600" (15mm) per ANSI B2.1 [7 1/2 threads approximately].
2. All platings and paintings are decorative and intended for interior use.

General Installation Instructions

Model F3QR dry sprinklers must be installed only in standard (ANSI B 16.3 class 150 and ANSI B 16.4 class 125) pipe tees in the horizontal position, even at branch line ends. They should not be installed into elbows or pipe couplings located on drop nipples to the sprinklers. For these and other fittings including CPVC*, the dry sprinkler should be installed into a fitting to allow protrusion into the fitting in accordance with the diagrams. The "A" dimension of the dry sprinkler, which extends into the freezers or a freezing zone from wet pipe systems, should be selected to provide, as a minimum, the specified lengths in inches shown in Fig. 10.

Caution:

Do not install Model F3QR Dry sprinklers into CPVC adapter fittings or tees that have an internal obstruction. This will damage the sprinkler and /or the fitting. Refer to Fig. 11.

During installation, the following steps must be followed:

1. Cut the specified size hole (see illustrations) for the sprinkler in the ceiling or wall directly in line with the tee.
2. Apply pipe joint compound to the 1" (25mm) pipe threads and install sprinkler using the Model G3 or G3 R/C Sprinkler Wrench as specified.
3. Install the Model FP push-on / thread-off escutcheon or CCP cover plate if required.

Note: Installation of the Model F3QR Sprinklers is not recommended in copper pipe systems, as this may reduce the life expectancy of the sprinklers.

Model F3QR Concealed and Recessed Installation Instructions

- The Model G3 R/C wrench (Fig. 12) is designed to locate on the wrenching pads of the recessed sprinkler while centering in the cup. A standard ½" drive ratchet may be used to drive this wrench. Fig. 13 and Fig. 14 show sequentially the insertion of the wrench. First the wrench, with its jaws above the sprinkler deflector, is moved laterally until centered with the cup. Then raise the wrench inside of the cup until its jaws engage the sprinkler's square wrenching pads (Fig. 14). To remove the wrench, follow this procedure in reverse order. Care should be taken to avoid striking the deflector, with the wrench.
- Model G3 Wrench (Fig. 15) is used for installation of Pendent and Horizontal Sidewall sprinklers.
- Glass bulb sprinklers have orange bulb protectors to minimize bulb damage during shipping, handling and installation. REMOVE THIS PROTECTION AT THE TIME THE SPRINKLER SYSTEM IS PLACED IN SERVICE FOR FIRE PROTECTION. Removal of the protectors before this time may leave the bulb vulnerable to damage. RASCO wrenches are designed to install sprinklers when covers are in place. REMOVE PROTECTORS BY UNDOING THE CLASP BY HAND. DO NOT USE TOOLS TO REMOVE THE PROTECTORS.

Maintenance

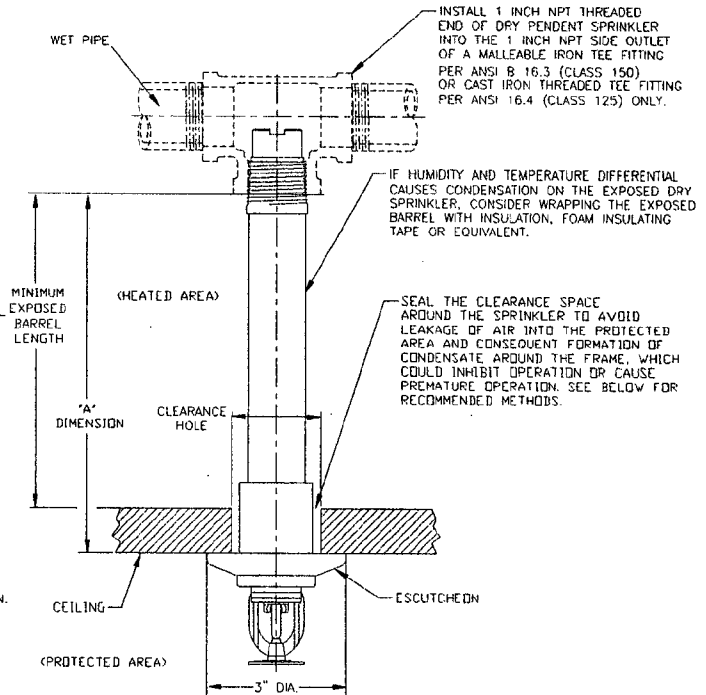
The Model F3QR Quick Response Dry Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not remove the factory applied thermally sensitive wax fillet between the bulb supporting cup and the wrenching boss. Do not replace this wax with a substitute substance. An Alternate substance may interfere with proper operation of the sprinkler. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gently vacuuming. Remove any sprinkler which has been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to installation, sprinklers should be maintained in the original cartons and packaging until used to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

RECOMMENDED EXPOSED MINIMUM BARREL LENGTH BASED ON AMBIENT TEMPERATURE IN THE PROTECTED AREA
(STANDARD DRY PENDENT SPRINKLER SHOWN)

AMBIENT TEMPERATURE OF PROTECTED AREA* AT THE DISCHARGE END OF THE SPRINKLER	EXPOSED BARREL AMBIENT TEMPERATURE		
	40°F/4°C	50°F/10°C	60°F/16°C
	EXPOSED MINIMUM BARREL LENGTH** (FACE OF TEE TO TOP OF CEILING)		
	IN. (MM)	IN. (MM)	IN. (MM)
40°F (4°C)	0	0	0
30°F (-1°C)	0	0	0
20°F (-7°C)	4 (101)	0	0
10°F (-12°C)	8 (203)	1 (25.1)	0
0°F (-18°C)	12 (305)	3 (75)	0
-10°F (-23°C)	14 (356)	4 (101)	1 (25.1)
-20°F (-29°C)	14 (356)	6 (152)	3 (75)
-30°F (-34°C)	16 (406)	8 (203)	4 (101)
-40°F (-40°C)	18 (457)	8 (203)	4 (101)
-50°F (-46°C)	20 (508)	10 (254)	6 (152)
-60°F (-51°C)	20 (508)	10 (254)	6 (152)

* THE PROTECTED AREA REFERS TO THE AREA BELOW THE CEILING. THE AMBIENT TEMPERATURE IS THE TEMPERATURE AT THE DISCHARGE END OF THE SPRINKLER.
FOR PROTECTED AREA TEMPERATURES THAT OCCUR BETWEEN THE VALUES LISTED, USE THE NEXT COOLER TEMPERATURE.

**THE MIN. REQUIRED BARREL LENGTH IS NOT THE SAME AS THE 'A' DIMENSION.
NOTE: EXPOSED MINIMUM BARREL LENGTHS ARE INCLUSIVE UP TO 30MPH WIND VELOCITIES IN THE PROTECTED AREA.



RECOMMENDED EXPOSED MINIMUM BARREL LENGTHS ALSO APPLY TO HORIZONTAL SIDEWALL DRY SPRINKLERS

RECOMMENDED DRY SPRINKLER SEAL ARRANGEMENTS
(STANDARD DRY PENDENT SPRINKLER SHOWN)

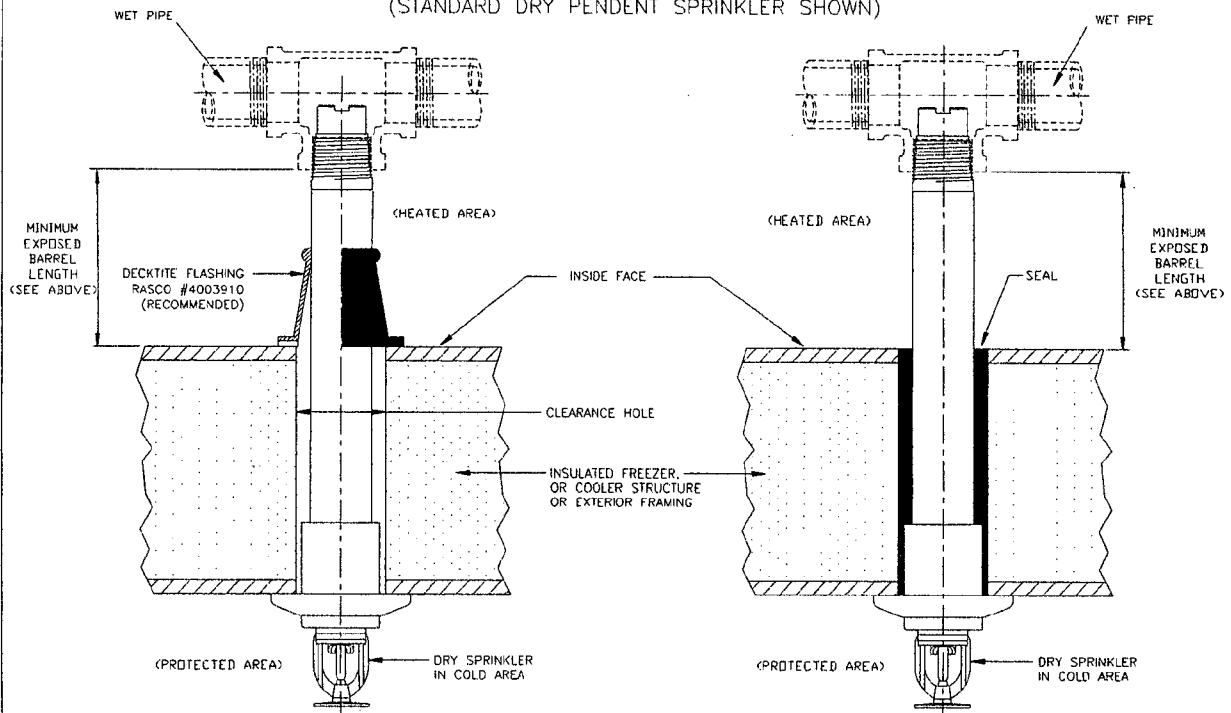


Fig. 10

HYDRAULIC CALCULATIONS

for:

**QUAKER
STEAK
& LUBE**

**BEST
WINGS
USA**

1036 Cedar Bridge Avenue
Brick, New Jersey

DESIGN DATA: CALCULATION #1

Area Calculated: Most Remote/Demanding
•Anti-Freeze - Darcy Weisbach Formula
Reliable Uprights SIN® R3625
Hazard: Light Hazard - Restaurant Seating
Density: 0.10 gpm/ft
Area: Entire Room
No. Sprinklers Calculated: 6
Area Per Sprinkler: 225 Sq. Ft. Max.
Hose Demand: 100,000 gpm
Total Water Required: 239,517 gpm
Total Pressure Required: 63,253 psi
Safety Margin: 9.60 psi

DESIGN DATA: CALCULATION #2

Area Calculated: Most Remote/Demanding
•Wet System - Hazen Williams Formula
Reliable Uprights SIN® R3625
Hazard: Light Hazard - Restaurant Seating
Density: 0.10 gpm/ft
Area: Entire Space
No. Sprinklers Calculated: 6
Area Per Sprinkler: 225 Sq. Ft. Max.
Hose Demand: 100,000 gpm
Total Water Required: 237,767 gpm
Total Pressure Required: 52,427 psi
Safety Margin: 20.45 psi

DATE: 02-05-2012
CONTRACT # 12032
JOB: # 87

FIRE SPRINKLER CONTRACTOR:

Fire Pro Tech, Inc.

6 Station Place
Howell, New Jersey 07731
Tel: 732-363-5955 Fax: 732-363-3031

FIRE SPRINKLER DESIGN BY:

TAS Fire Protection L.L.C.

35 3rd Street
Rumson, New Jersey 07760
TEL: (732) 597-6357
E-MAIL: info@tasfire.com

Trevor A. Silvers, CET
NICET L.C. #128017
Automatic Sprinkler System Layout, Level II
Inspection & Testing of Water Based, Level II



CARL A. MOENKE, P.E.

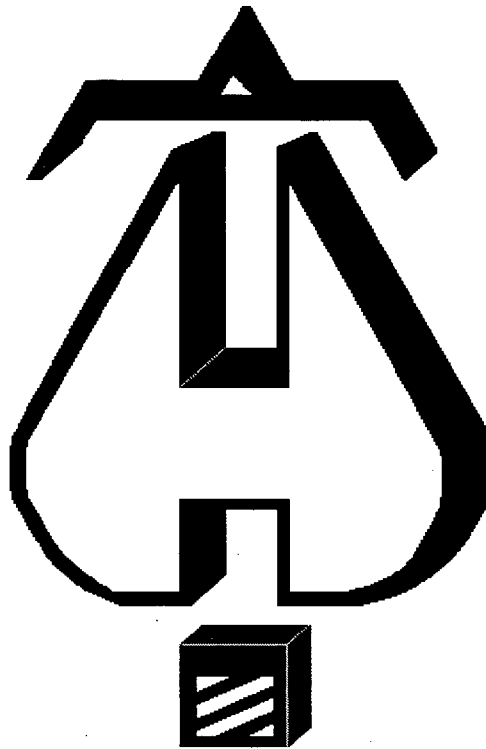
- PROFESSIONAL ENGINEER

37 MAIN ST. - 3RD FLR.
TOMS RIVER, N.J. 08753
(732) 818 - 1599

N.J. LIC. # 39052
FLA. LIC. # 42005
FAX: (732) 818 - 1644

Carl A. Moenke

DATE: 3-9-12



... Fire Protection by Computer Design

Fire Pro Tech, Inc.
6 Station Place
Howell, New Jersey 07731
732-363-5955

Job Name : Quaker State and Lube
Building : 1
Location : 1036 Cedar Bridge Avenue, Brick, New Jersey
System : 1
Contract : 12032
Data File : 87 Quaker State and Lube Submittal 02-05-2012 AREA 1.wxf

Hydraulic Design Information Sheet

Name - Quaker Steak and Lube Date - 02-05-2012
Location - 1036 Cedar Bridge Avenue, Brick, New Jersey
Building - 1 System No. - 1
Contractor - Fire Pro Tech, Inc. Contract No. - 12032
Calculated By - TAS Fire Protection, LLC Drawing No. - SPK 1 of 1
Construction: (X) Combustible () Non-Combustible Ceiling Height - 11'-0"
Occupancy - Light Hazard - Restaurant Seating Area

S (X) NFPA 13 (X) Lt. Haz. Ord.Haz.Gp. () 1 () 2 () 3 () Ex.Haz.
Y () NFPA 231 () NFPA 231C () Figure Curve

S Other

T Specific Ruling Made By Date

E
M Area of Sprinkler Operation - 1500 System Type Sprinkler/Nozzle
Density - 0.10 (X) Wet Make Reliable
D Area Per Sprinkler - 225 () Dry Model R3625
E Elevation at Highest Outlet - 10'-0" () Deluge Size 1/2"
S Hose Allowance - Inside - () Preaction K-Factor 5.47
I Rack Sprinkler Allowance - (X) AntiFreez Temp.Rat.155
G Hose Allowance - Outside - 100
N

Note K-Factors modified for Anti-Freeze.

Calculation Flow Required - 239.517 Press Required - 63.253 9.60 Safety
Summary C-Factor Used: 120 Overhead 140 Underground

W Water Flow Test: Pump Data: Tank or Reservoir:
A Date of Test - 02-05-2012 Cap. -
T Time of Test - 12:00 PM Rated Cap.- Elev.-
E Static Press - 75 psi @ Press -
R Residual Press - 55 psi Elev. - Well
Flow - 800 gpm Proof Flow
S Elevation - 2'-0"

U
P Location - Riser Room
P
L Source of Information - Fire Pro Tech, Inc.
Y

C Commodity Class Location
O Storage Ht. Area Aisle W.
M Storage Method: Solid Piled % Palletized % Rack
M
S () Single Row () Conven. Pallet () Auto. Storage () Encap.
R () Double Row () Slave Pallet () Solid Shelf () Non
T A () Mult. Row () Open Shelf

O C
R K Flue Spacing Clearance:Storage to Ceiling
A Longitudinal Transverse

G
E Horizontal Barriers Provided:

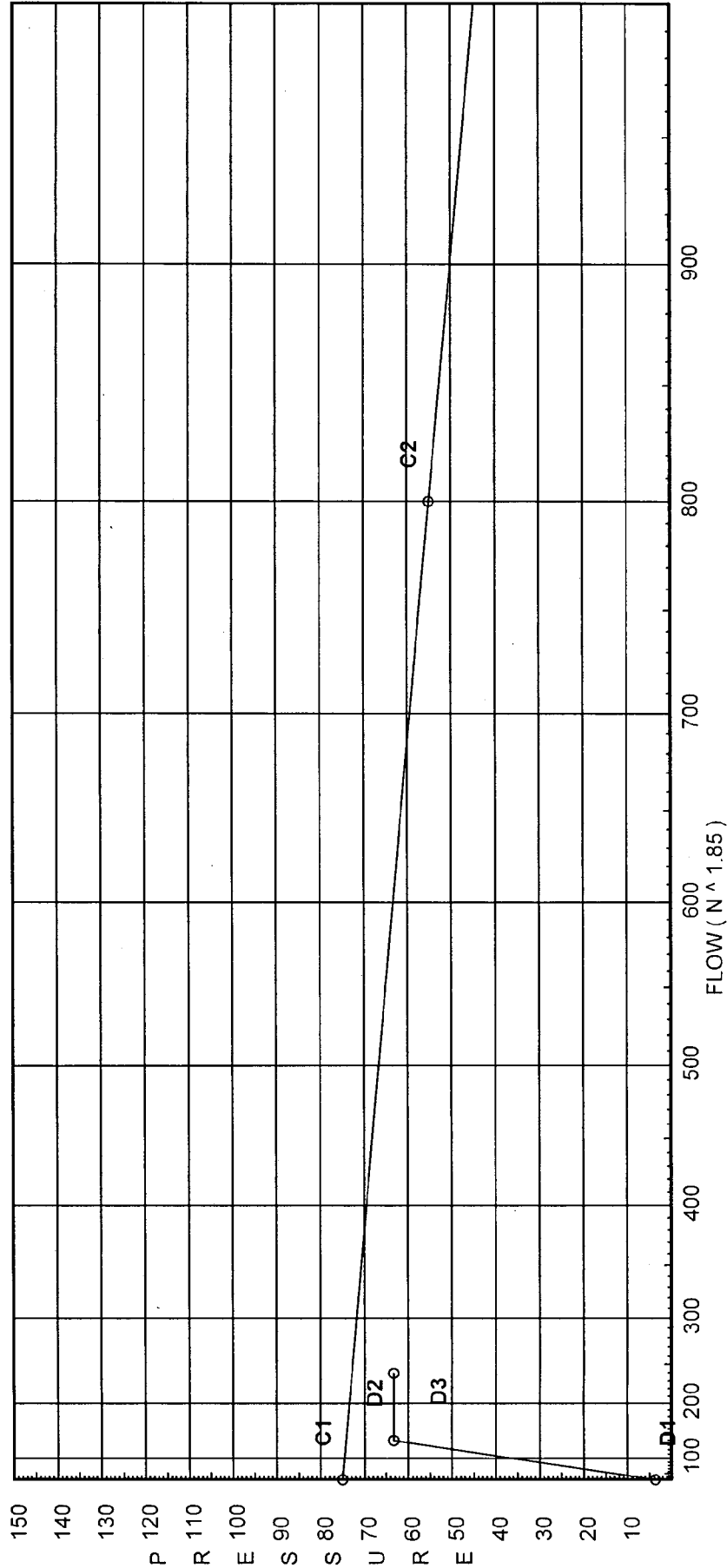
Water Supply Curve (C)

Fire Pro Tech, Inc.
Quaker State and Lube

Page 2
Date 02-05-2012

City Water Supply:
C1 - Static Pressure : 75
C2 - Residual Pressure: 55
C2 - Residual Flow : 800

Demand:
D1 - Elevation : 3.664
D2 - System Flow : 139.517
D2 - System Pressure : 63.253
Hose (Demand) : 100
D3 - System Demand : 239.517
Safety Margin : 9.599



Fittings Used Summary

Fire Pro Tech, Inc.
Quaker State and Lube

Page 3
Date 02-05-2012

Fitting Legend Abbrev. Name	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	3 1/2	4	5	6	8	10	12	14	16	18	20	24
B NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E NFPA 13 90° Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
Fsp Flow Switch Potter VSR	Fitting generates a Fixed Loss Based on Flow																			
S NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T NFPA 13 90° Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zil Wilkins 975XL	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units Inches
Length Units Feet
Flow Units US Gallons per Minute
Pressure Units Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Pressure / Flow Summary - STANDARD

Fire Pro Tech, Inc.
Quaker State and Lube

Page 4
Date 02-05-2012

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
1	10.0	5.47	16.92	na	22.5	0.1	225	7.0
2	10.0	5.47	17.52	na	22.9	0.1	225	7.0
3	10.0	5.47	18.73	na	23.67	0.1	225	7.0
4	10.0		22.06	na				
5	10.0		24.42	na				
6	10.0		36.23	na				
7	2.0		59.5	na				
TEST	2.0		63.25	na	100.0			
8	10.0	5.47	17.62	na	22.96	0.1	225	7.0
9	10.0	5.47	18.23	na	23.35	0.1	225	7.0
10	10.0	5.47	19.47	na	24.13	0.1	225	7.0

The maximum velocity is 12.25 and it occurs in the pipe between nodes 4 and 5

Final Calculations - Darcy-Weisbach

Fire Pro Tech, Inc.
Quaker State and Lube

Page 5
Date 02-05-2012

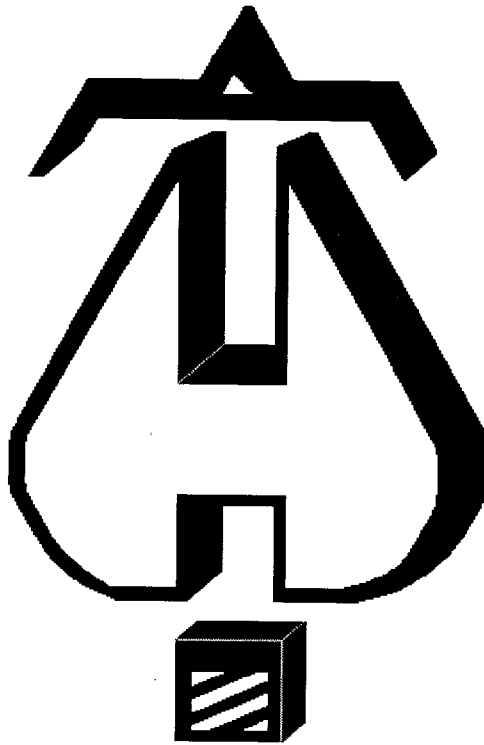
Darcy Weisbach Summary Info

Fluid Density = 65.89 lbs/ft³
Fluid Viscosity = 61 centipoise

Abbreviation Summary

E = Absolute Roughness = In.
Re = Reynolds Number
E/D = Relative Roughness
Ff = Friction Factor
1E+3 = 1 x 10³ = 1000

Hyd. Ref. Point	Qa Qt	Dia. "E" Pf/Ft	Fitting or Eqv. Ln.	Pipe Ftng's Total	Pt Pe Pf	Re E/D Ff	*****	Notes	*****
1 to 2	22.50 22.5	1.682 0.00400 0.0468		0.0 0.0 12.830	12.830 0.0 0.600	16.920 0.000000 0.08748	7.311E+2 0.00238	K Factor = 5.47 Vel = 3.25	
2 to 3	22.90 45.4	1.682 0.00400 0.0945		0.0 0.0 12.830	12.830 0.0 1.212	17.520 0.000000 0.04334	1.475E+3 0.00238	K Factor = 5.47 Vel = 6.56	
3 to 4	23.67 69.07	1.682 0.00400 0.1690	1E	4.95 0.0 19.700	14.750 4.950 3.330	18.732 0.000000 0.03352	2.244E+3 0.00238	K Factor = 5.47 Vel = 9.97	
4 to 5	70.45 139.52	2.157 0.00400 0.2362		0.0 0.0 10.000	10.000 0.0 2.362	22.062 0.000000 0.03981	3.535E+3 0.00186	Vel = 12.25	
5 to 6	0.0 139.52	2.157 0.00400 0.2362		0.0 0.0 50.000	50.000 0.0 11.811	24.424 0.000000 0.03981	3.535E+3 0.00186	Vel = 12.25	
6 to 7	0.0 139.52	2.157 0.00400 0.2362	1T 1B 1Zil	12.307 7.384 0.0	1.000 19.691 20.691	36.235 18.379 4.887	3.535E+3 0.00186 0.03981	* Fixed loss = 14.715 Vel = 12.25	
7 to TEST	0.0 139.52	3.26 0.00400 0.0255	1Fsp 1S	0.0 21.503 0.0	8.000 21.503 29.503	59.501 3.000 0.752	2.339E+3 0.00122 0.03387	* Fixed loss = 3 Vel = 5.36	
	100.00 239.52					63.253		Qa = 100.00 K Factor = 30.12	
8 to 9	22.96 22.96	1.682 0.00400 0.0478		0.0 0.0 12.830	12.830 0.0 0.613	17.616 0.000000 0.08574	7.46E+2 0.00238	K Factor = 5.47 Vel = 3.32	
9 to 10	23.35 46.31	1.682 0.00400 0.0963		0.0 0.0 12.830	12.830 0.0 1.236	18.229 0.000000 0.04249	1.505E+3 0.00238	K Factor = 5.47 Vel = 6.69	
10 to 4	24.14 70.45	1.682 0.00400 0.1773	1T	9.9 0.0 0.0	4.750 9.900 14.650	19.465 0.000000 2.597	2.289E+3 0.00238	K Factor = 5.47 Vel = 10.17	
	0.0 70.45					22.062		K Factor = 15.00	



... Fire Protection by Computer Design

Fire Pro Tech, Inc.
6 Station Place
Howell, New Jersey 07731
732-363-5955

Job Name : Quaker State and Lube
Building : 1
Location : 1036 Cedar Bridge Avenue, Brick, New Jersey
System : 1
Contract : 12032
Data File : 87 Quaker State and Lube Submittal 02-05-2012 WET AREA 1.wxf

Hydraulic Design Information Sheet

Name - Quaker Steak and Lube Date - 02-05-2012
Location - 1036 Cedar Bridge Avenue, Brick, New Jersey
Building - 1 System No. - 1
Contractor - Fire Pro Tech, Inc. Contract No. - 12032
Calculated By - TAS Fire Protection, LLC Drawing No. - SPK 1 of 1
Construction: (X) Combustible () Non-Combustible Ceiling Height - 11'-0"
Occupancy - Light Hazard - Restaurant Seating Area

S (X) NFPA 13 (X) Lt. Haz. Ord.Haz.Gp. () 1 () 2 () 3 () Ex.Haz.
Y () NFPA 231 () NFPA 231C () Figure Curve

S Other

T Specific Ruling Made By Date

E
M Area of Sprinkler Operation - 1500 System Type Sprinkler/Nozzle
Density - 0.10 (X) Wet Make Reliable
D Area Per Sprinkler - 225 () Dry Model R3625
E Elevation at Highest Outlet - 10'-0" () Deluge Size 1/2"
S Hose Allowance - Inside () Preaction K-Factor 5.6
I Rack Sprinkler Allowance - () Temp.Rat.155
G Hose Allowance - Outside - 100
N

Note

Calculation Flow Required - 237.767 Press Required - 52.427 20.45 Safety
Summary C-Factor Used: 120 Overhead 140 Underground

W Water Flow Test: Pump Data: Tank or Reservoir:
A Date of Test - 02-05-2012 Cap. -
T Time of Test - 12:00 PM Rated Cap.- Elev.-
E Static Press - 75 psi @ Press -
R Residual Press - 55 psi Elev. - Well
Flow - 800 gpm Proof Flow
S Elevation - 2'-0"

U

P Location - Riser Room

P

L Source of Information - Fire Pro Tech, Inc.

Y

C Commodity Class Location
O Storage Ht. Area Aisle W.
M Storage Method: Solid Piled % Palletized % Rack
M () Single Row () Conven. Pallet () Auto. Storage () Encap.
S R () Double Row () Slave Pallet () Solid Shelf () Non
T A () Mult. Row () Open Shelf
O C

R K Flue Spacing Clearance:Storage to Ceiling
A Longitudinal Transverse

G

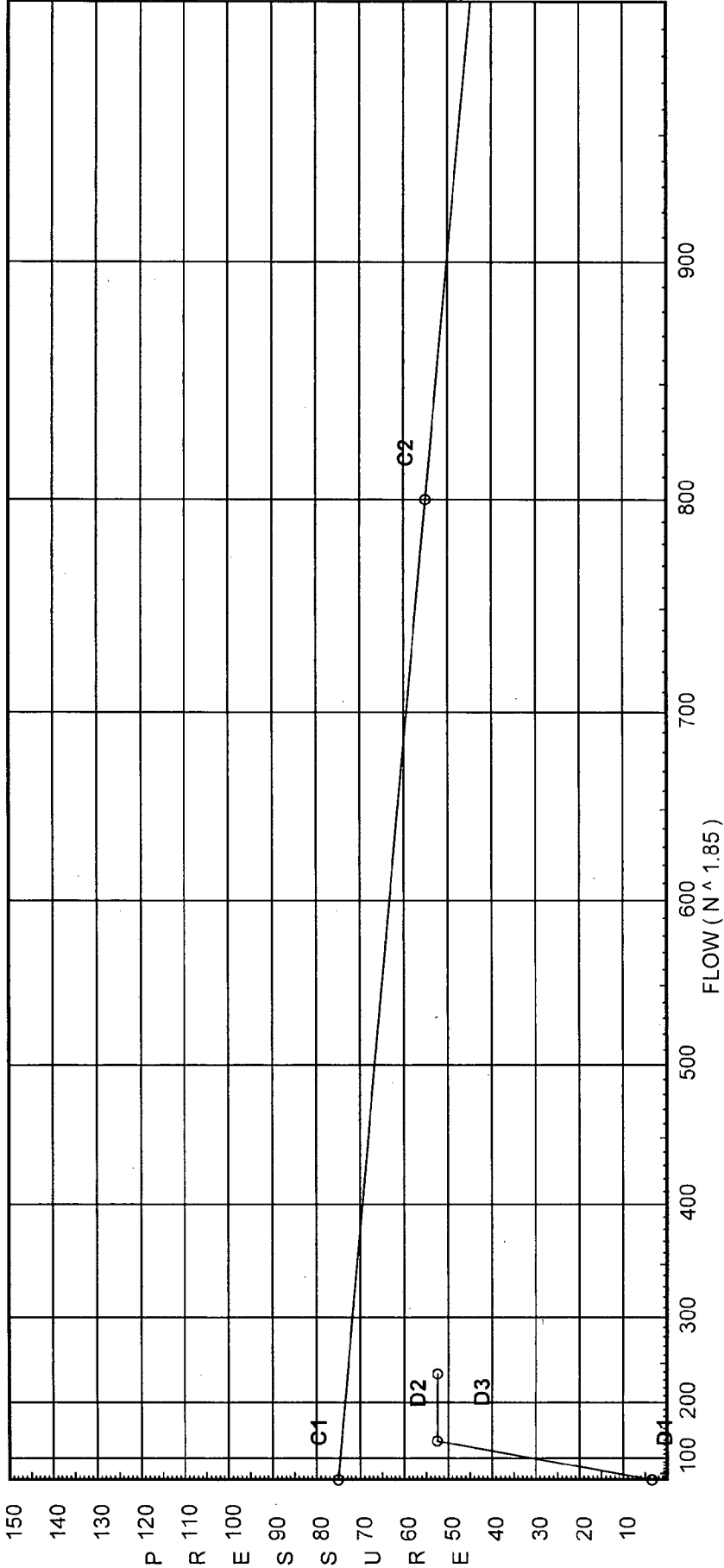
E Horizontal Barriers Provided:

Water Supply Curve (C)

Fire Pro Tech, Inc.
Quaker State and Lube

City Water Supply:
C1 - Static Pressure : 75
C2 - Residual Pressure: 55
C2 - Residual Flow : 800

Demand:
D1 - Elevation : 3.465
D2 - System Flow : 137.767
D2 - System Pressure : 52.427
Hose (Demand) : 100
D3 - System Demand : 237.767
Safety Margin : 20.453



Fittings Used Summary

Fire Pro Tech, Inc.
Quaker State and Lube

Page 3
Date 02-05-2012

Fitting Legend Abbrev. Name	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	3 1/2	4	5	6	8	10	12	14	16	18	20	24
B NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
Fsp Flow Switch Potter VSR	Fitting generates a Fixed Loss Based on Flow																			
S NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zll Wilkins 975XL	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units Inches
Length Units Feet
Flow Units US Gallons per Minute
Pressure Units Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Pressure / Flow Summary - STANDARD

Fire Pro Tech, Inc.
Quaker State and Lube

Page 4
Date 02-05-2012

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
1	10.0	5.6	16.14	na	22.5	0.1	225	7.0
2	10.0	5.6	16.35	na	22.64	0.1	225	7.0
3	10.0	5.6	17.11	na	23.16	0.1	225	7.0
4	10.0		19.6	na				
5	10.0		20.98	na				
6	10.0		27.89	na				
7	2.0		48.88	na				
TEST	2.0		52.43	na	100.0			
8	10.0	5.6	16.69	na	22.88	0.1	225	7.0
9	10.0	5.6	16.91	na	23.03	0.1	225	7.0
10	10.0	5.6	17.69	na	23.55	0.1	225	7.0

The maximum velocity is 12.1 and it occurs in the pipe between nodes 4 and 5

Final Calculations - Hazen-Williams

Fire Pro Tech, Inc.
Quaker State and Lube

Page 5
Date 02-05-2012

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv. Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	***** Notes *****
1 to 2	22.50 22.5	1.682 120.0 0.0163	0.0 0.0 0.0	12.830 0.0 12.830	16.143 0.0 0.209		K Factor = 5.60 Vel = 3.25
2 to 3	22.64 45.14	1.682 120.0 0.0588	0.0 0.0 0.0	12.830 0.0 12.830	16.352 0.0 0.755		K Factor = 5.60 Vel = 6.52
3 to 4	23.17 68.31	1.682 120.0 0.1266	1E 4.95 0.0 0.0	14.750 4.950 19.700	17.107 0.0 2.495		K Factor = 5.60 Vel = 9.86
4 to 5	69.46 137.77	2.157 120.0 0.1381	0.0 0.0 0.0	10.000 0.0 10.000	19.602 0.0 1.381		Vel = 12.10
5 to 6	0.0 137.77	2.157 120.0 0.1381	0.0 0.0 0.0	50.000 0.0 50.000	20.983 0.0 6.905		Vel = 12.10
6 to 7	0.0 137.77	2.157 120.0 0.1381	1T 12.307 1B 7.384 1Zil 0.0	1.000 19.691 20.691	27.888 18.136 2.858		* Fixed loss = 14.671 Vel = 12.10
7 to TEST	0.0 137.77	3.26 120.0 0.0185	1Fsp 0.0 1S 21.503 0.0	8.000 21.503 29.503	48.882 3.000 0.545		* Fixed loss = 3 Vel = 5.30
	100.00 237.77				52.427		Qa = 100.00 K Factor = 32.84
8 to 9	22.88 22.88	1.682 120.0 0.0168	0.0 0.0 0.0	12.830 0.0 12.830	16.694 0.0 0.215		K Factor = 5.60 Vel = 3.30
9 to 10	23.03 45.91	1.682 120.0 0.0607	0.0 0.0 0.0	12.830 0.0 12.830	16.909 0.0 0.779		K Factor = 5.60 Vel = 6.63
10 to 4	23.55 69.46	1.682 120.0 0.1306	1T 9.9 0.0 0.0	4.750 9.900 14.650	17.688 0.0 1.914		K Factor = 5.60 Vel = 10.03
	0.0 69.46				19.602		K Factor = 15.69



39 E. Main Street, Suite 101
New Albany, OH 43054
(614) 245-8273 fax. (614) 245-8791

4/10/2012

Preliminary Comments Response

Building Department
Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

Quaker Steak & Lube
1036 Cedar Bridge Avenue
Brick, NJ

The below items are clarifications to the courtesy review dated 2/1/2012.

1. Women's restroom has 3 lavs for compliance of fixtures.
2. Fuel gas code table reference has been added to the gas riser on sheet P5.
3. Letter provided.
4. Lavatory fixture added to women's toilet room. See revised plumbing sheets.
5. Supported weights have been verified by Structural Engineer, structural drawings reference supported weights sheet S110. Suspended cars are shell only, removed of engine. All vehicles are drained of all fluids, refer to Note 1 sheet A104. Detail 7/A403 has suspension details.
6. Manufacturers cut sheet for Backyard Buddy has been provided. Minimum clearance is 7'6" AFF as listed on interior elevation 10/A501. All clearances noted for items on sheet A104 at bottom of fixture legend.
7. Glass floor area complying with 100 psf live load are in specification section 08800 sheet SP5.
8. Manufacturer's cut sheets for motorcycle rotator has been provided.
9. New mechanical equipment items are listed in the schedule. See sheets M2 and P3 for list of mechanical equipment.
10. Patio canopy, awnings and signage shall meet high wind requirements. These items are provided by Advanced Sign Group as part of their package and engineered drawings have been provided by their engineer.
11. Manufacturers cut sheet for patio gate exterior egress hardware has been provided and listed on the drawings to comply with egress requirements.
12. E.I.F.S. system is self-draining as specified, which does not require special inspection. Drawings have been noted that a special inspection would be required if alternate system used.
13. Garage doors shall meet high wind requirements as listed in Specification section 08361 on sheet SP5.
14. See structural drawings for weights on sheet S110 and detail 7/A403 for cable support of suspended cars/motorcycles.

Preliminary Fire Review:

1. ✓ NJ division of fire safety permitted drawings shall be provided by the owner for the fire sprinkler system.
2. ✓ See detail on sheet M4.
3. ✓ Cooking suppression plan by NJ Division of Fire safety contractor provided by owner.
4. ✓ Permit application update by NJ Division of Fire Safety contractor to be provided.
5. ✓ Permit application for all new mechanicals and gas fired appliances to be provided.
6. ✓ Hood protection is a wet system of protection. Note #31 on sheet M1 has been changed.
7. ✓ See certificate of flame resistance rating provided by Advance Sign Group, final certificate will be provided by Advance Sign Group upon installation.

Should you require any additional information I will respond as quickly as possible.

Sincerely,
Sarah B. Terrell
Project Coordinator

Sarah B. Terrell

PLAN REVIEW RECORD

Pg 1 of 2

REVIEWED BY: MT LICENSE #: _____ RES: _____ COMM: _____

ADDRESS: Quaker Steak DATE: _____

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

mitiello@ghclaw.com

CORRECTION LIST

DESCRIPTION	CODE SECTION	CHECK OFF
• Details/Design for signs and Awnings. Must meet high wind requirements (engineer to sign + seal)		
• Details of motor vehicles. Car shell weight, Any complete Autos, Fuelled? Provide specs for each		
• Provide Model # and specs for back yard Buddy. Details for securing it to floor/car and clearances		
• Provide specs/performance related for 3/4" laminated glass (weight Capacity)		
• Specs for Motor Cycle rotisserie ceiling and floor		
• Specs for RTU's, Hoods, and other mech equipment which is new		
• Engineer to certify (all) newly imposed loads on exist. roof RTU's, suspended items etc.		
• Details/Design for canopy. How is it secured. (Pg A.401/9) Must meet High wind requirements (engineer to design, sign and seal)		
• Details of gates and their hardware. must meet egress requirements —		

PLAN REVIEW RECORD

REVIEWED BY: _____ LICENSE #: _____ RES: _____ COMM: ✓

ADDRESS: 1036 CEDAR BRIDGE DR DATE: 2/1/12

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

CORRECTION LIST

[illegible]

Quaker Steak and Lube
Courtesy Fire Review 3-2-12

1. Need engineered drawing for fire sprinkler system with permit application update by a NJ Division of Fire Safety permitted contractor.
2. Need engineered drawing for new exhaust hood system in kitchen with permit application update.
3. Need cooking suppression plan and permit application update by a NJ Division of Fire Safety permitted contractor.
4. Need permit application update for fire alarm system by a NJ Division of Fire Safety permitted contractor.
5. Need permit application for all new mechanicals and gas fired appliances.
6. Architect page M1 Note 31 states dry chemical suppression system. This is not UL 300 approved system.
7. Need flame resistance rating for the outdoor canopies along with specs.

Ronald J. Pizar
Fire Protection Inspector



PLAN REVIEW RECORD

pg 1 of 2

REVIEWED BY: W LICENSE #: _____ RES: _____ COMM: _____

ADDRESS: Quaker Steak DATE: _____

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: 671/1.01

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

mittiello@ghclaw.com

CORRECTION LIST

emailed 3/27/11

DESCRIPTION	CODE SECTION	CHECK OFF
• Details/Design for signs and Awnings. Must meet high wind requirements (engineer to sign + seal)		
• Details of motor vehicles. Car shell weight, Any complete Autos, Fueled, Provide specs for each		
• Provide Model # and specs for back yard Buddy. Details for securing it to floor/car and clearances		
• Provide specs/performance related for 3/4" laminated glass (weight Capacity)		
• Specs for Motor Cycle rotisserie ceiling and floor		
• Specs for RTU's, Hoods, and other mech equipment which is new		
• Engineer to certify (all) newly imposed loads on exist. roof RTU's, suspended items etc.		
• Details/Design for canopy. How is it secured. (P/pg A.401/9) Must meet High wind requirements (engineer to design, sign and seal)		
• Details of gates and their hardware. must meet egress requirements —		

PLAN REVIEW RECORD

REVIEWED BY: W LICENSE #: _____ RES: _____ COMM: _____ADDRESS: Quaker Steak DATE: _____

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

CORRECTION LIST

DESCRIPTION

~~CODE SECTION~~~~CHECK OFF~~

- Details regarding "Special Inspections" (Ch 17 IBC) for EIFS
- Manufacturers specs for garage doors. Must meet High wind requirements—
- Indicate design/details for anchorage and connections of suspended vehicles—

Note: This review list is not limited to these items. Information requested could trigger additional items requested

PLAN REVIEW RECORD

REVIEWED BY: _____ LICENSE #: _____ RES: _____ COMM: 4

ADDRESS: 1036 CEDAR BRIDGE DR DATE: 2/1/12

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

CORRECTION LIST

[illegible]

Quaker Steak and Lube
Courtesy Fire Review 3-2-12

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2. Need engineered drawing for new exhaust hood system in kitchen with permit application update.
3. Need cooking suppression plan and permit application update by a NJ Division of Fire Safety permitted contractor.
4. Need permit application update for fire alarm system by a NJ Division of Fire Safety permitted contractor.
5. Need permit application for all new mechanicals and gas fired appliances.
6. Architect page M1 Note 31 states dry chemical suppression system. This is not UL 300 approved system.
7. Need flame resistance rating for the outdoor canopies along with specs.

Ronald J. Pizar
Fire Protection Inspector



PLAN REVIEW RECORD

Pg 1 of 2

REVIEWED BY: MT LICENSE #: _____ RES: _____ COMM: _____

ADDRESS: Quaker Steak DATE: _____

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

mittiello@ghclaw.com

CORRECTION LIST

DESCRIPTION	CODE-SECTION-	CHECK-OFF-
• Details/Design for signs and Awnings. Must meet high wind requirements (engineer to sign + seal)		
• Details of motor vehicles. Car shell weight, Any complete Autos, Fuelled? Provide specs for each		
• Provide Model # and specs for back yard Buddy. Details for securing it to floor/car and clearances		
• Provide specs/performance related for 3/4" laminated glass (weight Capacity)		
• Specs for Motor Cycle rotisserie ceiling and floor		
• Specs for RTU's, Hoods, and other mech. equipment which is new		
• Engineer to certify (all) newly imposed loads on exist. roof RTU's, suspended items etc.		
• Details/Design for canopy. How is it secured (P/pg A.401/9) Must meet High wind requirements (engineer to design, sign and seal)		
• Details of gates and their hardware. must meet egress requirements —		

PLAN REVIEW RECORD

REVIEWED BY: W LICENSE #: _____ RES: _____ COMM: _____

ADDRESS: Quaker Steak DATE: _____

BLOCK: _____ LOT: _____ ZONING: _____

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: _____ CUBIC FEET: _____ SQUARE FEET: _____

CORRECTION LIST

DESCRIPTION

~~CODE SECTION~~

~~CHECK OFF~~

- Details regarding "Special Inspections" (Ch 17 IBC) for EIFS
- Manufacturers specs for garage doors. Must meet High wind requirements—
- Indicate design/details for anchorage and connections of suspended vehicles—

Note: This review list is not limited to these items. Information requested could trigger additional items requested

PLAN REVIEW RECORD

REVIEWED BY: _____ LICENSE #: _____ RES: _____ COMM: 4

ADDRESS: 1036 CEDAR BRIDGE DR DATE: 8/1/12

BLOCK: LOT: ZONING:

BUILDING DESCRIPTION: _____

BUILDING HEIGHT: _____ NUMBER OF STORIES: _____

TYPE OF CONSTRUCTION: _____ USE GROUP: _____

SIDEWALL SHEATHING: _____ WALL INSULATION: _____

ROOF SHEATHING: _____ CEILING INSULATION: _____

FLOOR SHEATHING: _____ FLOOR INSULATION: _____

OCCUPANCY LOAD: CUBIC FEET: SQUARE FEET:

CORRECTION LIST

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Fay Gordon

201-818-0807

5/23/12

Subcode Official Review

Date: Tuesday, May 15, 2012

To: 1626 EAST JEFFERSON ST ROCKVILLE, CC:
MD 20852

RE: Building Subcode
Block: 671 Lot: 1.01 Qual:
1036 Cedar Bridge Rd.
Permit Number: Control Number: C-12-001392
Last Submit Date: Thursday, May 10, 2012

Dear FEDERAL REALTY INVESTMENT TRUST,

The following comments were made during the Plan Review process:

"Shell" approved at this time.

For full permit release provide the following:

Installation manuals for all equipment.

Comm-check energy code report. Include lighting compliance statement.

Sincerely,

Kenneth Anderson, Subcode Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

fax - Hibbard 201-818-0807 5/22/12

Subcode Official Review

Date: Thursday, May 17, 2012

To: 1626 EAST JEFFERSON ST ROCKVILLE, CC:
MD 20852

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
1036 Cedar Bridge Rd.
Permit Number: Control Number: C-12-001392
Last Submit Date: Tuesday, May 15, 2012

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions. 1- Need new updated letter from ocean county health department for kitchen layout. 2- Table reference from 2009 fuel gas code not on p-5 and need letter from gas company requesting 14" wc

Sincerely,

Mark Hibbard, Subcode Official

5/23/12

Mark -

*Please call
- Gordon Gross -*

201 - 788 - 4485

(KB)

Call on 5/23/12

[Signature]

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	0177
DESTINATION ADDRESS	912018180807
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/22 12:48
USAGE T	00' 18
PGS.	1
RESULT	OK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Fax - Herald 201-818-0807 5/22/12

Subcode Official Review

Date: Thursday, May 17, 2012

To: 1626 EAST JEFFERSON ST ROCKVILLE, CC:
MD 20852

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
1036 Cedar Bridge Rd.
Permit Number: Control Number: C-12-001392
Last Submit Date: Tuesday, May 15, 2012

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions. 1- Need new updated letter from ocean county health department for kitchen layout. 2- Table reference from 2009 fuel gas code not on p-5 and need letter from gas company requesting 14" wc

Sincerely,

Mark Hibbard, Subcode Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

fax- 201-818-8807 6/5/12

Subcode Official Review

Date: Tuesday, June 05, 2012

To: 1626 EAST JEFFERSON ST ROCKVILLE, CC:
MD 20852

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
1036 Cedar Bridge Rd.
Permit Number: Control Number: C-12-001392
Last Submit Date: Wednesday, May 30, 2012

Dear FEDERAL REALTY INVESTMENT TRUST,

The following comments were made during the Plan Review process:

need complete gas sketch gas piping on plan using chart stated shows piping to be under sized.

Sincerely,

Robert Wennlund, Subcode Official