

UC
NEW JERSEY
UNIFORM CONSTRUCTION CODE

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chamber Bridge PERMIT NO. 19-3067

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII 56 Chambers bridge road

I. IDENTIFICATION

1. Proposed Work Site at: 100 Cedarbridge Ave, Brick Plaza, Brick

2. Name of Owner in Fee: Federal Realty Investment Trust

Tel. (215) 852 6405 e-mail Jmawner@Federalrealty.com

Address 2115 e Uynwood Ave Wynwood PA 19096

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Russ Kelly Inc Tel. (856) 235 6164
Address 12 Orchard Way Mt Laurel NJ e-mail Chris@russkellyinc

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. 22 215 6846 FAX: (856) 234 0863

5. Architect or Engineer McGillivray Architecture Contact James

Address 2 Bala Plaza Suite 205 19004 e-mail

Tel. (610) 669 6511 FAX: (610) 669 5150

6. Responsible Person in Charge once Work has Begun Reds Kelly

Tel. (609) 929 2350 FAX: (856) 239 0062

V. FEE SUMMARY (for office use only)

1. Building	\$ 1600		
2. Electrical	2340		190
3. Plumbing			
4. Fire Protection	65	2090	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	101	5	6
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 1706	2095	196

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

Ila. PROPOSED WORK

- | | | | |
|---|--|--|--|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☒ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. -Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

- 1. ☐ Partial Releases
- 2. ☒ Prototype Processing

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

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- | | |
|----------------|-------|
| Gained, Sale | _____ |
| Gained, Rental | _____ |
| Lost, Sale | _____ |
| Lost, Rental | _____ |

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____
Proposed _____

~~CONFIDENTIAL~~ VIOLATION Old yells

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

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

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

☒ Check if contractor.

Agent Name Chris Elser

Address 12 Orchard Way Mt Laurel NJ 08054

Telephone (856) 630 7481

Signature Chris Elser

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/23/2016
Control Number C-13-001631
Permit Number 13-3067
Permit Issue Date 07/24/2013
Certificate Number 13-3067

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. 100 Cedar Block: 671 Lot: 1.01 Qual:
Bridge Ave. Unit 43A Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (215) 852-6405
Contractor: RUSS KELLY INC
Address: 12 ORCHARD WAY MT LAUREL NJ 08054
Telephone: (856) 255-6164 Fax: (856) 234-0863
License Number or Builders Registration Number: Federal Emp. Number: 22-2156846

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL (FORMER MEL'S PLACE) ...DEMISING WALL TO CREATE (2) VANILLA SHELLS FOR FUTURE TENANTS

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 NJACS: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:

David Newman Jr
Construction Official

Date Printed: 06/23/2016

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

Fee: \$0.00

Check Number:

Collected By:



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

7/24/13
13-3067

old rules

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 _____
Work Site Location 10056 ~~BRICK PLAZA~~ Suite 43A+43B Chambers
Brick Plaza, Brick NJ 08732 bridge road

Owner in Fee: Federal Realty Investment Trust
Tel. (215) 852 6405 e-mail Jmaurer@federalrealty.com

Address 2115 E Wynnwood Ave Wynnwood PA 19096
street municipality zip code

Contractor: Russ Kelly Inc Tel. (856) 235 6164

Address 12 Orchard Way e-mail chrisk@russkellyinc.com
Mt Laurel NJ 08052

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. 22 215 6846 FAX: (856) 234 0863

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>5/14/13</u>	<u>W</u>	Footings	
☐ Footings/Foundations			Footings Bonding	
☐ Structural/Framework			Foundation	
☐ Exterior			Slab	
☐ Interior			Frame	<u>9-10-13</u> <u>G.P.</u>
Joint Plan Review Required:			Truss Sys./Bracing	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	
SUBCODE APPROVAL for PERMIT			Insulation	
Date: <u>05/14/13</u>			Finishes -Base Layer	
Approved by: <u>KEK</u>			Finishes -Final	
SUBCODE APPROVAL for CERTIFICATE			Energy	
☐ CO ☐ CCO ☒ CA			Mechanical	
Date: <u>06/20/14</u>			TCO	
Approved by: <u>KEK</u>			Other: <u>*9/26/14 W</u>	
			Final: <u>*6/11/14 W</u>	<u>6-17-16 W</u>
			<u>*8-20-14 W</u>	
			<u>*2/26/15 W</u>	

B. BUILDING CHARACTERISTICS

Use Group Present A-2 Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ ft.
Area — Largest Floor 3345 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Rehabilitation \$ 40,000
3. Total (1+2) \$ 40,000

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Chris Elser

Print name here: Chris Elser

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Carpentry + drywall to achieve
fire rating between spaces.
*** Rated assemblies change orientation**
alteration
COMMERCIAL

Sevants to do separate apps

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☒ Demolition

FEE (Office Use Only)

\$ _____

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

*NR

4-23-14 W met with arch + contractor - went thru released plans. items which need attention

1) As Built for sprinkler Rm.

2) Penetrations at Rated Assemblies - both on Mds Side + Mans on Side

6/11/14 W Final Reg-

1) Insp. could not be completed (Access not completely Available) and no plans provided
Areas of concern will include:

A) Tenant has a C.O.?

① Dryer vent has no cleanout

B) Rated wall has penetrations open thru out

(B) tech

8-20-14 Final Reg-

① No Plans Avail

Note: ~~Per~~ Permit issued for Vanilla Box Only. Tenant Fitout was completed with no inspections during Construction. Several Violation are apparent but can not be substantiated without review of Both Released Plans present. Listed below are some violation perceived:

1) Sprinkler room door is hidden behind full wall to floor curtain which has no certification of flame protection application.

2) Elect Closet is filled with stored materials and one of the 2 leaf Doors is blocked with Furnishings -

3) Many assemblies have penetrations w/o protection. Note that the rated assembly from the vanilla box is not a simple assembly and it has vertical and horizontal planes which cannot be verified w/o plans -

4) Dryer vent has incorrect run at exposed area and termination and piping is not visible for insp. what is exposed has screws to fasten pieces together with no cleanout as reqd. by code.

Note → *IT is recommended that the space not be occupied till a complete approval are released as many violations may effect life safety.

8/21/14 W As per KK Arch to visit site and ~~with~~ certify that Rated assembly meets his design.

Reliable®

Bulletin 136 Rev.O

Bulletin 136 Rev.O

Model F1FR Model F1FR Recessed Quick Response Sprinklers

Model F1FR Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Vertical Sidewall
Horizontal Sidewall
– HSW 1 Deflector

Model F1FR Recessed Sprinkler Types

Recessed Pendent
Recessed Horizontal Sidewall
– HSW 1 Deflector

Listings & Approvals

1. Listed by Underwriters Laboratories, Inc. (UL)
2. Listed by Underwriters' Laboratories of Canada (ULC)
3. Certified by FM Approvals
4. Loss Prevention Council (LPC, UK)
5. NYC BS&A No. 587-75-SA
6. Meets MIL-S-901C and MIL-STD 167-1
7. Verband der Schadenversicherer (VdS, Germany)
8. NYC MEA 258-93-E

UL Listing Category

Sprinklers, Automatic & Open
Quick Response Sprinkler

UL Guide Number

VNIV

**Patents: US Patent No. 6,374,920 Applies to
Model F1FR Vertical Sidewall Sprinklers.**

Product Description

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

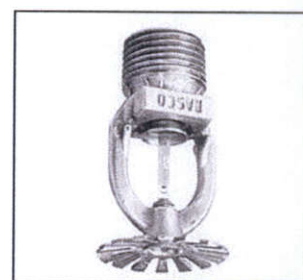
The Models F1FR and F1FR Recessed automatic sprinklers utilize a 3.0 mm frangible glass bulb. These sprinklers have demonstrated response times in laboratory tests which are five to ten times faster than standard response sprinklers. This quick response enables the Model F1FR and F1FR Recessed sprinklers 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 ex-



Upright



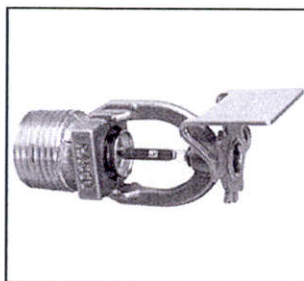
Pendent



Vertical Sidewall



Conventional



Horizontal Sidewall
HSW 1 Deflector



Recessed Pendent
(Model FP Shown)

pands, 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.

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, FM Global Loss Prevention Data Sheet 2-8N or other applicable standards. 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:

Sprinkler Type	K Factor		Sprinkler Height	Approval Organization	Sprinkler Identification Number (SIN)		
	US	Metric			SSU	SSP	
Standard-Upright (SSU) and Pendent (SSP) Deflectors Marked to Indicate Position							
½" (15mm) Standard Orifice with ½" NPT (R½) Thread	5.6	80	2.2" (56mm)	1,2,3,4,5,6,7	R3625 ⁽¹⁾	R3615	
⅞" (20mm) Large Orifice with ¾" NPT (R¾) Thread	8.0	115	2.3" (58mm)	1,2,3,4,7,8	R3622 ⁽¹⁾	R3612	
⅞" (17mm) Small Orifice with ½" NPT (R½) Thread	4.2	60	2.2" (56mm)	1,2,8	R3623 ⁽¹⁾	R3613	
⅜" (10mm) Small Orifice with ½" NPT (R½) Thread	2.8	40	2.2" (56mm)	1,2,8	R3621 ⁽¹⁾	R3611	
10mm Orifice XLH with R⅜" Thread	4.2	60	56mm	4,6,7	R3624	R3614	
Conventional-Install in Upright or Pendent Position							
10mm Orifice XLH with R⅜" Thread	4.2	60	56mm	—		R3674	
15mm Standard Orifice with ½" NPT (R½) Thread	5.6	80	56mm	4,6,7		R3675	
20mm Large Orifice with ¾" NPT (R¾) Thread	8.0	115	58mm	4,7		R3672	

(1) Polyester coated upright UL and ULC listed corrosion resistant.



Upright



Pendent



Conventional

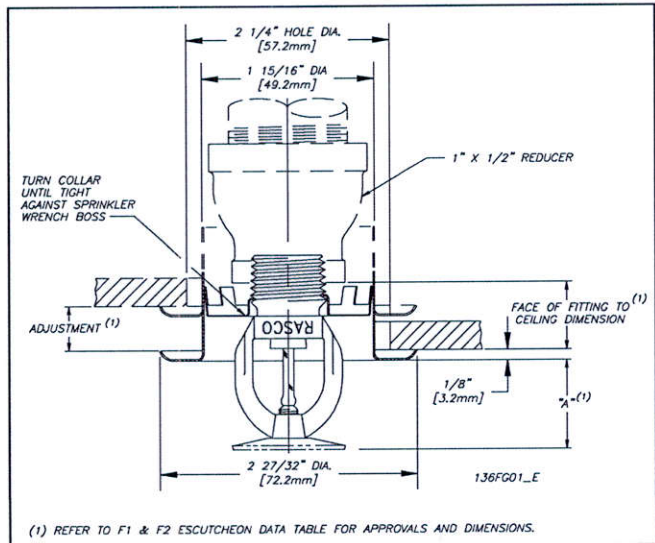
Model F1FR Quick Response Recessed Pendent Sprinkler

Installation Wrench: Model GFR1 Sprinkler Wrench

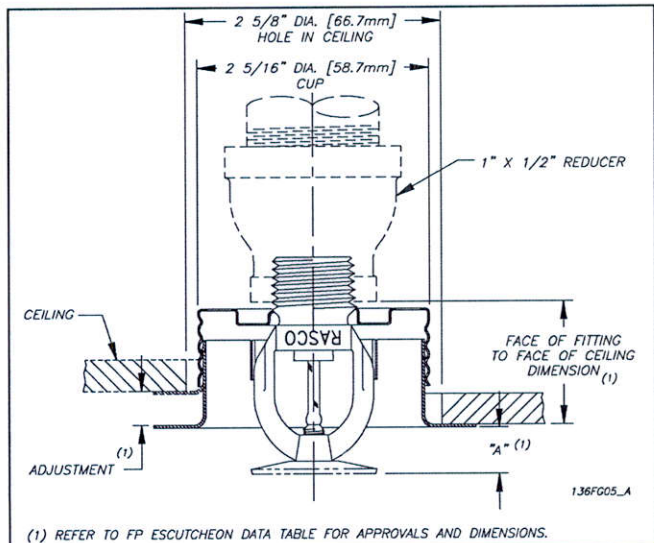
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Approval ⁽¹⁾ Organizations	Sprinkler Identification Number (SIN)
		US	Metric			
1/2" (15mm)	1/2" NPT (R1/2)	5.6	80	2.2" (56mm)	1,2,3,4,5,7,8	R3615
1 1/32" (20mm)	3/4" NPT (R3/4)	8.0	115	2.3" (58mm)	1,2,3,8	R3612
7/16" (11mm)	1/2" NPT (R1/2)	4.2	60	2.2" (56mm)	1,2,8	R3613
3/8" (10mm)	1/2" NPT (R1/2)	2.8	40	2.2" (56mm)	1,2,8	R3611
10mm	R3/8"	4.2	60	56mm	4,7	R3614

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



(1) REFER TO F1 & F2 ESCUTCHEON DATA TABLE FOR APPROVALS AND DIMENSIONS.



(1) REFER TO FP ESCUTCHEON DATA TABLE FOR APPROVALS AND DIMENSIONS.

Model F1FR Quick Response Vertical Sidewall Sprinkler

Installation Wrench: Model D Sprinkler Wrench

Installation Position: Upright or Pendent

Approval Type: Light Hazard Occupancy

Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Approval Organizations	Sprinkler Identification Number (SIN)
		US	Metric			
1/2"	1/2" NPT (R1/2)	5.6	80	2.2" (56mm)	1, 2, 3, 6, 8	R3685
15mm	1/2" NPT (R1/2)	5.6	80	2.2" (56mm)	4 ⁽¹⁾	

⁽¹⁾ LPC Approval is for Pendent position only.



Vertical Sidewall

Orientation	Deflector to Ceiling Dimension (Min. - Max.)
Upright	4" - 12" (102mm - 305mm)
Pendent	6" - 12" (152mm - 305mm)

US Patent No. 6,374,920

Model F1FR Quick Response Horizontal Sidewall Sprinkler

Deflector: HSW 1

Installation Wrench: Model D Sprinkler Wrench

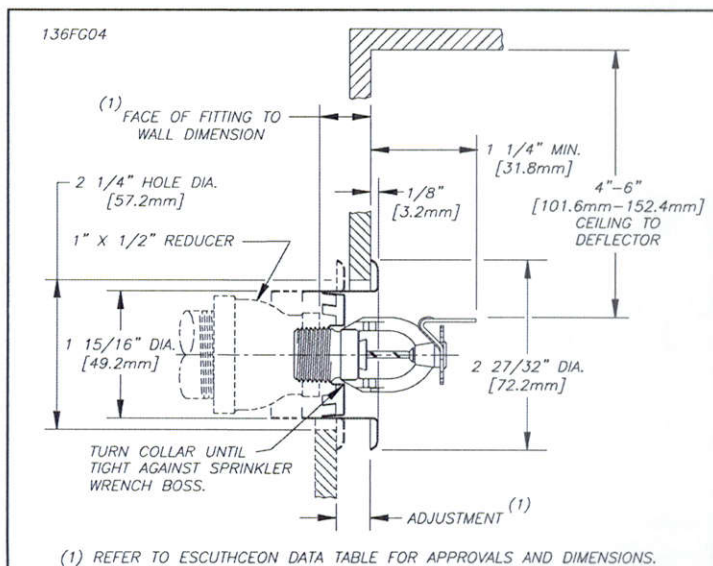
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Length	Approval Organizations and Type of Approval		Sprinkler Identification Number (SIN)
		US	Metric		Light Hazard	Ordinary Hazard	
1/2" (15mm)	1/2" NPT (R1/2)	5.6	80	2.63" (67mm)	1,2,3,5,8	1,2,5,8	R3635

NOTE: UL, ULC and MEA Listing permits use with F1 or F2 recessed escutcheon.



Horizontal Sidewall



Installation

Quick response sprinklers are intended for installation as specified in NFPA 13, FM Global Loss Prevention Data Sheet 2-8N or other applicable standards. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Model F1FR 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 Sprinklers. The use of any other recessed escutcheon will void all approvals and negate all warranties.

When installing Model F1FR Sprinklers, use the Model D Sprinkler Wrench. When installing Model F1FR Recessed Pendent or Sidewall Sprinklers, use the Model GFR1 Sprinkler Wrench. Any other type of wrench may damage these 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.

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	1,2,4,8	Max Recess Min Recess	1 1/2" (38.1mm) 3/4" (19.1mm)	3/16" - 1/16" (5mm - 24mm)
F2	1,2,3,4,5,7,8	Max Recess Min Recess	1 1/2" (38.1mm) 15/16" (24mm)	3/16" - 1/16" (5mm - 17mm)
FP Push-on/ Thread-off	1,2	Max Recessed	7/16" (11mm)	1 1/2" (38.1mm)
	1,2	Min Recessed	15/16" (24mm)	1" (25.4mm)

No Dimensional Figure for FP

Maintenance

The Models F1FR and F1FR 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 until used to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Sidewall (Vertical, Horizontal HSW1)
Recessed Pendent
Recessed Horizontal Sidewall HSW1

Finishes ^{(1) (2)}

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

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

⁽²⁾ FM Approvals is limited to bronze and brass, chrome or black plated finishes only.

⁽³⁾ FP Push-on/Thread-off escutcheon.

⁽⁴⁾ UL and ULC listed corrosion resistance.
SIN numbers: R3621, R3622, R3623, R3625.

Note: For 1/2" orifice pendent FM approved white polyester coated and UL approved white polyester corrosion resistant sprinklers refer to Bulletin 014.

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)

Note: When Model F1FR 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 pertinent 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

(800)848-6051

(914)829-2042

www.reliable sprinkler.com

Sales Offices

Sales Fax

Corporate Offices

Internet Address



Revision lines indicate updated or new data

EG. Printed in U.S.A. 3/07

P/N9999970027



ELECTRICAL SUBCODE TECHNICAL SECTION



Update

Date Received
Control #
Date Issued
Permit #

13-3067+10
12-4-13

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

Block 621 Lot 1 Qualification Code
Work Site Location 56 Chamber Bridge Rd. 100 Cedar Bridge Ave
Unit 43A

Owner in Fee: Federal Realty Investment Trust

Tel. 215 856-6405 e-mail

Address 1626 1st Jefferson St. Rockville NJ. 20852

Contractor: Robert Lombusta Elec. L.L.C. Tel. (732) 262-7710

Address 291 Huppert Dr Brick NJ e-mail

Contractor License No. 13562 Exp. Date 03/15

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

Federal Emp. ID No. 223723250 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/3/13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 2-9-14

Approved by:

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final 1-23-14 WV

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

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 and perform the work listed on this application.

Applicant sign/Contractor
sign and seal here:

Print name here:

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Refeed HVAC units / 2" Emt Roof For Phone

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		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
<u>2</u>	<u>22KW</u>	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
<u>1</u>	<u>12.5</u>	<u>HVAC UNIT</u>

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

12.26.13 JK

NOT RECD FOR PHOTOC

@tech +B

OFFICE DATE RECEIVED: _____

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	JL	4/3/13							2A-13-00256
☐ 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.									
☐									
☐									

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)

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

