BLOCK 673 LOT 8 QUALIFICATION CODE C05-135448 ADDRESS (SITE) Brickmall 2791 Hooper Ave 101 Brick Blvd. PERMIT NO. Brick 05-2175

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 Hooper Ave. Brickmall Corner Post Diner on Brick Blvd.
2. Name of Owner in Fee: Corner Post Diner Tel. ( )
   Address Peter Trahanas 4 Manhattan Ave. Rye, NY.
   street municipality zip code
3. Ownership in fee: Public ____ Private ✓
4. Principal Contractor: Garden State Fire Tel. (609) 409-3590
   Address 10 So. River Rd. Suite 1005 Cranbury, NJ 08512
   License No. OR, if new home, Builder Reg. No. 100427 Exp. Date 10-06
   Federal Employee No. 222454399 FAX: (609) 409-3590
5. Architect or Engineer ____ Tel. ( )
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun Bill Beyratty
   Tel. (609) 409-3590 FAX: (609) 409-3593

Fire Wet Chem.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	95		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$ 2		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 97		

Called 6/6/05 Matt

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction									
5. ☒ Fire Protection	1800				6-10-05	DB			
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1800								

VII. DESCRIPTION OF BUILDING USE

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

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR 10625546

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name Garden State Fire & Safety

Address 10 So. River Rd. Suite 1005 Cranbury, NJ

Telephone (609) 409-3590

Signature _____

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

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									
☐ 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			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 06/09/2005
Control # C-05-135448
Permit # 05-2175

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ

Owner in Fee TRAHANAS, PETER & FREDERICKA
Address 4 MANHATTAN AVENUE RYE NJ 10580
Telephone:

Contractor GARDEN STATE FIRE
Address 10 SOUTH RIVER RD SUITE 1005 CRANBERRY NJ 08512-
Telephone: 866/409-1002
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2454399

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 WET CHEMICAL

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,800

Construction Official — 06/09/2005 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$95
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$97
Check No.	2237
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6/9/05
Permit # 05-2175

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

Block 673 Lot 8 Qualification Code

Work Site Location Corner Post Diner
101 Brick Blvd Brick Twp. 2791 Hooper Ave.

Owner in Fee Corner Post Diner Peter & Fredricka Trahanas

Address 4 Manhattan ave. Rye, N.Y.

Tel ( )

Contractor Garden State Fire & Safety

Address 10 So. Klein Rd. Suite 1005 Cranbury, N.J. 08512

Tel (609) 409-3590 FAX (609) 409-3593

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00427

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153666

Fire Alarm Contractor No.

Federal Emp. No. 222454379

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

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work 1800.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Pre-Engineered wet chemical system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	✓	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $	95
Minimum Fee $	2
State Permit Surcharge Fee $	2
TOTAL FEE $	99

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 6-1-05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 7-13-05

Approved by: KCA

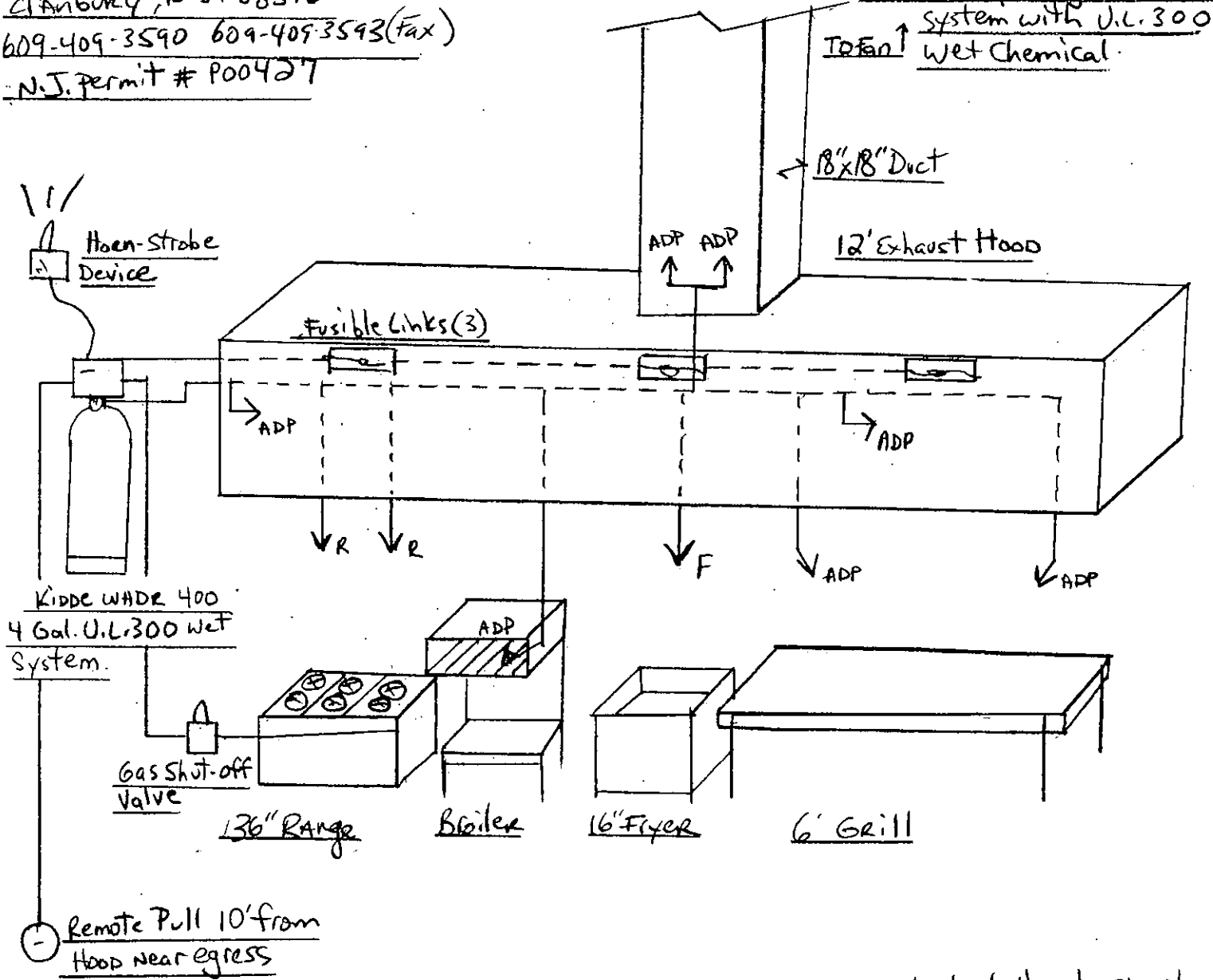
INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System				
Suppression Sys.			7-13-05	DF
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7-13-05	DF
Other				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Garden State Fire & Safety
+0 so. River Rd. Suite 1005
Cranbury, N.J. 08512
609-409-3590 609-409-3593 (fax)
N.J. Permit # P00427

★ NOTE: Existing Exhaust Hood. Hood has NO make-up air we are replacing Dry Chem. system with U.L. 300 Wet Chemical.



Remote Pull 10' from Hood near egress

Corner Post Diner
101 Brick Blvd.
Brick, N.J.

Note: See Attached Nozzle sheet for Coverages. 1/2" Black pipe with 3/8" Drops. 1/2" Conduit for S.S. Cable actuation lines. System installed as per manuf. spec.s. Adhering strictly to Installation manual.

6-1-05 DB

3-21 Nozzle Summary

Table 3-2. Nozzle Summary

Hazard	Perimeter Max.	Diameter Max.	Length	Nozzle / Flow No.
Duct	48" (122 cm)	15.25" (39 cm)	25' Max.	ADP / 1
Duct	75" (190.5cm)	23.8" (60.5 cm)	Unlimited	2 ADP / 2

Hazard	Length Max.	Width Max.	Filters	Nozzle / Flow No.
Plenum	10' (3.0 m)	4' (1.2 m)	"V" Bank or Single	ADP / 1
Plenum*	6' (1.8 m)	4' (1.2 m)	Single	ADP / 1
Plenum*	3' (.9 m)	4' (1.2 m)	"V" Bank	ADP / 1
Plenum*	10' (3 m)	4' (1.2 m)	"V" Bank or Single	F / 2

Hazard	Hazard Size Inches/cm	Nozzle Height Inches/cm	Notes Inches/cm	Nozzle/ Flow No.
Range - 4 Burner	28" X 28" (71 cm x 71 cm)	20" to 42" (52 to 107 cm)	within 9 (23 cm) rad. of mid pt.	R / 1
Flat Cooking Surface - Griddle	42" X 30" (107 cm x 76 cm)	13" to 48" (33 to 122 cm)	3 (7.6) Offset	ADP / 1
Single Vat Deep Fat Fryer (Drip Boards 1" to 6" (2.5 to 18 cm)	18" X 18" (46 cm x 46 cm)	27" to 45" (69 cm to 114 cm)	45° to 90°	F/2
Single Vat Deep Fat Fryer (Drip Boards ≤ 1" (2.5 cm))#	24" X 24" (61 cm x 61 cm)	27.5" (70cm) to 46" (117 cm)	within perimeter	F/2
Split Vat Deep Fat Fryer	14" x 15" (36 cm x 38 cm)	27" (69 cm) to 45" (117 cm)	45° to 90°	F/2
Split Vat Deep Fat Fryer (Low Proximity)	14" x 15" (36 cm x 38 cm)	16" (41 cm) to 27" (69 cm)	within perimeter	ADP/1
Chinese Woks	14"(36 cm)Dia/3"(8 cm)Dp to 28"(71 cm)Dia/8"(20 cm)Dp	35" (89 cm) to 56" (142 cm)	within 2" (5 cm) of mid pt.	GRW/1
Upright Broilers (Salamanders)	30.25" X 34" (77 cm x 86 cm)		top 4" (10 cm) of broiler comp.	ADP/1
Closed Top Chain Broilers	28" X 29" (71 cm x 74 cm)	See 3-12	See 3-12	ADP / 1
Open Top Chain Broilers	28" X 29" (71 cm x 74 cm)	See 3-12	See 3-12, 2 Nozzles	ADP/1
Pumice Rock (Lava, Ceramic) Charbroiler	22" X 23" (56 cm x 58 cm)	24" (61 cm) to 48" (122 cm)	45° to 90°; 2 Layers of rock	F/2
Natural/Mesquite Charcoal Charbroiler	24" X 24" (61 cm x 61 cm)	24" (61 cm) to 48" (122 cm)	45° to 90°; 6" (16 cm) Charcoal depth	ADP/1
Electric Charbroiler (Open Grid)	24" X 21" (61 cm x 53 cm)	24" (61 cm) to 48" (122 cm)	45° to 90°;	GRW/1
Gas Radiant Charbroiler	24" X 21" (61 cm x 53 cm)	24" (61 cm) to 48" (122 cm)	45° to 90°	GRW/1
Mesquite Charbroiler (Chips, Wood, Logs)	30" X 24" (76 cm x 61 cm)	24" (61 cm) to 48" (122 cm)	45° to 90°; 10" (25 cm) Fuel depth	DM/3
Natural/Mesquite Charcoal Charbroiler	30" X 24" (76 cm x 61 cm)	24" (61 cm) to 48" (122 cm)	45° to 90°; 10" (25 cm) Fuel depth	DM/3
# Use also for Tilt Skillet & Braising Pan				

Nozzle Identification	Nozzle Part No.	Flow No.
ADP (Appliance-Duct-Plenum)	87-120011-001	1
F (Fryer)	87-120012-001	2
GRW (Gas Radiant-Wok)	87-120013-001	1
R (Range)	87-120014-001	1
DM (Mesquite)	87-120015-001	3

***Plenum protection when using single ADP nozzle for ducts less than 25' in length with a 48" perimeter or less.**

[redacted]

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

KILLER FAX NJ 07/28/03 04:33 ISS#1

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

Department of Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

WILLIAM BEYROUTY

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

07/15/2003 to 10/31/2006
Issue Date Lapse Date

153666
ID Number

Susan Bass Levin
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY
This is to certify that WILLIAM BEYROUTY
Has been certified as C-KFSS
07/15/2003 to 10/31/2006
Issue Date Lapse Date
153666
ID Number
Commissioner

PLEASE DETACH HERE

If your certification card is lost please notify:

Office of Training & Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

PLEASE DETACH HERE

ORIGINAL
ELIGIBLE

Range Hood Systems Report

SERVICE COMPANY: Garden State Fire & Safety Service

DATE OF SERVICE: 7/3/05 | TIME: 1 00 | A.M. X | P.M.

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			

LOCATION OF SYSTEM CYLINDERS: LF of Hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Kitte	WH2R4W	X	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
4Gal		

FUSE LINKS 360° F.	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER
X			

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
X		X	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

CUSTOMER

Name: Corner Post Diner

Address: Haven Ave

City:

Telephone: Store No.:

Owner or Manager:

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

Low Broiler			
6 Burner	Fryer	Grill	

1. All appliances properly covered w/correct nozzles	X	20. Replaced fuse links	(3)
2. Duct and plenum covered w/correct nozzles	X	21. Check travel of cable nuts/S-hooks	X
3. Check positioning of all nozzles.	X	22. Piping & conduit securely bracketed	X
4. System installed in accordance w/MFG UL listing	X	23. Proper separation between fryers & flame	X
5. Hood/duct penetrations sealed w/weld or UL device	X	24. Proper clearance-flame to filters	X
6. Check if seals intact, evidence of tampering	X	25. Exhaust fan in operating order	X
7. If system has been discharged, report same	NA	26. All filters replaced	X
8. Pressure gauge in proper range (If gauged)	X	27. Fuel shut-off in on position	X
9. Check cartridge weight (If applicable)	NA	28. Manual & remote set/seals in place	X
10. Hydrostatic test date	X	29. Replace systems covers	X
11. 6 year maintenance date	X	30. System operational & seals in place	X
12. Inspect cylinder and mount	X	31. Slave system operational	NA
13. Operate system from terminal link	X	32. Clean cylinder & mount	X
14. Test for proper operation from remote	X	33. Fan warning sign on hood	X
15. Check operation of micro switch	X	34. Personnel instructed in manual operation of system	X
16. Check operation of gas valve	X	35. Proper hand portable extinguishers	X
17. Clean nozzles	X	36. Portable extinguishers properly serviced	X
18. Proper nozzle covers in place	X	37. Service & Certification tag on system	X
19. Check fuse links and clean		NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS:

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X Gary Kulesa					
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

AUTHORITY HAVING JURISDICTION