BLOCK 552.01 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) 2545 Hooper Ave PERMIT NO. 18-0856

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C18-001067

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

I. IDENTIFICATION

1. Proposed Work Site at: CVS Pharmacy #2084 2545 Hooper Ave Brick, NJ 08723
2. Name of Owner in Fee: Batmans Red Lion Tavern C/O Patrick B.

Te [redacted] e-mail _____

Address 45 Seville dr (street) Brick, NJ (municipality) 08723 (zip code)

3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Integrated Security Solutions, Inc. Tel. (732) 446-6241

Address 200 Circle Drive North e-mail mzammit.iss@gmail.com

Piscataway, NJ 08854

License No. OR, if new home, Builder Reg. No. 34BF00040300 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 200726790 FAX: (732) 446-6254

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Michael Zammit

Tel. (732) 446-6241 FAX: (732) 446-6254

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	150	
2. Electrical			
3. Plumbing			
4. Fire Protection		116	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		1-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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. 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 ____

COMMERCIAL

IIa. PROPOSED WORK

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

RECEIVED MAR 20 2018

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	170				3/27/18	PE			
☐ Plumbing									
☐ Fire Protection	340				3/26/18				
☐ Elevator									
TOTAL COST	510 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Mercantile
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

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
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name Integrated Security Solutions, Inc.

Address 200 Circle Drive North
Piscataway, NJ 08854

Telephone (732) 446-6241

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/5/2018
Control Number C-18-001067
Permit Number 18-0856
Permit Issue Date 4/3/2018
Certificate Number 18-0856

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2545 HOOPER AVE. Brick Township, NJ Block: 552.01 Lot: 18.01 Qual:

Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284

Owner Address: 1 CVS DRIVE WOONSOCKET RI 02895

Telephone:

Contractor Integrated Security Solutions Inc.

Address 200 Circle Dr. Piscataway NJ 08854

Telephone: (732) 446-6241 Fax: (732) 446-6254

License Number or Builders Registration Number: Federal Emp. Number: 200726790

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE) - - CVS ...INSTALL CO DETECTORS TO FACP

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/5/2018

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/3/18
Control #
Date Issued
Permit # 18-0856

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

Block 552.01 Lot 18.01 Qualification Code

Work Site Location CVS Pharmacy #2284
2545 Hooper Ave Brick, NJ 08723

Owner in Fee: Bottazzi's Red Lion Tavern C/O Patrick B.

Tel. (732) 477-1058 e-mail

Address 45 Seville Dr (street) Brick, NJ (municipality) 08723 (zip code)

Contractor: Integrated Security Solutions, Inc. Tel. (732) 446-6241

Address 200 Circle Drive North e-mail mzammit.iss@gmail.com
Piscataway, NJ 08854

Contractor License No. 34BF00040300 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 200726790 FAX: (732) 446-6254

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Mercantile Utility Co.

Est. Cost of Elec. Work $ 170

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: Michael Zammit

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Furnish & Install low-voltage CO detectors to FACP

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		C.O. Detectors	
4		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	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

SPECIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved SPECS
Date: 3/23/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/23/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6/26/18
Approved by:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-25-18	MK
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NJ UNIFORM CONSTRUCTION CODE

NW

Date Received 4/3/18
Control #
Date Issued
Permit # 18-0856

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

Block 552.01 Lot 18.01 Qualification Code

Work Site Location CVS Pharmacy #2284
2545 Hooper Ave Brick, NJ 08723

Owner in Fee: Bottazzi's Red Lion Tavern C/O Patrick B.

Tel. [redacted] e-mail

Address 45 Seville Dr (street) Brick, NJ (municipality) 08723 (zip code)

Contractor: Integrated Security Solutions, Inc. Tel. (732) 446-6241

Address 200 Circle Drive North e-mail mzammit.iss@gmail.com
Piscataway, NJ 08854

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

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

Fire Alarm Contractor No. 34BF000403 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 200726790 FAX: (732) 446-6254

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. 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 $ 340

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Electrical Room

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Michael Zammit

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source F&I low-voltage CO det's

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Low-Voltage CO det's	4	
TOTAL	4	
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3-28-18 Approved by: EJR
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-28-18
Approved by: EJR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-26-18
Approved by: EJR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			6258	PM
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6258	PM
Other				

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

CHIARELLA, KEN

02284 BRICK FA/CO
2545 HOOPER AVE
BRICK, NJ 08723 USA

02284 BRICK FA/CO
2545 HOOPER AVE
BRICK , NJ 08723 USA

Account: 02-0206
From: 06/25/18 at 08:09
To: 06/25/18 at 11:16

Date	Time	Signal	Information		Account: 02-0206
06/25/18 MON					
	08:09:38	TESTING OF ENTIRE SYSTEM - ADDED RMA			
	08:35:25	SIGNAL RECEIVED: (E308) E308	000	00	DIS
		SYSTEM SHUTDOWN ZONE 000 AREA 00			
		SIGNAL RECEIVED: (CALLH) CALLH			DIS
		CALLER ID 7329201607			
	08:35:27	SIGNAL RECEIVED: (R308) R308	000	00	DIS
		RESTORE SYSTEM SHUTDOWN AREA 00			
	11:13:35	SIGNAL RECEIVED: (E308) E308	000	00	DIS
		SYSTEM SHUTDOWN ZONE 000 AREA 00			
		SIGNAL RECEIVED: (CALLH) CALLH			DIS
		CALLER ID 7329201607			
	11:14:08	SIGNAL RECEIVED: (R308) R308	000	00	DIS
		RESTORE SYSTEM SHUTDOWN AREA 00			
		SIGNAL RECEIVED: (CALLH) CALLH			DIS
		CALLER ID 7329201607			
	11:16:03	SIGNAL RECEIVED: (E200) E200	175	00	DIS
		CARBON MONOXIDE AREA 00 RECEIVING CO DETECTOR			
	11:16:45	SIGNAL RECEIVED: (R200) R200	175	00	DIS
		RESTORAL AREA 00 RECEIVING CO DETECTOR			
		SIGNAL RECEIVED: (CALLH) CALLH			

CONSTRUCTION PERMIT

Date Issued 3/3/18
Control # 18-0256
Permit # C-18-001067

IDENTIFICATION Block: 552.01 Lot: 18.01 Qualifier
Work Site Location: 2545 HOOPER AVE. Brick Township, NJ
Owner in Fee BOTTAZZI'S REDLION TAVERN INC%02284
1 CVS DRIVE WOONSOCKET RI 02895
Telephone:

Contractor Integrated Security Solutions Inc.
Address 200 Circle Dr. Piscataway NJ 08854
Telephone: (732) 446-6241
Lic. No. or Bldrs. Reg. No. 34BA00154300 34BF00040300
Federal Employee. No. 200726790

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) - CVS ...INSTALL CO DETECTORS TO FACP

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$267
Check No.	6286
Cash	$0
Credit	$0
Collected By	CW

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 $510

D. Neuman Jr 160 — Construction Official
3/28/18 — Date

U.C.C. F170
equiv (rev 1/04)
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.

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

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

ISS SECURITY CORPORATION D/B/A INTEGRATED SEC
MICHAEL A ZAMMIT
200 Circle Drive North
Piscataway NJ 08854

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

01/18/2017 TO 01/31/2020
VALID

34BF00040300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

I56-3111-012

CO1224T/CO1224TR
Carbon Monoxide Detector

SYSTEM SENSOR®
3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6583
www.systemsensor.com

SPECIFICATIONS

Electrical Specifications

System Voltage	Nominal:	12/24 VDC
	Min:	10 VDC
	Max:	33 VDC
Avg. Standby Current:	20 mA	
Max Alarm Current:	40 mA (75 mA test)	
Alarm Contact Ratings:	30 VDC @ 0.5 A	
Trouble Contact Ratings:	30 VDC @ 0.5 A	
Audible Signal (temp 4 tone):	85 dBA min. in alarm (at 10ft)	
Max. Start-up Capacitance:	20 uF	

Physical Specifications

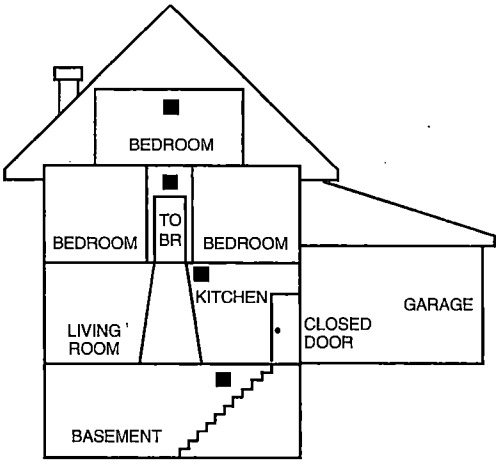
Operating Temperature Range:	0° to 40°C (32° to 104°F)
Operating Humidity Range:	22 – 90% %RH
Diameter:	6.0″
Height:	1.25″
Weight:	7 oz
Wire Gauge Acceptance:	14-22 AWG

NOTICE: This manual shall be left with the owner/user of this equipment. This product is intended for use in ordinary indoor locations.

GENERAL DESCRIPTION

- Listed to UL standard 2075
- Round shape allows for mounting in aesthetically demanding areas
- Six-wire, system monitored
- Optional CO detector replacement plate for previously installed detectors
- Local sounder
- Low current draw
- Alarm relay, Form C
- Trouble relay, Form A
- Dual LED's
- Test/Hush button
- SEMS wiring terminals
- Mount to single gang electrical box or surface mount to wall or ceiling
- Optional drywall anchors included

FIGURE 1. ALARM LOCATION DIAGRAM:



■ – CARBON MONOXIDE/SMOKE ALARM LOCATION FOR MULTI-LEVEL RESIDENCE S0295-01

TABLE 1. DETECTOR OPERATION MODES:

OPERATION MODE	GREEN LED	RED LED	SOUNDER
Normal (standby)	Blink 1 per minute	OFF	OFF
Alarm	OFF	Temp 4*pattern	Temp 4* pattern
Alarm Test	OFF	Temp 4 pattern	Temp 4 pattern
RealTest® Mode	Blink 1 per second	OFF	Temp 4 pattern (after CO is sprayed)
End of Life	OFF	OFF	OFF
CO Trouble	OFF	Blink 1 per minute	OFF
Power Loss/ Cell Fault	OFF	OFF	OFF

Alarm Test: Will send alarm signal to panel.

Hush feature/Alarm Silence: If required, the audible alarm can be silenced for 5 minutes by pushing the button marked "Test/Hush". The red alarm light will continue to flash in temp-4 pattern. If carbon monoxide is still present after the 5 minute hush period, the audible alarm will sound. The hush facility will not operate at levels above 350 ppm (parts per million) carbon monoxide.

RealTest® Alarm Silence: Alarm will automatically silence after about 20 seconds of alarm from spraying canned CO into the detector. Alarm Reset: Alarm automatically resets after CO has cleared from the sensor.

Trouble feature: When the sensor supervision is in a trouble condition (e.g. such as a sensor that has been tampered with, or the cell itself has prematurely dried out due to environmental conditions, etc.), the detector will send a trouble signal to the panel. The detector must then be replaced. The green LED turns off and the red LED blinks every minute when the detector is in trouble.

End of Life Timer feature: When the detector has reached the end of its life, the trouble contact will open. This indicates that the CO sensor inside the detector has passed the end of its life and must be replaced. This detector's lifespan is approximately ten years from the date of manufacture. The green LED turns off when the detector is in trouble. Periodically check the "Replace by" sticker located under the detector cover. The detector must be replaced by this date. Refer to Detector Replacement on page 3.

Per UL 2075, it is mandatory that a trouble signal be sent to the panel upon CO cell trouble or cell end of life. Refer to Figure 4 for wiring of the trouble relay.

INSTALLATION GUIDELINES

Ceiling: Detector should be at least 12 inches from any wall.

Wall: Detector should be at least as high as a light switch, and at least six inches from the ceiling.

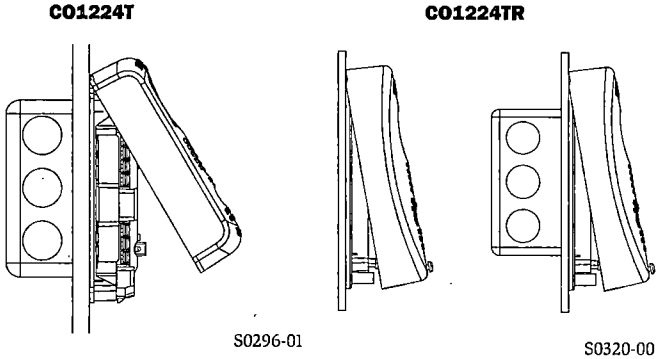
- Do not install in any environment that does not comply with the detector's environmental specifications
- Install in accordance with NFPA 720–the Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment
- As of 2009, NFPA 720 defines standards for both commercial and residential installations of CO detectors. If the installation can be interpreted as a commercial application, consult the section of NFPA 720 that outlines commercial applications.
- For example, Chapter 5.5.5.3.1 states that carbon monoxide detectors shall be installed in accordance with manufacturers published instructions in the following locations:
  (1) On the ceiling in the same room as permanently installed fuel burning appliances
  (2) Centrally located on every habitable level and in every HVAC zone of the building
- If the installation can be interpreted as residential, consult the section of NFPA 720 that outlines residential applications.
- For example, chapter 9.4.1.1 states that carbon monoxide alarms or detectors shall be installed as follows:
  (1) Outside each separate dwelling unit sleeping area in the immediate vicinity of the bedrooms
  (2) On every level of a dwelling unit, including basements
  (3) Other locations where required by applicable laws, codes or standards

MOUNTING

The CO1224T/CO1224TR can be ceiling-mounted or wall-mounted:

1. To a single gang box.
2. Direct mount to ceiling or to wall using drywall fasteners.

FIGURE 2. MOUNTING OF DETECTOR:



INSTALLATION

WIRING INSTALLATION GUIDELINES

All wiring must be installed in compliance with the NFPA 70, National Electrical Code, applicable state and local codes, and any special requirements of the local Authority Having Jurisdiction (AHJ).

Proper wire gauges should be used. The conductors used to connect carbon monoxide detectors to the alarm control panel and accessory devices should be color-coded to reduce the likelihood of wiring errors. Improper connections can prevent a system from responding properly in the event of a CO.

The screw terminals in the mounting base will accept 14-22 gauge wire. Wire connections are made by stripping approximately ¼" of insulation from the end of the feed wire, inserting it into the proper base terminal, and tightening the screw to secure the wire in place. Do not put wires more than 2 gauge apart under the same clamping plate.

WARNING: This product does not have a local audible trouble signal, and may fail without supervision if trouble loop remains unconnected.

WARNING: Gas detectors on a zone that is bypassed may not signal a trouble condition. Do not bypass zones used for gas detectors.

Wiring diagrams located on page 4, Figure 4.

⚠WARNING

Remove power from alarm control unit or initiating device circuits before installing detectors.

1. Using a small, flat head screw driver, push in the small tab located on the underside of the detector. Once the snap is loosened, lift the bottom end of the cover up and unhinge the top to remove the cover.
2. Wire the detector base screw terminals per Figure 5.
3. Screw the base of the detector onto a single gang electrical box, or to the surface of the wall or ceiling. Use the hardware included in the packaging.
4. If mounting with the System Sensor replacement plate model CO-PLATE*:
   * Hold replacement plate over desired mounting area.
   * Use hook feature to hold CO1224T onto the replacement plate.
   * Mount detector and plate together using hardware provided with the CO1224T.
5. Hinge the top portion of the cover onto the base; with the cover at a 45 degree angle, fit the hinges into the slots of the base.
6. Push the unhinged bottom portion of the cover down until it snaps into place.
7. After all detectors have been installed, apply power to the alarm control unit.
8. Test each detector as described in Testing.
9. Notify the proper authorities that the system is in operation.

⚠CAUTION

Airborne dust particles can enter the detector. System Sensor recommends the installation of detectors after construction or any other dust producing activity. Carbon monoxide detectors are not to be used with detector guards unless the combination has been evaluated and found suitable for that purpose.

TESTING

Detector must be tested after installation.

NOTE: Before testing, notify the proper authorities to avoid any nuisance alarms.

Ensure proper wiring and power is applied. After power up, allow 80 seconds for the detector to stabilize before testing.

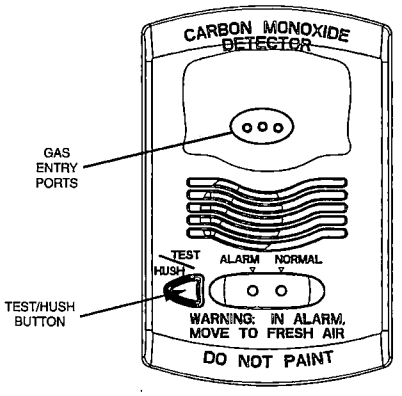
Test the CO1224T/CO1224TR detector as follows:

1. A test button is located on the detector housing (See Figure 4).
2. Use the tip of your finger to press and hold the test button for 1-4 seconds.
3. If the sounder beeps twice in the Temporal 4 tone and the LED's light up, the detector is operational.
4. The detector now enters Realtest speed up test mode indicated by a quickly blinking green LED. See Functional Gas Test section for instructions on testing with canned CO.

If a detector fails the above test method, its wiring should be checked. If the detector still fails after rewiring, it should be replaced.

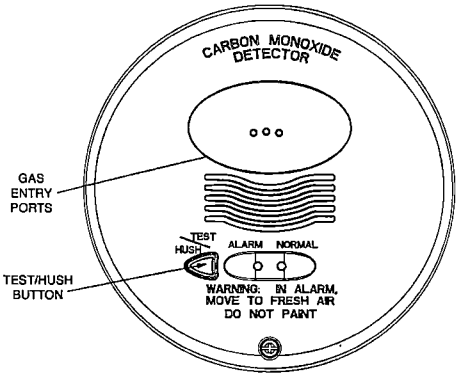
FIGURE 4. TEST BUTTON LOCATION AND OPERATION:

C01224T



S0298-00

C01224TR



S0321-00

FUNCTIONAL GAS TEST

NOTE: Check with local codes and the AHJ to determine whether or not a functional gas test is necessary for an installation.

Solo C6 brand canned CO testing agent may be used to verify the detector's ability to sense CO by utilizing the RealTest® feature of the CO1224T/CO1224TR as follows:

1. Press the test button as described in Testing above.
2. Once the alarm has entered the speed-up test mode, indicated by a quickly flashing green LED, spray a small mount of CO agent within 1/4" of the alarm's gas entry ports (see Figure 3). The unit will go into alarm if gas entry is successful.
3. The detector will automatically exit the speed-up test mode 20-60 seconds after entering speed-up test mode.

Testing the detector will activate the alarm relay and send a signal to the panel.

CAUTION: This carbon monoxide detector is designed for indoor use only. Do not expose to rain or moisture. Do not knock or drop the detector. Do not open or tamper with the detector as this could cause malfunction. The detector will not protect against the risk of carbon monoxide poisoning if not properly wired. The detector will only indicate the presence of carbon monoxide gas at the sensor. Carbon monoxide gas may be present in other areas.

This carbon monoxide detector is NOT:

- Designed to detect smoke, fire or any gas other than carbon monoxide
- To be seen as a substitute for the proper servicing of fuel-burning appliances or the sweeping of chimneys.
- To be used on an intermittent basis, or as a portable alarm for the spillage of combustion products from fuel-burning appliances or chimneys.
- To be used in airplanes or any other aeronautical vehicle.

Carbon monoxide gas is a highly poisonous gas which is released when fuels are burnt. It is invisible, has no smell and is therefore impossible to detect with the human senses. Under normal conditions in a room where fuel burning appliances are well maintained and correctly ventilated, the amount of carbon monoxide released into the room by appliances should not be dangerous.

Symptoms of carbon monoxide poisoning: Carbon monoxide bonds to the hemoglobin in the blood and reduces the amount of oxygen being circulated in the body. The following symptoms are examples taken from NFPA 720. They represent approximate values for healthy adults:

Concentration (ppm CO)	Symptoms
200	Mild headache after 2-3 hours of exposure
400	Headache and nausea after 1-2 hours of exposure
800	headache, nausea, and dizziness after 45 minutes of exposure; collapse and unconsciousness after 2 hours of exposure

Many causes of reported carbon monoxide poisoning indicate that while victims are aware that they are not well, they become so disoriented that they are unable to save themselves by either exiting the building or calling for assistance. Young children and pets may be the first to be affected.

Per UL standard 2075, the CO1224T/CO1224TR has been tested to the sensitivity limits defined in UL standard 2034.

Alarm thresholds are as follows:

Parts Per Million	Detector response time, min.
30 ±3ppm	No alarm within 30 days
70 ±5ppm	60-240
150 ±5ppm	10-50
400 ±10ppm	4-15

What to do if the carbon monoxide detector goes into alarm:

Immediately move to a spot where fresh air is available, preferably outdoors. Find a phone in an area where the air is safe and call your security service provider. Tell your provider the detector alarm status, and that you require professional assistance in ridding your home of the carbon monoxide.

IMPORTANT: This detector should be tested and maintained regularly following National Fire Protection Association (NFPA) 720 requirements.

MAINTENANCE

Occasionally clean the outside casing with a cloth. Ensure that the holes on the front of the alarm are not blocked with dirt and dust.

Do not paint, and do not use cleaning agents, bleach, or polish on the detector.

DETECTOR REPLACEMENT

This detector is manufactured with a long-life carbon monoxide sensor. Over time the sensor will lose sensitivity, and will need to be replaced with a new System Sensor carbon monoxide detector. This detector's lifespan is approximately ten years from the date of manufacture.

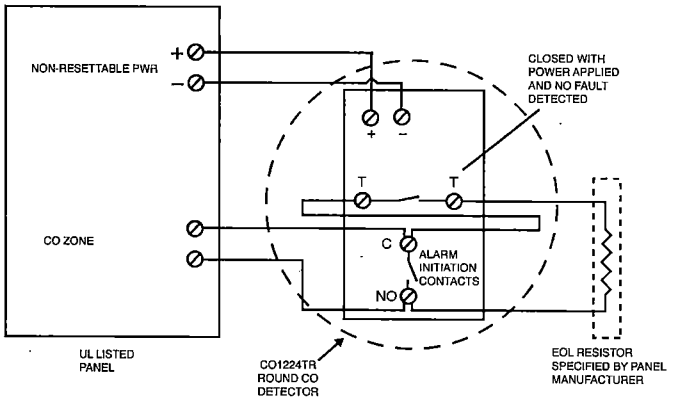
Periodically check the detector's replacement date. Remove the detector cover and refer to the sticker placed on the inside of the detector. The sticker will indicate the date that the detector shall be replaced.

This detector is also equipped with a feature that will open the trouble relay once it has reached the end of its useful life. If this occurs, it is time to replace the detector.

NOTE: Before replacing the detector, notify the proper authorities that maintenance is being performed and the system will be temporarily out of service. Disable the zone or system undergoing maintenance to prevent any unwanted alarms. Dispose of detector in accordance with any local regulations.

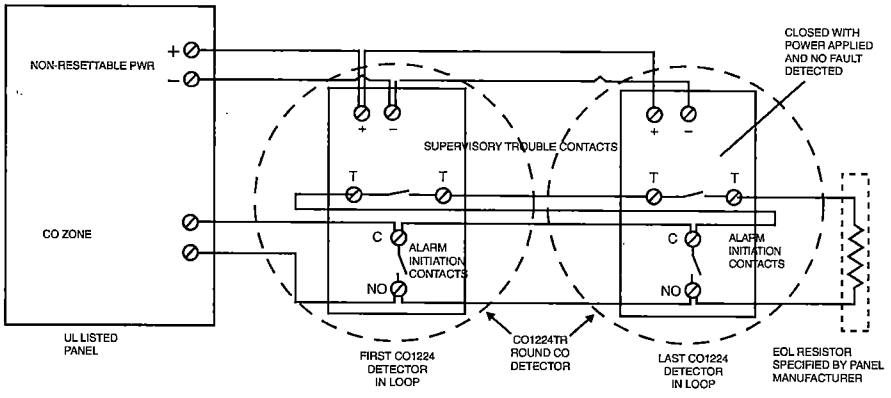
FIGURE 5. WIRING DIAGRAM:

SINGLE UNIT, SINGLE ZONE, 4 CONDUCTOR CABLE



S0313-01

MULTIPLE UNIT, SINGLE ZONE, 6 CONDUCTOR CABLE



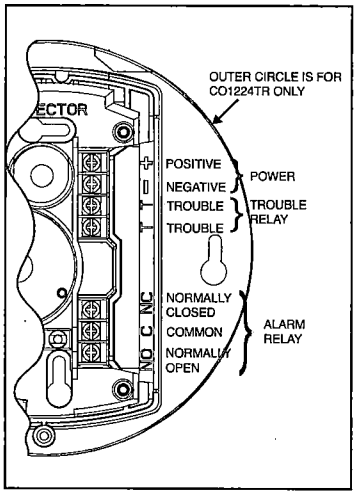
Input powered (12 or 24 VDC) from UL Listed Fire/Burg Control Panel (Class 2).

S0314-01

⚠CAUTION

It should be noted the installation, operation, testing and maintenance of the CO1224T/CO1224TR is different than System Sensor conventional 4-wire smoke detectors, such as the i3 Series. Below are specific installation requirements for the CO1224T/CO1224TR:

- Connect to a non-resettable power supply
- Connect to a non-fire zone: Per NFPA 720 section 9.6.7.2 the CO1224T/CO1224TR shall not be connected to a zone that signals a fire condition
- Per NFPA 720 section 9.6.7, do not connect the CO1224T/CO1224TR on a zone with other fire or intrusion initiating devices - i.e. do not connect on the same zone as smoke detectors
- Wiring of the trouble relay is mandatory: Per UL Standard 2075 section 17.1.1 a detector shall send a trouble signal to the control panel upon an open circuit, a ground fault, sensor removal or sensor end of life
- If wiring one CO1224T/CO1224TR per zone: Use 4 conductors
- If wiring multiple CO1224T/CO1224TR detectors per zone: Use 4 conductors from panel to first CO1224T/CO1224TR, then use 6 conductors from the second CO1224T/CO1224TR to other detectors on the zone



S0322-01

Please refer to insert for the limitations of Carbon Monoxide Detectors

FCC STATEMENT

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.

NOTE: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

THREE-YEAR LIMITED WARRANTY

System Sensor warrants its enclosed product to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for the enclosed product. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the replacement of any part of the product which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. After phoning System Sensor's toll free number 800-SENSOR2 (736-7672) for a Return Authorization number, send defective units postage prepaid to: Honeywell, 12220 Rojas Drive, Suite 700, El Paso TX 79936, USA. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.