6-3-88 OK

RECEIVE

APR 28 REC'D

BUILDING

'OWNSHIP OF BRICK

Banquet Room (Rear of Jamesway)

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

A. Proposed Work at: BRICK PLAZA - Chambersbridge & Rt 70.

B. Owner Name: DAN-D INC. Tel. ( ) 349-2710

Address

C. Principal Contractor: FIRE SPRINKLER SYS. Tel. ( ) 506-0910

Address 1201 RT. 37 E. TOMS RIVER, N.J.

Lic. No. or Builder Reg. No. Federal Emp. No. 22-2424-192

D. Architect or Engineer: Tel. ( )

Address

E. Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)

Complete only II.B., III and IV.A. and Page 2

3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☑ Other: FULLY SPRINKLE ADDITION (BANQUET RM.)

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☒ Fire Protection	8,000
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$ 8,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:

Before Construction:

After Construction:

Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: BANQUET SEETING AREA

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

LDS BR 10310954

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 FIRE SPRINKLER SYSTEMS TEL. 201 506-0910

ADDRESS 1201 RT. 37 E.

TOMS RIVER, N.J.

SIGNATURE James P. Mirle

BLOCK NO. 671 LOT NO. 8 SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			4/28/88	JE	cvs per plans
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
✓	FIRE PROTECTION				10-28-88 JE	
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	45.00
OTHER _____	_____
SUBTOTAL	$ 45.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	_____
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 70.00

DATE 6-9-88 Collected By C-9-88 JBK

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF BRICK

"Ashleys"

CERTIFICATE

CERT. NO. 1734

DATE ISSUED 4-26-89

Block 671 Lot 8

Subdivision

IDENTIFICATION

Owner Park-Brick Ent., Inc.

Address Rt. 166 & 37

Toms River, NJ

Tel. ( )

Work Site Address

108H Brick Plaza

Agent same

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Restaurant

USE GROUP A-3

FIRE GRADING 2 hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Restaurant - Business

FINAL COST OF CONSTRUCTION: $ 100,000.

Arthur J. Ciezzo

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____

DATE ISSUED _____

Block 671 Lot 8

Subdivision _____

A. IDENTIFICATION

Owner Dal-D Inc. | Agent FIRE SPRINKLER SYSTEMS

Address Rt 166 & Rt. 37 | Address 1201 Rt. 37 E SUITE 11

Toms River, NJ | Toms River, NJ

Tel. ( ) 349-2910 | Tel. ( ) 506-0910

Work Site Address BRICK PLAZA GRILL | Lic. No. _____

BRICK NJ | Federal Emp. No. 22-2424-192

PAYMENTS

Permit Fee $ _____

Fees Remitted $ _____

☐ Check No. _____

☐ Cash

☐ Other _____

Collected By: _____

Date: _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☒ FIRE PROTECTION

☐ OTHER _____

Description of work:

SPRINKLE BANQUET ROOM ADDITION. TIED INTO EXISTING 6" MAIN IN PLAZA GRILL.

35 RELOCATED SPKR.

44 NEW SPKR.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $ 6,000.00

_____

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green - Office Copy White - Applicant Copy Pink - County Copy Goldenrod - Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3779
DATE ISSUED 3-8-89
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner B+B Department Stores
Address
Tel. ( )
Work Site Address Chambers Bridge Rd + Route 70 Brick

Contractor H.C. Sauer, Inc.
Address P.O. Box 145 Brielle, N.J. 08730
Tel. (201) 528-6000
Lic. No. 4719-4719
Federal Emp. No. 22-1813348

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

security system with (8) smoke detectors central station monitoring

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 625.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant's Copy Manila = Inspector's Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2-396
DATE ISSUED 3-6-90
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner A+R Department Store
Address
Tel. ( )
Work Site Address Chambers Br. Lge. Rd + Route 70 Brick

Contractor H.C. Sauer, Inc.
Address P.O. Box 145 Brielle N.J. 08730
Tel. (201) 528-6000
Lic. No. 4719-4719
Federal Emp. No. 22-1313348

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Security system with (8) smoke detectors central station monitoring.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 625.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	3-8-84	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

33

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 1550
DATE ISSUED 6-9-88
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner D&D INC.
Address Rt 166 & Rt 37
Toms River, NJ
Tel. ( ) 349-2710
Work Site Address BROAD PLAZA GENUS
BRICK, NJ

Contractor FIRE SPRINKLER SYSTEMS
Address 1201 Rt 37E SUITE 11
Toms River, NJ
Tel. ( ) 506-0910
Lic. No.
Federal Emp. No. 22-2424-192

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other — FEE
Area Sprinkled: ☒ Full ☐ Partial (specify in comments)
No. of Heads: 79 No. of Spare Heads: 6
☒ Valves Supervised – Method: TAMPERS
Water Supply – Source: CITY Size: 8"
FD Connection Location: REAR OF BUILDING
Estimated Cost of Work: $ 8,000" — $ 45.-

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other — N/A
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ — $

B3. ALARM

TYPE: ☐ Manual ☐ Automatic N/A — FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ — $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No N/A
Estimated Cost of Work: $ — $

B5. OTHER

N/A — $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 45

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 2,000.00

D. COMMENTS

FULL SPRINKLER ADDITION
RELOCATE 35 SPKR, ADD 44 NEW.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

Sprinkler Test Banquet Room

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 1550
DATE ISSUED 5.9.88
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner [illegible]
Address Rt 166 & Rt 37
Toms River, NJ
Tel. ( ) 349 2710
Work Site Address [illegible]
[illegible], NJ

Contractor Fire Sprinkler Systems
Address 1201 Rt 37E Suite 11
Toms River, NJ
Tel. ( ) [illegible]
Lic. No.
Federal Emp. No. 22-2424-192

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

TYPE: ☑ Wet ☐ Dry ☐ Other

Area Sprinkled: ☑ Full ☐ Partial (specify in comments)

No. of Heads: 77 No. of Spare Heads: 6

☑ Valves Supervised – Method: [illegible]

Water Supply – Source: [illegible] Size: [illegible]

FD Connection Location: [illegible]

Estimated Cost of Work: $ 8,000.00 $45.

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other

N/A

Manual Pull: ☐ Yes ☐ No

Locations:

Estimated Cost of Work: $ $

B3. ALARM

FEE

TYPE: ☐ Manual ☐ Automatic N/A

Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location

Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:

Water Source: Size:

FD Connection Location:

Hose Station: ☐ Yes ☐ No N/A

Estimated Cost of Work: $ $

B5. OTHER

N/A $ $ $

Subtotal $

Minimum Fire Protection Fee (If Applicable) $

Total Fire Protection Fee (*Greater of Minimum or Subtotal)* $ 45

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed

Heating Systems – Location:

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other

Fuel Storage Tank – Location: Fuel Type: Capacity:

Total Estimated Cost of Fire Protection Work: $ 8,000.00

D. COMMENTS

FULLY SPRINKLE ADDITION
RELOCATE 33 SPKL. ADD 44 NEW.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
10/28/88	Sprinkler test Done at Plaza Grill Banquet Rooms by Fire Sprinkler Sup. 200 psi at 2 hr. Cont. Material & Test certificate Sprinkler Sup. left to this Card & one sent to Chief Batzel JE

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: 11/28/88

Approved By: JE

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				10/28/88
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other				
☐ Other				
☐ Other				
☐ Other				

To: - INSURANCE SERVICES OFFICE OF NEW JERSEY
744 BROAD STREET, NEWARK NEW JERSEY 07102

CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS — WATER SPRAY SYSTEMS
PART "A" GENERAL

PROCEDURE

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: PLAZA GRILLE BANQUET ROOMS — DATE: 10/28

PROPERTY ADDRESS: BACK PLAZA, BRICK, NJ

PLANS

ACCEPTED BY INSPECTION AUTHORITY('S) NAMES: BRICK TOWNSHIP FIRE SUBCODE OFFICIAL - JOE EVARETO

ADDRESS:

INSTALLATION CONFORMS TO ACCEPTED PLANS — YES ☒ NO ☐

EQUIPMENT USED IS APPROVED — YES ☒ NO ☐

IF NO, STATE DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT — YES ☒ NO ☐

IF NO, EXPLAIN

HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT — YES ☒ NO ☐

IF NO, EXPLAIN

TEST DESCRIPTION

FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs.

Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.

HYDROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.

LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory and necessary repairs made.

PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.

PART "B" — UNDERGROUND PIPING

LOCATION

FEEDS BLDGS. N/A (EXISTING)

UNDERGROUND PIPES AND JOINTS

PIPE TYPE AND CLASS — TYPE JOINT

CONFORMS TO _____ STANDARD — YES ☐ NO ☐

IF NO, EXPLAIN

JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD — YES ☐ NO ☐

IF NO, EXPLAIN

TESTS REQUIRED

FLUSHING -:- HYDROSTATIC -:- LEAKAGE

FLUSHING TESTS

NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD — YES ☐

BY (COMPANY)

HOW WAS FLUSHING FLOW OBTAINED — PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP ☐

THROUGH WHAT TYPE OPENING — HYD. BUTT ☐ OPEN PIPE ☐

LEAD-INS FLUSHED ACCORDING TO _____ STANDARD — YES ☐

BY (COMPANY)

HOW WAS FLUSHING FLOW OBTAINED — PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP ☐

THROUGH WHAT TYPE OPENING — OPEN PIPE ☐

HYDROSTATIC TEST

ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS

LEAKAGE TEST

TOTAL MOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS

ALLOWABLE LEAKAGE _____ GALS. _____ HOURS

HYDRANTS

NUMBER INSTALLED | TYPE AND MAKE

ALL OPERATE SATISFACTORILY YES ☐ NO ☐

CONTROL VALVES

WATER CONTROL VALVES LEFT WIDE OPEN YES ☐ NO ☐
IF NO, STATE REASON

REMARKS

DATE LEFT IN SERVICE

PARTS A & B SIGNATURES

NAME OF SPRINKLER CONTRACTOR | FOR PROPERTY OWNER (SIGNED) TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) | DATE

PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

LOCATION

SERVES BLDGS. NEW BANQUET ROOMS

TESTS REQUIRED

1 HYDROSTATIC TEST OF ALL PIPING
2 PNEUMATIC TEST OF ALL DRY PIPING
3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

SPRINKLERS OR SPRAY NOZZLES

MAKE	MODEL	SIZE	QUANT.	TEMPERATURE RATING
REVERSIBLE PENDENT	G/F1	1/2"	9	155°
REVERSIBLE UPRIGHT	G	1/2"	5	165°

PIPE AND FITTINGS

MATERIAL AND KIND CONFORMS TO DNSJ STANDARD
IF NONE, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE SEC.
WATERFLOW SWITCH	POTTER		0	55

DRY PIPE VALVES

MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS: TIME TO TRIP THROUGH TEST PIPE — WITHOUT Q.O.D. MIN	WITHOUT Q.O.D. SEC	WITH Q.O.D. MIN.	WITH Q.O.D. SEC	WATER PRESS. P.S.I.	AIR PRESS P.S.	TRIP POINT AIR PRESS. P.S.I.	TIME WATER REACHED TEST OUTLET MIN.	TIME WATER REACHED TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO

IF NO, EXPLAIN

DELUGE & PREACTION VALVES

OPERATION PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐

PIPING SUPERVISED YES ☐ NO ☐ DETECTING MEDIA SUPERVISED YES ☐ NO ☐

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES ☐ NO ☐

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES ☐ NO ☐
IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	DOES EACH CIRCUIT OPERATE VALVE RELEASE NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	MAXIMUM TIME TO OPERATE RELEASE SEC.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS
ORY PIPING PNEUMATICALLY TESTED YES ☐ NO ☒ N/A
EQUIPMENT OPERATE PROPERLY YES ☒ NO ☐
IF NO, STATE REASON

DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE. STATIC PRESSURE _____ PSI RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: _____ PSI

BLANK TESTING GASKETS

NUMBER USED | LOCATIONS | NUMBER REMOVED

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN 10/27/00

PART "C" SIGNATURES

NAME OF SPRINKLER CONTRACTOR [signature] | FOR PROPERTY OWNER (SIGNED) TITLE

FOR SPRINKLER CONTRACTOR (SIGNED) FIRE SPRINKLER SYSTEMS 10/28