



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

## PERMIT

DATE 03/07/13

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:  
By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

STERN PROPERTIES  
274 GOODMAN ST N

14-02063	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B25B	PUBLIC ASSEMBLY/OVER 249 CAPACITY	NF
		TOTAL \$ 0

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 02/28/14

*Salvatore M. Vitano*  
FIRE MARSHAL

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

### Please return this part with payment

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

14-02063	PERMIT NUMBER
03/07/13	INVOICE DATE
04/07/13	DUE DATE
\$ 0	AMOUNT DUE

STERN PROPERTIES  
274 N GOODMAN ST  
ROCHESTER NY 14607



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

## PERMIT

DATE 03/07/13

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

14-02064	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16D	COMM'L COOK-OVEN AND APPL	\$ 70
		TOTAL \$ 70

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 02/28/14

*Signature of Fire Marshal*  
FIRE MARSHAL

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

*pd 4/10/13*  
*JA*

14-02064	PERMIT NUMBER
03/07/13	INVOICE DATE
04/07/13	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607







# City of Rochester City Code License - Entertainment Center For Application#: 14

Current Status/Date:	01/17/2013 V - Wait CZC		
Applic. Date:	01/17/2013	Issue Date:	Start Date: 02/01/2013 Expiration Date: 01/31/2014
General Comments:			
License Fee:	\$475.00	*** RENEWAL LICENSE ***	Last Chgd: 01/18/2013 Cioppag

Applicant: **GARY STERN** Residence: **38 TOBEY BROOK**  
 DOB: **05/08/1943** Home Phone: **(585) 442-9061** City, State, Zip: **PITTSFORD, NY 14534**

Business Name: **STERN PROPERTIES** Business Phone **(585) 442-9061**  
 Business Name: *1201*  
 Activity: **REAL ESTATE/DEVELOPER**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **38 TOBEY BROOK 38 TOBEY BROOK**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **PITTSFORD, NY 14534**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **W** / **01/17/2013** Reviewer:  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No** /  
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W** / **01/17/2013** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **P** / **01/18/2013** Reviewer: *Lambert Scialdone*  
 Occupancy: *NONE (OUTSIDE)* Cart Inspection Date: Approved: *[Signature]* **No**  
 Comments:

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **W** / **01/17/2013** Reviewer:  
 Comments:



# City of Rochester

## City Code License - Entertainment Center

### For Application#: 158

Current Status/Date: **06/12/2012 V - Wait CZC**

Applic. Date: **06/12/2012** Issue Date: Start Date: **02/01/2012** Expiration Date: **01/31/2013**

General Comments:

License Fee: **\$425.00**      **\*\*\* NEW LICENSE \*\*\***      Last Chgd: **06/13/2012 Lehrm**

Applicant: **SWITHIN DAVID** Residence: **274 N. GOODMAN ST #D312**  
 DOB: **08/24/1978** Home Phone: **(585) 797-9066** City, State, Zip: **ROCHESTER, NY 14607**

Business Name: **VILLAGE IDIOTS THEATER COMPANY** Business Phone **(585) 797-9086**  
 Business Name:  
 Activity: **LIVE IMPROV COMEDY PERFORMANCES AND CLASSES**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **38 TOBEY BROOK 38 TOBEY BROOK**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **PITTSFORD, NY 14534**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 06/12/2012** Reviewer:  
 3 Game Limit? **Yes** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W / 06/12/2012** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **P / 06/13/2012** Reviewer: **flaglere**  
 Occupancy: **55** Cart Inspection Date: **Approved: [Signature]** **No**  
 Comments:

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 06/12/2012** Reviewer:  
 Comments:



# City of Rochester City Code License - Entertainment Center For Application#: 156

Current Status/Date:	06/07/2012 P - Pending			
Applic. Date:	06/07/2012	Issue Date:	Start Date:	Expiration Date:
General Comments:				
License Fee:	\$475.00	*** NEW LICENSE ***	Last Chgd:	06/27/2012 Lehrm

Applicant: **GARY STERN** Residence: **38 TOBEY BROOK**  
 DOB: **05/08/1943** Home Phone: **(585) 442-9061** City, State, Zip: **PITTSFORD, NY 14534**

Business Name: **STERN PROPERTIES** Business Phone **(585) 442-9061**  
 Business Name:  
 Activity: **REAL ESTATE/DEVELOPER**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **38 TOBEY BROOK 38 TOBEY BROOK**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **PITTSFORD, NY 14534**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: **1121042** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **A** / **06/13/2012** Reviewer: **mcsains**  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No** /  
 Criml Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **P** / **06/21/2012** Reviewer: **DM190**  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **P** / **06/27/2012** Reviewer: **tambet**  
 Occupancy: **0** Cart Inspection Date: **Approved:** *6-28-12*  
 Comments: *vet No*

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: / Reviewer:  
 Comments:



**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

**PERMIT**

DATE 02/24/12

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

**TO WHOM IT MAY CONCERN:**

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

13-02032	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	\$ 70

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

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ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

00274 GOODMAN ST N

13-02032	PERMIT NUMBER
02/24/12	INVOICE DATE
03/24/12	DUE DATE
\$ 70	AMOUNT DUE

*Handwritten signature and date 3/8/12*

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 02/28/13

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

*Signature of Salvatore M. ...*  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

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13-02032	PERMIT NUMBER
02/24/12	INVOICE DATE
03/24/12	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

fdpmt1

**Permit fee payments not received by the due date will be considered delinquent.**

**These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.**

**Municipal Code Summons Schedule**

	<b>Initial</b>	<b>Default</b>
<b>1st Offense, or after 30 days</b>	<b>\$ 75.00</b>	<b>\$150.00</b>
<b>2nd Offense, or after 60 days</b>	<b>\$150.00</b>	<b>\$300.00</b>
<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>

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**FIRE SAFETY INSPECTION RECORD**

274 GOODMAN ST N

LOCATION: GATE HOUSE RESTAURANT

LICENSE

PERMIT

COMPLAINT/REFERRAL

EAST

WEST

SPECIAL

*Ra*

**PERSON CONTACTED:**

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#: OWNER NAME: _____ OWNER ADDRESS: _____ OWNER PHONE: _____	OK TO FILE	INSPECTOR
DATE								NOTES		
2-6-12			1					1 ORDER / 1 VIOLATION		
2-2-12								other permit	✓	<i>[Signature]</i>

	Y	N
Sprinkler System		✓
Alarm Permit	✓	
Cooking Hood	✓	
Fire Alarm System	✓	
Standpipe System		✓
Cooking System	✓	
Bars/Wires on Windows		
Lock Box		✓
Posted Occupancy	2	1

Permit#: 30915

Local      Central      (circle one)

APPROVED  
FIRE SAFETY DIVISION

*[Signature]*  
Fire Marshal

INSPECTION DATE: 2-6-12

LOCATION: 274 GOODMAN ST N 05 OWNER: GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

OCCUPANT: S. Amato TYPE OF OPERATION: Restaurant

PERSON CONTACTED: MIKE CORSON PHONE NO: 4732090 APPOINTMENT: (Y/N)     

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE FEE PERMIT  
5412B16 70 02032 OVEN OR KILN OPERATION INDUST/COMM

*Amel system  
out of date*

*OK to Permit  
2-22-12*

DATE VIOLATIONS ISSUED: 2-6 20 12 CORRECTED: 2-22 20 12  
DATE OF APPROVAL FOR PERMIT: 2-22 20 12 SIGNATURE: [Signature]

----- FOR OFFICE USE ONLY -----

DATE PERMIT ISSUED: \_\_\_\_\_ 20 \_\_\_\_\_ DATE EXPIRED: \_\_\_\_\_ 20 \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ FEE REQD: \_\_\_\_\_

MADCO Mechanical Services, Inc. Since 1980

1066 Gravel Road Suite #15  
Webster, NY 14580

Phone # 585-671-0020 Fax # 585-671-0112

www.madcomechanical.com

BILL TO:

JOB LOCATION:

The Gate House  
274 Goodman Ave.  
Rochester, NY 14607

Same

# Invoice

DATE	INVOICE #
8/26/2011	M-081811-3

**FILE**

P.O. NO.	TERMS	MECHANIC	Account #
Verbal/Mike	Due upon receipt	MAD	

DESCRIPTION	QTY	Price	AMOUNT
10" Upblast ventilator with speed control	1	588.00	588.00
21x21 to 19x19 curb adapter	1	125.00	125.00
V-belt A-41	1	12.98	12.98
SUBTOTAL Materials			725.98
Regular 2-men rate 8/05/11 3:15 to 6:00	2.75	115.00	316.25
Regular 2-men rate	2.5	115.00	287.50
Regular 1-man rate 8/26 10:00 to 1:00	3	75.00	225.00
Truck charges per call	2	35.00	70.00
SUBTOTAL Materials			898.75
WORK DESCRIPTION:		0.00	0.00
8/5 cleaned "y" clean-out and resealed all duct joints compromised by duct fire.			
8/25 remove make-up air filters, replaced v-belt, and adjusted sheave for more air.			
8/26 Installed new curb adapter and Ventilator, to wood fired pizza S/S chimney. Adjusted speed to exhaust all fumes and convected heat.			
Customer was informed of proper maintenance to ventilator.			
Parts Warranty: All parts as recorded are warranted as per manufacturer specifications.		0.00	0.00
Labor Guaranty: The labor as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.			
We do not, of course, guaranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.			
sales tax charged on labor & materials		8.00%	129.98
THANK YOU FOR THE BUSINESS			<b>Total</b>
			\$1,754.71
Manufacturer:			All major credit cards accepted
Model #/Serial #			

It is agreed that the seller will retain title to any equipment and/or material that may be furnished until final payment is made. If terms and agreement are not honored all warranties stated by MADCO Mechanical Svcs., Inc. are cancelled. If this account is turned over to either an attorney or a collection agency for collection, you the purchaser agree to pay all fees involved with the collection of the debt. A charge of 2% per month will be charged on balances over 30 days. \$25.00 sevice charge on all returned checks.

# Fire Suppression Systems Report

<b>SERVICE COMPANY</b> <b>ACG FIRE &amp; SAFETY</b> PO BOX 148 DANVILLE, NY 14437 Ofc (585) 728-9507 Cell (585) 957-0714
---

DATE OF SERVICE		TIME		A.M.	P.M.
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS					
MANUFACTURER		MODEL NUMBER		WET	DRY CHEMICAL
CYLINDER SIZE MASTER		CYLINDER SIZE SLAVE		CYLINDER SIZE SLAVE	
FUSE LINKS 360' F	FUSE LINKS 450' F	FUSE LINKS 500' F	OTHER		
FUEL SHUT-OFF	ELECTRIC	GAS	SIZE		
SERIAL NUMBER		LAST HYDRO TEST DATE		LAST RECHARGE DATE	
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:			DRAWING NUMBER:		

CUSTOMER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_ Store No. \_\_\_\_\_

Owner or Manager \_\_\_\_\_

**COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT**


- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles _____</li> <li>2. Duct and plenum covered w/correct nozzles _____</li> <li>3. Check positioning of all nozzles. _____</li> <li>4. System installed in accordance w/MFG UL listing _____</li> <li>5. Hood/duct penetrations sealed w/weld or UL device _____</li> <li>6. Check if seals intact, evidence of tampering _____</li> <li>7. If system has been discharged, report same _____</li> <li>8. Pressure gauge in proper range (If gauged) _____</li> <li>9. Check cartridge weight (If applicable) _____</li> <li>10. Hydrostatic test date _____</li> <li>11. 6 year maintenance date _____</li> <li>12. Inspect cylinder and mount _____</li> <li>13. Operate system from terminal link _____</li> <li>14. Test for proper operation from remote _____</li> <li>15. Check operation of micro switch _____</li> <li>16. Check operation of gas valve _____</li> <li>17. Clean nozzles _____</li> <li>18. Proper nozzle covers in place _____</li> <li>19. Check fuse links and clean _____</li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links _____</li> <li>21. Check travel of cable nuts/S-hooks _____</li> <li>22. Piping &amp; conduit securely bracketed _____</li> <li>23. Proper separation between fryers &amp; flame _____</li> <li>24. Proper clearance-flame to filters _____</li> <li>25. Exhaust fan in operating order _____</li> <li>26. All filters replaced _____</li> <li>27. Fuel shut-off in on position _____</li> <li>28. Manual &amp; remote set/seals in place _____</li> <li>29. Replace systems covers _____</li> <li>30. System operational &amp; seals in place _____</li> <li>31. Slave system operational _____</li> <li>32. Clean cylinder &amp; mount _____</li> <li>33. Fan warning sign on hood _____</li> <li>34. Personnel instructed in manual operation of system _____</li> <li>35. Proper hand portable extinguishers _____</li> <li>36. Portable extinguishers properly serviced _____</li> <li>37. Service &amp; Certification tag on system _____</li> </ol> |
|---|---|

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			
---	--	--	--

SERVICE TECHNICIAN      LICENSE 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.

White - Distributor      Yellow - Customer Copy      Pink - Authority Having Jurisdiction



# Proposal

- CHIMNEYS CLEANED
- CHIMNEYS INSPECTED
- CHIMNEY REPAIRS & REBUILDS
- SIDEWALK & STEPS REPAIRS
- FOUNDATION REPAIRS

## MASTER CHIMNEY & MASONRY

**DENNIS A. HOWE**  
 2728 CHURCH ROAD  
 HAMLIN, NY 14464  
**(585) 734-8444**  
 FULLY INSURED

Proposal submitted to: <b>THE GATE HOUSE</b>	Phone	Date <b>8/4/11</b>
Street <b>GOODMAN ST</b>	Job Name	
City, State & Zip <b>ROCHESTER, N.Y.</b>	Job Location	

We hereby submit specifications and estimates for:

**1 CHIMNEY CLEANED, INSPECTED AND FOUND TO BE IN EXCELLENT WORKING CONDITION (POST FLUE FIRE).**

**6 MAN HOURS 50<sup>00</sup>/HR \$ 300<sup>00</sup>**

**We Propose** hereby to furnish material and labor - complete in accordance with the above specifications, for the sum of:

\_\_\_\_\_ dollars (\$ \_\_\_\_\_)

Payment to be made as follows:

All material is guaranteed to be specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, wind damage and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature \_\_\_\_\_

Note: This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

**Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_

Signature \_\_\_\_\_

## FW: Single Wall Ductwork

From: "Adam Greenly" <adam.greenly@captiveaire.com>  
Subject: FW: Single Wall Ductwork  
Date: Tue, August 2, 2011 2:15 pm  
To: "mike@madcomechanical.com" <mike@madcomechanical.com>

Mike,

See the email below from our Director of Engineering regarding replacing the Ductwork if there is scaling. Could you tell from the pices you removed if this was the case?

Adam Greenly | Regional Manager, Upstate NY, Region 54  
CaptiveAire, Inc. commercial kitchen ventilation  
1264 Ridge Road, Ontario, NY 14519  
p 315.524.3861 | p 800.774.3417 | f 315.524.3868

[cid:image001.png@01CC511E.24674C40]

From: Bill Griffin  
Sent: Tuesday, August 02, 2011 2:12 PM  
To: Adam Greenly; Kim Tant  
Cc: Nicholas Perry  
Subject: RE: Single Wall Ductwork

I would have ductwork replaced if there is any metal scaling on the inner surfaces of the duct.

From: Adam Greenly  
Sent: Tuesday, August 02, 2011 1:30 PM  
To: Kim Tant; Bill Griffin  
Subject: RE: Single Wall Ductwork

Bill,

You are right this has happened a few times. It has been the same job. That is my concern. The application is a Wood Fired Oven that the owner was adamant he could direct vent (based on oven manufacturer's instructions). What are your feelings on the continual reuse of this duct after a fire?

We are going to modify the duct to give them additional cleanouts for their duct cleaner. After much investigation it looks as if the way they are cleaning the duct they end up with a pile of creosol that accumulates in an area of the duct.

This is the 3rd or 4th fire and the duct has held up great and I am continually trying to sell them on an eyebrow hood (with self cleaning).

Thoughts? City has them red-tagged until we can help them with a solution.

-A

Adam Greenly | Regional Manager, Upstate NY, Region 54  
CaptiveAire, Inc. commercial kitchen ventilation  
1264 Ridge Road, Ontario, NY 14519  
p 315.524.3861 | p 800.774.3417 | f 315.524.3868

[cid:image001.png@01CC511E.24674C40]

From: Kim Tant  
Sent: Tuesday, August 02, 2011 1:04 PM

[https://web1.bsquarewebhosting.com:2096/3rdparty/squirrelmail/src/printer\\_f...](https://web1.bsquarewebhosting.com:2096/3rdparty/squirrelmail/src/printer_f...) 8/3/2011



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

## PERMIT

DATE 03/08/11

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

12-02032	PERMIT NUMBER
----------	---------------

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	\$ 70

~~Please return this part with payment~~

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

12-02032	PERMIT NUMBER
03/08/11	INVOICE DATE
04/08/11	DUE DATE
\$ 70	AMOUNT DUE

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

*pd. 3/29/2011*  
*JA*

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD5-13

(dpm1)

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES **02/28/12**

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

*Signature M. ...*  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

~~Please return this part with payment~~

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

12-02032	PERMIT NUMBER
03/08/11	INVOICE DATE
04/08/11	DUE DATE
\$ 70	AMOUNT DUE

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD5-13

(dpm1)

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	<b>Initial</b>	<b>Default</b>
<b>1st Offense, or after 30 days</b>	<b>\$ 75.00</b>	<b>\$150.00</b>
<b>2nd Offense, or after 60 days</b>	<b>\$150.00</b>	<b>\$300.00</b>
<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>

**FIRE SAFETY INSPECTION RECORD**

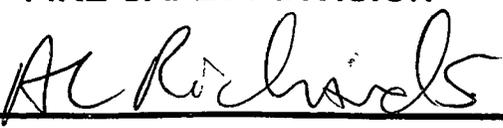
- LICENSE  EAST
- PERMIT  WEST
- COMPLAINT  SPECIAL

LOCATION: 274 GOODMAN ST N  
 Person contacted: GATE HOUSE RESTAURANT

REFERRAL

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #:	Owner Name:	Owner Address:	Owner Phone:	OK TO FILE	INSPECTOR	
DATE								NOTES						
2/8/11			3										AC	
2/15/11						1								
2/17/11						2							AC	

Sprinkler System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	village Gate for
Alarm Permit	<input checked="" type="checkbox"/>		
Cooking Hood	<input checked="" type="checkbox"/>		Permit# _____
Fire Alarm System	<input checked="" type="checkbox"/>		Local Central (circle one)
Standpipe System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cooking System	<input checked="" type="checkbox"/>		
Bars/Wires on Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lock Box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Posted Occupancy	<input checked="" type="checkbox"/>		chg. file.

**APPROVED**  
**FIRE SAFETY DIVISION**  
  
 Fire Marshal





# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

*AL Richards*  
*0428-3685*  
*509-4645*

## NOTICE OF VIOLATION

### AND ORDER TO COMPLY

Gate House Restaurant

NAME

Date 2/9/11

274 N. Goodman St.

ADDRESS

Rochester, N.Y. 14607

CITY, STATE, ZIP

473-2090

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

NYS. FC. 1006.3 (2) Emergency Lites inoperative.

" " 906.6. K- Wet, portable fire extinguisher outdated inspection.

city code. / NYS FC 1004 Occupancy sign missing  
Get measurement from Buildings  
Zone. Wg CALL JUAN LIWARES  
@ 428-7771 or (city hall rm #21)

Alarm report of

Received by: \_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE DATE

By Order of  
Fire Marshal

Fire Marshal *Al Richards*

DATE OF COMPLIANCE 2/17/11

Fire Marshal *Al Richards*

626017

Dinkeshan F  
529-3850

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE			
NAME		ADDRESS		DATE			
ADDRESS		CITY, STATE, ZIP		DATE			
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
QUANTITY		DESCRIPTION			PRICE	AMOUNT	
1	3	Hand portalk Drop					
2							
3							
4							
5							
6		R-Type will need hyd.					
7		net insp.					
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
RECEIVED BY							

*[Signature]*

KEEP THIS SLIP FOR REFERENCE

A-5805  
L. Jackson March

Szulgit Electric Inc.  
 637 Hazelwood Terrace  
 Rochester, NY 14609  
 585-224-9617

Fire Alarm Inspection And Test

Date 2-9-2011 Make Honeywell Model Vista 128FB  
 Customer The Gate House

Quantity	Tested	Device	Status	Comments
1	1	Control Panel	OK	
2	2	Rechargeable Batteries	OK	
3	3	Smoke Detectors	OK	
5	5	Heat Detectors	OK	
3	3	Manual Fire Pull Stations	OK	
2	2	Fire Alarm Horn/Strobes	OK	
2	2	Fire Alarm Strobe Lights	OK	
0	0	Duct Detectors	NA	
0	0	RTS Remote Test Switch	NA	
0	0	Magnetic Door Holders	NA	
0	0	Flow Switches	NA	
0	0	Tamper Switches	NA	
1	1	Fire Suppression System	OK	

Comments: All devices checked and tested properly with central station.

Technician: Benjamin Green  
 Customer: [Signature]



- FX - review

# City of Rochester

## City Code License - Entertainment Center

### For Application#: 58

Current Status/Date: **01/31/2011 P - Pending**

Applic. Date: **01/31/2011** Issue Date: Start Date: **02/01/2011** Expiration Date: **01/31/2012**

General Comments:

License Fee: **\$425.00** \*\*\* RENEWAL LICENSE \*\*\* Last Chgd: **02/01/2011 Szatkot**

Applicant: **K. THOMAS KOHN** Residence: **865 WHALEN RD**  
 DOB: **07/19/1956** Home Phone: **(585) 737-0137** City, State, Zip: **PENFIELD NEW YORK 14526**

Business Name: **BOP SHOP RECORDS** Business Phone **(585) 271-3354**  
 Business Name:  
 Activity: **RETAIL OF CD'S LP'S AND OTHER RELATED PRODUCTS**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: **1080402** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 01/31/2011** Reviewer:  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W / 01/31/2011** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **P / 02/01/2011** Reviewer: **richarda**  
 Occupancy: **0** Cart Inspection Date: Approved: **No**  
 Comments: *AR 2/4/11*

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 01/31/2011** Reviewer:  
 Comments:



# City of Rochester

## City Code License - Second Hand Dealer

### For Application#: 28

Current Status/Date: **12/16/2010 P - Pending**

Applic. Date: **12/16/2010** Issue Date: Start Date: **01/01/2011** Expiration Date: **12/31/2011**

General Comments:

License Fee: **\$200.00** \*\*\* RENEWAL LICENSE \*\*\* Last Chgd: **12/20/2010 Szatkot**

Applicant: **RICKY SANDS** Residence: **195 WIMBLEDON RD**  
 DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **ROCHESTER, NY 14617**

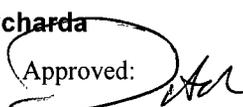
Business Name: **RICKY'S PLACE** Business Phone **(585) 442-0042**  
 Business Name:  
 Activity: **VENTAGE CLOTHING AND JEWELRY**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 12/16/2010** Reviewer:  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W / 12/16/2010** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **P / 12/20/2010** Reviewer: **richarda**  
 Occupancy: **0** Cart Inspection Date: Approved:  **No**  
 Comments:

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **/** Reviewer:  
 Comments:



**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

**PERMIT**

DATE 02/03/10

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

11-02031	PERMIT NUMBER
----------	---------------

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUST/COMM	\$ 70

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

11-02031	PERMIT NUMBER
02/03/10	INVOICE DATE
03/03/10	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

*PAID*  
*JA*

FD513

fdpmt1

shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES **02/28/11**

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

*James W. Kelly*  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

11-02031	PERMIT NUMBER
02/03/10	INVOICE DATE
03/03/10	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

fdpmt1

**Permit fee payments not received by the due date will be considered delinquent.**

**These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.**

**Municipal Code Summons Schedule**

	<b>Initial</b>	<b>Default</b>
<b>1st Offense, or after 30 days</b>	<b>\$ 75.00</b>	<b>\$150.00</b>
<b>2nd Offense, or after 60 days</b>	<b>\$150.00</b>	<b>\$300.00</b>
<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>



# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

## NOTICE OF VIOLATION

### AND ORDER TO COMPLY

Gatchouse Restaurant

NAME

Date Feb 2, 2010

274 N. Goodman St.

ADDRESS

**FILE**

Rochester NY

CITY, STATE, ZIP

Inspection of the premises located at SOME reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

1 ~~is~~ solid fuel pizza oven Red Tagged until

flue can be checked by an Captive Air trained  
installer.

General supply company of Rochester will make repairs  
as per Mike Corson (business owner)

Received by: \_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**By Order of  
Fire Marshal**

Fire Marshal L. R. Lovell

DATE OF COMPLIANCE 2-3-2010

Fire Marshal L. R. Lovell

MAIN-FORD  
**GENERAL SUPPLY CO. INC.**

"Rochester's Food Service Equipment Center"

366 LYELL AVENUE

ROCHESTER, N.Y. 14606

PHONE (585) 647-2311

FAX (585) 647-2346

COMPLETE DESIGN & CONSULTING SERVICE	RESTAURANT-INSTITUTIONAL KITCHEN EQUIPMENT & SUPPLIES	COMMERCIAL REFRIGERATION SALES-SERVICE
SOLD TO <i>GATE HOUSE</i>		DATE <i>2/3/10</i>
ADDRESS		SOLD BY

QUANTITY ORDERED	DESCRIPTION	PRICE	AMOUNT
	<i>REPAIR TOWNS</i>		
	<i>+ REPLACE 4 V</i>		
	<i>CLAMPS ON</i>		
	<i>PIZZA OVEN DUCT</i>		

<p><i>Thank You!</i></p> <p>RETURNED MERCHANDISE  SUBJECT TO 25%  RESTOCKING CHARGE.  SPECIAL ORDERS ARE NOT RETURNABLE</p>	<b>TAX</b>	
	<b>TOTAL</b>	

IMAGE NOW BY MAHAR 585-248-9560

# CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Gatehouse

Chimney Co  
James P. Krüg  
26 Somerset Lane  
Victor N.Y. 14564

DATE: 12/7/09 YOUR WORK ORDER NO. OUR BID NO.

DESCRIPTION OF WORK PERFORMED

Chimney cleaning & inspection  
+ chemical treatment 550<sup>00</sup>

~~Thank you~~

*[Signature]*

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_).

This is a  Partial  Full invoice due and payable by: \_\_\_\_\_  
Month Day Year  
in accordance with our  Agreement  Proposal No. \_\_\_\_\_ Dated \_\_\_\_\_  
Month Day Year

# FIRE SAFETY INSPECTION RECORD

- LICENSE
- PERMIT
- COMPLAINT
- EAST
- WEST
- SPECIAL REFERRAL

LOCATION:

274 GOODMAN ST N  
GATE HOUSE RESTAURANT

Person contacted:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #:	Owner Name:	Owner Address:	Owner Phone:	OK TO FILE	INSPECTOR
DATE	NOTES												
1/12/10			2										AK
1/29/10						2							AK

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- Posted Occupancy

	Y	N
	✓	
	✓	
	✓	
		✓
	✓	
		✓
		✓
	oh	

Permit# \_\_\_\_\_  
Local Central (circle one)

APPROVED  
FIRE SAFETY DIVISION  
*AC Richards*  
Fire Marshal

~~Text sign~~







# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

*AL Richards*  
*428-3685*

## NOTICE OF VIOLATION

### AND ORDER TO COMPLY

Gate House Restaurant

NAME

Date 1/12/10

274 N. Goodman St

ADDRESS

Rochester N.Y. 14607

CITY, STATE, ZIP

473-2090

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

N.Y.S.F.C. 901.6 Send fire alarm system inspection report - fax to 428-6785.

N.Y.S.F.C. 1028.7.4 Illuminated exit signage, inoperative. (Rear door.)

Received by: \_\_\_\_\_  
NAME

**By Order of  
Fire Marshal**

\_\_\_\_\_  
TITLE DATE  
*ALBERT P. Richards*  
Fire Marshal *Albert Richards*

DATE OF COMPLIANCE \_\_\_\_\_

Fire Marshal \_\_\_\_\_



# Fax

Subject: Fire Alarm Test

cc:

Date: January 29, 2010

To: Al Richards

Phone Number: 428-7037

Fax Number: 428-6785

From: Michael Corson

Phone Number: 473-2090

Fax Number: 473-2092

Comments:

I also got the Exit sign in working condition.

3 Pages



# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

*AL Richards*  
428-3685

## NOTICE OF VIOLATION AND ORDER TO COMPLY

Gate House Restaurant  
NAME

Date 1/12/10

274 N. Goodman St.  
ADDRESS  
Rochester N.Y. 14607  
CITY, STATE, ZIP

473 - 2090.

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

NYS.F.C. 901.6 Send fire alarm system inspection report. - fax to 428-6785.

NYS.F.C. 1028.7.4 Illuminated exit signage, inoperative. (Rear door)

Received by: Michael Corson  
NAME

OWNER 1/28/10  
TITLE DATE

By Order of  
Fire Marshal

ALBERT P. Richards  
Fire Marshal  
ALP Richards

DATE OF COMPLIANCE \_\_\_\_\_

Fire Marshal \_\_\_\_\_

FD 506

Szulgit Electric Inc.  
 637 Hazelwood Terrace  
 Rochester, NY 14609  
 585-224-9617  
 Fire Alarm Inspection And Test

Date 1-29-10 Make Honeywell Model Vista 128FBP  
 Customer Gate House

Quantity	Tested	Device	Status	Comments
1	1	Control Panel	OK	
1	1	Rechargeable Batteries	OK	
3	3	Smoke Detectors	OK	
5	5	Heat Detectors	OK	
3	3	Manual Fire Pull Stations	OK	
2	2	Fire Alarm Horn/Strobes	OK	
2	2	Fire Alarm Strobe Lights	OK	
0	0	Duct Detectors		
0	0	RTS Remote Test Switch		
0	0	Magnetic Door Holders		
0	0	Flow Switches		
0	0	Tamper Switches		
Comments: <u>Tied into building Fire Panel</u>				

Technician: Ben [Signature]  
 Customer: [Signature]



# SHIELD ALARM SYSTEMS

967 Five Mile Line Road • Webster, New York 14580 • Phone (585) 671-0996

## INSPECTION AND TESTING REPORT

### SERVICE ORGANIZATION

NAME: SHIELD ALARM SYSTEMS, INC.  
ADDRESS: 967 FIVE MILE LINE ROAD  
CITY/STATE: WEBSTER NEW YORK  
REPRESENTATIVE: GARY BLASCHEK  
LICENSE # 12000202607  
TELEPHONE: 585-671-0996  
FAX: 585-787-1556

### PROPERTY NAME

NAME: Village Gate Cwino  
ADDRESS: 274 N. GOODMAN  
CITY/STATE: ROCHESTER NY  
OWNER: GARY STERN  
TELEPHONE: 442-9061  
DATE: 4/2/10

### MONITORING ENTITY:

NOT MONITORED YET  
CONTACT: EMERGENCY 24  
TELEPHONE: 1-800-877-3624  
ACCOUNT # 4D-

### TYPE TRANSMISSION:

DIGITAL: X  
RADIO: -  
CELL: -  
OTHER: -

### SERVICE SCHEDULE:

ANNUALLY: X  
SEMI-ANNUALLY: \_\_\_\_\_  
QUARTERLY: \_\_\_\_\_  
OTHER: \_\_\_\_\_

### PANEL MANUFACTURE:

FIRELITE MS 10UD  
CIRCUIT STYLE: A+B  
NUMBER OF CIRCUITS: 10  
LAST TEST PERFORMED: 3/31/10

### ALARM INITIATING DEVICES:

#### QUANTITY:

2  
15  
-  
1  
-

#### CIRCUIT STYLE:

B  
B  
-  
B  
-

MANUAL PULL STATIONS

SMOKE DETECTORS

WATER FLOW SWITCHES

HEAT DETECTORS

ANSUL SYSTEM

ALARM INITIATING DEVICES:

QUANTITY:

CIRCUIT STYLE:

<u>—</u>	<u>—</u>	<u>SMOKE BEAMS</u>
<u>—</u>	<u>—</u>	<u>DUCT DETECTORS</u>
<u>—</u>	<u>—</u>	<u>SUPERVISORY SWITCHES</u>
<u>—</u>	<u>—</u>	<u>OTHER</u>

ALARM INDICATING DEVICES

QUANTITY:

CIRCUIT STYLE:

<u>32</u>	<u>B</u>	<u>HORN/STROBES</u>
<u>—</u>	<u>—</u>	<u>STROBES</u>
<u>—</u>	<u>—</u>	<u>BELLS</u>
<u>—</u>	<u>—</u>	<u>SPEAKERS</u>
<u>—</u>	<u>—</u>	<u>DOOR MAG</u>
<u>—</u>	<u>—</u>	<u>OTHER</u>

32 TOTAL    ARE CIRCUITS SUPERVISED    YES X    NO —

SYSTEM POWER SUPPLIES

PRIMARY VOLTAGE: 117  
OVERCURRENT PROTECTION: CB  
LOCATION OF ELEC PANEL: MECH ROOM  
CIRCUIT # 13

SYSTEM SECONDARY STANDBY POWER:

BACKUP BATTERY TYPE: CELL CELL  
AMP-HR RATING: 14  
CALCULATED CAPACITY TO OPERATE SYSTEM IN HOURS: X 24 60

**EMERGENCY OR STANDBY SYSTEM USED AS BACKUP TO PRIMARY POWER SUPPLY, INSTEAD OF USING A SECONDARY POWER SUPPLY:**

**N/A** EMERGENCY SYSTEM DESCRIBED IN NFPA 70, ARTICLE 700  
 LEGALLY REQUIRED STANDBY DESCRIBED IN NFPA 70, ARTICLE 701  
 OPTIONAL STANDBY SYSTEM DESCRIBED IN NFPA 70 ARTICLE 702  
 WHICH ALSO MEETS THE PERFORMANCE REQUIREMENTS OF ARTICLE 700

**PRIOR TO ANY AND ALL TESTING**

NOTIFICATIONS ARE MADE:	<u>YES</u>	<u>NO</u>	<u>WHO</u>	<u>TIME</u>
MONITORING ENTITY		X		
BUILDING OCCUPANTS	X		WORKERS	1300
BUILDING MANAGEMENT		X		
OTHER (SPECIFY)	-	-		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	-	-		

**SYSTEM TEST AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	X	X	NEW PANEL
INTERFACE EQUIP.	-	-	
LAMPS/LEDS	X	X	
FUSES	-	-	
PRIM POWER SUPPLY	X	X	
DISCONNECT	X	X	
GROUND FAULT	X	X	

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	X	xxxxxx	
LOAD VOLTAGE	xxxxxx	X	
DISCHARGED TEST	xxxxxx	X	
CHARGE TEST	xxxxxx	X	
TRANSIENT SUPP.	X	xxxxxx	
REMOTE ANN.	-	-	

NOTIFICATION APPLIANCES

TYPE	VISUAL	FUNCTIONAL	COMMENTS
AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISUAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	XXXXXX	—	_____
VOICE CLARITY	XXXXXX	—	_____
OTHER	—	—	_____

INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTIONS

DEVICE TYPE	QTY	VISUAL	FUNCTIONAL	PASS	FAIL
<i>SMOKE</i>	<i>15</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>ALL</i>	<i>2</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS *New System*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PHONE JACKS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
OFF-HOOK	XXXXXXXX	<input checked="" type="checkbox"/>	_____
CALL IN SIG	XXXXXXXX	<input checked="" type="checkbox"/>	_____
SYSTEM PERFORMANCE	XXXXXXXX	<input checked="" type="checkbox"/>	_____

INTERFACE EQUIPMENT

VISUAL

DEVICE OPERATION

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL PROCEDURES:

N/A

ON/OFF PREMISES MONITORING:

	YES	NO	TIME
ALARM SIGNAL	_____	<input checked="" type="checkbox"/>	NOT MONITORED YET
ALARM RESTORAL	_____	_____	_____
TROUBLE SIG.	_____	_____	_____
TROUBLE REST.	_____	_____	_____
SUP. SIGNAL	_____	_____	_____
SUP. RESTORAL	_____	_____	_____

NOTIFICATION THAT TESTING IS COMPLETE

NOTIFICATION MADE TO:	YES	NO	WHO	TIME
MONITORING ENTITY	_____	<input checked="" type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	_____	WORKERS	1430
MANAGEMENT	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
AHJ (NOTIFIED) OF	_____	_____	_____	_____
ANY IMPAIRMENTS	_____	_____	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY:

N/A

WHO WAS NOTIFIED OF THE ABOVE INDICATED OPERATION PROBLEMS:

\_\_\_\_ AIJ NAME \_\_\_\_\_  
\_\_\_\_ MANAGEMENT NAME N/A  
\_\_\_\_ OWNER NAME \_\_\_\_\_  
\_\_\_\_ OTHER NAME \_\_\_\_\_

SYSTEM RESTORED TO NORMAL OPERATION:

DATE 3/31/10 TIME 1500 BY GARY BLASCHEK

SIGNATURE Gary Blaschek

THIS TEST WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

PRINT NAME OF INSPECTOR GARY BLASCHEK

SIGNATURE OF INSPECTOR Gary Blaschek

DATE: 4/2/10  
TIME: 1500

NAME OF OWNER \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

UNIQUE ID NUMBER  
12000202607

*State of New York*  
*Department of State*

**DIVISION OF LICENSING SERVICES**

FOR OFFICE USE ONLY  
Control  
No. 51035

PURSUANT TO THE PROVISIONS OF ARTICLE 6D OF THE  
GENERAL BUSINESS LAW AS IT RELATES TO THE BUSINESS  
OF INSTALLING, SERVICING, OR MAINTAINING SECURITY  
OR FIRE ALARM SYSTEMS.

EFFECTIVE DATE

MO.	DAY	YR.
10	18	09

SHIELD ALARM SYSTEMS INC  
967 FIVE MILE LINE RD  
WEBSTER, NY 14580

EXPIRATION DATE

MO.	DAY	YR.
10	17	11

HAS BEEN DULY LICENSED TO ENGAGE IN THE BUSINESS  
OF INSTALLING, SERVICING, OR MAINTAINING SECURITY  
OR FIRE ALARM SYSTEMS

QUALIFIER: BLASCHEK GARY J

In Witness Whereof, The Department of State has caused  
its official seal to be hereunto affixed.

LORRAINE A. CORTES-VAZQUEZ  
SECRETARY OF STATE







# City of Rochester City Code License - NON City Center Vendor For Application#: 212

Current Status/Date:	02/25/2010 P - Pending		
Applic. Date:	02/25/2010	Issue Date:	Start Date: 01/01/2010 Expiration Date: 12/31/2010
General Comments:	License Fee: \$243.00 *** NEW LICENSE *** Last Chgd: 02/25/2010 Szatkot		

Applicant: **DONNA WERT** Residence: **231 YORKSHIRE RD.**  
 DOB: **07/22/1962** Home Phone: **(585) 802-6838** City, State, Zip: **ROCHESTER, NY 14609**

Business Name: **DONNA DADDY'S** Business Phone **(585) 802-6838**  
 Business Name:  
 Activity: **HOTS**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **Yes** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **Yes** # Worker Badges: **1**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: / Reviewer:  
 3 Game Limit? **Yes** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W / 02/25/2010** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **P / 02/25/2010** Reviewer: **erstens SCARDONE 3/5/10**  
 Occupancy: **0** Cart Inspection Date: Approved: **No**  
 Comments:

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: / Reviewer:  
 Comments:



### Check List for Vending Carts Generating Heat

**Cart:**

- Non-Combustible/Combustible     X
- Cleanliness     X
- Mobile     X
- Motor Vehicle     NA

**Compartment:**

- Vented Properly at Bottom     NA X
- Properly Labeled     X
- Shut Off Valve     X
- Cleanliness     X
- Thermocoupler Steam Tray/Warmer     NA

**Hose Assembly:**

- Approved Hose     X
- Properly Installed     X
- Defects in Hose (Cracks/Wear)     X
- ¼ Turn 100% Shut Off Valve     X

**Fire Extinguisher:**

- 1A10-BC Classification     X     OK
- Stored Properly     X
- K-Guard for Deep Fryers     NA

**Electric Generator: (Max. 110 Volts)**

- Mounted to Cart/Vehicle     X
- 10# ABC In Addition     X
- Wiring to be used with Generator     X
- Appliances must be Inspected     X
- Ground fault/Interrupter     X

\*No Refueling While Cart In Use\*

\*Extension Cord Minimum 12 Ga Wire & 3 pronged\*

Date Inspected: 3/4/10 Inspected By: [Signature] Applicant: DONNA WERT

Corrections to be Made:



# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

*L & C*

## NOTICE OF VIOLATION AND ORDER TO COMPLY

*Al Richards*  
*off 428-3685*  
*cell 509-4645*  
Date *2/3/10*

*Bop Shop*  
NAME  
*274 N. Goodman St*  
ADDRESS  
*Rochester, N.Y 14607*  
CITY, STATE, ZIP

Inspection of the premises located at *Above* reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

*NYS FC. 605. (1) Open electrical switch box over furnace unit.*

*\* call inspector when corrected*

Received by: \_\_\_\_\_ NAME TITLE DATE

**By Order of  
Fire Marshal**

DATE OF COMPLIANCE *2/22/10*

Fire Marshal *Al Richards*  
Fire Marshal *Al Richards*



3/11/2020  
C. H. H. H. H. H.

1) *Leaf* come on blower 5 box

# City of Rochester City Code License - Entertainment Center For Application#: 59

Current Status/Date:	01/29/2010 P - Pending		
Applic. Date:	01/29/2010	Issue Date:	Start Date: 02/01/2010 Expiration Date: 01/31/2011
General Comments:			
License Fee:	\$425.00	*** RENEWAL LICENSE ***	Last Chgd: 02/02/2010 Szatkot

Applicant: **K. THOMAS KOHN** Residence: **865 WHALEN RD**  
 DOB: **07/19/1956** Home Phone: **(585) 381-3816** City, State, Zip: **PENFIELD NEW YORK 14526**

Business Name: **BOP SHOP RECORDS** Business Phone **(585) 271-3354**  
 Business Name:  
 Activity: **RETAIL OF CD'S LP'S AND OTHER RELATED PRODUCTS**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: **1080402** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 01/29/2010** Reviewer:  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W / 01/29/2010** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **P / 02/02/2010** Reviewer: **richarda**  
 Occupancy: **0** Cart Inspection Date: Approved: **No**  
 Comments: *AR 2/3/10*

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 01/29/2010** Reviewer:  
 Comments:

City  
P. Rochester

# Fire Suppression Systems Report



**SERVICE COMPANY**

**ACG FIRE & SAFETY**

PO BOX 148  
DANSVILLE, NY 14437  
Ofc (585) 728-9507  
Cell (585) 957-0714

DATE OF SERVICE <b>2/15/10</b>		TIME <b>1:00</b>		A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS <b>on wall left side of hood</b>					
MANUFACTURER <b>Kang Guard</b>		MODEL NUMBER <b>R6-4G</b>		WET <input checked="" type="checkbox"/>	DRY CHEMICAL
CYLINDER SIZE MASTER <b>4 Gallon</b>		CYLINDER SIZE SLAVE		CYLINDER SIZE SLAVE	
FUSE LINKS 360' F.		FUSE LINKS 450' F. <b>3</b>		FUSE LINKS 500' F.	
FUEL SHUT-OFF <input checked="" type="checkbox"/>		ELECTRIC		GAS <input checked="" type="checkbox"/>	
SERIAL NUMBER		LAST HYDRO TEST DATE <b>1999</b>		LAST RECHARGE DATE	
MANUFACTURER'S MANUAL REFERENCE <b>(meet U.L. 300)</b>					
PAGE NUMBER:			DRAWING NUMBER:		

**CUSTOMER**

Name **California Rollin**

Address **274 N. Goodman St**

City **Rochester NY, 14607**

Telephone \_\_\_\_\_ Store No. \_\_\_\_\_

Owner or Manager \_\_\_\_\_

**COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT**

<b>15" Fryer</b>	<b>15" Fryer</b>	<b>4 burner range</b>	
------------------	------------------	-----------------------	--

- |  |               |  |            |
|--|---------------|--|------------|
| 1. All appliances properly covered w/correct nozzles | <b>YES</b>    | 20. Replaced fuse links                                | <b>YES</b> |
| 2. Duct and plenum covered w/correct nozzles         | <b>YES</b>    | 21. Check travel of cable nuts/S-hooks                 | <b>YES</b> |
| 3. Check positioning of all nozzles.                 | <b>YES</b>    | 22. Piping & conduit securely bracketed                | <b>YES</b> |
| 4. System installed in accordance w/MFG UL listing   | <b>YES</b>    | 23. Proper separation between fryers & flame           | <b>YES</b> |
| 5. Hood/duct penetrations sealed w/weld or UL device | <b>YES</b>    | 24. Proper clearance-flame to filters                  | <b>YES</b> |
| 6. Check if seals intact, evidence of tampering      | <b>YES/NO</b> | 25. Exhaust fan in operating order                     | <b>YES</b> |
| 7. If system has been discharged, report same        | <b>NA</b>     | 26. All filters replaced                               | <b>NA</b>  |
| 8. Pressure gauge in proper range (If gauged)        | <b>175psi</b> | 27. Fuel shut-off in on position                       | <b>YES</b> |
| 9. Check cartridge weight (If applicable)            | <b>16g</b>    | 28. Manual & remote set/seals in place                 | <b>YES</b> |
| 10. Hydrostatic test date <b>meet U.L. 300</b>       | <b>1999</b>   | 29. Replace systems covers                             | <b>NA</b>  |
| 11. 6 year maintenance date                          | <b>NA</b>     | 30. System operational & seals in place                | <b>YES</b> |
| 12. Inspect cylinder and mount                       | <b>YES</b>    | 31. Slave system operational                           | <b>NA</b>  |
| 13. Operate system from terminal link                | <b>YES</b>    | 32. Clean cylinder & mount                             | <b>YES</b> |
| 14. Test for proper operation from remote            | <b>YES</b>    | 33. Fan warning sign on hood                           | <b>YES</b> |
| 15. Check operation of micro switch                  | <b>NA</b>     | 34. Personnel instructed in manual operation of system | <b>YES</b> |
| 16. Check operation of gas valve <b>3/4"</b>         | <b>YES</b>    | 35. Proper hand portable extinguishers <b>hask-1</b>   | <b>YES</b> |
| 17. Clean nozzles                                    | <b>YES</b>    | 36. Portable extinguishers properly serviced           | <b>YES</b> |
| 18. Proper nozzle covers in place                    | <b>YES</b>    | 37. Service & Certification tag on system              | <b>YES</b> |
| 19. Check fuse links and clean                       | <b>YES</b>    |  |            |

NOTE DISCREPANCIES 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.

**George A. Battle** # **F00901** **2/15/10** **1:45** **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.



# City of Rochester City Code License - Second Hand Dealer For Application#: 39

Current Status/Date:	12/15/2009 P - Pending		
Applic. Date:	12/15/2009	Issue Date:	Start Date: 01/01/2010 Expiration Date: 12/31/2010
General Comments:			
License Fee:	\$200.00	*** RENEWAL LICENSE ***	Last Chgd: 12/16/2009 Szatkot

Applicant: **RICKY SANDS** Residence: **195 WIMBLEDON RD**  
 DOB: **06/20/1934** Home Phone: **(585) 544-0009** City, State, Zip: **ROCHESTER, NY 14617**

Business Name: **RICKY'S PLACE** Business Phone **(585) 442-0042**  
 Business Name:  
 Activity: **VENTAGE CLOTHING AND JEWELRY**  
 City Address: **274 Goodman St N** Sector: **7** Quad: **SE** NET: **D** Zip: **14607**  
 NON City Address: City, State, Zip:

Owner Property: **Gary Stern** Residence: **40 evandale rd 40 evandale rd**  
 DOB: **05/08/1943** Home Phone: **(585) 461-9867** City, State, Zip: **rochester, ny 14618**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**  
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**  
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**  
 S.O.B License Type: **0** Dancing Allowed: **Yes**

**Zoning Approval** CZC#: **1010108** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **W** / **12/15/2009** Reviewer:  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No** /  
 Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**  
 Status / Date: **W** / **12/15/2009** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: **P** / **12/16/2009** Reviewer: **richarda**  
 Occupancy: **0** Cart Inspection Date: Approved: **No**  
 Comments: *1/15/10*

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No** /  
 Status / Date: / Reviewer:  
 Comments:



# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

*Al Richards*  
428-3685, ofc  
509-4645, cell  
Date 1/8/10

## NOTICE OF VIOLATION AND ORDER TO COMPLY

Rickey's Place  
NAME  
274 N. Goodman St.  
ADDRESS  
Rochester, N.Y 14607  
CITY, STATE, ZIP

442-0042

Inspection of the premises located at Above reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

NYS FC. 906.6 Need certified portable fire extinguisher with inspection or purchase new attach receipt. (5lb ABC dry powder.)

\* Note - The license can not be approved by fire Marshal's office until Above corrected.

Received by: \_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE DATE

By Order of  
Fire Marshal

Fire Marshal ALBERT P. RICHARDS  
Al Richards

DATE OF COMPLIANCE 1/15/10

Fire Marshal Al Richards