

**FIRE SAFETY INSPECTION RECORD**

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



LOCATION: 274 N Goodman St  
Lento

**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					
3/5/15												X	111

GETTING 4-14 - NOCHOSTM  
K - 11/14 NOCHOSTM  
ANSOL 11/14 NOCHOSTM

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

	Y	N
Sprinkler System	✓	
Alarm Permit	✓	
Cooking Hood	✓	
Fire Alarm System	✓	
Standpipe System	✓	
Cooking System	✓	
Bars/Wires on Windows		✓
Lock Box		✓
NFPA 901 Type	161	
Building Const Type	2	
Number of Stories	2	
Posted Occupancy	200	

Permit#: \_\_\_\_\_

Local      Central      (circle one)

APPROVED  
FIRE SAFETY DIVISION  
  
Fire Marshal



**FIRE SAFETY INSPECTION RECORD**

274 GOODMAN ST N

LOCATION: GATE HOUSE RESTAURANT

LICENSE

PERMIT

COMPLAINT/REFERRAL

EAST

WEST

SPECIAL

*la*

*Sardone*

**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					
3-5-15													
								PERMITS 2/15 - LAKE SHORE K - 2/15 LAKE SHORE					
								W/ COOKING "D" PERMIT					

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

	Y	N
Sprinkler System	✓	
Alarm Permit	✓	
Cooking Hood	✓	
Fire Alarm System	✓	
Standpipe System	✓	
Cooking System	✓	
Bars/Wires on Windows		✓
Lock Box		✓
NFPA 901 Type	161	
Building Const Type	2	
Number of Stories	2	
Posted Occupancy	87	

Permit#: STORM

Local  **Central**  (circle one)

APPROVED  
FIRE SAFETY DIVISION

*[Signature]*  
Fire Marshal



FIRE SAFETY INSPECTION RECORD

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

*Ra*

LOCATION: 274 N. GOODMAN

*GATO HOUSE PARTY ROOM*

D105

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												
<i>4/14/15</i>												<i>OK</i>	<i>10</i>

*ADD D105 to D108*

*NEW*

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

	Y	N
Sprinkler System	<i>/</i>	
Alarm Permit		
Cooking Hood		<i>/</i>
Fire Alarm System	<i>/</i>	
Standpipe System	<i>/</i>	
Cooking System		<i>/</i>
Bars/Wires on Windows		<i>/</i>
Lock Box		
NFPA 901 Type		
Building Const Type	<i>1</i>	
Number of Stories	<i>4</i>	
Posted Occupancy	<i>1</i>	

Permit#: \_\_\_\_\_

Local      Central      (circle one)

**APPROVED**  
FIRE SAFETY DIVISION

*[Signature]*  
Fire Marshal

FIRE SAFETY INSPECTION RECORD

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

LOCATION: 274 N. GOODMAN - 8120  
DARK HORSE

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: <u>736-8035</u>	OK TO FILE	INSPECTOR
DATE								NOTES					
<u>4/13</u>												<u>AM</u>	

COFFEE HOUSE

~~ANNUAL~~  
~~ANNUAL~~

	Y	N
Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarm Permit	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire Alarm System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Standpipe System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cooking System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bars/Wires on Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lock Box	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 901 Type		
Building Const Type	<u>2</u>	
Number of Stories	<u>2</u>	
Posted Occupancy	<u>1</u>	

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

**APPROVED**  
 FIRE SAFETY DIVISION  
  
 Fire Marshal

**FIRE SAFETY INSPECTION RECORD**

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

*la*

LOCATION: 274 N. GOODMAN - B 135  
SCARLET BRIDAL

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
									<u>SHARON BARPATT</u>		<u>278-2632</u> <u>623-9634</u>		
<b>DATE</b>								<b>NOTES</b>					
<u>3/12/15</u>								<u>START</u>					
								<u>NOB</u>					
								<u>STARTING</u>					
<u>4/13/15</u>													<u>[Signature]</u>

	Y	N
Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarm Permit	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standpipe System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooking System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bars/Wires on Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lock Box	<input type="checkbox"/>	<input type="checkbox"/>
NFPA 901 Type	<u>521</u>	<input type="checkbox"/>
Building Const Type	<u>4</u>	<input type="checkbox"/>
Number of Stories	<u>4</u>	<input type="checkbox"/>
Posted Occupancy	<u>1</u>	<input type="checkbox"/>

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

APPROVED  
 FIRE SAFETY DIVISION  
[Signature]  
 Fire Marshal

**FIRE SAFETY INSPECTION RECORD**

LOCATION: 274 GOODMAN ST N  
ESPADA

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

**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		
3-5-15										
								AMSUC - 2/15		
								K - 2/15	✓	MM

	Y	N
Sprinkler System	✓	
Alarm Permit	✓	
Cooking Hood	✓	
Fire Alarm System	✓	
Standpipe System	✓	
Cooking System	✓	
Bars/Wires on Windows		✓
Lock Box		✓
NFPA 901 Type	161	
Building Const Type	2	
Number of Stories	2	
Posted Occupancy	196	

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

APPROVED  
 FIRE SAFETY DIVISION  
  
 \_\_\_\_\_  
 Fire Marshal







# Inspection Summary

Rochester Fire Department

B123  
Building Address 0274 N GOODMAN ST

## INSPECTION

## SPECIAL INSTRUCTIONS

Type Highrise Inspection  
Status Scheduled Inspection  
Unit Number R11  
Inspected On 03/09/2015 00:00

Inspection ID 47341

## INSPECTION ADDRESS

## PHONE NUMBERS

Occupant Name CALIFORNIA ROLLIN'  
Building Name VILLAGE GATE  
Inspection Address 0274 N GOODMAN ST Suite B117  
Alternate Address  
City, State and Zip ROCHESTER, NY 14607  
Occupant Phone 585-271-8990

First Person to Call ~~TOM BEAMAN SR~~  
Phone 585-820-1866  
Email Address **JOLANDA HALTER**  
Fax Number **→ 271-8990**  
**C- 305-3602**

## OCCUPANT MAILING ADDRESS

Mailing Name  
Attention  
Address 1  
Address 2  
City, State and Zip

**EXTINGUISH 1/15**  
**HOOD AGC 1/15**  
**K 1/15**

## PARCEL OWNER

## EMERGENCY CONTACT PARCEL OWNER

Owner / Company GARY I & MARCIA STERN FAMILY  
Contact Name  
Parcel Address 274 N GOODMAN ST  
City, State and Zip ROCHESTER, NY 14607  
Owner Phone - - -

First Person to Call TOM BEAMAN SR.  
Phone 585-802-1866

## BUILDING INFORMATION

NFPA 901 161 - Restaurant.  
Bldg Const Type  
#UNITS 40  
Stories

Sprinkler  
Standpipe  
Lock Box

## COMMENTS

## VIOLATION SUMMARY

Status	Violation	Location
--------	-----------	----------

102



# City of Rochester

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

**onecity** Fire Safety  
Division

④  
April 2015

## PERMIT APPLICATION

Business Name on permit: CALIFORNIA ROLLIN' Business Phone: (585) 271-8990

Type of Operation: RESTAURANT

Permit Location / Job Site 274 N. GOODMAN ST 8127 B123  
Street Address Suite/Room City/State/Zip

Mailing Address (if different): " "  
Street Address Suite/Room City/State/Zip

Contact Person's Name: JOLANDA HALTER Contact Phone: (585) 271-8990

Emergency Contact: " " Contact Phone: (585) 305-3606

To use, maintain, store, manufacture, transport, stall, conduct processes or carry on operations involving or creating conditions deemed hazardous to life or property. Application is hereby made by the undersigned for a permit to use, maintain, install, store, operate, manufacture, conduct or transport the following materials, processes or operations.

Permit Code	Description	Fee
<u>5412 B16D</u>	<u>OVEN B+C</u>	<u>70</u>

	Y	N
Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarm Permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooking Hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standpipe System	<input type="checkbox"/>	<input type="checkbox"/>
Cooking System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bars/Wires on Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lock Box	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NFPA 901 Type	<u>161</u>	<input type="checkbox"/>
Building Const Type	<u>1</u>	<input type="checkbox"/>
Number of Stories	<u>4</u>	<input type="checkbox"/>
Posted Occupancy	<u>102</u>	<input type="checkbox"/>

Conditions, surroundings and arrangements shall be in accordance with the Fire Code of New York State and the Policies and Procedures of the Fire Marshal's Office. Complete plans and construction details must be filed on all major projects and when requested by the Fire Marshal.

Applicant's Name: \_\_\_\_\_  
(Please Print Clearly)

Applicant's Signature: \_\_\_\_\_

Fire Inspectors Name: Scott Lander Date: 3/22/15

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

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

DATE EXPIRES: 4-30

PERMIT NUMBER: \_\_\_\_\_

FEE TOTAL: 70



**FIRE SAFETY INSPECTION RECORD**

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

LOCATION: 274 N. GOODMAN - B130  
GET CAKED

**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: <u>KELLY HALLIGAN</u> OWNER ADDRESS: _____ OWNER PHONE: <u>319-4314</u> <u>C# 200-1399</u>	OK TO FILE	INSPECTOR
DATE								NOTES		
<u>4/13/15</u>								<u>NO EXT NOT YET 4/15 CITED</u>		
<u>5/27/15</u>								<u>CONTACTED</u>	<u>✓</u>	<u>✓</u>

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

Y	N
✓	
✓	✓
✓	
✓	✓
	✓
✓	
<u>513</u>	
<u>4</u>	
✓	

Permit#: \_\_\_\_\_

Local      Central      (circle one)

APPROVED  
FIRE SAFETY DIVISION

Fire Marshal



# City of Rochester

Fire Safety  
Division

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

COPY

April 14, 2015

Get Caked

Attention: Kelly Halligan  
274 N Goodman Street Suite B130  
Rochester, NY 14607

Reference: **GET CAKED – 274 N GOODMAN STREET –SUITE B130**

On 04/14/2015 an inspection was conducted and identified the following violations(s) of the Rochester Fire Prevention Code or New York State 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
1 <sup>st</sup> Offense	\$75.00	\$150.00
2 <sup>ND</sup> Offense	\$150.00	\$300.00
3 <sup>RD</sup> & Subsequent	\$375.00	\$750.00

**Violation Code:** 906.2

**Violation Description:** General requirements. Portable fire extinguishers shall be selected, installed and maintained. Maximum 75 foot travel distance.

If you have any questions regarding this inspection or any other Fire Safety issue, please contact Fire Safety Inspector Scott Sardone at (585) 428-3682.

BY ORDER OF  
FIRE MARSHAL

, Fire Safety Inspector

XC:

Gary I & Marcia Stern Family  
274 N Goodman St  
Rochester, NY 14607

**Inspection Summary**

Rochester Fire Department

B129  
Building Address 0274 N GOODMAN ST

**INSPECTION**

**SPECIAL INSTRUCTIONS**

Type Highrise Inspection  
Status Scheduled Inspection  
Unit Number R11  
Inspected On 03/09/2015 00:00

*AK*

Inspection ID 47365

**INSPECTION ADDRESS**

**PHONE NUMBERS**

Occupant Name YANKEE CLIPPER HOUSE OF CARDS  
Building Name VILLAGE GATE  
Inspection Address 0274 N GOODMAN ST Suite B129  
Alternate Address  
City, State and Zip ROCHESTER, NY 14607  
Occupant Phone 585-271-7139 *442-5700*

First Person to Call THOMAS A. CAULKINS SR.  
Phone 315-589-8425  
Email Address *904-4230*  
Fax Number *585-271-9130 cell*

**OCCUPANT MAILING ADDRESS**

Mailing Name  
Attention  
Address 1  
Address 2  
City, State and Zip

*11500 EXTINGUISHOR*  
*4/13/ NOT YET*

**PARCEL OWNER**

**EMERGENCY CONTACT PARCEL OWNER**

Owner / Company GARY I & MARCIA STERN FAMILY  
Contact Name  
Parcel Address 274 N GOODMAN ST  
City, State and Zip ROCHESTER, NY 14607  
Owner Phone - - -

First Person to Call THOMAS A. CALKINS SR.  
Phone 315-589-8425

*4/15*  
**CITED**

**BUILDING INFORMATION**

NFPA 901 551 - Hobby, toy shop.  
Bldg Const Type  
#UNITS 40  
Stories

Sprinkler  
Standpipe  
Lock Box

**COMMENTS**

**VIOLATION SUMMARY**

Status	Violation	Location
--------	-----------	----------

*5/27/15 CORRECTED - AK*



# City of Rochester

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

Fire Safety  
Division

April 14, 2015

COPY

Yankee Clipper House of Cards  
Attention: Thomas A. Caulkins Sr.  
274 N Goodman Street Suite B129  
Rochester, NY 14607

Reference: **YANKEE CLIPPER HOUSE OF CARDS – 274 N GOODMAN STREET –SUITE B129**

On 04/14/2015 an inspection was conducted and identified the following violation(s) of the Rochester Fire Prevention Code or New York State 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
1 <sup>st</sup> Offense	\$75.00	\$150.00
2 <sup>ND</sup> Offense	\$150.00	\$300.00
3 <sup>RD</sup> & Subsequent	\$375.00	\$750.00

**Violation Code:** 906.2

**Violation Description:** General requirements. Portable fire extinguishers shall be selected, installed and maintained. Maximum 75 foot travel distance.

If you have any questions regarding this inspection or any other Fire Safety issue, please contact Fire Safety Inspector Scott Sardone at (585) 428-3682.

BY ORDER OF  
FIRE MARSHAL

, Fire Safety Inspector

XC:

Gary I & Marcia Stern Family  
274 N Goodman St  
Rochester, NY 14607

**FIRE SAFETY INSPECTION RECORD**

LOCATION: 274 N. GOODMAN - B127  
SARAH EMILA ANTIQUES

PERSON CONTACTED:

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

*ls*

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					
10/12/15									Robert EVANS.		766-9380		
								NO <sup>new</sup> EAT					
4/14								EXTING VIOLATION CITED					
5/27/15								DONE				X	1/11

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

Y	N
/	/
/	/
/	/
/	/
/	/
/	/
/	/
531	/
1	/
2	/
/	/

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

APPROVED  
 FIRE SAFETY DIVISION  
  
 Fire Marshal



# City of Rochester

Fire Safety  
Division

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

April 14, 2015

COPY

Sarah Emila Antiques  
Attention: Robert Evens  
274 N Goodman Street Suite B127  
Rochester, NY 14607

Reference: **SARAH EMILA ANTIQUES – 274 N GOODMAN STREET –SUITE B127**

On 04/14/2015 an inspection was conducted and identified the following violation(s) of the Rochester Fire Prevention Code or New York State 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
1 <sup>st</sup> Offense	\$75.00	\$150.00
2 <sup>ND</sup> Offense	\$150.00	\$300.00
3 <sup>RD</sup> & Subsequent	\$375.00	\$750.00

**Violation Code:** 906.2

**Violation Description:** General requirements. Portable fire extinguishers shall be selected, installed and maintained. Maximum 75 foot travel distance.

If you have any questions regarding this inspection or any other Fire Safety issue, please contact Fire Safety Inspector Scott Sardone at (585) 428-3682.

BY ORDER OF  
FIRE MARSHAL

, Fire Safety Inspector

XC:

Gary I & Marcia Stern Family  
274 N Goodman St  
Rochester, NY 14607

**FIRE SAFETY INSPECTION RECORD**

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

*Handwritten initials*

LOCATION: 274 N. GOODMAN - B133  
ANDREA GEEB DESIGNS

**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					
<u>3/12/15</u>									<u>Andrea Handy</u>		<u>319 4917</u> <u>C# 739-7465</u>		
<u>4/13/15</u>								<u>NO EXT NOT YET CITED</u>					
<u>5/27/15</u>												<u>X</u>	<u>JH</u>

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>521</u>	
<u>1</u>	
<u>4</u>	
<u>1</u>	

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

APPROVED  
 FIRE SAFETY DIVISION  
  
 Fire Marshal



# City of Rochester

Fire Safety  
Division

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

COPY

April 14, 2015

Andrea Geer Designs  
Attention: Andrea Handy  
274 N Goodman Street Suite B133  
Rochester, NY 14607

Reference: **ANDREA GEER DESIGNS – 274 N GOODMAN STREET –SUITE B133**

On 04/14/2015 an inspection was conducted and identified the following violation(s) of the Rochester Fire Prevention Code or New York State 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
1 <sup>st</sup> Offense	\$75.00	\$150.00
2 <sup>ND</sup> Offense	\$150.00	\$300.00
3 <sup>RD</sup> & Subsequent	\$375.00	\$750.00

**Violation Code:** 906.2

**Violation Description:** General requirements. Portable fire extinguishers shall be selected, installed and maintained. Maximum 75 foot travel distance.

If you have any questions regarding this inspection or any other Fire Safety issue, please contact Fire Safety Inspector Scott Sardone at (585) 428-3682.

BY ORDER OF  
FIRE MARSHAL

, Fire Safety Inspector

XC:

Gary I & Marcia Stern Family  
274 N Goodman St  
Rochester, NY 14607

# Inspection Summary

Rochester Fire Department

*B 269*  
Building Address 0274 N GOODMAN ST

## INSPECTION

## SPECIAL INSTRUCTIONS

**Type** Highrise Inspection  
**Status** Scheduled Inspection  
**Unit Number** R11  
**Inspected On** 03/09/2015 00:00

**Inspection ID** 47339

## INSPECTION ADDRESS

## PHONE NUMBERS

**Occupant Name** ADVERTISING COUNCIL OF *RO HOUSTON*  
**Building Name** VILLAGE GATE  
**Inspection Address** 0274 N GOODMAN ST Suite B269  
**Alternate Address**  
**City, State and Zip** ROCHESTER, NY 14607  
**Occupant Phone** 585-442-0200

**First Person to Call** TODD D BUTLER  
**Phone** 585-472 6010 (Cell)  
**Email Address**  
**Fax Number**

## OCCUPANT MAILING ADDRESS

**Mailing Name**  
**Attention**  
**Address 1**  
**Address 2**  
**City, State and Zip**

## PARCEL OWNER

## EMERGENCY CONTACT PARCEL OWNER

**Owner / Company** GARY I & MARCIA STERN FAMILY  
**Contact Name**  
**Parcel Address** 274 N GOODMAN ST  
**City, State and Zip** ROCHESTER, NY 14607  
**Owner Phone** - - -

**First Person to Call** TODD D BULTER  
**Phone**

## BUILDING INFORMATION

**NFPA 901** 591 - General business office.  
**Bldg Const Type**  
**#UNITS** 40  
**Stories**

**Sprinkler**  
**Standpipe**  
**Lock Box**

## COMMENTS

## VIOLATION SUMMARY

Status	Violation	Location
--------	-----------	----------

*NO VIOLATIONS*  
*5/27/15 COMPLETE*

**FIRE SAFETY INSPECTION RECORD**

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

*La*

LOCATION: 274 N. HOODMAN - B 136  
THE NITTY GRITTY HAIR + WAXING PARLOR

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		
<u>3/12/15</u>								<u>Cidy Andrews.</u> <u>Charlotte LaPorta.</u> _____ <u>461-2285</u> <u>C# 882-7698</u>		
								<u>NO EXTINGUISHER</u>		
<u>5/27/15</u>									<u>X</u>	<u>LA</u>

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

<u>Y</u>	<u>N</u>
<u>✓</u>	
	<u>✓</u>
<u>✓</u>	
<u>✓</u>	
	<u>✓</u>
<u>✓</u>	
<u>557</u>	
<u>4</u>	

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

**APPROVED**  
 FIRE SAFETY DIVISION  
  
 \_\_\_\_\_  
 Fire Marshal

FIRE SAFETY INSPECTION RECORD

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

*Re*

LOCATION: 274 N. GOODMAN - B132  
~~BODY CONSCIOUS PILATES~~

PERSON CONTACTED: HANA

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												
5/27/15											242-9642		

*NO EXIT*  
*00140*

*X 11*

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**APPROVED**  
 FIRE SAFETY DIVISION  
*[Signature]*  
 Fire Marshal

**FIRE SAFETY INSPECTION RECORD**

LOCATION: 274 GOODMAN ST N  
LENTO

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



**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		
7/13/15							x		x	111

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

Y	N
✓	
✓	
✓	
✓	
✓	
✓	
✓	
161	
2	
<del>13</del> 3	
200	

Permit#: \_\_\_\_\_

Local      Central      (circle one)

**APPROVED**  
**FIRE SAFETY DIVISION**



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



**Inspection Summary**  
Rochester Fire Department

*B 267*  
Building Address 0274 N GOODMAN ST

**INSPECTION**

**SPECIAL INSTRUCTIONS**

**Type** Highrise Inspection  
**Status** Scheduled Inspection  
**Unit Number** R11  
**Inspected On** 03/09/2015 00:00

*Annual*

**Inspection ID** 47352

**INSPECTION ADDRESS**

**PHONE NUMBERS**

**Occupant Name** LAS FLORES  
**Building Name**  
**Inspection Address** 0274 N GOODMAN ST Suite B267  
**Alternate Address**  
**City, State and Zip** ROCHESTER, NY 14607  
**Occupant Phone**

**First Person to Call**  
**Phone**  
**Email Address**  
**Fax Number**

**OCCUPANT MAILING ADDRESS**

**Mailing Name** LAS FLORES  
**Attention**  
**Address 1** 274 N GOODMAN ST  
**Address 2**  
**City, State and Zip** Rochester, NY 14607-

**PARCEL OWNER**

**EMERGENCY CONTACT PARCEL OWNER**

**Owner / Company** GARY I & MARCIA STERN FAMILY  
**Contact Name**  
**Parcel Address** 274 N GOODMAN ST  
**City, State and Zip** ROCHESTER, NY 14607  
**Owner Phone** - - -

**First Person to Call**  
**Phone**

**BUILDING INFORMATION**

**NFPA 901** 500 - Mercantile, business property not  
**Bldg Const Type**  
**#UNITS** 40  
**Stories**

**Sprinkler**  
**Standpipe**  
**Lock Box**

*VACANT  
500*

**COMMENTS**

08/27/12 BUSINESS HAS MOVED.

**VIOLATION SUMMARY**

Status	Violation	Location
--------	-----------	----------



# City of Rochester City Code License - Entertainment Center For Application#: 7

Current Status/Date:	01/06/2015 P - Pending		
Applic. Date:	01/06/2015	Issue Date:	Start Date: 02/01/2015 Expiration Date: 01/31/2016
General Comments:			
License Fee:	\$100.00	*** RENEWAL LICENSE ***	Last Chgd: 01/08/2015 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:

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: **W / 01/06/2015** 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 / 01/06/2015** Reviewer:  
 Activity Code:  
 Comments:

**Fire Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **P / 01/08/2015** Reviewer: ~~harding~~ **SANDONO**  
 Occupancy: Cart Inspection Date: **3/5/15** Approved: **PK** **No**  
 Comments:

**Building Approval** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 01/06/2015** Reviewer:  
 Comments: