



City of Rochester

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



Fire Safety
Division

February 19, 2013

COPY

Murphy's Law
Attention: Martin Cordy
364 East Avenue
Rochester, NY 14604

RE: MURPHY'S LAW – 364 EAST AVENUE

On February 7, 2013 an inspection was conducted as part of the application process for your **Amusement and Entertainment** licenses. The following violations of the New York State Fire Code were found and must be corrected before your application can be approved. 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 st Offense	\$75.00	\$150.00
2 ND Offense	\$150.00	\$300.00
3 RD & Subsequent	\$375.00	\$750.00

Violation Code: 906.2

Violation Description: General requirements.

Violation Summary/Location: Portable fire extinguishers near door to the kitchen shall be selected, installed and maintained in accordance with NFPA 10. "K" extinguisher inspected every 6 mos.

Violation Code: 605.4

Violation Description: Multiplug adapters.

Violation Summary/Location: Multiplug adapters, fans on 2nd floor, such as cube adapters, unfused plug strips or any other device not complying with Chapter 27 of the Building Code of New York State shall be prohibited. FAnS need to be plugged in directly.

Violation Code: 1004.3

Violation Description: Posting of occupant load.

Violation Summary/Location: Every room or space that is an assembly occupancy shall have the occupant load of the room or space posted in a conspicuous place, near the main exit or exit access doorway from the room or space. Posted signs shall be of an approved legible permanent design and shall be maintained by the owner or authorized agent. (Sign Missing)

COLLECTED

COLLECTED

COLLECTED

February 19, 2013

Page 2

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:

The Fitch Building LLC
620 park Avenue suite 185
Rochester, NY 14607



City of Rochester

Neighborhood & Business Development
City Hall Room 121B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov



Bureau of Buildings
and Zoning

November 24, 2009 / March 16, 2012

MJM Fitch Inc
DBA Murphy's Law
370 East Ave
Rochester, NY 14604

RE: 370 East Ave – First floor bar / restaurant (Murphy's Law)

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign is the maximum allowable occupancy in this establishment at one time.

Main Level and Mezzanine ~ 370 persons
(Mezzanine limited to 120 persons maximum)

It is your responsibility to maintain the sign(s), or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearances ticket shall be issued and subsequent fines collected. If a sign is missing a fee of \$25.00 will be assessed to replace it.

If you have any questions, please contact the Fire Marshal at 428-7037.

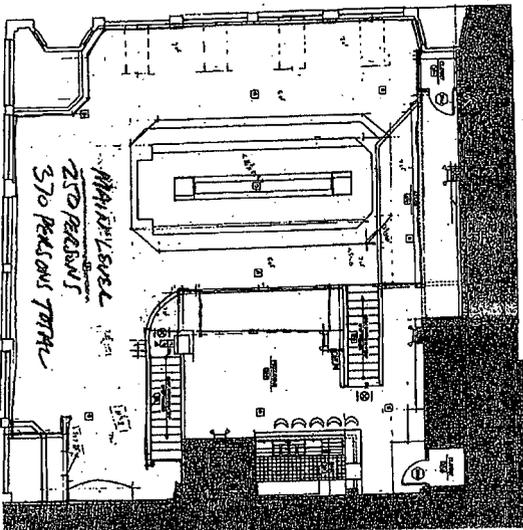
Sincerely,

Juan P Linares
Building Codes & Plan Review

JNS/jpl

xc: City Fire Marshal
Occupancy File





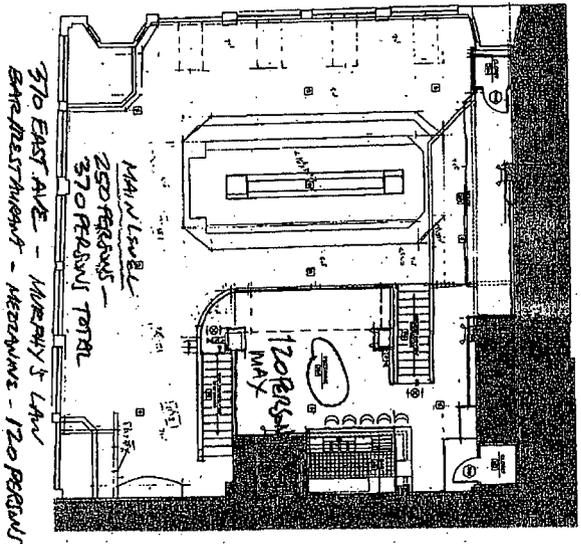
370 EAST AVE - MURPHY'S LAW
BAR/RESTAURANT - MAIN LEVEL 250 PERSONS

370 EAST AV
MURPHY'S LAW BAR/RESTAURANT
MAIN LEVEL - 250 PERSONS
370 PERSONS TOTAL

J. LINARES
INSPECTOR
NOV. 2009
SIGN PLACEMENT DATE

370 EAST AVE.
MURPHY'S LAW
BAR/RESTAURANT
MAIN LEVEL - 250 P.
370 P. TOTAL

J. LINARES
INSPECTOR
MARCH 2012
SIGN PLACEMENT DATE



370 EAST AVE
 MURPHY'S LAW BAR/RESTAURANT
 MEZZANINE LIMITED TO
 120 PERSONS

J. L. HAWES
 INSPECTOR
 Nov. 2009
 SIGN PLACEMENT DATE

370 EAST AVE
 MURPHY'S LAW
 BAR/RESTAURANT
 MEZZANINE LIMITED
 TO 120 PERSONS

J. L. HAWES
 INSPECTOR
 MARCH 2012
 SIGN PLACEMENT DATE

City of Rochester City Code License - Amusement Center For Application#: 23

Current Status/Date:	01/23/2013 P - Pending		
Applic. Date:	01/23/2013	Issue Date:	Start Date: 02/01/2013 Expiration Date: 01/31/2014
General Comments:			
License Fee:	\$325.00	*** RENEWAL LICENSE ***	Last Chgd: 01/25/2013 Cioppag

Applicant: **Richard Carvotta** Residence: **195 GARNSEY Rd**
 DOB: **08/21/1959** Home Phone: **(585) 387-0864** City, State, Zip: **Pittsford, NY 14534**

Business Name: **MACGREGORS GRILL & TAP ROOM** Business Phone **(585) 413-3744**

Business Name:
 Activity: **BAR/RESTAURANT**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **339 EAST AVENUE LLC** Residence: **620 PARK AVENUE #304**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER NY 14607**

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#: **1110294** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/23/2013** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date:
 Comments:

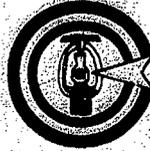
Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /
 Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W** / **01/23/2013** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **01/25/2013** Reviewer: **milesa**
 Occupancy: **211** Cart Inspection Date: Approved: **No**
 Comments:

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

REPORT OF INSPECTION
COLONIAL FIRE PROTECTION SYSTEMS, INC.

INSPECTION REPORT
 No. _____
 CONFERRED WITH _____



INSPECTION CONTRACT
 NO. _____
 BUREAU FILE _____
 NO. _____

REPORT TO Macgregors BUILDING OR LOCATION Same
 STREET 355 East Avenue
 CITY & STATE Rochester, N.Y. ZIP 14604 INSPECTOR J. Eviden
 ATT _____ DATE 9/20/12

1. GENERAL

- | | Yes | N.A. ‡ | No * |
|---|-----|--------|------|
| a. Is the building occupied? | / | | |
| b. Is occupancy same as previous inspection? | / | | |
| c. Are all systems in service? | / | █ | |
| d. Are all fire protection systems same as last inspection? | / | █ | |
| e. Is hazard completely sprinkled? | / | | |
| f. Are all new additions and building changes properly protected? | / | | |
| g. Is all stock or storage properly below sprinkler piping? | / | | |
| h. Was property free of fires since last inspection? (Explain any fire on Page 2) | / | | |
| i. In areas protected by wet system, does building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air? | / | | |

2. CONTROL VALVES (See Section 16)

- | | | | |
|---|---|---|--|
| a. Are all sprinkler system main control valve open? | / | █ | |
| b. Are all other valves in proper position? | / | █ | |
| c. Are all control valves in good condition and sealed or supervised? | / | █ | |

3. WATER SUPPLIES (See Section 17)

- | | | | |
|---|---|---|--|
| a. Was a water flow test made and results satisfactory? | / | █ | |
|---|---|---|--|

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- | | | | |
|--|---|--|--|
| a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? | / | | |
| b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight? | / | | |

5. WET SYSTEMS (See Section 13)

- | | | | |
|---|---|--|--|
| a. Are cold weather valves open and closed as necessary? | / | | |
| b. Have anti-freeze systems been tested and left in satisfactory condition? | / | | |
| c. Are alarm valves, water flow indicators and retards in satisfactory condition? | / | | |

6. DRY SYSTEMS (See Section 14)

- | | | | |
|--|---|--|--|
| a. Is dry valve in service and in good condition? | / | | |
| b. Is air pressure and priming water level normal? | / | | |
| c. Is air compressor in good condition? | / | | |
| d. Were low points drained during fall and winter inspections? | / | | |
| e. Are Quick Opening Devices in service? | / | | |
| f. Has piping been checked for stoppage within past 10 years? | / | | |
| g. Has piping been checked for proper pitch within past 5 years? | / | | |
| h. Have dry valves been trip tested satisfactorily as required? | / | | |
| i. Are dry valves adequately protected from freezing? | / | | |
| j. Valve house and heater condition satisfactory? | / | | |

7. SPECIAL SYSTEMS (See Section 18)

- | | | | |
|--|---|--|--|
| a. Were valves tested as required? | / | | |
| b. Were heat responsive systems tested and results satisfactory? | / | | |
| c. Were supervisory features tested and results satisfactory? | / | | |

8. ALARMS

- | | | | |
|--|---|--|--|
| a. Water motor and gong test satisfactory? | / | | |
| b. Electric alarm test satisfactory? | / | | |
| c. Supervisory alarms service test satisfactory? | / | | |

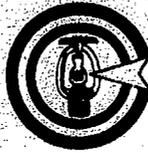
9. SPRINKLERS - PIPING

- | | | | |
|---|---|---|--|
| a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading? | / | █ | |
| b. Are all sprinklers less than 50 years old? | / | █ | |
| c. Are extra sprinklers readily available? | / | █ | |
| d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory? | / | █ | |
| e. Are all sprinklers of proper temperature rating? | / | █ | |
| f. Sprinklers have been checked and are not on recall list. | / | █ | |
| g. Sprinkler manufacturer | / | █ | |

DUPLICATE TO: _____
 STREET _____
 CITY & STATE _____ ZIP _____
 ATT _____

* Explain "No" answers on Page 2
 ‡ Not Applicable

REPORT OF INSPECTION
COLONIAL FIRE PROTECTION SYSTEMS, INC.
 INSPECTION REPORT
 No.



INSPECTION CONTRACT
 NO.
 BUREAU FILE
 NO.

10. Date Dry System Piping last checked for stoppage. _____
 11. Date Dry System Piping last checked for proper pitch. _____
 12. Date Dry Pipe Valve last trip tested _____
 13. Wet Systems: No? 1 Make and Model? 5" General w/ water flow switch
 14. Dry Systems: No? _____ Make and Model? _____
 15. Special Systems: No? _____ Type _____
 Make and Model? _____ Condition? _____

16. CONTROL VALVES	No?	Type?	Open		Secured		Closed		Signed		Condition
			Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valve											
Tank Control Valves											
Pump Control Valves											
Sectional Control Valves											
System Control Valves	<u>1</u>	<u>OSV</u>	<u>1</u>		<u>1</u>		<u>1</u>		<u>1</u>		

17. **WATER FLOW TEST**
 Water Pressure? _____ CITY 49 PSI TANK _____ PSI FIRE PUMP _____ PSI
 Water Flow Test? Yes (If none made, Why?) _____

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
<u>Main Dr</u>	<u>2"</u>	<u>48</u>	<u>47</u>	<u>49</u>					

18. Heat Responsive Devices: Type? _____ Type of test? _____
 Valve No. A .. B .. C .. D .. E .. F .. Valve No. A .. B .. C .. D .. E .. F ..
 Valve No. A .. B .. C .. D .. E .. F .. Valve No. A .. B .. C .. D .. E .. F ..
 Valve No. A .. B .. C .. D .. E .. F .. Valve No. A .. B .. C .. D .. E .. F ..
 Auxiliary equipment: No? _____ Type? _____ Location? _____ Test Results? _____

19. Explanation of any "No" Answers.

Deficiencies Reviewed With Customer? Yes No
 Daywork Order Discussed With Customer? Yes No Daywork Order No: _____

20. Recent changes in building occupancy or fire protection equipment.

21. Adjustments or corrections made.

22. Desirable Improvements



City of Rochester
FIRE DEPARTMENT

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

PERMIT

DATE: 6/26/2012

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.,

MAGREGOR'S GRILL & TAP ROOM
355 EAST AV

PERMIT NUMBER: 13-06144

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 the PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16	OVEN OR KILN OPERATION INDUSTRIAL/COMMERCIAL	\$ 70

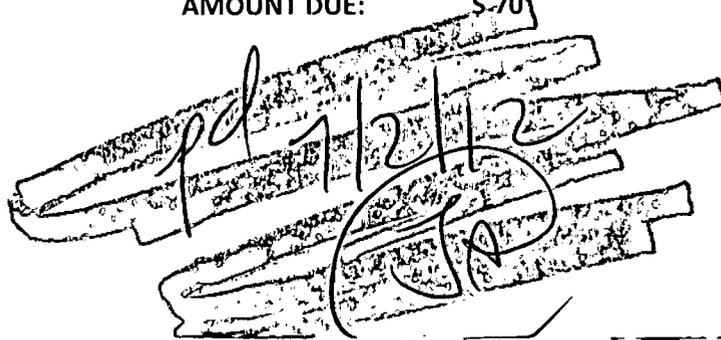
Return this part with payment - please write permit number on your check or money order.

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

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

PERMIT NUMBER: 13-06144
PERMIT ADDRESS: 00355 EAST AV
INVOICE DATE: 06/26/12
DATE DUE: 07/26/12
AMOUNT DUE: \$-70

MACGREGOR'S GRILL & TAP ROOM
355 EAST AV
ROCHESTER NY 14604



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

Salvatore Mirano III

Fire Marshal

Return this part with payment - please write permit number on your check or money order.

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

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

PERMIT NUMBER: 13-06144
PERMIT ADDRESS: 00355 EAST AV
INVOICE DATE: 06/26/12
DATE DUE: 07/26/12
AMOUNT DUE: \$ 70

MACGREGOR'S GRILL & TAP ROOM
355 EAST AV
ROCHESTER NY 14604

Permit fee payment 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

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

REPORT OF INSPECTION

COLONIAL FIRE PROTECTION SYSTEMS, INC.

INSPECTION REPORT
 No. _____
 CONFERRED WITH _____



INSPECTION CONTRACT
 NO. _____
 BUREAU FILE _____
 NO. _____

REPORT TO Mac Gregors BUILDING OR LOCATION Same
 STREET 355 East Avenue
 CITY & STATE Rochester, N.Y. ZIP 14604 INSPECTOR J. Guinden
 ATT. _____ DATE 6/18/12

1. GENERAL

- | | Yes | N.A. ‡ | No * |
|---|-----|--------|------|
| a. Is the building occupied? _____ | ✓ | | |
| b. Is occupancy same as previous inspection? _____ <i>1st Insp</i> | / | / | |
| c. Are all systems in service? _____ | / | / | |
| d. Are all fire protection systems same as last inspection? _____ | / | / | |
| e. Is hazard completely sprinkled? _____ | / | / | |
| f. Are all new additions and building changes properly protected? _____ | / | / | |
| g. Is all stock or storage properly below sprinkler piping? _____ | / | / | |
| h. Was property free of fires since last inspection? (Explain any fore on Page 2) _____ | / | / | |
| i. In areas protected by wet system, does building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air? _____ | / | / | |

2. CONTROL VALVES (See Section 16)

- | | | | |
|---|---|---|--|
| a. Are all sprinkler system main control valve open? _____ | / | / | |
| b. Are all other valves in proper position? _____ | / | / | |
| c. Are all control valves in good condition and sealed or supervised? _____ | / | / | |

3. WATER SUPPLIES (See Section 17)

- | | | | |
|---|---|---|--|
| a. Was a water flow test made and results satisfactory? _____ | / | / | |
|---|---|---|--|

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- | | | | |
|--|---|---|--|
| a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? _____ | / | / | |
| b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight? _____ | / | / | |

5. WET SYSTEMS (See Section 13)

- | | | | |
|---|---|---|--|
| a. Are cold weather valves open and closed as necessary? _____ | / | / | |
| b. Have anti-freeze systems been tested and left in satisfactory condition? _____ | / | / | |
| c. Are alarm valves, water flow indicators and retards in satisfactory condition? _____ | / | / | |

6. DRY SYSTEMS (See Section 14)

- | | | | |
|--|---|---|--|
| a. Is dry valve in service and in good condition? _____ | / | / | |
| b. Is air pressure and priming water level normal? _____ | / | / | |
| c. Is air compressor in good condition? _____ | / | / | |
| d. Were low points drained during fall and winter inspections? _____ | / | / | |
| e. Are Quick Opening Devices in service? _____ | / | / | |
| f. Has piping been checked for stoppage within past 10 years? _____ | / | / | |
| g. Has piping been checked for proper pitch within past 5 years? _____ | / | / | |
| h. Have dry valves been trip tested satisfactorily as required? _____ | / | / | |
| i. Are dry valves adequately protected from freezing? _____ | / | / | |
| j. Valve house and heater condition satisfactory? _____ | / | / | |

7. SPECIAL SYSTEMS (See Section 18)

- | | | | |
|--|---|---|--|
| a. Were valves tested as required? _____ | / | / | |
| b. Were heat responsive systems tested and results satisfactory? _____ | / | / | |
| c. Were supervisory features tested and results satisfactory? _____ | / | / | |

8. ALARMS

- | | | | |
|--|---|---|--|
| a. Water motor and gong test satisfactory? _____ | / | / | |
| b. Electric alarm test satisfactory? _____ | / | / | |
| c. Supervisory alarms service test satisfactory? _____ | / | / | |

9. SPRINKLERS - PIPING

- | | | | |
|---|---|---|--|
| a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading? _____ | / | / | |
| b. Are all sprinklers less than 50 years old? _____ | / | / | |
| c. Are extra sprinklers readily available? _____ | / | / | |
| d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory? _____ | / | / | |
| e. Are all sprinklers of proper temperature rating? _____ | / | / | |
| f. Sprinklers have been checked and are not on recall list. _____ | / | / | |
| g. Sprinkler manufacturer _____ | / | / | |

DUPLICATE TO: Ruben Smith
 STREET _____
 CITY & STATE _____ ZIP _____
 ATT. _____

* Explain "No" answers on Page 2
 ‡ Not Applicable

WHITE: ORIGINAL

CANARY: CUSTOMER COPY

PINK: INSURANCE BUREAU

City of Rochester

City Code License - Amusement Center

For Application#: 159

Current Status/Date: **05/31/2012 V - Wait CZC**

Applic. Date: **05/31/2012** Issue Date: Start Date: **02/01/2012** Expiration Date: **01/31/2013**

General Comments:

License Fee: **\$325.00** ***** NEW LICENSE ***** Last Chgd: **05/31/2012 Lehrm**

Applicant: **Richard Carvotta** Residence: **195 GARNSEY Rd** *C-944-8300*
 DOB: **08/21/1959** Home Phone: **(585) 387-0864** City, State, Zip: **Pittsford, NY 14534**

Business Name: **MACGREGORS GRILL & TAP ROOM** Business Phone **(585) 413-3744**
 Business Name: *Chris Spillman C-944-2660*
 Activity: **BAR/RESTAURANT**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **339 EAST AVENUE LLC** Residence: **620 PARK AVENUE #304**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER NY 14607**

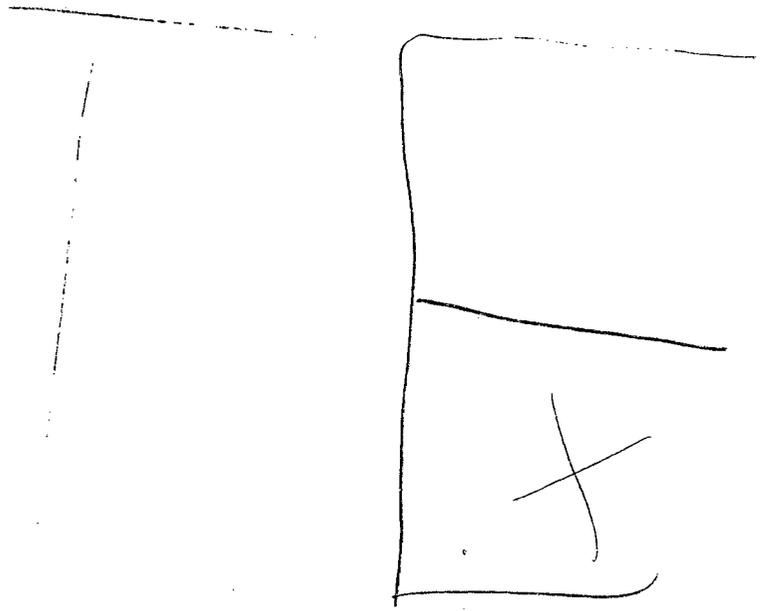
Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**
 S.O.B License Type: **0** Dancing Allowed: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

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **05/31/2012** 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** /
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W** / **05/31/2012** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **05/31/2012** Reviewer: **milesa**
 Occupancy: **0** Cart Inspection Date: Approved: **No**
 Comments:

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



EC 116

SULLY
LIC

FIRE SAFETY INSPECTION RECORD

LOCATION: 355 EAST AVE.

Person Contacted:

- License
- Permit
- Complaint Referral
- East
- West
- Special

New

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					
3-19-12												X	JS

	Y	N
Sprinkler System	X	
Alarm Permit	X	
Cooking Hood	X	
Fire Alarm System	X	
Standpipe System	X	
Cooking System	X	
Bars/Wires on Windows		X
Lock Box		X
Posted Occupancy	211	

239 SCFMRK

Permit # _____

Local / Central (circle one)

APPROVED
FIRE SAFETY DIVISION

[Signature]
Fire Marshal

City of Rochester

City Code License - Entertainment Center

For Application#: 116

Current Status/Date: **03/16/2012 V - Wait CZC**

Applic. Date: **03/16/2012** Issue Date: Start Date: **02/01/2012** Expiration Date: **01/31/2013**

General Comments:

License Fee: **\$475.00** ***** NEW LICENSE ***** Last Chgd: **03/16/2012 Lehrm**

Applicant: **RICHARD FABRIZI** Residence: **81 STABLEGATE DR**
 DOB: **04/12/1966** Home Phone: **(727) 385-8621** City, State, Zip: **WEBSTER NEW YORK 14580**

Business Name: **ANCHOR BAR/SCENE** Business Phone **(585) 727-5965**
 Business Name:
 Activity: **BAR**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **339 EAST AVE**
 DOB: Home Phone: **(585) 861-4532** City, State, Zip: **ROCHESTER, NY 14604**

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 / 03/16/2012** 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 /**
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W / 03/16/2012** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **P / 03/16/2012** Reviewer: **sullis**
 Occupancy: **450** Cart Inspection Date: Approved: **3-19-12** **No**
 Comments: *ltd to 450*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 03/16/2012** Reviewer:
 Comments:

AM 45

SULLI

FIRE SAFETY INSPECTION RECORD

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

LOCATION: 363 EAST AVE.

LI
New 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					
1-18-12		X											
		X											JSC
1-23-12		X											JSC
2-1-12		X											JSC
2-3-12													
2-22-12													
2-24-12													JL

NO ANSWER DK
MACHINERY
CL
NO ANSWER
3 #'S & NO LOCK
WITH ANY OF THEM

COVER FOR ELECTRIC
BOX BY EMPTY KEYS

EXTINGUISHERS HANG & TANK AT
CHAIN ALL GAS
CYLINDERS @ ALL
TURNS
EXT LIGHTS OUT

(4)

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

Y	N
	X
X	
	X
X	
	X
	X
	X
	X
80	

4 STOKP

Permit#: _____
Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

Fire Marshal

City of Rochester City Code License - Amusement Center For Application#: 45



Current Status/Date:	01/13/2012 V - Wait CZC		
Applic. Date:	01/13/2012	Issue Date:	Start Date: 02/01/2012 Expiration Date: 01/31/2013
General Comments: BUSINESS PERMIT SUBMITTED 1/13/2012 BM			
License Fee:	\$325.00	*** NEW LICENSE ***	Last Chgd: 01/13/2012 Lehm

Applicant: **LESLIE SELTZER** Residence: **292 FAIR OAKS AVE**
 DOB: **05/28/1963** Home Phone: ~~(585) 461-9089~~ City, State, Zip: **ROCHESTER NY 14618**

Business Name: **MONTY;S KORNER** Business Phone **(585) 263-7650**

Business Name:

Activity: **BAR**

City Address: **363 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**

NON City Address: City, State, Zip:

Owner Property: **339 EAST LLC** Residence: **339 EAST AVE**
 DOB: Home Phone: **(585) 232-3588** City, State, Zip: **rochester, ny 14604**

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** / **01/13/2012** 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** /
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W** / **01/13/2012** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **01/13/2012** Reviewer: **sullis**
 Occupancy: **80** Cart Inspection Date: Approved: **2-24-12** **No**
 Comments: *[Signature]*

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

City of Rochester City Code License - Entertainment Center For Application#: 189

Current Status/Date:	11/10/2011 P - Pending		
Applic. Date:	11/10/2011	Issue Date:	Start Date: 02/01/2011 Expiration Date: 01/31/2012
General Comments:			
License Fee:	\$475.00	*** NEW LICENSE ***	Last Chgd: 11/17/2011 Lovellr

Applicant: **RICHARD FABRIZI** Residence: **81 STABLEGATE DR**
 DOB: **04/12/1966** Home Phone: **(727) 385-8621** City, State, Zip: **WEBSTER NEW YORK 14580**

Business Name: **ANCHOR BAR** Business Phone **(728) 385-8621**
 Business Name:
 Activity: **BAR & RESTAURANT**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **339 EAST AVE**
 DOB: Home Phone: **(585) 329-1175** City, State, Zip: **ROCHESTER, NY 14604**

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#: **1112399** Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **A / 11/15/2011** Reviewer: **mcsains**
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **11/15/2011**
 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 / 11/10/2011** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **P / 11/17/2011** Reviewer: **sullis**
 Occupancy: **0** Cart Inspection Date: Approved: **11-17-11** **No**
 Comments: *[Signature]*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 11/10/2011** Reviewer:
 Comments:

FILE APPROVED

City of Rochester City Code License - Amusement Center For Application#: 132

Current Status/Date:	07/12/2011 V - Wait CZC		
Applic. Date:	07/12/2011	Issue Date:	Start Date: 02/01/2011 Expiration Date: 01/31/2012
General Comments:			
License Fee:	\$325.00	*** NEW LICENSE ***	Last Chgd: 07/12/2011 Lovellr

Applicant: **MICHAEL COLLICHIO** Residence: **2235 EMPIRE BOULEVARD**
 DOB: **06/27/1964** Home Phone: **(585) 370-7191** City, State, Zip: **WEBSTER NY 14580**

Business Name: **ANCHOR SPORTS BAR AND GRILL** Business Phone **(585) 861-6475**
 Business Name:
 Activity: **RESTAURANT/BAR**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **620 PARK AVE**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER, NY 14607**

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 / 07/12/2011** 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 / 07/12/2011** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **P / 07/12/2011** Reviewer: **sullis**
 Occupancy: **449 ± 375** Cart Inspection Date: Approved: **8-4-11** **No**
 Comments: *Just a shell*

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

FIRE SAFETY INSPECTION RECORD

EC 95

LOCATION: 355 EAST AV

Person contacted:

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

ED

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
2-23-11													
2-25-11			1										
3-10-11						X							

	Y	N
Sprinkler System	X	
Alarm Permit	X	
Cooking Hood	X	
Fire Alarm System	X	
Standpipe System		X
Cooking System	X	
Bars/Wires on Windows		X
Lock Box		X
Posted Occupancy	449	

Permit# _____

Local Central (circle one)

APPROVED

**APPROVED
FIRE SAFETY DIVISION**

[Signature]

Fire Marshal

City of Rochester

City Code License - Entertainment Center

For Application#: 95

Current Status/Date: **02/22/2011 V - Wait CZC**

Applic. Date: **02/22/2011** Issue Date: Start Date: **02/01/2011** Expiration Date: **01/31/2012**

General Comments:

License Fee: **\$475.00** ***** NEW LICENSE ***** Last Chgd: **02/23/2011 Lovellr**

Applicant: **MICHAEL COLLICHIO** Residence: **2235 EMPIRE BOULEVARD**
 DOB: **06/27/1964** Home Phone: **(585) 370-7191** City, State, Zip: **WEBSTER NY 14580**

Business Name: **ANCHOR BAR INC** Business Phone **(585) 861-6475**
 Business Name:
 Activity: **RESTAURANT/BAR**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **620 PARK AVE**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER, NY 14607**

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** / **02/22/2011** 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** / **02/22/2011** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **02/23/2011** Reviewer: **ferrante**
 Occupancy: **449** **0** Cart Inspection Date: Approved: **03-10-11** **No**
 Comments: *[Signature]*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **02/22/2011** Reviewer:
 Comments:

FIRE SAFETY INSPECTION RECORD

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

ED

Am 100
 LOCATION: 355 EAST AV.

Person contacted:

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
2-23-11													
2-25-11			1										JIS
3-10-11						X							JR

NOTES

AMJIK SYSTEM
 UPDATE - CLEAN FILTERS
 3-9-11 - [unclear]
 WILL BE DONE

OK

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

	Y	N
Sprinkler System	X	
Alarm Permit	X	
Cooking Hood	X	
Fire Alarm System	X	
Standpipe System		X
Cooking System	X	
Bars/Wires on Windows		X
Lock Box		X
Hosted Occupancy	449	

Permit# _____
 Local Central (circle one)

APPROVED
 FIRE SAFETY DIVISION

 Fire Marshal

APPROVED

Check filter for alarm & sprinkler
 [unclear]

City of Rochester City Code License - Amusement Center For Application#: 100

Current Status/Date:	02/22/2011 V - Wait CZC		
Applic. Date:	02/22/2011	Issue Date:	Start Date: 02/01/2011 Expiration Date: 01/31/2012
General Comments:			
License Fee:	\$325.00	*** NEW LICENSE ***	Last Chgd: 02/23/2011 Lovellr

Applicant: **MICHAEL COLLICHIO** Residence: **2235 EMPIRE BOULEVARD**
 DOB: **06/27/1964** Home Phone: **(585) 370-7191** City, State, Zip: **WEBSTER NY 14580**

Business Name: **ANCHOR BAR INC** Business Phone **(585) 861-6475**
 Business Name:
 Activity: **RESTAURANT/BAR**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **620 PARK AVE**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER, NY 14607**

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** / **02/22/2011** 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** / **02/22/2011** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **02/23/2011** Reviewer: **ferrante**
 Occupancy: **449** **0** Cart Inspection Date: **Approved 3-10-11 No**
 Comments: *[Signature]*

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

NOTICE OF VIOLATION AND ORDER TO COMPLY

ANCHOR BAR
NAME
355 EAST AVE.
ADDRESS
Roch. NY 14604
CITY, STATE, ZIP

Date 2-28-11

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

NYFC 901.6 ANSUL SYSTEM NEEDS INSPECTION UPDATE.

NYFC 904.11.6.3 BE SURE HOOD, FILTERS AND DUCTWORK ARE CLEANED

Received by: _____
NAME

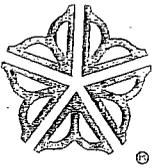
TITLE DATE

**By Order of
Fire Marshal**

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____



City of Rochester



(585) 428-6739
(585) 428-6069 FAX

Fire Chief's Office
Fire Department

185 Exchange Blvd.
Suite 660
Rochester, New York 14614-2124

FAX TRANSMISSION

Name: ERIC JONES
Fax Number: 487-8928
From: ED FERRANTE
Date: 6/7/10'
Subject: NYS CODE VIOLATIONS
Pages (including cover) (2)

Urgent Reply ASAP Please Comment For Your Records

Comments: ERIC, THESE VIOLATIONS HAVE BEEN OUTSTANDING SINCE 4/6/10'. THIS SHOULD BE YOUR HIGHEST PRIORITY PENDING TICKETS I AM WRITING NEXT AFTER SENDING YOU THIS FAX. MAKE SURE YOU GET SOMETHING SOLID DONE THIS WEEK AND LET ME KNOW.

ED





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 **3679**

NOTICE OF VIOLATION

AND ORDER TO COMPLY

ANCHOR BAR
NAME
355 EAST AVE
ADDRESS
R, NY, 14604
CITY, STATE, ZIP

Date 6/4/10'

Inspection of the premises located at - Same - 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

THE COOKING EQUIPMENT (STOVES, FRYERS ETC.) SHALL BE KEPT UNDER THE HOOD SYSTEM

THE ANSUL SYSTEM IN THE KITCHEN SHALL BE INSPECTED, UPDATED & TAGGED EVERY 6 MOS (WAS DUE IN FEB, OR APRIL OF 2010)

Received by: _____
NAME TITLE DATE

By Order of
Fire Marshal

Fire Marshal ED FERRANTE

DATE OF COMPLIANCE _____

Fire Marshal _____

J&S FIRE PROTECTION

P.O. BOX 344
 PITTSFORD, NEW YORK 14534
 (716)387-9220
 (716)385-5573 FAX

BUILDING TO BE INSPECTED: ANCHOR HUSH
 REPORT SENT TO: 355 EAST AVE

1. GENERAL:

N/A YES NO

- a. Is the building occupied? Y
- b. Is occupancy same as previous inspection? Y
- c. Are all systems in service? Y
- d. Are all fire protection systems same as last inspected? Y
- e. Are all new additions/building changes properly inspected? Y
- f. Is all stock/storage properly below sprinkler piping? Y
- g. Was property free of fires since last inspection? Y

2. CONTROL VALVES: (See Section 13)

- a. Are all sprinkler system main control valves open? Y
- b. Are all other valves in proper position? Y
- c. Are all control valves in good condition and sealed or supervised? Y

3. WATER SUPPLIES:

- a. Was a water flow test made and results satisfactory? Y

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS:

- a. Are fire pumps in good condition and properly maintained? N/A
- b. Are fire dept. connections in satisfactory condition? Y

5. WET SYSTEMS:

- a. Are cold weather valves opened or closed as necessary? N/A
- b. Have anti-freeze systems been tested and left in satisfactory condition? Y
- c. Are alarm valves, water flow indicators and retards in satisfactory condition? Y
- d. Is the building properly heated? Y

6. DRY SYSTEMS: (See Section 14)

- a. Is dry valve in service and in good condition? Y
- b. Is air pressure and priming water level, normal? Y
- c. Is air compressor in good condition? Y

DRY SYSTEMS (Continued):

N/A YES NO

- d. Were low points drained during fall/winter inspection? N/A
- e. Are quick opening devices in service? _____
- f. Has piping been checked for stoppage within past ten years? _____
- g. Has piping been checked for proper pitch in past 5 years? _____
- h. Have dry valves been trip tested satisfactory as required? _____
- i. Are dry valves adequately protected from freezing? _____
- j. Valve house and heater condition satisfactory? ✓

7. ALARMS:

- a. Water motor and gong test satisfactory? N/A
- b. Electric alarm test satisfactory? Y
- c. Supervisory alarm service test satisfactory? Y

8. SPRINKLERS - PIPING:

- a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading? Y
- b. Are all sprinklers less than 50 years old? Y
- c. Are extra sprinklers readily available? Y
- d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers etc. satisfactory? Y
- e. Are all sprinklers of proper temperature classification? Y
- f. Are portable fire extinguishers in good condition? Y
- g. Is hand hose on sprinkler system satisfactory? N/A

9. DATE DRY VALVE LAST TRIP TESTED: _____

10. WET SYSTEMS: NO. 1 MAKE & MODEL 2 1/2 FLOW SW 17C 11

11. DRY SYSTEMS: NO. _____ MAKE & MODEL _____

12. SPECIAL SYSTEMS: NO. _____ TYPE _____ MAKE & MODEL _____

OPEN SECURED SIGNS

13. CONTROL VALVES -NO.-TYPE-YES/NO-YES/NO-YES/NO-CONDITION

City conn. control valve _____

Tank control valve _____

Pump control valves _____

Sectional control valves _____

System control valves 6" OS&Y Y Y Y GOOD

14. WATER FLOW TEST:

TEST PIPE LOCATED	SIZE TEST PIPE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER	AIR PRESSURE
<u>RISE 11</u>	<u>2"</u>	<u>48</u>	<u>45</u>	<u>47</u>	
<u>BASEMENT</u>					

14. WATER FLOW TEST (CONTINUED):

FIRE PUMP	MAKE	MODEL	CAPACITY	TEST RESULTS
<u>N/A</u>				

15. EXPLANATION OF "NO" ANSWERS:

NONE

16. ADJUSTMENTS/ DESIRABLE IMPROVEMENTS:

NONE

INSPECTION WITNESSED

BY: [Signature] DATE 5-27-2010

INSPECTOR: J E. Scumay DATE 5-27-2010

Good Angus N
+ Egan Bar V

City of Rochester

City Code License - Amusement Center

For Application#: 151

Current Status/Date:	03/11/2010 V - Wait CZC		
Applic. Date:	03/11/2010	Issue Date:	Start Date: 02/01/2010 Expiration Date: 01/31/2011
General Comments:			
License Fee:	\$325.00	*** NEW LICENSE ***	Last Chgd: 03/12/2010 Szatkot

Applicant: **RICHARD PIERPONT** Residence: **6987 ROYCE CIRCLE**
 DOB: **10/05/1967** Home Phone: **(585) 737-9878** City, State, Zip: **VICTOR NEW YORK 14564**

Business Name: **HUSH/ANCHOR BAR** Business Phone **(585) 373-9878**
 Business Name:
 Activity: **BAR/RESTAURANT**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **620 PARK AVE**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER, NY 14607**

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 / 03/11/2010** 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 / 03/11/2010** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **P / 03/12/2010** Reviewer: **ferrante** *Ed Ferrante*
 Occupancy: **0** Cart Inspection Date: Approved: **No**
 Comments: *6/16/10'*

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

City of Rochester City Code License - Entertainment Center For Application#: 108

Current Status/Date:	03/11/2010 V - Wait CZC		
Applic. Date:	03/11/2010	Issue Date:	Start Date: 02/01/2010 Expiration Date: 01/31/2011
General Comments:	License Fee: \$475.00 *** NEW LICENSE *** Last Chgd: 03/12/2010 Szatkot		

Applicant: **RICHARD PIERPONT** Residence: **6987 ROYCE CIRCLE**
 DOB: **10/05/1967** Home Phone: **(585) 737-9878** City, State, Zip: **VICTOR NEW YORK 14564**

Business Name: **HUSH/ANCHOR BAR** Business Phone **(585) 373-9878**
 Business Name:
 Activity: **BAR/RESTAURANT**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **PATRIOT PROPERTIES** Residence: **620 PARK AVE**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER, NY 14607**

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 / 03/11/2010** 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 / 03/11/2010** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P / 03/12/2010** Reviewer: **ferrante** *Ed Ferrante*
 Occupancy: **0** Cart Inspection Date: Approved: **No**
 Comments: *6/16/10'*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W / 03/11/2010** Reviewer:
 Comments:

INSPECTION DATE: 3/12/07

LOCATION: 355 EAST

AV 01 OWNER: BARELY ALE HOUSE
355 EAST AVE
ROCHESTER NY 14604

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: RON DAVIS PHONE NO: 764-2710 APPOINTMENT: (Y/N) _____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND: _____

CODE FEE PERMIT

~~5412B21B 70 04040 LPG LESS THAN 1000~~ ← Remove Please

.....
CEO. RON DAVIS
PRES CINDY TORRAGROSSA - 259-3929
MAINT ETC CHAD - 749-2410
.....

.....
Used By Prior Owner.
.....

DATE VIOLATIONS ISSUED: _____
DATE OF APPROVAL FOR PERMIT: ~~3/12/07~~

CORRECTED: _____
SIGNATURE: [Signature]

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

DATE PERMIT ISSUED: _____ DATE EXPIRED: APR 30 20 _____

PERMIT NUMBER: _____ FEE REQD: _____

APRIL

FIRE SAFETY DIVISION
PUBLIC SAFETY BLDG.
ROCHESTER, NEW YORK 14614
TELEPHONE: 428-7037

CITY OF ROCHESTER
FIRE DEPARTMENT

APPLICATION FOR PERMIT

To use, maintain, store, manufacture, transport, install, conduct processes or carry on operations involving or creating conditions deemed hazardous to life or property.

To Fire Marshal, City of Rochester, N. Y.

Application is hereby made by the undersigned for a Permit to

Use Install Operate Conduct	}	Maintain Store Manufacture Transport	

Bailey 355 East Ave for the following materials, processes or operations.

(Describe briefly what is to be done and state what hazardous materials are to be used.)

5412 B21 LPG Propane
Temporary

J. Sank

Conditions, surroundings and arrangements to be in accordance with the Fire Prevention Code and Rulings of the Fire Safety Division of the City of Rochester.

This application is is not approved insofar as Zoning and Building Ordinances are concerned.

.....
Zoning Administrator

.....
Director of Buildings

Bailey
Name of Applicant

355 East Ave
Address of Applicant

Rochester, N.Y. 14604
(Insert mailing address also, if different from above)

3-14-03
Date

Complete plans and construction details must be filed on all major projects and when requested by the Fire Commissioner and/or the Fire Marshal.

FIRE SAFETY INSPECTION RECORD

LICENSE ^A

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION: **355 EAST AVE**

DATE RECEIVED IN FIRE SAFETY:
MAR 11 2003
DATE

APPOINTMENT	PERSON CONTACTED	NO ENTRY	ORDERS ISSUED	REFERRALS ISSUED	NO WORK DONE	SOME WORK DONE	OTHER	OK TO FILE	INSPECTOR
-------------	------------------	----------	---------------	------------------	--------------	----------------	-------	------------	-----------

3/14	11:15AM						Phil - DAY (CONTRACTOR)		ROBB
3/17	Violations	4					- mailed to business and - " " HOME address - OFFICER DEANGELO NOTIFIED		ROBB
3/25							Corrected		ROBB
3/26	Spinkler Report?								
4/11	Called left a Message regarding Spinkler Report and Alarm Reports.								ROBB
4/16							GABRIELLE - TO FAX ALARM Report		
4/21									ROBB
5/4									ROBB

APPROVED

Bu fly 263
Kerm 320?

- 1 - Clean Hood AND ^{ALL} ASSOCIATED DUCKWORK
- 2 - Drapes. To Tendant?
- ~~3 - Emergency lights Second floor. NOT WORKING.~~
- 4 - upstairs (Bu fly) DART MACHINES Blue
EXTENSION CORD used as permanent wiring
- 5 - Basement EXTENSION CORD TO BATHROOM Computers
SHALL BE REMOVED - (HARD WIRE SHOULD BE USED)

UNOFFICIAL

City of Rochester City Code License - Amusement Center For Application#: 135

Current Status/Date:	03/05/2003 P - Pending		
Applic. Date:	03/05/2003	Issue Date:	Start Date: 02/01/2003 Expiration Date: 01/31/2004
General Comments:			
License Fee:	\$250.00	*** RENEWAL LICENSE ***	Last Chgd: 03/11/2003 eisenhao

Applicant: **JOHN DIAMANTOPOULOS** Residence: **152 OLD ENGLISH ROAD**
 DOB: **03/12/1960** Home Phone: **(585) 723-0339** City, State, Zip: **ROCHESTER, NY 14616**

Business Name: **KARMA/BAR FLY** Business Phone **(585) 454-7010**
 Business Name:
 Activity: **BAR/GRILL**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip: **ROCHESTER NY 14604**

Owner Property: **INAM KHAN** Residence: **311 ALEXANDER STREET**
 DOB: Home Phone: **(585) 423-0640** City, State, Zip: **ROCHESTER, NY 14604**

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#: **1021281** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **03/05/2003** 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: **P** / **03/07/2003** Reviewer: **mcnamark**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **03/11/2003** Reviewer: **salernor** *P. Salerno*
 Occupancy: **256** Cart Inspection Date: Approved: **No**
 Comments:

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



Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614-2277
Phone: (585) 428-6739
Fax (585) 428-6785



FACSIMILE COVER SHEET

DATE: 3/17/03
TO: Ken DeAngelo / TOM SEXSTON
PHONE: _____
FAX: 428-7256
FROM: R. Salerno

Total number of pages (including this cover sheet) 2

RE: 355 EAST AVE KARMA/BARTLY
FOR YOUR INFO:
R.F.D. VIOLATIONS.
R. Salerno.

If you do not receive all the pages, or have any problems, call 428-6739 immediately



NOTICE OF VIOLATION AND ORDER TO COMPLY

KARMA/BARELY

JOHN DIAMANTOPOULOS

Date 3/17/03

152 Old English Road.

NAME
ADDRESS

ROCHESTER N.Y 14616

CITY, STATE, ZIP

Inspection of the premises located at 355 EAST AVE 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) KITCHEN HOOD AND ASSOCIATED DUCTWORK SHALL BE CLEANED.

*ad pay
city
damp*

2) GRADES - DOCUMENTATION SHALL BE SUBMITTED TO THE FIRE MARSHAL'S OFFICE REGARDING THE MOST RECENT APPLICATION OF FIRE RETARDANT.

3) UPSTAIRS (BARELY) BLUE EXTENSION CORD SHALL BE REMOVED. (DART MACHINES)

4) BASEMENT - EXTENSION CORD TO BATHROOM COMPUTERS SHALL BE REMOVED.

Received by: _____
NAME: JOHN DIAMANTOPOULOS

TITLE _____ DATE _____
Fire Marshal ROBB SALERNO

By Order of
Fire Marshal
DATE OF COMPLIANCE 3/25/03

Fire Marshal R. Salerno



CASCO, INC.

1344 UNIVERSITY AVENUE • ROCHESTER, NY 14607 • PHONE: 585-424-5000
BURGLARY, FIRE, CCTV, CARD ACCESS & HOME / OFFICE TECHNOLOGY
SPECIALISTS IN RESIDENTIAL & COMMERCIAL PROTECTION
SERVICE TICKET # KD001049-14450

A/R # 1-0BAR35

BARFLY *J. Kraem*
355 EAST AVE
ROCHESTER NY 14604

XSTREETS: EAST AVE / ALEXANDER ST

REQUEST BY: PHIL PROVINZANO

PROBLEM: CHECK ZONES, INSPECTION SHEET

CONTACT:

COMMENT:

DATE REPORTED: 03/12/03
TIME REPORTED: 11:36:51
ID REPORTED: FILIPE

ASSIGNED TO:

APPOINTMENT: 03/12/03
12:30

SALESMAN:
PHONE: (585) 454-7010

A/R ALERT: 1

Service Completed: *tested Every Device and made Notes as to its location and Zone #. Found that upstairs pull Reports @ Sa Heat. Also Horn strokes sound on Burg alarms. Zone list will be typed and reviewed w/customer. All Devices Functioning properly. All signals reporting to Central Station properly. Will return to fix above problems*

QTY	PART#	DESCRIPTION	PRICE	AMOUNT

START	END	TOTAL	RATE	AMOUNT
12:00	5:00	5	89.99 89.99	449.95

MATERIALS: _____
LABOR: 449.95
SERVICE TOTAL: 449.95
TAX: No charge
TOTAL DUE: per Rose
3/12/03
DATE

CUSTOMER PAYING BY: CHECK CASH CHARGE ACT
CHECK NUMBER: _____

Adm

SERVICE PERSON

[Signature]

CUSTOMER'S SIGNATURE

Signature constitutes acceptance of terms on back and above service performed as being satisfactory - and that equipment has been left in good condition.
GUARANTEE: All materials used are of first quality and guaranteed for ninety days after date of repair. Service by qualified technicians only.

KARMA
FIRE SAFETY INSPECTION RECORD

OC # 256

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION:

355 EAST AVE

DATE RECEIVED IN FIRE SAFETY:

APR 30 2002

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY
ORDERS ISSUED
REFERRALS ISSUED
NO WORK DONE
SOME WORK DONE

-NEW-
OTHER
E-17

OK TO FILE
INSPECTOR

JOHN D.

5/3/02

KIM PANDINA
454-7016

9

- Emergency lights
out upstairs balcony

MS

APPROVED

1 - alarm report

1 - spk report

3 - 3 emerg. lights out.

1 - K ext. outdated.

1 - hood system outdated

1 - ext. in basement outdated.

1 - chad **APPROVED** basement

City of Rochester City Code License - Entertainment Center For Application#: 101

Current Status/Date:	04/25/2002 V - Wait CZC		
Applic. Date:	04/25/2002	Issue Date:	Start Date: 02/01/2002 Expiration Date: 01/31/2003
General Comments:	LV		
License Fee:	\$0.00	****NEW LICENSE****	Last Chgd: 04/25/2002 Clrk2

Applicant: **JOHN DIAMANTOPOULOS** Residence: **152 OLD ENGLISH ROAD**
 DOB: **03/12/1960** Home Phone: **(585) 723-0339** City, State, Zip: **ROCHESTER, NY 14616**

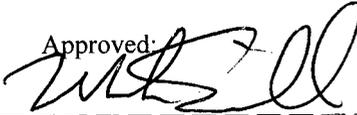
Business Name: **KARMA 355** Business Phone **(585) 423-0640**
 Business Name:
 Activity:
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **INAM KHAN** Residence: **311 ALEXANDER STREET**
 DOB: Home Phone: **(585) 423-0640** City, State, Zip: **ROCHESTER, NY 14604**

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** / **04/25/2002** 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** / **04/25/2002** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **04/25/2002** Reviewer:
 Occupancy: **0** Cart Inspection Date: Approved: **No**
 Comments: **5/3/02** 

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **04/25/2002** Reviewer:
 Comments:

City of Rochester Fire Department
Fire Safety Division
150 Plymouth Avenue S.
Room 300
Rochester, NY 14614



OFFICE OF THE FIRE MARSHAL
Telephone: 428-7037
Fax: 428-6785

NOTICE OF VIOLATION AND ORDER TO COMPLY

KARMA

NAME

Date 5/6/02

355 EAST AVE.

ADDRESS

ROCHESTER NY 14604

CITY, STATE, ZIP

Inspection of the premises located at SAME 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:

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

- 1 1163.13c + d - fire alarm system shall be tested / inspected with report available.
- 1 1163.13a - sprinkler system shall be tested / inspected with report available
- 3 1162.3a - emergency lights out shall be replaced. (3 on balcony.)
- 2 1163.13b-1 - fire extinguishers shall be inspected / tagged (K ext in kitchen, + ext. in basement.)
- 1 1163.13e - kitchen hood extinguishing system shall be inspected / tagged.
- 1 1175.1d - compressed gas cylinders in basement shall be secured.

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal MARK SCIALDONE

DATE OF COMPLIANCE _____

Fire Marshal _____