

BUILDING INSPECTION / COMPLAINT FORM



COMPANY RII
ADDRESS EAST AV

INSPECTION # 09-00097
TAX ACCT #

FROM / TO 359
PROPERTY OWNER JOHN DI PAOLA ADDRESS 480 W RIDGE RD PHONE 865-3650
CITY ROCHESTER STATE NY ZIP 14615

MAILING NAME ADDRESS PHONE
CITY STATE ZIP

EMERGENCY CONTACT ADDRESS PHONE
CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE SPECIFIC PROPERTY USE STRUCTURE TYPE STRUCTURE STATUS

NO ENTRY DATES:
A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
= FLOOR

BUSINESS NAME BARFLY PHONE
BUSINESS OWNER BARFLY
ADDRESS 359 EAST AV ROCHESTER NY14604
PHONE
BUSINESS EMERGENCY JOHN DIAMANTOPOULOS
ADDRESS 152 OLD ENGLISH RD ROCHESTER NY14616
PHONE 723 0339

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT
 NO VIOLATIONS NOTED AT THIS TIME A B C D

FIRE SAFETY PERMIT

CLS 464

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: [Signature] COMPANY RII DISTRICT 1 GROUP 1 DATE 10/09
BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 1/09

J&S FIRE PROTECTION
 P.O. BOX 344
 PITTSFORD, NEW YORK 14534
 (716)387-9220
 (716)385-5573 FAX

BUILDING TO BE INSPECTED: ANCHOR BAR - ROCHESTER
 REPORT SENT TO: 355 EAST AVENUE - ROCHESTER, NY

- | 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? | N/A | | |
| 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? | N/A | | |
| b. Is air pressure and priming water level, normal? | N/A | | |
| c. Is air compressor in good condition? | N/A | | |

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? N/A
- f. Has piping been checked for stoppage within past ten years? N/A
- g. Has piping been checked for proper pitch in past 5 years? N/A
- h. Have dry valves been trip tested satisfactory as required? N/A
- i. Are dry valves adequately protected from freezing? N/A
- j. Valve house and heater condition satisfactory? N/A

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 6" GENERAL

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" OSY YES, YES, YES, GOOD

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION
 Name: GUARDIAN SECURITY
 Address: Hornell, N.Y.
 Representative: JASON PARRELL
 License No.: 12000278806
 Telephone: (585) 727-4226

MONITORING ENTITY
 Contact: Unicom Corp.
 Telephone: 442-9450
 Monitoring Account Ref. No.: 47

TYPE TRANSMISSION
 McCulloh
 Multiplex
 Digital
 Reverse Priority
 RF
 Other (Specify) _____

DATE: 9/31/19
 TIME: 3:30pm

PROPERTY NAME (USER)
 Name: Anchor Bar
 Address: 354/359 EAST AVE
 Owner Contact: Rennie Davis
 Telephone: 704-2710

APPROVING AGENCY
 Contact: JASON PARRELL
 Telephone: 298-1967

SERVICE
 Weekly
 Monthly
 Quarterly
 Semiannually
 Annually
 Other (Specify) _____

Control Unit Manufacturer: HONEYWELL Model No.: VISTA 100
 Circuit Styles: CLASS B
 Number of Circuits: 2
 Software Rev.: _____
 Last Date System Had Any Service Performed: 9/27/09
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>6</u>	<u>Class B / NO</u>	Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Heat Detectors Waterflow Switches Supervisory Switches Other (Specify): <u>ANSU / Fire suppression</u>
<u>1</u>	<u>NO / B</u>	
<u>19</u>	<u>NO / B</u>	
<u>1</u>	<u>N/C / B</u>	
<u>1</u>	<u>NO / B</u>	

Alarm verification feature is disabled _____ enabled

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

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 Indicator	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>		NA
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>		NA
Call-in Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		NA
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>NA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: NA

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:00 pm	8/27/09
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	NA	

The following did not operate correctly: EVERYTHING O.K.

System restored to normal operation: Date: 9/31/09 Time: 4:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Tasha Barnett Date: 8/31/09 Time: 4:15

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 Continued

NOT ONLINE YET PER OWNERS
 REQUEST
 NEEDS 2ND LINE (PHONE) INSTALLED

14. WATER FLOW TEST:

TEST PIPE LOCATED	SIZE TEST PIPE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER	AIR PRESSURE
RISER	2	55	45	50	

14. WATER FLOW TEST (CONTINUED):

FIRE PUMP	MAKE	MODEL	CAPACITY	TEST RESULTS
N/A				

15. EXPLANATION OF "NO" ANSWERS:

N/A

16. ADJUSTMENTS/ DESIRABLE IMPROVEMENTS:

ADD CAP FD COM 1

INSPECTION WITNESSED

BY: _____ DATE 9-1-09

INSPECTOR: J E Scumac' DATE 9-9-2009

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>UNILCORP</i>	<i>(NOT online)</i>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>EVERYONE</i>	<i>4:00</i>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>STUART</i>	<i>4:00</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS

TYPE	Visual	Functional	Comments
Transient Suppressors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

REMOTE ANNUNCIATORS

TYPE	Visual	Functional	Comments
Remote Annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES

TYPE	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<i>NO</i>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<i>NA</i>	<i>NA</i>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 Continued

(14)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
11	Class B	Bells
9	Class B	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): <u>Horns/strobe combo</u>

No. of alarm notification appliance circuits: 2
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
1		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 110 18VAI Amps 1 AMP MAX
 Overcurrent Protection: Type Thermal relay Amps NA
 Location (of Primary Supply Panelboard): Basement
 Disconnecting Means Location: ELECTRIC Panel 1st fl

(b) Secondary (Standby) 2 12/7 AMP Storage Battery: Amp-Hr. Rating _____
 Calculated capacity to operate system, in hours: X 24 _____ 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: NA

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify):

- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
- _____ 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 or 701.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 Continued

BUILDING INSPECTION / COMPLAINT FORM



COMPANY R11
ADDRESS EAST AV

INSPECTION # 09-00095
TAX ACCT #

FROM / TO 355

PROPERTY OWNER V I PROPERTIES LLC ADDRESS 1645 EMPIRE BLVD PHONE 263-7650
CITY WEBSTER STATE NY ZIP 14580

MAILING NAME MONTY'S KORNER ADDRESS 355 EAST AV PHONE
CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT LESLIE SELTZER ADDRESS 292 FAIR OAKS AV PHONE 461-2686
CITY ROCHESTER STATE NY ZIP 14618

NFPA 901 CODES GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 163 STRUCTURE TYPE L STRUCTURE STATUS 2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
= FLOOR

BUSINESS NAME MONTY'S KORNER PHONE
BUSINESS OWNER MONTY'S KORNER
ADDRESS 355 EAST AV ROCHESTER NY14604
PHONE 263 7650

BUSINESS EMERGENCY LESLIE SELTZER 461-2686
ADDRESS 292 FAIR OAKS AV ROCHESTER NY14618
PHONE 461 9089

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME A B C D

FINE SAFETY PERMIT

CLS 464

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: *[Signature]* COMPANY R11 DISTRICT 1 GROUP 1 DATE 10/09

BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: DATE

BUILDING INSPECTION / COMPLAINT FORM



COMPANY R11
ADDRESS

INSPECTION # 09-00094
TAX ACCT #

EAST AV FROM / TO 355

PROPERTY OWNER JOHN DI PAOLA ADDRESS 480 W RIDGE RD PHONE 865-3650
CITY ROCHESTER STATE NY ZIP 14615

MAILING NAME EVERSHIELD CORP ADDRESS 480 W RIDGE RD PHONE
CITY ROCHESTER STATE NY ZIP 14615

EMERGENCY CONTACT ADDRESS PHONE
CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE SPECIFIC PROPERTY USE STRUCTURE TYPE STRUCTURE STATUS

NO ENTRY DATES:
A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
= FLOOR

BUSINESS NAME KARMA PHONE
BUSINESS OWNER KARMA
ADDRESS 355 EAST AV ROCHESTER NY14604
PHONE 423 0640
BUSINESS EMERGENCY JOHN DIAMANTOPOULOS
ADDRESS 152 OLD ENGLISH RD ROCHESTER NY14616
PHONE 723 0339

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT
 NO VIOLATIONS NOTED AT THIS TIME A B C D

FINE SAFETY PERMIT

CLS 464

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: [Signature] COMPANY R11 DISTRICT 1 GROUP 1 DATE 1/10/09
BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 1/09

BUILDING INSPECTION / COMPLAINT FORM



COMPANY R11 INSPECTION # 09-00093
 ADDRESS FROM / TO TAX ACCT #
EAST AV 355
 PROPERTY OWNER ADDRESS PHONE
JOHN DI PAOLA 480 W RIDGE RD 865-3650
 CITY ROCHESTER STATE NY ZIP 14615
 MAILING NAME ADDRESS PHONE
EVERSHIELD CORP 480 W RIDGE RD
 CITY ROCHESTER STATE NY ZIP 14615
 EMERGENCY CONTACT ADDRESS PHONE
 CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE 16 SPECIFIC PROPERTY USE 163 STRUCTURE TYPE 1 STRUCTURE STATUS 2

NO ENTRY DATES: BUSINESS NAME CHOCOLATE BAR PHONE _____ DISPOSITION by FIRE SAFETY:
 BUSINESS OWNER ADDRESS _____ PHONE _____
 BUSINESS EMERGENCY ADDRESS _____ PHONE _____
 SPECIAL INSTRUCTIONS:
 SPECIAL HAZARDS OR CONSTRUCTION
 DIRECTION ROOM #, ETC. COMPLAINT
 NO VIOLATIONS NOTED AT THIS TIME A B C D
FIRE SAFETY PERMIT
CLS 11/6/09

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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Y N	Y N	Y N		
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS		
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS		
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX		
OFFICER PREPARING REPORT: <u>[Signature]</u>	COMPANY <u>R11</u>	DISTRICT <u>P</u>	GROUP <u>1</u>	DATE <u>1/10/09</u>
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

City of Rochester

City Code License - Entertainment Center

For Application#: 108

Current Status/Date: **03/13/2009 P - Pending**

Applic. Date: **03/13/2009** Issue Date: Start Date: **02/01/2009** Expiration Date: **01/31/2010**

General Comments: **OK TO ACCEPT PER DAN KARIN**

License Fee: **\$475.00** *** RENEWAL LICENSE *** Last Chgd: **03/17/2009 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: **THE BAR** Business Phone **(585) 373-9878**

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: **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#: **1070256** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **03/13/2009** 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** /
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W** / **03/13/2009** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **03/17/2009** Reviewer: **ferrante**
 Occupancy: **824** Cart Inspection Date: **3/31/09** Approved: **gs** ~~No~~
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **03/13/2009** Reviewer:
 Comments:

FIRE SAFETY INSPECTION RECORD

EC-83

LOCATION: 363 EAST AV

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

ED

Person contacted:

REFERRAL

2/6

DATE RECEIVED IN FIRE SAFETY:

TIME OF INSPECTION

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

VIOLATIONS CORRECTED

NO VIOLATIONS NOTED

Telephone #: MONTY'S KORWA

Owner Name:

Owner Address:

Owner Phone:

OK TO FILE

INSPECTOR

DATE

NOTES

3/2/09

1 Insp / 1 hcc / NUV

YES

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

	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 checked="" type="checkbox"/>	<input type="checkbox"/>
Cooking System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bars/Wires on Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lock Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Posted Occupancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Permit# 24232

Local Central (circle one)

APPROVED

APPROVED
FIRE SAFETY DIVISION

[Signature]

Fire Marshal

80

City of Rochester City Code License - Entertainment Center For Application#: 83

Current Status/Date:	02/05/2009 V - Wait CZC		
Applic. Date:	02/05/2009	Issue Date:	Start Date: 02/01/2009 Expiration Date: 01/31/2010
General Comments:			
License Fee:	\$425.00	*** NEW LICENSE ***	Last Chgd: 02/06/2009 szatkot

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: **MONTYS KORNER** *C-764-8035* Business Phone **(585) 263-7650**

Business Name:
 Activity: **TAVERN**
 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: **620 PARK AVE #185**
 DOB: Home Phone: **(585) 235-0040** 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** / **02/05/2009** 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** / **02/05/2009** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No**
 Status / Date: **P** / **02/06/2009** Reviewer: **ferrante** *Cal Ferrante*
 Occupancy: **80** **0** Cart Inspection Date: Approved: **No**
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **02/05/2009** Reviewer:
 Comments:

EC 80

Ed

FIRE SAFETY INSPECTION RECORD

LICENSE

EAST

PERMIT

WEST

SPECIAL

LOCATION: 363 EAST AV.

Person contacted:

Telephone #:

1-5-08

DATE RECEIVED IN FIRE SAFETY:

TIME OF INSPECTION

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

VIOLATIONS CORRECT

NO VIOLATIONS NOTED

NOTES

OK TO FILE

INSPECTOR

DATE

2/15/08
2/20/08

X

X

X *Chm*

APPROVED

Y N

SPRINKLER SYSTEM

COOKING HOOD SYSTEM

FIRE ALARM SYSTEM

STANDPIPE SYSTEM

COOKING SYSTEM

BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION

FIRE MARSHAL

City of Rochester City Code License - Entertainment Center For Application#: 80

Current Status/Date:	01/31/2008 P - Pending		
Applic. Date:	01/31/2008	Issue Date:	Start Date: 02/01/2008 Expiration Date: 01/31/2009
General Comments:			
License Fee:	\$325.00	*** RENEWAL LICENSE ***	Last Chgd: 02/01/2008 lovellr

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** *704-8035* Business Phone **(585) 263-7650**

Business Name:
 Activity:
 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: **620 PARK AVE #185**
 DOB: Home Phone: **(585) 235-0040** 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#: **1010852** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/31/2008** 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** / **01/31/2008** Reviewer:
 Activity Code:
 Comments:

Fire Approval *Carlosted Harris* Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **02/01/2008** Reviewer: **ferrante**
 Occupancy: **80** Cart Inspection Date: Approved: *yes* **No**
 Comments: *2/20/08*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/31/2008** Reviewer:
 Comments:

FIRE SAFETY INSPECTION RECORD

LOCATION: *Monty's Corner, 363 East Av.*

- 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	Municipal Code Violation Bureau 42 South Ave., Rochester, NY													
NOTES														
<i>1/16/08</i>	<i>1-</i>							<i>No Show / Default</i>					<i>X</i>	<i>AC</i>

Summons Issued to: _____

Appeared: Defaulted:
 Guilty: Not Guilty:
 Fined: Amount: _____ Adjourned Date:

HEARING OFFICER:

INSPECTOR'S COMMENTS:

266250

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK - VS -

M. J. J. Colner
 Last Name (Defendant) First M.I.
 Street Address *363 East Av.*
 City State Zip *Rochester NY 14604*
 D.O.B. Sex Summons Issued To *Leslie Seltzer*

LICENSE INFORMATION

License # _____ Exp. Date *1 1*
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor _____
 Dog: Color _____
 Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

363 East Av.
 Place of Occurrence Rochester, Monroe Co., NY
11/22/07 00.50
 Date Time A.M./P.M.
 OFFENSE *NYS FC 107.6 Overcrowding*
 In Violation of Chapter *107* SEC *6* SUB _____ of
 the Code of the City of Rochester, NY.

FACTUAL PART: The above named defendant did on the stated date, time and place
Overcrowding beyond
occupancy limit of 80
persons. RFD count 186

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, NY 14614
- CITY COURT PART I (MISDEMEANORS)
150 S. Plymouth Ave., Rochester, NY 14614
- CITY COURT PART V (VIOLATIONS, FELONIES)
150 S. Plymouth Ave., Rochester, NY 14614

APPEARANCE DATE: *JAN. 16th* day of 20 *08*
 at *10* A.M./P.M.

FINE SCHEDULE: A B C D E F G H DOG ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR
 PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

COMPLAINANT *A. Reclus* *11/27/07*
 ID# *6522* SEC *Fire Safety Div*

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**

ADDRESS
EAST

PROPERTY OWNER
JOHN

MAILING NAME
EVERSHIELD CORP

EMERGENCY CONTACT

AV.

DI PAOLA

FROM / TO
355 365

ADDRESS
480 W RIDGE RD

CITY **ROCHESTER**

ADDRESS
480 W RIDGE RD

CITY **ROCHESTER**

ADDRESS

CITY

INSPECTION # **07-05930**
TAX ACCT #

PHONE
865-3650

STATE **NY** ZIP **14615**

PHONE

STATE **NY** ZIP **14615**

PHONE
000-0000

STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE 16	SPECIFIC PROPERTY USE 1631	STRUCTURE TYPE 11	STRUCTURE STATUS 14
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NO ENTRY DATES: A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS NAME CHOCOLATE BAR PHONE BUSINESS OWNER ADDRESS PHONE	DISPOSITION by FIRE SAFETY: REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	BUSINESS EMERGENCY ADDRESS PHONE	
	SPECIAL INSTRUCTIONS:	
	SPECIAL HAZARDS OR CONSTRUCTION	
DIRECTION ROOM #, ETC.	COMPLAINT	
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

Y N	Y N	Y N
<input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: <i>[Signature]</i>	COMPANY R-11	DISTRICT 3	GROUP 4	DATE 2/5/07
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION / TITLE Manager			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFID 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**

ADDRESS
EAST

PROPERTY OWNER
JOHN

MAILING NAME
EVERSHIELD CORP

EMERGENCY CONTACT

AV

DI PAOLA

FROM / TO
359

ADDRESS

480 W RIDGE RD

CITY **ROCHESTER**

ADDRESS

480 W RIDGE RD

CITY **ROCHESTER**

ADDRESS

CITY

INSPECTION #
TAX ACCT #

07-05928

PHONE

865-3650

STATE **NY** ZIP

14615

PHONE

STATE **NY** ZIP

14615

PHONE

000-0000

STATE

ZIP

NFPA 901 CODES	GENERAL PROPERTY USE 16	SPECIFIC PROPERTY USE 163	STRUCTURE TYPE 11	STRUCTURE STATUS 24
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NO ENTRY DATES:	BUSINESS NAME KARMA SYX PHONE	DISPOSITION by FIRE SAFETY:		
	BUSINESS OWNER KARMA SYX	ROCHESTER NY14604	REFERRED	ORDERS ISSUED
ADDRESS 355 EAST AV	PHONE 423 0640	CORRECTED		
A = ATTIC	BUSINESS EMERGENCY JOHN DIAMANTOPOULOS		ROCHESTER NY14616	CORRECTED
C = CELLAR	ADDRESS 152 OLD ENGLISH RD	PHONE 723 0339	CORRECTED	
G = GARAGE	SPECIAL INSTRUCTIONS:			CORRECTED
0 = OUTSIDE	SPECIAL HAZARDS OR CONSTRUCTION		CORRECTED	
# = FLOOR #	DIRECTION ROOM #, ETC.	COMPLAINT		CORRECTED
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	CORRECTED	

<input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY R-11	DISTRICT 3	GROUP 4	DATE 7/5/00
BUS/PROP REPRESENTATIVE:	POSITION / TITLE Manager			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/00

INSPECTION DATE: 3/12/07

LOCATION: 355 EAST

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

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: RON DAVIS PHONE NO: 704-2710 APPOINTMENT: (Y/N) _____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE FEE PERMIT
5412B21B 70 04040 LPG LESS THAN 1000

Occupy 449
← Remove

- 1 - Hood System / OF ✓*
- 1 Extra Cond / Ceiling Kitchen ✓*
- 2 - E-Exit 2m FLW } *Classified Bar**
- 1 - Fax Bar ✓*
- 1 - Ldb in Ceiling*
- 2 - Mail Stamped*

DATE VIOLATIONS ISSUED: _____

CORRECTED: _____

DATE OF APPROVAL FOR PERMIT: _____

SIGNATURE: *[Signature]*

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

DATE PERMIT ISSUED: _____

DATE EXPIRED: _____ 20 ____

PERMIT NUMBER: _____ FEE REQD: _____

Briefly (ALE House - New Name)
West Exit E. Light out

City of Rochester City Code License - Entertainment Center For Application#: 57

Current Status/Date:	01/31/2007 P - Pending		
Applic. Date:	01/31/2007	Issue Date:	Start Date: 02/01/2007 Expiration Date: 01/31/2008
General Comments:			
License Fee:	\$325.00	*** RENEWAL LICENSE ***	Last Chgd: 02/01/2007 skellyp

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**

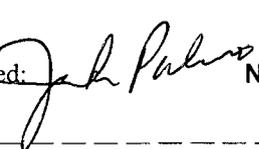
Business Name:
 Activity:
 City Address: **363 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **VI PROPERTIES** Residence: **1645 empire blvd.**
 DOB: Home Phone: **(585) 721-2686** 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#: **1010852** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/31/2007** 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** / **01/31/2007** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **02/01/2007** Reviewer: **palermoj**
 Occupancy: **80** Cart Inspection Date: Approved:  **No**
 Comments: **2/7/07**

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/31/2007** Reviewer:
 Comments:

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **00-9**
ADDRESS **EAST AVE**
PROPERTY OWNER **VI PROPERTIES**
MAILING NAME **MONTY'S KORNER**
EMERGENCY CONTACT **LESLIE SELTZER**

FROM/TO **363** ADDRESS **1645 EMPIRE BLVD** CITY **ROCHESTER** STATE **NY** ZIP **14604**
INSPECTION # **07-11198** TAX ACCT #
PHONE **(585) 263-7650**
PHONE **263-7650**
CITY **363 EAST AVE** STATE **NY** ZIP
ADDRESS **292 FAIR OAKS AVE** PHONE **461-2686**
CITY **ROCHESTER** STATE **NY** ZIP **14618**

NFPA 901 CODES GENERAL PROPERTY USE **59** SPECIFIC PROPERTY USE **163** STRUCTURE TYPE **L** STRUCTURE STATUS **2**

NO ENTRY DATES:	BUSINESS NAME MONTY'S KORNER PHONE 263-7650	DISPOSITION by FIRE SAFETY:								
	BUSINESS OWNER LESLIE SELTZER PHONE 461-9089									
	ADDRESS 292 FAIR OAK AVE PHONE 461-2686									
A = ATTIC	BUSINESS EMERGENCY LESLIE SELTZER (585) 461-9089	<table border="1"> <tr> <th>REFERRED</th> <th>ORDERS ISSUED</th> <th>CORRECTED</th> <th>NOT REQUIRED</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED				
REFERRED	ORDERS ISSUED		CORRECTED	NOT REQUIRED						
C = CELLAR	ADDRESS 292 FAIR OAKS AVE PHONE 461-9089									
G = GARAGE	SPECIAL INSTRUCTIONS:									
0 = OUTSIDE	SPECIAL HAZARDS OR CONSTRUCTION									
# = FLOOR #	DIRECTION ROOM #, ETC.	COMPLAINT								
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D									

Y N	Y N	Y N
<input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <i>J.P. Palms</i>				DATE 2-7-07

COPY TO FIRE COMPANY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**

ADDRESS
EAST

PROPERTY OWNER
JOHN

MAILING NAME
EVERSHIELD CORP

EMERGENCY CONTACT
JOHN DI PAOLA

AV

DI PAOLA

FROM / TO
363

ADDRESS
480 W RIDGE RD

CITY **ROCHESTER**

ADDRESS
480 W RIDGE RD

CITY **ROCHESTER**

CITY

INSPECTION # **07-05935**

TAX ACCT #
002269-22.0

PHONE
865-3650

STATE **NY** ZIP **14615**

PHONE

STATE **NY** ZIP **14615**

PHONE
265-4771

STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 501/63	STRUCTURE TYPE 2	STRUCTURE STATUS 2
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NO ENTRY DATES:	BUSINESS NAME MONTY'S CORNER	PHONE	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER MONTY'S CORNER		REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
A = ATTIC	ADDRESS 363 EAST AV	ROCHESTER NY14604				
C = CELLAR	BUSINESS EMERGENCY LESLIE SELTZER	PHONE				
G = GARAGE	ADDRESS 292 FAIR OAKS AV	ROCHESTER NY14618				
0 = OUTSIDE	SPECIAL INSTRUCTIONS:	PHONE 704 8035				
# = FLOOR #	SPECIAL HAZARDS OR CONSTRUCTION					
DIRECTION ROOM #, ETC.	COMPLAINT					
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:	DATE			

COPY TO FIRE SAFETY

RFD 501 REV 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**
ADDRESS **EAST**
PROPERTY OWNER **JOHN**

AV
DI PAOLA

FROM / TO
359

INSPECTION # **07-05931**
TAX ACCT #

ADDRESS **480 W RIDGE RD** PHONE **865-3650**
CITY **ROCHESTER** STATE **NY** ZIP **14615**

MAILING NAME ADDRESS PHONE
EMERGENCY CONTACT ADDRESS PHONE
CITY STATE ZIP
CITY STATE ZIP **000-0000**

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <input type="checkbox"/>	STRUCTURE STATUS <input type="checkbox"/>
----------------	---	--	---	---

NO ENTRY DATES: A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #	BUSINESS NAME BARFLY PHONE BUSINESS OWNER BARFLY ADDRESS 359 EAST AV ROCHESTER NY14604 PHONE	DISPOSITION by FIRE SAFETY: REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	BUSINESS EMERGENCY JOHN DIAMANTOPOULOS PHONE ADDRESS 152 OLD ENGLISH RD ROCHESTER NY14616 PHONE 723 0339	
	SPECIAL INSTRUCTIONS:	
	SPECIAL HAZARDS OR CONSTRUCTION	
DIRECTION ROOM #, ETC.	COMPLAINT	
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:	DATE			

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**
ADDRESS **EAST**
PROPERTY OWNER

AV

FROM / TO
355

INSPECTION # **07-05929**
TAX ACCT #

ADDRESS **V I PROPERTIES LLC** ADDRESS **1645 EMPIRE BLVD** PHONE **263-7650**
CITY **WEBSTER** STATE **NY** ZIP **14580**

MAILING NAME
MONTY'S KORNER

ADDRESS **355 EAST AV** PHONE
CITY **ROCHESTER** STATE **NY** ZIP **14604**

EMERGENCY CONTACT
LESLIE SELTZER

ADDRESS **292 FAIR OAKS AV** PHONE **461-2686**
CITY **ROCHESTER** STATE **NY** ZIP **14618**

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 163	STRUCTURE TYPE L	STRUCTURE STATUS 2
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NO ENTRY DATES:	BUSINESS NAME MONTY'S KORNER PHONE	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER MONTY'S KORNER	
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	ADDRESS 355 EAST AV ROCHESTER NY14604 PHONE 263 7650	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	BUSINESS EMERGENCY LESLIE SELTZER 461-2686 ADDRESS 292 FAIR OAKS AV ROCHESTER NY14618 PHONE 461 9089	
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS:	
	SPECIAL HAZARDS OR CONSTRUCTION	
	COMPLAINT	
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:		COMPANY DISTRICT GROUP DATE
BUS/PROP REPRESENTATIVE:		POSITION / TITLE DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:		DATE

COPY TO FIRE SAFETY

RFD 501 REV. 03/03



BUILDING INFORMATION SYSTEM
PERMIT INSPECTION FORM - 1068738

BP1030CD-1

WORK ADDRESS- 0355 EAST AV PERMIT#: 1068738 ISSUED- 11/22/06

ASSIGNED INSPECTOR 503- GARY ISAACS LAST INSPECTION LAST INSPECTOR NEXT INSPECTION

PERMIT DESCRIPTION: TO INSTALL A TEMPORARY 20'X 30' CANOPY AT THE REAR OF BARFLY 11/22 THROUGH 11/26. ALL ACTIVITY TO DISCONTINUE BY 2:00 AM.

PERMIT WORK AUTHORIZED: 18- TENT/AMUSEMENT

INSPECTION FINDINGS

STATUS VALUES: 1=ACTIVE- OK, 2=ACTIVE- BAD, 3= COMPLT, 4= COMPLT-NOINS, 5= NOT STARTED, 6= NO PROGRESS, 7= NO ENTRY, 8= NOT APPLIC

*****CURRENT FINDINGS***** LAST HISTORICAL FINDINGS *****

Table with columns: LOCATION, STAT 1-8, INSP CODE, INSPECTION AREA, SUBAREA, DATE, LOCATION, STATUS, ID. Includes rows for TENT/AMUSEMENT, PROJECT, *UNKNOWN*, and FINISHES.

ENTRY AREA FOR WORK BEING REPORTED BY MULTIPLE LOCATIONS

Table with columns: LOCATION, STATUS, WORK TYPE, AREA, SUBAREA. Includes empty rows for data entry.

DATE SITE PLAN CONDS SATISFIED: ___/___/___ DATE PLAN REVIEW CONDS SATISFIED: ___/___/___

CERTIFICATES REQUIRED / DATE WITNESSED

1: ___/___/___ 2: ___/___/___ 3: ___/___/___
4: ___/___/___ 5: ___/___/___

COMMENTS AND PROBLEMS

Horizontal lines for writing comments and problems.

CORRESPONDENCE TO BE SENT

Horizontal line for writing correspondence to be sent.

PROBLEMS FOUND (Y/N): _____ NEXT INSPECTION (DATE/TIME): _____ / _____



City of Rochester, N.Y.

**ALARM PERMIT
2005**

Expires April 30, 2006

**Retain this section
for your records.
IT IS YOUR RECEIPT.**

USER ALARM PERMIT FOR DISPLAY

PERMIT#: 22856
PERMIT ADDRESS: 355 East Av
LOCATION:
OCCUPANT: KARMA 355

PERMIT ALARM TYPES: Burg Rob Trbl Fire Watr Med

CURRENT YEAR FEE: \$410.00
UNPAID BACK FEES: \$0.00
TOTAL RENEWAL FEE: \$410.00

Prior Year Fee is based on the following schedule for avoidable alarms reported between 3/1/2004 and 2/28/2005

**AVOIDABLE ALARMS REPORTED
IN ALARM YEAR 2004: 11**

No avoidable alarms: Fee \$10
1-3 avoidable alarms: Fee \$20
4+ avoidable alarms: Fee \$10. Plus \$50 each over 3

EEO Employer/Handicapped



CLS1600

Date Printed: March 16, 2005

11 Comfort Street
 Rochester, NY 14620
 Phone (585) 232-5555
 Fax (585) 232-7827



CONTRACT # _____
 REPORT # 1

REPORT OF INSPECTION

PAGE 1 OF 2

REPORT TO KARMA NIGHTCLUB BUILDING OR LOCATION SAME
 STREET 355 EAST AVE
 CITY & STATE ROCHESTER, NY ZIP 14604 INSPECTOR J. DILSHAN
 ATT: PULL-TURBENT DATE 2-9-06

1. GENERAL	Yes	N.A.	No
a. Is the building occupied?	1		
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 sprinklered?			
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 the 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 valves 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 or 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 5 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 all 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 alarm 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. Are portable fire extinguishers in good condition?			
g. Is hand hose on sprinkler systems satisfactory?			

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

* Explain "No" answers on Page 2
 †Not Applicable
[Signature]

WHITE: ORIGINAL CANARY: CUSTOMER COPY PINK: INSURANCE BUREAU

11 Comfort Street
 Rochester, NY 14620
 Phone (585) 232-5555
 Fax (585) 232-7827



24 Hour EMERGENCY SERVICE
 Plumbing - Heating - Fire Protection

CONTRACT # _____

REPORT # _____

REPORT OF INSPECTION

PAGE 2 OF 2

- 10. Date System Piping last checked for stoppage. UNKNOWN
- 11. Date Dry System Piping last checked for proper pitch. _____
- 12. Date Dry Pipe Valve last trip tested _____
- 13. Wet Systems: No? Make and Model? GENERAL mod-A
- 14. Dry Systems: No? Make and Model? _____
- 15. Special Systems: No? Type _____
 Make and Model? _____ Condition? _____

16. CONTROL VALVES	No?	Type?	Open		Secured		Closed		Signs		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	1	OSV	1		1		1		1		good

17. WATER FLOW TEST
 Water Pressure? _____ CITY _____ 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>A.V</u>	<u>2"</u>	<u>50</u>	<u>40</u>	<u>45</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. |
| 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. 8a water meter giving out readings since install
8b Flow switch wired to first floor alarm only & left in alarm untripped

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.



2.5 Gal



20 lbs

LILAC CITY

Fire & Safety

P.O. BOX 64718
ROCHESTER, NEW YORK 14624

Phone: 585-509-1691

Fax: 585-247-0212



24 Hour Service

PO #

INVOICE # 9-844

Quality & Service
Free Estimates

Quantity	Lbs	Gals	DESCRIPTION	Reman	Hydroed	Insp	Rech	New	Price	Amount
1	6	1.75	PK Class Fire Extinguishers							
			Carbon dioxide (CO2) Fire Ext							
			CO2 Cartridge							
			CO2 Fire Extinguishers							
			CO2 Fire Extinguishers							
			CO2 Fire Extinguishers							
4	5	ABC	Dry Chemical Extinguishers							
			Dry Chemical Extinguishers							
			Dry Chemical Extinguishers							
1	10	ABC	Dry Chemical Extinguishers							
			Dry Chemical Extinguishers							
			FE 36 Fire Extinguishers							
			Water Pressure Extinguishers							
			Water Pressure Extinguishers							
			Halotron							
			Inspection of Ind. System							
			Inspection of Gas Station System							
			Inspection of Gas Station System							
			Inspection of Restaurant System							
			Inspection of Restaurant System							
			Links							
			Labor							
			Exit Signs							
			Fire Ext Signs							

Handwritten initials/signature

CUSTOMER NAME: Khanna / BRFly
 ADDRESS: 359 East Ave. ZIP CODE: 14607
 CONTACT PERSON (PRINTED): PENNY CITY: Roch. STATE: NY
 SERVICEMAN: JACK

Subtotal 50.00
 Tax or Exempt # 4.00
 TOTAL 54.00

APPROVED BY: X (SIGNATURE) TEL.# 232-5630 FAX# 411A

DATE: 12-28-05

Important - Please Note!!
 All invoices must be paid in 30-days.
 10% Finance Charge will be compounded monthly.

Handwritten notes:
 pd. Full
 CK # 4034
 ROR

Fire Extinguishers Inspected Annually
 Systems Inspected Semi-Annually

24 HOUR SERVICE



Casco Security Systems, Inc.
 300 Metro Park • Rochester, NY 14623
 (716)424-5000
INSPECTION FORM

Customer Name: Bardly/Kasuma

Address: 355 E. Main St

City, State, Zip: Rochester NY 14604

Panel Type: W/ta 100 Account #: KD 146049

Inspection Date: 1/19/06 Inspection Hours: 1.5

Inspection Frequency: M Q S Y

Service Agreement: Y Inspection Billable: Y hours @ _____ rate.

Other labor: BURGLARY hours @ _____ rate.

Device	Pass / Fail	Number Tested
Motors		
Contacts		
Glass Break		
Keypads		
Sensors		
Other ()		
Wireless Equip		
Communicator		
Stamp/Pump		

AC voltage: _____ Battery Voltage Under Load: _____

Work Performed: Replaced 2 hour studies

Replace Dead or Signs? Y/N

Consent: W/ta Customer to see if they have any concerns.

Technician Signature: [Signature] Date: 1/19/06

Customer Signature: [Signature] Date: 1-19-06

FIRE

Number of Devices	Number Tested / # Pass / # Failed	Cleaned / Cal
Smoke Detectors	2 / 0	
Carbon Mon		
Heat <u>Heats</u>	13 / 0	
Gate Valve Tamper		
Air Pressure		
Temperature Sensor		
Pump AC Fail		
Pump Run		
Elevator Shutdown		
Roof Hatch		
Ansul System		
Halon		
Other (<u>Bells</u>)	7 / 0	

AC voltage: _____ Battery Voltage Under Load: _____

Local Sensors: Pass / Fail CS Acknowledge: Pass / Fail

Alarm Output: Pass / Fail Other (Pass / Fail)

Communicator: Pass / Fail

Explain Failed Results: Y

Follow up Needed: _____

City of Rochester City Code License - Entertainment Center For Application#: 89

Current Status/Date:	03/01/2006 V - Wait CZC		
Applic. Date:	03/01/2006	Issue Date:	Start Date: 02/01/2006 Expiration Date: 01/31/2007
General Comments:			
License Fee:	\$325.00	*** NEW LICENSE ***	Last Chgd: 03/02/2006 borriinoa

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** *EMERGENCY CONTACT*
SEN CLARK Business Phone **(585) 263-7650**
 Business Name: *414 6048*

Activity:
 City Address: **363 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **VI PROPERTIES** Residence: **1645 empire blvd.**
 DOB: Home Phone: **(585) 721-2686** 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** / **03/01/2006** 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** / **03/01/2006** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **03/02/2006** Reviewer: **palermo** *J.P. Palermo*
 Occupancy: **0** Cart Inspection Date: Approved: **No**
 Comments: *3/16/06*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **03/01/2006** Reviewer:
 Comments:

FIRE SAFETY INSPECTION RECORD

- LICENSE EAST
- PERMIT WEST
- COMPLAINT SPECIAL REFERRAL

LOCATION: *355 East Ave*

Person contacted:

Emerg - Bill Turcott. 503 2208
Telephone #:

Owner Name: _____
Owner Address: _____
Owner Phone: _____

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
DATE										
<i>1/10/06</i>								<i>called</i>		
<i>1/17/06</i>								<i>"</i>		
<i>1/19/06</i>								<i>"</i>		
<i>1/25/06</i>								<i>" apt @ 2:00</i>		
<i>1/25/06</i>	<i>2:00 pm</i>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>J.P.</i>

Sprinkler System

Alarm Permit

Cooking Hood

Fire Alarm System

Standpipe System

Cooking System

Bars/Wires on Windows

Lock Box

Posted Occupancy

	Y	N
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>
<i>H75</i>		

Permit# _____

Permit # 05-11034 LP GAS.

Local Central (circle one)

**APPROVED
FIRE SAFETY DIVISION**

John Palumbo

Fire Marshal

City of Rochester City Code License - Entertainment Center For Application#: 9

Current Status/Date:	01/04/2006 P - Pending		
Applic. Date:	01/04/2006	Issue Date:	Start Date: 02/01/2006 Expiration Date: 01/31/2007
General Comments:			
License Fee:	\$375.00	*** RENEWAL LICENSE ***	Last Chgd: 01/06/2006 borrihoa

Applicant: **JOHN DIAMANTOPOULOS** Residence: **152 OLD ENGLISH ROAD** *739 2500*
 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: *4547010*
 Activity: **bar**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **JAMES VERDI** Residence: **496 EMBURY RD.**
 DOB: **05/18/1960** Home Phone: **(585) 671-8330** City, State, Zip: **ROCHESTER, NY 14625**

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#: **1020463** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/04/2006** 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** / **01/04/2006** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **01/06/2006** Reviewer: *palermo* *Jah Palermo*
 Occupancy: **320** Cart Inspection Date: Approved: *1-25-06* **No**
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **01/04/2006** Reviewer:
 Comments:

Last inspect (Lic) 2/04.



359 East Ave • Rochester, ny

Barfly
359 East Ave.
Rochester NY 14604
(585) 232-5630

Rob Salerno
Fire Marshal's Office

Rob:

This letter is to inform you that Barfly is not storing propane in the building or anyplace outside the building. As per our conversation on 10-26-2005, it is not the bar's policy to use or store any heaters or tanks inside or outside.

Sincerely,

William Turcott
Manager, Barfly/Karma

A handwritten signature in black ink that reads "William Turcott". The signature is written in a cursive style and is positioned below the printed name.

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

Karma
NAME
355 East Ave.
ADDRESS
Roch NY 14604
CITY, STATE, ZIP

Date 9/23/05

Inspection of the premises located at home 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

Repair exit light (out) on west exit

Received by: First Class Mail
NAME TITLE DATE

By Order of
Fire Marshal

Fire Marshal J. Esteban

DATE OF COMPLIANCE _____

Fire Marshal _____

FIRE SAFETY INSPECTION RECORD

LOCATION:

355 EAST AV
BARFLY

Person contacted:

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

Salerno

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												
3/14								<i>Inspected By al Richards</i>					<i>POBB</i>
	<i>(2/11/05) for</i>												
	<i>Amusement, Inc.</i>												

	Y	N
Sprinkler System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooking Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Standpipe System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooking System	<input 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"/>

Permit# _____

Local Central (circle one)

**APPROVED
FIRE SAFETY DIVISION**

R. Salerno (inspected by al Richards)
Fire Marshal

FIRE SAFETY INSPECTION RECORD

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

LOCATION: *355 East Ave*

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>2/10/05</i>								<i>ph</i>	<input checked="" type="checkbox"/>	<i>AR</i>

	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 checked="" 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"/>

Permit# *?* - *22856*
Lilac fire
 Local Central (circle one)
CASCO

APPROVED

2-15-05
MRS

**APPROVED
FIRE SAFETY DIVISION**

AC Richards

Fire Marshal

Sphalerit
ZINC ORE -
Alumina

→

City of Rochester

City Code License - Entertainment Center

For Application#: 90

Current Status/Date: **02/10/2005 P - Pending**

Applic. Date: **02/10/2005** Issue Date: Start Date: **02/01/2005** Expiration Date: **01/31/2006**

General Comments:

License Fee: **\$375.00** *** RENEWAL LICENSE *** Last Chgd: **02/11/2005 borriñoa**

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: **bar**
 City Address: **355 East Av** Sector: **5**, Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **JAMES VERDI** Residence: **496 EMBURY RD.**
 DOB: **05/18/1960** Home Phone: **(585) 671-8330** City, State, Zip: **ROCHESTER, NY 14625**

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#: **1020463** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **02/10/2005** 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** / **02/10/2005** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **02/11/2005** Reviewer: **richarda**
 Occupancy: **320** Cart Inspection Date: Approved: **No**
 Comments: **375** *OK* **ARL 2/11/05**

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **02/10/2005** Reviewer:
 Comments:



Casco Security Systems, Inc.
 300 Metro Park • Rochester, NY 14623
 (716)424-5000

INSPECTION FORM

Customer Name: Borfly/Karimo
 Address: 355 Eddy Ave
 Cross Street: Alexander
 City, State, Zip: Rochester NY 14604
 Panel Type: Alarm Account #: 150001049
 Contact: Penn
 Inspection Date: 2/27/04 Inspection Hours: 1.5
 Inspection Frequency: M Q S A
 Service Agreement: YN
 Inspection Billable: YN hours @ _____ rate.
 Other labor _____ hours @ _____ rate.

BURGLARY

Device	Pass / Fail	Number Tested
Motions		
Contacts		
Glass Break		
Keypads		
Sounders		
Other ()		
Wireless Equip.		
Communicator		
Sump Pump		

AC voltage: _____ Battery Voltage Under Load: _____
 Work Performed: _____

Replace Decals or Signs? Y/N _____
 Consult With Customer to see if they have any concerns. _____
 Technician Signature: [Signature] Date: 2/27/04
 Customers Signature: [Signature] Date: 2/27/04

FIRE

Number of Devices	Number Tested		Cleaned / Cal.
	# Pass	# Failed	
Smoke-Deetors	4	0	
Carbon Mon. Mon./Sensors	1	0	
Riser	1	0	
Gate Valve Tamper	1	0	
Air-Pressure Sensors <u>Bells</u>	7	0	
Temperature Sensor			
Pump AC Fail			
Pump Run			
Elevator Shutdown			
Roof Hatch			
Ansul System			
Halon			
Other ()			

AC voltage: _____ Battery Voltage Under Load: _____
 Local Sounders: Pass / Fail
 Alarm Output: Pass / Fail
 Communicator: Pass / Fail
 Panel Functions C.S. Acknowledge: Pass / Fail
 Other (): _____ Pass / Fail

Explain Failed Results: _____
 Follow up Needed: _____

J&S FIRE PROTECTION
 P.O. BOX 344
 PITTSFORD, NEW YORK 14534
 (716)387-9220
 (716)385-5573 FAX

BUILDING TO BE INSPECTED: KARMA + BAILEY
 REPORT SENT TO: 355 + 359 EAST AVE PECHESIE N Y 14601

- | 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? <u>N/A</u> | | | |
| b. Are fire dept. connections in satisfactory condition? _____ | | Y | |
| 5. WET SYSTEMS: | | | |
| a. Are cold weather valves opened or closed as necessary? _____ | | Y | |
| 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? <u>N/A</u> | | | |
| b. Is air pressure and priming water level, normal? _____ | | | |
| c. Is air compressor in good condition? <u>↓</u> | | | |

14. WATER FLOW TEST:

TEST PIPE LOCATED	SIZE TEST PIPE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER	AIR PRESSURE
<u>RISER</u>	<u>2"</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 ADDED FD CAP

INSPECTION WITNESSED

BY: [Signature] DATE 2-23-4

INSPECTOR: [Signature] DATE 2-23-4

Karma 355

355 East Avenue, Rochester, NY 14604
phone 454-7010 fax 454-1066

To Al Richards
From Penny @ Karma
Time 2:45 PM
Date 2/11/05

Message

I found this after you left
is this it?

Please give me a call at 749-4591 (my cell)
or 454-7010



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 04/13/05

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,

BARFLY
355 EAST AV

06-04041	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
5412B21B	LPG LESS THAN 1000	\$ 70

Please return this part with payment

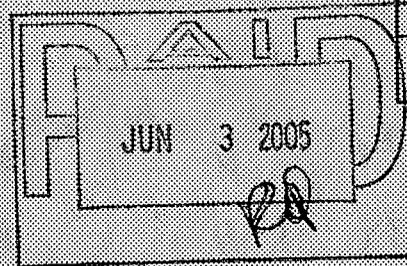
MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

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

00355 EAST AV

06-04041	PERMIT NUMBER
04/13/05	INVOICE DATE
05/13/05	DUE DATE
\$ 70	AMOUNT DUE



BARFLY
355 EAST AVE
ROCHESTER NY 14604

FD513

fdpmt1

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

THIS PERMIT EXPIRES **04/30/06**

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 DeGano
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

00355 EAST AV

06-04041	PERMIT NUMBER
04/13/05	INVOICE DATE
05/13/05	DUE DATE
\$ 70	AMOUNT DUE

BARFLY
355 EAST AVE
ROCHESTER NY 14604

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

	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 days	\$375.00	\$750.00



City of Rochester



(585) 428-6739
(585) 428-6785 FAX

Fire Safety Division
Fire Department

185 Exchange Blvd.
Room 665
Rochester, New York 14614-1283

May 30, 2005

Barfly
355 East Ave.
Rochester, NY 14604

To Whom It May Concern:

This letter is to inform you that your Fire Safety Permit for the business at 355 East Ave. is delinquent for nonpayment. The amount of the permit is \$70.00.
This is a final courtesy notice for the permit # 06-04041.

We must receive your payment of \$70.00 within five (5) days of the date of this letter or we will issue a Summons for a violation of the Municipal Code. The fee for a Summons violation is as follows:

First Offense	\$ 75.00
Second Offense	\$ 150.00
Third Offense	\$ 375.00

Time is of the essence, please remit your payment payable to the City Treasurer and mail it to the following address immediately:

Rochester Fire Department
Attention: Accounts Receivable
185 Exchange Boulevard, suite 665
Rochester, New York 14614

If you have any questions, please contact me at (585) 428-7037. We will appreciate your prompt compliance to this letter.

Sincerely,

James Sands,
Code Enforcement Officer

JS:cm

Enclosure: Copy of Permit Statement

EEO/ADA Employer





**CITY OF ROCHESTER, NEW YORK
APPLICATION FOR PERMIT**

**BUILDING
318**

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF BUILDINGS AND ZONING
ROOM: 121-B TELEPHONE: 428-6526
30 CHURCH ST. CITY HALL

503

WORK LOCATION: 0355 EAST AV OWNER NAME: VTPROPERTIES LLC 585 000-0000 CONTRACTOR NAME: BOB SPATOL'S RENTAL 585 000-0000 ARCH./ENG. NAME: 585 000-0000 APPLICANT NAME: JOHN DIAMANTOPOULOS 585 739-2500 APPLICANT ADDRESS: 355 EAST AV ROCHESTER NY 14604		DATE: 06/03/05 APPLICATION NUMBER: 1054035
PERMIT DESCRIPTION: INSTALL 20' X 40' TENT AFTERNOON OF JUNE 3, 2005. REMOVE NO LATER THAN 6/5/05.		CERTIFICATE OF OCCUPANCY:
CZC SUBJECT TO:		
PROPOSED WORK: TENT/AMUSE CONSTRUCTION TYPE: NON APPLICABLE	APPROVALS: Spc Pmt CZC 1051040 Zon Dist. CCD-E P/L Y HTD C of A Var Site pl	COST ESTIMATE: EXCLUDE electrical & plumbing work INCLUDE heating air conditioning etc \$ 250 PERMIT FEE: Base pmt fee 100.00 Penalty fee 0.00 Stop work fee 0.00 TOTAL 100.00
OCCUPANCY OR USE: PRESENT USE: Proposed use:		
CERTIFICATION: I am the owner/contractor/architect/engineer/or owners agent authorized to make this application Applicants Signature <i>X</i> Date _____		
APPROVALS: <i>M. Parker</i> Date 6/3/05 Zoning _____ Fire Safety _____ Plumbing _____ D.E.S _____ Housing & Project Development _____ <i>[Signature]</i> Date 6.3.05 Property Conservation _____ Buildings _____ for Commisioner of Community Development		BUILDING ROOM 121 FEE PAID 30079 01-0002 001 44030 INSURANCE: Y OPEN CASE: 00000 # OF PLANS: 0 BB / IS / FS

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SPATOLA'S PARTY RENTAL INC
1625 N CLINTON AVE
ROCHESTER NY 14621

POLICY NUMBER R 1299 466-1
DATE 1/07/2005
CERTIFICATE NUMBER 074-274

PERIOD COVERED BY THIS CERTIFICATE
7/01/2004 TO 7/01/2006

POLICYHOLDER
BOB SPATOLA'S PARTY RENTAL INC 1625 N CLINTON AVE ROCHESTER NY 14621

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 1299 466-1 UNTIL 7/01/2006, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 7/01/2006 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

THE STATE INSURANCE FUND

Vincent M. Tronziello
DIRECTOR, INSURANCE FUND UNDERWRITING

U-26.3

From NOD SPATOLA'S PARTY RENTAL

CERTIFICATE OF FLAME RETARDANCE

Reference Your Order # Verbal

Our Order # 0011649

This is to certify that Herculite Architent, Lot # 9521967484

is flame retardant according to the following specifications and standards:

- California Fire Marshall Registration (Title 19)
- Reg. Fabric # F12203
- National Fire Protection Association (NFPA) 701, large scale
- Canvas Products Association International (CPAI) 84 (Walls & Tops)

Also we certify this lot of Herculite Architent tent and structural fabric is in general conformance with the average typical, physical and technical performance parameters published in our descriptive product literature and technical bulletins.

- 10' WIDE FRAME AND POLE TENTS.
- 12' WIDE FRAME AND POLE TENTS.
- 15' " " " " "
- 16' " " " " "
- 20' " " " " "
- 30' " " " " "
- 40' " " " " "
- 60' WIDE POLE TENTS.
- 80' WIDE POLE TENTS.

Robert Maxwell

Robert Maxwell
Quality Control Manager

Products Marketed by

HERCULITE PRODUCTS, INC.

P.O. BOX 786
YORK, PA 17405

have been tested by an approved laboratory in accordance with the provisions of Section 13121 of the Health and Safety Code, and meets the minimum requirements established by the State Fire Marshal for

FLAME RETARDANT FABRIC



[Signature]

State Fire Marshal

FIRE SAFETY INSPECTION RECORD
 LOCATION: **MONTY'S CORNER**
363 EAST AVE

- LICENSE
- PERMIT
- EAST
- WEST
- SPECIAL

Person contacted: **LESLIE**

Telephone #:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
4/29/05								No violations		
								OCC-80 AP# 24232		
								APPROVED		
								5-2-05 NRS		
								Y N		
								<input type="checkbox"/> <input checked="" type="checkbox"/> SPRINKLER SYSTEM		
								<input type="checkbox"/> <input checked="" type="checkbox"/> COOKING HOOD SYSTEM		
								<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM		
								<input type="checkbox"/> <input checked="" type="checkbox"/> STANDPIPE SYSTEM		
								<input type="checkbox"/> <input checked="" type="checkbox"/> COOKING SYSTEM		
								<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS		

APPROVED
FIRE SAFETY DIVISION
 Stephen R. Ersteniuk
 Inspector
 Fire Marshal's Office
 4/29/05

City of Rochester

City Code License - Entertainment Center

For Application#: 73

Current Status/Date: **01/31/2005 P - Pending**

Applic. Date: **01/31/2005** Issue Date: Start Date: **02/01/2005** Expiration Date: **01/31/2006**

General Comments:

License Fee: **\$325.00** *** **RENEWAL LICENSE** *** Last Chgd: **05/02/2005 borriinoa**

Applicant: **LESLIE SELTZER** Residence: **292 FAIR OAKS AVE**
 DOB: **05/28/1963** Home Phone: **(585) 704-8035** 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: **jim verdi** Residence: **1645 empire blvd.**
 DOB: Home Phone: **(585) 721-2686** 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#: **1010852** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **04/28/2005** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **04/28/2005**
 Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /
 Criminal Check: Records- **Yes** MCVB- **Yes** Cart Inspection Date: Approved: **No**
 Status / Date: **A** / **02/17/2005** Reviewer: **sexstont**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **02/04/2005** Reviewer: **ersteniu**
 Occupancy: **80** Cart Inspection Date: **4/29/05** Approved: **Stephen R. Ersteniu**
 Comments: **Inspector**
Fire Marshal's Office

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **03/07/2005** Reviewer: **smithj**
 Comments: **renewal**

1-23

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**

INSPECTION # **05-07090**

ADDRESS

FROM / TO

TAX ACCT #

EAST AV

363 365

002269-22.0

PROPERTY OWNER

ADDRESS

PHONE

JOHN DI PAOLA

480 W RIDGE RD 865-3650

MAILING NAME

CITY ROCHESTER STATE NY ZIP 14615
ADDRESS

EVERSHIELD CORP

CITY ROCHESTER STATE NY ZIP 14615
ADDRESS

EMERGENCY CONTACT

JOHN DI PAOLA

CITY ROCHESTER STATE NY ZIP 265-4771
ADDRESS

NFPA 901 CODES	GENERAL PROPERTY USE 59	SPECIFIC PROPERTY USE 531	STRUCTURE TYPE 2	STRUCTURE STATUS 2
----------------	--------------------------------	----------------------------------	-------------------------	---------------------------

NO ENTRY DATES:	BUSINESS NAME ADUETS Montya CORNER	PHONE	DISPOSITION by FIRE SAFETY:		
	BUSINESS OWNER D ADUET		REFERRED	ORDERS ISSUED	CORRECTED
A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #	ADDRESS 359 EAST AV	ROCHESTER NY 14604	NOT REQUIRED		
	BUSINESS EMERGENCY ADUET LESKIE SELTZER	PHONE 325 4880			
DIRECTION ROOM #, ETC.	ADDRESS 271 WOODMAN ST ROCHESTER	ROCHESTER NY 14607			
	292 FAIR OAKS AVE	PHONE 271 6288 14618			
	SPECIAL INSTRUCTIONS:	ph # 704-8035			
	SPECIAL HAZARDS OR CONSTRUCTION				
	COMPLAINT				
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

COPY TO FIRE SAFETY

RFD 501 REV. 03/03

1-19

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **R11**
ADDRESS
EAST AV.
PROPERTY OWNER
JOHN DI-PAOLA
MAILING NAME
EVERSHIELD CORP
EMERGENCY CONTACT

FROM / TO
355 365
ADDRESS
480 W RIDGE RD
CITY **ROCHESTER** STATE **NY** ZIP **14615**
PHONE
865-3650
ADDRESS
480 W RIDGE RD
CITY **ROCHESTER** STATE **NY** ZIP **14615**
PHONE
000-0000

INSPECTION # **05-07085**
TAX ACCT #

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <input type="checkbox"/>	STRUCTURE STATUS <input type="checkbox"/>
----------------	---	--	---	---

NO ENTRY DATES: A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #	BUSINESS NAME: BALLY? KARMA PHONE 423-0640 BUSINESS OWNER: JOHN DIAMANTOPoulos ROCHESTER N.Y ADDRESS: 152 OLD ENGLISH ROAD PHONE 723-0339	DISPOSITION by FIRE SAFETY:		
	BUSINESS EMERGENCY ADDRESS _____ PHONE _____	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED		
	SPECIAL INSTRUCTIONS:			
	SPECIAL HAZARDS OR CONSTRUCTION			
DIRECTION ROOM #, ETC.	COMPLAINT			
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:	DATE			

COPY TO FIRE SAFETY

RFID 501 REV. 03/03



City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 04/06/06

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.,

BARFLY

355 EAST

AV

07-04040

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
5412B21B	LPG LESS THAN 1000	\$ 70

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

00355 EAST

AV

07-04040	PERMIT NUMBER
04/06/06	INVOICE DATE
05/06/06	DUE DATE
\$ 70	AMOUNT DUE

BARFLY
355 EAST AVE
ROCHESTER NY 14604

MAY 13 2006
Red

FD513

fdpmt1

THIS PERMIT IS ISSUED AND ACCEPTED ON CONDITION THAT ALL THE PROVISIONS OF THE FIRE PREVENTION CODE SHALL BE COMPLIED WITH, AND SAID PERMIT WILL BECOME VALID ONLY AFTER RECEIPT OF TOTAL FEE PAYMENT.

THIS PERMIT EXPIRES

04/30/07

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.

Jeanne Argyros
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

00355 EAST

AV

07-04040	PERMIT NUMBER
04/06/06	INVOICE DATE
05/06/06	DUE DATE
\$ 70	AMOUNT DUE

BARFLY
355 EAST AVE
ROCHESTER NY 14604

FD513

fdpmt1



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 03/16/05

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.,

**ROCHESTER MUSEUM & SCIENCE CENTER
657 EAST AV**

06-03031	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
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
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:

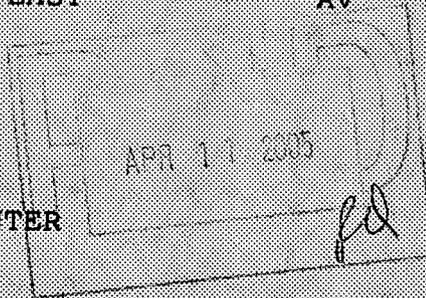
PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER

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

00657 EAST AV

06-03031	PERMIT NUMBER
03/16/05	INVOICE DATE
04/16/05	DUE DATE
\$ 260	AMOUNT DUE

ROCHESTER MUSEUM & SCIENCE CENTER
657 EAST AVE
ROCHESTER NY 14607



FD513

fdpmt1

THIS PERMIT EXPIRES 03/31/06

James DeGano
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:

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

00657 EAST AV

06-03031	PERMIT NUMBER
03/16/05	INVOICE DATE
04/16/05	DUE DATE
\$ 260	AMOUNT DUE

ROCHESTER MUSEUM & SCIENCE CENTER
657 EAST AVE
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

	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 days	\$375.00	\$750.00



City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

November 30, 2004

Karma
355 East Ave
Rochester, New York 14607

Re: 355 East Ave

Dear Property Owner:

Accompanying this letter are your occupancy signs for the above mentioned address.

The maximum occupancy allowed in on the **First Floor is 281** and the maximum occupancy allowed on the **Mezzanine is 168** - total allowable occupancy is **449** people.

It is your responsibility to maintain the signs, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,

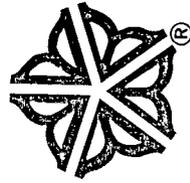
Joe N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

JNS/jh

xc: City Fire Marshal
Occupancy File



**OCCUPANCY BY MORE
THAN 449 PERSONS
IS DANGEROUS AND
UNLAWFUL**



City of Rochester, New York

Paul A. Smith

355 EAST AV
 KARMA BAR
 449 PERSONS MAX

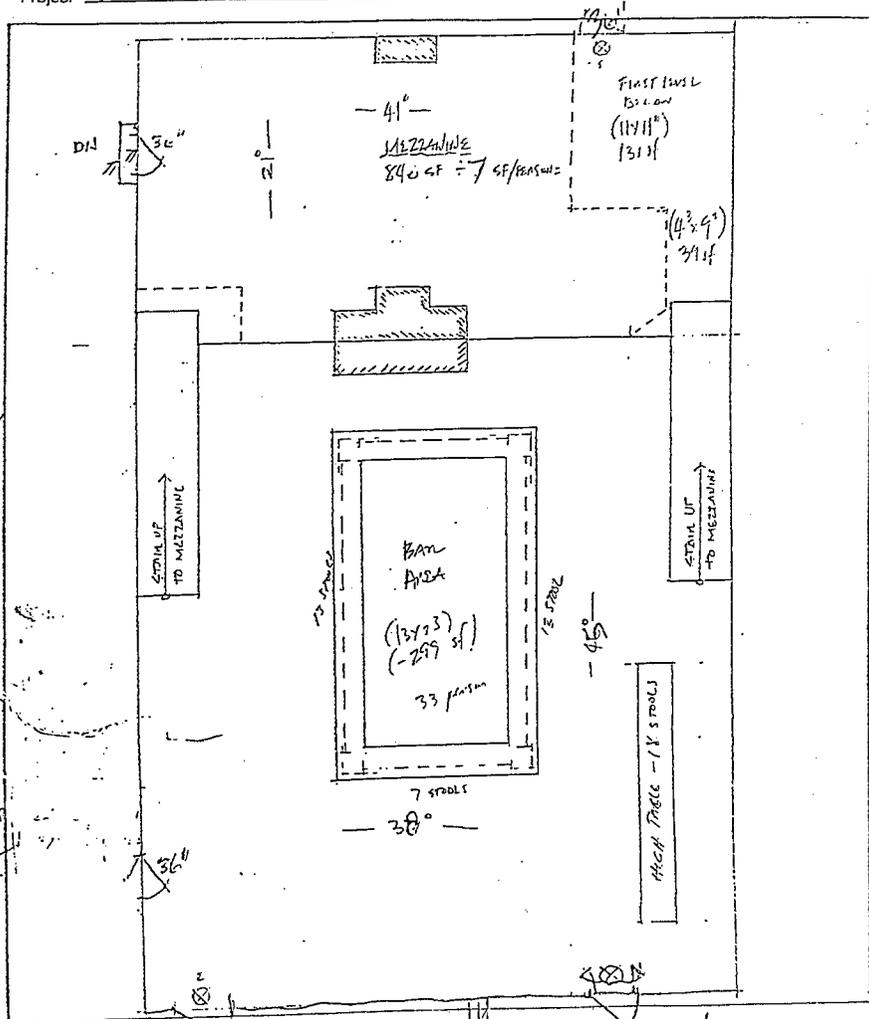


City of Rochester, New York

Project 355 EAST AVE • KARMA

Sheet _____
 By _____
 Ckd. _____
 Date Nov. 23, 2004
 Date March 4, 2003
 Date April 20, 2007
 P.C. _____

MEZZANINE LEVEL
 840 sf
 ÷ 5 sf/p =
 168 persons
 MAIN LEVEL
 38 x 45 =
 1710 sf
 + 131 sf
 1841 sf
 - 299 BAR
 - 136 STAIRS
 1406 sf
 ÷ 5 = 281



168 + 281 =
 449 persons max. 44"
 EXITS
 3 REQ'D
 2 @ 44" ea. =
 2 units of exit width
 1 @ 36" ea. = 1.5 uew.
 3.5 uew x 100 = 350 persons capacity

J. LINARES

NOV. 23, 2004



City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

November 30, 2004

Barfly Bar
355 East Ave
Rochester, New York 14607

Re: Barfly Bar (Expansion of Karma)

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign **375** is the maximum allowable occupancy in the establishment at one time.

It is your responsibility to maintain the sign, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,

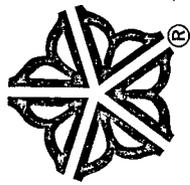
Joe N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

JNS/jh

xc: City Fire Marshal
Occupancy File



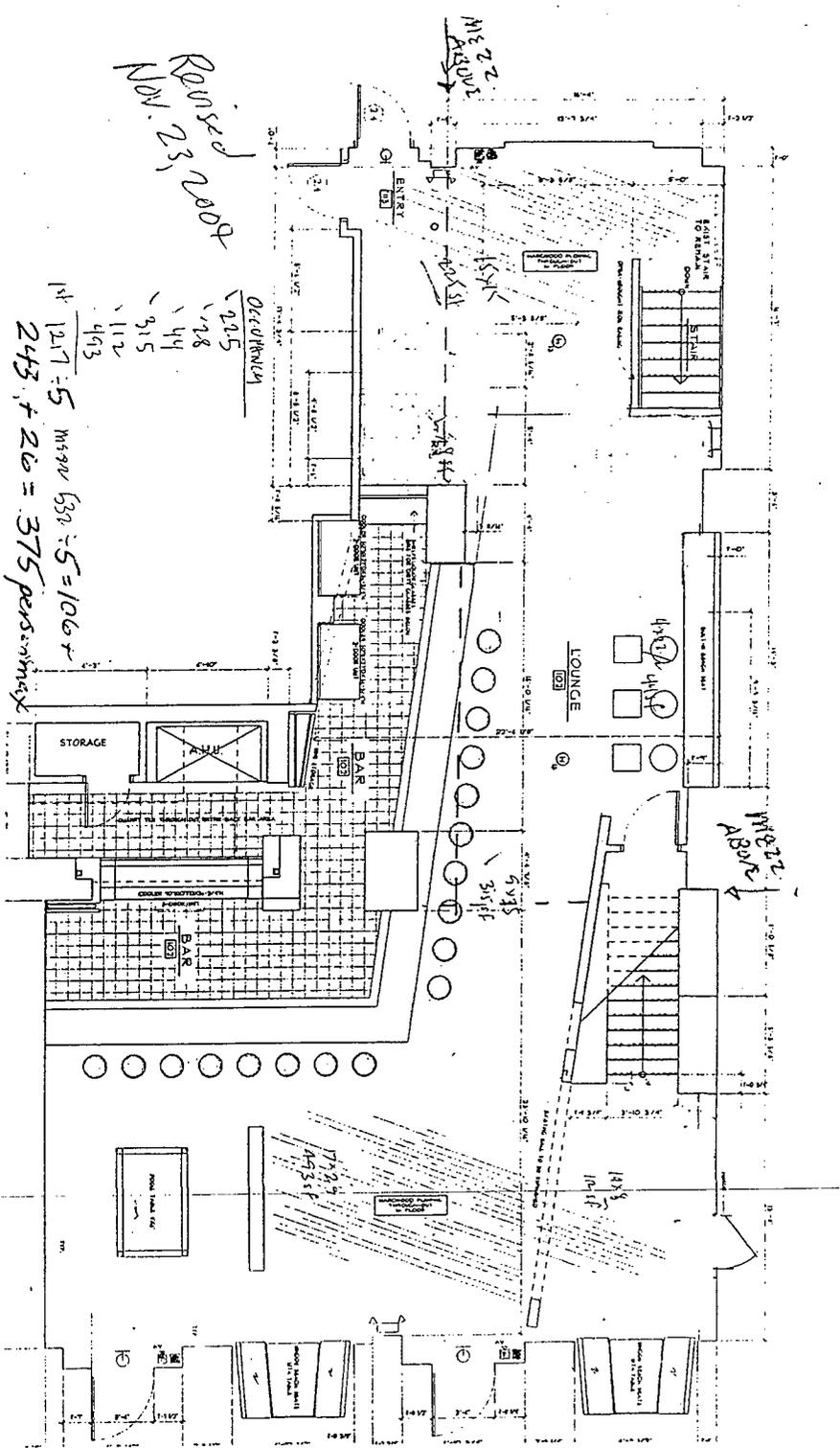
**OCCUPANCY BY MORE
THAN 375 PERSONS
IS DANGEROUS AND
UNLAWFUL**



City of Rochester, New York

Paul A. Smith

355 EAST AVE.
 BARFLY BAR
 375 PERSONS MAX



J. LINARES

NOV. 23, 2004

5100 BULL... 0015



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 10/29/04

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.,

**KARMA 355
355 EAST AV**

05-11034	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
5412B21B	LPG LESS THAN 1000	\$ 70

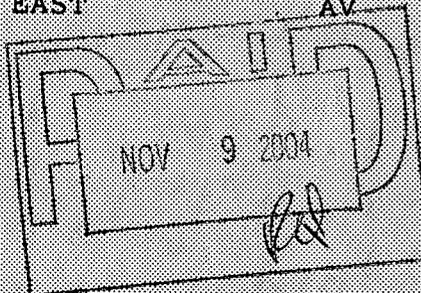
MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

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

00355 EAST AV



05-11034	PERMIT NUMBER
10/29/04	INVOICE DATE
11/29/04	DUE DATE
\$ 70	AMOUNT DUE

KARMA 355
355 EAST AVE
ROCHESTER NY 14604

FD513

fdpmt1

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

THIS PERMIT EXPIRES **11/30/05**

Jerome DeGano
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:

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

00355 EAST AV

05-11034	PERMIT NUMBER
10/29/04	INVOICE DATE
11/29/04	DUE DATE
\$ 70	AMOUNT DUE

KARMA 355
355 EAST AVE
ROCHESTER NY 14604

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

	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 days	\$375.00	\$750.00

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION

363 East Ave.

DATE RECEIVED
IN FIRE
SAFETY:

9/20

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

9/20

Called to change appt to 11am

the 23rd left Message (704-8035)

- POBB

9/23

11am

9/24

Orders Mailed (7) regular Mail to 875 Monroe
ave as requested (Jennifer)

- POBB

- Copies faxed to Billie.

10/4.

- Leslie - she is getting estimates
for panic Hardware.

- POBB

12/27

-

Spoke to Billie. also call Mrs. Seltzer

- they need to contact me for reinspect.

they have "NOT"

- POBB

12/28

2pm

appt w/ Mrs Seltzer

12/29

4pm

(OK) POBB

* -

Regarding Request to - Secure (1) one of
the (2) two rear exit doors ^{ANSWER} is "NO"
they cannot - (Building Bureau Juan
Linares)

9/23 Jennifer. Occupancy 80

① (July 2002)

1- ② (March 2003) Extinguishers Behind Bar
need inspection

2- ^{REAR} Exit door - Remove all locks (slide Bolt, &
Baracade Hardware AND install panic Hard
Ware.

3- Alarm System inspection Report.

4- ^{Basement} Secure all compress gas cylinders

5-

Monty Krown
875 Monroe.
14620

6- flags - fire retardant?

MEMORANDUM

Salerno

To: Lt. Allyn Borrino, Fire Safety Division
From: Billie Dunkley, Code Enforcement
Date: September 9, 2004
Subject: Certificate of Use Application

Enclosed please find the following copy of a Certificate of Use application dated September 10, 2004 for your review, comments and/or approval:

Address:	Business	Business Owner
363 East Avenue	Monty's Korner	Leslie Seltzer Joseph Hughes

Please be advised that pursuant to 90-36 of the City Code, the City is required to issue or deny a Certificate of Use within 30 days of receipt of the completed application. Therefore, your written comment and/or approval must be submitted to me no later than **September 28, 2004**. As part of your unit's review, it is imperative that any required property inspection take place. **The inspection for this property will be on September 21, 2004 at 11:00 AM.** Please provide a copy of the inspection report if one is conducted. If your inspection is delayed by the applicant's actions, please advise me in writing so I can notify the owner that the application is incomplete.

Please feel free to call me at x6533 if you have any questions. Thank you for your cooperation.

Al, I have not been here the past week - John did an inspection on this property, and stated that you had to contact owner with date and time for RFD inspection. I spoke to Ian today and he needs asap. I gave him your number to call tomorrow morning. I do not know your schedule and figured it was easier to have him contact you to set up a time. If you have any questions you can call me at 6533. I should be in at 9:00 tomorrow morning. Thanks Billie.

Owner phone 704-8035
461-9059

Called. 9/20 Request to Change
appt. from 21st to 23rd left Message.



Rochester Fire Department

Fax Cover Sheet

(585) 428-6739 - Voice Line

(585) 428-6785 Fax Line

185 Exchange Boulevard

Suite 665

Rochester, New York 14614



DATE:

9/24/04

TO:

ORGANIZATION:

Billie

NAME:

FAX:

428-6287

FROM:

NAME:

R. Salerno

FAX:

RECEIVED
ROCHESTER FIRE DEPT.
04 SEP 24 AM 8:58

NUMBER OF PAGES INCLUDING COVER SHEET:

4

SUBJECT:

Regarding 363 East Ave - Cofl.
"Montys Kornei" - (3) pages of
Violations

URGENT REPLY ASAP PLEASE COMMENT FOR YOUR RECORDS

COMMENTS:

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

att. *Leslie Setzer*

NOTICE OF VIOLATION AND ORDER TO COMPLY

Monty's Korner
NAME

Date *9/24/04*

363 East Ave
ADDRESS

Rochester N.Y. 14604
CITY, STATE, ZIP

Inspection of the premises located at *363 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) two (2) Extinguishers behind the bar need current inspection and maintenance - Extinguish on the floor shall be properly mounted with sign above.

2) Alarm system inspection & maintenance report shall be submitted to the fire marshals office.

(Page 1 of 3)

Received by: _____
NAME

TITLE DATE

By Order of
Fire Marshal

Fire Marshal *R. Salerno*

DATE OF COMPLIANCE *12/29/04*

Fire Marshal *R. Salerno*

Rochester Fire Department
 185 Exchange Blvd., Suite 665
 Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

111 Montrose Avenue
 NAME
363 East Ave
 ADDRESS
Rochester, N.Y. 14609
 CITY, STATE, ZIP

Date 1/29/04

Inspection of the premises located at 363 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:

NOT Required - I did add a sign

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

Door to remain open while occupied

Handwritten notes and signatures in the violation description area.

Done.

Received by: _____ NAME TITLE DATE

By Order of Fire Marshal _____ Fire Marshal

DATE OF COMPLIANCE 12/29/04 Fire Marshal P. Sulermo

(Page 2 of 3)

Rochester Fire Department
• 185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

att. Leslie Seltzer

NOTICE OF VIOLATION AND ORDER TO COMPLY

Martyn Kornev
NAME

Date 9/24/04

363 East Ave
ADDRESS

Rochester N.Y. 14604
CITY, STATE, ZIP

Inspection of the premises located at 363 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

✓ Basement - Charge Extension cord to compressors shall be removed - compressors shall be connected directly to a proper outlet.

(Page 3/063)

Received by: _____ NAME

By Order of
Fire Marshal

12/29/04 TITLE _____ DATE
R. Salerno
Fire Marshal
R. Salerno
Fire Marshal

DATE OF COMPLIANCE 12/28/04



CERTIFICATE OF USE APPLICATION

NET - Department of Code Enforcement
30 Church Street - 007A
Rochester, New York 14614

To be completed by Business Owner and/or Operator:

DATE OF INSPECTION _____ TIME: _____ CASE # _____ ADDENDUM _____

Business Name: Monty's Korner

Business Address: 363 East Ave ZIP: 14604

Business Type: Foodstore Pharmacy Take Out Restaurant
 Bar/Restaurant with entertainment without entertainment

Other Related Licenses (i.e. Liquor license):

Type: Liquor Number: Cert #6584908

2004 3 MONR OP 31065

6 25

SSN/Tax ID #: 16-155713701

Business Owner and/or Operator/Corporation/Partnership: Exnats Inc.
Principals/Partners (if applicable) Jordan Hughes

Contact person Leslie Seiber
Phone number 704-2035

Home Address: 292 Fair Oaks Ave Phone: 41-1-9154

7. Roch, NY 14618

Mail To: 292 Fair Oaks Ave Home Address 875 Monroe Ave, 14610 Business Address

Property Owner: Vi Properties Phone: _____

Address: 11030 Empire Blvd.
Webster, NY 14580

CODE ENFORCEMENT APPROVAL

THIS 10th DAY OF
September, 2004

W. Dumbly

I understand that false statements made on this application may result in the denial or revocation of the Certificate of Use.

Business Owner and/or Operator
Signature Leslie Seiber

(For City Use Only) FEE: \$25.00

APPROVALS REQUIRED R. Salerno Date: 12/29/04 VIOLATIONS YES NO

NET INSPECTOR _____ Date: _____ YES NO

NET LIEUTENANT _____ Date: _____

NET ADMINISTRATOR _____ Date: _____

DCD ZONING: Wrena S. Citta Date: 9/10/04

Approved Hours of Operation: _____ AM/PM to _____ AM/PM

Approved MAXIMUM Occupancy: 57 (Restaurants)

Legal Use Bar

Active Permits yes No

NET Current C/O yes No Date _____

Open cases yes No

Nuisance Points yes No # Points 8

The above approvals must be signed and dated by the appropriate staff before a C of U will be issued.

Date of Approval: _____ Cof U#: 2155

Secondary (standby):
 Battery Type: () Dry Cell
 Nominal Voltage:
 Charger Voltage w/ load:

No of Batteries: 2
 () Nickel-Cad
 Under Load Voltage:
 Discharge Test:

Amp-Hr Rating: 7
 () Other:
 Charger Voltage:

ANNUNCIATOR

Manufacturer: N/A
 Type: () Incand () Graphic () CRT () DROP () LED () LCD
 Model #: S/N:

OTHER FEATURERS

Door Holder: () Normal () Non-functional Qty: 0 (X) N/A
 Elevator Recall: () Primary Floor: Normal () Secondary Floor: Normal () Shunt Trip: Normal
 Shunt Trip Control Primary: Overcurrent Protection: Location:
 HVAC Shut Down: () Normal Qty: 0 Auto Restart () Yes () No
 Extinguishing System: () Yes N/A (X) Special Hazard Equipment: () Yes (X) N/A

ALARM INITIATING DEVICES:

SUMMARY TEST RESULTS:

Devise Type	Description	Total	Tested	Failed
*PSD	Photo Smoke Detector	3	3	0
PSSA	Pull Station Single Action	2	2	0

*Replaced existing smoke detectors.

Detailed Test Results:

Devise Type	Building	Floor	Area	Service Performed	Test Result
PSD	Leased Space	1	Above Bar	Test	Pass
"	"	"	NE Wall	"	"
"	"	"	SE Wall	"	"
PSSA	"	"	North Entry	"	"
"	"	"	South Exit	"	"

ALARM INDICATING APPLIANCES:

SUMMARY TEST RESULTS:

Type	Description	Total	Tested	Failed
A/V	Audio/Visual Signal Devise	1	1	0

Detailed Test Results

Devis Type	Building	Floor	Area	Service Performed	Test Result
A/V	Leased Space	1	Bar Area	Test	Pass

INSPECTION DEFICIENCIES SUMMARY

1. There are none at this time.

INSPECTION RECONMENDATIONS

1. Put Circuit breaker handle lock on the breaker serving the FACP.
2. ADD "LOCAL Alarm only" Sign @ Front Panel

Customer Signature: _____

Tech Signature: _____

Date: 12/29/04

NYS Fire Alarm Lic#: 12000255314

The customer above acknowledges that the above fire alarm control panel was in the normal state without deficiency unless otherwise noted on this report.

NAME DIAMANTOPOULOS, JOHN

FIRE SAFETY INSPECTION RECORD

- LICENSE
- PERMIT
- EAST
- WEST
- SPECIAL

LOCATION: 355 East Ave

Person contacted:

Telephone #:

PERSON ABOVE IS SUMMONED TO APPEAR AT:
MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
<u>10-6-04</u>								<u>Spoke w/ Joe Gizzi owner of club - told him that they need to show proof prior to MCVB date to permit to avoid ticket</u>		

APPEARED:
GUILTY:
FINE:

DEFAULTED:
NOT GUILTY:
ADJURNED DATE:

HEARING OFFICER:

INSPECTOR'S COMMENT:

238272

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

DIAMANTOPOULOS JOHN

Last Name (Defendant) First M.I.

152 OLD ENGLISH RD

Street Address Apt. #

ROCHESTER NY 14616

City State Zip

1 1 1 1 1 1

D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # _____ Exp Date 1/1/1

Amusement Center Entertainment Center Alarm Permit

Taxi Driver Solicitor/Vendor _____

Dog: Color _____

Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

355 East Ave

Place of Occurrence Rochester, Monroe Co., N.Y.

8/28/04 2:01 AM

Date Time

OFFENSE 770 alarm Permit

In violation of Chapter 27 SEC 5 SUB A-B of

the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place _____

Central Station Alarm
was used with out permit.

PERSON ABOVE IS SUMMONED TO APPEAR AT:

MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.

CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: Oct 6 day of 04

at _____ A.M./P.M.

FINE SCHEDULE: A B C D E F G DOG ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT St. Mary's Band 9204

ID # 1611 SEC 011 Date

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM											
Incident#	Box#	Node#	Address Number	Street	Type	Dir					
0418914		32100	353	East		A					
Date	Mo	Da	Yr	Day of Week	Weather Cond	Temp	Alarm Type	Gov't Bldg	Apt. Number		
082804				7	1	4	3	0			

TIMES											
FIRST ALARM											
Time of Alarm	02:01	On location Engine		On location Quint/Midi	02:05	On location B/C		Under Control		In service	02:11
EXTRA UNITS											
Time of Alarm		On location Engine		On location Quint/Midi		Time of Alarm		On location Engine		On location Quint/Midi	
SECOND ALARM											
Time of Alarm		On location Engine		On location Quint/Midi		On location Ambulance					

RESPONSE											
FIRST ALARM											
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q09W		M09W									
EXTRA UNITS SENT											
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
MULTIPLE ALARM											
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE												
INC TYPE	Type Const	Stories	Specific Property Use	Mobile Prop Type	Area of Org.	Equip Involved	Form of Heat Ign	Form Mat'l	Type Mat'l	Ign Factor	Working Fire	Struc Dmg
74												
Year	Make	Model		Vin Number								

Fire Extended to _____ Ext of Flame Dmg

OWNER/OCCUPANT															
OWNER FIRST NAME						OWNER LAST NAME									
James						Vendi									
OWNER ADDRESS NUMBER															
1630		STREET				Type		Dir		CITY		STATE		ZIP	
		Empire				B1				Webster		NY		14580	
OCCUPANT FIRST NAME						OCCUPANT LAST NAME									
Barfly															

COMBAT													
NUMBER USED	1	2"	3"	MS	OXY	PORT ABLE	FOAM	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY
													01

AFTERMATH											
DOLLAR LOSS OF PROPERTY	NUMBER OF RESCUES	INJURED CIV	FF	DEAD CIV	FF	REFERRED TO:					
						<input checked="" type="checkbox"/> FIRE SAFETY	<input type="checkbox"/> FIRE INVESTIGATION	<input type="checkbox"/> HAZ MAT			

REMARKS: unruly patron tore a smoke head off the ceiling @ Barfly - deactivating the system. Former alarm permit # 22856 expired 4/30/04 - Refer to Fire

RANK	INT	GRP COPY	BATT	SIGNED
Capt	T	1	Q093	TR Speck

SMDISPLY

SPECIAL MAILING MULTI-ADDRESS DISPLAY DATE: 08/31/2004 DISPLAY

SBL NO: 121 . 260 - 0001 - 039 . 000 / 0000

OWNER: V I PROPERTIES LLC

LOCATION: 0355-365 EAST AV 14604

- - - - - ARLM SPECIAL MAILING - - - - - + - - - - - REFUSE BILLING ADDRESS - - - - -

V I PROPERTIES LLC

V I PROPERTIES LLC

1630 EMPIRE BLVD

1630 EMPIRE BLVD

WEBSTER NY

14580

WEBSTER NY

14580

- - WSE OWNER ADDRESS- - + - - WATER BILLING ADDR - + - PUREWATR BILLING ADDR -

V I PROPERTIES LLC

V I PROPERTIES LLC

PHYZE LLC

0355 EAST AV

1630 EMPIRE BLVD

311 ALEXANDER ST

ROCHESTER

NY 14604

WEBSTER

NY 14580

317

ROCHESTER

NY 14604

- - TAX BILL PAYEE - - - + - - BIS SPECIAL MAILING- - + - - - - FUTURE USE- - - - -

V I PROPERTIES LLC

NOT AVAILABLE

1630 EMPIRE BLVD

WEBSTER NY

14580

-----+-----+-----
PF14-TRANSFER TO WBSPEC TO VIEW ADDITIONAL WSE ADDR'S PF12-RETURN TO ARMXLOC

ARMSUM ASSESSMENT - SUMMARY DISPLAY - CURRENT YEAR DATE: 08/31/2004 DISPLAY

121 260 0001 039 000 0000 00 1 QF P 00 CT/B-AD 0093.02 201 04 DISC 000000000
 0355-365 EAST AV 14604 USE 464 99 SF 36,566 YR 1935
 - OWNER & MAILING INFORMATION - MISC. - - - - - ASSESSMENT DATA - - - - -
 V I PROPERTIES LLC RS - SS CURRENT TAXABLES
 1 - 9 LAND 61,800 COUNTY 1,183,200
 ACT HSC TOTAL 1,183,200 CITY 1,183,200
 1630 EMPIRE BLVD A - N PRIOR SCHOOL 1,183,200
 NGBHD LAND 61,800 BANK CODE 0002544
 WEBSTER NY 14580 00002 TOTAL 1,183,200 MORTGAGE
 INVESTOR 02544

- - - - - SALES INFORMATION - - - - - - - DIMENSIONS - - - COORDINATES - -
 PRICE 1,330,000 DEED W DATE 102703 F 118.05 D 131.00 E 412049 N 151078
 BOOK 09868 PAGE 00207 CTL# 9999999 ACRES 0.36 SP/MRG 00000000 IR LT
 PR OWNER PHYZE LLC - - - - - SPECIAL DISTRICTS - - - - -

EXEMPTIONS	SPC	UNITS	PCT	TYPE	VALUE
CODE AMOUNT PCT IY TY HC	SC400	162.00	.0000		0.00
	RP600	162.00	.0000		0.00
	SP700	162.00	.0000		0.00
	HSR00	162.00	.0000		0.00
		0.00	.0000		0.00
		0.00	.0000		0.00

* NO EXISTING EXEMPTIONS *

PF12-RETURN TO ARMXLOC

BUILDING INSPECTION / COMPLAINT FORM



COMPANY R11 INSPECTION # 04-02053
 ADDRESS EAST AV FROM/TO 355 TAX ACCT # 002269-22.0
 PROPERTY OWNER JOHN DI PAGLA ADDRESS 480 W RIDGE RD PHONE 865-3650
 CITY ROCHESTER STATE NY ZIP 14615
 MAILING NAME JOHN DI PAGLA ADDRESS 480 W RIDGE RD PHONE 14615
 CITY ROCHESTER STATE NY ZIP 14615
 EMERGENCY CONTACT ADDRESS PHONE 000-0000
 CITY STATE ZIP

NFPA 901 CODES GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 591 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES:

A = ATTIC
C = CELLAR
G = GARAGE
0 = OUTSIDE
= FLOOR

DIRECTION ROOM #, ETC.

BUSINESS NAME: HIRAM SIBLEY BUILDING PHONE _____
 BUSINESS OWNER ADDRESS _____ PHONE _____
 BUSINESS EMERGENCY ADDRESS _____ PHONE _____

SPECIAL INSTRUCTIONS:
 SPECIAL HAZARDS OR CONSTRUCTION

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME A B C D

*Address of this Bldg. is actually 311 Alexander
 (501#04-04303)
 * Remove this 501 from the System.*

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
----------	---------------	-----------	--------------

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: Capt. T. Speck COMPANY Q9 DISTRICT 3 GROUP 1 DATE 9/7/04
 BUS/PROP REPRESENTATIVE: _____ POSITION / TITLE _____ DATE OF REINSPECTION _____
 FIRE SAFETY INSPECTOR: _____ DATE _____



NOTICE OF VIOLATION AND ORDER TO COMPLY

James Veroli
NAME
1630 Empire Blvd.
ADDRESS
Webster ny
CITY, STATE, ZIP

Date 8/31/04

VOID

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

NYS Fire Code: 907.20.5 Fire protection shall be maintained - Record of testing, inspection & maint. shall be provided to Code Enforcement Official

Not responsible party to NYS

Received by: _____ NAME TITLE DATE

By Order of
Fire Marshal

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM											
Incident#	Box#	Node#	Address Number	Street	Type	Dir					
0418914		32100	355	East		✓					
Date	Mo	Da	Yr	Day of Week	Weather Cond	Temp	Alarm Type	Gov't Bldg	Apt. Number		
082804	7	1	4	3	0						

TIMES											
FIRST ALARM											
Time of Alarm	On location Engine	On location Quint/Midi	On location B/C	Under Control	In service						
02:01		02:05			02:11						
EXTRA UNITS											
Time of Alarm	On location Engine	On location Quint/Midi	Time of Alarm	On location Engine	On location Quint/Midi						
SECOND ALARM											
Time of Alarm	On location Engine	On location Quint/Midi	On location Ambulance								

RESPONSE											
FIRST ALARM											
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q09W		M09W									
EXTRA UNITS SENT											
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
MULTIPLE ALARM											
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE												
INC TYPE	Type Const	Stories	Specific Property Use	Mobile Prop Type	Area of Org.	Equip Involved	Form of Heat Ign	Form Mat'l	Type Mat'l	Ign Factor	Working Fire	Struc Dmg
74												
Year	Make	Model	Vin Number									

COPY

Fire Extended to _____ Ext of Flame Dmg

OWNER/OCCUPANT															
OWNER FIRST NAME						OWNER LAST NAME									
James						Vendi									
OWNER ADDRESS NUMBER															
1630		STREET				Type		Dir		CITY		STATE		ZIP	
		Empire				B1				Webster		NY		14580	
OCCUPANT FIRST NAME						OCCUPANT LAST NAME									
Barfly															

COMBAT													
NUMBER USED	1 3/4"	2"	3"	MS	OXY	PORT ABLE	FOAM	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY
													0/1

AFTERMATH											
DOLLAR LOSS OF PROPERTY	NUMBER OF RESCUES	INJURED CIV	FF	DEAD CIV	FF	REFERRED TO:					
						<input checked="" type="checkbox"/> FIRE SAFETY	<input type="checkbox"/> FIRE INVESTIGATION	<input type="checkbox"/> HAZ MAT			

REMARKS: unruly patron tore a smoke head off the ceiling @ Barfly - activating the system. Former alarm permit # 22956 expired 4/30/04 - Refer to Fire

RANK	INT	GRP CPY	BATT	SIGNED:
Capt	T	Speck	10093	TR Speck

238219

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

VERDI JAMES Last Name (Defendant) First M.I.

1130 Empire Blvd Street Address Apt. #

WESTER NY 14580 City State Zip

Summons Issued To James Verdi D.O.B. Sex

LICENSE INFORMATION

License # Exp Date

- Amusement Center Entertainment Center Alarm Permit Taxi Driver Solicitor/Vendor Dog: Color Breed

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

355 East Ave Place of Occurrence Rochester, Monroe Co., N.Y. 8/28/04 2:00 P.M.

Date OFFENSE 770 alarm permit

In violation of Chapter 27 SEC 5 SUB A-B of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place System under operating alarm with out permit.

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU 42 South Ave., Rochester, N.Y. CITY COURT PART I (MISD'S) 150 S. Plymouth Ave., Rochester, N.Y. CITY COURT PART V (VIOL'S, FEL'S) 150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: Oct 6 day of 20 04 at 11:00 A.M./P.M.

FINE SCHEDULE: A B C D E F G DOG ALARM FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT: For Aug 13/04 Date ID # 1611 SEC 011

SMDISPLY

SPECIAL MAILING MULTI-ADDRESS DISPLAY DATE: 08/31/2004 DISPLAY

SBL NO: 121 . 260 - 0001 - 039 . 000 / 0000

OWNER: V I PROPERTIES LLC

LOCATION: 0355-365 EAST AV 14604

----- ARLM SPECIAL MAILING ----- + ----- REFUSE BILLING ADDRESS -----

V I PROPERTIES LLC		V I PROPERTIES LLC
1630 EMPIRE BLVD		1630 EMPIRE BLVD
WEBSTER NY		WEBSTER NY
		14580

-- WSE OWNER ADDRESS-- + -- WATER BILLING ADDR - + - PUREWATR BILLING ADDR -

V I PROPERTIES LLC		V I PROPERTIES LLC		PHYZE LLC
0355 EAST AV		1630 EMPIRE BLVD		311 ALEXANDER ST
ROCHESTER NY 14604		WEBSTER NY 14580		# 317
				ROCHESTER NY 14604

-- TAX BILL PAYEE - - - + - BIS SPECIAL MAILING- - + - - - - FUTURE USE- - - -

V I PROPERTIES LLC		NOT AVAILABLE		
1630 EMPIRE BLVD				
WEBSTER NY				

----- + ----- + -----
PF14-TRANSFER TO WBSPEC TO VIEW ADDITIONAL WSE ADDR'S PF12-RETURN TO ARMXLOC

ARMSUM ASSESSMENT - SUMMARY DISPLAY - CURRENT YEAR DATE: 08/31/2004 DISPLAY

121 260 0001 039 000 0000 00 1 QF P 00 CT/B-AD 0093.02 201 04 DISC 000000000
 0355-365 EAST AV 14604 USE 464 99 SF 36,566 YR 1935
 - OWNER & MAILING INFORMATION - MISC. - - - - - ASSESSMENT DATA - - - - -
 V I PROPERTIES LLC RS - SS CURRENT TAXABLES
 1 - 9 LAND 61,800 COUNTY 1,183,200
 ACT HSC TOTAL 1,183,200 CITY 1,183,200
 1630 EMPIRE BLVD A - N PRIOR SCHOOL 1,183,200
 NGBHD LAND 61,800 BANK CODE 0002544
 WEBSTER NY 14580 00002 TOTAL 1,183,200 MORTGAGE
 INVESTOR 02544
 - - - - - SALES INFORMATION - - - - - - - DIMENSIONS - - - COORDINATES - -
 PRICE 1,330,000 DEED W DATE 102703 F 118.05 D 131.00 E 412049 N 151078
 BOOK 09868 PAGE 00207 CTL# 9999999 ACRES 0.36 SP/MRG 00000000 IR LT
 PR OWNER PHYZE LLC - - - - - SPECIAL DISTRICTS - - - - -
 - - - - - EXEMPTIONS - - - - - SPC UNITS PCT TYPE VALUE
 CODE AMOUNT PCT IY TY HC SC400 162.00 .0000 0.00
 RP600 162.00 .0000 0.00
 SP700 162.00 .0000 0.00
 HSR00 162.00 .0000 0.00
 0.00 .0000 0.00
 0.00 .0000 0.00

* NO EXISTING EXEMPTIONS *

PF12-RETURN TO ARMXLOC

BSSUMDS

BIS - PROPERTY SUMMARY

DATE: 08/31/2004 *

ENTRY ADDRESS: 0355 EAST AV SPC ZONE:
 SBL NUMBER : 121 . 260 - 0001 - 039 . 000 / 0000
 ENTER OPTION NUMBER: - PMT ZDC CFO ZON SPM O/C C/C H/C INJ C/U
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)
 044 Y 06 01 . 04 11 . . 02

DOCUMENT#:
 ARLM OWNER(S) AND ADDRESS ARLM SPECIAL MAILING
 V I PROPERTIES LLC V I PROPERTIES LLC
 1630 EMPIRE BLVD
 0355-365 EAST AV 14604 WEBSTER NY 14580

GIS SBL NO: 1212613900 ASSESSMENT: 1,183,200
 LOT SIZE: 118.05 X 131.00 ACRES: 0.36
 OWNER CODE: 0099 - PRIVATE OWNED - NO EXEMPT MAP NO.: PTS 6 & 7
 ASM CURR USE: 464 - OFFICE BUILDING CENSUS TRACT: 0093.02
 ASM PREV USE: - INS AREA: D02 BLOCK: 201
 ZONING: CCD-E / JOSEPHINE RIV WARD: 04
 DCD AUTH USE: 464 - NBN AREA: D07 DISC#: 000000000

PF15-ADDR LIST PF16-SBL# LIST PF17-DOC LIST PF18-DOC DETL
 PF19-H/S VIOL PF20-ZPROP SUM



City of Rochester



(585) 428-7037
(585) 428-6785 FAX

Fire Safety Division
Fire Department

185 Exchange Blvd., Room 665
Rochester, New York 14614-1283

COPY

Mr. Diamantopoulos;

Although an Avoidable Alarm Report was not issued for the property at 355 East Ave. a response by the Rochester Fire Department, for an incident on the 28th of August has prompted the Fire Marshal's Office to inquire as to the status of the required Alarm Permit.

The Alarm Permit has not been renewed and you are being issued a appearance ticket. Follow the enclosed instructions to avoid the summons fine.

Thank you,

Lt. Allyn J. Borrino
Fire Marshals Office

RECEIVED
ROCHESTER FIRE DEPT.
04 SEP -2 PM 2:04



Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

James Verdi
NAME

Date 8/31/04

11630 Empire Blvd.
ADDRESS

Webster ny
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:

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

NYS Fire Code: 907.20.5 Fire protection shall be maintained - Record of testing, inspection & maint. shall be provided to Code Enforcement Official

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____



City of Rochester



(585) 428-3674
(585) 428-6785 FAX

Fire Safety Division
Fire Department

185 Exchange Blvd., Room 665
Rochester, New York 14614-1283

Mr. Verdi,

Although an Avoidable Alarm Report was not issued for the property at 355 East Ave. a response by the Rochester Fire Department for an incident on the 28th of August has prompted the Fire Marshal's Office to inquire as to the issuance of a valid Alarm Permit.

None was on record for the property, owner or business.

Sincerely,

Lt. Allyn J. Borrino
Fire Marshal's Office

EEO/ADA Employer



Last Name (Defendant) **Vendi** First **JAMES** M.I.
1630 Empire Blvd
Street Address
City **ROCHESTER** N.Y. Date **1/15/04** Ad. #
D.O.B. Sex Summons Issued to
License Information

License # _____ Exp Date _____
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor
 Dog Color _____
Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year _____ Make _____ Type _____ Color _____ MV Reg# _____ Hack Pl# _____
PERSON ABOVE IS CHARGED AS FOLLOWS:

355 East Ave
Place of Occurrence
Date **8/28/04** Time **2:00 AM** Rochester, Monroe Co., N.Y.
OFFENSE **No alarm permit**

In violation of Chapter **27** SEC **5** SUB **A4B** of
the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place
*System was operating
alarm will not permit*

PERSON ABOVE IS SUMMONED TO APPEAR AT:
 MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
 CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: **Oct 6** day of **20** **04**
at **11:00** AM/PM
FINE SCHEDULE: A B C D E F G DOG ALARM
FALSE STATEMENTS MADE HERETOFORE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT
TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT *for Auger* **Bern** **8/31/04**
ID # **1611** SEC **011** Date



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 03/29/04

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.,

BARFLY
355 EAST AV

05-04038	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
5412B21	LPG CONTAINER INSTALL/HANDLED/USED	\$ 60

Please return this part with payment

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

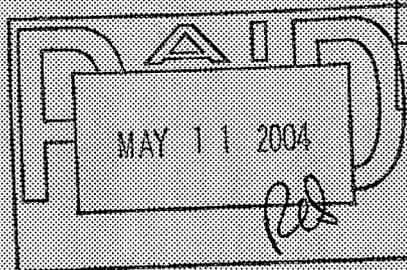
PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00355 EAST AV

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

05-04038	PERMIT NUMBER
03/29/04	INVOICE DATE
04/29/04	DUE DATE
\$ 60	AMOUNT DUE



BARFLY
355 EAST AVE
ROCHESTER NY 14604

FD513

fdpmt1

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

THIS PERMIT EXPIRES 04/30/05

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.

Jeanne DeSanto
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

00355 EAST AV

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

05-04038	PERMIT NUMBER
03/29/04	INVOICE DATE
04/29/04	DUE DATE
\$ 60	AMOUNT DUE

BARFLY
355 EAST AVE
ROCHESTER NY 14604

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

	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 days	\$375.00	\$750.00

QMG
Robb

FIRE SAFETY INSPECTION RECORD

- LICENSE
- PERMIT
- EAST
- WEST
- SPECIAL

LOCATION: 355 EAST AVE

Person contacted:

Telephone #:

FEB 19 2004

DATE RECEIVED IN FIRE SAFETY:

DATE

TIME OF INSPECTION

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

VIOLATIONS CORRECT

NO VIOLATIONS NOTED

NOTES

OK TO FILE

INSPECTOR

2/24/04

1 Insp / 1 Per / MW

JED

Y N

- SPRINKLER SYSTEM
- COOKING HOOD SYSTEM
- FIRE ALARM SYSTEM
- STANDPIPE SYSTEM
- COOKING SYSTEM
- BARS/WIRE ON WINDOWS

APPROVED
FIRE SAFETY DIVISION

[Signature]
FIRE MARSHAL

2/26/04

City of Rochester City Code License - Amusement Center For Application#: 76

Current Status/Date:	01/30/2004 P - Pending		
Applic. Date:	01/30/2004	Issue Date:	Start Date: 01/31/2004 Expiration Date: 01/31/2005
General Comments:			
License Fee:	\$250.00	*** RENEWAL LICENSE ***	Last Chgd: 01/30/2004 lilld

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: **JAMES VERDI** Residence: **496 EMBURY RD.**
 DOB: **05/18/1960** Home Phone: **(585) 671-8330** City, State, Zip: **ROCHESTER, NY 14625**

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** / **01/30/2004** 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** / **01/30/2004** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **01/30/2004** Reviewer: **ferrante**
 Occupancy: **256** Cart Inspection Date: Approved: **No**
 Comments: *2/13/04*

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



NOTICE OF VIOLATION AND ORDER TO COMPLY

HADMA & BARELY
NAME
355 EAST AVE
ADDRESS
R, NY 14604
CITY, STATE, ZIP

Date 2/13/04

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 SPRINKER & ALARM REPORTS FOR THE BLDG
SHALL BE GIVEN TO THE F.D.
THE EMERGENCY LIGHTS AT THE 2ND FLOOR NOT
WORKING SHALL BE REPAIRED ✓

Received by: _____ NAME TITLE DATE

By Order of
Fire Marshal

DATE OF COMPLIANCE 3/5/04

Fire Marshal ED FERRANTE
Fire Marshal [Signature]

EC54

HARMA

ED

FIRE SAFETY INSPECTION RECORD

LICENSE
 PERMIT

EAST
 WEST
 SPECIAL

LOCATION: 355 East AU

Person contacted:

Telephone #:

HARMA OCCY-320

APPROVED

2-19-04

NOTES

OK TO FILE

INSPECTOR

DATE RECEIVED IN FIRE SAFETY: 2/2/04 DATE

TIME OF INSPECTION

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

VIOLATIONS CORRECT

NO VIOLATIONS NOTED

FEB 2 2004

2/3/04

2/13/04

3/2/04

1 Annual Insp

ED

1 Int Lie / 1 Insp / 4 Vio / 0 Ref

ED

1 Ref / 1 Corr

X ED

Y N

SPRINKLER SYSTEM

COOKING HOOD SYSTEM

FIRE ALARM SYSTEM

STANDPIPE SYSTEM

COOKING SYSTEM

BARS/WIRE ON WINDOWS

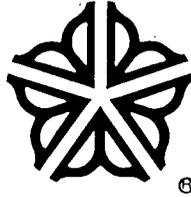
APPROVED
FIRE SAFETY DIVISION

[Signature]
FIRE MARSHAL
3/5/04

1- Spwd / season / Reproces

2nd FL Hours Energy (2)

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

HARMA & DARELY
NAME
355 EAST AVE
ADDRESS
R, NY. 14604
CITY, STATE, ZIP

Date 2/13/04

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

THE SPRINKER & ALARM REPORTS FOR THE BLDG
SHALL BE GIVEN TO THE F.D.

THE EMERGENCY LIGHTS AT THE 2ND FLOOR NOT
WORKING SHALL BE REPAIRED ✓

Received by: _____
NAME

TITLE DATE

By Order of
Fire Marshal

Fire Marshal EJ Ferrante

DATE OF COMPLIANCE 3/5/04

Fire Marshal [Signature]

CENTRAL STATION

03/04/2004
15:47

SUBSCRIBER ACTIVITY REPORT
BY ALARM #

PAGE 1
ID : DMAGRE

ALARM # : K0001049 THRU K0001049
ACTIVITY DATE : 02/20/2004 THRU 02/27/2004

** K0001049 BARFLY / KARMA 355 EAST AVE

ALL ACTIVITY						RPT#	RES CD
DATE	DAY	TIME	CONDITION	KEYHOLDER / COMMENT			
2/20/04	FRI	1:24:17 PM	SERVICE REQUEST	TICKET # 15668 FIRE SYSTEM INSPECTION			
2/27/04	FRI	11:21:59 AM	TESTING	SVC PERSON: SH UNTIL 02/27/2004 (1:00:00 PM) SERVICE - SCOTT ** ALL SIGNALS **			
11:53:10	AM	FIRE-1	KARMA REAR	FIRE ALARM			T
12:06:47	PM	FIRE-13	BARFLY PULL	STATIONS			T
12:06:51	PM	RESTORE	FIRE ZONE XX	RESTORED			T
12:07:59	PM	FIRE-13	BARFLY PULL	STATIONS			T
12:12:54	PM	RESTORE	FIRE ZONE XX	RESTORED			T
12:13:58	PM	FIRE-1	KARMA REAR	FIRE ALARM			T
12:14:50	PM	FIRE-2	KARMA FRONT	FIRE ALARM			T
12:15:25	PM	FIRE-13	BARFLY PULL	STATIONS			T
12:16:13	PM	FIRE-13	BARFLY PULL	STATIONS			T
12:17:04	PM	FIRE-13	BARFLY PULL	STATIONS			T
12:36:15	PM	FIRE-3	KARMA BASEMENT	FIRE ALARM			T
12:37:18	PM	RESTORE	FIRE ZONE XX	RESTORED			T
12:37:20	PM	RESTORE	FIRE ZONE XX	RESTORED			T
12:37:24	PM	RESTORE	FIRE ZONE XX	RESTORED			T
12:37:27	PM	RESTORE	FIRE ZONE XX	RESTORED			T

CASCO Sec
424 242-5000

J&S FIRE PROTECTION
P.O. BOX 344
PITTSFORD, NEW YORK 14534
(716)387-9220
(716)385-5573 FAX

BUILDING TO BE INSPECTED: BALFLY + KARKA
REPORT SENT TO: 355 EAST AVE ROCH NY 14601

- | | N/A | YES | NO |
|---|-----|-----|----|
| 1. GENERAL: | | | |
| 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? | | Y | |
| b. Have anti-freeze systems been tested and left in satisfactory condition? | N/A | 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? | N/A | | |
| b. Is air pressure and priming water level, normal? | | | |
| c. Is air compressor in good condition? | | | |

DRY SYSTEMS (Continued):

N/A YES NO

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

7. ALARMS:

- a. Water motor and gong test satisfactory? Y
- 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 1" alarm

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	<u>1" 054</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>GROUP</u>

14. WATER FLOW TEST:

TEST PIPE LOCATED	SIZE TEST PIPE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER	AIR PRESSURE
DISK 1	2"	57	44	48	

14. WATER FLOW TEST (CONTINUED):

FIRE PUMP	MAKE	MODEL	CAPACITY	TEST RESULTS
F/A				

15. EXPLANATION OF "NO" ANSWERS:

NO/F/E

16. ADJUSTMENTS/ DESIRABLE IMPROVEMENTS:

NO/F/E ADDED FIRE DEPT CAP

INSPECTION WITNESSED

BY: [Signature] DATE 2-23-04

INSPECTOR: [Signature] DATE 2-23-04

227948

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

COUNTY'S MONROE NER
 Last Name (Defendant) First M.I.
363 EAST AVE
 Street Address Apt. #
ROCHESTER NY 14104
 City State Zip
1 1 WILLIAM TROBERT
 D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # 15 Exp Date 1131104
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor
 Dog: Color _____
 Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

363 EAST AVE
 Place of Occurrence Rochester, Monroe Co., N.Y.
11/27/03 0015
 Date Time A.M./P.M.
 OFFENSE OVERCROWDING

In violation of Chapter NYSFC SEC 110 SUB 1.4 of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place AS NOTED
APPROX. 195 PEOPLE IN THE
BAR

OCCUPANCY EXCEEDED FOR 80
OVER BY 115 PEOPLE
 PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
- CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
- CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 1-7 day of 04
 at 12 A.M./P.M.

FINE SCHEDULE: A B C D E G DOG REFUSE ALARM
 FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT IT. FREEMANT 12/2/03
 ID # 6579 SEC 011 Date

City of Rochester City Code License - Entertainment Center For Application#: 15

Current Status/Date:	11/24/2003 I - Issued		
Applic. Date:	01/07/2003	Issue Date:	11/24/2003
		Start Date:	02/01/2003
		Expiration Date:	01/31/2004
General Comments:			
License Fee:	\$325.00	*** RENEWAL LICENSE ***	Last Chgd: 12/01/2003 eisenhao

Applicant: **William Taggart** Residence: **32 henrietta st**
 DOB: **10/28/1953** Home Phone: **(585) 330-7650** City, State, Zip: **Rochester, NY 14620**

Business Name: **Monty's Korner** Business Phone **(585) 263-7650**
 Business Name:
 Activity:
 City Address: **363 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **Physe Llc.** Residence: **311 alexander st**
 DOB: **03/26/1936** 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#: **1010852** Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **A / 01/13/2003** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **01/13/2003**
 Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**
 Criminal Check: Records- **Yes** MCVB- **Yes** Cart Inspection Date: Approved: **No**
 Status / Date: **A / 01/24/2003** Reviewer: **sexstont**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **Yes** By Phone **No / 11/14/2003**
 Status / Date: **A / 11/19/2003** Reviewer: **salernor**
 Occupancy: **80** Cart Inspection Date: Approved: **No**
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **A / 02/21/2003** Reviewer: **smithj**
 Comments: **renewal**

OVER 115

234045

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

234046

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant) KARMA 355 First 355 M.I. 355
 Street Address 355 EAST AVE Apt. # 14604
 City ROCHESTER NY State NY Zip 14604
 D.O.B. 1/1 Sex 1 Summons Issued To JOHN DIAMANTOPOULIS

Last Name (Defendant) KARMA 355 First 355 M.I. 355
 Street Address 355 EAST AVE Apt. # 14604
 City ROCHESTER NY State NY Zip 14604
 D.O.B. 1/1 Sex 1 Summons Issued To JOHN DIAMANTOPOULIS

LICENSE INFORMATION

License # 90 Exp Date 1 31 104
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor
 Dog: Color _____
 Breed _____ (M) _____ (F)

License # 90 Exp Date 1 31 104
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor
 Dog: Color _____
 Breed _____ (M) _____ (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence 355 EAST AVE Rochester, Monroe Co., N.Y.
 Date 11 17 103 Time 0030 A.M./P.M.

OFFENSE OVER CROWDING

In violation of Chapter NYSEFC SEC 110 SUB 1.4 of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place I NOTED

APPROX. 395 PEOPLE IN THE FIRR
OCCUPANCY POSTED FOR 320
OVER BY 75 PEOPLE

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
- CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
- CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 1-7 day of 04 at 100 A.M./P.M.

FINE SCHEDULE: A B C D E G DOG REFUSE ALARM
 FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT LT. EISENHART Date 2/12/03
 ID # 6579 SEC 011

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence 355 EAST AVE Rochester, Monroe Co., N.Y.
 Date 11 17 103 Time 0030 A.M./P.M.

OFFENSE BLOCKED EXIT DOOR'S

In violation of Chapter NYSEFC SEC 1008 SUB 1 of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place I NOTED

THE EXIT DOOR'S ON EAST AVE
BLOCKED OUTSIDE WITH APPROX
250 PEOPLE

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
- CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
- CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 1-7 day of 14 at 100 A.M./P.M.

FINE SCHEDULE: A B C D E G DOG REFUSE ALARM
 FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT LT. FI WART Date 12/2/13
 ID # 1579 SEC 011

City of Rochester City Code License - Entertainment Center For Application#: 90

Current Status/Date:	05/06/2003 I - Issued		
Applic. Date:	03/21/2003	Issue Date:	05/06/2003
		Start Date:	02/01/2003
		Expiration Date:	01/31/2004
General Comments:			
License Fee:	\$375.00	*** RENEWAL LICENSE ***	Last Chgd: 12/01/2003 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 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: **06/04/1941** 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#: **1020463** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **03/24/2003** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **03/24/2003**
 Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /
 Criminal Check: Records- **Yes** MCVB- **Yes** Cart Inspection Date: Approved: **No**
 Status / Date: **A** / **04/21/2003** Reviewer: **sexstont**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **Yes** By Phone **No** / **05/05/2003**
 Status / Date: **A** / **05/05/2003** Reviewer: **salernor**
 Occupancy: **320** Cart Inspection Date: Approved: **No**
 Comments: **413**

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **04/10/2003** Reviewer: **smithj**
 Comments: **renewal**

BAR FLY 413

OVER BY-202

00000

00000

1220pm

28

SIGN

320

532

IN

~~606~~

386

OUT

136

413 COUNT

BARFLY

286 SIGN

KARMA

320 SIGN

~~355-359 EAST AVE~~

PROVENZANO FELICE

131 A ALLANCE AY

ROCH 14620

m/w 11-10-74

BARFLY = 413

KARMA = 395

+ 75

808

606

202

OVER

not less than 1-hour fire-resistance-rated exterior walls complying with the *Building Code of New York State* for a distance of 10 feet (3048 mm) above the floor of the court, and openings therein shall be equipped with fixed or self-closing, ³/₄-hour opening protective assemblies.

Exceptions:

1. Egress courts serving an occupant load of less than 10.
2. Egress courts serving Group R-3.

**[B] SECTION 1007
MISCELLANEOUS MEANS OF
EGRESS REQUIREMENTS**

1007.1 Boiler, incinerator and furnace rooms. Two exit access doorways are required in boiler, incinerator and furnace rooms where the area is more than 500 square feet (46 m²) and any fuel-fired equipment exceeds 400,000 British thermal units (Btu) (422 000 KJ) input capacity. Where two exit access doorways are required, one is permitted to be a fixed ladder or an alternating tread device. Exit access doorways shall be separated by a horizontal distance equal to one-half the maximum horizontal dimension of room.

1007.2 Refrigeration machinery rooms. Machinery rooms larger than 1,000 square feet (93 m²) shall have not less than two exits or exit access doors. Where two exits access doorways are required, one such doorway is permitted to be served by a fixed ladder or an alternating tread device. Exit access doorways shall be separated by a horizontal distance equal to one-half the maximum horizontal dimension of room.

All portions of machinery rooms shall be within 150 feet (45 720 mm) of an exit or exit access doorway. An increase in travel distance is permitted in accordance with Section 1004.2.4.

Doors shall swing in the direction of egress travel, regardless of the occupant load served. Doors shall be tight fitting and self-closing.

1007.3 Refrigerated rooms or spaces. Rooms or spaces having a floor area of 1,000 square feet (93 m²) or more, containing a refrigerant evaporator and maintained at a temperature below 68°F (20°C), shall have access to not less than two exits or exit access doors.

Travel distance shall be determined as specified in Section 1004.2.4, but all portions of a refrigerated room or space shall be within 150 feet (45 720 mm) of an exit or exit access door where such rooms are not protected by an approved automatic sprinkler system. Egress is allowed through adjoining refrigerated rooms or spaces.

Exception: Where using refrigerants in quantities limited to the amounts based on the volume set forth in the *Mechanical Code of New York State*.

1007.4 Stage means of egress. Where two means of egress are required, based on the stage size or occupant load, one means of egress shall be provided on each side of the stage.

1007.4.1 Gallery, gridiron and catwalk means of egress. The means of egress from lighting and access catwalks, gal-

leries and gridirons shall meet the requirements for occupancies in Group F-2.

Exceptions:

1. A minimum width of 22 inches (559 mm) shall be permitted for lighting and access catwalks.
2. Spiral stairs shall be permitted in the means of egress.
3. Stairways required by this subsection need not be enclosed.
4. Stairways with a minimum width of 22 inches (559 mm), ladders, or spiral stairs shall be permitted in the means of egress.
5. A second means of egress is not required from these areas where a means of escape to a floor or to a roof is provided. Ladders, alternating tread devices, or spiral stairs shall be permitted in the means of escape.
6. Ladders shall be permitted in the means of egress.

**[B] SECTION 1008
ASSEMBLY**

1008.1 Assembly main exit. Group A occupancies that have an occupant load of greater than 300 shall be provided with a main exit. The main exit shall be of sufficient width to accommodate not less than one-half of the occupant load, but such width shall not be less than the total required width of all means of egress leading to the exit. Where the building is classified as a Group A occupancy, the main exit shall front on at least one street or an unoccupied space of not less than 10 feet (3048 mm) in width that adjoins a street or public way.

Exception: In assembly occupancies where there is no well-defined main exit or where multiple main exits are provided, exits shall be permitted to be distributed around the perimeter of the building provided that the total width of egress is not less than 100 percent of the required width.

1008.2 Assembly other exits. In addition to having access to a main exit, each level of an occupancy in Group A having an occupant load of greater than 300 shall be provided with additional exits which shall provide an egress capacity for at least one-half of the total occupant load served by that level and comply with Section 1004.2.2. The minimum number of exits provided, consisting of the main exit and other exits, shall be at least three exits for an occupant load of 350 to 700 persons and at least four exits for an occupant load of more than 700 persons.

Exception: In assembly occupancies where there is no well-defined main exit or where multiple main exits are provided, exits shall be permitted to be distributed around the perimeter of the building provided that the total width of egress is not less than 100 percent of the required width.

1008.3 Foyers and lobbies. In theaters and similar occupancies in Group A occupancies, where persons are admitted to the building at times when seats are not available and are allowed to wait in a lobby or similar space, such use of lobby or similar space shall not encroach upon the required clear width of the means of egress. Such waiting areas shall be separated from the required means of egress by substantial permanent partitions or by fixed rigid railings not less than 42 inches (1067 mm) high.



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

DATE 04/22/03

PERMIT

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.,

BARFLY
355 EAST AV

04-04040	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
5412B21	LPG CONTAINER INSTALL/HANDLED/USED	\$ 60

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

BARFLY
355 EAST AVE
ROCHESTER NY 14604

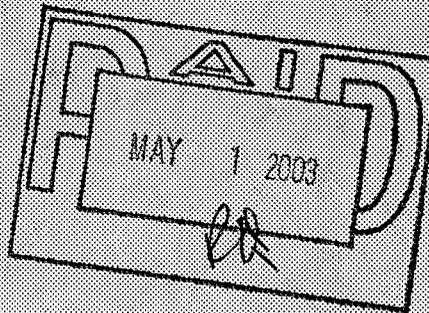
FD513

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00355 EAST AV

04-04040	PERMIT NUMBER
04/22/03	INVOICE DATE
05/24/03	DUE DATE
\$ 60	AMOUNT DUE



fdpmt1

THIS PERMIT EXPIRES 04/30/04

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.

Jerome DeLuca
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

BARFLY
355 EAST AVE
ROCHESTER NY 14604

FD513

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00355 EAST AV

04-04040	PERMIT NUMBER
04/22/03	INVOICE DATE
05/24/03	DUE DATE
\$ 60	AMOUNT DUE

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

	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 days	\$375.00	\$750.00

City of Rochester

City Code License - Entertainment Center

For Application#: 90

Current Status/Date: **03/21/2003 P - Pending**

Applic. Date: **03/21/2003** Issue Date: Start Date: **02/01/2003** Expiration Date: **01/31/2004**

General Comments:

License Fee: **\$375.00** *** RENEWAL LICENSE *** Last Chgd: **03/26/2003 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 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: **06/04/1941** 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#: **1020463** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **03/24/2003** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **03/24/2003**
 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: **P** / **03/25/2003** Reviewer: **mcnamark**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **03/26/2003** Reviewer: **salerner** *R. Salerner*
 Occupancy: ~~250~~ **320** Cart Inspection Date: *4/21/03* Approved: **No**
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **03/21/2003** Reviewer:
 Comments:

GARY, BARELY

INSTALLATION OF SPRINKLER SYSTEMS

4/2

Don T.

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE: Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's departure from the job.

PROPERTY NAME: BARELY DATE: 9-16-2

PROPERTY ADDRESS: 355 EAST AVE. ROCHESTER N Y CITY OF ROCHESTER

PLANS: INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO. EXPLAIN DEVIATIONS

INSTRUCTIONS: HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT?

LOCATION OF SYSTEM: SUPPLIED BUILDINGS: BASEMENT

Table with 7 columns: MAKE, MODEL, YEAR OF MANUFACTURE, ORIFICE SIZE, QUANTITY, TEMPERATURE RATING. Rows include VIC, STAL, and PLUNKET.

PIPE AND FITTINGS: Type of Pipe: BLACK STEEL Type of Fittings: BLACK CAST IRON

ALARM VALVE OR FLOW INDICATOR: TYPE: FLOW SWITCH SYSTEM SENSE (WFD 11) MAKE: MODEL: MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION: 0-20

Table for DRY PIPE OPERATING TEST with columns for TIME TO TRIP THRU TEST CONNECTION, WATER PRESSURE, AIR PRESSURE, TRIP POINT AIR PRESSURE, TIME WATER REACHED TEST OUTLET, ALARM OPERATED PROPERLY.

* MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED. 65A (10-85) PRINTED IN U.S.A.

Figure 6-1(a).

(OVER)

SYSTEM ACCEPTANCE

13-57

DELUGE & PREACTION VALVES	OPERATION	<input checked="" type="checkbox"/> PNEUMATIC	<input checked="" type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC
	PIPING SUPERVISED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TEST DESCRIPTION	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN			
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
TESTS	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM	DOES EACH CIRCUIT OPERATE VALVE RELEASE
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TESTS	HYDROSTATIC TEST: Hydraulic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) static pressure in a comb of 150 psi (10.2 bars) for two hours. Differential dry-open valve closures shall be left open-drying (per to prevent damage). All aboveground piping leakage shall be stopped.		PNEUMATIC TEST: Pneumatic tests shall be made at not less than 40 psi (2.7 bars) air pressure and pressure drop which shall not exceed 1-1/2 psi (0.103 bar) in 24 hours. Test pressure tanks at not less than 40 psi (2.7 bars) air pressure and pressure drop which shall not exceed 1-1/2 psi (0.103 bar) in 24 hours.	
	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON		DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
TESTS	EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: <u>45</u> PSI		RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE <u>43</u> PSI	
	UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING. VERIFIED BY COPY OF THE U FORM NO. 858 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER EXPLAIN			
BLANK TESTING GASKETS	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<u>EXISTING</u>	
	NUMBER USED	LOCATIONS	NUMBER REMOVED	
WELDING	WELDED PIPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.2 LEVEL AR-3 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CUTOUTS (DISCS)	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.2 LEVEL AR-3 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HYDRAULIC DATA NAMEPLATE	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN	
	NAMEPLATE PROVIDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>9-16-2</u>			
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>JAS FIRE BLD. BOX 344 PITTS FORD NY</u>			
	FOR PROPERTY OWNER (SIGNED)	TESTS WITNESSED BY	TITLE	DATE
	<u>[Signature]</u>	<u>[Signature]</u>	<u>MEMBER</u>	<u>9-16-2</u>
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	TITLE	DATE
	<u>[Signature]</u>	<u>V.P.</u>		<u>9-11-2</u>
ADDITIONAL EXPLANATION AND NOTES				

FACSIMILE TRANSMITTAL SHEET

GARY ISAACS

TO: ROB SALERNO

FROM: MIKE MCCOY

COMPANY: FERR MARSHAL

DATE: 4/17/03

FAX NUMBER: 428-6184 + 428-6785

TOTAL NO. OF PAGES INCLUDING COVER: 2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER: (585) 424-5000

RE: KALMA +
BUTFLY INSPECTION

YOUR REFERENCE NUMBER: (585) 272-8565

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

AS REQUESTED BY ROB SALERNO
THROUGH PENNY DIAMANTOPoulos
PLEASE CALL ME IF NEEDED

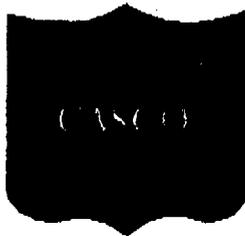
THANK YOU!

Mike McCoy

If you did not receive all of the pages as indicated above or wish to verify transmission, please call the telephone number listed above.

Ask Us About

Alarm Systems (Fire and Burglary), Closed Circuit Television, Card Access, Telephone Systems, Network Cabling, Sound and Audio Visual Systems, Lighting Control, Central Vacuum.



CUSTOM ELECTRONIC DESIGN & INSTALLATION ASSOCIATION



Casco Security Systems, Inc.
 300 Metro Park • Rochester, NY 14623
 (716)424-5000

INSPECTION FORM

Customer Name: BARELY
 Address: 355 EAST AVE

Cross Street: _____
 City, State, Zip: ROCHESTER NY 14640

Panel Type: _____ Account #: _____

Contact: _____ Inspection Hours: _____

Inspection Frequency: M Q S A

Service Agreement: Y/N

Inspection Billable: Y/N _____ hours @ _____ rate.

Other labor _____ hours @ _____ rate.

BURGLARY

Device	Pass / Fail	Number Tested
Motions		
Contacts		
Glass Break		
Keypads		
Sounders		
Other ()		
Wireless Equip.		
Communicator		
Sump Pump		

AC voltage: _____ Battery Voltage Under Load: _____

Work Performed: _____

Replace Decals or Signs? Y/N

Consult With Customer ~~only~~ if there are any concerns.

Technician Signature: Daniel Coste Date: 9/17/02

Customer's Signature: _____ Date: _____

FIRE

Number of Devices	Number Tested		Cleaned / Cal
	# Pass	# Failed	
HEAT Smoke Detectors	8		
Carbon Mon.			
Riser FLOW SWITCH	1		
Gate Valve Tamper			
Air Pressure			
Temperature Sensor			
Pump AC Fail			
Pump Run			
Elevator Shutdown			
Roof Hatch			
Alarm System STROBE	2		
Hand Horn / STROBE	5		
Other (PULL)	5		

AC voltage: _____ Battery Voltage Under Load: _____

Panel Functions

Local Sounders: Pass / Fail C.S. Acknowledge: Pass / Fail

Alarm Output: Pass / Fail Other (): Pass / Fail

Communicator: Pass / Fail

Explain Failed Results: _____

Follow up Needed: _____



City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

March 4, 2003

Karma
355 East Ave
Rochester, New York 14607

Re: 355 East Ave

Dear Property Owner:

Accompanying this letter are your occupancy signs for the above mentioned address.

The maximum occupancy allowed in on the **First Floor is 200** and the maximum occupancy allowed on the **Mezzanine is 120** - total allowable occupancy is **320** people.

It is your responsibility to maintain the signs, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,


FOR
Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

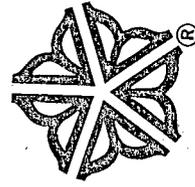
LMS/jh

xc: City Fire Marshal
Occupancy File

FILE



**OCCUPANCY BY MORE
THAN 320 PERSONS
IS DANGEROUS AND
UNLAWFUL**



City of Rochester, New York

Paul N. Quil

KARMA - BAR/RESTAURANT
355 EAST AV.
320 PERSONS MAX.



City of Rochester, New York

Project **355 EAST AVE • KARMA**

Sheet _____ Of _____
 By _____ Date **Revised March 4, 2003**
 Ckd. _____ Date **April 20, 2003**
 P.C. _____

MEZZANINE LEVEL

840 sf
 ÷ 7 sf/p =
 120 persons

MAIN LEVEL

38 x 45 =

1710 sf

+ 131 sf

1841 sf

- 299 BAR

- 136 STAIRS

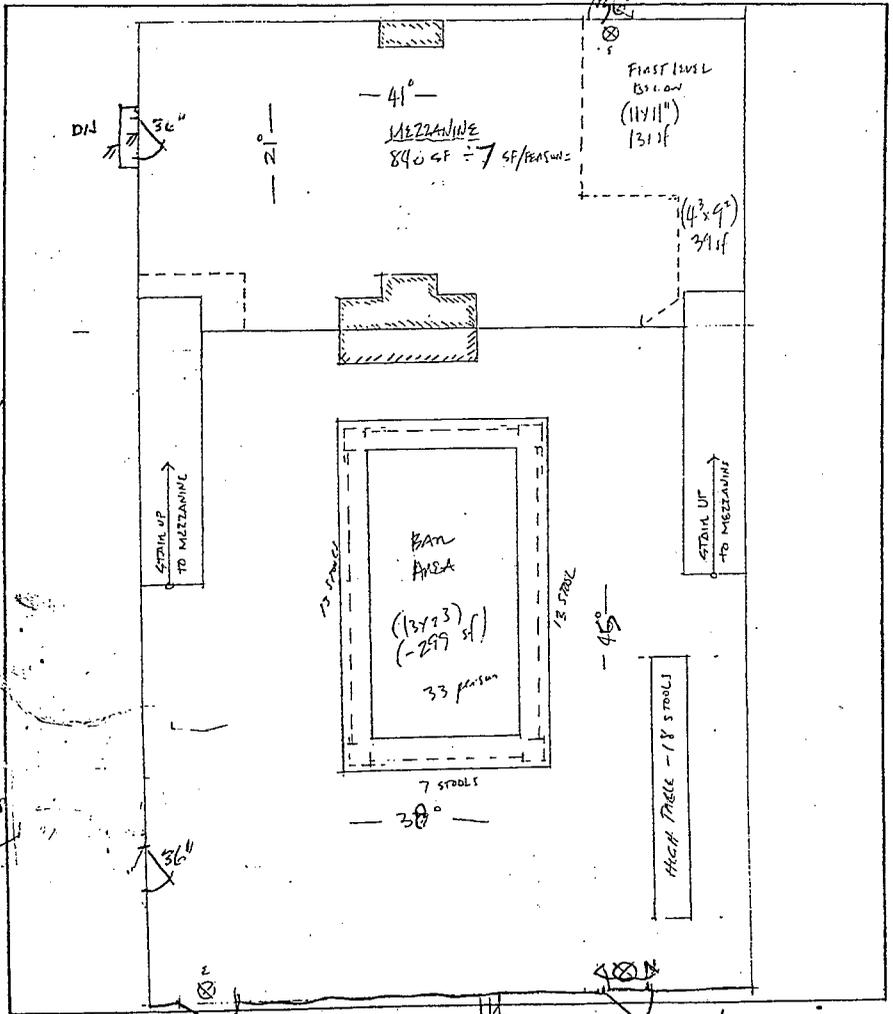
1406 sf

÷ 7 = 200 p.

200 + 120 =
 320 persons max.

EXITS
 3 REQ'D

2 @ 44" ea =
 2 units of exit width
 1 @ 36" ea = 1.5 new.
 3.5 new x 100 = 350 persons capacity



JUAN P. LINARES

MARCH 4, 2003

359
359
325 IN EAST AV
96 OUT

3/14 (1150)

SIGN 2/3 BF

355
KARMA EAST AV

321 IN 320 SIGN
107 OUT

4-FREE STANDING LPG
TANK IN REAR LOT

N/O

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

BAR FLY / KARMA
NAME
359 EAST AVE.
ADDRESS
ROCHESTER, NY 14604
CITY, STATE, ZIP

Date 3/17/03

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

3003.3.3 - compressed gas cylinders, LPG, shall be chained/ secured to prevent tipping. (outside at front.)
OK

Received by: _____
NAME TITLE DATE

By Order of
Fire Marshal

Fire Marshal MARK SCIALONE

DATE OF COMPLIANCE 3/21/03

Fire Marshal [Signature]



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/4/02

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.,

DIAMANTOPOULOR MAYER LLC
355-359 EAST AVE

03-11121	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
5412B21	PROPANE USAGE (1 TIME USE ONLY)	\$ 60
<p>INSTALL 30'X60' TENT IN PRIVATE PARKING (BEHIND 355 EAST AVE) ON 11/27/02 ONE NIGHT ONLY. ALL LIVE ENTERTAINMENT TO BE DISCONTINUED NO</p> <p><i>3/15/03</i></p>		

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

11/28/02

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.

Jerome DeGard
FIRE MARSHAL

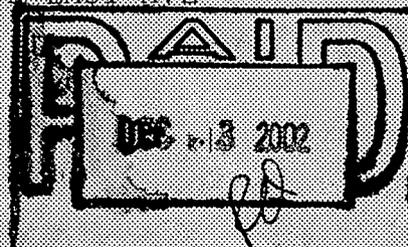
THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

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

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
355 EAST AVE



03-11121	PERMIT NUMBER
12/04/02	INVOICE DATE
12/04/02	DUE DATE
\$ 60	AMOUNT DUE

DIAMANTOPOULOS MAYER LLC
355 - 359 EAST AVENUE
ROCHESTER NEW YORK 14604

BUILDING INSPECTION / COMPLAINT FORM



COMPANY R11
ADDRESS _____

INSPECTION # 03 08080
TAX ACCT # _____

PROPERTY OWNER WILLIAM TAGGART ADDRESS 875 MONROE AV PHONE 461-4611
CITY ROCHESTER STATE NY ZIP 14620

MAILING NAME _____ ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ ADDRESS _____ PHONE 000-0000
CITY _____ STATE _____ ZIP _____

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <input type="checkbox"/>	STRUCTURE STATUS <input type="checkbox"/>
----------------	---	--	---	---

NO ENTRY DATES:

BUSINESS NAME MONTY'S KORNER 263-765 PHONE _____
BUSINESS OWNER _____
ADDRESS _____ PHONE _____
BUSINESS EMERGENCY _____
ADDRESS _____ PHONE _____

DISPOSITION by FIRE SAFETY:

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
----------	---------------	-----------	--------------

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME A B C D

Licence

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:	DATE			

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION 308 East Ave

DATE RECEIVED
IN FIRE
SAFETY:

APPOINTMENT

PERSON
CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE
INSPEC

DATE

3-14-03

Owner's Name

Home Addresss & Zip

Home Phone #

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE _____

FIRE ALARM SYSTEM

PERMIT # _____

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS

202763

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Sidman
 Last Name (Defendant) *Schn* M.I.
 First
 Street Address *158 Old English Road* Apt. #
 City *Rochester* State *N.Y.* Zip *14616*
 D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # _____ Exp Date *1/1*
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor _____
 Dog: Color _____
 Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence *355 East Ave* Rochester, Monroe Co., N.Y.
 Date *2/10/03* Time *4:45* A.M./P.M. *(P.M.)*
 OFFENSE *Propane stored inside*
 In violation of Chapter *19NYCRR* SEC. *3503* SUB. *1.1* of the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place

Propane stored inside

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
- CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
- CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: *March 5* day of 19 *03*
 at _____ A.M./P.M. *(P.M.)*
 FINE SCHEDULE: A B C D E DOG REFUSE ALARM

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT *Jim Janda* Date *2-10-03*
 ID # *1144* SEC *511*

Officer Provenzano
Ben Zly

355 East Ave

Propane

Remove 4 20# lecter
to outside front
told to store outside

2-7-03 @ 3:30 PM

need permit
CK inspection
over 1:30 PM

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

John Diamantopolous
NAME
152 Old English Road
ADDRESS
Rochester, N.Y. 14616
CITY, STATE, ZIP

Date 2-10-03

Inspection of the premises located at 305 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

There shall be no propane (LPG) stored inside
of business known as "Bar Fly". per code
3503.1.1

Second Notice

Received by:

[Signature]
NAME

Manager
TITLE

2/10/03
DATE

By Order of
Fire Marshal

Fire Marshal James A. Jones

DATE OF COMPLIANCE

3-14-03

Fire Marshal J. Jones

Diamantopoulos

John ~~Diamantopoulos~~

152 Old English Road ~~19616~~

Rocelle NY 14616

585-723-0339

585-723-0339



NOTICE OF VIOLATIONS

DATE 2/6/03

PHIL PROVENZANO
Name

355 EAST AVE
Address

Inspection of premises located at 355 EAST AVE BIRBY NIGHTCLUB reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: IMMEDIATELY

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

NIGHTCLUB WAS STORING AN OUTDOOR PROPANE HEATING UNIT WITH A 20# PROPANE CYLINDER ATTACHED INSIDE THE STRUCTURE (GROUP "A" OCCUPANCY) WITHIN 5-ft OF THE PRIMARY ENTRANCE/EXIT. THIS IS IN VIOLATION OF 9NYCRR FC 3503.1.1 - FLAMMABLE GASES SHALL NOT BE STORED OR USED IN GROUP A, B, E, I OR R OCCUPANCIES.

VIOLATION WAS CORRECTED AT TIME OF INSPECTION. UNIT WAS REMOVED FROM THE BUILDING.

By Order of
FIRE MARSHAL

INSPECTOR Capt Joseph A. Chills

DATE of COMPLIANCE 2/6/03

Inspector Capt Joseph A. Chills

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

Incident#	Box#	Node#	Address Number	Street	Dir
0302885		321100	355	EAST	
Date	Day of Week	Weather Cond	Temp	Alarm Type	Gov't Bldg
Mo Da Yr					
0 2 0 6 0 3	5	2	6	3	
Apt. Number					



TIMES

FIRST ALARM

Time of Alarm: 21:53 On location Engine: On location Quint/Midi: 21:56 On location B/C: Under Control: In service: 22:10

EXTRA UNITS

Time of Alarm: On location Engine: On location Quint/Midi: Time of Alarm: On location Engine: On location Quint/Midi:

SECOND ALARM

Time of Alarm: On location Engine: On location Quint/Midi: On location Ambulance:

RESPONSE

FIRST ALARM

UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
0109W		M109W											

EXTRA UNITS SENT

UNIT	W/R												

MULTIPLE ALARM

UNIT	W/R												

DESCRIPTION OF FIRE

INC TYPE	Type Const	Stories	Specific Property Use	Mobile Prop Type	Area of Org.	Equip Involved	Form of Heat Ign	Form Mat'l	Type Mat'l	Ign Factor	Working Fire	Struc Dmg
74												
Year	Make			Model		Vin Number						

Fire Extended to _____ Ext of Flame Dmg _____

OWNER/OCCUPANT

OWNER FIRST NAME _____ OWNER LAST NAME _____

OWNER ADDRESS NUMBER _____ STREET _____ Type _____ Dir _____ CITY _____ STATE _____ ZIP _____

OCCUPANT FIRST NAME _____ OCCUPANT LAST NAME _____

COMBAT

NUMBER USED	1 3/4"	2"	3"	MS	OXY	PORT ABLE	FOAM	SPKLR	STAND PIPE	HYD PRESS	HYD COND	SMOKE DET	ENTRY

AFTERMATH

DOLLAR LOSS OF PROPERTY _____ NUMBER OF RESCUES _____ INJURED CIV _____ FF _____ DEAD CIV _____ FF _____ REFERRED TO: _____

FIRE SAFETY FIRE INVESTIGATION HAZ MAT

REMARKS: RESPONDED FOR AUTOMATIC ALARM. UPON MITIGATING THE ORIGINAL CALL I NOTICED A OUTDOOR PROPANE HEATER W/20# CYLINDER ATTACHED STORED INDOORS WITHIN 5' OF THE PRIMARY EXIT/ENTRANCE. SAID UNIT WAS REMOVED FROM STRUCTURE PRIOR TO COMPANY

RANK _____ INT _____ GRP _____ CPY _____ BATT _____

CAPT J CHAI 405 10M93 SIGNED: Joseph G. Cella

GOING BACK IN SERVICE. NOTE THE OCCUPANCY WAS AN ASSEMBLY OCCUPANCY (I.E. NIGHTCLUB)

RFD 101 REV 10/2001

1. Fire Incident # 0302885 Police CR # _____

2. Date 2 6 03 3. Time 2153 4. Car Beat # _____
DOW MM DD YY (24 Hr. Clock) (For Alarm Location)

5. Permit # 22856
 Permit # Not Available, Explain: _____
6. Violation No Permit Audible over 15 minutes
Summons # _____
Date Issued: _____
Month Day Year

7. Address: 355 EAST AVE
Street # Street Name Bldg/Rm/Apt #

8. System User: BAR FLY
Business/Resident Name

9. Person/Agency Contacted: PHIL PROVENZANO
 Person Responded: _____
 No Person Responded

10. Type of Alarm: a Burglary b Robbery c Trouble
d Fire e Waterflow f Emergency Medical

11. How Notified: a Central Station b Automatic Tape Dialer c Direct Connect
d Local Alarm e Municipal Box Alarm f Other _____

12. Apparent Cause of False Activation: a Malfunction b Deliberate c No Cause Apparent/Unknown
d Accident/Negligence

13. Narrative: PATRON STRUCK PULL STATION BY ACCIDENT TRIPPING
THE ALARM

14. Report Prepared By: CAPT J CHILS QMS
Rank Name ID# Car#Co.#

15. Approved By: _____
Rank Name ID#

NOTICE TO USER:

The Rochester Police/Fire Department responded to an avoidable alarm at this location on the date shown above. This avoidable alarm resulted in an emergency response when in fact no emergency existed. Each year avoidable alarms take a large amount of Police and Fire Department time - time that may be needed for real emergencies.

Under the City of Rochester's alarm ordinance, alarm systems with more than three avoidable alarms will pay an additional \$25 for each such alarm as part of the renewal fee. You will be notified by mail when you have had three avoidable alarms and regularly of any additional alarms. If you think that the alarms were unavoidable, you will be offered the opportunity of a hearing after the fourth and subsequent alarms.

If this alarm was not caused deliberately, negligently or accidentally, you may want to contact your alarm dealer to check your system.

If you have no permit for your alarm, a code violation ticket will be issued. If you do not get an alarm permit within 25 days of the ticket, the fine is \$100.

For more information on the alarm ordinance and on this alarm, you may contact:

Police Section Crime Prevention Officer, _____
or License/Warrants Unit at 428-6544 for police alarms; or
Fire Safety Division at 428-7037 for fire alarms.

Avoidable Alarm Report

City of Rochester



COPY



City of Rochester



Inter-Departmental Correspondence

To: Floyd Madison, Fire Chief
From: Joseph G. Childs, Captain *JGC*
Date: February 6, 2003
Subject: Serious Fire Safety Violation

Sir,

On February 6, 2003 Quint/Midi 9 responded to 355 East Ave to a nightclub called Barfly for an automatic alarm incident number 0302885. After mitigating the original incident and preparing to depart I noticed that the nightclub was storing an outdoor propane heating unit inside the occupancy while the club was open to the public. The unit was stored within five (5) feet of the entrance/exit to the club. Upon further investigation it was discovered that the propane tank, which appeared to be a twenty (20) pound cylinder, was still attached to the unit. At the time of discovery I instructed the club representative Phil Provenzano to remove the unit from the structure and instructed him that he couldn't store the unit with a propane tank still attached inside the occupancy. I am requesting that Fire Safety conduct a follow up inspection with the nightclub to ensure that the proper storage and handling the propane cylinders is taking place.

Thank you

03 FEB -7 PM 12:02

ROCHESTER FIRE DEPT.

EEO Employer/Handicapped





City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

March 14, 2003

Monty's Corner Bar
355 East Ave
Rochester, New York 14607
Attn: William Taggart

Re: 363 East Ave'

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign **80** is the maximum allowable occupancy in the establishment at one time.

It is your responsibility to maintain the sign, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,

Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

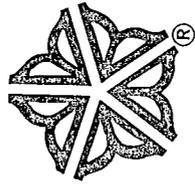
LMS/jh

xc: City Fire Marshal
Occupancy File

OFFICE COPY



**OCCUPANCY BY MORE
THAN 80 PERSONS
IS DANGEROUS AND
UNLAWFUL**



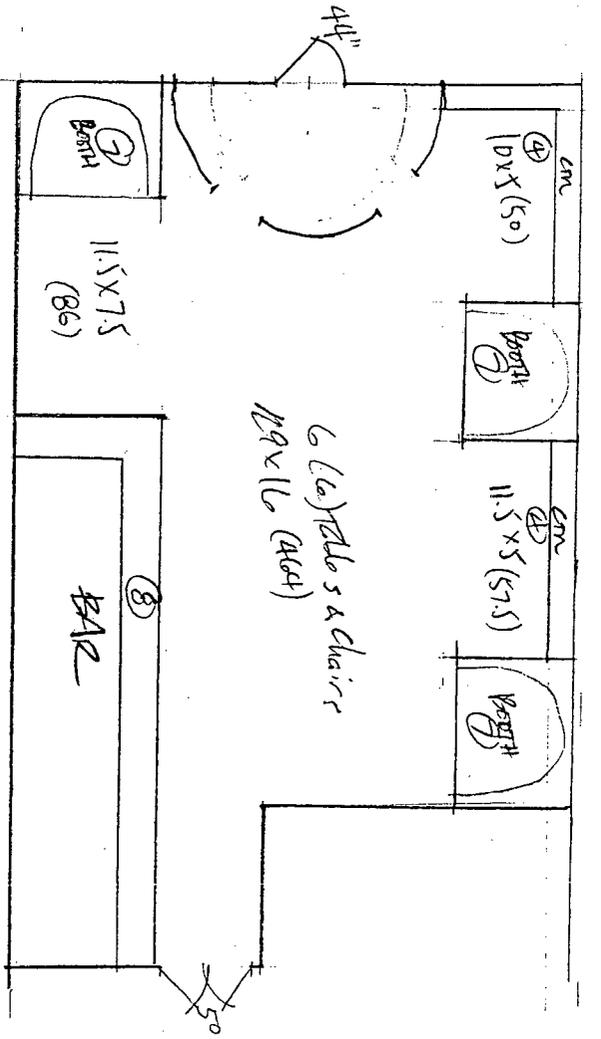
City of Rochester, New York

June 7, 1961

JUAN P. CINADES

MARCH 14, 2003

SIGN PLACED ON THE DATE



363 EAST AV. - MONTY'S KORNWER-BAR

$$\begin{array}{r}
 157 \div 15 = 43 \\
 + 21 \\
 \hline
 + 16 \\
 \hline
 80 \text{ PERSONS MAX.}
 \end{array}$$

2 EXITS

363 EAST AV. - MONTY'S KORNWER BAR

80 PERSONS MAX.

City of Rochester City Code License - Entertainment Center For Application#: 15

RECEIVED
11/14/03

Current Status/Date:	01/07/2003 P - Pending		
Applic. Date:	01/07/2003	Issue Date:	Start Date: 02/01/2003 Expiration Date: 01/31/2004
General Comments:			
License Fee:	\$325.00	*** RENEWAL LICENSE ***	Last Chgd: 11/13/2003 eisenhao

Applicant: **William Taggart** Residence: **32 henrietta st**
 DOB: **10/28/1953** Home Phone: **(585) 330-7650** City, State, Zip: **Rochester, NY 14620**

Business Name: **Monty's Korner** Business Phone **(585) 263-7650**
 Business Name:
 Activity:
 City Address: **363 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **Physe Llc.** Residence: **311 alexander st**
 DOB: **03/26/1936** 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#: **1010852** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **01/13/2003** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **01/13/2003**
 Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No** /
 Crimal Check: Records- **Yes** MCVB- **Yes** Cart Inspection Date: Approved: **No**
 Status / Date: **A** / **01/24/2003** Reviewer: **sexstont**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **P** / **01/09/2003** Reviewer: **salernor**
 Occupancy: ~~57~~ Cart Inspection Date: Approved: **No**
 Comments: **80** *R. Salernor*
12/3/03

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **02/21/2003** Reviewer: **smithj**
 Comments: **renewal**

FILE
NOV 19 2003

- FLAAS (FLAME RETARDANT?)
- FIRE EXTINGUISHER BEHIND BAR MISSING.
- BARRICADE ACROSS BACK ENTRANCE.
- ALARM SYSTEM INSPECTION REPORT?
- CHAIN TANKS IN BASEMENT.



Casco Security Systems, Inc.
300 Metro Park • Rochester, NY 14623
(716)424-5000

INSPECTION FORM

Customer Name: BARELY

Address: 355 EAST AVE

Cross Street: _____

City, State, Zip: ROCHESTER NY 14602

Panel Type: _____ Account #: _____

Contact: _____

Inspection Date: _____ Inspection Hours: _____

Inspection Frequency: M Q S A

Service Agreement: Y / N

Inspection Billable: Y / N _____ hours @ _____ rate.

Other labor _____ hours @ _____ rate.

BURGLARY

Device	Pass / Fail	Number Tested
Motions		
Contacts		
Glass Break		
Keypads		
Sounders		
Other ()		
Wireless Equip.		
COMMUNICATOR		
Sump Pump		

AC voltage: _____ Battery Voltage Under Load: _____

Work Performed: _____

Replace Decals or Signs? Y / N

Consult WITH Customer before if they have any concerns.

Technician Signature: [Signature] Date: 9/17/02

Customer's Signature: _____ Date: _____

FIRE

Number of Devices	Number Tested # Pass / # Failed	Cleaned / Cal
NEAT Smoke Detectors	8	
Carbon Mon.		
Riser FLOW SWITCH	1	
Gate Valve Tamper		
Air Pressure		
Temperature Sensor		
Pump AC Fail		
Pump Run		
Elevator Shutdown		
Roof Hatch		
Alarm System STROBE	2	
Alarm HORN / STROBE	5	
Other (PULL)	5	

AC voltage: _____ Battery Voltage Under Load: _____

Panel Functions

Local Sounders: Pass / Fail C.S. Acknowledge: Pass / Fail

Alarm Output: Pass / Fail Other (): Pass / Fail

Communicator: Pass / Fail

Explosive Failed Results: _____

Follow up Needed: _____



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/4/02

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.,

DIAMANTOPOULOR MAYER LLC
355-359 EAST AVE

03-11121	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
5412B21	PROPANE USAGE (1 TIME USE ONLY)	\$ 60

Please return this part with payment

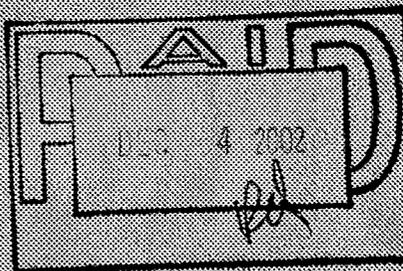
MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
355 EAST AVE

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

03-11121	PERMIT NUMBER
12/04/02	INVOICE DATE
12/04/02	DUE DATE
\$ 60	AMOUNT DUE

DIAMANTOPOULOS MAYER LLC
355 - 359 EAST AVENUE
ROCHESTER NEW YORK 14604



FD513

shall be compiled with, and said permit will become void only after...

Idpm1

THIS PERMIT EXPIRES 11/28/02

James DeGano
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:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK OR MONEY ORDER
355 EAST AVE

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

03-11121	PERMIT NUMBER
12/04/02	INVOICE DATE
12/04/02	DUE DATE
\$ 60	AMOUNT DUE

DIAMANTOPOULOS MAYER LLC
355 - 359 EAST AVENUE
ROCHESTER NEW YORK 14604

FD513

Idpm1

03-11121

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	}	Maintain
	Install		Store
	Operate		Manufacture
	Conduct		Transport

Diamantopoulos Mayer LLC 355-59 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 Propane usage 60
1 time use only

Contact
Phone

J. J. [Signature]

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

Zoning Administrator _____

Director of Buildings _____

Diamantopoulos Mayer LLC
Name of Applicant
355-59 East Ave
Address of Applicant
Rochester, N.Y. 14609
(Insert mailing address also, if different from above)
11-27-02
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.

FD522A81

Diamantopoulos Mayer LLC

D.B.A *Karma* 355 and **Bar Fly**

355-359 East Avenue, Rochester New York 14604



City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

September 19, 2002

Barfly Bar
355 East Ave
Rochester, New York

Re: Barfly Bar (Expansion of Karma)

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign **263** is the maximum allowable occupancy in the establishment at one time.

It is your responsibility to maintain the sign, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance 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,

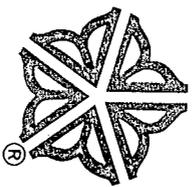
Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

JNS/jh

xc: City Fire Marshal
Occupancy File



OCCUPANCY BY MORE
THAN 263 PERSONS
IS DANGEROUS AND
UNLAWFUL



City of Rochester, New York

Paul N. Davis

A LICENSE
NEW
#167

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION

355 EAST AVE

DATE RECEIVED
IN FIRE
SAFETY:

JUL 8 2002
DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE
INSPE

704-3501

10:20 AM

7/9

Called left message

POBB

7/11

Mailed notice

X

Regular Mail 355 EAST AVE
152 Old English

POBB

7/17

Called left message

DRIVE BY -
NOT DONE YET
SHOULD BE DONE
TO DAY!

POBB

7/18

JOHN

7/24

3:45 PM FRANK IMBERGIA (contractor)

Corrected

POBB

7/25

LT. LILL - HAS NOTED LICENCE APPROVAL

POBB

Owner's Name

Home Addresss & Zip

Home Phone #

Occupancy 256.

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE MAY/02

FIRE ALARM SYSTEM

PERMIT #

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS

- EMERGENCY LIGHTING NOT FUNCTIONING
- ALARM SYSTEM REPAIR.
- SPRINKLER REPAIR.
- DRAPER (FIRE RESISTANT?)
- OCCUPANCY 256
- KITCHEN (NOT BEING USED)
APPLIANCES, REMOVED - GAS LINES CAPPED.

GARY - MARK

PER.
GARY IAACS - DRAPER HAVE BEEN TESTED

City of Rochester City Code License - Amusement Center For Application#: 167

Current Status/Date:	07/05/2002 V - Wait CZC		
Applic. Date:	07/05/2002	Issue Date:	Start Date: 02/01/2002 Expiration Date: 01/31/2003
General Comments:			
License Fee:	\$250.00	*** NEW LICENSE ***	Last Chgd: 07/05/2002 Clrk1

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#: Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 07/05/2002** 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 / 07/05/2002** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: **In Person** **No** By Phone **No /**
 Status / Date: **W / 07/05/2002** Reviewer: *R. Salems*
 Occupancy: **0** Cart Inspection Date: *7/24-02* Approved: **No**
 Comments:

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

Rochester Fire & Rescue Department
185 Exchange Blvd., Suite 665
Rochester, New York 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

JOHN DIAMANTOPOULOS
NAME
152 Old. English Road.
ADDRESS
ROCHESTER N.Y 14616
CITY, STATE, ZIP

Date 7/11-2002

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) EMERGENCY LIGHTING NOT FUNCTIONING PROPERLY.

STATE CODE 1162.3 A

Received by: _____

By Order of
Fire Marshal
RECEIVED
ROCHESTER FIRE DEPT.

TITLE DATE
Fire Marshal ROBB SALERNO
Fire Marshal R. Salerno.

DATE OF COMPLIANCE 7/24-2002

30503

BUILDING INSPECTION / COMPLAINT FORM



COMPANY R11
ADDRESS EAST
PROPERTY OWNER JOHN

AV
DI PAOLA

FROM / TO
359

ADDRESS
480 W RIDGE RD
CITY ROCHESTER STATE NY
ADDRESS
CITY STATE ZIP

INSPECTION # 02-09711
TAX ACCT #

PHONE
865-3650
ZIP 14615
PHONE

MAILING NAME

EMERGENCY CONTACT

000-0000

NFPA 901 CODES	GENERAL PROPERTY USE <u>51</u>	SPECIFIC PROPERTY USE	STRUCTURE TYPE <u>1</u>	STRUCTURE STATUS <u>5</u>
NO ENTRY DATES:	BUSINESS NAME	PHONE	DISPOSITION by FIRE SAFETY:	
	BUSINESS OWNER		REFERRED	CORRECTED
	ADDRESS	PHONE		
A = ATTIC	BUSINESS EMERGENCY		ORDERS ISSUED	NOT REQUIRED
C = CELLAR	ADDRESS	PHONE		
G = GARAGE	SPECIAL INSTRUCTIONS:			
0 = OUTSIDE	SPECIAL HAZARDS OR CONSTRUCTION			
# = FLOOR #	DIRECTION ROOM #, ETC.			
	COMPLAINT			
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	CURRENTLY UNDER RENOVATION			

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT: FF. P. CICHETTI	COMPANY R-11	DISTRICT 3
BUS/PROP REPRESENTATIVE:	GROUP 1	DATE 7/9/02
FIRE SAFETY INSPECTOR:	POSITION / TITLE	DATE OF REINSPECTION
		DATE

COPY TO FIRE SAFETY

RFD 501 REV. 01/02

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION

363 EAST AVE

DATE RECEIVED IN FIRE SAFETY:

JAN 8 2001

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

E-17

OTHER

OK TO FILE
INSPECTION

1-22-02

Alan Hughes

1 A/E Insp. No v.i.o. at present waiting for alarm permit number. System tested 1-25-02. Copy of test attached

2-4-02

Owner's Name

Alan Hughes

Home Address & Zip

261 Mobley St.
Rochester 14620

Home Phone #

occupancy # 57

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE _____

FIRE ALARM SYSTEM

PERMIT # _____

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS

City of Rochester City Code License - Entertainment Center For Application#: 5

Current Status/Date:	01/04/2002 P - Pending		
Issue Date:	Start Date:	02/01/2002	Expiration Date: 01/31/2003
General Comments:			
License Fee:	\$225.00	Last Chgd:	01/04/2002 bernhrdt

Applicant: **William Taggart** Residence: **186 raeburn ave**
 DOB: **10/28/1953** Home Phone: **(716) 330-7650** City, State, Zip: **Rochester, NY 14619**

Business Name: **Monty's Korner** Business Phone **(716) 263-7650**
 Business Name:
 Activity: **APPROVED 2-6-02**
 City Address: **363 East Av** Section: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **Physe Llc.** Residence: **311 alexander st**
 DOB: **03/26/1936** Home Phone: **(716) 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: **No**

Zoning Approval CZC#: **1010852** Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **A** / **01/02/2002** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date: **01/02/2002**
 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** / **01/04/2002** Reviewer: **sexstont**
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **12/31/2001** Reviewer:
 Occupancy: **57** Cart Inspection Date: Approved: **No**
 Comments: *Bill Physe 2-4-02*

Building Approval Applicant Contact/Date: In Person **No** By Phone **No** /
 Status / Date: **W** / **12/31/2001** Reviewer:
 Comments:

NAME KARMA 355

FIRE SAFETY INSPECTION RECORD

- LICENSE
- EAST
- PERMIT
- WEST
- SPECIAL

LOCATION: 355 EAST AVE.

Person contacted: JOHN DIAMANTOPOULOS

Telephone #: 704-3001

PERSON ABOVE IS SUMMONED TO APPEAR AT:
MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
9/26/01	9:00							FIRE ALARM SYSTEM NOT TESTED.		MS
8/27/01								ticket voided	X	MS

APPEARED:

GUILTY:

FINE:

DEFAULTED:

NOT GUILTY:

ADJURNED DATE:

HEARING OFFICER:

INSPECTOR'S COMMENT:

ticket voided

200004

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

KARMA 355
 Last Name (Defendant) First M.I.
355 EAST AVE
 Street Address
ROCHESTER NY 14104
 City State Zip
 D.O.B. / / Sex Summons Issued To

LICENSE INFORMATION

License # _____ Exp Date ____/____/____
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor _____
 Dog: Color _____
 Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

355 EAST AVE
 Place of Occurrence Rochester, Monroe Co., N.Y.
6/11/01 2:30
 Date Time A.M./P.M.
 OFFENSE FIRE ALARM SYSTEM NOT TESTED
 In violation of Chapter 1163 SEC 13 SUB C & d of
 the Code of the City of Rochester, N.Y.
9 NYCRR

FACTUAL PART: The above named defendant did on the stated date, time and place
THE FIRE ALARM SYSTEM HAS NOT
BEEN TESTED/INSPECTED WITHIN THE
LAST YEAR.

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
- CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
- CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: 7/26 day of 01
 at 9:00 (A.M.)/P.M.

FINE SCHEDULE: A B C D E G DOG REFUSE ALARM
 FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT
 TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT Mark S. [Signature] 8/22/01
 ID # _____ SEC _____ Date

and floor plans, shall be made available by the owner or a designated representative to the service personnel.

7-1.5 Releasing Systems. This subsection covers requirements pertinent to testing fire alarm systems initiating fire suppression system releasing functions.

7-1.5.1 Testing personnel shall be familiar with the specific arrangement and operation of the suppression system(s) and releasing function(s) and cognizant of the hazards associated with inadvertent system discharge.

7-1.5.2 Occupant notification shall be required whenever a fire alarm system configured for releasing service is being serviced or tested.

7-1.5.3 Discharge testing of suppression systems shall not be required by this code. Suppression systems shall be secured from inadvertent actuation, including disconnection of releasing solenoids/electric actuators, closing of valves, other actions, or combinations thereof, as appropriate for the specific system, for the duration of the fire alarm system testing.

7-1.5.4 Testing shall include verification that the releasing circuits and components energized or actuated by the fire alarm system are electrically supervised and operate as intended on alarm.

7-1.5.5 Suppression systems and releasing components shall be returned to their normal condition upon completion of system testing.

7-1.6 System Testing.

7-1.6.1 Initial Acceptance Testing. All new systems shall be inspected and tested in accordance with the requirements of this chapter.

7-1.6.2* Reacceptance Testing.

7-1.6.2.1 Reacceptance testing shall be performed after system components are added or deleted; after any modification, repair, or adjustment to system hardware or wiring; or after any change to software. All components, circuits, systems operations, or site-specific software functions known to be affected by the change or identified by a means that indicates the system operational changes shall be 100 percent tested. In addition, 10 percent of initiating devices that are not directly affected by the change, up to a maximum of 50 devices, also shall be tested and proper system operation shall be verified. A revised record of completion in accordance with 1-7.2.1 shall be prepared to reflect any changes.

7-1.6.2.2 Changes to all control units connected or controlled by the system executive software shall require a 10-percent functional test of the system, including a test of at least one device on each input and output circuit to verify critical system functions such as notification appliances, control functions, and off-premises reporting.

7-2 Test Methods.

7-2.1* Central Stations. The installation shall be inspected at the request of the authority having jurisdiction for complete information regarding the system, including specifications, wiring diagrams, and floor plans that have been submitted for approval prior to installation of equipment and wiring.

7-2.2* Fire alarm systems and other systems and equipment that are associated with fire alarm systems and accessory equipment shall be tested according to Table 7-2.2.

7-3 Inspection and Testing Frequency.

7-3.1* Visual Inspection. Visual inspection shall be performed in accordance with the schedules in this chapter or more frequently where required by the authority having jurisdiction. The visual inspection shall be made to ensure that there are no changes that can affect equipment performance.

Exception No. 1: Devices or equipment that is inaccessible for safety considerations (e.g., continuous process operations, energized electrical equipment, radiation, excessive height) shall be inspected during scheduled shutdowns where approved by the authority having jurisdiction. Extended intervals shall not exceed 18 months.

Exception No. 2: Where automatic inspection is performed at a frequency of not less than weekly by a remotely monitored fire alarm control unit specifically listed for such application, the visual inspection frequency shall be permitted to be annual. (See Table 7-3.1.)

7-3.2* Testing. Testing shall be performed in accordance with the schedules in this chapter or more frequently where required by the authority having jurisdiction. Where automatic testing is performed at least weekly by a remotely monitored fire alarm control unit specifically listed for the application, the manual testing frequency shall be permitted to be extended to annual. (See Table 7-3.2.)

Exception: Devices or equipment that is inaccessible for safety considerations (e.g., continuous process operations, energized electrical equipment, radiation, excessive height) shall be tested during scheduled shutdowns where approved by the authority having jurisdiction but not more than every 18 months.

Table 7-3.2 Testing Frequencies (continued)

Component	Init./Reaccept.	Monthly	Quarterly	Semiann.	Ann.	Table 7-2.2
						Reference
22. Supervising Station Fire Alarm Systems — Receivers						17
a. DACR	X	X				
b. DARR	X	X				
c. McCulloh Systems	X	X				
d. Two-Way RF Multiplex	X	X				
e. RASSR	X	X				
f. RARSR	X	X				
g. Private Microwave	X	X				

NOTE: For testing addressable and analog-described devices, which are normally affixed to either a single, molded assembly or are a twist-lock type affixed to a base, TESTING SHALL BE DONE UTILIZING THE SIGNALING STYLE CIRCUITS (Styles 0.5 through 7). The addressable term was determined by the Technical Committee in Formal Interpretation 79-8 on NFPA 72D and Formal Interpretation 87-1 on NFPA 72A. Analog-type detectors shall be tested with the same criteria.

7-3.3 Single station smoke detectors installed in one- and two-family living units shall be inspected, tested, and maintained as specified in Chapter 2. Single station detectors installed in other than one- and two-family dwelling units shall be tested and maintained in accordance with this chapter.

7-3.4 Test of all circuits extending from the central station shall be made at intervals of not more than 24 hours.

7-4 Maintenance.

7-4.1 Fire alarm system equipment shall be periodically maintained in accordance with the manufacturer's instructions. The frequency of maintenance depends on the type of equipment and the local ambient conditions.

7-4.2 Any accumulation of dust and dirt can adversely affect device and appliance performance. The frequency of cleaning depends on the type of equipment and the local ambient conditions.

7-4.3 All apparatus requiring rewinding or resetting to maintain normal operation shall be restored to normal as promptly as possible after each test and alarm and kept in normal condition for operation. All test signals received shall be recorded to indicate date, time, and type.

7-4.4 The retransmission means as defined in Section 4-2 shall be tested at intervals of not more than 12 hours. The retransmission signal and the time and date of the retransmission shall be recorded in the central station.

Exception: Where the retransmission means is the public switched telephone network, it shall be permitted to be tested weekly to confirm its operation to each public fire service communications center.

7-5 Records.

7-5.1* Permanent Records. After successful completion of acceptance tests satisfactory to the authority having jurisdiction, a set of reproducible as-built installation drawings, operation and maintenance manuals, and a written sequence of operation shall be provided to the building owner or the owner's designated representative. It shall be the responsibility of the owner to maintain these records for the life of system and to keep them available for examination by any authority having jurisdiction. Paper or electronic media shall be permitted.

7-5.2 Maintenance, Inspection, and Testing Records.

7-5.2.1 Records shall be retained until the next test and for 1 year thereafter.

7-5.2.2 A permanent record of all inspections, testing, and maintenance shall be provided that includes the following information of periodic tests and all the applicable information requested in Figure 7-5.2.2.

- (a) Date;
- (b) Test frequency;
- (c) Name of property;
- (d) Address;
- (e) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number;
- (f) Name, address, and representative of approving agency(ies);
- (g) Designation of the detector(s) tested ("Tests performed in accordance with Section _____.");
- (h) Functional test of detectors;
- (i)* Functional test of required sequence of operations;
- (j) Check of all smoke detectors;
- (k) Loop resistance for all fixed-temperature line-type heat detectors;
- (l) Other tests as required by equipment manufacturers;
- (m) Other tests as required by the authority having jurisdiction;
- (n) Signatures of tester and approved authority representative;
- (o) Disposition of problems identified during test (e.g., owner notified, problem corrected/successfully retested, device abandoned in place).

7-5.3 Where off-premises monitoring is provided, records of signals, tests, and operations recorded at the monitoring center shall be maintained for not less than 12 months. Upon request, a hard copy record shall be available for examination by the authority having jurisdiction. Paper or electronic media shall be permitted.

7-5.4 Where the operation of a device, circuit, control panel function, or special hazard system interface is simulated, it shall be noted on the certificate that the operation was simulated, and the certificate shall indicate by whom it was simulated.



ROCHESTER FIRE DEPARTMENT
150 S PLYMOUTH AVENUE
ROCHESTER, NY 14614-2277
PHONE: 716-428-6739
FAX: 716-428-6785

FACSIMILE COVER SHEET

Date: 8/27/01

TO: MVB

Dept/Co: _____

Fax#: 6073

From: MARK SCIALDONE
ROCHESTER FIRE DEPARTMENT

Total number of pages (including this cover sheet) 2

MESSAGE:

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

City of Rochester



Office of the Fire Marshal
Fire Department

Room 305
Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037

VOID REQUEST FOR MUNICIPAL CODE VIOLATIONS BUREAU TICKET

TICKET NUMBER: 209604

PROPERTY ADDRESS: 355 EAST AVE.

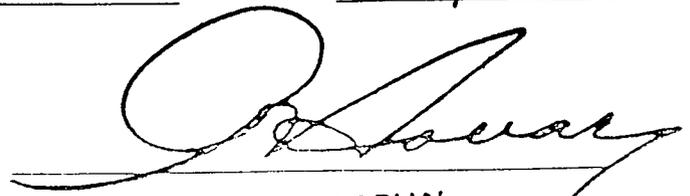
DEFENDANT'S NAME: KARMA 355

DEFENDANT'S ADDRESS: SAME

REASON FOR VOID: HAVE NEEDED REPORT NOW. MISCOMMUNICATION
CAUSED TICKET TO BE WRITTEN.

VOIDED BY: MARK SCIALDONE ID No. 1059

DATE: 8/27/01


FIRE MARSHAL

KARMA
FIRE SAFETY INSPECTION RECORD

OCC # 256

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

355 EAST AVE

LOCATION

DATE RECEIVED
IN FIRE
SAFETY:

MAY 24 2001

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

C/O

OTHER

OK TO FILE
INSPECT

JOHN D.

454-7010
704-3001

6/12/01

1:00

MARK

6/14/01
(thurs)

2:00

7

MS

6/27/01

0

7/16/01

0

- called again - no return

MS

7/19/01

0

- called - no return

7/23/01

2

MS

- has til Fri.

8/15/01

talked to John - still no reports
Owner's Name

- spk being done 7/24 @ 3:00

8/16/01

Home Address & Zip

- going back 8/16

MS

8/22/01

Home Phone #

- called no return call

- wrote ticket for fire alarm

MS

8/28/01

OCC # 256

- passed over to Billie

MS

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE - 1/01

FIRE ALARM SYSTEM

PERMIT #

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS

X ext out kitchen

704-3001

< missing filter - hood syst.

> curtains fire resistant?

X mount fire ext. behind main bar min. 2A

X - in basement.

~~occupancy?~~ OK

I N T E R

O F F I C E

MEMO

To: Chief Stephen Trenton, Fire Safety; NET D
From: Arleen Hyland, Code Enforcement Coordinator
Subject: Certificate of Use Application
Date: May 22, 2001

Enclosed please find the following copy of a Certificate of Use application dated **May 7, 2001** for your review, comments and/or approval:

<u>Address</u>	<u>Business</u>	<u>Business Owner</u>
355 East Avenue	Karma 355	Diamantopoulos

Please be advised that pursuant to 90-36 of the City Code, the City is required to issue or deny a Certificate of Use within 30 days of receipt of the completed application. Therefore, your written comment and/or approval must be submitted to me, no later than **June 17, 2001**. As part of your unit's review, it is imperative that any required property inspection take place. **The inspection for this property will be June 12, 2001 at 1:00 PM.** Please provide a copy of the inspection report if one is conducted. If your inspection is delayed by the applicant's actions, please advise me in writing so I can notify the owner that the application is incomplete.

Please feel free to call me at x6532 if you have any questions. Thank you for your cooperation.

xc: A. Nichols

**NET****NEIGHBORHOOD EMPOWERMENT TEAMS
DIVISION OF CODE ENFORCEMENT**

City Hall 30 Church St. Rm 007A, Rochester NY 14614 (716)428-6532 Fax (716)428-6287

City of Rochester, New York



May 22, 2001

Diamantopoulos
152 Old English Drive
Rochester, New York 14616

Dear Business Owner:

This letter is to inform you that on **June 12, 2001 @ 1:00 PM**, your business Karma 355 at 355 East Avenue is scheduled for a Certificate of Use inspection. It is required that you or someone you designate be present for this inspection. If you have any questions or need any further information, please call me at 428-6532.

Thank you for your cooperation.

Sincerely,

Arleen Hyland
Code Enforcement Coordinator

xc: Phyze, Inc.
311 Alexander Street - Suite 307
Rochester, NY 14604





NOTICE OF VIOLATIONS

DATE 6/14/01

KARMA 355
Name

355 EAST AVE.
Address

Inspection of premises located at SAME reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: IMMEDIATE

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

1163.13 OK - fire alarm system shall be tested/inspected with report available.

1163.13 OK - sprinkler system shall be tested/inspected with report available.

1162.36 OK exit sign out shall be illuminated. (kitchen).

1163.12 OK filter missing from hood system shall be replaced.

1164.2 OK - proof of fire-resistance shall be supplied. (for curtains throughout restaurant.)

1163.13 OK - fire extinguishers shall be mounted and inspected/tagged up to date. (behind main bar, and in basement.)
- extinguishers shall have a min. 2A rating.
When opened

By Order of
FIRE MARSHAL

INSPECTOR MARK SCIALDONE

DATE OF COMPLIANCE 8/27/01

Inspector [Signature]



City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

April 25, 2001

Karma
355 East Ave
Rochester, New York 14607

Re: 355 East Ave

Dear Property Owner:

Accompanying this letter are your occupancy signs for the above mentioned address.

The maximum occupancy allowed in on the **First Floor is 200** and the maximum occupancy allowed on the **Mezzanine is 56** - total allowable occupancy is 256 people.

It is your responsibility to maintain the signs, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,

Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

LMS/jh

xc: City Fire Marshal
Occupancy File

FILE



REPORT NO. 7-24-01 INSPECTION REPORT PAGE 1

J&S FIRE PROTECTION
P.O. BOX 344
PITTSFORD, NEW YORK 14534
(716)387-9220
(716)385-5573 FAX

BUILDING TO BE INSPECTED: KARMA 355
REPORT SENT TO: 355 EAST AVENUE ROCHESTER NY 14604

- | 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? | | | |
| 5. WET SYSTEMS: | | | |
| a. Are cold weather valves opened or closed as necessary? | | Y | |
| b. Have anti-freeze systems been tested and left in satisfactory condition? | N/A | | |
| 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? | N/A | | |
| b. Is air pressure and priming water level, normal? | ↓ | | |
| c. Is air compressor in good condition? | ↓ | | |

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? Y
- 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? 1999
- 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. _____ MAKE & MODEL _____

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 4" OS+Y GOOD

REPORT NO. 7-24-01 K

INSPECTION REPORT

PAGE 3

14. WATER FLOW TEST:

TEST PIPE LOCATED	SIZE TEST PIPE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER	AIR PRESSURE
<u>RISER</u>	<u>2"</u>	<u>55</u>	<u>45</u>	<u>48</u>	

14. WATER FLOW TEST (CONTINUED):

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

15. EXPLANATION OF "NO" ANSWERS:

NONE

16. ADJUSTMENTS/ DESIRABLE IMPROVEMENTS:

INSPECTION WITNESSED

BY: [Signature] DATE 7-24-01

INSPECTOR: [Signature] DATE 7-24-01



INSPECTION AND TESTING FORM

PROPERTY (USER) NAME Oxfords #2 355 East Ave	SYSTEM NUMBER h760011994	DATE 08-24-01	ticket no. 11442961
---	-----------------------------	------------------	------------------------

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADT CMC	
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vista 100
INTERFACE EQ.	<input type="checkbox"/>	<input type="checkbox"/>	
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	tested ok
LOAD VOLTAGE	<input type="checkbox"/>	<input type="checkbox"/>	
DISCHARGE TEST	<input type="checkbox"/>	<input type="checkbox"/>	
CHARGE TEST	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIFIC GRAVITY	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	
AUDIBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	horns
VISUAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	strobes
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS SETTING	PASS	FAIL
	smoke det	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	heat det	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	pull station	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	waterflow	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	
PHONE JACK	<input type="checkbox"/>	<input type="checkbox"/>	
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	
CALL IN SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ADT CMC

INSPECTION AND TESTING FORM



customer: Oxforde #2 355 East Ave

sys no. h760011994

tic no.

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES: _____

COMMENTS: _____

	YES	NO		
ON/OFF PREMISES MONITORING				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADT CMC	_____
ALARM RESTORAL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADT CMC	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADTCMC	_____
SUPERVISORY SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADT CMC	_____
SUPERVISORY RESTORAL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADT CMC	_____
NOTIFICATIONS THAT TESTING IS COMPLETE				
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADT CMC	_____
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>		_____
OTHER (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORED TO NORMAL OPERATION: DATE _____ TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR: Clarence Babcock

DATE: 08-24-01 TIME: _____

SIGNATURE: Clarence R. Babcock

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: 08-24-01 TIME: _____

SIGNATURE: Mickie S. Roman



ROCHESTER FIRE DEPARTMENT
150 S PLYMOUTH AVENUE
ROCHESTER, NY 14614-2277
PHONE: 716-428-6739
FAX: 716-428-6785

FACSIMILE COVER SHEET

Date: 8/31/01

TO: BILLIE

Dept/Co: _____

Fax#: 6287

From: MARK SCIALDONE
ROCHESTER FIRE DEPARTMENT

Total number of pages (including this cover sheet) 2

MESSAGE:

C/U APPROVAL FOR 355 EAST. AVE.
KARMA

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



CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION
 DEPARTMENT OF COMMUNITY DEVELOPMENT
 30 CHURCH STREET
 ROCHESTER, NEW YORK 14614

BUSINESS INFORMATION

Business Name: KARMA 355
 Business Address: 355 EAST AV Zip: 14604
 Business Type: RESTAURANT
 Historic Hours of Operation: 05:00 PM to 02:00 AM (Pending Zoning Review)
 Approved Licenses: LIQUOR

Business Owner: DIAMANTOPOULOS
 SSN/Tax ID#: 16-1569162
 Home Address: 152 OLD ENGLISH DR Phone: 716 723-0339
ROCHESTER, NY Zip: 14616

Mail to: BUSINESS ADDRESS
 Property Owner: PHYZE LLC

I understand that false statements made on this application may result in the denial or loss of the Certificate of Use.

Business Owner Signature: _____

(FOR CITY USE ONLY)

APPROVALS REQUIRED: _____ FEE: _____ CERTIFICATE COLOR: _____

APPROVED HOURS OF OPERATION Unlimited AM/PM to _____ AM/PM

	SIGNATURE:	DATE:	COMMENTS IF HOLDING APPROVAL:
DCD/BUILDINGS & ZONING:	<u>Wanda T. Clark</u>	<u>5/7/01</u>	_____
NET ADMINISTRATOR:	_____	_____	_____
RFD/FIRE SAFETY:	<u>Mike Siler</u>	<u>8/30/01</u>	_____
NET CENTRAL:	_____	_____	_____

Please return approval or comments to John Giugno - 007A

DATE OF APPROVAL: _____ C of U#: 001596

Wanda 355 East Av ?



BUILDING INSPECTION / COMPLAINT FORM

COMPANY R-17 INSPECTION # **01 - 06140**
 ADDRESS FROM / TO TAX ACCT #
EAST AV 357
 PROPERTY OWNER ADDRESS PHONE
JOHN DI PAOLA 480 W RIDGE RD 865-3650
 CITY ROCHESTER STATE NY ZIP 14615
 MAILING NAME ADDRESS PHONE
 CITY STATE ZIP
 EMERGENCY CONTACT ADDRESS PHONE
 CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE N/A STRUCTURE TYPE 1 STRUCTURE STATUS 5

NO ENTRY DATES:	BUSINESS NAME _____ PHONE _____	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER ADDRESS _____ PHONE _____	
A = ATTIC	BUSINESS EMERGENCY ADDRESS _____ PHONE _____	REFERRED
C = CELLAR	SPECIAL INSTRUCTIONS:	
G = GARAGE	SPECIAL HARZARDS OR CONSTRUCTION	CORRECTED
O = OUTSIDE	DIRECTION ROOM #, ETC.	
# = FLOOR #	COMPLAINT	
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
	<i>STORE IS CURRENTLY VACANT.</i>	
	<i>Attempting to RENT/LEASE SPACE</i>	

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT: <i>Capt. M. Memilla</i>	COMPANY <u>R-17</u> DISTRICT <u>3</u> GROUP <u>2</u>	DATE <u>5-29-01</u>
BUS/PROP REPRESENTATIVE:	POSITION / TITLE	DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:		DATE

FD-501 REV. 07/01



City of Rochester

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

April 25, 2001

Karma
355 East Ave
Rochester, New York 14607

Re: 355 East Ave

Dear Property Owner:

Accompanying this letter are your occupancy signs for the above mentioned address.

The maximum occupancy allowed in on the **First Floor is 200** and the maximum occupancy allowed on the **Mezzanine is 56** - total allowable occupancy is 256 people.

It is your responsibility to maintain the signs, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,

Joel N. Smith, AIA
Manager of Plan Review & Bldg. Inspections

LMS/jh

xc: City Fire Marshal
Occupancy File



**OCCUPANCY BY MORE
THAN 256 PERSONS
IS DANGEROUS AND
UNLAWFUL**



CITY OF ROCHESTER

Paul N. Smil



City of Rochester, New York

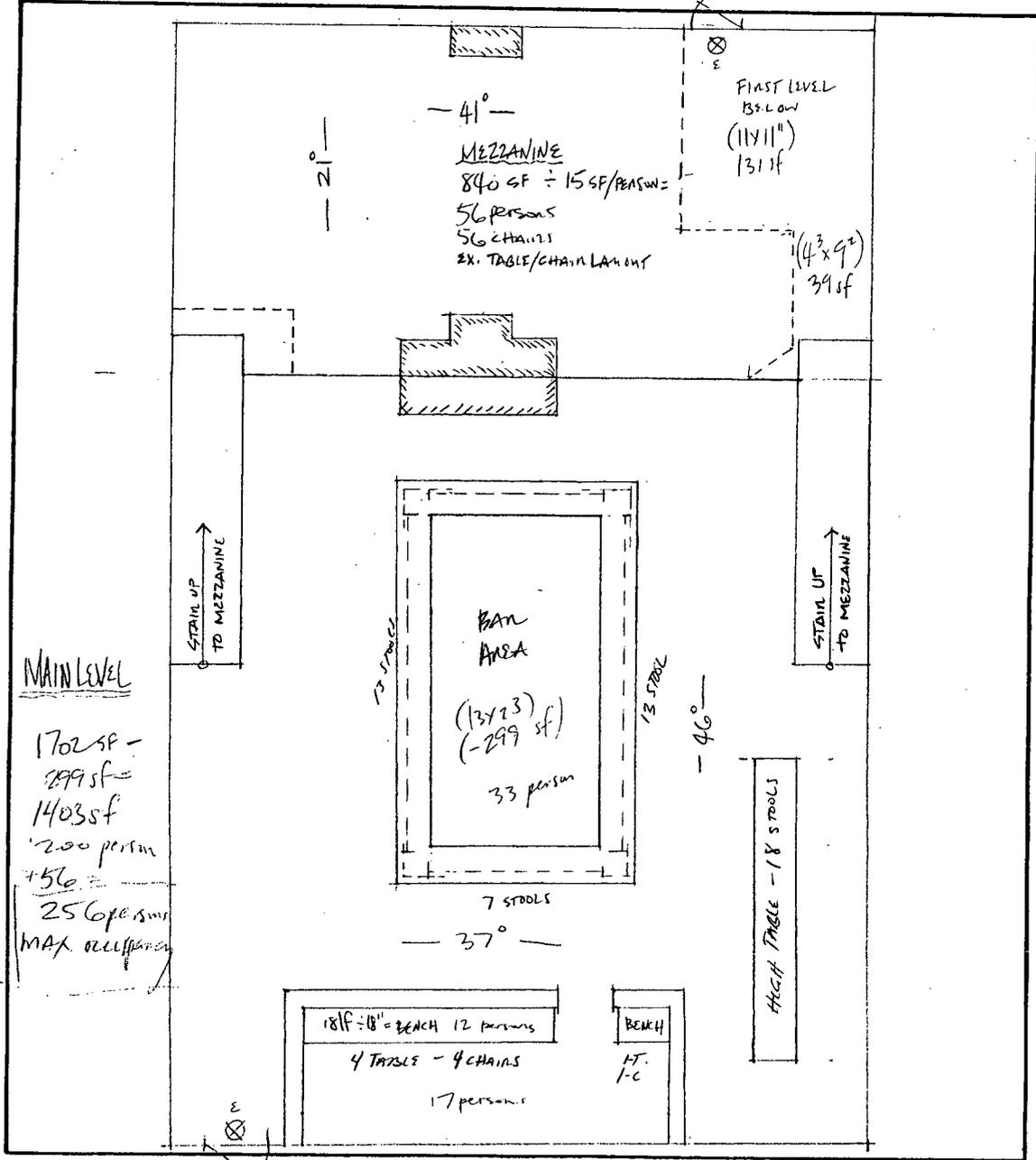
Sheet _____ Of _____

By _____ Date _____

Ckd. _____ Date April 20, 2007

Project 355 EAST AVE • KARMA

P.C. _____



KARMA RESTAURANT - 355 EAST AVE.

Juan P. Linares

ARCHITECT

April 25 2007

SIGNATURE

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION

363 EAST AVE

DATE RECEIVED IN FIRE SAFETY:

Q9

FEB 12 2001

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE
INSPEC

2-14-01

8:00

/

3-1-01

/

[Handwritten signatures]

Owner's Name

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY #

57

Y N

- SPRINKLER SYSTEM
- COOKING HOOD SYSTEM
- FIRE ALARM SYSTEM
- STANDPIPE SYSTEM
- COOKING SYSTEM
- BARS/WIRE ON WINDOWS

City of Rochester City Code License - Entertainment Center For Application#: 31

Current Status/Date:	02/09/2001 V - Wait CZC		
Issue Date:	Start Date:	Expiration Date:	01/31/2002
General Comments:			
License Fee:	\$225.00	Last Chgd:	02/09/2001 clrk4

Applicant: **William Taggart** Residence: **26 Homer St**
 DOB: **10/28/1953** Home Phone: **(716) 330-7650** City, State, Zip: **Rochester, NY 14620**

Business Name: **Monty's Korner** Business Phone **(716) 263-7650**

Business Name:
 Activity:
 City Address: **363 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **Physe Llc.** Residence: .
 DOB: Home Phone: City, State, Zip: **Saudi Arabia .**

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: **No**

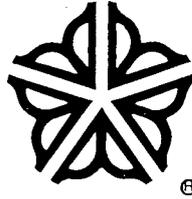
Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 02/09/2001** Reviewer:
 3 Game Limit? **Yes** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date:
 Comments:

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 / 02/09/2001** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 02/09/2001** Reviewer:
 Occupancy: **0** Cart Inspection Date: Approved: **No**
 Comments: *[Signature]* **3/12/01**

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 02/09/2001** 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

MONTY'S ROANER
NAME

Date 2-14-01

363 EAST AVE
ADDRESS

Roch N.Y. 14604
CITY, STATE, ZIP

Inspection of the premises located at 363 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

1103.13c-1 ALARM SYSTEM SHALL BE TEST AND A REPORT SENT TO THE FIRE DEPT

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____

#ATTN SAM

JOB INVOICE

SZULGIT ELECTRIC

637 Hazelwood Ter.
ROCHESTER, N.Y. 14609-5318
(716) 224-9617
Pager 783-7528

007553

TO MONTYS KORNER
363 EAST AVE
ROCHESTER N.Y. 14604

TERMS: **30 Days**

PHONE	DATE OF ORDER 2/19/01
ORDER TAKEN BY	CUSTOMER'S ORDER NUMBER 010209
<input checked="" type="checkbox"/> DAY WORK	<input type="checkbox"/> CONTRACT
<input type="checkbox"/> EXTRA	
JOB NAME/NUMBER 363 EAST AVE	JOB LOCATION
JOB PHONE	STARTING DATE 2/19/01

				PERFORMED ALARM						
				INSPECTION ON FIRE						
				SYSTEM						
				4-SMOKES, 2 PULL STATIONS						
				AND 3 HORN STROBS						
				TESTED O.K.						
				SERVICE CALL				30	00	
				TOTAL OTHER				30	00	
				MECHANIC				2	60	120
				TOTAL LABOR				120	00	
TOTAL MATERIALS										
TOTAL OTHER				30	00					
TAX				12	00					

DATE COMPLETED **2/19/01**

Signature _____

Work ordered by _____

I hereby acknowledge the satisfactory completion of the above described work.

Thank You

City of Rochester



Office of the Fire Marshal
Fire Department

Room 305
Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037

VOID REQUEST FOR MUNICIPAL CODE VIOLATIONS BUREAU TICKET

TICKET NUMBER: 205038

PROPERTY ADDRESS: 363 EAST AVE

DEFENDANT'S NAME: WILLIAM TAGGART

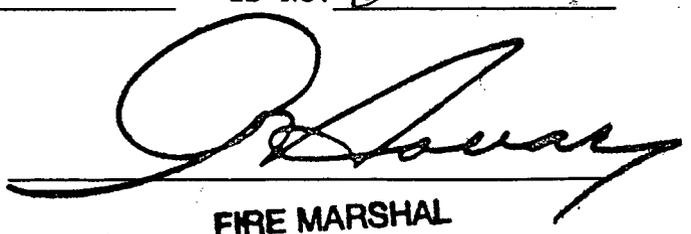
DEFENDANT'S ADDRESS: 186 RAYBURN AVE

REASON FOR VOID: SPOKE WITH OWNER ABOUT HIS
RESPONSIBILITY HE WILL COMPLY

VOIDED BY: LT. EISENHART

ID No. 6579

DATE: NOV 2 2000



FIRE MARSHAL

205038

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

TAGGART WILLIAM
 Last Name (Defendant) First M.I.
186 RAYBURN AVE
 Street Address Apt. #
ROCHESTER NY 14619
 City State Zip
 / /
 D.O.B. Sex Summons Issued To

LICENSE INFORMATION

License # _____ Exp Date ____/____/____
 Amusement Center Entertainment Center Alarm Permit
 Taxi Driver Solicitor/Vendor _____
 Dog: Color _____
 Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

363 EAST AVE / MONTY'S KORNER
 Place of Occurrence Rochester, Monroe Co., N.Y.
OCT / 13 / 2000 11:55 AM/P.M.
 Date Time

OFFENSE EXCEEDING POSTED OCCUPANCY LIMIT

In violation of Chapter 9NYCRR SEC 1164 SUB 2A of
 the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place a flow
more people than the posted legal limit,
to enter premises. Posted legal maximum
is 57. ACTUAL COUNT WAS 70.

PERSON ABOVE IS SUMMONED TO APPEAR AT:

- MUNICIPAL CODE VIOLATIONS BUREAU
42 South Ave., Rochester, N.Y.
- CITY COURT PART I (MISD'S)
150 S. Plymouth Ave., Rochester, N.Y.
- CITY COURT PART V (VIOL'S, FEL'S)
150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: NOV 15 day of 2000
 at 1:00 AM/P.M.

FINE SCHEDULE: A B C D E DOG REFUSE ALARM
 FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT
 TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW

COMPLAINANT Stephen Jentson 10/13/2000
 ID # 6647 SEC RFD Date

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION

355 EAST AVE

DATE RECEIVED IN FIRE SAFETY:

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

DATE

8/21/00

Z

DONNA

8/25/00

RE 9/1/00

X

REAR EXIT DOORS ARE GLASS
DOORS SNAP LOCK ON OUTSIDE
DOOR, NO LOCK AT ALL ON
INSIDE DOOR.
PRO LOCKED DOOR DOESNT GO
TO OUTSIDE NOT A PROPER
EXIT.
NO OCCUPANCY SIGN

LJP

9/5/00

11:00am

DR SANDRO (owner of building)
317 Sunito 423-0640
PERS. MAINTENANCE PERSON

TEB

9/2/00

200EV 200V

X

FILE

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

John Diamantopoulos
NAME

Date 8/21/00

152 Old English Dr
ADDRESS

Rochester NY 14616
CITY, STATE, ZIP

Inspection of the premises located at 355 East Av (Karma) 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

1162.2b - rear exit shall have fire exit hardware. Thumb latch shall be removed and proper hardware installed. PROPER HARDWARE ON DOOR
Padlock shall be removed from rear basement exit door. NO NEED
1175.1d gas cylinders shall be properly secured (basement)

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal Lt. Auvier

DATE OF COMPLIANCE 9/5/00

Fire Marshal Jerry W. LeBeau



City of Rochester

FILE
07-06-00

FAX (716) 428-6137
TDD/Voice 232-3260

Bureau of Buildings and Zoning
Department of
Community Development

City Hall, Room 122-B
30 Church Street
Rochester, New York 14614-1290
(716) 428-7043

July 5, 2000

Karma
355 East Ave
Rochester, New York 14607

Re: 355 East Ave

Dear Property Owner:

Accompanying this letter are your occupancy signs for the above mentioned address.

The maximum occupancy allowed in on the **First Floor is 82** and the maximum occupancy allowed on the **Mezzanine is 52**.

It is your responsibility to maintain the signs, or an approved substitute, in good condition. If a sign has been altered a Municipal Code Violation Bureau Appearance ticket will 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,

Linda M. Stango, AIA
Manager of Plan Review & Bldg. Inspections

LMS/jh

xc: City Fire Marshal
Occupancy File



- DON -
TEDISCO-

FILE

FIRE SAFETY INSPECTION RECORD

LICENSE
 PERMIT

ETI

LOCATION: 335 EAST AVE. "KARMA" ^{CLUB}

SPECIAL

PERSON CONTACTED: D. GIAMBRA

TELEPHONE #: 529.3850

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
6/19/06								ALARM - HOOD TEST NOTE: CURTAINS FLAMMABILITY?		
6/20/06	11A.M.							- HOOD TEST - O.K. K. EXT. - O.K. ORDERED SHEET METAL SEPARATION BETWEEN FRYERS & CHARCOAL GRILL. - FLOW TEST 35.5 sec. O.K. DONE	D	
								- ALARM TEST - ADD - A/V - BASEMENT - ADD - A/V - ABOVE BARI MIRROR. - DRAPERY - FLAMMABILITY - CHECK W/ TEDISCO - J/S 387-9220 764-8743 DONE 764.8743		
								X OK FOR TEMP		
6/21/06	10A.M.							RE INSPECTION O.K. LADQ X Pkg		



City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: 6/20/00

335 EAST AVE

KARMA'S

DON TESCO.

OK. FOR TEMP *
6/20/00 ST. DSC.

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the ALARM/FLOW/HOOD
at the premises located at 335 EAST AVE

No violations were noted.

Sincerely,

H. Daniel J. Caruso
Code Enforcement Officer
(716) 428-7037

(alrmtest)

- O.K. HOOD TEST O.K.
- O.K. PLACE SEPARATION SHEET METAL BETWEEN THE FRYERS + GRILL (HAND)
- O.K. FLOW TEST
- OK ALARM TEST.
- OK ADD A/V = BASEMENT
- OK ADD A/V IS CENTER BOTH SIDES POLE MIDDLE OF BAR OR ABOVE MIRROR ONE
- 2 DRAPERIES —
FLAMMABILITY ?
CHECK W/D. TESCO

NOTE: DON, IF DRAPERIES ARE O.K. WITH YOU, THEN C/O CAN BE ISSUED

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME **DIAMANTOPOULOS** DATE **6-2-00**
 PROPERTY ADDRESS **355 EAST AVE, ROCHESTER N.Y.**

ACCEPTED BY APPROVING AUTHORITIES (NAMES)
 ADDRESS
PLANS
 INSTALLATION CONFORMS TO ACCEPTED PLANS YES NO
 EQUIPMENT USED IS APPROVED YES NO
 IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS
 HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? YES NO
 IF NO, EXPLAIN
 HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:
 1. SYSTEM COMPONENTS INSTRUCTIONS YES NO
 2. CARE AND MAINTENANCE INSTRUCTIONS YES NO
 3. NFPA 13A YES NO

LOCATION OF SYSTEM
 SUPPLIES BUILDINGS

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	GLOBE	JN D	1999	1/2	6	155
GLOBE	JN P	1999	1/2	6	155	
GLOBE	JN S	1999	3/4	12	135	

PIPE AND FITTINGS
 Type of Pipe **BLACK STEEL**
 Type of Fittings **BLACK CAST IRON**

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.
WET	5"	GENERAL			0-35

DRY PIPE OPERATING TEST	DRY VALVE			O.O.D.			
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	
	TIME TO TRIP THRU TEST CONNECTION*		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET*	ALARM OPERATED PROPERLY
	MIN.	SEC.	PSI	PSI	PSI	MIN. SEC.	YES NO
Without O.O.D.							
With O.O.D.							
IF NO, EXPLAIN							

* MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.
 65A (10-88) PRINTED IN U.S.A.

(OVER)

Figure 6-1(a).

DELUGE & PREACTION VALVES	OPERATION		<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	PIPING SUPERVISED		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DETECTING MEDIA SUPERVISED		
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING		IF NO, EXPLAIN				
TEST DESCRIPTION	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE	MAXIMUM TIME TO OPERATE RELEASE	
			YES	NO	YES	NO	MIN. SEC.
TESTS	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.						
	PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.						
	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON						
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
BLANK TESTING GASKETS	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: <u>57</u> PSI		RESIDUAL PRESSURE WITH VALVE-IN TEST CONNECTION OPEN WIDE <u>45</u> PSI			NUMBER REMOVED
	UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING. VERIFIED BY COPY OF THE U FORM NO. 858 <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN						
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO <u>EXISTING</u>						
	WELDED PIPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES ...						
WELDING	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.8, LEVEL AR-3 <input type="checkbox"/> YES <input type="checkbox"/> NO						
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.8, LEVEL AR-3 <input type="checkbox"/> YES <input type="checkbox"/> NO						
	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED <input type="checkbox"/> YES <input type="checkbox"/> NO						
CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN				
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>6-2-00</u>						
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>J+S FIRE</u>						
	FOR PROPERTY OWNER (SIGNED)			TESTS WITNESSED BY			DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)			TITLE			DATE
ADDITIONAL EXPLANATION AND NOTES							

LAKESHORE FIRE PROTECTION

845-A MAPLE ST. • ROCHESTER, NEW YORK 14611
TEL (716) 529-3850 • FAX (716) 529-3585

JUNE 20, 2000

CLUB KARMA
335 EAST AVE.
ROCHESTER, N.Y.

RE: CERTIFICATE OF COMPLETION

THE PYRO CHEM FIRE SUPPRESSION SYSTEM INSTALLED AT THE
ABOVE LOCATION IS INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S
RECOMMENDATIONS, N.F.P.A. 17A & 96 .

SAID SYSTEM WAS TESTED BEFORE BEING PUT INTO SERVICE. THIS SYSTEM
SHOULD BE INSPECTED SEMI-ANNUALLY AS PER NATIONAL FIRE CODES.



RICHARD GIAMBRA
LAKESHORE FIRE PROTECTION, INC.



Service Ticket

WO create Date/Time 6/22/00 AM/PMCustomer Name 355 EAST AVECMC System No. H760011994Address 355 EAST AVERMC System No. -Ticket No. -Associate No. 26591City/State/Zip ROCK NYMap Location/CrossStreet -Phone () 454-7010 Alternate () -Admin Town/Customer No. -Contract Type - Warranty Expiration / /Commit Date/Time / / AM/PM

Maintenance Contract: Yes() No() Resi Ext Lim Warranty: Yes() No()

Service Requested by: A.H.I.Ticket Priority -

IN ACCORDANCE WITH AND SUBJECT TO ALL THE TERMS AND CONDITIONS SET FORTH IN OUR EXISTING CONTRACT/AGREEMENT IF ONE IS IN EFFECT, OR SET FORTH ON THE REVERSE SIDE HEREOF.

PO No. -

Check applicable boxes and insert device locations when appropriate

SERVICE REQUEST CODES		RESOLUTION CODES		CAUSE CODES		DEVICES
20	Control not arming	01	Repaired device or foil	05	Customer set off in error	Point Interface Device (PID)
23	Zone/Point in trouble	02	Replaced Device or foil	10	Lightning damage	Door or window contact
25	No timer test received	03	Repaired control or keypad	31	False alarm	Motion detector
26	Device reported damaged	04	Replaced control or keypad	32	Equipment physically damaged	Manual Fire Alarm
31	BA Investigation	06	Changed PROM or control	34	Equipment malfunctioning	Smoke detector
32	FA Investigation	07	Changed customer codes	35	Reinitialized/reset control	Gate valve
33	HUA Investigation	08	Installed temporary device	36	No ADT equipment problem	Glass Break
34	Supervisory System (CCM) inves.	09	*Temp disconnect of device	37	Loose/corroded wire corrected	Sound Discriminator
35	CCTV - Adjustment/Repair	11	Replaced batteries	38	Equip malfunction - warranty	Card reader
40	System trouble	12	Relocated device	80	Non sched contractual inspection	Camera/monitor/recorder
52	Install temporary device	14	Cleaned/cleared smoke det.	81	Scheduled inspection	Photo Electric Beam
53	Request to disconnect equipment	16	Perm disconnect of service	82	<input checked="" type="checkbox"/> Customer requested inspection	
56	Request to relocate device	17	*Temp disconnect of service	83	Damaged wiring	
57	<input checked="" type="checkbox"/> Customer request special inspection	18	Adjusted device sensitivity	84	No timer test	
58	Damaged wiring	19	Performed customer training	91	Telco problem	
60	Firmware change	20	Replaced fuse	39	Animal/pest problem	
65	Telcom Failure	21	Alarm investigation	40	ADT	
70	Reset system/equipment	33	<input checked="" type="checkbox"/> Equipment tested OK	41	Actual attack/fire/etc	
71	Assist/educate customer	50	Cleared by phone	42	Weather	
80	Non-sched contractual inspection	51	Canceled by customer			
81	Scheduled inspection	52	Canceled by ADT			
		22	Bypass point or zone			

SPECIAL INSTRUCTIONS:

* Estimated Reconnection or Service Resumption Date: / / --- List Disconnected Devices or Systems in Comment Area Below.ADT Service Associate Comments: FUNCTIONAL TEST OF NEW HORN STRIPES REQ BY A.H.I.
TEST COMPLETE V'S GOODName (Print & Sign) MAURICE M PETRIN Maurice M. Petrin Close Ticket..... YES () No ()

Customer Comments:

Please Print Name & Title: ASAPSignature & Date: [Signature] Date / /

Service Call or Travel Time (Hrs) charge (cross out improper item)	\$	Material Used: Part / SCN	Qty	Price	Ext. Price	Billing
Service Time From <u>09:45</u> To <u>10:25</u> min					\$	\$ Labor & Material
Less service call credit and/or non chargeable time min					\$	\$ Sales Tax
Additional time - billable @\$ Per Mins or fraction thereof min	\$				\$	\$ TOTAL
Total Labor Charge	\$	Total Material Charge			\$	

I authorize ADT to charge my VISA Mastercard Discover Card Account Number _____ Check (# _____) or Cash received in the amount of \$ _____
(Expiration / /) for the TOTAL billing above. Customer's Signature _____ (for credit card only)
If check is received make sure the Customer's "Admin Town/Customer No" is noted on it.

TERMS AND CONDITIONS

LIMITATION OF LIABILITY

IT IS UNDERSTOOD THAT ADT IS NOT AN INSURER, THAT INSURANCE, IF ANY, SHALL BE OBTAINED BY THE CUSTOMER AND THAT THE AMOUNTS PAYABLE TO ADT HEREUNDER ARE BASED UPON THE VALUE OF THE SERVICES AND THE SCOPE OF LIABILITY AS HEREIN SET FORTH AND ARE UNRELATED TO THE VALUE OF THE CUSTOMER'S PROPERTY OR PROPERTY OF OTHERS LOCATED IN CUSTOMER'S PREMISES. CUSTOMER AGREES TO LOOK EXCLUSIVELY TO CUSTOMER'S INSURER TO RECOVER FOR INJURY OR DAMAGE IN THE EVENT OF ANY LOSS OR INJURY AND RELEASES AND WAIVES ALL RIGHT OF RECOVERY AGAINST ADT ARISING BY WAY OF SUBROGATION. ADT MAKES NO GUARANTY OR WARRANTY, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS THAT THE SYSTEM OR SERVICES SUPPLIED, WILL AVERT OR PREVENT OCCURRENCES OR THE CONSEQUENCES THEREFROM, WHICH THE SYSTEM OR SERVICE IS DESIGNED TO DETECT. IT IS IMPRACTICAL AND EXTREMELY DIFFICULT TO FIX THE ACTUAL DAMAGES, IF ANY, WHICH MAY PROXIMATELY RESULT FROM FAILURE ON THE PART OF ADT TO PERFORM ANY OF ITS OBLIGATIONS HEREUNDER. THE CUSTOMER DOES NOT DESIRE THIS CONTRACT TO PROVIDE FOR FULL LIABILITY OF ADT AND AGREES THAT ADT SHALL BE EXEMPT FROM LIABILITY FOR LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES, OR CONSEQUENCES THEREFROM, WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT; THAT IF ADT SHOULD BE FOUND LIABLE FOR LOSS, DAMAGE OR INJURY DUE TO A FAILURE OF SERVICE OR EQUIPMENT IN ANY RESPECT, ITS LIABILITY SHALL BE LIMITED TO A SUM EQUAL TO 10% OF THE AGGREGATE PRICE REFLECTED ON THE FRONT HEREOF OR \$1,000, WHICHEVER IS GREATER, AS THE AGREED UPON DAMAGES AND NOT AS A PENALTY, AS THE EXCLUSIVE REMEDY; AND THAT THE PROVISIONS OF THIS PARAGRAPH SHALL APPLY IF LOSS, DAMAGE OR INJURY IRRESPECTIVE OF CAUSE OR ORIGIN, RESULTS DIRECTLY OR INDIRECTLY TO PERSON OR PROPERTY FROM PERFORMANCE OR NONPERFORMANCE OF OBLIGATIONS IMPOSED BY THIS CONTRACT OR FROM NEGLIGENCE, ACTIVE OR OTHERWISE, STRICT LIABILITY, VIOLATION OF ANY APPLICABLE CONSUMER PROTECTION LAW OR ANY OTHER ALLEGED FAULT ON THE PART OF ADT, ITS AGENTS OR EMPLOYEES. NO SUIT OR ACTION SHALL BE BROUGHT AGAINST ADT MORE THAN ONE (1) YEAR AFTER THE ACCRUAL OF THE CAUSE OF ACTION THEREFORE. IT IS FURTHER AGREED THAT THE LIMITATIONS ON LIABILITY, EXPRESSED HEREIN, SHALL INURE TO THE BENEFIT OF AND APPLY TO ALL PARENT, SUBSIDIARY AND AFFILIATED ADT COMPANIES. IF THE CUSTOMER DESIRES ADT TO ASSUME A GREATER LIABILITY, ADT SHALL AMEND THIS AGREEMENT BY ATTACHING A RIDER SETTING FORTH THE AMOUNT OF ADDITIONAL LIABILITY AND THE ADDITIONAL AMOUNT PAYABLE BY THE CUSTOMER FOR THE ASSUMPTION BY ADT OF SUCH GREATER LIABILITY PROVIDED, HOWEVER, THAT SUCH RIDER AND ADDITIONAL OBLIGATION SHALL IN NO WAY BE INTERPRETED TO HOLD ADT AS AN INSURER. IN THE EVENT ANY PERSON, NOT A PARTY TO THIS AGREEMENT, SHALL MAKE ANY CLAIM OR FILE ANY LAWSUIT AGAINST ADT IN ANY WAY RELATING TO THE EQUIPMENT OR SERVICES THAT ARE THE SUBJECTS OF THIS AGREEMENT, INCLUDING FOR FAILURE OF ITS EQUIPMENT OR SERVICE IN ANY RESPECT, CUSTOMER AGREES TO INDEMNIFY AND HOLD ADT HARMLESS FROM ANY AND ALL SUCH CLAIMS AND LAWSUITS INCLUDING THE PAYMENT OF ALL DAMAGES, EXPENSES, COSTS AND ATTORNEY'S FEES. IF THIS AGREEMENT PROVIDES FOR DIRECT CONNECTION TO A MUNICIPAL POLICE OR FIRE DEPARTMENT OR OTHER ORGANIZATION, THAT DEPARTMENT, OR OTHER ORGANIZATION MAY INVOKE THE PROVISIONS HEREOF AGAINST ANY CLAIMS BY THE CUSTOMER DUE TO ANY FAILURE OF SUCH DEPARTMENT OR ORGANIZATION.

LIMITED WARRANTY: IF MATERIAL IS SUPPLIED AS INDICATED ON THE REVERSE SIDE, ANY PART OF THE SYSTEM, INCLUDING THE WIRING, INSTALLED UNDER THIS AGREEMENT WHICH PROVES TO BE DEFECTIVE IN MATERIAL OR WORKMANSHIP WITHIN NINETY (90) DAYS OF THE DATE OF COMPLETION OF INSTALLATION WILL BE REPAIRED OR REPLACED AT ADT'S OPTION WITH A NEW OR FUNCTIONALLY OPERATIVE PART. LABOR AND MATERIAL REQUIRED TO REPAIR OR REPLACE SUCH DEFECTIVE COMPONENTS WILL BE FREE OF CHARGE FOR A PERIOD OF NINETY (90) DAYS FOLLOWING THE COMPLETION OF THE ORIGINAL INSTALLATION.

THIS LIMITED WARRANTY DOES NOT APPLY TO THE CONDITIONS LISTED BELOW AND IN THE EVENT CUSTOMER CALLS ADT FOR SERVICE UNDER THE LIMITED WARRANTY AND UPON INSPECTION BY ADT'S REPRESENTATIVE IT IS FOUND THAT ONE OF THESE CONDITIONS HAS LED TO THE INOPERABILITY OR APPARENT INOPERABILITY OF THE SYSTEM, A CHARGE WILL BE MADE FOR THE SERVICE CALL OF ADT'S REPRESENTATIVE WHETHER OR NOT HE ACTUALLY WORKS ON THE SYSTEM. SHOULD IT ACTUALLY BE NECESSARY TO MAKE REPAIRS TO THE SYSTEM DUE TO ONE OF THE "CONDITIONS" NOT COVERED BY WARRANTY, A CHARGE WILL BE MADE FOR SUCH WORK AT ADT'S THEN APPLICABLE RATES FOR LABOR AND MATERIAL. SERVICE WILL BE FURNISHED BY ADT DURING ITS NORMAL WORKING HOURS 8:00 A.M. TO 4:30 P.M. MONDAY THROUGH FRIDAY, EXCEPT HOLIDAYS. CONDITIONS NOT COVERED BY LIMITED WARRANTY: A) DAMAGE RESULTING FROM ACCIDENTS, ACTS OF GOD ALTERATION, MISUSE, TAMPERING OR ABUSE. B) FAILURE OF THE CUSTOMER TO PROPERLY FOLLOW OPERATING INSTRUCTIONS PROVIDED BY ADT AT THE TIME OF INSTALLATION OR AT A LATER DATE. C) ADJUSTMENTS NECESSITATED BY MISALIGNMENT OF CCTV CAMERAS, IMPROPER ADJUSTMENT OF MONITOR BRIGHTNESS AND CONTRAST TUNING DIALS OR INSUFFICIENT LIGHT ON THE AREA VIEWED BY THE CAMERA(S). D) TROUBLE DUE TO INTERRUPTION OF COMMERCIAL POWER OR TO THE PHONE SERVICE.

THE FOREGOING LIMITED WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT (EXCEPT WITH RESPECT TO A CONSUMER PURCHASER, ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE SHALL COINCIDE IN DURATION WITH THE NINETY (90) DAY LIMITED WARRANTY) NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THE CUSTOMER'S EXCLUSIVE REMEDY WITH RESPECT TO ANY AND ALL LOSSES OR DAMAGES RESULTING FROM ANY CAUSE WHATSOEVER, INCLUDING ADT'S NEGLIGENCE, SHALL BE REPAIR OR REPLACEMENT AS SPECIFIED ABOVE. ADT SHALL IN NO EVENT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY NATURE, INCLUDING WITHOUT LIMITATION, DAMAGES FOR PERSONAL INJURY OR DAMAGES TO PROPERTY, AND HOWEVER OCCASIONED, WHETHER ALLEGED AS RESULTING FROM BREACH OF WARRANTY OR CONTRACT BY ADT OR NEGLIGENCE OF ADT OR OTHERWISE. SOME STATES MAY NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, OR THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES SO THE ABOVE LIMITATIONS AND EXCLUSION MAY NOT APPLY TO YOU. UNLESS A LONGER PERIOD IS REQUIRED BY APPLICABLE LAW, ANY ACTION AGAINST ADT IN CONNECTION WITH THIS SYSTEM MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE OF THE ACTION HAS ACCRUED.

NO AGENT, EMPLOYEE OR REPRESENTATIVE OF ADT NOR ANY OTHER PERSON IS AUTHORIZED TO MODIFY THIS WARRANTY IN ANY RESPECT. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE.

GENERAL

ADT ASSUMES NO LIABILITY FOR DELAYS IN INSTALLATION OF THE EQUIPMENT, OR FOR INTERRUPTIONS OF SERVICE DUE TO STRIKES, RIOTS, FLOODS, FIRES, ACTS OF GOD OR ANY CAUSES BEYOND THE CONTROL OF ADT AND WILL NOT BE REQUIRED TO SUPPLY SERVICE TO THE CUSTOMER WHILE INTERRUPTION OF SERVICE DUE TO ANY SUCH CAUSE SHALL CONTINUE.

CUSTOMER GRANTS PERMISSION TO ADT TO ENTER UPON ITS PREMISES TO PERFORM THE SERVICE TO THE EQUIPMENT AS AGREED HEREIN.

THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE CUSTOMER AND ADT. IN EXECUTING THIS AGREEMENT CUSTOMER IS NOT RELYING ON ANY ADVICE OR ADVERTISEMENT OF ADT. CUSTOMER AGREES THAT ANY REPRESENTATION, PROMISE, CONDITION, INDUCEMENT OR WARRANTY, EXPRESS OR IMPLIED, NOT INCLUDED IN WRITING IN THIS AGREEMENT SHALL NOT BE BINDING UPON ANY PARTY, AND THAT THE TERMS AND CONDITIONS HEREOF APPLY AS PRINTED WITHOUT ALTERATION OR QUALIFICATION, EXCEPT AS SPECIFICALLY MODIFIED IN WRITING. THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL GOVERN NOTWITHSTANDING ANY INCONSISTENT OR ADDITIONAL TERMS AND CONDITIONS OR ANY PURCHASE ORDER OR OTHER DOCUMENT SUBMITTED BY THE CUSTOMER.

FALSE ALARM NOTICE

False Alarms detract from the effectiveness of your security system. Many municipalities have instituted fines and/or cancel response for locations that have "excessive" False Alarms. Avoid False Alarms by:

Operating your system correctly.

Securing all windows and doors prior to exiting building and keeping them in good repair.

Notifying ADT prior to working on monitored sprinkler systems, opening early, etc.

If any alarm investigation indicates that the cause was the result of a Customer Fault an additional service charge will normally be made.

EQUIPMENT DISCONNECTIONS

This represents ADT's notice to you that the system(s)/device(s) listed on the face of this Service Ticket as temporarily or permanently disconnected are no longer in service and, thus, cannot detect and/or report occurrences or transmit signals.

1. All work is subject to review and rebilling in accordance with the terms and conditions of the customers' agreement/contract with ADT.
2. Unless otherwise specified, work shall be done between the hours of 8 AM and 4:30 PM, exclusive of Saturdays, Sundays and holidays.
3. Customer is aware that the Limitations of Liability and other provisions set forth in the existing contract/order/agreement, if one is in effect, or set forth above, apply to the work/services or materials supplied.



Record of Completion for Fire Alarm Systems

Date 6/20/00 Time 12:00

Record of Completion

Name of Property Protected: Karma

Address: 355 E. Ave, Rochester NY

Rep. of Protected Prop. (name/phone)

Authority Having Jurisdiction: City of Rochester,

Address/Phone Number (716) 454-7010

Type(s) of System or Service

NFPA 72, chapter 3 - local: If alarm is transmitted to location(s) off premises, list where received:

NFPA 72, Chapter 3 - Emergency Voice/Alarm Service

Quantity of Voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speakers zones: _____

Quantity of telephone jacks included in system: _____

NFPA 72, Chapter 4 - Auxiliary

Indicate type of connection Local energy: _____ Shunt: _____ Parallel telephone: _____

Location and telephone number of receipt of signals: _____

NFPA 72, Chapter 4 - Remote Stationz

Alarm: _____ Supervisory: _____

NFPA 72, Chapter 4 - Proprietary: If alarms are transmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm: _____

Indicate how alarm is transmitted: _____

NFPA 72, Chapter 4 - Central Station

The Prime Contractor: **ADT Security Services, Inc.**

Central Station Location: Thruway Park, Henriett NY 14467

Fundamentals of Fire Alarm Systems

Means of transmission of signals from the protected premises to the central station:

McCullon Multiplex One-Way Radio Digital Alarm Communicator

Two-Way Radio Others _____

Means of transmission of alarms to the public fire service communications center:

(a) _____ (b) _____

System Location: _____



Fundamentals of Fire Alarm Systems (cont.)

Organization Name/Phone: ADT Security Services Representative Name/Phone: Kris Aeckerle
 Supplier: ADT - Mo Petrin
 Service Organization: ADT
 Location of Record (As-Built) Drawings: PANEL
 Location of Owners Manuals: PANEL
 Location of Test Reports: 535 Summit Point Drive, Henrietta NY 14467
 A contract, dated _____, for test and inspection in accordance with NFPA standard(s) No(s), dated _____, is in effect.

Record of System Installation

(Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting of operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by Mo Petrin on 6/20/00. Includes the devices shown below, and has been in service since _____
 NFPA 72. Chapters 1 5 6 7 (Circle all that apply)
 NFPA 70. National Electrical Code, Article 760: Manufacturer's Instructions _____ Other (specify): _____
 Signed: Kristoph Aeckerle Date: 6/20/00
 Organization: ADT

Record of System Operation (Complete after operational acceptance test)

All operational features and functions of this system were tested by Kris Aeckerle on 6/20/00 found to be operating properly in accordance with the requirements of:
 NFPA 72. Chapters 1 5 6 7 (Circle all that apply)
 NFPA 70. National Electrical Code, Article 760: Manufacturer's Instructions _____ Other (specify): _____
 Signed: Kristoph Aeckerle Date: 6/20/00
 Organization: ADT

Alarm - initiating Devices and Circuits (use blanks to indicate quantity of devises)

MANUAL

(a) 3 Manual Stations _____ Noncoded, Activating _____ Transmitters, _____ Coded
 (b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage types: Complete _____ Partial

(a) 1 Smoke Detectors _____ Ion 1 Photo
 (b) _____ Duct Detectors _____ Ion _____ Photo
 (c) 11 Heat Detectors _____ FT _____ RR 10 FT/RR _____ RC
 (d) 1 Sprinkler Waterflow Switches: _____ Transmitters _____ Noncoded, Activating _____ Coded
 (e) _____ Other (list): _____



Supervisory Signal - Initiating Devices and circuits (use blanks to indicate quantity of devices)

GUARDS TOUR N/A

- (a) _____ Coded Stations
- (b) _____ Noncoded Stations, Activating _____ Transmitters
- (c) _____ Compulsory Guard Tour Comprised of
 _____ Transmitter Stations and
 _____ Intermediate Stations

Note: Combination devices recorded under 4(b) and 5(a).

SPRINKLER SYSTEM N/A

- (a) Coded Valve Supervisory Signaling Attachments
 Valve Supervisory Switches, Activating
 _____ Transmitters
- (b) _____ Building Temperature Points
- (c) _____ Site Water Temperature Points
- (d) _____ Site Water Supply Level Points

Electric Fire Pump: N/A

- (e) _____ Fire Pump Power
- (f) _____ Fire Pump Running
- (g) _____ Phase Reversal

Engine-Driven Fire Pump: N/A

- (h) _____ Selector in Auto Position
- (i) _____ Engine or Control Panel Trouble
- (j) _____ Fire Pump Running

Engine-Driven Generator: N/A

- (k) _____ Selector in Auto Position
- (l) _____ Control Panel Trouble
- (m) _____ Transfer Switches
- (n) _____ Engine Running

Other Supervisory Function(s) (specify): _____

Alarm Notification Appliances and Circuits

Quantity of indicating appliance circuits connected to the system:

Types and quantities of alarm indicating appliances installed:

- (a) _____ Bells _____ Inch _____
- (b) _____ Speakers (c) 4 _____ Horns
- (d) _____ Chimes (e) _____ Other: _____
- (f) 7 Visual Signals Type: _____
4 with audible 3 w/o audible
- (g) _____ Local Annunciator

Signaling Line Circuits

Quantity and Style (see NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity: 2 Style: C10-B for 1st floor

System Software

- (a) Operating System Software Revision Level(s): N/A
- (b) Application Software Revision Level(s): _____
- (c) Revision completed by: _____

Comments

If system or test and inspections deviate from NFPA standards or if there are any other comments, please note and attach on a separate piece of paper.

System Power Supplies

(a) Primary (main): Nominal Voltage: 110VAC
 Current Rating: 15A
 Overcurrent Protection: Type: _____
 Current Rating: _____
 Location: Basement

(b) Secondary (Standby):
 Storage Battery: Amp-Hour Rating: 7AH
 Calculating capacity to drive system, in hours: ✓ 24 _____ 60
 Engine-driven generator dedicated to fire
 alarm system: N/A
 Location of Fuel Storage: N/A

- (c) Emergency or standby System used as backup to primary Power Supply, instead of using a Secondary Power Supply:
 - Emergency System described in NFPA 70. Article 700
 - Legally Required Standby System described in NFPA 70. Article 701
 - Optional Standby System described in NFPA. Article 702, which also meets the performance requirements of Article 700 or 701

Kurt L. Cook T. J. Miller 6/23/00
 (Signed) for Central Station or Alarm Service Company Title Date



CITY OF ROCHESTER, NEW YORK APPLICATION FOR PERMIT

**BLDG APRV
437**

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUREAU OF BUILDINGS AND ZONING
ROOM: 122-B TELEPHONE: 428-7043
30 CHURCH ST. CITY HALL

*return
to
please
mail
Clark*

503

WORK LOCATION: 0355 EAST AV OWNER NAME: PHYZE LLC 716 000-0000 CONTRACTOR NAME: LAKESHORE FIRE PROT 716 529-3850 ARCH./ENG. NAME: 716 000-0000 APPLICANT NAME: RICHARD GIAMBRA 716 529-3850 APPLICANT ADDRESS: 845 A MAPLE ST ROCHESTER NY 14611		DATE: 05/16/00 APPLICATION NUMBER: 1003666
PERMIT DESCRIPTION: FIRE SUPPRESSION + <i>Hand</i>		CERTIFICATE OF OCCUPANCY:
PROPOSED WORK: OTHER CONSTRUCTION TYPE: NOT APPLICABLE	APPROVALS: Spc Pmt CZC 0000000 Zon Dist. P/L HTD C of A Var Site P1	COST ESTIMATE EXCLUDE electrical & plumbing work INCLUDE heating air conditioning etc \$ 3,000 ⁰⁰ +
OCCUPANCY OR USE: PRESENT USE: Proposed Use:		PERMIT FEE: Base pmt fee 1.00 Penalty fee 0.00 Stop work fee 0.00 TOTAL 3.00 60 ⁰⁰

CERTIFICATION: I am the owner/contractor/architect/engineer/ or owners agent authorized to make this application

Applicants Signature *R. Giambra* Date 5/16/00

APPROVALS: Zoning _____ Date _____ Fire Safety <u><i>Larry Isaacs</i></u> Date <u>5-22-00</u> Plumbing _____ Date _____ D.E.S. _____ Date _____ Housing & Project Development _____ Date _____ Property Conservation _____ Date _____ Buildings _____ Date _____ for Commissioner of Community Development	FEE PAID: BUILDING BUREAU ROOM 121 10127 111 May 16/00 91-0032 001 Ellen #35117 Guild Permit \$80.00 INFO 275 5107 YTL \$80.00 CHECK \$100.00 CHARGE \$80.00 INSURANCE: Y OPEN CASE: 000000 # OF PLANS: 0
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BUILDING INFORMATION SYSTEM
PERMIT INSPECTION FORM - 1003666

BP1030CD-1

WORK ADDRESS- 0355 EAST AV PERMIT#: 1003666 ISSUED- 05/26/00

ASSIGNED INSPECTOR LAST INSPECTION LAST INSPECTOR NEXT INSPECTION
502- LT JOHN FLYNN

PERMIT DESCRIPTION:
FIRE SUPPRESSION

PERMIT WORK AUTHORIZED:
25- FIRE SUPP

INSPECTION FINDINGS

STATUS VALUES: 1=ACTIVE- OK, 2=ACTIVE- BAD, 3= COMPLT, 4= COMPLT-NOINS, 5= NOT STARTED,
6= NO PROGRESS, 7= NO ENTRY, 8= NOT APPLIC

*****CURRENT FINDINGS***** ***** LAST HISTORICAL FINDINGS *****

LOCATION	STAT 1-8	INSP CODE	INSPECTION AREA	SUBAREA	DATE	LOCATION	STATUS	ID
*****	25	FIRE SUPP						
	00-000	PROJECT		TOTAL				

ENTRY AREA FOR WORK BEING REPORTED BY MULTIPLE LOCATIONS

LOCATION	STATUS	WORK TYPE	AREA	SUBAREA
_____	__	__	__	__
_____	__	__	__	__
_____	__	__	__	__
_____	__	__	__	__

DATE SITE PLAN CONDS SATISFIED: ___/___/___ DATE PLAN REVIEW CONDS SATISFIED: ___/___/___

CERTIFICATES REQUIRED / DATE WITNESSED

1: ___/___/___ 2: ___/___/___ 3: ___/___/___
4: ___/___/___ 5: ___/___/___

COMMENTS AND PROBLEMS

CORRESPONDENCE TO BE SENT

PROBLEMS FOUND (Y/N): _____ NEXT INSPECTION (DATE/TIME): _____ / _____

INSPECTOR _____ ID# _____ DATE _____ SUPERVISOR _____ DATE _____



BP1030CD-1

BUILDING INFORMATION SYSTEM
PERMIT INSPECTION FORM - 1003666

WORK ADDRESS- 0355 EAST AV PERMIT#: 1003666 ISSUED- 05/26/00
ASSIGNED INSPECTOR: 502- LT JOHN FLYNN
*** ASSESSMENT ADDRESS ***** PLAN REV CONDITIONS: NO
0355-365 EAST AV 1 SITE PLAN CONDITIONS: NO
*** OWNER NAME ***** *** PHONE ** CZC#: 000000000
PHYZE LLC 000-000-0000 SPEC PMT#:
VAR#:
*** APPLICANT NAME / ADDRESS *** *** PHONE ** PRES/ LANDMARK DISTR: NO
RICHARD GIAMBRA 716-529-3850 HARBORTOWN DISTR: NO
845 A MAPLE ST NYSBR#: STATUS:
ROCHESTER NY 14611 PERMIT VALUE: 1
STOP WORK ISSUED: NO
C OF O NBR:
*** CONTRACTOR NAME ***** *** PHONE ** LIC# RELATED PC CASE: 000000
LAKESHORE FIRE PROT 716-529-3850
PROPOSED USE: - *UNKNOWN*

PLAN REVIEW CONDITIONS

ID# CONDITION
001 ALL WORK SHALL BE IN ACCORDANCE WITH APPROVED PLANS. SUBMIT

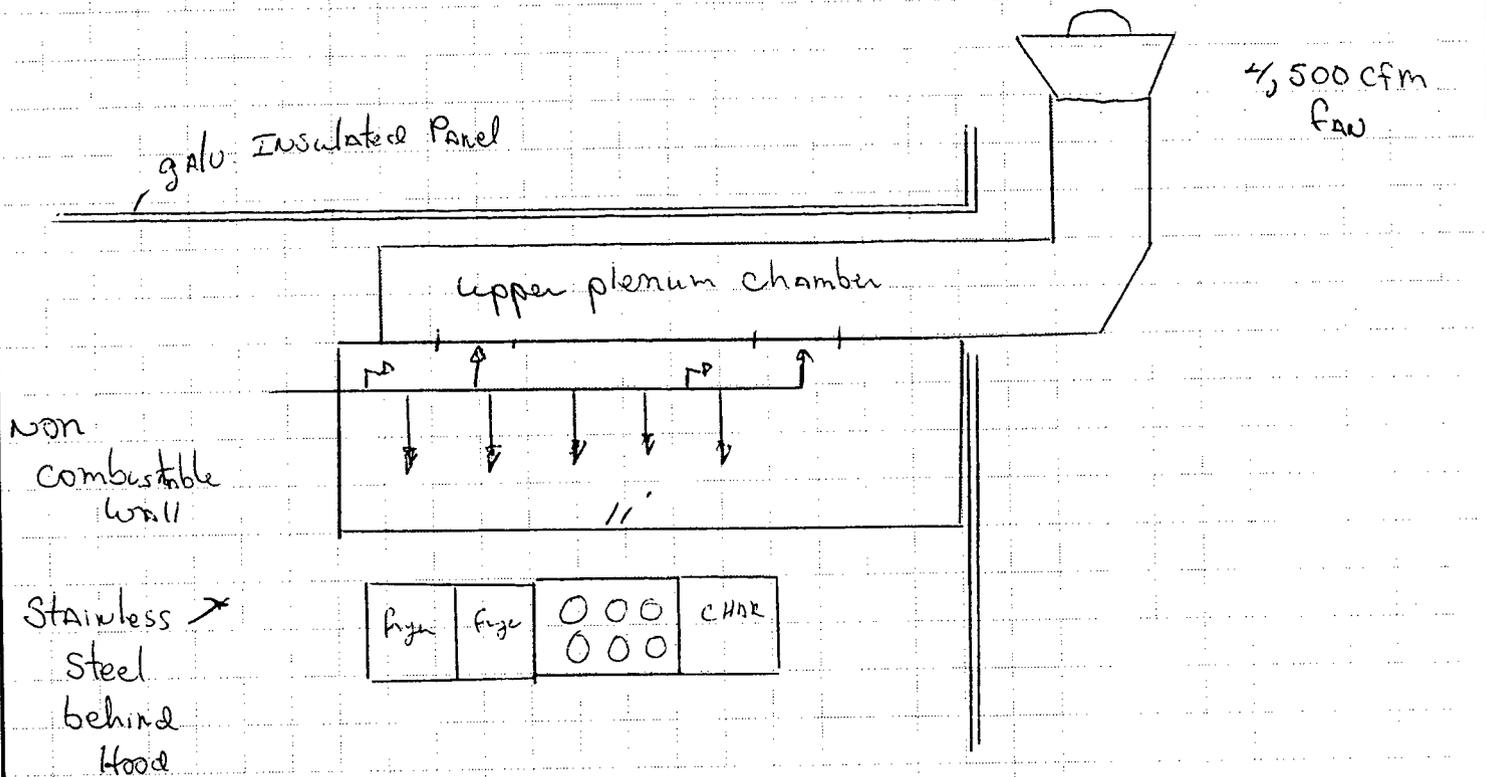
LAST TEN PERMIT EVENTS

EVENT# DATE EVENT FUNCTION RESP EMPLY
0005 05/26/00 105- INITIAL ISS- INSP ASSGN 337- ELLEN JOHNSON
0004 05/26/00 090- CASH RGSTR#1 ENTRIES CHG 337- ELLEN JOHNSON
OLD # 000000 DT 000000 AMT 0000000 NEW # 035150 DT 051600 AMT 0006000
0003 05/26/00 100- PLN REV COMPLT WAITNG IS 337- ELLEN JOHNSON
0002 05/16/00 093- PROJ EST &/ FEES UPDATED 337- ELLEN JOHNSON
OLD: PROJ\$ CFEE STFEE PNFEE NEW: PROJ\$ CFEE STFEE PNFEE
00000000 0000000 0000000 0000000 00000001 0000100 0000000 0000000
0001 05/16/00 002- APPLIC OPN - WTG PLAN RE 337- ELLEN JOHNSON

LAKESHORE FIRE PROTECTION, INC.

845-A Maple St.
 ROCHESTER, NY 14611
 PHONE: (716) 529-3850
 FAX: (716) 529-3585

JOB Karma
 SHEET NO. 355 East Ave. OF _____
 CALCULATED BY _____ DATE _____
 CHECKED BY _____ DATE _____
 SCALE _____



System
 pyro-chem 5.5 gal.
 pull mounted by door
 1/2 inch mech gas valve.



City of Rochester
 Bureau of Buildings and Zoning
 City Hall, Room 122-B
 30 Church Street
 Rochester, New York 14614-1290

PLAN REVIEW RECORD
 ARCHITECTURAL

FIRE SAFETY

PLUMBING

ZONING

Sheet 1 of 1

JOB ADDRESS: _____

Item No.	Dwg No.	PERMIT CONDITIONS
		CERTIFICATE OF CERTIFICATION IS REQUIRED!
①	2-1	HOOD SYSTEMS SHALL COMPLY W/ NFPA 96
②	5-2.2	EXHAUST AIR VOLUMES FOR HOOD SHALL BE OF SUFFICIENT LEVEL TO PROVIDE REMOVAL OF GREASE-LADEN COOKING VAPORS.
③	7-2.2	FIXED AUTOMATIC FIRE EXTINGUISHING SYSTEM SHALL COMPLY W/ N.F.P.A 17 OR 17A.
④	7-4	REVIEW & CERTIFICATION - COMPLETE DRAWINGS OF SYSTEM INCLUDING HOODS, EXHUST DUCTS, APPLIANCES, FIRE EXTINGUISHING SYSTEM DETECTORS, PIPING, NOZZLES & TUBES SHUTOFF DEVICES. ALSO CLEARANCE FROM THE OUTLET TO ADJACENT BUILDINGS, PROPERTY LINES & AIR INTAKES.
⑤		CONTACT CHIEF TRENTON-428-7037, FINAL ACCEPTANCE TEST. (5 BUSINESS DAYS NOTICE)

A permit issued does not relieve the owner, his agent, the applicant, any architect, professional engineer or contractor from complying with the Building Code (Chapter 39) and other applicable laws; whether stated, implied or omitted in this Plan Review Record and in any accompanying plans and specifications submitted.

Harry Isaac
 Reviewer _____ Date _____

I understand the above and I will assume the responsibility to see that the listed permit conditions are carried out in the proposed work.

Applicant _____ Date _____



City of Rochester
 Bureau of Buildings and Zoning
 City Hall, Room 122-B
 30 Church Street
 Rochester, New York 14614-1290

PLAN REVIEW RECORD

____ ARCHITECTURAL
 ____ FIRE SAFETY
 ____ PLUMBING
 ____ ZONING
 Sheet ____ of ____

JOB ADDRESS: _____

Item No.	Dwg No.	PERMIT CONDITIONS
⑥		CALL CHIEF TRENTON AT 428-7037, BEFORE STARTING INSTALLATION. ALSO DATE INSTALLATION IS TO BEGIN.
⑦		AN INSPECTOR WILL BE ASSIGNED TO THE JOB SITE.
⑧		ALL USED HOODS SHALL BE INSPECTED BEFORE START OF INSTALLATION.

A permit issued does not relieve the owner, his agent, the applicant, any architect, professional engineer or contractor from complying with the Building Code (Chapter 39) and other applicable laws; whether stated, implied or omitted in this Plan Review Record and in any accompanying plans and specifications submitted.

I understand the above and I will assume the responsibility to see that the listed permit conditions are carried out in the proposed work.

Reviewer _____ Date _____

 Applicant Date 6/5/2000

RENEWAL | J

CITY OF ROCHESTER CODE LICENSE APPLICATION

PERMIT NO. _____

- INDICATE LICENSE TYPE WITH AN "X"
- Amusement [Chpt. 29]
 - Entertainment [Chpt. 29]
 - Dance [Chpt. 29]
 - Auctioneer [Chpt. 32]
 - Other _____ [Chpt. ___]
 - Second Hand Dealer [Chpt. 96]
 - Solicitor (# of workers _____) [Chpt. 62]
 - Pawnbroker [Chpt. 80]
 - SPCL Pro Solicitor (# of workers _____) [Chpt. 62]

WARNING: The Chief of Police may deny a license to any person who makes a material misrepresentation on an application pursuant to the code of the City of Rochester.

NOTE: If the applicant or the property owner is a partnership, corporation, or if D.B.A., give name, home address, and date of birth for all principals involved (e.g. partners, shareholders, officers, etc). Attach a completed addendum form.

WILLIAM TAGGART 330-7650 10 | 28 | 53
 Full Name of Applicant (inc. maiden name if applicable) Home Phone Date of Birth

26 HOMER ST. ROCHESTER NY 14620
 Residence (No P.O. Box) City State Zip

MONTYS KORNER 263-7650
 Name of Business Business Phone

363 EAST AVE ROCHESTER NY 14604
 Business Address City State Zip

PHYSE LLC
 Full Name of Property Owner

SAUDIA ARABIA
 Residence (No P.O. Box) City State Zip

I acknowledge that all the above information is correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13 DAY OF Jan 2000
William Taggart Blenda Escobedo 2/2/2000
 Signature of Applicant Date Commissioner of Deeds/Notary Date of exp.

OFFICE USE ONLY

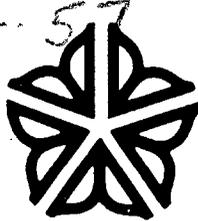
GAME LIMIT _____ CZC # 0990153

APPROVED BN 1/13/00
 ZONING DATE

CART INSPECTION: _____ APPROVED _____ DENIED _____

Mark Smith 2/22/00
 FIRE SAFETY INSPECTOR DATE

FIRE COPY



NOTICE OF VIOLATIONS

DATE 2/10/00

MONTY'S CORNER

Name

363 EAST AVE.

Address

Inspection of premises located at SAME reveals
violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed
herewith on or before: IMMEDIATE

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

2/17/00

1st OFFENSE

INITIAL

\$ 75

FAILURE
TO RESPOND

\$150

MS

2nd OFFENSE

\$150

\$300

2/22/00

3rd & SUBSEQUENT

\$375

\$750

X MS

1163.136-1

fire extinguisher shall be inspected & tagged
annually. (behind bar).

By Order of
FIRE MARSHAL

Mark Scialdone

2/22/00

INSPECTOR

MARK SCIALDONE

DATE OF COMPLIANCE

2/22/00

Inspector

Mark Scialdone