



**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

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

**PERMIT**

DATE 03/28/12

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

TO WHOM IT MAY CONCERN:

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

**FAMILY DOLLAR**  
836 GOODMAN ST N

13-03042	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70

**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

STORE SERVICE # 1806  
FAMILY DOLLAR  
PO BOX 1017  
CHARLOTTE NC 28201

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER  
00836 GOODMAN ST N

*pd 5/9/12*  
*JA*

13-03042	PERMIT NUMBER
03/28/12	INVOICE DATE
04/28/12	DUE DATE
\$ 160	AMOUNT DUE

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.

*Robert M. ...*  
FIRE MARSHAL

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

**Please return this part with payment**

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00836 GOODMAN ST N

13-03042	PERMIT NUMBER
03/28/12	INVOICE DATE
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\$ 160	AMOUNT DUE

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

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Ebony General Contracting  
Steven Cook  
Rochester NY 14611

# INVOICE

Twin Fish Market  
836 N. Goodman Street - Sang Sim  
Rochester NY

**Invoice #** 0000001  
**Invoice Date** 02/25/2011  
**Due Date** 03/06/2011

Item	Description	Unit Price	Quantity	Amount
Service	Degrease and clean entire Hood System. Clean duct and air vent area thoroughly. Performing preventive maintenance on all working parts at customer's request. Work to be completed on March 6, 2011, with the work day starting at 7:00 am.	1.00	375.00	375.00
		0.00	0.00	0.00
<b>NOTES:</b> Contact information: Steven Cook (585) 233-7214				
				<b>Subtotal</b> 375.00
				<b>Total</b> 375.00
				<b>Amount Paid</b> 0.00
				<b>Balance Due</b> \$375.00

*Completed*  
*AS Cook*  
*03-06-11*



# City of Rochester

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



Fire Safety  
Division

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

## NOTICE OF VIOLATION AND ORDER TO COMPLY

*AC Richards*  
o 428-3685  
e 509-4645  
Date 2/17/11

Twin Fish Mkt.  
NAME  
836 N Goodman St  
ADDRESS  
Rochester NY 14609  
CITY, STATE, ZIP

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

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

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

NYS, FC... 904.6 Hood/Duct needs cleaning per code.

\* call inspector when corrected, send or fax copy of cleaning

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

By Order of  
Fire Marshal

DATE OF COMPLIANCE 3/7/11

Fire Marshal *AC Richards*  
Fire Marshal *AC Richards*

**JAYC Fire Equipment Co.**  
210 Delamaine Drive, Rochester, NY 14621

585-509-8235  
E-Mail: jaycfire@rochester.rr.com

RESTAURANT FIRE SYSTEM INSPECTION REPORT

Service Tech: Chuck Fennell Date: 1/20/2011  
Customer Name: TWIN FISH MKT  
Street/POBox: 836 N Goodman St  
City: Rochester State: NY Zip Code: 14609 Contact: Sing

Mfg. of System: Model #: ANSUL Interval Annual  Type: Wet   
Local AHJ: Rochester Semi-Annual  Dry   
Size of System: 3 Gallon Other   
Last 6-year Maint.: N/A  
Last Hydrostatic Test: 2010

Type of Fuel Shutdown Device: \_\_\_\_\_  
Mechanical Gas Shut Down Valve: YES Electrical Contact Shut Down: NO  
Electric Gas Shut Off Valve w/ Reset Relay: \_\_\_\_\_  
Manual Release present?  (Y/N) Accessible Control Head: YES  
Is System Connected to Building Fire Alarm?  (Y/N)  
Number of Fusible Links - 360F \_\_\_\_\_  
450F 2 Number of Ducts: 1  
Other \_\_\_\_\_ Size of Ducts: 10" Round  
Plenum Size: \_\_\_\_\_

List of Appliances (Left to Right)	Size	Nozzle Type	Nozzle Quantity
1. <u>Wok</u>	<u>20"</u>	<u>1N</u>	<u>1</u>
2. <u>Fryer</u>	<u>14" x 14"</u>	<u>230</u>	<u>1</u>
3. <u>Fryer</u>	<u>14" x 14"</u>	<u>230</u>	<u>1</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**INSPECTION PROCEDURE - VERIFY SERVICE WITH PROPER AUTHORITY**

- CHECK PROPER OPERATION OF  
Fusible Link Line  Remote Pull Station  Control Head  Gas Shut Off   
- CHECK NOZZLES, CAPS, AND PIPING  
No Obstructions  Proper Coverage  Caps in place  Meets Code (Y/N) YES  
- CHECK CYLINDER  
Pressure in Range  No Dents  Tank Full  No Rust/Corrosion   
Fusible Links Replaced YES CO2 Cartridge Replaced (if applicable) N/A  
For Wet Chemical Systems: K Class Fire Extinguisher Present?  (Y/N)  
Does System meet UL300 Standards?  (Y/N) Does System meet Per NFPA 10/17A Standards?  (Y/N)

**CONDITION OF HOOD:**

Hood, Duct and Filters Clean?  (Y/N) All Seams Welded and/or Properly Sealed?  (Y/N)  
Hood & Duct Penetrations Properly Sealed?  (Y/N) Baffle Filters (Mesh does not meet code)?  (Y/N)  
Hood and Duct Meet NFPA 96 Standards?  (Y/N)

**RECOMMENDATIONS:**

1. Additional Nozzles Needed for: \_\_\_\_\_
2. Additional Fusible Links Needed for \_\_\_\_\_
3. Fuel Shut Off Needed for: Gas \_\_\_\_\_ Electric \_\_\_\_\_
4. Cylinder Due for: 6 Year Maint. \_\_\_\_\_ Hydrostatic Test \_\_\_\_\_
5. Hood, Duct, and Plenum Require Cleaning \_\_\_\_\_
6. Filters Require Cleaning (Y/N) \_\_\_\_\_
7. Wet Chemical System Needs K Class Extinguisher \_\_\_\_\_
8. Other EXHAUST DUCT needs to be cleaned

RECOMMEND SYSTEM UPGRADE?  (Y/N)

REASON: \_\_\_\_\_  
Per New York State Code: A Copy of this report will be sent to the local authority having jurisdiction for their review

At JayC Fire Equipment, we strive to ensure that your fire suppression system will meet all current codes for your protection. Any Recommendations made are for the purpose of meeting NFPA and UL 300 Codes. It is the responsibility of your establishment to authorize upgrades as recommended.

Signature: [Signature]  
Date: 1/20/11

Elbow =

# JAYC FIRE EQUIPMENT COMPANY

1267 Mary Drive Macedon, NY 14502  
**585-509-8235** fax: 866-433-1098  
 email: jaycfire@rochester.rr.com



Servicing all types of fire suppression systems:  
 Restaurant, Industrial, Gas Stations, Paint  
 Spraybooths, Emergency and Exit Lighting, Fire  
 Extinguisher Testing, Inspections, and Recharging.

CITY OF ROCHESTER LICENSE # E02901

SOLD TO:

SOLD TO:

*TWIN FISH MKT*  
*836 N. Goodman Street*  
*Rochester N.Y. 14609*

LATE FEES APPLY IF APPLICABLE		TERMS COD	TERMS NET 10 DAYS	DATE PURCHASED	YOUR ORDER NO.		SERVICEMAN . CHUCK FENNELL		
QTY.	SIZE	DESCRIPTION	CODE	INSP	RECH	NEW	PRICE	AMOUNT	
		LB CO2 FIRE EXTINGUISHER							
		LB CO2 FIRE EXTINGUISHER							
		LB CO2 FIRE EXTINGUISHER							
		CO2 DISCHARGE HOSE CONDUCTIVITY TEST							
		LB DRY CHEMICAL FIRE EXTINGUISHER							
		LB DRY CHEMICAL FIRE EXTINGUISHER							
		LB DRY CHEMICAL FIRE EXTINGUISHER							
		CLASS D FIRE EXTINGUISHER							
		WATER PRESSURE FIRE EXTINGUISHER							
		K CLASS FIRE EXTINGUISHER							
		HALON FIRE EXTINGUISHER							
		FE 36 FIRE EXTINGUISHER							
		HALOTRON FIRE EXTINGUISHER							
		6 YEAR MAINTENANCE							
		6 YEAR MAINTENANCE							
		BACK FOR HYDRO TEST							
		BACK FOR HYDRO TEST							
		GAL. KITCHEN FIRE SUPPRESSION SYSTEM							
		GAL. KITCHEN FIRE SUPPRESSION SYSTEM							
		LB GAS STATION SYSTEM 1st Cylinder							
		LB GAS STATION SYSTEM Each Additional Cylinder							
		LB INDUSTRIAL SYSTEM							
		CLEAN AGENT SYSTEM							
		FUSIBLE LINKS INSTALLED							
		FUSIBLE LINKS INSTALLED							
		LABOR							
		MOBILE TRUCK SERVICE							
		OUT OF TOWN SERVICE							

PARTS:

*1 3 GAL ANSUL FINAL TEST TRIP*  
*1 AUL Boat.*  
*advised owners to clean duct etc.*

Jayc Fire Equipment Company is authorized by me to send an invoice for above services.

Signature:

*S.R. Ersteniuk*

Print Name:

*S.R. ERSTENIUK*

Date:

*1/20/11*

SUB TOTAL

TAX

SUB TOTAL

UPS

TOTAL



# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
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www.cityofrochester.gov



Fire Safety  
Division

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

## NOTICE OF VIOLATION AND ORDER TO COMPLY

*AL Richards*  
C 428-3685  
C 509-4645

New Fuzhou China

NAME

Date 10/8/10

836 N Goodman St

ADDRESS

Rochester N.Y 14609

CITY, STATE, ZIP

(585) 288-6330

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

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	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
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- NYS. FC. 1028.74 Illuminated exit sign inoperative
- " " 510.1 Make Access to gas-shut-off Remove stored items
- " " 904.6 Hood/duct cleaning verification send FAX report (kitchen)

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

By Order of  
Fire Marshal

Fire Marshal *AL Richards*

DATE OF COMPLIANCE 10/26/10

Fire Marshal *AL Richards*



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

## PERMIT

DATE 03/05/10

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

TO WHOM IT MAY CONCERN:

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FAMILY DOLLAR  
836 GOODMAN ST N

11-03041	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

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PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00836 GOODMAN ST N

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

11-03041	PERMIT NUMBER
03/05/10	INVOICE DATE
04/05/10	DUE DATE
\$ 160	AMOUNT DUE

STORE SERVICE # 1806  
FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

32652

fdpmt1

FD513

THIS PERMIT EXPIRES 03/31/11

*James W. Kelly*  
FIRE MARSHAL

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PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00836 GOODMAN ST N

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

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03/05/10	INVOICE DATE
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STORE SERVICE # 1806  
FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

FD513

fdpmt1

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**Municipal Code Summons Schedule**

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<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>



---

Ques B/p cable open ends

Every letter char

(1) part by

---



**tyco**

Fire &  
Security

**ADT**

ADT Security Services, Inc.  
535 Summit Point Dr  
Suite # 1  
Henrietta, NY 14467

Tele: 585-321-3172  
Fax: 585-321-3191  
www.adt.com

January 22, 2009

**FILE**

City of Rochester  
Attn: Fire Marshal

30 Church Street  
Rochester, Ny , NY 14614

Re: Fire Alarm System Discontinuance

This letter will serve as formal notification that the fire alarm system at the business location listed below will no longer be monitored by ADT Security Services effective 1/22/09.

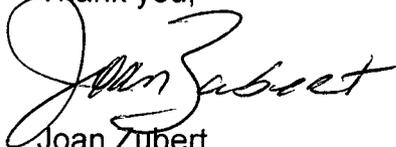
Business Name: Grandma's Attic  
Business Address: 836 North Goodman Street

City: Rochester State: NY Zip Code: 14609

Phone Number: 585-288-5830

Please do not hesitate to contact me at 585-321-3121 with any questions you may have.

Thank you,



Joan Zubert  
CIR Help Desk  
ADT Security Services

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 007 INSPECTION # **06-05083**  
 ADDRESS FROM / TO TAX ACCT #  
GOODMAN ST N 836 846 047586-03.2  
 PROPERTY OWNER ADDRESS PHONE  
HAROLD SAMLOFF 42 FRAMINGHAM LN 461-3539  
 CITY PITTSFORD STATE NY ZIP 14534  
 MAILING NAME ADDRESS PHONE  
BUCKINGHAM PROPERTY 1100 UNIVERSITY AV 271 5343  
 CITY ROCHESTER STATE NY ZIP 14607  
 EMERGENCY CONTACT ADDRESS PHONE  
LAURENCE C GLAZER 89 STUYVESANT RD 385-3166  
 CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 161 STRUCTURE TYPE 1 STRUCTURE STATUS 4

NO ENTRY DATES:

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

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*Under construction  
new restaurant going  
into location*

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: *[Signature]* COMPANY 0-7 DISTRICT 1 GROUP 3 DATE 7/3/09  
 BUS/PROP REPRESENTATIVE: \_\_\_\_\_ POSITION / TITLE \_\_\_\_\_ DATE OF REINSPECTION \_\_\_\_\_  
 FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

RFD 501 REV. 03/03

# FIRE SAFETY INSPECTION RECORD

- LICENSE       EAST
- PERMIT       WEST
- COMPLAINT    SPECIAL REFERRAL

AL

**LOCATION:** 836 GOODMAN ST N  
**Person contacted:** FAMILY DOLLAR

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
1/22/08										
1/28/08			3					ok to permit / 3 vio 3ord		AR
1/30/08						1		1 corr		AR
2/7/08						2		2 corr		X AR

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

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

Local    Central    (circle one)

**APPROVED  
 FIRE SAFETY DIVISION**

*AL Richards*  
 \_\_\_\_\_  
 Fire Marshal

INSPECTION DATE: 1/28/08

LOCATION: 836 GOODMAN

ST N 01 OWNER: FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

OCCUPANT: \_\_\_\_\_ TYPE OF OPERATION: \_\_\_\_\_

PERSON CONTACTED: JAMES KROEGER PHONE NO: 6547438 APPOINTMENT: (Y/N) \_\_\_\_\_

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B17	90	03043	CMBSTBL MAT'L STRGE-OVER 2500 CU FT ✓ g

3.4 in 3.0 in

B. 6 Access to electric

3. 0 6 in elect extra

B. 3. 5 in floor

DATE VIOLATIONS ISSUED: \_\_\_\_\_

CORRECTED: \_\_\_\_\_

DATE OF APPROVAL FOR PERMIT: 1/28/08

SIGNATURE: [Signature]

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

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

DATE EXPIRED: \_\_\_\_\_ 20 \_\_\_\_\_

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



BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07 INSPECTION # 08-03956  
 ADDRESS GOODMAN ST N FROM/TO 849 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER BUCKINGHAM PROPERTIES ADDRESS 1100 UNIVERSITY AVE PHONE 749-2425  
 CITY ROCHESTER STATE NY ZIP 14607  
 MAILING NAME BUCKINGHAM PROPERTIES ADDRESS 1100 UNIVERISTY AV PHONE 271-5343  
Jimmy Ren CITY ROCHESTER STATE NY ZIP 14607  
 EMERGENCY CONTACT WANG TANG CHAO ADDRESS 80 ALCOVE APT 2 PHONE 917-412-5055  
 CITY HONEOYE FALLS STATE NY ZIP 14472

NFPA 901 CODES GENERAL PROPERTY USE 52 SPECIFIC PROPERTY USE 161 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES: 7/7

BUSINESS NAME FU ZHOU CHINA PHONE \_\_\_\_\_  
 BUSINESS OWNER TIER CHEN  
 ADDRESS 836 N GOODMAN ST ROCHESTER NY 14609  
 PHONE 288 6330

BUSINESS EMERGENCY WANG TANG CHAO  
 ADDRESS 17 E MAIN ST HONEOYE FALLS NY 14472  
 PHONE 288 6330

SPECIAL INSTRUCTIONS:  
 SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

Left mess. 7/7

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 type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT: <u>FF Gungello</u>	COMPANY <u>M7</u> DISTRICT <u>B1</u> GROUP <u>2</u>	DATE <u>8-1-08</u>
BUS/PROP REPRESENTATIVE: <u>Wang Tang Chao</u>	POSITION / TITLE <u>worker</u>	DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:		DATE

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07 INSPECTION # 08-03950  
 ADDRESS GOODMAN ST N FROM/TO 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539  
 CITY PITTSFORD STATE NY ZIP 14534  
 MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271 5343  
 CITY ROCHESTER STATE NY ZIP 14607  
 EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166  
 CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 169 513 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES:	BUSINESS NAME <u>TWIN FISH MARKET</u> PHONE _____	DISPOSITION by FIRE SAFETY:	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	BUSINESS OWNER <u>SANG SIM</u> ADDRESS <u>836 N GOODMAN ST</u> <u>ROCHESTER NY14609</u> PHONE <u>288 2483</u>					
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY <u>SANG SIM</u> ADDRESS <u>343 CRYSTAL CREEK DR</u> <u>ROCHESTER NY14612</u> PHONE <u>723 9357</u>					
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS:					
	SPECIAL HAZARDS OR CONSTRUCTION					
	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: APT. J. WHITEHAIR COMPANY Q07 DISTRICT 1 GROUP 1 DATE 07/16/08  
 BNS/PROP REPRESENTATIVE: Sammy Pyle POSITION / TITLE OWNER DATE OF REINSPECTION \_\_\_\_\_  
 FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 907  
ADDRESS

INSPECTION # **08 - 03948**

GOODMAN ST N

FROM / TO  
836 846

TAX ACCT #  
047586-03-2

PROPERTY OWNER  
HAROLD SAMLOFF

ADDRESS PHONE  
42 FRAMINGHAM LN 461-3539

CITY STATE NY ZIP  
PITTSFORD 14534

MAILING NAME  
BUCKINGHAM PROPERTY

ADDRESS PHONE  
1100 UNIVERSITY AV 271 5343

CITY STATE NY ZIP  
ROCHESTER 14607

EMERGENCY CONTACT  
LAURENCE C GLAZER

ADDRESS PHONE  
89 STUYVESANT RD 385-3166

CITY STATE NY ZIP  
PITTSFORD 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 161 STRUCTURE TYPE 2 STRUCTURE STATUS 2

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

BUSINESS NAME DONUT DINER PHONE  
BUSINESS OWNER MYONG KIM  
ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
PHONE 288 3396  
BUSINESS EMERGENCY MYONG KIM 426-7584  
ADDRESS 276 APPLEWOOD DR ROCHESTER NY14612  
PHONE 277 5749

DISPOSITION by FIRE SAFETY:

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

SPECIAL INSTRUCTIONS:  
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT		REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
<input checked="" type="checkbox"/>	NO VIOLATIONS NOTED AT THIS TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

OFFICER PREPARING REPORT: CHPT. J. W. WHITEHAIR COMPANY 907 DISTRICT 1 GROUP 1 DATE 07/16/08  
 BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE OWNER DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: [Signature] DATE

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 007  
ADDRESS

INSPECTION # **08 - 03952**

ADDRESS GOODMAN ST N

FROM / TO 836 846

TAX ACCT # 047586-03.2

PROPERTY OWNER JIMMY REN

ADDRESS

PHONE

MAILING NAME J R REAL ESTATE

ADDRESS 2370 LYELL AV

PHONE 749-2485

CITY ROCHESTER STATE NY ZIP 14606

ADDRESS

PHONE

EMERGENCY CONTACT

ADDRESS 2370 LYELL AV

PHONE 000-0000

CITY ROCHESTER STATE NY ZIP 14606

ADDRESS

PHONE

CITY STATE ZIP

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 557 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME CRICKET CELL PHONE PHONE 585-654-8120

DISPOSITION by FIRE SAFETY:

BUSINESS OWNER Joseph P...  
ADDRESS 65 Carvillehurst RD Rochester NY 14626 PHONE 585-857-0888

BUSINESS EMERGENCY ADDRESS PHONE 585-857-0888

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

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

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

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: <u>FF C. Weber</u>	COMPANY <u>07</u>	DISTRICT <u>1</u>	GROUP <u>1</u>	DATE <u>7/16/08</u>
BUS/PROP REPRESENTATIVE: <u>[Signature]</u>	POSITION / TITLE <u>FF</u>			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <u>[Signature]</u>	DATE			

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 807 INSPECTION # 08-03955  
 ADDRESS GOODMAN ST N FROM/TO 836 846 TAX ACCT #  
 PROPERTY OWNER JIMMY REN ADDRESS 2370 LYELL AV PHONE 749-2485  
 CITY ROCHESTER STATE NY ZIP 14606  
 MAILING NAME J R REAL ESTATE ADDRESS 2370 LYELL AV PHONE  
 CITY ROCHESTER STATE NY ZIP 14606  
 EMERGENCY CONTACT ADDRESS PHONE 000-0000  
 CITY STATE ZIP

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 557 STRUCTURE TYPE 2 STRUCTURE STATUS 8

NO ENTRY DATES:

BUSINESS NAME 500-BA'S Cuts  
~~ZACK'S BARBER SHOP~~ PHONE  
 BUSINESS OWNER ZACK GRIFFIN Milton Wilson  
 ADDRESS 836 N GOODMAN ST ROCHESTER NY 14609  
 PHONE 288 9458  
 BUSINESS EMERGENCY ZACK GRIFFIN  
 ADDRESS 43 5TH ST ROCHESTER NY 14605  
 PHONE 325 1386

DISPOSITION by FIRE SAFETY:

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

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

SPECIAL INSTRUCTIONS:  
 SPECIAL HAZARDS OR CONSTRUCTION  
 DIRECTION ROOM #, ETC.  
 COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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: FF Lea Weber COMPANY 07 DISTRICT 1 GROUP 1 DATE 7/16/08  
 BUS/PROP REPRESENTATIVE: Kenneth Daniels POSITION / TITLE DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: DATE

COPY TO FIRE SAFETY

RFD 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 03/07/08

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.,

FAMILY DOLLAR  
836 GOODMAN

ST N

09-03040	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
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90

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

00836 GOODMAN

ST N

09-03040	PERMIT NUMBER
03/07/08	INVOICE DATE
04/07/08	DUE DATE
\$ 90	AMOUNT DUE

STORE SERVICE # 1806  
FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

MAR 18 2008

FD513

fdpmt1

THIS PERMIT EXPIRES

03/31/09

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.

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

00836 GOODMAN

ST N

09-03040	PERMIT NUMBER
03/07/08	INVOICE DATE
04/07/08	DUE DATE
\$ 90	AMOUNT DUE

STORE SERVICE # 1806  
FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

FD513

fdpmt1

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

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

**Municipal Code Summons Schedule**

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

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07 INSPECTION # 08-03949  
 ADDRESS GOODMAN ST N FROM / TO 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539  
 CITY PITTSFORD STATE NY ZIP 14534  
 MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271 5343  
 CITY ROCHESTER STATE NY ZIP 14607  
 EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166  
 CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 514 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME GOODMAN PLAZA WINE & LIQU PHONE \_\_\_\_\_ DISPOSITION by FIRE SAFETY:

BUSINESS OWNER ISAAK VAYNSHTEYN

ADDRESS 836 N GOODMAN ST ROCHESTER NY14609 PHONE 482 2410

BUSINESS EMERGENCY ISAAK VAVNSHTEYN

ADDRESS 80 FOXBOURNE RD PENFIELD NY14526 PHONE 388 3852

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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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: CAPT. J. WHITEHAIR COMPANY Q7 DISTRICT 1 GROUP 1 DATE 07/16/08

BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE OWNER DATE OF REINSPECTION \_\_\_\_\_

FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

RFD 501 REV. 03/03

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL  
PUBLIC ED  
PERMIT  
HIGH-RISE

LOCATION 836 N. GOODMAN ST

DATE RECEIVED IN FIRE SAFETY:

Q7

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE  
INSPEC

JAN 18 2001

DATE

1/19/07

1145

AL

X AL

Owner's Name

A. H. H. H. H.

Home Addresss & Zip

Home Phone #

POSTED OCCUPANCY #

Y N

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

FILE



BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**

INSPECTION # **07-05060**

ADDRESS

FROM / TO

TAX ACCT #

**GOODMAN**

**ST N**

**836**

**846**

PROPERTY OWNER

ADDRESS

PHONE

**JIMMY**

**REN**

**2370 LYELL AV**

**749-2485**

MAILING NAME

CITY **ROCHESTER**

STATE **NY**

ZIP

**14606**

ADDRESS

PHONE

**J R REAL ESTATE**

**2370 LYELL AV**

CITY **ROCHESTER**

STATE **NY**

ZIP

**14606**

ADDRESS

PHONE

EMERGENCY CONTACT

CITY

STATE

ZIP

**000-0000**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>557</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>8</b>
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NO ENTRY DATES:	BUSINESS NAME <b>ZACK'S BARBER SHOP</b>	PHONE	DISPOSITION by FIRE SAFETY:	
	BUSINESS OWNER <b>ZACK GRIFFIN</b>		REFERRED	ORDERS ISSUED
A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #	ADDRESS <b>836 N GOODMAN ST</b>	<b>ROCHESTER NY14609</b>		
		PHONE <b>288 9458</b>		
	BUSINESS EMERGENCY <b>ZACK GRIFFIN</b>			
	ADDRESS <b>43 5TH ST</b>	<b>ROCHESTER NY14605</b>		
		PHONE <b>325 1386</b>		
	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			
<b>157</b>	<b>ELECTRICAL PANEL BDX COVER OFF</b>			<b>X</b>
<b>150</b>	<b>DEBRIS AGAINST H2O TANK</b>			<b>X</b>
	<b>Corrected</b>			

Y N	Y N	Y N
<input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input 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: <b>FF J JORDAN</b>	COMPANY <b>Q07</b>	DISTRICT <b>1</b>	GROUP <b>1</b>	DATE <b>5/31/07</b>
BUS/PROP REPRESENTATIVE: <b>Tony Jackson</b>	POSITION/TITLE <b>Employer</b>			DATE OF REINSPECTION <b>8/1/07</b>
FIRE SAFETY INSPECTOR:				DATE

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**  
ADDRESS  
**GOODMAN**  
PROPERTY OWNER

ST N

FROM / TO  
**840 846**

ADDRESS

INSPECTION # **07-05061**  
TAX ACCT #  
**047586-03.2**  
PHONE

**BUCKINGHAM PROPERTIES 1100 UNIVERSITY AVE 271-5343**  
CITY **ROCHESTER** STATE **NY** ZIP **14607**

MAILING NAME  
**BUCKINGHAM PROPERTIES**

**1100 UNIVERISTY AV 271 5343**  
CITY **ROCHESTER** STATE **NY** ZIP **14607**

EMERGENCY CONTACT

~~TIER CHEN~~  
**WANG TANG CHAO**

ADDRESS  
**17 E MAIN ST 288 6330**  
CITY **HONEOYE FALLS** STATE **NY** ZIP **14472**  
~~624-9988~~

NFPA 901 CODES GENERAL PROPERTY USE **52** SPECIFIC PROPERTY USE **161** STRUCTURE TYPE **2** STRUCTURE STATUS **2**

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

BUSINESS NAME **FU ZHOU CHINA** PHONE  
BUSINESS OWNER **TIER CHEN**  
ADDRESS **840 N GOODMAN ST ROCHESTER NY14609**  
**WANG TANG CHAO** PHONE **288 6330**  
BUSINESS EMERGENCY ~~TIER CHEN~~ CHAO  
ADDRESS **17 E MAIN ST HONEOYE FALLS NY14472**  
PHONE **624-9988**

DISPOSITION by FIRE SAFETY:			
REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED

SPECIAL INSTRUCTIONS:  
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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 type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: **F J GOODMAN** COMPANY **Q/m7** DISTRICT **1** GROUP **1** DATE **6/2/07**  
BNS/PROP REPRESENTATIVE: **WANG TANG CHAO** POSITION / TITLE **MANAGER** DATE OF REINSPECTION  
FIRE SAFETY INSPECTOR: DATE

RFID 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**  
ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**HAROLD**

ST N  
**SAMLOFF**

FROM / TO  
**836 846**  
ADDRESS

INSPECTION # **07-05059**  
TAX ACCT #

CITY **PITTSFORD** STATE **NY** ZIP **14534**  
ADDRESS **42 FRAMINGHAM LN**  
PHONE **461-3539**

MAILING NAME  
**BUCKINGHAM PROPERTIES**

CITY **ROCHESTER** STATE **NY** ZIP **14607**  
ADDRESS **1100 UNIVERSITY AV**  
PHONE

EMERGENCY CONTACT  
**LAURENCE C. GLAZER**

CITY **PITTSFORD** STATE **NY** ZIP **14534**  
ADDRESS **89 STUYVESANT RD**  
PHONE **385-3166**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>557</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>8</b>
NO ENTRY DATES: <i>5/23/07 9:00 AM</i> <i>10:15 AM</i>	BUSINESS NAME <i>? MAIL FOR YOU</i>	PHONE <i>585 482 9170</i>	DISPOSITION by FIRE SAFETY:	
	BUSINESS OWNER <i>TRUNG HUYNH</i>	PHONE <i>585-581-4615</i>	REFERRED	ORDERS ISSUED
	ADDRESS <i>210 SWEETBUSH LANE</i>	PHONE		
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	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>FR J O Goodman</i>	COMPANY <i>Q/m-7</i>	DISTRICT <i>1</i>	GROUP <i>1</i>	DATE <i>6/1/07</i>
BUS/PROP REPRESENTATIVE: <i>Laurence C. Glazer</i>	POSITION / TITLE <i>owner</i>			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**

ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**HAROLD**

**ST N**  
**SAMLOFF**

MAILING NAME  
**BUCKINGHAM PROPERTY**

EMERGENCY CONTACT  
**LAURENCE C GLAZER**

FROM / TO  
**836 846**

INSPECTION # **07-05056**  
TAX ACCT # **047586-03.2**  
ADDRESS **42 FRAMINGHAM LN** PHONE **461-3539**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**  
ADDRESS **1100 UNIVERSITY AV** PHONE **271 5343**  
CITY **ROCHESTER** STATE **NY** ZIP **14607**  
ADDRESS **89 STUYVESANT RD** PHONE **385-3166**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>511</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>2</b>
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NO ENTRY DATES:

BUSINESS NAME ~~LAO GROCERY & TRADING STO~~ PHONE *New LAOYA*  
BUSINESS OWNER ~~KSOUNMY LOUNGAPHAY KHAM BO P HOMMACHANH~~  
ADDRESS **836 N GOODMAN ST** ROCHESTER NY **14609**  
PHONE **654 9910**  
BUSINESS EMERGENCY **KHAMBO PHOMMACHANH**  
ADDRESS **1492 NORTON ST** ROCHESTER NY **14621**  
PHONE ~~544 6883~~ *594-3887*

DISPOSITION by FIRE SAFETY:

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

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

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

DIRECTION ROOM #, ETC.  
*open m-s 11-700*

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 type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX		
OFFICER PREPARING REPORT: <i>FF Weber</i>	COMPANY <b>Q07</b>	DISTRICT <b>1</b>	GROUP <b>1</b>	DATE <b>5/31/07</b>
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <i>[Signature]</i>				DATE

COPY TO FIRE SAFETY

**BUILDING INSPECTION / COMPLAINT FORM**



COMPANY ADDRESS: *F/S*  
 FROM / TO: *836 N. Goodman St*  
 TAX ACCT #: **07-11002**  
 PROPERTY OWNER: *J.R. Real Estate, Inc.*  
 ADDRESS: *2370 Lyell Av*  
 CITY: *Roch. N.Y.*  
 STATE: *N.Y.*  
 PHONE: *(585) 247-0470*  
 ZIP: *14606*  
 EMERGENCY CONTACT: \_\_\_\_\_

NFPA 901 CODES: \_\_\_\_\_ GENERAL PROPERTY USE: **59** SPECIFIC PROPERTY USE: **521** STRUCTURE TYPE:  STRUCTURE STATUS: **24**

NO ENTRY DATES: \_\_\_\_\_ BUSINESS NAME: *Grandma's Attic* PHONE: *(585) 288-5830* DISPOSITION BY FIRE SAFETY: \_\_\_\_\_  
 BUSINESS OWNER: *John Wrightlex*  
 ADDRESS: *55 Battle Green Dr.* PHONE: \_\_\_\_\_  
 BUSINESS EMERGENCY ADDRESS: *Roch. N.Y. 14624* PHONE: \_\_\_\_\_  
 SPECIAL INSTRUCTIONS: \_\_\_\_\_  
 SPECIAL HAZARDS OR CONSTRUCTION: \_\_\_\_\_  
 DIRECTION ROOM #, ETC.: \_\_\_\_\_ COMPLAINT: \_\_\_\_\_  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D  
*Lic # 90. see hand letter*

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: *Albert P. Richards* COMPANY: *F/S* DISTRICT: \_\_\_\_\_ GROUP: \_\_\_\_\_ DATE: *1/8/07*  
 BUS/PROP REPRESENTATIVE: \_\_\_\_\_ POSITION / TITLE: \_\_\_\_\_ DATE OF REINSPECTION: \_\_\_\_\_  
 FIRE SAFETY INSPECTOR: *Albert Richards* DATE: *1/8/07*

COPY TO FIRE SAFETY

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**  
ADDRESS **GOODMAN ST N**  
PROPERTY OWNER

FROM / TO **836**  
ADDRESS

INSPECTION # **07-11236**  
TAX ACCT #  
PHONE **(585) 542-0359**

MAILING NAME CITY ADDRESS STATE ZIP PHONE

EMERGENCY CONTACT **JIM KROBGER** CITY ADDRESS STATE ZIP PHONE  
**FAMILY DOLLAR** CITY **CHARLOTTE** STATE **NC** ZIP **28201**  
ADDRESS **PO Box 1017**

NFPA 901 CODES GENERAL PROPERTY USE **59** SPECIFIC PROPERTY USE **891** STRUCTURE TYPE **P** STRUCTURE STATUS **2**

NO ENTRY DATES:

BUSINESS NAME **THE FAMILY DOLLAR** PHONE  
BUSINESS OWNER  
ADDRESS **PO BOX 1017** PHONE  
**CHARLOTTE NC 28201**  
BUSINESS EMERGENCY ADDRESS PHONE

DISPOSITION by FIRE SAFETY:

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

- REFERRED
- ORDERS ISSUED
- CORRECTED
- NOT REQUIRED

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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: <b>John Paler</b>				DATE <b>1-22-07</b>

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**  
ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**HAROLD**

MAILING NAME  
**BUCKINGHAM PROPERTY**

EMERGENCY CONTACT  
**LAURENCE C GLAZER**

**ST N**  
**SAMLOFF**

FROM / TO  
**836 846**  
ADDRESS  
**42 FRAMINGHAM LN**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**  
ADDRESS  
**1100 UNIVERSITY AV**  
CITY **ROCHESTER** STATE **NY** ZIP **14607**  
ADDRESS  
**89 STUYVESANT RD**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**

INSPECTION # **07-05058**  
TAX ACCT #  
**047586-03.2**  
PHONE  
**461-3539**  
**14534**  
**271 5343**  
**14607**  
**385-3166**  
**14534**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>169</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>2</b>
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NO ENTRY DATES:

BUSINESS NAME **TWIN FISH MARKET** PHONE  
BUSINESS OWNER **SANG SIM**  
ADDRESS **836 N GOODMAN ST** **ROCHESTER NY14609**  
PHONE **288 2483**  
BUSINESS EMERGENCY **SANG SIM**  
ADDRESS **343 CRYSTAL CREEK DR** **ROCHESTER NY14612**  
PHONE **723 9357**

DISPOSITION by  
FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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A = ATTIC  
C = CELLAR  
G = GARAGE  
0 = OUTSIDE  
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS  
OR CONSTRUCTION

DIRECTION  
ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*DSC FIRE ALARM*

*6:30 pm*

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>FF J GOODMAN</i>	COMPANY <i>Q07</i>	DISTRICT <i>1</i>	GROUP <i>1</i>	DATE <i>1/31/07</i>
BUS/PROP REPRESENTATIVE:	POSITION / TITLE <i>OWNER</i>			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <i>Isang B. Shin</i>				DATE

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**  
ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**HAROLD**

MAILING NAME  
**BUCKINGHAM PROPERTY**

EMERGENCY CONTACT  
**LAURENCE C GLAZER**

**ST N**  
**SAMLOFF**

FROM / TO  
**836 846**  
ADDRESS  
**42 FRAMINGHAM LN**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**  
ADDRESS  
**1100 UNIVERSITY AV**  
CITY **ROCHESTER** STATE **NY** ZIP **14607**  
ADDRESS  
**89 STUYVESANT RD**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**

INSPECTION # **07-05054**  
TAX ACCT #  
**047586-03.2**  
PHONE  
**461-3539**  
**14534**  
**271 5343**  
**14607**  
**385-3166**  
**14534**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>514</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>2</b>
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NO ENTRY DATES:

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

BUSINESS NAME **GOODMAN PLAZA WINE & LIQU** PHONE  
BUSINESS OWNER **ISAAK VAYNSHTEYN**  
ADDRESS **836 N GOODMAN ST ROCHESTER NY14609**  
PHONE **482 2410**  
BUSINESS EMERGENCY **ISAAK VAVNSHTEYN**  
ADDRESS **80 FOXBOURNE RD PENFIELD NY14526**  
PHONE **388 3852**

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

Y N	Y N	Y N			
<input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS			
<input checked="" type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS			
<input type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX			
OFFICER PREPARING REPORT <i>[Signature]</i>	COMPANY <b>07</b>	DISTRICT <b>1</b>	GROUP <b>1</b>	DATE <b>5/31/07</b>	
BUS/PROP REPRESENTATIVE <i>[Signature]</i>	POSITION / TITLE			DATE OF REINSPECTION	
FIRE SAFETY INSPECTOR:				DATE	

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **907 F/S Lic** ADDRESS **GOODMAN ST N** FROM / TO **836** INSPECTION # **07-05052** TAX ACCT #  
 PROPERTY OWNER **J.R. REAL ESTATE INC** ADDRESS **2370 LYELL AV.** PHONE **247-0470**  
 MAILING NAME CITY **ROCHESTER** STATE **NY** ZIP **14606**  
 EMERGENCY CONTACT CITY STATE ZIP **000-0000**

NFPA 901 CODES GENERAL PROPERTY USE **59** SPECIFIC PROPERTY USE **521** STRUCTURE TYPE **2** STRUCTURE STATUS **2**

NO ENTRY DATES:  A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS NAME <b>GRANDMA'S ATTIC</b> PHONE BUSINESS OWNER <b>JOHN MIGHTLEY</b> ADDRESS <b>55 BATTLE GREEN DR ROCHESTER NY 14624</b> PHONE <b>288 5830</b>	DISPOSITION by FIRE SAFETY:			
	BUSINESS EMERGENCY ADDRESS PHONE	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED			
	SPECIAL INSTRUCTIONS:				
	SPECIAL HAZARDS OR CONSTRUCTION				
DIRECTION ROOM #, ETC.	COMPLAINT				

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: **CAPT. T. TYTLER** COMPANY **07** DISTRICT **B1** GROUP **1** DATE **5/31/07**  
 BUS/PROP REPRESENTATIVE: **John A. Mightley** POSITION / TITLE DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: DATE

COPY TO FIRE SAFETY

2.501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**

ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**HAROLD**

**ST N**

**SAMLOFF**

MAILING NAME

**BUCKINGHAM PROPERTY**

EMERGENCY CONTACT

**LAURENCE C GLAZER**

FROM / TO

**836**

**846**

ADDRESS

**42 FRAMINGHAM LN**

CITY **PITTSFORD**

ADDRESS

**1100 UNIVERSITY AV**

CITY **ROCHESTER**

ADDRESS

**89 STUYVESANT RD**

CITY **PITTSFORD**

INSPECTION #

**07-05053**

TAX ACCT #

**047586-03.2**

PHONE

**461-3539**

STATE **NY**

ZIP

**14534**

PHONE

**271 5343**

STATE **NY**

ZIP

**14607**

PHONE

**385-3166**

STATE **NY**

ZIP

**14534**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>161</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>2</b>
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NO ENTRY DATES:

BUSINESS NAME **DONUT DINER** PHONE  
 BUSINESS OWNER ~~KIM CHEN~~ **MYONG KIM**  
 ADDRESS **836 N GOODMAN ST** ROCHESTER NY14609  
 PHONE 288 3396

BUSINESS EMERGENCY ~~KIM CHEN~~ **MYONG KIM**  
 ADDRESS **276 APPLEWOOD DR** ROCHESTER NY14612  
 PHONE 277 5749

SPECIAL INSTRUCTIONS: **# 426-7584**

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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: <b>CAPT. T. TYLER</b>	COMPANY <b>Q7</b>	DISTRICT <b>13-1</b>	GROUP <b>1</b>	DATE <b>5/31/07</b>
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <i>[Signature]</i>				DATE

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**

ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**JIMMY**

MAILING NAME  
**J R REAL ESTATE**

EMERGENCY CONTACT

**ST N**  
**REN**

FROM / TO  
**836 846**  
ADDRESS  
**2370 LYELL AV**  
CITY **ROCHESTER**  
ADDRESS  
**2370 LYELL AV**  
CITY **ROCHESTER**  
ADDRESS  
**2370 LYELL AV**  
CITY

INSPECTION # **07-05055**  
TAX ACCT #  
**047586-03.2**  
PHONE  
**749-2485**  
STATE **NY** ZIP **14606**  
PHONE  
**14606**  
STATE **NY** ZIP **14606**  
PHONE  
**000-0000**  
STATE  
ZIP

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>557</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>2</b>
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NO ENTRY DATES:	BUSINESS NAME <i>Cricket cell phone</i> <del>HAIR AFFAIR &amp; BOUTIQUE TH</del>	PHONE	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER <i>Big Bust Holdings</i> <del>BERNADINE FARRARE</del>	PHONE <i>14006</i>	
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	ADDRESS <del>836 N GOODMAN ST</del> <i>8788 South Western BLVD</i>	ROCHESTER NY <i>14609</i>	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	BUSINESS EMERGENCY <del>BERNADINE FARRARE</del> <i>LOU Rizzo</i>	PHONE <i>288 6610</i>	
DIRECTION ROOM #, ETC.	ADDRESS <del>420 ARNETT BL</del>	ROCHESTER NY <i>14619</i> PHONE <i>436 1209</i> <i>716 861 5092</i>	
SPECIAL INSTRUCTIONS: <i>716 861 5092</i>			
SPECIAL HAZARDS OR CONSTRUCTION			
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>FF Webu</i>	COMPANY <b>Q7</b>	DISTRICT <b>81</b>	GROUP <b>1</b>	DATE <b>5/31/07</b>
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <i>[Signature]</i>				DATE

COPY TO FIRE SAFETY

RFD 501 REV. 03/03



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

DATE 03/09/06

## 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.,

**FAMILY DOLLAR**  
836 GOODMAN

ST N

07-03047	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
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90

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

00836 GOODMAN

ST N

07-03047	PERMIT NUMBER
03/09/06	INVOICE DATE
04/09/06	DUE DATE
\$ 90	AMOUNT DUE

STORE SERVICE # 1806  
FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

MAR 20 2006  
*pd*

FD513

fdpmt1

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

THIS PERMIT EXPIRES

03/31/07

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 DeGuzo*  
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

00836 GOODMAN

ST N

07-03047	PERMIT NUMBER
03/09/06	INVOICE DATE
04/09/06	DUE DATE
\$ 90	AMOUNT DUE

STORE SERVICE # 1806  
FAMILY DOLLAR  
P O BOX 1017  
CHARLOTTE NC 28201

FD513

fdpmt1

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

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

**Municipal Code Summons Schedule**

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

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07

INSPECTION # **05-05689**

ADDRESS GOODMAN ST N

FROM / TO 836 846

TAX ACCT # 047586-03.2

PROPERTY OWNER HAROLD SANLOFF

ADDRESS 42 FRAMINGHAM LN PHONE 461-3539

MAILING NAME JIMMY TRU CITY PITTSFORD STATE NY ZIP 14534

ADDRESS 2370 LYELL AVE PHONE 749-2495

BUCKINGHAM PROPERTY CITY ROCHESTER STATE NY ZIP 14607

ADDRESS 1100 UNIVERSITY AV PHONE 271-5343

EMERGENCY CONTACT JIM RUSSEL

ADDRESS 5029 E SHELBY RD PHONE 798-2061

CITY MEDINE STATE NY ZIP 14103

NFPA 901 CODES	GENERAL PROPERTY USE <u>51</u>	SPECIFIC PROPERTY USE <u>521</u>	STRUCTURE TYPE <u>1</u>	STRUCTURE STATUS <u>2</u>
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NO ENTRY DATES:

BUSINESS NAME FAMILY DOLLAR PHONE \_\_\_\_\_  
 BUSINESS OWNER \_\_\_\_\_  
 ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
 PHONE 654 7438  
 BUSINESS EMERGENCY ROBERT VREDENBURG PATRICIA JOHNSTON  
 ADDRESS \_\_\_\_\_ PHONE 548-7175  
330-1806

DISPOSITION by FIRE SAFETY:

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

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

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>GT R Mulcahy</u>	COMPANY <u>Q7</u>	DISTRICT <u>1</u>	GROUP <u>3</u>	DATE <u>7/8/05</u>
BUS/PROP REPRESENTATIVE: <u>Pat Johnston</u>	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07

INSPECTION # 05-05696

ADDRESS GOODMAN ST N

FROM / TO 836 846

TAX ACCT #

PROPERTY OWNER HAROLD SAMLOFF

ADDRESS 42 FRAMINGHAM LN PHONE 749-2485  
461-3539

MAILING NAME JR Real Estate

CITY PITTSFORD STATE NY ZIP 14534

BUCKINGHAM PROPERTIES

ADDRESS 2370 Lyell AVE PHONE 749-2485  
1100 UNIVERSITY AV 271-5343

EMERGENCY CONTACT LAURENCE C. GLAZER

CITY ROCHESTER STATE NY ZIP 14607

LAURENCE C. GLAZER

ADDRESS 89 STUYVESANT RD PHONE 385-3166  
CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES	GENERAL PROPERTY USE <u>51</u>	SPECIFIC PROPERTY USE <u>557</u>	STRUCTURE TYPE <u>2</u>	STRUCTURE STATUS <u>8</u>
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NO ENTRY DATES:

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

BUSINESS NAME <u>ZACK'S BARBER SHOP</u>	PHONE	DISPOSITION by FIRE SAFETY:
BUSINESS OWNER <u>ZACK GRIFFIN</u>		
ADDRESS <u>836 N GOODMAN ST</u>	<u>ROCHESTER NY14609</u>	REFERRED
	PHONE <u>288 9458</u>	
BUSINESS EMERGENCY <u>ZACK GRIFFIN</u>		ORDERS ISSUED
ADDRESS <u>43 5TH ST</u>	<u>ROCHESTER NY14605</u>	
	PHONE <u>325 1386</u>	CORRECTED
SPECIAL INSTRUCTIONS:		
SPECIAL HAZARDS OR CONSTRUCTION		NOT REQUIRED

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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: <u>LT R M...</u>	COMPANY <u>Q7</u>	DISTRICT <u>1</u>	GROUP <u>3</u>	DATE <u>7/8/05</u>
BUS/PROP REPRESENTATIVE: <u>Willie Full</u>	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 03/03



BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07

INSPECTION # 05-05693

ADDRESS GOODMAN ST N

FROM / TO 836 846

TAX ACCT # 047586-03.2

*ATTENDANT*  
967-6672  
461-3539

PROPERTY OWNER HAROLD SAMLOFF

ADDRESS 42 FRAMINGHAM LN

MAILING NAME JIMMY REN

CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME JR REAL ESTATE

ADDRESS 2370 LYELL AVE PHONE 749-2485

EMERGENCY CONTACT LAURENCE C GLAZER

CITY ROCHESTER STATE NY ZIP 14607

ADDRESS 89 STUYVESANT RD PHONE 385-3166

CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 566 STRUCTURE TYPE 2 STRUCTURE STATUS 2

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

BUSINESS NAME LILAC LAUNDRY & DRY CLEAN PHONE \_\_\_\_\_  
BUSINESS OWNER JOSEPH GOLDMAN  
ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
PHONE 482 3514  
BUSINESS EMERGENCY JOSEPH GOLDMAN  
ADDRESS 1995 E RIDGE RD ROCHESTER NY14622  
PHONE 266 4600

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

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: LT R MULCAHY COMPANY Q07 DISTRICT 1 GROUP 3 DATE 7/8/05  
BUS/PROP REPRESENTATIVE: \_\_\_\_\_ POSITION / TITLE \_\_\_\_\_ DATE OF REINSPECTION \_\_\_\_\_  
FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07  
ADDRESS GOODMAN ST N  
PROPERTY OWNER HAROLD SAMLOFF

FROM / TO 836 846

INSPECTION # 05-05695  
TAX ACCT #

MAILING NAME BUCKINGHAM PROPERTIES

ADDRESS 42 FRAMINGHAM LN PHONE 461-3539  
CITY PITTSFORD STATE NY ZIP 14534

EMERGENCY CONTACT LAURENCE C. GLAZER

ADDRESS 1100 UNIVERSITY AV PHONE  
CITY ROCHESTER STATE NY ZIP 14607  
ADDRESS 89 STUYVESANT RD PHONE 385-3166  
CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 557 BARBER SHOP STRUCTURE TYPE 2 STRUCTURE STATUS 8

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

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS EMERGENCY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

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: LT R. Milroy COMPANY Q7 DISTRICT 1 GROUP 3 DATE 11/29/05  
BUS/PROP REPRESENTATIVE: Oliver Hardy POSITION / TITLE DATE OF REINSPECTION  
FIRE SAFETY INSPECTOR: DATE

RPD 501 REV. 03/03



BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**

INSPECTION # **05-05688**

ADDRESS **GOODMAN ST N**

FROM / TO **836 846**

TAX ACCT # **047586-03.2**

PROPERTY OWNER **HAROLD SAMLOFF**

ADDRESS **42 FRAMINGHAM LN** PHONE **461-3539**

CITY **PITTSFORD** STATE **NY** ZIP **14534**

MAILING NAME **BUCKINGHAM PROPERTY**

ADDRESS **1100 UNIVERSITY AV** PHONE **271 5343**

CITY **ROCHESTER** STATE **NY** ZIP **14607**

EMERGENCY CONTACT **LAURENCE C GLAZER**

ADDRESS **89 STUYVESANT RD** PHONE **385-3166**

CITY **PITTSFORD** STATE **NY** ZIP **14534**

NFPA 901 CODES GENERAL PROPERTY USE **51** SPECIFIC PROPERTY USE **161** STRUCTURE TYPE **2** STRUCTURE STATUS **2**

NO ENTRY DATES:

BUSINESS NAME **DONUT DINER** PHONE  
 BUSINESS OWNER **KIM CHEN**  
 ADDRESS **836 N GOODMAN ST ROCHESTER NY14609**  
 PHONE **288 3396**

DISPOSITION by FIRE SAFETY:

BUSINESS EMERGENCY **KIM CHEN**  
 ADDRESS **276 APPLEWOOD DR ROCHESTER NY14612**  
 PHONE **277 5749**

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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: *ST R...* COMPANY **Q7** DISTRICT **1** GROUP **3** DATE **11/29/05**  
 BUSINESS REPRESENTATIVE: *...* POSITION / TITLE **worker** DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: *...* DATE

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 007 INSPECTION # **06-05084**  
 ADDRESS GOODMAN ST N FROM / TO 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER JIMMY REN ADDRESS 2370 LYELL AV PHONE 749-2495  
 CITY ROCHESTER STATE NY ZIP 14606  
 MAILING NAME J R REAL ESTATE ADDRESS 2370 LYELL AV  
 CITY ROCHESTER STATE NY ZIP 14606  
 EMERGENCY CONTACT ADDRESS 000-0000  
 CITY STATE ZIP

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 583 STRUCTURE TYPE 1 STRUCTURE STATUS 2

NO ENTRY DATES:

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

DIRECTION ROOM #, ETC.

BUSINESS NAME FAMILY DOLLAR PHONE \_\_\_\_\_  
 BUSINESS OWNER \_\_\_\_\_  
 ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
 PHONE 654 7438  
 BUSINESS EMERGENCY PATRICIA JOHNSTON  
 ADDRESS \_\_\_\_\_ PHONE 548 7175

SPECIAL INSTRUCTIONS:  
 SPECIAL HAZARDS OR CONSTRUCTION

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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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 <u>0-7</u> DISTRICT <u>1</u> GROUP <u>3</u> DATE <u>7/3/06</u>	
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION/TITLE <u>AS. MANG.</u>	DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:		DATE

RFD 501 REV. 03/03



BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07  
ADDRESS

INSPECTION # 06-05089  
TAX ACCT #

GOODMAN ST N 836 846 047586-03.2  
PROPERTY OWNER ADDRESS PHONE

HAROLD SAMLOFF 42 FRAMINGHAM LN 461-3539  
CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME ADDRESS PHONE  
BUCKINGHAM PROPERTY 1100 UNIVERSITY AV 271 5343  
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT ADDRESS PHONE  
LAURENCE C GLAZER 89 STUYVESANT RD 385-3166  
CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 169 STRUCTURE TYPE 1 STRUCTURE STATUS 2

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

BUSINESS NAME TWIN FISH MARKET PHONE  
BUSINESS OWNER SANG SIM  
ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
PHONE 288 2483  
BUSINESS EMERGENCY SANG SIM  
ADDRESS 343 CRYSTAL CREEK DR ROCHESTER NY14612  
PHONE 723 9357

DISPOSITION by FIRE SAFETY:  
REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

SPECIAL INSTRUCTIONS:  
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  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: FF. P. Keenan COMPANY Q07 DISTRICT 3 DATE 7/3/06  
BUS/PROP REPRESENTATIVE: Sang Pje Kim POSITION / TITLE DATE OF REINSPECTION  
FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 007 INSPECTION # 06-05085  
 ADDRESS GOODMAN ST N 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539  
 CITY PITTSFORD STATE NY ZIP 14534  
 MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271-5343  
 CITY ROCHESTER STATE NY ZIP 14607  
 EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166  
 CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 514 STRUCTURE TYPE 1 STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME GOODMAN PLAZA WINE & LIQUOR PHONE  DISPOSITION by FIRE SAFETY:

BUSINESS OWNER ISAAK VAYNSHTEYN

ADDRESS 836 N GOODMAN ST ROCHESTER NY14609 PHONE 482 2410

BUSINESS EMERGENCY ISAAK VAVNSHTEYN

ADDRESS 80 FOXBOURNE RD PENFIELD NY14526 PHONE 388 3852

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED

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: H. P. [Signature] COMPANY 07 DISTRICT  GROUP 3 DATE 7/3/06

BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE  DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: [Signature] DATE

COPY TO FIRE SAFETY

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07  
ADDRESS

INSPECTION # **03 06611**  
TAX ACCT #

GOODMAN ST N FROM / TO 836 846 047586-03.2

PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539

CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271 5343

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166

CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 511 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME LAD GROCERY & TRADING STORE PHONE [ ]  
BUSINESS OWNER ~~K SUNNY LOUNGARNAV~~ Khamba PHOMMACHANH  
ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
PHONE 654 9910

DISPOSITION by FIRE SAFETY:

BUSINESS EMERGENCY KHAMBO PHOMMACHANH  
ADDRESS 1492 NORTON ST ROCHESTER NY14621  
PHONE ~~544-8803~~

SPECIAL INSTRUCTIONS: 594-3887

SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED

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

OFFICER PREPARING REPORT: [Signature] COMPANY Q-7 DISTRICT 1 GROUP 2 DATE 6-16-03  
BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE DATE OF REINSPECTION  
FIRE SAFETY INSPECTOR: [Signature] DATE

RFD 501 REV 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07 INSPECTION # 03 06609  
 ADDRESS GOODMAN ST N FROM / TO 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539  
 CITY PITTSFORD STATE NY ZIP 14534  
 MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271 5343  
 CITY ROCHESTER STATE NY ZIP 14607  
 EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166  
 CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 514 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES:	BUSINESS NAME <u>GOODMAN PLAZA WINE &amp; LIQUOR</u> PHONE <u></u>	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER <u>ISAAK VAYNSHTEYN</u>				
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	ADDRESS <u>836 N GOODMAN ST</u> <u>ROCHESTER NY 14609</u>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	PHONE <u>482 2410</u>				
	BUSINESS EMERGENCY <u>ISAAK VAVNSHTEYN</u>				
	ADDRESS <u>80 FOXBOURNE RD</u> <u>PENFIELD NY 14526</u>				
	PHONE <u>388 3852</u>				
	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: <u>[Signature]</u>	COMPANY <u>Q-7</u> DISTRICT <u>1</u> GROUP <u>2</u>	DATE <u>6-16-03</u>
BUS/PROP REPRESENTATIVE: <u>[Signature]</u>	POSITION / TITLE	DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <u>[Signature]</u>		DATE

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 907  
ADDRESS

INSPECTION # **03 06612**  
TAX ACCT #

GOODMAN ST N FROM / TO 836 846 047586-03.2

PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539  
CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271 5343  
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166  
CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 566 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES: BUSINESS NAME Diamond LAUNDRY & DRY CLEAN PHONE  
BUSINESS OWNER JOSEPH SOLOMAN Vic Campbell  
ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
BUSINESS EMERGENCY JOSEPH SOLOMAN Vic Campbell PHONE 482-3514  
ADDRESS 1995 E RIDGE RD ROCHESTER NY14622 PHONE 288-6630

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

DIRECTION ROOM #, ETC.

SPECIAL INSTRUCTIONS:  
SPECIAL HAZARDS OR CONSTRUCTION

COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

DISPOSITION by FIRE SAFETY:  
REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

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: [Signature] COMPANY Q-7 DISTRICT 1 GROUP 2 DATE 6-16-03  
BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE DATE OF REINSPECTION  
FIRE SAFETY INSPECTOR: [Signature] DATE

RFD 501 REV 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07 INSPECTION # **03 06608**  
 ADDRESS FROM / TO TAX ACCT #  
GOODMAN ST N 836 846 047586-03.2  
 PROPERTY OWNER ADDRESS PHONE  
HAROLD SAMLOFF 42 FRAMINGHAM LN 461-3539  
 CITY ADDRESS PHONE  
PITTSFORD NY 14534  
 MAILING NAME ADDRESS PHONE  
BUCKINGHAM PROPERTY 1100 UNIVERSITY AV 271 5343  
 CITY ADDRESS PHONE  
ROCHESTER NY 14607  
 EMERGENCY CONTACT ADDRESS PHONE  
JIM RUSSEL 5029 E SHELBY RD 798-2061  
 CITY ADDRESS PHONE  
MEDINE NY 14103

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 521 STRUCTURE TYPE 1 STRUCTURE STATUS 2

NO ENTRY DATES: BUSINESS NAME FAMILY DOLLAR PHONE \_\_\_\_\_ DISPOSITION by FIRE SAFETY:  
 BUSINESS OWNER ADDRESS 836 N GOODMAN ST ROCHESTER NY 14609 PHONE 654-7438  
 BUSINESS EMERGENCY ROBERT VREDENBURG TOM HOUSE  
 ADDRESS 51 CLEARVIEW RD H 585 621 2198 PHONE 330-1886  
 CELLPHONE 329-8756  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HAZARDS OR CONSTRUCTION  
 DIRECTION ROOM #, ETC. COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D  
 REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED

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 type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: Thomas W. Howe COMPANY Q7 DISTRICT 2 DATE 6/16/03  
 BUS/PROF REPRESENTATIVE: Thomas W. Howe POSITION / TITLE DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07

INSPECTION # **05-05694**

ADDRESS GOODMAN ST N

FROM / TO  
836 846

TAX ACCT #  
047586-03.2

PROPERTY OWNER  
HAROLD SAMLOFF

ADDRESS  
42 FRAMINGHAM LN PHONE 461-3539  
CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME  
BUCKINGHAM PROPERTY

ADDRESS  
1100 UNIVERSITY AV PHONE 271 5343  
CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT  
LAURENCE C GLAZER

ADDRESS  
89 STUYVESANT RD PHONE 385-3166  
CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES	GENERAL PROPERTY USE <u>51</u>	SPECIFIC PROPERTY USE <u>169</u>	STRUCTURE TYPE <u>2</u>	STRUCTURE STATUS <u>2</u>
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NO ENTRY DATES:	BUSINESS NAME <u>TWIN FISH MARKET</u>	PHONE	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER <u>SANG SIM</u>					
A = ATTIC	ADDRESS <u>836 N GOODMAN ST</u>	ROCHESTER NY14609	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
C = CELLAR	BUSINESS EMERGENCY <u>SANG SIM</u>	PHONE <u>288 2483</u>				
G = GARAGE	ADDRESS <u>343 CRYSTAL CREEK DR</u>	ROCHESTER NY14612				
0 = OUTSIDE	SPECIAL INSTRUCTIONS:	PHONE <u>cell 202-1880</u>				
# = FLOOR #	SPECIAL HAZARDS OR CONSTRUCTION	PHONE <u>723 9357</u>				
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					
<u>1st Floor</u>	<u>Ansul system inspection expired 9/04</u>					
	<u>reinspect in July 05</u>					
	<u>done as of 7/5</u>	<i>[Signature]</i>				

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: <u>[Signature]</u>	COMPANY <u>Q07</u>	DISTRICT <u>1</u>	GROUP <u>3</u>	DATE <u>6-14-05</u>
BUS/PROP REPRESENTATIVE: <u>[Signature]</u>	POSITION / TITLE			DATE OF REINSPECTION <u>7/05</u>
FIRE SAFETY INSPECTOR: <u>[Signature]</u>				DATE

RPD 501 REV. 03/03



# City of Rochester City Code License - Second Hand Dealer For Application#: 92

Current Status/Date:	12/31/2003 P - Pending		
Applic. Date:	12/31/2003	Issue Date:	Start Date: 01/01/2004 Expiration Date: 12/31/2004
General Comments: car territory is 274			
License Fee:	\$150.00	*** RENEWAL LICENSE ***	Last Chgd: 02/25/2004 lllld

Applicant: **Bessie Alfreda Mightley** Residence: **55 Battlegreen Dr**  
 DOB: **09/01/1951** Home Phone: **(585) 426-8254** City, State, Zip: **Rochester, NY 14624**

Business Name: **Grandma's Attic** Business Phone **(585) 288-5830**  
 Business Name:  
 Activity: **secondhandgoods**  
 City Address: **836 Goodman St N** Sector: **8** Quad: **NE** NET: **E** Zip: **14609**  
 NON City Address: City, State, Zip:

Owner Property: **BUCKINGHAM PROPERTIE** Residence: **1 SOUTH WASHINGTON STREET 1 SOUTH WASHINGT**  
 DOB: Home Phone: **(585) 288-5830** City, State, Zip: **ROCHESTER, NY 14614**

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#: **1010083** Applicant Contact/Date: In Person **No** By Phone **No /**  
 Status / Date: **W / 12/31/2003** Reviewer:  
 3 Game Limit? **No** Over 2400 sq ft? **No**  
 CZC not Extendable for NEXT License Renewal: CZC Status Date:  
 Comments:

**Police Approval** CR#: Applicant Contact/Date: In Person **No** By Phone **No /**  
 Criminal Check: Records- **Yes** MCVB- **Yes** Cart Inspection Date: Approved: **No**  
 Status / Date: **A / 01/17/2004** Reviewer: **sexstont**  
 Activity Code: **3**  
 Comments:

**Fire Approval** Applicant Contact/Date: **In Person** **No** By Phone **No /**  
 Status / Date: **P / 02/25/2004** Reviewer: **richarda**  
 Occupancy: **0** Cart Inspection Date: Approved: **No**  
 Comments: *Rich 2/27/04*

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

# Fire Suppression Systems Report

SERVICE COMPANY

**LAKESIDE FIRE PROTECTION**  
 210 N. LACKAWANNA ST.  
 WAYLAND, NY 14572  
 (585) 728-9507  
 FAX (585) 728-3814



DATE OF SERVICE <b>1/7/03</b>			TIME <b>2:15</b>		A.M.	P.M. <b>X</b>
ANNUAL	SEMI-ANNUAL <b>Y</b>	RECHARGE	INSTALLATION		RENOVATION	
LOCATION OF SYSTEM CYLINDERS <b>on wall in front of hood to the left</b>						
MANUFACTURER <b>Piso Chem</b>	MODEL NUMBER <b>PCL-350</b>		WET <b>X</b>	DRY CHEMICAL		
CYLINDER SIZE MASTER		CYLINDER SIZE SLAVE		CYLINDER SIZE SLAVE		
FUSE LINKS 360° F.	FUSE LINKS 450° F. <b>3</b>	FUSE LINKS 500° F.		OTHER		
FUEL SHUT-OFF <b>X</b>	ELECTRIC	GAS <b>X</b>	SIZE <b>3/4</b>			
SERIAL NUMBER	LAST HYDRO TEST DATE <b>00</b>		LAST RECHARGE DATE <b>1</b>			
MANUFACTURER'S MANUAL REFERENCE						
PAGE NUMBER:			DRAWING NUMBER:			

CUSTOMER

Name **Dan Duer**

Address **536 Goodman Plaza**

City **Rochester, NY 14609**

Telephone **288-3396** Store No. \_\_\_\_\_

Owner or Manager **Kim**

**COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT**

<u><b>24 Fryers</b></u>	<u><b>60' Griddle</b></u>	<u><b>2 burner Range</b></u>	
-------------------------	---------------------------	------------------------------	--

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles <u><b>YES</b></u></li> <li>2. Duct and plenum covered w/correct nozzles <u><b>YES</b></u></li> <li>3. Check positioning of all nozzles. <u><b>YES</b></u></li> <li>4. System installed in accordance w/MFG UL listing <u><b>YES</b></u></li> <li>5. Hood/duct penetrations sealed w/weld or UL device <u><b>YES</b></u></li> <li>6. Check if seals intact, evidence of tampering <u><b>YES</b></u></li> <li>7. If system has been discharged, report same <u><b>NA</b></u></li> <li>8. Pressure gauge in proper range (If gauged) <u><b>YES</b></u></li> <li>9. Check cartridge weight (If applicable) <u><b>YES</b></u></li> <li>10. Hydrostatic test date <u><b>2000</b></u></li> <li>11. 6 year maintenance date <u><b>NA</b></u></li> <li>12. Inspect cylinder and mount <u><b>YES</b></u></li> <li>13. Operate system from terminal link <u><b>YES</b></u></li> <li>14. Test for proper operation from remote <u><b>YES</b></u></li> <li>15. Check operation of micro switch <u><b>NA</b></u></li> <li>16. Check operation of gas valve <u><b>YES</b></u></li> <li>17. Clean nozzles <u><b>YES</b></u></li> <li>18. Proper nozzle covers in place <u><b>YES</b></u></li> <li>19. Check fuse links and clean <u><b>YES</b></u></li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links <u><b>NO</b></u></li> <li>21. Check travel of cable nuts/S-hooks <u><b>YES</b></u></li> <li>22. Piping &amp; conduit securely bracketed <u><b>YES</b></u></li> <li>23. Proper separation between fryers &amp; flame <u><b>YES</b></u></li> <li>24. Proper clearance-flame to filters <u><b>YES</b></u></li> <li>25. Exhaust fan in operating order <u><b>YES</b></u></li> <li>26. All filters replaced <u><b>YES</b></u></li> <li>27. Fuel shut-off in on position <u><b>YES</b></u></li> <li>28. Manual &amp; remote set/seals in place <u><b>YES</b></u></li> <li>29. Replace systems covers <u><b>YES</b></u></li> <li>30. System operational &amp; seals in place <u><b>YES</b></u></li> <li>31. Slave system operational <u><b>YES</b></u></li> <li>32. Clean cylinder &amp; mount <u><b>YES</b></u></li> <li>33. Fan warning sign on hood <u><b>YES</b></u></li> <li>34. Personnel instructed in manual operation of system <u><b>YES</b></u></li> <li>35. Proper hand portable extinguishers <u><b>YES</b></u></li> <li>36. Portable extinguishers properly serviced <u><b>YES</b></u></li> <li>37. Service &amp; Certification tag on system <u><b>YES</b></u></li> </ol> |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X <u><b>Evan...</b></u>	[00201]	1/7/03	2:30	AM	PM	X <u><b>...</b></u>
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor

Yellow - Customer Copy

Pink - Authority Having Jurisdiction

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 907  
ADDRESS

INSPECTION # **03 06616**  
TAX ACCT #

GOODMAN ST N FROM / TO 836 846 TAX ACCT # 047586-03.2

PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539

CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERISTY AV PHONE 271 5343

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT MARID CARLENIUS ADDRESS 131 BENTON ST PHONE 256-0243

CITY ROCHESTER STATE NY ZIP 14620

NFPA 901 CODES GENERAL PROPERTY USE 52 SPECIFIC PROPERTY USE 513 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES: BUSINESS NAME WONDER THRIFT STORE PHONE \_\_\_\_\_ DISPOSITION by FIRE SAFETY:  
BUSINESS OWNER WONDER THRIFT STORE  
ADDRESS 836 N GOODMAN ST ROCHESTER NY14609  
PHONE 288 7860

BUSINESS EMERGENCY ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED

SPECIAL INSTRUCTIONS:  
SPECIAL HAZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*Business Closed*

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 checked="" type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: [Signature] COMPANY Q-7 DISTRICT 1 GROUP 2 DATE 6-16-03  
BUS/PROP REPRESENTATIVE: \_\_\_\_\_ POSITION / TITLE \_\_\_\_\_ DATE OF REINSPECTION \_\_\_\_\_  
FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

RFD 501 REV. 03/03

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07

INSPECTION # **03 06613**

ADDRESS GOODMAN ST N FROM / TO 836 846 TAX ACCT # 047586-03.2

PROPERTY OWNER HAROLD SAMLOFF ADDRESS 42 FRAMINGHAM LN PHONE 461-3539

CITY PITTSFORD STATE NY ZIP 14534

MAILING NAME BUCKINGHAM PROPERTY ADDRESS 1100 UNIVERSITY AV PHONE 271 5343

CITY ROCHESTER STATE NY ZIP 14607

EMERGENCY CONTACT LAURENCE C GLAZER ADDRESS 89 STUYVESANT RD PHONE 385-3166

CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 557 STRUCTURE TYPE 2 STRUCTURE STATUS 8

NO ENTRY DATES: 6-16-03 BUSINESS NAME PLAZA HAIR PARLOR PHONE \_\_\_\_\_ DISPOSITION BY FIRE SAFETY:

BUSINESS OWNER ZACK GRIFFIN ADDRESS 836 N GOODMAN ST ROCHESTER NY 14609 PHONE 288 9415

BUSINESS EMERGENCY ZACK GRIFFIN ADDRESS 43 FIFTH ST ROCHESTER NY 14609 PHONE 325 1386

SPECIAL INSTRUCTIONS: \_\_\_\_\_ SPECIAL HAZARDS OR CONSTRUCTION \_\_\_\_\_

DIRECTION ROOM #, ETC. \_\_\_\_\_ COMPLAINT \_\_\_\_\_

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

Business closed

REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED

Y N Y N Y N

SPRINKLER SYSTEM  FIRE/SMOKE DETECT. SYSTEM  SINGLE STATION SMOKE DETECTORS

STANDPIPE SYSTEM  KITCHEN HOOD EXTING. SYSTEM  BARS/WIRE ON WINDOWS

FIRE ALARM SYSTEM  OTHER FIRE EXTING. SYSTEM  LOCK BOX

OFFICER PREPARING REPORT: [Signature] COMPANY Q-7 DISTRICT 1 GROUP 2 DATE 7-10-03

BUS/PROP REPRESENTATIVE: \_\_\_\_\_ POSITION / TITLE \_\_\_\_\_ DATE OF REINSPECTION \_\_\_\_\_

FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07  
ADDRESS GOODMAN ST N  
PROPERTY OWNER HAROLD SAMLOFF

FROM / TO 836 846

INSPECTION # 02-08344  
TAX ACCT # 047586-03.2  
PHONE 461-3539

MAILING NAME BUCKINGHAM PROPERTY

ADDRESS 42 FRAMINGHAM LN  
CITY PITTSFORD STATE NY ZIP 14534

EMERGENCY CONTACT LAURENCE C GLAZER

ADDRESS 1100 UNIVERSITY AV  
CITY ROCHESTER STATE NY ZIP 14607  
ADDRESS 89 STUYVESANT RD  
CITY PITTSFORD STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 161 STRUCTURE TYPE 2 STRUCTURE STATUS 2

NO ENTRY DATES: <i>8/2/02</i>	BUSINESS NAME DONUT DINER BUSINESS OWNER <del>KIM CHEN</del> UNHUI PINKER ADDRESS 836 N GOODMAN ST ROCHESTER NY 14609 PHONE 288 3396	DISPOSITION BY FIRE SAFETY:  REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	BUSINESS EMERGENCY <del>KIM CHEN</del> UNHUI PINKER ADDRESS <del>276 APPLEWOOD DR</del> ROCHESTER NY 14612 PHONE <del>277 5749</del> 621-2043	
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	SPECIAL INSTRUCTIONS: <i>621-2043</i>	
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	
<i>R</i>	<del>ANSUL SYSTEM ABANDONED SHOULD BE REMOVED FROM OLD KITCHEN</del>	<i>X</i>
<i>R</i>	EXIT BLOCKED (CORRECTED)	<i>X</i>
<i>R</i>	HOT WATER AIR FLUE TOO CLOSE TO DROP CEILING (CORRECTED)	<i>X</i>

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>CAPT. T. TYBER</i>	COMPANY <i>57</i>	DISTRICT <i>B-1</i>	GROUP <i>1</i>	DATE <i>8/2/02</i>
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION / TITLE			DATE OF REINSPECTION <i>8/3/02</i>
FIRE SAFETY INSPECTOR: <i>[Signature]</i>				DATE



## 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 25, 2002

Rev. Karen Horace  
P. O. Box 30237  
Rochester, New York 14603

**Re: 810 (836) N. Goodman Street  
Harvest Time Sanctuary Church**

Dear Property Owner:

Accompanying this letter is your occupancy signs for the above mentioned address. The numbers on the sign **247** is the maximum allowable occupancy for 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

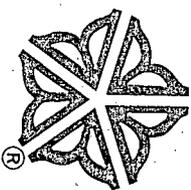
JNS/jh

xc: City Fire Marshal  
Occupancy File



OCCUPANCY BY MORE  
THAN 247 PERSONS  
IS DANGEROUS AND  
UNLAWFUL

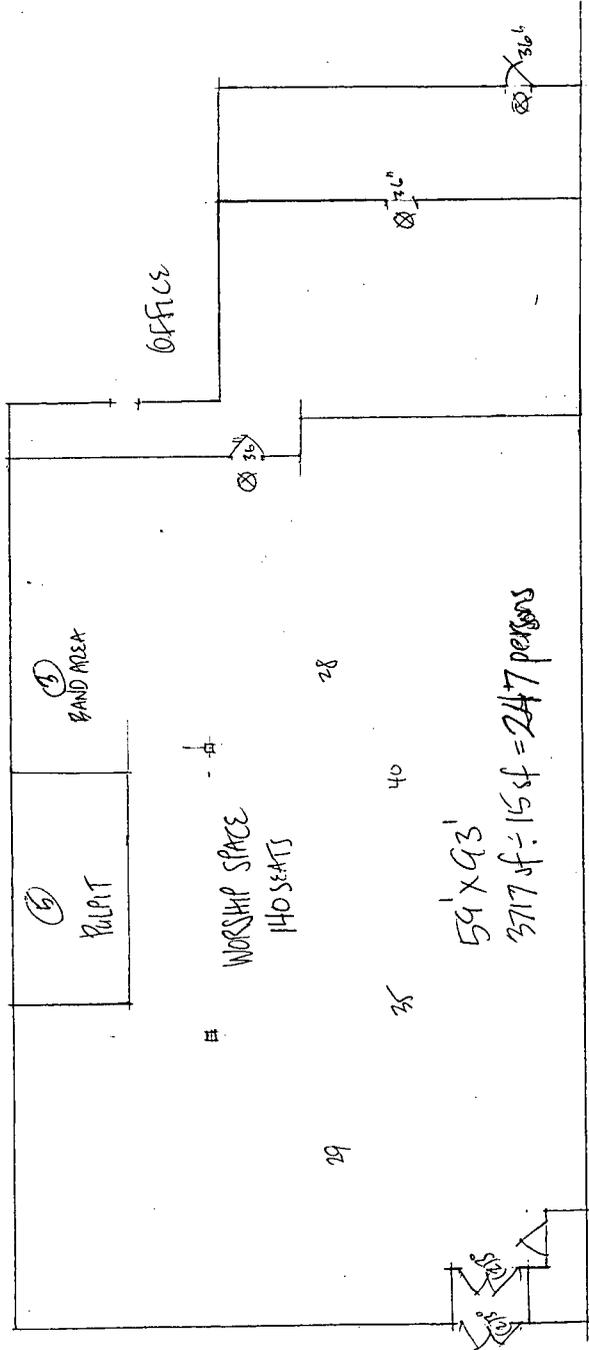
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City of Rochester, New York

*Paul V. Lince*

JUAN P. LINARES  
 SEPT. 23, 2002  
 SIGN PLACEMENT DATE



810 (836) N. GOODMAN ST.

HARVEST TIME SANCTUARY

247 PERSONS MAX.

**810 (836) N. GOODMAN ST.**  
**HARVEST TIME SANCTUARY CHURCH**  
**247 PERSONS MAX.**

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q07**  
ADDRESS  
**GOODMAN**  
PROPERTY OWNER  
**HAROLD**

ST N  
**SAMLOFF**

FROM / TO  
**836 846**

INSPECTION # **02-08346**  
TAX ACCT # **047586-03.2**  
ADDRESS **42 FRAMINGHAM LN** PHONE **461-3539**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**  
ADDRESS **1100 UNIVERSITY AV** PHONE **271 5343**  
CITY **ROCHESTER** STATE **NY** ZIP **14607**  
ADDRESS **89 STUYVESANT RD** PHONE **385-3166**  
CITY **PITTSFORD** STATE **NY** ZIP **14534**

MAILING NAME  
**BUCKINGHAM PROPERTY**

EMERGENCY CONTACT  
**LAURENCE C GLAZER**

NFPA 901 CODES	GENERAL PROPERTY USE <b>51</b>	SPECIFIC PROPERTY USE <b>514</b>	STRUCTURE TYPE <b>2</b>	STRUCTURE STATUS <b>2</b>
----------------	--------------------------------	----------------------------------	-------------------------	---------------------------

NO ENTRY DATES:	BUSINESS NAME <b>GOODMAN PLAZA WINE &amp; LIQUOR</b> PHONE	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER <b>ISAAK VAYNSHTEYN</b> ADDRESS <b>836 N GOODMAN ST</b> <b>ROCHESTER NY 14609</b> PHONE <b>482 2410</b>	
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY <b>ISAAK VAVNSHTEYN</b> ADDRESS <b>80 FOXBOURNE RD</b> <b>PENFIELD NY 14526</b> PHONE <b>388 3852</b>	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS:	
	SPECIAL HAZARDS OR CONSTRUCTION	
	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>FF J. [Signature]</i>	COMPANY <b>Q7</b>	DISTRICT <b>B1</b>	GROUP <b>1</b>	DATE <b>7-16-02</b>
BUS/PROP REPRESENTATIVE: <i>[Signature]</i>	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 01/02

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL  
PUBLIC ED  
PERMIT  
HIGH-RISE

LOCATION

836 N. GOODMAN ST

#92

DATE RECEIVED  
IN FIRE  
SAFETY:

JAN 8 2001  
DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE  
INSPEC

1/11/01

✓

1/11/01 ord

AL

1/18/01

✓

1 con

XAL

Owner's Name

Home Address & Zip

Home Phone #

FILE

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE

FIRE ALARM SYSTEM

PERMIT #

Adt

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS



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 / 7038  
Fax: 428-6785

## NOTICE OF VIOLATION AND ORDER TO COMPLY

Grandmas Attic.  
NAME  
836 N. Goodman St.  
ADDRESS  
Rochester, N.Y.  
CITY, STATE, ZIP

Date 1/11/02.

Inspection of the premises located at Attic 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

9NYCRR Portable fire extinguisher outdated  
1163.13b1 +tag.

\* call inspector when completed

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

By Order of  
Fire Marshal

Fire Marshal Al Rish...  
Fire Marshal Al Rish...

DATE OF COMPLIANCE 1/22/02

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL  
PUBLIC ED  
PERMIT  
HIGH-RISE

LOCATION

836 N. GOODMAN ST

DATE  
RECEIVED  
IN FIRE  
SAFETY:

FEB 16 2001

DATE

2/16/01 12<sup>30</sup>

APPOINTMENT

PERSON  
CONTACTED

NO ENTRY  
ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE  
SOME WORK DONE

OTHER

OK TO FILE  
INSPECTION

2 con

AK

Owner's Name

*Attached*

Home Address & Zip

Home Phone #

POSTED OCCUPANCY #

Y N

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

FILE

REPORT - YES NO

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

REPORT - YES NO

# Fire Suppression Systems Report

SERVICE COMPANY

**LAKESIDE FIRE PROTECTION**

210 N. LACKAWANNA ST.  
WAYLAND, NY 14572  
(716) 728-9507



DATE OF SERVICE <i>1-22-2001</i>		TIME <i>4:00</i>		A.M.	P.M. <i>X</i>
ANNUAL	SEMI-ANNUAL <i>X</i>	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS <i>ON WALL TO (R) SIDE OF HOOD</i>					
MANUFACTURER <i>Ansul</i>	MODEL NUMBER <i>R-101</i>	WET	DRY CHEMICAL <i>X</i>		
CYLINDER SIZE MASTER <i>201b</i>	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE			
FUSE LINKS 360° F.	FUSE LINKS 450° F. <i>1-X</i>	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF <i>X</i>	ELECTRIC	GAS <i>X</i>	SIZE <i>3/4</i>		
SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:			DRAWING NUMBER:		

CUSTOMER

Name *TWIN Fish Market*

Address *836 N. Goodman Street*

City *Rochester, NY 14609*

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

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

**COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT**

<i>1 Burner wok</i>	<i>24" Fryer</i>	<i>14" Fryer</i>	
---------------------	------------------	------------------	--

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles <i>yes</i></li> <li>2. Duct and plenum covered w/correct nozzles <i>yes</i></li> <li>3. Check positioning of all nozzles. <i>yes</i></li> <li>4. System installed in accordance w/MFG UL listing <i>yes</i></li> <li>5. Hood/duct penetrations sealed w/weld or UL device <i>NO</i></li> <li>6. Check if seals intact, evidence of tampering <i>yes</i></li> <li>7. If system has been discharged, report same <i>yes</i></li> <li>8. Pressure gauge in proper range (if gauged) <i>NA</i></li> <li>9. Check cartridge weight (if applicable) <i>42 3/8 oz. yes</i></li> <li>10. Hydrostatic test date _____</li> <li>11. 6 year maintenance date <i>NA</i></li> <li>12. Inspect cylinder and mount <i>yes</i></li> <li>13. Operate system from terminal link <i>yes</i></li> <li>14. Test for proper operation from remote <i>(none installed)</i></li> <li>15. Check operation of micro switch <i>NA</i></li> <li>16. Check operation of gas valve <i>yes</i></li> <li>17. Clean nozzles <i>yes</i></li> <li>18. Proper nozzle covers in place <i>yes</i></li> <li>19. Check fuse links and clean <i>yes</i></li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links <i>7-2000 (450°) NO</i></li> <li>21. Check travel of cable nuts/S-hooks <i>yes</i></li> <li>22. Piping &amp; conduit securely bracketed <i>yes</i></li> <li>23. Proper separation between fryers &amp; flame <i>yes</i></li> <li>24. Proper clearance-flame to filters <i>yes</i></li> <li>25. Exhaust fan in operating order <i>yes</i></li> <li>26. All filters replaced <i>NO</i></li> <li>27. Fuel shut-off in on position <i>yes</i></li> <li>28. Manual &amp; remote set/seals in place <i>yes</i></li> <li>29. Replace systems covers <i>yes</i></li> <li>30. System operational &amp; seals in place <i>yes</i></li> <li>31. Slave system operational <i>NA</i></li> <li>32. Clean cylinder &amp; mount <i>yes</i></li> <li>33. Fan warning sign on hood <i>new</i></li> <li>34. Personnel instructed in manual operation of system <i>yes</i></li> <li>35. Proper hand portable extinguishers <i>OK RR, NO</i></li> <li>36. Portable extinguishers properly serviced <i>yes</i></li> <li>37. Service &amp; Certification tag on system <i>yes</i></li> </ol> |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

**COMMENTS:**

*1) Recommend plenum & duct AREA to be steam cleaned*

*2) # 35 NO 40 BC RATED Extinguishers @ Kitchen AREA*

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

<i>X Eugene J. Bortle</i>	E00201	1-22-01	4:30			<i>X Eugene J. Bortle</i>
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME:	AM	PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

FIRE SAFETY INSPECTION RECORD

LICENSE

Q7 - Compl.

GENERAL  
PUBLIC ED  
PERMIT  
HIGH-RISE

836 N Goodman St (Pavement Area)

LOCATION

DATE RECEIVED IN FIRE SAFETY:

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

288-3396

DATE

9/6/00

1/10/00

AR

9/14/00

✓ 1 con working on New Portalliff installed ok

AR

10/10/00

✓ NW D. states waiting for city approval of plans for new install.

AR

11/9/00

830

✓ 1 con complete new install of system copy sent to Gary's city hall.

X AR

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 / 7038  
Fax: 428-6785

## NOTICE OF VIOLATION AND ORDER TO COMPLY

Donut Diner  
NAME

Date 9/6/00

836 N Goodman St  
ADDRESS

Rochester, NY 14609 288-3396.  
CITY, STATE, ZIP

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

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

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

1163.13(e) / NFPA 17  
fire extinguishment system outdated  
inspection, not UL 300 compliant ("00")

Received by: X [Signature]  
NAME

TITLE DATE

By Order of  
Fire Marshal

Fire Marshal [Signature]

DATE OF COMPLIANCE 11/9/00

Fire Marshal [Signature]





[Empty box for Referral No.]

- BUILDING BUREAU       CERT. OF OCC. INSP.       HEALTH DEPT.  
 PROP. CONSERVATION      ATTN: GARY JESSIC'S <sup>RFD.</sup>       OTHER

The following condition has been brought to our attention and is referred to your Department for investigation and disposition. A report of your findings is requested.

BUILDING LOCATION:  
836 N Goodman St.

DATE:  
11/9/00

NAME OF OWNER OR OCCUPANT:  
Chan Kim / Donat Diner.

ADDRESS:  
SAME.

NATURE OF COMPLAINT:  
new fire extinguishment system installed  
ok trip test. Duct work cleaned, ok.  
See Attach report.

COMPLAINANT \_\_\_\_\_ CO. \_\_\_\_\_

[Signature]  
FIRE SAFETY INSPECTOR

COMMENTS OF REFERRED AGENCY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTOR _____	AGENCY _____	DATE _____
-----------------	--------------	------------

# Fire Suppression Systems Report

SERVICE COMPANY

**LAKESIDE FIRE PROTECTION**

210 N. LACKAWANNA ST.  
WAYLAND, NY 14572  
(716) 728-9507



DATE OF SERVICE <i>November 9 2000</i>		TIME <i>8:30</i>	A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION <input checked="" type="checkbox"/>	RENOVATION
LOCATION OF SYSTEM CYLINDERS <i>Wall By cooler</i>				
MANUFACTURER <i>Purabchem</i>	MODEL NUMBER <i>PCL</i>	WET <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER <i>3.5 Gall</i>	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
FUSE LINKS 360° F.	FUSE LINKS 450° F. <i>3</i>	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF <i>Yes</i>	ELECTRIC	GAS <input checked="" type="checkbox"/>	SIZE <i>3/4"</i>	
SERIAL NUMBER	LAST HYDRO TEST DATE <i>2000</i>	LAST RECHARGE DATE <i>NEW</i>		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:		DRAWING NUMBER:		

CUSTOMER

Name *Donut Diner*

Address *2 Goodman Plaza*

City *Rochester NY 14609*

Telephone *288-3396* Store No. \_\_\_\_\_

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

**COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT**

<i>Fryer</i>	<i>48" Griddle</i>	<i>2 Burner</i>	
--------------	--------------------	-----------------	--

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles <i>Yes</i></li> <li>2. Duct and plenum covered w/correct nozzles <i>Yes</i></li> <li>3. Check positioning of all nozzles. <i>Yes</i></li> <li>4. System installed in accordance w/MFG UL listing <i>Yes</i></li> <li>5. Hood/duct penetrations sealed w/weld or UL device <i>Yes</i></li> <li>6. Check if seals intact, evidence of tampering <i>Yes</i></li> <li>7. If system has been discharged, report same <i>NEW</i></li> <li>8. Pressure gauge in proper range (If gauged) <i>Yes</i></li> <li>9. Check cartridge weight (If applicable) <i>NEW</i></li> <li>10. Hydrostatic test date <i>NEW</i></li> <li>11. 6 year maintenance date <i>NEW</i></li> <li>12. Inspect cylinder and mount <i>Yes</i></li> <li>13. Operate system from terminal link <i>Yes</i></li> <li>14. Test for proper operation from remote <i>Yes</i></li> <li>15. Check operation of micro switch <i>NO</i></li> <li>16. Check operation of gas valve <i>Yes</i></li> <li>17. Clean nozzles <i>Yes</i></li> <li>18. Proper nozzle covers in place <i>Yes</i></li> <li>19. Check fuse links and clean <i>Yes</i></li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links <i>Yes</i></li> <li>21. Check travel of cable nuts/S-hooks <i>Yes</i></li> <li>22. Piping &amp; conduit securely bracketed <i>Yes</i></li> <li>23. Proper separation between fryers &amp; flame <i>Yes</i></li> <li>24. Proper clearance-flame to filters <i>Yes</i></li> <li>25. Exhaust fan in operating order <i>Yes</i></li> <li>26. All filters replaced <i>Yes</i></li> <li>27. Fuel shut-off in on position <i>Yes</i></li> <li>28. Manual &amp; remote set/seals in place <i>Yes</i></li> <li>29. Replace systems covers <i>Yes</i></li> <li>30. System operational &amp; seals in place <i>Yes</i></li> <li>31. Slave system operational <i>NA</i></li> <li>32. Clean cylinder &amp; mount <i>Yes</i></li> <li>33. Fan warning sign on hood <i>Yes</i></li> <li>34. Personnel instructed in manual operation of system <i>Yes</i></li> <li>35. Proper hand portable extinguishers <i>Yes</i></li> <li>36. Portable extinguishers properly serviced <i>Yes</i></li> <li>37. Service &amp; Certification tag on system <i>Yes</i></li> </ol> |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

<i>X</i>	<i>Brady J...</i>	<i>100203</i>	<i>11-9-00</i>	<i>8:45</i>	<i>X</i>		<i>Chan. K. Kar</i>
	SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMERS AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.



City of Rochester

**FILE**  
07-11-00  
*[Signature]*

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 7, 2000

Michael Denard  
P. O. Box 19795  
Rochester, New York 14619

**Re: 836 N. Goodman Street**

Dear Mr. Denard:

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

The maximum occupancy allowed in the **Aerobics Room is 250** and the maximum occupancy allowed in the **Exercise Room is 50**. 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*

Linda M. Stango, AIA  
Manager of Plan Review & Bldg. Inspections

LMS/jh

xc: City Fire Marshal  
Occupancy File

**Conditional**  
**See Attached!**





### 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  
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July 7, 2000

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P. O. Box 19795  
Rochester, New York 14619

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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

*PLEASE NOTE CONDITION  
#2 THANK YOU  
LT. EISENHART  
JUL 13 2000*

EEO Employer/Handicapped





CITY OF ROCHESTER

CERTIFICATE NO.: 53356 A  
DATE ISSUED: JULY 5, 2000  
EXPIRATION: OCTOBER 6, 2000  
LEGAL USE: PUBLIC ASSEMBLY  
CASE NO.: C-1

---

CERTIFICATE OF OCCUPANCY  
WITH CONDITIONS

---

PROPERTY LOCATION: 0810-846 N GOODMAN ST

This is to certify that the above property may be legally occupied in the following manner:

MASONRY/STEEL TYPE 2B 1 STORY  
PUBLIC AEROBICS/COMMUNITY CENTER  
(OCCUPANCY - MAIN ROOM NOT TO EXCEED 250 PEOPLE  
EXERCISE ROOM NOT TO EXCEED 50 PEOPLE)

This Certificate is issued and based on the application made by  
MICHAEL DENARD, (OWNER'S AGENT), ON JUNE 30, 2000

The above property substantially conforms with the requirements of the following codes of the City of Rochester: Zoning Ordinance, Building Code, Property Code, and, where applicable, the N.Y.S. Multiple Residency Law, with the exception of the following items:

\*SEE ATTACHED SHEET

NOTE: Failure to complete the above mentioned work by the expiration date shall be sufficient cause for the revocation of the Conditional Certificate of Occupancy without further notice to the owners or any other interested parties. This Certificate is valid until the expiration date indicated above and may be made permanent for a five year period upon completion and approval of the above mentioned work prior to the expiration date.

ADMINISTRATOR OF CODE COMPLIANCE

DEPUTY COMMISSIONER/  
DIRECTOR OF BUILDINGS AND ZONING

---

NOTICE AND DISCLAIMER

PROPERTY INSPECTIONS ARE VISUAL AND NON-DESTRUCTIVE ONLY AND ARE NOT INTENDED TO PROVIDE INFORMATION CONCERNING POSSIBLE HIDDEN DEFECTS WITHIN OR BEHIND WALLS, CEILINGS, PARTITIONS OR FLOORS. IN ADDITION, THE CITY MAKES NO REPRESENTATION, CERTIFICATION OR GAURANTTEE TO ANY PERSON OR ENTITY, AND ASSUMES NO LIABILITY FOR REAL OR CLAIMED FAILURE TO OBSERVE OR CITE ANY DEFECTS, WHETHER HIDDEN OR OBVIOUS, IN CONJUNCTION WITH ANY INSPECTION REQUISITE FOR ISSUANCE OF A CERTIFICATE OF OCCUPANCY. PROPERTY INSPECTIONS MAY RESULT IN CERTAIN DEFICIENCIES BEING NOTED BUT NOT CITED AS VIOLATIONS BASED ON THEIR CATEGORIZATION AS MINOR IN NATURE. CITY INSPECTIONS ARE DONE TO PROMOTE THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC AS A WHOLE, BY ENHANCING THE CITY'S HOUSING STOCK AND RESIDENTIAL NEIGHBORHOODS. LENDERS AND PURCHASERS ARE STRONGLY ENCOURAGED TO CONSULT INDEPENDENT INSPECTORS.



BUILDING INSPECTION / COMPLAINT FORM



COMPANY Q07 INSPECTION # 11384  
 ADDRESS Goodman ST N FROM / TO 836 846 TAX ACCT # 047586-03.2  
 PROPERTY OWNER Harold Sam Lott ADDRESS 42 Framingham PHONE 461-3539  
 CITY Pittsford STATE NY ZIP 14534  
 MAILING NAME Buckingham Property ADDRESS 1100 University av PHONE 271-5343  
 CITY Roch STATE NY ZIP 14607  
 EMERGENCY CONTACT Laurence C Glazer ADDRESS 89 STUYVESANT rd PHONE 385-3166  
 CITY Pittsford STATE NY ZIP 14534

NFPA 901 CODES GENERAL PROPERTY USE 51 SPECIFIC PROPERTY USE 557 STRUCTURE TYPE 2 STRUCTURE STATUS 8

NO ENTRY DATES:	BUSINESS NAME <u>Zacks Barber shop</u> PHONE _____	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER <u>Zack Griffin</u>				
A = ATTIC	ADDRESS <u>836 N Goodman st</u> Roch. NY <u>14609</u> PHONE <u>288-9415</u>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
C = CELLAR	BUSINESS EMERGENCY <u>Zack Griffin</u>				
G = GARAGE	ADDRESS <u>43 FIFTH st</u> Roch NY <u>14609</u> PHONE <u>325-1386</u>				
O = OUTSIDE	SPECIAL INSTRUCTIONS:				
# = FLOOR #	SPECIAL HAZARDS OR CONSTRUCTION				
DIRECTION ROOM #, ETC.	COMPLAINT				
	<u>No violations at time of inspection</u>				

OFFICER PREPARING REPORT: LT James McGowan COMPANY Q7 DISTRICT 1 GROUP 2 DATE 11-3-00  
 BUS/PROP REPRESENTATIVE: Dickey Leonard POSITION / TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 FIRE SAFETY INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

RFD 501 REV. 12/90





# City of Rochester

## LICENSE

(Renewal Application)

Please type or print in black ink, fill in the blanks and correct preprinted information where appropriate.

APPLICANT: **MIGHTLEY, BESSIE ALFREDA**

ADDRESS: **55 BATTLEGREEN DR**

~~MARION NY~~ **14624**  
*Rochester*

PHONE: **288-5830**

DATE OF BIRTH: **09/01/51**

THIS SPACE FOR ADMINISTRATIVE USE ONLY		
TYPE OF LICENSE	PREVIOUS LICENSE #	CURRENT LICENSE #
AMUSEMENT		
ENTERTAINMENT		
DANCE		
BILLARDS		
SECOND HAND DEALER		<b>139</b>
EXPIRATION DATE		<b>12/31/00</b>
RENEWAL FEE		<b>\$75.00</b>
VALIDATION		

( valid only if stamped )

NOTE: If the APPLICANT or PROPERTY OWNER is a partnership, give name, D.O.B. & home address of each partner; if a corporation, give name, D.O.B. & home address of all officers and shareholders; if d.b.a. give name, D.O.B. & home address of principals. (Use back side if needed.)

PROP OWNER: *Buckingham Prop. (Sect JUNING 271-5343)*  
**MIGHTLEY, BESSIE ALFREDA**  
full name

**426-8254**  
~~288-5830~~  
phone

DATE OF BIRTH: **09/01/51**

**55 BATTLEGREEN DR**  
residence # street

~~MARION~~  
*Rochester* city

**NY**  
state

**14624**  
zip

PREMISES:

**GRANDMA'S ATTIC**  
name of business  
**836 GOODMAN ST N**  
address # street

~~426-8257 288-5830~~  
phone

**ROCHESTER**  
city

**NY**  
state

**14607**  
zip

SUBSCRIBED AND SWORN TO BEFORE ME THIS

17<sup>th</sup> DAY OF Dec., 19 99

*Bessie Alfreda Mightley* 12-17-99  
signature of applicant date

*Clara L. Briggs*  
Comm Deeds / Notary Public

**CLARA L. BRIGGS**  
Notary Public, State of New York  
Qualified in Monroe County  
Commission Expires 3-12-00  
office use only

PLEASE FORWARD APPROVED FORMS TO TREASURER'S OFFICE

- CRMN REC
- LDRS
- MCVB
- SITE INSP/VENDOR \_\_\_\_\_

CZC NO. 0992560 GAME LIMIT \_\_\_\_\_

DENIAL \_\_\_\_\_ CR # \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Zoning \_\_\_\_\_ date \_\_\_\_\_

APPROVAL \_\_\_\_\_ INV \_\_\_\_\_

APPROVED SUBJECT TO RELATED CODE REQUIREMENTS

- police
- fire
- treasury
- building bureau

# FILE

*[Signature]*  
Chief of Police  
Fire Chief

1/5/00  
date