



City of Rochester
FIRE DEPARTMENT

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

PERMIT

DATE: 12/18/2012

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

TO WHOM IT MAY CONCERN

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

U OF R OPERA DEPT / SCENE SHOP
320 N GOODMAN ST

PERMIT NUMBER: 13-12021

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

PERMIT CODE	PERMIT CATEGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAMMABLE / COMBUSTIBLE LIQUID CLS I, II, III	\$ 70
5412B17	COMBUSTIBLE MATERIAL STORAGE OVER 2500 CU FT	\$ 90

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

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

PERMIT NUMBER: 13-12021
PERMIT ADDRESS: 00320 N GOODMAN ST
INVOICE DATE: 12/18/12
DATE DUE: 01/18/13
AMOUNT DUE: \$ 280

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

U OF R OPERA DEPT / SCENE SHOP
EASTMAN SCHOOL MUSIC: STEVE CROWLEY
26 GIBBS ST BOX 82
ROCHESTER NY 14604

Handwritten signature and date: 1/11/2013

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ROCHESTER, NEW YORK 14614

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EASTMAN SCHOOL MUSIC: STEVE CROWLEY
26 GIBBS ST BOX 82
ROCHESTER NY 14604

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

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

Municipal Code Summons Schedule

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

FIRE SAFETY INSPECTION RECORD

320 GOODMAN ST N

LOCATION: U OF R OPERA DEPT/SCENE SHOP

LICENSE

PERMIT

COMPLAINT/REFERRAL

EAST

WEST

SPECIAL

La

PERSON CONTACTED:

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#: OWNER NAME: _____ OWNER ADDRESS: _____ OWNER PHONE: _____	OK TO FILE	INSPECTOR
DATE								NOTES		
11-21-12								CALLBO LEFT MESSAGE FOR INSP		
11-28-12								n n m m m		
10-14-12	9:30							OK TO PERMIT		

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

Y	N
✓	
	✓
✓	
	✓
	✓
	✓
	✓
751	
3	
1	

Permit#: _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

[Signature]

Fire Marshal

Suite

INSPECTION DATE: 12-14-12

LOCATION: 320 GOODMAN *206* ST N 01 OWNER: U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

OCCUPANT: *Square* TYPE OF OPERATION: *WOOD WORKING*

PERSON CONTACTED: STEVE CROWLY PHONE NO: 2741490 APPOINTMENT: (Y/N)

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT
5412B08	120	12024 DUST PRODUCING OPERATION
5412B10C	70	FLAM/COMB LQD CLS I, II, III
5412B17	90	CMBSTBL MAT'L STRGE-OVER 2500 CU FT
<i>John P. ...</i>		

DATE VIOLATIONS ISSUED: _____ 20 _____ CORRECTED: _____ 20 _____
DATE OF APPROVAL FOR PERMIT: 12-14 20 12 SIGNATURE: *[Signature]*

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

DATE PERMIT ISSUED: _____ 20 _____ DATE EXPIRED: _____ 20 _____
PERMIT NUMBER: _____ FEE REQD: _____



Pre Engineered System Inspection Report

400 Mineral Springs Rd. Buffalo, NY 14224

office 716-783-9670 / fax 716-783-9718

www.allstatefirewny.com

Date of Service: 8/14/12 Time: 3 PM a.m./p.m.

System Location:

System Model:

Links:

Frequency:

Contact:

Phone: Main

Scheduling Note:

Jurisdiction:

OTG- Next Hydro Due

Hand Port. Due Date: _____ By: _____

Customer / Location

Salena's Mexican Restaurant

302 Goodman Street N.

Rochester, NY 14607

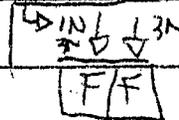
- 1) Hazard unchanged since last inspection. Y/N/NA Y / N / NA
- 2) System interlocked with building fire alarm. Y / N / NA
- 3) All appliances covered w/correct nozzles Y / N / NA
- 4) Duct(s) & Plenums covered w/correct nozzles Y / N / NA
- 5) Hood / Duct penetrations properly sealed Y / N / NA
- 6) Grease accumulation? Excessive Heavy / Normal X / Normal
- 7) Pressure gauge within acceptable range Y/N/NA Y / N / NA
- 8) Cart size 101-20 wt 42 Repl. 2624 Y/N/NA Y / N / NA
- 9) Cyl. mfg. date 2011 hydro-date: 2024 Within date Y / N
- 3 FP 10 / FP / FP / FP
- 10) Cylinder(s) properly mounted Y / N / NA
- 11) Detection line proper and operable Y / N / NA
- 12) Replaced links 360 _____ 450 _____ 500 3 Y / N / NA

- 13) Manual release proper and operable Y / N / NA
- 14) Micro switches installed Qty. 2 Qty tied in 1 Y / N / NA
- 15) Electric Shut downs operational Y / N / NA
- 16) Gas valve operational Mech / Elect. Y / N / NA
- 17) Piping / Conduit securely bracketed Y / N / NA
- 18) Proper nozzle caps in place? QTY 5 Y / N / NA
- 19) Exhaust fan in operating condition Y / N / NA
- 20) System operational and armed. Y / N / NA
- 21) Fan warning sign on hood Y / N / NA
- 22) K-Class fire extinguisher in cooking area Y / N / NA
- 23) Personell instructed on operation of system. Y / N / NA
- 24) System meets Manufactures Specifications Y / N / NA
- 25) System meets U.L. 300 Standards Y / N / NA

Cooking appliances (L-R) 2 Fryers, Gas Radiant Chargrill

Safety Notice: Non-Compliant systems may fail to extinguish/suppress a fire. Below are non-compliant items that require immediate attention. All State Fire Equipment of WNY assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of All State Fire Equipment of WNY.

Comments / Non-Compliance



System Note:

All State Fire Equipment Agent: S. Wolcott

Date: 8/14/12

Customers Authorized Agent: [Signature]

Date: X

The "Fire Code of NYS" requires that a copy of this report be forwarded to the Authority Having Jurisdiction.



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/27/11

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

TO WHOM IT MAY CONCERN:

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

**U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N**

12-12024	PERMIT NUMBER
----------	---------------

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

PERMIT CODE	PERMIT CATEGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90

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**

00320 GOODMAN ST N

12-12024	PERMIT NUMBER
12/27/11	INVOICE DATE
01/27/12	DUE DATE
\$ 280	AMOUNT DUE

**EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604**

1/23/2012
(Signature)

FD513

fdpmt1

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

(Signature)
FIRE MARSHAL

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

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FD513

fdpmt1

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3rd Offense, or after 90 days	\$375.00	\$750.00

INSPECTION DATE: 12-1-11

LOCATION: 320 GOODMAN ST N 01 OWNER: U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

OCCUPANT: Garb TYPE OF OPERATION: woodworking

PERSON CONTACTED: STEVE CROWLY PHONE NO: 2741490 APPOINTMENT: (Y/N)

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

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5412B10C	70	FLAM/COMB LQD CLS I,II,III
5412B17	90	CMBSTBL MAT'L STRGE-OVER 2500 CU FT

Handwritten notes:

HOLD UP

ok to permit
12-8-11

Handwritten note:

EXT system
not up
to date

DATE VIOLATIONS ISSUED: 12-1 20 11 CORRECTED: 12-8 20 11

DATE OF APPROVAL FOR PERMIT: 12-8 20 11 SIGNATURE: [Signature]

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

DATE PERMIT ISSUED: _____ 20 _____ DATE EXPIRED: _____ 20 _____

PERMIT NUMBER: _____ FEE REQD: _____



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

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DATE 12/20/10

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\$ 280	AMOUNT DUE

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U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604**

pd. 2/3/2011

FD513

fdpmt1

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[Signature]
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**City of Rochester
FIRE DEPARTMENT
PERMIT**

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665
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(585) 428-7037

DATE 12/02/09

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TO WHOM IT MAY CONCERN:

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U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N

10-12025	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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ROCHESTER, NEW YORK 14614

00320 GOODMAN ST N

10-12025	PERMIT NUMBER
12/02/09	INVOICE DATE
01/02/10	DUE DATE
\$ 280	AMOUNT DUE

PAID
[Handwritten Signature]

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

FD513

fdpmt1

THIS PERMIT EXPIRES **12/31/10**

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.

[Handwritten Signature]
FIRE MARSHAL

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01/02/10	DUE DATE
\$ 280	AMOUNT DUE

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FD513

fdpmt1

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FILE

RECEIVED
ROCHESTER FIRE DEPT.
FIRE CONTROL

FACT SHEET

Brownfield Cleanup Program
2009 NOV 13

Former Rochester Drug Cooperative Building
C828115
City of Rochester, New York

November 2009

Final Engineering Report Under Review; Report Recommends No Further Action at Brownfield Site; Public Comment Period Announced

Action has been completed to address contamination related to the Former Rochester Drug Cooperative Building ("Site") located at 320 North Goodman Street in the City of Rochester, Monroe County, under New York's Brownfield Cleanup Program. See attached map for Site location.

The Gary and Marcia Stern Family Limited Partnership ("applicant") has completed the activities and has submitted to the New York State Department of Environmental Conservation (NYSDEC) a Final Engineering Report, which is under review. The Final Engineering Report states that cleanup requirements have been achieved to fully protect public health and the environment for the proposed use of the Site.

Because the Final Engineering Report recommends that no further action is necessary at the Site, NYSDEC is making the report available for public comment before it can be approved.

Highlights of the Final Engineering Report

The Final Engineering Report has several goals:

- 1) to describe the cleanup activities completed;
- 2) to certify that cleanup requirements have been achieved or will be achieved for the Site;
- 3) to describe any institutional/engineering controls to be used. An *institutional control* is a non-physical restriction on use of the Site, such as an environmental easement, when contamination left over after the cleanup action makes the Site suitable for some, but not all uses. An *engineering control* is a physical barrier or method to manage contamination such as a cap or vapor barrier; and
- 4) to certify that a Site Management Plan (SMP) for any engineering controls used at the Site has been approved by NYSDEC.

Brownfield Cleanup Program: New York's Brownfield Cleanup Program (BCP) encourages the voluntary cleanup of contaminated properties known as "brownfields" so that they can be reused and redeveloped. These uses may include recreation, housing, business or other uses.

A **brownfield** is any real property that is difficult to reuse or redevelop because of the presence or potential presence of contamination.

For more information about the BCP, visit:
www.dec.ny.gov/chemical/8450.html

In April 2005, an Interim Remedial Measure (IRM) was implemented which consisted of a contaminated soil removal program at the Site. As part of the soil removal program, a bioremediation "biocell" was constructed, on the easterly adjacent Village Gate Square property, to treat approximately 2,103 cubic yards of petroleum-contaminated soil that was excavated from the Site. The bioremediation "biocell" created a favorable environment to stimulate microorganisms to use contaminants (petroleum hydrocarbons) in soil as a food source. Under these conditions, microorganisms broke down the contaminants into non-hazardous, inorganic substances. Subsequent to screening and sampling the biocell soils indicated the contaminant in the soils were successful broken down. In 2009 NYSDEC approved grading of the biocell soils into an existing soil berm to the east of the on-site building. The soils were subsequently covered with one (1) foot of clean soil.

An active Sub-Slab Depressurization System (SSDS), was installed beneath the concrete slab of the on-site building. The SSDS was designed to depressurize the subsurface immediately below the floor slab, thus minimizing potential petroleum vapors from intruding into the on-site building from beneath the floor slab. Installation of the SSDS was completed in 2009 and subsequent testing of these monitoring points indicated negative pressures beneath the floor slab throughout the on-site building.

After completion of the soil removal program, some residual contamination was left in the subsurface (soil, groundwater, and potentially soil vapor) at the Site, so a SMP for the Site was developed. The SMP provides a detailed description of all procedures required to manage remaining contamination at the Site, through the use of institutional and engineering controls.

Institutional control and engineering controls established in connection with the Site are:

- Compliance with the environmental easement and the SMP;
- All asphalt surfaces and the on-site building are considered a cover system to prevent direct contact with residual contamination in soil and must be maintained;
- The SSDS must monitored and operate on a continuous basis;
- Any future building must be evaluated for soil vapor intrusion;
- Groundwater quality must be monitored on a regular basis;
- Groundwater use as a potable source is prohibited;
- The Site is restricted to commercial and/or industrial uses; and
- Periodic certification that all institutional and engineering controls are in place and that the SMP is being implemented.

Background

NYSDEC previously accepted an application from the applicant to participate in the Brownfield Cleanup Program. The application proposes that the Site will be used for commercial purposes.

The Site is an approximately 2.7-acre area bounded by the CSX Goodman Street Yards and railroad tracks to the north and east, the Village Gate Square Mall to the south, and residential properties are located adjacent to the west of the Site, across North Goodman Street. The Site is improved with a 62,000[±] square foot building with a partial basement. The above-grade portions

of the on-site building are currently occupied by multiple commercial tenants. The Site and surrounding area is served by public drinking water and sanitary sewers.

Previous environmental investigations at the Site identified petroleum contamination in soil and groundwater. The apparent source of the petroleum contamination was four (4) petroleum underground storage tanks (USTs) that were formerly located in the eastern portion of the Site. Two (2) additional USTs were reportedly removed from the Site in the early 1970s, and yet another UST was removed in 1998. There was no closure/removal documentation for the tanks removed from the Site.

The Applicant submitted a BCP application in February 2004 and the agreement was executed in June 2004. The applicant completed a soil removal IRM in 2005 and completed the installation of a SSDS in 2009. A SMP was developed to manage residually contaminated soils, provide for periodic groundwater monitoring, and to continue operation and maintenance of the SSDS. An environmental easement will be placed on the site to restrict use of the property to commercial/industrial uses and to require periodic certification that the SMP and all institutional and engineering controls are in place.

Next Steps

NYSDEC will complete its review of the Final Engineering Report and consider public comments, revise the Final Engineering Report as necessary, and approve the report. The approved Final Engineering Report will be made available to the public (see "For More Information" below). NYSDEC then will issue a Certificate of Completion to the applicant.

The applicant would be eligible to redevelop the Site when it receives the Certificate of Completion. In addition, the applicant:

- would have no liability to the State for contamination at or coming from the Site, subject to certain conditions; and
- would be eligible for tax credits to offset the costs of performing clean-up activities and for redevelopment of the Site.

A Certificate of Completion may be modified or revoked if, for example, the applicant does not comply with the terms of its Brownfield Cleanup Agreement with NYSDEC, or if the applicant commits fraud regarding its application or its certification that it has met cleanup levels.

A Fact Sheet will be sent to the Site contact list when NYSDEC issues a Certificate of Completion to the applicant.

How to Comment

NYSDEC is accepting written comments about the Final Engineering Report for 45 days, from **November 11, 2009** through **December 25, 2009**. The Final Engineering Report is available for public review at the location identified below under "For More Information."

Submit written comments to:

Todd M. Caffoe, P.E.
New York State Department of Environmental Conservation
Division of Hazardous Waste Remediation
6274 East Avon Lima Road
Avon, New York 14414
Email: tmcaffoe@gw.dec.state.ny.us

FOR MORE INFORMATION

Location of Reports and Information

Project documents are available at the following location to help the public stay informed.

Central Library of Rochester and Monroe County

115 South Avenue
Rochester, New York 14604
(585) 428-7300
TDD - (585) 429-8023
Monday – Thursday 10 am to 9 pm
Friday 10 am to 6 pm
Saturday 10 am to 3 pm
Sunday 1 pm to 4 pm

Who to Contact

Comments and questions are always welcome and should be directed as follows:

Project Related Questions

Todd M. Caffoe, P.E.
New York State Department of
Environmental Conservation
Division of Hazardous Waste Remediation
Region 8
6274 East Avon Lima Road
Avon, New York 14414
(585) 226-5350 - Call for an appointment
Email: tmcaffoe@gw.dec.state.ny.us

Site-Related Health Questions

Ms. Debby McNaughton
New York State Department of Health
Rochester Field Office
335 East Main Street
Rochester, New York 14604
(585) 423-8069
Email: dsm20@health.state.ny.us

If you know someone who would like to be added to the Site contact list, have them contact the NYSDEC project manager above. We encourage you to share this Fact Sheet with neighbors and tenants, and/or post this Fact Sheet in a prominent area of your building for others to see.

1344 University
Suite 800

INSPECTION DATE: _____

LOCATION:

~~320 GOODMAN~~

~~ST~~ N 02

OWNER: WHITEHURST CO

P O BOX 253

PITTSFORD

NY 14534

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: DAVID BAYOR PHONE NO: 4734790 APPOINTMENT: (Y/N) _____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT
5412B17	90	11155 CMBSTBL MAT'L STRGE-OVER 2500 CU FT

*new permit
new address*

DATE VIOLATIONS ISSUED: _____ 20 _____

CORRECTED: _____ 20 _____

DATE OF APPROVAL FOR PERMIT: 10/8 20 09

SIGNATURE: *Carlos H. [Signature]*

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

DATE PERMIT ISSUED: _____ 20 _____

DATE EXPIRED: _____ 20 _____

PERMIT NUMBER: _____ FEE REQD: _____



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
428-3685

The Whitehurst Company
NAME

Date *12/3/08*

320 N. Goodman St
ADDRESS

Rochester, NY 14604
CITY, STATE, ZIP

(585) 473-4790 fax 473-8866

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. Need (1) 5lb ABC type portable fire extinguisher for storage. Sign placed central to 99 ft total area.*
- NYS FC. 304.1 Make 1 1/2 space for access for firefighting operations (warehouse)*
- 1027.3 Accessive Storage in Public hallway, reduce, make accessible*

Received by: *Daniel Buzyn*
NAME

Owner TITLE *12/4/08* DATE

By Order of
Fire Marshal

Fire Marshal: *AC Richards*

DATE OF COMPLIANCE *2/13/09*

Fire Marshal: *AC Richards*

FIRE SAFETY INSPECTION RECORD

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

LOCATION: *320 N. Goodman St*

Person contacted:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #:	Owner Name:	Owner Address:	Owner Phone:	OK TO FILE	INSPECTOR
DATE	NOTES												
<i>02/3/08</i>			<i>3</i>										<i>AR</i>
<i>12/12/08</i>						<i>1</i>					<i>1 corr</i>		<i>AR</i>
<i>1/5/09</i>						<i>1</i>					<i>1 corr</i>		<i>AR</i>
<i>1/16/09</i>						<i>1</i>					<i>1 corr</i>		<i>AR</i>

	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
AC Richards

 Fire Marshal



City of Rochester

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



PERMIT APPLICATION

Business Name: The Whitehurst Co. Business Phone (585) 473-4790

Type of Operation: Combustible Material Storage

Business Location: 320 N. Goodman City/State/Zip Code 14604

Business Mailing Address (if different from above) P.O. box 253 Pittsford NY 14534
Street City/State/Zip Code

Business Contact Person's Name: David Bayer Contact's Phone (585) 473-4790

Emergency Contact Person: _____ Emergency Contact's Phone () TAX (585) 473-8888

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

Permit Code	Description	Fee
city code <u>5412017</u>	<u>Combustible Material Storage</u>	<u>90.00 Yr.</u>

wait for billing invoice prior to sending fee's

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

Applicant's Name: David Bayer
(Print Clearly)

Applicant's Signature: X

Fire Inspectors Name: AC Richards Date: 12/3/08

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

DATE PERMIT ISSUED: _____ DATE EXPIRES: _____

PERMIT NUMBER: _____ FEE TOTAL: _____



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

AC Richards
428-3685

NOTICE OF VIOLATION AND ORDER TO COMPLY

The Whitehurst Company
NAME

Date 12/3/08

320 N. Goodman St.
ADDRESS

Rochester, N.Y 14604
CITY, STATE, ZIP

(585) 473-4790 fax 473-8866

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.

Need (1) 5lb. ABC type portable fire extinguisher for storage shop, placed central to sq ft total area.

NYS FC 304.1

Make isle space for access for firefighting operations. (whse)

u a 1027.3

Accessive Storage in Public hallway, reduce, make accessible

Received by: _____
NAME

TITLE DATE

**By Order of
Fire Marshal**

Hubert P. Richards
Fire Marshal

DATE OF COMPLIANCE _____

Fire Marshal _____



City of Rochester

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



Fire Safety
Division

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

AC Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

The Whitehurst Company

NAME

Date *12/3/08*

320 N. Goodman St.

ADDRESS

Rochester, N.Y 14604

CITY, STATE, ZIP

(585) 473-4790 fax 473-8866

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.

Need (1) 5lb ABC type portable fire extinguisher for storage Shop, placed central to 99 ft total NRA.

NYS FC. 304.1

MAKE 15ft SPACE for Access for firefighting operations. (whse)

1027.3

Accessive Storage in Public hallway, reduce. make Accessible

Received by: _____
NAME

DATE
1/6/09
TITLE
ALBERT P. Richards
Fire Marshal

By Order of
Fire Marshal

Fire Marshal *Albert Richards*

DATE OF COMPLIANCE *1/6/09*



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/09/08

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.,

U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N

09-12027	PERMIT NUMBER
----------	---------------

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

PERMIT CODE	PERMIT CATEGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	

Please return this part with payment

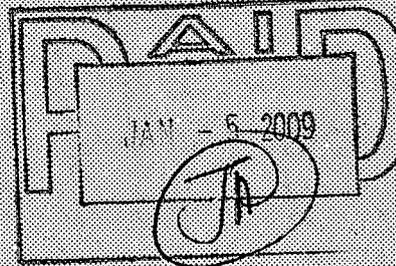
MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,
PAYABLE TO CITY TREASURER AND MAIL TO:

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

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N



09-12027	PERMIT NUMBER
12/09/08	INVOICE DATE
01/09/09	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

FD513

fdpmt1

Joseph W. McElroy
FIRE MARSHAL

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

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

Please return this part with payment

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

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

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N

09-12027	PERMIT NUMBER
12/09/08	INVOICE DATE
01/09/09	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

FD513

fdpmt1

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

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

Municipal Code Summons Schedule

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

FIRE SAFETY INSPECTION RECORD

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

LOCATION: 320 GOODMAN ST N
U OF R OPERA DEPT/SCENE SHOP

Person contacted:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #:	Owner Name:	Owner Address:	Owner Phone:	OK TO FILE	INSPECTOR
12/11/08			1										
12/31/08													
12/17/08						1							

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

Y	N

Permit# _____
Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION
AC Rehsels
Fire Marshal

W/C

e 15/e spc
e need port sep
e remove stor unit from
e int. exitg

Whitehurst Co. Suburban

(P) =

12/06



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
428-3685

U of R Opera Dept/sign shop
NAME
26 Gibbs St. Box 82
ADDRESS
Rochester, N.Y 14604
CITY, STATE, ZIP

Date 12/3/08.

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

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

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

NYS, FC. 906.6.

portable fire extinguishers)
outdated tag(s)

Received by: _____
NAME

TITLE

DATE

**By Order of
Fire Marshal**

Fire Marshal *[Signature]*

DATE OF COMPLIANCE 12/17/08

Fire Marshal *[Signature]*



City of Rochester

Fire Department
185 Exchange Boulevard, Suite 665
Rochester, New York 14614-2124



Fire Safety
Division

PERMIT

DATE:12/04/08

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.,

**THE WHITEHURST CO
320 N GOODMAN ST**

PERMIT NUMBER: 09-11155

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 STORGE-OVER 2500 CU FT	\$ 90

Please return this part with payment

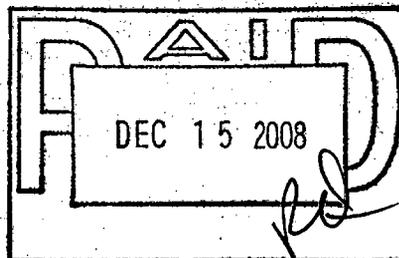
MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,
PAYABLE TO THE CITY TREASURER AND MAIL TO:

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

Permit for Property at:
00320 N GOODMAN ST

**THE WHITEHURST CO
P O BOX 253
PITTSFORD NY 14534**



09-11155
12/04/08
01/04/09
\$ 70

PERMIT NUMBER
INVOICE DATE
DUE DATE
AMOUNT DUE

License required by law and is not transfer-
able. Any change in the use of 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 THE 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

Permit for Property at:
00320 N GOODMAN ST

**THE WHITEHURST CO
P O BOX 253
PITTSFORD NY 14534**

09-11155
12/04/08
01/04/09
\$ 70

PERMIT NUMBER
INVOICE DATE
DUE DATE
AMOUNT DUE

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

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

Municipal Code Summons Schedule

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



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

**BLDG APRV
437**

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

WORK LOCATION: 0320 N GOODMAN ST OWNER NAME: GARY & MARCIA STERN 585 442-9061 CONTRACTOR NAME: SHIELD ALARM SYSTEM 585 671-0996 ARCH/ENG. NAME: 585 000-0000 APPLICANT NAME: GARY BLASCHEK 585 370-1985 APPLICANT ADDRESS: 967 FIVE MILE LINE RD WEBSTER NY 14580		DATE: 08/20/07 APPLICATION NUMBER: 1075601
PERMIT DESCRIPTION: INSTALL FIRE SYSTEM THROUGHOUT ALL TENANT BUILD OUTS ON FIRST FLOOR, AND ONE SECTION OF SECOND FLOOR.		CERTIFICATE OF OCCUPANCY:
CZC SUBJECT TO:		
PROPOSED WORK: FIR/SMOKE CONSTRUCTION TYPE: NON APPLICABLE	APPROVALS: Spc Pmt CZC 0000000 Zon Dist. P/L HTD C of A Var Site pl	COST ESTIMATE: EXCLUDE electrical & plumbing work INCLUDE heating air conditioning etc \$ 7,200
OCCUPANCY OR USE: PRESENT USE: Proposed use:		PERMIT FEE: Base pmt fee 110.00 Penalty fee 0.00 Stop work fee 0.00 TOTAL 110.00
CERTIFICATION: I am the owner/contractor/architect/engineer/or owners agent authorized to make this application		
Applicants Signature _____		Date _____
APPROVALS: Zoning <i>J. E. [Signature]</i> Date 9/10/07 Fire Safety _____ Date _____ Plumbing _____ Date _____ D.E.S _____ Date _____ Housing & Project Development _____ Date _____ Property Conservation _____ Date _____ Buildings _____ Date _____ for Commisioner of Community Development		FEE PAID INSURANCE: Y OPEN CASE: 000000 # OF PLANS: 0

227779

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant) SMITH First GARY M.I. _____
 Street Address 320 COODMAN ST Apt. # _____
 City ROCHESTER NY State NY Zip 14601
 D.O.B. _____ Sex _____ Summons Issued To _____

LICENSE INFORMATION

License # _____ Exp Date 1/1

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

Breed _____ (M) (F)

VEHICLE DESCRIPTION

Year _____ Make _____ Type _____ Color _____ MV Reg# _____ Hack Plt# _____

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence 320 COODMAN ST Rochester, Monroe Co., N.Y.

Date 8/15/07 Time 9:00 A.M./P.M. ✓

OFFENSE NO VALID PERMIT

In violation of Chapter 9C SEC 16 SUB EL of the Code of the City of Rochester, N.Y.

(Copy attached)

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

INSTALLED A FIRE ALARM SYSTEM WITHOUT OBTAINING A VALID PERMIT FOR SUCH WORK

PERSON ABOVE IS SUMMONED TO APPEAR AT:

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

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

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

APPEARANCE DATE: 9/19 day of 07

at _____ A.M./P.M. _____

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

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

COMPLAINANT [Signature] Date 8/15/07

ID # 14118 SEC 011

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0002 4728 5158



SHIELD ALARM SYSTEMS

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

FIRE MARSHAL

INSPECTION AND TESTING REPORT

SERVICE ORGANIZATION

NAME: SHIELD ALARM SYSTEMS, INC.

ADDRESS: 967 FIVE MILE LINE ROAD

CITY/STATE: WEBSTER NEW YORK

REPRESENTATIVE: GARY BLASCHEK

LICENSE # 12000202607

TELEPHONE: 585-671-0996

FAX: 585-787-1556

PROPERTY NAME

NAME: *VILLAGE GATE*

ADDRESS: *320 GOODMAN ST*

CITY/STATE: *ROCHESTER NY*

OWNER: *CANDY STERN*

TELEPHONE:

DATE: *8/6/07*

MONITORING ENTITY:

CONTACT: *EMERGENCY 24*

TELEPHONE: *1-800-877-3624*

ACCOUNT # *4D-1634*

TYPE TRANSMISSION:

DIGITAL: *X*

RADIO:

CELL:

OTHER:

SERVICE SCHEDULE:

ANNUALLY: *X*

SEMI-ANNUALLY: *-*

QUARTERLY: *-*

OTHER: *-*

PANEL MANUFACTURE:

FIRELITE *5024B*

CIRCUIT STYLE: *A-B*

NUMBER OF CIRCUITS: *10*

LAST TEST PERFORMED: *8/10/07*

ALARM INITIATING DEVICES:

QUANTITY:

5

37

9

-

-

CIRCUIT STYLE:

B

B

B

-

-

MANUAL PULL STATIONS

SMOKE DETECTORS

WATER FLOW SWITCHES

HEAT DETECTORS

ANSUL SYSTEM

Ther 9/30 STEVE 509 4650

FIRE TEST

ALARM INITIATING DEVICES:

QUANTITY:

CIRCUIT STYLE:

 3

 B

SMOKE BEAMS

DUCT DETECTORS

SUPERVISORY SWITCHES

OTHER ELEVATOR RECALL
SMOKES

ALARM INDICATING DEVICES

QUANTITY:

CIRCUIT STYLE:

 16
 6

 1

 A
 A

 A

HORN/STROBES

STROBES

BELLS

SPEAKERS

DOOR MAG

OTHER OUTSIDE WATERFLOW
BELL

 23 TOTAL ARE CIRCUITS SUPERVISED YES X NO

SYSTEM POWER SUPPLIES

PRIMARY VOLTAGE: 24
OVERCURRENT PROTECTION: CB
LOCATION OF ELEC PANEL: TELEPHONE
CIRCUIT # 13

SYSTEM SECONDARY STANDBY POWER:

BACKUP BATTERY TYPE: GELL CELL
AMP-HR RATING: 7
CALCULATED CAPACITY TO OPERATE SYSTEM IN HOURS: X 24 60

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

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

PRIOR TO ANY AND ALL TESTING

NOTIFICATIONS ARE MADE:	<u>YES</u>	<u>NO</u>	<u>WHO</u>	<u>TIME</u>
MONITORING ENTITY	✓	—	<i>Em-24</i>	<i>10 AM</i>
BUILDING OCCUPANTS	✓	—	<i>WORKERS</i>	<i>10 AM</i>
BUILDING MANAGEMENT	✓	—	<i>STERN</i>	<i>10 AM</i>
OTHER (SPECIFY)	—	—	—	—
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	—	—	—	—

SYSTEM TEST AND INSPECTIONS

TYPE	<u>VISUAL</u>	<u>FUNCTIONAL</u>	<u>COMMENTS</u>
CONTROL PANEL	✓	✓	—
INTERFACE EQUIP.	✓	✓	—
LAMPS/LEDS	✓	✓	—
FUSES	—	—	—
PRIM POWER SUPPLY	✓	✓	—
DISCONNECT	✓	✓	—
GROUND FAULT	✓	✓	—

SECONDARY POWER

TYPE	<u>VISUAL</u>	<u>FUNCTIONAL</u>	<u>COMMENTS</u>
BATTERY CONDITION	✓	xxxxxx	—
LOAD VOLTAGE	xxxxxx	<i>24.1</i>	—
DISCHARGED TEST	xxxxxx	<i>23.3</i>	—
CHARGE TEST	xxxxxx	<i>25.4</i>	—
TRANSIENT SUPP.	—	xxxxxx	—
REMOTE ANN.	—	—	—

NOTIFICATION APPLIANCES

TYPE	VISUAL	FUNCTIONAL	COMMENTS
AUDIBLE	✓	✓	
VISUAL	✓	✓	
SPEAKERS	XXXXXX	✓	
VOICE CLARITY	XXXXXX	✓	
OTHER	✓	✓	

INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTIONS

DEVICE TYPE	QTY	VISUAL	FUNCTIONAL	PASS	FAIL
SMOKE	37	✓	✓	✓	
PULLS	4	✓	✓	✓	
RISERS	4	✓	✓	✓	
ELEVATOR	3	✓	✓	✓	
RE-CALL					

COMMENTS

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	✓	✓	
PHONE JACKS	-	-	
OFF-HOOK	XXXXXXXX	✓	
CALL IN SIG	XXXXXXXX	✓	
SYSTEM			
PERFORMANCE	XXXXXXXX	✓	

INTERFACE EQUIPMENT

411
COMMUNICATOR

VISUAL

✓

DEVICE OPERATION

OK

SPECIAL PROCEDURES:

ON/OFF PREMISES MONITORING:

	YES	NO	TIME
ALARM SIGNAL	✓	___	11:00
ALARM RESTORAL	✓	___	11:00
TROUBLE SIG.	✓	___	11:10
TROUBLE REST.	✓	___	11:14
SUP. SIGNAL	✓	___	11:20
SUP. RESTORAL	✓	___	11:20

NOTIFICATION THAT TESTING IS COMPLETE

NOTIFICATION MADE TO:	YES	NO	WHO	TIME
MONITORING ENTITY	✓	___	EM-24	12:30
BUILDING OCCUPANTS	✓	___	WORKERS	12:30
MANAGEMENT	✓	___	STERN	12:30
OTHER	___	___	___	___
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	___	___	___	___

THE FOLLOWING DID NOT OPERATE CORRECTLY:

N/A

WHO WAS NOTIFIED OF THE ABOVE INDICATED OPERATION PROBLEMS:

___ AHJ NAME _____
___ MANAGEMENT NAME _____
___ OWNER NAME N/A
___ OTHER NAME _____

SYSTEM RESTORED TO NORMAL OPERATION:

DATE 6/25/07 TIME 1245 BY GARY BLASCHKE

SIGNATURE: Gary Blaschke

THIS TEST WAS PERFORMED IN ACCORDANCE WITH APPICABLE NFPA STANDARDS

PRINT NAME OF INSPECTOR GARY BLASCHKE

SIGNATURE OF INSPECTOR Gary Blaschke

DATE: _____
TIME: _____

NAME OF OWNER _____

SIGNATURE OF OWNER _____

DATE: _____
TIME: _____

UNIQUE ID NUMBER
12000202607

State of New York
Department of State

DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY
Control No. 25788

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

EFFECTIVE DATE
MO. DAY YR.
10 18 05

EXPIRATION DATE
MO. DAY YR.
10 17 07

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

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

QUALIFIER: BLASCHEK GARY J

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

RANDY A DANIELS
SECRETARY OF STATE

28
28
28
28

Electrical Code as to the following:

- (a) Loads.
 - (b) Deterioration of conductors.
 - (c) Proper separation of branch circuits.
 - (d) Proper fill of boxes, etc.
 - (e) Proper installation of said existing branch circuit(s) wiring methods.
 - (f) Proper installation of conductors.
- (5) With the exception of electrical work in an owner-occupied single-family home, all electrical work must be installed by a licensed electrician. Electrical work shall be installed in a neat and workmanlike manner.
 - (6) All installations of electrical equipment require a permit and shall be inspected and approved by the City of Rochester or by the designated electrical inspection agencies. [Amended 2-7-1984, Ord. 84-40]
 - (7) In multiple-family dwellings, all floors, treads or landings in public halls, stairways and main entrances shall be clearly illuminated with artificial light to avoid a safety hazard to occupants. Artificial lighting shall be made available to all tenants and guests and shall be connected to the owner's meter. Artificial lighting shall also be made available at the exterior entrance and exit doors.
 - (8) Every bathroom, toilet room, laundry room and furnace room shall contain at least one (1) ceiling- or wall-type lighting fixture.
 - (9) In habitable rooms there shall be at least one (1) convenience receptacle in every fifteen (15) feet of wall perimeter, including doorways and archways counted in measurements. If there exists a ceiling-type or wall-mounted permanent light fixture which gives general illumination to the habitable room, then one (1) of the required convenience outlets may be omitted.
 - (10) Extension cords which are not part of a fixture shall not be permitted on a permanent or semipermanent basis as part of a branch circuit or an extension thereof.
- C. Additional requirements for hazardous locations. Electrical installations or systems located in hazardous locations shall comply with the current National Electrical Code for the particular location and/or use. Existing systems shall comply with this subsection within twelve (12) months from the date of adoption of this chapter.
- D. Exceptions. The Commissioner may request other repairs, alterations, removal of and/or additional wiring, equipment, safety controls or methods when he deems it necessary to assure safety to the occupants or users. He may further modify the requirements of this section for a particular location when, in his opinion, reasonable and adequate safety is assured by a different but equally safe installation. [Amended 2-10-1981, Ord. 81-45]



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/06/07

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,

**U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N**

08-12029	PERMIT NUMBER
----------	---------------

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

PERMIT CODE	PERMIT CATEGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90

Please return this part with payment

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

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

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N

08-12029	PERMIT NUMBER
12/06/07	INVOICE DATE
01/06/08	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

JAN 31 2008

Red

FD513

fdpmt1

Any change in the use or occupancy of premises shall require a new permit.

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

Please return this part with payment

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

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

PLEASE WRITE PERMIT NUMBERS

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00320 GOODMAN ST N

08-12029	PERMIT NUMBER
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01/06/08	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

FD513

fdpmt1

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

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

Municipal Code Summons Schedule

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

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



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

AC Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Norman Frandberg

Consumer Insights

Date 11/9/07

NAME

320 W. GOODMAN ST suite 101

ADDRESS

Rochester N.Y 14607

CITY, STATE, ZIP

(585) 271-0200

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

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

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

NYS. F.C. 906

Portable fire extinguishers missing in business. Need (2) 5lb ABC dry powder type extinguishers, placed @ approx 75' distance. Suggestion (1) at kitchen area, (1) at shop/shipping.

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

ALBERT P. RICHARDS
Fire Marshal

DATE OF COMPLIANCE 11/27/07

ALBERT P. RICHARDS
Fire Marshal

FIRE SAFETY INSPECTION RECORD

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

LOCATION: 320 GOODMAN ST N
U OF R OPERA DEPT/SCENE SHOP

Person contacted:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #:	Owner Name:	Owner Address:	Owner Phone:	OK TO FILE	INSPECTOR
11/9/07													<i>JA</i>

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

	Y	N
Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarm Permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooking Hood	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe System	<input type="checkbox"/>	<input type="checkbox"/>
Cooking System	<input type="checkbox"/>	<input type="checkbox"/>
Bars/Wires on Windows	<input type="checkbox"/>	<input type="checkbox"/>
Lock Box	<input type="checkbox"/>	<input type="checkbox"/>
Posted Occupancy	<input type="checkbox"/>	<input type="checkbox"/>

Permit# _____

Local Central (circle one)

**APPROVED
FIRE SAFETY DIVISION**

AC Richards

Fire Marshal

320 M Bond sube₁₀₇

(2) parts top
5/6



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/14/06

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

TO WHOM IT MAY CONCERN:

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

**U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N**

07-12032	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 CATAGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90

Please return this part with payment

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

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

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N

07-12032	PERMIT NUMBER
12/14/06	INVOICE DATE
01/14/07	DUE DATE
\$ 280	AMOUNT DUE

**EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604**

PAID
11/17/07
rd

FD513

fdpmt1

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

Jerome Veljean
FIRE MARSHAL

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

Please return this part with payment

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

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

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N

07-12032	PERMIT NUMBER
12/14/06	INVOICE DATE
01/14/07	DUE DATE
\$ 280	AMOUNT DUE

**EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604**

FD513

fdpmt1

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

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

Municipal Code Summons Schedule

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

FIRE SAFETY INSPECTION RECORD

LOCATION:

320 GOODMAN ST N
U OF R OPERA DEPT/SCENE SHOP

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

Person contacted:

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #:	Owner Name:	Owner Address:	Owner Phone:	OK TO FILE	INSPECTOR
11/13/86			1										AR
12/12/86						1							AR

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

	Y	N
Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarm Permit	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Hood	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe System	<input type="checkbox"/>	<input type="checkbox"/>
Cooking System	<input type="checkbox"/>	<input type="checkbox"/>
Bars/Wires on Windows	<input type="checkbox"/>	<input type="checkbox"/>
Lock Box	<input type="checkbox"/>	<input type="checkbox"/>
Posted Occupancy	<input type="checkbox"/>	<input type="checkbox"/>

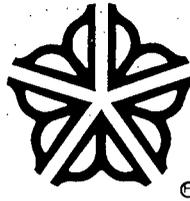
Permit# _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION
AC Richards

Fire Marshal

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



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

AC Richards
428-3685

NOTICE OF VIOLATION AND ORDER TO COMPLY

Off R. 200A Dept/Sceneshop
NAME
26 Gibbs St Box 82
ADDRESS
Rochester, NY 14604
CITY, STATE, ZIP

Date *11/13/06*

Inspection of the premises located at *320 N Goodman* reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

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

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

NYS.F.C. 906.1 *All portable fire extinguishers*
outdated tags need inspection

Received by: _____
NAME

TITLE DATE

By Order of
Fire Marshal

Fire Marshal *ALBERT P. Richards*

DATE OF COMPLIANCE *12/12/06*

Fire Marshal *AC Richards*



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

**BLDG APRV
437**

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

WORK LOCATION: 0320 N GOODMAN ST OWNER NAME: GARY & MARCIA STERN 585 000-0000 CONTRACTOR NAME: SHIELD ALARM SYSTEMS 585 671-0996 ARCH./ENG. NAME: RANDY PEACOCK 585 328-8250 APPLICANT NAME: GARY BLASCHEK 585 671-0996 APPLICANT ADDRESS: 967 FIVE MILE RD WEBSTER NY 14580		DATE: 03/03/05 APPLICATION NUMBER: 1051392
PERMIT DESCRIPTION: INSTALL FIRE ALARM SYSTEM		CERTIFICATE OF OCCUPANCY:
CZC SUBJECT TO:		
PROPOSED WORK: FIR/SMOKE CONSTRUCTION TYPE: NON APPLICABLE	APPROVALS: Spc Pmt CZC 0000000 Zon Dist. P/L HTD C of A Var Site pl	COST ESTIMATE: EXCLUDE electrical & plumbing work INCLUDE heating air conditioning etc \$ 2,500 PERMIT FEE: Base pmt fee 70.00 Penalty fee 0.00 Stop work fee 0.00 TOTAL 70.00
OCCUPANCY OR USE: PRESENT USE: Proposed use:		
CERTIFICATION: I am the owner/contractor/architect/engineer/or owners agent authorized to make this application		
Applicants Signature <i>Gary Blaschek</i>		BUILDING BUREAU ROOM 121 Date 3/3/05
APPROVALS:		FEE PAID 11:37AM Mar 3/05 01-0002 001 Lisa #35106 Build Permit \$70.00 INFO 320 N GOODMAN ST CASH \$70.00
Zoning	Date	
Fire Safety <i>J. Soares</i>	Date 3-14-05	
Plumbing	Date	
D.E.S	Date	
Housing & Project Development	Date	
Property Conservation	Date	
Buildings	Date	
for Commisioner of Community Development		INSURANCE: OPEN CASE: 000000 # OF PLANS: 0



SHIELD ALARM SYSTEMS, INC.

967 FIVE MILE LINE ROAD
 WEBSTER, NY 14580-2527
 (585) 671-0996

ESTIMATE

Number: 20051014

Date: March 02, 2005

CLIENT:

GARY STERN
 VILLAGE GATE
 320 N. GOODMAN STREET
 ROCHESTER, NY

ALARM LOC.:

GARY STERN
 VILLAGE GATE
 320 N. GOODMAN STREET
 ROCHESTER, NY

P.O. Number	Terms	Customer #	Ship	Via	Project
					FIR E ALARM

Description	Quantity	Price Each	Tax	Amount
FIRELITE FIRE PANEL 5024	1.00	497.50		497.50
LED-10 REMOTE ANNUNCIATOR	1.00	379.00		379.00
LED10IM INTER FACE	1.00	86.00		86.00
SYSTEM SENSOR SMOKE DETECTORS	9.00	84.00		756.00
EDWARDS HEAT DETECTOR	1.00	45.00		45.00
SYSTEM SENSOR HORN/STROBES	4.00	67.75		271.00
SYSTEM SENSOR STROBE	1.00	58.50		58.50
MANUAL PULL STATIONS	3.00	38.75		116.25
LABOR	1.00	250.00		250.00
			Sub-Total	\$2,459.25
			State Tax 8.25% on 0.00	0.00
			Total	\$2,459.25



City of Rochester Alarm Permit Application

Type or print. All copies must be legible.
INCOMPLETE FORMS WILL NOT BE PROCESSED

Alarm Location 320 North Goodman Street
Street No. Street Name Room/Apt. No.

Occupant Name Stern Properties
e.g. Individual, Business, Government Bldg. Name, Name Commonly Used, etc.

Initial Application Renewal Application, Current Permit No. _____

Office Use Only		Permit No. _____
Permit Period 20 _____ To 20 _____	Permit Expires April 30, 20 _____	Clerk _____
		Check No. _____
		Amount _____
		Date _____

Type of Alarm: Burglary Robbery Trouble Fire Water Flow Emer. Med.
Type of User: Residence Business Government Non-Profit Financial

Type of Business or Activity Commercial / Office

Hours of Operation 7 - 6 pm

Mailing Address 274 North Goodman Street Rochester, NY
Street No. Street Name City/State Zip Code

Type of Alarm System: Central Station Bank Alarm Local Other

System Monitored By Shield Alarm 967 Five Mile Line Rd. Webster, NY 14580
Name Address Phone

System Make FIRELITE Model 5024 Installed By SHIELD ALARM Sys.

Individuals With Alarm Location Keys to Respond in Case of Emergency (At least two (2) names)

1	<u>Stern, Gary</u>	<u>274 N. Goodman Street</u>	<u>202-8655</u>
	Name (Last, First)	Address	Phone
2	<u>Foster, Darrell</u>	<u>274 N. Goodman Street</u>	<u>202-8706</u>
	Name (Last, First)	Address	Phone
3			
	Name (Last, First)	Address	Phone

Instructions to Help Public Safety Personnel Respond to/Search Your Premises

Stern Properties / Darrell Foster

Applicant STERN, GARY 274 N. Goodman St. 202-9061
Name (Last, First) Address Phone

Signature Gary Stern Date 3-1-05

Make checks payable to:
City Clerk, Rochester, New York

INITIAL APPLICATION FEE:

\$ 10.00

Mail or deliver all copies of your completed application to:
Alarm Permit
c/o City Clerk
Room 100 A
30 Church Street
Rochester, New York 14614

241445

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

STERN *in custody*
 Last Name (Defendant) First M.I.
 274 N. GOODMAN STREET
 Street Address
 ROCHESTER NY 14607
 City State Zip
 1 1 GARY STERN
 D.O.B. Sex Summons/Issued To

LICENSE INFORMATION

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

VEHICLE DESCRIPTION

Year Make Type Color MV Reg# Hack Plt#

PERSON ABOVE IS CHARGED AS FOLLOWS:

320 N. GOODMAN STREET
 Place of Occurrence Rochester, Monroe Co., N.Y.
 2/11/05 12:45 A.M./P.M.
 Date Time
 OFFENSE SPARKLER OUT OF SERVICE
 In violation of Chapter 9 SEC 901 SUB 7 of
 the Code of the City of Rochester, N.Y. *New York State Fire Code*

FACTUAL PART: The above named defendant did on the stated date, time and place
Fire protection system shut down prior to this date, no notifications made. System shall be maintained and operable at all times

PERSON ABOVE IS SUMMONED TO APPEAR AT:
 MUNICIPAL CODE VIOLATIONS BUREAU
 42 South Ave., Rochester, N.Y.
 CITY COURT PART I (MISD'S)
 150 S. Plymouth Ave., Rochester, N.Y.
 CITY COURT PART V (VIOL'S, FEL'S)
 150 S. Plymouth Ave., Rochester, N.Y.
 APPEARANCE DATE: Mar 16 day of 05
 at 100 A.M./P.M.
 FINE SCHEDULE: A B C D E F G DOG ALARM
 FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW
 COMPLAINANT *For Mayor, Board 2/11/05* Date
 ID # 1611 SEC 011

FIRE SAFETY INSPECTION RECORD

LOCATION: 320 N. GOODMAN ST.

Person contacted: GARY STERN - DARREN FOSTER REFERRAL

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

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #: <u>442-9061</u>	Owner Name: <u>GARY STERN</u>	Owner Address: _____	Owner Phone: _____	OK TO FILE	INSPECTOR	
DATE	NOTES													
<u>3-16-05</u>	<u>1:00</u>							<u>2-22-05 11:55 - met w/ G. Stern in regard to system. Explain need for protection of tenant during construction. Told him to write to F.M. w/ interest</u>						

APB
3/16/05

Summons Issued to: GARY STERN

Appeared: Defaulted:
 Guilty: Not Guilty:
 Fined: Amount: 75⁰⁰ NYSE 901.7 Adjurned Date:

HEARING OFFICER:

INSPECTOR'S COMMENTS:
27-51 withdrawn. Mr. Stern had alarm permit application \$100 - filled out at hearing. Alarm system install permit on file
APB

7003 1680 0000 7485 2874

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

For delivery information visit our website at www.usps.com

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	462

Sent To GARY STERN
 Street, Apt. No.: 274 N. Goodman St.
 or PO Box No. 14607
 City, State, ZIP Rochester NY 14607

PS Form 3800, June 2002 See Reverse for Instructions

241446

OFFICER'S COPY

THE PEOPLE OF THE STATE OF NEW YORK -VS-

Last Name (Defendant) STERN First GARY M.I.
 Street Address 274 N. GOODMAN STREET Apt. #
ROCHESTER NY 14607
 City State Zip
1 1 GARY STERN
 D.O.B. Sex Summons/Issued To

LICENSE INFORMATION

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

VEHICLE DESCRIPTION

Year	Make	Type	Color	MV Reg#	Hack Plt#
------	------	------	-------	---------	-----------

PERSON ABOVE IS CHARGED AS FOLLOWS:

Place of Occurrence 370 N. GOODMAN STREET Rochester, Monroe Co., N.Y.
 Date of Occurrence 2/11/05 Time 12:45 A.M./P.M.
 OFFENSE No alarm permit
 In violation of Chapter 27 SEC 5 SUB A of
 the Code of the City of Rochester, N.Y.

FACTUAL PART: The above named defendant did on the stated date, time and place
Place operating sprinkler system with out alarm permit

WITHDRAWN

PERSON ABOVE IS SUMMONED TO APPEAR AT:
 MUNICIPAL COURT VIOLATIONS BUREAU
 42 South Ave., Rochester, N.Y.
 CITY COURT PART I (MISD'S)
 150 S. Plymouth Ave., Rochester, N.Y.
 CITY COURT PART V (VIOL'S, FEL'S)
 150 S. Plymouth Ave., Rochester, N.Y.

APPEARANCE DATE: Mar 16 day of 20 05
 at _____ A.M./P.M.
 FINE SCHEDULE: A B C D E F G DOG ALARM

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

COMPLAINANT Le Roy, Bond 2/11/05 Date
11-11 SEC 011

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
GARY STERN
274 N. GOODMAN ST.
ROCHESTER, NY
14607

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 Recipient (Printed Name) Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 2/11/05
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

2. Article Number (Transfer from service label) 7003 1680 0000 7485 2874
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

FIRE SAFETY INSPECTION RECORD

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

LOCATION: 320 N GOODMAN ST

Person contacted: GARY STERN

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	Telephone #: <u>442-9061</u> Owner Name: <u>GARY STERN</u> Owner Address: _____ Owner Phone: _____	OK TO FILE	INSPECTOR
DATE								NOTES		
<u>2-9-05</u>								<p>Spoke by phone to <u>(1) DARRELL FOSTER - Super. 202-8706</u> <u>Gary Stern re: NO</u> <u>AFTER HOURS 2-11-05</u></p> <p>→ Met w/ D. Foster at 320 N. Goodman</p> <ul style="list-style-type: none"> - System down/impaird. - Fire door between spaces not self closing - no weigh/pulliey - need to check sprinkle heads for trips - Gave NN to Mr. Foster <p style="text-align: center;">Permit # <u>1035329</u> <u>1045370</u> <u>7763 Don Telesco</u></p>		

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

Permit# _____

Local Central (circle one)

**APPROVED
FIRE SAFETY DIVISION**

Fire Marshal



City of Rochester



(585) 428-7037

Fire Safety Division

185 Exchange Blvd., Suite 665

(585) 428-6785 FAX

Fire Department

Rochester, New York 14614-2124

COMPLAINT OF VIOLATION

Date: 2-09-05

Time: 15:37 hrs

Form of Complaint: Phone: X In Person: Letter (attached):

Complainant: Gary Isaacs

Address: [Address of complainant?]

Phone: [Phone number of complainant?]

Site Location: 320 N. Goodman Street

Property Owner: Gary Stern 442-9061

Nature of Complaint: Sprinkler system shut down

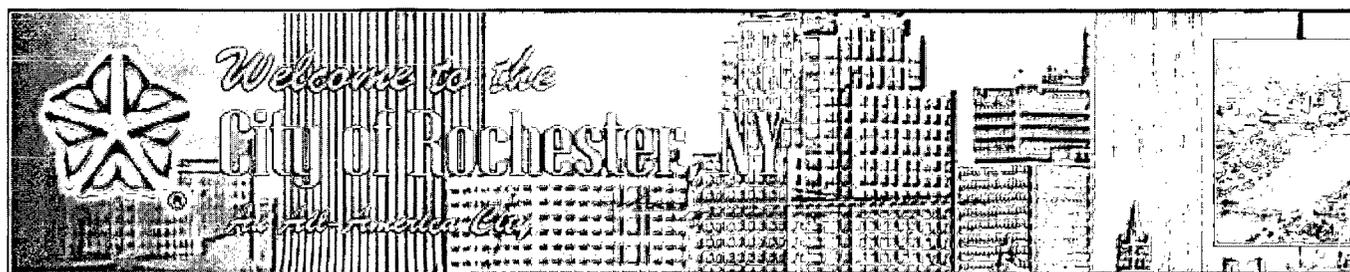
Taken by: Lt. Allyn J. Borrino

Referred to:

REMARKS: Don Tedesco (bldg bureau) received complaint of system down. Also no alarm permit.

15:50 Talked by phone to Mr. Stern. Was waiting for new windows for property in Dec. 2004. Plastic up prior - Cold weather = freezing of pipes. Expects to have system up in two weeks when windows are in. Told him to submit letter of situation and intent to fire marshal.





City GIS Home

Property Search

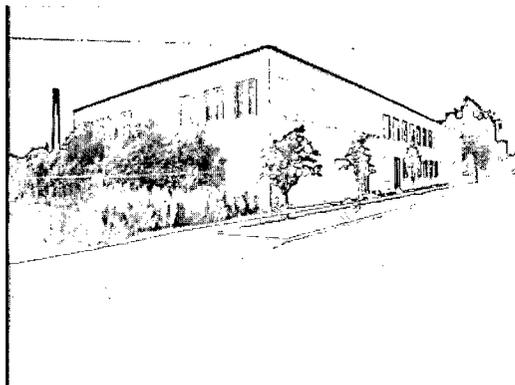
View

Billing Info

320 - 348 N GOODMAN ST □ 14607

SBL: 106.840-0001-001.000/0000

GIS ID: 1068410100



LANDUSE: MANUFACTURING - 710
 ZONING: INDUSTRIAL (M-1)
 FRONTAGE: 0.00 FT.
 DEPTH: 0.00 FT.
 ACREAGE: 2.693
 LAND VALUE: \$94,500.00
 IMPROVEMENTS: \$5,500.00
 ASSESSED VALUE: \$100,000.00

YEAR BUILT: 1900
 SQUARE FOOTAGE: 60,786
 STORIES: 1.0

BUILDING IM/
FRONT-8/3/95



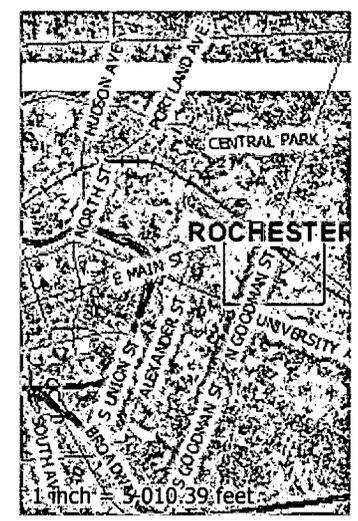
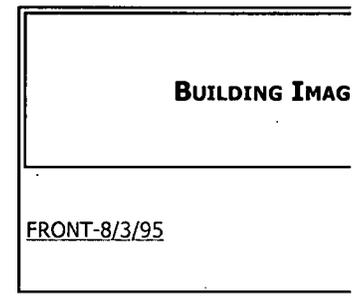
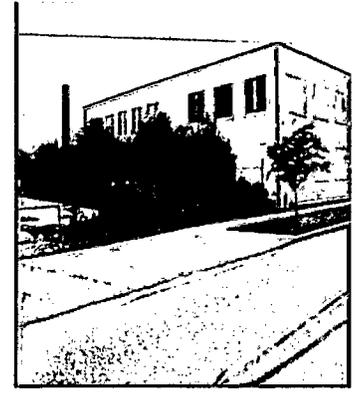
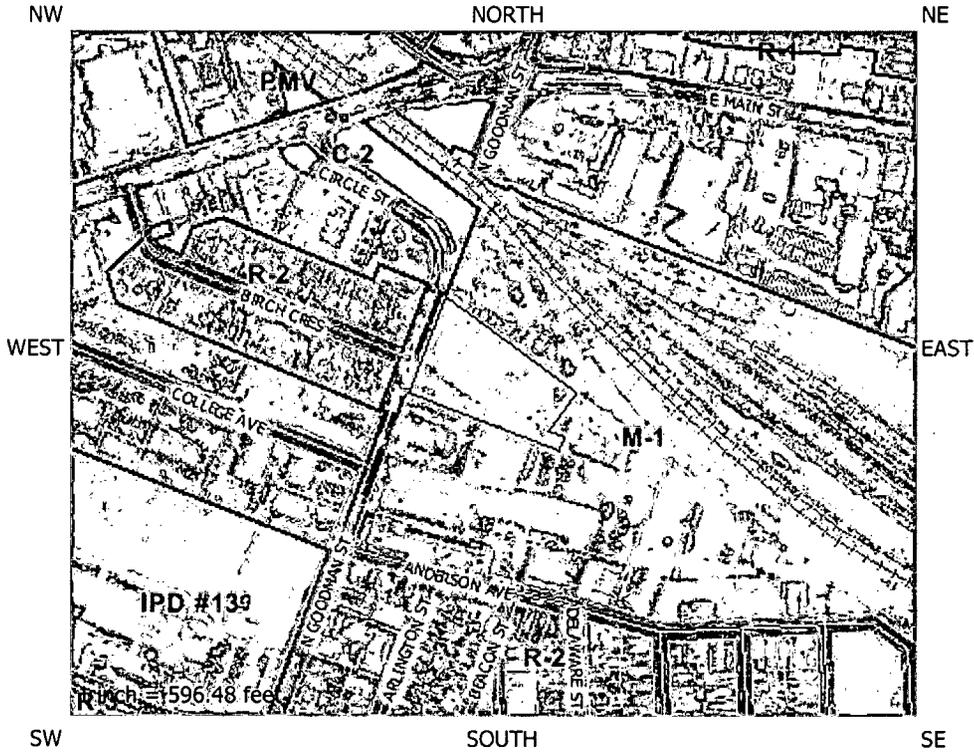
[City GIS Home](#)

[Property Search](#)

[View](#)

[Billing Info](#)

320 - 348 N GOODMAN ST 14607



IDENTIFY
 RECENTER
 ZOOM IN

 ZOOM 2 SELECTED

SMDISPLY

SPECIAL MAILING MULTI-ADDRESS DISPLAY DATE: 02/09/2005 DISPLAY

SBL NO: 106 . 840 - 0001 - 001 . 000 / 0000

OWNER: GARY & MARCIA STERN FAMILY LTD

LOCATION: 0320-348 N GOODMAN ST 14607

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

GARY & MARCIA STERN FAMILY LTD | GARY & MARCIA STERN FAMILY LTD

274 N GOODMAN ST | 274 N GOODMAN ST

ROCHESTER, NY 14607 | ROCHESTER, N Y 14607

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

GARY & MARCIA STERN FAMI | STERN PROPERTIES | STERN PROPERTIES

0320 N GOODMAN ST N | 274 N GOODMAN ST | 284 N GOODMAN ST

ROCHESTER NY 14607 | ROCHESTER NY 14607 | ROCHESTER NY 14607

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

STERN GARY I/MARCIA | |

274 N GOODMAN ST | | NOT AVAILABLE

ROCHESTER, NY 14607 | |

NNNN

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

BSSUMDS

BIS - PROPERTY SUMMARY

DATE: 02/09/2005 *

ENTRY ADDRESS: 0305 N GOODMAN ST SPC ZONE:

SBL NUMBER : 106 . 830 - 0001 - 024 . 000 / 0000

ENTER OPTION NUMBER: _	PMT	ZDC	CFO	ZON	SPM	O/C	C/C	H/C	INJ	C/U
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(0)
	004	Y	05	01	.	01	13	.	.	.

DOCUMENT#:

ARLM OWNER(S) AND ADDRESS

ARLM SPECIAL MAILING

SWAN PAUL G

SWAN PAUL G

307 N GOODMAN ST

0305-307 N GOODMAN ST

14607

ROCHESTER NY

14607

GIS SBL NO: 1068312400

LOT SIZE: 55.00 X 42.43

OWNER CODE: 0070 - PRIVATE OWNED WITH EXEMPT

ASM CURR USE: 220 - TWO FAMILY RESIDENCE

ASM PREV USE: -

ZONING: R-2 /

DCD AUTH USE: -

ASSESSMENT: 69,000

ACRES: 0.05

MAP NO.: S49

CENSUS TRACT: 0010.00

INS AREA: D03

BLOCK: 404

RENEE BROWN

WARD: 06

NBN AREA: D07

DISC#: 000000000

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

BSSUMDS

BIS - PROPERTY SUMMARY

DATE: 02/09/2005 *

ENTRY ADDRESS: 0320 N GOODMAN ST **SPC ZONE:**

SBL NUMBER : 106 . 840 - 0001 - 001 . 000 / 0000

ENTER OPTION NUMBER: _	PMT	ZDC	CFO	ZON	SPM	O/C	C/C	H/C	INJ	C/U
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(0)
	028	Y	.	01	.	01	08	.	.	.

DOCUMENT#: _____

ARLM OWNER(S) AND ADDRESS

GARY & MARCIA STERN FAMILY LTD

0320-348 N GOODMAN ST 14607

ARLM SPECIAL MAILING

GARY & MARCIA STERN FAMIL

274 N GOODMAN ST

ROCHESTER, NY 14607

GIS SBL NO: 1068410100

LOT SIZE: 0.00 X 0.00

OWNER CODE: 0099 - PRIVATE OWNED - NO EXEMPT

ASM CURR USE: 710 - MANUFACTURING

ASM PREV USE: -

ZONING: M-1 /

DCD AUTH USE: 710 -

ASSESSMENT: 100,000

ACRES: 2.70

MAP NO.: PT 50

CENSUS TRACT: 0010.00

INS AREA: D03 **BLOCK:** 406

RENEE BROWN **WARD:** 06

NBN AREA: D07 **DISC#:** 000000000

PF15-ADDR LIST PF16-SBL# LIST PF17-DOC LIST PF18-DOC DETL

PF19-H/S VIOL PF20-ZPROP SUM

BPPMTQY **BIS - BUILDING - PERMITS ISSUED** DATE: 02/09/2005 >
MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8

APPLIC. ADDRESS: 0320 N GOODMAN ST **PERMIT NO.:** _____

SBL NO.: 106 . 840 - 0001 - 001 . 000 / 0000

PMT#/SFX	APL DTE	ISS DTE	EST COST	STATUS/DATE
			0320	N GOODMAN ST
1045756	08/24/04	08/30/04	2000	PMT COMPLETED/ WITH INSP 04/09/20
PLUMBING-COMM REMODEL				

1045663 08/19/04 08/19/04 5000 WAITING CONTRACTR CONTACT 04/08/19
ELECTRICAL: 25 LIGHTS AND 60 PLUGS - 1ST FLOOR
EASTMAN DESIGN FOR U OF R

1045370 08/09/04 08/16/04 150000 WAITING NEXT INSP DATE 05/01/20
INT/EXT RENOVATIONS AND TENANT BUILDOUT SPACE 1 (7200 S.F.) FOR RIT STAGE
SCENERY CONSTRUCTION, INCLUDING HANDICAP RAMP, LOADING DOCK & COVERED

1035329 07/31/03 07/31/03 5000 WAITING NEXT INSP DATE 04/09/17
INTERIOR DEMOLITION ON 1ST FLOOR (NON-BEARING WALLS)

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

BPPMTQY **BIS - BUILDING - PERMITS ISSUED****DATE:** 02/09/2005 >**MORE PERMITS ARE AVAILABLE FOR PARCEL - PRESS PF 8****APPLIC. ADDRESS:** 0320 N GOODMAN ST **PERMIT NO.:** _____**SBL NO.:** 106 . 840 - 0001 - 001 . 000 / 0000

PMT#/SFX	APL DTE	ISS DTE	EST COST	STATUS/DATE	ST
				0320 N GOODMAN	
0985655	08/25/98	08/25/98	3800	PMT COMPLETED/ WITH INSP	99/02/13
REMOVE 4,000 GAL UNDERGROUND GASOLINE TANK					

0892336	00/00/00	08/16/89	400	PMT CMPLT PRE CONVERSION	93/10/18
TEST KENT MOORE - 1-4,000 GAL GASOLINE TANK					

0880344	00/00/00	02/05/88		PMT COMPLETED/ WITH INSP	94/04/06
PLUMBING-REMODEL 1ST FLOOR RESTROOMS					
PERMIT FINALED 3/29/88 - WILLIAM HELMINSKI					

0880337	00/00/00	02/04/88	2500	PMT CMPLT PRE CONVERSION	93/10/18
REMODEL BATHROOMS AT 1ST FLOOR					

PF14-STAT LIST PF15-PMT DETL PF16-PMT EVTS PF17-PMT CONDS
PF18-PROP SUMM PF19-ADDR LIST PF20-CFO LIST PF21-PND/CANC

ARMSUM ASSESSMENT - SUMMARY DISPLAY - CURRENT YEAR DATE: 02/09/2005 DISPLAY

106 840 0001 001 000 0000 00 1 KW P 00 CT/B-AD 0010.00 406 06 DISC 000000000
0320-348 N GOODMAN ST 14607 USE 710 99 SF 60,786 YR 1900

- OWNER & MAILING INFORMATION - MISC. - - - - - ASSESSMENT DATA - - - - -

GARY & MARCIA STERN FAMILY LTD RS - SS CURRENT P TAXABLES
1 - 9 LAND 94,500 COUNTY 100,000
ACT HSC TOTAL 100,000 CITY 100,000
274 N GOODMAN ST A - N PRIOR SCHOOL 100,000
ROCHESTER, NY NGBHD LAND 94,500 BANK CODE 0001136
14607 00002 TOTAL 100,000 MORTGAGE INVESTOR 01136

- - - - - SALES INFORMATION - - - - -

PRICE 81,250 DEED W DATE 071403
BOOK 09814 PAGE 00559 CTL# 9999999
PR OWNER ROCHESTER DRUG CO OP INC

- - - - - EXEMPTIONS - - - - -

CODE AMOUNT PCT IY TY HC

* NO EXISTING EXEMPTIONS *

- - DIMENSIONS - - - COORDINATES - -

F 0.00 D 0.00 E 414966 N 152802
ACRES 2.70 SP/MRG 00000000 IR LT I

- - - - - SPECIAL DISTRICTS - - - - -

SPC	UNITS	PCT	TYPE	VALUE
SC400	314.00	.0000		0.00
RP600	314.00	.0000		0.00
SP700	314.00	.0000		0.00
HSR00	314.00	.0000		0.00
	0.00	.0000		0.00
	0.00	.0000		0.00

PF12-RETURN TO ARMKLOC

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, NY 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

Name: Gary Stern

Date: 2-09-05

Address: 274 N. Goodman Street

City, State, Zip Rochester, NY

Inspection of the premises located at **320 N. Goodman St.**, reveals violations of the Rochester Fire Prevention and/or New York State Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of a Municipal Code Violation Ticket(s) with the following penalties.

	<u>INITIAL</u>	<u>FAILURE TO RESPOND</u>
1 ST OFFENSE	\$ 75.00	\$150.00
2 ND OFFENSE	\$150.00	\$300.00
3 RD OFFENSE	\$375.00	\$750.00

New York State Fire Code: Chapter 9, section 901.7 - System out of service, proper notifications not made.

NYS FC: Chapter 9, section 901.7.1 - Impairment coordinator to be assigned.

NYS FC: Chapter 9, section 901.7.6 - Restoring of system to service shall adhere to code.

City of Rochester Alarm Code: Chapter 27, section 5.A - Alarm permit shall be obtain for the above property.

Received by: _____
NAME TITLE DATE

**By Order of
Fire Marshal**

Fire Marshal

Allyn J. Borrino

DATE OF COMPLIANCE _____

Fire Marshal _____



BP1030CD-1

WORK ADDRESS- 0320 N GOODMAN ST PERMIT#: 1051392 ISSUED- 03/14/05

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

PERMIT DESCRIPTION:
INSTALL FIRE ALARM SYSTEM

PERMIT WORK AUTHORIZED:
15- FIR/SMOKE DCTR

INSPECTION FINDINGS

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

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

Table with columns: LOCATION, STAT 1-8, INSP CODE, AREA, SUBAREA, DATE, LOCATION, STATUS, ID. Includes entries for FIR/SMOKE DCTR, PROJECT TOTAL, FIRE - SMOKE DETOTAL, LOCATION, NUMBER, TEST CERTIFICA.

ENTRY AREA FOR WORK BEING REPORTED BY MULTIPLE LOCATIONS

Table with columns: LOCATION, STATUS, WORK TYPE, AREA, SUBAREA

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

CERTIFICATES REQUIRED / DATE WITNESSED

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

COMMENTS AND PROBLEMS

Horizontal lines for writing comments and problems.

CORRESPONDENCE TO BE SENT

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



BUILDING INFORMATION SYSTEM
PERMIT INSPECTION FORM - 1051392

BP1030CD-1

WORK ADDRESS- 0320 N GOODMAN ST PERMIT#: 1051392 ISSUED- 03/14/05
ASSIGNED INSPECTOR: 503- GARY ISAACS
*** ASSESSMENT ADDRESS *****
0320-348 N N GOODMAN ST 1
*** OWNER NAME ***** *** PHONE **
GARY & MARCIA STERN FAMILY LTD 000-000-0000
PLAN REV CONDITIONS: NO
SITE PLAN CONDITIONS: NO
CZC#: 000000000
SPEC PMT#:
VAR#:
*** APPLICANT NAME / ADDRESS *** *** PHONE **
GARY BLASCHEK 585-671-0996
967 FIVE MILE RD
WEBSTER NY 14580
PRES/ LANDMARK DISTR: NO
HARBORTOWN DISTR: NO
NYSBR#: STATUS:
PERMIT VALUE: 2,500
STOP WORK ISSUED: NO
C OF O NBR:
RELATED PC CASE: 000000
*** CONTRACTOR NAME ***** *** PHONE ** LIC#
SHIELD ALARM SYSTEMS 585-671-0996

PROPOSED USE: - *UNKNOWN*

PLAN REVIEW CONDITIONS
ID# CONDITION
** NONE **

LAST TEN PERMIT EVENTS

Table with columns: EVENT#, DATE, EVENT FUNCTION, RESP EMPLY. Contains 10 rows of permit event details including dates like 03/14/05 and 03/03/05, and various event descriptions and response names.



BP1030CD-1

CITY OF ROCHESTER

DATE: 03/14/05 PAGE 78

BUILDING INFORMATION SYSTEM
PERMIT INSPECTION FORM - 1051392

PAGE 3

WORK ADDRESS- 0320 N GOODMAN

ST

PERMIT#: 1051392

ISSUED- 03/14/05

INSPECTOR

ID#

DATE

SUPERVISOR

DATE



City of Rochester



(585) 428-7037

Fire Safety Division

185 Exchange
Blvd., Suite 665

(585) 428-6785 FAX

Fire Department

Rochester, New York 14614-2124

COMPLAINT OF VIOLATION

Date: 2-09-05

Time: 15:37 hrs

Form of Complaint: Phone: In Person: Letter (attached):

Complainant: Gary Isaacs
Address: [Address of complainant?]
Phone: [Phone number of complainant?]
Site Location: 320 N. Goodman Street
Property Owner: Gary Stern
Nature of Complaint: Sprinkler system shut down
Taken by: Lt. Allyn J. Borrino
Referred to:

REMARKS:





City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/13/05

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

TO WHOM IT MAY CONCERN:

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

U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N

06-12038	PERMIT NUMBER
----------	---------------

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

PERMIT CODE	PERMIT CATEGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
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

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

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N

06-12038	PERMIT NUMBER
12/13/05	INVOICE DATE
01/12/06	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CROWLEY
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

JAN 23 2006
Pat

FD513

fdpmt1

12/13/05

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

James DeGano
FIRE MARSHAL

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

Please return this part with payment

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

PLEASE WRITE PERMIT NUMBERS

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

ON YOUR CHECK OR MONEY ORDER

00320 GOODMAN ST N

06-12038	PERMIT NUMBER
12/13/05	INVOICE DATE
01/12/06	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

FD513

fdpmt1

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

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

Municipal Code Summons Schedule

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

Rochester Fire Department
185 Exchange Blvd., Suite 665
Rochester, NY 14614



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

NOTICE OF VIOLATION AND ORDER TO COMPLY

Name: Gary Stern
Address: 274 N. Goodman Street
City, State, Zip Rochester, NY

Date: 2-09-05

Inspection of the premises located at **320 N. Goodman St.**, reveals violations of the Rochester Fire Prevention and/or New York State Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of a Municipal Code Violation Ticket(s) with the following penalties.

	<u>INITIAL</u>	<u>FAILURE TO RESPOND</u>
1 ST OFFENSE	\$ 75.00	\$150.00
2 ND OFFENSE	\$150.00	\$300.00
3 RD OFFENSE	\$375.00	\$750.00

New York State Fire Code: Chapter 9, section 901.7 - System out of service, proper notifications not made.

NYS FC: Chapter 9, section 901.7.1 - Impairment coordinator to be assigned.

NYS FC: Chapter 9, section 901.7.6 - Restoring of system to service shall adhere to code.

City of Rochester Alarm Code: Chapter 27, section 5.A - Alarm permit shall be obtain for the above property.

CORRECTED

Received by: _____
NAME TITLE DATE

By Order of
Fire Marshal

Fire Marshal *Allyn J. Borrino*
Allyn J. Borrino

DATE OF COMPLIANCE _____

Fire Marshal *Allyn J. Borrino*



February 15, 2005

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

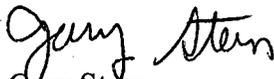
Attn: Allyn J. Borrino

Re: 320 North Goodman Street

Dear Lt. Borrino:

We are in receipt of your letter dated 2-9-05. As you know we are remodeling the building and the situation with the sprinkler system is that we changed the sprinkler heads throughout the building. After we finished we turned system on. During February freeze, sprinkler pipes broke in various sections due to not having windows on building which we are installing now. When we finish the windows and doors, approximately 30 days or sooner we will be able to turn system back on. We are also installing a new alarm system as the old one was outdated and malfunctioning.

Sincerely,


Gary Stern

GS/jn

RECEIVED
ROCHESTER FIRE DEPT.
05 FEB 17 PM 2:33



City of Rochester Alarm Permit Application

Type or print. All copies must be legible.
INCOMPLETE FORMS WILL NOT BE PROCESSED

Alarm Location 320 North Goodman Street
Street No. 320 Street Name NORTH GOODMAN STREET Room/ Apt. No. _____

Occupant Name Stern Properties
e.g. Individual, Business, Government Bldg. Name, Name Commonly Used, etc.

Initial Application Renewal Application, Current Permit No. _____

Office Use Only		Permit No. _____
Permit Period 20_____ To 20_____	Permit Expires April 30, 20_____	Clerk _____
		Check No. _____
		Amount _____
		Date _____

Type of Alarm: Burglary Robbery Trouble Fire Water Flow Emer. Med.

Type of User: Residence Business Government Non-Profit Financial

Type of Business or Activity Commercial / Office

Hours of Operation 7 - 6 pm

Mailing Address 274 North Goodman Street Rochester, NY
Street No. 274 Street Name NORTH GOODMAN STREET City/State NY Zip Code _____

Type of Alarm System: Central Station Bank Alarm Local Other

System Monitored By Shield Alarm 967 Five Mile Line Rd. Webster, NY 14580
Name Shield Alarm Address 967 Five Mile Line Rd. Webster, NY 14580 Phone _____

System Make _____ Model _____ Installed By _____

Individuals With Alarm Location Keys to Respond in Case of Emergency (At least two (2) names)

1.	<u>Stern, Gary</u>	<u>274 N. Goodman Street</u>	<u>202-8655</u>
	Name (Last, First)	Address	Phone
2.	<u>Foster, Darrell</u>	<u>274 N. Goodman Street</u>	<u>202-8706</u>
	Name (Last, First)	Address	Phone
3.	_____	_____	_____
	Name (Last, First)	Address	Phone

Instructions to Help Public Safety Personnel Respond to/Search Your Premises
Stern Properties / Darrell Foster

Applicant STERN, GARY 274 N. Goodman St. 442-9061
Name (Last, First) STERN, GARY Address 274 N. Goodman St. Phone 442-9061

Signature Gary Stern Date 3-1-05

**Make checks payable to:
City Clerk, Rochester, New York**

INITIAL APPLICATION FEE:

\$ 10.00

Mail or deliver all copies of your completed application to:
Alarm Permit
c/o City Clerk
Room 100 A
30 Church Street
Rochester, New York 14614

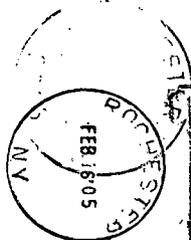
STERN
properties

DEVELOPER • OWNER

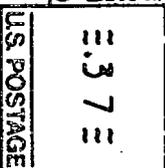
274 N. Goodman Street
Rochester NY 14607

Rochester Fire Department
185 Exchange Blv. Suite 665
Rochester, NY 14614

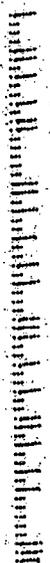
Attn: Allyn J. Borrino



PB METER
5064840



1521242124



FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

320 N. Goodman St

LOCATION

DATE RECEIVED IN FIRE SAFETY:

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

12/17

Received fax - Sprinkler Report
- mailed + faxed Violation Notice
- Regarding Sprinkler system
- Called S. Clinton Net (Romee)
No Cop. 0 to this date.

- Robb.

12/27

- called left Message - Need a date of
Completion of work on Alarm device - etc.

- Robb

1/18/05

- left Message (gary stern) call me.

- Robb

1/21

- Gary stern - called all corrections
should be done by the end of the
month.

3/11

- Gary stern - "Exterior Bell installed"
"Basement sprinklers" replaced"

(old) Robb

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

→ 370-7370
Disconnected
370-5072

Inspection Report
No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract
No. _____
Bureau File
No. _____

REPORT TO STERN PROPERTIES BUILDING OR LOCATION SYSTEM #2
STREET 300 N GOODMAN ST INSPECTOR HARRY RAPP
CITY & STATE ROCHESTER, N.Y. 14609 DATE DECEMBER 16, 2004

Owner's Section (To be answered by Owner or Occupant)

- A Explain any occupancy hazard changes since the previous inspection NONE
- B Describe fire protection modifications made since last inspection NONE
- C Describe any fires since last inspection NONE
- D When was the system piping last checked for stoppage, corrosion of foreign material? N/A
- E When was the dry-piping system last checked for proper pitch? N/A
- F Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

1. GENERAL

- | | Yes | N/A† | No* |
|---|-------------------------------------|------|-----|
| a. Is the building occupied? | <input checked="" type="checkbox"/> | | |
| b. Are all systems in service? | <input checked="" type="checkbox"/> | | |
| c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors? | <input checked="" type="checkbox"/> | | |
| d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind ends and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing? | <input checked="" type="checkbox"/> | | |
| e. Does the hand hose on the sprinkler system appear to be satisfactory? | <input checked="" type="checkbox"/> | | |

2. CONTROL VALVES (See Item 14)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?
- b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?

3. WATER SUPPLIES (See Item 15)

- a. Was a water flow test of main drain made at the sprinkler riser?

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?
- b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?
- c. Are they accessible and visible?

5. WET SYSTEMS

- a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?
- b. Have antifreeze system solutions been tested?
- c. Were the antifreeze test results satisfactory?

6. DRY SYSTEMS (See Items 10 to 14)

- a. Is the dry valve in service?
- b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?
- c. Has the operation of the air or nitrogen supply been tested? Is it in service?
- d. Were low points drained during this inspection?
- e. Did quick-opening devices operate satisfactorily?
- f. Did the dry valve trip properly during the trip test?
- g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?

7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)

- a. Did the deluge or pre-action valves operate properly during testing?
- b. Did the heat-responsive devices operate properly during testing?
- c. Did the supervisory devices operate during testing?

8. ALARMS

- a. Did water motor and gong test satisfactorily?
- b. Did electric alarm test satisfactorily?
- c. Did supervisory alarm service test satisfactorily?

9. SPRINKLERS

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?
- b. Are sprinklers over 50 years old, thus requiring sample testing?
- c. Is stock of spare sprinklers available?
- d. Does the exterior condition of sprinkler system appear to be satisfactory?
- e. Temperature: Are sprinklers of proper temperatures ratings for their location?

IN MAINT SHOP

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Page 2
Location/System No.
STEEN PROPERTIES
BLDG 330 SYSTEM 2

- 10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
- 11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
- 12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
- 13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY VALVE				O.O.D.					
MAKE - YEAR		MODEL	SERIAL NO.	MAKE - YEAR		MODEL	SERIAL NO.		
DRY PIPE OPERATING TEST	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
	WITHOUT O.O.D.								
	WITH O.O.D.								
IF NO EXPLAIN _____									
OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC									
PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO DETECTING/MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO									
DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION <input type="checkbox"/> YES <input type="checkbox"/> NO									
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO OF NO, EXPLAIN _____									
DELUGE & PREACTION VALVES	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE		
			YES	NO	YES	NO	YES	NO	

14. CONTROL VALVE MAINTENANCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	B FLY	YES	YES	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank _____ Pump _____

Last Water Flow Test	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
This Water Flow Test	12-16-04	MAIN DRAIN	2"	62 LBS	55 LBS

16. Explain any "No" answers and comments: _____

17. Adjustments or corrections made during this inspection: _____

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

Signature: Harry A. Capp Date: 12-16-04
 Signature: Harry A. Capp Date: 12-16-04 *Explain "No" answers in Item #16 †Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report
No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract
No. _____
Bureau File
No. _____

REPORT TO STERN PROPERTIES BUILDING OR LOCATION SYSTEM 1
STREET 320 N GOODMAN ST INSPECTOR HARRY RAPP
CITY & STATE ROCHESTER NY 14607 DATE DECEMBER 16, 2004

Owner's Section (To be answered by Owner or Occupant)

- A Explain any occupancy hazard changes since the previous inspection NONE
- B Describe fire protection modifications made since last inspection NONE
- C Describe any fires since last inspection NONE
- D When was the system piping last checked for stoppage, corrosion of foreign material? NA
- E When was the dry-piping system last checked for proper pitch? NA
- F Are dry valves adequately protected from freezing? NA

Inspector's Section (All responses reference current inspection)

1. GENERAL

- a. Is the building occupied? Yes
- b. Are all systems in service? Yes
- c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors? Yes
- d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing? Yes
- e. Does the hand hose on the sprinkler system appear to be satisfactory? Yes

2. CONTROL VALVES (See Item 14)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? Yes
- b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch? Yes

3. WATER SUPPLIES (See Item 15)

- a. Was a water flow test of main drain made at the sprinkler riser? Yes

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? Yes
- b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Yes
- c. Are they accessible and visible? Yes

5. WET SYSTEMS

- a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position? Yes
- b. Have antifreeze system solutions been tested? Yes
- c. Were the antifreeze test results satisfactory? Yes

6. DRY SYSTEMS (See Items 10 to 14)

- a. Is the dry valve in service? Yes
- b. Are the air pressure and priming water level in accordance with the manufacturer's instructions? Yes
- c. Has the operation of the air or nitrogen supply been tested? Is it in service? Yes
- d. Were low points drained during this inspection? Yes
- e. Did quick-opening devices operate satisfactorily? Yes
- f. Did the dry valve trip properly during the trip test? Yes
- g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection? Yes

7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)

- a. Did the deluge or pre-action valves operate properly during testing? Yes
- b. Did the heat-responsive devices operate properly during testing? Yes
- c. Did the supervisory devices operate during testing? Yes

8. ALARMS

- a. Did water motor and gong test satisfactorily? Yes
- b. Did electric alarm test satisfactorily? Yes
- c. Did supervisory alarm service test satisfactorily? Yes

9. SPRINKLERS

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? Yes
- b. Are sprinklers over 50 years old, thus requiring sample testing? Yes
- c. Is stock of spare sprinklers available? Yes
- d. Does the exterior condition of sprinkler system appear to be satisfactory? Yes
- e. Temperature. Are sprinklers of proper temperatures ratings for their location? Yes

IN MAINT SHOP

REPORT OF INSPECTION

DAUGSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Location/System No.
STERN PROPERTIES
BLDG 320 SYSTEM 1

- 10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
- 11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
- 12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
- 13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE

DRY VALVE				Q.O.D.					
MAKE - YEAR		MODEL	SERIAL NO.	MAKE - YEAR		MODEL	SERIAL NO.		
DRY PIPE OPERATING TEST	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
	WITHOUT Q.O.D.								
	WITH Q.O.D.								
IF NO EXPLAIN									
OPERATION <input type="checkbox"/> PNEUMATIC <input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC									
PIPING SUPERVISED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
OF NO, EXPLAIN									
MAKE		MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE		
			YES	NO	YES	NO	YES	NO	

14. CONTROL VALVE MAINTENANCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-6"	B* FLY	YES	YES	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source:	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
City					
	12-16-04	MAIN DRAIN	2"	162 LBS	85 LBS

16. Explain any "No" answers and comments.

17. Adjustments or corrections made during this inspection.

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: *Harold P. [unclear]* Date: 12-16-04

Signature: *Anthony J. [unclear]* Date: 12-16-04

*Explain "No" answers in Item #16 †Not Applicable

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Inspection Report
No. _____
Conferred With _____

REPORT OF INSPECTION

Inspection Contract
No. _____
Bureau File
No. _____

REPORT TO: STERN PROPERTIES
STREET: 320 N Goodman St
CITY & STATE: ROCHESTER NY 14607

BUILDING OR LOCATION: SYSTEM #3
INSPECTOR: HARRY KAPP
DATE: December 16 2004

Owner's Section (To be answered by Owner or Occupant)

- A Explain any occupancy hazard changes since the previous inspection _____
- B Describe fire protection modifications made since last inspection NONE
- C Describe any fires since last inspection NONE
- D When was the system piping last checked for stoppage, corrosion of foreign material? NONE
- E When was the dry-piping system last checked for proper pitch? NA
- F Are dry valves adequately protected from freezing? NA

Inspector's Section (All responses reference current inspection)

1. GENERAL

- | | Yes | N.A. | No |
|---|-------------------------------------|------|----|
| a. Is the building occupied? | <input checked="" type="checkbox"/> | | |
| b. Are all systems in service? | <input checked="" type="checkbox"/> | | |
| c. Is there a minimum of 18 in (457mm) clearance between the top of the storage and the sprinkler deflectors? | <input checked="" type="checkbox"/> | | |
| d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing? | <input checked="" type="checkbox"/> | | |
| e. Does the hand hose on the sprinkler system appear to be satisfactory? | <input checked="" type="checkbox"/> | | |

2. CONTROL VALVES (See Item 14)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?
- b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?

3. WATER SUPPLIES (See Item 15)

- a. Was a water flow test of main drain made at the sprinkler riser?

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?
- b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?
- c. Are they accessible and visible?

5. WET SYSTEMS

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?
- b. Have antifreeze system solutions been tested?
- c. Were the antifreeze test results satisfactory?

6. DRY SYSTEMS (See Items 10 to 14)

- a. Is the dry valve in service?
- b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?
- c. Has the operation of the air or nitrogen supply been tested? Is it in service?
- d. Were low points drained during this inspection?
- e. Did quick-opening devices operate satisfactorily?
- f. Did the dry valve trip properly during the trip test?
- g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?

7. SPECIAL SYSTEMS - as defined in Section 1-3 (See Item 13)

- a. Did the deluge or pre-action valves operate properly during testing?
- b. Did the heat-responsive devices operate properly during testing?
- c. Did the supervisory devices operate during testing?

8. ALARMS

- a. Did water motor and gong test satisfactorily?
- b. Did electric alarm test satisfactorily?
- c. Did supervisory alarm service test satisfactorily?

9. SPRINKLERS

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?
- b. Are sprinklers over 50 years old, thus requiring sample testing?
- c. Is stock of spare sprinklers available?
- d. Does the exterior condition of sprinkler system appear to be satisfactory?
- e. Temperature. Are sprinklers of proper temperatures ratings for their location?

MAINTAINMENT SHOP

REPORT OF INSPECTION

DAUSCH PLUMBING
2473 E. Ridge Road
Rochester, NY 14622

Page 2
Location/System No.
STERN PROPERTIES
BLDG 320 SYSTEM 3

- 10. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
- 11. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
- 12. Date quick-opening device tested _____ (See Trip Test Table which follows.)
- 13. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DRY VALVE TRIP TEST TABLE

DRY VALVE				Q.O.D.					
MAKE - YEAR		MODEL	SERIAL NO.	MAKE - YEAR		MODEL	SERIAL NO.		
DRY PIPE OPERATING TEST	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC				MIN	SEC	YES	NO
	WITHOUT Q.O.D.								
	WITH Q.O.D.								
IF NO EXPLAIN									
OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC									
PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO									
DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATION <input type="checkbox"/> YES <input type="checkbox"/> NO									
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO OF NO, EXPLAIN _____									
DELUGE & PREACTION VALVES	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE		
			YES	NO	YES	NO	YES	NO	

14. CONTROL VALVE MAINTENANCE TABLE

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valve							
Pump Control Valve							
Sectional Control Valve							
System Control Valve	1-16"	FLY	YES	YES	NO		
Other Control Valves							

15. WATER FLOW TEST AT SPRINKLER RISER

Water Supply Source: City Tank Pump

Last Water Flow Test	Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure
This Water Flow Test	12-16-04	MAIN DRAIN 2"		62 LBS	55 LBS

16. Explain any "No" answers and comments: OUT DATED SPRINKLERS IN BASEMENT NEED TO BE CHANGED

17. Adjustments or corrections made during this inspection: _____

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

Signature: [Signature] Date: 12-16-04
Signature: _____ Date: _____

* Explain "No" answers in Item #16 if Not Applicable



Rochester Fire Department
 185 Exchange Blvd., Suite 665
 Rochester, New York 14614-2124
 Phone: (585) 428-6739
 Fax (585) 428-6785



FACSIMILE COVER SHEET

DATE: 12/17/04
 TO: GARY STERN
 PHONE: _____
 FAX: 760-2394
 FROM: R. Salerno.

Total number of pages (including this cover sheet) 4

RE: 320 N. GOODMAN ST
 (2) → SPRINKLER VIOLATIONS - ENCLOSED
 - DOES THIS BUILDING HAVE A
C.O.D.?

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

RECEIVED
 ROCHESTER FIRE DEPT.
 04 DEC 17 AM 8:28

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



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

att: Gary Stern

NOTICE OF VIOLATION AND ORDER TO COMPLY

Stern Properties
NAME

Date 12/17/04

\$ 274 North Goodman St
ADDRESS

Rochester N.Y. 14607
CITY, STATE, ZIP

Inspection of the premises located at 320 N. Goodman St. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

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

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

1) Water Meter Gong shall function properly alarm devices shall be provided on the exterior of the Building (N.Y.S.F.C. 903.4.2 enclosed.)

2) Basement sprinklers over 50 years old shall be tested (NFPA 25) or replaced. (N.Y.S.F.C. 901.6 + 901.6.1 enclosed.)

Received by: _____

NAME
04 DEC 17 01:31:27

By Order of
Fire Marshal

05/15/08

DATE OF COMPLIANCE 3/1/05

TITLE

DATE

Fire Marshal R. Salerno
Fire Marshal R. Salerno



FERGUSON ENTERPRISES INC #361
99 DEWEY AVE
ROCHESTER, NY 14608

Please contact with Questions:
585-458-2930

INVOICE NUMBER	CUSTOMER	PAGE
753699	21140	1

PLEASE REFER TO INVOICE NUMBER WHEN
MAKING PAYMENT AND REMIT TO:



FERGUSON ENTERPRISES INC #361
P. O. BOX 23826
ROCHESTER, NY 14692

SHIP TO:



STERN PROPERTIES
274 N. GOODMAN STREET
ROCHESTER, NY 14607-1154

0000137 14 3137

SHIP WHSE	SELL WHSE	TAX CODE	CUSTOMER ORDER NUMBER	SALESMAN	JOB NAME	INVOICE DATE	BATCH
361	361	NY2605	320	GFM	GARY	01/05/05	10 18994
ORDERED	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	UM	AMOUNT	
1	1	6SSV1208	8 120VAC ELEC ALRM BELL	26.090	EA	26.09	
1	1	SWBB	WEATHERPROOF BACKBOX F/ MA SOUNDER	11.976	EA	11.98	
			INVOICE SUB-TOTAL			38.07	
			TAX	NY-MONROE CO.		3.14	

JAN 11 2005

50116



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

PERMIT

DATE 12/13/04

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

TO WHOM IT MAY CONCERN:

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

U OF R OPERA DEPT/SCENE SHOP
320 GOODMAN ST N

05-12037	PERMIT NUMBER
----------	---------------

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

PERMIT CODE	PERMIT CATEGORY	FEE
5412B08	DUST PRODUCING OPERATION	\$ 120
5412B10C1	FLAM/COMB LOD CLS I,II,III	\$ 70
5412B17	CMBSTBL MAT'L STRGE-OVER 2500 CU FT	\$ 90

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

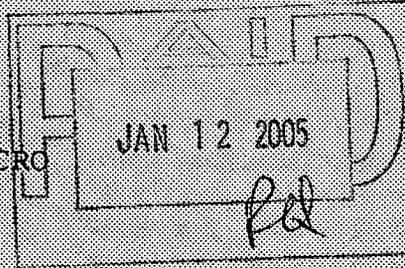
ON YOUR CHECK OR MONEY ORDER

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

00320 GOODMAN ST N

05-12037	PERMIT NUMBER
12/13/04	INVOICE DATE
01/13/05	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604



FD513

1dpm1

THIS PERMIT EXPIRES 12/31/05

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

Jerome Stefano
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

00320 GOODMAN ST N

05-12037	PERMIT NUMBER
12/13/04	INVOICE DATE
01/13/05	DUE DATE
\$ 280	AMOUNT DUE

EASTMAN SCHOOL MUSIC: STEVE CRO
U OF R OPERA DEPT/SCENE SHOP
26 GIBBS ST BOX 82
ROCHESTER NY 14604

FD513

1dpm1

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

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

Municipal Code Summons Schedule

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

FIRE SAFETY INSPECTION RECORD / *SALERNO*

LICENSE

EAST

PERMIT

WEST

SPECIAL

LOCATION:

620 SOUTH AV 320A N. GOODMAN ST

Person contacted:

U OF R OPERA DEPT/SCENE SHOP

DATE RECEIVED IN FIRE SAFETY:	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECT	# ORDERS ISSUED	NO VIOLATIONS NOTED	# ORDERS ISSUED	Telephone #:	OK TO FILE	INSPECTOR
DATE										NOTES		
<i>12/1</i>										<i>Salley - shop has moved.</i>		
<i>12/2</i>	<i>2:30</i>									<i>Called Mr Crowley left Message.</i>		<i>- POBB</i>
<i>12/8</i>										<i>Called Gary STERN (442-9061 - FAX# 760-2394) Requested a sprinkler Report I spoke to (Jen)</i>		<i>POBB</i>
<i>12/13</i>										<i>- Gary Stern - check back on Friday</i>		
<i>12/17</i>										<i>- Permit (OK) Sprinkler System Violations noted.</i>		<i>(OK)</i>

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

- Sprinkler System**
- Cooking Hood**
- Fire Alarm System**
- Standpipe System**
- Cooking System**
- Bars/Wire on Windows**

APPROVED
FIRE SAFETY DIVISION

Fire Marshal

NEXT TO VILLAGE GATE

320 A. N. Goodman
Rochester.

Matt
Cell 733-1595

- 4'-6'

- Extinguishers hung signs

CITY OF ROCHESTER
FIRE DEPARTMENT

APPLICATION FOR PERMIT

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

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

Application is hereby made by the undersigned for a Permit to

Use	Install	Operate	Conduct	}	Maintain	Store	Manufacture	Transport								

 for
Steve Conway
the following materials, processes or operations.

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

INSTALL 12001 12002 12003
FIBRIC TAP MANUFACTURE
FIBRIC TAP MANUFACTURE

INSTALL 12001 12002 12003
FIBRIC TAP MANUFACTURE
FIBRIC TAP MANUFACTURE

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

This application is approved insofar as Zoning and Building Ordinances are concerned.

Zoning Administrator

Director of Buildings

Steve Conway
Name of Applicant
300 N. ...
Address of Applicant

(Insert mailing address also, if different from above)
12/2/84
Date

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

Rebb

FIRE SAFETY INSPECTION RECORD

- LICENSE
- PERMIT

LOCATION: *320 North Goodman St*

SPECIAL

PERSON CONTACTED:

TELEPHONE #:

ON CALL

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	NOTES	OK TO FILE	INSPECTOR
<i>2/18/03</i>								<i>This was an on call job at 320 N Goodman where a pipe (water) which was part of the sprinkler system had burst and expelling water.</i>		
<i>3/1/03</i>								<i>They are working on the system</i>		
								<i>Waiting on Sprinkler Inspection</i>		
<i>4/17/03</i>								<i>WRS made repairs to sprinkler system. Receipt fixed - attached</i>		<i>X</i>



Inter-Departmental Correspondence

(1)

To: Lt. Doug Lill
From: F.F. Edell Johnson
Date: 2/18/03

Subject: Faulty Sprinkler system needs repair. (This is a call job)

Around Noon today I responded to 320 N. Goodman St. by request of Fire Dispatcher to assist Q4-M4 at 320 N. Goodman St. for a faulty sprinkler system with a broken water pipe which had expelled water it appeared for days. When I arrived the City of Rochester City water team were making attempts to shut the water off at the curb to no avail. Q4-M4 were monitoring the water fall from the broken pipe inside. WRS Sprinkler Co. (585) 734-2956 cell - (315) 524-6513 FAX - P.O. Box 514 Ontario, New York 14519. Another number for these people is 464-4161. - WRS Sprinkler Company representative on the scene was Mr. Bob Stanley. The owner Mr. Bob Weitz was also on the scene. The building at present is vacant and owned by RDC Cooperation. Rochester N.Y. 14624 50 Setview - 271-7220. This Alarm system is monitored by Doyle Security Company. When this property was last in business it was



Inter-Departmental Correspondence

To: Lt. Doug L. 711
From: F. F. Odell Johnson
Date: 2/18/03

(2)

Subject: Faulty Sprinkler System needs repair (This is an on call job.)
Known as Rochester Drug Company. This system has (4) valves on the exterior of this property on the South Side there's (3) west side (1). The owner said to Lt. Bartz that the valve farthest east on the Side if it was turned off that the water in the effected area which the valve wasn't operating properly. The nut at the top weren't connecting with the stem, so that was ineffect. So Q4 went to the next PTV toward Goodman that valve gave the same result. So they went to the PTV on Goodman. It was working they closed it but it didn't shut the water off. So there was one PTV left which was in the South west corner of the Building. Q4 closed it off but it didn't shut off the water. Now is when the water Dept showed up. Attempts to no Avail. Then the Sprinkler Representative showed up.



(3)

Inter-Departmental Correspondence

To: Lt. Doug Lill

From: F.F. Odell Johnson

Date: 2/18/03

Subject: Faulty Sprinkler System needs repair (This is an oncall job)

He repaired the S.F. PIV which eventually shut off the system. Doyle never received an alarm. The problem was discovered by a R.G.F. Representative. B-3-Chief McEweaney-Robert. Lt. Batz of Q4-M4 also states that this originated as a Citizen alarm. A man came to the Fire House and reported the incident to them



City of Rochester

FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL

Room 300
Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037

NOTICE OF VIOLATIONS

Rochester Drug Corp
Bob Weitz
320 N. Goodman Street
Rochester, New York

March 5, 1996

271-7220

PLEASE TAKE NOTICE that an inspection on March 4, 1996, at 320 N. Goodman Street, Rochester, New York, reveal violation(s) of the Fire Prevention Code of the City of Rochester and/or the Codes, Rules and Regulations of the State of New York.

Orders are hereby issued for violation(s) to be corrected before or on March 29, 1996. Failure to comply with these orders will result in the issuance of a Municipal Code Violation Summons for each uncorrected violation with the following penalties:

	INITIAL	FAILURE TO RESPOND
1ST OFFENSE	\$ 75.00	\$150.00
2ND OFFENSE	150.00	300.00
3RD OFFENSE	375.00	750.00

During this period, the property owner continues to be responsible and liable for any damages arising from the violation(s).

Relevant section(s) of the New York State Uniform Fire Prevention and Building Code (Title 9NYCRR) to wit:

1163.13(b)(13) Valve inspection report shall show that the valves are:

- 1163.13(b)(13)(i) in normally open or closed position;
 - 1163.13(b)(13)(ii) properly sealed, locked or equipped with a tamper switch;
 - 1163.13(b)(13)(iii) in good operating condition; and
 - 1163.13(b)(13)(iv) provided with wrenches where required.
- 1-WRENCH MISSING AT OUT POST INDICATOR VALVE (OUTSIDE).
2-SIEMESE CONNECTION AT IMPROPER ANGEL (OUTSIDE)
3-FIRE-DEPARTMENT CAP/COVER MISSING (OUTSIDE). *ok*
4-STORAGE IN FRONT OF SPRINKLER VALVE (INSIDE). *ok*

1163.11(g) All exposed wiring shall be enclosed or protected according to applicable generally accepted standards. ELECTRICAL COVER PLATE BROKEN OR MISSING (OUTSIDE PIV CONN). *ok*

1194.1(e)(1) A sign shall be affixed to doors in buildings of Groups B1, B2 and B3 occupancies comprised of four or more



City of Rochester
FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL

Room 300
Public Safety Building
Civic Center Plaza
Rochester, New York 14614
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NOTICE OF VIOLATIONS

PAGE 2

dwelling units or sleeping rooms, as follows:

1194.1(e)(1)(i) on the entrance door to a dwelling unit or sleeping room, on the corridor side, indicating the dwelling unit or sleeping room number; and

1194.1(e)(1)(ii) on the exit door opening into a stairshaft or directly to the exterior, on the corridor side, indicating the word "exit".

SIGNAGE MISSING OUTSIDE/INSIDE AT VALVES. STENCIL OR SIGN ATTACH AND DIRECTIONS TO VALVES.

1163.13(b)(1) Sprinkler system shall be maintained in operative condition, free from mechanical injury, structural failure, water failure, or obstructions. Sprinklers shall be maintained clear and free from corrosion, paint, whitewash and other coatings which impair their operation. Such sprinkler system shall be tested on a semiannual basis. <CI-167>

1163.13(b)(2) Valves controlling water supply to sprinklers shall be readily accessible at all times and shall be free of any obstructions.

1163.13(b)(3) Supports for piping and equipment shall be structurally sound.

1163.13(b)(4) Portions of the system subject to freezing shall be appropriately protected.

1163.13(b)(5) Storage of materials shall not interfere with the effective discharge of water from the sprinklers.

1163.13(b)(6) Riser flow tests shall be made quarterly from water supply test pipes?

1163.13(b)(7) CONTROL VALVES.

1163.13(b)(7)(i) Valves shall be numbered and shall have a sign indicating the portion of the system it controls.

1163.13(b)(7)(ii) Each control valve shall be secured in its open position using a seal, lock or tamper switch.

1163.13(b)(7)(iii) Sealed valves shall be inspected weekly.

Locked valves and valves with tamper switches shall be inspected monthly.

1163.13(b)(7)(iv) Valve stems shall be lubricated at least once a year using manufacturer's approved lubricant.

1163.13(b)(7)(v) Post indicator valves shall be operated quarterly to assure proper operation.

1163.13(b)(8) Fire department connections shall be inspected monthly.

1163.13(b)(9) Gauges shall be checked monthly to assure normal pressure is being maintained. Gauges shall be checked with an inspector's gauge every five years.

1163.13(b)(10) Water flow alarm devices shall be tested quarterly.

1163.13(b)(11) Sprinkler system shall be flushed every five years to assure that sprinklers receive an unobstructed flow of water. Flushing shall include mains, risers, feed mains, cross mains and branch lines.

1163.13(b)(12) Security personnel shall be notified in writing of:



City of Rochester
FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL

Room 300
 Public Safety Building
 Civic Center Plaza
 Rochester, New York 14614
 (716) 428-7037

NOTICE OF VIOLATIONS

PAGE 3

1163.13(b)(12)(i) the location and use of control valves, drain valves and alarm devices;
 1163.13(b)(12)(ii) the requirement to promptly transmit a fire alarm to the fire department; and
 1163.13(b)(12)(iii) the requirement for daily visual inspection of sprinkler control valves to ascertain that they are open. Proper notification shall be made of any valve found closed.
 1163.13(b)(13) Valve inspection report shall show that the valves are:-
 1163.13(b)(13)(i) in normally open or closed position;
 1163.13(b)(13)(ii) properly sealed, locked or equipped with a tamper switch;
 1163.13(b)(13)(iii) in good operating condition; and
 1163.13(b)(13)(iv) provided with wrenches where required.
 1163.13(b)(14) The fire department shall be notified:
 1163.13(b)(14)(i) of the installation or modification to a system;
 b)(14)(ii) of the extent of protection provided and the location and arrangement of control valves and connection for fire department use; and 1163.13(b)(14)(iii) when any portion of the system is taken out of service. 1163.13(b)(15) Records shall be kept of all inspections, tests and maintenance functions relating to sprinkler systems. Records must be signed by the person or persons who performed the work and shall be made readily available to the Code Enforcement Official and fire department.
RECORDS OF SPRINKLER/HOSE TEST PER NFPA 13;

BY ORDER OF THE FIRE MARSHAL INSPECTOR


 ALBERT RICHARDS 6522

DATE OF COMPLIANCE 5/28/96 INSPECTOR





City of Rochester
FIRE SAFETY DIVISION
FOR INTERNAL USE ONLY

DATE: 3/4/96 Page 1 of 1
 BUSINESS NAME: _____ OWNER: Rochester Drug Corp
 MAILING ADDRESS: _____ Zip _____ ADDRESS: 320 N Goodman St Zip _____
 ADDRESS OF VIOLATIONS: _____ CITY: Rock N.Y.
 ATTENTION: Bob Weitz REINSPECTION DATE: 3/29/96

CODE VIOLATION #	DESCRPTION AND/OR LOCATION OF VIOLATION
12-10-107A	
1163.136.13	
1163.136.13	(1) Wrench missing @ out post indicator valve, (outside)
	(2) Siemose connection @ improper angle (outside)
	(3) Fire dept cap/cover missing (outside)
	(4) Storage in front of sprinkler valve (inside)
1194.1e	Signage missing outside/Inside @ valves. stencil. - or sign attach + Directions to valves.
1163.119	Electrical cover plate missing (outside) broken/on P.I.U. cover
1163.136.1-K	Records of sprinkler/hose test per NFPA-13

INSPECTOR: Al Richards IBM# 6522



(1)

NOTICE OF VIOLATION AND ORDER TO COMPLY

RDC Cooperation
NAME

Date 2/18/03

50 Jetview
ADDRESS

Rochester N.Y. 14624
CITY, STATE, ZIP

Inspection of the premises located at 50 Jetview Rochester N.Y. 14624 reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate** correction of violations listed herein. Compliance shall be verified by the Fire Marshal.

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

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

1163.13 (b)(1) Sprinkler system shall be maintained in operative condition, free from mechanical injury, structural failure, water failure, or obstructions. Sprinklers shall be maintained free from corrosion, paint, white wash and other coatings which impair their operation. Such sprinkler system shall be tested on a semi annual basis. L.C.T.-1677

1163.13 (b)(2) Values controlling water supply to sprinklers shall be readily accessible at all times and shall be free of any obstructions.

1163.13 (b)(3) Supports for piping and equipment shall be

Received by: _____
NAME

TITLE IBM#6912 DATE

**By Order of
 Fire Marshal**

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____



(2)

NOTICE OF VIOLATION AND ORDER TO COMPLY

RDC Cooperation
NAME

Date 2/18/03

50 Jetview
ADDRESS

Rochester N.Y. 14624
CITY, STATE, ZIP

Inspection of the premises located at 50 Jetview Rochester N.Y. 14624 reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

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

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

- "Cont" from page #1
Structurally sound.
 1163.13(b)(4) Portions of the system subject to freezing shall be appropriately protected
 1163.13(b)(6) Riser flow test shall be made quarterly from water supply test pipes.
 1163.13(b)(7) Control valves
 1163.13(b)(7)(i) valves shall be numbered and shall have a sign indicating the portion of the system it controls
 1163.13(b)(7)(ii) Each control valve shall be secured in its open position using a seal, lock, or tamper switch.
 1163.13(b)(7)(iii) Sealed valves shall be inspected weekly

Received by: _____
NAME

TITLE _____ DATE ICM#6912

**By Order of
 Fire Marshal**

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____

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



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

(3)

NOTICE OF VIOLATION AND ORDER TO COMPLY

RDC Cooperation
NAME

50 Jetview
ADDRESS

Rochester NY 14624
CITY, STATE, ZIP

Date 2/18/03

Inspection of the premises located at 50 Jetview Rochester NY 14624 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

"Cont" from page 2
locked valves and valves with tamper switches shall be inspected monthly.
1163.13(b)(7)(iv) Valve stems shall be lubricated at least once a year using manufacturer's approved lubricant
1163.13(b)(7)(v) Post indicator valves shall be operated quarterly to assure proper operation
1163.13(b)(8) Fire Department connections shall be inspected monthly.
1163.13(b)(9) Gauges shall be checked monthly to assure normal pressure is being maintained. Gauges shall be checked with an inspectors gauge every five years.

Received by: _____
NAME

TITLE DATE

By Order of
Fire Marshal

Fire Marshal ± BM # 6942
[Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____



4

NOTICE OF VIOLATION AND ORDER TO COMPLY

RD C Cooperation
NAME

Date 2/18/03

50 Jet view
ADDRESS

Rochester N.Y. 14624
CITY, STATE, ZIP

Inspection of the premises located at 50 Jet view Rochester N.Y. 14624 reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

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

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

- "Cont" from page # ~~III~~
- 1163.13(b) in water flow alarm devices shall be tested quarterly.
 - 1163.13(b)(11) Sprinkler System shall be flushed every five years to assure that sprinklers receive an unobstructed flow of water. Flushing includes mains, risers, feed mains, cross mains and branch lines.
 - 1163.13(b)(12) Security personnel shall be notified in writing of:
 - 1163.13(b)(12)(i) the location and use of control valves, drain valves and alarm devices;
 - 1163.13(b)(12)(ii) the requirement to promptly transmit

Received by: _____
NAME

TITLE IBM #6913 DATE _____

**By Order of
 Fire Marshal**

Fire Marshal [Signature]

DATE OF COMPLIANCE _____

Fire Marshal _____



5

NOTICE OF VIOLATION AND ORDER TO COMPLY

RDC Corporation
NAME

Date 2/18/03

50 Jetview
ADDRESS

Rochester N.Y. 14624
CITY, STATE, ZIP

Inspection of the premises located at 50 Jetview Rochester N.Y. 14624 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

"Cont" from page #4
 a Fire alarm to the Fire department; and
 1163.13(b)(12)(iii) the requirement for daily visual inspection of
 Sprinkler Control valves to ascertain that they are open.
 Proper notification shall be made of any valve found closed.
 1163.13(b)(13) Valve inspection report shall show that the valves are:
 1163.13(b)(13)(i) in normally open or closed position;
 1163.13(b)(13)(ii) properly sealed, locked or equipped with a tamper
 switch
 1163.13(b)(13)(iii) in good operating condition; and
 1163.13(b)(13)(iv) provided with wrenches where required.
 1163.13(b) 14 The Fire Department shall be notified:

Received by: _____
NAME

_____ DATE
TITLE

By Order of
Fire Marshal

IBM#6012

Fire Marshal

DATE OF COMPLIANCE _____

Fire Marshal



NOTICE OF VIOLATIONS

6

DATE 2/18/03

RDC Cooperation
Name

50 Jetview - Rochester, NY - 14624
Address

Inspection of premises located at 50 Jetview Rochester N.Y. 14624 reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: Immediate Compliance

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

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

"Cont" from page #5

1163.13(b)(i) of the installation or modification to a system;
1163.13(b)(ii) of the extent of protection provided and the
location and arrangement of control valves and connection
for Fire Department use

1163.13(b)(iii) when any ^{portion} part of the system is taken out of
service.

1163.13(b)(15) Records shall be kept of all inspections, tests
and maintenance functions relating to sprinkler
systems. Records must be signed by a person
or persons who performed the work and shall be
made readily available to the Code Enforcement
official and fire Department. Records of Sprinkler/
Use Test per NFPA 13.

By Order of
FIRE MARSHAL

INSPECTOR

DATE OF COMPLIANCE

Inspector

ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

ALARM

Incident#	Box#	Node#	Address Number	Street	Type	Dir
0303768		33014	320	GOODMAN		ST N
Date	Day of Week	Weather Cond	Temp	Alarm Type	Gov't Bldg	Apt. Number
021800	3	1	6	5		

TIMES

FIRST ALARM						
Time of Alarm	On location Engine	On location Quint/Midi	On location B/C	Under Control	In service	
09:39		09:43			11:14	
EXTRA UNITS						
Time of Alarm	On location Engine	On location Quint/Midi	Time of Alarm	On location Engine	On location Quint/Midi	
09:51	BC3	110:04	110:33			
SECOND ALARM						
Time of Alarm	On location Engine	On location Quint/Midi	On location Ambulance			

RESPONSE

FIRST ALARM													
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
Q04	W												
EXTRA UNITS SENT													
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
BC3	W	C55	W										
MULTIPLE ALARM													
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R
UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R	UNIT	W/R

DESCRIPTION OF FIRE

INC TYPE	Type Const	Stories	Specific Property Use	Mobile Prop Type	Area of Org.	Equip Involved	Form of Heat Ign	Form Mat'l	Type Mat'l	Ign Factor	Working Fire	Struc Dmg
52												
Year	Make	Model		Vin Number								

Fire Extended to _____ Ext of Flame Dmg

OWNER/OCCUPANT

OWNER FIRST NAME				OWNER LAST NAME					
BIOB				WEITZ					
OWNER ADDRESS NUMBER		STREET		Type	Dir	CITY		STATE	ZIP
OCCUPANT FIRST NAME				OCCUPANT LAST NAME					

COMBAT

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

AFTERMATH

DOLLAR LOSS OF PROPERTY	NUMBER OF RESCUES	INJURED CIV	FF	DEAD CIV	FF	REFERRED TO:
						1 FIRE SAFETY ; FIRE INVESTIGATION HAZ MAT

REMARKS: VERBAL FOR WATER PROBLEM - BROKEN SPRINKLER PIPE IN REAR PORTION OF BUILDING. NO ALARM ACTIVATED COULD NOT SHUT OFF DUE TO PIV'S NOT WORKING PROPERLY. B3 CARSS + WATER DEPT RESPONDED. SPRINKLER COMP. ARRIVED + RESOLVED PROBLEM.

RANK	INT	GRP CPY	BATT
LT	5	34M43	SIGNED: LT Stephen B...

REPORT OF INSPECTION

WRS SPRINKLER CO.
P O BOX 514 ONTARIO, NY 14519
OFFICE/FAX (315) 524-6519 CELL (716) 734-2956

Inspection Report #

Inspection Contract # C-

Conferred with

Bob

Page 1 of 2

Report To:

*Rochester Drug Coop
Jettiet DR.*

Location:

Goodman St South

City & State:

Rochester N.Y.

Inspector: WRS

Att:

Date:

3/31/03

1. GENERAL

- a. Is the building occupied? *Patent Dance Studio*
- b. Is occupancy same as previous inspection?
- c. Are all systems in service?
- d. Are all fire protection systems same as last inspection?
- e. Is hazard completely sprinkled?
- f. Are all new additions and building changes properly protected?
- g. Is all stock or storage properly below sprinkler piping?
- h. Was property free of fires since last inspection? (Explain any fire on Page 2)
- i. In areas protected by wet systems, does the building appear to be properly heated in all areas, including blind attics and perimeter areas and are all exterior openings protected against entrance of cold air?

Yes	N/A	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

2. CONTROL VALVES (See Section 16)

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

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

3. WATER SUPPLIES (See Section 17)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
-------------------------------------	-------------------------------------	--

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTION

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

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

5. WET SYSTEMS (See Section 13)

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

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

6. DRY SYSTEMS

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

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

7. ALARMS

- a. Was the water motor and gong test satisfactory?
- b. Was the electric alarm test satisfactory?
- c. Was the supervisory alarm service test satisfactory?

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

8. SPRINKLERS - PIPING

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

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

DUPLICATE TO: _____
STREET: _____
CITY, STATE AND ZIP: _____
ATT: _____

*Explain "NO" answers on Page 2

REPORT OF INSPECTION

WRS SPRINKLER CO.
P O BOX 314 ONTARIO, NY 14519
OFFICE/FAX (315) 324-6513 CELL (716) 734-2956
PAGER (716) 464-4161

Inspection Report #

Inspection Contract #C-

Conferred with *Pub*

Page 2 of 2

Date: 3/31/03

9. Date Dry System piping last checked for stoppage:

10. Date Dry Pipe Valve last trip tested:

11. Number of Wet Systems: 3 Make and Model: Interstate Wet Valves

12. Number of Dry Systems: _____ Make and Model: _____

13. Number of Special Systems: _____ Type: _____

14. CONTROL VALVE	Number	Type	Open		Secured		Closed		Signed		Condition
			Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valve											
Tank Control Valves											
Pump Control Valves											
Sectional Control Valves	<u>1</u>	<u>PIV</u>	<u>✓</u>		<u>✓</u>			<u>✓</u>	<u>✓</u>		<u>Good</u>
System Control Valves	<u>2</u>	<u>PIV</u>	<u>✓</u>		<u>✓</u>			<u>✓</u>	<u>✓</u>		

15. WATER FLOW TEST

Water Pressure: City 65 PSI Tank _____ PSI Fire Pump _____ PSI Water Flow Test? _____

If none made, why?

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
<u>AP. W</u>	<u>2"</u>	<u>65</u>	<u>53</u>	<u>65</u>	<u>HOE</u>	<u>2"</u>	<u>65</u>	<u>53</u>	<u>60</u>
<u>AP. C</u>	<u>2"</u>	<u>65</u>	<u>53</u>	<u>60</u>					

Test Results:

16. Explanation of any "No" answers:

Water Control Valves disconnected. Electrically maintained.

Deficiencies Reviewed With Customer? Yes No

Day work Order Dismissed with Customer? Yes No Day work Order # _____

17. Recent changes in building occupancy or fire protection:

Lines for old Boiler Rm. Capped off. - due to Broken Lines,

18. Adjustments or corrections made:

19. Desirable Improvements:

*Explain "NO" answers on Page 1 in Item #16

White: Original

Grey: Customer Copy

Pink: Insurance Bureau

REPORT OF INSPECTION

WRS SPRINKLER CO.
 P O BOX 514 ONTARIO, NY 14519
 OFFICE/FAX (315) 524-6513 CELL (716) 734-2956

Inspection Report #

Inspection Contract # C-

Conferred with Bob

Page 1 of 2

Report To: Rochester Drug Coop
Jetset DR.

Location: Goodman St South

City & State: Rochester N.Y.

Inspector: WRS

Alt: Rochester N.Y. Date: 3/31/03

1. GENERAL	Yes	N/A	No*
a. Is the building occupied? <u>Medical Dance Studio</u>	✓		
b. Is occupancy same as previous inspection?	✓		
c. Are all systems in service?	✓		
d. Are all fire protection systems same as last inspection?	✓	XXXXXX	
e. Is hazard completely sprinkled?	✓		
f. Are all new additions and building changes properly protected?	✓	XXXXXX	
g. Is all stock or storage properly below sprinkler piping?	✓		
h. Was property free of fires since last inspection? (Explain any fire on Page 2)	✓		
i. In areas protected by wet systems, does the building appear to be properly heated in all areas, including blind attics and perimeter areas and are all exterior openings protected against entrance of cold air?	✓		
2. CONTROL VALVES (See Section 16)			
a. Are all sprinkler system main control valves open?	✓	XXXXXX	
b. Are all other valves in proper position?	✓	XXXXXX	
c. Are all control valves in good condition and sealed or supervised?	✓	XXXXXX	
3. WATER SUPPLIES (See Section 17)			
a. Was water flow test made and results satisfactory?	✓	XXXXXX	
4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTION			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	✓		
b. Are fire department connections in satisfactory condition, couplings free, caps in place and check valves tight?	✓		
5. WET SYSTEMS (See Section 13)			
a. Are cold weather valves open or closed as necessary?			✓
b. Have anti-freeze systems been tested and left in satisfactory condition?			✓
c. Are alarm valves, water flow indicators and retards in satisfactory condition?	✓		
6. DRY SYSTEMS			
a. Is dry valve in service and in good condition?			✓
b. Is air pressure and priming water level normal?			✓
c. Is air compressor in good condition?			✓
d. Were low points drained during fall and winter inspections?			✓
e. Are Quick Opening Devices in service?			✓
f. Has piping been checked for stoppage within the past 10 years?			✓
g. Have dry valves been trip tested satisfactorily as required?			✓
h. Are dry valves adequately protected from freezing?			✓
i. Is the valve house and heater condition satisfactory?			✓
7. ALARMS			
a. Was the water motor and gong test satisfactory?	✓		
b. Was the electric alarm test satisfactory?	✓		
c. Was the supervisory alarm service test satisfactory?	✓		
8. SPRINKLERS - PIPING			
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?	✓	XXXXXX	
b. Are all sprinklers less than 50 years old?	✓	XXXXXX	
c. Are extra sprinklers readily available?	✓	XXXXXX	
d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, and strainers satisfactory?	✓	XXXXXX	
e. Are all sprinklers of proper temperature rating?	✓	XXXXXX	
f. Are portable fire extinguishers in good condition?	✓		
g. Is hand hose on sprinkler systems satisfactory?	✓		

DUPLICATE TO: _____
 STREET: _____
 CITY, STATE AND ZIP: _____
 ATT: _____

*Explain "NO" answers on Page 2

REPORT OF INSPECTION

WRS SPRINKLER CO.
P O BOX 514 ONTARIO, NY 14519
OFFICE/FAX (315) 524-6513 CELL (716) 734-2956
PAGER (716) 464-4161

Inspection Report #

Inspection Contract #C-

Conferred with Pub

Page 2 of 2

Date: 3/31/03

- 9. Date Dry System piping last checked for stoppage: _____
- 10. Date Dry Pipe Valve last trip tested: _____
- 11. Number of Wet Systems: 3 Make and Model: Interstate's Wet Valves
- 12. Number of Dry Systems: _____ Make and Model: _____
- 13. Number of Special Systems: _____ Type: _____ Condition: _____

14. CONTROL VALVES	Number	Type	Open		Secure		Closed		Signs		Condition
			Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valve											
Tank Control Valves											
Pump Control Valves											
Sectional Control Valves	<u>1</u>	<u>PIV</u>	<u>✓</u>		<u>✓</u>			<u>✓</u>	<u>✓</u>		<u>Good</u>
System Control Valves	<u>3</u>	<u>PIV</u>	<u>✓</u>		<u>✓</u>			<u>✓</u>	<u>✓</u>		

15. WATER FLOW TEST

Water Pressure: City 65 PSI Tank _____ PSI Fire Pump _____ PSI Water Flow Test? _____

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
<u>HW</u>	<u>2"</u>	<u>65</u>	<u>55</u>	<u>65</u>	<u>HOE</u>	<u>2"</u>	<u>65</u>	<u>55</u>	<u>60</u>
<u>HC</u>	<u>2"</u>	<u>65</u>	<u>53</u>	<u>60</u>					

Test Results

16. Explanation of any "No" answers: Water valves disconnected. Electrically monitored.

Deficiencies Reviewed With Customer? Yes No _____
Day work Order Discussed with Customer? Yes No _____ Day work Order # _____

17. Recent changes in building occupancy or fire protection: Lines for old boiler rm. Capped off - due to boiler lines;

18. Adjustments or corrections made:

19. Desirable Improvements:

*Explain "NO" answers on Page 1 in Item #16

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **Q09**

ADDRESS
GOODMAN

PROPERTY OWNER
GARY

MAILING NAME
GARY I. STERN

EMERGENCY CONTACT
GARY I. STERN

ST N

I STERN

FROM / TO
~~274~~ **320 N.**

ADDRESS
274 N GOODMAN ST
CITY **ROCHESTER** STATE **NY** ZIP **14607**

ADDRESS
274 N GOODMAN ST
CITY **ROCHESTER** STATE **NY** ZIP **14607**

ADDRESS
40 EVANDALE RD
CITY **ROCHESTER** STATE **NY** ZIP **14618**

INSPECTION # **07-05680**

TAX ACCT #
PHONE **442-9061**

PHONE
PHONE **14607**

PHONE
PHONE **461-9867**

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

NO ENTRY DATES:	BUSINESS NAME ARCTIC WHOLESALE PHONE	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER ARCTIC WHOLESALE CORPORATION	
A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #	ADDRESS LOWER LEVEL ROCHESTER NY14607 PHONE 242 9219	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	BUSINESS EMERGENCY BILL (C)721-0061 ADDRESS 72 ST ELIAS CIRCLE ROCHESTER NY14626 PHONE 723 0279	
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	
	MOVED TO 320 N. GOODMAN ST.	

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 type="checkbox"/> STANDPIPE SYSTEM	<input 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: F.F. Scott Jr. Ex Lead	COMPANY Q9	DISTRICT 3	GROUP 4	DATE 8/22/03
BUS/PROP REPRESENTATIVE: [Signature]	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: [Signature]	DATE			

COPY TO FIRE SAFETY

RFD 501 REV. 03/03



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(585) 428-7037

DATE 05/01/02

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.,

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

03-04054

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	\$ 60

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1 Fire Prev \$60.00
TOTAL \$60.00
CASH \$0.00
CHECK \$60.00
CHANGE \$0.00
ITEM 1

05/21/2002 11:48:07 AM
Receipt #: 31425
Control #: 421

THIS PERMIT EXPIRES

04/30/03

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

James DeGano
FIRE MARSHAL

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

Please return this part with payment - when paying in person, bring entire bill!

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

00320 GOODMAN ST N

03-04054	PERMIT NUMBER
05/01/02	INVOICE DATE
06/01/02	DUE DATE
\$ 60	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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

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

Municipal Code Summons Schedule

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

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION: 320 GOODMAN N (Rite-Aid) (Rock Drug)

DATE RECEIVED IN FIRE SAFETY:

FEB 13 2002

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

2/20/02

2:30

FRANK

X

n/o signs

RAD

3/5/02

11:30

"

All Viol corrected

✓ RR



NOTICE OF VIOLATION AND ORDER TO COMPLY

Rite Aid
NAME
320 N. GOODMAN ST.
ADDRESS
Roch N.Y. 14607
CITY, STATE, ZIP

Date 2-02-02

Inspection of the premises located at 320 GOODMAN ST N. 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

- ELECTRIC MAIN TO BE KEPT CLEAR OF STORAGE
 - TANK TO BE CHAINED TO WALL
 - COMBUSTIBLES TO BE TAKEN OUT FOR TRASH
- 3/15/02
Ann Uol
CERTIFIED

Received by: [Signature]
NAME

Aest mgr. 2/20/02
TITLE DATE

By Order of
Fire Marshal

Fire Marshal [Signature]
Fire Marshal

DATE OF COMPLIANCE _____



City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 03/26/01

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

TO WHOM IT MAY CONCERN:

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

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

02-04054

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	\$ 60

CITY OF
ROCHESTER, NY
CITY CLERK'S OFFICE

1 Fire Prev \$60.00

TOTAL \$60.00

CASH \$0.00

CHECK \$60.00

CHANGE \$0.00

ITEM 1

04/19/2001 4:19:53 PM

Receipt #:

Control #:

8532
148

This permit is issued and accepted on condition that the following conditions shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES

04/30/02

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

FIRE MARSHAL

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

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS

ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00320 GOODMAN ST N

02-04054	PERMIT NUMBER
03/26/01	INVOICE DATE
04/26/01	DUE DATE
\$ 60	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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

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

Municipal Code Summons Schedule

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



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 03/22/00

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

TO WHOM IT MAY CONCERN:

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

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

01-04055	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	\$ 60

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00320 GOODMAN ST N

01-04055	PERMIT NUMBER
03/22/00	INVOICE DATE
04/24/00	DUE DATE
\$ 60	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

FD513

THIS PERMIT EXPIRES 04/30/01

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 - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00320 GOODMAN ST N

01-04055	PERMIT NUMBER
03/22/00	INVOICE DATE
04/24/00	DUE DATE
\$ 60	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

FD513

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

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

Municipal Code Summons Schedule

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

FIRE SAFETY INSPECTION RECORD

PERMIT

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION

320 N. GOODMAN ST

DATE RECEIVED
IN FIRE SAFETY:

JAN 27 2000

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE
INSPECT

1/31/00

1200

BOB WESS

Rock Drug Co-op

65- owners

No one phone

OR address

Business moving

within Year

Possibly 8401 Nq PK

Ave.

BON

Owner's Name

CO-OP (65)

Home Address & Zip

owners

Home Phone #

Y N

SPRINKLER SYSTEM

COOKING HOOD SYSTEM

FIRE ALARM SYSTEM

STANDPIPE SYSTEM

COOKING SYSTEM

BARS/WIRE ON WINDOWS

FILE

INSPECTION DATE: 2/24/99

LOCATION: 320 GOODMAN ST N 01 OWNER: ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: BOB WEISS PHONE NO: 2717220 APPOINTMENT: (Y/N) _____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT
5412B10A	50	04055 FLAMMABLE LIQ STORAGE - CLS I
5412B10B	50	COMBUSTIBLE LIQ STORAGE - CLS II, III
5412B12C	50	CORROSIVE LIQUIDS - OVER 55 GAL
5412B17	60	COMBUSTIBLE MATERIAL STORAGE - OVER
5412B24	45	PRIVATE PLANT

Delete
Delete

one permit only

DATE VIOLATIONS ISSUED: _____ 19 _____ CORRECTED: _____ 19 _____

DATE OF APPROVAL FOR PERMIT: 2-24 19 99 SIGNATURE: [Signature]

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 _____ DATE EXPIRED: _____ 19 _____

PERMIT NUMBER: _____ FEE REQD: _____

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
PUBLIC ED
PERMIT
HIGH-RISE

LOCATION: 320 GOODMAN ST. N

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

FEB 3 1999

DATE

2/24/99 350 BOB

Rock DRUG Co-op

Nullie Delete
(4) PERMITS

RON

only ONE
Remains

combustible
material

FILE

FILE



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 03/17/99

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

TO WHOM IT MAY CONCERN:

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

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

00-04054	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	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00320 GOODMAN ST N

00-04054	PERMIT NUMBER
03/17/99	INVOICE DATE
04/17/99	DUE DATE
\$ 60	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

FD513

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 - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

00320 GOODMAN ST N

00-04054	PERMIT NUMBER
03/17/99	INVOICE DATE
04/17/99	DUE DATE
\$ 60	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

FD513

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

INSPECTION REPORT PERMIT MONTH: APRIL 1998

INSPECTION DATE: 2/24/98

LOCATION: 320 GOODMAN ST N 01 OWNER: ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: ~~KEN KOONS~~ PHONE NO: 2717220 APPOINTMENT: (Y/N) _____
Bob Weiss

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B10A	50	04053	FLAMMABLE LQD STORAGE - CLS I
5412B10B	50		COMBUSTIBLE LQD STORAGE - CLS II, III
5412B12C	50		CORROSIVE LIQUIDS - OVER 55 GAL
5412B17	60		COMBUSTIBLE MATERIAL STORAGE - OVER
5412B24	65		PRIVATE PLANT

*4,000 gal unneeded
should be removed July or Aug. 1998*

DATE VIOLATIONS ISSUED: _____ 19 _____ CORRECTED: _____ 19 _____

DATE OF APPROVAL FOR PERMIT: 2-24 1998 SIGNATURE: Shel

FOR OFFICE USE ONLY

DATE PERMIT ISSUED: _____ 19 _____ DATE EXPIRED: _____ 19 _____



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 05/20/97

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

TO WHOM IT MAY CONCERN:

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

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

98-04053

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
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 50
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60
5412B24	PRIVATE PLANT	\$ 65

TREASURER CLERK

JUN24/97 11:13AM

C CLERK 02

1 FIRE PVN 2/5.00

SUBTOTAL 2/5.00

TOTAL 2/5.00

CHECK 2/5.00

ITEM 1

3250 02 0101 JUN24/97 11:13A

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

[Signature]
FIRE MARSHAL

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

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

320 GOODMAN ST N

98-04053	PERMIT NUMBER
05/20/97	INVOICE DATE
06/30/97	DUE DATE
\$ 275	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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

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

Municipal Code Summons Schedule

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



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 04/22/98

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

TO WHOM IT MAY CONCERN:

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

**ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N**

99-04055	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
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 50
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60
5412B24	PRIVATE PLANT	\$ 65

TREASURER CLERK

MAY21/98 10:23AM

C CLERK 02

1 FIRE PUN 275.00

SUBTOTAL 275.00

TOTAL 275.00

CHECK 275.00

ITEM 1

2646 02 0101 MAY21/98 10:24A

FIRE MARSHAL

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

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

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

320 GOODMAN ST N

99-04055	PERMIT NUMBER
04/22/98	INVOICE DATE
05/23/98	DUE DATE
\$ 275	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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

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

Municipal Code Summons Schedule

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



City of Rochester
 FIRE DEPARTMENT
 OFFICE OF THE FIRE MARSHAL

Room 300
 Public Safety Building
 Civic Center Plaza
 Rochester, New York 14614
 (716) 428-7037

NOTICE OF VIOLATIONS

Rochester Drug Corp
 Bob Weitz
 320 N. Goodman Street
 Rochester, New York *271-7220*

March 5, 1996

PLEASE TAKE NOTICE that an inspection on March 4, 1996, at 320 N. Goodman Street, Rochester, New York, reveal violation(s) of the Fire Prevention Code of the City of Rochester and/or the Codes, Rules and Regulations of the State of New York.

Orders are hereby issued for violation(s) to be corrected before or on March 29, 1996. Failure to comply with these orders will result in the issuance of a Municipal Code Violation Summons for each uncorrected violation with the following penalties:

	INITIAL	FAILURE TO RESPOND
1ST OFFENSE	\$ 75.00	\$150.00
2ND OFFENSE	150.00	300.00
3RD OFFENSE	375.00	750.00

During this period, the property owner continues to be responsible and liable for any damages arising from the violation(s).

Relevant section(s) of the New York State Uniform Fire Prevention and Building Code (Title 9NYCRR) to wit:

1163.13(b)(13) Valve inspection report shall show that the valves are:

- 1163.13(b)(13)(i) in normally open or closed position;
 - 1163.13(b)(13)(ii) properly sealed, locked or equipped with a tamper switch;
 - 1163.13(b)(13)(iii) in good operating condition; and
 - 1163.13(b)(13)(iv) provided with wrenches where required.
- 1-WRENCH MISSING AT OUT POST INDICATOR VALVE (OUTSIDE).
 - 2-SIEMESE CONNECTION AT IMPROPER ANGEL (OUTSIDE)
 - 3-FIRE DEPARTMENT CAP/COVER MISSING (OUTSIDE). *ok*
 - 4-STORAGE IN FRONT OF SPRINKLER VALVE (INSIDE). *ok*

1163.11(g) All exposed wiring shall be enclosed or protected according to applicable generally accepted standards.
 ELECTRICAL COVER PLATE BROKEN OR MISSING (OUTSIDE PIV CONN). *ok*

1194.1(e)(1) A sign shall be affixed to doors in buildings of Groups B1, B2 and B3 occupancies comprised of four or more



City of Rochester
FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL

Room 300
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NOTICE OF VIOLATIONS

PAGE 2

dwelling units or sleeping rooms, as follows:

1194.1(e)(1)(i) on the entrance door to a dwelling unit or sleeping room, on the corridor side, indicating the dwelling unit or sleeping room number; and

1194.1(e)(1)(ii) on the exit door opening into a stairshaft or directly to the exterior, on the corridor side, indicating the word "exit".

SIGNAGE MISSING OUTSIDE/INSIDE AT VALVES. STENCIL OR SIGN ATTACH AND DIRECTIONS TO VALVES.

1163.13(b)(1) Sprinkler system shall be maintained in operative condition, free from mechanical injury, structural failure, water failure, or obstructions. Sprinklers shall be maintained clear and free from corrosion, paint, whitewash and other coatings which impair their operation. Such sprinkler system shall be tested on a semiannual basis. <CI-167>

1163.13(b)(2) Valves controlling water supply to sprinklers shall be readily accessible at all times and shall be free of any obstructions.

1163.13(b)(3) Supports for piping and equipment shall be structurally sound.

1163.13(b)(4) Portions of the system subject to freezing shall be appropriately protected.

1163.13(b)(5) Storage of materials shall not interfere with the effective discharge of water from the sprinklers.

1163.13(b)(6) Riser flow tests shall be made quarterly from water supply test pipes.

1163.13(b)(7) CONTROL VALVES.

1163.13(b)(7)(i) Valves shall be numbered and shall have a sign indicating the portion of the system it controls.

1163.13(b)(7)(ii) Each control valve shall be secured in its open position using a seal, lock or tamper switch.

1163.13(b)(7)(iii) Sealed valves shall be inspected weekly.

Locked valves and valves with tamper switches shall be inspected monthly.

1163.13(b)(7)(iv) Valve stems shall be lubricated at least once a year using manufacturer's approved lubricant.

1163.13(b)(7)(v) Post indicator valves shall be operated quarterly to assure proper operation.

1163.13(b)(8) Fire department connections shall be inspected monthly.

1163.13(b)(9) Gauges shall be checked monthly to assure normal pressure is being maintained. Gauges shall be checked with an inspector's gauge every five years.

1163.13(b)(10) Water flow alarm devices shall be tested quarterly.

1163.13(b)(11) Sprinkler system shall be flushed every five years to assure that sprinklers receive an unobstructed flow of water. Flushing shall include mains, risers, feed mains, cross mains and branch lines.

1163.13(b)(12) Security personnel shall be notified in writing of:



City of Rochester
FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL

Room 300
Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037

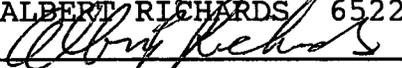
NOTICE OF VIOLATIONS

PAGE 3

1163.13(b)(12)(i) the location and use of control valves, drain valves and alarm devices;
1163.13(b)(12)(ii) the requirement to promptly transmit a fire alarm to the fire department; and
1163.13(b)(12)(iii) the requirement for daily visual inspection of sprinkler control valves to ascertain that they are open. Proper notification shall be made of any valve found closed.
1163.13(b)(13) Valve inspection report shall show that the valves are:
1163.13(b)(13)(i) in normally open or closed position;
1163.13(b)(13)(ii) properly sealed, locked or equipped with a tamper switch;
1163.13(b)(13)(iii) in good operating condition; and
1163.13(b)(13)(iv) provided with wrenches where required.
1163.13(b)(14) The fire department shall be notified:
1163.13(b)(14)(i) of the installation or modification to a system;
b)(14)(ii) of the extent of protection provided and the location and arrangement of control valves and connection for fire department use; and 1163.13(b)(14)(iii) when any portion of the system is taken out of service. 1163.13(b)(15) Records shall be kept of all inspections, tests and maintenance functions relating to sprinkler systems. Records must be signed by the person or persons who performed the work and shall be made readily available to the Code Enforcement Official and fire department.
RECORDS OF SPRINKLER/HOSE TEST PER NFPA 13.

BY ORDER OF THE FIRE MARSHAL INSPECTOR

DATE OF COMPLIANCE 5/28/96 INSPECTOR


ALBERT RICHARDS 6522




City of Rochester
FIRE SAFETY DIVISION
FOR INTERNAL USE ONLY

DATE: 3/4/96 Page 1 of 1
 BUSINESS NAME: _____ OWNER: Rochester Drug Corp
 MAILING ADDRESS: _____ Zip _____ ADDRESS: 320 W Goodman St Zip _____
 ADDRESS OF VIOLATIONS: _____ CITY: Rock N.Y.
 ATTENTION: Bob Weitz REINSPECTION DATE: 3/29/96

CODE VIOLATION #	DESCRIPTION AND/OR LOCATION OF VIOLATION
1243 10A	
1163.136.13 ¹⁻ 1163.136.13 IV	(1) Wrench missing @ out post indicator value. (outside) (2) Siemese connection @ improper angle (outside) (3) Fire dept cap/cover missing (outside) (4) Storage in front of sprinkler value (inside)
1194.1e	Signage missing outside/inside @ values. stencil. - or sign attach + Directions to values.
1163.119	Electrical cover plate ^{broken/on} missing (outside P.I.U. comp)
1163.136 1-15	Records of sprinkler/hose test per NFPA-13

INSPECTOR: Al Richards IBM# 6522

FIRE SAFETY INSPECTION RECORD

Comp 05002 - Spk

LICENSE

GENERAL

PUBLIC ED

PERMIT

HIGH-RISE

320 N. Goodman St

LOCATION:

DATE RECEIVED IN FIRE SAFETY:

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

wet
3 valves

3/22/96

Bob Weitz

X

8 vld 8 vld

AR

3/29/96 re

X

2 con

AR

4/29/96

X

2 con

5/13/96

2 con
waiting for delivery of
wrench.

5/28/96

X

2 con

X AR

FILE

Roch Drug Coop

Adt. - sph con

ATT: Bob - Weitz

(3)

Wet - 359-8310
Value.

○ P.V. wrench on 1243.10 A 1163.13 b.13.14

○ Elect plate cover broken 1163/19.

○ Selmsse Conn for proper Angel

1163(3/2)

NFPA 13
A-4-7.2.1

○ R.D. Conn Cap on

NFPA^B 2-8.2

= 1163.13.6

⊣ IP Signage

NFPA 13

2-7.3

1194.1e

○ IP¹¹

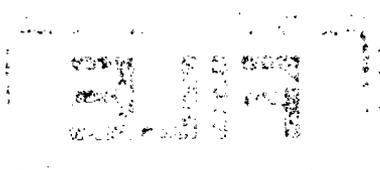
11 4-7.2.3.4 - 1194.1e

⊣ Storage of SP2

1163.13 b(2)

Documentation - ADT.

6 yr - tests - 1163.13 b(1)
5 yr.





City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

DATE 04/25/96

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.,

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

97-04053	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
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 50
5412B10B	CMBSTBLE LQD STORAGE - CLS II,III	\$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60
5412B24	PRIVATE PLANT	\$ 65

RECEIVED BY THE CITY OF ROCHESTER
 MAY 16 '96 10:39AM
 U CLERK U2
 I FIRE FVN 275.00
 SUBTOTAL 275.00
 TOTAL 275.00
 CHECK 275.00
 # ITEM 1
 3.515 U2 0101 MAY 16 '96 10:39AM

FIRE MARSHAL

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

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

Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:
CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK
320 GOODMAN ST N

97-04053	PERMIT NUMBER
04/25/96	INVOICE DATE
05/31/96	DUE DATE
\$ 275	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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

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

Municipal Code Summons Schedule

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



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 04/05/95

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

TO WHOM IT MAY CONCERN:

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

**ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N**

96-04052	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
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 50
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60
5412B24	PRIVATE PLANT	\$ 65

TREASURER CLERK
 APR 18 '95 09:54AM
 U CLERK 02
 1 FIRE FVN 275.00
 SUBTOTAL 275.00
 TOTAL 275.00
 CHECK 275.00
 # ITEM 1
 APR 18 '95 09:54AM

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

[Signature]
FIRE MARSHAL

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Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

320 GOODMAN ST N

96-04052	PERMIT NUMBER
04/05/95	INVOICE DATE
05/31/95	DUE DATE
\$ 275	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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City of Rochester
FIRE DEPARTMENT

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 03/28/94

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

TO WHOM IT MAY CONCERN:

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

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

95-04053	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
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 50
5412B10B	CMBSTBLE LQD STORAGE - CLS II,III	\$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60
5412B24	PRIVATE PLANT	\$ 65

TREASURER CLERK
APR08 '94 11:03AM

TRSURER 01

1 FIRE PVN 275.00
SUBTOTAL 275.00
TOTAL 275.00
CHECK 275.00
ITEM 1
SOB-01 0101 APR08 '94 11:03A

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

[Signature]
FIRE MARSHAL

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Please return this part with payment - when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

95-04053	PERMIT NUMBER
03/28/94	INVOICE DATE
05/31/94	DUE DATE
\$ 275	AMOUNT DUE

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

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Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	\$ 75.00	\$150.00
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3rd Offense, or after 90 days	\$375.00	\$750.00



**City of Rochester
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037

PERMIT

DATE 03/22/93

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

TO WHOM IT MAY CONCERN:

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

ROCHESTER DRUG CO-OPERATIVE INC
320 GOODMAN ST N

94-04057	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
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 50
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II,III	\$ 50
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 50
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 60
5412B24	PRIVATE PLANT	\$ 65

TREASURER CLERK

APR02'93 12:34PM

TRSRUR 01

1 FIRE PVN 275.00

1 ALARM 10.00

SUBTOTAL 285.00

TOTAL 285.00

CHECK 285.00

ITEM 2

1774 01 0101 APR02'93 12:34P

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

[Signature]
FIRE MARSHAL

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

Please return this part with payment when paying in person, bring entire bill

MAIL YOUR CHECK OR PRESENT THIS INVOICE WITH FEE PAID IN FULL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK

CITY TREASURER
ROOM 100A, CITY HALL
ROCHESTER, NEW YORK 14614

94-04057	PERMIT NUMBER
03/22/93	INVOICE DATE
05/31/93	DUE DATE
\$ 275	AMOUNT DUE

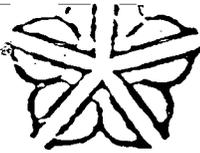
ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

Permit fee payments not received after thirty (30) days from 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



NOTICE OF VIOLATIONS

DATE 7-11-91

CONPAC

400 N Goodman St

Name

Address

Inspection of premises located at 320 N Goodman St reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 10-11-91.

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

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 50	\$100
2nd OFFENSE	\$100.	\$200
3rd & SUBSEQUENT	\$250	\$500

Underground flammable and combustible liquids storage tank(s) discontinued from service to be removed from the site within ninety (90) days.

Dispensing unit(s) servicing underground tank(s) shall be removed immediately and all piping capped. ok 11/15/91

FPC 54-22J

A permit for removal shall be obtained from the Building Bureau and all work to be done by a certified contractor.

By Order of
FIRE MARSHAL

INSPECTOR Ronald Shabo 6546

FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL
 PUBLIC ED
 PERMIT
 HIGH-RISE

LOCATION: 400 N. GOODMAN ST

CONRATT

DATE RECEIVED IN FIRE SAFETY:

DATE

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

7/11/91

~~10/11/91~~

16/15

X

X

Gules
 FILED
 corrected

6546

[Handwritten signature]

X



**CITY OF ROCHESTER
FIRE DEPARTMENT**

**FIRE SAFETY
INVOICE**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

LOCATION: 320 GOODMAN ST. N

15060	PERMIT NUMBER
03/25/91	DATE
155.00	FEE TOTAL
4/11/91	DATE RELEASED
04/30/92	EXPIRATION DATE

PERMIT CODE

PERMIT CATEGORY

FEE

5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 25
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 25
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 30
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 40
5412B24	PRIVATE PLANT	\$ 35

**THIS IS NOT
A PERMIT**

TOTAL \$ 155

To Receive Your Validated Permit

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

MAIL YOUR CHECK WITH THIS INVOICE
WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614

NAME

MAILING
ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST.
ROCHESTER NY 14607

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED



**CITY OF ROCHESTER
FIRE DEPARTMENT**

**FIRE SAFETY
INVOICE**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

LOCATION: 320 GOODMAN ST N

18463	PERMIT NUMBER
03/06/92	DATE
	FEE TOTAL
APR 13 1992	DATE RELEASED
04/30/93	EXPIRATION DATE

PERMIT CODE	PERMIT CATEGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 25
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 25
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 30
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 40
5412B24	PRIVATE PLANT	\$ 35

**THIS IS NOT
A PERMIT**

TREASURER CLERK
APR13/92 12:02PM

TRRSURER 01

1 FIRE FVN 155.00
SUBTOTAL 155.00
TOTAL 155.00
CHECK 155.00
ITEM 1

3538 01 0101 APR13/92 12:02PM
TOTAL \$ 155

To Receive Your Validated Permit

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

MAIL YOUR CHECK WITH THIS INVOICE
WITH FEE PAID IN FULL TO:

CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614

NAME

MAILING ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED



NOTICE OF VIOLATIONS

DATE 2-22-90

Rochester Drug Co-OP 320 N Goodman St
Name Address

Inspection of premises located at same reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 3-1-90

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

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 50	\$100
2nd OFFENSE	\$100	\$200
3rd & SUBSEQUENT	\$250	\$500

(116 Billing) 9 BYCRA
OPEN Suctions Boxes shall have
COVER REINSTALLED UPON COMPLETION OF WORK
OK 3-12-90 (M)

By Order of
FIRE MARSHAL

INSPECTOR Shulo 6546

DATE of COMPLIANCE 3-12-90

Inspector Mub



**CITY OF ROCHESTER
FIRE DEPARTMENT**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

**FIRE SAFETY
INVOICE**

LOCATION: 320 GOODMAN ST N

11858	PERMIT NUMBER
03/12/90	DATE
155 -	FEE TOTAL
4/17/90	DATE RELEASED
04/30/91	EXPIRATION DATE

PERMIT CODE

PERMIT CATEGORY

FEE

5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 25
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 25
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 30
5412B17	COMBUSTIBLE MATERIAL STORAGE - OVER	\$ 40
5412B24	PRIVATE PLANT	\$ 35

**THIS IS NOT
A PERMIT**

TOTAL \$ 155

To Receive Your Validated Permit

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

MAIL YOUR CHECK WITH THIS INVOICE
WITH FEE PAID IN FULL TO:

**CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614**

NAME

MAILING
ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED



**CITY OF ROCHESTER
FIRE DEPARTMENT**

**FIRE SAFETY
INVOICE**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

08906	PERMIT NUMBER
03/23/89	DATE
155.00	FEE TOTAL
4/21/89	DATE RELEASED
04/30/90	EXPIRATION DATE

LOCATION: 320 GOODMAN ST N

PERMIT CODE	PERMIT CATEGORY	FEE
5412B10A	FLAMMABLE LQD STORAGE - CLS I	\$ 25
5412B10B	COMBUSTIBLE LQD STORAGE - CLS II, III	\$ 25
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 30
5412B17	COMBUSTIBLE MATERIAL STORAGE	\$ 40
5412B24	PRIVATE PLANT	\$ 35

**THIS IS NOT
A PERMIT**

TOTAL \$ 155

To Receive Your Validated Permit

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

MAIL YOUR CHECK WITH THIS INVOICE
WITH FEE PAID IN FULL TO:

**CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614**

NAME

MAILING ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED

[Handwritten signatures and stamps at the bottom of the page]

008800

INFORMATION
TAX ACT



BUILDING INSPECTION COMPLIANCE FORM

COMPANY NO
2230
Rochester
14607

0088-190
0000

NY

STATE

ROCHESTER



CITY OF ROCHESTER

FIRE DEPARTMENT

**FIRE SAFETY
PERMIT RELEASE & INVOICE**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

LOCATION: 320 GOODMAN ST N

04585	PERMIT NUMBER
2-26-88	DATE
115-	FEE TOTAL
4/21/88	DATE RELEASED
04/30/89	EXPIRATION DATE

PERMIT CODE

PERMIT CATEGORY

FEE

5412B10A	FLAMMABLE LIQUID STORAGE	\$ 15
5412B10B	COMBUSTIBLE LIQUID STORAGE	\$ 15
5412B12C	HAZARDOUS CHEMICAL STORAGE	\$ 25
5412B17	COMBUSTIBLE MATERIAL STORAGE	\$ 30
5412B24	PRIVATE PLANT	\$ 30

TOTAL \$ 115

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

NAME

MAILING
ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

**CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614**

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED

DATE

DATE

[Handwritten signature]

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614



OFFICE OF THE FIRE MARSHAL
TELEPHONE: 428-7037
V180

NOTICE OF VIOLATIONS

DATE 6/9/87

ROCH. DRUG COOP.
Name

320 N. GOODMAN ST
Address

Inspection of premises located at SAME reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 6/16/87

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

DIANE BEGY
271-7220

INITIAL

FAILURE TO RESPOND

1st OFFENSE	\$ 50	\$100
2nd OFFENSE	\$100	\$200
3rd & SUBSEQUENT	\$250	\$500

9 NYCRR

(54-226) DISPENSING UNIT (GASOLINE)
SHALL BE FIRMLY ANCHORED TO
BASE.

By Order of
FIRE MARSHAL

INSPECTOR P. Santunissi

DATE of COMPLIANCE 6/24/87

Inspector Spencer

5412B10A
AFCH
1000

Rochester
Public Safety Division
Rochester, N.Y. 14614



**CITY OF ROCHESTER
FIRE DEPARTMENT**

**FIRE SAFETY
PERMIT RELEASE & INVOICE**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

LOCATION: 320 GOODMAN ST N

02748	PERMIT NUMBER
06/25/87	DATE
115	FEE TOTAL
7/13/87	DATE RELEASED
04/25/88	EXPIRATION DATE

PERMIT CODE	PERMIT CATEGORY	FEE
-------------	-----------------	-----

5412B10A	FLAMMABLE LIQUID STORAGE	\$ 15
5412B10B	FLAMMABLE LIQUID STORAGE	\$ 15
5412B12C	HAZARDOUS CHEMICAL STORAGE	\$ 25
5412B17	COMBUSTIBLE MATERIAL STORAGE	\$ 30
5412B24	PRIVATE PLANT	\$ 30

TOTAL \$ 115

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

NAME

MAILING ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614

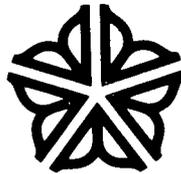
PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED

BY Order of
FIRE MARSHAL

DATE of COMPLIANCE

2000



NOTICE OF VIOLATIONS

DATE Nov. 6, 1986

Rochester Drug Co-op. 320 N. Goodman St.
Name Address

Inspection of premises located at same reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: Nov. 13, 1986

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

	INITIAL	FAILURE TO RESPOND
<u>Elaine Boggy</u>		
<u>271-7220</u>	1st OFFENSE \$ 50	\$100
	2nd OFFENSE \$100	\$200
<u>9 NYCRR</u>	3rd & SUBSEQUENT \$250	\$500

1. (1163.137-5) A cap shall be installed on yard hydrant located in parking lot south of bldg.

By Order of
FIRE MARSHAL

INSPECTOR Joseph Sapienza 6590

DATE of COMPLIANCE 11/18/86

Inspector Sapienza

BUILDING INSPECTION / COMPLAINT FORM



INCIDENT # _____ 348
 ADDRESS _____ 320 N Goodman Street
 PROPERTY OWNER Rochester Drugs ADDRESS P.O. Box 1670/103
 PHONE 271-7220
 EMERGENCY CONTACT Deane Peggy ADDRESS 93 Vanburgh Ave
 PHONE 258-5938
 COOP INC
 COMPLAINANT _____ ADDRESS _____ PHONE _____
 004999-03.0

NFPA 901 CODES _____ GENERAL PROPERTY USE L 89 SPECIFIC PROPERTY USE 866 STRUCTURE TYPE L STRUCTURE STATUS 2

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

BUSINESS: Rochester Drugs Coop PHONE 271 7220
 NAME _____
 OWNER Rochester Drugs Coop
 ADDRESS 320 N. Goodman PHONE 271 7220

DISPOSITION by FIRE SAFETY:
 NOT REQUIRED
 CORRECTED
 ORDERS ISSUED
 REFERRED

DIRECTION, ROOM #, ETC.	NATURE of VIOLATION or COMPLAINT	REFERRED
1 Throughout	Electrical wires hanging from ceiling throughout plant	X
1 Throughout	over use of extension cords	X
1 Center	Sliding fire door does not self close	X
1 Rear stock area	10# Dry Chem hung too high	X
0 MIDDLE WESTSIDE	ELECTRIC CORD LEADING TO SPRINKLE SHUT OFF EXPOSED. SHOULD BE REMOVED	X
0 WESTSIDE	YARD HYDRANT CAP MISSING	X

OFFICER PREPARING REPORT: Stacy Wesseneal COMPANY Engel 9 GROUP 2 DATE 3-14-86
 BUS/PROP REPRESENTATIVE: Deane Peggy POSITION/TITLE Manager DATE 3-14-86
 FIRE SAFETY INSPECTOR: Japreaza DATE 11-6-86



**CITY OF ROCHESTER
FIRE DEPARTMENT**

**FIRE SAFETY
PERMIT RELEASE & INVOICE**

FIRE SAFETY DIVISION

Public Safety Building
Civic Center Plaza
Rochester, New York 14614
(716) 428-7037 & 428-7038

LOCATION: 320 GOODMAN ST N

00594	PERMIT NUMBER
APR 1 1986	DATE
115-	FEE TOTAL
4/22/86	DATE RELEASED
4/25/87	EXPIRATION DATE

PERMIT CODE	PERMIT CATEGORY	FEE
5412B10A	FLAMMABLE LIQUID STORAGE	\$ 15
5412B10B	FLAMMABLE LIQUID STORAGE	\$ 15
5412B12C	HAZARDOUS CHEMICAL STORAGE	\$ 25
5412B17	COMBUSTIBLE MATERIAL STORAGE	\$ 30
5412B24	PRIVATE PLANT	\$ 30

TOTAL \$ 115

MAIL YOUR CHECK OR PRESENT THIS INVOICE
WITH FEE PAID IN FULL TO:

NAME

MAILING ADDRESS

ROCHESTER DRUG CO-OPERATIVE INC
320 N GOODMAN ST
ROCHESTER NY 14607

CITY TREASURER
ROOM 100 A, CITY HALL
ROCHESTER, NEW YORK 14614

PLEASE WRITE PERMIT NUMBERS
ON YOUR CHECK

RETURN TO FIRE DEPARTMENT AFTER PAYMENT IS RECEIVED

3-11-86
11-8-86

[Handwritten signature]

LICENSE
 TANK
REMOVAL

GENERAL
PUBLIC ED.
PERMIT

LOCATION: 320 - 348 N. GOODMAN STREET

ROCHESTER DRUG CORP

DATE
RECEIVED
IN FIRE
SAFETY:

SEP 10 1986

DATE

APPOINTMENT

PERSON
CONTACTED

NO ENTRY
ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

6-5-1

OTHER

OK TO FILE

INSPECTOR

11-6-86

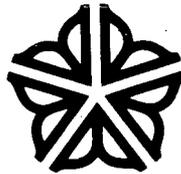
11-13

X

Corrected

Supervisor

X *Supervisor*



V-502

NOTICE OF VIOLATIONS

DATE 3-19-84

Roch. Dairy Co-op Inc
Name

320 N. Goodman St
Address

Inspection of premises located at same reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: 3-29-85

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

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 50	\$100
2nd OFFENSE	\$100	\$200
3rd & SUBSEQUENT	\$250	\$500

9 N. ZC RR

1164.3 b

① Fill pipe on gasoline tank shall have a 3 ft sq crown pad put around it.

② Brush around fill pipe and gas pump shall be removed.

③ a no smoking sign shall be posted by gas pump.

④ Paper inside gas pump shall be removed.

Dean Regy
271-7220

500800

By Order of
FIRE MARSHAL

INSPECTOR D. Hallis 6519

DATE of COMPLIANCE 5-3-85

Inspector D. Hallis

LICENSE
 TANK REMOVAL

GENERAL, PUBLIC ED. PERMIT 502

LOCATION: 320 N. Goodman St. Roch. Drug Center 4 cars

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

DATE

3-19-85
3-29

X

X

6519

X Galle

Location 320 N. GOODMAN ST.

Construction CONCRETE BLOCK & FRAME Stories 2 Length 246' Width 210'

Use of Bldg. OFFICE - DRUG STORAGE

Fire Extinguishers: No. and Kind 15 CO₂

Floor Openings Other Than Stairs or Elevators: NONE

How Protected? _____

Heating Apparatus: Type STEAM - R. G. + E.

Location of Floor Drains: BASEMENT FRONT OF BLDG. (MARKED) - 1ST FLOOR CENTER (FRONT TO REAR)

How Can Access Be Gained to Basement? 1ST FLOOR STAIRS & BASEMENT WINDOWS

Main Electrical Switch: NORTHEAST COR. (REAR)

Water Main Shut Off: FRONT BASEMENT (NORTHWEST)

Gas Shut Off: NONE (NO GAS)

Air Conditioning Shut Off: NORTHEAST COR. (REAR) & FRONT BASEMENT (NORTHWEST)

Special Conditions: _____

