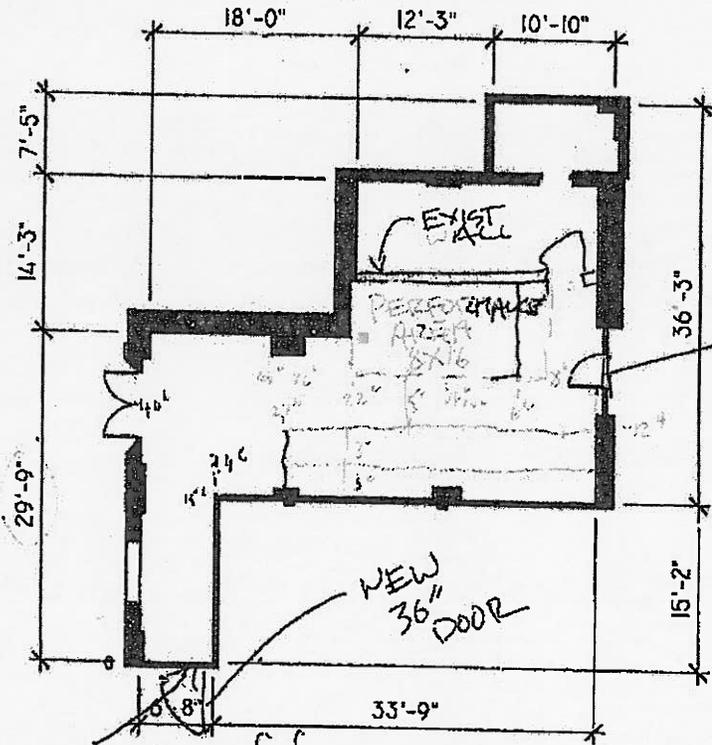


Day 6

**Certificate of Zoning Compliance # 109/683**  
**Issued and Filed in the Division of Zoning**



THIS DOOR SEALED OFF

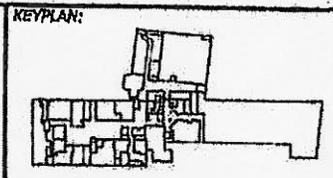
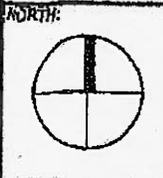
OK to add exit door here  
per J.S. 8/31/09

AREA: 1,085 s.f.

SWITHIN DAVID

797-9086

OK



**Village Gate Square**

274 North Goodman St.  
Rochester, New York

SCALE:  
1/16" = 1'-0"

DATE:  
3/1/03

**D106**

**OCCUPANCY BY MORE  
THAN 55 PERSONS  
IS DANGEROUS AND  
UNLAWFUL**



**CITY OF RICHMOND**

A handwritten signature in black ink, appearing to be a stylized name, located below the City of Richmond logo and text.



# City of Rochester

Department of Community Development  
City Hall Room 125B, 30 Church Street  
Rochester, New York 14614-1290  
www.cityofrochester.gov



Bureau of Buildings  
and Zoning

November 19, 2009

Mr. Swithin David  
274 N Goodman St  
Suite D-106  
Rochester, NY 14607

**RE: 274 N Goodman St ~ First floor (D-106) Performing Space with Live Entertainment**

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign 55 is the maximum allowable occupancy in this establishment at one time.

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

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

Sincerely,

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

JNS/jpt

xc: City Fire Marshal  
Occupancy File





# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

## PERMIT

DATE 07/30/13

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.,

**LENTO**  
274 GOODMAN ST N

14-07061	PERMIT NUMBER
----------	---------------

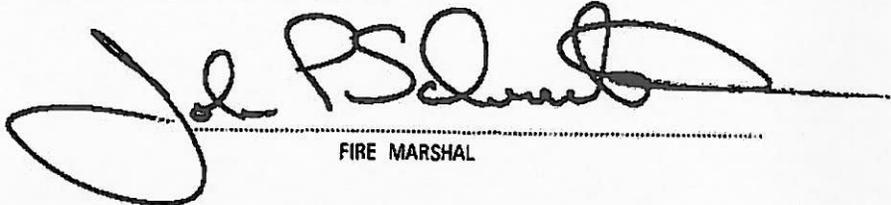
having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B16D	COMM'L COOK-OVEN AND APPL	\$ 70
		TOTAL \$ 70

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 07/31/14

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

**Permit return 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  
00274 GOODMAN ST N

14-07061	PERMIT NUMBER
07/30/13	INVOICE DATE
08/30/13	DUE DATE
\$ 70	AMOUNT DUE

*pd. 8/29/13*  
*JA*

LENTO  
274 N GOODMAN ST  
ROCHESTER NY 14607



# City of Rochester

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



Bureau of Buildings  
and Zoning

May 21, 2012

Mr. Gary Williams  
274 N Goodman St  
Suite E-101 (Vibe Lounge)  
Rochester, NY 14609

Aka: 302 N. Goodman

**RE: 274 N Goodman St -- First floor (E-101) Vibe Lounge Nightclub**

Dear Property Owner:

Accompanying this letter is your occupancy sign for the above mentioned address. The number on the sign **295** is the maximum allowable occupancy in this establishment at one time.

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

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

Sincerely,

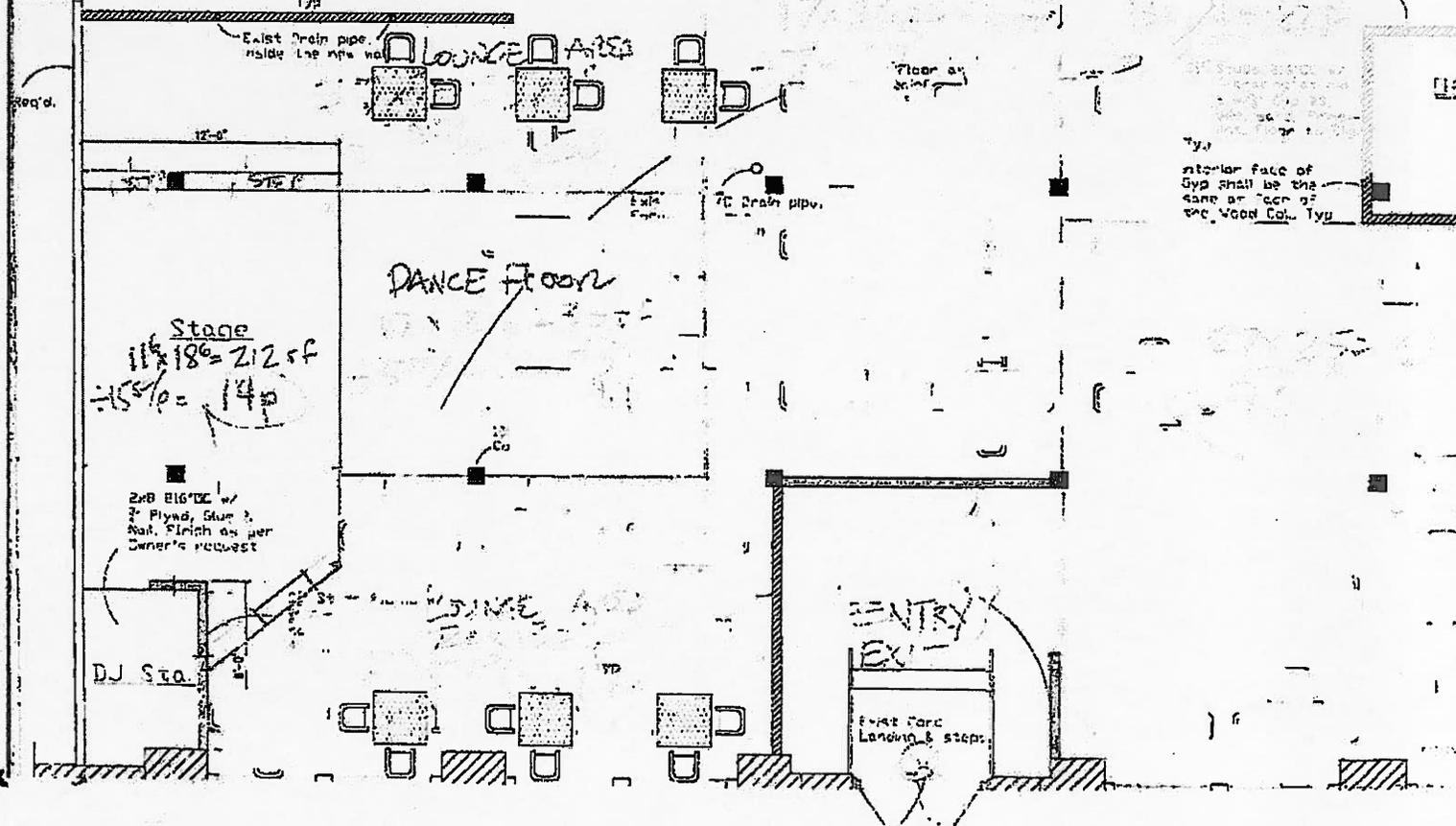
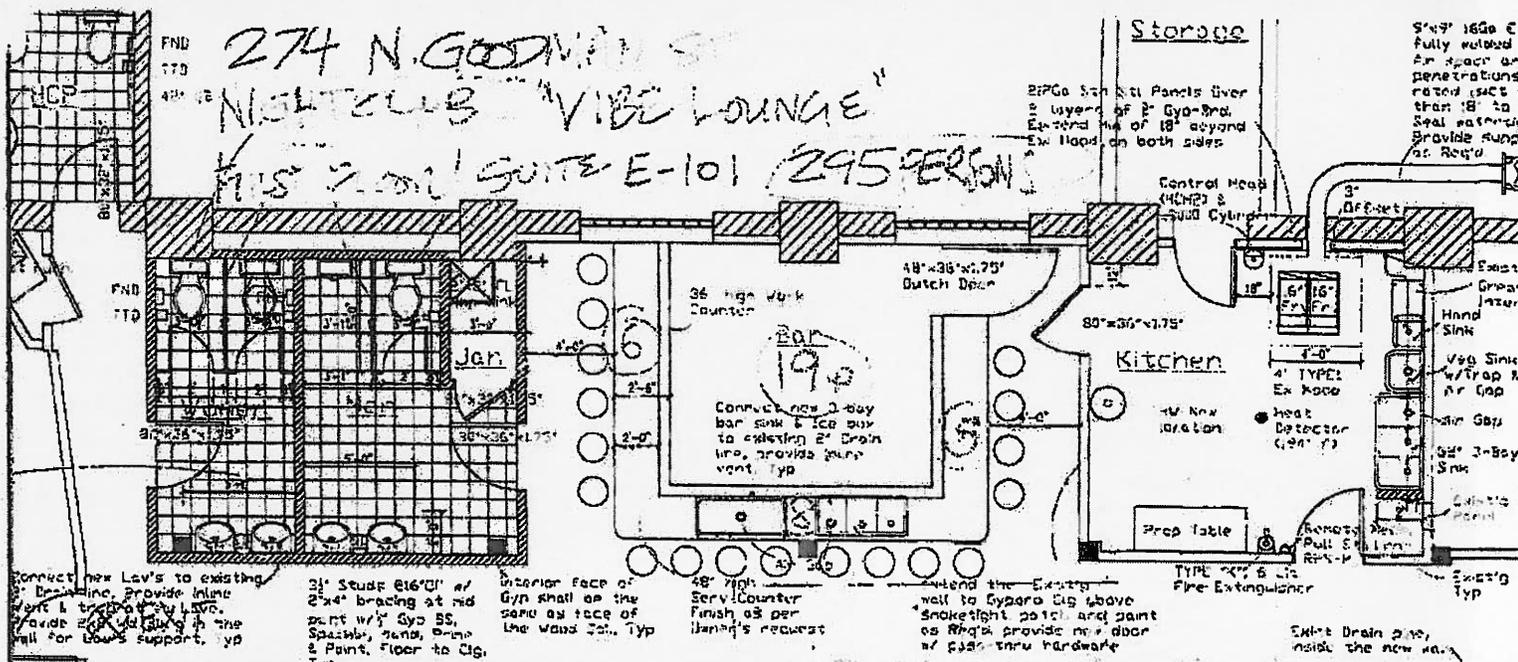
Juan P Linares  
Building Code & Plan Review

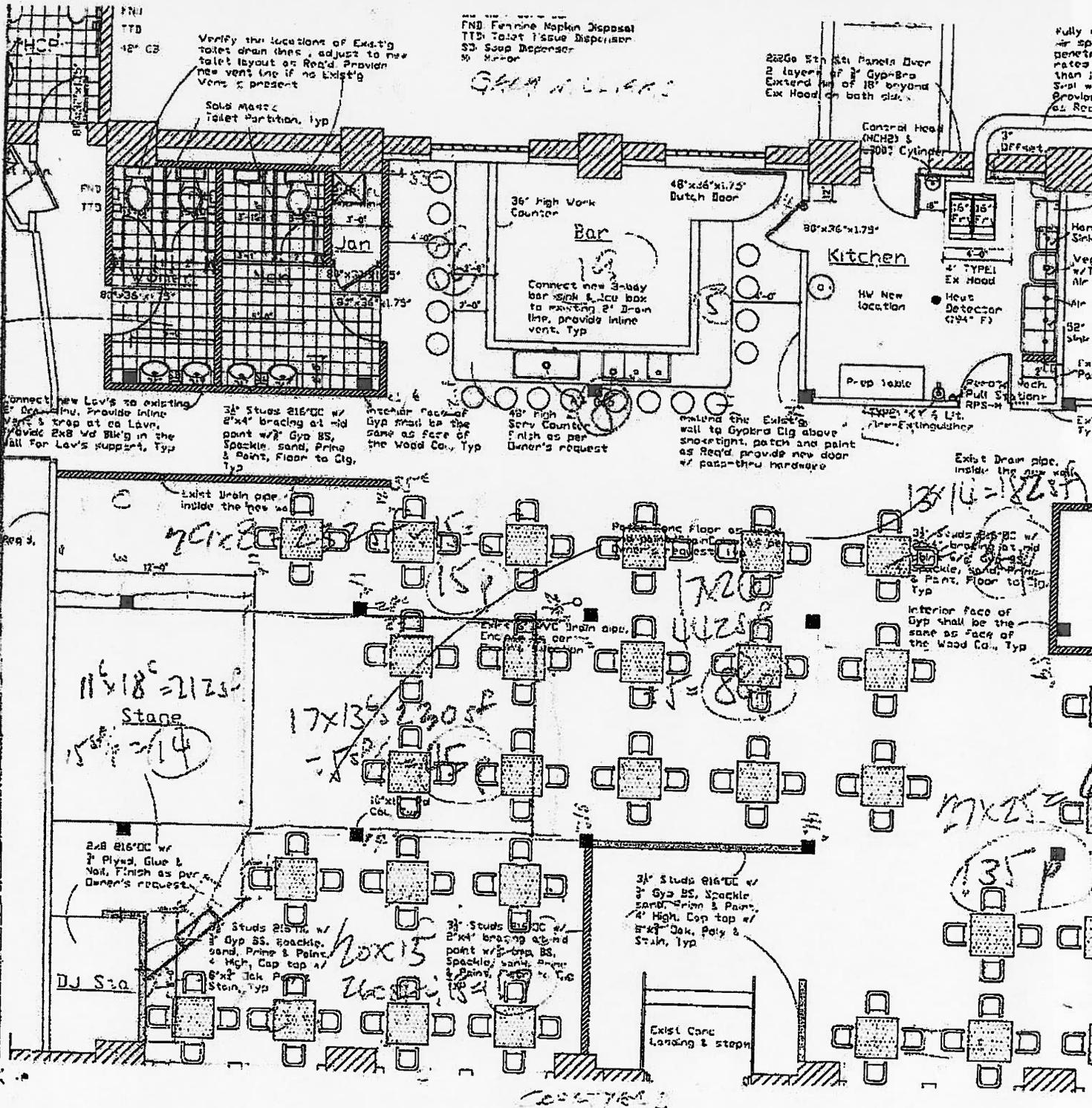
jpl

xc: City Fire Marshal  
Occupancy File



274 N. GOODWIN ST.  
 NIGHT CLUB "VIBE LOUNGE"  
 PLUS 2.001 SUITE E-101 (295 PERSONS)





Verify the locations of Exst'g toilet drain lines, adjust to new toilet layout or Reqd. Provide new vent line if no Exst'g Vents present

FND Female Napkin Dispenser  
 TTD Toilet Issue Dispenser  
 SS Soap Dispenser  
 M Mirror

2x2x6 5th Stt Panels Over 2 layers of 3/4 Gyp-Bro. Extended top of 18' beyond Ex Hood on both sides

Fully 1/2" or so penetrates than 1/2" Seal w/ Provider 62 Rec

Solid Masonry Toilet Partition, Typ

36" High Work Counter

48"x36"x1.75" Dutch Door

80"x36"x1.75"

Kitchen

HW New location

Heat Detector (794-F)

Connect new Lev's to existing Ex Hood. Provide inline vent & trap at ea. Lavn. Provide 2x8 wd 81/2" in the wall for Lev's support, Typ

3/4" Studs @16"OC w/ 2"x4" bracing at mid point w/ 3/4" Gyp BS, Spackle, sand, Prime & Paint, Floor to Cig, Typ

Interior face of Gyp shall be the same as face of the Wood Co., Typ

48" High Serv Counter Finish as per Owner's request

extend the Exst'g wall to Gykbra Cig above snoottight, patch and paint as Reqd provide new door w/ pass-thru hardware

2x4x6 5th Stt Panels Over 2 layers of 3/4" Gyp-Bro. Extended top of 18' beyond Ex Hood on both sides

Exst Drain pipe inside the dry wall

11'x18' = 2123' Stage

17'x13' = 2205' DJ Sta

2x8 @16"OC w/ 3/4" Plyed, Glue & Nail, Finish as per Owner's request

3/4" Studs @16"OC w/ 3/4" Gyp BS, Spackle, sand, Prime & Paint, 4" High, Cap top w/ 2"x2" Oak, Poly & Stain, Typ

3/4" Studs @16"OC w/ 2"x4" bracing at mid point w/ 3/4" Gyp BS, Spackle, sand, Prime & Paint, Floor to Cig

3/4" Studs @16"OC w/ 3/4" Gyp BS, Spackle, sand, Prime & Paint, 4" High, Cap top w/ 2"x2" Oak, Poly & Stain, Typ

Exist Conc Landing & steps

17'x13' = 2205'

13'5" P

CO-57623



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

## PERMIT

DATE 03/07/13

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.,

**STERN PROPERTIES**  
274 GOODMAN ST N

14-02063	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	FEES
5412B25B	PUBLIC ASSEMBLY/OVER 249 CAPACITY	NF
		TOTAL \$ 0

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES 02/28/14

*[Signature]*  
FIRE MARSHAL

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

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

**Please return this part with payment**

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

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

00274 GOODMAN ST N

14-02063	PERMIT NUMBER
03/07/13	INVOICE DATE
04/07/13	DUE DATE
\$ 0	AMOUNT DUE

STERN PROPERTIES  
274 N GOODMAN ST  
ROCHESTER NY 14607



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

DATE 03/07/13

## 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.,

**GATE HOUSE RESTAURANT**

274 GOODMAN ST N

14-02064	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
5412B16D	COMM'L COOK-OVEN AND APPL	\$ 70
<b>TOTAL \$</b>		<b>70</b>

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES **02/28/14**

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  
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

00274 GOODMAN ST N

*pd 4/10/13*  
*JA*

14-02064	PERMIT NUMBER
03/07/13	INVOICE DATE
04/07/13	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

**FIRE SAFETY INSPECTION RECORD**

274 GOODMAN ST N

LOCATION: GATE HOUSE RESTAURANT

LICENSE

PERMIT

COMPLAINT/REFERRAL

EAST

WEST

SPECIAL

PERSON CONTACTED: WES FRISK

473-2090

*frisk*

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#: OWNER NAME: OWNER ADDRESS: OWNER PHONE:	OK TO FILE	INSPECTOR
DATE								NOTES		
1/30/13	2:30							VIOLATIONS ON (RED) ALERT	X	MS
3/12/13								HOOD 8/12 UPRESHORE DEEP FRIER & OVEN GREASE - OK		
								OK OCC # 87 CHANGE GOOD # 2011		
								EXIT OUT OFF RT OK		
								K OK		
								→ FIRE ALARM / OK SPK		

Sprinkler System	Y	N
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		

Permit#: \_\_\_\_\_  
 Local  Central  (circle one)  
 3/11/13  
 ESB SERVICES

APPROVED  
 FIRE SAFETY DIVISION

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

→ SPK OK #274 JS FIRE  
 BLD A #2, #3, #4





**FIRE SAFETY INSPECTION RECORD**

HAGLER-MITCHELL

LOCATION: 274 N. GOODMAN ST.

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

40  
**New**

**PERSON CONTACTED:**

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#: OWNER NAME: OWNER ADDRESS: OWNER PHONE:	OK TO FILE	INSPECTOR
DATE								NOTES		
7-12-12							✓			<i>[Signature]</i>

	Y	N
Sprinkler System	✓	
Alarm Permit		✓
Cooking Hood		✓
Fire Alarm System		✓
Standpipe System		✓
Cooking System		✓
Bars/Wires on Windows		✓
Lock Box		✓
NFPA 901 Type	181	
Building Const Type	3	
Number of Stories	4	
Posted Occupancy	55	

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

APPROVED  
FIRE SAFETY DIVISION  
*[Signature]*  
Fire Marshal





# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

## PERMIT

DATE 02/24/12

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

TO WHOM IT MAY CONCERN:

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

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

13-02032	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
5412B16	OVEN OR KILN OPERATION INDUST/COMM	\$ 70

**Please return this part with payment**

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

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  
00274 GOODMAN ST N

13-02032	PERMIT NUMBER
02/24/12	INVOICE DATE
03/24/12	DUE DATE
\$ 70	AMOUNT DUE

*[Handwritten signature]*  
3/8/12  
*[Handwritten initials]*

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

fdpmt1

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

THIS PERMIT EXPIRES **02/28/13**

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: Salvatore M. Lewis]*  
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  
00274 GOODMAN ST N

13-02032	PERMIT NUMBER
02/24/12	INVOICE DATE
03/24/12	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

fdpmt1

**FIRE SAFETY INSPECTION RECORD**

274 GOODMAN ST N

LOCATION: GATE HOUSE RESTAURANT

LICENSE

PERMIT

COMPLAINT/REFERRAL

EAST

WEST

SPECIAL

*Ra*

**PERSON CONTACTED:**

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#: OWNER NAME: _____ OWNER ADDRESS: _____ OWNER PHONE: _____	OK TO FILE	INSPECTOR
DATE								NOTES		
2-6-12			1					1 ORDER / 1 VIOLATION		
2-2-12						✓		other permit	✓	<i>[Signature]</i>

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

	Y	N

Permit#: 30915  
 Local      Central      (circle one)

APPROVED  
 FIRE SAFETY DIVISION  
*[Signature]*  
 Fire Marshal

INSPECTION DATE: 2-6-12

LOCATION: 274 GOODMAN ST N 05 OWNER: GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

OCCUPANT: Sams TYPE OF OPERATION: Restaurant

PERSON CONTACTED: MIKE CORSON PHONE NO: 4732090 APPOINTMENT: (Y/N)     

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE FEE PERMIT  
5412B16 70 02032 OVEN OR KILN OPERATION INDUST/COMM

.....  
.....  
..... Amel system .....  
..... out of date .....

.....  
..... OK to permit .....  
..... 2-22-12 .....

DATE VIOLATIONS ISSUED: 2-6 20 12 CORRECTED: 2-22 20 12  
DATE OF APPROVAL FOR PERMIT: 2-22 20 12 SIGNATURE: [Signature]

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

DATE PERMIT ISSUED: \_\_\_\_\_ 20 \_\_\_\_\_ DATE EXPIRED: \_\_\_\_\_ 20 \_\_\_\_\_  
PERMIT NUMBER: \_\_\_\_\_ FEE REQD: \_\_\_\_\_

MADCO Mechanical Services, Inc. Since 1980

1066 Gravel Road Suite #15  
Webster, NY 14580

Phone # 585-671-0020 Fax # 585-671-0112

www.madcomechanical.com

BILL TO:

JOB LOCATION:

The Gate House  
274 Goodman Ave.  
Rochester, NY 14607

Same

# Invoice

DATE	INVOICE #
8/26/2011	M-081811-3

**FILE**

P.O. NO.	TERMS	MECHANIC	Account #
Verbal/Mike	Due upon receipt	MAD	

DESCRIPTION	QTY	Price	AMOUNT
10" Upblast ventilator with speed control	1	588.00	588.00
21x21 to 19x19 curb adapter	1	125.00	125.00
V-belt A-41	1	12.98	12.98
<b>SUBTOTAL Materials</b>			<b>725.98</b>
Regular 2-men rate 8/05/11 3:15 to 6:00	2.75	115.00	316.25
Regular 2-men rate	2.5	115.00	287.50
Regular 1-man rate 8/26 10:00 to 1:00	3	75.00	225.00
Truck charges per call	2	35.00	70.00
<b>SUBTOTAL Materials</b>			<b>898.75</b>
<b>WORK DESCRIPTION:</b>			
8/5 cleaned "y" clean-out and resealed all duct joints compromised by duct fire.		0.00	0.00
8/25 remove make-up air filters, replaced v-belt, and adjusted sheave for more air.			
8/26 Installed new curb adapter and Ventilator, to wood fired pizza S/S chimney. Adjusted speed to exhaust all fumes and convected heat.			
Customer was informed of proper maintenance to ventilator.			
Parts Warranty: All parts as recorded are warranted as per manufacturer specifications.		0.00	0.00
Labor Guaranty: The labor as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.			
We do not, of course, guaranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.			
sales tax charged on labor & materials		8.00%	129.98
<b>THANK YOU FOR THE BUSINESS</b>		<b>Total</b>	<b>\$1,754.71</b>
Manufacturer:			<b>All major credit cards accepted</b>
Model #/Serial #			

It is agreed that the seller will retain title to any equipment and/or material that may be furnished until final payment is made. If terms and agreement are not honored all warranties stated by MADCO Mechanical Svcs., Inc. are cancelled. If this account is turned over to either an attorney or a collection agency for collection, you the purchaser agree to pay all fees involved with the collection of the debt. A charge of 2% per month will be charged on balances over 30 days. \$25.00 sevice charge on all returned checks.

# Fire Suppression Systems Report



SERVICE COMPANY

## ACG FIRE & SAFETY

PO BOX 148  
DANSVILLE, NY 14437  
Ofc (585) 728-9507  
Cell (585) 957-0714

DATE OF SERVICE			TIME		A.M.	P.M.
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION		RENOVATION	
LOCATION OF SYSTEM CYLINDERS						
MANUFACTURER		MODEL NUMBER		WET	DRY CHEMICAL	
CYLINDER SIZE MASTER		CYLINDER SIZE SLAVE		CYLINDER SIZE SLAVE		
FUSE LINKS 360° F		FUSE LINKS 450° F		FUSE LINKS 500° F		OTHER
FUEL SHUT-OFF		ELECTRIC		GAS	SIZE	
SERIAL NUMBER		LAST HYDRO TEST DATE		LAST RECHARGE DATE		
MANUFACTURER'S MANUAL REFERENCE						
PAGE NUMBER:				DRAWING NUMBER:		

**CUSTOMER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

**COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT**


- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles _____</li> <li>2. Duct and plenum covered w/correct nozzles _____</li> <li>3. Check positioning of all nozzles. _____</li> <li>4. System installed in accordance w/MFG UL listing _____</li> <li>5. Hood/duct penetrations sealed w/weld or UL device _____</li> <li>6. Check if seals intact, evidence of tampering _____</li> <li>7. If system has been discharged, report same _____</li> <li>8. Pressure gauge in proper range (If gauged) _____</li> <li>9. Check cartridge weight (If applicable) _____</li> <li>10. Hydrostatic test date _____</li> <li>11. 6 year maintenance date _____</li> <li>12. Inspect cylinder and mount _____</li> <li>13. Operate system from terminal link _____</li> <li>14. Test for proper operation from remote _____</li> <li>15. Check operation of micro switch _____</li> <li>16. Check operation of gas valve _____</li> <li>17. Clean nozzles _____</li> <li>18. Proper nozzle covers in place _____</li> <li>19. Check fuse links and clean _____</li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links _____</li> <li>21. Check travel of cable nuts/S-hooks _____</li> <li>22. Piping &amp; conduit securely bracketed _____</li> <li>23. Proper separation between fryers &amp; flame _____</li> <li>24. Proper clearance-flame to filters _____</li> <li>25. Exhaust fan in operating order _____</li> <li>26. All filters replaced _____</li> <li>27. Fuel shut-off in on position _____</li> <li>28. Manual &amp; remote set/seals in place _____</li> <li>29. Replace systems covers _____</li> <li>30. System operational &amp; seals in place _____</li> <li>31. Slave system operational _____</li> <li>32. Clean cylinder &amp; mount _____</li> <li>33. Fan warning sign on hood _____</li> <li>34. Personnel instructed in manual operation of system _____</li> <li>35. Proper hand portable extinguishers _____</li> <li>36. Portable extinguishers properly serviced _____</li> <li>37. Service &amp; Certification tag on system _____</li> </ol> |
|---|---|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

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

\_\_\_\_\_

\_\_\_\_\_

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

X			
SERVICE TECHNICIAN	LICENSE NO.	DATE:	TIME: AM PM CUSTOMERS AUTHORIZED AGENT

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

White - Distributor      Yellow - Customer Copy      Pink - Authority Having Jurisdiction

# MADCO MECHANICAL SERVICES INC.

1066 GRAVEL ROAD  
WEBSTER, NY 14580

Phone: (585) 671-0020  
BILL TO:

FAX (585) 671-0112

Work Order: #

[Empty box for Work Order #]

Job Location:

THE GATE HOUSE  
VILLAGE GATE PLAZA  
GOODMAN ST.  
ROCHESTER NY

TERMS: Due upon receipt, charge of 2% per month will be charged on balance over 30 days.

PHONE #:

DATE: 8/5/11 Mechanic: MAD

		COD	CASH	PAID	CHARGE	MASTERCARD	VISA	AMEX	DISCOVER	CREDIT MEMO		
PARTS & MATERIALS										QTY.	PRICE	COST
U-CLAMPS										12	N/C	
TUBES OF 3M 2000										6	N/C	
CONTINUED												
ENGINEERS INSTRUCTION SEE F-MAR ATTACHED. REPLACED ALL U-CLAMPS WITH "NEW SEALANT & CLAMPS"												
Refrigerant Disposal of: R- Weight of refrigerant to be disposed in LBS: # @ \$ 7.50/#												
Regular Rates: \$ 75.00/hr plus \$35.00 truck charge per trip; An additional charge of \$ 40.00/ hr. per technician. Overtime Rates: 1.5 x regular rates; Overtime rates charged from Friday @ 4:30pm to Monday @ 8:00am.										Vacuum \$7.50 Touch \$ 10.00 Plasma \$ 25.00 Welder \$ 60.00 Recovery \$25.00		
date time in: out	Labor Rate	Regular hours		O.T. hours		truck charge	material tax	labor tax				
		one man	men	one man	men				Materials			
Description: UPON INSPECTION OF SIS CHIMNEY ALL SECTIONS WERE THOROUGHLY CLEAN AND NO SCALING OF METAL WAS FOUND PER CAPTIVE-AIDES										Labor		
										Freight		
										Sub-total		
										Sales tax		
manufacturer: model # serial #										Total		

- Parts Warranty: All parts as recorded are warranted as per manufacturer specifications.
- Labor Gauranty: The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days. We do not of course, gauranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.
- Additional warranty.
- No warranty due to poor condition/age of equipment.

I have the authority to order the work which has been satisfactorily done as outlined above. It is agreed that the seller will retain title to any equipment or material that may be furnished until final payment is made. If terms and agreement are not honored all warranties stated by MADCO Inc. are cancelled. If this account is turned over to either a attorney or a collection agency for collection, I agree to pay all fees incurred.

# Proposal

CHIMNEYS CLEANED  
 CHIMNEYS INSPECTED  
 CHIMNEY REPAIRS & REBUILDS  
 SIDEWALK & STEPS REPAIRS  
 FOUNDATION REPAIRS

## MASTER CHIMNEY & MASONRY

**DENNIS A. HOWE**  
 2728 CHURCH ROAD  
 HAMLIN, NY 14464  
 (585) 734-8444  
 FULLY INSURED

Proposal submitted to: <b>THE GATE HOUSE</b>	Phone	Date <b>8/4/11</b>
Street <b>GOODMAN ST</b>	Job Name	
City, State & Zip <b>ROCHESTER, NY</b>	Job Location	

We hereby submit specifications and estimates for:

**1 CHIMNEY CLEANED, INSPECTED AND FOUND TO BE IN EXCELLENT WORKING CONDITION (POST FLUE FIRE).**

**6 MAN HOURS 50<sup>00</sup>/HR \$ 300<sup>00</sup>**

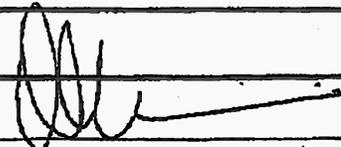
**We Propose** hereby to furnish material and labor - complete in accordance with the above specifications, for the sum of:

\_\_\_\_\_ dollars (\$ \_\_\_\_\_)

Payment to be made as follows:

All material is guaranteed to be specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, wind damage and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature \_\_\_\_\_



Note: This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

**Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_

Signature \_\_\_\_\_

## FW: Single Wall Ductwork

From: "Adam Greenly" <adam.greenly@captiveaire.com>  
Subject: FW: Single Wall Ductwork  
Date: Tue, August 2, 2011 2:15 pm  
To: "mike@madcomechanical.com" <mike@madcomechanical.com>

Mike,

See the email below from our Director of Engineering regarding replacing the Ductwork if there is scaling. Could you tell from the pices you removed if this was the case?

Adam Greenly | Regional Manager, Upstate NY, Region 54  
CaptiveAire, Inc. commercial kitchen ventilation  
1264 Ridge Road, Ontario, NY 14519  
p 315.524.3861 | p 800.774.3417 | f 315.524.3868

[cid:image001.png@01CC511E.24674C40]

From: Bill Griffin  
Sent: Tuesday, August 02, 2011 2:12 PM  
To: Adam Greenly; Kim Tant  
Cc: Nicholas Perry  
Subject: RE: Single Wall Ductwork

I would have ductwork replaced if there is any metal scaling on the inner surfaces of the duct.

From: Adam Greenly  
Sent: Tuesday, August 02, 2011 1:30 PM  
To: Kim Tant; Bill Griffin  
Subject: RE: Single Wall Ductwork

Bill,

You are right this has happened a few times. It has been the same job. That is my concern. The application is a Wood Fired Oven that the owner was adamant he could direct vent (based on oven manufacturer's instructions). What are your feelings on the continual reuse of this duct after a fire?

We are going to modify the duct to give them additional cleanouts for their duct cleaner. After much investigation it looks as if the way they are cleaning the duct they end up with a pile of creosol that accumulates in an area of the duct.

This is the 3rd or 4th fire and the duct has held up great and I am continually trying to sell them on an eyebrow hood (with self cleaning).

Thoughts? City has them red-tagged until we can help them with a solution.

-A

Adam Greenly | Regional Manager, Upstate NY, Region 54  
CaptiveAire, Inc. commercial kitchen ventilation  
1264 Ridge Road, Ontario, NY 14519  
p 315.524.3861 | p 800.774.3417 | f 315.524.3868

[cid:image001.png@01CC511E.24674C40]

From: Kim Tant  
Sent: Tuesday, August 02, 2011 1:04 PM

[https://web1.bsquarewebhosting.com:2096/3rdparty/squirrelmail/src/printer\\_f...](https://web1.bsquarewebhosting.com:2096/3rdparty/squirrelmail/src/printer_f...) 8/3/2011



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

DATE 03/08/11

## 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.,

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

12-02032	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
5412B16	OVEN OR KILN OPERATION INDUST/COMM	\$ 70

~~Please return this part with payment~~

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

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

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

00274 GOODMAN ST N

12-02032	PERMIT NUMBER
03/08/11	INVOICE DATE
04/08/11	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

*pd 3/29/2011*  
*JA*

FD513

(dpm1)

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

THIS PERMIT EXPIRES **02/28/12**

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

*Robert M. ...*  
FIRE MARSHAL

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

~~Please return this part with payment~~

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
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ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00274 GOODMAN ST N

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SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

**FIRE SAFETY INSPECTION RECORD**

- LICENSE  EAST
- PERMIT  WEST
- COMPLAINT  SPECIAL
- REFERRAL

LOCATION: 274 GOODMAN ST N  
 Person contacted: GATE HOUSE RESTAURANT

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						
2/8/11			3										AC	
2/15/11						1								
2/17/11						2							AC	

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

Village Gate for  
 Permit# \_\_\_\_\_  
 Local Central (circle one)

APPROVED  
 FIRE SAFETY DIVISION

*AC Richards*

Fire Marshal

chg. file.





# 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*  
0428-3685  
C 509-4645

Gate House Restaurant  
NAME  
274 N. Goodman St.  
ADDRESS  
Rochester, N.Y. 14607.  
CITY, STATE, ZIP  
473-2090

Date 2/9/11

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

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

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

NYS. FC. 1006.3 (2) Emergency Lites inoperative.

" " 906.6. K- Wet portable fire extinguisher outdated inspection.

city code. / Nys. FC 1004 Occupancy sign missing  
Get measurement from Building  
Zoning call Juan Linares  
@ 428-7771 or (city hall rm #21)

Alarm report of

Received by: \_\_\_\_\_  
NAME

By Order of  
Fire Marshal

DATE OF COMPLIANCE 2/17/11

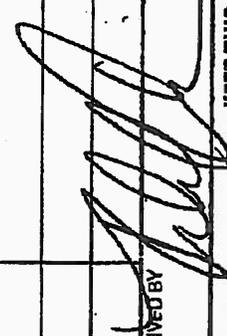
\_\_\_\_\_  
TITLE DATE

Fire Marshal [Signature]

Fire Marshal [Signature]

626017

Lakeshore Fin  
529-3850

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE		
				2/14/11		
NAME Gate House						
ADDRESS Nashua Gate						
CITY, STATE, ZIP Greenman St.						
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	
QUANTITY		DESCRIPTION			PRICE	AMOUNT
1	3	Hand pocket drop				
2						
3						
4						
5						
6		A-Type will need hydro				
7		net wasp				
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
RECEIVED BY						
						

REC'D THIS END RECEIPTS

A-9805  
Lakeshore.com

**Szulgit Electric Inc.**  
**637 Hazelwood Terrace**  
**Rochester, NY 14609**  
**585-224-9617**  
**Fire Alarm Inspection And Test**

Date 2-9-2011 Make Honeywell Model Vista 128FR  
 Customer The Gate House

Quantity	Tested	Device	Status	Comments
1	1	Control Panel	OK	
2	2	Rechargeable Batteries	OK	
3	3	Smoke Detectors	OK	
5	5	Heat Detectors	OK	
3	3	Manual Fire Pull Stations	OK	
2	2	Fire Alarm Horn/Strobes	OK	
2	2	Fire Alarm Strobe Lights	OK	
0	0	Duct Detectors	NA	
0	0	RTS Remote Test Switch	NA	
0	0	Magnetic Door Holders	NA	
0	0	Flow Switches	NA	
0	0	Tamper Switches	NA	
1	1	Fire Suppression System	OK	

Comments: All devices checked and tested properly with central station.

Technician: Benjamin Brown  
 Customer: [Signature]



- fx - review





# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

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

## PERMIT

DATE 02/03/10

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

**TO WHOM IT MAY CONCERN:**

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

**GATE HOUSE RESTAURANT**  
274 GOODMAN ST N

11-02031	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
5412B16	OVEN OR KILN OPERATION INDUST/COMM	\$ 70

**PLEASE RETURN THIS PART WITH PAYMENT**

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

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  
00274 GOODMAN ST N

11-02031	PERMIT NUMBER
02/03/10	INVOICE DATE
03/03/10	DUE DATE
\$ 70	AMOUNT DUE

SUITE 108D  
GATE HOUSE RESTAURANT  
274 N GOODMAN ST  
ROCHESTER NY 14607

FD513

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

THIS PERMIT EXPIRES **02/28/11**

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 W. Kelly*  
FIRE MARSHAL

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

**Please return this part with payment**

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