BLOCK 1427.02 LOT 2C0102 QUALIFICATION CODE C25 C102 C25 29 ADDRESS (SITE) _____ PERMIT NO. 00-4380

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

X

I. IDENTIFICATION

1. Propsed Work Site at: 102 Belinda CT Brick NJ 08724
2. Name of Owner in Fee: William John Flaherty Jr Tel. [redacted]
   Address 102 Belinda CT (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work William John Flaherty Jr
   Tel. [redacted] FAX ( ) _____

11/2/00

Electric to gas

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	35	
2.	Electrical		44	
3.	Plumbing		25	
4.	Fire Protection		46	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		2	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	152	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration	X								
5.	☒ Fire Protection	X				10-26-00	JB	12/16/02		
6.	☐ Plumbing	X				11-2-00	DM			
7.	☒ Electrical	X				10-25-00	JB			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	X								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10502322

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. (✓) Fire Protection

I further certify that I will perform the following work:
C.3. (✓) Electrical C.4. (✓) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature X William John Flaherty Jr Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/03/2000
Control #
Permit # 00-4380

UCC NEW JERSEY

CONSTRUCTION PERMITS

IDENTIFICATION Block 1429.02 Lot 2 Qual C0102

Work Site Location 102 ERLINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR. WILLIAM JOHN
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor COMFORT CENTRAL SYSTEMS
Address 512 SHARK LN
MANAHAWKIN, NJ 08050-
Telephone (609)978-5880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716216

Is hereby granted permission to perform the following work:

[X] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[X] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
ELECTRIC TO GAS W/ NEW FLUE

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 3,500

Construction Official

11/03/2000
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	44
Plumbing	25
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	152
Check No.	1243
Cash	
Collected By	CS

11/03/00 1:49PM 0000000H0216
XX04 SERV.004

#004380	
BUILDING	$35.00
ELECTRIC	$44.00
PLUMBING	$25.00
FIRE	$46.00
DCA	$2.00
CHECK	$152.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11/13/00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR, WILLIAM JOHN
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor COMFORT CENTRAL SYSTEMS
Address 512 SHARK LN
MANAHAWKIN, NJ 08050-
Tele.(609)978-5880 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716816

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ELECTRIC TO GAS W/ NEW FLUE

Check Clearances & Combustion Air

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10-26-00	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 200
3. Total (1+2)$ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	7
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 28
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11/13/00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR, WILLIAN JOHN
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor COMFORT CENTRAL SYSTEMS
Address 512 SHARK LN
MANAHAWKIN, NJ 08050-
Tele.(609)978-5880 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716816

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ELECTRIC TO GAS W/ NEW FLUE

Check Clearances & Combustion Air

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/26/00	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	7
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 200
3. Total (1+2)$ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 28
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11/3/00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR, WILLIAM JOHN
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor BATELLI ELECTRIC INC
Address 2402 SECOND AVE
TOMS RIVER, NJ 08753-
Tele.(732)349-0383
Lic. No. or Bldrs. Reg. No. 9354
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 10-25-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
1	3	Baseboard Heat	9
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 44
	DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11/3/00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR. WILLIAM JOHN
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor BATELLI ELECTRIC INC
Address 2402 SECOND AVE
TOMS RIVER, NJ 08753-
Tele.(732)349-0383
Lic. No. or Bldrs. Reg. No. 9354
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 10-25-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
1	3	Baseboard Heat	9
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 44
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11 13 100
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR, WILLIAM JOHN
Address SAME
BRICK NJ 08724-
Tele. [redacted] Fax ( )
Contractor COMFORT CENTRAL SYSTEMS
Address 512 SHARK LN
MANAHAWKIN, NJ 08050-
Tele.(609)978-5880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716816

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: LAUNDRY ROOM
Total Est Cost of Fire Prot Work $ 3,050

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[X]~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-26-00
Approved By: OB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-16-02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			12-13-02	OB
Smoke Ctl				
TCO				
Final			12-13-02	OF
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	clearances
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11/13/00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR, WILLIAM JOHN
Address SAME
BRICK NJ 08724-
Tele [redacted] Fax ( )
Contractor CONVERT CENTRAL SYSTEMS
Address 512 SHARK LN
MAHAHAWKIN, NJ 08050-
Tele.(609)978-5880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716816

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: LAUNDRY ROOM
Total Est Cost of Fire Prot Work $ 3,050

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 12-26-00
Approved By: DB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

clearances

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11 13 00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR, WILLIAM JOHN
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor COMFORT CENTRAL SYSTEMS
Address 512 SHARK LN
MANAHAWKIN, NJ 08050-
Tele.(609)978-5880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716816

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 11-2-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			11-9-00	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Changed in Computer 11/2/00 BK

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

25

1" GAS 16' 3 outlets

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2000
Date Issued 11/13/00
Control # C25-29
Permit # 00-4380

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 1429.02 Lot 2 Qual C0102
Work Site Location 102 BELINDA CT
ELECTRIC TO GAS
Owner in Fee FLAHERTY, JR. WILLIAM JOHN
Address SAME
BRICK, NJ 08724-
Tele. [redacted] Fax ( )
Contractor COMFORT CENTRAL SYSTEMS
Address 512 SHARK LN
NAHAWKIN, NJ 08050-
Tel. 978-5880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3716816

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[x] Plumb. Plans Approved
Date: 11-2-00
Approved By: JW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Changed to Comfort Central 11/13/00 BR

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

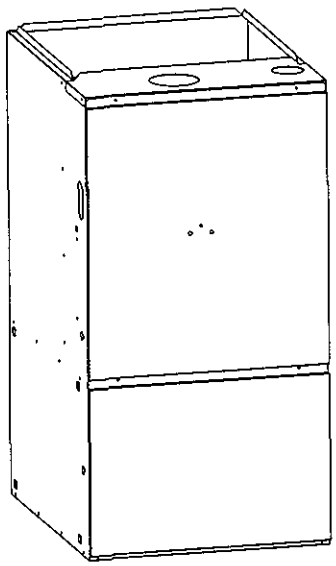
1" GAS 16' 3 outlets

U.C.C. F130 (rev. 3/96)

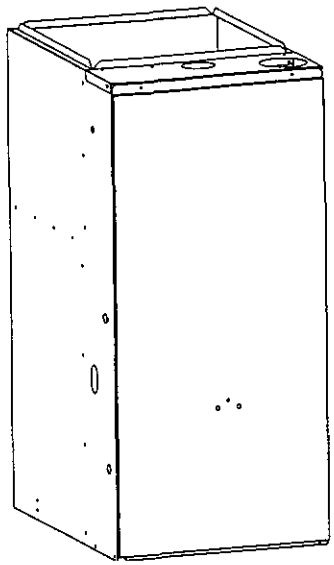
Residential Gas Furnaces

Installation Instructions

KG6RC Series 90+ Upflow Condensing Furnace
KG6RL Series 90+ Downflow Condensing Furnace



KG6RC 90+ Upflow



KG6RL 90+ Downflow

⚠ WARNING:

Improper installation, adjustment, alteration, service, or maintenance can cause injury or property damage. Refer to this manual for assistance. For additional information consult a qualified installer, service agency, or the gas supplier.

These instructions are primarily intended to assist qualified individuals experienced in the proper installation of this appliance. Some local codes require licensed installation/service personnel for this type of equipment. Read all instructions carefully before starting the installation.

DO NOT DESTROY. PLEASE READ CAREFULLY AND KEEP IN A SAFE PLACE FOR FUTURE REFERENCE.

⚠ FOR YOUR SAFETY:

Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

⚠ FOR YOUR SAFETY:

WHAT TO DO IF YOU SMELL GAS:

- **Do not try to light any appliance.**
- **Do not touch any electrical switch; do not use any phone in your building.**
- **Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.**
- **If you cannot reach your gas supplier, call the fire department.**
- **Extinguish any open flame.**

Upflow Furnaces

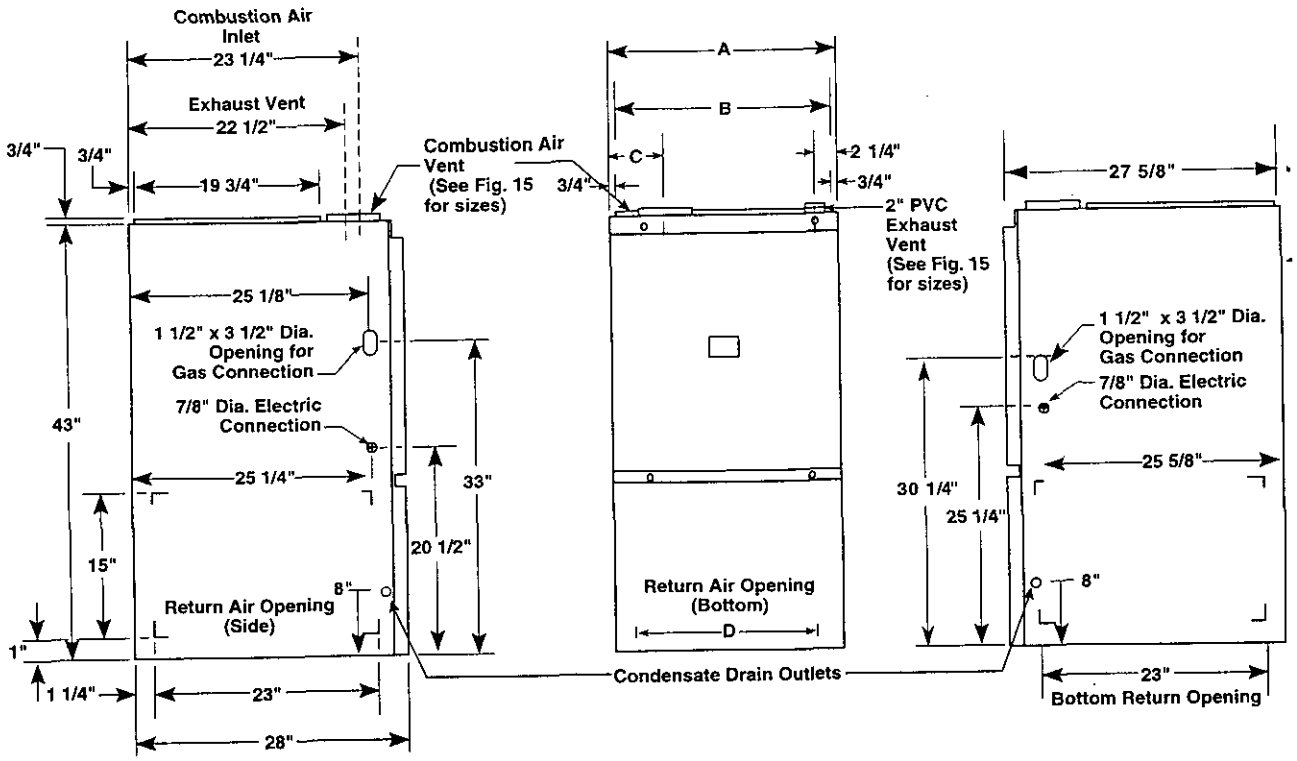


Figure 1. Upflow Unit Dimensions

Downflow Furnace

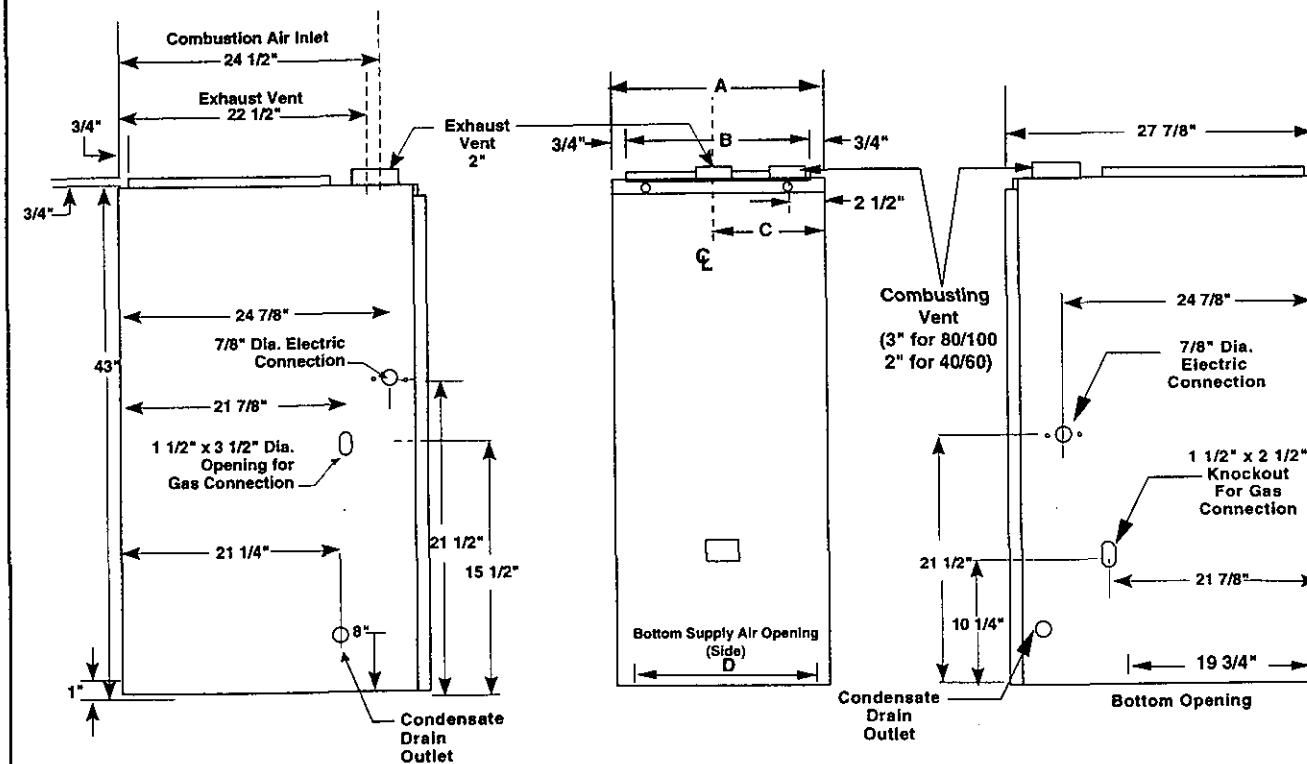


Figure 2. Downflow Unit Dimensions

Table 1. Furnace Airflow Data

Model Number KG6RC	Heating Input (Btuh)	Motor Speed	Motor HP	External Static Pressure (Inches Water Column) 0.1 CFM	0.1 Rise	0.2 CFM	0.2 Rise	0.3 CFM	0.3 Rise	0.4 CFM	0.4 Rise	0.5 CFM	0.5 Rise	0.6 CFM	0.6 Rise	0.7 CFM	0.7 Rise	0.8 CFM	0.8 Rise
040C-08	40,000	High*	1/5	950	36	920	38	890	39	850	41	800	43	750	46	690	50	630	55
		Medium		740	47	710	49	680	51	650	53	600	58	550	63	490	-	430	-
		Low**		620	56	590	59	560	62	520	-	470	-	410	-	350	-	290	-
040C-12	40,000	High*	1/3	1330	-	1280	-	1230	-	1170	-	1120	-	1030	-	940	37	850	41
		Medium		1190	-	1160	-	1110	-	1060	-	1010	-	910	38	820	42	720	48
		Low**		830	42	810	43	780	44	760	46	720	48	670	52	610	57	550	63
060C-12	60,000	High*	1/3	1310	-	1260	-	1210	-	1160	45	1100	47	1040	50	980	53	920	56
		Medium		1160	45	1120	46	1080	48	1050	49	990	52	940	55	890	58	830	63
		Low**		800	65	780	67	760	68	740	70	710	73	680	-	650	-	620	-
080C-12	80,000	High*	1/3	1490	46	1450	48	1390	50	1310	53	1210	57	1100	63	980	-	830	-
		Medium		1230	56	1200	58	1150	60	1080	64	1010	69	910	-	810	-	680	-
		Low**		780	-	750	-	720	-	680	-	630	-	570	-	510	-	440	-
080C-16	80,000	High*	1/2	1840	-	1780	-	1700	41	1630	42	1550	45	1470	47	1380	50	1290	54
		Med-High		1600	43	1560	44	1470	47	1400	49	1350	51	1280	54	1210	57	1150	60
		Med-Low**		1380	50	1350	51	1300	53	1250	55	1190	58	1120	62	1040	67	960	-
		Low		1100	-	1050	-	1000	-	950	-	900	-	850	-	800	-	750	-
100C-16	100,000	High*	1/2	1910	45	1860	47	1780	49	1700	51	1620	53	1520	57	1420	61	1310	66
		Med-High**		1640	53	1620	53	1540	56	1480	58	1420	61	1340	65	1250	69	1150	75
		Med-Low		1440	60	1410	61	1370	63	1320	66	1270	68	1210	72	1140	-	1060	-
		Low		1230	-	1210	-	1180	-	1140	-	1090	-	1030	-	960	-	880	-
120C-16	120,000	High*	1/2	1860	56	1800	58	1730	60	1650	63	1570	66	1480	70	1380	75	1270	82
		Med-High**		1650	63	1610	65	1550	67	1480	70	1410	74	1320	79	1230	84	1120	-
		Med-Low		1440	72	1410	74	1380	75	1320	79	1280	81	1220	85	1150	-	1080	-
		Low		1230	-	1210	-	1180	-	1140	-	1090	-	1030	-	960	-	880	-
120C-20	120,000	High*	3/4	2260	-	2200	-	2140	-	2070	-	1990	-	1910	-	1810	57	1710	61
		Med-High		1870	56	1840	56	1790	58	1760	59	1710	61	1660	63	1610	65	1560	67
		Med-Low**		1540	67	1530	68	1510	69	1470	71	1430	73	1370	76	1300	80	1220	85
		Low		1360	-	1330	-	1310	-	1280	-	1250	-	1220	-	1190	-	1150	-

Table 2. Furnace Airflow Data

Model Number KG6RL-	Heating Input (Btuh)	Motor Speed	Motor HP	External Static Pressure (Inches Water Column) 0.1 CFM	0.1 Rise	0.2 CFM	0.2 Rise	0.3 CFM	0.3 Rise	0.4 CFM	0.4 Rise	0.5 CFM	0.5 Rise	0.6 CFM	0.6 Rise	0.7 CFM	0.7 Rise	0.8 CFM	0.8 Rise
040C-12	40,000	High*	1/3	1280	-	1210	-	1180	-	1140	-	1090	-	1070	-	1030	-	990	-
		Medium		1140	-	1090	-	1060	-	1030	-	980	35	950	36	910	37	870	39
		Low**		875	39	835	41	820	41	805	42	780	43	770	44	760	45	750	45
060C-12	60,000	High*	1/3	1260	40	1190	43	1155	44	1120	45	1075	47	1030	49	980	52	940	54
		Medium		1120	45	1070	48	1040	49	1010	50	960	53	930	55	890	57	850	60
		Low**		855	59	815	62	800	64	780	65	760	67	730	70	710	-	690	-
080C-16	80,000	High*	1/2	1635	-	1585	-	1525	-	1460	46	1400	48	1330	51	1260	54	1180	57
		Med-High		1435	47	1395	49	1350	50	1300	52	1255	54	1200	56	1150	59	1090	62
		Med-Low**		1230	55	1200	56	1165	58	1130	60	1090	62	1050	65	1000	68	960	71
		Low		1050	-	1035	-	1010	-	980	-	950	-	910	-	870	-	820	-
100C-16	100,000	High*	1/2	1600	53	1555	54	1500	56	1445	59	1380	61	1310	65	1240	68	1160	73
		Med-High**		1475	57	1435	59	1385	61	1335	63	1290	66	1240	68	1190	71	1130	75
		Med-Low		1320	-	1290	-	1250	-	1215	-	1170	-	1120	-	1070	-	1020	-
		Low		1150	-	1130	-	1110	-	1075	-	1040	-	1000	-	950	-	890	-

** Factory Set Cooling Speed
** Factory Set Heating Speed
- Not Recommended

NOTES:
1. Airflow rates of 1800 CFM or more require two return air connections. Data is for operation with filter(s).
2. Temperature rises in the table are approximate. Actual temperature rises may vary.
3. Temperature rises and airflows for external static pressures greater than 0.5 are for reference only. These conditions are not recommended.

INSTALLATION REQUIREMENTS

Requirements and Codes

This furnace must be installed in accordance with these instructions, all applicable local building codes, and the current revision of the National Fuel Gas Code (ANSI-Z223.1, NFPA-54). The current revision of the National Fuel Gas Code is available from:

American National Standards Institute, Inc.
1430 Broadway
New York, New York 10018

Canada installations shall comply with CAN/CGA-B149 installation codes, local plumbing or waste water codes and other applicable codes. Additional helpful publications are:

- NFPA-90A - Installation of Air Conditioning and Ventilating Systems.
- NFPA-90B - Warm Air Heating and Air Conditioning Systems.

These publications are available from:

National Fire Protection Association, Inc.
Batterymarch Park
Quincy, Massachusetts 02269

⚠ WARNING:

This furnace is not approved for installation in mobile homes. Installation in a mobile home could cause fire, property damage, and/or personal injury.

Model Number	Furnace Btuh	Dimensions (inches)				Shipping Weight (lbs)
		A	B	C	D	
KG6RC040C	40,000	14 1/4	12 3/4	5 1/8	11 3/4	133
KG6RC060C	60,000	14 1/4	12 3/4	5 1/8	11 3/4	140
KG6RC080C	80,000	19 3/4	18 1/4	7 7/8	17 1/4	172
KG6RC100C	100,000	19 3/4	18 1/4	7 7/8	17 1/4	180
KG6RC120C	120,000	22 1/2	21	9 1/4	20	204
KG6RL040C	40,000	14 1/4	12 3/4	4 5/8	12 3/4	135
KG6RL060C	60,000	14 1/4	12 3/4	4 5/8	12 3/4	135
KG6RL080C	80,000	19 3/4	18 1/4	10	18 1/4	174
KG6RL100C	100,000	19 3/4	18 1/4	10	18 1/4	185

Table 3. Furnace Dimensions and Shipping Weights

CLEARANCES TO COMBUSTIBLE MATERIALS

This furnace is Designed Certified by AGA/CGA Laboratories for the minimum clearances to combustible material listed in Table 4. See the furnace name plate, located inside the furnace cabinet, for specific model number and clearance information.

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIAL						
Furnace Input (Btuh)	Cabinet Width (Inches)	Minimum Clearances (Inches)				
		Side	Vent	Back	Top	Front
40,000	14 1/4	0	0	0	1	1*
60,000	14 1/4	0	0	0	1	1*
80,000	14 1/4	0	0	0	1	1*
100,000	19 3/4	0	0	0	1	1*
120,000	22 1/2	0	0	0	1	1*

* 24 inches is the minimum clearance for servicing.
36 inches is the recommended clearance for service.

Table 4. Minimum Clearances to Combustible Materials

Location

The furnace must be installed on a level surface, and as close to the center of the air distribution system as possible. See Table 3 for overall dimensions to determine the required clearances in hallways, doorways, stairs, etc. to allow the furnace to be moved to the installation point. The furnace must be installed so that all electrical components are protected from water.

Minimum clearances to combustible materials are listed in Table 4. Access for positioning and servicing must be considered when locating the unit. 24 inches is the minimum required clearance for servicing the unit. 30 inches is the minimum required clearance for positioning the unit. 36 inches is the recommended clearance from the front of the unit. Please note that a panel or door can be located such that the minimum clearance on the rating plate is satisfied, but that panel or door must be removable and allow the appropriate clearance for your installation.

This furnace is certified for use on wood flooring. The furnace must be installed on a solid surface and must be level front to back and side to side. This furnace must not be installed directly on carpeting, tile, or any combustible material other than wood flooring.

DOWNFLOW WARNING (KG6RL Models):

The design of the downflow furnace is certified for natural or propane gas and for installation on non-combustible flooring. A special combustible floor sub-base is required when installing on a combustible floor. Failure to install the sub-base may result in fire, property damage and personal injury. The special downflow sub-bases are factory supplied accessories, part numbers 902677 and 902974. When the furnace is installed on a factory or site-built cased air conditioning coil, the sub-base is not necessary. However, the plenum attached to the coil casing must be installed such that its surfaces are at least 1" from combustible construction.

A gas-fired furnace installed in a residential garage must be installed so that the bottom of the furnace is located a minimum of 15" from the floor. The furnace must be located or protected to avoid physical damage by vehicles.

HORIZONTAL INSTALLATIONS

The upflow model furnaces are approved for horizontal installation. Installation Kit #903568 is required for horizontal applications. Follow the installation instructions in the kit for proper conversion. NOTE: The downflow models are NOT approved for horizontal installation.

SUPPLY AIR PLENUM INSTALLATION

A. Installation on a concrete slab - KG6RL

1. Construct a hole in the floor per the dimensions in Figure 3.
2. Place the plenum and the furnace as shown in Figure 4.

B. Installation on a combustible floor - KG6RL

1. Cut and frame the hole in the floor per the dimensions in Figure 5.
2. Place the sub-base for combustible floors over the hole with its duct collar extended downward. Attach the supply air plenum to the base in a manner which will ensure 1" clearance to the flooring or other combustible material. Place furnace on the combustible base as shown in Figure 6.
3. When the furnace is installed on a factory or site-built cased air conditioning coil, the sub-base is not necessary. However, the plenum attached to the coil casing must be installed such that its surfaces are at least 1" from combustible material.

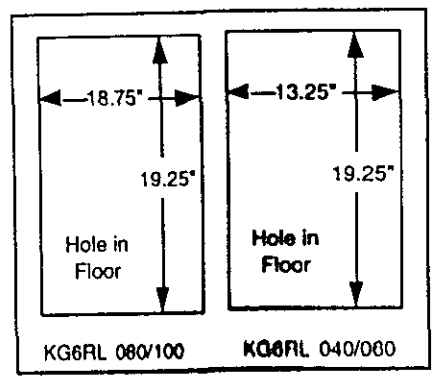
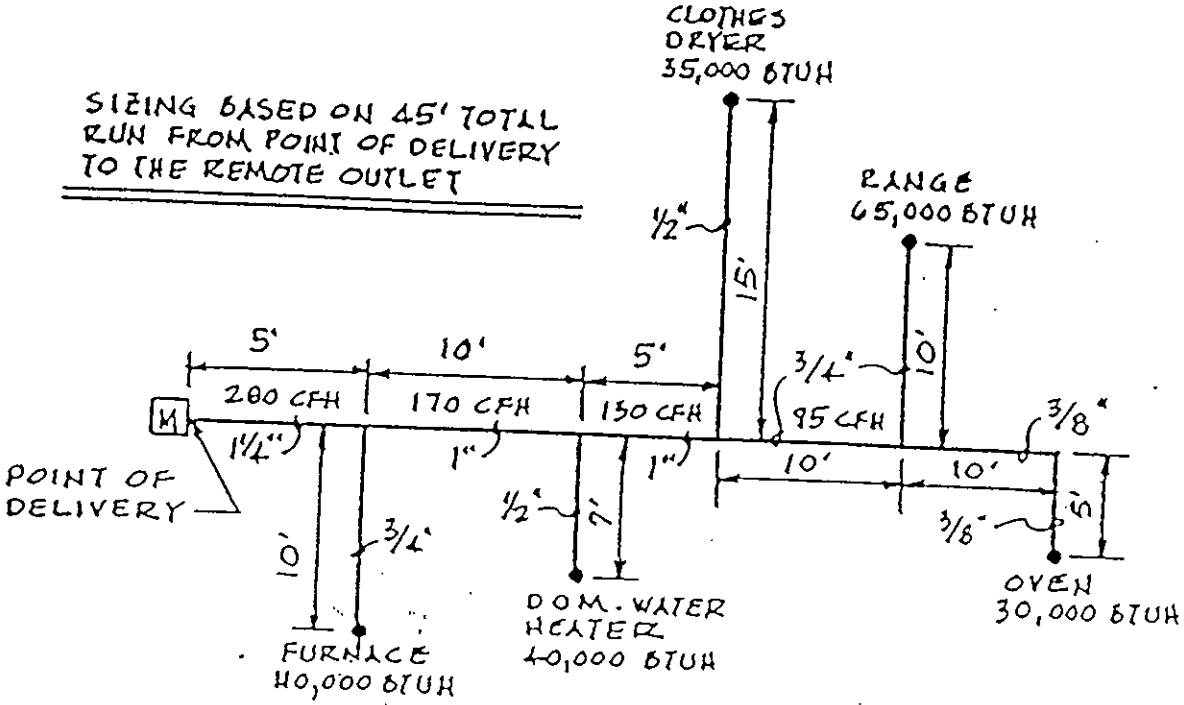


Figure 3. Opening for Concrete Slab

3'
METER
1"
1-1/2"
2'
1"
FUTURE
DRYER
35,000 BTU
1/2"
4'
1"
3/4"
80,000 BTU
FURNACE
3/4"
4'
3/4"
4'
FUTURE
WATER HEATER
40,000 BTU

Pipe size of Schedule 40 standard pipe (inches)	Internal diameter (inches)	Pipe capacity (cubic feet of gas per hour)													
		Length of pipe (feet)													
		10	20	30	40	50	60	70	80	90	100	125	150	175	200
¼	.364	32	22	18	15	14	12	11	11	10	9	8	8	7	6
⅜	.493	72	49	40	34	30	27	25	23	22	21	18	17	15	14
½	.622	132	92	73	63	56	50	46	43	40	38	34	31	28	26
¾	.824	278	190	152	130	115	105	96	90	84	79	72	64	59	55
1	1.049	520	350	285	245	215	195	180	170	160	150	130	120	110	100
1¼	1.380	1,050	730	590	500	440	400	370	350	320	305	275	250	225	210
1½	1.610	1,600	1,100	890	760	670	610	560	530	490	460	410	380	350	320
2	2.067	3,050	2,100	1,650	1,450	1,270	1,150	1,050	990	930	870	780	710	650	610
2½	2.469	4,800	3,300	2,700	2,300	2,000	1,850	1,700	1,600	1,500	1,400	1,250	1,150	1,050	980
3	3.068	8,500	5,900	4,700	4,100	3,600	3,250	3,000	2,800	2,600	2,500	2,200	2,000	1,850	1,700
4	4.026	17,500	12,000	9,700	8,300	7,400	6,800	6,200	5,800	5,400	5,100	4,500	4,100	3,800	3,500

SIZING BASED ON 45' TOTAL RUN FROM POINT OF DELIVERY TO THE REMOTE OUTLET



GAS PIPING RISER DIAGRAM

FOR NATURAL GAS, TO CHANGE BTUH TO CFH
1000 BTUH = 1 CFH

$$\frac{\text{BTUH}}{1000} = \text{CFH}$$

Sample

Township of Brick
Counter Form
(PLEASE PRINT)

te Location: 102 BELINDA CT BRICK
lock: 1429.02 Lot: 2 C 0102
wner's Name: WILLIAM JOHN FLAHERTY JR
wner's Mailing Address: SAME

ıone: (732) 840-6554

BUILDING

ontractor: COMFORT CONTROL SYSTEMS
ddress: 512 SHARK LANE
MANAHAWKIN, NJ 08050
ıone#: 609- ~~609~~ 978-5880
s #
ederal Emp # or SSN 22-3716816

Technical Data

escription of Work: CONVERT ELECTRIC HEATER TO NEW 90 PLUS GAS FURNACE. GAS PIPE TO METER TO DRYER & FURNACE. NEW FURNACE TO HAVE 2" PVC FLUE ACCORDING TO MANUFACTURERS SPECS

Type of Work

__New Building
__Addition
__Alteration
__Roofing
__Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

se Group Present:_____ Proposed:_____
o of Stories:
eight of Structure:
rea of the largest floor:
rea of New Building:
olume of Structure:
otal Land Disturbed:

ost of Alteration:

ost of New Building:

otal Cost of Building Work: $200

ignature:
lease Print Name William Flaherty

ELECTRICAL

Contractor: RAMELLI ELECTRIC INC
Address: 2402 SECOND AVE
TOMS RIVER, NJ 08753
Phone#: 732-349-0383
Lis #: 9354
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	1
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
~~A/C Unit~~ - Central Air	KW
Space Heater/Air Handler	1 furnace KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace ~~CONVERT ELECTRIC TO GAS.~~ 1	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 150.00

Signature:
Please Print Name William Flaherty

CONTRACTOR'S SEAL

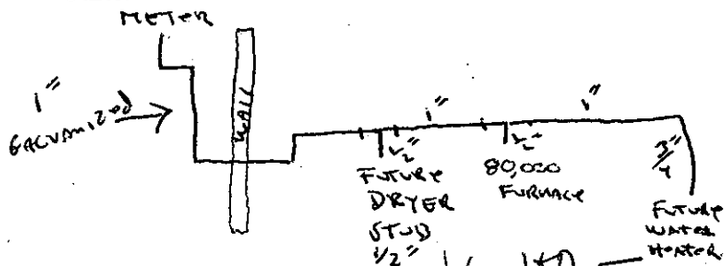
Counter Form
PLEASE PRINT

PLUMBING

Contractor: COMFORT CONTROL SYSTEMS
Address: 512 SHARK LANE
MANAHAWKIN NJ 08050
Phone #: 609 - 978 - 5880
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	



Estimated Cost of Plumbing Work: See Building 180

Signature:

Please Print Name: William Fletcher

CONTRACTOR'S SEAL

FIRE

Contractor: SAME
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work: INSTALL NEW 90% GAS FURNACE & NEW 2" PVC FLUE

Heating Type: X Gas ___ Oil ___ Electric ___ Solar
Heating System is X New ___ Existing
Location of Furnace/Boiler: LAUNDRY ROOM

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace 1
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work: $3050 ~~See Building~~

Signature:

Print Name: William Fletcher