BLOCK 1053 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-1174

CONSTRUCTION PERMIT APPLICATION

C-19-01676

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

I. IDENTIFICATION

1. Proposed Work Site at: 109 Coolidge Drive Brick, NJ 08724 USA
2. Name of Owner in Fee: Albert Barnett
   Tel. [redacted] e-m [redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725
   Address 11 Cotters Lane e-mail permits@goldmedalservi
   East Brunswick, NJ 08816
   License No. OR, if new home, Builder Reg. No. 12777 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 830357354 FAX: (732) 390-3793
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
   Responsible Person in Charge once Work has Begun Joseph Todaro
   Tel. (732) 390-3725 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	150-		
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical	200-		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	35-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 385-		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☒ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	7,800								
☒ Plumbing	10,500								
☒ Fire Protection	500								
☐ Elevator									
TOTAL COST	$18,800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

RECEIVED MAY 06 2019

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/30/2019
Control Number C-19-001676
Permit Number 19-1174
Permit Issue Date 5/13/2019
Certificate Number 19-1174

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 109 COOLIDGE DR Brick Township, NJ Block: 1053 Lot: 9 Qual:

Owner in Fee: BARNETT, ALBERT E. & HELEN L.

Owner Address: 109 COOLIDGE DR BRICK NJ 08724

Telephone: [redacted]

Contractor GOLD MEDAL PLUMBING HEATING/COOLING ELECTRIC INC

Address 11 COTTERS LN EAST BRUNSWICK NJ 08816

Telephone: (732) 390-3725 Fax: (732) 390-3791

License Number or Builders Registration Number: Federal Emp. Number: 830-357354

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/30/2019

U.C.C. F260 (rev. 08/05)

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
5/6/19	Electric Tech is for wrong town/address L/m with Theresa (Gold medal) need new Electric Tech	
5/8/19	Called Theresa	

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. _____	_____	_____	_____	_____

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(f)1.ix:

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 _____ 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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electric, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3725

Signature _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/13/19
Control #
Date Issued
Permit # 19-11374

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

Block 1053 Lot 9 Qualification Code

Work Site Location 109 Coolidge Drive Brick, NJ 08724

Owner in Fee: Albert Barnett

[redacted] e-mail permits@goldmedalservice.com

Address SAME
street municipality zip code

Contractor: Gold Medal Service, LLC Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.
East Brunswick, NJ 08816

Contractor License No. 18342 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5-23-19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-23-19	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Joseph Todaro

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
replace furnace +a/c

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	4	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		furnace	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

RECEIVED MAY 08 2019

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 5/13/19
Control #
Date Issued
Permit # 19-1174

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

Block 1053 Lot 9 Qualification Code

Work Site Location 109 Coolidge Drive Brick, NJ 08724

Owner in Fee: Albert Barnett

Tel [redacted] e-mail permits@goldmedalservice.com

Address same
street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.c

East Brunswick, NJ 08816

Contractor License No. or Builder Registration No. 12777 - 1694 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 10,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 5-23-19
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL			5-23-19	

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.

Sign here:

Print name here: Joe Todaro

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace a/c+furnace+coil

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued 5/10/19
Control # C-19-001676
Permit # 19-1174

IDENTIFICATION Block: 1053 Lot: 9 Qualifier
Work Site Location: 109 COOLIDGE DR Brick Township, NJ
Owner in Fee: BARNETT, ALBERT E. & HELEN L.
109 COOLIDGE DR BRICK NJ 08724
Telephone: [redacted]

Contractor: GOLD MEDAL PLUMBING HEATING/COOLING
Address: 11 COTTERS LN EAST BRUNSWICK NJ 08816
Telephone: (732) 390-3725
Lic. No. or Bldrs. Reg. No. 13VH02738600 9734 12777
Federal Employee. No. 830-397354

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☑ OTHER

DESCRIPTION OF WORK:
REPLACEMENT A/C, REPLACEMENT HOT AIR FURNACE

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$35
CO Fee	
Other	$0
Total	$385
Check No.	5154
Cash	$0
Credit	$0
Collected By	

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 $18,300

Daniel F Mendes (MFP) 5/8/19
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1053 LOT 9 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 109 Coolidge Dr Brick 08724

Owner in Fee Barnett

Verifying Individual Joseph Todaro Company Gold Medal PHCE

Address 11 Cotters Lane (Street) East Brunswick (City) NJ (State) 08816 (Zip Code)

Tel: (732) 390-3725 Fax: (732) 390-3793

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: **Size** 6

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	furnace	Oil / (Gas) / Other:	90K
Appliance 2:	water	Oil / Gas / Other:	40K
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature 5-3-19 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

732-262-1030

Welcome to
Ocean County, New Jersey
Government Online — *The Shore and More...*

Tax List Details - Current Year

Municipality:	Brk	Deed date:	N/A
Owner:	BARNETT, ALBERT E. & HELEN L.	Block:	1053
Mailing address:	109 COOLIDGE DR	Lot:	9
City/State:	BRICK, NJ 08724	Qual:	
Location:	109 COOLIDGE DR		
Prop class:	2	Land val:	114,000
Bldg desc:	1SF1G 1102	Improvement val:	103,700
Land desc:	70X100	Exemption 1:	
Addtl lots:		Exemption 2:	
Zone:	R75	Exemption 3:	
Map:	55.2	Exemption 4:	
Year blt:	1973	Net value:	217,700
Book/page:	/	Last yr taxes:	4678.73
Sale price:		Prev block:	01053 6
Nonusable code:		Prev lot:	00009
Spcl tax codes:	F02, , ,	Prev qual:	
Exmt Prop Code	000	Init/Fur file date	NA / NA
Statue:		Facility:	

Assessment History

Year	Prop cls	Land Value	Imprv Val	Net Val
2018	2	114,000	103,700	217,700
2017	2	114,000	103,700	217,700
2016	2	114,000	103,700	217,700
2015	2	114,000	103,700	217,700

Cama Details

Type/use:	One Family	Story hgt:	1 Story
Design:	Ranch	Roof type:	Gable
Roof mtrl:	Asphalt Shingle	Ext Finish:	AlumVinyl
Foundation:	Block/Concrete, Concrete Slab	Basement:	1040
Heating src:	Gas	Heat system:	Forced Air
Electric:	Adequate	A/C:	All Combine
Plumbing:			
Fireplace:	None(0)	SFLA:	1102
Attic area:	0	Unf area:	0
# bedrooms:	3	# bathrooms:	1
Attchd items:	Att Gar, Open Porch, Conc Patio	Total # rooms:	6
Detchd items:			

Sr1a Details

Job #150593/10 Replace AC + furnace + coil $18,800

AIR CONDITIONERS

EL16XC1

ELITE® Series

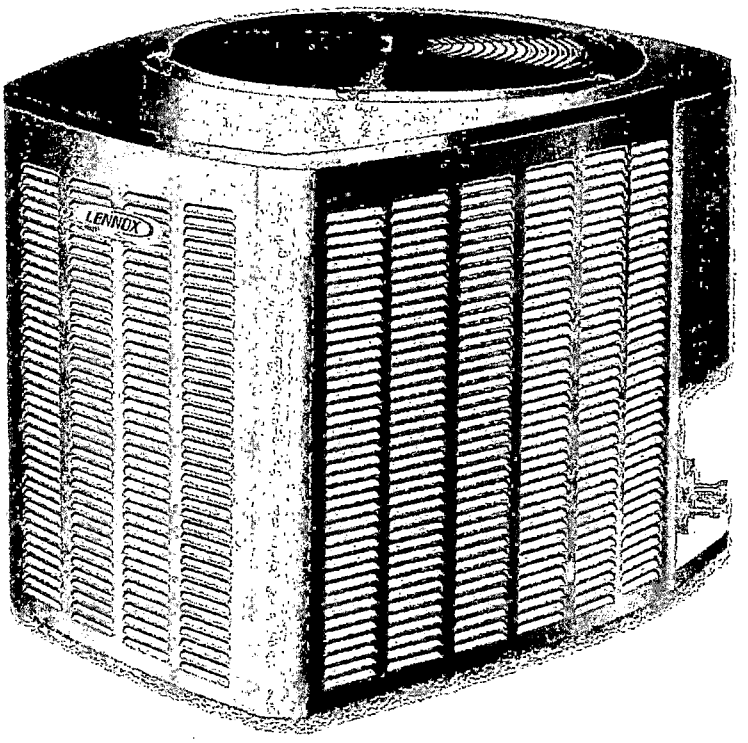
R-410A

PRODUCT SPECIFICATIONS

Bulletin No. 210833
January 2018
Supersedes Bulletin No. 210758

ELITE® SERIES

LENNOX QUANTUM™ COIL



ENERGY STAR

SEER up to 17.90
1.5 to 5 Tons
Cooling Capacity - 17,800 to 60,000 Btuh

MODEL NUMBER IDENTIFICATION

EL 16 X C 1 - 036 - 230 A 01

- **Product Tier**: EL = Elite® Series
- **Nominal SEER**: 16 = 16 SEER
- **Refrigerant Type**: X = R-410A
- **Unit Type**: C = Air Conditioner (Condenser)
- **Cooling Stages**: 1 = Single Stage Compressor
- **Regional Standards**: – (dash) = All Regions or Southwest Region (dependent on size); S = North and South Regions
- **Nominal Cooling Capacity**: 018 = 1.5 tons; 024 = 2 tons; 030 = 2.5 tons; 036 = 3 tons; 041 = 3.5 tons; 042 = 3.5 tons; 047 = 4 tons; 048 = 4 tons; 060 = 5 tons
- **Voltage**: 230 = 208/230V-1 phase-60hz
- **Ratings Revision Level**
- **Revision Level**

SPECIFICATIONS

General Data	Model No.	All Regions	EL16XC1-018	EL16XC1-024	EL16XC1-030	- - -
		North / South Regions	- - -	- - -	- - -	EL16XC1S036
		Southwest Region	- - -	- - -	- - -	EL16XC1-036
		Nominal Tonnage	1.5	2	2.5	3
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	3/4	3/4	3/4	7/8
Refrigerant		[1] R-410A charge furnished	4 lbs. 9 oz.	4 lbs. 9 oz.	5 lbs. 8 oz.	7 lbs. 1 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	13.22	16.33	21.00	16.33
		Inner coil	- - -	- - -	- - -	15.75
		Tube diameter - in.	5/16	5/16	5/16	5/16
		No. of rows	1	1	1	2
		Fins per inch	26	26	26	22
Outdoor Fan		Diameter - in.	18	22	22	22
		No. of blades	3	3	3	3
		Motor hp	1/10	1/6	1/6	1/6
		Cfm	2290	3160	3160	3160
		Rpm	1075	825	825	825
		Watts	160	215	215	190
Shipping Data - lbs. 1 pkg.			155	171	187	205

ELECTRICAL DATA

Line voltage data - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			20	25	25	30
[3] Minimum circuit ampacity			11.9	14.6	17	18.0
Compressor		Rated load amps	9.0	10.9	12.8	13.6
		Locked rotor amps	48	59.3	67.8	79
		Power factor	0.97	0.97	0.97	0.96
Outdoor Fan Motor		Full load amps	0.7	1	1	1
		Locked rotor amps	1.3	1.9	1.9	1.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	◦	◦	◦	◦
Compressor Hard Start Kit	Copeland	10J42	◦	◦	◦	
	LG	88M91	◦	◦	◦	◦
Compressor Low Ambient Cut-Off Switch		45F08	◦	◦	◦	◦
Compressor Timed-Off Control		47J35	◦	◦	◦	◦
Freezestat	3/8 in. tubing	93G35	◦	◦	◦	◦
	5/8 in. tubing	50A93	◦	◦	◦	◦
Indoor Blower Off Delay Relay		58M81	◦	◦	◦	◦
Loss of Charge Switch Kit		84M23	◦	◦	◦	◦
[4] Low Ambient Kit (Fan Cycling)		34M72	◦	◦	◦	◦
Refrigerant Line Sets	L15-41-20 L15-41-30	L15-41-40 L15-41-50	◦	◦	◦	
	L15-65-30	L15-65-40 L15-65-50				◦

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

SPECIFICATIONS

General Data	Model No.	All Regions	EL16XC1-041	EL16XC1-042	EL16XC1-047	EL16XC1-048	EL16XC1-060
		Nominal Tonnage	3.5	3.5	4	4	5
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	7/8	7/8	7/8	7/8	1-1/8
Refrigerant		[1] R-410A charge furnished	9 lbs. 9 oz.	8 lbs. 12 oz.	11 lbs. 0 oz.	9 lbs. 12 oz.	12 lbs. 0 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	21.00	21.00	22.17	21.00	29.09
		Inner coil	20.25	20.25	21.33	20.25	28.16
		Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
		No. of rows	2	2	2	2	2
		Fins per inch	22	22	22	22	22
Outdoor Fan		Diameter - in.	22	22	26	22	26
		No. of blades	3	3	4	4	3
		Motor hp	1/6	1/6	1/3	¼	1/3
		Cfm	3050	3050	4400	3600	4550
		Rpm	825	825	825	825	825
		Watts	190	190	310	310	310
Shipping Data - lbs. 1 pkg.			227	234	272	255	284

ELECTRICAL DATA

Line voltage data - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			30	40	35	40	50
[3] Minimum circuit ampacity			19.3	23.4	21.9	24.2	29.6
Compressor		Rated load amps	14.7	17.9	16.1	18.0	22.2
		Locked rotor amps	75	112	105.5	117	127.9
		Power factor	0.96	0.96	0.98	0.96	0.98
Outdoor Fan Motor		Full load amps	1	1	1.8	1.7	1.8
		Locked rotor amps	1.9	1.9	2.9	3.2	2.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	◦	◦			
		93M06			◦	◦	
		Factory					◦
Compressor Hard Start Kit	Copeland	10J42		◦		◦	
	LG	88M91	◦	◦	◦	◦	◦
Compressor Low Ambient Cut-Off Switch		45F08	◦	◦	◦	◦	◦
Compressor Timed-Off Control		47J35	◦	◦	◦	◦	◦
Freezestat	3/8 in. tubing	93G35	◦	◦	◦	◦	◦
	5/8 in. tubing	50A93	◦	◦	◦	◦	◦
Indoor Blower Off Delay Relay		58M81	◦	◦	◦	◦	◦
Loss of Charge Switch Kit		84M23	◦	◦	◦	◦	◦
[4] Low Ambient Kit (Fan Cycling)		34M72	◦	◦	◦	◦	◦
Refrigerant Line Sets	L15-65-30	L15-65-40	◦	◦	◦	◦	
		L15-65-50					
		Field Fabricate					◦

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

GAS FURNACES

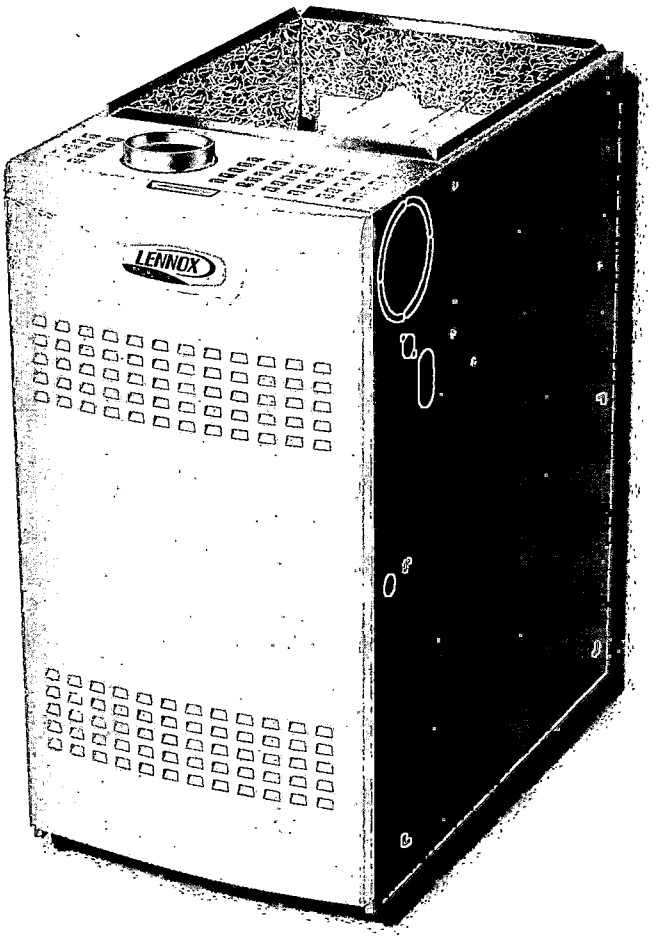
SL280UHV

DAVE LENNOX *SIGNATURE*® COLLECTION

Upflow / Horizontal - Two-Stage Heat - Variable Speed Blower

PRODUCT SPECIFICATIONS

Bulletin No. 210575
May 2011
Supersedes December 2010



AFUE - 80%
Input - 66,000 to 132,000 Btuh
Nominal Add-on Cooling - 2 to 5 Tons

MODEL NUMBER IDENTIFICATION

SL 2 80 UH 070 X V 36 B

Unit Type
SL = Dave Lennox *Signature*® Collection

Stages
2 = Two-Stage

AFUE
80 = 80%

Configuration
UH = Upflow/Horizontal

Nominal Gas Heat Input
070 = 66,000 Btuh
090 = 88,000 Btuh
110 = 110,000 Btuh
135 = 132,000 Btuh

Low NO_x = Units meet California Nitrogen Oxides standards

Blower
V = Variable Speed Blower Motor

Nominal Add-On Cooling Capacity
36 = 2-3.5 tons
48 = 4 tons
60 = 4-5 tons

[1] **Cabinet Width**
A = 14-1/2 in.
B = 17-1/2 in.
C = 21 in.
D = 24-1/2 in.

[1] Indoor coils with the same letter designation will physically match the furnace.

SPECIFICATIONS

Gas Heating Performance		**Model No.**	**SL280UH070V36A**	**SL280UH090V36B**	**SL280UH090V48B**
		Model No. - Low Nox	**SL280UH070XV36A**	**- - -**	**SL280UH090XV48B**
		[1] AFUE	80%	80%	80%
	High Fire	Input - Btuh	66,000	88,000	88,000
		Output - Btuh	52,000	70,000	70,000
		Temperature rise range - °F	40 - 70	40 - 70	40 - 70
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10	3.5 / 10	3.5 / 10
	Low Fire	Input - Btuh	43,000	57,000	57,000
		Output - Btuh	35,000	47,000	47,000
		Temperature rise range - °F	25 -55	25 -55	25 -55
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9
High static - in. w.g.		Heating	0.8	0.8	0.8
		Cooling	1.0	1.0	1.0
Connections in.		Flue connection – in. round	4	4	4
		Gas pipe size IPS	1/2	1/2	1/2
Indoor Blower		Wheel nominal diameter x width - in.	10 X 8	10 X 9	11-1/2 X 9
		Motor output - hp	1/2	1/2	1.0
		Tons of add-on cooling	2 - 3	2 - 3.5	2.5 - 4
		Air Volume Range - cfm	606 - 1345	498 - 1393	679 - 2002
Electrical Data		Voltage	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	7.7	7.7	12.8
		Maximum overcurrent protection	15	15	20
Shipping Data		lbs. - 1 package	128	143	154

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

[2] Flue connection on the unit is 4 in. diameter. Most applications will require 5 in. venting and field supplied 4 x 5 in. adaptor. See Venting Tables in the Installation Instructions for detailed information.

SPECIFICATIONS

Gas Heating Performance		**Model No.**	**SL280UH090V60C**	**SL280UH110V60C**	**SL280UH135V60D**
		Model No. - Low Nox	**SL280UH090XV60C**	**SL280UH110XV60C**	**- - -**
		[1] AFUE	80%	80%	80%
	High Fire	Input - Btuh	88,000	110,000	132,000
		Output - Btuh	70,000	87,000	105,000
		Temperature rise range - °F	35 - 65	35 - 65	40 - 70
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
	Low Fire	Input - Btuh	57,000	72,000	86,000
		Output - Btuh	47,000	58,000	69,000
		Temperature rise range - °F	25 -55	25 -55	25 -55
		Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	1.7 / 4.9	1.7 / 4.9	1.7 / 4.9
High static - in. w.g.		Heating	0.8	0.8	0.8
		Cooling	1.0	1.0	1.0
Connections in.		Flue connection – in. round	4	4	[2] 4
		Gas pipe size IPS	1/2	1/2	1/2
Indoor Blower		Wheel nominal diameter x width - in.	11-1/2 X 10	11-1/2 X 10	11-1/2 X 11
		Motor output - hp	1.0	1.0	1.0
		Tons of add-on cooling	3 - 5	3 - 5	3.5 - 5
		Air Volume Range - cfm	826 - 2305	812 - 2125	828 - 2257
Electrical Data		Voltage	120 volts - 60 hertz - 1 phase		
		Blower motor full load amps	12.8	12.8	12.8
		Maximum overcurrent protection	20	20	20
Shipping Data		lbs. - 1 package	173	181	199

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

[2] Flue connection on the unit is 4 in. diameter. Most applications will require 5 in. venting and field supplied 4 x 5 in. adaptor. See Venting Tables in the Installation Instructions for detailed information.

INDOOR COILS

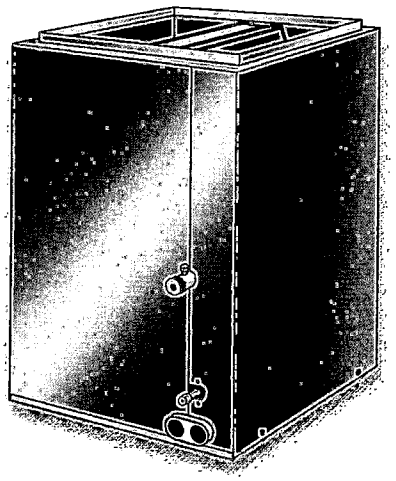
CX35

Upflow - Cased - R-410A

PRODUCT SPECIFICATIONS

Bulletin No. 210668
November 2016
Supersedes September 2015

LENNOX QUANTUM™ COIL



1.5 to 5 Tons

MODEL NUMBER IDENTIFICATION

C X 35 - 36 A - 6 F

- **Unit Type**: C = Indoor Coil = Upflow
- **Refrigerant Type**: X = R-410A
- **Series**
- **Nominal Cooling Capacity**: 18/24 = 1.5/2 tons; 24 = 2 tons; 30 = 2.5 tons; 30/36 = 2.5/3 tons; 36 = 3 tons; 48 = 3.5/4 tons; 49 = 4 tons; 50/60 = 4/5 tons; 60 = 5 tons
- [1] **Cabinet Width**: A = 14-1/2 in.; B = 17-1/2 in.; C = 21 in.; D = 24-1/2 in.
- **Metering Device**: 6 = Factory installed Check/Expansion Valve for R-410A refrigerant (non-bleed port)
- **Cabinet**: F = Cased

[1] Furnaces with the same letter designation will physically match the indoor coil.

FEATURES

CONTENTS

WARRANTY

All Covered Components - Limited warranty for five years in residential applications, one year warranty in non-residential applications.
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details.

APPLICATIONS

Lennox designed upflow cased indoor coils can easily be installed with most Lennox upflow furnaces.

Factory installed R-410A, check/expansion valve.

See Product Specifications in section Air Conditioners or Heat Pump Outdoor Units for indoor coil applications and cooling capacities.

TESTING

Tested with matching air conditioners and heat pump units.

Rated in accordance with AHRI Standard 210/240-2008 conditions and DOE test procedures.

Air resistance tests from Lennox Laboratory air test chamber.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block 1053 Lot 9 Qualification Code

Work Site Location 5 Gloucester Street Plainsboro Township, NJ 08536

Owner in Fee: MICHELLE BOWDEN

Te [redacted] e-mail permits@goldmedalservice.com

Address SAME
street municipality zip code

Contractor: Gold Medal Service, LLC Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.
East Brunswick, NJ 08816

Contractor License No. 18342 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Joseph Todaro

☒ Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
replace a/c+furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	4	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		furnace	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.