

BLOCK 7.01 LOT 7.14 QUALIFICATION CODE _____ ADDRESS (SITE) 14 Ashkum Ter PERMIT NO. 18-306



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed work Site at: 14 Ashkum Ter Chester NJ
2. Name of Owner in Fee: US Bank
Tel: 973-344-0347 e-mail: _____
Address: 14 Ashkum Ter street Chester NJ municipality
3. Ownership in Fee: Public ☒ Private ☒
4. Principal Contractor: 1st Good Heating and Cooling Tel: 201-547-2740
Address: 30 Hoff St e-mail: _____
License No. OR, if new home, Builder Reg. No. 14HC0269500 Exp. Date 6/30/18
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 46-346614 FAX: _____
5. Architect or Engineer: _____ Contact: _____
Address: _____ e-mail: _____
Tel: _____ FAX: _____
6. Responsible Person in Charge once Work has Begun: Owner
Tel: 201-547-2740 FAX: _____

IIa. PROPOSED WORK

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

III. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

TOTAL COST \$0

III. PLAN REVIEW (optional)

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

- DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing
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. ☐ LP Gas Tanks
12. ☐ Fire Alarm

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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 _____

VII. DESCRIPTION OF BUILDING USE

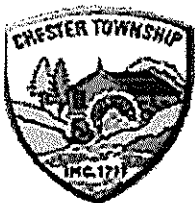
A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No of dwelling units: _____

Total Units _____ Income-Restricted _____

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 _____



TOWNSHIP OF CHESTER
1 PARKER ROAD
CHESTER, NJ 07930
908 - 8795100

Control Number: 20845
Application Date: 04/30/2018

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 7.01	Lot: 7.14	Qualification Code:	
Work Site Location:	14 ASHLAND TERRACE CHESTER TOWNSHIP		
Owner In Fee:	US BANK	Contractor:	1ST GOAL HEATING & COOLING
Address:	14 ASHLAND TERRACE	Address:	30 HUFF STREET
	CHESTER NJ 07930		WHARTON NJ 07885
Telephone:	()	Telephone:	(201) 598-2740
Use Group(s):	R-5	Lic. No. / Bldrs. Reg. No.:	
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☒ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACEMENT OF 5 FURNACES, 5 A/C COIL & CONDENSORS, GAS LINE FOR
METER & WATER HEATER.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	11,300.00
Cost of Demolition:	0.00

Total Cost: \$11,300.00

PAYMENTS (Office Use Only)	
Building	
Electrical	\$175.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	\$415.00
VolFee (DCA)	
AltFee (DCA)	\$22.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$612.00
All Fees Waived:	No

Amount to be Paid:

\$612.00

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.

James A. Fania
Construction Official

5-10-18
Date

Note:



TOWNSHIP OF CHESTER

1 PARKER ROAD
CHESTER, NJ 07930
908 - 8795100

Permit Number: 20180306

Update Number:

Control Number: 20845

Application Date: 04/30/2018

IDENTIFICATION**OWNER/PROPERTY DETAILS**

Block: 7.01	Lot: 7.14	Qualification Code:	
Work Site Location:	14 ASHLAND TERRACE CHESTER TOWNSHIP		
Owner In Fee:	US BANK		
Address:	14 ASHLAND TERRACE CHESTER NJ 07930		
Telephone:	()		
Use Group(s):	R-5		
Contractor:	1ST GOAL HEATING & COOLING		
Address:	30 HUFF STREET WHARTON NJ 07885		
Telephone:	(201) 598-2740		
Lic. No. / Bldrs. Reg. No.:			
Federal Emp. No.:			

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| ☐ BUILDING | ☐ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☒ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACEMENT OF 5 FURNACES, 5 A/C COIL & CONDENSORS, GAS LINE FOR METER & WATER HEATER.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	11,300.00
Cost of Demolition:	0.00

Total Cost:	\$11,300.00
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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.

Ben Farneski
Construction Official

Date

Amount to be Paid:	\$612.00
Check Number:	750
Check amount:	\$612.00

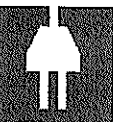
PAYMENTS (Office Use Only)	
Building	
Electrical	\$175.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	\$415.00
VolFee (DCA)	
AltFee (DCA)	\$22.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$612.00
All Fees Waived:	No

Collected by:	caq
Receipt No:	
Total Cash Amount:	
Total Check Amount:	\$612.00
Total CC Amount:	
Grand Total:	\$612.00

Note:



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
 Block 101 Lot 214 Qualification Code _____
 Work Site Location 14 ASHLAND TERR

Owner in Fee: US BANK

Tel. (973) 349-0847 e-mail _____

Address 14 ASHLAND TERR

Contractor 1ST GOAL HEATING AND COOLING LLC Municipality TECHNICAL SECTION Tel. (201) 598-2740 Zip code _____
 Address 30 HUFF ST WHARTON NJ e-mail _____

Contractor License No. 19HC00169600 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 463966114 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 500

PLAN REVIEW	INSPECTIONS	TESTS (MONTH/DAY)
☒ No Plans Required	Type: _____	Failure: _____
☒ Panel Antistatic Linings Approved	Failure: _____	Repair: _____
Date: _____ Approved by: _____	Month: _____	Month: _____
☒ Electric Plans Approved	Term. Serv: _____	Month: _____
Date: _____ Approved by: _____	Comm. Serv: _____	Month: _____
☒ Panel Rebar Required	Other: _____	Month: _____
Date: _____ Approved by: _____	Service: _____	Month: _____
☒ Subcode Approved by Electrician	Panel Free: _____	Month: _____
Date: _____ Approved by: _____	Panel: _____	Month: _____
☒ Subcode Approved by Electrician	Term. Card Date Issued: _____	Month: _____
Date: _____ Approved by: _____	Final Check Date Issued: _____	Month: _____
☒ Subcode Approved by Electrician	Annual Panel Inspection: _____	Month: _____
Date: _____ Approved by: _____	Annual Panel Inspection: _____	Month: _____
☒ Subcode Approved by Electrician	Date of Grounding and Bonding Certification: _____	Month: _____
Date: _____ Approved by: _____	Date of Grounding and Bonding Certification: _____	Month: _____

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: QUINCEY FELIX

☐ Licensed Elec. Contractor ☒ Certified Landscape Irrigation Contr ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACEMENT OF 5 FURNACES AND CONDENSERS, RECONNECT

QTY.	SIZE	ITEMS	PRICE (MONTH/DAY)
5		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Date Received 5-3-18
 Control # _____
 Date Issued _____
 Permit # 18-366

7/17/2018

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

MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 101 Lot 714 Qualification Code _____
Work Site Location 14 ASHLAND TERR CHESTER NJ

Owner in Fee: US BANK

Tel. (973) 349-0847

e-mail _____

Address 14 ASHLAND TERR CHESTER NJ

Contractor: 1ST GOAL HEATING & COOLING LLC street municipality
Address 30 HUFF ST WHARTON NJ 07885 Tel. (201) 598-2740 zip code
e-mail FIRSTGOALHVAC@YAHOO

Contractor License No. 19HC0016900

Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 463966114

FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☒ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☒ Other PROPANE

Estimated Cost of Mechanical Work \$ 9,300 + 1,500 = \$ 10,800.

PLAN REVIEW	INSPECTIONS	DATES
1. ☐ No Plans Required	Type: _____	Feature: _____
2. ☐ Mechanical Plans Approved	Gas Piping	Approved: _____
3. ☐ Mechanical Plans Approved	Appliances	Approved: _____
4. ☐ Mechanical Plans Approved	Chimneys	Approved: _____
5. ☐ Mechanical Plans Approved	Oil Piping	Approved: _____
6. ☐ Mechanical Plans Approved	Oil Tank	Approved: _____
7. ☐ Mechanical Plans Approved	LPG Tank	Approved: _____
8. ☐ Mechanical Plans Approved	Hydronic Piping	Approved: _____
9. ☐ Mechanical Plans Approved	Fireplace	Approved: _____
10. ☐ Mechanical Plans Approved	Chimney Vent	Approved: _____
11. ☐ Mechanical Plans Approved	Other	Approved: _____

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.

Applicant sign/Contractor

sign and seal here:

Print name here: QUINCEY FELIX

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT OF(5) 60,000 BTU FURNACES, (5) 2.5 TON A/C COIL AND CONDENSERS, GAS LINE TEST, NEW METER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	\$ 200.00
5	Fuel Oil Piping Connections	\$ 400.00
5	Gas Piping Connections	\$ 400.00
5	Steam Boiler	\$ 400.00
5	Hot Water Boiler	\$ 400.00
5	Hot Air Furnace	\$ 400.00
5	Oil Tank	\$ 400.00
5	LPG Tank	\$ 400.00
5	Fireplace	\$ 400.00
5	Generator	\$ 400.00
5	Other	\$ 400.00

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	\$ 1,600.00

C/13/18 Gas test car -

MUST be 15 PSI.

NO ENTRY 10AM

TOWNSHIP OF CHESTER

1 Parker Road
Chester, NJ 07930
(908) 879-5100 Fax (908) 879-5260

PLAN REVIEW COMMENTS

DATE: 04/30/2018 BLOCK: 7.01 LOT: 7.14

NAME: US BANK ADDRESS: 14 ASHLAND TERRACE

DESCRIPTION OF WORK: 5 FURNACES, 5 A/C'S & WATER HEATER

Electric Sub-Code Official:

✓ *Waiting for electrical T/S. 4-30-18.*

_____ Denied _____ Approved: 5/07/18
KE

Plumbing/Mechanical Sub-Code Official:

_____ Denied _____ Approved: 5/1/18
KE

Fire Sub-Code Official:

_____ Denied _____ Approved: _____

Building Sub-Code Official

_____ Denied _____ Approved: _____

Construction Official:

_____ Denied _____ Approved: 5-10-18

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED

Quincey A. Felix
Master HVACR Contractor

06/05/2016 TO 06/30/2018

VALID

SIGNATURE

19HC00169600

License/Registration/Certificate #

ACTING DIRECTOR

Installation Instructions and Use & Care Guide



Residential Gas Water Heater

Residential Atmospheric Gas Water Heater
with the Flammable Vapor Ignition Resistant Safety System

DO NOT RETURN THIS UNIT TO THE STORE



Read this manual and the labels on the water heater before you install, operate, or service it. If you have difficulty following the directions, or aren't sure you can safely and properly do any of this work yourself:

• Call our Technical Assistance Hotline at 1-877-817-6750 or visit <http://www.AOSmithAtLowes.com>. We can help you with installation, operations, troubleshooting, or maintenance. Before you call, write down the model and serial number from the water heater's data plate.

Incorrect installation, operation, or service can damage the water heater, your house and other property, and present risks including fire, scalding, electric shock, and explosion, causing serious injury or death.

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WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result causing property damage, personal injury or death.

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

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.

Installation and service must be performed by a qualified installer, service agency or the gas supplier.

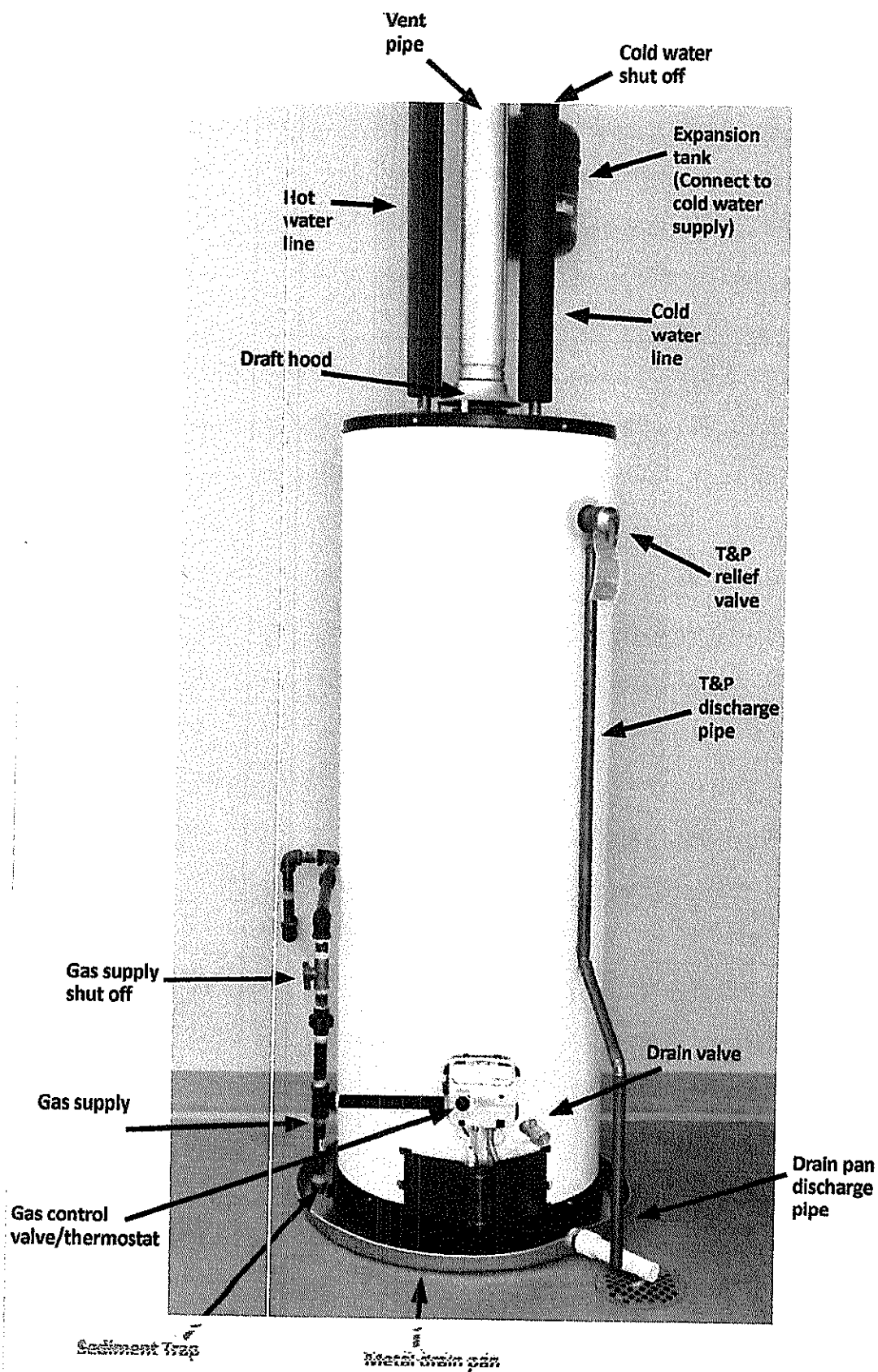


Keep this manual in the pocket on heater for future reference whenever maintenance, adjustment or service is required.

Retain your original receipt as proof of purchase.

2000536058 (Ver. 00) 100277333 (A)

October 2016





Evcon™ Gas Furnaces

Efficiency That's Built To Last

96% AFUE efficiency 2-stage models (RGF29-E)

95% AFUE efficiency 1-stage
models (RGF19-P, RGF19-E)

You can count on Evcon™ gas furnaces to deliver exceptional efficiency, quality engineering and outstanding value. With our high-efficiency models, you'll see substantial energy savings on even on the coldest winter days — as much as 40% over older furnaces.

Solid 80% AFUE performance (RGF1L-P, RGF1L-E, RGF2L-E)

Evcon™ 80% AFUE models are value-engineered to reduce your heating bill by up to 25% over older gas furnaces. Their durable precision design fits naturally vented homes with a chimney.

Compact

Big performance from a small (33-inch) design makes a perfect fit for any application.

Reliable

The aluminized tubular steel primary heat exchanger design provides maximum efficiency, superior corrosion resistance and long-term dependability.

Quiet

Extremely low operating sound levels minimize disruptive noise in your home.

Durable

Folded and flattened heavy-gauge, galvanized sheet metal provides superior cabinet strength without any sharp edges.

Advanced

State-of-the-art integrated control modules deliver a precise combination of advanced fuel reduction and reliable, safe operation.

Offered in 60-120 BTU, 96% AFUE models (RFG29-E); 40-120 BTU, 95% AFUE models (RGF19-P, RGF19-E) and 80% AFUE models (RGF1L-P, RGF1L-E, RGF2L-E)

Outstanding limited warranty:

Lifetime Heat Exchanger on 95% AFUE and 96% AFUE models, 20-Year Heat Exchanger on 80% AFUE models and 10-Year Parts*.



Discover the Full Line of Evcon™ Products

www.evconhomecomfort.com/equipment/gas-furnaces.aspx

* System must be registered online within 90 days of installation for 10-year parts and lifetime heat exchanger limited warranties. If not registered within 90 days, the parts warranty reverts to a 5-year limited warranty and the heat exchanger warranty reverts to a 20-year limited warranty.

Consistent, Reliable Comfort

Evcon™ heating and cooling products are engineered to offer durable comfort, quality and efficiency you can rely on. Evcon™ manufacturing meets world-class standards to ensure the highest quality HVAC products for your home.

**Certification Assurance**

Evcon™ supports the mission of North American Technician Excellence, Inc. (NATE). NATE is the leading certification program for technicians in the heating, ventilation, air conditioning and refrigeration (HVAC/R) industry, and is the only testing organization supported by the entire industry.





Evcon™ Air Conditioners

Compact Cooling Power

14 and 17 SEER Split System Air Conditioners (RAC13F, RAC13L, RAC14L, RAC14F, RAW14L, RAC17L)

The Evcon™ air conditioner design provides more cooling in a smaller cabinet than those clunky old air conditioning systems. Advanced coils deliver improved air quality, humidity control, ideal indoor temperature and quiet operation through proven fan technology. And with a performance rating up to 14 SEER, you can count on efficiency that matches today's energy standards.

High-Efficiency Coil

Evcon™ advanced coils deliver increased cooling efficiency and reliable performance.

Durable Design

These systems feature internal compressor protection and external system protection, and include a factory-installed filter-drier to keep the refrigerant clean and dry. The fan motor is permanently lubricated and does not require annual servicing.

Offered in 13, 14 SEER and 17 SEER efficiencies in 1.5- to 5-ton models.

Outstanding limited warranty:
10-Year Compressor/10-Year Parts*.



Discover the Full Line of Evcon™ Products

www.evconhomecomfort.com

* Must be registered online within 90 days of installation for 10-year parts limited warranty. Otherwise the warranty reverts to the standard warranty as published in the product warranty certificate.

Consistent, Reliable Comfort

Evcon™ heating and cooling products are engineered to offer durable comfort, quality and efficiency you can rely on. Evcon™ manufacturing meets world-class standards to ensure the highest quality HVAC products for your home.

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.

☒ Check if contractor.

Agent Name: 1st Goal Heating and Cooling LLC

Address: 30 Hoff St Wharton NJ 07885

Telephone: 201-598-2740

Signature: [Signature]

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