BLOCK 1354.35 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 178 CALVIN CT PERMIT NO. 11-1940

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C11-002076

I. IDENTIFICATION

1. Proposed Work Site at: 178 CALVIN CT
2. Name of Owner in Fee: BANNIGAN
   Tel. [redacted] e-mail _____
   Address 178 CALVIN CT (street) BRICK (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: THE HEATING PRO'S Tel. (732) 657-0675
   Address 374 VATH ST JACKSON, NJ 08527 e-mail theheatingpros@aol.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/11
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800
   Federal Emp. ID No. 82-05555526 FAX: (732) 657-9590
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun WILLIAM GEMIGNANI
   Tel. (732) 657-0675 FAX: (732) 657-9590

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40	✓	
2. Electrical	30	✓	
3. Plumbing	45		
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	20		
12. Other			
13. TOTAL	$ 155		

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

- [X] 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building		RECD JUN 02 2011							
[X] Electrical	200.00				6-14-11 JS				
[X] Plumbing	7800.00			06-22-11 LK-11		JS	6/24/11		
[X] Fire Protection	4000.00				6-10-11	DB			
[ ] Mechanical									
TOTAL COST	12,000.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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

D. Construction Classification:

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
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs

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.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 The Heating Pro's

Address 374 Vath Street
Jackson, NJ 08527

Telephone (732)657-0675 *email theheatingpros@aol.com*

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/05/2011
Control Number C-11-002076
Permit Number 11-1940
Permit Issue Date 07/01/2011
Certificate Number 11-1940

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 178 CALVIN CT. Brick Township, NJ Block: 1354.35 Lot: 10 Qual:

Owner in Fee: SICCARDI, ROBERT & MARGARET E;ETALS

Owner Address: 178 CALVIN CT BRICK NJ 08724

Telephone:

Contractor THE HEATING PROS

Address 374 VATH ST JACKSON NJ 08527-

Telephone: (732) 657-0675 Fax: (732) 657-9590

License Number or Builders Registration Number: 13VH01088800 Federal Emp. Number: 13-8483564

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: AIR CONDITIONER, FURNACE replacement

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/05/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/1/11
Control # C-11-002076
Permit # 11-1940

IDENTIFICATION Block: 1354.35 Lot: 10 Qualifier
Work Site Location: 178 CALVIN CT. Brick Township, NJ
Owner in Fee: SICCARDI, ROBERT & MARGARET E;ETALS
178 CALVIN CT BRICK NJ 08724
Telephone:

Contractor: THE HEATING PROS
Address: 374 VATH ST JACKSON NJ 08527-
Telephone: (732) 657-0675
Lic. No. or Bldrs. Reg. No. 13VH01088800
Federal Employee. No. 13-8483564

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:
AIR CONDITIONER, FURNACE replacement

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$20
CO Fee	
Other	$0
Total	$155
Check No.	3400
Cash	$0
Credit	$0
Collected By	

Note: If constuction 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 $12,000

Construction Official

6-29-11
Date

U.C.C. F170
equiv (rev 8/03)

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.

#1940
ELECTRIC $40.00
PLUMBING $50.00
FIRE $45.00
DCA $20.00
CHECK $155.00

☐ 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/1/11
Control #
Date Issued
Permit # 11-1940

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

Block 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

Owner in Fee: BANNIGAN

Tel [redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street, municipality)

Contractor: The HEATING PRO'S Tel. (732) 657-0675
(zip code)

Address 374 VATH ST JACKSON NJ 08527 e-mail theheatingpros@aol.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800

Federal Emp. ID No. 82-05555526 FAX: (732) 657-9590

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [X] Existing [X] HVAC

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

Location: UTILITY ROOM

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 4000.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REMOVE AND REPLACE ONE FURNACE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	45
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6-10-11

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8-5-11

Approved by: FCRS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			8/3/11	DB
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	8/3/11		8/3/11	DB
Other				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/1/11
Control # 11-1940
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 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

O [redacted] N

T [redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street / municipality)

Contractor: KMX ELECTRIC Tel. (732) 232-8800
(municipality / zip code)

Address 316 SEAMAN AVENUE BEACHWOOD, NJ 08722 e-mail

Contractor License No. 11519 Exp. Date

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

Federal Emp. ID No. 143627517 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	6-14-11	JT

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/4/11
Approved by: JT

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8.3.11	DD
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE AND REPLACE ONE FURNACE & A/C.

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		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	3.45	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	1.2	R&R FURNACE

FEE (Office Use Only)

$

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

U.C.C. F120 (rev. 10/06)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/1/11
Control #
Date Issued
Permit # 11-1940

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

Block 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

Owner in Fee: RANNIGAN

Tel. ([redacted]) e-mail

Address 178 CALVIN CT (street) BRICK (municipality) NJ 08724 (zip code)

Contractor: THE HEATING PRO'S Tel. (732) 657-0675

Address 374 VATH ST JACKSON NJ 08527 e-mail theheatingpros@aol.com

Contractor License No. Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800

Federal Emp. ID No. 82-0555526 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/24/11
Approved by:

SUBCODE APPROVAL 6-28-11
[ ] CO [ ] CCO [✓] CA
Date: 8-4-11
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			08.03.11	PA

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 Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE and REPLACE ONE FURNACE & A/C

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other R&R FURNACE	
1	Other R&R A/C	

90,000

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

U.C.C. F130 (rev. 10/06)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/11/11
Control #
Date Issued
Permit # 11-1940

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

Block 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

Owner in Fee: BANNIGAN

Tel [redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street / municipality)

Contractor: The HEATING PRO'S Tel. (732) 657-0675
(zip code)

Address 374 VATH ST JACKSON NJ 08527 e-mail *theheatingpros@aol.com*

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800

Federal Emp. ID No. 82-05555526 FAX: (732) 657-9590

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [X] Existing [X] HVAC

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

[ ] Other

Location: UTILITY ROOM

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 4000.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REMOVE AND REPLACE ONE FURNACE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	45
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6-10-11

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 10/06) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

Owner in Fee: BANNIGAN

Tel [redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street, municipality)

Contractor: The HEATING PRO'S Tel. (732) 657-0675
(zip code)

Address 374 VATH ST JACKSON NJ 08527 e-mail *theheatingpros@aol.com*

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800

Federal Emp. ID No. 82-05555526 FAX: (732) 657-9590

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [X] Existing [X] HVAC

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

Location: UTILITY ROOM

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 4000.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

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's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REMOVE AND REPLACE ONE FURNACE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	45
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/10/11

Approved by: JD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 7/1/11

Date Issued Permit # 11-194

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

Block 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

Owner in Fee: BANNIGAN

[redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street / municipality)

Contractor: KMX ELECTRIC Tel. (732) 232-8800
(street / municipality / zip code)

Address 316 SEAMAN AVENUE BEACHWOOD, NJ 08722 e-mail

Contractor License No. 11519 Exp. Date

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

Federal Emp. ID No. 143627517 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE AND REPLACE ONE FURNACE & A/C.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	3.45	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	1.2	R&R FURNACE	

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

U.C.C. F120 (rev. 10/06) Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724
(street) (municipality) (zip code)

Owner in Fee: BANNIGAN

[redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street) (municipality) (zip code)

Contractor: KMX ELECTRIC Tel. (732) 232-8800

Address 316 SEAMAN AVENUE BEACHWOOD, NJ 08722 e-mail

Contractor License No. 11519 Exp. Date

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

Federal Emp. ID No. 143627517 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] 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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE AND REPLACE ONE FURNACE & A/C.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	3.145	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	1.2	R&R FURNACE	

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

U.C.C. F120 (rev. 10/06)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/1/11
Control #
Date Issued
Permit # 11-1940

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

Block 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724

Owner in Fee: BANNIGAN

[redacted] e-mail

Address 178 CALVIN CT (street) BRICK (municipality) NJ 08724 (zip code)

Contractor: THE HEATING PRO'S Tel. (732) 657-0675

Address 374 VATH ST JACKSON NJ 08527 e-mail theheatingpros@aol.com

Contractor License No. Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800

Federal Emp. ID No. 82-0555526 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 6/24/11

Approved by:

SUBCODE APPROVAL 6-28-11

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE and REPLACE ONE FURNACE & A/C

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other R&R FURNACE	
1	Other R&R A/C	

90,000

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

U.C.C. F130 (rev. 10/06)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

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 1354.35 Lot 10 Qualification Code

Work Site Location 178 CALVIN CT BRICK NJ 08724
(street) (municipality) (zip code)

Owner in Fee: RANNIGAN

[redacted] e-mail

Address 178 CALVIN CT BRICK NJ 08724
(street) (municipality) (zip code)

Contractor: THE HEATING PRO'S Tel. (732) 657-0675

Address 374 VATH ST JACKSON NJ 08527 e-mail theheatingpros@aol.com

Contractor License No. Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): VH01088800

Federal Emp. ID No. 82-0555526 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/24/11
Approved by:

SUBCODE APPROVAL 6-28-11
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

90,000

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE and REPLACE ONE FURNACE & A/C

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other R&R FURNACE	
1	Other R&R A/C	

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

U.C.C. F130 (rev. 10/06)
Internet version

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

The Heating Pros
William Gemignani
374 Vath Street
Jackson NJ 08527

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/22/2010 TO 12/31/2011
VALID

13VH01088800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

ICC INTERNATIONAL CODE COUNCIL MEMBER

People Helping People Build a Safer World™

Mr William Gemignani

The Heating Pro's

Building Safety Professional Dues

Member #: 5269552 Exp: 10/31/2011

The Refrigeration Service Engineers Society

Confirms that
ID 039204084
WILLIAM GEMIGNANI
Signature: William J Gemignani

Type-I Type-II

has been certified as

technician as required by 40 CFR part 82, subpart F through the

PROPER REFRIGERANT PRACTICES

Program approved by the U.S. Environmental Protection Agency 09/30/93

Manager Education, Training and Testing

The Heating Pro's

374 Vath Street
Jackson, NJ 08527
(732) 657-0675 Fax (732) 657-9590
Cell (908) 770-5997
email theheatingpros@aol.com
www.theheatingpros.com

06/22/2011

BRICK TOWNSHIP
ATTN: BUILDING DEPARTMENT
Re: Permit application
Control # C-11-002076
178 Calvin Court

The existing gas Hot air furnace is a 90000 Btu input with a 70000 Btu output and the new Furnace will be a 90000 Btus input 71000 output two stage

Thank You

William Gemignani

Carrier®

Turn to the Experts.™

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 21, 2011

Date: Wednesday, June 22, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,
Your request is hereby denied based upon the following infractions.
1- submit the btu input & OUTPUT of the existing and the replacement furnace

Sincerely,

Paul Auth , Subcode Official

6/22/11
Faxed
Cnt

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 21, 2011

Date: Wednesday, June 22, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,
Your request is hereby denied based upon the following infractions.
1- submit the btu input & OUTPUT of the existing and the replacement furnace

Sincerely,

_____

Paul Auth , Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1348
DESTINATION ADDRESS	97326579590
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/22 09:37
USAGE T	00'28
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 21, 2011

Date: Wednesday, June 22, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,
Your request is hereby denied based upon the following infractions.
1- submit the btu input & OUTPUT of the existing and the replacement furnace

Sincerely,

Paul Auth , Subcode Official

The Heating Pro's

374 Vath Street
Jackson, NJ 08527
(732) 657-0675 Fax (732) 657-9590
Cell (908) 770-5997
email theheatingpros@aol.com
www.theheatingpros.com

RECD JUN 2 1 2011

06/17/2011

BRICK TOWNSHIP
ATTN: BUILDING DEPARTMENT
Re: Permit application
Control # C-11-002076
178 Calvin Court

The existing gas Hot air furnace is a 90000 Btu and the new Furnace will be a 90000 Btus input 71000 output two stage

Thank You

William Gemignani

Carrier®

Turn to the Experts.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 14, 2011

Date: Thursday, June 16, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

90800 BTU'S
58CVA090-14

Sincerely,

Robert Wennlund, Subcode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Resubmit
6/21/11

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 14, 2011

Date: Thursday, June 16, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

Sincerely,

Robert Wennlund, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

faxed 6/16

JOB NO.	1240
DESTINATION ADDRESS	97326579590
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/16 13:39
USAGE T	00'27
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 14, 2011

Date: Thursday, June 16, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,

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Robert Wennlund, Subcode Official

The Heating Pro's

374 Vath Street
Jackson, NJ 08527
(732) 657-0675 Fax (732) 657-9590
Cell (908) 770-5997
email theheatingpros@aol.com
www.theheatingpros.com

06/17/2011

BRICK TOWNSHIP
ATTN: BUILDING DEPARTMENT
Re: Permit application
Control # C-11-002076
178 Calvin Court

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Thank You

William Gemignani

Carrier

Turn to the Experts

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 178 CALVIN CT BRICK, NJ 08724 CC:

RE: Plumbing Subcode
Block: 1354.35 Lot: 10 Qual:
178 CALVIN CT.
Permit Number: Control Number: C-11-002076
Last Submit Date: Tuesday, June 14, 2011

Date: Thursday, June 16, 2011

Dear SICCARDI, ROBERT & MARGARET E;ETALS,

The following comments were made during the Plan Review process:
submit b.t.u. input&output of both new&old units or heat loss for new unit

90800 BTU'S
58CVA090-14

Sincerely,

Robert Wennlund, Subcode Official

HEATING & COOLING PRODUCTS®

NXA6

Performance Series

Product Specifications

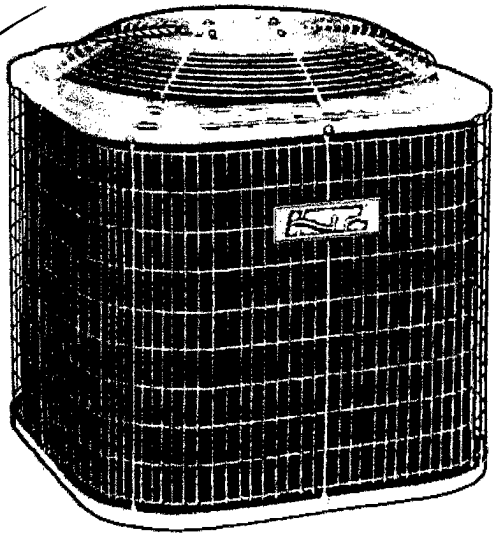
HIGH EFFICIENCY 16 SEER AIR CONDITIONER

ENVIRONMENTALLY SOUND R-410A REFRIGERANT

1½ THRU 5 TONS SPLIT SYSTEM

208 / 230 Volt, 1-phase, 60 Hz

Submitted By
The Heating Pro's
By



REFRIGERATION CIRCUIT

- Copeland® compressors on all models
- Filter-Drier supplied with every unit for field installation
- Copper tube / aluminum fin coil
- ^48 and ^60 models for higher SEER, lower capacity
- ^49 and ^61 models for higher capacity, lower SEER

EASY TO INSTALL AND SERVICE

- Easy Access service valves on all models
- External high and low refrigerant service ports
- Only two screws to access control panel
- Factory charged with R-410A refrigerant

BUILT TO LAST

- Baked-on powder coat finish over galvanized steel
- Post-painted (black) coil fins
- Coated, weather-resistant cabinet screws
- Coated inlet grille with 3/8" (10mm) spacing for extra protection

WARRANTY*

- 5 year compressor limited warranty
- 5 year parts limited warranty (including compressor and coil)
  - With timely registration, an additional 5 year parts limited warranty (including compressor and coil)

* Applies to original purchaser/homeowner, some limitations may apply. See Warranty certificate for complete details.

ENERGY STAR PARTNER

This product has been designed and manufactured to meet ENERGY STAR criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow the manufacturer's refrigerant charging and air flow instructions. Failure to confirm proper charge and airflow may reduce energy efficiency and shorten equipment life.

c UL us LISTED

AHRI CERTIFIED™ www.ahridirectory.org

Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org .

Model Number	Size (tons)	Nominal BTU/hr	Min. Circuit Ampacity	Max. Fuse or Breaker	Operating Dimensions height x width x depth in. (mm)	Ship / Operating Weight lbs. (kg)
NXA618GKA	1½	18,000	11.8	20	28-11/16 x 25-3/4 x 25-3/4 (729 x 654 x 654)	154 / 125 (70 / 57)
NXA624GKA	2	24,000	17.7	25	28-5/16 x 31-3/16 x 31-3/16 (719 x 792 x 792)	147 / 183 (83 / 67)
NXA630GKA	2½	30,000	16.8	25	32-5/16 x 31-3/16 x 31-3/16 (821 x 792 x 792)	188 / 153 (85 / 69)
NXA636GKA	3	36,000	18.1	30	28-5/16 x 35 x 35 (719 x 889 x 889)	204 / 165 (93 / 75)
NXA642GKA	3½	42,000	23.6	40	39-1/8 x 35 x 35 (994 x 889 x 889)	254 / 213 (115 / 96)
NXA648GKA	4	48,000	26.1	40	39-1/8 x 35 x 35 (994 x 889 x 889)	317 / 264 (144 / 120)
NXA649GKA	4	48,000	28.4	40	39-1/8 x 35 x 35 (994 x 889 x 889)	269 / 231 (122 / 105)
NXA660GKA	5	60,000	28.0	40	45-15/16 x 35 x 35 (1167 x 889 x 889)	310 / 272 (141 / 123)
NXA661GKA	5	60,000	32.5	50	45-15/16 x 35 x 35 (1167 x 889 x 889)	310 / 272 (141 / 123)

Specifications subject to change without notice.

PHYSICAL DATA									
Model Size	**18**	**24**	**30**	**36**	**42**	**48**	**49**	**60**	**61**
Nominal Cooling Capacity (BTU/hr)	18,000	24,000	30,000	36,000	42,000	48,000	48,000	60,000	60,000
Nominal SEER	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Sound Rating (dBA)**	76	76	76	76	78	78	78	78	79
PSC Fan Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4	1/4	1/4
Fan RPM (single speed)	1100	1100	1100	830	830	830	830	830	830
Fan CFM	1900	2600	2600	3200	3800	4100	4100	4100	4100
Coil Face Area ft^2 (m^2)	11.47 (1.1)	15.07 (1.4)	17.22 (1.6)	17.58 (1.6)	25.12 (2.3)	25.12 (2.3)	25.12 (2.3)	30.15 (2.8)	30.15 (2.8)
Coil Rows – fins per inch	1 – 25	1 – 25	1 – 25	1 – 25	1 – 25	2 – 20	1 – 25	2 – 20	2 – 20
Liquid Line Connection Size in. (mm)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)
Vapor Line Connection Size in. (mm)	3/4 (19)	3/4 (19)	3/4 (19)	7/8 (22)	7/8 (22)	7/8 (22)	7/8 (22)	7/8 (22)	7/8 (22)
Recommended Line Set Liquid Tube Diameter in. (mm)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)	3/8 (10)
Recommended Line Set Vapor Tube Diameter in. (mm)	3/4 (19) *	3/4 (19) *	3/4 (19) *	7/8 (22)*	7/8 (22)*	7/8 (22)*	7/8 (22)*	1-1/8 (29)*	1-1/8 (29)*
* Recommended Vapor Tube Line size is for standard installations. These recommendations may not apply to "Long Line" installations. When the total equivalent line length exceeds 80 feet (24.4m) or there is more than 20 feet (6.1m) vertical separation between indoor and outdoor units, consult the Long Line Application Guide line document before purchasing/installing line sets.									
Factory Charge R-410A lbs. (kg)	4.61 (2.09)	6.00 (2.72)	6.81 (3.09)	7.00 (3.18)	8.62 (3.91)	13.00 (5.90)	9.00 (4.08)	14.50 (6.58)	14.50 (6.58)
Required Subcooling °F (°C)	10 (6)	10 (6)	10 (6)	10 (6)	9 (5)	8 (4)	8 (4)	9 (5)	9 (5)
Weight, shipping lbs. (kg)	154 (70)	183 (83)	188 (85)	204 (93)	254 (115)	317 (144)	269 (122)	310 (141)	310 (141)
Weight, operating lbs. (kg)	125 (57)	147 (67)	153 (69)	165 (75)	213 (96)	264 (120)	231 (105)	272 (123)	272 (123)

ELECTRICAL DATA (208/230-1-60, voltage range 197V – 253V)									
Model Size	**18**	**24**	**30**	**36**	**42**	**48**	**49**	**60**	**61**
Minimum Circuit Ampacity – **MCA** (amps)	11.8	17.7	16.8	18.1	23.6	26.1	28.4	28.0	32.5
Maximum OverCurrent Protective device – **MOCP** (amps)	20	25	25	30	40	40	40	40	50
Compressor **RLA** (Rated Load Amps) **LRA** (Locked Rotor Amps)	9.0 48.0	13.5 58.3	12.8 64.0	14.1 77.0	17.9 112.0	19.9 109.0	21.8 117.0	21.4 135.0	25.0 134.0
Fan Motor **FLA** (Full Load Amps)	.50	.75	.75	.50	1.2	1.2	1.2	1.2	1.2

**Sound Rating tested in accordance with ARI Standard 270-95 (not listed with ARI).

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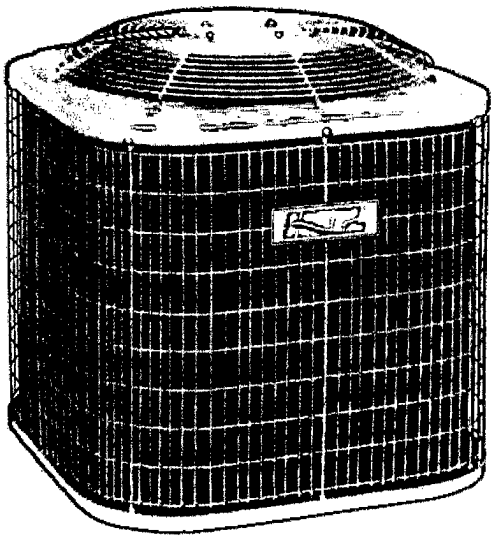

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Nominal SEER	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Sound Rating (dBA)**	76	76	76	76	78	78	78	78	79
PSC Fan Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4	1/4	1/4
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Fan CFM	1900	2600	2600	3200	3800	4100	4100	4100	4100
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Compressor **RLA** (Rated Load Amps) **LRA** (Locked Rotor Amps)	9.0 48.0	13.5 58.3	12.8 64.0	14.1 77.0	17.9 112.0	19.9 109.0	21.8 117.0	21.4 135.0	25.0 134.0
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**Sound Rating tested in accordance with ARI Standard 270–95 (not listed with ARI).

State of New Jersey
Department of Community Affairs
Office of Local Code Enforcement
Central Regional Office
P.O. Box 821
Trenton, New Jersey 08625-0821

CERTIFICATION FOR ONE & TWO FAMILY DWELLING SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Dwelling Location: Block 13535 Lot 10

(not mailing address) Street 16 Calvin St.

Municipality Brick County Ocean

Property Owner Name Roy Bannigan

Pursuant to N.J.A.C. 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.25A, 6.26A, 6.27, & 6.31. An inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be located in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling, including basements and outside each separate sleeping area. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January, 1977 shall be maintained in working order.

I do hereby certify that the detectors and alarms are installed as stated above and in working order. I am the (agent of) owner of record and am authorized to make this statement. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

X Roy B — 5/13/11

Applicant Signature — Date

Roy Bannigan

Printed Name

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1354.35 LOT 10 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 178 CALVIN CT BRICK NJ 08724

Applicant BANNIGAN

Certifying Individual WILLIAM GEMIGNANI Company THE HEATING PRO'S

Address 374 VATH STREET JACKSON NJ 08527
Street City State Zip Code

Tel. (732) 657-0675

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

William Gemignani 5/23/11
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

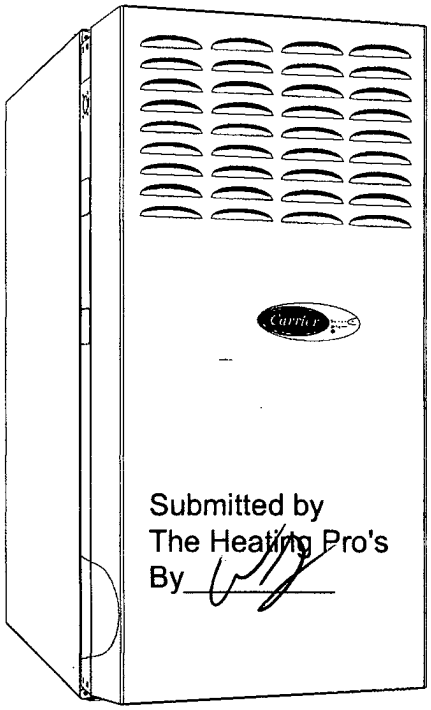
U.C.C. F370 (rev. 3/04)

58CVA/CVX
INFINITY™ 80 VARIABLE SPEED
4-WAY MULTIPOISE FURNACE
Input Capacities: 70,000 thru 155,000 Btuh

Carrier®
Turn to the Experts.

Product Data

ComfortHeat. INFINITY SERIES IdealHumidity.



Submitted by
The Heating Pro's
By

A04042

ISO 9001:2000

DESIGN CERTIFIED®

CERTIFIED®

QMI REGISTERED

EFFICIENCY RATING CERTIFIED Gama

MEETS DOE RESIDENTIAL CONSERVATION SERVICES PROGRAM STANDARDS.

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer.

THE INFINITY® 80 GAS FURNACE

The Infinity™ 80 Variable-Speed, 4-way Multipoise Gas Furnaces offer unmatched comfort with ComfortHeat™ technology and IdealHumidity™ in an 80% AFUE gas furnace. You get all the benefits of a ComfortHeat technology furnace: reduced drafts, reduced sound levels, longer cycles, less temperature swings between cycles, and less temperature differences between rooms. With the variable speed blower motor, homeowners can now economically run constant fan to help eliminate temperature differences throughout the house and to get better indoor air quality. This IdealHumidity furnace also increases comfort in the summer by wringing out extra humidity when needed. The Infinity 80 furnaces are approved for use with natural or propane gas, and the 58CVX is also approved for use in Low NOx Air Quality Management Districts.

Carrier Infinity™ System When the Infinity 80 variable-speed gas furnace is matched with the Infinity Control and an air conditioner or heat pump, you will experience the ultimate in ComfortHeat and Ideal Humidity through unparalleled control of temperature, humidity, indoor air quality, and zoning. The Carrier Infinity System also provides unprecedented ease of use through on-screen, text-based service reminders and equipment malfunction alerts.

For even greater comfort and convenience, match the Infinity 80 furnace with an Infinity air conditioner or heat pump. This will create a fully communicating system, requiring only 4 thermostat wires between system components, and troubleshooting can even be done in the future from the outdoor unit without entering the home.

Optional remote access through telephone or Internet is also available when combined with a remote connectivity kit.

STANDARD FEATURES

- Infinity™ System-match with the Infinity™ Control for Infinity™ System benefits
- ComfortHeat™ Technology
  Intelligent microprocessor control
- Two-stage heating with single-stage thermostat with patented Adaptive Control Technology

Physical data

UNIT SIZE			070-12	090-16	110-20	135-22	155-22
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	All 58CVA; 58CVX Upflow	High	54,000	71,000	89,000	107,000	125,000
		Low	35,000	47,000	59,000	70,000	82,000
	58CVX Downflow/Horizontal	High	51,000	68,000	85,000	102,000	119,000
		Low	35,000	47,000	59,000	70,000	82,000
INPUT BTUH*	All 58CVA; 58CVX Upflow	High	66,000	88,000	110,000	132,000	154,000
		Low	43,500	58,000	72,500	87,000	101,500
	58CVX Downflow/Horizontal	High	63,000	84,000	105,000	126,000	147,000
		Low	43,500	58,000	72,500	87,000	101,500
SHIPPING WEIGHT (lb)			127	151	162	177	183
CERTIFIED TEMP RISE RANGE (°F)		High	30-60	40-70	40-70	40-70	45-75
		Low	30-60	30-60	25-55	25-55	30-60
CERTIFIED EXT STATIC PRESSURE	Heating	High	0.12	0.15	0.20	0.20	0.20
	Cooling	Low	0.5	0.5	0.5	0.5	0.5
AIRFLOW CFM‡	Heating-High/Low		1180/735	1210/985	1475/1320	1915/1700	1970/1715
	Cooling		1225	1400	2095	2100	2095
AFUE%*	Nonweatherized ICS		80.0	80.0	80.0	80.0	80.0
LIMIT CONTROL			SPST				
HEATING BLOWER CONTROL			Solid-State Time Operation				
BURNERS (Monoport)			3	4	5	6	7
GAS CONNECTION SIZE			1/2-in. NPT				
GAS VALVE (Redundant) Manufacturer			White-Rodgers				
Minimum Inlet Pressure (In. wc)			4.5 (Natural Gas)				
Maximum Inlet Pressure (In. wc)			13.6 (Natural Gas)				
IGNITION DEVICE			Hot Surface				

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply in comfort mode (as-shipped). For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply.

ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	070-12	090-16	110-20	135-22	155-22
DIRECT-DRIVE MOTOR Hp (ECM)	1/2	1/2	1	1	1
MOTOR FULL LOAD AMPS	7.7	7.7	12.8	12.8	12.8
RPM (Nominal)	300-1300	300-1300	300-1300	300-1300	300-1300
BLOWER WHEEL DIAMETER × WIDTHS (In.)	10 x 6	10 x 8	11 x 10	11 x 11	11 x 11

ECM-Electronically Commutated Motor, Variable Speed

INSTALLATION

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION
DISTANCE MINIMALE EN POUCES AUX CONSTRUCTIONS COMBUSTIBLES

This forced air furnace is equipped for use with natural gas at altitudes 0-10,000 ft (0-3,050m).

An accessory kit, supplied by the manufacturer, shall be used to convert to propane gas use or may be required for some natural gas applications.

This furnace is for indoor installation in a building constructed on site.

This furnace may be installed on combustible flooring in alcove or closet at minimum clearance as indicated by the diagram from combusitble material.

This furnace may be used with a Type B-1 Vent and may be vented in common with other gas fired appliances.

Cette fournaise à air pulsé est équipée pour utilisation avec gaz naturel et altitudes comprises entre 0-3,050m (0-10,000 pi).

Utiliser une trousse de conversion, fournie par le fabricant, pour passer au gaz propane ou pour certaines installations au gaz naturel.

Cette fournaise est prévue pour être installée dans un bâtiment construit sur place.

Cette fournaise peut être installée sur un plancher combustible dans une alcôve ou dans un garde-robe en respectant le minimum d'espace libre des matériaux combustibles, tel qu'indiqué sur le diagramme.

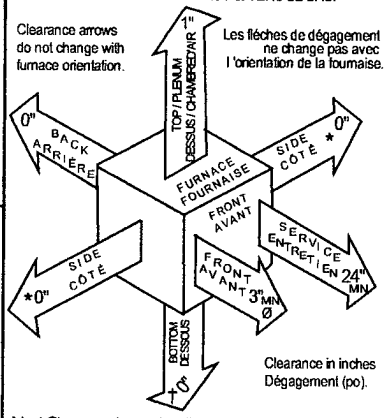
Cette fournaise peut être utilisée avec un conduit d'évacuation de Type B-1 ou connectée au conduit ommun d'autres appareils à gaz.

This furnace is approved for UPFLOW, DOWNFLOW, and HORIZONTAL installations.

Cette fournaise est approuvée pour l'installation HORIZONTALE et la circulation d'air VERS LE HAUT et VERS LE BAS.

Clearance arrows do not change with furnace orientation.

Les flèches de dégagement ne change pas avec l'orientation de la fournaise.



Clearance in inches
Dégagement (po).

Vent Clearance to combustibles:
For Single Wall vents 6 inches (6 po).
For Type B-1 vent type 1 inch (1 po).

Dégagement de l'évent avec combustibles:
Pour conduit d'évacuation à paroi simple 6 po (6 inches).
Pour conduit d'évacuation de Type B-1 1 po (1 inch).

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION

DOWNFLOW POSITIONS:

† Installation on non-combusibible floors only.
For Installation on combustible flooring only when installed on special base, Part No. KGASB0201ALL, Coil Assembly, Part No. CD5 or CK5, or Coil Casing, Part No. KCAKC.

Ø 18 inches front clearance required for alcove.

* Indicates supply or return sides when furnace is in the horizontal position. Line contact only permissible between lines formed by intersections of the Top and two Sides of the furnace jacket, and building joists, studs or framing.

DÉGAGEMENT MINIMUM EN POUCES AVEC ÉLÉMENTS DE CONSTRUCTION COMBUSTIBLES

POUR LA POSITION COURANT DESCENDANT:

† Pour l'installation sur plancher non combustible seulement.
Pour l'installation sur un plancher combustible seulement quand on utilise la base spéciale, pièce nº KGASB0201ALL, l'ensemble serpentin, pièce nº CD5 ou CK5, ou le carter de serpentin, pièce nº KCAKC.

Ø Dans une alcôve, on doit maintenir un dégagement à l'avant de 18 po (450mm).

* La poistion indiquée concerne le côté d'entrée ou de retour quand la fournaise est dans la position horizontale.
Le contact n'est permis qu'entre les lignes formées par les intersections du dessus et des deux côtés de la cherrise de la fournaise et les solives, montant sous cadre de charpente.

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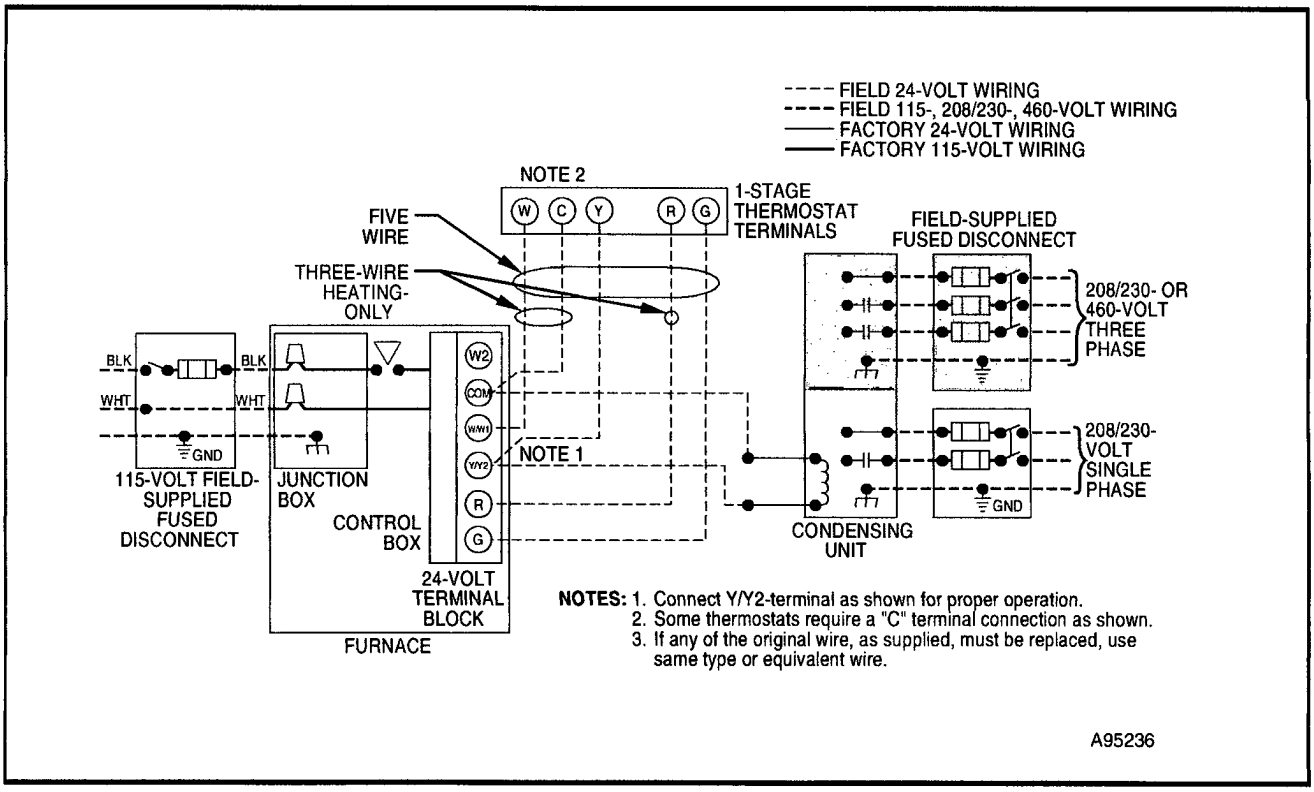
Typical wiring schematic



Electrical data

UNIT SIZE	VOLTS-HERTZ-PHASE	OPERATING VOLTAGE RANGE		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)‡	MAXIMUM FUSE OR CKT BKR AMPS†	MINIMUM WIRE GAGE
		Maximum*	Minimum*				
070-12	115-60-1	127	104	9.0	30	15	14
090-14	115-60-1	127	104	9.6	29	15	14
110-20	115-60-1	127	104	15.1	29	20	12
135-22	115-60-1	127	104	14.9	30	20	12
155-20	115-60-1	127	104	15.0	29	20	12

* Permissible limits of the voltage range at which unit operates satisfactorily.

† Time-delay type is recommended.

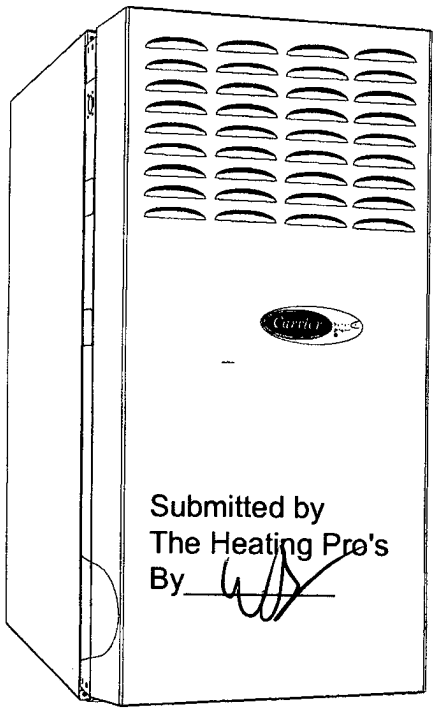
‡ Length shown is as measured one way along wire path between unit and service panel for maximum 2 percent voltage drop.

58CVA/CVX
INFINITY™ 80 VARIABLE SPEED
4-WAY MULTIPOISE FURNACE
Input Capacities: 70,000 thru 155,000 Btuh

Carrier®
Turn to the Experts.

Product Data

ComfortHeat. INFINITY SERIES IdealHumidity.



Submitted by
The Heating Pro's
By

A04042

ISO 9001:2000

EFFICIENCY RATING CERTIFIED Gama

MEETS DOE RESIDENTIAL CONSERVATION SERVICES PROGRAM STANDARDS.

Before purchasing this appliance, read important energy cost and efficiency information available from your retailer.

THE INFINITY® 80 GAS FURNACE

The Infinity™ 80 Variable-Speed, 4-way Multipoise Gas Furnaces offer unmatched comfort with ComfortHeat™ technology and IdealHumidity™ in an 80% AFUE gas furnace. You get all the benefits of a ComfortHeat technology furnace: reduced drafts, reduced sound levels, longer cycles, less temperature swings between cycles, and less temperature differences between rooms. With the variable speed blower motor, homeowners can now economically run constant fan to help eliminate temperature differences throughout the house and to get better indoor air quality. This IdealHumidity furnace also increases comfort in the summer by wringing out extra humidity when needed. The Infinity 80 furnaces are approved for use with natural or propane gas, and the 58CVX is also approved for use in Low NOx Air Quality Management Districts.

Carrier Infinity™ System When the Infinity 80 variable-speed gas furnace is matched with the Infinity Control and an air conditioner or heat pump, you will experience the ultimate in ComfortHeat and Ideal Humidity through unparalleled control of temperature, humidity, indoor air quality, and zoning. The Carrier Infinity System also provides unprecedented ease of use through on-screen, text-based service reminders and equipment malfunction alerts.

For even greater comfort and convenience, match the Infinity 80 furnace with an Infinity air conditioner or heat pump. This will create a fully communicating system, requiring only 4 thermostat wires between system components, and troubleshooting can even be done in the future from the outdoor unit without entering the home.

Optional remote access through telephone or Internet is also available when combined with a remote connectivity kit.

STANDARD FEATURES

- Infinity™ System-match with the Infinity™ Control for Infinity™ System benefits
- ComfortHeat™ Technology
  Intelligent microprocessor control
- Two-stage heating with single-stage thermostat with patented Adaptive Control Technology

Physical data

UNIT SIZE			070-12	090-16	110-20	135-22	155-22
OUTPUT CAPACITY BTUH* (Nonweatherized ICS) †	All 58CVA; 58CVX Upflow	High	54,000	71,000	89,000	107,000	125,000
		Low	35,000	47,000	59,000	70,000	82,000
	58CVX Downflow/Horizontal	High	51,000	68,000	85,000	102,000	119,000
		Low	35,000	47,000	59,000	70,000	82,000
INPUT BTUH*	All 58CVA; 58CVX Upflow	High	66,000	88,000	110,000	132,000	154,000
		Low	43,500	58,000	72,500	87,000	101,500
	58CVX Downflow/Horizontal	High	63,000	84,000	105,000	126,000	147,000
		Low	43,500	58,000	72,500	87,000	101,500
SHIPPING WEIGHT (lb)			127	151	162	177	183
CERTIFIED TEMP RISE RANGE (°F)		High	30-60	40-70	40-70	40-70	45-75
		Low	30-60	30-60	25-55	25-55	30-60
CERTIFIED EXT STATIC PRESSURE	Heating	High	0.12	0.15	0.20	0.20	0.20
	Cooling	Low	0.5	0.5	0.5	0.5	0.5
AIRFLOW CFM‡	Heating-High/Low		1180/735	1210/985	1475/1320	1915/1700	1970/1715
	Cooling		1225	1400	2095	2100	2095
AFUE%*	Nonweatherized ICS		80.0	80.0	80.0	80.0	80.0
LIMIT CONTROL			SPST				
HEATING BLOWER CONTROL			Solid-State Time Operation				
BURNERS (Monoport)			3	4	5	6	7
GAS CONNECTION SIZE			1/2-in. NPT				
GAS VALVE (Redundant) Manufacturer			White-Rodgers				
Minimum Inlet Pressure (in. wc)			4.5 (Natural Gas)				
Maximum Inlet Pressure (in. wc)			13.6 (Natural Gas)				
IGNITION DEVICE			Hot Surface				

* Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 4 percent for each 1000 ft above sea level. Refer to National Fuel Gas Code Table F4 or furnace Installation Instructions. In Canada, derate the unit 10 percent for elevations 2000 to 4500 ft above sea level.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply in comfort mode (as-shipped). For air delivery above 1800 CFM, see Air Delivery Table for other options. A filter is required for each return-air supply.

ICS — Isolated Combustion System

Blower performance data

UNIT SIZE	070-12	090-16	110-20	135-22	155-22
DIRECT-DRIVE MOTOR Hp (ECM)	1/2	1/2	1	1	1
MOTOR FULL LOAD AMPS	7.7	7.7	12.8	12.8	12.8
RPM (Nominal)	300-1300	300-1300	300-1300	300-1300	300-1300
BLOWER WHEEL DIAMETER × WIDTHS (In.)	10 x 6	10 x 8	11 x 10	11 x 11	11 x 11

ECM-Electronically Commutated Motor, Variable Speed

INSTALLATION

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION
DISTANCE MINIMALE EN POUCES AUX CONSTRUCTIONS COMBUSTIBLES

This forced air furnace is equipped for use with natural gas at altitudes 0-10,000 ft (0-3,050m).

An accessory kit, supplied by the manufacturer, shall be used to convert to propane gas use or may be required for some natural gas applications.

This furnace is for indoor installation in a building constructed on site.

This furnace may be installed on combustible flooring in alcove or closet at minimum clearance as indicated by the diagram from combustible material.

This furnace may be used with a Type B-1 Vent and may be vented in common with other gas fired appliances.

Cette fournaise à air pulsé est équipée pour utilisation avec gaz naturel et altitudes comprises entre 0-3,050m (0-10,000 pi).

Utiliser une trousse de conversion, fournie par le fabricant, pour passer au gaz propane ou pour certaines installations au gaz naturel.

Cette fournaise est prévue pour être installée dans un bâtiment construit sur place.

Cette fournaise peut être installée sur un plancher combustible dans une alcôve ou dans un garde-robe en respectant le minimum d'espace libre des matériaux combustibles, tel qu'indiqué sur le diagramme.

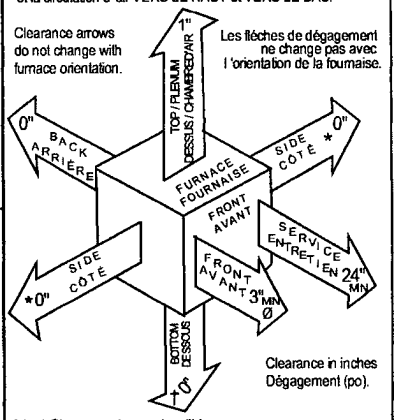
Cette fournaise peut être utilisée avec un conduit d'évacuation de Type B-1 ou connectée au conduit ommun d 'autres appareils à gaz.

This furnace is approved for UPFLOW, DOWNFLOW, and HORIZONTAL installations.

Cette fournaise est approuvée pour l 'installation HORIZONTALE et la circulation d 'air VERS LE HAUT et VERS LE BAS.

Clearance arrows do not change with furnace orientation.

Les flèches de dégagement ne change pas avec l 'orientation de la fournaise.



Clearance in inches
Dégagement (po).

Vent Clearance to combustibles:
For Single Wall vents 6 inches (6 po).
For Type B-1 vent type 1 inch (1 po).

Dégagement de l'évent avec combustibles:
Pour conduit d'évacuation à paroi simple 6 po (6 inches).
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MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION

DOWNFLOW POSITIONS:

† Installation on non-combusibible floors only.
For installation on combustible flooring only when installed on special base, Part No. KGASB0201ALL, Coil Assembly, Part No. CD5 or CK5, or Coil Casing, Part No. KCAKC.

Ø 18 inches front clearance required for alcove.

★ Indicates supply or return sides when furnace is in the horizontal position. Line contact only permissible between lines formed by intersections of the Top and two Sides of the furnace jacket, and building joists, studs or framing.

DÉGAGEMENT MINIMUM EN POUCES AVEC ÉLÉMENTS DE CONSTRUCTION COMBUSTIBLES

POUR LA POSITION COURANT DESCENDANT:

† Pour l'installation sur plancher non combustible seulement.
Pour l'installation sur un plancher combustible seulement quand on utilise la base spéciale, pièce nº KGASB0201ALL, l'ensemble serpentin, pièce nº CD5 ou CK5, ou le carter de serpentin, pièce nº KCAKC.

Ø Dans une alcôve, on doit maintenir un dégagement à l'avant de 18 po (450mm).

★ La poistion indiquée concerne le côté d'entrée ou de retour quand la fournaise est dans la position horizontale.
Le contact n'est permis qu'entre les lignes formées par les intersections du dessus et des deux côtés de la cherrise de la fournaise et les solives, montant sous cadre de charpente.

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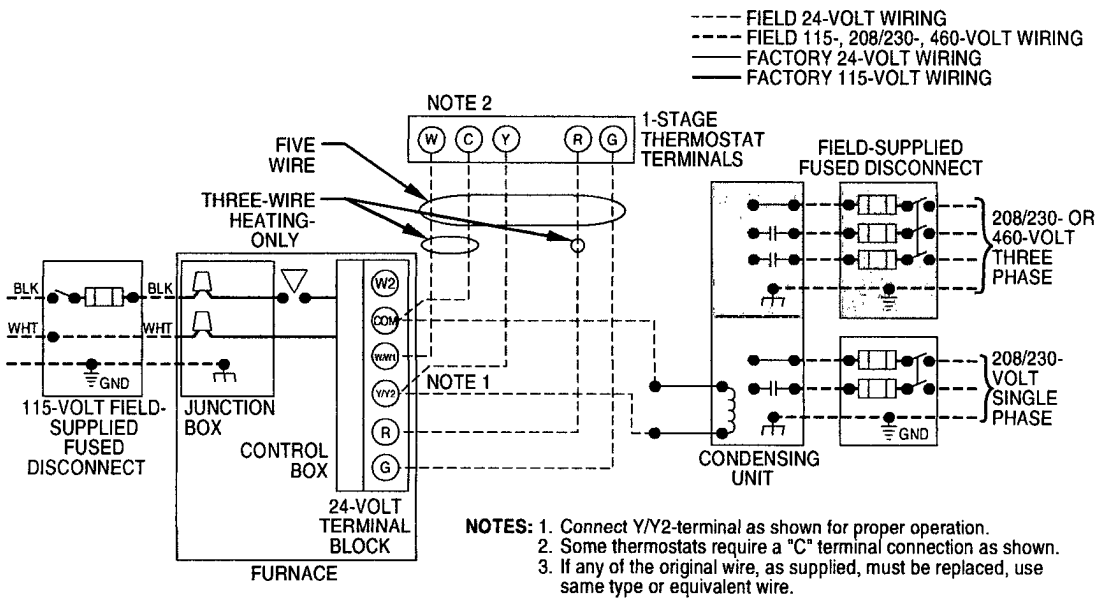
Typical wiring schematic



Electrical data

UNIT SIZE	VOLTS-HERTZ-PHASE	OPERATING VOLTAGE RANGE		MAXIMUM UNIT AMPS	MAXIMUM WIRE LENGTH (FT)‡	MAXIMUM FUSE OR CKT BKR AMPS†	MINIMUM WIRE GAGE
		Maximum*	Minimum*				
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* Permissible limits of the voltage range at which unit operates satisfactorily.
† Time-delay type is recommended.
‡ Length shown is as measured one way along wire path between unit and service panel for maximum 2 percent voltage drop.

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 1354.35 Lot 10

Work Site Location 178 CALVIN CT
BRICK NJ 08724

Owner in Fee BANNIGAN

Address 178 CALVIN CT
BRICK NJ 08724

Tel. [redacted]

Is h[redacted]m the following work:

Contractor THE HEATING PRO'S

Address 374 VATH STREET
JACKSON, NJ 08527

Tel. (732) 657-0675

Lic. No. or Bldrs. Reg. No. VH01088800 exp 12/31/2011

Fed. Emp. No. 82-05555526

[ ] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT	
[X] ELECTRICAL	[X] FIRE PROTECTION	[ ] DEMOLITION	
[ ] Mechanical	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[X] OTHER CHIMNEY CERT	

DESCRIPTION OF WORK:

REMOVE and REPLACE ONE FURNACE & A/C

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 $ 12,000.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

UCC F170 Internet version (rev 3/98)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

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