

BLOCK 701.34 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-0944



CONSTRUCTION PERMIT APPLICATION

C12-000891

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 Parkway Dr. Bucktown

2. Name: Steven D. Ewing

Te: [REDACTED] e-mail: _____

Address: _____

3. Ownership in Fee: Public _____ Private ☒ Municipality: _____ Zip code: _____

4. Principal Contractor: PETRO FUEL Tel. () _____

Address: 99 RIVER AVE

LAKEWOOD, NJ 08701 e-mail: _____

732-882-6568

License No. OR, if new home, Builder Reg. No. 208048384 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer ☒ Contact: _____

Address: _____ e-mail: _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun BLAKE Schooley

Tel. (732) 886-3441 FAX: (732) 882-6551

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>	☒	
2. Electrical	\$ <u>30</u>	☒	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>8</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other			
13. TOTAL	\$ <u>98</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

☐ Building

☒ Electrical

☒ Plumbing

☐ Fire Protection

☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	MAR 21 2012						
300				3/29/12	D		
3825				3/29/12	PA		
4125				3/28/12	ECO		
TOTAL COST							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: 1 Family

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/16/2012
Control Number C-12-000891
Permit Number 12-0944
Permit Issue Date 04/16/2012
Certificate Number 12-0944

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 18 PARKWAY DR. Brick Township, NJ Block: 701.34 Lot: 4 Qual: _____
Owner in Fee: EWING, STEVEN D & STEPHANIE L
Owner Address: 18 PARKWAY DRIVE BRICK NJ 08723
Telephone: [REDACTED]
Contractor PETRO OIL/Fuel
Address 99 RIVER AVE LAKEWOOD NJ 08701-
Telephone: (732) 886-3453 Fax: _____
License Number or Builders Registration Number: 13VH03882400 Federal Emp. Number: 20-8048384

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 Relocate A/C

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: _____



CONSTRUCTION PERMIT

Date Issued 4/16/12
Control # C-12-000891
Permit # D-0944

IDENTIFICATION Block: 701.34 Lot: 4 Qualifier _____
Work Site Location: 18 PARKWAY DR. Brick Township, NJ Contractor PETRO OIL/Fuel
Address 99 RIVER AVE LAKEWOOD NJ 08701-
Owner in Fee EWING, STEVEN D & STEPHANIE L
18 PARKWAY DRIVE BRICK NJ 08723 Telephone: (732) 886-3453
Lic. No. or Bldrs. Reg. No. 13VH03882400
Federal Employee No. 20-8048384

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 Relocate 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 \$4,125

Construction Official [Signature]

Date 4-5-12

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$50
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$98
Check No. <u>01105048</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

04/16/12 2:01PM 00155843751

NOV 44

ELECTRICAL
PLUMBING

DCA
CHECK

\$40.00
\$50.00
\$8.00
\$98.00



A7 DCA-55 ST UNIVERSITY HT TO BLD

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 701.34 Lot 4 Qualification Code _____

Work Site Location 18 PARKWAY DR
BRICKTOWN

Owner in Fee STEVEN D EWING
Address 18 PARKWAY DR BRICKTOWN

Tel ()
Contractor TE ELECTRIC LLC
Address 28 SMOKE ST HOUSE 74925 08831

Tel (605) 235-2633 FAX (712) 289-6114
Contractor License No. 13859
Federal Emp. No. 27-147-3742

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Pate Initial
☒ No Plans Required 3/8/12

Joint Plan Review Required:

☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: 5/15/12

Approved by: JS

INSPECTIONS		Dates (Month/Day)	
Type:	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.

Steven D Ewing
Date Issued
Permit # 12-0944

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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	_____
_____	_____	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	_____
_____	_____	DISCONNECT	_____



PLUMBING 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 701.34 Lot 4 Qualification Code

Work Site Location 18 PARKWAY DR

BRICKTOWN

Owner in Fee: STEVEN D. EWING

Tel. () - all

Address 18 PARKWAY DR BRICKTOWN

street municipality

Contractor: PETRO FUEL

99 RIVER AVE

Address LAKEWOOD NJ 08701

e-mail

Tel. (732) 882-6568

zip code

Contractor License No.

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): NJ13VHO3882400

Federal Emp. ID No. 20-8048384

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 \$ 3825.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date 03-29-12 Approved by: [Signature]

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-3-12

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 5-15-12

Approved by: [Signature]

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

05-10-12 [Signature]

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:

[Signature] State Plumbing [Signature] State Plumbing

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

REPLACE AC CONDENSER & COIL

QTY. 1

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

1

Date Received
Control #

Date Issued
Permit #

4/16/12
12-0944

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

RECEIVING CLERK
DATE REC'D 3-26-12

ZONING PERMIT APPLICATION

PERMIT # 28-12-00273
DATE ISSUED 4/16/12

BLOCK: 701.34 LOT: 4 QUALIFIER: — SITE ADDRESS: —

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Steven Ewing
COMPLETE ADDRESS: 18 Parkway Dr.
Blacktown
PHON — EMAIL: —

2. NAME OF APPLICANT: — PETRO FUEL
99 RIVER AVE
APPLICANT ADDRESS: LAKEWOOD, NJ 08701
732-882-6568

PHONE # 732-882-6568 EMAIL: LWA@petrofuel.com
ID# 208040304

3. RESPONSIBLE PERSON FOR WORK: Blake Scholey
PHONE# 732-882-3441 FAX# 732-882-6551

4. SIGNATURE OF APPLICANT: Blake Scholey

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50.00
OTHER: \$ —
TOTAL: \$ —

REQUIRED BY APPLICANT

RESIDENTIAL: X
COMMERCIAL: —
EXISTING USE: SEF
PROPOSED USE: SEF

BOARD APPROVAL: — PB — ZB —
RESOLUTION#: —
APPROVAL DATE: —

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: — *ADDITION — *ALTERATION ✓ *PORCH — *DECK —

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE —

HEIGHT: — (*IF APPLICABLE)

OTHER Replace condenser - Move from back to side of house

DESCRIPTION:

ZONING REVIEW: 2-26-12 DATE REVIEWED: 2-26-12 DATE DENIED: — DATE APPROVED: — INTLS: —
(SEE BACK PAGE)

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1027



Receipt

Payment Date

04/16/2012

Transaction #

PMT-12-02204

Receipt #

Issued To petro

Description

Date Printed 04/16/2012

Check Number 01105048

Cash \$0.00

Check \$50.00

Charge \$0.00

Total Paid \$50.00

04/16/12 2:02PM 001558W3752
XX02 SERV.002

#00273

ZPA

CHECK

\$50.00

\$50.00



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-12-00220
Application Date: 03/26/2012
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **18 PARKWAY DRIVE**
Location: **Birchwood Park**
BRICK, NJ 08723

Block: **701.34**
Lot: **4**
Qualifier: _____
Zone: **R-7.5**

Owner: **EWING, STEVEN D & STEPHANIE L**
Address: **18 PARKWAY DRIVE**
BRICK, NJ 08723

Applicant: **Blake Scholey; Petro Fuel**
Address: **99 River Avenue**
Lakewood, NJ 008701

Application Approved Date: 03/26/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Air-Conditioner Condenser Unit - 4' x 4', 4' high.

The unit must be set back at least 25 feet from the front property line, at least six (6) feet from the side property lines, and at least 15 feet from the rear property line.

Upon review it was determined that:

- ☒ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer

Michael P. Fowler
Michael P. Fowler, Township Planner

03/26/2012

Date

3/27/12
Date

Beck Township

Attached find the check in the amount of \$ *\$148-* for

Ewing *18 Parkway*

block *701.34*

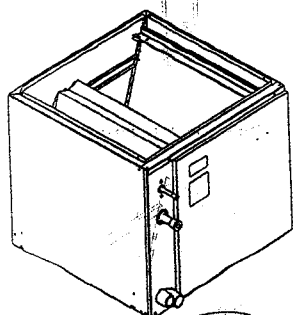
lot *4*

Sincerely
Petro Oil

NRVP, CNPVT, CNRVT, CNPVU, CNRVU
 TOR COIL
 CASED AND UNCASD
 DOWNFLOW

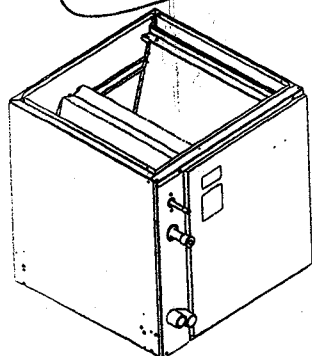


Product Data



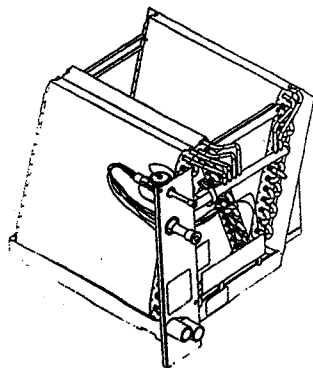
CN(P,R)VP

A06008



CN(P,R)VT (Transition)

A06007



CN(P,R)VU

A06004

This vertical design N-coil is a furnace coil designed to provide the highest standards of reliability and durability. The coils are available for use in Puron®, the environmentally-friendly refrigerant, and R-22 systems.

Both designs have a painted case (taupe metallic) and come with factory-installed thermostatic expansion valves (TXV). The coils are offered in different width configurations for use in multiple installation applications. Additionally, they are offered in a transition configuration, a design which simplifies making field-supplied transition duct configurations. Easy maintenance is provided as the coil slides out of the cabinet after removing the access door and service panel. The coils are available in sizes 018 through 060 (1-1/2 to 5 tons).

Transition coil models CNPVT and CNRVT are designed for use with one size smaller width furnaces without field modifications.

CN(P,R)V(P,T) and CNPVU are available in tin-plated copper coil models. These coils are built with special hairpins which are tin-plated to resist both general pitting corrosion and excessive indoor corrosion-Formicary Corrosion. (Formicary Corrosion is an industry phenomenon.)

STANDARD FEATURES

Water Management — These coil designs do an excellent job of water management. The coils are designed to avoid water blow-off into the ducts by directing condensate away from the fins and into the drain pan.

Durable Condensate Pan — Each coil is equipped with a corrosion-resistant condensate drain pan. The condensate drain pan is designed with a slope to help ensure proper drainage, improved moisture removal, and home comfort.

Compact Design — Unique design offers as much as 2-4 in. less in height to aid in tight installations.

Brass Inserts — Every condensate pan features two 3/4 in. female threaded brass insert connections. The unique brass inserts provide for a leak-free condensate line connection to prevent water damage.

Refrigerant Connections — The coils are provided with proven sweat-connections for leak free operation maintaining system reliability.

Burst Pressures — These coils meet or exceed burst pressure of 2100 psi which is at least three to five times the pressure they will see in actual application.

Thermostatic Expansion Valves (TXV) — All Bryant coils have refrigerant-specific factory-installed TXVs.

Teflon Ring — The ring, installed inside the liquid line connection at the TXV, is the best option for preventing refrigerant leaks and future service calls. Teflon works with both Puron® and R-22 refrigerants.

Protective Tube Sheets — Protect the flexible copper tubing from being damaged during the manufacturing and installation process.

Warranty — All Bryant coils feature a limited 5-year warranty on parts, with additional extended warranties available on the system.

The "tin-plated copper coil" models come with a limited 10-year warranty on the coil.

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6-7	8-9	10	11	12
C	N	P	V	P	18	14	A	C	A
Product	Coil Type	Refrigerant Type	Coil Configuration	Cabinet Finish	Unit Capacity	Cabinet Width	Revision Level	Tubing Design	Variations
C - Coil	N - N T	P - Puron® --TXV R - R-22 TXV	V - Upfl./Dnt	P - Painted U - Uncased T - Transition N	18 - 1 1/2 Ton 24 - 2 Ton 30 - 2 1/2 Ton 36 - 3 Ton 42 - 3 1/2 Ton 48 - 4 Ton 60 - 5 Ton	14 - 14 in. 17 - 17 in. 21 - 21 in. 24 - 24 in.	A - Revision	C - Copper T - Tin-Plated Copper	A - Basic

CNPVP / CNRVP / CNPVT / CNRVT / CNPVU / CNRVU



ARI Standard 210/240
Unitary Air Conditioning



ARI Standard 210/240
Unitary Heat Pumps

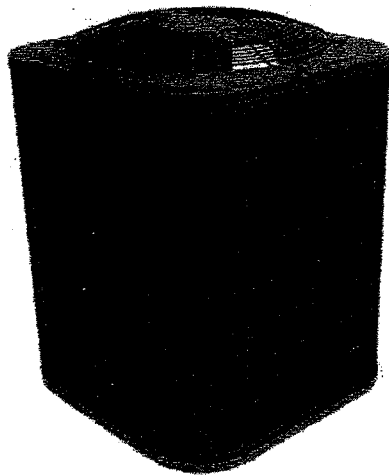
CERTIFICATION APPLIES ONLY WHEN THE COMPLETE SYSTEM IS LISTED WITH ARI



113A
Legacy-RNC Air Conditioner
with Puron® Refrigerant
1-1/2 To 5 Nominal Tons (Sizes 018 - 060)



Product Data



Bryant's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 113A has been designed utilizing Bryant's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

As an Energy Star® Partner, Bryant Heating and Cooling has determined that this product meets the Energy Star® guidelines for energy efficiency. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 13 - 14 SEER/10.55 - 12 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 76 dBA

Comfort

- System supports Thermostat™ or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- Balanced refrigeration system for maximum reliability

Durability

DuraGuard™ protection package:

- Solid, durable sheet metal construction
- Dense wire coil guard
- Baked-on powder paint

Applications

- Long-line - up to 250 feet total equivalent length, up to 200 feet condenser above evaporator, or up to 80 ft. evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C) with accessory kit

Warranty

- 5 year limited compressor warranty
- 5 year limited parts warranty

ELECTRICAL DATA

UNIT SIZE - VOLTAGE, SERIES	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE†	MIN WIRE SIZE†	MAX LENGTH (FT)‡	MAX LENGTH (FT)‡	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA		60° C	75° C	60° C	75° C	
018-B	208/230/1	253	197	48.0	9.0	0.5	11.7	14	14	67	64	15
024-B				58.3	13.5	0.75	17.6	14	14	45	43	25
030-C				64.0	12.8	0.75	16.8	14	14	47	45	25
036-B				77.0	14.1	1.4	19.0	12	12	66	63	30
042-B				112.0	17.9	1.1	23.5	12	12	53	51	40
048-B				109.0	19.9	1.4	26.2	10	10	76	73	40
060-C				134.0	26.4	1.2	34.2	8	8	91	86	50

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C (86°F), consult table 310-18 of the NEC (ANSI/NFPA 70). The ampacity of non-metallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C (140°F) conditions, per the NEC (ANSI/NFPA 70) Article 336-26. If other than uncoated (no-plated), 80 or 75°C (140 or 167°F) insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (ANSI/NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-Delay fuse.

FLA - Full Load Amps

LRA - Locked Rotor Amps

MCA - Minimum Circuit Amps

RLA - Rated Load Amps

NOTE: Control circuit is 24-V on all units and requires external power source. Copper wire must be used from service disconnect to unit.

All motors/compressors contain internal overload protection.

SOUND POWER

UNIT SIZE - VOLTAGE, SERIES	STANDARD RATING (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dB, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-B	76	52.0	61.0	67.0	70.5	67.5	63.5	56.5
024-B	76	56.5	64.0	67.5	69.5	67.0	65.0	60.5
030-C	76	55.0	63.5	69.0	72.0	69.0	64.5	59.5
036-B	76	58.5	64.0	68.0	69.5	66.0	62.5	55.0
042-B	78	57.5	65.0	71.0	73.0	70.5	67.5	62.5
048-B	78	59.5	67.0	72.5	73.0	70.0	67.0	62.5
060-C	78	53.5	61.0	67.5	74.5	68.5	62.5	61.0

SOUND POWER WITH SOUND SHIELD

UNIT SIZE - VOLTAGE, SERIES	STANDARD RATING (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dB, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-B	74	50.0	61.5	64.5	66.5	64.0	61.0	54.5
024-B	75	58.0	65.5	69.0	70.5	68.0	65.0	59.0
030-C	76	56.5	64.0	69.5	71.5	69.0	64.5	58.0
036-B	76	58.5	64.5	68.5	69.5	67.0	63.5	58.5
042-B	77	57.5	65.0	70.5	72.0	70.0	67.0	62.0
048-B	77	59.5	67.0	72.0	72.0	69.5	66.5	62.0
060-C	77	53.0	61.0	66.5	73.0	66.0	60.5	57.5

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE - VOLTAGE & SERIES	REQUIRED SUBCOOLING °F (°C)
018-B	8 (4.4)
024-B	13 (7.2)
030-C	16 (8.9)
036-B	16 (8.9)
042-B	10 (5.6)
048-B	17 (9.4)
060-C	11 (6.1)

PHYSICAL DATA

UNIT SIZE - VOLTAGE, SERIES	018-B	024-B	030-C	036-B	042-B	048-B	060-C
Operating Weight (lb)	125	125	128	152	189	210	216
Shipping Weight (lb)	146	146	149	175	218	235	250
Compressor Type	Scroll						
REFRIGERANT	Puron® (R-410A)						
Control	TXV (Puron® Hard Shutoff)						
Charge (lb)	4.25	4.35	4.0	5.25	6.2	8.35	8.35
COND FAN	Propeller Type, Direct Drive						
Air Discharge	Vertical						
Air Qty (CFM)	1880	2200	1880	2950	3170	3365	3400
Motor HP	1/12	1/10	1/10	1/4	1/5	1/4	1/4
Motor RPM	1100	1100	1100	1100	1100	1100	825
COND COIL							
Face Area (Sq ft)	9.85	9.85	9.85	14.77	17.25	21.56	22.69
Fins per In.	20	20	25	25	25	25	25
Rows	1	1	1	1	1	1	1
Circuits	3	3	3	3	4	5	5
VALVE CONNECT. (In. ID)							
Vapor	5/8	5/8	3/4	3/4	7/8	7/8	7/8
Liquid	3/8						
REFRIGERANT TUBES* (In. OD)							
Vapor (0-80 Ft Tube Length)	5/8	5/8	3/4	3/4	7/8	7/8	1-1/8
Liquid (0-80 Ft Tube Length)	3/8						

* For tubing sets between 80 and 200 ft. horizontal or 20 ft. vertical differential, consult the Longline Guideline.
 Note: See unit installation instruction for proper installation.

VAPOR LINE SIZING AND COOLING CAPACITY LOSS PURON 1-STAGE AIR CONDITIONER APPLICATIONS

LONG LINE APPLICATION: An application is considered "Long line" when the total equivalent tubing length exceeds 80 ft or when there is more than 20 Ft vertical separation between indoor and outdoor units. These applications require additional accessories and system modifications for reliable system operation. The maximum allowable total equivalent length is 250Ft. The maximum vertical separation is 200 Ft when outdoor

unit is above indoor unit, and up to 80 Ft when the outdoor unit is below the indoor unit. Refer to Accessory Usage Guideline below for required accessories. See Long-Line Application Guideline for required piping and system modifications. Also, refer to the table below for the acceptable vapor tube diameters based on the total length to minimize the cooling capacity loss.

Unit Nominal Size (Btuh)	Acceptable Vapor Line Diameters (In. O.D.)	Cooling Capacity Loss (%) Total Equivalent Line Length (ft.)		
		Standard Application		
		25	50	80
18,000	1/2	1	2	3
1-Stage Puron AC	5/8	0	0	1
24,000	5/8	0	1	1
1-Stage Puron AC	3/4	0	0	0
	7/8	0	0	0
30,000	5/8	1	2	3
1-Stage Puron AC	3/4	0	0	1
	7/8	0	0	0
36,000	5/8	1	2	4
1-Stage Puron AC	3/4	0	0	1
	7/8	0	0	0
42,000	3/4	0	1	2
1-Stage Puron AC	7/8	0	0	1
	1-1/8	0	0	0
48,000	3/4	0	1	2
1-Stage Puron AC	7/8	0	0	1
	1-1/8	0	0	0
60,000	3/4	1	2	4
1-Stage Puron AC	7/8	0	1	2
	1-1/8	0	0	0

Standard Length = 80 Ft or less total equivalent length

OFFICE DATE RECEIVED: 3-26-12 2/5/28

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	SC	3/26/12							24-12-00220
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name PETRO FUEL
99 RIVER AVE
Address LAKEWOOD, NJ 08701
732-882-6568
ID# 208048384

Telephone ☐ _____

Signature Laura Talavera

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