BLOCK 701.34 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 18 Parkway Dr. PERMIT NO. 23-0715

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-22-001351

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 Parkway Dr.
2. Name of Owner in Fee: Dean
   Tel [redacted] e-mail _____
   Address 18 Parkway Dr. (street) Brick (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Eastern Shore Heating & Air Conditioning Tel. (732) 240-3866
   Address 341 Mantoloking Road e-mail michaelb@easternshorehvac.com
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. 13VH03929600 Exp. Date 6/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 900120199 FAX: (732) 475-7861
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mike Buonadonna
   Tel. 732) 240-3866 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical	200 ✓		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	17 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 367		

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 ____	

II. 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)

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									
☑ Electrical									
☑ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	9200								

VII. DESCRIPTION OF BUILDING USE

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

RECEIVED APR 1 0 2022 BUILDING

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

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

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

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, ren tion, or repair to an existing single family residence owned and occupied by myself and located on the property l on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an exi 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 Divisi 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, co and local prior approvals, including such certification as the construction official may require, have been given or will be gi prior to pemit issuance.

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 au rized 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, co and local prior approvals, including such certification as the construction official may require, have been given or will be gi prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxa 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 **Eastern Shore Heating & Air Conditioning**

Address **341 Mantoloking Road**

Brick, NJ 08723

Telephone **(732) 240-3866**

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	4/10/2023
Control Number	C-22-001351
Permit Number	23-0715
Permit Issue Date	3/15/2023
Certificate Number	23-0715

Identification

Work Site Location: 18 PARKWAY DR. Brick Township, NJ Block: 701.34 Lot: 4 Qual:

Owner in Fee: LOUIS, LAUREN

Owner Address: 18 PARKWAY DR BRICK NJ 08723

Telephone: [redacted]

Contractor: EASTERN SHORE HEATING & AIR CONDITIONING

Address: 341 MANTOLOKING RD BRICK NJ 08723

Telephone: (732) 240-3866 Fax: (732) 240-3223 Federal Emp. Number: 900120199

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

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

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/10/2023

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/15/23
Control #
Date Issued
Permit # 23-0715

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. Brick
Owner in Fee: Dean
Tel: [redacted] e-mail
Address 18 Parkway Dr. Brick NJ (street / municipality)

Contractor: A. MAY ELECTRIC, INC. Tel. (609) 933-7416 (zip code)
Address 1074A BUCKINGHAM DRIVE e-mail alanmay225@gmail.com
MANCHESTER, NJ 08759

Contractor License No. 7381A Exp. Date 03/31/2024
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223-026-988 FAX: (~~609~~) ~~288-9024~~

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 150.00

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: Alan May
Print name here: ALAN MAY

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace & AC

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	5.75	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	

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-4-23
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-4-23	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 23-0715

MAR 15 2023

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 Brick

Owner in Fee: Dean

Tel [redacted] e-mail

Address 18 Parkway Dr Brick NJ
street municipality zip code

Contractor: Eastern Shore Heating and A/C Tel. (732) 240-3866

Address 341 Mantoloking Road e-mail Info@easternshorehvac.com

Brick, NJ 08723

Contractor License No. 19HC00761900 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 900120199 FAX: (732) 240-3223

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 8900

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: John Hamick

Print name here: John Hamick

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace furnace & A/C

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other A/C	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 4-4-23
Approved by: Acting

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			4-4-23	

U.C.C. F145 (rev. 04/15) Internet version

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

Thank you. The following payment has been successfully submitted.

Payment Submitted

Confirmation number:	**2923970050**
Payment Date:	**15-Mar-2023 03:41:22 PM**
Payment type:	**Building Permit**
Account number:	**22-001351**
Payment method:	**Visa (Debit)**
Card number:	**************3096**
Payment amount:	**$367.00**
Processing fee:	**$10.46**
Total amount charged:	**$377.46**

X

CONSTRUCTION PERMIT

Date Issued
Control # C-22-001351
Permit #

IDENTIFICATION Block: 701.34 Lot: 4 Qualifier
Work Site Location: 18 PARKWAY DR. Brick Township, NJ
Contractor EASTERN SHORE HEATING & AIR CONDITIONING
Address 341 MANTOLOKING RD BRICK NJ 08723

Owner in Fee LOUIS, LAUREN
18 PARKWAY DR BRICK NJ 08723
Telephone: [redacted]

Telephone: (732) 240-3866
Lic. No. or Bldrs. Reg. No. 13VH03929600 19HC00761900
Federal Employee. No. 900120199

Is hereby granted permission to perform the following work:

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

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

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 $9,050

Construction Official — Date 4/19/22

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$17
CO Fee	
Other	$0
Total	$367
Check No.	
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 3/15/23
Permit # 23 CM 15

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

Block 721.34 Lot 4 Qualification Code

Work Site Location 18 Parkway Dr. Brick

Owner in Fee: Same

Tel [redacted] e-mail

Address 18 Parkway Dr. Brick NJ
street municipality zip code

Contractor: A. MAY ELECTRIC, INC. Tel. (609) 933-7416

Address 1074A BUCKINGHAM DRIVE e-mail alanmay225@gmail.com
MANCHESTER, NJ 08759

Contractor License No. 7381A Exp. Date 03/31/2024

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

Federal Emp. ID No. 223-026-988 FAX: (609) 208-9624

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Alan May

Print name here: **ALAN MAY**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace & AC

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	5.75	KW Central A/C Unit	
1		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	

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

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MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received MAR 15 2023
Control #
Date Issued
Permit # 23-0215

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 Brick
Owner in Fee: Dean
Te [redacted] e-mail
Address 18 Parkway Dr Brick NJ
street municipality zip code
Contractor: Eastern Shore Heating and A/C Tel. (732) 240-3866
Address 341 Mantoloking Road e-mail Info@easternshorehvac.com
Brick, NJ 08723
Contractor License No. 19HC00761900 Exp. Date 06/30/2022
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 900120199 FAX: (732) 240-3223

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 8900

JOB SUMMARY (Office Use Only)

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

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here: John Homick
Print name here: John Homick

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace furnace & A/C

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other A/C	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 726.34 Lot 4 Qualification Code

Work Site Location 18 Parkway Dr Brick

Owner in Fee Dean

Address 18 Parkway Dr Brick

Tel. [redacted]

Contractor Eastern Shore Heating & Air Conditioning

Address 341 Mantoloking Road
Brick, NJ 08723

Tel. (732) 240-3866

Lic. No. or Bldrs. Reg. No. 13VH03929600

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Replace 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 $ 9200

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

Reorder at: ucc.allegramarmora.com • (609) 390-1400 • Allegra Marketing, Print & Mail - Marmora, NJ

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 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 given.

☐ 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 the case 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. Utility services, including septic
4. 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.

☐ 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.

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

John Homiek Jr
341 Mantoloking Road
Brick NJ 08723

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

06/09/2020 TO 06/30/2022
VALID

Signature of Licensee/Registrant/Certificate Holder

19HC00761900
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
John Homiek Jr
Master HVACR Contractor
06/09/2020 TO 06/30/2022
VALID
SIGNATURE
ACTING DIRECTOR
19HC00761900
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of HVACR Contract
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

A MAY ELECTRIC INC
ALAN M MAY
1074A Buckingham Drive
Manchester NJ 08759

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

02/24/2021 TO 03/31/2024
VALID

Alan M. May
Signature of Licensee/Registrant/Certificate Holder

34EB00738100
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 201.34 LOT 4 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 18 Parkway Dr

Owner in Fee Dean

Verifying Individual Mike Bonaduce Company Eastern Shore Heat & A/C

Address 341 Mantoloking Rd Brick
Street City State Zip Code

Tel: (732) 240-3866 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:
- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [x] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:
- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [x] Power Vent/Exhauster

Size _____
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	66000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

_____
Signature Date

Direct Vent Appliance:

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

Mike Bonaduce 4-15-22
Signature Date

Verification Not Submitted:

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

_____
Signature Date

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

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

RESIDENTIAL REPLACEMENT OF FURNACE/BOILER
(IN LIEU OF MANUAL S)

BOILER REPLACEMENT

OLD BTU INPUT_____ OUTPUT_____ I=B=R OUTPUT_____

NEW BTU INPUT_____ OUTPUT_____ OUTPUT_____

FURNACE REPLACEMENT

OLD BTU INPUT 75000 OUTPUT 58000

NEW BTU INPUT 66000 OUTPUT 63900

A/C REPLACEMENT

OLD UNIT 32000 BTU

NEW UNIT 30000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

IF YOU DON'T HAVE OLD UNIT SPECIFICATIONS, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN (MANUAL J & MANUAL S)

IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN

WE ALSO WILL NEED
COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE/BOILER /AC UNIT
(NOT THE INSTALLATION GUIDE)

CHIMNEY CERTIFICATION (CANNOT BE CERTIFIED BY HOMEOWNER)

SPECIFICATIONS

	Model No.	ML196UH 030XE36B	ML196UH 045XE36B	ML196UH 070XE36B	ML196UH 070XE48B	ML196UH 090XE36C
Gas Heating Performance	[1] AFUE	96%	96%	96%	96%	96%
	Input - Btuh	30,000	44,000	66,000	66,000	88,000
	Output - Btuh	29,000	42,800	63,900	63,900	85,600
	Temperature rise range - °F	25 - 55	35 - 65	35 - 65	30 - 60	45 - 75
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10	3.5 / 10	3.5 / 10	3.5 / 10	3.5 / 10
	High static - in. w.g.	0.5	0.5	0.5	0.5	0.5
Energy Star® Certified		Yes	Yes	Yes	Yes	Yes
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt				
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT				
Indoor Blower	Wheel nom. dia. x width - in.	10 x 8	10 x 8	10 x 8	11-1/2 x 10	10 x 8
	Motor Type	DC Brushless	DC Brushless	DC Brushless	DC Brushless	DC Brushless
	Motor output - hp	1/2	1/2	1/2	3/4	1/2
	Tons of add-on cooling	1.5 - 3	1.5 - 3	1.5 - 3	2.5 - 4	1.5 - 3
	Air Volume Range - cfm	175 - 1435	520 - 1345	550 - 1380	835 - 1855	460 - 1470
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase				
	Blower motor full load amps	6.8	6.8	6.8	8.4	6.8
	Maximum overcurrent protection	15	15	15	15	15
Shipping Data	lbs. - 1 package	120	124	129	132	142

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

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

SPECIFICATIONS

	Model No.	ML196UH 090XE48C	ML196UH 090XE60C	ML196UH 110XE60C	ML196UH 135XE60D
Gas Heating Performance	[1] AFUE	96%	96%	96%	96%
	Input - Btuh	88,000	88,000	110,000	132,000
	Output - Btuh	85,600	85,600	107,200	127,000
	Temperature rise range - °F	50 - 80	35 - 65	45 - 75	45 - 75
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10	3.5 / 10	3.5 / 10	3.5 / 10
	High static - in. w.g.	0.5	0.5	0.5	0.5
Energy Star® Certified		Yes	Yes	Yes	Yes
Connections in.	Intake / Exhaust Pipe (PVC)	2 / 2	2 / 2	2 / 2	2 / 2
	Gas pipe size IPS	1/2	1/2	1/2	1/2
	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt			
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT			
Indoor Blower	Wheel nom. dia. x width - in.	10 x 10	11-1/2 x 10	11-1/2 x 10	11-1/2 x 10
	Motor Type	DC Brushless	DC Brushless	DC Brushless	DC Brushless
	Motor output - hp	3/4	1	1	1
	Tons of add-on cooling	2.5 - 4	3-5	3 - 5	3-5
	Air Volume Range - cfm	760 - 1740	1050 - 2105	1055 - 2220	1310 - 2400
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase			
	Blower motor full load amps	8.4	10.9	10.9	10.9
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	152	152	164	174

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

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

SPECIFICATIONS

General Data	Model No.	All Regions	---	---	---	---	ML14XC1-041
		North / South Regions	ML14XC1S018	ML14XC1S024	ML14XC1S030	ML14XC1S036	---
		Southwest Region	ML14XC1-018	ML14XC1-024	ML14XC1-030	ML14XC1-036	---
		Nominal Tonnage	1.5	2	2.5	3	3.5
	Indoor Unit Expansion Valve (TXV) (If needed)		12J18	12J18	12J18	12J19	12J20
	RFCIV Metering Orifice Usage		0.052	0.060	0.060	0.071	N/A
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[1] Refrigerant (R-410A) furnished			4 lbs. 9 oz.	4 lbs. 9 oz.	5 lbs. 8 oz.	7 lbs. 1 oz.	9 lbs. 0 oz.
Outdoor Coil	Net face area sq. ft.	Outer coil	13.22	16.33	21.00	16.33	21.00
		Inner coil	---	---	---	15.75	20.25
		Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
		Number of rows	1	1	1	2	2
		Fins per inch	26	26	26	22	22
Outdoor Fan		Diameter - in.	18	22	22	22	22
		Number of blades	3	3	3	3	3
		Motor hp	1/10	1/6	1/6	1/6	1/6
		Cfm	2290	3160	3160	3160	3050
		Rpm	1075	825	825	825	825
		Watts	160	215	215	190	190
Shipping Data - lbs. 1 package			134	152	169	175	192

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph		208/230V	208/230V	208/230V	208/230V	208/230V
[2] Maximum overcurrent protection (amps)		20	25	25	30	30
[3] Minimum circuit ampacity		11.9	14.6	17	18	19.3
Compressor	Rated load amps	9.0	10.9	12.8	13.6	14.7
	Locked rotor amps	48	59.3	67.8	79	75
	Power factor	0.97	0.97	0.97	0.96	0.96
Condenser Fan Motor	Full load amps	0.7	1	1	1	1
	Locked rotor amps	1.3	1.9	1.9	1.9	1.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	◦	◦	◦	◦	
		Factory					◦
Compressor Hard Start Kit	Copeland	10J42	◦	◦	◦		
	LG	88M91	◦	◦	◦	◦	◦
Compressor Low Ambient Cut-Off Switch		45F08	◦	◦	◦	◦	◦
Compressor Sound Cover		69J03	◦	◦	◦	◦	◦
Compressor Time-Off Control		47J27	◦	◦	◦	◦	◦
Freezestat	3/8 in. tubing	93G35	◦	◦	◦	◦	◦
	5/8 in. tubing	50A93	◦	◦	◦	◦	◦
Indoor Blower Off Delay Relay		58M81	◦	◦	◦	◦	◦
Loss of Charge Switch Kit		84M23	◦	◦	◦	◦	◦
[4] Low Ambient Kit (Fan Cycling)		34M72	◦	◦	◦	◦	◦
Refrigerant Line Sets	L15-41-20, L15-41-30, L15-41-40, L15-41-50		◦	◦	◦		
	L15-65-30, L15-65-40, L15-65-50					◦	◦
Unit Stand-Off Kit		94J45	◦	◦	◦	◦	◦

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

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

[2] HACR type circuit breaker or fuse.

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

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