BLOCK 382.41 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 199 COURTSHIRE DRIVE PERMIT NO. 11-3270

CONSTRUCTION PERMIT APPLICATION

C11-003881

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

I. IDENTIFICATION

1. Proposed Work Site at: 199 COURTSHIRE DRIVE
2. Name of Owner in Fee: CARDUSO
   Tel [redacted] e-mail _____
   Address 199 COURTSHIRE DRIVE, LIONS HEAD SOUTH, BRICK, NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Brick Township Heating + A/C Tel. (732) 477-3300
   Address 465 Brick Blvd e-mail _____
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918600
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun CRAIG LAW
   Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical	50 ✓		
3. Plumbing			
4. Fire Protection	135 ✓		
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	1		
12. Other			
13. TOTAL	$ 226		

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)

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		GRT	10/17/11						
☐ Electrical					10/20/11	SL			
☐ Plumbing					10/24/11	MW			
☒ Fire Protection					10-31-11	KLR			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* / *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Brick Township Heating & Air Conditioning

Address 465 Brick Blvd

Brick, NJ 08723

Telephone (732) 477-3300

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 12/01/2011
Control Number C-11-003881
Permit Number 11-3270
Permit Issue Date 10/28/2011
Certificate Number 11-3270

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 199 COURTSHIRE DRIVE Brick Township, NJ Block: 382.41 Lot: 7 Qual:

Owner in Fee: CARDOSO, CARLOS P & ZILDA G, ET AL

Owner Address: 199 COURTSHIRE DR BRICK NJ 08723

Telephone:

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205

License Number or Builders Registration Number: 13VH01918000 Federal Emp. Number: 21-0103175

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: ELECTRIC TO GAS CONVERSION, FURNACE 2 future gas stub outs

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: 12/01/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10/28/11
Control # C-11-003881
Permit # 11-3270

IDENTIFICATION Block: 382.41 Lot: 7 Qualifier
Work Site Location: 199 COURTSHIRE DRIVE Brick Township, NJ
Owner in Fee: CARDOSO, CARLOS P & ZILDA G. ET AL
199 COURTSHIRE DR BRICK NJ 08723
Telephone:
Contractor: BRICK TOWNSHIP HEATING & AIR
Address: 465 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000
Federal Employee. No. 21-0103175

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:
ELECTRIC TO GAS CONVERSION, FURNACE 2 future gas stub outs

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 $500

Construction Official — Date 10-26-11

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$50
Fire Protection	$135
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$226
Check No.	2030
Cash	$0
Credit	$0
Collected By	

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.

☑ 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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-3270

Date Issued / Permit # 10/28/11

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

Block 382.41 Lot 7 Qualification Code

Work Site Location 199 COURTSHIRE DRIVE
LIONS HEAD SOUTH, BRICK, NJ 08723

Owner in Fee: CARUSO

T[redacted] e-mail

Address 199 COURTSHIRE DRIVE, BRICK, NJ 08723
street municipality zip code

Contractor: Brick Township Heating + A/C Tel (732) 477-3300

Address 465 Brick Blvd Brick, NJ 08723 e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

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 $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by:
[ ] Plumbing Plans Approved
Date 10/24/11 Approved by: MA
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 10-25-11
Approved by: BJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-1-11
Approved by: 2

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11-09-11 PA	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	FINAL 11-16-11		11-30-11 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. Craig Law

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRIC HEAT TO GAS WARM AIR FURNACE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinel/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
3	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 GAS FURNACE INSTALLATION	
	Other	

80,000

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

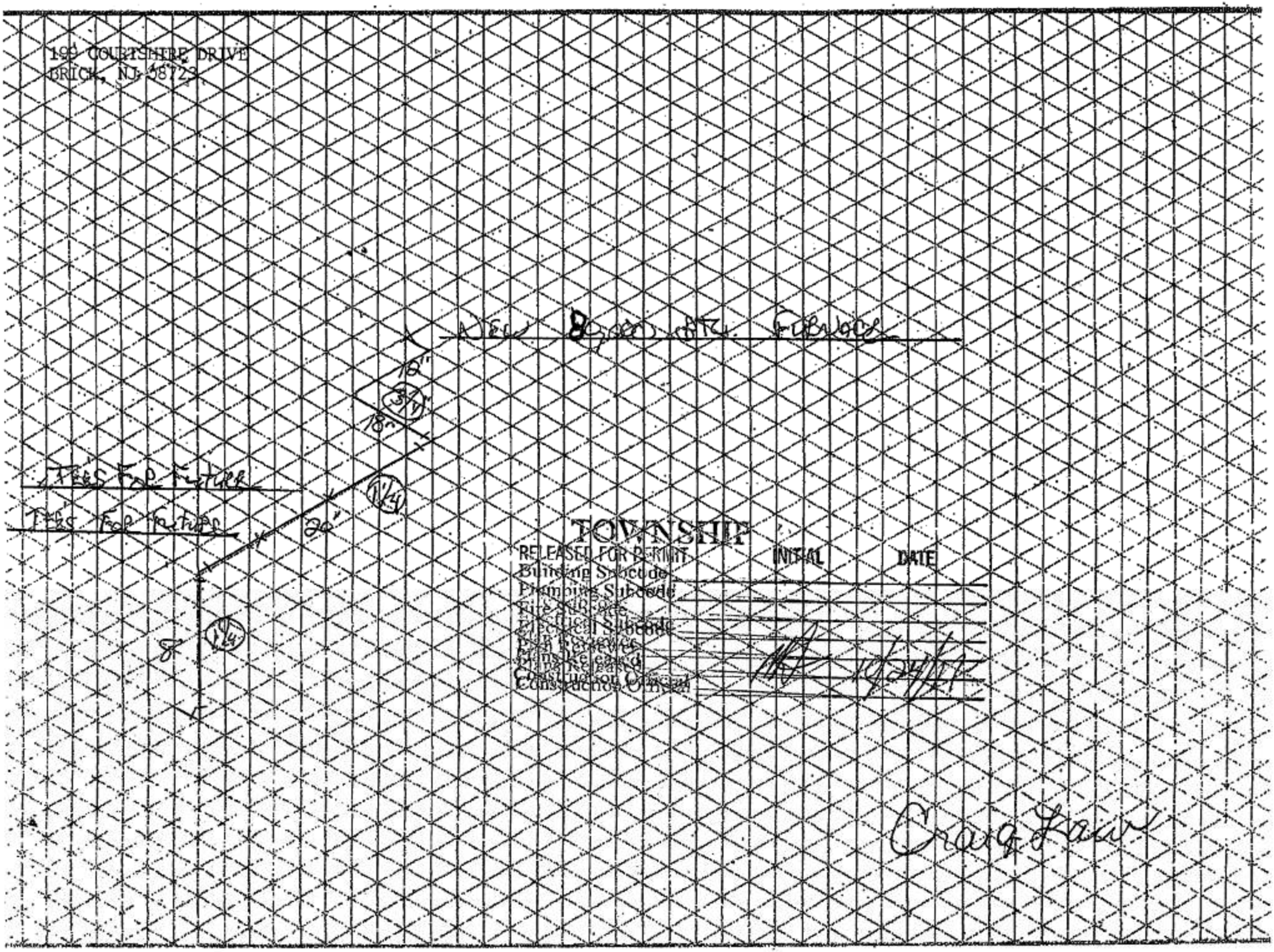
ACTION OFFICE SUPPLIES, INC. (732) 534-3000

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

11.16.11 PA

① COMBUSTION AIR NOT COT THROUGH ROOF — 11.30.11 PA

199 COURTSHIRE DRIVE
BRICK, NJ 08723



TOWNSHIP

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Soil Reviewer		
Planning Board		
Construction Official		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-3270

Date Issued / Permit # 10/28/11

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

Block 382.41 Lot 7 Qualification Code

Work Site Location 199 COURTSHIRE DRIVE
LIONS HEAD SOUTH, BRICK, NJ 08723

Owner in Fee: CARUSO

Tel. [redacted] e-mail

Address 199 COURTSHIRE DRIVE, BRICK, NJ 08723
(street, municipality, zip code)

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 415 Brick Blvd Brick, NJ 08723 e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: ATTIC

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 100.00

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. Craig Law
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ELECTRIC HEAT TO GAS WARM AIR 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	1 FUT 2 FUTURE	
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	3	
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: 10-21-11
Approved by: Fee

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11-17-11
Approved by: Fee

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			11-16-11	
Smoke Control				
TCO				
Flam/Combust. Tanks				
Fireplace Venting				
Final			11-16-11	
Other				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3270

Date Issued
Permit # 10/28/11

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

Block 382.41 Lot 7 Qualification Code

Work Site Location 199 COURTSHIRE DRIVE
LIONS HEAD SOUTH, BRICK, NJ 08723

Owner in Fee CARUSO

Tel. [redacted] e-mail

Address 199 COURTSHIRE DRIVE, BRICK, NJ 08723
street municipality zip code

Contractor EUREKA ELEC. SERVICE Tel. (732) 255-2822

Address PO BOX 4075, BRICK, NJ 08723 e-mail

Contractor License No. 4872 Exp. Date 2012

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

Federal Emp. ID No. 221814013 FAX: (732) 255-7932

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

[✓] 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: 10/28/11
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/17/11
Approved by: JS

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-17-11	
Barrier-Free				

Dates (Month/Day)

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

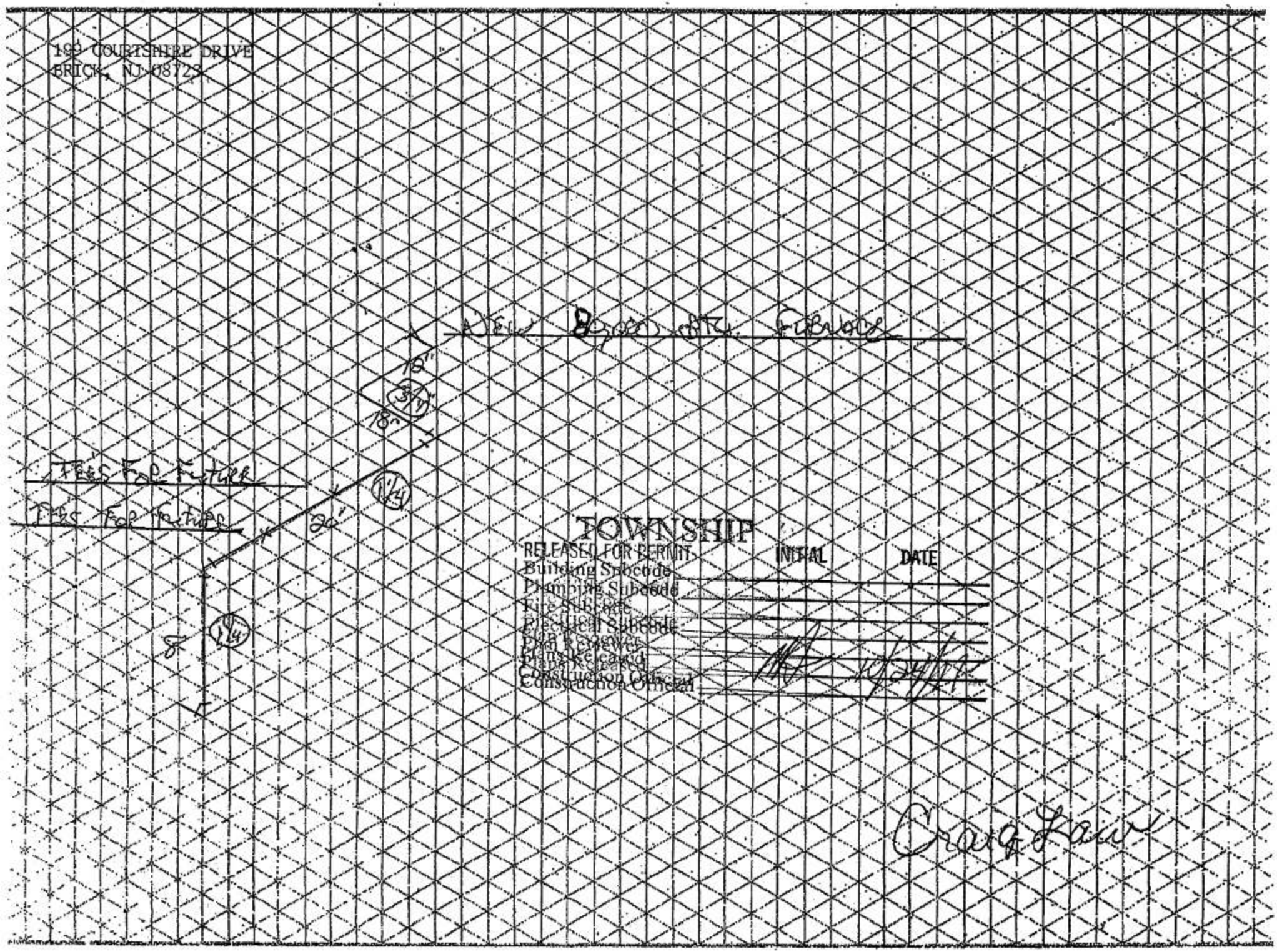
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRIC HEAT TO GAS WARM AIR FURNACE

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	
1		GAS FURNACE INSTALLATION	

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

199 COURTSHIRE DRIVE
BRICK, NJ 08723



ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3270

Date Issued
Permit # ✓ 10/28/11

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

Block 82.41 Lot 7 Qualification Code

Work Site Location 197 COURTSHIRE DRIVE
LONG BRANCH, MONMOUTH, PRINCETON 722

Owner in Fee: OWNER

Tel. [redacted] e-mail

Address 197 COURTSHIRE DRIVE, PRINCETON 0722
street municipality zip code

Contractor: [illegible] Tel. (732) 255-2022

Address [illegible] e-mail

Contractor License No. 4-72 Exp. Date 7/13

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

Federal Emp. ID No. [illegible] FAX: (732) 2[illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ [illegible]

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: 10/31/11
Approved by: JS

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

INSPECTIONS

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

Dates (Month/Day)

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
ELECTRIC HEAT TO GAS WORKING AIR FURNACE

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	
1		(1) FURNACE TEMP CONV	1

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

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F123 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3270

Date Issued
Permit # 10/28/11

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

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	
		_____	
		_____	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-3270

Date Issued / Permit # 10/28/11

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

Block 237.41 Lot 7 Qualification Code

Work Site Location 119 COURTSHIRE DRIVE

LAKE HOUSE (WITH), BRICK, NJ 08723

Ov [redacted]

Te [redacted] e-mail

Address 119 COURTSHIRE DRIVE, BRICK, NJ 08723
street municipality zip code

Contractor: Brick Township Heating & A/C Tel (732) 477-3300

Address 105 Brick Blvd Brick, NJ 08723 e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[X] Other CONVECTION

Location: ATTIC Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 11-21-11

Approved by: (illegible)

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				

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. Carl Kaup
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

ELECTRIC HEAT TO GAS WARM AIR 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 [✓] Gas or [ ] Oil	3	
Fireplace Venting/Metal Chimney		
Other		

1 FURNACE
2 HEATERS

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3210

Date Issued
Permit # 10/28/11

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

Block 41 Lot 7 Qualification Code _____

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. ( ) [illegible] e-mail _____

Address [illegible] (street) (municipality) (zip code)

Contractor ~~Brick Township Heating + A/C~~ Tel. ~~(732) 477-3300~~

Address ~~[illegible] Brick, NJ 08723~~ e-mail _____

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 _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[X] Other [illegible] Location of Main Control Valve: _____

Location: [illegible]

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	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 _____				

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 [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: [illegible]

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 [✓] Gas or [ ] Oil	2	
Fireplace Venting/Metal Chimney	2	
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11/3/3270
Date Issued
Permit # 10/28/11

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

Block 382.41 Lot 7 Qualification Code

Work Site Location 199 COURTSHIRE DRIVE
LIONS HEAD SOUTH, BRICK, NJ 08723

Owner in Fee CARDUSO

Tel. ([redacted] e-mail

Address 199 COURTSHIRE DRIVE, BRICK, NJ 08723
street municipality zip code

Contractor Brick Township Heating + A/C Tel. (732) 477-3300

Address 465 Brick Blvd Brick, NJ 08723 e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

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 $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 10/24/11 Approved by: MM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-25-11
Approved by: B.J

SUBCODE APPROVAL for CERTIFICATE
[ ] 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. Craig Law

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRIC HEAT TO GAS WARM AIR FURNACE

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	
3	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other GAS FURNACE INSTALLATION	
	Other	

80,000

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

ACTION OFFICE SUPPLIES, INC. (732) 534-3000

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-3270

Date Issued
Permit # 10/28/11

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

Block 382.41 Lot 7 Qualification Code

Work Site Location 199 COURTSHIRE DRIVE
LICNS HEAD SOUTH, BRICK, NJ 08723

Owner in Fee: CARUSO

Tel. [redacted] e-mail

Address 199 COURTSHIRE DRIVE BRICK NJ 08723
street municipality zip code

Contractor: Brick Township Heating & A/C Tel. (732) 477-3300

Address 465 Brick Blvd Brick, NJ 08723 e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

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 $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 10/28/11 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-28-11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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. Craig Faw

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRIC H/C + 1 - GAS WARM AIR FURNACE

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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other GAS FURNACE INSTALLATION	
	Other	

80,000

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

ACTION OFFICE SUPPLIES, INC. (732) 534-3030

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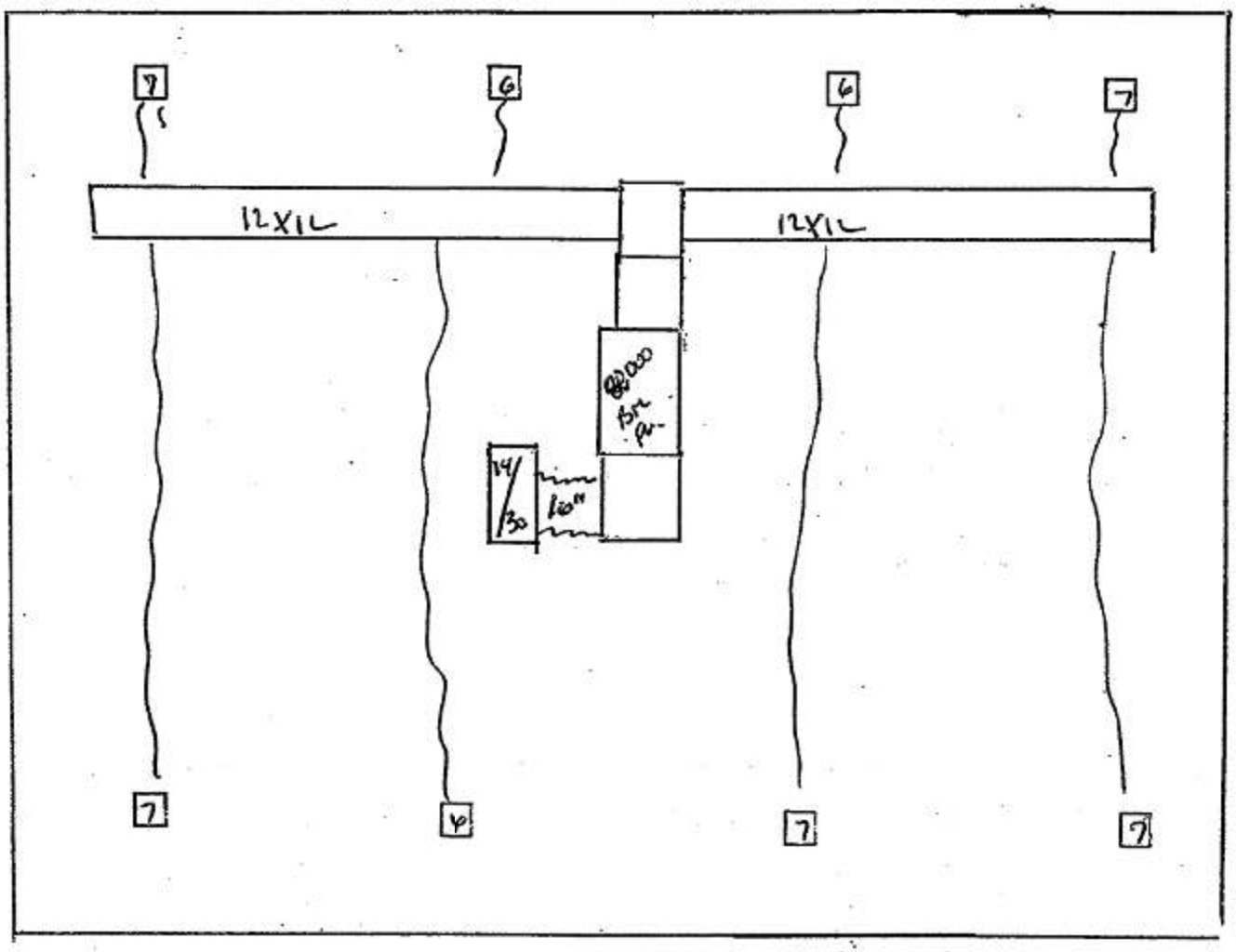
Craig Law

BRICK TOWNSHIP
HEATING & AIR CONDITIONING
477-3300

PHONE: 732-477-3300
732-477-1494
FAX: 732-477-0205

OFFICE & SHOW ROOM:
465 BRICK BOULEVARD, (RT. 549), BRICK TOWNSHIP, NEW JERSEY 08723
MAIL: P.O. BOX 4068, OSBORNVILLE, BRICK, NJ 08723-0968

199 COURTSHIRE DRIVE, BRICK, NJ 08723



** USING EXISTING DUCTWORK **

Project Summary
Entire House
BRICK TOWNSHIP

Job:
Date:
By:

465 BRICK BLVD, BRICK, NJ 08723 Phone: 732-477-3300

Project Information

For: BRICK TOWNSHIP HEATING AND COOLING

Notes:

Design Information

Weather: Long Branch, NJ , US

Winter Design Conditions

Outside db	13 °F
Inside db	70 °F
Design TD	57 °F

Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	M
Relative humidity	50 %
Moisture difference	30 gr/lb

Heating Summary

Building heat loss	25272 Btuh
Ventilation air	45 cfm
Ventilation air loss	2815 Btuh
Design heat load	28088 Btuh

Sensible Cooling Equipment Load Sizing

Structure	23184 Btuh
Ventilation	741 Btuh
Design temperature swing	3.0 °F
Use mfg. data	n
Rate/swing multiplier	0.95
Total sens. equip. load	22729 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1180	1180
Volume (ft³)	9440	9440
Air changes/hour	0.75	0.35
Equiv. AVF (cfm)	118	55

Latent Cooling Equipment Load Sizing

Internal gains	1000 Btuh
Ventilation	927 Btuh
Infiltration	1136 Btuh
Total latent equip. load	3290 Btuh
Total equipment load	26019 Btuh
Req. total capacity at 0.70 SHR	2.7 ton

Heating Equipment Summary

Make	
Trade	
Model	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	1241 cfm
Air flow factor	0.049 cfm/Btuh
Static pressure	0.00 in H2O
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
Efficiency	0 EER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	1241 cfm
Air flow factor	0.054 cfm/Btuh
Static pressure	0.00 in H2O
Load sensible heat ratio	88 %

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Short Form
Entire House
BRICK TOWNSHIP

Job:
Date:
By:

465 BRICK BLVD, BRICK, NJ 08723 Phone: 732-477-3300

Project Information

For: BRICK TOWNSHIP HEATING AND COOLING

Design Information

	Htg	Clg	Infiltration	
Outside db (°F)	13	90	Method	Simplified
Inside db (°F)	70	75	Construction quality	Average
Design TD (°F)	57	15	Fireplaces	0
Daily range	-	M		
Inside humidity (%)	-	50		
Moisture difference (gr/lb)	-	30		

HEATING EQUIPMENT

Make	
Trade	
Model	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	1241 cfm
Air flow factor	0.049 cfm/Btuh
Static pressure	0.00 in H2O
Space thermostat	

COOLING EQUIPMENT

Make	
Trade	
Cond	
Coil	
Efficiency	0 EER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	1241 cfm
Air flow factor	0.054 cfm/Btuh
Static pressure	0.00 in H2O
Load sensible heat ratio	88 %

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
BEDROOM	192	4689	2862	230	153
MASTER BEDROOM	220	5012	2458	246	132
LIVING/DINING	276	7782	8038	382	430
HALL	174	2391	1000	117	54
GARAGE	180	0	0	0	0
LAUNDRY	56	1650	3748	81	201
BATH 2	80	1636	1037	80	55
BATH	50	178	114	9	6
KITCHEN	132	1934	3929	95	210

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Entire House Ventilation air Equip. @ 0.95 RSM Latent cooling	d	1360	25272 2815	23184 741 22729 3290	1241	1241
TOTALS		1360	28088	26019	1241	1241

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 382.41 LOT 7 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 199 COURTSHIP DRIVE

Applicant CARDUSO

Certifying Individual CRAIG LAW Company BRICK TOWNSHIP HEATING & A/C Co.

Address 465 BRICK BLVD. (Street) BRICK (City) NJ (State) 08723 (Zip Code)

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[X] Other ELECTRIC TO GAS CONVERSION

Existing Vent/Chimney:

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

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.

_____
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:

Craig Law 10/4/11
Signature Date

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

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

TRANE®

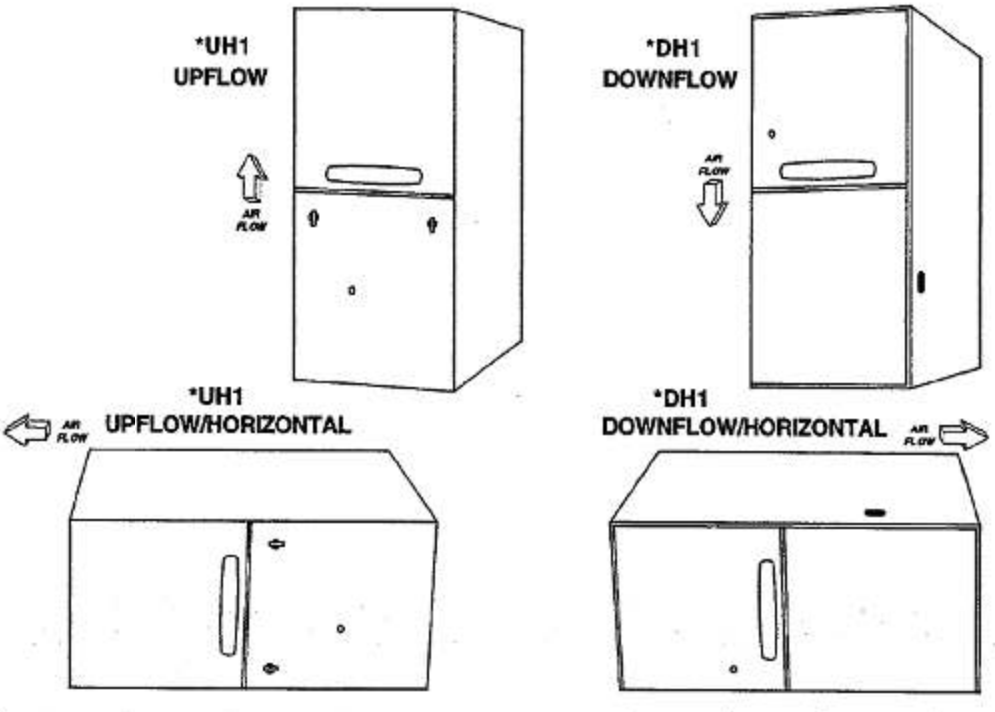
Upflow/ Horizontal Downflow/Horizontal Condensing, Direct Vent Gas-Fired Furnace

XR 95

TUH1B040A9241A, TUH1B060A9361A,
TUH1B080A9421A, TUH1C080A9601A,
TUH1C100A9481A, TUH1D100A9601A,
TUH1D120A9601A, TDH1B040A9241A,
TDH1B065A9421A, TDH1C085A9481A,
TDH1D110A9601A

ENERGY STAR

Single-Stage Fan Assisted Combustion System



PUB. NO. 22-1836-04

TRANE

General Features

NATURAL GAS MODELS
Central Heating furnace designs are certified to ANSI Z21.47 / CSA 2.3 for both natural and L.P. gas. Limit setting and rating data were established and approved under standard rating conditions using American National Standards Institute standards.

SAFE OPERATION
The Integrated System Control has solid state devices, which continuously monitor for presence of flame, when the system is in the heating mode of operation. Dual solenoid combination gas valve and regulator provide extra safety.

QUICK HEATING
Durable, cycle tested, heavy gauge **aluminized steel heat exchanger** quickly transfers heat to provide warm conditioned air to the structure. **Low energy power vent blower,** to increase efficiency and provide a positive discharge of gas fumes to the outside.

BURNERS
Multiport Inshot burners will give years of quiet and efficient service. All models can be converted to **L.P. gas** without changing burners.

INTEGRATED SYSTEM CONTROL
Exclusively designed operational program provides total control of furnace limit sensors, blowers, gas valve, flame control and includes self diagnostics for ease of service. Also contains connection points for E.A.C./humidifier.

AIR DELIVERY
The four speed, direct drive blower motor, has sufficient airflow for most heating and cooling requirements, will switch from heating to cooling speeds on demand from room thermostat. The blower door safety switch will prevent or terminate furnace operation when the blower door is removed.

STYLING
Heavy gauge steel and "wrap-around" cabinet construction is used in the cabinet with baked-on enamel finish for strength and beauty. The heat exchanger section of the cabinet is completely lined with foil faced fiberglass insulation. This results in quiet and efficient operation due to the excellent acoustical and insulating qualities of fiberglass. Built-in bottom pan and alternate bottom, left or right side return air connection provision.

FEATURES AND GENERAL OPERATION
The XR 95 High Efficiency Gas Furnaces employ a Silicon Nitride Hot Surface Ignition system, which eliminates the waste of a constant burning pilot. The integrated system control lights the main burners upon a demand for heat from the room thermostat. Complete front service access.

a. Low energy power venter
b. Vent proving pressure switch.

Features and Benefits

XR 95 Standard Equipment

- Power supply 115/1/60
- Convertible to horizontal
- **Type 29-4C™** stainless steel secondary heat exchanger
- Inner blower doors
- Direct drive, 4-speed motors
- Silicon Nitride igniter with adaptive heat up
- Accessory hook-up capability – Hum and EAC
- Quiet induced draft blower
- Blower door safety switch
- Dual solenoid combination gas valve & regulator
- PVC venting – 1 or 2 pipe vent option
- Left/right gas connection
- Selectable cooling fan off delay eliminates need for BAY24X045 time delay relay
- Single wire twinning
- Integrated solid state control with self-diagnostics
- 24 volt fuse
- Manual reset burner box limit
- **Optional extended warranties**

TRANE

General Data

Product Specifications ①

MODEL	TUH1B040A9241A	TUH1B060A9361A	TUH1B080A9421A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②			
Input BTUH	40,000	60,000	80,000
Capacity BTUH (ICS) ③	38,000	57,000	76,000
AFUE (ICS)	95.0	95.0	95.0
Temp. rise (Min.-Max.) °F.	30 - 60	30 - 60	35 - 65
BLOWER DRIVE	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	9 x 7	10 x 7	11 x 8
No. Used	1	1	1
Speeds (No.)	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/5	1/3	1/2
R.P.M.	1075	1075	1075
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/55 - 3000	1/55 - 3450	1/24 - 3450
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60
FLA	1.0	1.75	0.71
FILTER — Furnished?	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 17x25 - 1in.	1 - 17x25 - 1in.	1 - 17x25 - 1in.
VENT PIPE DIAMETER — Min (In.) ⑤⑥	2 Round	2 Round	2 Round
HEAT EXCHANGER			
Type-Fired -Unfired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
Gauge (Fired)	20	20	20
ORIFICES — Main			
Nat. Gas. Qty. — Drill Size	2 — 45	3 — 45	4 — 45
LP. Gas Qty. — Drill Size	2 — 56	3 — 56	4 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE			
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	2	3	4
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	5.2	9.2	10.2
Max. Overcurrent Protection (Amps)	15	15	15
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2
WEIGHT			
Shipping (Lbs.) / Net (Lbs)	139 / 129	150 / 140	158 / 148

Notes

① Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3

② For U.S. applications, above input ratings (BTUH) are up to 2,000 feet, derate 4% per 1,000 feet for elevations above 2,000 feet above sea level. For Canadian applications, above input ratings (BTUH) are up to 4,500 feet, derate 4% per 1,000 feet for elevations above 4,500 feet above sea level.

③ Based on U.S. government standard tests.

④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.

⑤ Refer to the Vent Length Table in the Installer's Guide or the Allowable Vent Length label located on the furnace.

⑥ All *UH1 and *DH1 furnace models have a vent outlet diameter that equals 2".

TRANE

General Data

Product Specifications ①

MODEL	TUH1C080A9601A	TUH1C100A9481A	TUH1D100A9601A	TUH1D120A9601A
TYPE	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal	Upflow / Horizontal
RATINGS ②				
Input BTUH	80,000	97,000	97,000	110,000
Capacity BTUH (ICS) ③	76,000	92,150	92,150	104,500
AFUE (ICS)	95.0	95.0	95.0	95.0
Temp. rise (Min.-Max.) °F.	30 - 60	35 - 65	35 - 65	40 - 70
BLOWER DRIVE	DIRECT	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	11 x 10	10 x 10	11 x 10	11 x 10
No. Used	1	1	1	1
Speeds (No.)	4	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	3/4	1/2	3/4	3/4
R.P.M.	1100	1075	1100	1100
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/20 - 3450	1/20 - 3450	1/20 - 3450	1/20 - 3450
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
FLA	0.71	0.71	0.71	0.71
FILTER — Furnished?	No	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 20x25 - 1in.	1 - 20x25 - 1in.	1 - 24x25 - 1in.	1 - 24x25 - 1in.
VENT PIPE DIAMETER — Min (in.) ⑤⑥	3 Round	3 Round	3 Round	3 Round
HEAT EXCHANGER				
Type-Fired -Unfired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
Gauge (Fired)	20	20	20	20
ORIFICES — Main				
Nat. Gas. Qty. — Drill Size	4 — 45	5 — 45	5 — 45	6 — 45
LP. Gas Qty. — Drill Size	4 — 56	5 — 56	5 — 56	6 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE				
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	4	5	5	6
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	13.5	12.5	12.9	12.9
Max. Overcurrent Protection (Amps)	20	20	20	20
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D	H x W x D
Crated (in.)	41-3/4 x 23 x 30-1/2	41-3/4 x 23 x 30-1/2	41-3/4 x 26-1/2 x 30-1/2	41-3/4 x 26-1/2 x 30-1/2
WEIGHT				
Shipping (Lbs.) / Net (Lbs)	171 / 160	171 / 160	197 / 185	205 / 193

Notes

① Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3

② For U.S. applications, above input ratings (BTUH) are up to 2,000 feet, derate 4% per 1,000 feet for elevations above 2,000 feet above sea level. For Canadian applications, above input ratings (BTUH) are up to 4,500 feet, derate 4% per 1,000 feet for elevations above 4,500 feet above sea level.

③ Based on U.S. government standard tests.

④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.

⑤ Refer to the Vent Length Table in the Installer's Guide or the Allowable Vent Length label located on the furnace.

⑥ All *UH1 and *DH1 furnace models have a vent outlet diameter that equals 2".

TRANE

General Data

Product Specifications ①

MODEL	TDH1B040A9241A	TDH1B065A9421A	TDH1C085A9481A	TDH1D110A9601A
TYPE	Downflow / Horizontal	Downflow / Horizontal	Downflow / Horizontal	Downflow / Horizontal
RATINGS ②				
Input BTUH	40,000	60,000	80,000	110,000
Capacity BTUH (ICS) ③	38,000	57,000	76,000	104,500
AFUE (ICS)	95.0	95.0	95.0	95.0
Temp. rise (Min.-Max.) °F.	30 - 60	25 - 55	30 - 60	35 - 65
BLOWER DRIVE	DIRECT	DIRECT	DIRECT	DIRECT
Diameter - Width (In.)	10 x 7	11 x 8	11 x 10	11 x 10
No. Used	1	1	1	1
Speeds (No.)	4	4	4	4
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
Motor HP	1/5	1/2	1/2	3/4
R.P.M.	1080	1075	1075	1100
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
COMBUSTION FAN - Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal
Drive - No. Speeds	Direct - 1	Direct - 1	Direct - 1	Direct - 1
Motor HP - RPM	1/55 - 3000	1/25 - 3200	1/20 - 3450	1/20 - 3450
Volts / Ph / Hz	115/1/60	115/1/60	115/1/60	115/1/60
FLA	1.14	1.35	0.71	0.71
FILTER — Furnished?	No	No	No	No
Type Recommended	High Velocity	High Velocity	High Velocity	High Velocity
Hi Vel. (No.-Size-Thk.)	2 - 14x20 - 1in.	2 - 14x20 - 1in.	2 - 16x20 - 1in.	2 - 16x20 - 1in.
VENT PIPE DIAMETER — Min (In.) ⑤⑥	2 Round	2 Round	2.5 Round	2.5 Round
HEAT EXCHANGER				
Type-Fired	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I	Aluminized Steel - Type I
-Unfired				
Gauge (Fired)	20	20	20	20
ORIFICES — Main				
Nat. Gas. Qty. — Drill Size	2 — 45	4 — 48	5 — 48	6 — 48
LP. Gas Qty. — Drill Size	2 — 56	4 — 56	5 — 56	6 — 56
GAS VALVE	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage	Redundant - Single Stage
PILOT SAFETY DEVICE				
Type	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition	Hot Surface Ignition
BURNERS — Type	Multiport Inshot	Multiport Inshot	Multiport Inshot	Multiport Inshot
Number	2	4	5	6
POWER CONN. — V / Ph / Hz ④	115/1/60	115/1/60	115/1/60	115/1/60
Ampacity (In Amps)	4.8	11.4	12.5	12.9
Max. Overcurrent Protection (Amps)	15	15	20	20
PIPE CONN. SIZE (IN.)	1/2	1/2	1/2	1/2
DIMENSIONS	H x W x D	H x W x D	H x W x D	H x W x D
Crated (In.)	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 19-1/2 x 30-1/2	41-3/4 x 23 x 30-1/2	41-3/4 x 26-1/2 x 30-1/2
WEIGHT				
Shipping (Lbs.) / Net (Lbs)	145 / 135	158 / 148	171 / 160	205 / 193

Notes

① Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3

② For U.S. applications, above input ratings (BTUH) are up to 2,000 feet, derate 4% per 1,000 feet for elevations above 2,000 feet above sea level. For Canadian applications, above input ratings (BTUH) are up to 4,500 feet, derate 4% per 1,000 feet for elevations above 4,500 feet above sea level.

③ Based on U.S. government standard tests.

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⑤ Refer to the Vent Length Table in the Installer's Guide or the Allowable Vent Length label located on the furnace.

⑥ All *UH1 and *DH1 furnace models have a vent outlet diameter that equals 2".

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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

T/A Brick Township Heating & Air Conditioning
Breton Woods Home Improvement, Inc.
Patrice Law
465 Brick Blvd
Brick NJ 08723

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

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

13VH01918000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR