BLOCK 90 LOT 7 QUALIFICATION CODE ___ ADDRESS (SITE) 19 Sandy Point PERMIT NO. 06-0006

Mail mailed 12/27

CONSTRUCTION PERMIT APPLICATION

105-140206

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

I. IDENTIFICATION

1. Proposed Work Site at 19 Sandy Point brick
2. Name [redacted] Hackley
   Tel. [redacted] email
   Address [redacted] street Brick municipality 0872 zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. ( ) _____
   Address NJR Home Services
   License No. 1415 Wyckoff Rd., Wall NJ 07719
   Federal Emp Tel. 1.877.466.3657 Fax. 732-493-6479
5. Architect or E Federal Employee No. 22-3609806
   Address
   Tel. (WINFRED JOHNSON TEL. 732-919-8172
6. Responsible
   Tel. ( ) _____ FAX: ( ) _____

Emergency Furnace replacement

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	46		
2. Electrical				
3. Plumbing		46		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	2		
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	94		

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK — OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

DEC 12 2005

12-12-05 DB 1/23/06

12/19 OK MM 1/23/06

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR-B 10675798

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, count y, 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, count y, 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 NJR Home Services

Address 1415 Wyckoff Rd., Wall NJ 07719
Tel. 1.877.466.3657 Fax. 732-493-6479

Federal Employee No. 22-3609806

Telephone (WINFRED JOHNSON TEL. 732-919-8172

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 90 Lot 7 Qualification Code

Work Site Location 19 Sandy Court Brick 08723

Owner in Fee David Nuckley

Address Same

Tel. [redacted]

Contractor NJR Home Services

Address 1415 Wyckoff Rd Wall NJ 07719

Tel. (732) 919-8172

Lic. No. or Bldrs. Reg. No. 22-3609806

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:

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 $ 2700.

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)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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.

CONSTRUCTION PERMIT

Date Issued 01/03/2006
Control # C-05-140206
Permit # 06-0006

IDENTIFICATION Block: 90 Lot: 7 Qualifier
Work Site Location: 19 SANDY POINT DR. Brick Township, NJ
Owner in Fee NUCKLEY, DAVID J & NICOLE M
Address [redacted]
Telephone:

Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ 07719-
Telephone: 732/938-1260
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3609806

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 HOT AIR FURNACE EMERGENCY CHANGE OUT

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,800

Construction Official
01/03/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$92
Check No.	9727
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/15/2005
Date Issued ~~12/31/1899~~ 1/3/06
Control # C-05-140206
Permit # 06-0004

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

Block 90 Lot 7 Qualification Code

Work Site Location: 19 SANDY POINT DR. Brick Township, NJ

Owner in Fee: NUCKLEY, DAVID J & NICOLE M

Addr [redacted]

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $900

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
1	3	HP/KW Space Heater/Air	$10
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0
		Administrative Surcharge	$0
		Minimum Fee	$0
		State Permit Surcharge Fee	$1
		TOTAL FEE	$46

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 12-19-05
Approved by: VWV

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 1/23/06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			1-2006	TO
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 12/15/2005 12:21:24 PM
Control # C-05-140206
Date Issued ~~12/31/1899~~ 1/3/06
Permit # 06-0004

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

Block 90 Lot 7 Qualification Code

Work Site Location: 19 SANDY POINT DR. Brick Township, NJ

Owner in Fee: NUCKLEY, DAVID J & NICOLE M

Addre [redacted]

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

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

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

Fire Alarm Contractor No.

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-5

Constr. Class Present ____ Proposed ____

Heating Systems: ☐ New or ☑ Existing ☐ HVAC

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

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* 0

Total Cost of Fire Protection Work $900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 12-15-05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 1/3/06

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			1-20-06	
Smoke Control				
TCO				
Final			1/20/06	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT HOT AIR FURNACE, EMERGENCY CHANGE OUT

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$0
Sprinkler Heads (Dry and Wet)	0	$0
Standpipes	0	$0
Pre-engineered Systems		
Wet Chemical	0	$0
Dry Chemical	0	$0
CO2 Suppression	0	$0
Foam Suppression	0	$0
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$1
TOTAL FEE		$46

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

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 19 Sandy Point
Block: 90 Lot: 7
Owner's Name: David McKay
Owner's Mailing Address: Brick 08723
Phon [redacted]

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: NJR HOME SERVICES CO
Address: 1415 WYCKOFF RD
WALL NJ 07719
Phone#: 732-938-7330
Lis #: 15234
Federal Emp # or SSN 22-3609806

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HI
A/C Unit –Central Air	KW
Space Heater/Air Handler	KV
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMI
Motor Control Center	AMI
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Other:

emergency change out

Estimated Cost of Electrical Work: $90.00

Signature:

Please Print Name James C. Anderson

CONTRACTOR'S SEAL

PLEASE PRINT

PLUMBING

Contractor: NJR HOME SERVICES
Address: 1415 Wyckoff Rd
Wall NJ 07719
Phone #: 732-919-8172
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

emergency furnace replacement

Estimated Cost of Plumbing Work $900.-

Signature: Winfred Johnson

Please Print Name: Winfred Johnson

CONTRACTOR'S SEAL

FIRE

Contractor: NJR HOME SERVICES
Address: 1415 Wyckoff Rd
Wall NJ 07719
Phone #: 732-919-8712
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

Description of Work:

Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ✓ Existing
Location of Furnace/Boiler:

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Haloh Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace	1
Gas/Wood Fireplace	
Gas Logs	
Wood Burning Stove	

Other: emergency change out

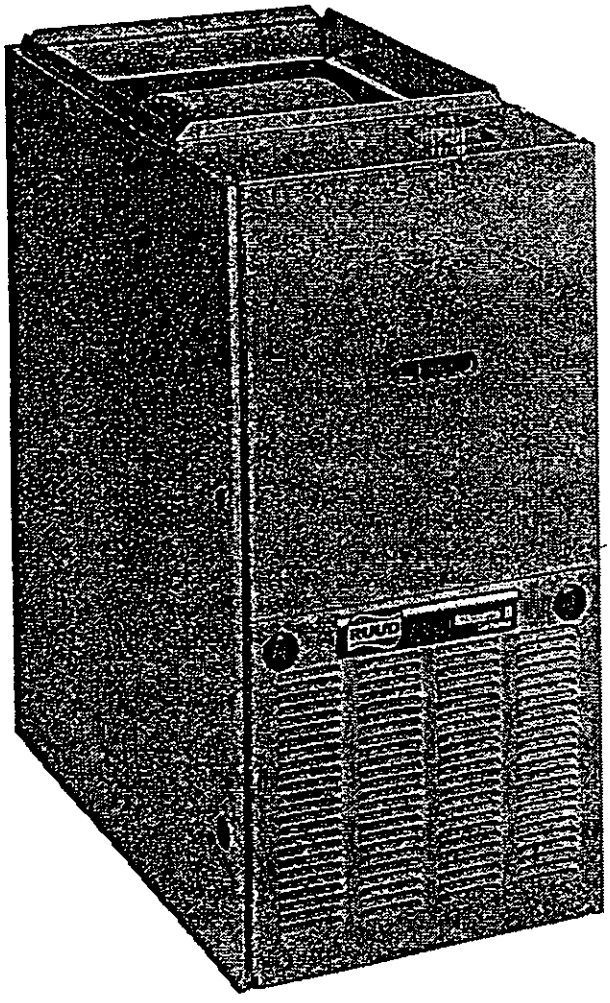
Estimated Cost of Fire Work $900.

Signature: Winfred Johnson

Print Name: Winfred Johnson

FORM NO. G22-449 REV. 5
Supersedes Form No. G22-449 Rev. 4

GAS FURNACES



RUUD®

SILHOUETTE® II 80.0-82.2% A.F.U.E.† DOWNFLOW GAS FURNACES

The Ruud® Silhouette® II line of downflow gas furnaces is designed for installation in closets, alcoves, utility rooms, or attics. The design is certified by the American Gas Association. Canadian models are certified by the Canadian Gas Association.

Features

- Patented heat exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" [864 mm] design is lighter and easier to handle, and leaves room for optional equipment.
- Left or right side gas and electric inlet connections with quick, simple change.
- Direct Spark ignition models and integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment helps to reduce jacket loss and noise.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

A variety of cooling coils and plenums designed to use with Ruud Silhouette II gas furnaces are available as optional accessories.

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

UGLH- SERIES

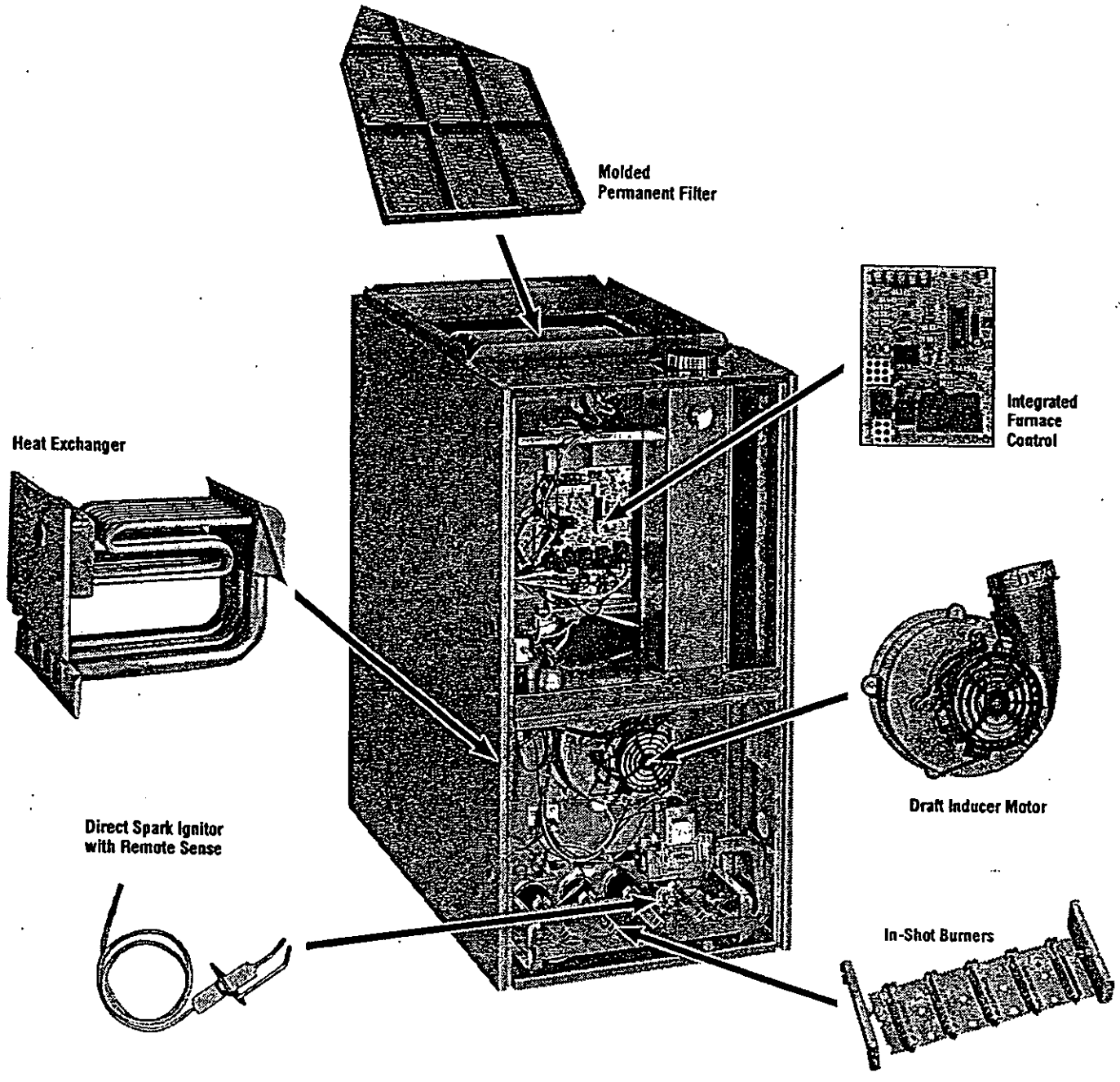
Models with Input Rates from 45,000 to 150,000 BTU/HR [13 to 44 kW] (U.S. & Canadian Models)

ENERGUIDE

ISO 9002
Certificate Number: 30164

EFFICIENCY RATING CERTIFIED
Gama

RUUD SILHOUETTE II 80% DOWNFLOW GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics; on-board twinning; fused transformer (secondary), **3rd speed option for continuous fan; common heat/cool terminal.**

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified Ruud distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a Ruud parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form No. 92-21519-52 for U.S. models and Form No. 92-21519-53 for Canadian models.

NOTE: For natural and L.P. (propane) gas models, standard hot surface ignition is 100% lockout type.

WARNING
THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS U.S. AND CANADA MODELS (DOWNFLOW)

MODEL NUMBERS UGLH- SERIES	04EAUSR 04NAUSR 04EAUSA	05EAUER 05NAUER 05EAUEA	06EAUER 06NAUER 06EAUEA	07EAUER 07NAUER 07EAUEA	07EAMGR 07NAMGR 07EAMGA	10EAMER 10NAMER 10EAMEA	10EBRJR 10NBRJR 10EBRJA	12EARJR 12NARJR 12EARJA	15EARJR 15NARJR 15EARJA
Input–BTU/Hr [kW] ②	45,000 [13]	50,000 [15]	67,500 [19.8]	75,000 [22]	75,000 [22]	100,000 [29.3]	100,000 [29.3]	125,000 [36.6]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	36,000 [11]	41,000 [12]	54,000 [16]	60,000 [18]	60,500 [18]	80,000 [23]	81,000 [24]	99,000 [29]	120,000 [35]
High Altitude Input [kW]	40,500 [11.9]	45,000 [13]	60,800 [17.8]	67,500 [19.8]	67,500 [19.8]	90,000 [26.4]	90,000 [26.4]	112,500 [33]	135,000 [39.6
High Altitude Output Capacity [kW]	32,900 [9.6]	36,500 [10.7]	49,000 [14.4]	53,500 [15.7]	54,000 [15.8]	72,000 [21.1]	72,500 [21.2]	89,000 [26.1]	107,500 [31.5
Heat Ext. Static Pressure [kPa]	.10 [.025]	.10 [.025]	.12 [.029]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 6 = 10*AU [279 x 152] 11 x 7 = 10*AM [279 x 178	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P. [W]–Speeds [W]–PSC Type	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	7.1	6.8	7.1	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-LOW	MED-HIGH	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]
Temperature Rise Range °F [°C]	30-60 [16.7-33.3]	25-55 [13.9-30.6]	30-60 [16.7-33.3]	40-70 [22.2-38.9]	25-55 [13.9-30.6]	55-85 = 10*AU [30.6-47.2] 45-75 = 10*AM [25-41.7]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	155 [68.3]	165 [73.9]	165 [73.9]	155 [68.3]	190 [87.8]	190 [87.8]	180 [82.2]	190 [87.8]
Standard Filter [mm]	(1) 14 x 20 [356 x 508]	(1) 14 x 20 [356 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 14 x 20 [356 x 508]	(2) 14 x 20 [356 x 508]	(2) 14 x 20 [356 x 508]
Approx. Shipping Weight (Lbs.) [kg]	85 [38.6]	85 [38.6]	105 [47.6]	105 [47.6]	105 [47.6]	115 [52.2]	120 [54.4]	140 [63.5]	150 [68.0]
AFUE–Electric Ignition Models ①	81.1%	82.2%	80.7%	80.5%	81.1%	80.2%	80%	80%	80%
California Seasonal Efficiency–Electric Ignition No_x Models	73.8/73.9	75.9/76.2	73.8/73.9	74.4/74.9	75.1/75.5	75.2/75.2	74.7/74.7	75.2/75.3	76.0/75.9

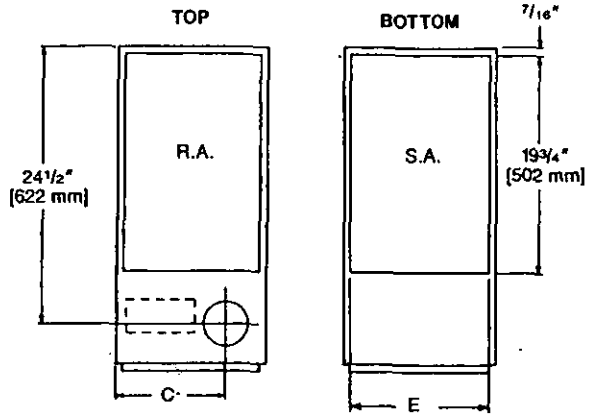
NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-52 for U.S. models and Form No. 92-21519-53 for Canadian models for high altitude derate.

MODEL IDENTIFICATION—DOWNFLOW MODELS

U	G	L	H	—	07E	A	U	E	R
Ruud	Gas Furnace	Downflow	Design Series		Heating Input Designation: Electric Ignition / NO_X Model / Input BTU/HR — 04E / 04N / 45,000 [13 kW]; 05E / 05N / 50,000 [15 kW]; 06E / 06N / 67,500 [20 kW]; 07E / 07N / 75,000 [22 kW]; 10E / 10N / 100,000 [29 kW]; 12E / 12N / 125,000 [37 kW]; 15E / 15N / 150,000 [44 kW]	Variations: A = Std. Cabinet; B = Wide Cabinet	Blower Designation: U = 11 x 6 [279 x 152 mm]; M = 11 x 7 [279 x 178 mm]; R = 11 x 10 [279 x 254 mm]	Heating & Cooling Designation: S = 500-1200 CFM [236-566 L/s]; E = 1100-1330 CFM [519-628 L/s]; G = 1450-1750 CFM [684-826 L/s]; J = 1800-2075 CFM [850-979 L/s]	Fuel Type: R = Natural Gas U.S. Standa Furnace; A = Natural Gas Canadian Standard Furnace

[ ] Designates Metric Conversions

DOWNFLOW DIMENSIONS



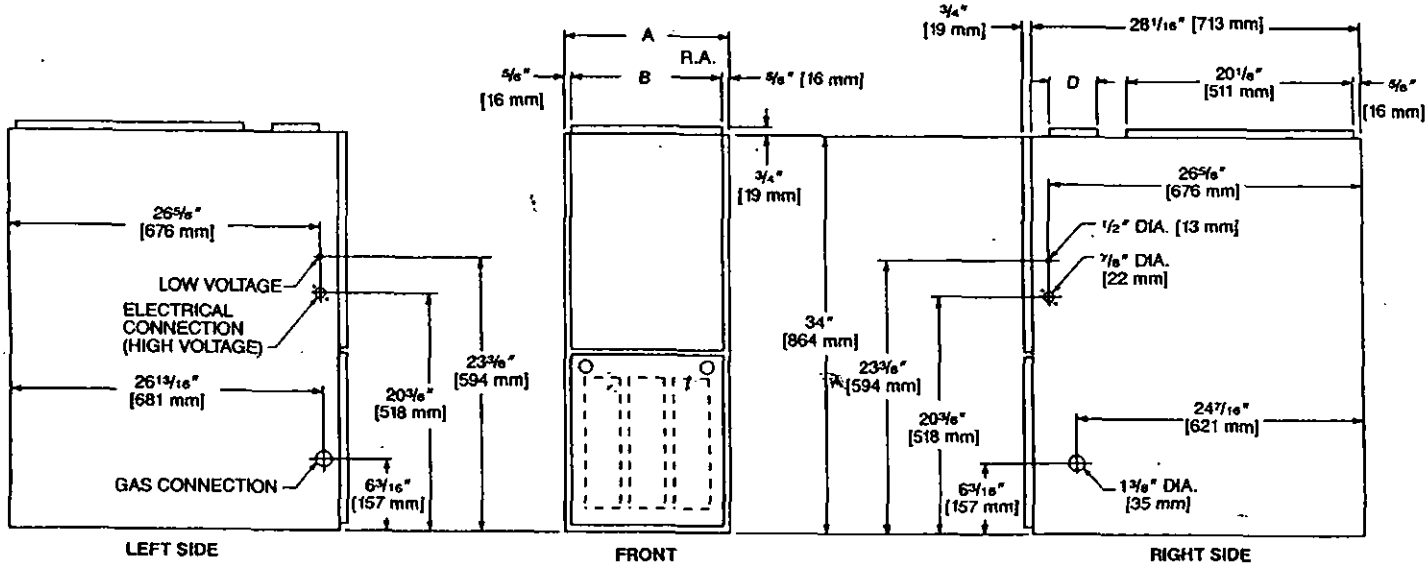


TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGLH-SERIES	A	B	C	D	E	REDUCED CLEARANCES (IN.) [mm]						
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
04, 05	14 [356]	12 27/32 [326]	10 3/8 [264]	①	13 1/8 [333]	0	4 ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
06, 07	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	16 5/8 [422]	0	3 ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	16 5/8 [422]	0	3 ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	13 7/8 [352]	①	20 1/8 [511]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	23 5/8 [600]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	23 5/8 [600]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

NOTES: ① May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adapter.
② May be 0" [0 mm] with type B vent.
③ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with ANSI Z21.47-1993 • CAN/CGA-2.3-M93 venting table guidelines, and in accordance with local codes.

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—DOWNFLOW MODELS

MODEL NUMBER UGLH-SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
04MAUSR 04EAUS* 04NAUSR	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	685 [323] 980 [463] 1220 [576] 1465 [691]	650 [307] 955 [451] 1195 [564] 1440 [680]	615 [290] 930 [439] 1170 [552] 1405 [663]	580 [274] 900 [425] 1135 [536] 1365 [644]	545 [257] 870 [411] 1100 [519] 1325 [625]	510 [241] 840 [396] 1065 [503] 1280 [604]	470 [222] 805 [380] 1020 [481] 1230 [580]
05MAUER 05EAUE* 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	735 [347] 1025 [484] 1185 [559] 1345 [635]	715 [337] 1015 [479] 1165 [550] 1330 [628]	690 [326] 995 [470] 1150 [543] 1310 [618]	660 [311] 975 [460] 1130 [533] 1295 [611]	635 [300] 955 [451] 1100 [519] 1265 [597]	605 [286] 930 [439] 1075 [507] 1235 [583]	575 [271] 905 [427] 1040 [491] 1205 [569]
06MAUER 06EAUE* 06NAUER 07MAUER 07EAUE* 07EAUER	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	835 [394] 990 [467] 1140 [538] 1300 [614]	820 [387] 975 [460] 1125 [531] 1290 [609]	800 [378] 955 [451] 1105 [522] 1265 [597]	775 [366] 935 [441] 1080 [510] 1245 [588]	750 [354] 905 [427] 1050 [496] 1215 [573]	720 [340] 875 [413] 1020 [481] 1180 [557]	685 [323] 835 [394] 980 [463] 1140 [538]
07MAMGR 07EAMG* 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW MED-LO MED-HI HIGH	1210 [571] 1580 [746] 1915 [904] —	1205 [569] 1560 [736] 1880 [887] 2050 [967]	1195 [564] 1550 [732] 1825 [861] 1995 [942]	1180 [557] 1530 [722] 1790 [845] 1940 [916]	1165 [550] 1495 [706] 1740 [821] 1885 [890]	1155 [545] 1465 [691] 1675 [791] 1835 [866]	1130 [533] 1430 [675] 1600 [755] 1770 [835]
** 10EAME* 10NAMER	** 11 x 7 [279 x 178]	** 1/2 [373]	**LOW** MED-LO MED-HI HIGH	**935 [441]**** 1070 [505] 1240 [585] 1420 [670]	**910 [429]**** 1055 [498] 1210 [571] 1395 [658]	**885 [418]**** 1040 [491] 1190 [562] 1370 [647]	**855 [404]**** 1010 [477] 1165 [550] 1340 [632]	**825 [389]**** 980 [463] 1135 [536] 1305 [616]	**785 [370]**** 945 [446] 1095 [517] 1265 [597]	**760 [359]**** 905 [427] 1055 [498] 1220 [576]
** 10MAUER	** 11 x 6 [279 x 152]	** 1/2 [373]	**LOW** MED-LO MED-HI HIGH	**885 [418]**** 1020 [481] 1170 [552] 1330 [628]	**865 [408]**** 1000 [472] 1160 [547] 1300 [614]	**840 [396]**** 980 [463] 1140 [538] 1270 [599]	**815 [385]**** 965 [455] 1110 [524] 1235 [583]	**790 [373]**** 930 [439] 1080 [510] 1200 [566]	**760 [359]**** 895 [422] 1040 [491] 1160 [547]	**735 [347]**** 860 [406] 995 [470] 1115 [526]
10MBRJR 10EBRJ* 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1330 [628] 1690 [798] — —	1295 [611] 1670 [788] 2085 [984] 2410 [1137]	1285 [606] 1655 [781] 2055 [970] 2355 [1111]	1245 [588] 1615 [762] 2005 [946] 2305 [1088]	1225 [578] 1585 [748] 1970 [930] 2240 [1057]	1205 [569] 1565 [739] 1945 [918] 2165 [1022]	1160 [547] 1525 [720] 1880 [887] 2100 [991]
12MARJR 12EARJ* 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1330 [628] — — —	1295 [611] 1690 [798] 2090 [986] 2395 [1130]	1280 [604] 1660 [783] 2035 [960] 2335 [1102]	1240 [585] 1635 [772] 1985 [937] 2260 [1067]	1215 [573] 1580 [746] 1930 [911] 2185 [1031]	1210 [571] 1535 [724] 1850 [873] 2080 [982]	1175 [555] 1480 [698] 1785 [842] 1965 [927]
15MARJR 15EARJ* 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1300 [614] 1675 [791] 2105 [993] —	1280 [604] 1650 [779] 2075 [979] 2340 [1104]	1230 [580] 1620 [765] 2035 [960] 2290 [1081]	1205 [569] 1570 [741] 1990 [939] 2215 [1045]	1170 [552] 1545 [729] 1955 [923] 2145 [1012]	1115 [526] 1485 [701] 1900 [897] 2080 [982]	1030 [486] 1425 [673] 1815 [857] 1995 [942]

NOTES: *Designates "R" for U.S. models, and "A" for Canadian models.
**Not to be used as a heating speed.
Data compiled with factory filters installed.

[ ] Designates Metric Conversions

ACCESSORIES—DOWNFLOW

DOWNFLOW WARNING: Unit design is certified for installation on non-combustible floor. A special factory supplied combustible floor sub-base is required when installing on a combustible floor. Failure to install the sub-base may result in fire, property damage and personal injury.

COMBUSTIBLE FLOOR BASE DIMENSIONS

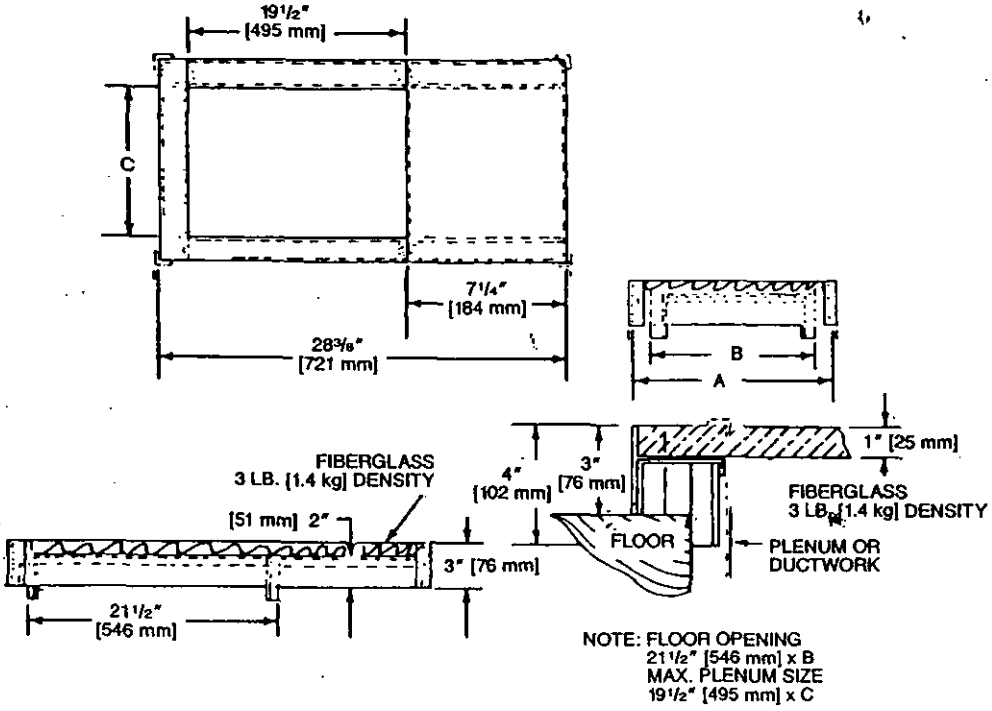
COMBUSTIBLE FLOOR BASE	USE WITH FURNACE SIZES	A IN. [mm]	B IN. [mm]	C IN. [mm]
RXGC-B14	UGLH-04, 05	14½ [368]	13¼ [337]	11¼ [286]
RXGC-B17	UGLH-06, 07, RGLH-10(-)A	18 [457]	16¾ [425]	14¾ [451]
RXGC-B21	UGLH-10(-)B	21½ [546]	20¼ [514]	18¼ [464]
RXGC-B24	UGLH-12, RGLH-15	25 [635]	23¾ [603]	21¾ [552]

PLENUM DATA—"A" COILS

Plenum adapters are required in some instances for use on downflow applications when plenum and furnace size do not match.

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. [mm]	PLENUM ADAPTER DOWNFLOW	COIL PLENUM
14 [356]	16¼ [413]	RXAA-C178	RXAL-B16BU
14 [356]	20¼ [514]	RXAA-C179	RXAL-B20BU
17½ [445]	16¼ [413]	RXAA-C186	RXAL-B16BU
17½ [445]	20¼ [514]	RXAA-C180	RXAL-B20BU
17½ [445]	21⅝ [549]	RXAA-C189	RXAL-B21BU
17½ [445]	25¼ [641]	RXAA-C181	RXAL-B25BU
21 [533]	22¼ [565]	RXAA-C182	RXAL-B22BU
21 [533]	25¼ [641]	RXAA-C183	RXAL-B25BU
24½ [622]	25¼ [641]	RXAA-C184	RXAL-B25BU
24½ [622]	21⅝ [549]	RXAA-C190	RXAL-B21BU

NOTE: See Form Number C22-206 for MultiFlex coil data.



NOTE: FLOOR OPENING
21½" [546 mm] x B
MAX. PLENUM SIZE
19½" [495 mm] x C

RXPF-F01 and F02

FOSSIL FUEL KITS—are for use with *Ruud Heat Pumps and* Silhouette II warm air furnaces. The RXPF-F02 meets TVA requirements.

RXGF-CC*

FILTER RACK—Downflow top return mount.

NOTE: Filter racks are shipped without filters.

*Filters available through the Universal Parts® Department.

OPTION CODE FOR HIGH ALTITUDE: US-277
Canada-298

(Kit packaged with furnace. Requires field installation.)

GENERAL TERMS OF LIMITED WARRANTY*

Ruud will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
Draft Inducer Limited Warranty .....Five (5) Years
Integrated Control Board
Limited Warranty.....Five (5) Years
Any Other Part.....One (1) Year

***For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.**

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 90 LOT 7 PERMIT # _____

WORK SITE ADDRESS 19 Sandy Point

Applicant Nuckley

Certifying Individual Winfred Johnson Company NJR HOME SERVICES

Address 1415 Wyckoff Rd (Street) Wall (City) NJ (State) 07719 (Zip Code)

Tel. (732) 919-8172

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [✓] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

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

Signature 10/3/05
Signature Date

Certification Not Submitted:

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

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

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

U.C.C. F370
(rev. 3/96)