Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers.
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 323.23 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 224 Katie Lynn Ct. PERMIT NO. 15-3386

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C15-005086.

I. IDENTIFICATION

1. Proposed Work Site at: 224 Katie Lynn Ct.
2. Name of Owner in Fee: Neil Smith
   Tel. [redacted] e-mail _____
   Address 224 Katie Lynn Ct Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: On-D-Mand Contr. LLC. M. Mess Tel. (908) 675-5037
   Address 404 Tennessee Dr. e-mail _____
   Brick, NJ 08723
   License No. OR, If new home, Builder Reg. No. 13VH04950200 Exp. Date 12/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (732) 358-0744
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Michael Mess
   Tel. (908) 675-5037 FAX: (732) 358-0744

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 276 ✓	2250 ✓	✓ 100 ✓
2.	Electrical		✓ 100 ✓	✓ 200 ✓
3.	Plumbing		~~70~~	240 ✓
4.	Fire Protection		✓ 70 ✓	✓ 150 ✓
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	11 ✓	104 ✓	60 ✓
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 287 ✓	2524 ✓	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure ~26' 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
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

Fire pending

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Esl. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MP			10/10/15	KEK			
☐ Electrical		10/5/15							
☐ Plumbing									
☐ Fire Protection					3/9/16	CW			
☐ 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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division

(Certificate of Occupancy)

Date Issued 12/31/2020
Control Number C-15-005086+A
Permit Number 15-3386+A
Permit Issue Date 1/29/2016
Certificate Number 15-3386+A

Identification

Work Site Location: 224 KATIE LYNN CT. Brick Township, NJ Block: 323.23 Lot: 7 Qual:

Owner in Fee: SMITH, JAMES & CAROL

Owner Address: 224 KATIE LYNN CT BRICK NJ 08723

Telephone: [redacted]

Contractor ON-D-MAND CONTRACTING

Address 404 TENNESSEE DRIVE BRICK NJ 08723-

Telephone: (908) 675-5037 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

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

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE RESTORATION - ...UPDATE +A - FIRE-DAMAGE REPAIRS

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

Date Printed: 12/31/2020

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

Fee: $125.00
Check Number: 1086
Collected By: Lauren Helmstetter

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/29/16

Date Issued / Permit # 15-3386 FA

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

Block 323.23 Lot 7 Qualification Code

Work Site Location 224 Katie Lynn Ct
Brick, NJ 08723

Owner in Fee: Carol Smith

Tel. [redacted] ail

Address 224 Katie Lynn Ct. (street) Brick (municipality) 08723 (zip code)

Contractor On-D-Mand Constr. LLC M. Mess Tel. (908) 625-5037

Address 404 Tennessee Dr. e-mail
Brick, NJ 08723

Contractor License No. or Builder Registration No. 13VH04950200 Exp. Date 3/31/16

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

Federal Emp. ID No. 46-1740871 FAX: (732) 358-0744

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Michael Mess

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FIRE-Restoration, Remove/Replace sheetrock/insulation @ 2nd FL/attic as well as portions of 1st FL. Remove/Replace damaged dimensional lumber/sub floor...

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/10/15	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12/10/15
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/18/16
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			4-13-16	MW
Truss Sys./Bracing				
Barrier-Free				
Insulation *4-25-16 MW			4/26/16	MW
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	7-13-16	SR	7-14-16	SR
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories 2
Height of Structure ~26' ft.
Area — Largest Floor ____ sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ —
2. Rehabilitation $ 50k
3. Total (1+ 2) $ 50k

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)
$

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F110
(rev. 11/09)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 10/6/15

Date Issued Permit # 15-3386

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

Block 323.23 Lot 7 Qualification Code

Work Site Location 224 Katie Lynn Ct Brick, NJ 08723

Owner in Fee: Carol Smith

Te [redacted] e-mail

Address 224 Katie Lynn Ct. (street) Brick (municipality) 08723 (zip code)

Contractor On-D-Mand Contr. LLC M. Mess Tel. (908) 675-5037

Address 404 Tennessee Dr. e-mail

Brick, NJ 08723

Contractor License No. or Builder Registration No. 13VH04950200 Exp. Date 3/31/16

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

Federal Emp. ID No. 46-1740871 FAX: (732) 358-0744

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/18/16
Approved by: VBM

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-18-16	SK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 2
Height of Structure ~26' ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~—~~ 60,000
2. Rehabilitation $ ~~[redacted]~~ ~~40,000~~
3. Total (1+ 2) $ ~~[redacted]~~ 60,000 VBM

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Michael Mess

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FIRE-Restoration, Remove/~~Replace~~ sheetrock/insulation @ 2nd FLR/attic as well as portions of 1st FLR. Remove/~~Replace~~ damaged dimensional lumber/sub floor... Interior cleanout only

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

update 7/14/16 MP

15-3386

Date Received 8/2/16
Control #
Permit # 15-3386-TC

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 323.13 Lot 7 Qualification Code

Work Site Location 224 Katie Lynn ct Brick

Owner in Fee: Smith

Tel. [redacted] e-mail

Address Same

Contractor: WT Mechanical (street, municipality) Tel. (732) 903-7346 (zip code)

Address 112 Orion Dr Brick e-mail

Contractor License No. 12326 Exp. Date 6-30-17

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Walter Mitchell

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK New gas Power Vent W.H

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7-21-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-22-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-22-16	

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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received 3/31/16
Control # Update
Date Issued
Permit # 15-3386+B

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

Block 323.23 Lot 7 Qualification Code

Work Site Location 224 Kaytie Lynn Ct
Brick Twp.

Owner in Fee: Carl Smith

Tel. [redacted] e-mail

Address 224 Katie Lynn Ct. Brick 08723
street municipality zip code

Contractor: Energized Electrical LLC Tel. (609) 693-8717

Address 715 Princeton Ave e-mail
Lanoka Harbor 08734

Contractor License No. 15925 Exp. Date

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

Federal Emp. ID No. 275216560 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500 —

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Doug Smith

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Additional wiring for Renovation of dwelling damaged in fire. REHAB

QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
		Receptacles	
3		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	
2	3	KW Central A/C Unit Replace (Elect. Exist)	
2	.8	HP/KW Space Heater/Air Handler Replace	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/14/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/23/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			7/13/16	
Other				
Service				
Final			8/22/16	
Barrier-Free				

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

Single Receptacle Garage Door Opener

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ref. No: G 277406550 Islands Kitchen GFI

Reorder call: (732) 534-3000

REHAB.

UPDATE. TA

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/29/16

15-338 TA

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

Block 323.23 Lot 7 Qualification Code

Work Site Location 224 Katie Lynn Ct
Brick, NJ 08723

Owner in Fee: Carol Smith

Tel. [redacted] e-mail

Address 224 Katie Lynn Ct
street municipality zip code

Contractor: Energized Electrical LLC Tel. (609) 693-8717

Address 715 Princeton Ave e-mail
Lowelea Harbor 08734

Contractor License No. 15525 Exp. Date

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

Federal Emp. ID No. 273216560 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4200.

C. CERTIFICATION IN LIEU

I hereby certify that I am the [redacted] and am authorized to make this application and perform the work listed or [illegible] construction.

Applicant sign/Contractor sign and seal here:

Print name here: Doug Mohr

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Re-wire affected outlets, FIRE RESTOR. switches, fixtures

QTY	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
24		Receptacles	
10		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	$

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: 12/2/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/23/16
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval / Initial
Type: TCK Rec't			
Rough 2ND FIN			3/7/16 TC
Barrier-Free			
Trench			
Temp. Serv.			
Constr. Serv.			
TCO			7/26 TC
Other			
Service			
Final			8/23/16 TC
Barrier-Free			
Temp. Cut-in-Card Date Issued			
Final Cut-in-Card Date Issued			
Annual Pool Inspection			
Date of Grounding and Bonding Certification			

OK FOR T.C.O. KITCHEN COUNTER GFI ISLAND

SINGEL GARAGE DOOR OPENER

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ref. No: G 277406550

Reorder call: (732) 534-3000

CONSTRUCTION PERMIT

Date Issued 10/6/2015
Control # C-15-005086
Permit # 15-3386

IDENTIFICATION Block: 323.23 Lot: 7 Qualifier
Work Site Location: 224 KATIE LYNN CT. Brick Township, NJ
Contractor ON-D-MAND CONTRACTING
Address 404 TENNESSEE DRIVE BRICK NJ 08723-
Owner in Fee SMITH, JAMES & CAROL
224 KATIE LYNN CT BRICK NJ 08723
Telephone: (908) 675-5037
Lic. No. or Bldrs. Reg. No. 13VH04950200
Telephone: [redacted]
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
FIRE RESTORATION ...INTERIOR CLEANOUT ONLY

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 $6,000

David P. Newman Jr 10/6/15
Construction Official Date

PAYMENTS (Office Use Only)

Building	$270
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$281
Check No.	1064
Cash	$0
Credit	$0
Collected By	Nichol Ponsi

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

REQUIRED INSPECTIONS

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

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

- [x] 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:

- [x] 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.

PERMIT UPDATE

Date Update Issued 1/29/16
Control # C-15-005086+A
Permit # 15-3386+A

IDENTIFICATION Block: 323.23 Lot: 7 Qualifier
Work Site Location: 224 KATIE LYNN CT. Brick Township, NJ
Contractor ON-D-MAND CONTRACTING
Address 404 TENNESSEE DRIVE BRICK NJ 08723-
Owner in Fee SMITH, JAMES & CAROL
224 KATIE LYNN CT BRICK NJ 08723
Telephone: (908) 675-5037
Lic. No. or Bldrs. Reg. No. 13VH04950200
Telephone: [redacted]
Federal Employee. No.

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:

FIRE RESTORATION ...UPDATE +A - FIRE-DAMAGE REPAIRS

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 $54,550

Construction Official Date 12/14/15

PAYMENTS (Office Use Only)	
Building	$2,250
Electrical	$100
Plumbing	$0
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$104
CO Fee	$125.00
Other	$0
Total	$2,649
Check No.	1056
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

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

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

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

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

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

01/29/16 001559#7602
#07 SERV.007
3 250.00
ELECTRIC 100.00
FIRE 70.00
DCA 104.00
C/O 125.00
CHECK $2649.00

☐ 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.

PERMIT UPDATE

Date Update Issued 3/31/16
Control # C-15-005086+B'
Permit # 15-3386+B

IDENTIFICATION Block: 323.23 Lot: 7 Qualifier
Work Site Location: 224 KATIE LYNN CT. Brick Township, NJ
Owner in Fee SMITH, JAMES & CAROL
224 KATIE LYNN CT BRICK NJ 08723
Telephone: [redacted]

Contractor ON-D-MAND CONTRACTING
Address 404 TENNESSEE DRIVE BRICK NJ 08723-
Telephone: (908) 675-5037
Lic. No. or Bldrs. Reg. No. 13VH04950200
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AIR CONDITIONER, FURNACE ...UPDATE +B - REPLACEMENT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$200
Plumbing	$240
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$596
Check No.	1111
Cash	$0
Credit	$0
Collected By	LL

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 $3,000

David Fleischman
Construction Official

Date 3/31/16

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

REQUIRED INSPECTIONS

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

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

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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.

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☑ 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.

PERMIT UPDATE

Date Update Issued 8/2/16
Control # C-16-003372
Permit # 15-3386+C

IDENTIFICATION Block: 323.23 Lot: 7 Qualifier
Work Site Location: 224 KATIE LYNN CT. Brick Township, NJ
Owner in Fee SMITH, JAMES & CAROL
224 KATIE LYNN CT BRICK NJ 08723
Telephone: [redacted]

Contractor ON-D-MAND CONTRACTING
Address 404 TENNESSEE DRIVE BRICK NJ 08723-
Telephone: (908) 675-5037
Lic. No. or Bldrs. Reg. No. 13VH04950200 13VH04950200
Federal Employee. No. 13VH04950200

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:
FIRE RESTORATION ...UPDATE +C- REPLACE HWH

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 $1,500

Construction Official J. Lep Date 7/22/16

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$153
Check No.	2107
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

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

Brick Township Building Department
401 Chambersbridge Rd.
Brick, New Jersey 08723

TOKARSKI + MILLEMANN
ARCHITECTS, LLC

Attn: Building Inspector

RE: **Smith Residence**
224 Katie Lynn Court
Brick, NJ 08724

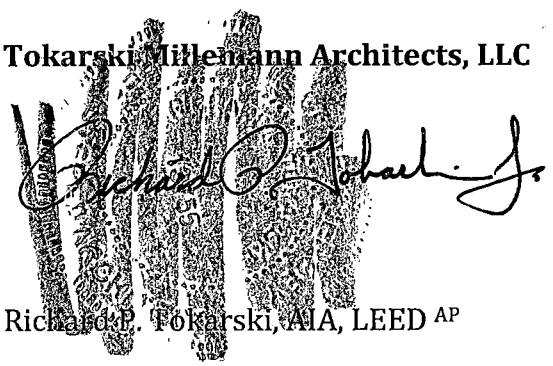
March 21, 2016

Dear Inspector,

We recently performed a site observation to determine if the wall separating the master bedroom from the adjacent bedroom could be removed. The wall is perpendicular to the front façade of the home and extends to the center hallway on the second floor. We find that the wall in question is non-loadbearing and can be removed with no additional structural modifications required.

Sincerely,

Tokarski Millemann Architects, LLC



Richard P. Tokarski, AIA, LEED AP

cc: File, homeowner, Michael Mess- OnDmand Contracting

Brick Township Building Department
401 Chambersbridge Rd.
Brick, New Jersey 08723

TOKARSKI + MILLEMANN
ARCHITECTS, LLC

Attn: Building Inspector

RE: **Smith Residence**
224 Katie Lynn Court
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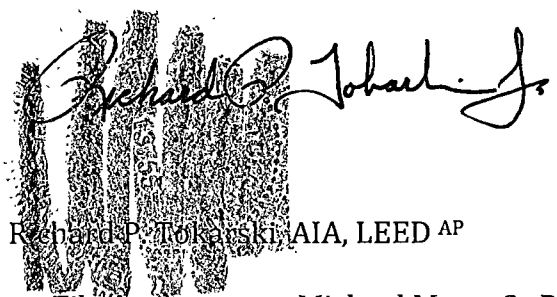
Sincerely,

Tokarski Millemann Architects, LLC



Richard P. Tokarski, AIA, LEED AP

cc: File, homeowner, Michael Mess- OnDmand Contracting

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 323 LOT 7 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 224 Katie Lynn CT Brick

Owner in Fee Smith

Verifying Individual Walter Tylecki Company WT Mechanical

Address 112 Orion Dr. Brick N.J. 08724
(City / State / Zip Code)

[redacted] Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [✓] Flexible Liner
- [✓] Power Vent/Exhauster

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	40K Power Vent w. ft	Oil / (Gas) / Other:	40K
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

[signature] 7-19-16
Signature Date

Direct Vent Appliance:

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

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

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

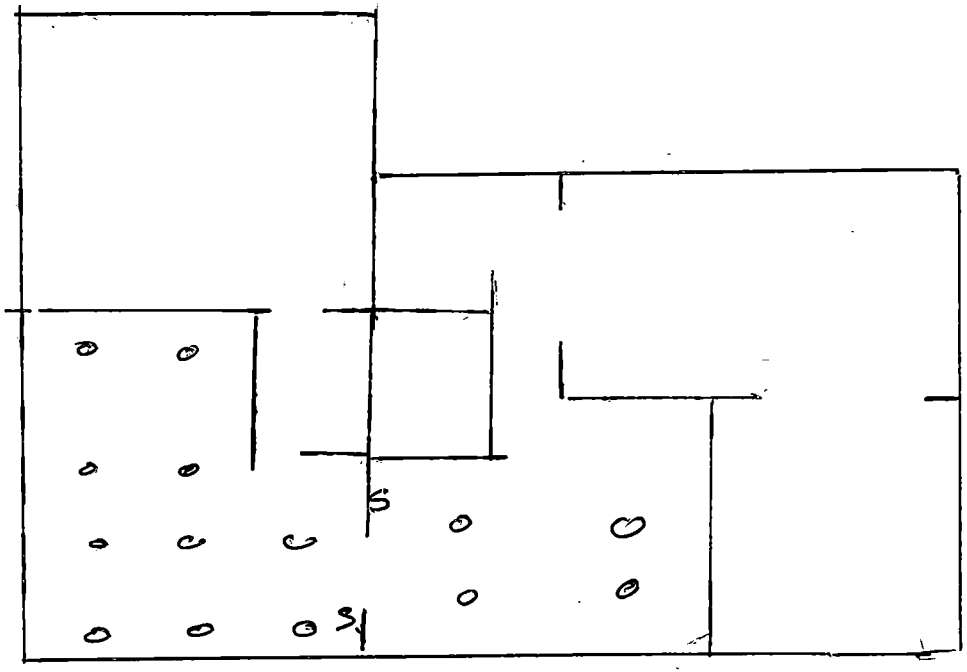
All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

224 Katie Lynn Ct

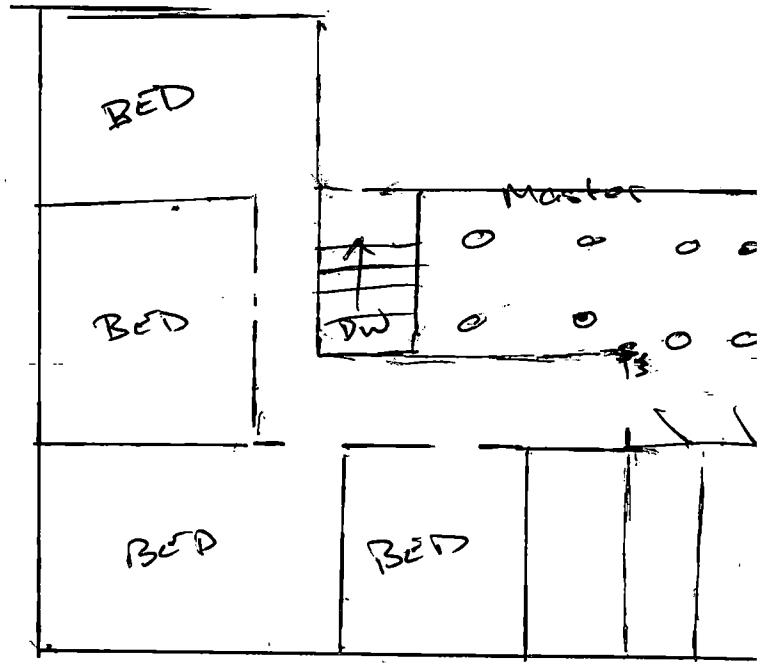
Electric Diagram

(Recessed Lighting).

1st FLR



2nd FLR



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 323.23 LOT 7 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 224 Katie Lynn Ct

Owner in Fee _____

Verifying Individual Michael Garcia Company Accurate Mechanical Htg & Clg LLC

Address 1889 Rt 9 Unit 91 (Street) Toms River (City) NJ (State) 08755 (Zip Code)

Tel: (732) 573-0520 Fax: (732) 244-1054

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / Gas / Other: GAS	56,000
Appliance 2:	Furnace	Oil / Gas / Other: GAS	56,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

_____ Signature _____ Date

Direct Vent Appliance:

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

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

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

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

FOR REPLACEMENT FURNACE

OLD BTU — INPUT 50,000 OUTPUT 40,000

x 2 NEW BTU — INPUT 56,000 OUTPUT 53,760

A/C REPLACEMENT

OLD UNIT 30,000/36,000 BTU

NEW UNIT 30,000/36,000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

***IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNIT'S, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

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

**********WE ALSO WILL NEED **********

******COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE (NOT THE INSTALLATION GUIDE) AND /OR AIR CONDITION UNIT.

******CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)

BIK-323.23
Lot - 7

FORM NO. X33-1427 REV. 1

MULTI POSITION GAS FURNACES
R95P Series
95% A.F.U.E.†
Input Rates 40 to 115 kBTU [11.72 to 33.71 kW]

JOB NAME Smith
CONTRACTOR Accurate Mechanical Htg + Clg LLC
ENGINEER
SUBMITTED FOR ☒ APPROVAL ☐ RECORD
DATE 12-1-15

MODEL NO. R95P06 x 2
OUTDOOR UNIT MODEL NO. RA13 x 2
LOCATION
ORDER NO.

UNIT DATA

HEATING PERFORMANCE

TOTAL CAPACITY INPUT*	56,000 MBH [kW]
TOTAL CAPACITY OUTPUT*	53,760 MBH [kW]
DESIGN TEMP. RISE	°F [°C] DB
AFUE	95 %
CALIFORNIA SEASONAL EFFICIENCY	%

(*uses blower motor heat)

SUPPLY AIR BLOWER PERFORMANCE

TOTAL AIR SUPPLY	CFM [L/s]
TOTAL RESISTANCE EXTERNAL TO UNIT	IWG
BLOWER SPEED	RPM
POWER OUTPUT REQUIREMENT	BHP
MOTOR RATING	HP [W]
POWER INPUT REQUIREMENT	kW

ELECTRICAL DATA

POWER SUPPLY	Hz
TOTAL UNIT AMPACITY	AMPS
MINIMUM WIRE SIZE	AWG
MAXIMUM OVERCURRENT DEVICE FUSES/HACR BREAKER	AMPS

ISO 9001:2008
Certificate Number: 3064

AHRI CERTIFIED

FEATURES FOR R95P

- 95% residential gas furnace CSA certified
- 4 way multi-poise design
- PlusOne™ Diagnostics 7-Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- PlusOne™ Water Management System with patented Blocked Drain Sensor
- Heat exchanger is removable for improved serviceability. Primary is constructed of aluminized steel, secondary is constructed of stainless steel, for maximum corrosion resistance and thermal fatigue reliability.
- Low profile "34 inch" cabinet ideal for space constrained installations.
- Blower Shelf design – serviceable in all furnace orientations
- Pre marked hoses – insures proper system drainage
- Vent with 2" or 3" PVC
- Replaceable Collector box
- Hemmed edges on cabinet and doors
- Quarter turn fasteners for tool less access
- Integrated control boards feature dip switches for easy system set up
- Self priming condensate trap

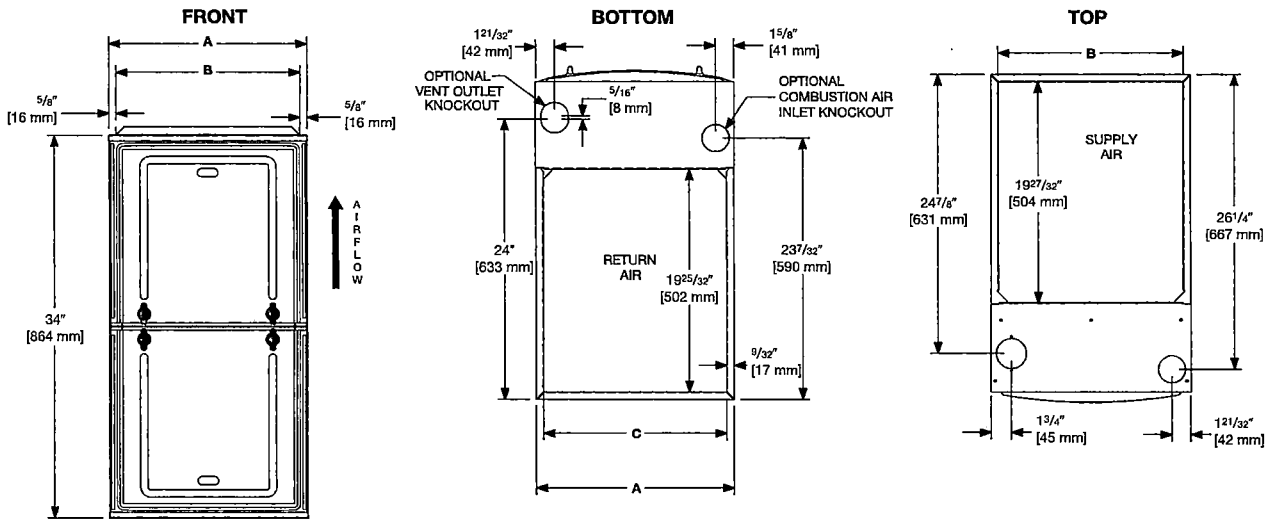
†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

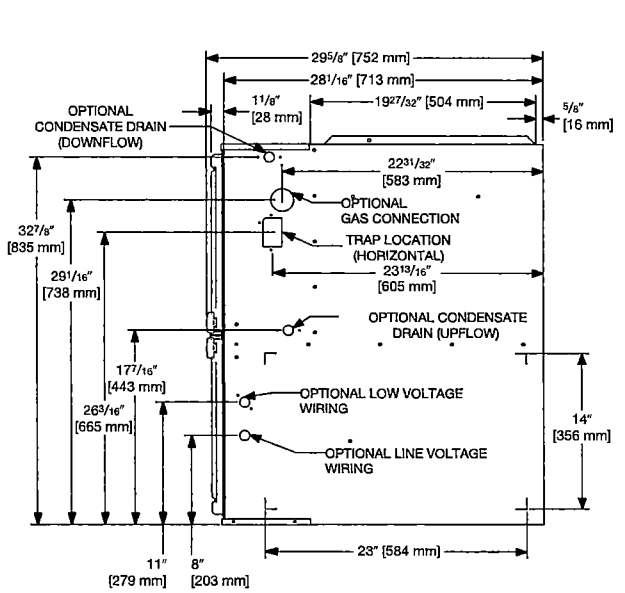
FIELD INSTALLED ACCESSORIES

Vent Termination Kits Concentric:
- Vertical/Horizontal = RXGY-E03A-E02A (US & Canadian Installations) ☐

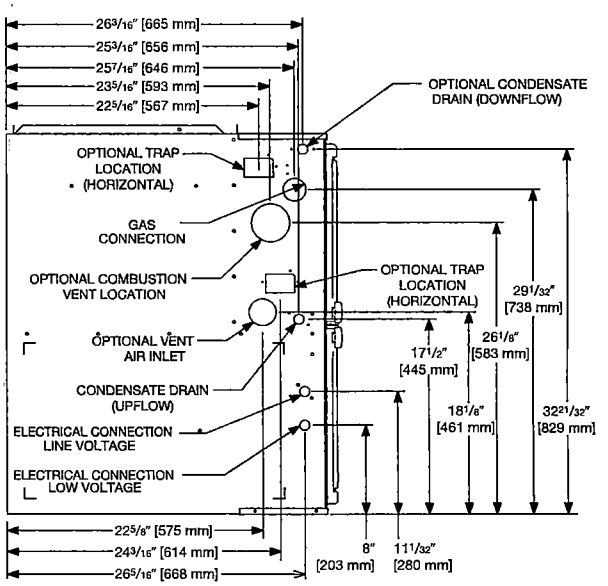
Combustion Air Drain Kit
- RXGY-D05, RXGY-D06 ☐
- Neutralizer Kit: RXGY-A01 ☐

Fossil Fuel Kit: RXPF-F01 and F02 ☐
External Bottom Filter Rack RXGF-CB ☐
External Side Filter Rack RXGF-CD ☐
External (Downflow) Filter Rack RXGF-CC ☐





RIGHT SIDE



LEFT SIDE

UNIT DIMENSIONS (CLEARANCE TO COMBUSTIBLES)

MODEL R95P	LEFT SIDE	MINIMUM CLEARANCE (IN.) [mm]					SHIP WGTS.	FLANGE DIMENSIONS		
		RIGHT SIDE	BACK	TOP	FRONT	VENT		A	B	C
040	0	0	0	1 [25]	2 [51]	0	123.5 [56]	17 1/2 [445]	16 17/64 [413]	16 13/64 [412]
060	0	0	0	1 [25]	2 [51]	0	128 [58]	17 1/2 [445]	16 17/64 [413]	16 13/64 [412]
070	0	0	0	1 [25]	2 [51]	0	132 [60]	17 1/2 [445]	16 17/64 [413]	16 13/64 [412]
085	0	0	0	1 [25]	2 [51]	0	147.5 [67]	21 [533]	19 49/64 [502]	19 45/64 [500]
100	0	0	0	1 [25]	2 [51]	0	152 [69]	21 [533]	19 49/64 [502]	19 45/64 [500]
115	0	0	0	1 [25]	2 [51]	0	165 [75]	24 1/2 [662]	23 17/64 [591]	23 13/64 [589]

*A service clearance of at least 24" is recommended in front of all furnaces

[ ] Designates Metric Conversions

Supply and return depicted as upflow configuration.

Flange configuration will vary depending on installation orientation.

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

"In keeping with its policy of continuous progress and product improvement, Manufacturer reserves the right to make changes without notice."

PRINTED IN U.S.A. 6-13 QG FORM NO. X33-1427 REV. 1

BIK-323.23
Lot-7

FORM NO. X33-1448

SUBMITTAL SHEET FOR RA13 SERIES 1½ TO 5 NOMINAL TON [5.28 TO 17.6 kW], EFFICIENCIES UP TO 15.5 SEER/13 EER AIR CONDITIONER

JOB NAME Smith
LOCATION
CONTRACTOR Accurate Mechanical Htg + Clg LLC
ORDER NO.
ENGINEER
UNIT MODEL NO. RA1330 / RA1336
SUBMITTED FOR ☒ APPROVAL ☐ RECORD
COIL MODEL NO. RCF36 x 2
DATE 12-1-15
AIR HANDLER MODEL NO.

UNIT DATA

COOLING PERFORMANCE

EFFICIENCY	13	SEER
TOTAL CAPACITY*	30,000 / 36,000	MBH [kW]
SENSIBLE CAPACITY*		MBH [kW]
OUTDOOR DESIGN TEMP.		°F [°C] DB
TEMP. OF AIR ENTERING EVAPORATOR COIL		°F [°C] DB
		°F [°C] WB
POWER INPUT REQUIREMENT (*uses blower motor heat)		kW

HEATING PERFORMANCE

EFFICIENCY		HSPF
TOTAL CAPACITY*		MBH [kW]
OUTDOOR DESIGN TEMP.		°F [°C] DB
TEMP. OF AIR ENTERING EVAPORATOR COIL		°F [°C] DB

SUPPLY AIR BLOWER PERFORMANCE

TOTAL AIR SUPPLY		CFM [L/s]
TOTAL RESISTANCE EXTERNAL TO UNIT		IWG
BLOWER SPEED		RPM
POWER OUTPUT REQUIREMENT		BHP
MOTOR RATING		HP [W]
POWER INPUT REQUIREMENT		kW

ELECTRICAL DATA

POWER SUPPLY		Hz
TOTAL UNIT AMPACITY		AMPS
MINIMUM WIRE SIZE		AWG
MAXIMUM OVERCURRENT DEVICE FUSES/HACR BREAKER		AMPS

CLEARANCES

ACCESS SIDE	24" [609.6 mm]
AIR INLETS	12" [304.8 mm]
ABOVE UNIT	60" [1524 mm]

FEATURES FOR RA13 SERIES AIR CONDITIONER UNITS

- New composite base pan – dampens sound, captures louver panels, eliminates corrosion and reduces number of fasteners needed
- Powder coat paint system – for a long lasting professional finish
- Scroll compressor – uses 70% fewer moving parts for higher efficiency and increased reliability
- Modern cabinet aesthetics – increased curb appeal with visually appealing design
- Curved louver panels – provide ultimate coil protection, enhance cabinet strength, and increased cabinet rigidity
- Optimized fan orifice – optimizes airflow and reduces unit sound
- Rust resistant screws – confirmed through 1500-hour salt spray testing
- PlusOne™ **Expanded Valve Space** – 3"-4"-5" service valve space – provides a minimum working area of 27-square inches for easier access
- PlusOne™ **Triple Service Access** – 15" wide, industry leading corner service access – makes repairs easier and faster. The two fastener removable corner allows optimal access to internal unit components. Individual louver panels come out once fastener is removed, for faster coil cleaning and easier cabinet reassembly
- Diagnostic service window with two-fastener opening – provides access to the high and low pressure.
- External gauge port access – allows easy connection of "low-loss" gauge ports
- Single-row condenser coil – makes unit lighter and allows thorough coil cleaning to maintain "out of the box" performance
- 35% fewer cabinet fasteners and fastener-free base – allow for faster access to internal components and hassle-free panel removal
- Service trays – hold fasteners or caps during service calls
- QR code – provides technical information on demand for faster service calls
- Fan motor harness with extra long wires allows unit top to be removed without disconnecting fan wire.

ACCESSORIES/OPTIONS

- Compressor Crankcase Heater ☐
- Low Ambient Control (Model No. RXAD-A08) ☐
- Compressor Sound Cover ☐
- Compressor Hard Start Kit ☐
- Classic Top Cap w/label (91-101123-21) ☐

ENERGY STAR
(IN CERTAIN MATCHED SYSTEMS)

ENERGUIDE
Seasonal Energy Efficiency Ratio (SEER)
THIS MODEL 16.0
13.0 — Uses least energy → 21.0

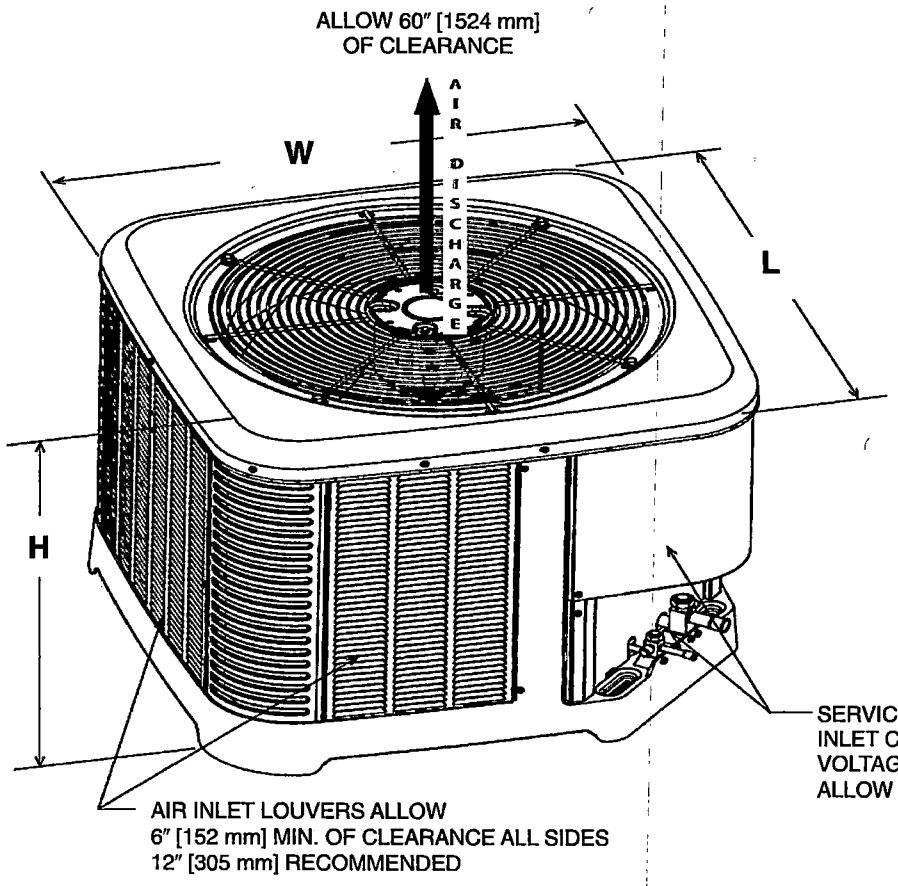
ISO 9001:2008
Certificate Number: 30164

c UL us LISTED

AHRI CERTIFIED
www.ahridirectory.org
Unitary Small AC
AHRI Standard 210/240

"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov."

A13 18, 24, 30, 36, 42, 48, 60



ST-A1226-02-00

Unit Dimensions

MODEL NO.	OPERATING						SHIPPING					
	H (Height)		L (Length)		W (Width)		H (Height)		L (Length)		W (Width)	
	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm
RA1318	27	685	29.75	755	29.75	755	28.75	730	32.38	822	32.38	822
RA1324	25	635	29.75	755	29.75	755	26.75	679	32.38	822	32.38	822
RA1330	25	685	29.75	755	29.75	755	26.75	679	32.38	822	32.38	822
RA1336	27	685	29.75	755	29.75	755	28.75	730	32.38	822	32.38	822
RA1342	31	787	29.75	755	29.75	755	32.75	831	32.38	822	32.38	822
RA1348	27	685	33.75	857	33.75	857	28.75	730	36.38	924	36.38	924
RA1360	31	787	35.75	908	35.75	908	32.75	831	38.38	974	36.38	974

1st 2nd

[ ] Designates Metric Conversions

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

Rheem Sales Company, Inc.
P.O. Box 17010, Fort Smith, AR 72917

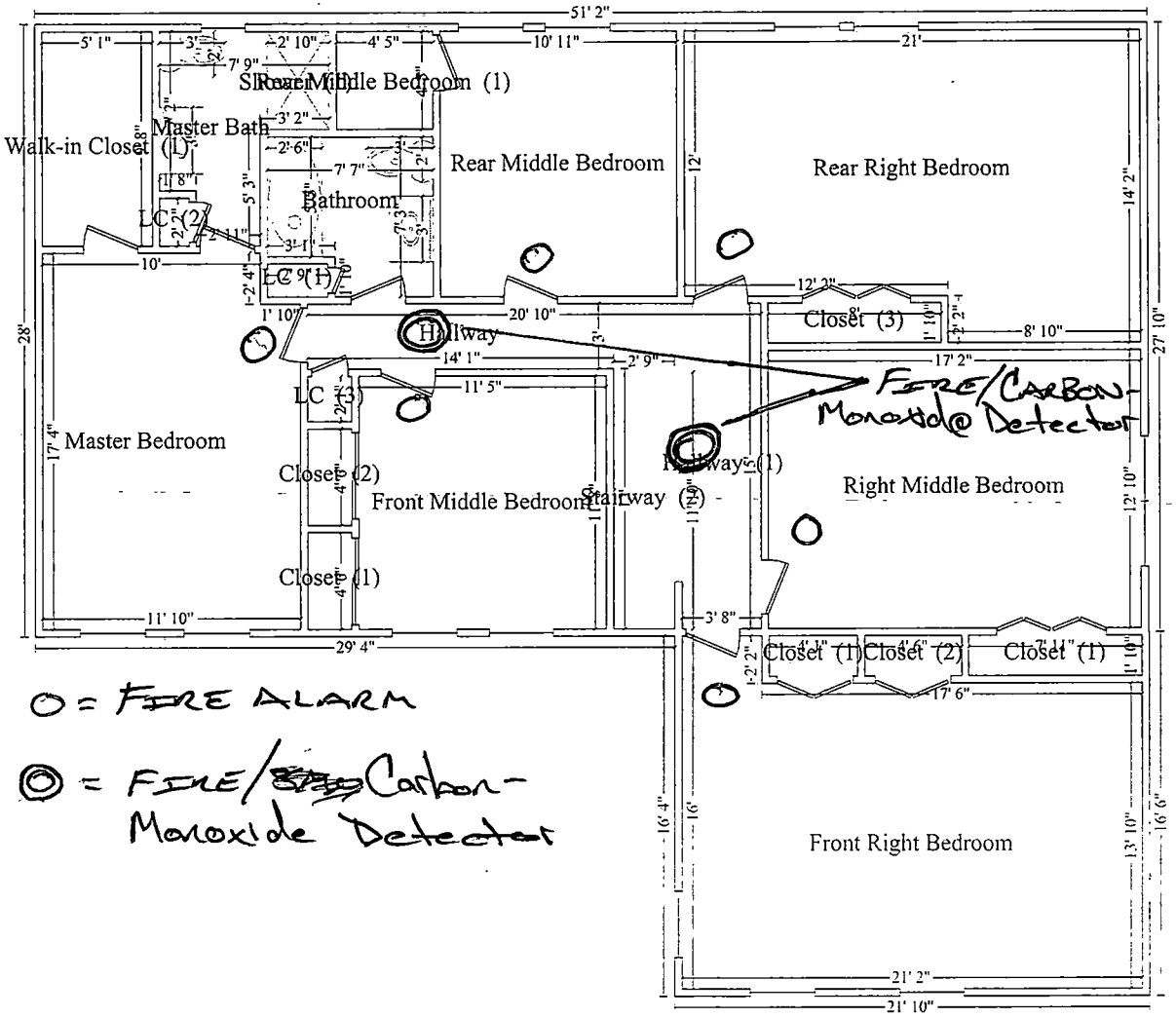
"In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice."

PRINTED IN U.S.A. 7-15 QG FORM NO. X33-1448

FIRE RESTORATION SMITH RESIDENCE

BLOCK: 323.23 LOT: 7
224 KATIE LYNN CT. 08723
ON-D-MAND CONTRACTING
M. MESS - PH. 908-675-5037

Level 2

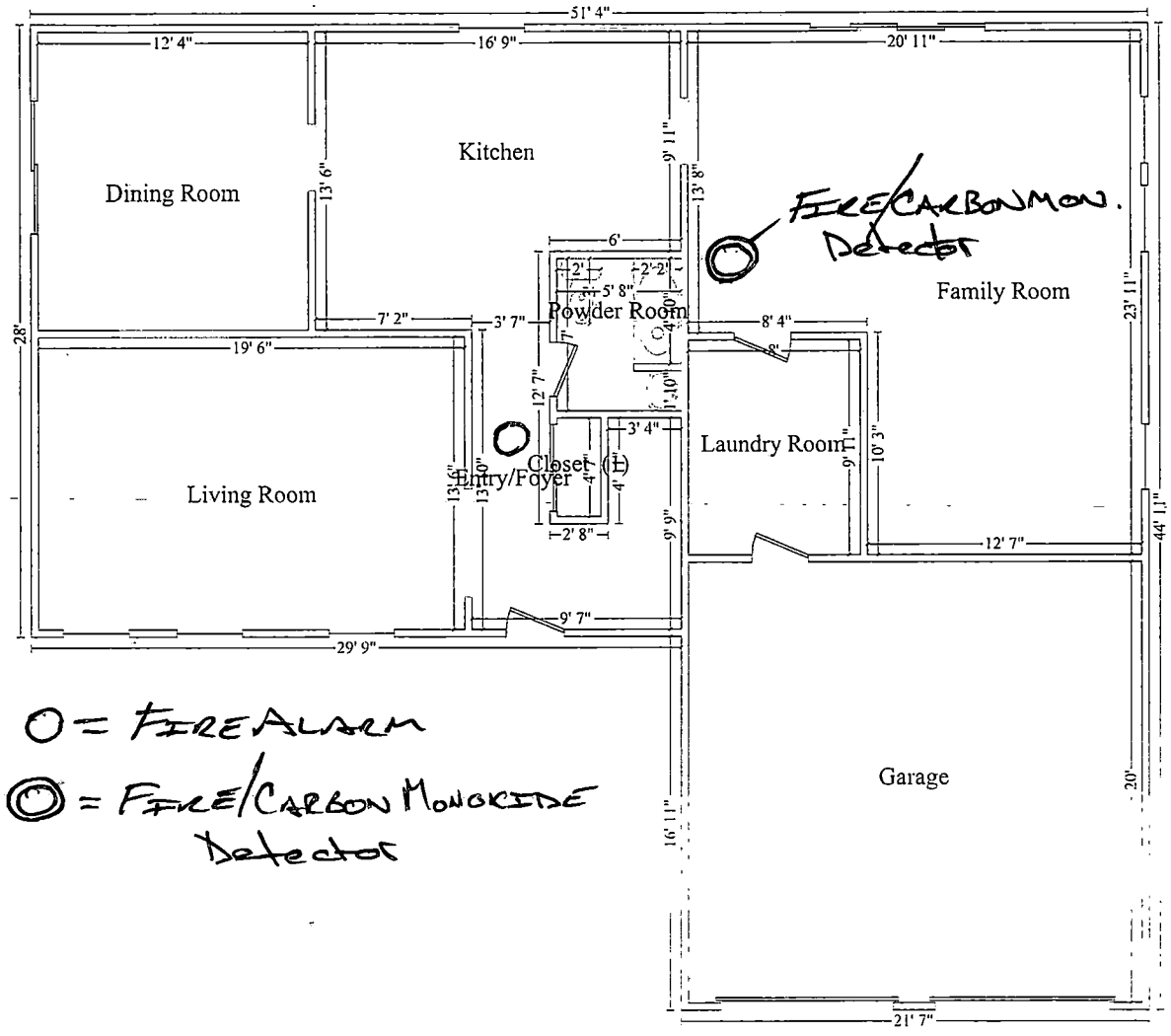


Level 2

FIRE RESTORATION SMITH RESIDENCE

BLOCK: 323.23 LOT: 7
224 KATIE LYNN CT. 08723
ON-D-MAND CONTRACTING
M. Moss PH. 908-675-5037

Main Level

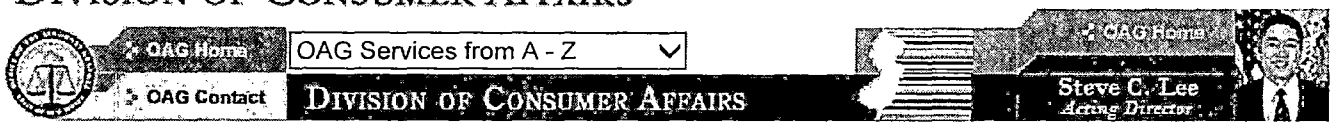


O = FIRE ALARM

◎ = FIRE/CARBON MONOXIDE Detector

Main Level

THE STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS



License Information

Accurate as of December 02, 2015 8:44 AM

Return to Search Results

Name: ENERGIZED ELECTRICAL CONTRACTORS LLC

Address: Lanoka Harbor,NJ

Profession/License Type: Electrical Contractors,Electrical Business Permit

License No: 34EB01592500

License Status: Active

Status Change Reason: License Issuance

Issue Date: 11/7/2007

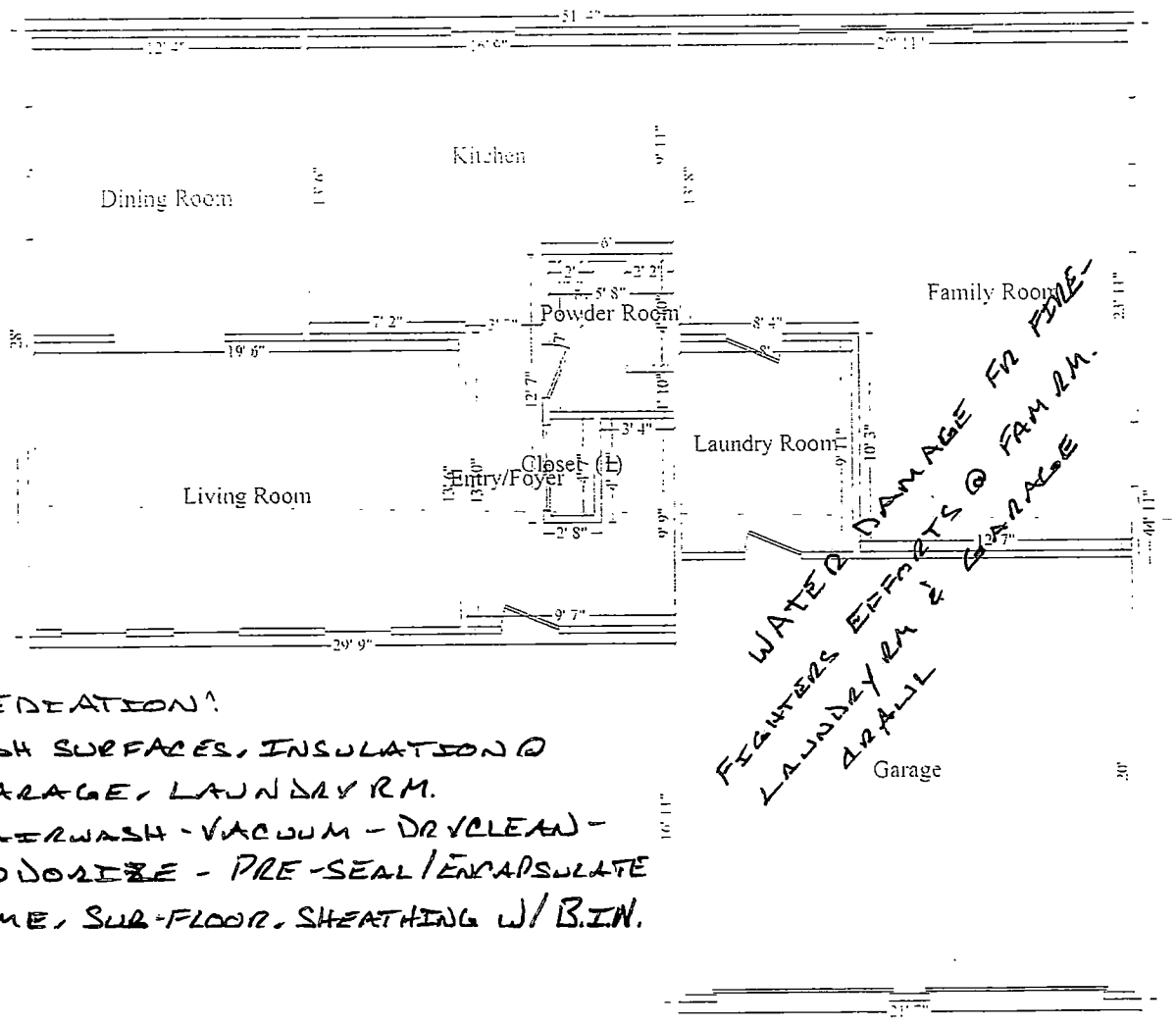
Expiration Date: 3/31/2018

For more information contact the New Jersey State Board of Examiners of Electrical Contractors (973)504-6410

FIRE RESTORATION SMITH RESIDENCE

BLOCK: 323.23 LOT: 7
224 KATIE LYNN CT. 0872
ON-D-MAND CONTRACTING
M. Moss PH. 908-675-5037

Main Level



METHOD OF REMEDIATION:
DEMO: WET FINISH SURFACES, INSULATION @
FAMILY ROOM, GARAGE, LAUNDRY RM.
THERMAL FOG - AIRWASH - VACUUM - DRYCLEAN -
WET CLEAN / DEODORIZE - PRE-SEAL / ENCAPSULATE
DRY - SEAL FRAME, SUB-FLOOR, SHEATHING W/ B.I.N.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 224 Katie Lynn Ct.

BLOCK: 323.23 **LOT:** 7

CONTRACTOR: On-D-Mand Contracting M. Mess

CONTRACTOR'S ADDRESS: 404 Tennessee Dr. Brick 08723

Type of Construction(minor, new home): fire restoration

Type of Debris (shingles, siding, wood, etc.): drywall - insulation

Party responsible for removal: D&D. Disposal

Dumpster Size: 30 yd.

Destination of Debris: Ocean County Land fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

M. M — Signature

10/5/15 — Date

Michael Mess — Print Name

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NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

On-D-Mand Contracting
Michael Mess
404 Tennessee Dr
Brick NJ 08723

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

06/09/2015 TO 03/31/2016
VALID

13VH04950200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR