BLOCK 280 · LOT 10 · QUALIFICATION CODE _____ ADDRESS (SITE) 245 Hamlin PERMIT NO. 20180022

46521

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 245 Hamlin Rd N. Bournswick
2. Name of Owner in Fee: Savio Melgarejo
   Tel. _____ e-mail _____
   Address 245 Hamlin Rd N. Bournswick (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A1 Prestige Roofing LLC Tel. 800 547-9655
   Address 37 Sherwood Dr Haddon e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH09500000 Exp. Date 03/31/18
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 82-1233092 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Ethen
   Tel. 201-870 3526 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 65		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 68		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

2648 00025_023631 18-0022 SF 0001405

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
				12/11/17	HC			

TOTAL COST 1800

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

U.C.C. F100-1 (rev. 8/08)

A1 Prestige

CO - 12/20/17

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of 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 Elton Lam

Address 57 Sherwood Ave Haledon NJ

Telephone 800-547-9615

Signature _____

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

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

North Brunswick Township
710 Hermann Road
North Brunswick, NJ 08902

Date Issued 1/11/2018
Control Number 46521
Permit Number 20180022
Permit Issue Date 1/9/2018
Certificate Number 20180022

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 245 HAMLIN ROAD North Brunswick Township, NJ 08902 Block: 280 Lot: 10 Qual:

Owner in Fee: MELGAREJO JAVIER & DILINUER

Owner Address: 245 HAMLIN ROAD NORTH BRUNSWICK NJ 08902

Telephone:

Contractor A1 PRESTIGE LLC

Address 37 A SHERWOOD AVENUE HALEDON NJ 07508

Telephone: (800) 547-9655 Fax:

License Number or Builders Registration Number: 13VH09500000 Federal Emp. Number: 82-1233092

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: CHIMNEY LINER

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:

Thomas Paun

Thomas Paun, Construction Official

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/11/2018

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/8/2017
Control # 46521
Date Issued 1/9/2018
Permit # 20180022

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

Block 280 Lot 10 Qualification Code ______

Work Site Location: 245 HAMLIN ROAD North Brunswick Township, NJ 08902

Owner in Fee: MELGAREJO JAVIER & DILINUER

Address 245 HAMLIN ROAD NORTH BRUNSWICK NJ 08902

Tel. ______ Email ______

Contractor: A1 PRESTIGE LLC

Address 37 A SHERWOOD AVENUE HALEDON NJ 07508

______ Email ______

Tel. (800) 547-9655 Fax. ______

Contractor License No. or, if new home, Bldrs Reg. No. ______ Exp. ______

Home improvment Contractor Registration No. or Exemption Reason(is applicable): ______

Federal Emp. ID No. 82-1233092

C. CERTIFICATION IN LIEU OF OATH

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

______
Signature

Print Name Here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHIMNEY LINER,

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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: 1/9/18
Approved by: [signature]

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other			1.9.18	[initials]
Final				
Barrier-Free				

TYPE OF WORK / **FEE (Office Use Only)**

TYPE OF WORK	FEE
☐ New Building	
☐ Addition	
☑ Rehabilitation	$61
☐ 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	

Administrative Surcharge ______
Minimum Fee $65
State Permit Surcharge Fee $3
TOTAL FEE $68

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed R-5
Constr. Class Present ______ Proposed ______
Number of Stories ______
Height of Structure ______ Ft.
Area - Largest Floor ______ Sq. Ft.
New Bldg. Area / All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved ______
HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. ______
2. Rehabilitation $1,800
3. Total (1+2) $1,800

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

CONSTRUCTION PERMIT

Date Issued 1/9/2018
Control # 46521
Permit # 20180022

IDENTIFICATION Block: 280 Lot: 10 Qualifier
Work Site Location: 245 HAMLIN ROAD North Brunswick Township, NJ 08902
Owner in Fee: MELGAREJO JAVIER & DILINUER
245 HAMLIN ROAD NORTH BRUNSWICK NJ 08902
Telephone:

Contractor: A1 PRESTIGE LLC
Address: 37 A SHERWOOD AVENUE HALEDON NJ 07508
Telephone: (800) 547-9655
Lic. No. or Bldrs. Reg. No. 13VH09500000 13VH09500000
Federal Employee. No. 82-1233092

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:
CHIMNEY LINER

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 $1,800

Construction Official

1/9/2018
Date

PAYMENTS (Office Use Only)

Building	$65
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$68
Check No.	1065
Cash	$0
Credit	$0
Collected By	Donna Mikolajewski

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/8/2017
Control # 46521
Date Issued 1/9/2018
Permit # 20180022

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

Block 280 Lot 10 Qualification Code

Work Site Location: 245 HAMLIN ROAD North Brunswick Township, NJ 08902

Owner in Fee: MELGAREJO JAVIER & DILINUER

Address 245 HAMLIN ROAD NORTH BRUNSWICK NJ 08902

Tel. Email

Contractor: A1 PRESTIGE LLC

Address 37 A SHERWOOD AVENUE HALEDON NJ 07508

Email

Tel. (800) 547-9655 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 82-1233092

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $1,800
3. Total (1+2) $1,800

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHIMNEY LINER,

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)

Rehabilitation	$61
Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$3
TOTAL FEE	$68

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

CONSTRUCTION PERMIT

Date Issued
Control # 46521
Permit #

IDENTIFICATION Block: 280 Lot: 10 Qualifier
Work Site Location: 245 HAMLIN ROAD North Brunswick Township, NJ 08902
Owner in Fee: MELGAREJO JAVIER & DILINUER
245 HAMLIN ROAD NORTH BRUNSWICK NJ 08902
Telephone:

Contractor: A1 PRESTIGE LLC
Address: 37 A SHERWOOD AVENUE HALEDON NJ 07508
Telephone: (800) 547-9655
Lic. No. or Bldrs. Reg. No. 13VH09500000
Federal Employee. No. 82-1233092

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:
CHIMNEY LINER

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 $1,800

Thomas Paun 12/13/17
Construction Official Date

Thomas Paun, Construction Official

PAYMENTS (Office Use Only)

Building	$65
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$68
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 180 Lot 10 Qualification Code

Work Site Location 245 Hamlin Rd. North Brunswick

Owner in Fee: Javier Chesarego.

Tel. e-mail

Address 37 Sherwood Ave Haledon 245 Hamlin Rd
street municipality zip code

Contractor: Al Roofing LLC. Tel.

Address 37 Sherwood Ave e-mail
Haledon NJ.

Contractor License No. or Builder Registration No. 13VH09500000 Exp. Date 03/31/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 82-1233092 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior	12/11/17	
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ 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 $ _____
3. Total (1+ 2) $ 1800 0

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

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: Elder Jones

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing Stainless Steel liner to fireplace chimney.

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 $

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

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

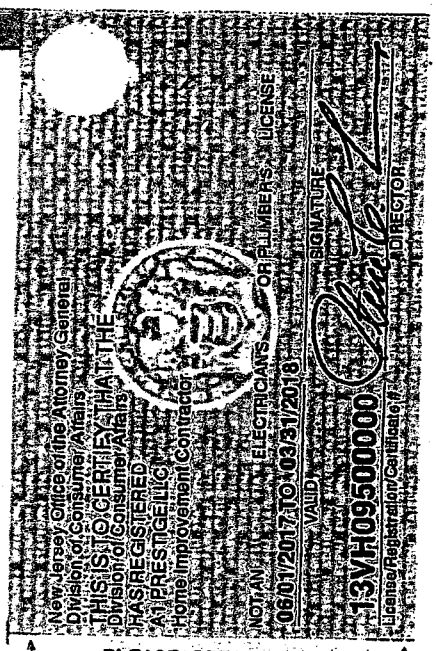
State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

A1 PRESTIGE LLC
Elton Hasalami
37 A Sherwood Ave
Haledon NJ 07508

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



PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

06/01/2017 TO 03/31/2018
VALID

13VH09500000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

A1 PRESTIGE LLC

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 09500000** . EXPIRATION DATE **2018**

PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

A1PRE-1 OP ID: JO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mountain Valley Insurance Agency, LLC S 114 Farview Avenue Paramus, NJ 07652 Anthony M Costello II, CIC 201-773-0868	CONTACT NAME: Anthony M Costello II, CIC PHONE (A/C, No, Ext): 201-773-0868 FAX (A/C, No): 201-773-0869 E-MAIL ADDRESS:
INSURED A1 Prestige LLC 37 A Sherwood Ave Haledon, NJ 07508	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Endurance American Specialty — 10641 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [X] OCCUR			101GL4727JG	05/02/2017	05/02/2018	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	[ ] OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Anthony M Costello II, CIC

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 280 LOT 10 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 245 Hamilton Rd North Brunswick

Owner in Fee Javier Melgarejo

Verifying Individual Elton Company All Greshyn LLC

Address 37 Sherwood Ave Holden
Street City State Zip Code

Tel: (908) 547 9615 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 Fireplace Insert

Existing Vent/Chimney:

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

Size _____

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
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: National Chimney Model: M-Flex. C5 UL Listing: 1777.

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.

_____ 12-06-17
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 EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

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

c(UL)us
National Chimney Supply, Inc. #MH25531
3 Green Tree Drive
South Burlington, VT 05403
2147C Fletcher Ave.
Indianapolis, IN 46203
2601 Elmory Road Bldg. #4
Finksburg, MD 20895
4219 Howard Ave.
Kensington, MD 20895

INSTALLATION INSTRUCTIONS FORM-FLEX MODEL CB&AL STAINLESS STEEL CHIMNEY LINERS

M-Flex Stainless Steel Chimney Liner are manufactured by National Chimney Supply, Inc. This lining systems is designed and listed to be installed within masonry chimneys used to vent the products of combustion produced by heating appliances that burn oil, gas, or solid fuels.

This liner should be installed by a nationally certified chimney sweep or other qualified chimney professional.

Each installation must be planned for the best performance of the appliance being installed. Refer to appliance manufacturer's instructions to determine any special venting requirements for specific appliance.

The installer must contact the local building and fire code officials to determine any installation and inspection requirements. Building permits may be required before installation. M-Flex CB and AL liner must be installed within the local building codes. Please remember, regardless of national codes, the local building inspectors have ultimate jurisdiction.

Do not use any materials or components other than specified in these installation instructions.

MATERIALS NEEDED TO INSTALL M-FLEX STAINLESS STEEL LINER:

316L

316 Two piece or one piece tee
Tee Cap
90 Deg. or 45 Deg. elbow:
Coupler
304 Top plate
Top Support Clamp
Storm Collar
Liner Rain Cap
} or Top Kit

AL29-4C

AL Two piece or one piece tee
Tee Cap
90 Deg. or 45 Deg. elbow:
Coupler
304 Top plate
Top Support Clamp
Storm Collar
Liner Rain Cap
} or Top Kit

INSULATION MATERIALS (if applicable)

Part #	Description
PW4	PremierWrap 1/4" Foil Faced CeramicWool Blanket
PW2	PremierWrap 1/2" Foil Faced CeramicWool Blanket
PM	Premier Mesh ProtectiveWire Mesh Sleeve
Foil	Aluminum Foil Tape
FA1540 (large/small)	Mesh Clamp
PRMIX	Premier Mix

1.) INSPECTION AND PREPARATION OF CHIMNEY

The existing chimney must meet the following codes for proper construction and compliance requirements before the liner can be installed:

* The chimney must be a minimum of ten feet high, and a maximum of one hundred feet in height.
* The chimney must have the proper wall thickness, ie: minimum of 4 inches (nominal) solid masonry units.
* The chimney must extend at least three feet above the highest point where it penetrates the roof structure, and at least two feet higher than any portion of the building or adjoining structures within ten feet.
* If the chimney is constructed inside the structure, a minimum of two inches of unobstructed air space must surround the chimney to any combustible material. If the chimney is constructed on the outside of the structure, one inch of unobstructed air space must be maintained between the chimney and all other combustible materials.
* When the chimney passes through an floor, ceiling, or other horizontal or vertical structure, fire stops of a non-combustible material must be used.

****IF THE PROPER CLEARANCES LISTED ABOVE CANNOT BE DETERMINED THE LINER MUST BE INSTALLED WITH A UL LISTED CHIMNEY INSULATION****

* Do not connect any appliance that burns a liquid fuel to a chimney liner used to vent a solid fuel burning appliance.
* The connector pipe used to connect the appliance to the chimney liner must meet proper clearances to combustibles as determined by the appliance manufacturer's installation instructions, the national building code, or the local building code, whichever is in force.
* Before the liner is installed the chimney must be cleaned thoroughly to remove all deposits of soot, creosote, or glazed creosote. A proper inspection must be done to determine that the chimney is structurally sound. If the structural integrity of the chimney is found to be in question, ie: missing, loose, or cracked masonry or mortar joints, repairs must be made before installation of the chimney liner.

2.) SIZING THE PROPER LINER DIAMETER

* For solid fuel burning appliances, the cross sectional area of the liner shall not be less than the cross sectional area of the appliance outlet collar. The cross sectional area of the flue shall not be more than three times the cross sectional area of the appliance outlet collar. For solid fuel burning fireplaces, the liner should be at least one-tenth the square inches of the square inches of the fireplace opening. Refer also to N.F.P.A. 211 for solid fuel in the US and CAN/CSA-B365 in Canada. **Please note that this formula can vary based on height of the chimney and other determining factors. Call National Chimney Supply, Inc. should you have any questions.**
* For liner sizing of gas and oil burning appliances please refer to N.F.P.A.54 for gas and N.F.P.A.31 for oil in the US. In Canada refer to the following Installation Codes: CAN/CSA-B139 for oil and CAN/CSA-B149 for gas. Also refer to appliance manufacturer's instructions. **Incorrectly sized liners for these appliances can lead to performance problems and condensation with the lining system. Please call National Chimney Supply, Inc. should you have any questions.**

3.) DETERMINE IF THE CORRECT SIZE LINER WILL FIT INTO THE CHIMNEY

* The M-Flex Stainless Steel Chimney Liner can be installed within the existing flue tile or the flue tile can be removed. It is extremely important that the correct size liner will fit into the chimney. Certain factors, such as chimney construction and offsets in the chimney, may change the size of the interior of the chimney. It is best to prove the interior of the chimney before trying to install the chimney liner. This can be done by lowering a short piece of the intended size liner down the chimney to see if it will pass all the way to the bottom. You can also use a liner guide cone to accomplish this. If the chimney liner will need to be insulated this will affect the required dimensions needed to install the liner. If the round configurations needed to vent the appliance will not fit the liner may be formed to an oval configuration to fit, however ovalizing the liner will change the cross sectional area. Please call National Chimney Supply, Inc. with any questions.

consistency and little or no water will come out when squeezed in your hand. Once mixed the Premier Mix is poured into the chimney around the liner. The liner should be vibrated during the pouring process to help the Premier Mix settle around the liner. Continue to pour Premier Mix until the chimney is full to the top. Install top hardware as described in previous section.

* A Premier Mix insulated M-Flex liner can be used after the installation is complete. Curing of the mix will occur over approximately 28 days, with approximately 70% of the curing process occurring in the first week. Drying time of the Premier Mix will depend on the thickness of the mix and the absorption of the masonry chimney. Drying time will be accelerated by using the heating appliance.

Method #2 - Insulating with Premier Wrap

Premier Wrap is installed around the liner **before** it is installed in the chimney.

* Premier Wrap is one half inch thick and one quarter inch thick, eight pound density, ceramic wool blanket with a three mil aluminum foil face. Aluminum tape, retractable wire mesh, and mesh clamps will be needed to complete the installation. Premier Wrap is available in four widths, 24" to fit liners 4" to 6" diameters, 30" to fit 7" to 8" diameters, 36" to fit 9" to 10" diameters, and 48" to fit 11" to 14" diameters.
* In a **code-conforming** chimney no Premier Wrap insulation is required. In a **code-conforming** chimney that must have the tiles removed a single one quarter inch Premier Wrap is required. In a **non-code conforming** chimney a single one-half inch Premier Wrap is required. The required clearance between the insulation and the interior of the masonry chimney is 0" inches.
* To install Premier Wrap onto the liner, lay the blanket open with the foil side down. Cut blanket length wise so that it will overlap approx. one inch. Place liner on blanket and wrap around liner. Run foil tape the complete length of the seam on the blanket, next cut pieces of foil tape approx. eight inches long, and tape across seam about every foot. Next place liner into retractable mesh sock. Using mesh clamp, clamp at end of liner just above tee body. Pull retractable mesh sock to top of liner, continue to pull until mesh sock has retracted tightly around the liner, clamp mesh at top and cut off excess mesh. Install liner as described in previous section.

7.) INSPECTION AND MAINTENANCE INSTRUCTIONS

Should you have any questions concerning inspection and maintenance of the M-Flex liner please contact:

National Chimney Supply, Inc.
Corporate Headquarters
3 Green Tree Drive, South Burlington, VT 05403
(800) 897-8481

* Inspection of the M-Flex liner should be done in a minimum, once per year, at no more than 12 month intervals from date of installation. If the liner is used to vent a solid fuel burning appliance, inspections should be done at intervals of every 2 months during the heating season. Upon inspection, if soot or creosote accumulations have reached a 1/4" or more the liner should be cleaned. This inspection and cleaning should be carried out by a nationally certified chimney sweep, or other qualified chimney professionals.

BENEFITS OF THE M-FLEX™ STAINLESS STEEL LINER

The unique manufacturing system used to make the M-Flex liner utilize a continuous strip of stainless steel, interlorized and diagonally crimped to produce a vapor and moisture tight lining system of superior strength and durability. The M-Flex liner can be formed to negotiate effects in the chimney and can be ovalized to custom sizes to fit most installations. This corrugated construction allows for expansion and contraction during the heat up and cool down periods, removing any stress in the liner. The M-Flex liner can be insulated with UL listed Premier Mix or with an UL listed Premier Wrap. Either type of insulation will meet UL1777 standards for chimney exterior with zero clearance to combustibles. Backed by a Lifetime Warranty, a yearly inspection will guarantee that your chimney will be venting safely for many years to come.

A PREMIER WRAP INSULATED M-FLEX LINER

CREOSOTE-FORMATION AND NEED FOR REMOVAL

When wood is burned slowly, it produces tar and other vapors, which combine with expelled moisture to form creosote. The creosote vapors may condense on the inside of the chimney liner during slow-burning firing periods. As a result, creosote residue accumulates on the chimney liner. When ignited, this creosote makes an extremely hot fire.

* To properly inspect the liner system it is necessary to gain access to the top and/or bottom of the chimney. To inspect the liner from the bottom remove the connector pipe from the appliance and the chimney. Using a flashlight and a mirror look in and up the liner to visually inspect for soot and creosote formation. Note: if the chimney has offsets you may not be able to see all the way to the top or to the bottom depending on your inspection location. In this case it will be necessary to inspect the liner from both the bottom and the top of the chimney.
* After inspection, if cleaning is required, use a plastic bristle brush the same size as the interior of the liner. Either push the brush up from the bottom or down from the top using the appropriate number of extension pole for the height of the chimney. When cleaning from the top remove the liner cap before inserting brush in the top of the liner.

8.) OPERATION

* FOR M-Flex liners, insulated with Premier Mix, used to vent a solid fuel burning appliance please note:
  Solid fuel burning stoves can be used immediately after the installation is complete. However the flue gas temperatures entering the liner should not exceed 500 degrees F. for a period of three weeks. A connector pipe flue gas thermometer will help monitor this procedure.

Fireplaces can also be used immediately after the installation is completed. A small to moderate fire should be maintained for a period of approximately three hours. After this time a normal fire can be established.

It is important that the operator not over fire the appliance during these initial periods.

PRODUCT INFORMATION: M-Flex 316L

M-Flex 316L Stainless Steel Flexible Chimney liner is designed to reline existing chimneys or used as a liner in new construction (USA only). Manufactured in the highest quality, mill certified, 316L grade alloy M-Flex Stainless Steel Flexible Chimney Liner has a high acid fighting capability. Listed by UL Laboratories to UL 1777 standard for zero clearance installation. M-Flex can be used to vent wood, wood pellet, coal, non-condensing gas and oil, making it the choice for venting all standard efficiency installations. M-Flex is available in 3" to 30" diameter to cover a wide range of requirements found in the field today.

The unique manufacturing systems used to make M-Flex utilizes a continuous strip to stainless steel, interlocked and diagonally crimped to produce a gas and water tight lining system of superior strength and durability. M-Flex can be bent to negotiated offsets in chimneys and can be ovalized to custom sizes to fit most any installation. The corrugated construction allows for expansion and construction during the heat up and cool down periods, removing any stress on the system.

M-Flex can be insulated with either a Premier Mix or Thermal poured insulation or with a foil faced ceramic wool blanket to meet UL 1777 standards for chimney exteriors with zero clearance to combustibles.

M-Flex can be shipped UPS in the following lengths 3"-50', 4"-44', 5"-38', 6"-32', 7"-26', 8"-20'. All other diameters and lengths exceeding those above must be shipped road freight.

M-Flex Stainless Steel Flexible Chimney Liner carries a Life Time Warrantee for all fuels, with appliance efficiencies at 83 percent or lower.

PRODUCT INFORMATION: M-FLEX 294C SS LINER

M-Flex 294C Stainless Steel Flexible Chimney Liner is designed to reline existing chimneys or used as a liner in new construction. Manufactured in the highest grade mill certified AL294C alloy M-Flex 294C has the greatest acid fighting ability to combat the acidic condensate produced by today's high efficiency boilers. Listed by Underwriters Laboratories M-Flex 294C can be used to vent gas fired appliances with AFUE'S of 83% or greater. M-Flex 294C is available in diameters of 3" to 24" to cover the wide range of appliance requirements found in the field today.

The unique manufacturing system used to make M-Flex 294C utilizes a continuous strip of stainless steel, interlocked and diagonally crimped to produce a gas and water tight lining system of superior strength and durability. M-Flex 294C is extremely flexible and can negotiate offsets in chimneys with ease. It can also be ovalized to custom configurations to fit most any installation. The corrugated construction allows for expansion and contraction within the liner removing any stress on the liner system.

For best performance of the appliance and the venting system, M-Flex 294C can be insulated with either Premier Mix poured insulation or Premier Wrap ceramic wool blanket. Insulation should always be used on exterior chimneys.

M-Flex 294C carries a Life Time Warrantee for all installation venting condensing gas appliances.

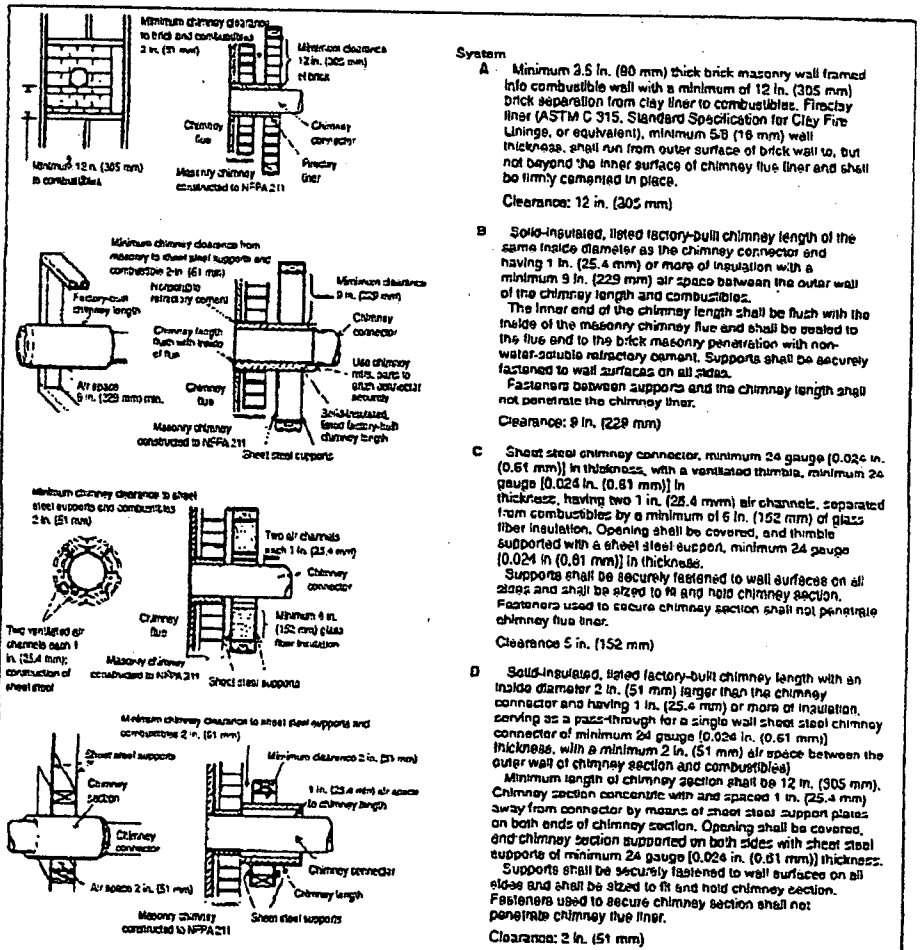
Flex 294C can be shipped UPS in the following lengths: 3"-50', 4"-40', 5"-38', 6"-32', 7"-26', 8"-20'. All other diameters and lengths exceeding these above must be shipped road freight.

* Make sure the thimbles to be used in the installation are in the proper chimney to maintain the required clearance to combustibles for the connector pipe from the appliance. If the clearances are not correct reconstruct the thimble to the proper position.
* Determine the length of the liner by measuring from the bottom most thimble to the top of the chimney. To this measurement add approx. six inches to accommodate the crown and top hardware. Cut liner to length.
* Remove the snout from the two part tee and attach the tee body to liner with either stainless steel pop rivets, or stainless steel screws. If the liner is going to be insulated with a ceramic wool blanket, install the blanket now. If a tee cap is going to be used, attach it to the body now.
* Take the tee snout that was removed from the tee body and extend the draw band completely, slide the tee snout into the thimble with the draw band centered in the flue. Lower the liner down from the top of the chimney, and feed the tee body through the draw band on the tee snout. You may have to rotate the liner to align the hole in the tee body with the snout. Once you have aligned the tee, tighten the draw band to secure the snout to the tee body.
* Seal the area around the tee snout with mortar to form an airtight seal.
* At the top of the chimney there are 2 Options to seal and support the liner:

Option 1 is to install a top kit. This is accomplished by first removing the rain cap portion of the kit by loosening the top worm drive clamp a few turns. Next, install the plate assembly over the liner, tighten the worm drive screw until snug, then attach the plate to the masonry with silicone or tapcons. Cut the liner flush with the top of the assembly and reinstall the rain cap portion of the top kit.

Option 2 is to install a top plate, top support clamp, and storm collar. Place the hole in the top plate around the liner and center the liner and top place on top of the chimney, secure to chimney top with masonry screws, silicone or mortar. Attach the support clamp around liner and secure. Place a bead of silicone around top of storm collar to seal. Install rain cap on top of liner and secure.

* To facilitate inspection and cleaning, wall penetrations shall not be placed directly behind the heating appliance.



System

A Minimum 3.5 in. (90 mm) thick brick masonry wall framed into combustible wall with a minimum of 12 in. (305 mm) brick separation from clay liner to combustibles. Firaclay liner (ASTM C 315, Standard Specification for Clay Fire Linings, or equivalent), minimum 5/8 (16 mm) wall thickness, shall run from outer surface of brick wall to, but not beyond the inner surface of chimney flue liner and shall be firmly cemented in place.

Clearance: 12 in. (305 mm)

B Solid-insulated, listed factory-built chimney length of the same inside diameter as the chimney connector and having 1 in. (25.4 mm) or more of insulation with a minimum 9 in. (229 mm) air space between the outer wall of the chimney length and combustibles.

The inner end of the chimney length shall be flush with the inside of the masonry chimney flue and shall be sealed to the flue and to the brick masonry penetration with non-water-soluble refractory cement. Supports shall be securely fastened to wall surfaces on all sides.

Fasteners between supports and the chimney length shall not penetrate the chimney liner.

Clearance: 9 in. (229 mm)

C Sheet steel chimney connector, minimum 24 gauge [0.024 in. (0.61 mm)] in thickness, with a ventilated thimble, minimum 24 gauge [0.024 in. (0.61 mm)] in thickness, having two 1 in. (25.4 mm) air channels, separated from combustibles by a minimum of 6 in. (152 mm) of glass fiber insulation. Opening shall be covered, and thimble supported with a sheet steel support, minimum 24 gauge [0.024 in (0.61 mm)] in thickness.

Supports shall be securely fastened to wall surfaces on all sides and shall be sized to fit and hold chimney section. Fasteners used to secure chimney section shall not penetrate chimney flue liner.

Clearance 6 in. (152 mm)

D Solid-insulated, listed factory-built chimney length with an inside diameter 2 in. (51 mm) larger than the chimney connector and having 1 in. (25.4 mm) or more of insulation, serving as a pass-through for a single wall sheet steel chimney connector of minimum 24 gauge [0.024 in. (0.61 mm)] thickness, with a minimum 2 in. (51 mm) air space between the outer wall of chimney section and combustibles.

Minimum length of chimney section shall be 12 in. (305 mm). Chimney section concentric with and spaced 1 in. (25.4 mm) away from connector by means of sheet steel support plates on both ends of chimney section. Opening shall be covered, and chimney section supported on both sides with sheet steel supports of minimum 24 gauge [0.024 in. (0.61 mm)] thickness.

Supports shall be securely fastened to wall surfaces on all sides and shall be sized to fit and hold chimney section. Fasteners used to secure chimney section shall not penetrate chimney flue liner.

Clearance: 2 in. (51 mm)

Additional requirements:

1. Insulation material used as part of wall pass-through system shall be of noncombustible material and shall have a thermal conductivity of 1.0 Btu-in./hr-ft² · °F (4.88 kg-cal/hr-m²-°C) or less.
2. All clearances and thicknesses are minimums; larger clearances and thicknesses shall be permitted.
3. Any material used to close up an opening for the connector shall be of noncombustible material.
4. A connector to a masonry chimney, except for System B, shall extend in one continuous piece through the wall pass-through system and the chimney wall to the inner face of the flue liner, but not beyond.

Note: For Canadian installation consult the Installation Code CAN/CSA-B365.

5.) INSTALLING M-FLEX STAINLESS STEEL LINER FOR A FIREPLACE

* When installing a liner for a fireplace application no tee is used on the bottom of the liner. Instead a base plate is used to seal the liner at the top of the smoke chamber. The base place can be installed by working up through the damper opening or by removing bricks in the face of the fireplace at the level of the top of the smoke chamber.
* Installing the base place from the damper opening is accomplished by sliding the liner down into the smoke chamber from the top of the chimney. Put the base plate up through the damper opening and around the bottom of the liner. Secure the base plate to the liner with stainless steel rivets, stainless steel screws, or a support clamp below the base plate. Once base plate is secured pull liner up and seat base plate on top of smoke chamber. At this point hold liner in place by pushing 2x4 tee up through damper and across bottom of liner. Install top hardware at top of chimney as described in previous section.
* To install the base plate through the face of the fireplace will require more work and masonry skill. Start by removing two to four bricks in either the face or the back of the fireplace at the level of the top of the smoke chamber. If the smoke chamber is constructed correctly there should be approx. eight inches of masonry to go through. Once this opening has been accomplished slide the base plate into the hole over the top of smoke chamber. Slide the liner down from the top of the chimney and through the hole in the base plate. Secure with stainless steel rivets, stainless steel screws, or place a support clamp on the liner above the base plate. This will keep the liner from sliding down through the base plate until the top hardware has been installed. Once this is complete install top hardware as described in previous section. Seal hole in masonry with like material.

6.) INSULATING M-FLEX STAINLESS STEEL CHIMNEY LINER

A note about insulating stainless steel chimney liners: Not all situations require insulation of the chimney liner. The UL1777 Standard for installing stainless steel chimney liners require insulation because the non-code conforming chimney has zero clearance to combustibles or some other defect. Thus the UL1777 Standard is in place for fire protection. The definition of a code Conforming chimney is one that meets or exceeds N.F.P.A.211 for construction of chimneys, ie: proper clearances to combustibles, intact 5/8 fireclay flue liner or equivalent, minimum four inch (nominal) solid chimney wall. If the chimney meets the requirement for code conforming the only reason to reline would be for appliance performance. In case of relining for high efficiency gas or oil fired appliances (over 83%) no insulation may be required. However, regardless of existing chimney, insulating the chimney liner will improve the performance of the appliance that is connected to it. Because the insulated liner will stay warmer the flue will not cool as quickly and will not condense as rapidly. In wood burning appliances this will reduce the amount of creosote that will form in the liner. In oil and gas burning applications the likelihood of condensation, especially on startup of the appliance will greatly reduce. While fire protection is the main concern, insulating liners even if not required will pay dividends by increasing performance and efficiency.

* **Please Note:** For the installed liner system to meet UL standards, all UL listed components used must be installed with proper clearances.

THERE ARE TWO METHODS OF INSULATING M-FLEX STAINLESS STEEL LINERS

Method #1 - Insulating with Premier Mix

* Premier Mix is poured into the chimney around the liner after the liner is installed. Premier Mix is premixed and water is added to the mix at the job site. To determine the amount of Premier Mix needed to insulate a specific liner please **call National Chimney Supply, Inc.**
* No minimum thickness of Premier Mix around a liner installed in a **code-conforming** chimney is required. The required clearance between the liner and the interior of the masonry chimney is 1" inches. In a **non-code conforming** chimney, ie: zero clearance to combustibles, no flue liner, etc. the minimum recommended thickness of Premier Mix is One inch. The required clearance between the insulation and the interior wall of the masonry chimney is 0" inches.

National Chimney
M-Flex CB
CL 1777

CONSTRUCTION PERMIT

Date Issued _____
Control # 46521
Permit # _____

IDENTIFICATION Block: 280 Lot: 10 Qualifier _____
Work Site Location: 245 HAMLIN ROAD North Brunswick Township, NJ 08902
Owner in Fee: MELGAREJO JAVIER & DILINUER
245 HAMLIN ROAD NORTH BRUNSWICK NJ 08902
Telephone: _____

Contractor: A1 PRESTIGE LLC
Address: 37 A SHERWOOD AVENUE HALEDON NJ 07508
Telephone: (800) 547-9655
Lic. No. or Bldrs. Reg. No. 13VH09500000
Federal Employee. No. 82-1233092

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:
CHIMNEY LINER

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 $1,800

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

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.				

1.5.2018

called contractor

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