



Permits

<u>Permit Number</u>	<u>Control Number</u>	<u>Permit Issue Date</u>	<u>Location Address</u>	<u>Block</u>	<u>Lot</u>	<u>Qualifier</u>	<u>Subcodes Used</u>	<u>Work Type</u>	<u>Application Status</u>	<u>Work</u>
2008-492		08/04/2008	256 FAIRVIEW AVENUE	2,801.	6.	B		Alteration	Closed with Date	RETAINING WALL
2008-023+A		11/06/2008	256 FAIRVIEW AVENUE	2,801.	6.	P		Alteration	Closed with Date	
2008-023		01/11/2008	256 FAIRVIEW AVENUE	2,801.	6.	B P E F		New	Closed with Date	
Grand Totals				8,403.	18.					

<u>k Description</u>	<u>Work Description Comments</u>	<u>Agent Name</u>	<u>Application Date</u>	<u>Master Permit Number</u>	<u>Is Pri</u>
		HONVANIAN	08/04/2008		False
			11/06/2008		False
			01/11/2008		False

BLOCK 128 LOT 32.01 QUALIFICATION CODEADDRESS (SITE) 256 FAIRVIEW AVE PERMIT NO. 2008-023

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 256 FAIRVIEW AVE

2. Name of Owner in Fee: K. H. HARMANN HOMES

Tel: (973) 857 2175 e-mail: C.PATTELMANN@KHH.COM

Address: 1 MAIN RD N. CHANDLER 07004

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: GAUME Tel: ()

Address: GAUME e-mail: GAUME

License No. OR, if new home, Builder Reg. No. 037606 Exp. Date: 03/31/07

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 201185057

Federal Emp. ID No. 201185057 FAX: (973) 857 2175

5. Architect or Engineer: GAUME DELITZIA Contact: GAUME

Address: 65 WILSON RD RED BANK e-mail: GAUME

Tel: (732) 747 7800 FAX: (732) 345 8318

6. Responsible Person in Charge once Work has Begun: CHARS PATTELMANN

Tel: (973) 857 2175 FAX: (973) 857 5389

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>5209</u>		
2. Electrical	\$ <u>520</u>		
3. Plumbing	\$ <u>520</u>		
4. Fire Protection	\$ <u>50</u>		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>345</u>		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$ <u>521</u>		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$ <u>6995</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>2</u>	(office use only)
2. Height of Structure	<u>31.81</u> ft.	
3. Area - Largest Floor	<u>3503</u> sq. ft.	
4. New Building Area	<u>5133</u> sq. ft.	
5. Volume of New Structure	<u>8638</u> cu. ft.	
6. Construction Classification	<u>5B</u>	
7. Total Land Area Disturbed	<u>50</u> sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation		
10. Wetlands	yes ☐ no ☒	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group: R-5

3. Change in Use Group, indicate Former:

4. No. of dwelling units: All Units Income-restricted

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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	Other
Building _____	Energy _____	
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. _____			

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U.C.C. F100-3 (rev. 3/99)

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. 48:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

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

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

() Check if contractor.

Agent Name Chris Patterson

Address 1 Archer Road

Telephone (973) 957 2152

Signature [Signature]

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

U.C.C. F100-3 (rev. 10/2008)

250 New
Furness



CONSTRUCTION PERMIT

Date Issued 1/11/08
Permit # 2008-023

IDENTIFICATION Block 128 Lot 32.01 Qualification Code _____
Work Site Location 56-248 Furness Ave Contractor K. Homanan Hous
Verona Address _____
Owner in Fee K. Homanan Hous Tel. (973) 857-2175
Address 1 Arbor RD Lic. No. or Bldrs. Reg. No. 201185057
Tel. (973) 857-2175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

New Lane

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 \$ 35,000.

[Signature] Date 1/11/08
Construction Official

PAYMENTS (Office Use Only)	
Building	<u>620.00</u>
Electrical	<u>340</u>
Plumbing	<u>630</u>
Fire Protection	<u>50</u>
Elevator Devices	
Other	
DCA State Permit Fee	<u>345</u>
Cert. of Occupancy	<u>52.1</u>
Other	
Total	<u>6995</u>
Check No.	<u>02397-63396</u>
Cash	
Collected by	<u>[Signature]</u>

(see reverse side)

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

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 work installed conforms with the requirements of the Uniform Construction Code.

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. Radon Inspection
 5. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

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

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



CONSTRUCTION PERMIT

Date Issued 1/11/08
Permit # 2008-023

IDENTIFICATION, Block	128	Lot	32.01	Qualification Code	
Work Site Location	2480 Lawrence Ave Vancouver				
Owner in Fee	K. Hovanson Homes				
Address	1 McBryde Rd N. Coquitlam				
Tel.	(973) 857 2175				
	Lic. No. or Bldrs. Reg. No. 201185037				

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

New Lane

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	\$
525,000.	

1/11/08

Construction Official

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	5209
Electrical	340
Plumbing	530
Fire Protection	50
Elevator Devices	
Other	2
DCA State Permit Fee	345
Cert. of Occupancy	521
Other	
Total	6995
Check No.	01397-6339
Cash	
Collected by	

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

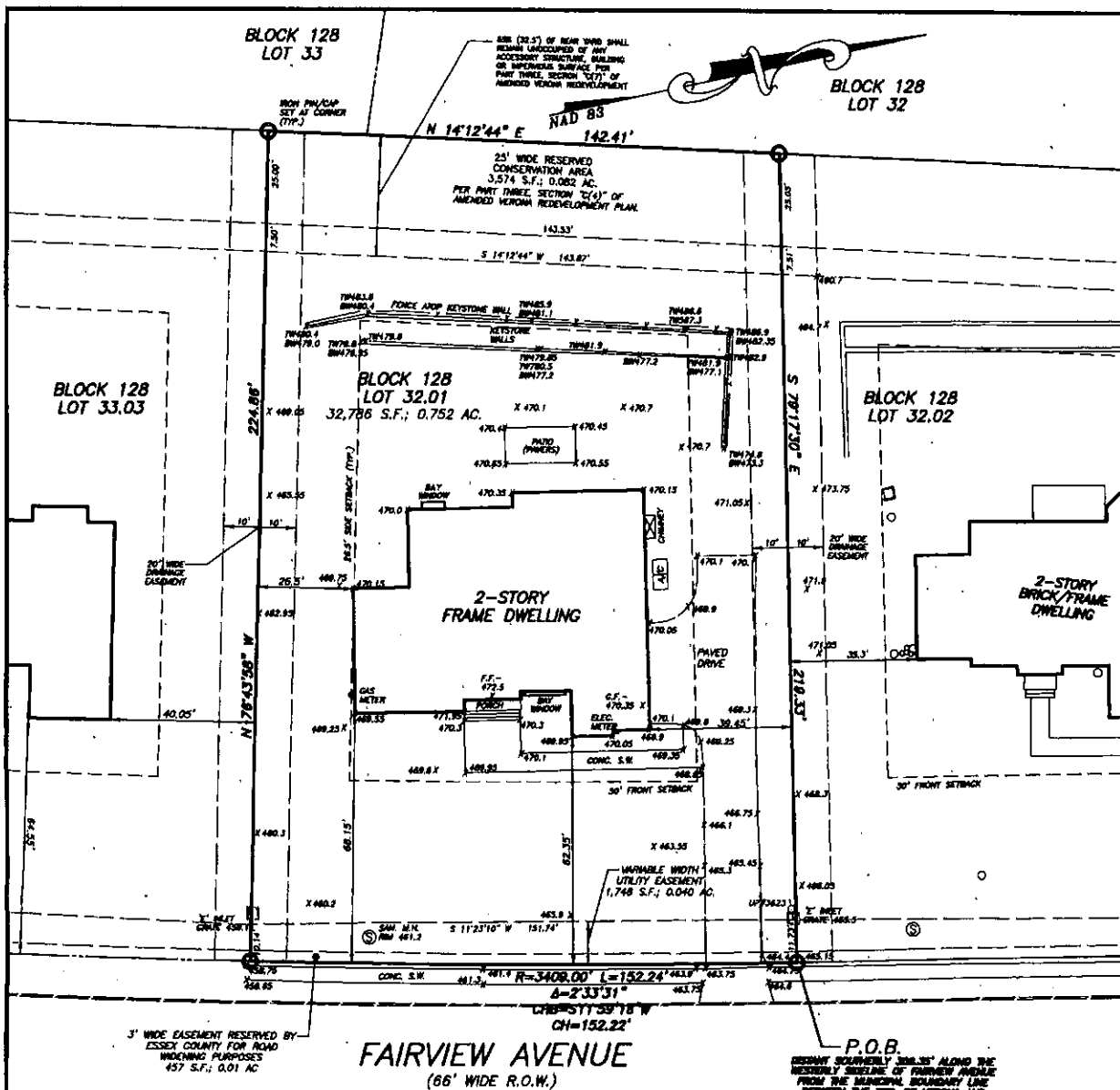
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. Radon Inspection
5. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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



NOTES:

1. THIS SURVEY IS PREPARED FOR THE INDIVIDUALS IN THE TITLE AND/OR THE CERTIFICATIONS. THE UNDERSIGNED WILL NOT BE RESPONSIBLE FOR ANY ASSIGNMENT OF THIS SURVEY TO ANY PERSON NOT SO NAMED.
2. SUBJECT TO SUCH FACTS THAT AN ACCURATE TITLE SEARCH MAY DISCLOSE.
3. SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD.
4. UNDERGROUND UTILITIES ARE APPROXIMATELY DEPICTED BASED ON AVAILABLE INFORMATION WHERE PROVIDED TO CMX. THE APPROPRIATE UTILITY AUTHORITY SHOULD BE CONTACTED TO VERIFY THE PRESENCE OR ABSENCE OF UTILITIES PRIOR TO EXCAVATION.
5. THIS SURVEY IS ONLY VALID WHEN EMBOSSED SEAL IS AFFIXED.
6. KNOWN AS #256 FAIRVIEW AVENUE.

DESCRIPTION:

BEING KNOWN AND DESIGNATED AS LOT 32.01 IN BLOCK 128 AS SHOWN ON "FINAL SUBDIVISION PLAT, HILLTOP AT ESSEX COUNTY, PARCEL 1-VERONA, BLOCK 128 LOTS 32 AND 33, TOWNSHIP OF VERONA, ESSEX COUNTY, NEW JERSEY", FILED IN THE ESSEX COUNTY CLERK'S OFFICE ON DEC. 8, 2006 AS MAP #4496.

I HEREBY CERTIFY THAT I AM A PROFESSIONAL LAND SURVEYOR LICENSED TO PRACTICE IN THE STATE OF NEW JERSEY, AND THAT THIS PLAN IS BASED ON AN ACTUAL FIELD SURVEY PERFORMED UNDER MY IMMEDIATE SUPERVISION. I FURTHER DECLARE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF, THAT THIS PLAN IS A CORRECT AND ACCURATE REPRESENTATION OF CONDITIONS EXISTING AS OF THIS DATE HEREOF.

CERTIFICATIONS:

~K. HOVNANIAN

FINAL SURVEY BLOCK 128 - LOT 32.01

TOWNSHIP OF VERONA ESSEX COUNTY NEW JERSEY

GLEN J. LLOYD

PROFESSIONAL LAND SURVEYOR, N.J. LIC. No. GS37598

NOTICE-

THIS DRAWING AND ALL INFORMATION CONTAINED HEREIN IS AUTHORIZED FOR USE ONLY BY THE PARTY FOR WHOM THE WORK WAS CONTRACTED OR TO WHOM IT IS CERTIFIED. THIS DRAWING MAY NOT BE COPIED, REUSED, DISCLOSED, DISTRIBUTED OR RELIED UPON FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN CONSENT OF CMX.

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0203705\F-FINAL-SURVEY-P1

REVISED: 11-3-08 STREET ADDRESS



CMX

Cert. Of Authorization 24QA27926200

20 WATERVIEW BOULEVARD

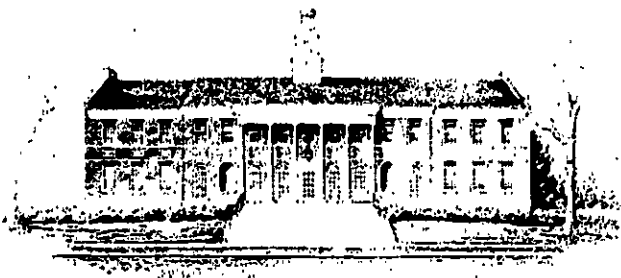
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TEL (973)299-7970 FAX (973)334-5588

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SCALE 1" = 30'	DATE 10/17/2008	DRAWN BY PFF	DESIGNED BY PFF	PROJECT NO 020370526	CHECKED BY GJL
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Township of Verona

880 Bloomfield Avenue
Verona, New Jersey 07044

OFFICE OF THE CONSTRUCTION OFFICIAL

Telephone: (973) 857-4834 Fax: (973) 857-5134

Building Subcode Comments:

Site Address: 256 248 Fairview Avenue
Block & Lot: 128/32.01
Date Received: October 22, 2007
Review Date: October 23, 2007
Reviewer: Glenn Hauser
Subcode: Building
Current Adopted Building Code: IRC 2006, NJ Edition

Application

COAH fee requirement

Description

Provide proposed sale price of home in letter form for COAH fee determination.

Code Section

IRC R301.1

Description

Indicate foundation and framing drawings for side and rear exterior door porches and steps.

IRC R301.1

Architect to indicate pre-engineered lumber on sealed plans, incorporate engineered drawings in architects set, or provide Architect-stamped approved engineered shop drawings.

IRC R301.1

Indicate room use designations for all spaces in finished basement. No sleeping rooms permitted without emergency egress windows as per code.

Reviewed by:

Glenn Hauser

Date

10/23/07

Building Subcode Official

The Township of Verona

TOWNSHIP OF VERONA

ASSESSOR'S OFFICE

880 Bloomfield Avenue, Verona, New Jersey 07044

Date: 1/7/2008

973-857-4837 • Fax 973-857-5134

To: Tom Jacobsen, Building Inspector

From: E.Romeo Longo, CTA, Municipal Tax Assessor

Re: C.O.A.H. (Council On Affordable Housing) Development Fee
Chapter 150 of the code of the Township of Verona
Adopted 12/19/2005 -- Ord. #22-05 (Amend.06/19/06)

Block: 128 Lot: 32.01

Location: 256 Fairview Avenue

The above captioned property requires PARTIAL collection of the Development Fee at the time permits are issued by the Building Department for the amount of:

*Amount \$ 6,000

The "Fee" is based upon an initial estimated assessment. The final assessment will be determined at project completion. Please notify the Assessor's Office once final inspections have been made by the Building Department.

Initial Estimated Equalized Assessment: \$ 1,200,000

1 percent (Residential) \$ 12,000

2 percent (Non-residential) (6% "D" Variance)

Final Equalized Assessment (based upon C/O or C/A)

1 percent (Residential) \$ -

2 percent (Non-residential) (6% "D" Variance)

Less: Initial Payment (50% @ time of permit) \$ (6,000)

**Final Amount due (At time C/O or C/A issued) \$ 6,000

*Predicated upon applicant providing appropriate plans & specs, hard & soft costs and any additional information that may be required. Copies of leases or asking rents must be provided. Value estimate is subject to change.

** Does not include Added Assessment (if any)

COAHFORM.XLS

pd
ck
1267
12/4/07



New Jersey ENERGY STAR® Homes

njenenergystarhomes.com

Builder Acknowledgement

For Tracking Number - #2216073 through 2216078

K. Hovnanian

Project: Hilltop at Essex

Models: 3601-60, 4007-60, 4495-66, 4566-65, 4698-69 and 5078-90

Electric Utility Supplier: PSE&G; Gas Utility Supplier: PSE&G

Number of Units - Single Family: 6; Multiple Single Family: _____, Multifamily: _____

This acknowledges that I have received and reviewed information on the New Jersey ENERGY STAR Homes ("Program"), and I intend to construct a qualifying residential building(s) at the location listed above in compliance with Program requirements. I understand that to qualify for Program certification and to receive Program financial incentives, I will submit all required documentation (including a signed EPA ENERGY STAR Partnership Agreement) and the construction will: 1) be consistent with the plans and specifications that I have submitted for this property and will incorporate the energy features recommended in the "Proposed Upgrade Package(s)" dated December 8, 2006 and 2) be verified as compliant with all requirements of the EPA ENERGY STAR Qualified New Homes Program and the New Jersey ENERGY STAR Homes Program, as determined by inspection and testing of the completed building(s) and review of all required documentation by representatives of the Program.

I acknowledge that the NJBPU reserves the right to terminate this agreement and to withdraw or modify this Program at any time. I also understand that all homes committed to under this agreement must be completed in accordance with timelines established by the NJ ENERGY STAR Homes Program and/or the EPA ENERGY STAR Program in order to remain eligible for program services and incentives offered by the Program at the time of this agreement.

I understand that all promotional activities, including press releases, media events, advertisements and on-site promotions that make reference to New Jersey ENERGY STAR Homes, must first be reviewed and approved by the NJBPU.

I also understand that participants in the New Jersey ENERGY STAR Homes Program are not eligible for independent participation in NJBPU Residential HVAC Rebate programs and the contractor/builder/subcontractor/homeowner shall not apply for, seek, or be entitled to, any such additional rebates.

THE NEW JERSEY BOARD OF PUBLIC UTILITIES MAKES NO GUARANTEE OR WARRANTY OF ANY KIND, WHETHER EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, THAT ANY PARTICULAR LEVEL OF ENERGY EFFICIENCY OR ENERGY CONSERVATION WILL BE ACHIEVED AS A RESULT OF THE INCORPORATION OF ANY DELINEATED MATERIALS, TECHNIQUES AND EQUIPMENT ITEMS IN THE CONSTRUCTION OF THE NEW RESIDENTIAL STRUCTURE, AND THE NJBPU SHALL HAVE NO LIABILITY TO BUILDER/HOMEOWNER OR TO ANY THIRD PARTY WITH RESPECT TO ANY DELINEATED MATERIALS, TECHNIQUES AND EQUIPMENT ITEMS.

I/we have read and agree to the above Program requirements, and I/we agree to have the building(s) inspected and certified based on the completed inspection(s).

Builder Name (please print): K. Hovnanian @ Hilltop LLC

Builder TIN/SS#: 20-1185057

Builder Signature: [Signature] Date: 5/7/07

Incentive Recipient (please print): _____

Incentive Recipient TIN/SS#: _____

Incentive Recipient Signature: _____ Date: _____

For Construction Code Official Use: The New Jersey Department of Community Affairs has determined that compliance with the standards of the New Jersey ENERGY STAR Homes Program meets or exceeds the requirements of the New Jersey Energy Subcode (N.J.A.C. 5:23-3.18), CABO-MEC 1995. The building design proposed above is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet both the New Jersey Energy Subcode requirements and the New Jersey ENERGY STAR Homes program.

Builder Signature: [Signature] Date: 5/7/07

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 128

Lot 32.01

Qualification Code

Work Site Location 56248 Parkway Ave

Contractor K. Horgan

Address

Owner in Fee K. Horgan

Address 1 Arbor Rd

Tel. (977) 8572175

Lic. No. or Bldrs. Reg. No. 037606

Tel. (977) 8572175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

New Single Family Home

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 \$ 325,000.00

[Signature] Date 1/11/08

Construction Official

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

OCS Printing (609) 398-4375

PAYMENTS (Office Use Only)

Building 5209

Electrical 340

Plumbing 530

Fire Protection 50

Elevator Devices

Other

DCA State Permit Fee 345

Cert. of Occupancy 521

Other

Total 6995

Check No.

Cash

Collected by

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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

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



CONSTRUCTION PERMIT

Date Issued

Permit #

31

IDENTIFICATION Block

128

Lot

32.01

Qualification Code

K. Horganian

Work Site Location

56998 Fairview Ave

Demolition

Owner in Fee

K. Horganian Urban

Address

1 Arbor Rd

07006

11, CAIDU, N.J.

Tel. (973) 857 2175

Tel. (973) 857 2175

Lic. No. or Bldrs. Reg. No. 037606

Contractor

Address

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW Single family Home

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 \$ 325,000.

Shady Oak Construction Official

Date

1/11/08

PAYMENTS (Office Use Only)

Building 5209
Electrical 340
Plumbing 530
Fire Protection 50
Elevator Devices
Other
DCA State Permit Fee 345
Cert. of Occupancy 521
Other
Total 6995
Check No.
Cash
Collected by

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

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

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



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 128 Lot 22.01 Qualification Code _____
 Work Site Location 56088 Foxwood Ave Contractor K. Hunsarian
101010101 Address _____
 Owner in Fee K. Hunsarian
 Address 1234 Main Rd
1111 Main Rd
 Tel. (973) 557-2175 Tel. (973) 557-2175 Lic. No. or Bldrs. Reg. No. 027126

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW Single Family Home

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 \$ 375,000.00

John J. (CA) 1/11/07
 Construction Official Date

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

OCS Printing (609) 398-4375

PAYMENTS (Office Use Only)

Building 5209
 Electrical 240
 Plumbing 570
 Fire Protection 50
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 345
 Cert. of Occupancy 521
 Other _____
 Total 6995
 Check No. _____
 Cash _____
 Collected by _____

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

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

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



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block

Work Site Location

128

Lot

32.01

Qualification Code

~~56998~~ Fairview Ave

Contractor K. Horgan

Address

Address

Owner in Fee

K. Horgan Urban

Address

1 BR bar 120

Tel.

(973) 8572175

Address

N. CAIDU. K11 07006

Lic. No. or Bids. Reg. No.

037606

Tel.

(973) 8572175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW Single Family Home

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 \$ 325,000.

Shady G. G.
Construction Official

1/11/08
Date

PAYMENTS (Office Use Only)

Building 5209

Electrical 340

Plumbing 530

Fire Protection 50

Elevator Devices

Other

DCA State Permit Fee 345

Cert. of Occupancy 521

Other

Total 6995

Check No.

Cash

Collected by

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

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

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2. Foundations and all walls up to grade level prior to back filling.
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☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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



LEGACY REPORT

21-31.01

Reissued December 1, 2003

ICC Evaluation Service, Inc.
www.icc-es.org

Business/Regional Office ■ 5380 Workman Mill Road, Whittier, California 90601 ■ (562) 699-0543
Regional Office ■ 900 Montclair Road, Suite A, Birmingham, Alabama 35218 ■ (205) 882-9800
Regional Office ■ 4051 West Flossmoor Road, Country Club Hills, Illinois 60478 ■ (708) 799-2905

Legacy report on the BOCA® National Building Code 1999

DIVISION: 05—METALS

Section: 05500—Metal Fabrications

EVALUATION SUBJECT:

"ZIP IT'S UP" ADJUSTABLE CLIP-ON COLUMN

MANUFACTURER:

AFCO MANUFACTURING CORPORATION
428 COGSHALL STREET
P.O. BOX 230
HOLLY, MI 48442

EVALUATION SCOPE

Compliance with the following code:

BOCA® National Building Code 1999

- Section 1604.1 Basic Requirements
- Section 1710.1 General
- Section 2203.1 General

Compliance with the following standard:

- AISC ASD-89 - *Specifications for Structural Steel Buildings-Allowable Stress Design, Plastic Design*

DESCRIPTION

The "Zip It's Up" Adjustable Clip-On Column is a steel-fabricated assembly used to transfer axial compressive loads from wood or steel beams to concrete footings. "Zip" columns are constructed of 11 gauge, 0.12-inch thick (3.0 mm) C-1010 HR carbon steel tubing manufactured in accordance with ASTM A513, with a minimum yield stress of 32 ksi (220 Mpa), or Schedule 40, 0.226-inch thick (5.7 mm) carbon steel pipe manufactured in accordance with ASTM A500 Grade B, with a minimum yield stress of 46 ksi (317 Mpa). The tube steel columns are available in 3-inch (76 mm) O.D., 3 1/2-inch (89 mm) O.D., or 4-inch (102 mm) O.D., 11 gauge steel. The pipe columns are available in 3-inch (76 mm) I.D. or 3 1/2-inch (89 mm) I.D. diameter Schedule 40. All columns are available in lengths ranging from 1 foot to 12 feet (305 to 3658 mm).

Attached to the lower end of the column is a screw jack assembly consisting of a bearing plate, a threaded stud, and a collar. The screw jack assembly allows the column to be adjusted up to 4 inches (102 mm) in length.

The steel bearing plate is 3 1/2 inches (89 mm) wide x 5 1/2 inches (140 mm) long and either 0.125-inch or 0.250-inch-thick (3.2 or 6.4 mm). The threaded stud is constructed from steel manufactured in accordance with ASTM A108, and the collar is constructed from steel manufactured in accordance with ASTM A576. The collar is 3/4-inch thick (19 mm) (for tube steel columns) or 1-inch thick (25 mm) (for Schedule 40 pipe columns) with a threaded hole for the stud.

Attached to the upper end of the column is either a 4-inch-wide by 8-inch-long by 1/4-inch-thick (102 by 203 by 6.4 mm) bearing plate for bolting or lagging to wood or steel beams, or a 5 1/4-inch or 6-inch-wide by 8-inch-long by 1/8-inch-thick (133 or 152 by 203 by 3.2 mm) clip cap ("T" shaped), which is bent around the lower flanges of steel beams, or a combination cap consisting of both of the above. The combination cap allows the column to either be bolted, clipped, or both to either wood or steel beams.

CONDITIONS OF USE

This report is limited to the applications and products as stated in this report. The ICC-ES Subcommittee on National Codes intends that the report be used by the code official to determine that the report subject complies with the code requirements specifically addressed, provided that this product is installed in accordance with the following conditions:

- The columns shall be fabricated and installed in accordance with this report and the manufacturer's installation instructions.
- Loading on the columns shall be limited to the concentric axial compressive loads shown in the tables contained in this report. Other loading conditions, such as, but not limited to, eccentric and tensile, are beyond the scope of this report.
- The tube steel columns are permitted to be installed either end up and shall be installed vertically with the bottom supported by a footing capable of supporting the imposed loads. After the column is adjusted to the desired length, the screw threads of tube steel columns shall either be encased in the concrete floor slab or one screw thread shall be damaged to one half its depth for a length of 1 1/2 inches with a cold chisel or screw driver to prevent vertical movement of the column after the final adjustment. The screw threads of Schedule 40 pipe columns shall be encased in the concrete floor slab, and therefore shall be installed with the screw end down.
- Tube steel columns installed without the screw jack assembly encased in concrete shall be limited to the design loads indicated in Table 1 of this report.
- Tube steel or Schedule 40 pipe columns installed with the screw jack assembly encased in concrete shall be limited to the design loads indicated in Tables 2 through 5 of this report. The screw jack assembly shall be completely encased in concrete. The concrete enclosing the screw jack assembly shall be designed to safely support all of the imposed loads from the collar to the concrete footing below.
- Connections of the column to the footing and the supported construction are beyond the scope of this report.
- The concrete footing shall be designed to support all of the imposed loads.

ICC-ES Legacy reports are not to be construed as representing aesthetics or any other attributes not specifically addressed, nor are they to be construed as an endorsement of the subject of the report or a recommendation for its use. There is no warranty by ICC Evaluation Service, Inc., express or implied, as to any findings or other matter in this report, or as to any products covered by the report.

- Maximum adjustment of the screw shall be 4 inches (102 mm). The columns shall be limited to the maximum lengths given in Tables 2 through 5 of this report.
- This report is subject to periodic re-examination. For information on the current status of this report, contact the ICC-ES.

ITEMS REQUIRING VERIFICATION

The following items are related to the use of "Zip" columns, but not within the scope of this evaluation. However, these items are related to the determination of code compliance:

- ✓ Design calculations and details for the building system verifying compliance with this report.
- ✓ Connections of the columns to both the footing and the supported construction.
- ✓ Design and construction of the footing and the structure supported by the column.
- ✓ Method of immobilizing the adjustable column.

APPLICATION FOR PERMIT

To aid in the determination of compliance with this report, the following represents the minimum level of information to accompany the application for permit:

- The language "See ICC-ES Legacy Report No. 21-31".
- Product manufacturer's name.
- The size and type of column(s) in accordance with the available sizes and types in Tables 1 through 5 of this report.
- Design calculations and details for the building system shall be furnished to the code official verifying compliance with this report. The individual preparing such documents shall be competent and qualified in the application of the structural

design principles involved, and shall possess the registration or license in accordance with the professional registration laws of the state in which the project is constructed. The calculations and details shall include, at a minimum, the following:

- Maximum design load to be supported by the column as determined by calculations.
- Allowable design load of the column in accordance with Tables 1 through 5 of this report.

INFORMATION SUBMITTED

- Project S.E.I. #91-841-A, dated July 19, 1991.
- Report No. 712100-G, dated December 14, 1987, and revised August 7, 1968, prepared by Detroit Testing Laboratory, Inc.
- TEC Report #38865-1, dated April 18, 2000, prepared, signed and sealed by James J. Lynch, P.E., Testing Engineers & Consultants, Inc.
- TEC Report #38865-2, dated August 2, 2000, prepared, signed and sealed by James J. Lynch, P.E., Testing Engineers & Consultants, Inc.
- TEC Report #38865-4, dated September 12, 2000, prepared, signed and sealed by James J. Lynch, P.E. and Kenneth D. Cummins, P.E., Testing Engineers and Consultants, Inc.

PRODUCT IDENTIFICATION

AFCO Manufacturing Corporation's "Zip It's Up" columns manufactured in accordance with this report shall be marked at the plant with manufacturer's name, diameter, thickness, allowable axial load, and model number along with the identifying language, "See ICC-ES Legacy Report No. 21-31."

This report is subject to re-examination in two years.

TABLE 1^{1,2,3,4} — ALLOWABLE AXIAL LOAD IN KIPS (kg)

Column Length in Feet	3" O.D. x 11 ga. (0.1196 in.)	3 1/2" O.D. x 11 ga. (0.1196 in.)	4" O.D. x 11 ga. (0.1196 in.)
6'-0" → 9'-0"	11.6 (5261)	15.28 (6929)	17.84 (8090)

Notes to Table 1:

1. Allowable loads are based on the ultimate tested values divided by a safety factor of 2.5.
2. Allowable loads assume that the screw jack assembly is NOT encased in concrete.
3. See also "Conditions of Use" contained in this report.
4. 1 Kip = 453.5924 kg; 1 foot = 304.8 mm.

TABLE 2^{1,2,3,4} — ALLOWABLE AXIAL LOAD IN KIPS

Column Length in Feet	3" O.D. x 11 ga. (0.1196 in.)	3 1/2" O.D. x 11 ga. (0.1196 in.)	4" O.D. x 11 ga. (0.1196 in.)
6	18.11	20.02	23.88
6.25	15.84	19.77	23.64
6.5	15.56	19.51	23.4
6.75	15.28	19.25	23.16
7	14.99	18.99	22.91
7.25	14.7	18.71	22.66
7.5	14.4	18.44	22.39
7.75	14.09	18.16	22.13
8	13.78	17.87	21.88
8.25	13.46	17.58	21.59
8.5	13.14	17.28	21.32
8.75	12.81	16.98	21.04
9	12.48	16.68	20.75

Notes to Table 2:

1. Allowable loads are based on structural calculations utilizing the allowable stresses within the AISC ASD.
2. Allowable loads assume that the screw jack assembly is encased in concrete in accordance with this report.
3. See also "Conditions of Use" contained in this report.
4. 1 Kip = 453.5924 kg; 1 foot = 304.8 mm.

21-31.01

Page 3 of 3

TABLE 3^{1,2,4} — ALLOWABLE AXIAL LOAD IN KIPS PIPE COLUMNS BEARING ON 2500 psi CONCRETE FOOTINGS

Column length in feet	3 in. (76 mm) I.D. Schedule 40	3-1/2 in. (89 mm) I.D. Schedule 40
1 - 11.25	33.7	33.7
11.5	33.3	33.7
11.75	32.4	33.7

Notes to Table 3:

1. Allowable loads are based on structural calculations utilizing the allowable stresses in accordance with AISC ASD.
2. Allowable loads assume that the screw jack assembly is encased in concrete in accordance with this report.
3. See also "Conditions of Use" contained in this report.
4. 1 Kip = 453.5924 kg; 1 foot = 304.8 mm.

TABLE 4^{1,2,4} — ALLOWABLE AXIAL LOAD IN KIPS PIPE COLUMNS BEARING ON 3000 psi CONCRETE FOOTINGS

Column length in feet	3 in. (76 mm) I.D. Schedule 40	3-1/2 in. (89 mm) I.D. Schedule 40
1 - 9.5	40.4	48.6
9.75	39.2	48.6
10	38.4	48.6
10.25	37.6	48.6
10.5	36.8	48.6
10.75	35.9	48.6
11	35.1	48.2
11.25	34.2	47.4
11.5	33.3	46.5
11.75	32.4	45.7

Notes to Table 4:

1. Allowable loads are based on structural calculations utilizing the allowable stresses in accordance with AISC ASD.
2. Allowable loads assume that the screw jack assembly is encased in concrete in accordance with this report.
3. See also "Conditions of Use" contained in this report.
4. 1 Kip = 453.5924 kg; 1 foot = 304.8 mm.

TABLE 5^{1,2,4} — ALLOWABLE AXIAL LOAD IN KIPS PIPE COLUMNS BEARING ON 4000 psi CONCRETE FOOTINGS

Column length in feet	3 in. (76 mm) I.D. Schedule 40	3-1/2 in. (89 mm) I.D. Schedule 40
1 - 6.5	48.6	48.6
6.75	48.0	48.6
7	47.4	48.6
7.25	46.7	48.6
7.5	46.0	48.6
7.75	45.3	48.6
8	44.6	48.6
8.25	43.9	48.6
8.5	43.1	48.6
8.75	42.4	48.6
9	41.6	48.6
9.25	40.8	48.6
9.5	40.0	48.6
9.75	39.2	48.6
10	38.4	48.6
10.25	37.6	48.6
10.5	36.8	48.6
10.75	35.9	48.6
11	35.1	48.2
11.25	34.2	47.4
11.5	33.3	46.5
11.75	32.4	45.7

Notes to Table 5:

1. Allowable loads are based on structural calculations utilizing the allowable stresses in accordance with AISC ASD.
2. Allowable loads assume that the screw jack assembly is encased in concrete in accordance with this report.
3. See also "Conditions of Use" contained in this report.
4. 1 Kip = 453.5924 kg; 1 foot = 304.8 mm.



LEGACY REPORT

2307A

Reissued March 1, 2004
Interim Revision July 1, 2004

ICC Evaluation Service, Inc.
www.icc-es.org

Business/Regional Office ■ 5360 Workman Mill Road, Whittier, California 90601 ■ (562) 899-0543
Regional Office ■ 900 Montclair Road, Suite A, Birmingham, Alabama 35213 ■ (205) 599-9800
Regional Office ■ 4051 West Flossmoor Road, Country Club Hills, Illinois 60478 ■ (708) 799-2305

The Subcommittee on Evaluation has reviewed the data submitted for compliance with the *Standard Building Code*®, the *International One and Two Family Dwelling Code*, and the *Florida Building Code - Building* and submits to the Building Official or other authority having jurisdiction the following report. The Subcommittee on Evaluation, ICC-ES and its staff are not responsible for any errors or omissions to any documents, calculations, drawings, specifications, tests or summaries prepared and submitted by the design professional or preparer of record that are listed in the Substantiating Data Section of this report. Portions of this report were previously included in SBCCI PST & ESI Evaluation Report #2307.

REPORT NO.: 2307A

EXPIRES: See the current EVALUATION REPORT INDEX

CATEGORY: MANUFACTURED COMPONENTS

SUBMITTED BY:

DIXIE-PACIFIC MANUFACTURING COMPANY, INC.
1700 WEST GRAND AVE.
GADSDEN, ALABAMA 35901
256-442-4513
800-468-5993
256-442-4794 (FAX)
www.dixie-pacific.com

1. PRODUCT TRADE NAME

DuraCast Fiberglass Columns

Licensee

Hartmann-Sanders
1700 W. Grand Avenue
Gadsden, Alabama 35901

2. SCOPE OF EVALUATION

- 2.1 Structural
- 2.2 Surface Burning Characteristics
- 2.3 Weather Resistance

3. USES

DuraCast Columns are used as exterior and interior columns both loadbearing and nonloadbearing on buildings of combustible construction.

4. DESCRIPTION

4.1 General

DuraCast Columns are hollow spuncast Fiber-Reinforced Polymer FRP composite columns produced for both exterior use and interior use. The columns are round cross sections with plain or fluted surfaces. The round columns are tapered toward the top of the column and the wall thickness varies. The columns are produced in nominal sizes of 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, and 30 inch diameter. Structural load bearing columns are limited to the sizes and lengths shown in Table 1. Non-load bearing columns may be any size and length produced. Column caps and bases are available in various styles. Dimensions of columns are shown in the manufactures literature.

DuraCast Columns are architectural columns used on the interior of combustible buildings where a Class A, B, or C Interior finish rating is required by the applicable Code.

4.2 Structural

The DuraCast columns were tested for structural gravity loads applied axial. Allowable design capacities of the columns with concentric and eccentric load conditions were determined. Allowable design loads for axial capacity and maximum eccentricity are show in Table 1.

4.3 Surface Burning Characteristics

DuraCast Columns at a nominal 1/4 inch thickness was tested for surface burning characteristics under ASTM E 84 and demonstrated FSI of less than 25 and an SDI of less than 450 which is a Class A Interior Finish Rating.

4.4 Weather and Temperature Resistance

DuraCast columns material was subjected to accelerated weathering using the 2000 hour ASTM G153 test procedure. This test revealed no significant loss of strength due to weathering.

DuraCast columns material was subjected to and tested at extreme temperatures, -30°F to 130°F. This test revealed no significant loss of strength at these extreme temperatures.

4.5 Decay and Termite Resistance

DuraCast column material was subjected to ASTM G21, Fungi Resistance test, ASTM D3273, Mildew Resistance test, ASTM D570 Moisture Resistance test and ASTM D3345, Termite Resistance test procedures.

ICC-ES legacy reports are not to be construed as representing aesthetics or any other attributes not specifically addressed, nor are they to be construed as an endorsement of the subject of the report or a recommendation for its use. There is no warranty by ICC Evaluation Service, Inc., express or implied, as to any finding or other matter in this report, or as to any product covered by the report.

4.6 Fasteners

DuraCast column material was subjected to ASTM D6117 fastener withdrawal using a No. 6 by 1-1/4 inch coarse thread, black oxide finish, steel wood screw. The screws shall have an allowable pullout capacity of 47 pounds (209 N) without pilot hole and 64 pounds (284 N) with pilot hole.

4.7 Quality Assurance

Quality assurance is provide by MME, Suwanee, GA.

5. INSTALLATION

5.1 General

DuraCast Columns are installed in accordance with the manufacturer's published installation instructions and this report.

The manufacturer's published installation instructions and this report shall be strictly adhered to and a copy of these instructions shall be available at all times on the job site during installation.

The instructions within this report govern if there are any conflicts between the manufacturer's instructions and this report.

5.2 Structural Load Bearing Columns

Structural load bearing columns are limited to the sizes and lengths shown in Table 1 below. The columns resist gravity loads only.

Design loads shall be determined using Chapter 16 of the *Standard Building Code*® and shall not exceed the loads shown in Table 1 below. The design values are applicable for temperatures not exceeding 130°F. The columns shall be designed to resist gravity axial loads only and shall not be designed to resist wind uplift, transverse or bending moment loads.

Structural design calculations shall be submitted to the code official when applying for a permit. The calculations shall be signed, sealed and dated by a registered professional engineer when required by the Code.

5.3 Non-Load Bearing Columns

DuraCast Columns may be installed as non-load bearing columns. Non-load bearing columns may be any size and length produced for architectural appearance around structural supports.

TABLE 1
ALLOWABLE LOADS
DURACAST COLUMNS

Column Type and Nominal Size (in)	Maximum Length (ft-in)	Allowable Load (lbs) Concentric	Eccentric Loadings	
			Maximum "e" (in)	Allowable Load (lbs)
6 - Round	8-0	13,720	1	7,000
8 - Round	10-0	10,000	1-3/4	7,800
10 - Round	12-0	15,640	2-1/4	9,480
12 - Round	16-0	40,400	3-3/8	16,080
14 - Round	16-0	35,480	4-1/4	11,960
16 - Round	20-0	24,720	4-1/4	9,040
18 - Round	20-0	65,160	4-1/4	22,280
20 - Round	24-0	80,000	4-1/4	24,000

Table 1 Notes:

1. SI Units conversion; 1 in. = 25.4 mm, 1 ft = 0.3 m, 1 lbf = 4.5 N.
2. Columns include plain surface only.
3. Maximum "e" (in) is eccentricity measured in inches from the center line of the top of the column. Eccentric loaded columns assume a nominal 4 inch wide wood member installed with edge of wood on outside face of column.
4. Allowable loads applicable for shorter length columns of the same nominal diameter version.

6. SUBSTANTIATING DATA

- 6.1 Manufacturer's descriptive literature, specifications, engineering drawings, and installation instructions.
- 6.2 Test reports, structural eccentric load testing, Cerny & Ivey Engineers, Inc., Report No. 22306, dated November

20, 2002, signed by Phillip B. Plyer, and signed and sealed by Robert N. Kenney, P.E.

- 6.3 Test reports, structural concentric load testing, Cerny & Ivey Engineers, Inc., Report No. 22306-1, dated November 20, 2002, signed by Phillip B. Plyer, and signed and sealed by Robert N. Kenney, P.E.

- 6.4 Test reports, structural concentric load testing, Cerny & Ivey Engineers, Inc., Revision to Report No. 22306-1, dated December 30, 2002, signed by Phillip B. Plyer, and signed and sealed by Robert N. Kenney, P.E.
- 6.5 Test reports, structural Eccentric load testing, Cerny & Ivey Engineers, Inc., Report No. 22306-2, dated December 24, 2002, and revised January 24, 2003, signed by Phillip B. Plyer, and signed and sealed by Robert N. Kenney, P.E.
- 6.6 Report summarizing both eccentric and concentric load testing, Cerny & Ivey Engineers, Inc., letter summarizing Report No. 22306, 22306-1 and 22306-2, dated December 30, 2002, signed by Phillip B. Plyer, and signed and sealed by Robert N. Kenney, P.E.
- 6.7 Test reports on surface burning characteristics under ASTM E 84, SGS U.S. Testing Company, Inc., Report No. 167356, dated April 25, 2002, signed by Brian Ortega and Greg Banasky.
- 6.8 Test reports on surface burning characteristics under ASTM E 84, SGS U.S. Testing Company, Inc., Report No. 166274, dated March 21, 2002, signed by Brian Ortega and Greg Banasky.
- 6.9 Test reports on physical properties, Metals & Materials Engineers, Report No. 10918, dated November 14, 2002, signed by Scott Lowrie, P.E. and Ralph Bowman, P.E.:
 - Accelerated Weathering under ASTM G153;
 - Thermal Characterization - Charpy, ASTM D256;
 - Thermal Characterization - Flexure, ASTM D790;
 - Thermal Expansion, ASTM D696;
 - Flexural Properties, ASTM D790;
 - Compression Testing, ASTM G695;
 - Fastener Withdrawal, ASTM D6117;
 - Termite Resistance, ASTM D3345;
 - Mildew Resistance, ASTM D3273;
 - Fungi Resistance, ASTM G21;
 - Moisture Resistance, ASTM D570.
- 6.10 Test reports on compression strength, Metals & Materials Engineers,
 - Report No. 10514-B, dated November 19, 2002, signed by Scott Lowrie, P.E., and Barry Bennett, P.E.
- 6.11 Quality assurance manual, prepared by Metal & Materials Engineers (MME), dated November 18, 2002, signed by Scott Lowrie, P.E., and Aaron Woods.
- 6.12 Test reports, structural concentric and eccentric load testing, Cerny & Ivey Engineers, Inc., Report No. 23023, dated January 28, 2003, signed by Phillip B. Plyer, and signed and sealed by Robert N. Kenney, P.E.

7. CODE REFERENCES

Standard Building Code® - 1999 Edition

Section 103.7	Alternate Materials and Methods
Section 608	Type VI Construction
Section 803	Restrictions on Interior Finishes
Chapter 16	Structural Loads
Chapter 17	Structural Tests and Inspection

International One and Two Family Dwelling Code - 1998 Edition

Section 108	Alternate Materials and Systems
Section 301	Design Criteria
Section 318	Flame Spread and Smoke Developed

Florida Building Code 2001 - Building

Section 103.7	Alternate Materials and Methods
Section 608	Type VI Construction
Section 803	Restrictions on Interior Finishes
Chapter 16	Structural Loads
Chapter 17	Structural Tests and Inspection

8. COMMITTEE FINDINGS

The Subcommittee on Evaluation in review of the data submitted finds that, in their opinion, DuraCast Columns as described in this report conform with or are suitable alternates to that specified in the *Standard Building Code®*, the International One and Two Family Dwelling Code, and the Florida Building Code 2001 - Supplements thereto.

9. LIMITATIONS

- 9.1 This Legacy Evaluation Report and the installation instructions, when required by the code official, shall be submitted at the time of permit application.
- 9.2 The columns shall only be installed on buildings of Type VI combustible construction.
- 9.3 Structural design of the columns shall be in accordance with Section 5.2 above.
- 9.4 The columns have not been evaluated for use in High Velocity Hurricane Zones (Broward and Dade Counties) as covered in the Florida Building Code 2001 - Building.

10. IDENTIFICATION

Each DuraCast Columns covered by this report shall be labeled with the manufacturer's name and/or trademark, the SBCCI Public Safety Testing and Evaluation Services Inc. Seal or initials (SBCCI PST & ESI), and the number of this report for field identification.

11. PERIOD OF ISSUANCE

SEE THE CURRENT EVALUATION REPORT INDEX FOR STATUS OF THIS LEGACY EVALUATION REPORT.

For information on this report contact:
J. David Mussetwhite, P.E.
205/599-9800

Mulhall, Sean

From: Greg Mascera [gmascera@veronalaw.com]
Sent: Wednesday, July 30, 2008 1:39 PM
To: Caniglia, John; 'Jim Helb'
Cc: Mulhall, Sean; 'Paul Giblin, Esq'
Subject: RE: Easements

John

These versions are acceptable. Thanks for the good work.

Greg Mascera

From: Caniglia, John [mailto:JCaniglia@KHOV.COM]
Sent: Wednesday, July 30, 2008 11:39 AM
To: Greg Mascera; Jim Helb
Cc: Mulhall, Sean
Subject: Easements

Greg - per the vm that I just left you, I was advised that the easements had already been recorded so I revised them as Amended Easements & added a recital to that effect. The updated drafts are attached. Would appreciate your reviewing these as soon as you can. Thanks <<UTILITY EASEMENT.doc>> <<DRAINAGE 32.01 and 32.02.doc>>

Mulhall, Sean

From: Greg Mascera [gmascera@veronalaw.com]
Sent: Tuesday, July 29, 2008 6:14 PM
To: Caniglia, John; 'Jim Helb'; 'Paul Giblin, Esq'
Cc: Mulhall, Sean; Lipman, Joel; Fleming, Jeremiah
Subject: RE: Parcel 1 Verona - Proposed

John

I have reviewed the Drainage Easements, the Conservation Easement and the Utility Easement on behalf of the township and discussed the content with Jim Helb and Paul Giblin. Verona cannot agree to the indemnification language contained in the documents. I doubt the language would be enforceable because Verona has not executed the document and therefore has not agreed to any of the conditions imposed by the grantor (KHov). In any event, the township requires the language to be eliminated from the Drainage and Utility Easements.

Other modifications to the Drainage Easement are:

Paragraph Maintenance (b): the second "sentence" is not complete. The balance of the paragraph is not entirely clear.

(c) insert "to meet its" in front of "obligations" at the second line

Paragraph Reservation: replace "expressly reserves the right to" with "shall"

The Utility Easement document also contains the unacceptable indemnification language. The word "shall" should be inserted in place of "expressly" as set forth in comments to the drainage easement document above.

I will review the form of Deed and let you know my thoughts tomorrow.

Greg Mascera
973-239-2800

From: Caniglia, John [mailto:JCaniglia@KHOV.COM]
Sent: Tuesday, July 29, 2008 3:05 PM
To: Jim Helb; Greg Mascera
Cc: Mulhall, Sean; Lipman, Joel; Fleming, Jeremiah
Subject: Parcel 1 Verona - Proposed

Jim / Greg – attached is the proposed deed for the 6 lots on Fairview Avenue. In addition, the lots are encumbered by the conservation easement at the rear, a utility easement along the frontage & drainage easements. Copies of the easements are also attached – these have recently been recorded by our title company so I don't have the recording info yet.

This e-mail and any attachment(s) may contain legally privileged and confidential information. If you are not the intended recipient of this e-mail, any dissemination or copying of this e-mail and any attachment(s) is strictly prohibited. Thank you for your courteous cooperation.

12/10/2008

Mulhall, Sean

From: Caniglia, John
Sent: Friday, December 05, 2008 10:23 AM
To: Mulhall, Sean; Lipman, Joel; Fleming, Jeremiah
Cc: Whitney, Scott
Subject: RE: Verona Bldg Official

Attachments: RE: Easements; RE: Parcel 1 Verona - Proposed



RE: Easements . RE: Parcel 1 Verona
- Proposed...

Sean – attached are the e-mails approving re the easements, which he approved. The 1st e-mail states that he would get us comments on the deed – I don't have an e-mail approving the deeds or w/ any comments re the deeds. I will follow up w/ him.

This e-mail and any attachment(s) may contain legally privileged and confidential information. If you are not the intended recipient of this e-mail, any dissemination or copying of this e-mail and any attachment(s) is strictly prohibited. Thank you for your courteous cooperation.

From: Mulhall, Sean
Sent: Friday, December 05, 2008 9:47 AM
To: Caniglia, John; Lipman, Joel; Fleming, Jeremiah
Cc: Whitney, Scott
Subject: Verona Bldg Official

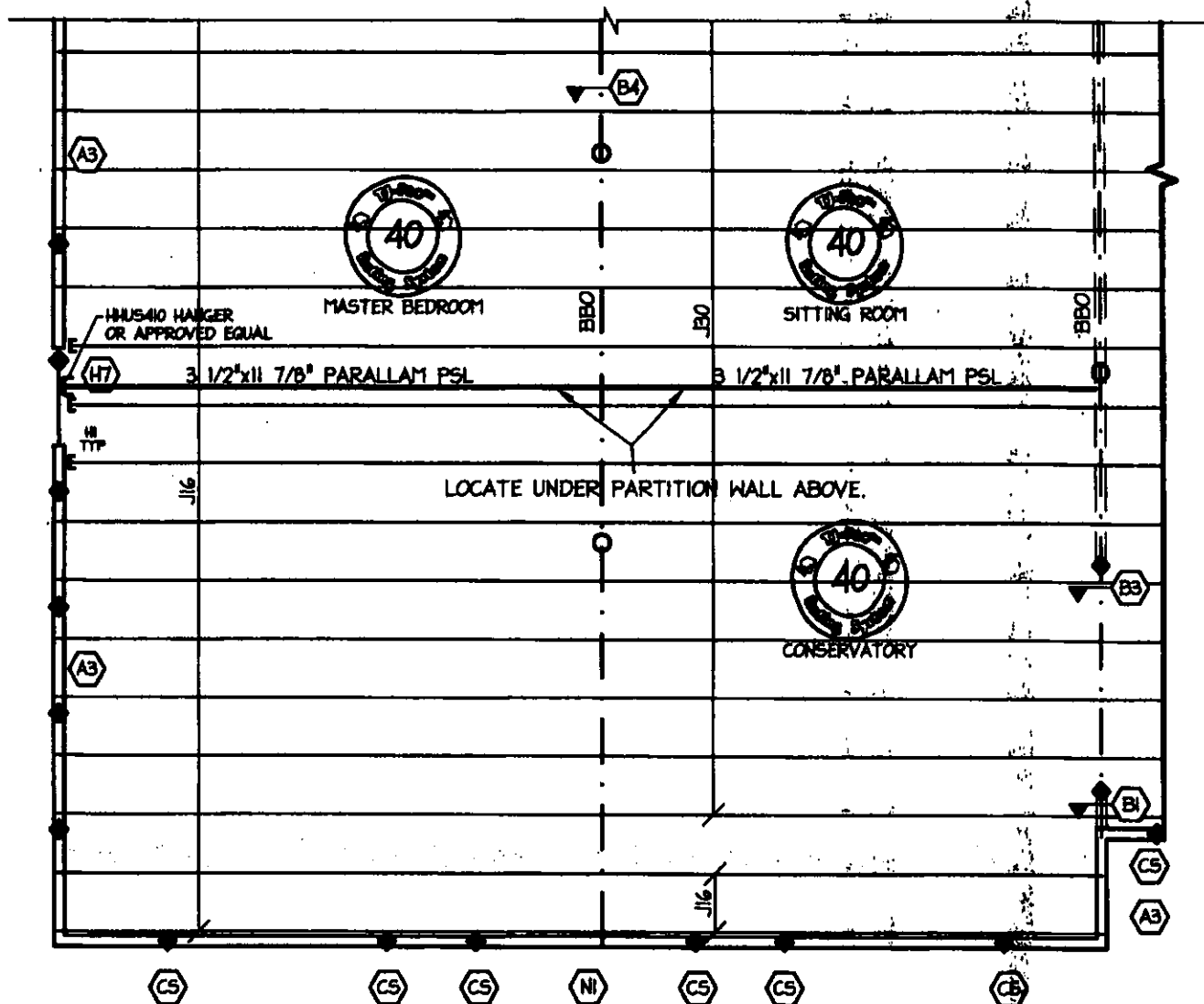
I met with Tom Jacobson yesterday . He is still holding up the perm CO's for the three closed homes . He wants to walk the rear wood line again with Jim Helb. The last time he walked it the work was not done . Joel, Jeremiah please confirm that clean up is complete . I would like to walk it this afternoon Ok ?

John

Tom is still bringing up the property deed format approval by PB atty , in addition to drainage deed format . I know you discussed and finalized with PB or Town atty . Is there anything in writing confirming this that I can show Tom ?

Temp CO's are going to expire and we need to get perm CO's

Thanks
Sean



1 ST FLOOR FRAMING PLAN **OPT. CONSERVATORY**

4495 MODEL
 256 FAIRVIEW AV.
 VERONA NJ

Added beam @
 Panther Way

BASED ON INFORMATION PROVIDED BY: **BILL TARCAIC**

71836

To: SAME		Prepared by: GEOFF McCLAIN	
Phone: 609-217-1063		Fax: 1-XXX-XXX-XXXX	
Lot: 32.61	Block: 128	Date: 11-12-08	TJ Job # 05-286
Project: K HOVNANIAN HILLTOP PARCEL #1 MANORS AT HILLTOP -WEST CALDWELL NJ			
FIRST Floor TJL Joist Type: 11 7/8" 230			
SAVED AS: XXXXX			



DETAIL
 PREPARED BY



NORTHEAST REGION

1000 Lincoln Drive East, Suite 3B, Marlton, N.J. 08053

PHONE: 800.678.8787

FAX: 056.985.9806

ROBERT A. KUSERK
 REGIONAL ENGINEER

N.J. PROFESSIONAL
 ENGINEER NO. 36011

Selecting the Proper Size

Step 1: Measure or calculate dimension **(A)** as shown in the detail on the right based on the site's grade conditions and foundation height.

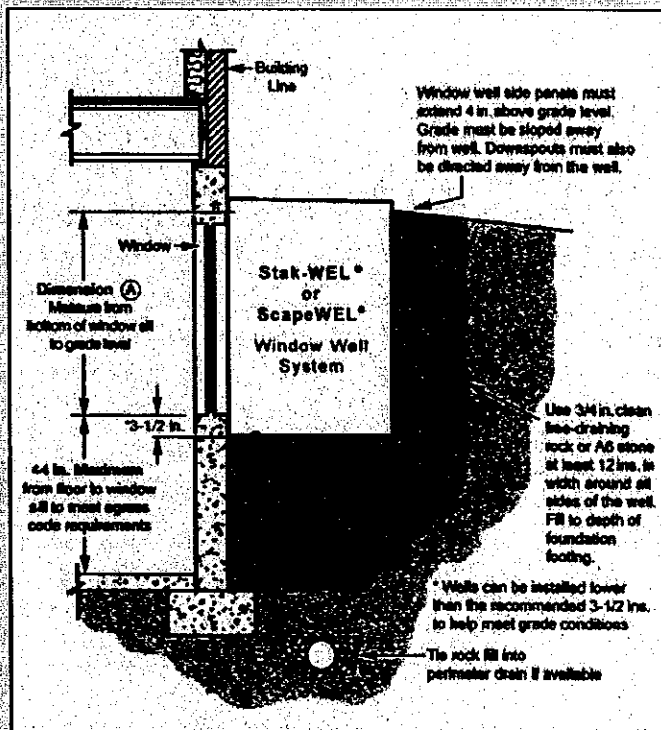
Step 2: Determine the required window well side panel height by performing this simple calculation:

$$\text{Required Side Panel Height} = \text{Dimension (A)} + 7\frac{1}{2}"$$

From the first column in the table below, select the closest side panel height that will meet the site conditions.

Step 3: Once the side panel height has been determined, read across and select the desired window width. With the window size selected, read across to select the proper window well and cover.

NOTE: Both StakWEL® and ScapeWEL® models satisfy building code requirements for emergency egress.



Standard Sizes and Model Numbers

Side Panel Height (Inches)	Window Width (Inches)	StakWEL® Window Well						ScapeWEL® Window Well					
		Model #	# of Modules	Inside Width (Inches)	Projection from Foundation (Inches)	Optional Dome Cover	Model #s		No. of Tiers	Inside Width (Inches)	Projection from Foundation (Inches)	Optional Cover	
							Well	Ext. Panel				Dome	Grate
48	36	stkwl-48D	3	48	40%	stkwl-48D	4048-42	X	2	42	41	4042C	CG1
	48						4048-54	X	2	54	41	4054C	CG2
	60						4048-66	X	2	66	41	4066C	CG3
62	36	stkwl-48D	4	48	40%	stkwl-48D	4862-42	X	3	42	49	4842C	CG4
	48						4862-54	X	3	54	49	4854C	CG5
	60						4862-66	X	3	66	49	4866C	CG6
62	36	stkwl-48D	5	48	40%	stkwl-48D	4862-42	3019-42	3	42	49	4842C	CG4
	48						4862-54	3019-54	3	54	49	4854C	CG5
	60						4862-66	3019-66	3	66	49	4866C	CG6

X - Not Available

Window Well Cover Options

Dome Cover

Limits the accumulation of snow, leaves and debris. Constructed of polycarbonate, this high impact cover is UV-resistant and designed for durability and long-life.

Grate Cover

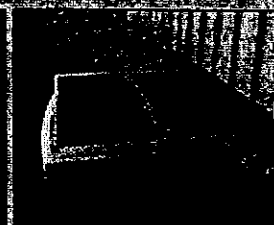
Limits the accumulation of leaves and debris while providing maximum ventilation. Cover grate is constructed of steel and protected with a baked on primer finish.



ScapeWEL Dome Cover



StakWEL Dome Cover



ScapeWEL Grate Cover
(Not available for StakWEL)

IMPORTANT: Check local building codes regarding window well egress standards & requirements.

STEP 1 Excavation

Prior to excavation: Document all underground utilities that may affect the installation of any window wells (e.g., gas, electric, sprinklers, etc.). Prior to bringing in machinery, verify equipment clearances.

Excavation: Excavate the area to allow adequate work space and clearance for the window well (2 feet minimum). Remove large rock and debris from the excavated area. Excavate below the window opening as required for proper sub-drainage (see following instructions regarding sub-drainage) and to provide clearance for window well side panels and vertical supports (see STEP 6). Verify local frost depth conditions to avoid heaving of the foundation.

Sub-Drainage: ScapeWEL is designed to drain directly into a free-draining rock bed established below the well. If a perimeter drainage system exists, it is best to tie the well drainage into this system by running a pipe extension up from the drain line to the base of the well. Once the window well has been installed, fill the bottom of the well with clean 3/4" free-draining rock. If a perimeter drain system does not exist, the area below the well should be excavated to the top of the footing and filled with clean 3/4" free-draining rock to obtain maximum drainage volume.

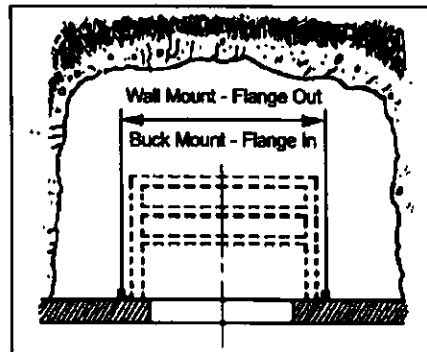


Figure 1

STEP 2 Foundation and Measurements

Foundation Preparation: Clean foundation substrate of dirt, debris, or excess concrete that would interfere with the Mounting Flange from having full contact with the foundation wall. Make sure that there is at least 4" of foundation material between fasteners and the window opening (see Figure 2).

Selecting the method of Wall Attachment: Each side panel is equipped with a universal mounting flange with pre-drilled keyholes for ease of installation. These versatile aluminum mounting flanges allow the window well to be attached directly to a foundation wall or metal window buck.

Wall Mount Flange Position: The mounting flanges are supplied from the factory in the position for direct anchoring to the concrete foundation wall (keyholes in flange are located to the outside of the window well).

Buck Mount Flange Position: In the Buck-mount position, mounting flanges are designed to accommodate manufactured metal window bucks with screw anchoring systems. To switch the flanges to the Buck-mount position (keyholes in flange are located to the inside of the window well), remove the screws that hold the keyhole angles to the panel channels, reverse the right and left angles (ensuring that "keyholes" are right-side-up) and reattach them to the pre-punched holes in the channel with the keyhole legs to the inside. (note: the Buck-mount flange position can also be used for wall mounting in retro-fit installations, eliminating the need to over-excavate).

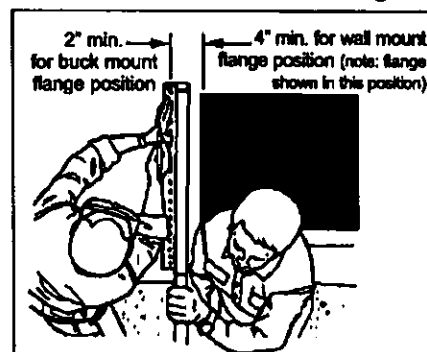


Figure 2

Measuring Anchor Hole Location for Attachment to the Foundation:

Horizontal Hole Measurements: The ScapeWEL window well should be centered on the window opening in the foundation. Measure and mark the center point of the window opening on the foundation. Using the table at right, find the dimension for the window well model and flange position that you are using. Center this dimension on the window opening center point and mark the end points on the foundation. Snap a plumb vertical line at these points with a chalk line.

Vertical Hole Location: Position top of well on the foundation at least four (4) inches above where the finished grade will be. In order for the window to open, the well must be positioned with the bottom of the cover notch in the side panels above the top of the opening window sash. If mounting the window well against an existing home in which the exterior siding is at or near grade, it may be necessary to build out from the foundation the width of the siding with treated lumber at least 5 1/2" wide (e.g., 1 x 6 or 2 x 6). The notch at the top of the side panels must be clear to allow for an optional cover (see STEP 3). It is essential that the anchor penetration be adjusted accordingly to ensure the required depth into the foundation.

Anchor Hole Location for Attachment to a Window Buck: For direct attachment to a window buck with back-out screws, convert the mounting flange to the Buck-Mount position as described above in this section and use the corresponding holes listed below.

Model Number	Horizontal anchor hole distance for foundation anchoring	
	Wall-Mount Flange Position	Buck-Mount Flange Position
4048-42	49-5/8"	40-7/8"
4048-54	61-5/8"	52-7/8"
4048-66	73-5/8"	64-7/8"
4862-42	49-5/8"	40-7/8"
4862-54	61-5/8"	52-7/8"
4862-66	73-5/8"	64-7/8"

Note: all measurements are the "B" marked holes.

"M" holes in flanges are for Monarch brand window bucks

"B" holes in flanges are for Boman-Kemp brand window bucks

Side panels should be attached to foundation wall or window buck before snapping on the step panels.

STEP 3 Side Panel Attachment

Wall or Buck Mount Configuration Mounted Directly to the Concrete: Keyholes marked "B" on the flanges will be used for both Wall-Mount flange position (key holes to the outside of the window well) or Buck-Mount flange position (key holes to the inside of the window well). Use a minimum of six (6) fasteners per Mounting Flange (12 per well) with (2) at the top and (2) at the bottom. (NOTE: Fasteners are not supplied with the window well. Fasteners must be designed for, and appropriate to, the wall material to which attachment will occur. The Mounting Flange holes are designed to accept a 1/4" (.250") diameter fastener. The method of attachment must be adequate to restrain earth loads imposed on the well.)

Embedment into the wall surface must be adequate to fully secure the fastener, but shall not be less than 1.5" penetration. Individual fasteners should have an ultimate load tensile capacity (pullout) of at least 1,800 pounds, or a working load tensile capacity of 450 pounds. Ultimate load shear capacity (bending) should be at least 1,700 pounds, or a working load shear capacity of 425 pounds (based on 3000 psi wall material). Wall materials less than 3000 psi may require deeper embedment to achieve required pullout and bending values. Seal/waterproof holes with an exterior grade structural adhesive when anchoring into hollow core masonry units. Attach a 12" horizontal brace under each side panel (see Figure 5). (Note: Brace not supplied with window well, use 2x4 or 2x6 lumber.)

Buck Mount Configuration Mounted to Metal Window Pouring Bucks with Back-Out Screws:

Use all back-out screws available on the buck. If the top and bottom holes extend above and below the buck use fasteners as indicated for wall mounting and secure the very top and the very bottom of the side panel flanges directly to the foundation wall. There must be a minimum of six (6) attachment points per flange including those provided on the window buck.

STEP 4 Attaching the Step Sections:

Step sections have open slots at each end which snap onto the protruding tabs located on the side panels. Push the step into the notches above the tabs (both sides at the same time), and force the step slots over the panel tabs until the step "snaps" into place (see Figure 3). Use (2) 2-1/2" long plated deck screws (four per step panel) to cross-pin the steps to the side panels at each step/side panel connection (see Figure 4) (Note: Screws not supplied with window well). Reference the pre-marked locations for cross pinning. This will ensure that the step will not detach during backfilling.

STEP 5 Assembly Bracing:

In addition to the horizontal side bracing mentioned in STEP 3, vertical bracing must be provided to prevent the well from pulling away from the foundation during backfilling. Use (2) wood T-braces measured to fit vertically from firm soil at the bottom of the excavated opening to where the bottom step attaches to the side panels (see figure 5).

In order for the optional cover to fit, the ScapeWEL window well must be installed within a one inch (1") overall tolerance. Proper cross bracing prior to backfilling will ensure that the well will be square. Using a 2 x 4 as a guide, add both diagonal measurements and divide by two to obtain the desired diagonal brace length. After cutting the first diagonal brace and placing it above the second step, recheck the second diagonal for length before cutting. The two 2 x 4 cross braces must be the same length. Place the second diagonal brace on top of the first (see Figure 5). (NOTE: Braces not supplied with window well, use 2 x 4 or 2 x 6 lumber.)

STEP 6 Backfilling:

If sandy soil exists, line the opening with a permanent barrier (such as house wrap) to restrict sand from washing into rock. **FAILURE TO PROPERLY BACKFILL WILL VOID WARRANTY**

OUTSIDE of Well: Backfill evenly by hand on all sides as the hole is filled in; Do not do one side at a time. Always use 3/4" clean free-draining rock or A6 stone completely around the well at least 12" in width to isolate the well from the earth. Fill area to within 4" of top step panel. This will keep window well movement to a minimum during cold weather freeze/thaw conditions and settling soil. Do not use expansive soils, frozen soils, material that has debris, or organic material.

INSIDE of Well: Place the free-draining rock in the bottom of the well to within 1" of the window sill as described in Step 1 (Sub-drainage). Make sure that the free draining rock fills the space directly under the side panels to the bottom of the excavation to provide additional support. Do not settle material around the well with water. Place planting soil or free draining rock between steps by hand. Note: Sides and steps are provided with a slight curvature that may straighten after backfilling which is normal and acceptable.

General Care and Maintenance:

The exposed surfaces can be cleaned with a mild nonabrasive cleaner and potable water. Follow manufacturer's limitations noted on the cleaner to make sure that polyethylene is an acceptable surface. ScapeWEL window wells are finished building product and must be protected from damage during the remaining construction process. All construction equipment must be kept 2 feet away from the well during construction.

Window Well Models:

Model	No. of Tiers	Inside Width	Projection From Foundation	Height* of Side Panels		Extension Model No.	Maximum Width of Opening		Optional Cover Models	
				Standard	With Extension		Wall Mount	Buck Mount	Dome	Metal Grate
4048-42	2	42"	41"	48"	X	X	42"	38"	4042C	CG1
4048-54	2	54"	41"	48"	X	X	54"	50"	4054C	CG2
4048-66	2	66"	41"	48"	X	X	66"	62"	4066C	CG3
4862-42	3	42"	49"	62"	81"	3019-42	42"	38"	4842C	CG4
4862-54	3	54"	49"	62"	81"	3019-54	54"	50"	4854C	CG5
4862-66	3	66"	49"	62"	81"	3019-66	66"	62"	4866C	CG6

* Side panels must extend 4" above grade level and 3-1/2" below the window sill



The Bilco Company
P.O. Box 1203
New Haven, CT 06505

Installation
Questions?

Call 1-800-854-9724
Monday - Friday 8:15 A.M. - 5:00 P.M. E.S.T.
or log on to www.bilco.com

MSC303 Rev. 9 062106

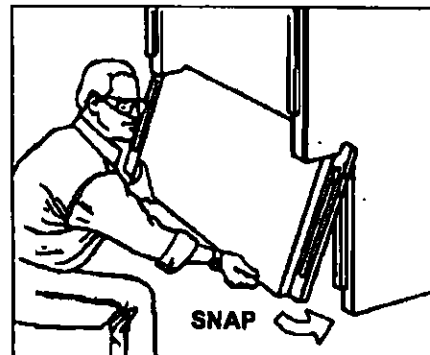


Figure 3

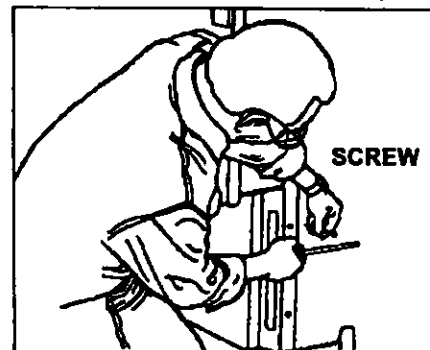


Figure 4

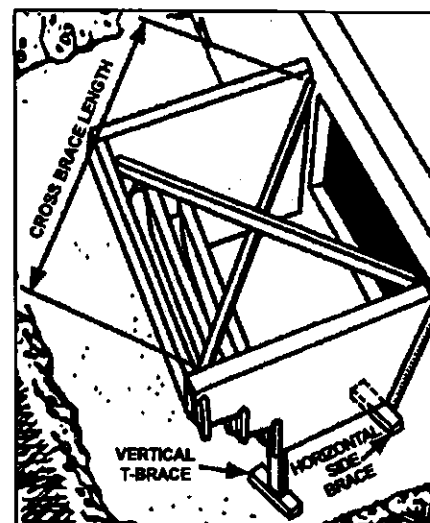


Figure 5

Read this manual before installing or operating this appliance.
Please retain this owner's manual for future reference.

Congratulations

Congratulations on selecting a Heatilator gas appliance—an elegant and clean alternative to wood burning appliances. The Heatilator gas appliance you have selected is designed to provide the utmost in safety, reliability, and efficiency.

Your new Heatilator gas appliance will give you years of durable use and trouble-free enjoyment. Welcome to the Heatilator family of appliances products!

As the owner of a new appliance, you'll want to read and carefully follow all of the instructions contained in this owner's manual. Pay special attention to all cautions and warnings.

This owner's manual should be retained for future reference. We suggest you keep it with your other important documents and product manuals.

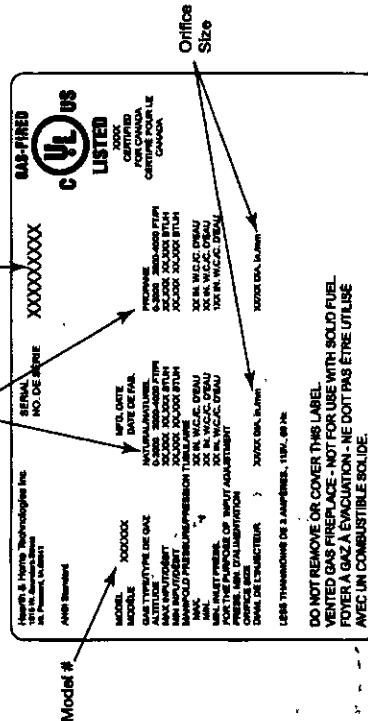
Homeowner Reference Information

We recommend that you record the following pertinent information about your appliance:

Model Name: _____ Date purchased/installed: _____
 Serial Number: _____ Location on appliance: _____
 Dealership purchased from: _____ Dealer phone: _____
 Notes: _____

Listing Label Information/Location

The model information regarding your specific appliance can be found on the rating plate located in the control area of the appliance.



E. Limited Lifetime Warranty

Heatilator

The first name in fireplaces

Gas Appliance (Fireplace) Limited Lifetime Warranty

HEARTH & HOME TECHNOLOGIES INC. ("HHT") extends the following warranty for HEATILATOR® gas appliances installed in the United States of America or Canada (the "Appliance"). Dealers and employees of HHT have no authority to make any warranty or authorize any remedies in addition to or inconsistent with the terms of this warranty.

Limited Lifetime Warranty

HHT warrants the Appliance for component failure due to a manufacturing defect of any of the following components: combustion chamber, burner assembly, gas valve, vent, direct vent chimney components, factory paint, gasket, pilot ignitor, thermopile, thermocouple, junction box, pilot assembly, shut-off valve, high limit switch, refractory liners, transformer, and control box. If the Heatilator Appliance is found to be defective in either material or workmanship within one year of the date of original installation, HHT will provide replacement parts at no charge and pay reasonable labor and freight costs, and is for the period of one year following the date of original installation of the Appliance.

1 Year Limited Warranty

HHT warrants the Appliance to be free from failure of any of the following components for a period of one year after installation: valve, flexible gas line connector, glass panel, fan, direct vent chimney components, factory paint, gasket, pilot ignitor, thermopile, thermocouple, junction box, pilot assembly, shut-off valve, high limit switch, refractory liners, transformer, and control box. If the Heatilator Appliance is found to be defective in either material or workmanship within one year of the date of original installation, HHT will provide replacement parts at no charge and pay reasonable labor and freight costs, and is for the period of one year following the date of original installation of the Appliance.

Conditions, Exclusions, & Limitations of Liability

- Both the Limited Lifetime and 1 Year Limited Warranties supplied by HHT apply only while the Appliance is in its location of original installation. HHT's obligation under this warranty does not extend to damages resulting from (1) fire, lightning, flood, vandalism, theft, or other causes; (2) installation or use of the Appliance in violation of local, state, or federal codes; (3) alterations, modifications, or repairs made by anyone other than HHT; (4) environmental conditions, inadequate ventilation or handling, improper operation, abuse, misuse, accident or unworkable repairs; (5) use of the Appliance for purposes other than those specified in the Operating Instructions; (6) use of the Appliance for purposes other than those specified in the Operating Instructions; (7) installation or use of components not supplied with the Appliance or any other components not expressly authorized and approved by HHT; and/or (8) modification of the Appliance not expressly authorized and approved by HHT. This warranty is limited to only the component parts manufactured or supplied by HHT.
 - HHT's liability under both the Limited Lifetime Warranty and the 1 Year Limited Warranty is limited to the replacement and repair of defective components or workmanship during the applicable period. HHT may fully discharge all of its obligations under such warranties by replacing the defective component(s) or at HHT's discretion, providing replacement parts at no charge and paying reasonable labor and freight costs.
 - EXCEPT TO THE EXTENT PROVIDED BY LAW, HHT MAKES NO EXPRESS WARRANTIES OTHER THAN THE WARRANTY SPECIFIED HEREIN. THE DURATION OF ANY IMPLIED WARRANTY IS LIMITED TO DURATION OF THE WARRANTY SPECIFIED ABOVE.
 - Some states do not allow exclusions or limitations of incidental or consequential damages, so those limitations may not apply to you. This warranty gives you specific rights; you may also have other rights which vary from state to state.
- How to Obtain Service**
To obtain service under this warranty you must:
- Send written notice of the claimed condition to Heatilator Technical Service Department, Hearth & Home Technologies, 1915 W. Standers Street, St. Louis, MO 63163. You may also register your claim online at www.heatilator.com.
 - Provide proof of purchase, model number, serial number, and manufacturing date code to HHT.
 - Provide HHT reasonable opportunity to investigate the claim, including reasonable opportunity to inspect the Appliance prior to any repair or replacement work and before the Appliance or any component of the Appliance has been removed from the place of original installation.
 - Obtain HHT's consent to any warranty work before the work is done.

ADDITIONAL INFORMATION:

If you would like information on current HEATILATOR products or want to locate a dealer in your area, call 1-800-927-8841.
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D. Optional Components

Part #	Description
DF-POR13-BK	Portfolio black decorative front
DF-POR13-BZ	Portfolio bronze decorative front
DF-POR17-BK	Portfolio black decorative front
DF-POR17-BZ	Portfolio bronze decorative front
DF-SAL33-BK	Salem black decorative front
DF-SAL33-BZ	Salem bronze decorative front
DF-SAL47-BK	Salem black decorative front
DF-SAL47-BZ	Salem bronze decorative front
WIK-ML3-HTL	Multi-function wall switch
RC-BAT-HTL	Remote control
RC-SMART-HTL	Remote control (requires 110V or pre-wiring)
SMART-BAT-HTL	Remote control
SMART-STAT-HTL	Multi-function remote: on/off, room temp, thermostat temp, timer
DCKVP-80	LP gas conversion kit
DCKVN-80	NG gas conversion kit
DCKVP-100	LP gas conversion kit
DCKVN-100	NG gas conversion kit
ICONDV-VSS	ICON vinyl soffit shield (required for horizontal venting on homes with vinyl siding)

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Note: An arrow (→) found in the text signifies change in content.

Listing and Code Approvals

A. Appliance Certification

MODELS: IDV4833IT, IDV4833ILT, IDV4833IH,
IDV4833ILH, IDV6247T, IDV6247ILT,
IDV6247IH, IDV6247ILH

LABORATORY: Underwriters Laboratories, Inc. (UL)

TYPE: Vented Gas Fireplace Heater

STANDARD: ANSI Z21.88-2005/CSA 2.33-2005-UL307B

C. BTU Specifications

ICON DV-Mesh	IDV4833	IDV6247
	IPI	
Max/Min Input Rate (NG)	48,000/33,500	59,000/40,000
Orifice Size (NG)	0.128	0.144
Max/Min Input Rate (LP)	48,000/35,500	56,000/41,500
Orifice Size (LP)	0.079	0.086

D. High Altitude Installations

U.L. Listed gas appliances are tested and approved without requiring changes for elevations from 0 to 2000 feet in the U.S.A. and Canada.

When installing this appliance at an elevation above 2000 ft, it may be necessary to decrease the input rating by changing the existing burner orifice to a smaller size. Input rate should be reduced by 4% for each 1000 ft. above a 2000 ft. elevation in the U.S.A., or 10% for elevations between 2000 and 4500 ft in Canada. If the heating value of the gas has been reduced, these rules do not apply. To identify the proper orifice size, check with the local gas utility.

If installing this appliance at an elevation above 4500 ft (in Canada), check with local authorities.

⚠ WARNING

Do NOT use this appliance if any part has been under water. Immediately call a qualified service technician to inspect the appliance and to replace any part of the control system and any gas control which has been under water.

E. Non-Combustible Materials

Material which will not ignite and burn. Such materials are those consisting entirely of steel, iron, brick, tile, concrete, slate, glass or plasters, or any combination thereof.

Materials that are reported as passing ASTM E 136, Standard Test Method for Behavior of Materials in a Vertical Tube Furnace at 750° C, shall be considered non-combustible materials.

F. Combustible Materials

Materials made of or surfaced with wood, compressed paper, plant fibers, plastics, or other material that can ignite and burn, whether flame proofed or not, or whether plastered or unplastered shall be considered combustible materials.

B. Glass Specifications

Health & Home Technologies appliances manufactured with tempered glass may be installed in hazardous locations such as bathtub enclosures as defined by the Consumer Product Safety Commission (CPSC). The tempered glass has been tested and certified to the requirements of ANSI Z97.1 and CPSC 16 CFR 1202 (Safety Glazing Certification Council (SGCC# 1595 and 1597, Architectural Testing, Inc. Reports 02-31919-01 and 02-31917-01).

This statement is in compliance with CPSC 16 CFR Section

201.5 "Certification and labeling requirements" which refers to 15 U.S. Code (USC) 2063 stating "...Such certificate shall accompany the product or shall otherwise be furnished to any distributor or retailer to whom the product is delivered."

Some local building codes require the use of tempered glass with permanent marking in such locations. Glass meeting this requirement is available from the factory. Please contact your dealer or distributor to order.

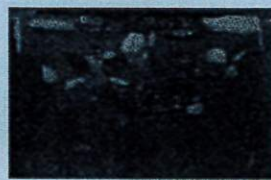
Note: This installation must conform with local codes. In the absence of local codes you must comply with the **National Fuel Gas Code, ANSI Z223.1**-latest edition in the U.S.A. and the **CAN/CGAB149 Installation Codes** in Canada.

NOT INTENDED FOR USE AS A PRIMARY HEAT SOURCE. This appliance is tested and approved as either supplemental room heat or as a decorative appliance. It should not be factored as primary heat in residential heating calculations.

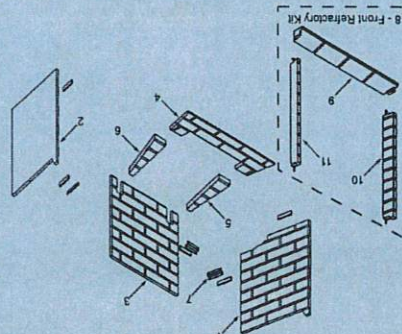
ADV6247 SERIES

Service Parts

4042-016	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-016	4042-016	1	Left Side Rectangular Panel	2023-01-16	4042-016	
4042-017	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-017	4042-017	1	Right Side Rectangular Panel	2023-01-17	4042-017	
4042-018	Back Rectangular Panel	Rectangular Panel	1	EA	4042-018	4042-018	1	Back Rectangular Panel	2023-01-18	4042-018	
4042-019	Front Rectangular Panel	Rectangular Panel	1	EA	4042-019	4042-019	1	Front Rectangular Panel	2023-01-19	4042-019	
4042-020	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-020	4042-020	1	Left Hand Rectangular Panel	2023-01-20	4042-020	
4042-021	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-021	4042-021	1	Right Hand Rectangular Panel	2023-01-21	4042-021	
4042-022	Front Rectangular Panel	Rectangular Panel	1	EA	4042-022	4042-022	1	Front Rectangular Panel	2023-01-22	4042-022	
4042-023	Back Rectangular Panel	Rectangular Panel	1	EA	4042-023	4042-023	1	Back Rectangular Panel	2023-01-23	4042-023	
4042-024	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-024	4042-024	1	Left Side Rectangular Panel	2023-01-24	4042-024	
4042-025	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-025	4042-025	1	Right Side Rectangular Panel	2023-01-25	4042-025	
4042-026	Front Rectangular Panel	Rectangular Panel	1	EA	4042-026	4042-026	1	Front Rectangular Panel	2023-01-26	4042-026	
4042-027	Back Rectangular Panel	Rectangular Panel	1	EA	4042-027	4042-027	1	Back Rectangular Panel	2023-01-27	4042-027	
4042-028	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-028	4042-028	1	Left Hand Rectangular Panel	2023-01-28	4042-028	
4042-029	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-029	4042-029	1	Right Hand Rectangular Panel	2023-01-29	4042-029	
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4042-031	Back Rectangular Panel	Rectangular Panel	1	EA	4042-031	4042-031	1	Back Rectangular Panel	2023-01-31	4042-031	
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4042-033	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-033	4042-033	1	Right Side Rectangular Panel	2023-02-02	4042-033	
4042-034	Front Rectangular Panel	Rectangular Panel	1	EA	4042-034	4042-034	1	Front Rectangular Panel	2023-02-03	4042-034	
4042-035	Back Rectangular Panel	Rectangular Panel	1	EA	4042-035	4042-035	1	Back Rectangular Panel	2023-02-04	4042-035	
4042-036	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-036	4042-036	1	Left Hand Rectangular Panel	2023-02-05	4042-036	
4042-037	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-037	4042-037	1	Right Hand Rectangular Panel	2023-02-06	4042-037	
4042-038	Front Rectangular Panel	Rectangular Panel	1	EA	4042-038	4042-038	1	Front Rectangular Panel	2023-02-07	4042-038	
4042-039	Back Rectangular Panel	Rectangular Panel	1	EA	4042-039	4042-039	1	Back Rectangular Panel	2023-02-08	4042-039	
4042-040	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-040	4042-040	1	Left Side Rectangular Panel	2023-02-09	4042-040	
4042-041	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-041	4042-041	1	Right Side Rectangular Panel	2023-02-10	4042-041	
4042-042	Front Rectangular Panel	Rectangular Panel	1	EA	4042-042	4042-042	1	Front Rectangular Panel	2023-02-11	4042-042	
4042-043	Back Rectangular Panel	Rectangular Panel	1	EA	4042-043	4042-043	1	Back Rectangular Panel	2023-02-12	4042-043	
4042-044	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-044	4042-044	1	Left Hand Rectangular Panel	2023-02-13	4042-044	
4042-045	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-045	4042-045	1	Right Hand Rectangular Panel	2023-02-14	4042-045	
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4042-048	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-048	4042-048	1	Left Side Rectangular Panel	2023-02-17	4042-048	
4042-049	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-049	4042-049	1	Right Side Rectangular Panel	2023-02-18	4042-049	
4042-050	Front Rectangular Panel	Rectangular Panel	1	EA	4042-050	4042-050	1	Front Rectangular Panel	2023-02-19	4042-050	
4042-051	Back Rectangular Panel	Rectangular Panel	1	EA	4042-051	4042-051	1	Back Rectangular Panel	2023-02-20	4042-051	
4042-052	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-052	4042-052	1	Left Hand Rectangular Panel	2023-02-21	4042-052	
4042-053	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-053	4042-053	1	Right Hand Rectangular Panel	2023-02-22	4042-053	
4042-054	Front Rectangular Panel	Rectangular Panel	1	EA	4042-054	4042-054	1	Front Rectangular Panel	2023-02-23	4042-054	
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4042-056	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-056	4042-056	1	Left Hand Rectangular Panel	2023-02-25	4042-056	
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4042-061	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-061	4042-061	1	Right Side Rectangular Panel	2023-03-01	4042-061	
4042-062	Front Rectangular Panel	Rectangular Panel	1	EA	4042-062	4042-062	1	Front Rectangular Panel	2023-03-02	4042-062	
4042-063	Back Rectangular Panel	Rectangular Panel	1	EA	4042-063	4042-063	1	Back Rectangular Panel	2023-03-03	4042-063	
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4042-096	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-096	4042-096	1	Left Hand Rectangular Panel	2023-04-05	4042-096	
4042-097	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-097	4042-097	1	Right Hand Rectangular Panel	2023-04-06	4042-097	
4042-098	Front Rectangular Panel	Rectangular Panel	1	EA	4042-098	4042-098	1	Front Rectangular Panel	2023-04-07	4042-098	
4042-099	Back Rectangular Panel	Rectangular Panel	1	EA	4042-099	4042-099	1	Back Rectangular Panel	2023-04-08	4042-099	
4042-100	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-100	4042-100	1	Left Side Rectangular Panel	2023-04-09	4042-100	
4042-101	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-101	4042-101	1	Right Side Rectangular Panel	2023-04-10	4042-101	
4042-102	Front Rectangular Panel	Rectangular Panel	1	EA	4042-102	4042-102	1	Front Rectangular Panel	2023-04-11	4042-102	
4042-103	Back Rectangular Panel	Rectangular Panel	1	EA	4042-103	4042-103	1	Back Rectangular Panel	2023-04-12	4042-103	
4042-104	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-104	4042-104	1	Left Hand Rectangular Panel	2023-04-13	4042-104	
4042-105	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-105	4042-105	1	Right Hand Rectangular Panel	2023-04-14	4042-105	
4042-106	Front Rectangular Panel	Rectangular Panel	1	EA	4042-106	4042-106	1	Front Rectangular Panel	2023-04-15	4042-106	
4042-107	Back Rectangular Panel	Rectangular Panel	1	EA	4042-107	4042-107	1	Back Rectangular Panel	2023-04-16	4042-107	
4042-108	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-108	4042-108	1	Left Side Rectangular Panel	2023-04-17	4042-108	
4042-109	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-109	4042-109	1	Right Side Rectangular Panel	2023-04-18	4042-109	
4042-110	Front Rectangular Panel	Rectangular Panel	1	EA	4042-110	4042-110	1	Front Rectangular Panel	2023-04-19	4042-110	
4042-111	Back Rectangular Panel	Rectangular Panel	1	EA	4042-111	4042-111	1	Back Rectangular Panel	2023-04-20	4042-111	
4042-112	Left Hand Rectangular Panel	Rectangular Panel	1	EA	4042-112	4042-112	1	Left Hand Rectangular Panel	2023-04-21	4042-112	
4042-113	Right Hand Rectangular Panel	Rectangular Panel	1	EA	4042-113	4042-113	1	Right Hand Rectangular Panel	2023-04-22	4042-113	
4042-114	Front Rectangular Panel	Rectangular Panel	1	EA	4042-114	4042-114	1	Front Rectangular Panel	2023-04-23	4042-114	
4042-115	Back Rectangular Panel	Rectangular Panel	1	EA	4042-115	4042-115	1	Back Rectangular Panel	2023-04-24	4042-115	
4042-116	Left Side Rectangular Panel	Rectangular Panel	1	EA	4042-116	4042-116	1	Left Side Rectangular Panel	2023-04-25	4042-116	
4042-117	Right Side Rectangular Panel	Rectangular Panel	1	EA	4042-117	4042-117	1	Right Side Rectangular Panel	2023-04-26	4042-117	
4042-118	Front Rectangular Panel	Rectangular Panel	1	EA	4042-118	4042-118	1	Front Rectangular Panel	2023-04-27	4042-118	
4042-119	Back Rectangular Panel										



12 - Log/Grate Assembly



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 5 • FLOW REACTIVITY KIT

3

This exploded view diagram illustrates the assembly of a television set. The components are labeled as follows:

- Top Section:** Includes a horizontal bar (10), a vertical support (11), and a mounting bracket (12). A small component (13) is shown near the top right.
- Front Panel:** A large rectangular panel (14) is shown with a mounting bracket (15) and a small component (16).
- Internal Components:** A large rectangular component (17) is shown with a mounting bracket (18) and a small component (19).
- Bottom Section:** Includes a horizontal bar (20), a vertical support (21), and a mounting bracket (22). A small component (23) is shown near the bottom right.
- Other Components:** Various small components are labeled with numbers and letters, including 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

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See Gas Connection section for additional Commonwealth of Massachusetts requirements.

2 Getting Started

A. Design and Installation Considerations

Heattifier direct vent gas appliances are designed to operate with all combustion air siphoned from outside of the building and all exhaust gases expelled to the outside. No additional outside air source is required.

CAUTION

- Check building codes prior to installation.
- Installation MUST comply with local, regional, state and national codes and regulations.
- Consult insurance carrier, local building, fire officials or authorities having jurisdiction about restrictions, installation inspection, and permits.

When planning an appliance installation, it's necessary to determine the following information before installing:

- Where the appliance is to be installed.
- The vent system configuration to be used.
- Gas supply piping.
- Electrical wiring.
- Framing and finishing details.
- Whether optional accessories—devices such as a fan, wall switch, remote control, or heat zone kit—are desired.

WARNING

- Keep appliance dry.
- Mold or rust may cause odors.
- Water may damage controls.

B. Tools and Supplies Needed

Before beginning the installation be sure that the following tools and building supplies are available.

- Reciprocating saw
- Pliers
- Hammer
- Phillips screwdriver
- Flat blade screwdriver
- Plumb line
- Level
- Voltmeter
- Tape measure
- Non-corrosive leak check solution
- 1/2 - 3/4 in. length, #6 or #8 self-drilling screws

C. Inspect the Appliance and Components



WARNING

Inspect appliance and components for damage. Damaged parts may impair safe operation.

- Do NOT install damaged components.
 - Do NOT install incomplete components.
 - Do NOT install substitute components.
- Report damaged parts to dealer.

- Carefully remove the appliance and components from the packaging.
- The vent system components and trim doors are shipped in separate packages.
- The gas logs may be packaged separately and must be field installed.
- Report to your dealer any parts damaged in shipment, particularly the condition of the glass.
- Read all of the instructions before starting the installation. Follow these instructions carefully during the installation to ensure maximum safety and benefit.



WARNING

Hearth & Home Technologies disclaims any responsibility for, and the warranty will be voided by, the following actions:

- Installation and use of any damaged appliance or vent system component.
 - Modification of the appliance or vent system.
 - Installation other than as instructed by Hearth & Home Technologies.
 - Improper positioning of the gas logs or the glass trim.
 - Installation and/or use of any component part not approved by Hearth & Home Technologies.
- Any such action may cause a fire hazard.

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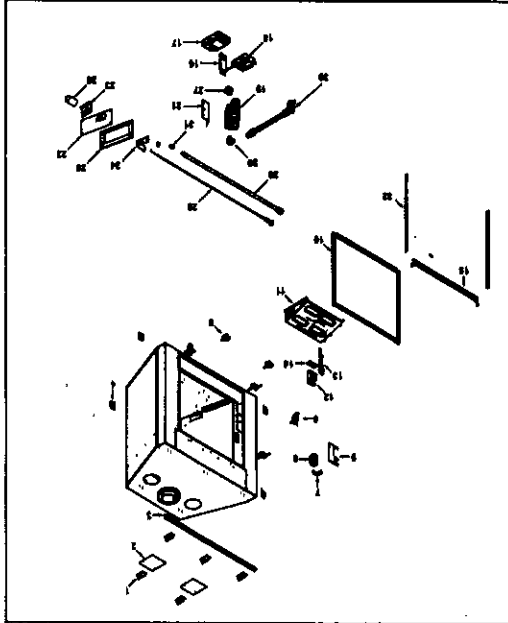
Service Parts

4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-341	4042-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IDV4833 SERIES

Service Parts

Part #	Part Description	Part #	Part Description	Part #	Part Description	Part #	Part Description	Part #	Part Description
1	Standard	2	Front Panel Assembly	3	Front Panel	4	Front Panel Mounting	5	Front Panel Mounting
6	Front Panel Mounting	7	Front Panel Mounting	8	Front Panel Mounting	9	Front Panel Mounting	10	Front Panel Mounting
11	Front Panel Mounting	12	Front Panel Mounting	13	Front Panel Mounting	14	Front Panel Mounting	15	Front Panel Mounting
16	Front Panel Mounting	17	Front Panel Mounting	18	Front Panel Mounting	19	Front Panel Mounting	20	Front Panel Mounting
21	Front Panel Mounting	22	Front Panel Mounting	23	Front Panel Mounting	24	Front Panel Mounting	25	Front Panel Mounting
26	Front Panel Mounting	27	Front Panel Mounting	28	Front Panel Mounting	29	Front Panel Mounting	30	Front Panel Mounting
31	Front Panel Mounting	32	Front Panel Mounting	33	Front Panel Mounting	34	Front Panel Mounting	35	Front Panel Mounting
36	Front Panel Mounting	37	Front Panel Mounting	38	Front Panel Mounting	39	Front Panel Mounting	40	Front Panel Mounting
41	Front Panel Mounting	42	Front Panel Mounting	43	Front Panel Mounting	44	Front Panel Mounting	45	Front Panel Mounting
46	Front Panel Mounting	47	Front Panel Mounting	48	Front Panel Mounting	49	Front Panel Mounting	50	Front Panel Mounting
51	Front Panel Mounting	52	Front Panel Mounting	53	Front Panel Mounting	54	Front Panel Mounting	55	Front Panel Mounting
56	Front Panel Mounting	57	Front Panel Mounting	58	Front Panel Mounting	59	Front Panel Mounting	60	Front Panel Mounting
61	Front Panel Mounting	62	Front Panel Mounting	63	Front Panel Mounting	64	Front Panel Mounting	65	Front Panel Mounting
66	Front Panel Mounting	67	Front Panel Mounting	68	Front Panel Mounting	69	Front Panel Mounting	70	Front Panel Mounting
71	Front Panel Mounting	72	Front Panel Mounting	73	Front Panel Mounting	74	Front Panel Mounting	75	Front Panel Mounting
76	Front Panel Mounting	77	Front Panel Mounting	78	Front Panel Mounting	79	Front Panel Mounting	80	Front Panel Mounting
81	Front Panel Mounting	82	Front Panel Mounting	83	Front Panel Mounting	84	Front Panel Mounting	85	Front Panel Mounting
86	Front Panel Mounting	87	Front Panel Mounting	88	Front Panel Mounting	89	Front Panel Mounting	90	Front Panel Mounting
91	Front Panel Mounting	92	Front Panel Mounting	93	Front Panel Mounting	94	Front Panel Mounting	95	Front Panel Mounting
96	Front Panel Mounting	97	Front Panel Mounting	98	Front Panel Mounting	99	Front Panel Mounting	100	Front Panel Mounting



Heatilator - ICON DV-IDV Series - 4042-575 - Rev 1 - 02008

3 Framing and Clearances

- Note:**
- Illustrations reflect typical installations and are FOR DESIGN PURPOSES ONLY.
 - Illustrations/diagrams are not drawn to scale.
 - Actual installation may vary due to individual design preference.

WARNING

Fire Risk

Provide adequate clearance:

- Around air openings.
- For service access.

Locate appliance away from traffic areas.

A. Select Appliance Location

When selecting a location for your appliance it is important to consider the required clearances to walls (See Figure 3.1).

Note: For actual appliance dimensions refer to Section 16.

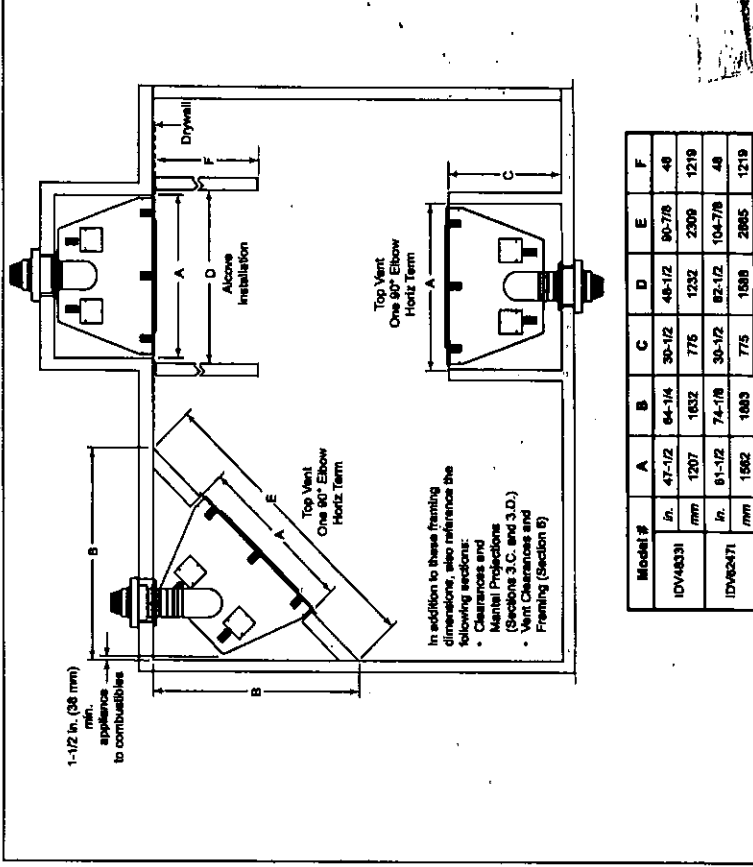


Figure 3.1 Appliance Location

Heatilator - ICON DV-IDV Series - 4042-575 - Rev 1 - 02008

B. Construct the Appliance Chase

A chase is a vertical boxlike structure built to enclose the gas appliance and/or its vent system. Vertical vents that run on the outside of a building may be, but are not required to be, installed inside a chase.

Construction of the chase may vary with the type of building. These instructions are not substitutes for the requirements of local building codes. Local building codes MUST be checked.

Chases should be constructed in the manner of all outside walls of the home to prevent cold air drafting problems. The chase should not break the outside building envelope in any manner.

Walls, ceiling, base plate and cantilever floor of the chase should be insulated. Vapor and air infiltration barriers should be installed in the chase as per regional codes for the rest of the home. Additionally, in regions where cold air infiltration may be an issue, the inside surfaces be sheetrocked and taped (or the use of an equivalent method) for maximum air tightness.

To further prevent drafts, the ceiling firestops should be caulked with high temperature caulk to seal gaps. Gas line holes and other openings should be caulked with high temperature caulk or stuffed with unfaced insulation. If the appliance is being installed on a cement slab, a layer of plywood may be placed underneath to prevent conducting cold up into the room.

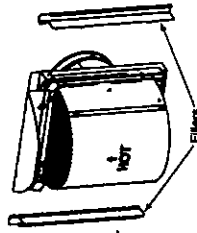
▲ WARNING



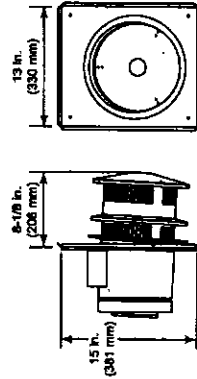
Fire Risk

- Construct chase to all clearance specifications in manual.
- Locate and install appliance to all clearance specifications in manual.

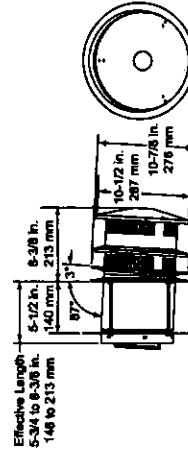
Vent Components Diagrams (con't)



DVP-TRAP to DVP-HPC Side Filler Kit



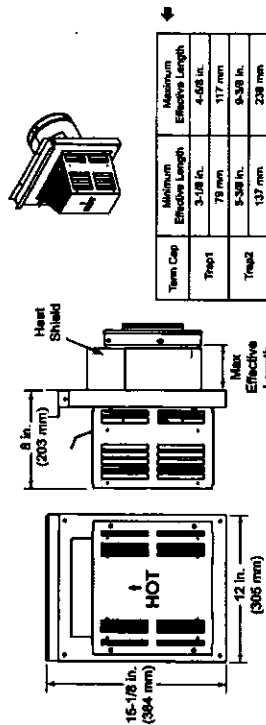
DVP-HRC-88



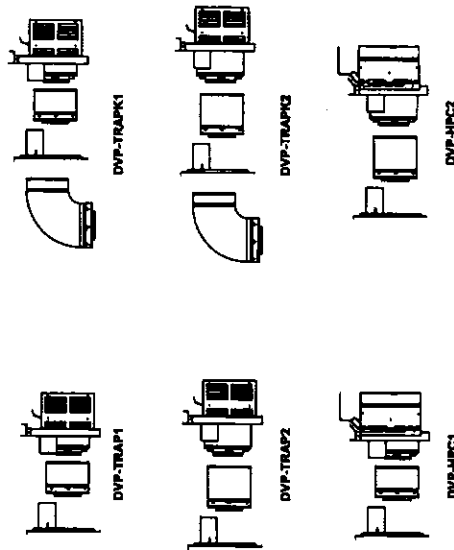
DVP-HRC-ZC-88

Vent Components Diagrams (con't)

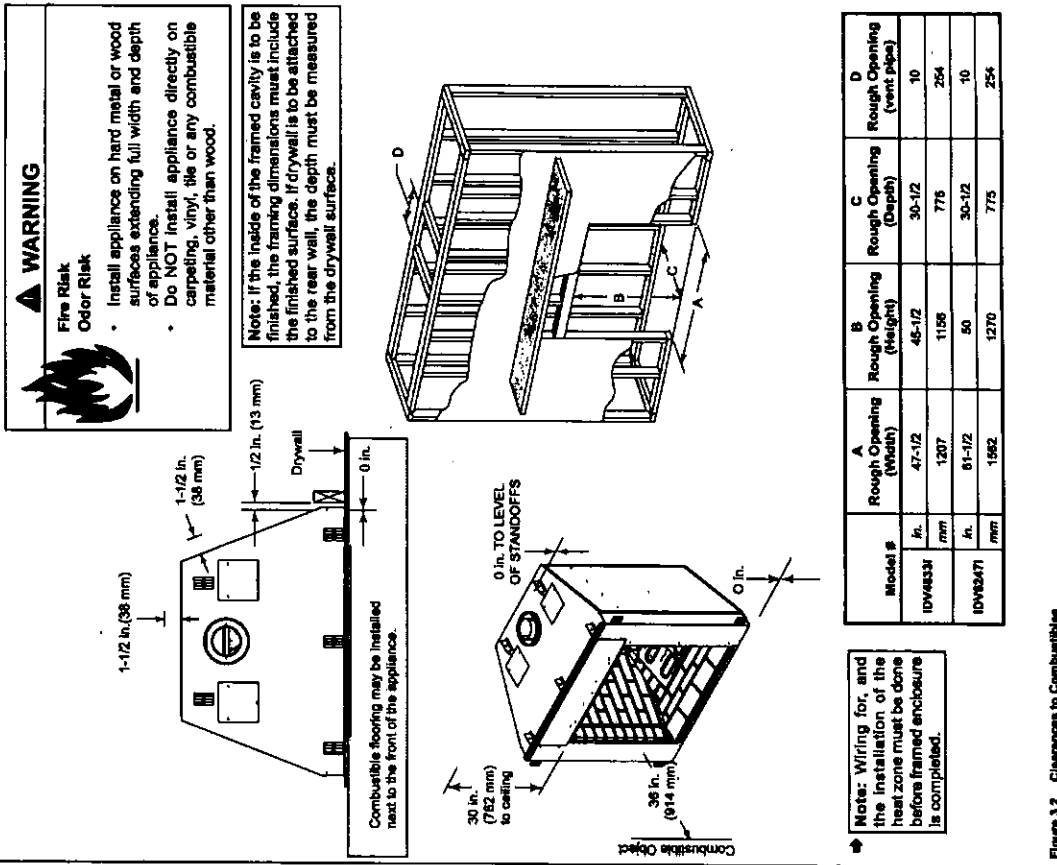
Note: Heat shields MUST overlap by a minimum of 1-1/2 in. (38 mm). The heat shield is designed to be used on a wall 4 in. to 7-1/4 in. (102 mm to 184 mm) thick. If wall thickness is less than 4 in. (102 mm) the existing heat shields must be field trimmed. If wall thickness is greater than 7-1/4 in. (184 mm) a DVP-HS4LB will be required.



DVP-TRAP Horizontal Termination Cap



C. Clearances



D. Mantel Projections

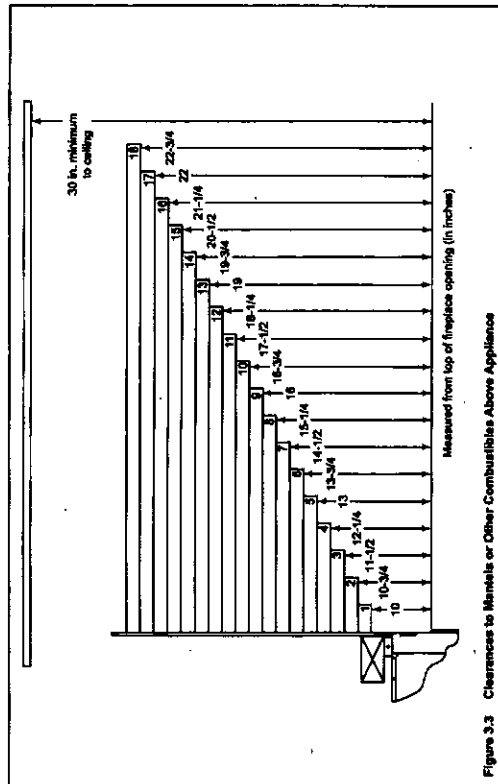
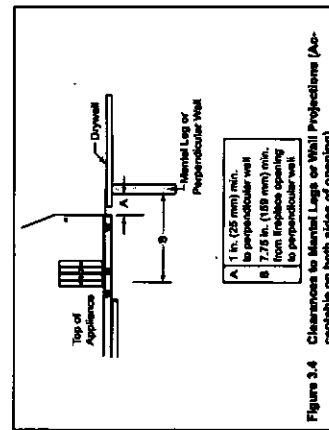
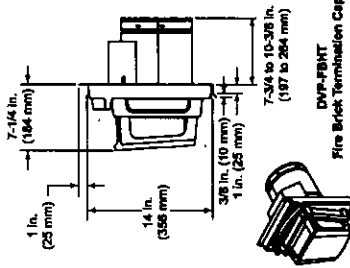
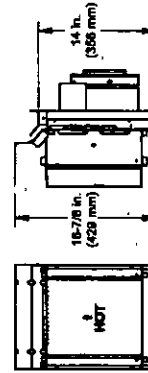
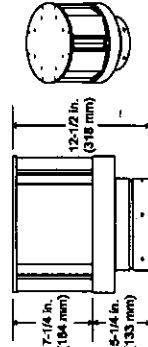
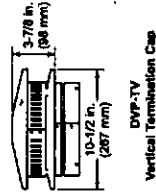
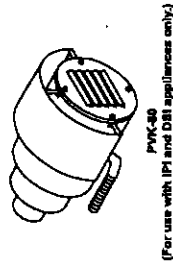
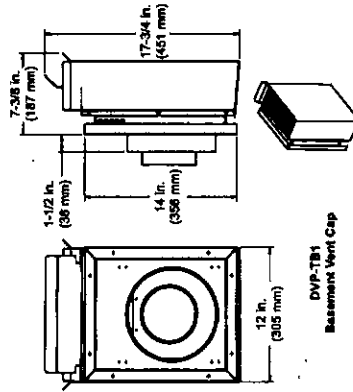


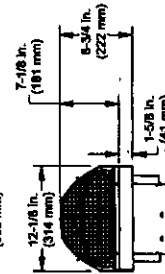
Figure 3.3 Clearances to Mantels or Other Combustibles Above Appliance



Vent Components Diagrams (con't)



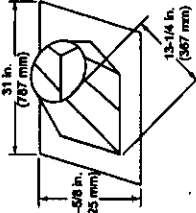
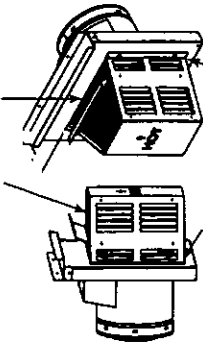
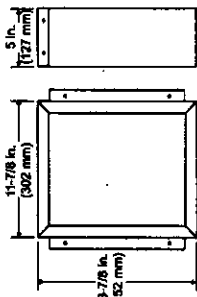
DVP-IPBHT
Fire Brick Termination Cap

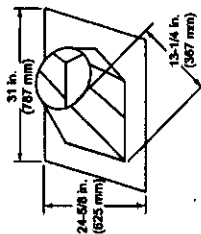


DVP-IPC
High Performance Cap

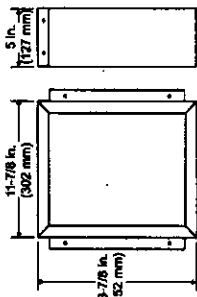
4 Termination Locations

A. Vent Termination Minimum Clearances

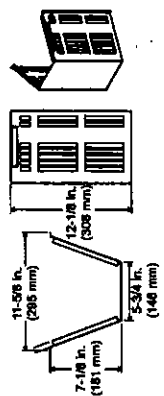
 WARNING Fire Risk Explosion Risk Inspect external vent cap regularly. • Ensure no debris blocks cap. • Combustible materials blocking cap may ignite. • restricted air flow affects burner operation.	 RP12M Roof Flashing Multi-pek	 Measure vertical clearances from this surface. Measure horizontal clearances from this surface. (see Figure 4.4 for specific clearances) Figure 4.1 Clearances from Cap Surfaces
 WARNING Fire Risk Explosion Risk Maintain vent clearance to combustibles as specified. • Do not pack air space with insulation or other materials. Failure to keep insulation or other materials away from vent pipe may cause fire.	 BEK Trap Cap Brick Extension	



RP12M
Roof Flashing Multi-pek



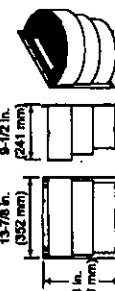
BEK
Trap Cap Brick Extension



DVP-8EX2
DVP-HFC Cap Brick Extension



DVP-TRAPFL
Flashing



COOL-ADD
Cap Shield

DRC-RADIUS
Cap Shield

Figure 4.2 specifies minimum vent heights for various pitched roofs.

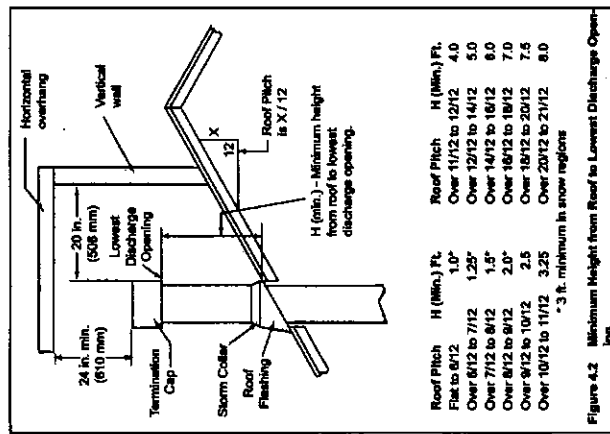


Figure 4.2 Minimum Height from Roof to Lowest Discharge Opening

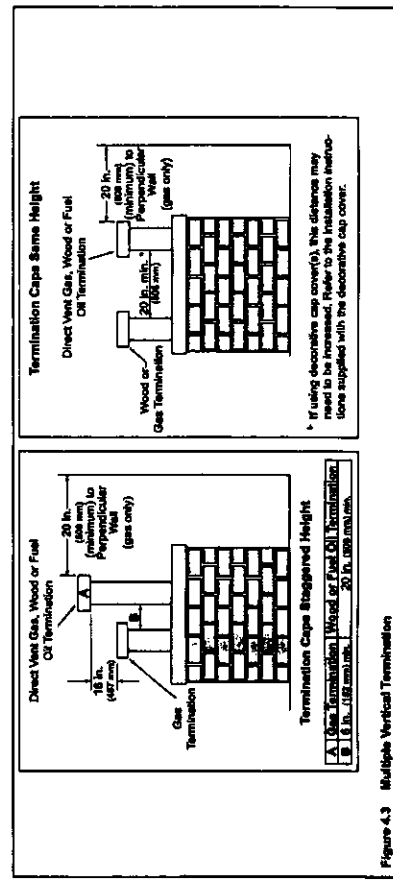
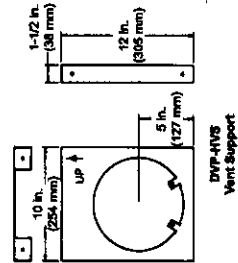
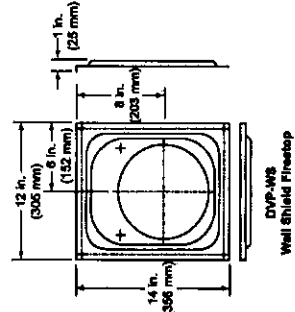
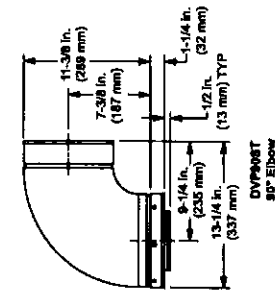
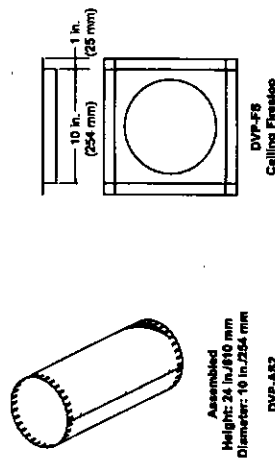
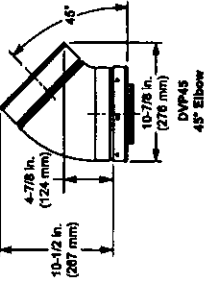
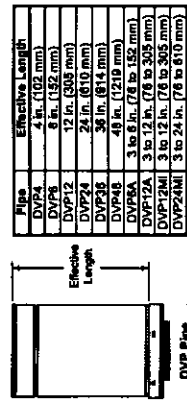


Figure 4.3 Multiple Vertical Termination

Vent Components Diagrams (cont.)



B. Vent Components Diagrams

Components	Description
DVP4	4 in. length Vent Pipe
DVP6	6 in. length Vent Pipe
DVP12	12 in. length Vent Pipe
DVP24	24 in. length Vent Pipe
DVP36	3 in. - 6 in. Slip Section Vent Pipe (to be used with another piece of pipe)
DVP48	36 in. length Vent Pipe
DVP12A	3 in. - 12 in. Slip Section Vent Pipe (to be used with another piece of pipe)
DVP12M	12 in. Vent Pipe - non-utilized (can be cut to length)
DVP24M	24 in. Vent Pipe - non-utilized (can be cut to length)
DVP45	45° Elbow
DVP90T	90° Elbow
DVP-A52	Auto Insulation Shield
DVP-F3	Ceiling Flashup
DVP-HVS	Vent Support - Horizontal
DVP-W8	Well shield flashup (used to ensure horizontal clearances)
RF-12M	Roof Flashing (vertical termination for D12 to 8/12 pitch) - peak of four
RF-12M	Steep Pitch Roof Flashing (for 7/12 to 12/12 pitch) - peak of six
BEK	Brick Extension Kit - 10 pcs.
DVP-BE2	Brick Extension Kit for High Performance Cap
DVP-TRAPFL	Trap Cap Rain Flashing - qty. 4
COOL-ADOM	Cap Shield (for DVP-TRP) - pack of six
DVC-RADU3	Cap Shield (for DVP-TRAP and DVP-HPC)
DVP-TVHV	Vertical Termination Cap (High Wind). Includes storm collar and fastener pack.
PVK-60	Power Vent Kit
DVP-TV	Vertical Termination Cap - includes storm collar & fastener pack.
DVP-TB1	Basement/Window well termination cap. Includes fastener pack.
DVP-FBHT	Fire Brick Termination Cap
DVP-TRAP	Rear Vent Horizontal Termination Cap
DVP-TRAP1	Horizontal Termination Cap with 1-7/8 in. telescoping flue, well shield flashup with heat shield & fastener pack.
DVP-TRAPK1	Top Vent Horizontal Kit with DVP-TRAP1 Termination Cap, well shield flashup with heat shield, 90° elbow & fastener pack.
DVP-TRAP2	Horizontal Termination Cap with 4 in. telescoping flue, well shield flashup with heat shield & fastener pack.
DVP-TRAPK2	Top Vent Horizontal Kit with DVP-TRAP2 Termination Cap, well shield flashup with heat shield, 90° elbow & fastener pack.
DVP-HPC1	Horizontal Termination Cap with 2-1/8 in. telescoping flue, well shield flashup with heat shield & fastener pack.
DVP-HPC2	Horizontal Termination Cap with 4-1/8 in. telescoping flue, well shield flashup with heat shield & fastener pack.
DVP-HSM-B	Extended Heat Shield
DVP-HRC-SS	High Rise Termination Cap - Unpainted Stainless Steel (not approved for all units)
DVP-HRC-ZC-SS	High Rise Termination Cap - Zero Clearance - Unpainted Stainless Steel (not approved for all units)
4033-016	DVP-TRAP to DVP-HPC Side Flare Kit

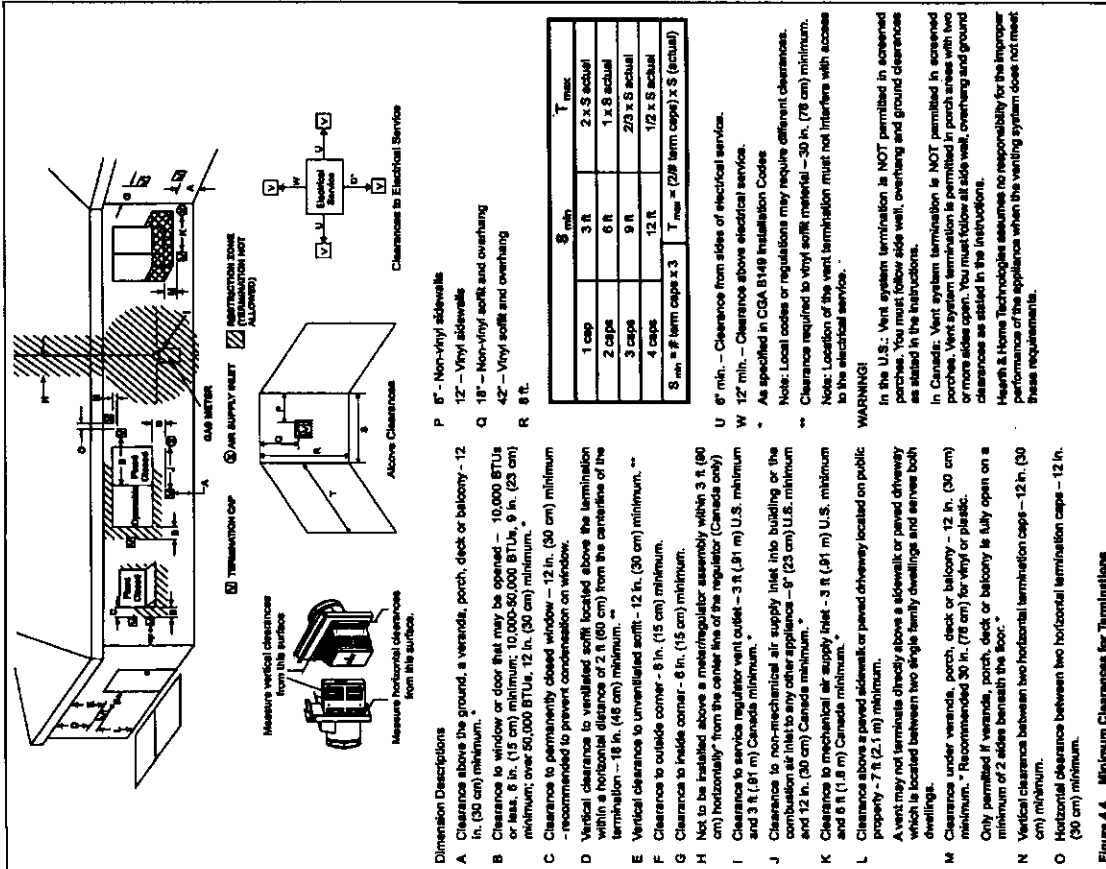


Figure 4.4 Minimum Clearances for Terminations

5 Vent Information and Diagrams

A. Vent Table Key

The abbreviations listed in this vent table key are used in the vent diagrams.

Symbol	Description
V ₁	First section (closest to appliance) of vertical length
V ₂	Second section of vertical length
H ₁	First section (closest to appliance) of horizontal length
H ₂	Second section of horizontal length

WARNING

Fire Risk
Explosion Risk
Asphyxiation Risk

Do NOT connect this gas appliance to a chimney flue serving a separate solid-fuel or gas burning appliance.

- Vent this appliance directly outside.
- Use separate vent system for this appliance.

May impair safe operation of this appliance or other appliances connected to the flue.

B. Use of Elbows

CAUTION

ALL vent configuration specifications MUST be followed.

- This product is tested and listed to these specifications.
- Appliance performance will suffer if specifications are not followed.

Diagonal runs have both vertical and horizontal vent aspects when calculating the effects. Use the rise for the vertical aspect and the run for the horizontal aspect (see Figure 5.1). Two 45° elbows may be used in place of one 90° elbow. On 45° runs, 1 ft. of diagonal is equal to 8.5 in. horizontal run and 8.5 in. vertical run. A length of straight pipe is allowed between two 45° elbows (see Figure 5.1).

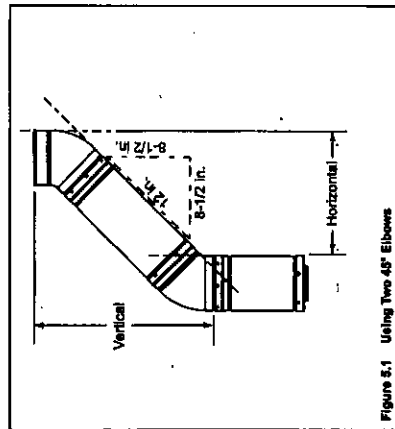


Figure 5.1 Using Two 45° Elbows

C. Measuring Standards

Vertical and horizontal measurements listed in the vent diagrams were made using the following standards.

- Pipe measurements are shown using the effective length of pipe (see Figure 5.2).
- Measurements are made from the appliance outer wrap, not from the standoff.
- Horizontal terminations are measured to the outside mounting surface (flange of termination cap) (see Figure 4.1).
- Vertical terminations are measured to top of last pipe before termination cap.
- Horizontal pipe installed level with no rise.

Figure 5.2 DVP Pipe Effective Length

Pipe	Effective Length
DVP4	4 in. (102 mm)
DVP6	6 in. (152 mm)
DVP12	12 in. (305 mm)
DVP24	24 in. (610 mm)
DVP36	36 in. (914 mm)
DVP48	48 in. (1219 mm)
DVP60	3 to 6 in. (76 to 152 mm)
DVP12A	3 to 12 in. (76 to 305 mm)
DVP12M	3 to 12 in. (76 to 305 mm)
DVP24M	3 to 24 in. (76 to 610 mm)

DVP Pipe (see chart)

Figure 5.2 DVP Pipe Effective Length

16 Reference Materials

A. Appliance Dimension Diagram

Dimensions are actual appliance dimensions. Use for reference only. For framing dimensions and clearances refer to Section 3.

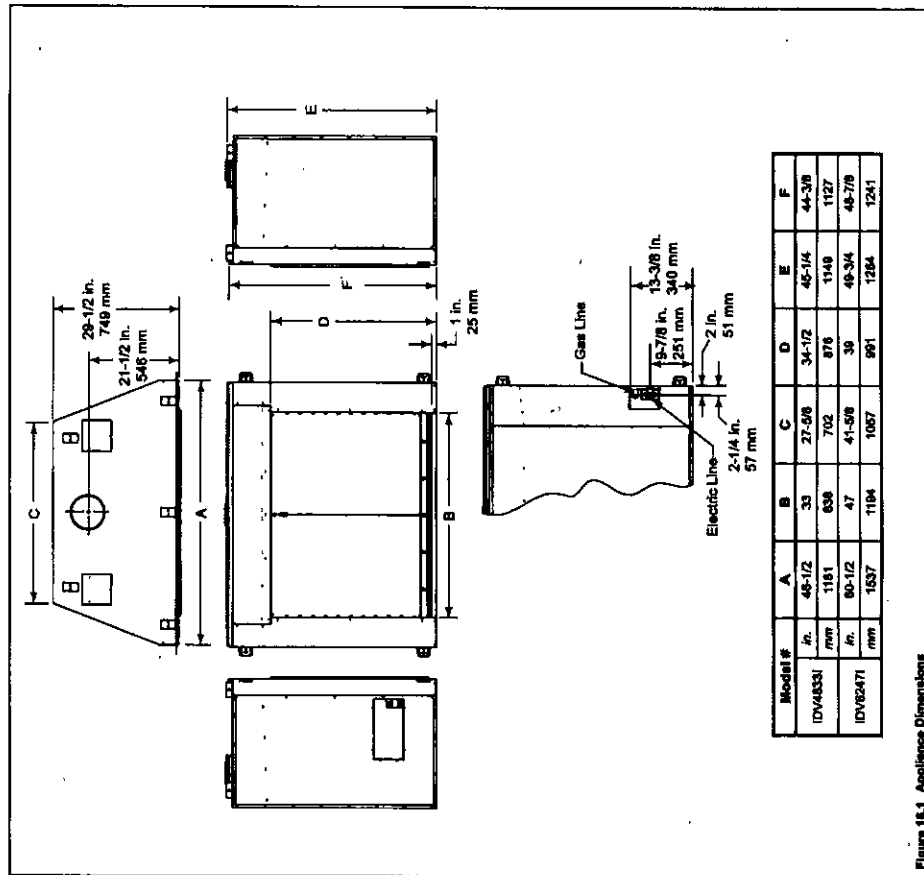


Figure 5.1 Appliance Dimensions

Maintenance and Service Tasks:

Inspect		Maintenance Tasks
Doors, surrounds and fronts	1.	Access condition of screen and replace as necessary. Recommend addition of screen if one is not present.
	2.	Inspect for scratches, dents or other damage and repair as necessary.
	3.	Verify no obstructions to airflow through the louvers.
	4.	Verify proper clearance to combustible household objects is maintained.
Gasket seal, glass assembly and glass	1.	Inspect gasket seal and its condition.
	2.	Inspect glass panels for scratches and chips that can lead to breakage when exposed to heat.
	3.	Confirm there is no damage to glass or glass frame. Replace as necessary.
	4.	Verify that latches engage properly, clip studs are not stripped, and glass attachment components are tight and operating properly. Replace as necessary.
	5.	Clean glass using a non-abrasive cleaner such as Brasso®. Replace glass assembly if severely coated with siltate deposits that cannot be removed.
Valve compartment and finbox top	1.	Vacuum and wipe out dust, cobwebs, debris or pet hair. Use caution when cleaning these areas. Screw tips that have penetrated the sheet metal are sharp and should be avoided.
	2.	Remove any foreign objects.
	3.	Verify unobstructed air circulation.
Logs	1.	Inspect for broken, damaged, or missing logs. Replace as necessary.
	2.	Verify correct log placement and no flame impingement causing sooting. Correct as necessary.
Flexbox	1.	Inspect for paint condition, warpage, corrosion or perforation. Sand and repaint as necessary.
	2.	Replace appliance if flexbox has been perforated.
Burner/ignition and operation	1.	Verify burner is properly secured and aligned with pilot or ignitor.
	2.	Clean off burner top, inspect for plugged ports, corrosion or deterioration. Replace burner if necessary.
	3.	Replace rotwood with new dime-sized and shaped pieces. Do not block ports or obstruct lighting paths.
	4.	Check for smooth lighting and ignition camover to all ports. Verify there is no ignition delay.
	5.	Inspect for flitting or other flame problems.
	6.	Verify air shutter is clear of dust and debris.
	7.	Inspect orifice for soot, dirt or corrosion.
	8.	Verify manifold and inlet pressures. Adjust regulator as required.
	9.	Inspect pilot flame strength. Clean or replace orifice as necessary.
	10.	Inspect IP sensor rod for soot, corrosion and deterioration. Clean with emery cloth or replace as required.
	11.	Verify millivolt output. Replace as necessary.
	1.	Inspect venting for blockage or obstruction such as birds' nests, leaves, etc.
Venting	2.	Confirm that termination cap remains clear and unobstructed by plants, etc.
	3.	Verify that termination cap clearance to subsequent construction (building additions, decks, fences or sheds) has been maintained.
	4.	Inspect for corrosion or separation.
	5.	Verify weather stripping sealing and flaring remain intact.
	6.	Inspect draft shield to verify it is not bent, damaged or missing.
	1.	Verify operation of remote.
Remote controls	2.	Replace batteries in remote transmitters and battery-powered receivers.
	3.	Verify batteries have been removed from battery back-up in IP1 systems to prevent premature battery failure or leaking.

D. Vent Diagrams

WARNING

Fire Risk
Explosion Risk

Do NOT pack insulation or other combustibles between firestops.

- ALWAYS maintain specified clearances around venting and firestop systems.
- Install firestops as specified.

Failure to keep insulation or other material away from vent pipe may cause fire.

The first 90° elbow MUST be a starter elbow.

To replace the first starter elbow with two 45° elbows, refer to Figure 5.4 All other 90° elbows can be replaced with two 45° elbows.

General Rules:

- SUBTRACT 3 ft from the total H measurement for each 90° elbow installed horizontally.
- SUBTRACT 1-1/2 ft from the total H measurement for each 45° elbow installed horizontally.
- A maximum of three 90° elbows (or six 45° elbows) may be used in any vent configuration. Some elbows may be installed horizontally. See Figure 5.6.
- Elbows may be placed back to back anywhere in the system as long as the first 90° elbow is a starter elbow except as shown in Figure 5.4.
- When penetrating a combustible wall, a wall shield firestop must be installed.
- When penetrating a combustible ceiling, a ceiling firestop must be installed.
- Horizontal runs of vent do not require vertical rise; horizontal runs may be level.

Top Vent—Horizontal Termination—One Elbow

Note: ICON direct vent appliances require the use of vinyl soffit shield (ICONDV-VSS) wherever the unit is terminated horizontally in a home with vinyl siding.

Table 5.1

V ₁ min.	V ₁ max.	H ₁ max.
12 in./305 mm	-	25 ft./762 mm
18 in./457 mm	-	18 ft./5.49 m
24 in./610 mm	-	25 ft./7.62 m
-	25 ft./7.62 m	25 ft./7.62 m

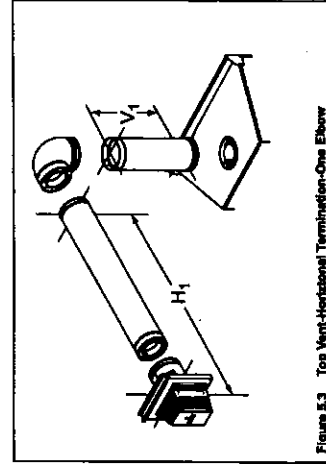


Figure 5.3 Top Vent-Horizontal Termination-One Elbow

Top Vent—Horizontal Termination—Two 45° Elbows

Installation requirements to replace the first 90° elbow with two 45° elbows:

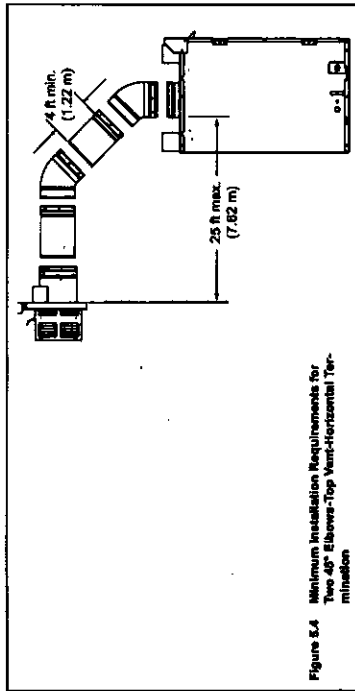


Figure 5.4 Minimum Installation Requirements for Two 45° Elbows—Top Vent—Horizontal Termination

Top Vent—Horizontal Termination—Three Vertical Elbows

See Figure 5.8 for information about installing elbows horizontally.

Table 5.2

V_1 min.	$V_1 + V_2$ max.	$H_1 + H_2$ max.
12 ft 0 in (3.66 m)	24 ft 7.32 in (7.53 m)	18 ft 5.79 in (5.67 m)

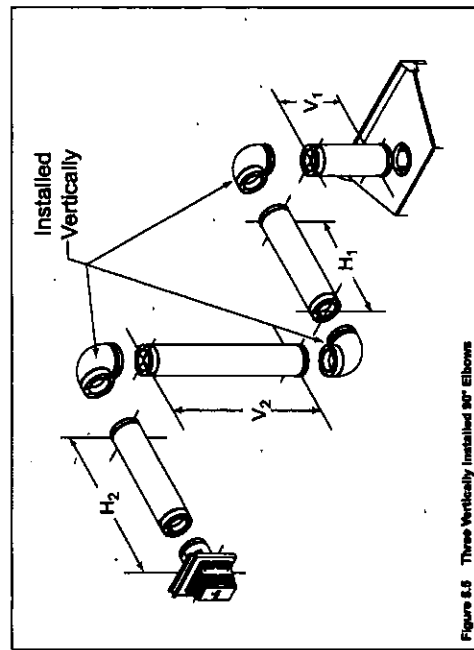


Figure 5.8 Three Vertically Installed 90° Elbows

15 Maintaining and Servicing the Appliance

Although the frequency of appliance servicing and maintenance will depend on use and the type of installation, a qualified service technician should perform an appliance check-up at the beginning of each heating season.

WARNING

Risk of injury or property damage

Before servicing:

- Turn off gas.
- Turn off electricity to appliance.
- Disable remote control, if one is present.
- Ensure appliance is completely cooled.

After servicing:

- Replace any screen or barrier that was removed.
- Reseal and reinstall any venting removed for servicing.

CAUTION



Handle glass assembly with care.
Note: Clean glass after initial 3-4 hours operation. Longer operation without cleaning glass may cause a permanent white film on glass.

When cleaning glass door:

- Avoid striking, scratching or slamming doors.
- Do NOT use abrasive cleaners.
- Use a hard water deposit glass cleaner on white film.
- Do NOT clean glass when it is hot.
- Turn off appliance after 3-4 hours of operation and ALLOW TO COOL.
- Remove and clean glass assembly.
- Replace glass assembly and operate appliance for an additional 12 hours.

Refer to maintenance instructions.

WARNING

Annual inspection by qualified technician recommended.

- Check:
- Condition of doors, surrounds and fronts.
 - Condition of glass, glass assembly and glass seal.
 - Obstructions of combustion and ventilation air.
 - Condition of logs.
 - Condition of firebox.
 - Burner ignition and operation.
 - Burner air shutter adjustment.
 - Gas connections and fittings.
 - Obstructions of termination cap.

Clean:

- Glass.
- Air passageways, grilles, control compartment.
- Burner, burner ports.

Risk of:

- Fire
- Delayed ignition or explosion
- Exposure to combustion fumes
- Odors

WARNING



Fire Risk

Explosion Risk

- Inspect external vent cap regularly.
- Ensure no debris blocks cap.
- Combustible materials blocking cap may ignite.
- Restricted air flow affects burner operation.

3.	Pilot lights but continues to spark, and main burner will not ignite. (If the pilot continues to spark after the pilot flame has been lit, flame rectification has not occurred.)	A.	A shorted or loose connection in sensor rod.	Verify all connections to wiring diagram is correct. Verify connections underneath pilot assembly are tight. Verify connections are not grounding out to metal chassis, pilot burner, pilot backdraft/drawdown or screen if present, or any other metal object.
		B.	Poor flame rectification or contaminated sensor rod.	Verify flame is engulfing sensor rod. If the pilot assembly does not have a ground sense, consider installing one to increase flame rectification. Verify correct pilot orifice is installed and that gas specifications are met. Flame circuit is broken. A wrong orifice or too high an inlet pressure can cause pilot flame to lift. The sensor rod may be contaminated. Clean sensor rod with emery cloth.
		C.	Module is not grounded.	Verify that module is securely grounded to metal chassis of appliance. Verify that the wire harness is firmly connected to module.
		D.	Damaged pilot assembly or dirty sensor rod.	Verify that ceramic insulator around the sensor rod is not cracked, damaged, or loose. Verify connection from sensor rod to white sensor wire. Clean sensor rod with emery cloth to remove any contaminants that may have accumulated on sensor rod. Verify continuity with a multimeter with ohms set at lowest range.
		E.	Faulty module.	Turn ON/OFF rocker switch or wall switch to OFF position. Remove Ignitor wire "Y" from module. Place ON/OFF rocker switch back in ON position. Hold ground wire about 3/16 in. away from "Y" terminal on module. If there is no spark at "Y" terminal, module must be replaced. If there is a spark at "Y" terminal, module is fine. Inspect pilot assembly for shorted spark wire or cracked insulator around electrode.
4.	Pilot sparks, but pilot will not light.	A.	Correct gas supply.	Verify that incoming gas line ball valve is "open". Verify that inlet pressure reading is within acceptable limits, inlet pressure must not exceed 14 in. w.c.
		B.	Ignitor gap is too large.	Verify that spark gap from ignitor to pilot hood is .17 in. or 1/16 in.
		C.	Module is not grounded.	Verify module is securely grounded to metal chassis of appliance.
		D.	Module voltage output valve/pilot solenoid ohms readings.	Verify battery voltage is at least 2.7 volts. Replace batteries if voltage is below 2.7.

Top Vent—Horizontal Termination—Two or Three Elbows

You may use a maximum of three 90° elbows (or six 45° elbows) in any vent configuration. Some may be installed horizontally.

Note: Subtract 3 ft (914 mm) from the total horizontal measurement for each 90° elbow installed horizontally. Subtract 1-1/2 ft (457 mm) from the total horizontal measurement for each 45° elbow installed horizontally.

Table 5.3

V ₁ min.	V ₁ max.	H ₁ +H ₂ max.	H ₁ +H ₂ +H ₃ max.
18 in./457 mm	x	16 ft/4.88 m	18 ft/5.49 m
24 in./610 mm	x	25 ft/7.62 m	25 ft/7.62 m
x	25 ft/7.62 m	26 ft/7.92 m	25 ft/7.62 m

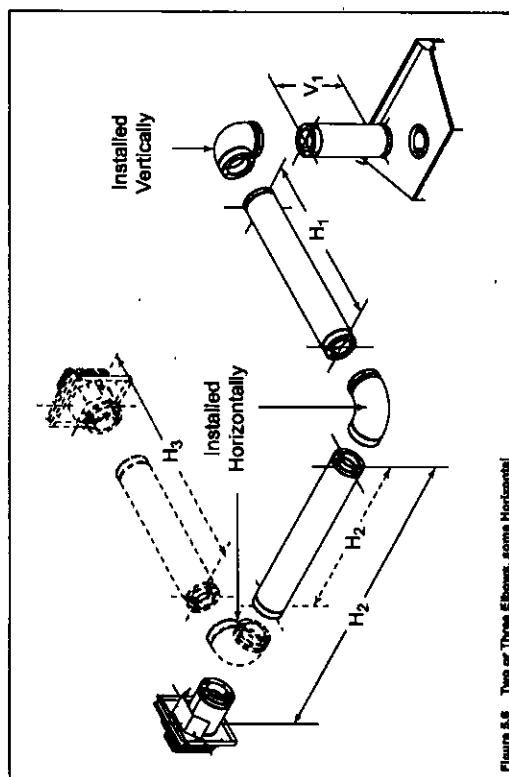
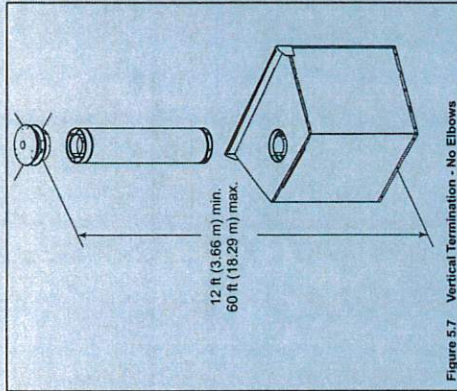


Figure 5.6 Two or Three Elbows, some Horizontal

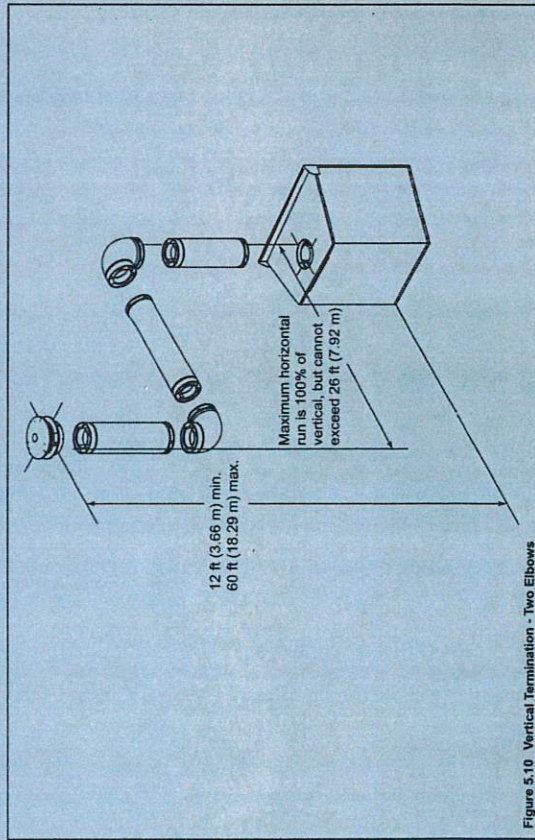
Top Vent—Vertical Termination—No Elbows



- Install Baffle**
- Remove screws from flue (firebox top).
 - Using the screws removed, install baffle according to your installation requirements. See Figures 5.8 and 5.9.



Top Vent—Vertical Termination—Two Elbows



14 Troubleshooting

With proper installation, operation and maintenance your gas appliance will provide years of trouble-free service. If you do experience a problem, this troubleshooting guide will assist a qualified service person in the diagnosis of a problem and the corrective action to be taken. This troubleshooting guide can only be used by a qualified service technician.

A. Intellifire Ignition System

Symptom	Possible Causes	Corrective Actions
1. The ignitor/module makes noise, but no spark.	A. Incorrect wiring.	Verify "S" wire (white) for sensor and "I" wire (orange) for ignitor are connected to the correct terminals on the module and the pilot assembly. Reversed wires at the module may cause the system to make a sparking noise, but the spark may not be present at pilot hood.
	B. Loose connections or electrical shorts in the wiring.	Verify there are no loose connections or electrical shorts in wiring from module to pilot assembly. The rod closest to the pilot hood should be ignitor. Verify connections underneath pilot assembly are tight; also verify the connections are not grounding out to the metal chassis, pilot burner, pilot enclosure, mesh screen if present, or any other metal object.
	C. Ignitor gap is too large.	Verify gap of ignitor to pilot hood. The gap should be approximately .17 in. or 1/16 in.
	D. Faulty module.	Turn ON/OFF rocker switch or wall switch to OFF position. Remove ignitor wire "I" from module. Place ON/OFF rocker switch or wall switch in ON position. Hold ground wire about 3/16 in. away from "I" terminal on module. If there is no spark at "I" terminal, module must be replaced. If there is a spark at "I" terminal, module is fine. Inspect pilot assembly for shorted spark wire or cracked insulator around electrode.
2. Pilots won't light, there is no noise or spark.	A. Transformer installed correctly.	Verify that transformer is installed and plugged into module. Check voltage of transformer under load at space connection on module with ON/OFF switch in ON position. Acceptable readings of a good transformer are between 3.2 and 2.8 volts AC.
	B. A shorted or loose connection in wiring configuration or wiring harness.	Remove and reinstall the wiring harness that plugs into module. Verify there is no short or loose connection in wiring configuration or wiring harness. Verify pilot assembly wiring to module. Remove and verify continuity of each wire in wiring harness.
	C. Improper wall switch wiring.	Verify wall switch is wired correctly.
	D. Module not grounded.	Verify black ground wire from module wire harness is grounded to metal chassis of appliance.
	E. Faulty module.	Turn ON/OFF rocker switch or wall switch to OFF position. Remove ignitor wire "I" from module. Place ON/OFF rocker switch or wall switch in ON position. Hold ground wire about 3/16 in. away from "I" terminal on module. If there is no spark at "I" terminal module must be replaced. If there is a spark at "I" terminal, module is fine. Inspect pilot assembly for shorted spark wire or cracked insulator around electrode.

C. After the Appliance is Lit Initial Break-In Procedure

When you light the appliance, you may notice that it produces heat which does have an associated odor or smell. If you feel this odor is excessive it may require the initial three to four hour continuous burn on high followed by a second burn up to 12 hours to fully drive off any odor from paint and lubricants used in the manufacturing process. Condensation of the glass is normal.

Notes: This appliance should be run three to four hours on the initial start-up. Turn it off and let it cool completely. Remove and clean the glass. Replace the glass and run the appliance for an additional 12 hours. This will help cure the products used in the paint and logs.

During this break-in period it is recommended that some windows in the house be opened for air circulation. This will help avoid setting off smoke detectors, and help eliminate any odors associated with the appliance's initial burning.

WARNING

Fire Risk

- High Temperatures
Keep combustible household items away from appliance.
- Do NOT obstruct combustion and ventilation air.
 - Do NOT place combustible items on top of or in front of appliance.
 - Keep furniture, draperies away from appliance.

CAUTION

- Prevent accidental appliance operation when not attended.
- Unplug or remove batteries from remote control if absent or appliances will not be used for an extended period of time.
- Property damage possible from elevated temperatures.

CAUTION

- Smoke and odors are released during initial operation.
 - Open windows for air circulation.
 - Leave room during initial operation.
 - Smoke may set off smoke detectors.
- Smoke and odors may be irritating to sensitive individuals.

WARNING

Fire Risk

- Keep combustible materials, gasoline and other flammable vapors and liquids clear of appliance.
 - Do NOT store flammable materials in the vicinity of the appliance.
 - Do NOT use gasoline, lantern fuel, kerosene, charcoal lighter fluid or similar liquids in this appliance.
- Combustible materials may ignite.

Top Vent—Vertical Termination—Three Elbows

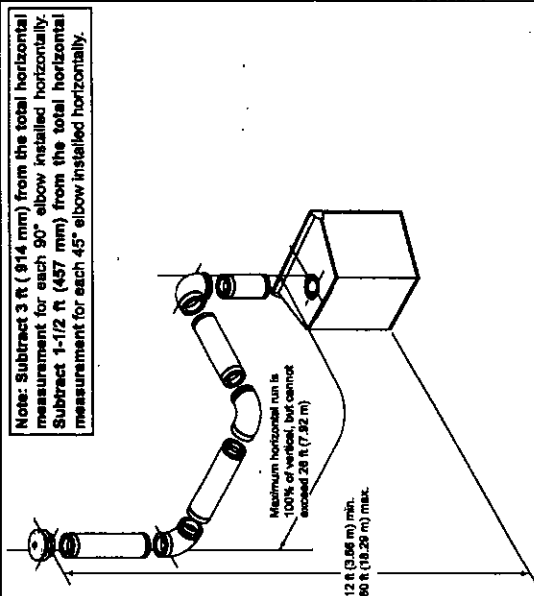


Figure 2.11 Vertical Termination—Three Elbows (same horizontal)

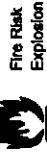
D. Frequently Asked Questions

Issue	Solutions
1. Condensation on the glass.	1. This is a result of gas combustion and temperature variations. As the appliance warms, this condensation should disappear.
2. Blue flames.	2. This is a result of normal operation and the flames will begin to yellow as the appliance is allowed to burn for 20-40 minutes.
3. Odor from appliance.	3. When first operated, the appliance may release an odor for the first several hours. This is caused by the curing of the paint and the burning off of any oils remaining from manufacturing.
4. Film on the glass.	4. This is a normal result of the curing process of the paint and logs. Glass should be cleaned within 3-4 hours of initial burning to remove deposits left by oils from the manufacturing process. A non-abrasive cleaner such as a glass cleaner may be necessary. See your dealer.
5. Metallic noise.	5. Noise is caused by metal expanding and contracting as it heats up and cools down, similar to the sound produced by a furnace or heating duct. This noise does not affect the operation or longevity of the appliance.
6. Is it normal to see the pilot flame burn continuously?	6. In an inactive ignition system it is normal to see the pilot flame, but it should turn off when ON/OFF switch is turned off. If it doesn't turn off, contact your dealer.

6 Vent Clearances and Framing

A. Pipe Clearances to Combustibles

WARNING



Fire Risk

Explosion Risk

Maintain vent clearance to combustibles as specified.

Do not pack air space with insulation or other materials.

Failure to keep insulation or other materials away from vent pipe may cause fire.

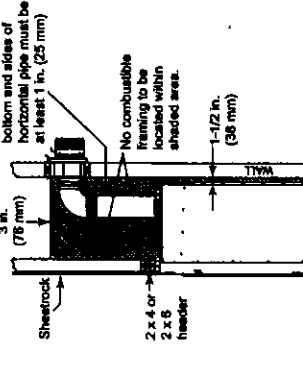


Figure 6.1 Minimum Top Vent DV Pipe Clearances

B. Wall Penetration Framing

- Wherever a combustible wall is penetrated, the hole must be framed with a well shield freestop. This shield maintains minimum clearances and restricts cold air infiltration.
- If the wall being penetrated is of noncombustible materials (material which will not ignite or burn, or has a UL fire rating of zero), a 9 in. (229 mm) diameter hole is acceptable.
- Whenever a wall is penetrated the well shield freestop is only required on one side and no heat shield is necessary.
- If your local inspector requires the well shield freestop on both sides of the wall, then both well shield freestops must have a heat shield attached to them.

Note: Heat shields MUST overlap by a minimum of 1-1/2 in. (38 mm). The heat shield is designed to be used on a wall 4 in. to 7-1/4 in. (102 mm to 184 mm) thick. If wall thickness is less than 4 in. (102 mm) the existing heat shield must be field trimmed. If wall thickness is greater than 7-1/4 in. (184 mm) a DVP-RSH-9 will be required.

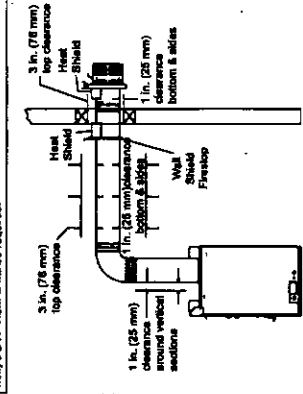


Figure 6.2 Minimum Horizontal Venting Clearances to Combustible Materials

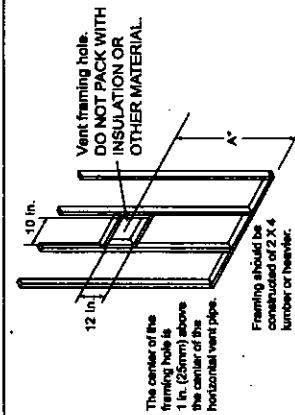


Figure 6.3 Exterior Wall Hole

Appliance	A
IDV4833IT	64-1/8 in./1629 mm
IDV4833LT	64-1/8 in./1629 mm
IDV4833H	64-1/8 in./1629 mm
IDV4833LH	64-1/8 in./1629 mm
IDV6247IT	66-5/8 in./1743 mm
IDV6247LT	66-5/8 in./1743 mm
IDV6247H	66-5/8 in./1743 mm
IDV6247LH	66-5/8 in./1743 mm

B. Lighting the Appliance Intellifire Ignition

FOR YOUR SAFETY READ BEFORE LIGHTING

WARNING: If you do not follow these instructions exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

- The appliance is shipped with an ignition device which automatically lights the pilot. Do not try to light the pilot by hand.
- BEFORE LIGHTING** smell all around the appliance area for gas. Be sure to smell near the floor because some gas is heavier than air and will settle on the floor.
- WHAT TO DO IF YOU SMELL GAS:**
 - Do not try to light any appliances.
 - Do not touch any electric switch; do not use any phone in your home.
 - Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- Do not use this appliance if any part has been under repair or service.

LIGHTING INSTRUCTIONS

- STOP! Read the safety information above on this label.
- Turn wall switch to the "OFF" position or turn switch to the "ON" position.
- Turn off all electric power to the appliance.
- The appliance is shipped with an ignition device which automatically lights the pilot. Do not try to light the pilot by hand.
- Hold the red button in and turn gas. Turn the red button in and hold it for 30 seconds.
- Turn on the burner. Turn on all electric power to the appliance and the wall switch to the "ON" position.
- Wait 5 minutes before lighting the pilot. If the pilot does not light, turn off the gas and wait 5 minutes before trying to light the pilot again.

TO TURN OFF GAS TO APPLIANCE

- Turn off wall switch or set thermostat to lowest setting.
- Turn off all electric power to the appliance if service is to be performed.
- Push the gas control lever in and move to the "OFF" position. Do not force.
- Push the gas control lever in and move to the "OFF" position. Do not force.

Due to high surface temperature, keep children, clothing and furniture away. Keep burner and control compartment clean. See installation and operating instructions accompanying the appliance. 338310

NATURAL GAS

This appliance needs fresh air for safe operation and must be installed as there are provisions for adequate combustion and ventilation air.

This appliance must be installed in accordance with local codes, if any; if not, follow ANSI Z223.1 in its entirety, current CAN/CSA-B149.

This appliance must be properly connected to a venting system in accordance with the manufacturer's installation instructions.

WARNING: Improper installation, adjustment, alteration, service or maintenance can cause injury or property damage. Refer to the owner's information manual provided with the appliance. For assistance or additional information consult a qualified installer, service agency or the gas supplier.

CAUTION: Hot surfaces in operation. Do not touch. Keep children, clothing, furniture, gasoline and other flammable materials away from the appliance.

WARNING RISK OF FIRE

The appliance is shipped with a gas control valve and a gas control knob. Do not attempt to modify or use any other type of gas control system.

WARNING: Disconnect the electric power before working on it for any reason. The original safety supplied with the appliance must be replaced. It must be replaced with USF C-12 or equivalent.

For use with natural gas or propane. A conversion kit is supplied by the manufacturer and must be used to convert this appliance to the alternative fuel.

* Also certified for installation in a bathroom or a sleeping room.

* For U.S. only.

13 Operating Instructions

A. Before Lighting Appliance

CAUTION If installing inline ignition battery backup: - Do not install batteries if the backup mode may not be used for extended time. - Batteries may leak. - Install batteries only when needed for power outage.	WARNING HOT SURFACES! Glass and other surfaces are hot during operation and cool down. Hot glass will cause burns. - Do not touch glass until it is cooled - NEVER allow children to touch glass - Keep children away
Before operating this appliance, have a qualified technician: - Verify all shipping materials have been removed from inside and/or underneath the firebox. - Review proper placement of logs, rockwool, lava rock and vermiculite. - Check the wiring. - Check the air shutter adjustment. - Ensure that there are no gas leaks. - Ensure that the glass is sealed and in the proper position. - Ensure that the flow of combustion and ventilation air is not obstructed (front grilles and vent caps).	- CAREFULLY SUPERVISE children in same room as appliance. - Alert children and adults to hazards of high temperatures. - High temperatures may ignite clothing or other flammable materials. - Keep clothing, furniture, draperies and other combustibles away. <i>This appliance has been supplied with an integral barrier to prevent direct contact with the fired glass panel. Do NOT operate the appliance with the barrier removed.</i> Contact your dealer or Heath & Home Technologies if the barrier is not present or help is needed to properly install one.
WARNING Fire Risk Asphyxiation Risk Glass door MUST be in place when appliance is operating. Do NOT operate appliance with glass door removed. - Open viewing glass for servicing only. - Glass door MUST be in place and sealed before operating appliance. - Only use glass doors certified for use with the appliance. - Glass replacement should be done by qualified technician.	WARNING Improper installation, adjustment, alteration, service or maintenance can cause injury or property damage. Refer to the owner's information manual provided with this appliance. For assistance or additional information consult a qualified installer, service agency or the gas supplier.
	WARNING Do NOT use this appliance if any part has been under water. Immediately call a qualified service technician to inspect the appliance and to replace any part of the control system and any gas control which has been under water.

C. Install the Ceiling Firestop

- Frame an opening 10 in. by 10 in. whenever the vent system penetrates a ceiling/floor (see Figure 6.4).
- Frame the area with the same sized lumber as used in ceiling/floor joist.
- When installing a top vent vertical termination appliance the hole should be directly above the appliance, unless the flue is offset.
- The ceiling firestop may be installed above or below the ceiling. Refer to Figure 6.5.
- Secure with three fasteners on each side.
- Do not pack insulation around the vent. Insulation must be kept away from the pipe.

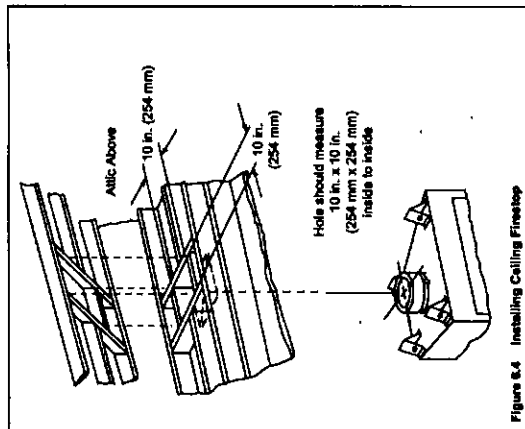


Figure 6.4 Installing Ceiling Firestop

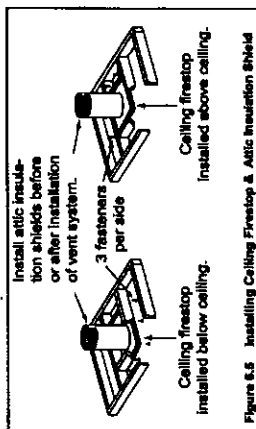


Figure 6.5 Installing Ceiling Firestop & Attic Insulation Shield

D. Install Attic Insulation Shield



1. The shield must be installed over the furnace and secured with screws. The shield is labeled 'Attic Insulation Shield' and 'Furnace'. The diagram shows the shield being placed over the furnace and secured with screws. The shield is labeled 'Attic Insulation Shield' and 'Furnace'.

2. The shield must be installed over the furnace and secured with screws. The shield is labeled 'Attic Insulation Shield' and 'Furnace'. The diagram shows the shield being placed over the furnace and secured with screws. The shield is labeled 'Attic Insulation Shield' and 'Furnace'.

Bottom Front Hearth Refractory

- The firescreen must be pulled up to install the hearth refractory (Figure 12.21). Slide hearth refractory under side refractories until tight against glass. See Figure 12.22.



Figure 12.21 Move Firescreen

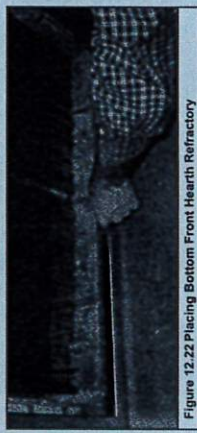


Figure 12.22 Placing Bottom Front Hearth Refractory

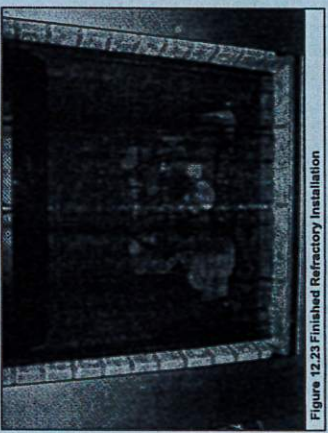


Figure 12.23 Finished Refractory Installation

M. Air Shutter Setting

This appliance has an adjustable air shutter which controls the primary air. Adjustment of the air shutter may be necessary to obtain optimal flame appearance. This should be adjusted by a qualified installer at the time of installation.

The air shutter is located in the left column behind the junction box access panel.

By pulling the air shutter knob up, you will be closing the air shutter. Care should be taken when adjusting the air shutter so the appliance does not soot. If sooting occurs the air shutter will need to be opened by pushing the knob down. See Figure 12.24.

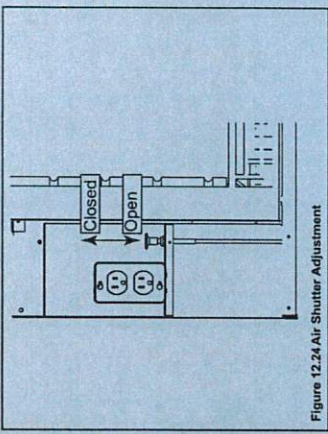


Figure 12.24 Air Shutter Adjustment

- Place the center of the screen rod into the center screen rod support (see Figure 12.14).
- Install the left and right refractory shields using the three screws (see Figure 12.15).
- Install lower decorative front face (see Figure 12.16).

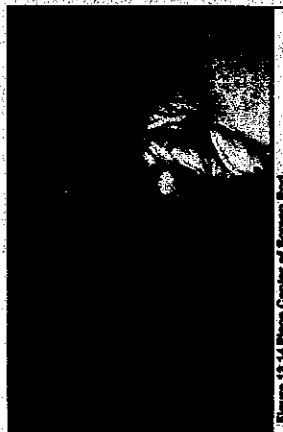


Figure 12.14 Place Center of Screen Rod



Figure 12.15 Install Refractory Shields

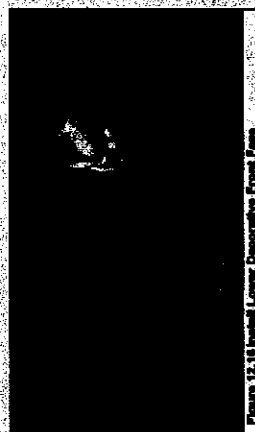


Figure 12.16 Install Lower Decorative Front Face

L. Installing External Refractories

Open Refractory Package (Figure 12.17)

- 1 - LH side refractory panel
- 1 - RH side refractory panel
- 1 - Front hearth refractory panel

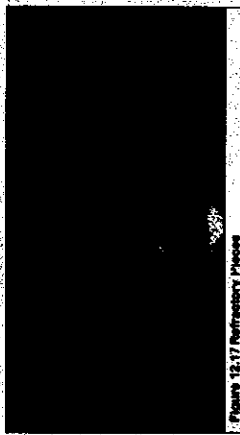


Figure 12.17 Refractory Pieces

Install Side Refractories

- Locate right side refractory panel. See Figure 12.17.
- Install rod in hole in glass frame top. See Figure 12.18.

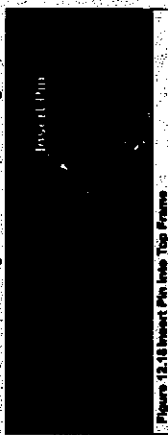


Figure 12.18 Insert Pin Into Top Frame

- Install rod with swedge (Figure 12.19) in hole in glass frame bottom. See Figure 12.20.
- Repeat for the left side refractory panel.

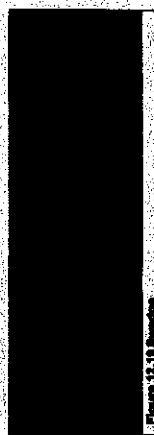


Figure 12.19 Swedge

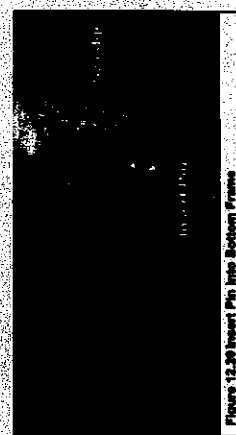


Figure 12.20 Insert Pin Into Bottom Frame

7 Appliance Preparation

A. Securing and Leveling the Appliance

WARNING

Fire Risk

- Prevent contact with sagging, loose insulation.
- Do NOT install against combustible materials such as exposed insulation, plastic and insulation backer.

The diagram shows how to properly position, level, and secure the appliance (see Figure 7.1). Nailing tabs are provided to secure the appliance to the framing members.

- Place the appliance into position.
- Level the appliance from side to side and front to back.
- Shim the appliance as necessary. It is acceptable to use wood shims.
- Bend out nailing tabs on each side.
- Keep nailing tabs flush with the framing.
- Secure the appliance to the framing by using nails or screws through the nailing tabs.

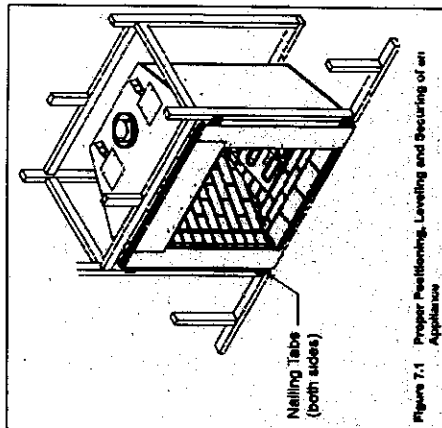


Figure 7.1 Proper Positioning, Leveling and Securing of an Appliance

CAUTION

Sharp Edges

- Wear protective gloves and safety glasses during installation.

CAUTION

Do NOT notch into the framing around the appliance openings.

WARNING

Fire Risk

- ALWAYS maintain specified clearances around the appliance.
- Do NOT notch into the framing around the appliance openings.

Failure to keep insulation, framing or other material away from the appliance may cause fire.

8 Installing Vent Pipe

A. Assemble Vent Sections

	WARNING Fire Risk Explosion Risk. Do not mix pipe, fittings or joining methods from different manufacturers
--	---

	WARNING Fire Risk Exhaust Fumes Risk • Overlap pipe slip sections at least 1-1/2 in. (38 mm). • Use pilot holes for screws. • Screws must not exceed one inch long. • Pipe may separate if not properly joined.
--	--

	WARNING Fire Risk Explosion Risk If slip section seals are broken during the removal of the termination cap, gas will leak and a fire or explosion may occur. do not break silicone seals on slip sections.
--	--

Attaching Vent to the Firebox Assembly

To attach the first pipe section to the collars, slide the male end of the inner vent of the pipe section over the inner collar on the firebox assembly. At the same time, slide the outer flue over the outer collar on the appliance. Push the pipe section into the appliance collar until all the lances (see Figure 8.1) have snapped in place. Tug slightly on the section to confirm it has completely locked into place.

Commercial, Multi-family (multi-level exceeding two stories), or High-rise Applications

For installation into a commercial, multi-family (multi-level exceeding two stories), or high-rise application: All outer pipe joints must be sealed with high temperature silicone, including the slip section that connects directly to the horizontal termination cap.

- Apply a bead of silicone sealant inside the female outer pipe joint prior to joining sections. See Figure 8.1.
- Only outer pipes are to be sealed. Do not seal the inner flue. All unit collar, pipe, slip section, elbow and cap outer flues shall be sealed in this manner, unless otherwise stated.

Note: The end of the pipe sections with the Inroco/Tabo on it will face towards the appliance.

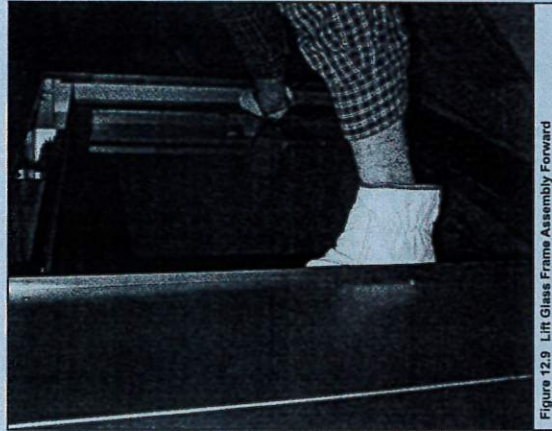


Figure 12.9 Lift Glass Frame Assembly Forward



Figure 12.10 Remove Left Side of Glass Frame First

K. Decorative Firescreen, Refractory Shields and Lower Decorative Front Face

- Install the decorative firescreen by first inserting the left side of the screen rod into the horseshoe-shaped cradle (see Figure 12.11)
- Rotate the right side of the rod up and into the cradle on the right (see Figure 12.12).

Note: Make sure the outside screen eyelets are placed behind the left and right screen rod supports. This is done to ensure the screen is locked closed. See Figure 12.13.



Figure 12.11 Place Left End of Screen Rod



Figure 12.12 Place Right End of Screen Rod

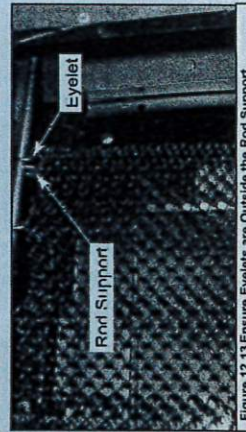


Figure 12.13 Ensure Eyelets are Outside the Rod Support

I. Place Lava Rock and Rockwool

⚠ WARNING

Explosion Risk

- Follow rockwool placement instructions in this manual.
- Do NOT place rockwool directly over burner ports.
- Replace rockwool material annually.
- Improperly placed rockwool interferes with proper burner operation.

Rockwool and lava rock are shipped with this gas appliance.

- Place rockwool on burner in front of front base log.
- Place lava rock on hearth refractory (not burner) as desired.
- See Figure 12.7.



Figure 12.7 Placement of Rockwool and Lava Rock

J. Glass Panel Assembly

- Removing/Replacing Glass Assembly (See Figure 12.8)**
- Remove three outer refractory pieces as per instructions in Section I.
 - Remove the lower decorative front piece by removing the four screws attaching the piece. See Figure 12.22.
 - Remove the left and right refractory shields by removing the three screws holding each shield. See Figure 12.21.
 - Remove the decorative firescreen mesh. Release the screen rod from the center screen support. Remove the right side of the screen rod from the horseshoe-shaped cradle. Rotate the screen rod down on the right side until there is enough clearance to remove the screen completely. See Figures 12.18-12.20.
 - Release glass latches (ex in IDV4833, ten in IDV8247). Lift glass frame assembly forward past the glass latches. Slide the glass to the right (into the cavity on the right). See Figure 12.9.
 - Completely remove the left side of the glass from the opening before sliding the entire glass panel from the unit. See Figure 12.10.
 - Reverse steps above to replace the glass assembly.

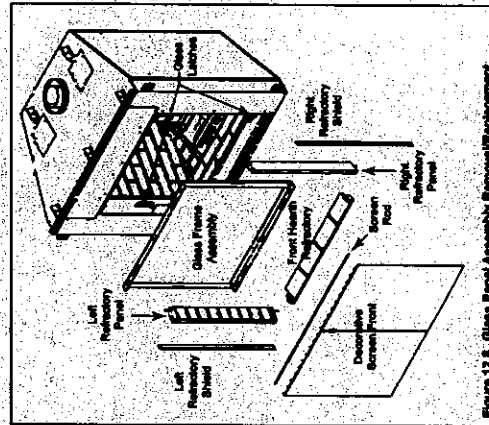


Figure 12.8 Glass Panel Assembly Removal/Replacement

Assemble Pipe Sections

Insert the inner flue of section A into the flared inner flue of section B.

Start the outer flue of section A over the outer flue of section B (see Figure 8.2).

Once both inner and outer flues are started, press section A onto section B firmly until all latches have snapped into place. Check to make sure they have snapped together (see Figure 8.3) and the seams are not aligned (see Figure 8.4). Tug slightly on section A to confirm it has completely locked into place. It is acceptable to use screws no longer than 1 in. (25 mm) to hold outer pipe sections together, if predrilling holes, do NOT penetrate inner pipe.

For 90° and 45° elbows that are changing the vent direction from horizontal to vertical, one screw minimum should be put in the outer flue at the horizontal elbow joint to prevent the elbow from rotating. Use screws no longer than 1 in. (25 mm). If predrilling holes, do NOT penetrate inner pipe.



Figure 8.1 Latches

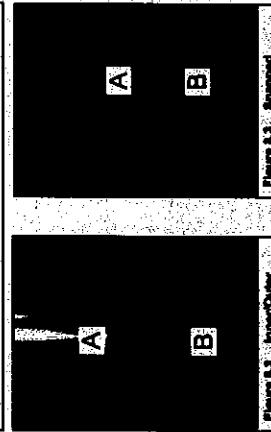


Figure 8.3 Snapped

Make sure the seams are not aligned to prevent unintentional disconnection.

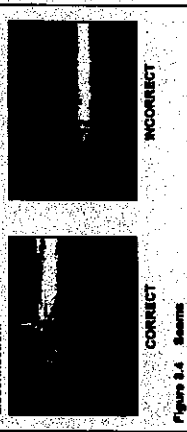


Figure 8.4 Seams

Assemble Minimum Installation (MI) Sections

MI sections are non-utilized so that they can be cut to a certain length. Cut these sections to length from the non-expanded end (see Figure 8.5).

They can then be attached by first connecting the expanded end of the MI inner flue with the inner pipe from the adjacent pipe section and securing with three screws. The expanded portion of the MI inner flue must overlap completely with the unexpanded end of the adjacent pipe section.

The outer flue can then be inserted into the adjacent outer flue expanded end and attached to the next pipe section with three screws. The other end of the MI pipe section can then be attached by fitting another pipe section to it and snapping it together, as normal.

Assemble Slip Sections

The outer flue of the slip section should slide over the outer flue of the pipe section and into (inner flue) the last pipe section (see Figure 8.6).

Slide together to the desired length, making sure that a 1-1/2 in. outer flue overlap is maintained between the pipe section and slip section.

The pipe and slip section need to be secured by driving two screws through the overlapping portions of the outer flues using the pilot holes (see Figure 8.7).

This will secure the slip section to the desired length and prevent it from separating. The slip section can then be attached to the next pipe section.

If the slip section is too long, the inner and outer flues of the slip section can be cut to the desired length.



Figure 8.5 MI Sections

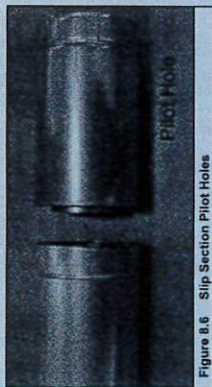


Figure 8.6 Slip Section Pilot Holes



Figure 8.7 Screws Into Slip Section

H. Install the Logs

- Base logs are pre-installed.
- Place three top logs:
Place slot in bottom of top log over pin in top of base log. Align opposite end of log with white notched area in top of base log. Repeat for each top log. See Figures 12.1 through 12.6.



Figure 12.1 Placing First Top Log - ICON601



Figure 12.2 Placing Second Top Log - ICON601



Figure 12.3 Placing Third Top Log - ICON601



Figure 12.4 Placing First Top Log - ICON1001



Figure 12.5 Placing Second Top Log - ICON1001



Figure 12.6 Placing Third Top Log - ICON1001

12 Appliance Setup

A. Remove Shipping Materials

- Remove shipping materials from inside or underneath the firebox.
- Front refractory (three pieces) package shipped in front of glass.
- Lower decorative front face, left and right refractory shields shipped on top of front refractory box.
- Remove ember material package shipped inside the column.

B. Remove Glass Assembly

See Section 12.L.

C. Remove Shipping Materials Inside Firebox

- Three top logs are shipped inside the firebox.

D. Clean the Appliance

Clean/vacuum any sediment that may have accumulated inside or underneath the firebox.

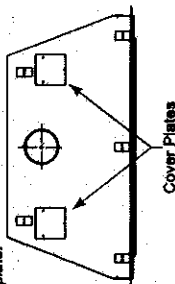
E. Accessories

Install approved accessories per instructions included with accessories. Refer to Section 16.D.

Note: This appliance requires the use of a decorative screen front (not provided with the appliance).

F. Heat-Zone-Gas

- Install the Heat Zone Kit before enclosing the appliance.
- Remove one of two square cover plates for each kit from the top of the appliance. Set the screws aside, discard the cover plate.



- Replace the cover plate with the heat zone collar from the kit. Use the three screws removed from the cover plate.
- Return to Heat-Zone-Gas instructions.

G. Refractory

All refractory internal to the firebox comes pre-installed. See Section 12.I. for installation of bottom front and side refractories.

Secure the Vent Sections

Vertical sections of pipe must be supported every 8 ft after the 25 ft maximum unsupported rise. The vent support or plumber's strap (spaced 120" apart) may be used to do this (see Figures 8.8 and 8.9).

Horizontal sections of vent must be supported every 5 ft with a vent support or plumber's strap.

B. Disassemble Vent Sections

To disassemble any two pieces of pipe, rotate either section (see Figure 8.10), so that the seams on both pipe sections are aligned (see Figure 8.11). They can then be carefully pulled apart.

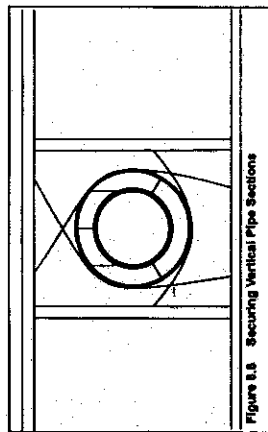


Figure 8.8 Securing Vertical Pipe Sections

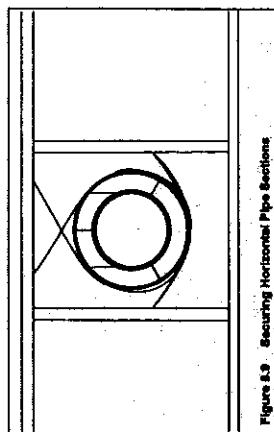


Figure 8.9 Securing Horizontal Pipe Sections

WARNING

Fire Risk
Explosion Risk
Asphyxiation Risk

Use vent run supports per installation instructions.

Connect vent sections per installation instructions.

- Maintain all clearances to combustibles.
- Do NOT allow vent to sag below connection point to appliance.

Improper support may allow vent to sag or separate.

WARNING

Shock Risk

Fire Risk

Use ONLY optional accessories approved for this appliance.

- Using non-listed accessories voids warranty.
- Using non-listed accessories may result in a safety hazard.
- Only Hearth & Home Technologies approved accessories may be used safely.



Figure 8.10 Rotate Seams for Disassembly



Figure 8.11 Align and Disassemble Vent Sections

C. Install the Heat Shield and Horizontal Termination Cap

▲ WARNING

Fire Risk

- Impaired performance of appliance.
- Telescoping flue section of termination cap MUST be used when connecting pipe section to termination cap.
- Maintain a 1-1/2 in. (38 mm) minimum overlap on telescoping flue section of termination cap.

▲ WARNING

Fire Risk

Exhaust Fumes Risk

- Impaired performance of appliance.
- Overlap pipe slip sections at least 1-1/2 in. (38 mm).
- Use pilot holes for screws.
- Screws must not exceed 1 in. long.
- Pipe may separate if not properly joined.

▲ WARNING

Do NOT connect a pipe section to a termination cap without using the telescoping flue section found on the termination cap.

Heat Shield Requirements for Horizontal Termination

For all horizontally vented appliances, a heat shield MUST be placed 1 in. (25 mm) above the top of the vent between the wall shield firestop and the base of the termination cap. There are two sections of the standard heat shield. One section is factory-attached to the wall shield firestop. The other section is factory-attached to the cap. See Figure 3.1.

If the wall thickness does not allow the required 1-1/2 in. (38 mm) heat shield overlap when installed, an extended heat shield must be used.

Important Notice: Heat shields may NOT be field constructed.

The extended heat shield may need to be cut to length. You will attach the cut heat shield to the existing cap heat shield or wall shield firestop heat shield (refer to Figure 3.1) using the supplied screws. You MUST maintain a 1-1/2 in. (38 mm) overlap of the extended heat shield and the existing shields (both ends of the heat shield). The small leg on the extended heat shield should rest on the top of the vent (pipe section) to properly space it from the pipe section.

11 Finishing

A. Mantel Projections

Figure 11.1 shows the minimum vertical and corresponding maximum horizontal dimensions of appliance mantels or other combustible projections above the top front edge of the appliance.

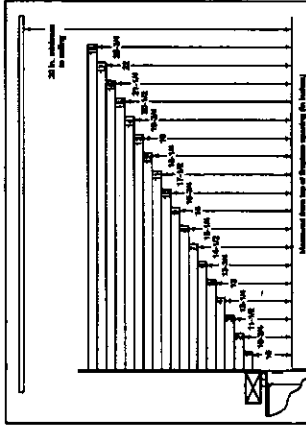


Figure 11.1 Clearance to Mantels or other Combustibles above Appliances.

B. Facing Material

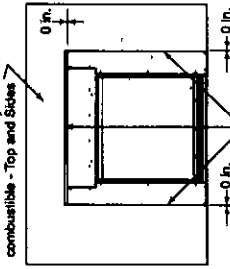
▲ WARNING



Fire Risk

- Do NOT obstruct air inlet or outlet grilles.
- Do NOT modify grilles.
- Modifying or covering grilles could cause temperature rise and fire hazard.
- Finishing materials must not interfere with:
 - Air flow through grilles or louvers.
 - Operation of louvers or doors.
 - Access for service.

Finish wall material may be combustible - Top and Sides



High Temperature Sealant (300° F/149° C min.)

Figure 11.3 Noncombustible Facing Diagram

▲ WARNING

Fire Risk

Explosion Risk

- Facing and/or finishing materials must never overhang into the glass opening.
- Overhanging materials may ignite.
- May interfere with proper operation of glass assembly.

▲ WARNING



Fire Risk

- Finish all edges and fronts to clearances and specifications listed in manual.
- Appliance front may be covered with non-combustible material only.
- Do NOT overlap combustible materials onto appliance front.
- Install combustible materials only up to specified clearances on top, front and sides.
- Seal joints between the finished wall and appliance top and sides using only a 300° F minimum sealant.

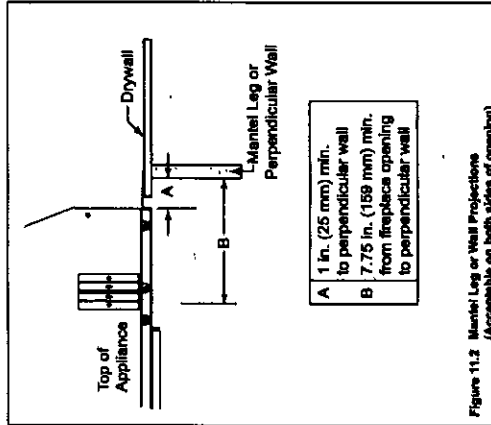


Figure 11.2 Mantel Leg or Wall Projections (Acceptable on both sides of opening)

D. Junction Box Installation

If the junction box is being wired from OUTSIDE of the appliance (preferred method):

- Remove two screws that attach junction box and bracket to appliance. See Figure 10.2.
- Feed an appropriate length of romex through plastic romex connector.
- Make necessary electrical connections.
- Attach outlet and cover plate to junction box.
- Reattach junction box and bracket to appliance with two screws.

If the junction box is being wired from the INSIDE of the appliance:

- Remove one screw that attaches access panel to column. See Figure 10.3.
- Remove two screws that attach junction box to junction box bracket. See Figure 10.4.
- Feed an appropriate length of romex through plastic romex connector.
- Reattach junction box to junction box bracket with two screws.
- Make necessary electrical connections.
- Attach outlet and cover plate to junction box.
- Reattach cover plate to column with one screw.

Figure 10.2 Remove Two Screws From Bracket

Figure 10.3 Remove Access Panel Screw

Figure 10.4 Remove Two Screws Holding Junction Box

Install the Horizontal Termination Cap

Vent termination must not be recessed in the wall. Siding may be brought to the edge of the cap base.

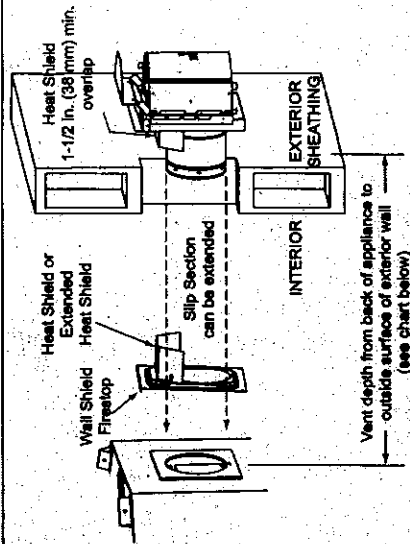
Flash and seal as appropriate for siding material at outside edges of cap.

When installing a horizontal termination cap, follow the cap location guidelines as prescribed by current ANSI Z223.1 and CAN/CGA-814\$ installation codes.

WARNING

Burn Risk

- Local codes may require installation of a cap shield to prevent anything or anyone from touching the hot cap.



Cap Specification Chart (depth without using additional pipe sections)

DVP Series	DVP-TRAPK1	DVP-TRAP1	DVP-TRAPK3	DVP-TRAP2
	Top Vent Depth	Rear Vent Depth	Top Vent Depth	Rear Vent Depth
3-1/2 to 5-3/8 in.	NA	NA	5-7/8 to 9-7/8 in.	NA
DVP-HPC1	DVP-HPC1	DVP-HPC1	DVP-HPC3	DVP-HPC3
Top Vent Depth	Rear Vent Depth	Top Vent Depth	Rear Vent Depth	Rear Vent Depth
3-1/2 to 5-5/8 in.	NA	NA	5-5/8 to 9-3/4 in.	NA

DVP-TRAP1 can adjust 1-7/8 in. (4-3/16 to 5-1/16)

DVP-TRAP2 can adjust 4 in. (6-1/16 to 10-5/16)

DVP-HPC1 can adjust 2-1/8 in. (4-1/4 to 5-3/8)

DVP-HPC3 can adjust 4-1/8 in. (8-3/8 to 10-1/2)

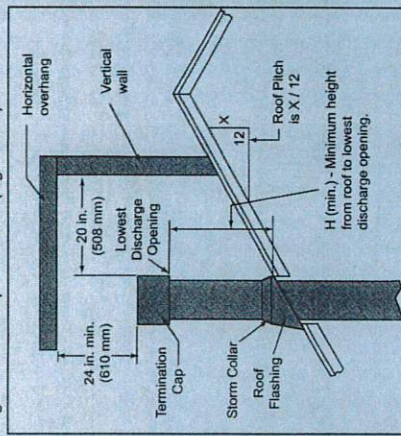
Figure 8.12 Venting through the Wall

Note: Where required, an exterior wall flashing is available. When penetrating a brick wall, a brick extension kit is available for framing the brick.

D. Install Roof Flashing and Vertical Termination Cap

To install roof flashing see Figures 8.13 and 8.14.

For installation of vertical termination cap see minimum vent heights for various pitched roofs (Figure 8.13).



Roof Pitch	H (Min.) Ft.	Roof Pitch	H (Min.) Ft.
Flat to 6/12	1.0*	Over 11/12 to 12/12	4.0
Over 6/12 to 7/12	1.25*	Over 12/12 to 14/12	5.0
Over 7/12 to 8/12	1.5*	Over 14/12 to 16/12	6.0
Over 8/12 to 9/12	2.0*	Over 16/12 to 18/12	7.0
Over 9/12 to 10/12	2.5	Over 18/12 to 20/12	7.5
Over 10/12 to 11/12	3.25	Over 20/12 to 21/12	8.0

Figure 8.13 Minimum Height from Roof to Lowest Discharge Opening

* 3 ft. minimum in snow regions

WARNING

Fire Risk

Explosion Risk

- Inspect external vent cap regularly.
- Ensure no debris blocks cap.
- Combustible materials blocking cap may ignite.
- Restricted air flow affects burner operation.

Caulk the gap between the roof flashing and the outside diameter of the pipe. Caulk the perimeter of the flashing where it contacts the roof surface. See Figure 8.14.

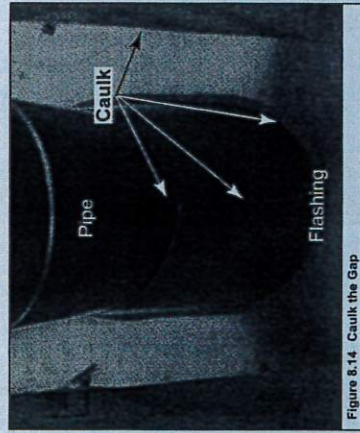


Figure 8.14 Caulk the Gap

To attach the vertical termination cap, slide the inner collar of the cap into the inner flue of the pipe section and place the outer collar of the cap over the outer flue of the pipe section.

Secure with three screws into the outer flue. Secure the cap by driving the three self-tapping screws (supplied) through the pilot holes in the outer collar of the cap into the outer flue of the pipe (see Figure 8.14).

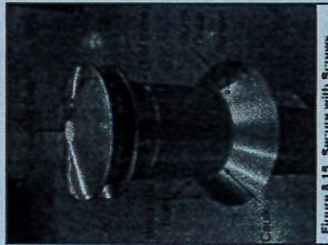


Figure 8.15 Secure with Screws

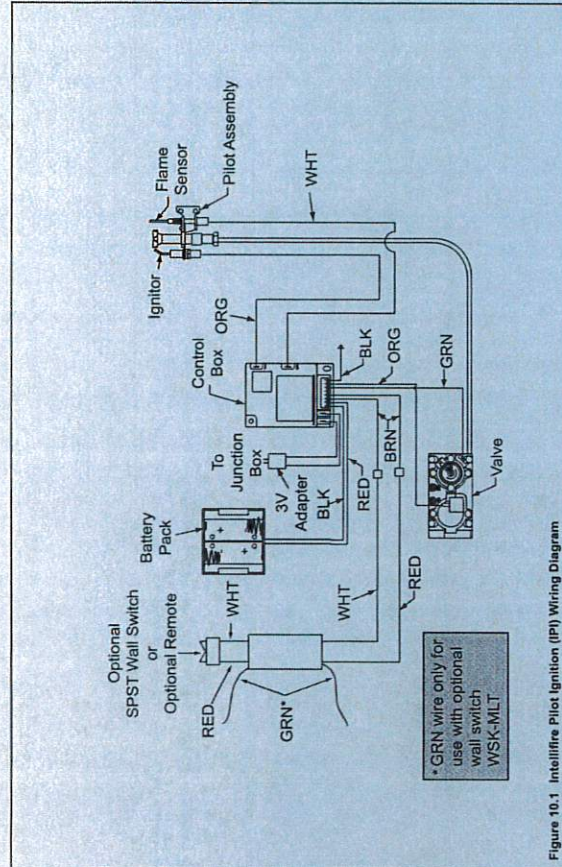


Figure 10.1 Intellifire Pilot Ignition (IPI) Wiring Diagram

WARNING



Shock Risk

- Replace damaged wire with type 105° C rated wire.
- Wire must have high temperature insulation.

CAUTION

Label all wires prior to disconnection when servicing controls. Wiring errors can cause improper and dangerous operation. Verify proper operation after servicing.

10 Electrical Information

A. Recommendation for Wire

This appliance requires 110-120 VAC to be wired to the junction box for proper operation of the appliance.

B. Connecting to the Appliance

- This appliance may be used with a wall switch, wall mounted thermostat and/or a remote control.
- If using thermostat use one compatible with a millivolt gas valve system.
- Follow parameters for locating thermostat (see individual thermostat instructions) to ensure proper operation of appliance.
- Use low resistance thermostat wire for wiring from ignition system to the wall switch and thermostat.
- Keep wire lengths short as possible by removing any excess wire length.
- Low voltage and 110 VAC voltage cannot be shared within the same wall box.

Notes: This appliance must be electrically wired and grounded in accordance with local codes or, in the absence of local codes, with National Electric Code ANSI/NFPA 70-latest edition or the Canadian Electric Code CSA C22.1.

⚠ WARNING

- Shock Risk
- Explosion Risk
- Do NOT wire 110V in valve.
- Do NOT wire 110V to wall switch
- Incorrect wiring will damage millivolt valves.
- Incorrect wiring will override IPI safety lockout and may cause explosion.

C. Intellifire Ignition System Wiring

This appliance requires a 110 VAC supply to the appliance junction box for operation. A wiring diagram is shown in Figure 10.1.

This appliance is equipped with an Intellifire control valve which operates on a 3 volt system.

This appliance is supplied with a battery pack and a 3 volt AC transformer, which requires the installation of the supplied junction box. It is highly recommended that the junction box be installed at this time to avoid reconstruction.

The battery pack requires two D-cell batteries (not included). Batteries cannot be placed in the battery pack while using the 3 volt AC transformer. Conversely, the transformer must be unplugged if the battery pack is used.

CAUTION

Battery polarity must be correct or module damage will occur.

Optional Accessories Requirements

Wiring for optional accessories should be done now to avoid reconstruction.

E. Assemble and Install Storm Collar

CAUTION

Sharp Edges!

- Wear protective gloves and safety glasses during installation.

Connect both halves of the storm collar with two screws (see Figure 8.16).

Wrap the storm collar around the exposed pipe section and align brackets. Insert a bolt (provided) through the brackets and tighten the nut to complete the storm collar assembly. Make sure the collar is tight against the pipe section. See Figure 8.17.

Slide the assembled storm collar down the pipe section until it rests on the roof flashing.

Caulk around the top of the storm collar (see Figure 8.15).

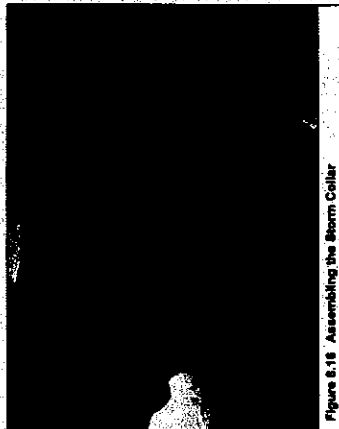


Figure 8.16 Assembling the Storm Collar



Figure 8.17 Assembling the Storm Collar Around the Pipe

9 Gas Information

A. Fuel Conversion

Before making gas connections ensure appliance being installed is compatible with the available gas type.

Any natural or propane gas conversions necessary to meet the appliance and locality needs must be made by a qualified technician using Hearth & Home Technologies specified and approved parts.

B. Gas Pressure

Proper input pressures are required for optimum appliance performance. Gas line sizing requirements need to be made following NFPA51.

▲ WARNING

Fire Risk

Explosion Risk

- High pressure will damage valve.
- Disconnect gas supply piping BEFORE pressure testing gas line at test pressures above 1/2 psig.
- Close the manual shutoff valve BEFORE pressure testing gas line at test pressures equal to or less than 1/2 psig.

▲ WARNING

Fire Risk

Explosion Risk

- Verify inlet pressures.
- High pressure may cause overfire condition.
- Low pressure may cause explosion.
- Verify minimum pressures when other household gas appliances are operating.
- Install regulator upstream of valve if line pressure is greater than 1/2 psig.

Pressure requirements for appliance are shown in the table below. Minimum pressures must be met when other household gas appliances are operating.

Pressure	Natural Gas	Propane
Minimum Inlet Pressure	5.0 in. w.c.	11.0 in. w.c.
Maximum Inlet Pressure	7.0 in. w.c.	14.0 in. w.c.
Manifold Pressure	3.5 in. w.c.	10.0 in. w.c.

C. Gas Connection

Note: Have the gas supply line installed in accordance with local building codes, if any. If not, follow ANSI Z223.1. Installation should be done by a qualified installer approved and/or licensed as required by the locality. (In the Commonwealth of Massachusetts installation must be performed by a licensed plumber or gas fitter.)

Note: A listed (and Commonwealth of Massachusetts approved) 1/2 in. (13 mm) T-handle manual shut-off valve and flexible gas connector are connected to the 1/2 in. (13 mm) control valve inlet.

- If substituting for these components, please consult local codes for compliance.

Refer to Reference Section 16 for location of gas line access in appliance.

Note: Gas line may only be run from the left side of appliance.

▲ WARNING



Gas Leak Risk

- Support control when attaching pipe to prevent bending gas line.

Note: The gap between supply piping and gas access hole may be caulked with high temperature caulk or stuffed with non-combustible, unfaced insulation to prevent cold air infiltration.

- Ensure that gas line does not come in contact with outer wrap of appliance. Follow local codes.
- Incoming gas line should be piped into the valve compartment and connected to the 1/2 in. connection on the manual shutoff valve.

D. High Altitude Installations

U.L. listed gas appliances are tested and approved without requiring changes for elevations from 0 to 2000 ft in the USA and Canada.

When installing this appliance at an elevation above 2000 ft, it may be necessary to decrease the input rating by changing the existing burner orifice to a smaller size. Input rate should be reduced by 4% for each 1000 ft above a 2000 ft elevation in the U.S.A., or 10% for elevations between 2000 and 4500 ft in Canada. If the heating value of the gas has been reduced, these rules do not apply. To identify the proper orifice size, check with the local gas utility.

If installing this appliance at an elevation above 4500 ft (in Canada), check with local authorities.

▲ WARNING

Fire Risk

Explosion Risk

- Gas build-up during line purge may ignite.
- Purge should be performed by qualified technician.
- Ensure adequate ventilation.
- Ensure there are no ignition sources such as sparks or open flames.

- A small amount of air will be in the gas supply lines. When first lighting appliance it will take a short time for air to purge from lines. When purging is complete the appliance will light and operate normally.

▲ WARNING

Fire Risk

Explosion Risk

Asphyxiation Risk

- Check all fittings and connections.
- Do not use open flame.
- After the gas line installation is complete, all connections must be tightened and checked for leaks with a commercially available, non-corrosive leak check solution. Be sure to rinse off all leak check solution following testing.

Fittings and connections may have loosened during shipping and handling.

▲ WARNING

Fire Risk

Do NOT change the valve settings.

- This valve has been preset at the factory.
- Changing valve settings may result in fire hazard or bodily injury.



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 128 Lot 32.01 Qualification Code _____
Work Site Location 256 Franklin Ave
Owner in Fee: K. Hounan Am Homes
Tel. (973) 857 2175 e-mail _____
Address 110 Fieldcrest Ave Edison, NJ 08818 zip code _____

Contractor: P & W MECHANICAL SERVICES L.L.C. Tel. () _____
Address 543 WRIGHTSTOWN-SYKESVILLE ROAD
WRIGHTSTOWN, N.J. 08562
Contractor License No. PH# 609-724-0404 FAX # 609-724-0408 Exp. Date _____
Federal Employee No. LIC # 6462 FAX: () _____
FED ID# 20-4186885

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size 4" DIA Public Sewer _____ Private Septic _____
Water Service Size 1 1/2" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 17,100.00

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
☐ No Plans Required	Type: _____	_____	_____
Joint Plan Review Required:	Slab _____	_____	_____
☐ Building ☐ Electric	Rough _____	_____	_____
☐ Fire ☐ Elevator	Water _____	_____	_____
☒ Plumbing Plans Approved	Sewer _____	_____	_____
Date: <u>10/24/2008</u>	Fixtures _____	_____	_____
Approved by: <u>[Signature]</u>	Gas Equipment _____	_____	_____
	Gas Piping _____	_____	_____
	LP Gas Tank _____	_____	_____
	Fuel Oil Piping _____	_____	_____
	Solar _____	_____	_____
	TCO _____	_____	_____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant's Signature/Contractor's Seal and Signature _____
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received _____
Control # _____
Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	100
5	Urinal/Bidet	50
7	Bath Tub	70
3	Lavatory	50
	Shower	
3	Floor Drain	30
	Sink	70
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	10
4	Fuel Oil Piping	60
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	50
	Greasetrap	
1	Sewer Connection	10
3	Water Service Connection	30
1	Stacks 3"	70
2	Other Sump Pump	60
	Other Condensate Lines	
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		530

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy
Reorder from OCS Printing (609) 398-4375



PERMIT UPDATE

Date Update Issued 11/6/08
Permit # 2008-02311
Date Permit Issued

IDENTIFICATION Block 128 Lot 32.01 Qualification Code _____
Work Site Location 256 Jannet Ave Contractor _____
Owner in Fee 256 Jannet Ave Address _____
Address 256 Jannet Ave Tel. () _____
Tel. () _____ Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

2 forced air furnace

Estimated Cost of Work \$ _____

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

[Signature] Date 11/6/08
Construction Official

U.C.C. F190 (rev. 1/04)

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE

4 GOLD-APPLICANT

Reorder from OCS Printing (609) 398-4375

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 100
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee _____
Cert. of Occupancy _____
Other _____
Total 100
Check No. 11281
Cash _____
Collected by [Signature]



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.

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Tel. (973) 857 2175
Address 110 Fieldcrest Ave Edison, NJ 08818 zip code _____

Contractor: F.A.W. MECHANICAL SERVICES LLC Tel. () _____
Address 543 WRIGHTSTOWN-SYKESVILLE ROAD
WRIGHTSTOWN, N.J. 08582
Contractor License No PH# 609-724-0404 FAX # 609-724-0408 Exp. Date _____
LIC # 8462
Federal Employee No FED ID# 20-4188885 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 1 1/2" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 17,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSECTIONS		Dates (Month/Day)	
Type:	Failure	Approval	Initial	Failure	Approval
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☒ Plumbing Plans Approved					
Date:	<u>10/23/2006</u>				
Approved by:	<u>[Signature]</u>				
SUBCODE APPROVAL					
☒ CO	<u>11-15-08</u>	<u>COG</u>	<u>CA</u>		
Date:					
Approved by:	<u>[Signature]</u>				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature [Signature] Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	\$ 100
5	Urinal/Bidet	50
3	Bath Tub	70
3	Lavatory	50
	Shower	
	Floor Drain	30
	Sink	10
	Dishwasher	
	Drinking Fountain	10
	Washing Machine	20
	Hose Bibb	10
	Water Heater	
	Fuel Oil Piping	60
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	50
	Backflow Preventer	
	Greasetrap	10
	Sewer Connection	10
	Water Service Connection	30
	Stacks 9"	10
	Other Sump Pump	60
	Other Condensate Lines	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 530

Red & Furnish - 8/00
11/6/08

Date Received Control # 1/11/08
Date Issued Permit # 2008-023

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

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (800) 398-4375

5-27-22

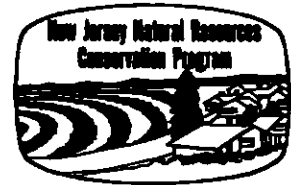
Shaver. Fittings

Shaver water + Sewer

5-27-22 -



Hudson, Essex & Passaic Soil
Conservation District
15 Bloomfield Avenue
North Caldwell, NJ 07006
(973)364-0786
Fax (973)364-0784



State Soil Conservation
Committee

REPORT OF COMPLIANCE

This certifies that the Soil Erosion and Sediment Control measures to the extent indicated comply with the Soil Erosion and Sediment Control Plans as certified by the Soil Conservation District pursuant to Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (NJSA 4:24-39 et seq.)

Municipality:

Verona, NJ

Project Name:

Hilltop @ Essex

SCD Application No:

203-E-2446/207-E-0001

Block(s):

128

Lot(s):

32.01

Street Address:

256 Fairview Avenue

Block(s):

Lot(s):

Street Address:

☐ CONDITIONAL COMPLIANCE* (CRC)

☒ REPORT OF COMPLIANCE - NO CONDITIONS (ROC)

Date:

10/17/08

Signature of District Official:

Glen Van Olden
F.A.

*CONDITIONS:

1. Establishment of permanent stabilization of all disturbed areas in accordance with the certified soil erosion and sediment control plan.

Conditions above must be satisfied no later than

☐ FINAL REPORT OF COMPLIANCE

(invalid if checked in addition to the CRC and/or ROC boxes unless authorized by district official)

Date:

Signature of District Official: _____

Distribution:

Municipal Construction Office, Developer/Owner, District, Other



Hudson, Essex & Passaic Soil
Conservation District
15 Bloomfield Avenue
North Caldwell, NJ 07006
(973)364-0786
Fax (973)364-0784



State Soil Conservation
Committee

REPORT OF COMPLIANCE

This certifies that the Soil Erosion and Sediment Control measures to the extent indicated comply with the Soil Erosion and Sediment Control Plans as certified by the Soil Conservation District pursuant to Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (NJSA 4:24-39 et seq.)

Municipality: Verona, NJ
Project Name: Hilltop @ Essex
SCD Application No: 203E-2446/201-E-0001
Block(s): 128 Lot(s): 32.01 Street Address: 256 Fairview Avenue
Block(s): _____ Lot(s): _____ Street Address: _____

☐ CONDITIONAL COMPLIANCE* (CRC) ☒ REPORT OF COMPLIANCE - NO CONDITIONS (ROC)

Date: 10/17/08 Signature of District Official: Alan Van Olden
7a

*CONDITIONS:

1. Establishment of permanent stabilization of all disturbed areas in accordance with the certified soil erosion and sediment control plan.

Conditions above must be satisfied no later than _____

☐ FINAL REPORT OF COMPLIANCE
(invalid if checked in addition to the CRC and/or ROC boxes unless authorized by district official)

Date: _____ Signature of District Official: _____

Distribution:
Municipal Construction Office, Developer/Owner, District, Other



PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. Box 800 Annandale, VA 22003-0800 Phone: 1.800.850.2799 Fax: 1.800.851.2799

To: Municipal Construction Official
From: Professional Warranty Service Corporation
Subject: Confirmation of home enrollment and warranty coverage

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWC representative and the PWC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing/final settlement.

Builder Name: K. HOVNANIAN AT CEDAR GROVE IV, LLC
PWC Builder Participation Number: 00070BU
NJ DCA Registration Number: 37607
Purchaser(s) Name: ,
Municipality: Verona Twp.
Legal Address of Home Enrolled: Lot: 32.01 Block: 128
Street Address: 256 Fairview Avenue
City / State / Zip: Verona NJ 07044
County: ESSEX
PWC Approval Number and
Builder's Limited Warranty Number: 03654148
Date: 07/24/2008

PWC Representative:

Stephanie Sloan

PWC Seal:

10/04/07 ADDED NOTE FOR BUSINESS WINDOW



SECTION:	NORTHEAST
TOWNSHIP:	METRO NEW YORK
COUNTY:	HILLTOP PARCELS
LOCALITY:	Essex County, NJ
LEVEL:	5
SUB TYPE:	SINGLE FAMILY
MODEL:	44956500S
FLOOR/FNO:	1185 / FULL BAS
BLOCK:	128
LOT:	32.07
OWNER NAME:	2448 FAIRVIEW AVENUE
ADDRESS:	VERONA
CITY:	VERONA
STATE:	NJ
ZIP CODE:	07006
CONTRACT:	BLANK
BUYER:	RAYMOND DELIZIA
DATE:	11/15/2006
TIME:	11:00 AM
REMARKS:	AS SHOWN IN PLAN

THE

DISCUSSION

PLAN BY:

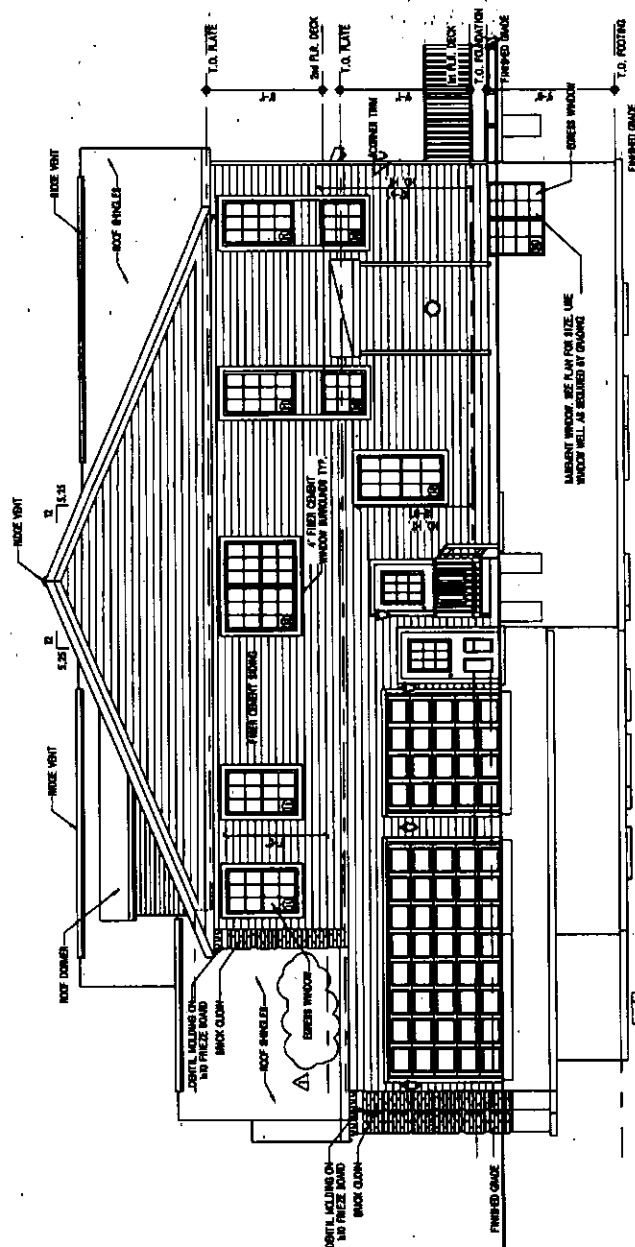
RECEIVED BY:

100

A-6d

100

1 RIGHT ELEVATION
A-68 SCALE: 1/8" = 1'-0" (1st 7 SHEETS)
DATE: 1/1/78 BY: J. A. J. 1/1/78



A 10/30/07 ADDED ROOM DESIGNATIONS



REGION	NORTHEAST
SUBAREA	METRO NEW YORK
COMMUNITY	HILLTOP PARCELS
LOCATION	Essex County, NJ
LEVEL	5
DATE TYPE	SINGLE FAMILY
MODEL	445566008
YEAR/END	11/86 / FULL 848
LOOKS	128
LOT	32.01
OWNER NAME	KLAAR
ADDRESS	248 FAIRVIEW AVENUE
CITY	VERONA
STATE	NJ
ZIP CODE	07006
BLD. NO.	BLD. 4

SHIP CODE: 07006 BLDR: J

CONTACT: 2
ALVIN DELICIA
REAL

440671 6
2010112 75

五

701-1611-2300 FAX

FOUNDATION PLAN

[illegible]

DATE	12/1/81
------	---------

Group 17:	17:
---------------------------	---------------------

[illegible]

FILE:	10/02/2009
-------	------------

1

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 105–112

NOTE: REFER TO SHEET CS-1 FOR STRUCTURAL SPECS. AND CS-2 FOR NOEDULES AND CD SHEETS FOR TYPICAL CONNECTION UNLESS NOTED OTHERWISE.

REPRESENTS LOCATION
OF STUD WALL ABOVE

FOUNDATION PLAN

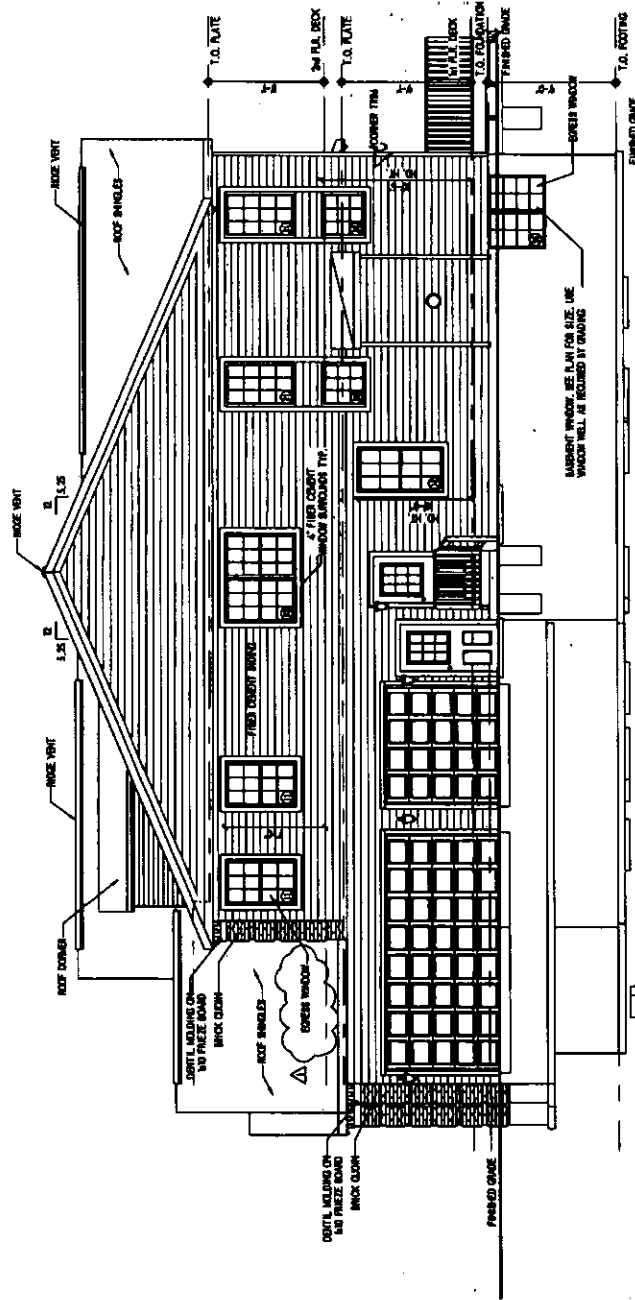
STUDY THE BOOK

[illegible]

Δ 10/04/17 ADDED NOTE FOR BUSINESS WINDOW

[illegible]

1 RIGHT ELEVATION
A-6d
SCALE: V_H = 1" = 0' (NOT SHOWN)
SCALE: V_S = 1" = 0' (22.04 @ 5.71)





ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Applicant's Signature/Contractor Seal and Signature

Exempt Applications

FEE (Office Use Only)

Lighting Fixtures.
Receptacles.
Switches. **HI**
Detectors. **2**
Signaling.
Motors-Fract. **2**
Emergency. **2** Exit lights
Communications. Points
Alarm Devices. F.A.C. Panel

1	Temporary	1	Other
2	Utility	2	Other
3	Utility	3	Other
4	Utility	4	Other
5	Utility	5	Other
6	Utility	6	Other
7	Utility	7	Other
8	Utility	8	Other
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93	Utility	93	Other
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96	Utility	96	Other
97	Utility	97	Other
98	Utility	98	Other
99	Utility	99	Other
100	Utility	100	Other

INSPECTIONS		Dates (Month/Day)	Initial
Type:	Failure	9/1/85	W
Rough	Failure	9/1/85	W
Barrier-Free	Failure	9/1/85	W
Trench	Failure	9/1/85	W
Temp. Serv.	Failure	9/1/85	W
Constr. Serv.	Failure	9/1/85	W
TCO	Failure	9/1/85	W
Other	Failure	9/1/85	W
Serv. Inspect.	Failure	9/1/85	W
Barrier-Free	Failure	9/1/85	W
Temp. Cut-in-Card Date Issued	Failure	9/1/85	W
Final Cut-in-Card Date Issued	Failure	9/1/85	W
Pool Inspection	Failure	9/1/85	W
Date of Grouting and Bonding	Failure	9/1/85	W
Certification	Failure	9/1/85	W

2 Canary = Office Copy 3 Print = Office Copy 4 Gold = Applicant Copy

U.C.C. F120 (rev. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Cut - Short 41-42
 9/1/04
 Used Plans

14-55 Garage
 " - 14-2 by Condensing line side down
 Get 14-2 - 020 by day for

Secure 4-Gang SW. Living Rm.

Loaden - Check 11.5 Ht at P.C.

Bath - Secure 4-Gang Box

Secure Turnout of Tightly Bedding Clamps

Support wires down front wall

Front left at corner of box

" " " " " " wires

Get wires off ducts

Fix Fan Box, not flush

Re-staple wire ceiling Bolts

Jump the wire on Hanger 9/11/04

Check in frame

Basement

2nd Fl.

Get 12-12 wires down front right
 Move staple ceiling "

350 Kcmil



CUT-IN-CARD

MUNICIPALITY Vermont

LOCATION 256 Fairview Ave.

UTILITY CO PS&G

Vermont

BLK 128 LOT 32.01

OWNER K. Howard OCCUPANT VACANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 300 amp.

INSTALLED BY Murphy LICENSE NO 1682-A

DATE 9/1/08 PERMIT # 08-023 INSPECTOR [Signature]

☐ CALLED IN 9/1/08 Lic. No: 9656

MUNICIPALITY

VERONA

CUT-IN-CARD



LOCATION

256 Fairview Ave.

UTILITY CO

PSE+G

Verona

BLK

124

LOT

32.01

OWNER

K. Houvavian

OCCUPANT

VACANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL

☐ TEMPORARY

This approval void after _____ days

DESCRIPTION OF SERVICE

300 amp.

INSTALLED BY

M. J. Ace

LICENSE NO

1682 A

DATE

9/1/88

PERMIT #

08-023

INSPECTOR

[Signature]

☐ CALLED IN

9/1/88

Lic. No:

9656

MUNICIPALITY

VERDONA

LOCATION

256 FAIRVIEW AVE.

UTILITY CO

PSE+G



CUT-IN-CARD

VERDONA

BLK

129

LOT

32.01

OWNER

K. HOUVARIAN

OCCUPANT

VACANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL

☐ TEMPORARY

This approval void after _____ days

DESCRIPTION OF SERVICE

300 amp.

INSTALLED BY

MURRAY B.I.

LICENSE NO

1682 A

DATE

9/1/58

PERMIT #

08-023

INSPECTOR

[Signature]

☐ CALLED IN

9/1/58

Lic. No:

9656

```

*****
*
*                               TRANSACTION REPORT
*
*                               SEP-02-2008 11:24 AM
*   FOR: TOWNSHIP.VERONA      9738575134
*
*   SEND(M)
*
*   DATE   START   RECEIVER   PAGES   TIME   NOTE
*
*   SEP-02 11:24 AM PSE&G      1       21"   OK
*
*****

```

GRS 1/0
 Paid 2/0

MUNICIPALITY VORONA



CUT-IN-CARD

LOCATION 256 FAIRVIEW AVE.

UTILITY CO PSE+G

VORONA

BLK 128 LOT 32.01

OWNER K. HOVNANIAN

OCCUPANT VACANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 300 AMP.

INSTALLED BY MURROS E.I.

LICENSE NO 1682 A

DATE 9/1/05 PERMIT # 05-023 INSPECTOR [Signature]

☐ CALLED IN 9/1/05

Lic. No: 9656

10/25/08
Not Completed

~~HC @ S Move Forward~~

~~Door 601~~

~~Hall Dining Rm.~~

~~Laundry GFI Detection~~

10/26/08 — ~~Remove Protection Covering @ over switch
+ 1st fl. Bath~~

10/26/08 — ~~Move Out Fan Attic Access~~

10/26/08 — ~~Fire Handset Move @ + Rk pipe - 1st
2nd fl. Bath @ not GFI Protection
" " " " " " " "~~

Total 10/26/08 — ~~Basement - New Board Litter ok to be Dr
Patch Wall S.~~

10/26/08 — ~~Remove Rk pipe + Strap LU Wire
Sewage Ejector~~ ~~Cover Relay~~

10/26/08 — ~~Make Pairs~~

* { ~~Alarm Wires Spliced in ceiling now house~~
~~Suzanne S. out Tuning Rm.~~
~~" light on stairs to Basement~~

*
* TRANSACTION REPORT *
* OCT-28-2008 11:12 AM *
* FOR: TOWNSHIP. VERONA 9738575134 *
*
* SEND(M) *
*
* DATE START RECEIVER PAGES TIME NOTE *
*
* OCT-28 11:11 AM PSE&G 1 23" OK *
*



CUT-IN-CARD

MUNICIPALITY Vernonia

LOCATION 276 Fairview Ave.

UTILITY CO PS&G

Vernonia

BLK 128 LOT 32.03

OWNER K. Hovian

OCCUPANT VACANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 300 Amp.

INSTALLED BY Munroe B. LICENSE NO 1682A

DATE 10/28/08 PERMIT # 08-235 INSPECTOR [Signature]

☐ CALLED IN 10/28/08 Lic. No: 9656

CUT-IN-CARD



MUNICIPALITY VERNONA

LOCATION 276 Fairview Ave

UTILITY CO PSE&G

Vernonia

BLK 12E LOT 32.03

OWNER K HODAVIAN OCCUPANT VACANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 300 AMP

INSTALLED BY M. J. ROE 61 LICENSE NO 1692A

DATE 10/25/08 PERMIT # 08-235 INSPECTOR [Signature]

☐ CALLED IN 10/28/08 Lic. No: 9656



CUT-IN-CARD

MUNICIPALITY Vermont

LOCATION 276 Fairview Ave.

UTILITY CO PS&G

Vermont

BLK 128 LOT 32.03

OWNER K. Hovavian OCCUPANT VACANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 300 amp

INSTALLED BY M. J. A. 07 LICENSE NO 1682A

DATE 10/28/08 PERMIT # 08-235 INSPECTOR [Signature]

☐ CALLED IN 10/28/08 Lic. No: 9656

MUNICIPALITY VERONA  CUT-IN-CARD
LOCATION 276 Fairview Ave. UTILITY CO PSEG
VERONA BLK 128 LOT 32.03
OWNER K. HOVANIAN OCCUPANT VACANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 300 AMP.

INSTALLED BY MUNAS 57 LICENSE NO 1682A

DATE 10/24/08 PERMIT # 09-225 INSPECTOR [Signature]

☐ CALLED IN 10/28/08 Lic. No: 9656



PERMIT UPDATE

Date Update Issued
Permit #
Date Permit Issued

IDENTIFICATION Block 128 Lot 37.01 Qualification Code _____

Work Site Location 1000-10000 Ave Contractor _____

Address 1000-10000 Ave Address _____

Owner in Fee 1000-10000 Ave Tel. () _____

Address 1000-10000 Ave Lic. No. or Bldrs. Reg. No. _____

Tel. () _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Lead in Building

Estimated Cost of Work \$ _____

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Construction Official _____

Date _____

U.C.C. F180 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

Recorder from OCS Printing (609) 398-4375

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 100
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee _____
Cert. of Occupancy _____
Other _____
Total 100
Check No. 4
Cash 5
Collected by _____



FIRE PROTECTION 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 128 Lot 32.01 Qualification Code _____
Work Site Location 256 278 Para View Ave

Owner in Fee: K. Mountain Homes

Tel. 973.857.2175 e-mail _____

Address 1 Arbor Rd Municipality N. Caldwell ZIP code 07006

Contractor: Munroe Electric Tel. 732.253.5555

Address 311 Englewood Road Monroe e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. 22-1992096 FAX: (732) 251.5123

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed 25 Fire Alarm System: [] New or [] Existing

Constr. Class: Present _____ Proposed 5B Location of Panel: _____

Heating System: [X] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

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

Location: _____

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ \$20,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[X] Fire Plans Approved	Pre-Eng. System				
Date: <u>10/24/07</u>	Mechanical				
Approved by: <u>[Signature]</u>	Smoke Control				
SUBCODE APPROVAL		TCO			
[X] CA		Flam/Combust Tanks			
Date: <u>10/24/07</u>	Fireplace Venting				
Approved by: <u>[Signature]</u>	Final				
	Other				

1 White = Inspector Copy
3 Pink = Office Copy
U.C.C. F140 (rev. 5/03)
Reorder From OCS Printing (800) 388-4375

Date Received Control # 1/11/08
Date Issued Permit # 2008-723

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
[] System	
[X] 110v Interconnected	
[X] CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tamper, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	
TOTAL	
Suppression Systems	
Fire Pump _____ GPM Type _____	
Dry Pipe/Alarm Valves	
Pre-action Valves	
Sprinkler Heads (Dry and Wet)	
Standpipes	
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO ₂ Suppression	
Foam Suppression	
FM200 Suppression	
Other	
Other Systems	
Kitchen Hood Exhaust System	
Smoke Control System	
Fired Appliances [] Gas or [] Oil	
Fireplace Venting/Metal Chimney	
Other	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 50

2 Canopy = Office Copy
4 Gold = Applicant Copy



FIRE PROTECTION 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 128 Lot 32.01 Qualification Code _____
Work Site Location 250 E. 1st Ave

Owner in Fee: K. V. Robinson, Jr. & Sons

Tel. 973.857.2175 e-mail: _____

Address 11 Amber Rd. N. Calhoun, N.J. 07026

Contractor: MWA Electric Tel. (732) 251-5555

Address 311 Englewood Road Monmouth, NJ

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. 172-1992096 FAX: (732) 251-5723

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R5

Constr. Class: Present _____ Proposed 512

Heating System: ☒ New or ☐ Existing ☐ HVAC

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

Location: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☒ Fire Plans Approved	Pre-Eng. System				
Date: <u>10/21/07</u>	Mechanical				
Approved by: <u>DR</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
<u>NJ</u> <u>CCO</u> <u>CA</u>	Flam/Combust Tanks				
Date: <u>10/21/07</u>	Fireplace Venting				
Approved by: <u>DR</u>	Final				
	Other				

Recorder From OCS Printing (800) 308-4375
U.C.C. F140 (rev. 5/03)
1 White = Inspector Copy
3 Pink = Office Copy

Date Received 1/11/08
Control # _____

Date Issued 2008-0223
Permit # _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of _____ authorized to make this application.
Applicant's Signature/Contractor's Signature _____
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☒ 110v Interconnected		
☒ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances ☐ Gas or ☐ Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 50

2 Canary = Office Copy
4 Gold = Applicant Copy

Verby Cost breakdown

\$ total

B 325,000.00

E 9,000.00

P 17,000.00

F 500.00

Chris Pattermen

cell 732-496-4631

GLENN-ALL
SIGNED OFF -
PAT NEEDS
CUBIC FT FOR
PRICING

9.5

NEW HOUSE

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: K-MOV. BLOCK: 128 LOT: 32.01

WORKSITE ADDRESS: 248 FAIRVIEW DATE: 10/19/07
256

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft. 6104 Cubic Ft. 130,221 x 0.04 \$ 5209
State Permit Fee: Cubic Ft. 130,221 x 0.00265 \$ 345
Minimum Fee: \$50.00 \$

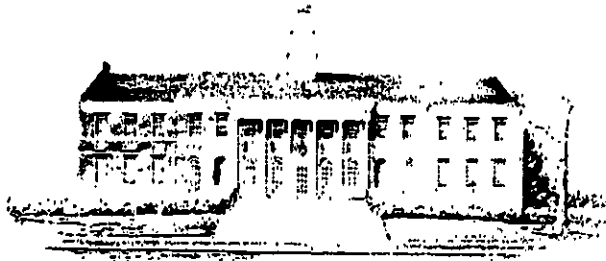
ALTERATIONS/REPAIRS:

BUILDING FEE: \$50 per first \$1000 Est. Cost; \$12 each additional \$1000 or part thereof \$
STATE PERMIT FEE: \$ x \$ 0.00135 per Thousand Est. Cost \$
ELECTRICAL FEE: Minimum Fee: \$50.00 \$
PLUMBING FEE: Minimum Fee: \$75 com / \$50 res; \$10 per fixture; \$50 per special device \$
FIRE PROTECTION FEE: Minimum Fee: \$50.00 \$
ELEVATOR FEE: \$
DEMOLITION FEE: \$200 commercial / \$100 1&2 family residential / \$50 accessory structure \$
MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: \$50.00 \$
CERTIFICATE OF OCCUPANCY: \$ 521

TOTAL FEE: \$

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. <u>Planning Board Approval</u> 2.	<u>10/23/07</u>	<u>fl</u>
ENGINEERING			1. 2.		
BUILDING	<u>10/23/07</u>		1. 2.	<u>12/12/07</u>	<u>fl</u>
ELECTRIC	<u>10/23/07</u>		1. <u>Re-Construction Comments, location of Service</u> 2. <u>planned to install 1000V service</u>	<u>1/2/08</u>	<u>fl</u>
PLUMBING	<u>10/23/07</u>		1. <u>Plan shows 1 1/2" water service, 3" sewer</u> 2. <u>Tech 5 feet below 4" sewer, 1" water</u>	<u>1/23/08</u>	<u>fl</u>
FIRE	<u>10/24/07</u>		1. 2.	<u>10/24/07</u>	<u>WD</u>
ELEVATOR			1. 2.		

APPROVALS	- 5 - ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	<i>quote to check over question he will respond</i>
PLUMBING	<i>Make Correction on Tech Sheet to 4" sewer. 1 1/4" water. JLP</i>
FIRE	



Township of Verona

880 Bloomfield Avenue
Verona, New Jersey 07044

OFFICE OF THE CONSTRUCTION OFFICIAL

Telephone: (973) 857-4834 Fax: (973) 857-5134

ZONING CALCULATION FORM

This form shall be completed by the Applicant and shall be submitted with construction permit application for all new residential construction and additions in Residential Zone Districts R-1 through R-4. The Applicant shall complete all items on this form.

256

WORKSITE ADDRESS <u>248 Fairview Ave</u>	Block <u>128</u>	Lot <u>32.01</u>
Applicant's Name <u>K. Harmanian</u>	Zone District	
Applicant's Address <u>1 Arbor Rd N. Caldwell</u>	Telephone Number <u>973 857 2175</u>	

LOT AND YARD REQUIREMENTS	Existing	Proposed	R-1	R-2	R-3	R-4	Conforms?	
Lot Area:	32786 s.f.	s.f.	30,000 s.f.	15,000 s.f.	10,000 s.f.	8,400 s.f.	Yes	No
Lot Width:	150 ft.	ft.	150 ft.	100 ft.	80 ft.	70 ft.	Yes	No
Lot Depth:	219 ft.	ft.	175 ft.	150 ft.	125 ft.	90 ft.	Yes	No
Front Yard Setback	63.14 ft.	ft.	45 ft.	40 ft.	35 ft.	30 ft.	Yes	No
Rear Yard Setback	92.37 ft.	ft.	50 ft.	40 ft.	30 ft.	30 ft.	Yes	No
Side Yard Setback (One)	26.88 ft.	ft.	15 ft.	11 ft.	9 ft.	8 ft.	Yes	No
Side Yard Setback (Both) (not less than 25% of lot width)	66.87 ft.*	ft.*	38 ft.*	25 ft.*	20 ft.*	18 ft.*	Yes	No
HEIGHT, COVERAGE & DENSITY REQUIREMENTS	Existing	Proposed	R-1	R-2	R-3	R-4	Conforms?	
Maximum Building Height - Principal Building	31.87 ft.	ft.	30	30	30	30	Yes	No
Maximum Building Height - Accessory Building	— ft.	ft.	15	15	15	15	Yes	No
Max. Lot Coverage for Principal & Accessory Buildings	12.82 %	%	20%	25%	30%	30%	Yes	No
Max. Improved Lot Coverage based on New Site Area	22.20 %	%	35%	40%	40%	40%	Yes	No
ACCESSORY USE REQUIREMENTS	Existing	Proposed	R-1	R-2	R-3	R-4	Conforms?	
Minimum Accessory Structure Side Setback - ft.	ft.	ft.	5				Yes	No
Minimum Accessory Structure Rear Setback - ft.	ft.	ft.	5				Yes	No
Minimum Accessory Structure Front Setback	ft.	ft.	150% of required front setback				Yes	No

Prepared by:

Signature of Applicant

Date

10/3/07

RETAINING WALLS

BLOCK 120 LOT 32.01 QUALIFICATION CODEADDRESS (SITE) 256 Fairview Ave PERMIT NO. 778-492

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 256 Fairview Ave

2. Name of Owner in Fee: E. Hovnanian Homes

Tel. (973) 857-5372 e-mail CHATTERMAN@EHHV.COM

Address 1 Robin Rd N. Caldwell

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: SAW Tel. ()

Address 2011 8005 License No. OR, if new home, Builder Reg. No. 037606 Exp. Date

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

Federal Emp. ID No. 20118005 FAX: (972) 857-5389

5. Architect or Engineer LOUISIANA Contact

Address 1144 West 10th Street, Suite 1111, Dallas, TX 75201

Tel. (214) 747-1971 FAX: (214) 897-3858

6. Responsible Person in Charge once Work has Begun Chas. Patterson

Tel. (973) 857-5372 FAX: (972) 857-5389

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>830</u>	
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		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>830</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		
2. Height of Structure		R.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed		sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		R.
10. Wetlands	yes	
11. Max. Live Load	no	
12. Max. Occupancy Load		

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional)						
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☒ Building								
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income: restricted

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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

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

8. ☐ Smoke Control Systems in Open Walls

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

C.C. Form 1 (rev. 9/00)

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	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. _____	_____	_____	_____

U.C.C. F100-3 (rev. 3/95)

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(g)1.i.c: 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(e)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

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

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

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

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

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

() Check if contractor.

Agent Name Chen Paterson Chen K. Hanover

Address 1 Archer Rd

Telephone (973) 857-9772

Signature [Signature]

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 17:27.

U.C.C. F100-3 (rev. 3/95)



**BUILDING 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 128 Lot 32.01 Qualification Code _____
Work Site Location 256 Fairview Ave

Owner in Fee: K. Harrison Jones

Tel. (977) 857 2175 e-mail _____

Address 1 Arbor Rd. N. Caldwell 07006
street municipality zip code

Contractor: SPMS Tel. () _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. 07606 Exp. Date _____

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

Federal Emp. ID No. 201185057 FAX: (973) 857-5372

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date Initial	Type:	Failure	Approval	Initial
☐ No Plans Required					
☒ All	<u>12/10/08</u>	Footings			
☐ Footings		Footings Bonding			
☐ Foundation		Foundation			
☐ Frame		Slab			
☐ Other		Frame			
		Truss Sys./Bracing			
		Barrier-Free			
		Insulation			
		Finishes -Base Layer			
		Finishes -Final			
		Energy			
		Mechanical			
		TCO			
		Other			
		Final			
		Barrier-Free			

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA

Date: 11/19/08
Approved by: [Signature]

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) \$ 25,000.00

Date Received _____
Control # _____

Date Issued _____
Permit # 708-492

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RETAINING WALLS
AT REAR OF HOME
1155 SF
See Attached Plans

FEE (Office Use Only)

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5-17
☒ Other Retaining Walls
☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 338
TOTAL FEE \$ 338

3/6/09 Reinspection of failed wall. left (sdr) end of wall. Pass



BUILDING 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 128 Lot 32.01 Qualification Code _____
Work Site Location 256 Fairview Ave

Owner in Fee: K. Huanmin Jones

Tel. (973) 857 2175 e-mail _____

Address 1 Arbor Rd. Municipality N. Caldwell Zip Code 07006

Contractor: SPATE Tel. () _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. 037606 Exp. Date _____

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

Federal Emp. ID No. 20185057 FAX: (973) 857-5372

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type	Initial	Failure	Approval	Initial
☒	No Plans Required	7/31/08			
☒	All				
☐	Footings				
☐	Footings Bonding				
☐	Foundation				
☐	Slab				
☐	Frame				
☐	Truss Sys./Bracing				
☐	Barrier-Free				
☐	Insulation				
☐	Finishes -Base Layer				
☐	Finishes -Final				
☐	Energy				
☐	Mechanical				
☐	TCO				
☐	Other				
☐	Final				
☐	Barrier-Free				

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
 Date: 11/19/09
 Approved by: [Signature]

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) \$ 25,000.00

Date Received Control # 8/4/08
 Date Issued Permit # MS-492

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RETAINING WALLS
AT REAR OF HOME
1155 SF
PER ATTACHED PLANS

FEE (Office Use Only)

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☒ Radon Remediation
☐ Other RETAINING WALLS
☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

Sq. Ft. _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ 330
 TOTAL FEE \$ 330



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

Block 1253 Lot 372.60' Qualification Code _____
 Work Site Location 256 Sp. a 112-11 A. 31

Work Site Location 256 86th Ave NE
10000

Owner in Fee: E. H. Williams & W. D. S

Tel: 1167, 557 7175 e-mail

Address 1 m hoo Rd. 11.15.01 07006
street municipality zip code

Contractor _____ Tel. (____) _____

Competition: 21MAY e-mail: _____
Address: _____

Contractor License No. or Builder Registration No. 1137106 Exp. Date 11/30/2016

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

Federal Emp. ID No. 701185057
FAX: (43) 857 5711

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☒ No Plans Required	12/19/86	GL	Type:				
☒ All			Footling				
☐ Footling			Footling Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer				
			Finishes -Final				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☒ CA			Mechanical				
Date: 11/19/87			TCO				
Approved by: [Signature]			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) \$ 25,000
 U.G.C. F110 (rev. 3/67)

U.C.C. F110 (rev. 3/07)

Date Received	Control #	Date Issued	Permit #

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DETAINING WALLS
AT REAR OF HOUSE
1155 ST. PARS
222 A.T. W. 1 PARS

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 fr. stat. 12/11/11
☐ Demolition

FEE (Office Use Only)

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



CERTIFICATE

Permit # 2006-492
Date Issued
Control #
Certificate Issued Date: 2/2/09

IDENTIFICATION

Block 128 Lot 32.01 Qualification Code _____
Work Site Location 256 Fairview Ave.
Owner In Fee V. Hovnanian
Address 256 Fairview Ave
Verona, N.J.
Tel. () _____
Contractor Hovnanian
Address 1 Arden Rd.
N. Caldwell, N.J.
Tel. () _____ FAX () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

Retaining wall at rear of house

☐ 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 the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate: _____

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ 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 _____

Thom H. Hovnanian 2/2/09
DATE

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 5/03)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

Fee \$ _____
Paid [] Check No. _____
Collected by: T. Jacobsen



CERTIFICATE

Permit # 2008-492
Date Issued: 2/2/09

Control #

Certificate Issued Date: 2/2/09

IDENTIFICATION

Block 420 Lot 32 01 Qualification Code
Work Site Location 255 Fairview Ave.
Owner In Fee N. Caldwell
Address 255 Fairview Ave
Verona, N.J.
Tel. ()
Contractor Union
Address 1 Armbur Rd.
N. Caldwell, N.J.
Tel. () FAX ()
Lic. No. or Bldg. Reg. No.
Federal Employer No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Retaining wall at rear of house

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 the inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 CONTINUED OCCUPANCY

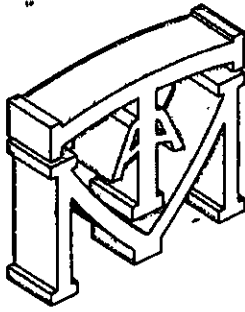
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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 _____

71 CH. 1 Indam 2/2/09
DATE: 2/2/09
CONSTRUCTION OFFICIAL

Fee \$
Paid [] Check No.
Collected by: JACOBSON



**MELICK-TULLY
AND ASSOCIATES, P.C.**
GEOTECHNICAL ENGINEERS AND
ENVIRONMENTAL CONSULTANTS

Principals:
RAYMOND J. TULLY, P.E.
EUGENE M. GALLAGHER JR., P.E.
ROBERT E. SCHWANKERT, P.E.
TODD E. HOROWITZ, P.E.
MARK R. DENNO, P.E.

Senior Associates:
RICHARD D. LEV, OPG
STEVEN D. THORNE, P.E.
JAMES H. BEATTIE, P.E.

Consultants:
THOMAS E. TULLY, P.E.
CHARLES T. MELICK, P.E.
ROBERT J. VAN ORDEN, P.E.

January 7, 2009

Mr. Joel Lipman
K. Hovnanian Companies
110 Fieldcrest Avenue
Edison, New Jersey 08837

**Re: Groundwater Seepage
Building 4 Retaining Wall
Parcel 1-Hilltop Residential Development
Verona, New Jersey**

RECEIVED
JAN 14 2009

Dear Mr. Lipman:

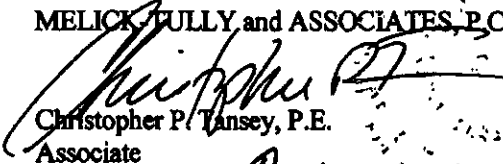
This letter presents our observations relative to the condition of Retaining Wall 1 at the subject site. Following periods of heavy rainfall from December 9 to December 12, 2008, the retaining wall from Station 0+00 to Station 0+15 for Retaining Wall 1 failed following the buildup of hydrostatic pressure behind the wall. Our observations after the failure indicate that the water seepage from the slope was rapid for four to five days. In addition, saturated soil conditions were observed in the upper two feet of most of the retained soils and slight seepage was observed emanating from the blocks in the northern portion of the wall.

During wall construction, we observed that a perimeter drain was installed at the base of the retained zone, but was not installed when a wall return was added to the east of Station 0+00. The drainage piping should extend the entire length of the return and discharge by gravity. Based on our observations and evaluation performed to date, we recommend that a drainage column consisting of three quarter inch stone wrapped in a filter fabric be placed behind the reinforced zone and geogrid of Retaining Wall 1 to cut off water accumulating behind the wall. This drain should discharge by gravity to the site storm sewer system to prevent water accumulation in the lawn or paved areas.

Please contact us if you have any question regarding this information.

Very truly yours,

MELICK-TULLY and ASSOCIATES, P.C.

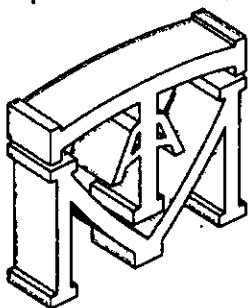

Christopher P. Tansey, P.E.
Associate


Raymond J. Tully, P.E.
President

CPT:RJT/ct
2338-749-1T
(2 copies submitted)

Please Reply to:

☐ NORTHERN NJ OFFICE: 117 Canal Road, South Bound Brook, NJ 08880 / Phone: (732) 356-3400 Fax: (732) 356-9054
☐ SOUTHERN NJ OFFICE: 520 Fellowship Road, Suite B206, Mount Laurel, NJ 08054 / Phone: (856) 914-0077 Fax: (856) 914-0078
☐ SOUTHERN NY OFFICE: 324 Route 208, Monroe, NY 10950 / Phone: (845) 783-9190 Fax: (845) 783-5060



**MELICK-TULLY
AND ASSOCIATES, P.C.**
GEOTECHNICAL ENGINEERS AND
ENVIRONMENTAL CONSULTANTS

Principals:
RAYMOND J. TULLY, P.E.
EUGENE M. GALLAGHER JR., P.E.
ROBERT E. SCHWANKERT, P.E.
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MARK R. DENNO, P.E.

Senior Associates:
RICHARD D. LEV, CPG
STEVEN D. THORNE, P.E.
JAMES H. BEATTIE, P.E.

Consultants:
THOMAS E. TULLY, P.E.
CHARLES T. MELICK, P.E.
ROBERT J. VAN ORDEN, P.E.

September 12, 2008

K. Hovnanian Companies
1 Arbor Road
North Caldwell, New Jersey 07006

256 FAIRVIEW

Attention: Mr. Joel Lipman

Gentlemen:

**Report
On-Site Soils Engineering Services
Retaining Wall Construction
Hilltop at Essex County - Parcel 1
Verona, New Jersey
K. Hovnanian Companies**

Introduction

This report presents the results of the on-site soils engineering services provided by Melick-Tully and Associates, P.C. (MTA) during construction of Retaining Walls 1 and 2 behind Building 4, on Lot 32.01, of Block 128 in the Hilltop at Essex County - Parcel 1 residential development in Verona, New Jersey.

Discussion

The plans prepared by Keystone Retaining Wall Systems (Keystone) indicate that Walls 1 and 2 are a two-tiered wall system, and Wall 1 is approximately 155 feet in length, while Wall 2 is approximately 105 feet long. The foundation subgrade soils at the wall locations consisted of dense natural sandy soils. Our representative performed manual probes in the subgrade soils to detect the presence of loose or disturbed soils, and no loose or disturbed soils were encountered. Based on our visual observations and probing, the foundation subgrade soils were deemed suitable to provide the required 3,000 pounds per square foot bearing capacity. Six inches of clean three-quarter inch stone was placed atop the subgrade soils as a leveling pad.

Our representative observed the geogrid placement and measured the geogrid lengths to confirm that the geogrid was placed at the locations and pulled taut to the lengths shown on the Retaining Wall Design Drawings prepared by Keystone. A twelve-inch column of clean three-quarter inch stone was placed behind the walls as indicated on the retaining wall drawings. The reinforced zones of the retaining walls were backfilled using on-site silty sands.

Please Reply to:

□ NORTHERN NJ OFFICE: 117 Canal Road, South Bound Brook, NJ 08880 / Phone: (732) 356-3400 Fax: (732) 356-9054
□ SOUTHERN NJ OFFICE: 520 Fellowship Road, Suite B206, Mount Laurel, NJ 08054 / Phone: (856) 914-0077 Fax: (856) 914-0078
□ SOUTHERN NY OFFICE: 324 Route 208, Monroe, NY 10950 / Phone: (845) 783-9190 Fax: (845) 783-5060

Retaining wall backfill was spread in approximately eight inch thick lifts and compacted using manually operated vibratory compaction equipment. Our representative performed numerous in-place field density tests in the backfill to gauge the degree of compaction being achieved. The results of our field density tests are presented on Plates 1A and 1B, and indicate the backfill was compacted to 95 percent of the maximum dry density determined by ASTM D-698 test procedure as required by the Keystone design drawings.

Conclusions

Based on our observations, it is our opinion that the retaining walls installed and backfilled under the observation of a representative of MTA were constructed in general accordance with the approved design drawings.

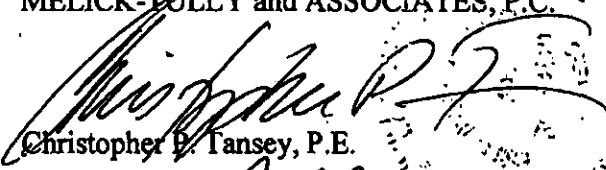
Please contact us if you have any questions regarding this information.

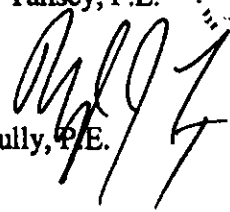
The following Plates are attached and complete this report:

Plates 1A and 1B – Summary of In-Place Field Density Tests

Very truly yours,

MELICK-TULLY and ASSOCIATES, P.C.


Christopher D. Tansey, P.E.


Raymond J. Tully, P.E.
President

CPT:RJT/ct
2338-749*1T
(2 copies submitted)

SUMMARY OF IN-PLACE FIELD DENSITY TEST RESULTS

**Keystone Retaining Wall 1
Building 4, Lot 32.01, Block 128
Verona, New Jersey
K. Hovnanian Companies**

Test No.	Date	Location	Elevation (ft.)	Maximum Dry Density ⁽¹⁾ (pcf)	Field Moisture Content (%)	In-Place Dry Density ⁽²⁾ (pcf)	Percent Compaction (%)
1	8/20/08	1+45	476	135	7.9	130.2	96
2	8/20/08	1+40	478.5	135	8.2	128.8	95
3	8/21/08	0+40	482	135	7.8	128.6	96
4	8/21/08	0+95	483	135	7.4	128.7	95
5	8/22/08	0+10	481	135	7.7	130.3	97
6	8/22/08	0+35	483	135	7.6	129.3	96
7	8/25/08	0+70	485	135	8.0	130.1	96
8	8/25/08	1+05	486.5	135	7.8	128.6	95

Notes:

- (1) *ASTM D-698 Test Procedure*
(2) *ASTM D-2922 Test Procedure*

SUMMARY OF IN-PLACE FIELD DENSITY TEST RESULTS

**Keystone Retaining Wall 2
Building 4, Lot 32.01, Block 128
Verona, New Jersey
K. Hovnanian Companies**

Test No.	Date	Location	Elevation (ft.)	Maximum Dry Density ⁽¹⁾ (pcf)	Field Moisture Content (%)	In-Place Dry Density ⁽²⁾ (pcf)	Percent Compaction (%)
1	8/18/08	1+30	478	135	7.1	127.9	95
2	8/18/08	1+85	478	135	6.8	129.0	96
3	8/19/08	0+20	479.5	135	7.2	129.5	96
4	8/19/08	0+90	480	135	6.5	128.6	95

Notes:

- (1) *ASTM D-698 Test Procedure*
(2) *ASTM D-2922 Test Procedure*

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
10/31/08**PRODUCER**

Conner Strong Companies, Inc.
231 Main Street
PO Box 2017
Toms River, NJ 08754

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Dyna-Tec Drilling & Blasting, LLC
7 Industrial Drive
Cliffwood Beach, NJ 07735

INSURERS AFFORDING COVERAGE**NAIC #**

INSURER A: Wausau Underwriters Insurance Company

26042

INSURER B: Nat'l Union Fire Ins Co of Pittsburg

19445

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ LOC	TBJZ91450897018	11/01/08	11/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000
A		AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	ASJZ91450697028	11/01/08	11/01/09	COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$
		GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$ \$
B		EXCESS/UMBRELLA LIABILITY ☒ OCCUR ☐ CLAIMS MADE DEDUCTIBLE RETENTION \$	BE2023659	11/01/08	11/01/09	EACH OCCURRENCE AGGREGATE	\$10,000,000 \$10,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WCJZ91450697038	11/01/08	11/01/09	☒ WS STATUTORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

GL&UM: Township of Verona is included as additional insured, as respects permit issuance for the K. Hovnanian project.

CERTIFICATE HOLDER

Township of Verona
880 Bloomfield Avenue
Verona, NJ 07044

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CONSTRUCTION PERMIT

Date Issued 8/4/08
Permit # 2008-492

IDENTIFICATION Block 122 Lot 32.01 Qualification Code _____
Work Site Location 256 Franklin Ave Contractor SAK
Owner in Fee Venaco Address _____
Address K. Hwangston Homes Tel. () _____
1 Amber Rd Lic. No. or Bldrs. Reg. No. 037606
Tel. (973) 857-5372

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RETAINING WALL

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 \$ 25,000 7/31/08
Construction Official _____ Date

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

1. WHITE-INSPECTOR 2. CANARY-OFFICE 3. PINK-TAX ASSESSOR 4. GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>338</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>34</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>372</u>
Check No.	_____
Cash	_____
Collected by	_____

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. Radon Inspection
 5. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

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

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



CONSTRUCTION PERMIT

Date Issued 8/14/08
 Permit # 2008-492

IDENTIFICATION Block 122 Lot 32.01 Qualification Code _____
 Work Site Location 256 Fairview Ave Contractor SAE
Jersey Address _____
 Owner in Fee K. Horganian Homes Tel. () _____
 Address 1 Amber Rd Lic. No. or Bldrs. Reg. No. 037606
 Tel. (973) 857-5372

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RETAINING WALL

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 \$ 25,000 Date 7/31/08
C. L. Y. (Signature)
 Construction Official

U.C.C. F170 (rev. 01/04) 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>538</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>34</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>372</u>
Check No.	_____
Cash	_____
Collected by	_____

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. Radon Inspection
5. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

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

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



CONSTRUCTION PERMIT

Date Issued 8/4/08
 Permit # 2008-492

IDENTIFICATION Block 122 Lot 32.01 Qualification Code _____
 Work Site Location 256 Fairview Ave Contractor SAAB
 Owner in Fee Vapour Address _____
 Address 1895 W. 19th St Tel. () _____
 Tel. (477) 857 5372 Lic. No. or Bldrs. Reg. No. 037606

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RETAINING WALL

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 \$ 25,000 Date 7/31/08
 Construction Official _____

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)
 Building 338
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 34
 Cert. of Occupancy _____
 Other 276
 Total _____
 Check No. _____
 Cash _____
 Collected by _____

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. Radon Inspection
 5. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

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

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

Hilltop - Parcel 1 Lot 32.01 Verona, NJ

GENERAL DESIGN NOTES

- The following effective strength design parameters were assumed in the preparation of structural calculations for the Keystone retaining wall system:

	ϕ	c (pcf)	γ (pcf)	Soil Type
Reinforced Soil	32°	0	140	SM-Silty Sand
Retained Soil	32°	0	140	SM-Silty Sand
Foundation Soil	32°	0	140	SM-Silty Sand

Soil types and design properties shall be confirmed by the Owner or its geotechnical engineer prior to wall construction. Keystone accepts no responsibility for the interpretation or verification of subsurface conditions.

- The system has been evaluated for internal stability and simple external sliding and overturning. Unless otherwise specified, the design maintains a minimum factor of safety of 1.5 on all elements of the wall design.

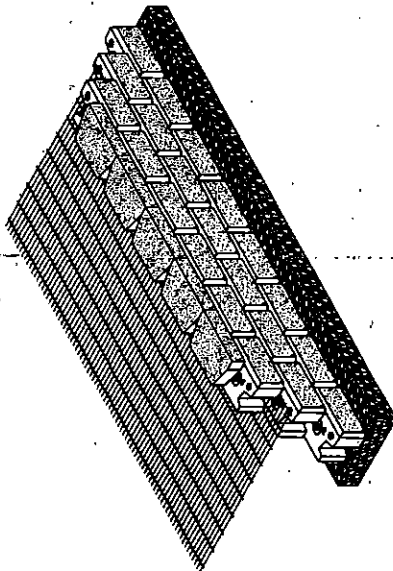
- The walls are designed to support the following maximum surcharge loading:

Backslope:
3H:1V Walls 1.2

- The wall foundation soils at each wall location shall be capable of safely supporting 3000 psf or as indicated on the wall elevations without failure or excessive settlement. Local bearing capacity shall be confirmed by the site engineer.

- The Contractor shall provide surface and subsurface drainage, grading, and erosion control during and after wall construction to avoid damage to the wall structure.

- The Contractor is responsible for obtaining all permits and easements necessary for wall construction. The Contractor is responsible for protecting adjacent property from wall construction activities.



QUALITY ASSURANCE PROVISIONS

- Wall construction shall be monitored by a qualified Engineer to verify field conditions. If this work is not performed by the site geotechnical engineer, the geotechnical engineer shall be consulted in those matters pertaining to soil conditions and wall performance.
- The foundation soils at each wall location shall be inspected by the Engineer and any unsuitable soils or improperly compacted embankment material removed and replaced as directed by the Engineer prior to wall construction to provide adequate bearing capacity and minimize settlement.
- All wall excavation and retained soils shall be inspected for groundwater conditions and any additional drainage provisions required in the field shall be incorporated into the wall construction as directed by the Engineer.
- Wall backfill material shall be tested and approved by the Engineer for use in the reinforced soil zone meeting the minimum requirements of the approved design plans.
- All soil backfill shall be tested by the Engineer for moisture, density, and compaction periodically (every 2' vertically, 100-200 c/c) meeting the minimum requirements of the approved design plans or project specifications.
- Wall construction shall be periodically inspected by the Engineer to ensure the geogrid reinforcement elevations and lengths are installed in accordance with the approved design plans.
- All wall elevations, grades, and backslope conditions shall be verified by the Engineer in the field for conformance with the approved design plans. Any revisions to the structure geometry or design criteria shall require design modification prior to proceeding with construction.

DRAWING INDEX	
Description	Sheet No.
Title Sheet	1
Site Plan	2
Wall 1 Elevation	3
Wall 2 Elevation	4
Typical Wall Section Details	5
Typical Compac Unit Details	6
Specifications	7

Township of Verona Building Department
As per N.J.U.C.C. Reg. 5:23-2.16(e), released plans approved by the Building Dept. must be kept at the building site for inspection of the construction official or the construction official's authorized representative at all responsible times.

Permit Number	
Date Permit Issued	08/31/08
Block/Lot/Qualification Code	08/32.01
Approved:	Date Reviewer
Construction Official	7/31/08
Building	7/31/08
Electrical	
Plumbing	
Fire Protection	



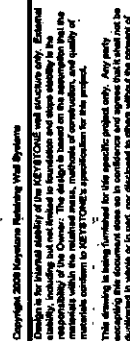
Copyright 2004 Keystone Retaining Wall Systems
Design is for internal stability of the RETSTONE wall structure only. External stability is the responsibility of the Owner. The design is based on the information provided by the Owner. The design is not intended to be used for any other purpose. The design is not intended to be used for any other purpose. The design is not intended to be used for any other purpose.

No.	Date	Revision

CRISTO B. MORITZ
Professional Engineer
No. 140000000
Exp. 12/31/2010
NJ Professional Engineer License No. 140000000
Professional Seal of Cristóbal Moritz, P.E.
10/10/08

Designed By:	AMM	Checked By:	CDM
Drawn By:		Scale:	As Shown
Project:	Hilltop - Parcel 1 Lot 32.01	Title Sheet	
Location:	Verona, NJ	Date:	2/13/08
Project No.:	08-000A	Project No.:	08-000A
Drawn By:		Drawn By:	

1. The Site Plan is for illustrative purposes only. It is reproduced from Schoor Depalma engineering grading plan last dated 4/13/07.

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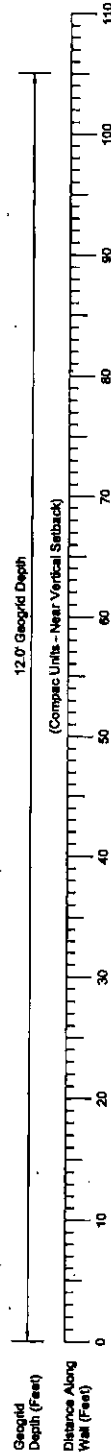
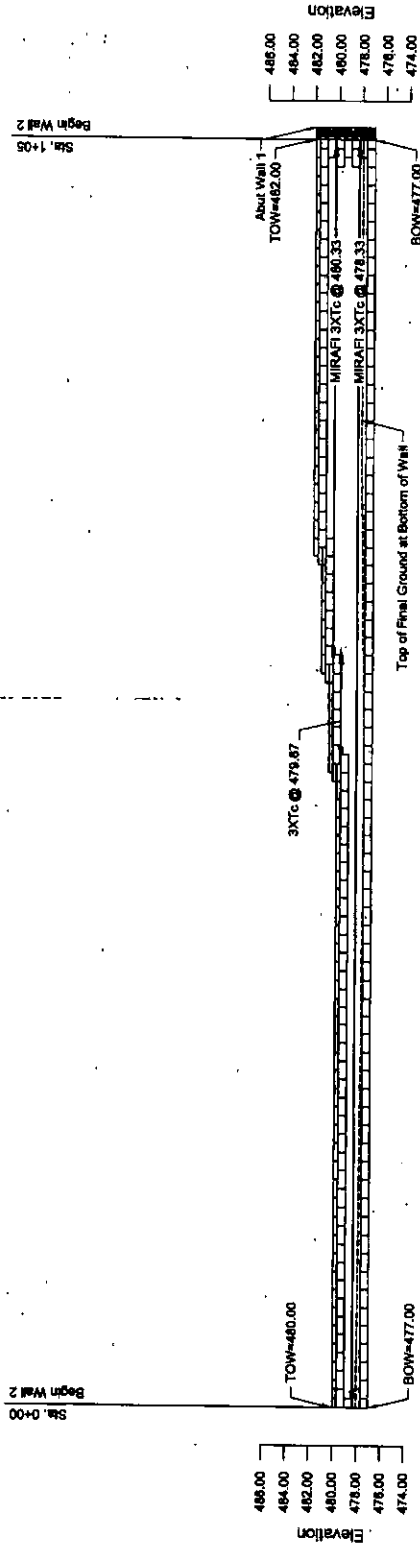
2/14/08
Craig D. Mottz
NJ Professional Engineer No. 40130
Statewide, NJ, 609-666-1234, www.cdmottz.com

Designed by:	Client:	Title:
Drawn by:	Project No:	Date:
Checked by:	Project Loc:	Project No:
Scale:	Sheet:	Sheet:
No Scale	2	2

General Notes:

1. The wall shall be constructed with KEYSTONE COMPAC units using the near vertical setback (1H:32V Batter).
2. The design requires Mirafi 3XTc soil reinforcements at the elevations shown.

Legend: Mirafi 3XTc



Keystone Wall 2 - Front Face Elevation

Copyright 2008 Keystone Retaining Wall Systems

Design is the responsibility of the user. The user is responsible for the design and construction of the wall. The design is based on the assumptions that the user has made. The design is not a guarantee of performance. The design is based on the assumptions that the user has made. The design is not a guarantee of performance. The design is based on the assumptions that the user has made. The design is not a guarantee of performance.

This drawing is being furnished for this specific project only. Any party using this drawing for any other project without the written consent of Keystone Retaining Wall Systems, Inc. is doing so at their own risk. The user is responsible for the design and construction of the wall. The design is based on the assumptions that the user has made. The design is not a guarantee of performance.



R. J. Moritz
 Craig D. Moritz
 Project Engineer
 No. 40105
 Certificate of Authorization 450242780200

Designed By: AUS
 Checked By: CDM
 Scale: 1" = 10'

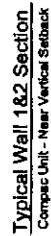
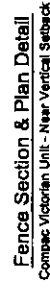
Title: Wall 2 Elevation
 Project: Hilltop - Parcel 1 Lot 32.01
 Verona, NJ

Date: 2/1/2008
 Project No: 08-000A
 Drawing No: 4

Drainage pipe is not required directly behind the wall unit for conventional wall construction where retained soils are not a source of groundwater such as fill wall construction or cut walls into relatively dry banks. Drainage pipes are required where groundwater conditions mandate additional drainage provisions such as cut wall construction into potential water bearing slopes. Generally, additional drainage material such as aggregate drains & fabrics and/or drainage composite mats are used in conjunction with pipe drains for this purpose.

A geotextile filter fabric separator is required between the unit drainage material and the backfill soil in any application where freewater is expected upon the wall face such as in a detention pond or along waterways where the high water level may be above the bottom of wall. Use of filter fabric shall extend a minimum of 1 foot above the anticipated high water level.

A fence, railing, guardrail or other protective barrier is typically required along the top of all wells as required by the site engineer and local codes. The choice, location, and compliance to local codes of the appropriate barrier system is the responsibility of the owner and its site engineer.



4h:1v		3h:1v	
Wall Height	Min. Emb.	Wall Height	Min. Emb.
0-6'	1.00'	0-6'	1.33'

Copyright 2019 Kalamazoo Collection and University

Design is for internal stability of the KEYSTONE® wall structure only. External stability, including but not limited to foundation and slope stability is the responsibility of the Owner. The design is based on the assumption that the materials within the retained mass, methods of construction, and quality of materials conform to KEYSTONE's specifications for this project.

This drawing is being furnished for this specific project only. Any party accepting this document does so in confidence and agrees that it shall not be duplicated in whole or in part, nor disclosed to others without the consent of Keystone Retaining Wall Systems, Inc.

KRYSTONE
ACETAMIDE WALL SYSTEMS
A CORTISON COMPANY

4046 Wood 70th Street
Birmingham, AL 35235
952-887-1040

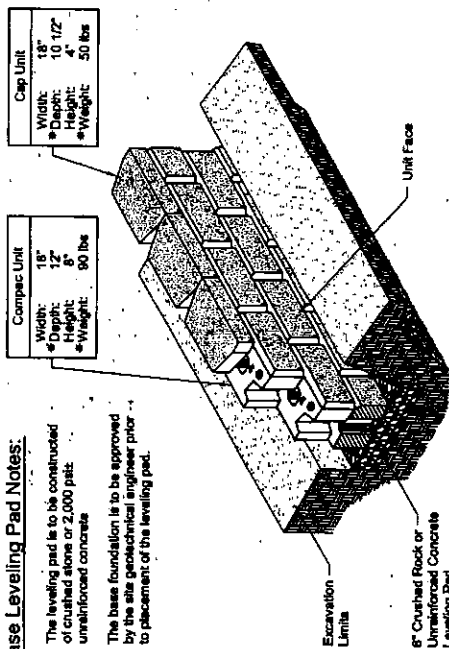
Craig D. Moritz
Craig D. Moritz
NJ Professional Engineer No. 40150
Certificate of Approval No. 03A247788500

[illegible]

Designed By: AAS	Title: Typical Wall Section	Date: 2/7/09
Drawn By: COM	Project: Hilltop - Parcel 1 Lot 32.01 Verona, NJ	Project No: 06-000A
Scale: No Scale		Drawing No: - 5

Base Leveling Pad Notes:

- The leveling pad is to be constructed of crushed stone or 2,000 psi unreinforced concrete.
- The base foundation is to be approved by the site geotechnical engineer prior to placement of the leveling pad.



Compac Unit/Base Pad Isometric Section View

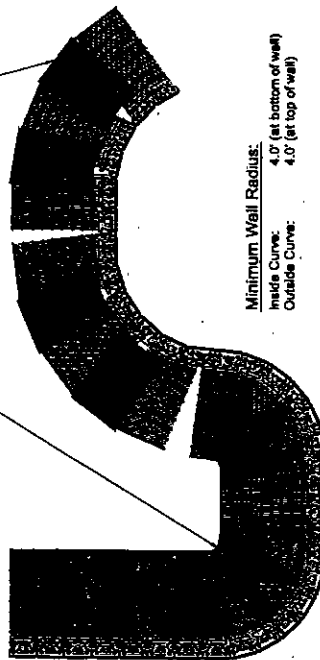
*Dimensions & Weight May Vary by Region

Note:

- Check with manufacturer specifications on correct direction of orientation for geogrid to obtain proper strength.

3" of Soil Fill is Required Between Overlapping Geogrid for Proper Anchorage

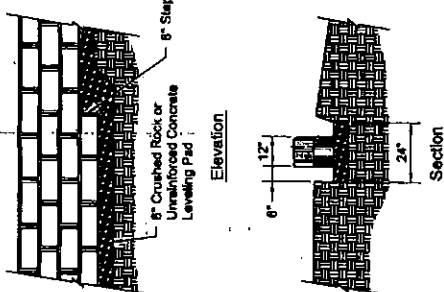
Place Additional Pieces of Geogrid When Angle Excavates 20°



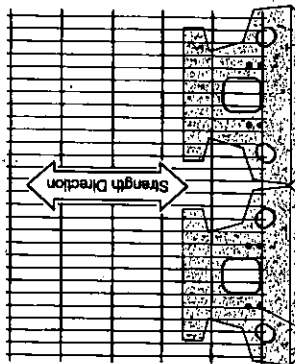
Geogrid Installation on Curves

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Keystone Retaining Wall Systems, Inc. warrants the accuracy of the information contained herein, but does not warrant the accuracy of the information contained in any other source. The user assumes all responsibility for the use of the information. This design is based on the assumption that the material meets the minimum requirements for strength, durability, and quality of materials. The user is responsible for the selection and use of the material. The design is based on the assumption that the material meets the minimum requirements for strength, durability, and quality of materials. The user is responsible for the selection and use of the material.



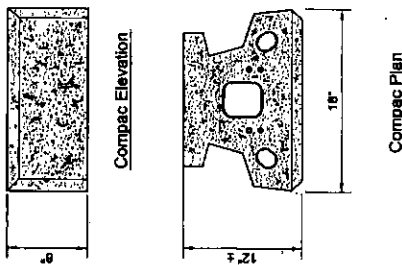
Leveling Pad Detail



Grid & Pin Connection

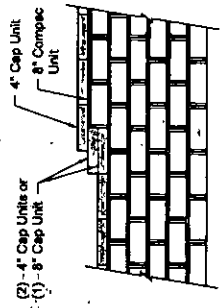


Keystone Retaining Wall Systems, Inc.
100 West 7th Street
Aurora, Illinois 60009
815-487-1000



Compac Unit

*Dimensions May Vary by Region



Top of Wall Steps

Typical Compac Unit Details

Hilltop - Parcel 1 Lot 32.01
Verona, NJ

Designed By: AMS
Checked By: CDM
Date: 10/10/08
No Scale

Greg D. Moritz
Greg D. Moritz
NJ Professional Engineer No. 90132
Certificate of Approval 08034798200

Date: 2/13/08
Project No: 08-080A
Drawing No: 5

SPECIFICATION GUIDELINES (Short Form)

PART 1: GENERAL

1.01 DESCRIPTION

- Work includes furnishing and installing a KEYSTONE retaining wall to the lines and grades shown on the construction drawings and as specified herein.
- Work includes preparing foundation soil, furnishing and installing leveling pad, unit fill and backfill to the lines and grades shown on the construction drawings.
- Work includes furnishing and installing all related materials required for construction of the retaining wall as shown on the construction drawings.

1.02 REFERENCE STANDARDS

- ASTM C1372 Specification for Segmental Retaining Wall Units.
- ASTM D 422 Particle Size Analysis
- ASTM D 998 Laboratory Compaction Characteristics using Standard Effort.
- ASTM D 4318 Liquid Limit, Plastic Limit, Plasticity Index of Soils
- ASTM D 4985 Tensile Properties of Geotextiles - Wide Width Strip
- ASTM D 5282 Unconfined Tension Creep Behavior of Geotextiles
- NOMA SRWU-1 Test Method for Determining Connection Strength of SRW

1.03 QUALITY ASSURANCE

- Owner will be responsible for soil testing and inspection quality control during wall construction and earthwork operations.

PART 2: MATERIALS

2.01 DEFINITIONS

- Concrete Units - a KEYSTONE modular concrete facing unit, machine made from portland cement, water and mineral aggregates.
- Structural Geogrid - a structural geogrid formed by a regular network of integrally connected tensile elements with apertures of sufficient size to allow interlocking with surrounding soil, rock, or earth and drainage primarily as reinforcement.
- Unit Drainage Fill - drainage aggregate which is placed within and immediately behind the modular concrete units.
- Reinforced Backfill - Compacted soil which is within the reinforced soil volume as shown on the plans.

2.02 KEYSTONE UNITS

- KEYSTONE wall units shall have a minimum 28-day compressive strength of 3,000 psi. Standard weight concrete shall have a maximum moisture absorption of 8% (8% in northern climates).

2.03 FIBERGLASS CONNECTING PINS

- Connecting pins shall be 1/2" diameter thermoset isophthalic polyester resin pultruded fiberglass reinforcement rods supplied by the unit manufacturer.

2.04 KEYSTONE KAPSEAL CONSTRUCTION ADHESIVE

- Material shall conform to ASTM 2339 and shall be supplied by the KEYSTONE unit supplier.

2.05 GEOGRID REINFORCEMENT

- Geogrid shall be the type as shown on the drawings having the property requirements described within the manufacturer's specifications and required by the design calculations.

2.06 BASE LEVELING PAD MATERIAL

- Material shall consist of compacted crushed stone or unreinforced concrete as shown on the construction drawings.

2.07 UNIT DRAINAGE FILL

- Unit fill shall consist of clean, 1" minus crushed stone or crushed gravel meeting the following gradation:

Sieve Size	% Passing
3/4"	100
No. 4	75-100
No. 10	0-10
No. 50	0-5

2.08 REINFORCED BACKFILL

- Reinforced backfill shall be free of debris or organic material meeting the following gradation tested in accordance with ASTM D-422:

Sieve Size	% Passing
2 inch	100
3/4"	75-100
No. 40	0-50
No. 200	0-35
LL < 40 and PI < 15	per ASTM D4318

- The maximum aggregate size shall be limited to 3/4" unless field tests have been performed to evaluate potential strength reduction due to installation damage.
- Material can be site excavated material when the above requirements are met. Unavailable soils for backfill (high plastic clays or organic materials) shall not be used in the reinforced soil mass.
- Contractor shall submit reinforced fill sample and test results to the Architect/Engineer for approval prior to construction.

2.09 DRAINAGE PIPE

- When required, drainage pipe shall be perforated or slotted PVC pipe manufactured in accordance with ASTM F794 and F849 equivalent to A-2000 Perforated Pipe by Contech Construction Products.

2.10 GEOTEXTILE FILTER FABRIC

- When required, geotextile filter fabric shall be a 4.0 oz/yd² polypropylene, needlepunched nonwoven fabric equivalent to C45NW by Contech Construction Products.

PART 3: EXECUTION

3.01 EXCAVATION

- Contractor shall excavate to the lines and grades shown on the construction drawings. Contractor shall be careful not to disturb embankment and foundation materials beyond lines shown.

3.02 FOUNDATION SOIL PREPARATION

- Foundation soil shall be excavated as required for leveling pad dimensions shown on the construction drawings, or as directed by the Engineer.
- Unsuitable soils shall be removed and replaced with approved compacted material as directed by the Engineer.
- Over-excavated areas shall be backfilled with approved compacted backfill material.

3.03 BASE LEVELING PAD

- Leveling pad materials shall be placed upon an approved foundation as shown on the construction drawings to a minimum thickness of 6".
- Aggregate material shall be compacted to provide a dense, level surface on which to place the first course of modular units. Compaction shall be to 95% of Standard Proctor Density as determined in accordance with ASTM D698. For crushed rock, material shall be densely compacted as determined by visual observation.

3.04 UNIT INSTALLATION

- The first course of concrete modular wall units shall be carefully placed on the base leveling pad. Each unit shall be checked for level and alignment.
- Units are placed side by side for full length of wall alignment. Alignment may be done by means of string line or offset from a base line.
- Reinforcing bars connecting pins and fill all voids in and around the modular units with unit fill material. Tamp or roll fill to ensure that all voids are completely filled.
- Second course material from top of units and install the next course. Ensure that each course is completely unit filled, backfilled and compacted prior to proceeding to next course.
- Place each subsequent course commencing that pins protrude into adjoining courses a minimum of 1/2". The pins are required per unit. Place each unit forward, away from the fill zone, loading against the pins in the previous course and backfill as the course is completed. Repeat procedure to the extent of wall height.

3.05 GEOGRID INSTALLATION

- Geogrid shall be laid at the proper elevations and orientation as shown on the construction drawings or as directed by the Engineer.
- Correct orientation (roll direction) of the geogrid shall be verified by the contractor with the strongest direction placed perpendicular to the wall.
- Geogrid soil reinforcement shall be connected to the KEYSTONE wall units by placing the geogrid over fiberglass pins and laying the grid back on compacted fill. Place the next course of units over the geogrid.
- The geogrid shall be pulled taut to eliminate loose folds and pretension the reinforcement. Stake or secure back edge of geogrid prior to and during backfill and compaction. Geogrid shall be placed side by side with no gaps.

3.06 FILL PLACEMENT

- Backfill material shall be placed in 8" lifts and compacted to 85% of Standard Proctor density as determined in accordance with ASTM D698. The inplace moisture content shall not exceed the optimum moisture content as determined in accordance with ASTM D688 and be no lower than 3% below optimum moisture content.
- Backfill shall be placed, spread and compacted in such a manner that minimizes the development of slack or loss of pretension of the geogrid.
- Only hand-operated compaction equipment shall be allowed within 3' of the back surface of the KEYSTONE units.
- Backfill shall be placed from the wall back towards the embankment to ensure that the geogrid remains taut.
- Tracked construction equipment shall not be operated directly on the geogrid. A minimum backfill thickness of 8" is required prior to operation of tracked vehicles over the geogrid. Turning of tracked vehicles should be kept to a minimum to prevent tracks from displacing the fill and damaging the geogrid.
- Rubber-tired equipment may pass over the geogrid reinforcement at slow speeds, (less than 10 mph). Avoid sudden braking and sharp turning.
- At the end of each day's operation, the Contractor shall grade the backfill away from the wall and direct runoff away from the wall face. The Contractor shall not allow surface runoff from adjacent areas to enter the wall construction site.

3.07 CAP INSTALLATION

- Place KEYSTONE Cap units over projecting pins from units below. Apply KapSeal adhesive to top surface of unit below and place cap unit into position. Backfill and compact to finished grade with low permeability soil.

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This drawing is for reference only. It is not to be used for construction. The design is based on the information provided by the owner. The design is based on the assumption that the materials conform to the specifications and quality of the materials conform to the specifications and quality of the materials.

This drawing is being furnished for the specific project only. Any party using this drawing for any other project without the consent of Keystone Retaining Wall Systems, Inc. is doing so at their own risk.



4444 York 7th Street
Harrisburg, PA 17105
610-667-1040

Craig D. Moritz
Craig D. Moritz
NJ Professional Engineer No. 40137
Certificate of Authorization PEO 0783307

Designed By:	AMR	Title:	Specifications	Date:	2/13/08
Checked By:	CDM	Project:	Hilltop - Parcel 1 Lot 32.01	Project No.:	08-080A
Scale:	No Scale	Drawn By:	Verona, NJ	Drawn By:	B



Retaining Excellence™

Design Calculations

For

Hilltop - Parcel 1 Lot 32.01
Verona, NJ

(Project No. 08-060A)

Township of Verona Building Department

As per N.J.U.C.C. Reg. 5:23-2.16(e), released plans approved by the Building Dept. must be kept at the building site for inspection of the construction official or the construction official's authorized representative at all reasonable times.

Permit Number

Date Permit Issued

Block/Lot/Qualification Code **128/32.01**

Approved:

Date

Reviewer

Construction Official

7/31/08

SL

Building

7/31/08

SL

Electrical

Plumbing

Fire Protection

156 Pavilion Ave

Original Project Date – 2/13/08
AMS

2/14/08

KEYSTONE RETAINING WALL SYSTEMS, INC. • A CONTECH COMPANY

4444 WEST 78TH STREET MINNEAPOLIS, MINNESOTA 55435

800.747.8971 • TELEPHONE 952.897.1040 • FACSIMILE 952.897.3858

www.keystonewalls.com



A CONTECH COMPANY

Design Memorandum

Final Design

Date: February 13, 2008

Project Information

To: Lou Mangiaracina - Anchor Concrete
From: Artur Sakaev- Keystone

Units: English
Reinforcement: Mirafi
Wall Batter: Near Vertical
Design: Rankine
Cap Units: 4" Caps
Max Hgt: 11.33'

Project No: 08-060A
Project Name: Hilltop- Parcel 1 Lot 32.01
Proj Location: Verona, NJ

Approximate Quantities

Wall	Wall Data			Soil Reinforcement - Neat Quantity, add waste			
	Keystone Units	Length (ft)	Area (sf)	Miragrid 3XT (sy)			
1	Compac	155	751	210			
2	Compac	105	404	210			
Total		260	1,155	420	0	0	0

BREAKDOWN including caps

	Area (sf)
Compac	1,155
	0
	0

INFORMATION PROVIDED

Grading Plans: Schoor Depalma
Utility Plans: None
Soils Report: None

DESIGN PARAMETERS

Soils Parameters

	ϕ	c	γ	Units	Comments
Reinforced	32		140	(psf and pcf)	SM - Silty Sand
Retained	32		140	(psf and pcf)	SM - Silty Sand
Foundation	32		140	(psf and pcf)	SM - Silty Sand

Design Loads

Liveloading:	None		
Deadload:			
Backslope:	3:1 Backslope		
Seismic A =	n/a	g	
Global Stability:	n/a		
Hydraulic:	n/a		

Design Notes

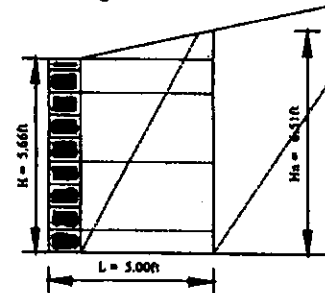


RETAINING WALL DESIGN

Version 3.5.1 Build 121

Project: Hilltop - Parcel 1 Lot 32.01
 Project No: 08-060A
 Case: Wall 1
 Design Method: Rankine-w/Batter (modified soil interface)

Date: 2/13/2008
 Designer: AMS



Design Parameters

Soil Parameters:	ϕ	c	γ pcf
Reinforced Fill	32	0	140
Retained Zone	32	0	140
Foundation Soil	32	0	140
Reinforced Fill Type:	Silts & sands		
Unit Fill:	Crushed Stone, 1 inch minus		

Minimum Design Factors of Safety

sliding:	1.50	pullout:	1.50	uncertainties:	1.50
overturning:	2.00	shear:	1.50	connection:	1.50
bearing:	2.00	bending:	1.50		

Reinforcing Parameters: Mirafi XTc Geogrids

	T_{ult}	R_{For}	R_{Fd}	R_{Fid}	$LTDS$	FS	T_{al}	C_i	C_{ds}
3XTc	3150	1.60	1.10	1.05	1705	1.50	1136	0.90	0.90

Analysis New Case

Unit Type: Compac / 120.00 pcf
 Leveling Pad: Crushed Stone
 Wall Ht: 5.66 ft
 Back Slope: 12.00 deg. slope,
 Surcharge: LL: 0 psf uniform surcharge
 Load Width: 100.00 ft

Case: Wall 1
 Wall Batter: 0.00 deg. (Hinge Ht N/A)
 embedment: 1.33 ft
 20.00 ft long
 DL: 0 psf uniform surcharge
 Load Width: 100.00 ft

Results:	<u>Sliding</u>	<u>Overturning</u>	<u>Bearing</u>	<u>Shear</u>	<u>Bending</u>
Factors of Safety:	2.82	5.69	14.56	5.32	3.91

Calculated Bearing Pressure: 951 / 951 psf

Eccentricity at base: 0.25 ft

Reinforcing: (ft & lbs/ft)

Layer	Height	Length	Calc. Tension	Reinf. Type	Allow Ten Tal	Pk Conn Tcl	Serv Conn Tsc	Pullout FS
3	4.67	5.0	89	3XTc	1136 ok	424 ok	N/A	4.23 ok
2	2.67	5.0	269	3XTc	1136 ok	572 ok	N/A	5.29 ok
1	0.67	5.0	361	3XTc	1136 ok	720 ok	N/A	8.65 ok

Reinforcing Quantities (no waste included):

3XTc 1.67 sy/ft



RETAINING WALL DESIGN

Version 3.5.1 Build 121

Project: Hilltop - Parcel 1 Lot 32.01

Project No: 08-060A

Case: Wall 2

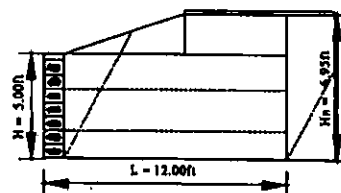
Design Method: Rankine-w/Batter (modified soil interface)

Date: 2/13/2008

Designer: AMS

Design Parameters

Soil Parameters:	ϕ	c	γ pcf
Reinforced Fill	32	0	140
Retained Zone	32	0	140
Foundation Soil	32	0	140
Reinforced Fill Type:	Silts & sands		
Unit Fill:	Crushed Stone, 1 inch minus		



Minimum Design Factors of Safety

sliding:	1.50	pullout:	1.50	uncertainties:	1.50
overturning:	2.00	shear:	1.50	connection:	1.50
bearing:	2.00	bending:	1.50		

Reinforcing Parameters: Mirafi XTc Geogrids

	T_{ult}	R_{Fcr}	R_{Fd}	R_{Fid}	$LTDS$	FS	T_{al}	C_i	C_{ds}
3XTc	3150	1.60	1.10	1.05	1705	1.50	1136	0.90	0.90

Analysis: New Case

Unit Type: Compac / 120.00 pcf
 Leveling Pad: Crushed Stone
 Wall Ht: 5.00 ft
 BackSlope: 18.00 deg. slope,
 Surcharge: LL: 0 psf uniform surcharge
 Load Width: 100.00 ft

Case: Wall 2

Wall Batter: 0.00 deg. (Hinge Ht N/A)
 embedment: 1.00 ft
 6.00 ft long
 DL: 680 psf uniform surcharge
 Load Width: 100.00 ft

Results:	<u>Sliding</u>	<u>Overturning</u>	<u>Bearing</u>	<u>Shear</u>	<u>Bending</u>
Factors of Safety:	3.48	13.38	24.74	6.28	2.60

Calculated Bearing Pressure: 1157 / 1157 psf

Eccentricity at base: 0.00 ft

Reinforcing: (ft & lbs/ft)

Laver	Height	Length	Calc. Tension	Reinf. Type	Allow Ten T_{al}	Pk Conn T_{cl}	Serv Conn T_{sc}	Pullout FS
2	3.33	12.0	177	3XTc	1136 ok	473 ok	N/A	>10 ok
1	1.33	12.0	446	3XTc	1136 ok	622 ok	N/A	>10 ok

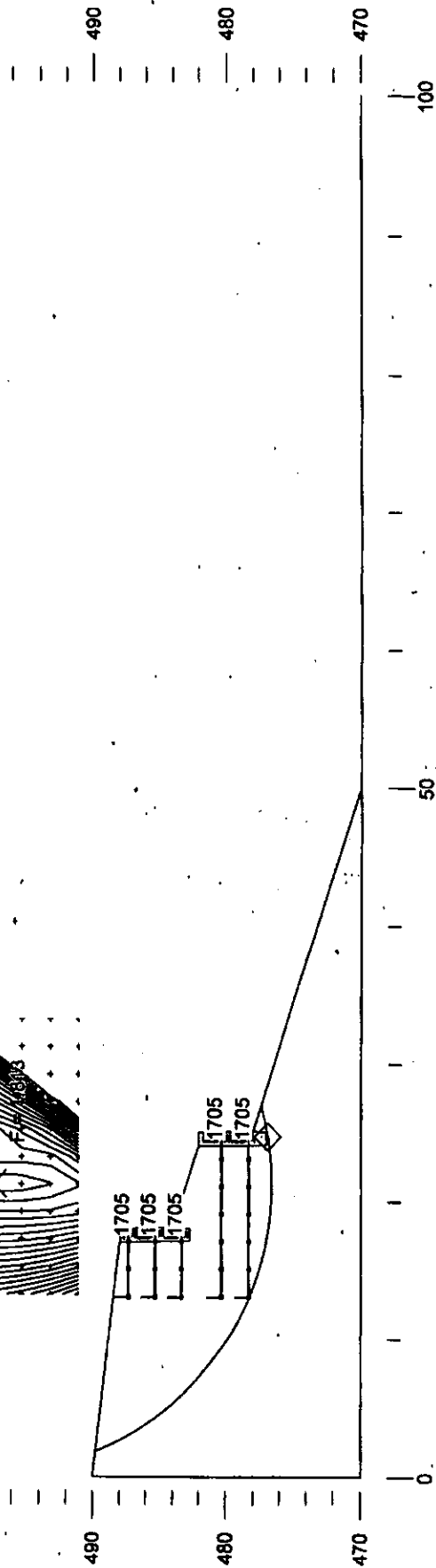
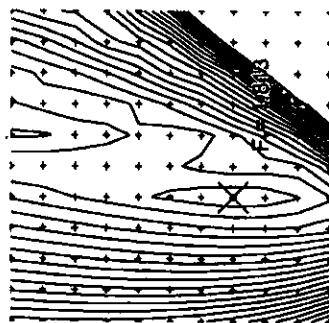
Reinforcing Quantities (no waste included):

3XTc 2.67 sy/ft

Keystone - Minneapolis MN
 08-060A
 Hilltop - Parcel 1
 2-13-08

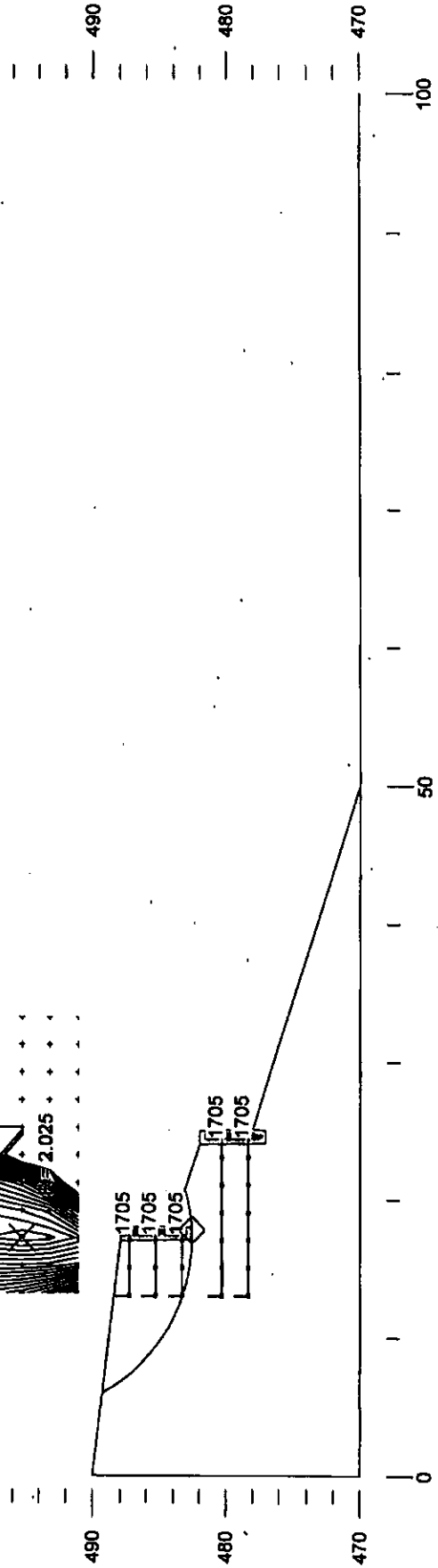
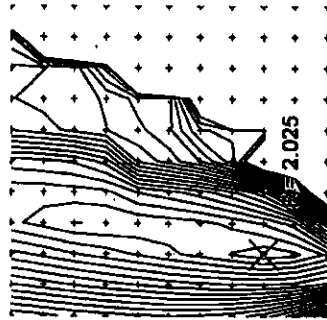
Gamma C Phi Piezo
 pcf psf deg Surf.
 120 700 27 0
 140 0 32 0

Compac Wall
 Reinf Soil



Keystone - Minneapolis MN
 08-060A
 Hilltop - Parcel 1
 2-13-08

	Gamma C	Phi	Piezo
	pcf	deg	Surf.
Compac Wall	120	700	27
Reinf Soil	140	0	32
			0





ELECTRICAL 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 128 Lot 32.01 Qualification Code _____
Work Site Location 250-243 LANEWAY AVE

Owner In Fee: K. HANNAHAN HOMES

Tel. (973) 357-2175 e-mail _____
Address EDISON 110 LINDEN AVE 08831-2 zip code

Contractor: Munroe Electric, Inc. Tel. () _____
Address 311 Englestown Rd. e-mail _____
Monroe Twp. NJ 08831
Contractor License No. 732-261-3556
Federal Employee No. State License # 1682A Exp. Date _____
FAX: () _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed 1-3
[] Pole/Pad # [] Temporary [] Other _____
Building Occupied as Home Utility Co. 944
Est. Cost of Elec. Work \$ 9000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: _____
Joint Plan Review Required:	Rough _____
[] Building [] Plumbing	Barrier-Free _____
[] Fire [] Elevator	Trench _____
[] Elec. Plans Approved	Temp. Serv. _____
Date: <u>1/1/9</u>	Constr. Serv. _____
Approved by: <u>1-7</u>	TCO _____
	Other _____
	Service _____
	Final _____
	Barrier-Free _____
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____
Date: _____	Annual Pool Inspection _____
Approved by: _____	Date of Grounding and Bonding _____
	Certification _____

Date Received 1/11/08
Control # _____
Date Issued _____
Permit # 208-023

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
Christopher D. D'Amico

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE/ITEMS

150 Lighting Fixtures
115 Receptacles
85 Switches
8 Detectors
11 Light Poles
11 Motors-Fract. HP
11 Emergency & Exit Lights
11 Communications Points
11 Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

574 Pool Permit/With UW Lights
1 Storable Pool/Spa/Hot Tub
1 KW Elec. Range/Receptacle
1 KW Oven/Surface Unit
1 KW Elec. Water Heater
1 KW Elec. Dryer/Receptacle
1 KW Dishwasher
2 HP Garbage Disposal
2 KW Central A/C Unit
2 HP/KW Space Heater/Air Handler
1 KW Baseboard Heat
1 HP Motors 1/4 HP
1 KW Transformer/Generator
1 AMP Service
1 AMP Subpanels
1 AMP Motor Control Center
1 KW Elec. Sign/Outline Light

FEE (Office Use Only)

128
10
10
10
10
60
20
92

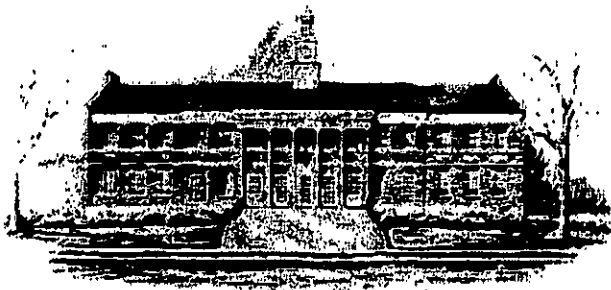
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 340

256 Hovnanian
 248 Fairview Avenue
 Verona, NJ
 Block 128 Lot 32.01

Description	Width	Depth	Footprint	UCC Hgt	Volume	Storeys	Area Total
Garage	11	12.5	138	21.5	2956	1	138
Garage	10.33	11	114	21.5	2443	1	114
Garage	21.33	21.71	463	35	16208	2	926
Dining Room	14.71	49	721	35	25228	2	1442
Foyer	16	23.5	376	35	13160	1	376
Bridge	16	6	96	35	3360	2	192
Living Room	16	21.5	344	35	12040	1	344
Laundry	6.71	21.33	143	35	5009	2	286
Family Room	4	21.33	85	23.5	2005	1	85
Family Room	20	21.33	427	35	14931	2	853
Breakfast Nook	4	16	64	21	1344	1	64
Left side rear	14	51	714	26	18564	1	714
Left side	15.33	33	506	24	12141	1	506
Porch 1	4	16	64	13	832	1	64
			4254		130221		6104

Fee	0.04	5209
DCA	0.00265	345

Unfinished Basement Area #REF! sf



Township of Verona

880 Bloomfield Avenue
Verona, New Jersey 07044

BOARD OF ADJUSTMENT

Telephone (973) 857-4834 Fax (973) 857-5134

- WATER BILL
- ESCROW CHECKS
- ~~ENGINEERS REPORT~~
- ~~RETAINING WALLS~~

K-HOV FINAL APPROVAL LIST BEFORE A CERTIFICATE OF OCCUPANCY CAN BE ISSUED:

226, 236, 246, 256, 266 and 276 FAIRVIEW AVENUE

- X New Home Warranty document.
- X Sidewalk shall be complete in front of houses and crosswalk on north side of Durrell Street to be completed as per Resolution #7-04 and approved by Township of Verona engineer Jim Helb.
- X Shade Tree Commission must approve final placement of trees and submit a letter to the building office as per Resolution #7-04.
- X Approval from Town Engineer's Office that the existing sewer line has been upgraded from 6 inches to 8 inches beginning at Durrell Street and terminating at the Cedar Grove Township line as per Resolution #7-04.
- X Property deeds to contain a full description of the drainage easement located on each of the newly created lots and to provide that each property owner shall have the obligation to maintain the drainage easement as per Resolution #7-04.
- X Property deeds to contain a full description of the portion of the conservation easement located on each of the newly created lots as per Resolution #7-04.
- X The "Welcome to Verona" sign shall be relocated to an area chosen by the Engineer as per Resolution #7-04.
- X All Essex County final approvals must be submitted in writing to the Building Office.
- X Deed of transfer approved by Planning Board attorney Greg Mascera.

10. Landscape drawing to be submitted to Township Engineer Jim Helb and Landscape Committee for as-built approval.
- ☒ As-built survey must be submitted to Township Engineer Jim Helb and the Building Department for approval.
- ☒ Final grading plan must be submitted to Township Engineer Jim Helb for approval.
- ☒ Signed and sealed inspection reports from an architect or engineer for the installation and completion of the retaining walls must be submitted to Township Engineer Jim Helb and the Building Department for final approval.
- ☒ As-built final drawing of all utilities. (On as-built survey)
- ☒ ~~Final plot plan to be modified to indicate 20 foot offset from 50-foot wetland buffer.~~
- ☒ All sewer and water hook-up fees shall be satisfied.
- ☒ Balance of COAH fee payment must be satisfied.
- ☒ All installed street lighting must have final approval from Township Engineer Jim Helb.
- ☒ Final building inspections.
- ☒ All drainage systems must be approved by Township Engineer Jim Helb.
- ☒ All other final approvals and documentation that may be deemed necessary by the Township Engineer and the Building Department.
- ☒ Clear out all dead trees in rear yard beyond retaining wall to be approved by Township Engineer Jim Helb.
- ☒ Soil Erosion Control signed compliance letter from the Hudson, Essex and Passaic Soil Conservation District.

Any questions please call the Township of Verona Engineer's office at 973-857-4805, or the Building Department at 973-857-4834.

Thomas Jacobsen

Construction Official, Township of Verona



CERTIFICATE

Permit # 2008-023
Date Issued 1/11/00
Control #
Certificate Issued Date: 2/2/09

Block 12C Lot 32.01 Qualification Code
Work Site Location
255 Fairview Avenue
Owner In Fee K HOVNANIAN
Address 255 Fairview Ave.
VERONA, N.J. 07046
Tel. ()
Contractor K HOVNANIAN
Address 10000 Road
Tel. () FAX ()
Lic. No. or Bldg. Reg. No.
Federal Employer No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Single-family home

☐ 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 the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ 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 _____

Thomas M. Cardon 2/2/09
DATE
CONSTRUCTION OFFICIAL

Fee \$ 525.00

Paid [] Check No.

Collected by: T. M. Cardon



BUILDING 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 1st Lot 3201 Qualification Code _____
Work Site Location 256-248-Paranview Ave

Owner in Fee: R. Harrison Homes

Tel. (973) 275 e-mail CPATTERMAN@RHH.com

Address 1 Arbor Rd Municipality W. Caldwell Zip Code 07006

Contractor: Garco Tel. () e-mail _____
Address _____

Contractor License No. or Builder Registration No. 077606 Exp. Date _____

Federal Employee No. 201185057 FAX: (973) 8575381

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family Home

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

\$ 5209

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 5209

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

J.C.C. F110
(rev. 0505)

Recorder from OCS Printing (800) 398-4375

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Approval	Initial
☒ No Plans Required			Type:	Failure		
☒ All			Footings			
☐ Footing			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			MAIN BASEMENT			
Joint Plan Review Required:			Frame			
☐ Elec.			Truss Sys./Bracing			
☐ Plumb.			Barrier-Free			
☐ Fire			Insulation			
☐ Elevator			Finishes -Base Layer			
SUBCODE APPROVAL			Finishes -Final			
☐ CO			Energy			
☐ CCO			Mechanical			
☐ CA			TCO			
Date: <u>1-30-09</u>			Other			
Approved by: <u>Tom Jackson</u>			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>326,000.00</u>
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

2/26/08 Footing PASS Letter from soils engineer to follow. See field report.

3/13/08 Wall Form PASS

9/8/08 Frame PASS (except basement)

10/7/08 Side & Rear Porch Footings (4 piers) PASS

10/23/08 Fins NOT READY

11/14/08 FINAL - FAIL

① LETTER FROM ARCHITECT - SUPPORT BEAM UNDER FOYER

② SPECS OF GAS FIREPLACE SUBMITTED

③ SPECS OF EGRESS BASEMENT WINDOW BILCO DOOR

④ SEAL GARAGE FLOOR

⑤ PAINT LINTELS - FRONT OF HOUSE - AND FLOOR
WINDOWS.

⑥ FINISH DEAD TREE REMOVAL - REAR YARDS

11/18/08 - FINAL - NOT READY

⑦ FINISH DEAD TREE REMOVAL - REAR YARDS

⑧ FINAL APPROVALS FROM TOWN ENGINEER

2/2/09 - FINAL PASSED - C.O. ISSUED

MELICK - TULLY
AND ASSOCIATES, INC.
(MTA)
DAILY FIELD REPORT

TO: Chris Tully
FROM: Chris Tully
PAGE 1 OF 1

JOB NO. 2338-815-IT
OWNER K. Houshian
LOCATION Verona, N.J.

CLIENT/OWNER REP. Chris Patterman
CONTRACTOR _____
CONTRACTOR'S REP. _____
EQUIPMENT _____

DAY OF WK Wed DATE 2/27/08

TIME ARR/DEP _____
TIME SITE TVL
CHGD TIME TIME
WEATHER _____

SITE VISITORS _____

FIELD TEST RESULTS ATTACHED [] YES [] NO
SOURCE OF FILL _____

OBSERVATIONS (SKETCH ON BACK) RE: FOUNDATION SUBGRADE.
BUILDING 4, Lot 3201, Block 18
Hilltop Estates and Homes.
Verona, New Jersey.

THIS LETTER PRESENTS THE RESULTS OF THE FOUNDATION SUBGRADE OBSERVATIONS BY MELICK-TULLY AND ASSOCIATES, P.C. (MTA) AT THE ABOVE REFERENCED BUILDING AREA. A GEOTECHNICAL ENGINEER FROM MTA WAS PRESENT AT THE SITE TO OBSERVE THE EXCAVATION AND PREPARATION OF THE PROPOSED BUILDING FOUNDATION SUBGRADE SOILS.

THE EXPOSED SUBGRADE SOILS CONSISTED PRIMARILY OF NATURAL DENSE SILTY SANDS. MANUAL PROBES WERE PERFORMED WITHIN THE FOUNDATION EXCAVATIONS. ANY WEATHERED SURFICIAL SOILS WERE REMOVED COMPLETELY AND REPLACED WITH MAXIMUM FOUR INCHES OF CLEAN 3/4" CRUSHED SPOT. FOUNDATION SUBGRADE SOILS WERE ALSO COMPACTED TO A DENSE STATE USING MANUALLY-OPERATED COMPACTION EQUIPMENT.

BASED ON OUR OBSERVATIONS AND MANUAL PROBES, IT IS OUR OPINION THAT THE OBSERVED FOUNDATION SUBGRADE SOILS ARE SUITABLE FOR SUPPORT OF FOUNDATIONS DESIGNED FOR ALLOWABLE NET BEARING PRESSURES OF 4000 POUNDS PER SQUARE FOOT.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THIS INFORMATION.
CC: CHRIS PATTERMAN.



BUILDING 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 128 Lot 32,01 Qualification Code _____
Work Site Location 256-298 Princeton Ave

Owner in Fee: K. Houtman Homes

Tel. (973) 2175 e-mail CPATTERMAN@KHH.COM

Address 1 Amber Rd N. Caldwell 07006
street neighborhood zip code

Contractor: SAITE Tel. () e-mail _____
Address _____

Contractor License No. or Builder Registration No. 077606 Exp. Date _____

Federal Employee No. 721185057 FAX: (973) 8575381

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type:
☒ All	<u>01/11/08</u>	<u>JS</u>	Footings
☐ Footings			Footings Bonding
☐ Foundation			Foundation
☐ Frame			Slab
☐ Other			Frame
			Truss Sys./Bracing
			Barrier-Free
			Insulation
			Finishes -Base Layer
			Finishes -Final
			Energy
			Mechanical
			TCO
			Other
			Final
			Barrier-Free
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

B. BUILDING CHARACTERISTICS	
Use Group	Present
Constr. Class	Present
No. of Stories	<u>2</u>
Height of Structure	<u>31.87</u> Ft.
Area - Largest Floor	<u>3553</u> Sq. Ft.
New Bldg. Area/All Floors	<u>5133</u> Sq. Ft.
Volume of New Structure	<u>86281</u> Cu. Ft.
Total Land Area Disturbed	_____ Sq. Ft.

Est. Cost of Bldg. Work	
1. New Bldg.	2. Rehabilitation
<u>\$225,000.00</u>	_____
3. Total (1+2)	_____

Date Received 1/11/08
Control # _____
Date Issued _____
Permit # 2008-023

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family Home

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$520.9

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 520.9

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

U.C.C. F110
(rev. 05/05)

Recorder from OCS Printing (609) 398-4375

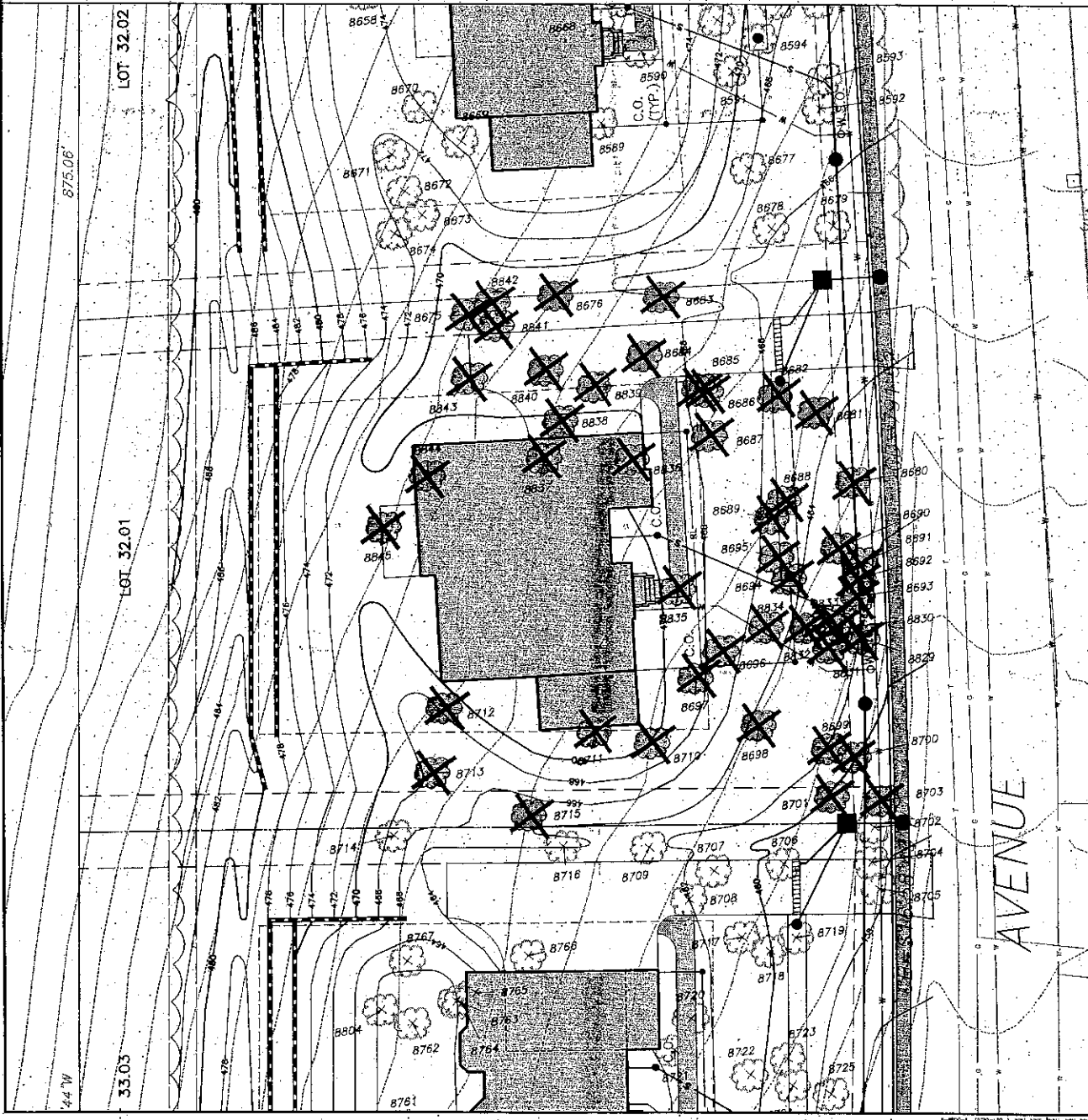
TREE LEGEND



TREES PROPOSED TO BE REMOVED LOT 32.01

TREE REMOVAL DATA

NUMBER	NAME	SIZE	REMOVED	REMAIN
8675	XXX	18"	YES	
8676	XXX	11"	YES	
8680	XXX	10"	YES	
8681	XXX	14"	YES	
8682	XXX	7"	YES	
8683	XXX	9"	YES	
8684	XXX	15"	YES	
8685	XXX	20"	YES	
8686	XXX	19"	YES	
8687	XXX	20"	YES	
8688	XXX	10"	YES	
8689	XXX	14"	YES	
8690	XXX	22"	YES	
8691	XXX	14"	YES	
8692	XXX	17"	YES	
8693	XXX	6.5"	YES	
8694	XXX	7.5"	YES	
8695	XXX	21"	YES	
8696	XXX	20"	YES	
8697	OAK	10"	YES	
8698	HICKORY	10"	YES	
8699	OAK	7.5"	YES	
8700	CLUMP MAPLE	15"	YES	
8701	CLUMP MAPLE	8"	YES	
8703	MUL-TRU-HICKORY	4"	YES	
8710	HICKORY	19"	YES	
8711	OAK	9"	YES	
8712	HICKORY	7"	YES	
8713	HICKORY	17"	YES	
8715	XXX	7"	YES	
8830	XXX	21"	YES	
8831	XXX	30"	YES	
8832	XXX	13"	YES	
8833	XXX	9"	YES	
8834	XXX	9"	YES	
8835	XXX	6"	YES	
8836	XXX	6"	YES	
8837	XXX	10"	YES	
8838	XXX	12"	YES	
8839	XXX	15"	YES	
8840	XXX	14"	YES	
8841	XXX	7"	YES	
8842	XXX	9"	YES	
8843	XXX	20"	YES	
8844	XXX	9"	YES	
8845	XXX		YES	



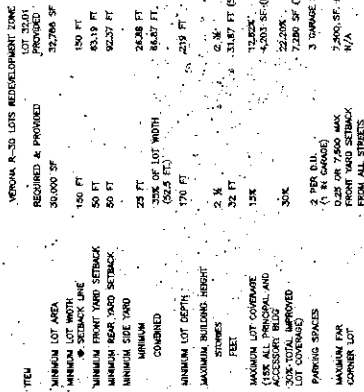
SCHOOR DEPALMA
Engineers and Consultants
Cert. of Authorization 2402792200
P.O. BOX 5245 PHILADELPHIA, NJ 07064
TEL (973) 288-7970 FAX (973) 334-3388
ATLANTA, GA PHILADELPHIA, PA PHILADELPHIA, PA

ROCCO PALMIERI
PROFESSIONAL ENGINEER & LAND SURVEYOR, N.J. Lic. No. 203386
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TREE REMOVAL PLAN PARCEL #1 - LOT 32.01
FOR
HILLTOP AT ESSEX COUNTY
BLOCK 128, LOT 32.01
TOWNSHIP OF VERONA ESSEX COUNTY NEW JERSEY

PROJECT NO. 0703705
SCALE 1"=20'
DATE 11/13/07
DRAWN BY
CHECKED BY
DATE
SHEET NO. 2 OF 2



BUILDING HEIGHT CALCULATION

FIRST FLOOR ELEVATIONS:
HEIGHT FROM FIRST FLOOR TO HIGHEST ROOF

TOTAL

GRADE BREAK GRADE BREAK ADJACENT TO FOUNDATION	FINISHED GRADE ELEVATION ADJACENT TO FOUNDATION SLOPE
①	31.80
②	31.80
③	31.80
④	31.80
⑤	31.80

5	31.50
6	32.04
7	32.20
8	32.30
9	32.52
10	31.78
11	31.78
12	31.58
13	32.04
14	31.54

Y-AXIS RANGES = 445/14 = 31.8 FL

EXISTING		PROPOSED	
	EXISTING WATER		PROPOSED WATER
	EXISTING NATURAL GAS		PROPOSED NATURAL GAS
	EXISTING BUILDING		PROPOSED BUILDING
	EXISTING DRIVEWAY		PROPOSED DRIVEWAY
	EXISTING FENCE LINE		PROPOSED FENCE LINE
	EXISTING TREE		PROPOSED TREE
	EXISTING FILTER FABRIC FOR SEDIMENT CONTROL		PROPOSED FILTER FABRIC FOR SEDIMENT CONTROL
	EXISTING GRADE IMPACT (OUT-SLOPE OF BUILDING)		PROPOSED GRADE IMPACT (OUT-SLOPE OF BUILDING)

BOUNDARY AND TOPOGRAPHIC SURVEY TAKEN FROM A MAP ENTITLED "BOUNDARY AND TOPOGRAPHIC SURVEY FOR LANDS OF THE COUNTY OF ESSEX AND THE ESSEX COUNTY IMPROVEMENT AUTHORITY", PREPARED BY G.C. STEWART ASSOCIATES, INC., DATED 1/10/88. ADDITIONAL TOPOGRAPHIC PERFORMED IN THE FIELD BY SCHOUR DONNELLY IN JUNE TO AUGUST 2002.

PLOT PLAN - HILLTOP PARCEL # 1

PLOT PLAN PARCEL #1 - LOT 32.01

Engineers and Consultants



Rocco Palmieri
ROCCO PALMIERI

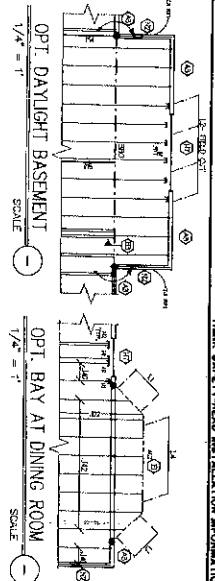
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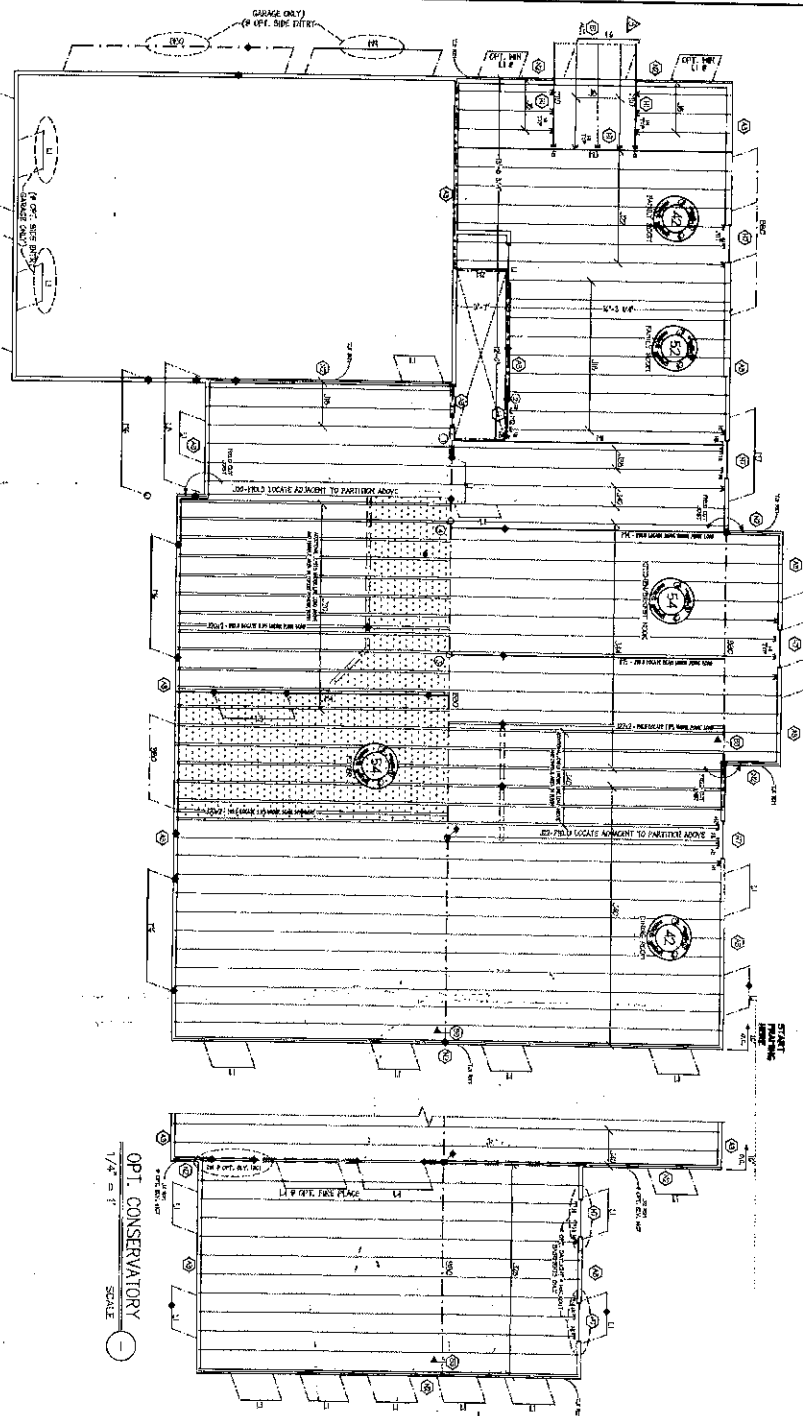
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THINK SAFETY-NEED INSULATION INFORMATION BEFORE PROCEEDING

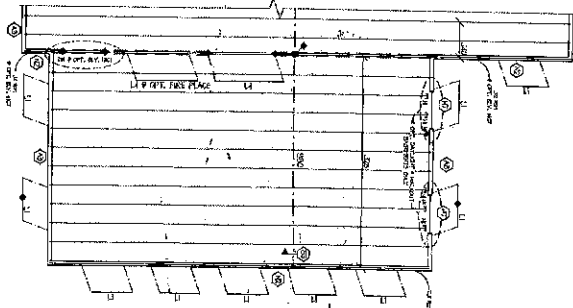


FIRST FLOOR FRAMING PLAN
SCALE: 1/4" = 1' ELEV. 110.0



MEMBER	TYPE	SECTION	NOTES
1	COL	12x12	CL
2	COL	12x12	CL
3	COL	12x12	CL
4	COL	12x12	CL
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100	COL	12x12	CL

OPT. CONSERVATORY
SCALE: 1/4" = 1'



APPROVED FOR CONSTRUCTION

LOADS

SYMBOL KEY

1. PRO-RATING INFORMATION
THE TARGETED T1-PRO RATING FOR THIS FLOOR IS: -
THE ASSIGNED T1-PRO RATING FOR THIS FLOOR IS: 40.
SEE T1-PRO RATING GUIDE FOR T1-PRO RATING IN FIRST FLOOR.
BASED ON T1-PRO RATING GUIDE THAT IS GUARANTEED AND VALID.
NO DIRECTLY ADDED SHEETWORK COULD BE CONSIDERED.

POTENTIAL FRAGILE AREAS
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99. DOWNERS
100. DOWNERS

FIRST FLOOR PRODUCT LIST	
ITEM	DESCRIPTION
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97	12x12 COL
98	12x12 COL
99	12x12 COL
100	12x12 COL

1. PRO-RATING INFORMATION
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NO DIRECTLY ADDED SHEETWORK COULD BE CONSIDERED.

MANORS & ESTATES • HILLTOP
VERONA, NEW JERSEY 07093-4001
SINGLE FAMILY
1ST FLOOR FRAMING

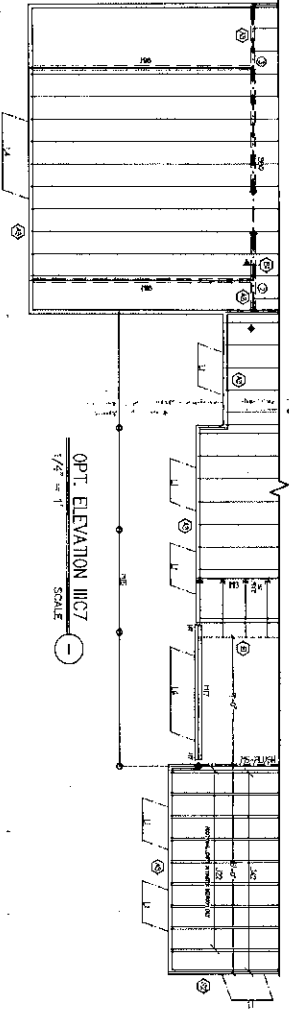
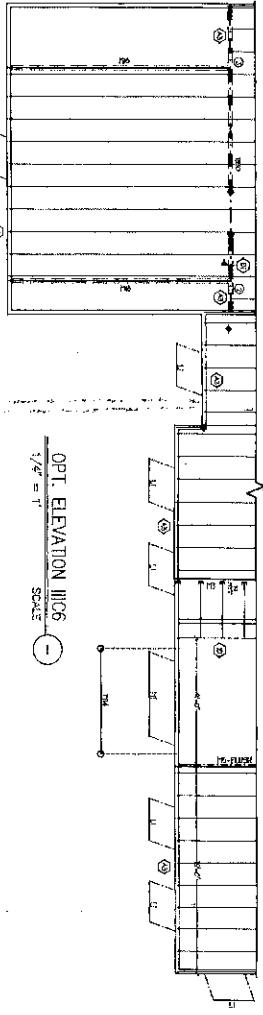
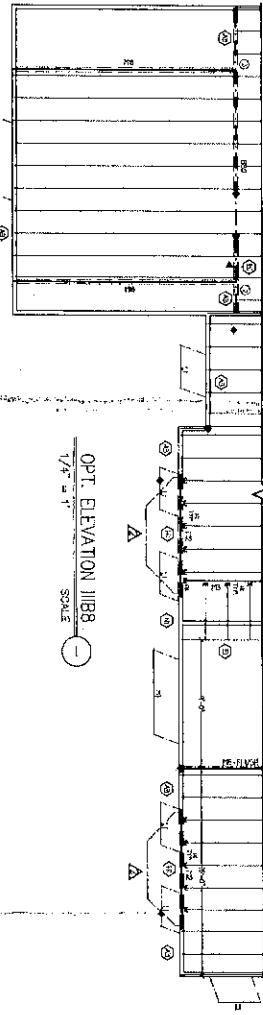
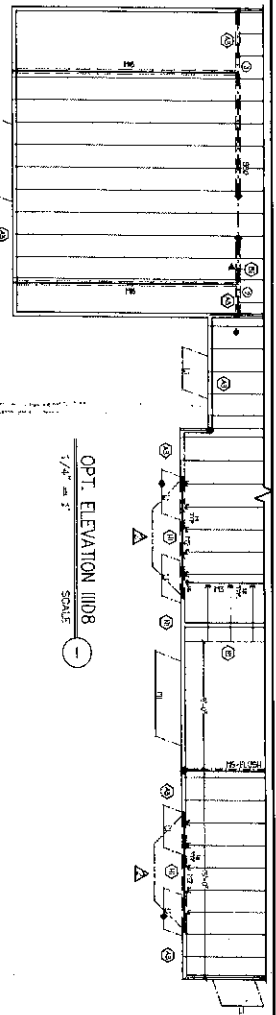
level
by Weyerhaeuser

ARCHITECT
GAVIN DELITZIA
1000 UNIVERSITY AVE.
SUITE 200
EDISON, NJ 08817
TEL: 732-261-1000
FAX: 732-261-1001

REGISTERED PROFESSIONAL ENGINEER
ROBERT A. MURPHY
11/30/07

11/30/07

THINK SAFETY-READ INSTALLATION INFORMATION BEFORE PROCEEDING



ITEM	QTY	UNIT	DESCRIPTION
1	1	EA	1\"/>

SECOND FLOOR PRODUCT LIST	
ITEM	DESCRIPTION
1	1\"/>

APPROVED FOR CONSTRUCTION

LOADS

SYMBOL KEY

FINISH FLOOR
 Live Load = 40 psf (Residential)
 Dead Load = 10 psf (Concrete Slab)
 Snow Load = 0 psf (Not Applicable)
 Wind Load = 15 psf (Not Applicable)
 Seismic Load = 0 psf (Not Applicable)

JOB INFO

DATE	11/30/07
BY	11/30/07
CHECKED	11/30/07
APPROVED	11/30/07

KJHovnanian
 Companies
 110 FIELDCREST AVENUE
 EDISON, NJ 08818 (732) 299-4001

MANORS • ESTATES • HILLTOP
 VERON, CEDAR GROVE, CALDWELL, KENNEL WOOD
 4608-641
 SINGLE FAMILY
 ROOF FRAMING

Level
 by Waterflooded

ARCHITECT
CARIN DELUTZIA
 1111 11TH AVE
 NEW YORK, NY 10019
 (212) 760-0000

REGISTERED PROFESSIONAL
ROBERT A. KUBER
 11/30/07