BLOCK 321.10 LOT 3 QUALIFICATION CODE ADDRESS (SITE) 269 Leswing Dr Brick NJ 08723 PERMIT NO. 19 08-1149

CONSTRUCTION PERMIT APPLICATION

C-19-001647

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

I. IDENTIFICATION

1. Proposed Work Site at: 269 Leswing Dr Brick NJ 08723
2. Name of Owner in Fee: Jon Ross [redacted]
   Tel. [redacted] e-mail
   Address same as above (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Atlantic Shore Heating and Air Condition Tel. (732) 604-5450
   Address 5 Halsey Dr e-mail atlanticshorehvac@gmail
   Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 19HC00447500 Exp. Date 06/30/2020
   Home Improvement Contractor Registration No. or Exemption Reason 13VH03688500
   Federal Emp. ID No. ____ FAX: ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Mark Masiero
   Tel. (732) 604-5450 FAX: ____

V. FEE SUMMARY (for office use only)

		Update ~~1~~	Update
1. Building	$		
2. Electrical		150-	
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical		200-	75-
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		12-	12-
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	362-	87-

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical		DW	5/6/19						
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/4/2019
Control Number C-19-001647
Permit Number 19-1149
Permit Issue Date 5/9/2019
Certificate Number 19-1149

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 269 LESWING DR. Brick Township, NJ Block: 321.10 Lot: 3 Qual:

Owner in Fee: JON ROSS

Owner Address: 269 LESWING DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor ATLANTIC SHORE HEATING & AIR CONDITIONING

Address 5 HALSEY DRIVE BRICK NJ 08723

Telephone: (732) 604-5450 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 14-1602822

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - RESIDENTIAL - ... REPLACE A/C & FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/4/2019

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date 4-6-19

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

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

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

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

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

(X) Check if contractor.

Agent Name Mark Masiero

Address 5 Halsey Dr
Brick NJ 08723

Telephone (732) 604-5450

Signature _____

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 5/9/19

Date Issued / Permit #

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

Block 321.10 Lot 3 Qualification Code

Work Site Location 269 Leswing Dr
Brick NJ 08723

Owner in Fee: Jon Ross

Tel. e-mail

Address same as above
street municipality zip code

Contractor: Atlantic Shore Heating and Air Conditioning Tel. (732) 604-5450

Address 5 Halsey Dr e-mail atlanticshorehvac@gmail.com
Brick NJ 08723

Contractor License No. 19HC00447500 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH03688500

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other FAIL	8-5-19		9-20-19	
Final				

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 sign/Contractor sign and seal here:

Print name here: MARK MASIERO

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Direct AC/Gas Furance Replacement ~~and direct vent~~ ~~water heater~~, repair & seal insulate exist duct work
AC / Furn

NO.	FIXTURE/EQUIPMENT
1	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
2	Other

FEE (Office Use Only)

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

U.C.C. F145 (rev. 12/18) Internet version

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Update +A

Date Received / Control # 5/9/19

Date Issued / Permit # 19-1149 +A

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

Block 321.10 Lot 3 Qualification Code

Work Site Location ~~Jon Ross~~ 269 Leswing Dr Brick NJ 08723

Owner in Fee: Jon Ross

Tel. [redacted] e-mail

Address Same as above (street / municipality)

Contractor: Jon Ross Tel. [redacted]

Address 269 Leswing Dr Brick, NJ 08723 e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL 6/6/19			9-20-19	

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Jon Ross

D. TECHNICAL SITE DATA

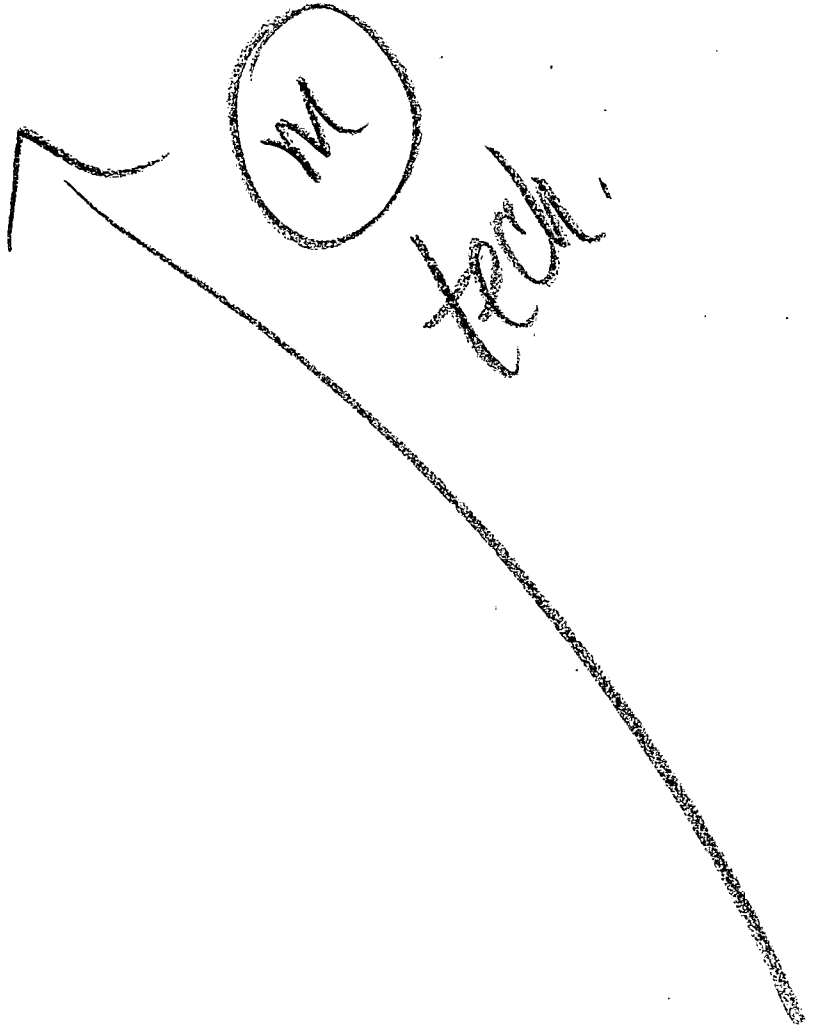
DESCRIPTION OF WORK

~~Direct Ac Gas Furnace replacement and direct hot water heater, repair seal + insulate existg duct.~~

HWH

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
~~1~~	Other ~~Ductwork replace~~	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

8-5-19 WA
W.H. DRAIN ON PAD OR Relief



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/9/19
Control #
Date Issued
Permit # 19-1149

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

Block 321.10 Lot 3 Qualification Code

Work Site Location 269 Leswing Dr
Brick NJ 08723

Owner in Fee: Jon Ross

Tel. e-mail

Address same as above
street municipality zip code

Contractor: Atlantic Shore Heating and Air Conditioning Tel. (732) 604-5450

Address 5 Halsey Dr e-mail atlanticshorehvac@gmail.co
Brick NJ 08723

Contractor License No. 19HC00447500 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH03688500

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 125

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8/5/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/5/19	PE
Barrier-Free				
Temp. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mark Masiero

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Direct AC/Gas Furnace replacement, repair Seal install duct

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		direct repl furnace	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

CONSTRUCTION PERMIT

Date Issued 5/7/19
Control # C19-001647
Permit # PR-1149

IDENTIFICATION Block: 321.10 Lot: 3 Qualifier
Work Site Location: 269 LESWING DR. Brick Township, NJ
Owner in Fee JON ROSS
269 LESWING DRIVE BRICK NJ 08723
Telephone: [redacted]

Contractor ATLANTIC SHORE HEATING & AIR CONDITIONING
Address 5 HALSEY DRIVE BRICK NJ 08723
Telephone: (732) 604-5450
Lic. No. or Bldrs. Reg. No. 13VH03688500 19HC00447500
Federal Employee. No. 14-1602822

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ... REPLACE A/C & FURNACE

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 $6,625

David J Mowrey (M.E.) — Construction Official
5/6/19 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$362
Check No.	123
Cash	$0
Credit	$0
Collected By	M. Frigo

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 5/9/19
Control # C-19-001647+A
Permit # 19-1164 +A

IDENTIFICATION Block: 321.10 Lot: 3 Qualifier
Work Site Location: 269 LESWING DR. Brick Township, NJ
Owner in Fee JON ROSS
269 LESWING DRIVE BRICK NJ 08723
Telephone: [redacted]

Contractor ATLANTIC SHORE HEATING & AIR CONDITIONING
Address 5 HALSEY DRIVE BRICK NJ 08723
Telephone: (732) 604-5450
Lic. No. or Bldrs. Reg. No. 13VH03688500 19HC00447500
Federal Employee. No. 14-1602822

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL ...UPDATE +A - REPLACE WATER HEATER

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$75.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$87
Check No.	00
Cash	$0
Credit	$0
Collected By	M Fagan

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 $6,500

Daniel J Kaufman (MEP) — Construction Official
5/6/19 — Date

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 321.10 LOT 3 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 269 Leswing Dr Brick NJ 08723

Owner in Fee Jon Ross

Verifying Individual Mark Masiero Company Atlantic Shore Heating and Air Conditioning

Address 5 Halsey Dr Brick NJ 08723
Street City State Zip Code

Tel: (732) 604-5450 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

[ ]	Oil to Gas Conversion
[ ]	Gas to Oil Conversion
[✔]	Gas Appliance Replacement
[ ]	Oil to Oil Replacement
[ ]	Other _____

Existing Vent/Chimney:

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

Size _____

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Direct replacement	Oil / Gas / Other: gas	100,000
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

_____ 4-17-14
Signature Date

Direct Vent Appliance:

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

_____
Signature Date

Verification Not Submitted:

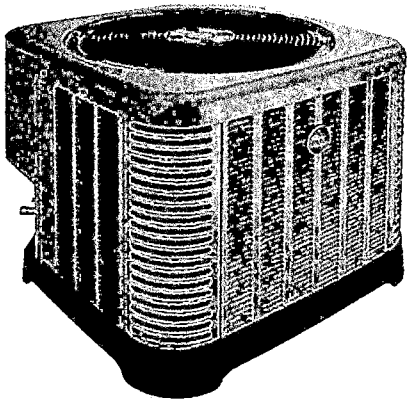
I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

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

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

Ruud Achiever® Series Air Conditioners



RA13 Series

Efficiencies 13-15.5 SEER/11.5-13 EER
Nominal Sizes 1½ to 5 Ton [5.28 to 17.6 kW]
Cooling Capacities 17.3 to 60.5 kBTU
[5.7 to 17.7 kW]

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

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

Standard Feature Table

STANDARD FEATURES							
Feature	**18**	**24**	**30**	**36**	**42**	**48**	**60**
R-410a Refrigerant	√	√	√	√	√	√	√
Maximum SEER	14.5	14.0	15.0	15.0	14.0	13.5	13.5
Maximum EER	12.5	12.0	13.0	13.0	12.0	11.5	11.5
Scroll Compressor	√	√	√	√	√	√	√
Field Installed Filter Drier	√	√	√	√	√	√	√
Front Seating Service Valves	√	√	√	√	√	√	√
Internal Pressure Relief Valve	√	√	√	√	√	√	√
Internal Thermal Overload	√	√	√	√	√	√	√
Long Line capability	√	√	√	√	√	√	√
Low Ambient capability with Kit	√	√	√	√	√	√	√
3-4-5 Expanded Valve Space	√	√	√	√	√	√	√
Composite Basepan	√	√	√	√	√	√	√
2 Screw Control Box Access	√	√	√	√	√	√	√
15" Access to Internal Components	√	√	√	√	√	√	√
Quick release louver panel design	√	√	√	√	√	√	√
No fasteners to remove along bottom	√	√	√	√	√	√	√
Optimized Venturi Airflow	√	√	√	√	√	√	√
Single row condenser coil	√	√	√	√	√	√	√
Powder coated paint	√	√	√	√	√	√	√
Rust resistant screws	√	√	√	√	√	√	√
QR code	√	√	√	√	√	√	√
External gauge ports	√	√	√	√	√	√	√
Service trays	√	√	√	√	√	√	√

√ = Standard

Available SKUs

Available Models	Description
RA1318AJ1NA	*Achiever*® Series 1 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1324BJ1NA	*Achiever*® Series 2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1330AJ1NA	*Achiever*® Series 2 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1336AJ1NA	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1342AJ1NA	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1348AJ1NA	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1360AJ1NA	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner-208/230/1/60
RA1318AJ1NB	*Achiever*® Series 1 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1324BJ1NB	*Achiever*® Series 2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1330AJ1NB	*Achiever*® Series 2 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1336AJ1NB	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1342AJ1NB	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1348AJ1NB	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1360AJ1NB	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/1/60
RA1336AC1NB	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1342AC1NB	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1348AC1NB	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1360AC1NB	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-208/230/3/60
RA1336AD1NB	*Achiever*® Series 3 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60
RA1342AD1NB	*Achiever*® Series 3 1/2 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60
RA1348AD1NB	*Achiever*® Series 4 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60
RA1360AD1NB	*Achiever*® Series 5 ton 13 SEER Single-Stage Air Conditioner w/ High/Low Pressure-460/3/60

Air Conditioners*

R	A	13	24	A	J	1	N	A	*
Brand	**Product Category**	**SEER**	**Capacity BTU/HR**	**Major Series***	**Voltage**	**Type**	**Controls**	**Minor Series****	**Option Code**
Ruud	A - Air Conditioners	13 - 13 SEER 14 - 14 SEER 16 - 16 SEER 17 - 17 SEER 20 - 20 SEER	18 - 18,000 [5.28 kW] 24 - 24,000 [7.03 kW] 30 - 30,000 [8.79 kW] 36 - 36,000 [10.55 kW] 42 - 42,000 [12.31 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	A - 1st Design B - 2nd Design	J - 1ph, 208-230/60 C - 3ph, 208-230/60 D - 3ph, 460/60	1 - Single-stage 2 - Two-stage V - Inverter	C - Communicating N - Non-Communicating	A - 1st Design	N/A

*See page 3 for available SKU's.

Heat Pumps (For Reference)**

R	P	14	24	A	J	1	N	A	*
Brand	**Product Category**	**SEER**	**Capacity BTU/HR**	**Major Series***	**Voltage**	**Type**	**Controls**	**Minor Series****	**Option Code**
Ruud	P - Heat Pump	13 - 13 SEER 14 - 14 SEER 15 - 15 SEER 17 - 17 SEER 20 - 20 SEER	18 - 18,000 [5.28 kW] 24 - 24,000 [7.03 kW] 30 - 30,000 [8.79 kW] 36 - 36,000 [10.55 kW] 42 - 42,000 [12.31 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	A - 1st Design	J - 1ph, 208-230/60 C - 3ph, 208-230/60 D - 3ph, 460/60	1 - Single-stage 2 - Two-stage V - Inverter P - Piston	C - Communicating N - Non-Communicating	A - 1st Design	N/A

Furnace Coils (For Reference)**

R	C	F	24	17	S	T	A	M	C	A	*
Brand	**Product Category**	**Type**	**Capacity BTU/HR**	**Width**	**Efficiency**	**Metering Device**	**Major Series***	**Orientation**	**Casing**	**Minor Series****	**Option Code**
Ruud	C - Evap Coil	F - Furn Coil H - Air-Handler Coil	24 - 24,000 [7.03 kW] 36 - 36,000 [10.55 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	S- Standard Eff. M- Mid Eff. H- High Eff.	T-TXV E-EEV P-Piston	A - 1st Design	M - Multipoise V - Vertical only/ convertible H - Ded. Horizontal only	C - Cased U - Uncased	A - 1st Design	N/A

**Model number ID's are for reference only. See available SKU page of applicable spec sheet for table of available SKU's for a specific model.

[ ] Designates Metric Conversions

90%+ AFUE Gas Furnaces (For Reference)**

U	96	V	A	70	2	3	17	M	S	A
Brand	**Series**	**Motor**	**Major Rev**	**Input BTU/HR**	**Stages**	**Air Flow**	**Cabinet Width**	**Configuration**	**Nox**	**Minor Rev**
Ruud	90 - 90 AFUE 92 - 92 AFUE 95 - 95 AFUE 96 - 96 AFUE 97 - 97 AFUE	V - Variable speed T - Constant Torque (X-13) P - PSC	A - 1st Design	040 - 42,000 [12.31 kW] 060 - 56,000 [16.41 kW] 070 - 70,000 [20.51 kW] 085 - 84,000 [24.62 kW] 100 - 98,000 [28.72 kW] 115 - 112,000 [32.82 kW]	1 - Single-stage 2 - Two-stage M - Modulating	3 - up to 3 ton 5 - 3 1/2 up to 5 ton	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	M - Multi	X - Low Nox S - Standard	A - 1st Design

80% AFUE Gas Furnaces (For Reference)**

U	80	2	V	A	075	3	17	M	S	A
Brand	**Series**	**Stages**	**Motor**	**Major Rev**	**Input BTU/HR**	**Air Flow**	**Cabinet Width**	**Configuration**	**Nox**	**Minor Rev**
Ruud	80 - 80+ AFUE	1 - Single-stage 2 - Two-stage	V - Variable speed T - Constant Torque (X-13) P - PSC premium S - PSC standard	A - 1st Design	050 - 50,000 [15 kW] 075 - 75,000 [22 kW] 100 - 100,000 [29 kW] 125 - 125,000 [37 kW] 150 - 150,000 [44 kW]	3 - up to 3 ton 4 - 2 1/2 to 4 ton 5 - 3 1/2 up to 5 ton	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	M - Multi D - Down Z - Down & zero clearance down flow	X - Low Nox S - Standard	A - 1st Design

Air Handlers (For Reference)**

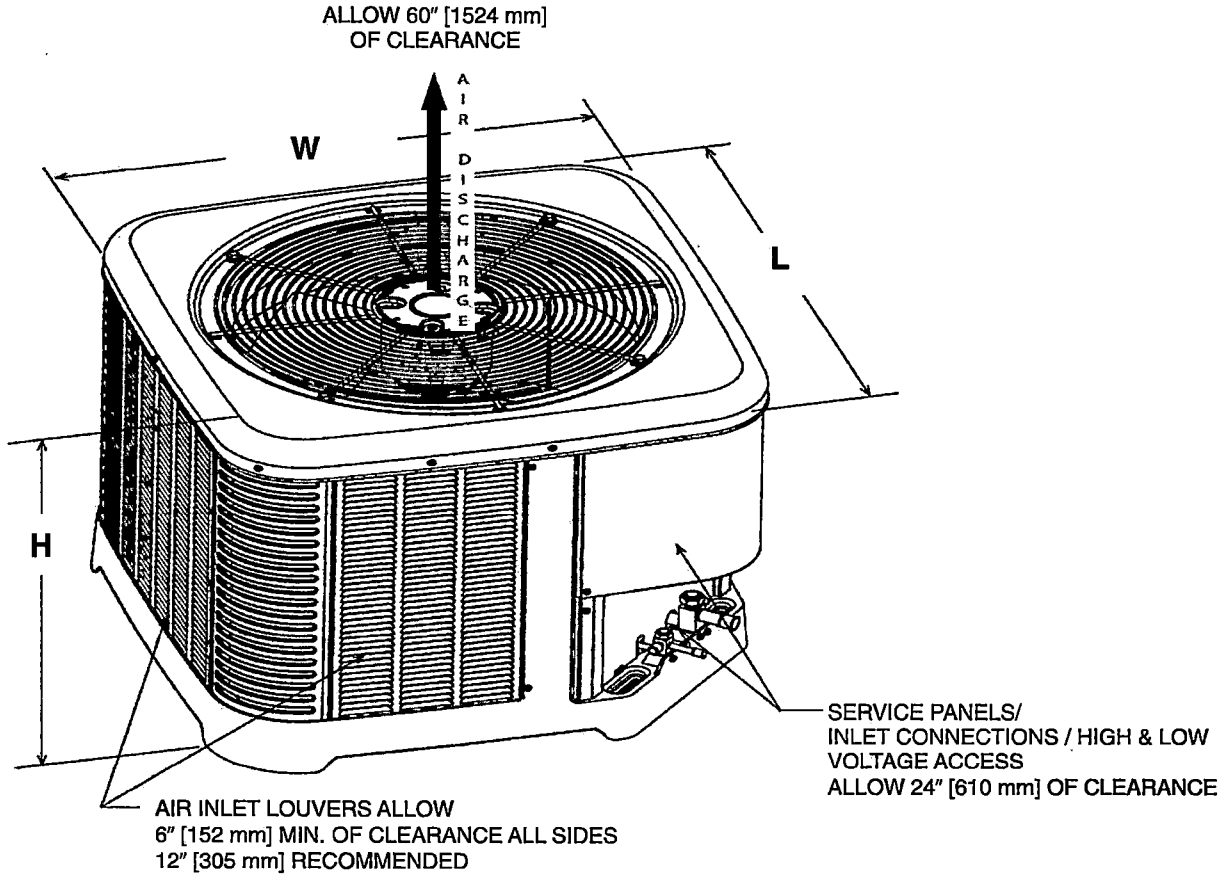
R	H	1	T	36	17	S	T	A	N	A	A	000	*
Brand	**Product Category**	**Stages of Airflow**	**Motor Type**	**Capacity BTU/HR**	**Width**	**Coil Size**	**Metering Device**	**Major Series***	**Controls**	**Voltage**	**Minor Series****	**Factory Heat Cap**	**Option Code**
Ruud	H - Air Handler	1 - Single-Stage 2 - Two-Stage M - Modulating	V - Variable Speed T - Constant Torque P - PSC	24 - 24,000 [7.03 kW] 36 - 36,000 [10.55 kW] 48 - 48,000 [14.07 kW] 60 - 60,000 [17.58 kW]	14 - 14" 17 - 17.5" 21 - 21" 24 - 24.5"	S - Standard Eff. M - Mid Eff. H - High Eff.	T - TEV E - EEV P - Piston	A - 1st Design	C -Communicating N -Non-comm	A - 1ph, 115/60 J - 1ph, 208-240/60 D - 3ph, 480/60	A - 1st Design	00 - no factory heat with option code	*TBD

**Model number ID's are for reference only. See available SKU page of applicable spec sheet for table of available SKU's for a specific model.

[ ] Designates Metric Conversions

Unit Dimensions

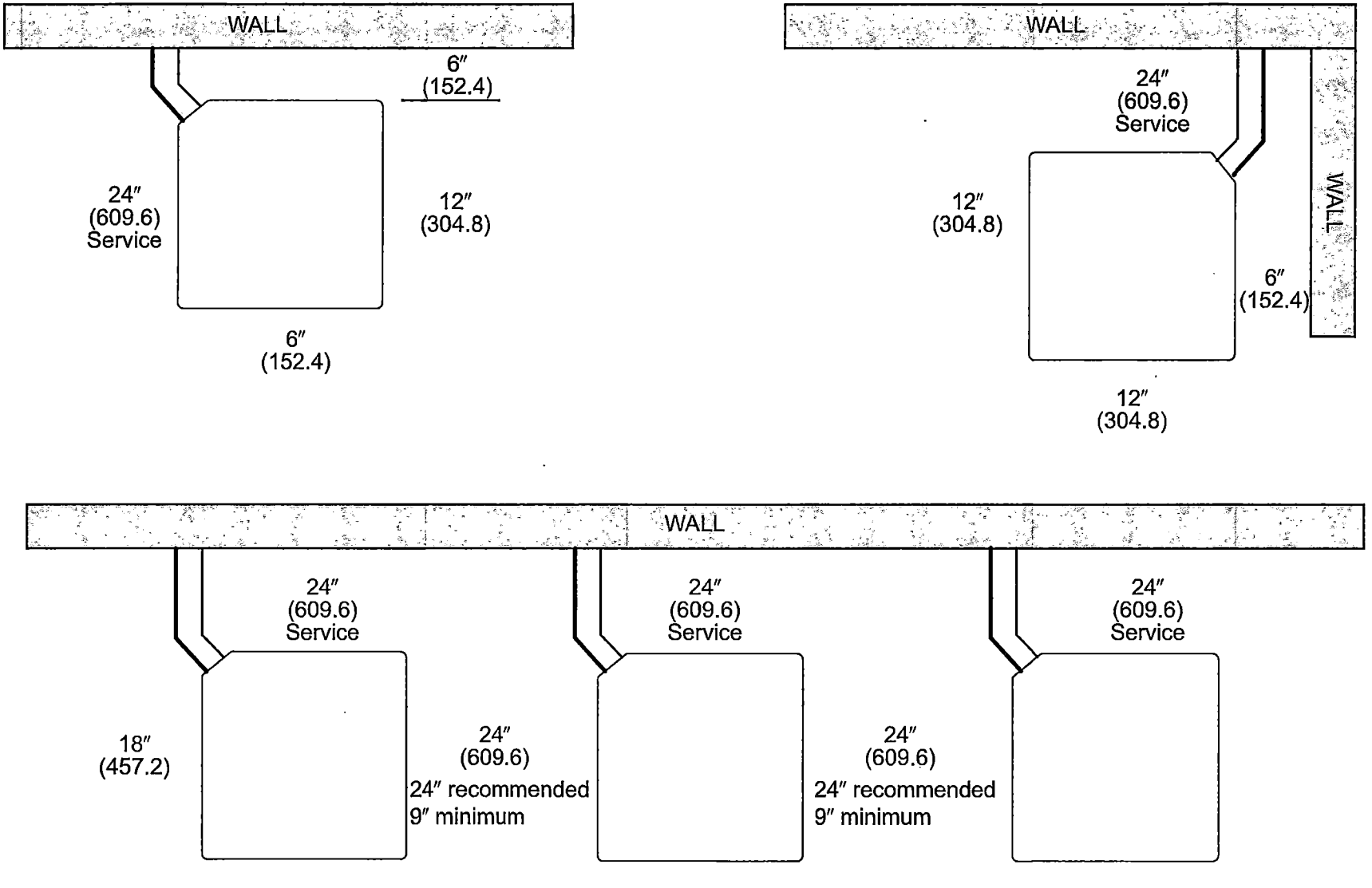
MODEL NO.	OPERATING						SHIPPING					
	H (Height)		L (Length)		W (Width)		H (Height)		L (Length)		W (Width)	
	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm	INCHES	mm
RA1318	27	685	29.75	755	29.75	755	28.75	730	32.38	822	32.38	822
RA1324	25	635	29.75	755	29.75	755	26.75	679	32.38	822	32.38	822
RA1330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



[ ] Designates Metric Conversions

ST-A1226-02-00

CLEARANCES

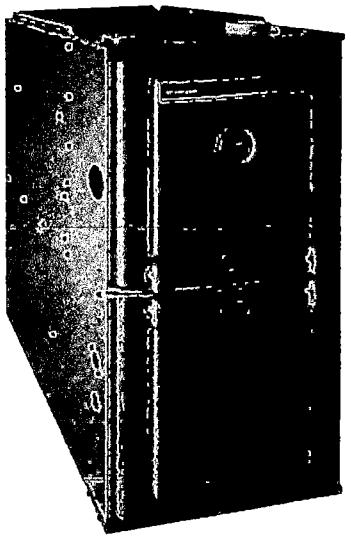


NOTE: NUMBERS IN () = mm

IMPORTANT: When installing multiple units in an alcove, roof well or partially enclosed area, ensure there is adequate ventillation to prevent re-circulation of discharge air.

ST-A1225-01-00

Ruud Achiever Plus® Series Upflow/Horizontal Gas Furnace

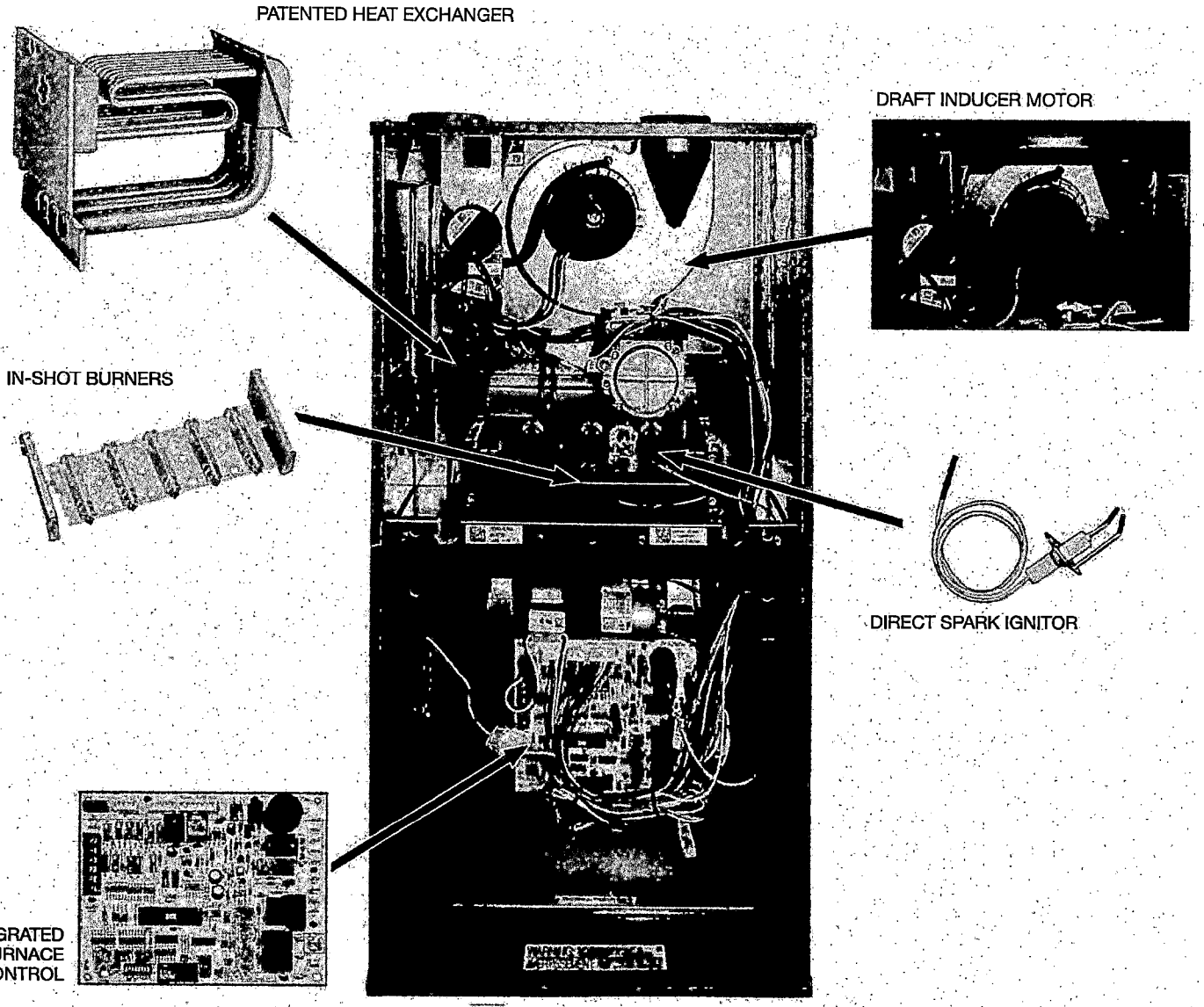


R802P- Upflow/Horizontal Series

80% A.F.U.E.†
Input Rates 50-150 kBTU

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

- 80% residential Gas Furnace CSA certified
- Two stages of operation to save energy and maintain optimal comfort level.
- 3 way multi poise design UF / HZ
- PlusOne™ Diagnostics — 7 Segment LED all units
- PlusOne™ Ignition System – DSI for reliability and longevity
- Heat exchanger is removable for improved serviceability. Aluminized steel construction provides maximum corrosion resistance and thermal fatigue reliability.
- Solid doors provide quiet operation
- Solid bottom
- Insulated blower compartment
- Low profile 34" cabinet ideal for space constrained installations
- Blower shelf design – serviceable in all furnace orientations
- Hemmed edges on cabinets and doors
- 1/4 turn door knobs for tool less access
- Integrated Control board features dip switches for easy system set up
- QR code for quick access to product information from your smart phone or tablet
- Cabinet air leakage less than 2% at 1 inch H_2O when tested in accordance with ASHRAE standard 193



STANDARD EQUIPMENT

Completely assembled and wired; 2 speed induced draft; high and low fire pressure switches; redundant 2 stage main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics.

OPTIONAL EQUIPMENT

Side and bottom filter frame assembly. 4" Flue Adapter

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

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

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

For L.P. (propane) operation, refer to Conversion Kit Index Form.

NOTE: For natural and L.P. (propane) gas models, direct spark ignition is 100% safety lockout type.

WARNING

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

Model Number Identification

R	80	2	P	A	075	4	17	M	S	A
Ruud	80 = 80% AFUE	2 = Two Stage	P = Premium PSC	Design Series A = 1st Design	Input BTU/HR [kW] 050 = 50,000 075 = 75,000 100 = 100,000 125 = 125,000 150 = 150,000	3 = Up to 3 Ton 4 = 2½ to 4 Ton 5 = 3½ to 5 Ton	Cabinet Width 14 = 14" 17 = 17.5" 21 = 21" 24 = 24.5"	M = Multi	X = Low NOx S = Standard	Revision-Marketing (A – First Time Release)

Upflow Application

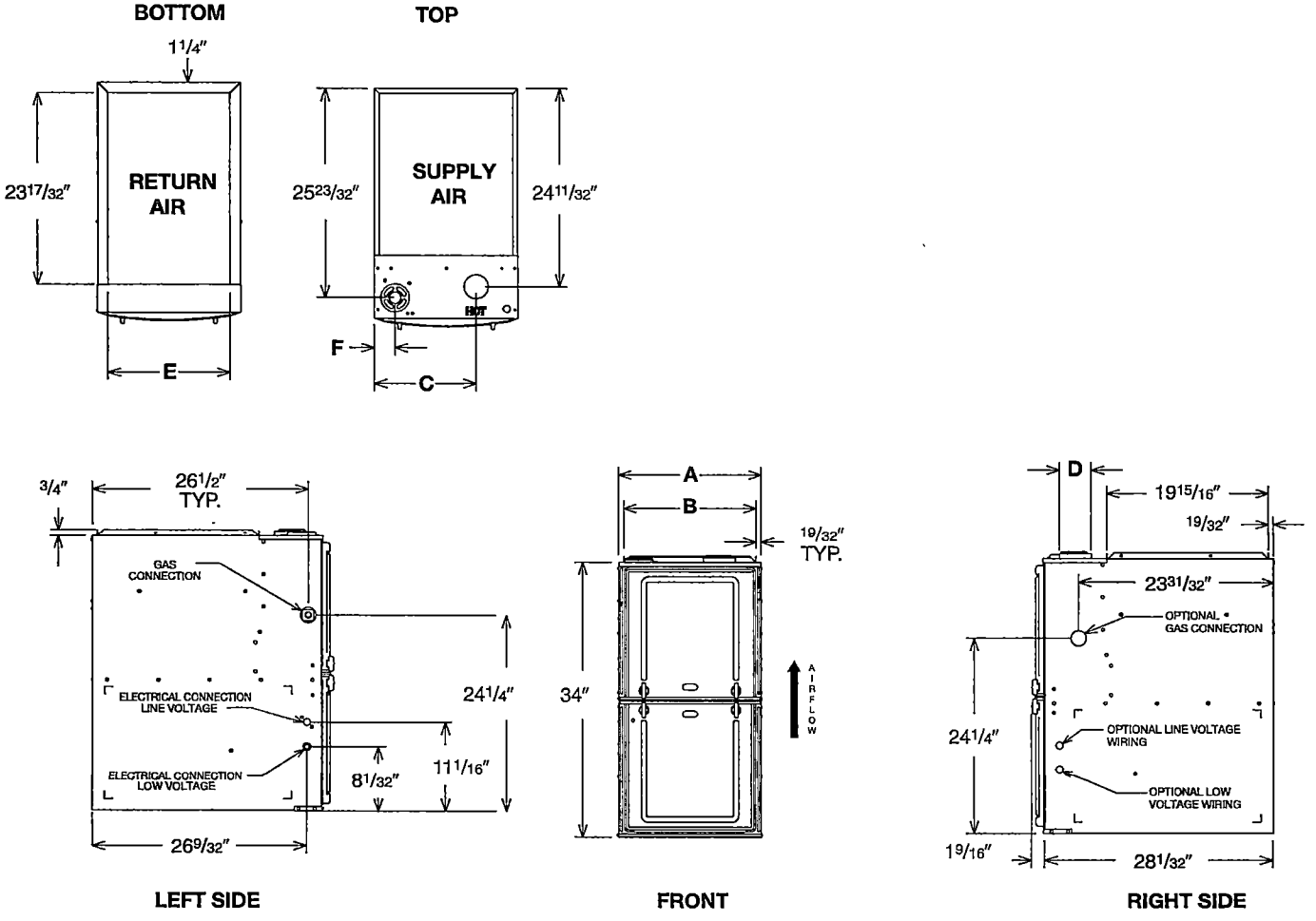


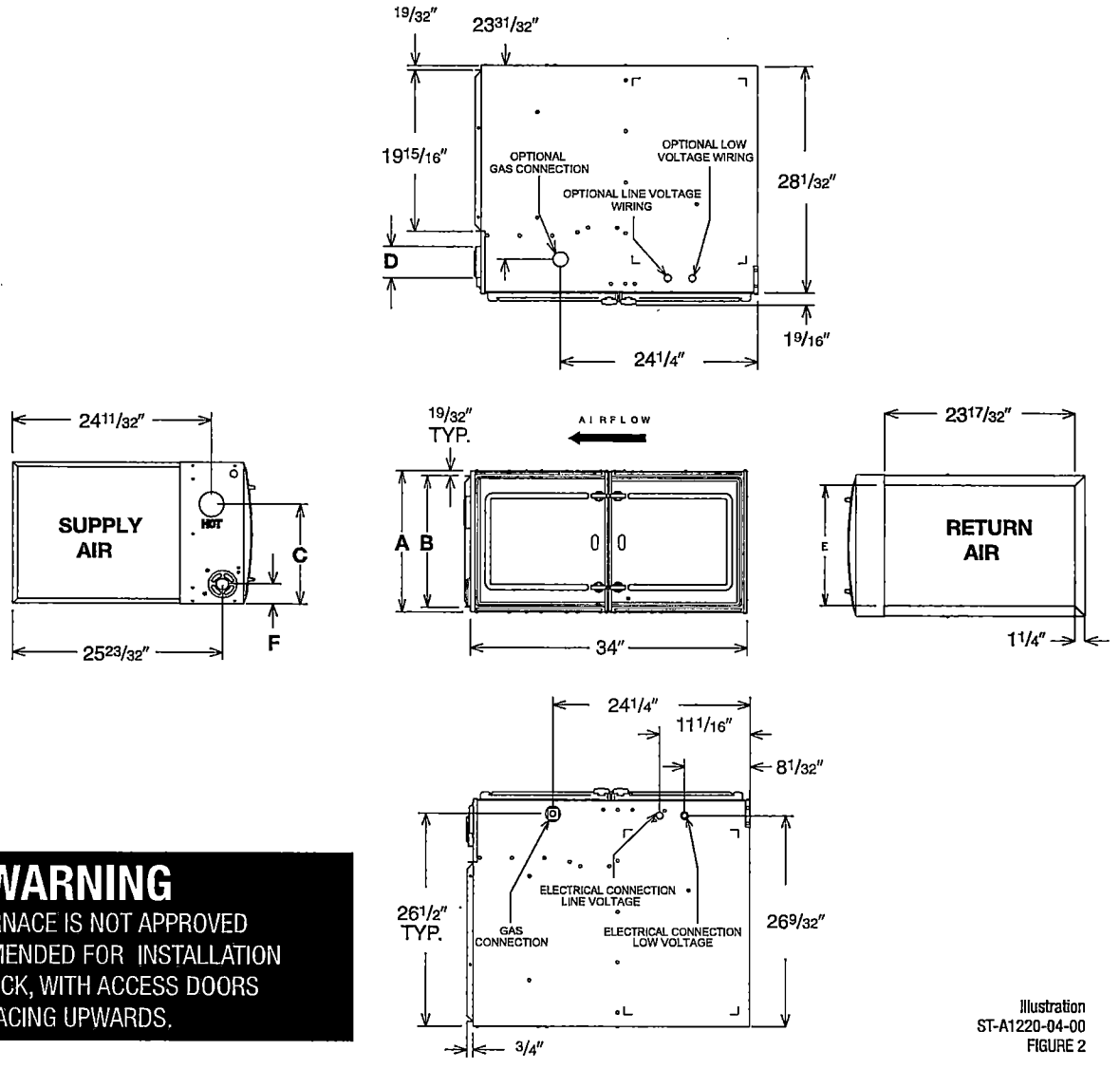
Illustration
ST-A1220-04-00
FIGURE 1

Dimensional Data: Upflow Model

MODEL R802P-	A	B	C	D	E	F	MINIMUM CLEARANCE (IN.)						SHIP WGTS. (LBS.)
							LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
050	14	12 27/32	10 5/8	①	11 1/2	1 7/8	0	4 ②	0	1	3	6 ③	110
075/ 100417	17 1/2	16 11/32	12 3/8	①	15	2 1/2	0	3 ②	0	1	3	6 ③	125
100521	21	19 27/32	14 1/8	①	18 1/2	2 1/2	0	0	0	1	3	6 ③	140
125	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	150
150	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	160

NOTES: ① May require a 3" to 4" or 3" to 5" adapter.
② May be 0" with type B vent.
③ May be 1" with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 in accordance with local codes.

Horizontal Application



WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR INSTALLATION ON ITS BACK, WITH ACCESS DOORS FACING UPWARDS.

Illustration
ST-A1220-04-00
FIGURE 2

Dimensional Data: Horizontal Model

MODEL R802P-	A	B	C	D	E	F	MINIMUM CLEARANCE (IN.)						SHIP WGTS. (LBS.)
							SUPPLY AIR SIDE	RETURN AIR SIDE	BACK	TOP	FRONT	VENT	
050	14	12 27/32	10 5/8	①	11 1/2	1 7/8	4 ②	0	0	1	3	6 ③	110
075/ 100417	17 1/2	16 11/32	12 3/8	①	15	2 1/2	3 ②	0	0	1	3	6 ③	125
100521	21	19 27/32	14 1/8	①	18 1/2	2 1/2	0	0	0	1	3	6 ③	140
125	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	150
150	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6 ③	160

NOTES: ① May require a 3" to 4" or 3" to 5" adapter.
② May be 0" with type B vent.
③ May be 1" with type B vent.
Furnaces must be vented in accordance with the National Fuel Gas Code, ANSI Z223.1 in accordance with local codes.