BLOCK 383.29 LOT 92 QUALIFICATION CODE C21.10 ADDRESS (SITE) 275 Dogwood Dr PERMIT NO. 03-4316

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 275 Dogwood Dr Bmk
2. Name of Owner in Fee: Richard Barry Tel. [redacted]
   Address ____ Bricktwp 08723
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contract
   Address ____ NJR Home Services
   License No. OR, 1415 Wyckoff Rd., Wall NJ 07719
   Federal Employee Tel. 1.877.466.3657 Fax. 732-938-3010
5. Architect or Engir Federal Employee No. 22-3609806
   Address ____
6. Responsible Pers JOHN MAINES TEL. 732-938-1151
   Tel. (____)

Mech Vr

gas furnace & A/C

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	64	
2.	Electrical		57	
3.	Plumbing		35	
4.	Fire Protection		46	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other		134 ✓	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection					6-3-03	MS	3-19-07		
6.	☑ Plumbing					7/8/03	[illegible]	3-16-07		
7.	☑ Electrical					7/03	INM	5/27/04		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

DS BR-B 10428025

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, 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. 5:32-2.15(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 _ **NJR Home Services**
Address ____ **1415 Wyckoff Rd., Wall NJ 07719**
Tel. 1.877.466.3657 Fax. 732-938-3010

Telephone (_ **Federal Employee No. 22-3609806**

Signature ____ **JOHN MAINES TEL. 732-938-1151**

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/20/2007
Tracking Number
Permit Number 03-4316
Permit Issue Date 09/29/2003
Certificate Number 03-4316

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 275 DOGWOOD DR FURNACE AND A/C , NJ Block: 383.29 Lot: 92 Qual:

Owner in Fee: BARRY, RICHARD

Owner Address: SAME BRICK NJ 08723-

Telephone: [redacted]

Contractor BARRY, RICHARD

Address SAME BRICK NJ 08723-

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number: 3979
Collected By:

Date Printed: 03/20/2007

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 353.29 Lot 92

Work Site Location 275 Dogwood Dr
Brick 08723

Owner in Fee Richard Barry

Address same

Tel. [redacted]

Contractor NJR Home Services

Address 1415 Wyckoff Rd
Wall NJ 07719

Tel. (732) 938-1151

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. 22-3609806

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

replace furnace / add A/C

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 $ 3900.-

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(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 to the approved plans and 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 the following:

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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/29/2003
Control #
Permit # 03-4316

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 383.29 Lot 92 Qual

Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor DILLON ELECTRIC
Address 1011 WOODHILL DR
CRANBURY, NJ 08512-
Telephone (609)371-1272
Lic. No. or Bldrs. Reg. No. 7490
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FURNACE AND A/C

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 $ 195

DF Newman Jr 09/29/2003
Construction Official Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	53
Plumbing	35
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	134
Check No.	3979
Cash	
Collected By	JB

09/29/03 12:48PM 000000#4012
XXD6 SERV.D06

#034316	
ELECTRIC	$53.00
PLUMBING	$35.00
FIRE	$46.00
CHECK	$134.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9 12/03
Control # C27-70
Permit # D3-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor DILLON ELECTRIC
Address 1011 WOODMILL DR
CRANBURY, NJ 08512-
Tele.(609)371-1272
Lic. No. or Bldrs. Reg. No. 7490
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 1 03
Approved By: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2 27 04
Approved By: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			2-27-04	ZA

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	9
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ 53
DCA State Permit Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9 12/03
Control # C27-70
Permit # D3-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor DILLON ELECTRIC
Address 1011 WOODMILL DR
CRANBURY, NJ 08512-
Tele.(609)371-1272
Lic. No. or Bldrs Reg No 7490
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 1 03
Approved By: VVL

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	9
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # _____ Minimum Fee	$ 0
Collected by: _____ TOTAL FEE	$ 53
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 7/29/03
Control # C27-70
Permit # 03-4314

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

Block 393.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor DILLON ELECTRIC
Address 1011 WOODMILL DR
CRANBURY, NJ 08512-
Tele.(609)371-1272
Lic. No. or Bldrs. Reg. No. 7490
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7/29/03
Approved By: WL

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	9
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$ 0
Paid [ ] Check # _____ Minimum Fee	$ 0
Collected by: _____ TOTAL FEE	$ 53
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9/29/03
Control # C27-70
Permit # 03-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 55

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6-30-03
Approved By: JM
SUBCODE APPROVAL
[ ] CO [ ] CCO DCA
Date: 3-2007
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			3/5/03	RSD
Smoke Ctl				
TCO				
Final			3/5/03	RSD
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

need CO alarm w/ 10' of bedroom doors in hallway.

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9/29/03
Control # C27-76
Permit # 03-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 55

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6-30-03
Approved By: mb
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe			11/1	
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

need CO alarm w/ 10' of bedroom doors in between.

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9/29/03
Control # C27-76
Permit # 03-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 55

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FURNACE		46
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 46
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9/12/03
Control # C27-70
Permit # 03-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tele. [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 45

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/3/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 7/29/03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO 9/2			7/29/03	

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9/12/03
Control # C27-70
Permit # 03-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 45

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/3/03
Approved By: MD

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas 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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/26/2003
Date Issued 9 12/03
Control # C27-70
Permit # 03-4316

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

Block 383.29 Lot 92 Qual
Work Site Location 275 DOGWOOD DR
FURNACE AND A/C
Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD
WALL TOWNSHIP, NJ 07719-
Tele.(732)938-1260
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3609806

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 45

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] NO Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/3/03
Approved By: AD

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas 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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 275 Dogwood Dr
Block: 383.29 Lot: 22
Owner's Name: Richard Barry
Owner's Mailing Address: Brick 08723
Phone: [redacted]

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: DILLON ELECTRIC
Address: 1011 Woodmill Dr
Cranbury NJ 08512
Phone#: 609-371-1272
Lis #: 7490
Federal Emp # or SSN [redacted]

Technical Data

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

Estimated Cost of Electrical Work: $ 95.-

Signature: [signature]

Please Print Name Mike Dillon

CONTRACTOR'S SEAL

Counter Form

PLEASE PRINT

PLUMBING

Contractor: NJR HOME SERVICES
Address: 1415 Wyckoff Rd
Wall NJ 07719
Phone #: 732-938-1151
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

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

Other:
replace furnace
add A/C

Estimated Cost of Plumbing Work $ 45.

Signature: John Maines

Please Print Name: John Maines

CONTRACTOR'S SEAL

FIRE

Contractor: NJR HOME SERVICES
Address: 1415 Wyckoff Rd
Wall NJ 07719
Phone #: 732-938-1151
Lis #:
Federal Emp # or SSN 22-3609806

Technical Data

Description of Work:

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

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

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

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

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

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances 1

Furnace	1
Gas/Wood Fireplace	
Gas Logs	
Wood Burning Stove	

Other:
replace furnace

Estimated Cost of Fire Work $55.

Signature: John Maines

Print Name: John Maines

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 383.29 LOT 92 PERMIT # _____

WORK SITE ADDRESS 275 Dogwood Dr.

Applicant Barry Pickard

Certifying Individual John Maines Company NJR HOME SERVICES

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

Tel. (732) 938-1151

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

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

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

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

John Maines 6/
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

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

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

NJR
Home Services
A New Jersey Resources Company

BUILDING PERMITS PAYMENT

BLOCK: 383-29 LOT: 92 APPL CODE: CMB

MAILED TO: Brick Township 401 Chambers Bridge Rd., Brick, NJ 08723

134.00

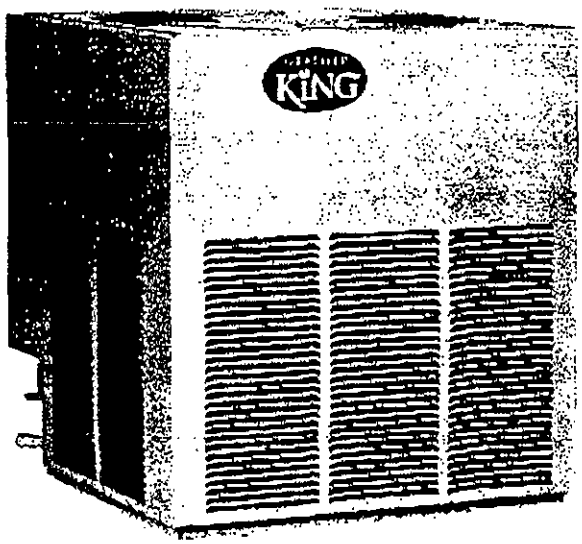
BARRY,RICHARD S
275 DOGWOOD DR

Account ID . . 064538011711
BRICK TOWNSHIP

NOTE: PLEASE MAIL PERMITS TO NJR HOME SERVICE (ENCL. ENVELOPE) mf

WEATHER KING

10 SEER CONDENSING UNITS



1½ THRU 5 TON MODEL CONDENSING UNITS

10AJ SERIES

Features

- Painted louvered steel cabinet for all-weather protection and enhanced appearance.
- Easily accessible control box.
- Condenser coils constructed with copper tubing and enhanced aluminum fins.

Accessories

- Low Pressure Control (RXAC-A03)
- High Pressure Control (RXAB-A03)
- Low Ambient Control (RXAD-A04)

Applications

Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.

c UL us LISTED

"CERTIFIED UNDER THE A.R.I. CERTIFICATION PROGRAM—A.R.I. STANDARD 210"

Model Number Identification

10	A	J	A	18	01
SEER	MODEL COOLING	VOLTAGE	DESIGN VARIATION	COOLING CAPACITY	WEATHERKING
10 = 10 SEER	A = AIR CONDITIONING P = HEAT PUMP	J = 208-230 SINGLE PHASE	A = FIRST DESIGN SERIES	18 = 18,000 BTU/HR (5.28)	

Performance Data @ ARI Standard Conditions—Cooling

Outdoor Unit 10AJ	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER	Indoor CFM [L/s]
1801	RCBA-24*	17,400 [5.10]	12,500 [3.66]	4,900 [1.44]	9.50	10.00	600 [283]
	RCBA-24 + 14AH*	17,400 [5.10]	12,500 [3.66]	4,900 [1.44]	9.50	10.00	600 [283]
2401	RCBA-24*	23,600 [6.92]	16,700 [4.89]	6,900 [2.02]	9.35	10.00	800 [378]
	RCBA-24 + 14AH*	23,600 [6.92]	16,700 [4.89]	6,900 [2.02]	9.35	10.00	800 [378]
3001	RCBA-3765	27,800 [8.15]	20,000 [5.86]	7,800 [2.29]	8.95	10.00	1,000 [472]
	RCBA-3765 + 17AH	27,800 [8.15]	20,000 [5.86]	7,800 [2.29]	8.95	10.00	1,000 [472]
3601	RCBA-37*	34,000 [9.96]	24,100 [7.06]	9,900 [2.90]	9.25	10.00	1,200 [566]
	RCBA-37 + 17AH*	34,000 [9.96]	24,100 [7.06]	9,900 [2.90]	9.25	10.00	1,200 [566]
4201	RCBA-4878*	41,500 [12.16]	29,700 [8.70]	11,800 [3.46]	9.10	10.00	1,400 [661]
	RCBA-4878 + 21AH*	41,500 [12.16]	29,700 [8.70]	11,800 [3.46]	9.10	10.00	1,400 [661]
4801	RCBA-48*	45,000 [13.19]	32,100 [9.41]	12,900 [3.78]	9.25	10.00	1,600 [755]
	RCBA-48 + 21AH*	45,000 [13.19]	32,100 [9.41]	12,900 [3.78]	9.25	10.00	1,600 [755]
6001	RCBA-6089	56,000 [16.41]	39,700 [11.63]	16,300 [4.78]	9.35	10.00	2,000 [944]
	RCBA-6089 + 24AH*	56,000 [16.41]	39,700 [11.63]	16,300 [4.78]	9.35	10.00	2,000 [944]

*Requires piston change supplied with unit.

[ ] Designates Metric Conversions

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

GENERAL TERMS OF LIMITED WARRANTY

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

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or visit www.weatherking.com.

Condenser Coil leaks caused by factory defects.....Five (5) Years
Compressor.....Five (5) Years
Any Other Part.....Five (5) Years

Electrical and Physical Data

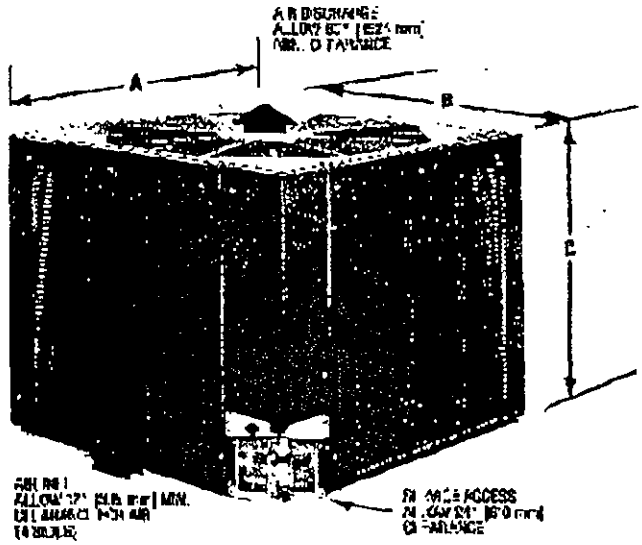
Model Number 10AJ	ELECTRICAL							PHYSICAL					
	Phase Frequency [HZ] Voltage [Volts]	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			R22 Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Area Sq. Ft. [m²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
1801	1-60-208-230	6.8	48	.9	13	15	20	5.7 [.53]	1	1,660 [783]	52.2 [1480]	133 [60.3]	141 [64.0]
2401	1-60-208-230	9.6	61	.9	17	20	25	8.5 [.79]	1	1,930 [911]	85.6 [1860]	155 [70.3]	163 [73.9]
3001	1-60-208-230	14.1	75	.9	19	25	30	8.5 [.79]	1	2,100 [991]	70.0 [1984]	155 [70.3]	163 [73.9]
3601	1-60-208-230	17.3	96	1.3	23	30	40	11.3 [1.1]	1	2,240 [1057]	80.0 [2268]	155 [70.3]	163 [73.9]
4201	1-60-208-230	18.3	107.4	1.3	25	30	40	11.3 [1.1]	1	2,350 [1109]	90.0 [2551]	169 [76.7]	179 [81.2]
4801	1-60-208-230	18.7	135	1.3	34	40	50	14.0 [1.3]	1	2,700 [1274]	90.4 [2563]	211 [95.7]	221 [100.2]
6001	1-60-208-230	21.0	147	2.0	35	45	60	16.6 [1.5]	1	3,900 [1841]	132.2 [3748]	229 [103.9]	238 [108.0]

[ ] Designates Metric Conversions

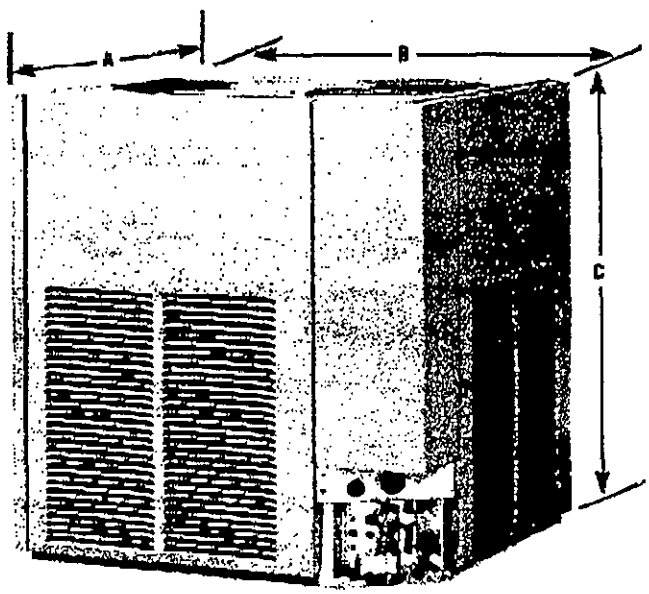
Unit Dimensions

Model No. 10AJ	Unit Dimensions		
	A Inches [mm]	B Inches [mm]	C Inches [mm]
18, 24, 30, 36, 42	23 5/16 [592.14]	23 5/16 [592.14]	26 1/8 [663.58]
48	27 5/16 [693.74]	27 5/16 [693.74]	26 1/8 [663.58]
60	31 5/16 [795.33]	31 5/16 [795.33]	26 1/8 [663.58]

[ ] Designates Metric Conversions



(Sweat Fittings Shown)



Condensing Unit Refrigerant Line Size Information

System Capacity Tons [kW]	Line Size (Inch O.D.) [mm]	Liquid Line Size — Outdoor Unit Above Indoor Coil — Total Length—Feet [m] — Vertical Separation—Feet [m]					
		25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
1.5 [5.28]	1/4* [6.35]	25 [7.62]	50 [15.24]	70 [21.34]			
	5/16 [7.94]			36 [10.97]	42 [12.80]	48 [14.63]	54 [16.46]
2 [7.03]	1/4* [6.35]	25 [7.62]	50 [15.24]				
	5/16 [7.94]		24 [7.32]	34 [10.36]	44 [13.41]	54 [16.46]	64 [19.51]
2.5 [8.79]	1/4* [6.35]	25 [7.62]	50 [15.24]				
	5/16 [7.94]		19 [5.79]	33 [10.06]	47 [14.33]	61 [18.59]	
	3/8 [9.53]					11 [3.35]	15 [4.57]
3 [10.55]	5/16* [7.94]	25 [7.62]	50 [15.24]	70 [21.34]			
	3/8 [9.53]			34 [10.36]	40 [12.19]	46 [14.02]	52 [15.85]
3.5 [12.30]	5/16* [7.94]	25 [7.62]	50 [15.24]	75 [22.86]			
	3/8 [9.53]			32 [9.75]	39 [11.89]	46 [14.02]	53 [16.15]
4 [14.06]	3/8* [9.53]	25 [7.62]	44 [13.41]	53 [16.15]	61 [18.59]	70 [21.34]	
	1/2 [12.7]					37 [11.28]	39 [11.89]
5 [17.58]	3/8* [9.53]	25 [7.62]	48 [14.63]	61 [18.59]	72 [21.95]		
	1/2 [12.7]				35 [10.67]	38 [11.58]	41 [12.50]

*Standard line size

NOTES:

① This chart is applicable for condensing units.

② If the separation height exceeds the table values, reduce the indoor coil flow-check piston two sizes plus one size for each additional 10 feet [3.05 m].
Example 1: A 5 ton [17.58 kW] *condensing unit* with a total line length of 125 feet [38.10 m] with a vertical separation of 101 feet [30.78 m] utilizing a 1/2" [12.7 mm] liquid line: Table = 38 feet [11.58 m] maximum vertical separation for 125 feet [38.10 m] run. Separation exceeds table by (101-38) = 63 feet [19.20 m]. Therefore, reduce the indoor coil flow-check piston 2 + 6 = 8 sizes (For example, a #89 piston would reduce to a #81 piston)

③ Do not exceed 120 feet [36.58 m] maximum vertical separation.

④ No changes are required for expansion valve coils.

⑤ Do not exceed table values for capillary tube coils.

⑥ Always use the smallest liquid line possible to minimize system charge.

⑦ Chart may be used to size horizontal runs.

System Capacity Tons [kW]	Line Size (Inch O.D.) [mm]	Liquid Line Size — Outdoor Unit Below Indoor Coil — Total Length—Feet [m] — Vertical Separation—Feet [m]					
		25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
1.5 [5.28]	1/4* [6.35]	25 [7.62]	23 [7.01]	8 [2.44]			
	5/16 [7.94]			36 [10.97]	30 [9.14]	24 [7.32]	18 [5.49]
2 [7.03]	1/4* [6.35]	25 [7.62]	23 [7.01]				
	5/16 [7.94]		48 [14.63]	38 [11.58]	28 [8.53]	18 [5.49]	8 [2.44]
2.5 [8.79]	1/4* [6.35]	25 [7.62]	23 [7.01]				
	5/16 [7.94]		50 [15.24]	39 [11.89]	25 [7.62]	11 [3.35]	
	3/8 [9.53]						57 [17.37]
3 [10.55]	5/16* [7.94]	25 [7.62]	23 [7.01]	9 [2.74]			
	3/8 [9.53]			38 [11.58]	32 [9.75]	26 [7.92]	20 [6.10]
3.5 [12.30]	5/16* [7.94]	25 [7.62]	23 [7.01]	9 [2.74]			
	3/8 [9.53]			40 [12.19]	33 [10.06]	26 [7.92]	19 [5.79]
4 [14.06]	3/8* [9.53]	25 [7.62]	28 [8.53]	19 [5.79]	11 [3.35]	3 [.91]	
	1/2 [12.7]					35 [10.67]	33 [10.06]
5 [17.58]	3/8* [9.53]	25 [7.62]	23 [7.01]	11 [3.35]	3 [.91]		
	1/2 [12.7]				37 [11.28]	34 [10.36]	31 [9.45]

NOTES:

① This chart is applicable for condensing units.
Example 1: A 2.5 ton [8.79 kW] *condensing unit* with a total line length of 75 feet [22.86 m] with a vertical separation of 30 feet [9.14 m] requires a liquid line size of 3/8" [7.94 mm].

② This chart may also be used to size horizontal runs.
Example 2: A 5 ton [17.58 kW] *condensing unit* may have a total horizontal run of 100 feet [30.48 m] if using the 3/8" [9.53 mm] liquid line. The total horizontal run if using 1/2" [12.7 mm] liquid line size will be 150 feet [45.72 m].

③ Do not exceed vertical separation as indicated on the chart.

④ Always use the smallest liquid line possible to minimize system charge.

⑤ No changes required for flow-check pistons or expansion valve coils.

Suction Line Length/Size versus Capacity Multiplier								
10AJ		18	24	30	36	42	48	60
Unit Suction Line Connection Size		5/8" [15.88 mm] I.D. Sweat	3/4" [19.05 mm] I.D. Sweat		7/8" [22.23 mm] I.D. Sweat		1 1/8" [28.58 mm] I.D. Sweat*	
Suction Line Run—Feet [m]		5/8" [15.88 mm] O.D. Standard 3/4" [19.05 mm] O.D. Optional	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard 7/8" [22.23 mm] O.D. Optional		3/4" [19.05 mm] O.D. Optional 7/8" [22.23 mm] O.D. Standard 1 1/8" [28.58 mm] O.D. Optional		7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard 1 3/8" [34.93 mm] O.D. Optional	
25' [7.62]	Optional	—	.98	—	.99	—	.99	.99
	Standard	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Optional	1.01	1.01	1.01	1.01	1.01	1.01	1.01
50' [15.24]	Optional	—	.96	—	.97	—	.97	.97
	Standard	.98	.99	.99	.99	.99	1.00	.99
	Optional	1.00	1.00	1.00	1.01	1.01	1.01	1.01
100' [30.48]	Optional	—	.93	—	.93	—	.96	.95
	Standard	.96	.98	.97	.98	.98	.99	.99
	Optional	.99	.99	.99	1.00	1.00	1.00	1.00
150' [45.72]	Optional	—	—	—	—	—	.93	.93
	Standard	.97	.97	.95	.97	.96	.99	.98
	Optional	.98	.98	.97	.99	.99	1.00	.99

NOTES: Capacity Multiplier x Rated Capacity = Actual Capacity. Additional compressor oil is not required for runs up to 150 feet [46.72 m]. Oil traps in vertical runs are not required for any height up to 125 feet [38.10 m]. See Liquid Line chart for Vertical Separation Requirements and Limitations.
*Adapter to 1 1/8" [28.58 mm] factory supplied.

[ ] Designates Metric Conversions

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

WEATHERKING AIR CONDITIONING DIVISION

5600 Old Greenwood Road, Fort Smith, Arkansas 72908

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

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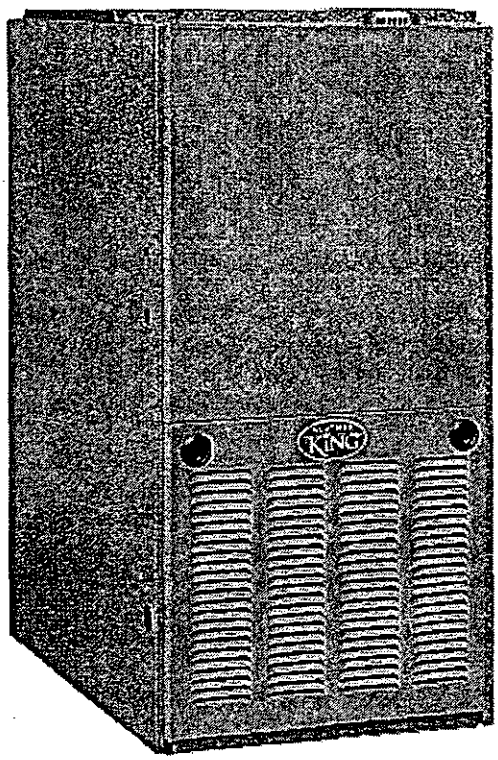
WEATHER KING®

80 PLUS A.F.U.E.† DOWNFLOW GAS FURNACES



80LJ SERIES

Models with Input Rates from 50,000 to 150,000 BTU/HR [15 to 44 kW]

- The WeatherKing® line of downflow gas furnaces is designed for installation in closets, alcoves, utility rooms, or attics.
- The design is certified by the CSA.

Features

- Patented heat exchanger, constructed of stainless and aluminized steel for the maximum in corrosion resistance.
- Textured galvanized steel cabinet with painted access doors.
- Low profile "34 inch" [864 mm] design is light and easy to handle, and leaves room for optional equipment.
- Left or right side gas and electric inlet connections.
- Features hot surface ignition equipped with remote sense, and an integrated board with electronic air cleaner hookups.
- A slow-open gas valve and a specially designed draft inducer motor.
- Grab-holes in doors to aid in easy door removal and replacement.
- Every WeatherKing gas furnace is thoroughly checked by a quality assurance team and tested before shipping.

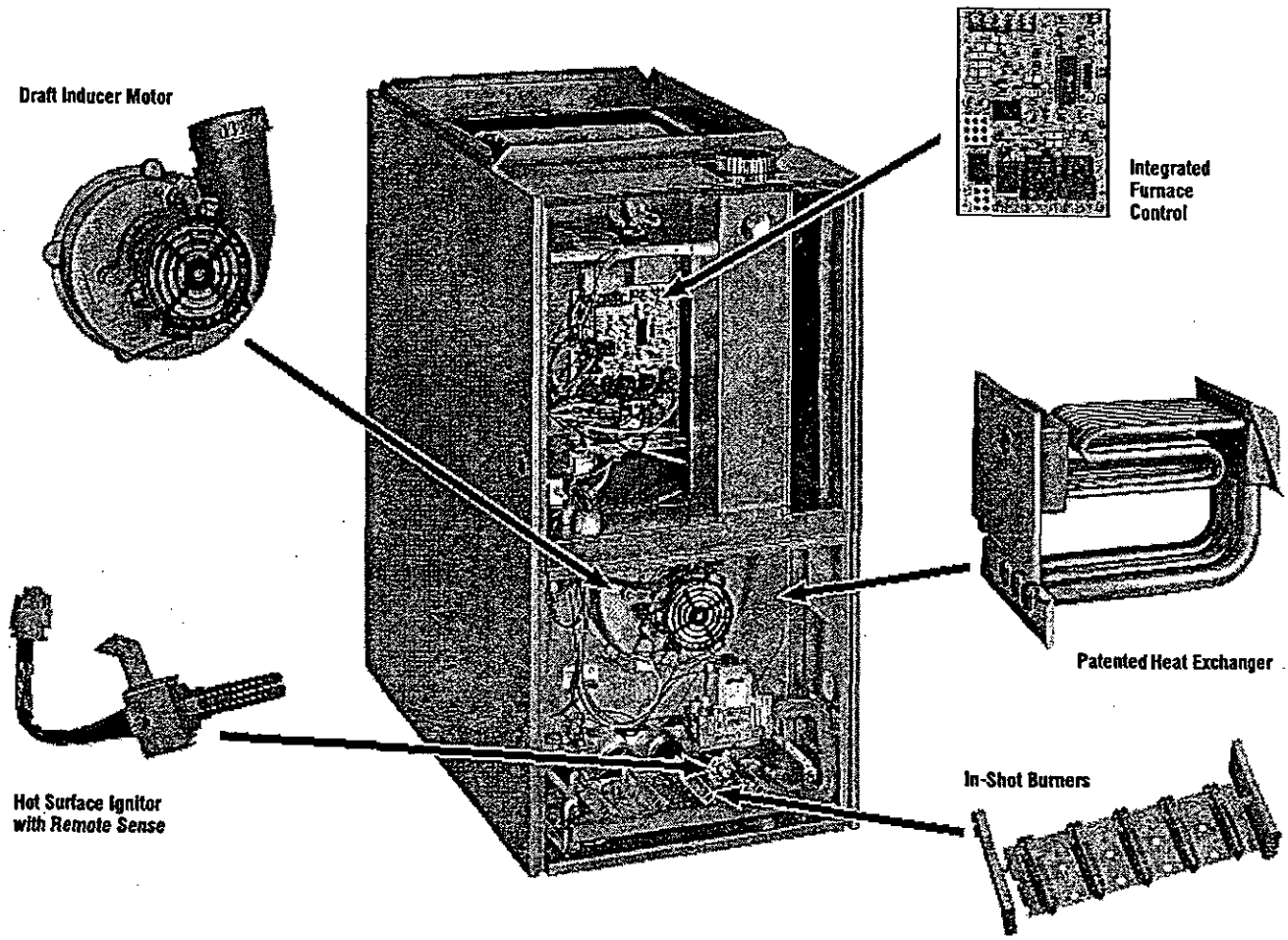
A variety of cooling coils and plenums designed to use with WeatherKing gas furnaces are available as optional accessories.

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

ISO 9002
Certificate Number: 30064

EFFICIENCY RATING CERTIFIED ama

WEATHERKING 80 PLUS DOWNFLOW GAS FURNACES



STANDARD EQUIPMENT

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

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 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 parts distributor.

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

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

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

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

PHYSICAL DATA AND SPECIFICATIONS

MODEL NUMBERS 80LJ SERIES	80LJ05EAR01 80LJ05NAR01	80LJ07EBR01 80LJ07NBR01	80LJ10ECR01 80LJ10NCR01	80LJ12EDR01 80LJ12NDR01	80LJ15EDR01 80LJ15NDR01
Input-BTU/Hr [kW] ②	50,000 [15]	75,000 [22]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	41,000 [12]	60,000 [18]	80,000 [23]	99,000 [29]	120,000 [35]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.12 [.029]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P.–Speed– PSC Type [W]	1/2-4-PSC [373]	1/2-3-PSC [373]	1/2-3-PSC [373]	3/4-3-PSC [560]	3/4-3-PSC [560]
Motor Full Load Amps	6.8	7.9	7.9	9.5	9.5
Heating Speed	Med-Low	Med	Med	Low	Low
Cooling Speed	High	High	High	Med	Med
Cooling CFM @ .5" E.S.P. (Nominal) [L/s]	1200 [566]	1600 [755]	1970 [930]	1930 [911]	1955 [923]
Max. E.S.P. (In. W.C.) [kPa]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]
Temperature Rise Range °F [°C]	25-55 [13.9-30.6]	25-55 [13.9-30.6]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155 [68.3]	155 [68.3]	190 [87.7]	180 [82.2]	190 [87.7]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	105 [48]	120 [54]	140 [63]	150 [68]
AFUE–H.S.I. Models	82.2%	81.1%	80.0%	80.0%	80.0%
California Seasonal Efficiency– H.S.I./No_x Models ①	75.9/76.2	75.1/75.5	74.7/74.7	75.2/75.3	76.0/75.9

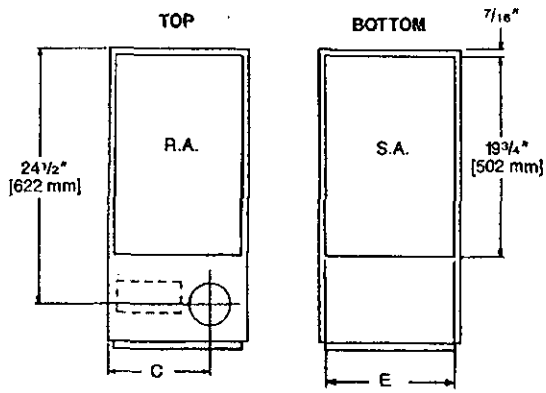
NOTES: All models are 115V, 60HZ, 1 Ph, Gas connection size for all models is 1/2" [12 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form for high altitude derate.

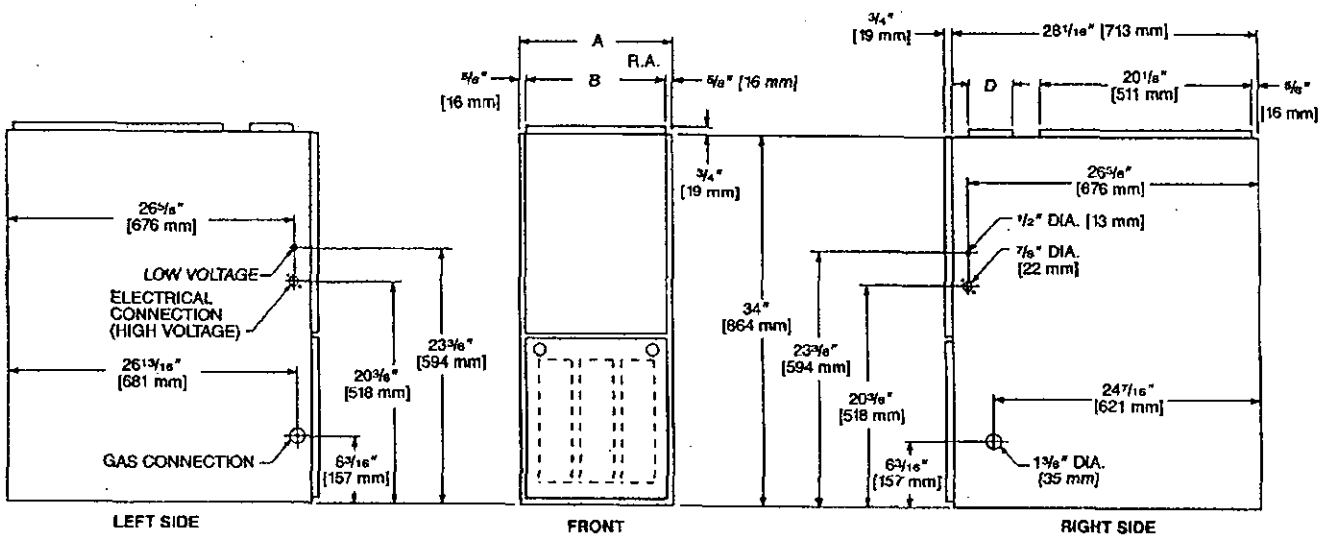
MODEL IDENTIFICATION—DOWNFLOW MODELS

80	LJ	05	—	E	A	R	01
Efficiency 80 = 80 Plus	Model Designation	Heating Input BTU/HR [kW] 05 = 50,000 [15] 07 = 75,000 [22] 10 = 100,000 [29] 12 = 125,000 [37] 15 = 150,000 [44]		Ignition E = Electric Ignition N = Electric Ignition NOx	Variations Blower Designation [mm] Motor H.P. A = Standard Cabinet 11 x 6 [279 x 152] 1/2 H.P. – 4 Speed B = Standard Cabinet 11 x 7 [279 x 178] 1/2 H.P. – 3 Speed C = Standard Cabinet 11 x 10 [279 x 254] 1/2 H.P. – 3 Speed D = Standard Cabinet 11 x 10 [279 x 254] 3/4 H.P. – 3 Speed	Fuel Code R = 80 Plus Natural Gas	WEATHERKING

[ ] Designates Metric Conversions

DOWNFLOW DIMENSIONS





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

MODEL 80LJ	A	B	C	D	E	REDUCED CLEARANCE (IN.) [mm]						
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [Kg]
05	14 [356]	12 27/32 [326]	10 3/8 [264]	①	13 1/8 [333]	0	4 ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
07	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	16 5/8 [422]	0	3 ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10	21 [533]	19 27/32 [504]	13 7/8 [352]	①	20 1/8 [511]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	23 5/8 [600]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	①	23 5/8 [600]	0	0	0	1 [25]	3 [76]	6 [152] ③	150 [68]

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

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA—DOWNFLOW MODELS

MODEL NUMBER 80LJ SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
05EAR01 05NAR01	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	735 [347] 1025 [484] 1185 [559] 1345 [635]	715 [337] 1015 [479] 1165 [550] 1330 [628]	690 [326] 995 [470] 1150 [543] 1310 [618]	660 [311] 975 [460] 1130 [533] 1295 [611]	635 [300] 955 [451] 1100 [519] 1265 [597]	605 [286] 930 [439] 1075 [507] 1235 [583]	575 [271] 905 [427] 1040 [491] 1205 [569]
07EBR01 07NBR01	11 x 7 [279 x 178]	1/2 [373]	LOW MED HIGH	1210 [571] 1580 [746] 1915 [904]	1205 [569] 1560 [736] 1880 [887]	1195 [564] 1550 [732] 1825 [861]	1180 [557] 1530 [722] 1790 [845]	1165 [550] 1495 [706] 1740 [821]	1155 [545] 1465 [691] 1675 [791]	1130 [533] 1430 [675] 1600 [755]
10ECR01 10NCR01	11 x 10 [279 x 254]	1/2 [373]	LOW MED HIGH	1330 [628] 1690 [798] —	1295 [611] 1670 [788] 2085 [984]	1285 [606] 1655 [781] 2055 [970]	1245 [588] 1615 [762] 2005 [946]	1225 [578] 1585 [748] 1970 [930]	1205 [569] 1565 [739] 1945 [918]	1160 [547] 1525 [720] 1880 [887]
12EDR01 12NDR01	11 x 10 [279 x 254]	3/4 [559]	LOW MED HIGH	— — —	1690 [798] 2090 [986] 2395 [1130]	1660 [783] 2035 [960] 2335 [1102]	1635 [772] 1985 [937] 2260 [1067]	1580 [746] 1930 [911] 2185 [1031]	1535 [724] 1850 [873] 2080 [982]	1480 [698] 1785 [842] 1965 [927]
15EDR01 15NDR01	11 x 10 [279 x 254]	3/4 [559]	LOW MED HIGH	1675 [791] 2105 [993] —	1650 [779] 2075 [979] —	1620 [765] 2035 [960] —	1570 [741] 1990 [939] —	1545 [729] 1955 [923] —	1485 [701] 1900 [897] —	1425 [673] 1815 [857] —

[ ] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY

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

For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or visit www.weatherking.com.

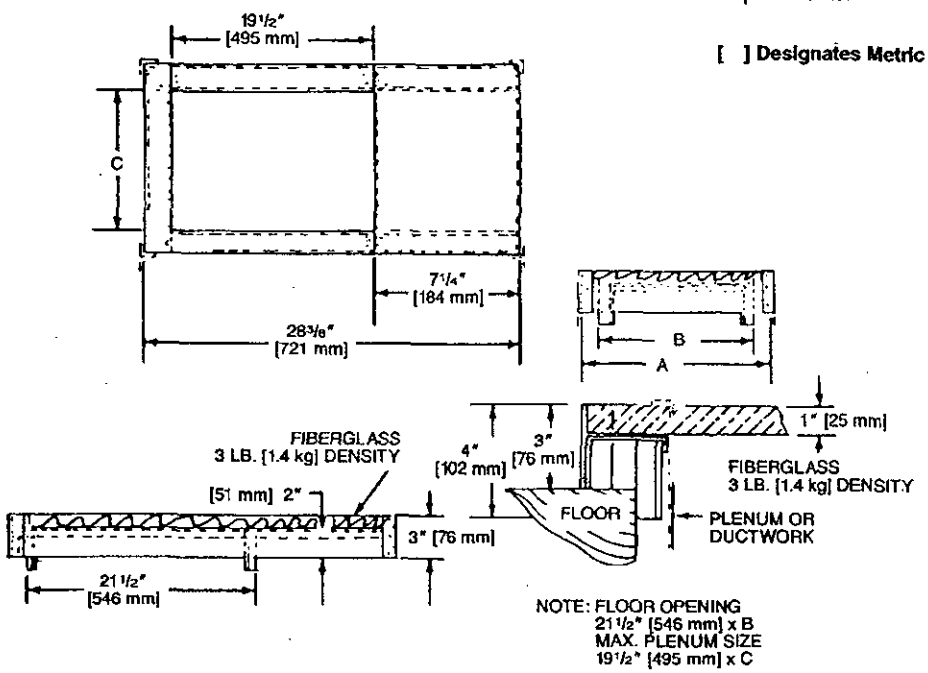
Gas Heat Exchanger Limited Warranty .....Twenty (20) Years
Any Other Part .....Five (5) Years

ACCESSORIES—DOWNFLOW

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

COMBUSTIBLE FLOOR BASE DIMENSIONS

COMBUSTIBLE FLOOR BASE	USE WITH FURNACE MODELS	A IN. [mm]	B IN. [mm]	C IN. [mm]
RXGC-B14	80LJ05	14 1/2 [368]	13 1/4 [337]	11 1/4 [286]
RXGC-B17	80LJ07	18 [457]	16 3/4 [425]	14 3/4 [451]
RXGC-B21	80LJ10	21 1/2 [546]	20 1/4 [514]	18 1/4 [464]
RXGC-B24	80LJ12/80LJ15	25 [635]	23 3/4 [603]	21 3/4 [552]



RXPF-F01 and F02

FOSSIL FUEL KIT—is for use with WeatherKing Heat Pumps and warm air furnaces. RXPF-F02 meets TVA requirements.

RXGP-F03

TWINNING KIT—is for use with WeatherKing Gas Furnaces for parallel operation requirements

HIGH ALTITUDE:

For installations at 8000 ft. or above, an orifice change is required. Reference Conversion Kit Index Form for orifice size requirements.

[ ] Designates Metric Conversions