Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

# Construction Violation

## Identification

Work Site Location: 27 BROWER DR. Brick Township, NJ
Block: 89.01
Lot: 40
Owner: NATALE, DION
Owner Address: 2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076
Telephone:
Agent:
Agent Address:
Telephone:

## Infraction Details

Subcode: Building
Issuing Officer: Ken Kiseli Telephone: 732-262-1030
Issue Date: 1/15/2016
Infraction: Notice of Violation and Order To Terminate
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.16(J)2 Violates Prior Approvals
Infraction Summary: FOYER ENCLOSURE AREA DOES NOT MEET COMPLIANCE W/FEMA TB-1-2008 & TB-2-2008
Certified Mail Number: 7015 1520 0003 0652 4375

## Enforcement Details

Inspection Date: 1/15/2016
Notice Date: 1/15/2016
Compliance Date: 2/14/2016
Compliance Inspection Date:
Compliance Summary: MUST CONTACT BUILDING SUBCODE OFFICIAL. 732-262-1030

## Fines Details

Total Due: $0.00
Total Paid: $0.00
Total Owed: $0.00

**Walter J. Hessberger, AIA**
**Architect**
2715 Hooper Ave., Suite 2C
PO Box 450
Brick, New Jersey 08723
Phone: (732) 262-7444
Fax: (732) 262-1312
E-mail: wjhessberger@gmail.com

14-3990

May 14, 2015

Construction Dept.
Brick Township
401 Chambers Bridge Rd.
Brick, N.J. 08723

Re: Natalie Residence
27 Brower Dr.
Blk 89.01 Lot 40

Construction Official,

Please be advised that the hurricane ties connecting the joists to the girders have been changed from Simpson H3 ties at 4 ft. o.c., as shown on drawings, to H4 ties at every joist. This is an acceptable change.
Bearing of beams on pilings at right side of garage were inspected & found to be satisfactory.

Very truly yours,

Walter J. Hessberger, AIA

7/2/15 D
4 for D

# PERMIT UPDATE

Date Update Issued 7/7/15
Control # C-14-003992+A
Permit # 14-3990+A

IDENTIFICATION Block: 89.01 Lot: 40 Qualifier
Work Site Location: 27 BROWER DR. Brick Township, NJ
Contractor NATALE, DION
Address 2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076

Owner in Fee NATALE, DION
2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076
Telephone: [redacted]

Telephone: [redacted]
Lic. No. or B[illegible] Reg. No.
Federal Employee. No.

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)

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

**Estimated Cost of Work** $800

Daniel J. Newman Jr. — Construction Official
7/2/15 — Date

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | $0 |
| Electrical | $100 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $2 |
| CO Fee | |
| Other | $0 |
| Total | $102 |
| Check No. | 164 |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

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

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

## REQUIRED INSPECTIONS

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

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

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

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

02/07/15 [illegible] 2505
**10 SERV.040
ELECTRIC $100.00
DCA $2.00
CHECK $102.00

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.

Superior
SECURITY SYSTEMS, LLC.
137 Lincoln Blvd., Middlesex, NJ 08846 T: 732.563.0605 F: 732.563.1075

# FAX TRANSMISSION

DATE: 6-29-15

TIME: 12:20 pm

TO: LAUREN 732 202 2941

FROM: DAVE

Number of pages including cover page: 1

Message: RE: 27 BROWER DR.

DAVID A. MORITZ

State of New Jersey
BURGLAR ALARM
LICENSE
34BA00051900
EXPIRES: 8/31/2016
DOB: 3/21/1967

# FOUNDATION LOCATIONS

DATE: 4/13/15

NAME: DION NATALE

PHONE # TO CALL FOR INSPECTION: [redacted]

**********

PASSED 04/10/15 KEM

FAILED _____

8901/40

27 Bower

PLEASE GIVE TO INSPECTION DESK WHEN DONE TO SCHEDULE INSPECTION.

THANK YOU!

spoke w/ Dion on 4/17/15 MFE

**Walter J. Hessberger, AIA**
**Architect**
2715 Hooper Ave., Suite 2C
PO Box 450
Brick, New Jersey 08723
Phone: (732) 262-7444
Fax: (732) 262-1312
E-mail: wjhessberger@gmail.com

April 13, 2015

Construction Dept.
*Township of Brick*
401 Chambersbridge Road
Brick, N.J. 08723

Re: Natale Residence
27 Brower Dr.
Block 89.09 Lot 40

Gentlemen,

According to the attached Pile Certification for the above project, the design bearing capacity of 20 tons was achieved at lesser depths than the 20 ft. minimum pile depth specified on my drawings. Therefore, based on the Engineer's certification, the 20 ft. embedment is not necessary.

Very truly yours,

Walter J. Hessberger, AIA

# JCR Engineering, L.L.C.

*Civil, Structural, Environmental and Consulting Engineers*

Robert A. Woodcock, P.E., P.P.

915 Lacey Road
Forked River, New Jersey 08731
Tel: (609) 971-0745
Fax: (609) 971-0746
Email: rawoodcock@aol.com

April 10, 2015

Township of Brick
Construction Official
401 Chambersbridge Road
Brick, N.J. 08723

Re: Pile Certification
Block 89.01 Lot 40
27 Brower Drive
Brick, New Jersey

JCR Engineering Job # 15724

The purpose of this letter is to certify that this office observed the driving of piles at the above referenced location on April 2, 2015 and on April 4, 2015 and that the size and type of piles installed conform to the approved plans. The piles were also driven to a capacity which exceeds the minimum required design load for each pile.

An as-built survey shall be performed by a licensed surveyor to ensure that the piles were driven in the correct location.

The piles were driven with a vibratory compactor. The make and model of the compactor was an Allied 2300. The weight of the vibratory compactor was 2,190 lbs and was operated at 24 HP.

The calculated ultimate bearing capacity was based on an average penetration rate recorded over a 5 second interval during the last foot of penetration. A spreadsheet of the recorded penetration rates for each pile is attached.

Therefore, in accordance with the energy formula utilized in the calculations, the piles developed a minimum bearing capacity of greater than 21.18 tons. The design load for each of the 10 inch diameter piles is 20 tons.

Should you have any questions or require additional information, please do not hesitate to contact me at (609) 971-0745.

Very truly yours,

Robert A. Woodcock, P.E.
NJ License No. GE 38940

JCR Engineering, LLC
17 Morgan Drive
Barnegat, N.J. 08005
Telephone: (609) 971-0745
Fax: (609) 971-0746

| | |
|---|---|
| Hammer Type | Allied 2300 Series |
| Frequency, cycles/sec | 35 |
| Hammer Weight, lbs. | 2190 |
| Horsepower | 24 |
| Soil Loss Factor | 0.008 |

Contractor: Messercola Excavating
JCR Engineering Job #: 15724

# Vibratory Pile Driving - Load Testing Certification

## Block 89.01 Lot 40 - Brick Township

## 27 Brower Drive

| Pile No. | Butt Dia. (Inches) | Pile Length (Ft.) | Penetration (Ft.) | Time (Seconds) | Drop (Inches) | Rate (Ft. / Sec) | Pile Capacity Tons | Design Load Tons |
|---|---|---|---|---|---|---|---|---|
| 1 | 10 | 25.0 | 15.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 2 | 10 | 25.0 | 15.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 3 | 10 | 25.0 | 16.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 4 | 10 | 25.0 | 16.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 5 | 10 | 25.0 | 16.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 6 | 10 | 25.0 | 15.0 | 5.0 | 2.0 | 0.0333 | 21.18 | 20 |
| 7 | 10 | 25.0 | 15.0 | 5.0 | 2.0 | 0.0333 | 21.18 | 20 |
| 8 | 10 | 25.0 | 15.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 9 | 10 | 25.0 | 15.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 10 | 10 | 25.0 | 14.8 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 11 | 10 | 25.0 | 15.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 12 | 10 | 25.0 | 13.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 13 | 10 | 25.0 | 15.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 14 | 10 | 25.0 | 14.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 15 | 10 | 25.0 | 15.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 16 | 10 | 25.0 | 14.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 17 | 10 | 25.0 | 15.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 18 | 10 | 25.0 | 15.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 19 | 10 | 25.0 | 14.6 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 20 | 10 | 25.0 | 15.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 21 | 10 | 25.0 | 15.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |
| 22 | 10 | 25.0 | 15.0 | 5.0 | 1.0 | 0.0167 | 22.31 | 20 |

# COAH STORM DAMAGE CALCULATION (2015)

**B) 89.01** **L) 40** **Q) _____**

| | |
|---|---|
| SqFt BEFORE STORM: | 1102 |
| SqFt AFTER STORM: | 2436 |
| ADDL SqFt, NET: | 1334 |

| | | |
|---|---|---|
| NEW GROSS ASSMT: | $ | 271,600 |
| TOTAL NEW SF: | | 2436 |
| $ PER SQUARE FOOT: | $ | 111.49 |
| ADDITIONAL SF: | | 1334 |
| NET INCREASE: | $ | 148,733 |
| RATIO: | | 98.34% |

| | | |
|---|---|---|
| **EQUALIZED COAH VALUE :** | **$** | **151,200** |

Final Due $554

**Walter J. Hessberger, AIA**
**Architect**
2715 Hooper Ave., Suite 2C
PO Box 450
Brick, New Jersey 08723
Phone: (732) 262-7444
Fax: (732) 262-1312
E-mail: wjhessberger@gmail.com

March 18, 2016

Construction Dept.
Township of Brick
401 Chambersbridge Rd.
Brick, N.J. 08723

Re: Natale Residence
27 Brower Dr.
Blk 89.01 Lot 40
Control No. C-14-003992

Gentlemen,

Please be advised of the following changes to the above project:

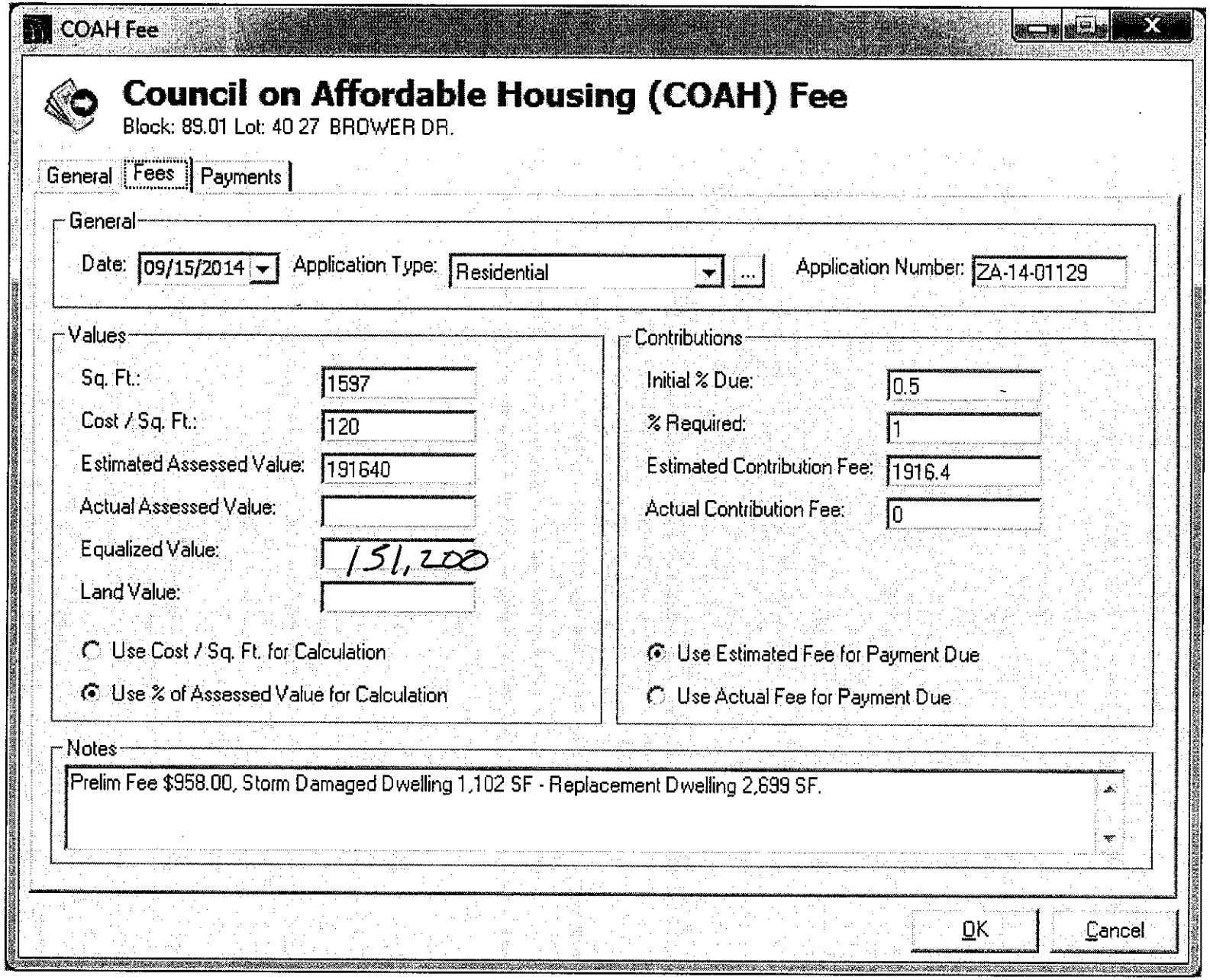
Two fire rated flood vents have been added in the Vestibule & closet.

Enclosed are 2 signed & sealed prints of drawing 2 of 6 showing this change.

Very truly yours,

Walter J. Hessberger, AIA

WP 3/21/16


COAH Fee
Council on Affordable Housing (COAH) Fee
Block: 89.01 Lot: 40 27 BROWER DR.
General
Fees
Payments
General
Date: 09/15/2014
Application Type: Residential
Application Number: ZA-14-01129
Values
Sq. Ft.: 1597
Cost / Sq. Ft.: 120
Estimated Assessed Value: 191640
Actual Assessed Value:
Equalized Value: 151,200
Land Value:
Use Cost / Sq. Ft. for Calculation
Use % of Assessed Value for Calculation
Contributions
Initial % Due: 0.5
% Required: 1
Estimated Contribution Fee: 1916.4
Actual Contribution Fee: 0
Use Estimated Fee for Payment Due
Use Actual Fee for Payment Due
Notes
Prelim Fee $958.00, Storm Damaged Dwelling 1,102 SF - Replacement Dwelling 2,699 SF.
OK
Cancel

This permit is a replacement of a storm damaged home.

Called 7/17/15 - 12:34 Left Message

# PERMIT UPDATE

Date Update Issued 7/20/15
Control # C-15-003364
Permit # 14-3990+B

IDENTIFICATION Block: 89.01 Lot: 40 Qualifier
Work Site Location: 27 BROWER DR. Brick Township, NJ
Contractor Residential Elevators, LLC
Address 2910 Kerry Forest Pkwy, D4-1 Tallahassee FL 32326
Owner in Fee NATALE, DION
2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076
Telephone: (800) 832-2004
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
ELEVATOR

**Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $18,450

Construction Official [signature] Date 7/17/15

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $267 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $267 |
| Check No. | 7587 |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

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

## REQUIRED INSPECTIONS

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

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

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

07/27/15 12:56PM 00155883054
#0001 SERV 001
#3990
ELEVATOR $267.00
CHECK $267.00

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.

CHANGE OF CONTRACTOR

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 7-13-15
Permit #

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

Block 89.01 Lot 40 Qualification Code

Work Site Location 27 Brower Drive

Owner in Fee: Dion Natale [redacted]

Address 27 Brower Drive Ionick NJ 08123 (street, municipality, zip code)

Contractor: Perelli Electric, Inc Tel. 732 388-1581

Address 55 Briarwood Path e-mail
Clark NJ 07066

Contractor License No. 11,906 Exp. Date 3-31-18

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

Federal Emp. ID No. 22-3210126 FAX: 732 ) 388-7940

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

**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 [ ] CA
Date:
Approved by:

| INSPECTIONS | Dates (Month/Day) | | | |
|---|---|---|---|---|
| Type: | Failure | Failure | Approval | Initial |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| 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: Tony Perelli Jr

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: CHANGE OF CONTRACTOR

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 34 | | Lighting Fixtures | |
| 55 | | Receptacles | |
| 33 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 6 | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| 1 | 9.4 | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | 2.4 | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | 14.4 | KW Central A/C Unit | |
| 2 | 3.6 | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| 1 | 200 | AMP Service | |
| 1 | 70 | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

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

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

Update

Date Received 7/7/15
Control #
Date Issued
Permit # 14-3990-A

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

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

Block 89.01 Lot 40 Qualification Code

Work Site Location 27 Brower Dr.
Brick, NJ 08723

Owner in Fee: Dion Natale

Tel. [redacted] e-mail

Address 2378 Waldheim Ave. (street) Scotch Plains (municipality) NJ 07076 (zip code)

Contractor: Superior Security Systems, LLC Tel. (732) 563-0605

Address 137 Lincoln Blvd. e-mail
Middlesex, NJ 08846

Contractor License No. 34BA00051900 Exp. Date 08/31/2016

Home Improvement Contractor Registration No. or Exemption Reason 13VH06779300

Federal Emp. ID No. 223618538 FAX: (732) 563-1075

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 800

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required

[ ] Partial - Underslab Utilities Approved
Date: 7/7/15 Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 7/7/15
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| 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: David Moritz

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
Security System

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 30 | | Communications Points | |
| 13 | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 43 | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

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

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.

# ELEVATOR SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 14-3990-B

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

Block 89.01 Lot 40 Qualification Code

Work Site Location 27 Brower Drive, Brick, NJ 08723

Owner in Fee: Dion Natale

Tel. [redacted] e-mail [redacted]

Address 2378 Waldheim Ave (street) Scotch Plains, NJ (municipality) 07076 (zip code)

Contractor/Installer: Residential Elevators, LLC Tel. (800) 832-2004 x270

Address 2910 Kerry Forest Pkwy, D4-1 e-mail permits@residentialelevators.com

Tallahassee, FL 32309

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06679100

Federal Emp. ID No. 453856084 FAX: (850) 893-5471

Maintenance/Service Contractor Residential Elevators, LLC

Address 2910 Kerry Forest Pkwy, D4-1

Tallahassee, FL 32309 e-mail permits@residentialelevators.com

Tel (800) 832-2004 ext 270 FAX (850) 893-5471

**B. ELEVATOR CHARACTERISTICS**

Building Use Group Residential Building Registration No.

Manufacturer Residential Elevators, Inc. Device I.D. 60281

Machine Room Location by others

No. of Stops 3 No. of Openings 3

Travel (ft.) 17' - 6" Speed (f.p.m.) 40

Type of Control PLC Type of Operation Single push button automatic

Passenger X Freight

Capacity (lbs.) 950

Year of Installation 2015 Year of Alteration

**Estimated Cost of Elevator Work $** 18,450

**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: Gina Smith

Print name here: Gina Smith

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Install one private residential elevator in a single family dwelling.

| QTY. | ITEM | FEE (Office Use Only) |
|---|---|---|
| | Traction or Winding Drum | |
| 1 | 1 to 10 Floors | $ 204.00 |
| | Over 10 Floors | |
| | Hydraulic | |
| | Roped Hydraulic | |
| | Escalator/Moving Walk | |
| | Dumbwaiter | |
| | Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts | |
| | Oil Buffers | |
| | Counterweight Governor and Safeties | |
| | Auxiliary Power Generator | |
| | Alterations | |
| 1 | Other PLAN REVIEW | 63 |
| 1 | Other VARIATION | |
| | Administrative Surcharge | $ |
| | State Permit Surcharge Fee | $ |
| | TOTAL FEE | $ |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date: Approved by:
[X] Elevator Layout Drawings
Date: 7-17-15 Approved by: R. Eby
Joint Plan Review Required:
[ ] Bldg. [X] Elec [ ] Plumb. [ ] Fire
SUBCODE APPROVAL for PERMIT
Date: 7-17-15
Approved by: R. Eby

INSPECTIONS
Type: Temporary / Final

| Dates (Month/Day) | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | | | 12/21/2015 | |
| | | | | |

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Date: 12/21/2015
Approved by: Dennis Pfaff 639

U.C.C. F150 (rev. 11/09)
Internet version

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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

3464 Meer

Date Received / Control # 12/8/14

Date Issued / Permit # 14-3990

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

Block 89.01 Lot 40 Qualification Code

Work Site Location 27 BROWER DRIVE

Owner in Fee: DION NATALE

Tel. [redacted] e-mail

Address 2378 WAID Heimer SCOTCH PLAIN 07076
street municipality

Contractor: DION NATALE Te[redacted] r Supply Source

Address 2378 WAID Heimer e-mail od of Alarm/Suppression System Supervision

SCOTCH PLAIN 07076

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. Home Own ER FAX: ( )

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present Proposed R-5

**Constr. Class:** Present Proposed VB

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

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

Location:

**Total Cost of Fire Protection Work $** 200

**Fuel Storage Tank:**

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing

Location of Panel:

**Fire Suppression/Standpipe System:**

[ ] New OR [ ] Existing

Location of Main Control Valve:

**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/Contractor sign here: Dion Natale

Print name here: Dion NATALE

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [5] 110v Interconnected | | |
| [2] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid | 5 | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |

Paid by check

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 12/9/14 Approved by: DW

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-24-14

Approved by: DW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date: 12-5-17

Approved by: DW

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | 11/4/15 | DW |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | 11/4/15 | DW |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | 11/4/15 | DW |
| Other | | | | |

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 12/18/14
Control #
Date Issued
Permit # 14-3990

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

Block 89.01 Lot 40 Qualification Code
Work Site Location 27 BROWER DRIVE

Owner DIONNATALE
Tel. ( [redacted] e-mail
Address 2375 WAIDHEIM AVE SCOTCH PLAIN 07076

Contractor: DION NATALE PLUMBING (street / municipality) Tel. [redacted]
Address 2378 WAIDHEIM AVE e-mail
SCOTCH PLAINS

Contractor License No. 9455 Exp. Date 6/30/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223518044 FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 6,000

**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: DION NATALE
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: NEW DWELLING

| QTY. | FIXTURE/EQUIPMENT |
|---|---|
| 3 | Water Closet ✓ |
| | Urinal/Bidet |
| 1 | Bath Tub 0 |
| 5 | Lavatory 3 |
| 1 | Shower 1 |
| | Floor Drain |
| 2 | Sink ✓ |
| 1 | Dishwasher ✓ |
| | Drinking Fountain |
| 1 | Washing Machine ✓ 1 1/4 |
| 2 | Hose Bibb ✓ |
| 1 | Water Heater |
| | Fuel Oil Piping |
| 7 | Gas Piping 5 |
| | LPGas Tank |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor/Separator |
| | Backflow Preventer |
| | Greasetrap |
| 1 | Sewer Connection |
| 1 | Water Service Connection |
| 4 | Stacks |
| | Other |

40'
265 000

FEE (Office Use Only)
$

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

**JOB SUMMARY (Office Use Only)**

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

SUBCODE APPROVAL for PERMIT
Date: 12-1-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-13-15
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | 7/14/15 | DL |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | 7/14/15 | D.L |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | 11-13-15 | |
| Final | | | 11-13-15 | DL |

Update

Date Received 7/7/15
Control #
Date Issued
Permit # 14-3990-A

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

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

Block 89.01 Lot 40 Qualification Code

Work Site Location 27 Brower Dr.
Brick, NJ 08723

Owner Dion Natale

Tel. [redacted] e-mail

Address 2378 Waldheim Ave. (street) Scotch Plains, NJ (municipality) 07076 (zip code)

Contractor: Superior Security Systems, LLC Tel. (732) 563-0605

Address 137 Lincoln Blvd. e-mail
Middlesex, NJ 08846

Contractor License No. 34BA00051900 Exp. Date 08/31/2016

Home Improvement Contractor Registration No. or Exemption Reason 13VH06779300

Federal Emp. ID No. 223618538 FAX: (732) 563-1075

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 800

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 7/7/15 Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 7/7/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] CCO [ ] CA
Date: 11/4/15
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | | | Dates (Month/Day) | |
| Rough | | | 7/15/15 | JWS |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 11/4/15 | RBB |
| 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: David Moritz

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
Security System

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 30 | | Communications Points | |
| 13 | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 43 | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

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

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.

APPLICATION FOR A VARIATION

Date Received:_____ Permit #: 14-3990
Control #:_____ Date Revised:_____
Date Issued: 7/27/15 Date Permit Issued:_____

IDENTIFICATION Block 89.01 Lot 40 Qualification Code _____

Work Site Location 27 Brower Drive, Brick, NJ 08723
Owner in Fee Dion Natale
Address 2378 Waldheim Ave., [redacted]otch Plains, NJ 07076
Tel
FEE $_____ (Determined by Enforcing Agency)

Contractor Residential Elevators, LLC
Address 2910 Kerry Forest Pkwy D4-1 Tallahassee, FL 32309
Tele. (800) 832-2004 x270
License # 13VH06679100
Federal Emp.#_____

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

ASME A 17.1 - 2007, Section 5.3. There are no rules in the code addressing location of a machine inside the hoistway at top of the rails.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties:

This is a new technology elevator. In the proposed design the machine is located inside the hoistway at top of the rails.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants:

See Reverse

DATE June 25, 2015 SIGNED Gina Smith Gina Smith
APPLICANT (Print Name and Sign)

DETERMINATION

This application is to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [✓] GRANT the above request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

7-17-15
Date

Building Subcode Official

Plumbing Subcode Official

Elevator Subcode Official

Electrical Subcode Official

Fire Subcode Official

Construction Official

A Letter – Form.
January 14, 2014
Subject: Elevator devices in Flood Areas – Compliance with SEI 24-05

A. For elevator devices that will be installed in/at the buildings located in flood areas, the following information shall be provided by the applicant submitting the documents for plan review:
Building Address: 27 Brower Drive,
Brick, NJ 08723

[ ] **New "Commercial" Building -- The** base flood elevation level "____ft_____in" shall be identified either on the Building Plans and Elevator Layout Drawings, **OR** this letter-form, completed as applicable and signed by the construction official or building subcode official, shall be included by the applicant with the documents forwarded for plan review.

Name and Signature: _____; Date: _____
C.O. or Building Subcode Official

[ ] **Existing "Commercial" Building – The base flood elevation level** "____ft_____in" shall be identified on the Building plans and Elevator layout drawings, **OR** this letter-form, completed as applicable and signed by the construction official or building subcode official, shall be included by the applicant with the documents forwarded for plan review.

Name and Signature: _____; Date: _____
C.O. or Building Subcode Official

[x] **New "Private Residency – The base flood elevation level** "8 ft 0 in" **shall be** identified on **the Elevator layout** drawings, **OR** this letter-form, completed as applicable and signed by the construction official or building subcode official, shall be included by the applicant with the documents forwarded for plan review.

Name and Signature: Gina Smith Gina Smith; Date: June 25, 2015
C.O. or Building Subcode Official

[ ] **Existing "Private Residency" – The base flood elevation level** "____ft_____in" **shall be** identified on **the Elevator layout** drawings, **OR** this letter-form, completed as applicable and signed by the construction official or building subcode official, shall be included by the applicant with the documents forwarded for plan review.

Name and Signature: _____; Date: _____
C.O. or Building Subcode Official

B. FEMA documents may be consulted for determining the base flood elevation level for a specific building.
C. Note to the Applicants regarding Compliance of Elevator Devices with the SEI 24-05 (Flood Resistant Design and Construction):

x When an elevator, platform lift or chair lift is installed or relocated, and does not have stops or equipment below the flood elevation level in the new location, **the SEI 24-05 standard is not applicable;**

x When an elevator, platforms lift or chair lift is installed or relocated, and has stops and/or the equipment below the flood elevation level in the new location, **compliance with SEI 24-05 is required;**

27 Brower Dr

69.01
40

**TOWNSHIP OF** _____



## PLAN REVIEW REQUIRED DATE

## SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

| | | | |
|---|---|---|---|
| MANUFACTURER | Residential Elev | INSTALLER | Residential elev. |
| CAR(S) NO. | #1 | PLATFORM THICKNESS | |
| TYPE (PASS.) (FRT.) | RES Pass | CAR BUFFER TYPE | |
| CAPACITY | 950 | CAR BUFFER STROKE | |
| RATED SPEED | 40 FPM | CAR BUFFER REACTIONS | |
| TRAVEL | 17' Ft. | LOAD CAR BUFFERS | |
| STOPS | 3 | TYPE HOISTWAY ENTRANCES | |
| OPENINGS | 1F 2R | TYPE CAR DOOR(S) OR GATE(S) | |
| OPERATION | AUTO | FIREMAN'S SERVICE AT | FLOOR |
| POWER SUPPLY | 220 1 Phase | ALT. FIREMEN'S SERVICE AT | FLOOR |
| MACH. ROOM HEAT EMISSION IN BTUS | NA | TRANSFORMER | |
| CAR GUIDE RAILS | 0 LBS/FT | HOIST BEAM CAPACITY | |
| SPACING OF GUIDE RAIL SUPPORTS | 7' | SIZE & HEIGHT OF STILES | |
| NET RAIL FORCES | | CLASS LOADING (RULE 207.2b) | |

## HYDRAULIC ELEVATORS

Emer Lowering

| | | | |
|---|---|---|---|
| PLUNGER OD | | PLUNGER WALL THK | |
| NUMBER OF PLUNGER SECTIONS | | CYLINDER OD | |
| CYLINDER WALL THK | | REFUGE SPACE FIT | TOP OF HW |
| WORKING PRESSURE | | RELIEF PRESSURE | |
| TYPE OF POWER UNIT | | PUMP MOTOR HP | |
| OIL PIPE OD | | OIL PIPE WALL THK | |
| PLUNGER OVERTRAVEL UP | DOWN | | |

Type A Single CAM FL 1" Spread

2 HP Roller Guide

## TRACTION ELEVATORS

| | | | |
|---|---|---|---|
| MACHINE ROOM REACTIONS | | SIZE & WEIGHT OF MACHINE BEAMS | |
| SIZE OF CROSSHEAD | | HOIST ROPES | 3-3/8 7x19 |
| SIZE OF SAFETY PLANK | | GOVERNOR ROPE(S) | |
| TYPE OF SAFETY (CAR) | | COMPENSATION TYPE | No. SIZE |
| CAR GOVERNOR | | CWT. BUFFER TYPE | |
| MACHINE TYPE | | CWT. BUFFER STROKE | |
| MOTOR HP & TYPE | | CWT. STILE SIZE | |
| DRIVE SHEAVE DIA. | | TYPE OF CWT. GUIDES | |
| TYPE OF GROOVE | | TYPE OF CWT. SAFETY | |
| DEFLECTOR/SECONDARY SHEAVE DIA. | | CWT. GOVERNOR | |
| CONTROL (VVVF) (WSCR) (WMG) | | CWT. GUIDE RAILS | LBS./FT. |
| ISOLATION | | CWT. BUFFER REACTIONS | |

**ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23.7**

# TOWNSHIP OF BRICK

## DEBRIS FORM

**WORK SITE ADDRESS:** 27 Brower Drive

**BLOCK:** 89.01 **LOT:** 40

**CONTRACTOR:** Dion Natale

**CONTRACTOR'S ADDRESS:** 27 Brower Drive

**Type of Construction** (minor, new home): New Home

**Type of Debris** (shingles, siding, wood, etc.): Demo

**Party responsible for removal:** Dion Natale

**Dumpster Size:** 40 yard dumpsters.

**Destination of Debris:**

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

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

Signature

9.3.14
Date

Dion Natale
Print Name

LENNOX
HEARTH PRODUCTS

P/N 506015-07 Rev. A 08/2012
This manual is one of a set of two supporting this product.
Refer to P/N 506017-06 for Care and Operation Instructions.
*Ce manuel est disponible en francais, simplement en faire la demande. Numéro de la pièce 506223-43.*

# INSTALLATION INSTRUCTIONS

**MPD Direct-Vent Gas Fireplaces**

**MERIT Plus** SERIES

**MODELS**

| MILLIVOLT: | | ELECTRONIC: | |
|---|---|---|---|
| MPDT33RNM | MPD35RPM | MPDT33RNE | MPD40CNE |
| MPDT33RPM | MPD40CNM | MPDR33RNE | MPD40RNE |
| MPDR33RNM | MPD40RNM | MPD35CNE | MPD45RNE |
| MPDR33RPM | MPD40RPM | MPD35RNE | |
| MPD35CNM | MPD45RNM | | |
| MPD35RNM | MPD45RPM | | |

Tested & Listed By O-T-L Portland Oregon USA C US
OMNI-Test Laboratories, Inc.
OTL No. 116-F-13g-5

**INSTALLER: Leave this manual with the appliance.**
**CONSUMER: Retain this manual for future reference.**
**INSTALLATEUR : Laissez cette notice avec l'appareil.**
**CONSOMMATEUR : Conservez cette notice pour consultation ultérieure.**

**Please read and understand these instructions before starting installation.**

**This appliance may be installed in an aftermarket permanently located, manufactured home (USA only) or mobile home, where not prohibited by local codes. This appliance is only for use with the type of gas indicated on the rating plate. This appliance is not convertible for use with other gases, unless a certified kit is used.**

# ⚠ WARNING / AVERTISSEMENT / AVISO

- HOT GLASS WILL CAUSE BURNS.
- DO NOT TOUCH GLASS UNTIL COOLED.
- NEVER ALLOW CHILDREN TO TOUCH GLASS.

- UNE SURFACE VITRÉE CHAUDE PEUT CAUSER DES BRÛLURES.
- LAISSER REFROIDIR LA SURFACE VITRÉE AVANT D'Y TOUCHER.
- NE PERMETTEZ JAMAIS À UN ENFANT DE TOUCHER LA SURFACE VITRÉE.

- EL VIDRIO CALIENTE CAUSARÁ QUEMADURAS.
- USTED DEBE NUNCA TOCAR EL VIDRIO CALIENTE.
- LOS NIÑOS DEBEN NUNCA TOCAR EL VIDRIO.

**WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result, causing property damage, personal injury, or death.**

- Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.
- WHAT TO DO IF YOU SMELL GAS:
  - Do not try to light any appliance.
  - Do not touch any electrical switch; do not use any phone in your building.
  - Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
  - If you cannot reach your gas supplier, call the fire department.
- Installation and service must be performed by a qualified installer, service agency or the gas supplier.

**AVERTISSEMENT : Assurez-vous de bien suivre les instructions données dans cette notice pour réduire au minimum le risque d'incindie ou d'explosion ou pour éviter tout dommage matériel, toute blessure ou la mort.**

- Ne pas entreposer ni utilizer d'essence ni d'autres vapeurs ou liquides inflammables dans le voisinage de cet appareil ou de tout autre appareil.
- QUE FAIRE SI VOUS SENTEZ UNE ODEUR DE GAZ :
  - Ne pas tenter d'allumer d'appareil.
  - Ne touchez à aucan interrupteur. Ne pas vous servir des téléphones se trouvant dans le bâtiment où vous trouvez.
  - Appelez immédiatement votre fournisseur de gaz depuis un voisin. Suivez les instructions du fournisseur.
  - Si vous ne pouvez rejoindre le fournisseur de gaz, appelez le service des incindies.
- L'installation et l'entretien doivent être assurés par un installateur ou un service d'entretien qualifié ou par le fournisseur de gaz.

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**Please read and understand these instructions before beginning your installation.**

NATIONAL FIREPLACE INSTITUTE NFI CERTIFIED www.nficertified.org

We recommend that our gas hearth products be installed and serviced by professionals who are certified in the U.S. by the National Fireplace Institute® (NFI) as NFI Gas Specialists.

## PACKAGING

The assembled vented gas fireplace heater is packaged with:

- (1 set) Logs (packaged in a carton inside the firebox).
- (1 bag) Glowing Embers (in bottom compartment).
- Literature Kit (envelope in bottom compartment containing *Care and Operation Instructions*, *Installation Instructions*, Safety-In-Operation Warning Labels, Warranty).
- (1) U-Shaped Vent Restrictor (attached to Literature Kit envelope).
- (1) Hood (inside firebox).

## INTRODUCTION

The ***Millivolt*** appliances have a millivolt gas control valve with piezo ignition system. If any optional accessories that will require electrical power are to be installed, the electrical power must be provided at the time of appliance installation.

The ***Electronic*** appliances are designed to operate on natural or propane gas. An electronic intermittent pilot ignition system provides safe, efficient operation. External electrical power is required to operate these units. In the event of a power outage, four (4) "AA" batteries (in battery holder) provide backup power for appliance operation (excluding [optional] blower).

These vented gas fireplace heaters are sealed combustion, air-circulating gas fireplaces designed for residential applications.

### Approved Vent Components

These fireplaces are designed, tested and listed for operation and installation with the following vent components only:

- **Secure Vent®** Direct-Vent System Components manufactured by Security Chimneys International,
- **Secure Flex®** Flexible Vent Components manufactured by Security Chimneys International and
- **Z-FLEX®** Model GA Venting Systems listed to UL1777 and ULCS635 manufactured by Flexmaster Canada Limited.

Use only the correct size venting (4 1/2 in. inner and 7 1/2 in. outer).

These approved vent system components are labeled for identification. DO NOT use any other manufacturer's vent components with these appliances.

## GENERAL INFORMATION

**⚠ WARNING**

Young children should be carefully supervised when they are in the same room as the appliance. Toddlers, young children and others may be susceptible to accidental contact burns. A physical barrier is recommended if there are at risk individuals in the house. To restrict access to a fireplace or stove, install an adjustable safety gate to keep toddlers, young children and other at risk individuals out of the room and away from hot surfaces.

**⚠ AVERTISSEMENT**

Les jeunes enfants devraient être surveillés étroitement lorsqu'ils se trouvent dans la même pièce que l'appareil. Les tout petits, les jeunes enfants ou les adultes peuvent subir des brûlures s'ils viennent en contact avec la surface chaude. Il est recommandé d'installer une barrière physique si des personnes à risques habitent la maison. Pour empêcher l'accès à un foyer ou à un poêle, installez une barrière de sécurité; cette mesure empêchera les tout petits, les jeunes enfants et toute autre personne à risque d'avoir accès à la pièce et aux surfaces chaudes.

***Children and adults should be alerted to the hazards of high surface temperature and should stay away to avoid burns or clothing ignition.***

***Les enfants et les adultes devraient être informés des dangers que posent les températures de surface élevées et se tenir à distance afin d'éviter des brûlures ou que leurs vêtements ne s'enflamment.***

**DO NOT ATTEMPT TO ALTER OR MODIFY THE CONSTRUCTION OF THE APPLIANCE OR ITS COMPONENTS. ANY MODIFICATION OR ALTERATION MAY VOID THE WARRANTY, CERTIFICATION AND LISTINGS OF THIS UNIT.**



NOTE: DIAGRAMS & ILLUSTRATIONS ARE NOT TO SCALE.

**⚠ WARNING**

Improper installation, adjustment, alteration, service or maintenance can cause injury or property damage. Refer to this manual. For assistance or additional information consult a qualified installer, service agency or the gas supplier.

**⚠ WARNING**

Failure to comply with these installation instructions will result in an improperly installed and operating appliance, voiding its warranty. Any change to this appliance and/or its operating controls is dangerous.

**⚠ WARNING**

Clothing or other flammable material should not be placed on or near the appliance.

**⚠ AVERTISSEMENT**

On ne devrait pas placer de vêtements ni d'autres matières inflammables sur l'appareil ni à proximité.

**⚠ WARNING**

Any safety screen or guard removed for servicing the appliance must be replaced prior to operating the appliance.

**⚠ AVERTISSEMENT**

Tout écran ou protecteur retiré pour permettre l'entretien de l'appareil doit être remis en place avant de mettre l'appareil en marche.

**⚠ WARNING**

Improper installation or use of this appliance can cause serious injury or death from fire, burns, explosion or carbon monoxide poisoning.

**⚠ WARNING**

Failure to position the parts in accordance with these diagrams or failure to use only parts specifically approved with this appliance may result in property damage or personal injury.

**⚠ AVERTISSEMENT**

Risque de dommages ou de blessures si les pièces ne sont pas installées conformément à ces schémas et ou si des pièces autres que celles spécifiquement approuvées avec cet appareil sont utilisées.

**Note: Installation and repair should be done by a qualified service person. The appliance should be inspected before use and at least annually by a professional service person. More frequent cleaning may be required due to excessive lint from carpeting, bedding material, etcetera. It is imperative that control compartments, burners and circulating air passageways of the appliance be kept clean.**

**Remarque: L'installation et la réparation devrait être confiées à un technicien qualifié. L'appareil devrait faire l'objet d'une inspection par un technicien professionnel avant d'être utilisé et au moins une fois l'an par la suite. Des nettoyages plus fréquents peuvent être nécessaires si les tapis, la literie, et cetera produisent une quantité importante de pous-sière. Il est essentiel que les compartiments abritant les commandes, les brûleurs et les conduits de circulation d'air de l'appareil soient tenus propres.**

**Do not use these appliances if any part has been under water. Immediately call a qualified, professional service technician to inspect the appliance and to replace any parts of the control system and any gas control which have been under water.**

**Ne pas utiliser cet appareil s'il a été plongé, même partiellement, dans l'eau. Appeler un technicien qualifié pour inspecter l'appareil et remplacer toute partie du système de commande et toute commande qui a été plongée dans l'eau.**

**Only trim kit(s) supplied by the manufacturer shall be used in the installation of this appliance.**

**Seules les trousses de garniture fournies par le fabricant doivent être utilisées pour l'installation de cet appareil.**

NOTE: DIAGRAMS & ILLUSTRATIONS ARE NOT TO SCALE.

These appliances comply with National Safety Standards and are tested and listed by OMNI-Test Laboratories, Inc. (Report No. 116-F-13g-5) to ANSI Z21.88-2009 (in Canada, CSA-2.33-2009), and CAN/CGA-2.17-M91(R2009) in both USA and Canada, as vented gas fireplace heaters.

**Both millivolt and electronic versions of these appliances are listed by OMNI-Test Laboratories for installation in bedrooms and Manufactured Homes.**

**Misc. Codes / Standards**

The Installation must conform to local codes or, in the absence of local codes, with the *National Fuel Gas Code, ANSI Z223.1-2009 / NFPA 54—latest edition* (In Canada, the current CAN/CSA-B149.1 installation code). The appliance, when installed, must be electrically grounded and wired in accordance with local codes or, in the absence of local codes, with the *National Electrical Code, ANSI/NFPA 70—latest edition*, or the *Canadian Electrical Code, CSA C22.1—latest edition.*

Provide adequate clearances around air openings and adequate accessibility clearance for service and proper operation. Never obstruct the front or back openings of the appliance.

**These appliances are designed to operate on natural or propane gas only. The use of other fuels or combination of fuels will degrade the performance of this system and may be dangerous.**

These fireplaces are designed as supplemental heaters. Therefore, it is advisable to have an alternate primary heat source when installed in a dwelling.

These appliances must not be connected to a chimney or flue serving a separate solid fuel burning appliance.

Both millivolt and electronic systems can be operated during a power outage, and feature manually operated hi-low flame control. The BTU Input for these appliances is shown in ***Table 1.***

| Models | Input Rate (BTU/HR) | |
|---|---|---|
| | Nat. Gas | Prop. Gas |
| MPD33 | 17,500 high<br>11,700 low | 17,500 high<br>14,000 low |
| MPD35 | 20,000 high<br>12,800 low | 20,000 high<br>15,200 low |
| MPD40 | 27,000 high<br>18,500 low | 27,000 high<br>21,500 low |
| MPD45 | 29,000 high<br>20,500 low | 29,000 high<br>22,500 low |

***Table 1: Input (BTU/HR) Gas Valves (Millivolt and Electronic)***

**Gas Pressure—All Models**

***Tables 2 and 3*** show the appliances' inlet and manifold gas pressure requirements:

| Fuel # | Minimum | Maximum |
|---|---|---|
| Natural Gas | 4.5 in. WC (1.12 kPa) | 10.5 in. WC (2.61 kPa) |
| Propane | 11.0 in. WC (2.74 kPa) | 13.0 in. WC (3.23 kPa) |

***Table 2: Inlet Gas Supply Pressure***

| Fuel # | Low | High |
|---|---|---|
| Natural Gas | 1.6 in. WC (0.40 kPa) | 3.5 in. WC (0.87 kPa) |
| Propane | 6.3 in. WC (1.57 kPa) | 10.0 in. WC (2.49 kPa) |

***Table 3: Manifold Gas Supply Pressure***

Test gauge connections are provided on the front of the millivolt and electronic gas control valve (identified IN for the inlet and OUT for the manifold side). The control valves have a 3/8 in. (10 mm) NPT thread inlet and outlet side of the valve (refer to ***Figures 1 and 2***).

Propane tanks are at pressures that will cause damage to valve components. Verify that the tanks have step down regulators to reduce the pressure to safe levels.

The appliance and its appliance main gas valve must be disconnected from the gas supply piping system during any pressure testing of that system at test pressures **in excess of** 1/2 psi (3.5 kPa).

The appliance must be isolated from the gas supply piping system by closing its equipment shutoff valve during any pressure testing of the gas supply piping system at test pressures **equal to or less than** 1/2 psi (3.5 kPa).

**Orifice Sizes—Sea Level to High Altitude (All Models)**

These appliances are tested and approved for installation at elevations of 0–4500 ft (0–1372 m) above sea level using the standard burner orifice sizes (marked with an "*" in ***Table 4***). For elevations above 4500 ft, contact your gas supplier or qualified service technician.

**Deration**—At higher elevations, the amount of BTU fuel value delivered must be reduced by either:

- Using gas that has been derated by the gas company.
- Changing the burner orifice to a smaller size as regulated by the local authorities having jurisdiction and by the (USA) National Fuel Gas Code NFPA 54—latest edition / ANSI Z223.1-2009 or, in Canada, the CAN/CSA-B149.1 codes—latest edition.

Install the appliance according to the regulations of the local authorities having jurisdiction and, in the USA, the National Fuel Gas Code NFPA 54—latest edition / ANSI Z223.1-2009 or, in Canada, the CAN/CSA-B149.1—latest edition.

Flame breadth, height and width will diminish 4% for every 1,000 feet of altitude. **Gas Valve Diagrams.** See ***Figure 1*** for Millivolt models and ***Figure 2*** For Electronic Models.

**In Canada - CAN/CGA-2.17-M91 (R2009) (high altitude): THE CONVERSION SHALL BE CARRIED OUT BY A MANUFACTURER'S AUTHORIZED REPRESENTATIVE, IN ACCORDANCE WITH THE REQUIREMENTS OF THE MANUFACTURER, PROVINCIAL OR TERRITORIAL AUTHORITIES HAVING JURISDICTION AND IN ACCORDANCE WITH THE REQUIREMENTS OF THE CAN/CGA-B149.1 OR CAN/CGA-B149.2 INSTALLATION CODES.**

**REQUIREMENTS FOR THE COMMONWEALTH OF MASSACHUSETTS**

These fireplaces are approved for installation in the US state of Massachusetts if the following additional requirements are met:

- Install this appliance in accordance with Massachusetts Rules and Regulations 248 C.M.R.

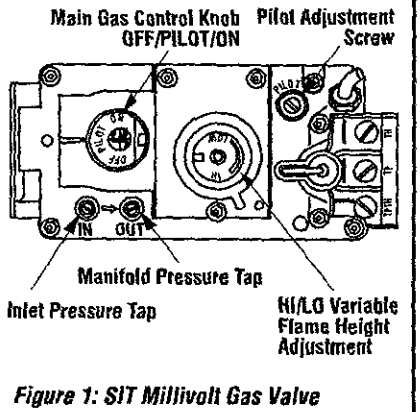


***Figure 1: SIT Millivolt Gas Valve***

| Model Series | Nat.Gas drill size (inches) | Propane drill size (inches) |
|---|---|---|
| MPD33 | #47 (0.0785 in.)* 99K74• | 0.048 in. 99K78• |
| MPD35 | #44 (0.086 in.)* 60J80• | #55 (0.052 in.)* 19L52• |
| MPD40 | #38 (0.102 in.)* 99K76• | 0.062 in. 21L01• |
| MPD45 | #37 (0.104 in.)* 24M10• | #52 (0.0635 in.)* 37G00• |

** Standard size installed at factory • Part /Cat. Number*

***Table 4: Burner Orifice Sizes Elevation 0–4500 ft ( 0–1372 m)***

- Installation and repair must be done by a plumber or gas fitter licensed in the Commonwealth of Massachusetts.
- The flexible gas line connector used shall not exceed 36 in. (92 cm) in length.
- The individual manual shut-off must be a T-handle type valve.

**Massachusetts Horizontal Vent Requirements in the Commonwealth of Massachusetts, horizontal terminations installed less than seven (7) feet above the finished grade must comply with the following additional requirements:**

- A hard wired carbon monoxide detector with an alarm and battery back-up must be installed on the floor level where the gas fireplace is installed. The carbon monoxide detector must comply with NFPA 720, be ANSI/UL 2034 listed and be ISA certified.
- A metal or plastic identification plate must be permanently mounted to the exterior of the building at a minimum height of eight (8) feet above grade and be directly in line with the horizontal termination. The sign must read, in print size no less than one-half (1/2) inch in size, GAS VENT DIRECTLY BELOW. KEEP CLEAR OF ALL OBSTRUCTIONS.

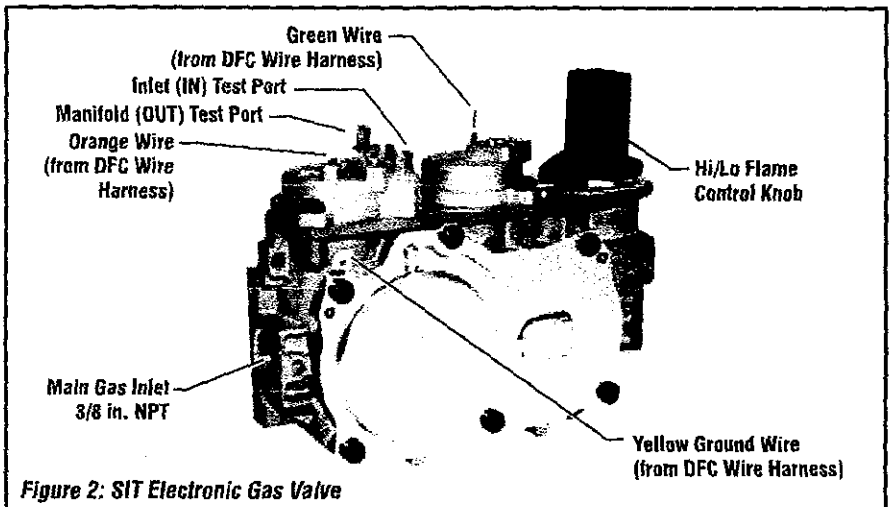


***Figure 2: SIT Electronic Gas Valve***

NOTE: DIAGRAMS & ILLUSTRATIONS ARE NOT TO SCALE.

## COLD CLIMATE INSULATION

For cold climate installations, seal all cracks around your appliance with noncombustible material and wherever cold air could enter the room. It is especially important to insulate outside chase cavity between studs and under floor on which appliance rests, if floor is above ground level. Gas line holes and other openings should be caulked or stuffed with unfaced fiberglass insulation.

If the fireplace is being installed on a cement slab in cold climates, a sheet of plywood or other raised platform can be placed underneath to prevent conduction of cold transferring to the fireplace and into the room. It also helps to sheetrock inside surfaces *and tape for maximum air tightness* and caulk firestops.

## MANUFACTURED HOME REQUIREMENTS

This appliance may be installed in an aftermarket permanently located, manufactured home and must be installed in accordance with the manufacturer's instructions.

Cet appareil peut être installé comme du matériel d'origine dans une maison préfabriquée (É.U. seulement) ou mobile et doit être installé selon les instructions du fabricant.

This appliance is only for use with the type of gas indicated on the rating plate. This appliance is not convertible for use with other gases, unless a certified kit is used.

Cet appareil doit être utilisé uniquement avec le type de gaz indiqué sur la plaque signalétique. Cet appareil ne peut être converti à d'autres gaz, sauf si une trousse de conversion est utilisée.

**CAUTION: Ensure that the cross members are not cut or weakened during installation. The structural integrity of the manufactured home floor, wall, and ceiling / roof must be maintained.**

**CAUTION: This appliance must be grounded to the chassis of the manufactured home in accordance with local codes or in the absence of local codes, with the National Electrical Code ANSI / NFPA 70—latest edition or the Canadian Electrical Code CSA C22.1—latest edition.**

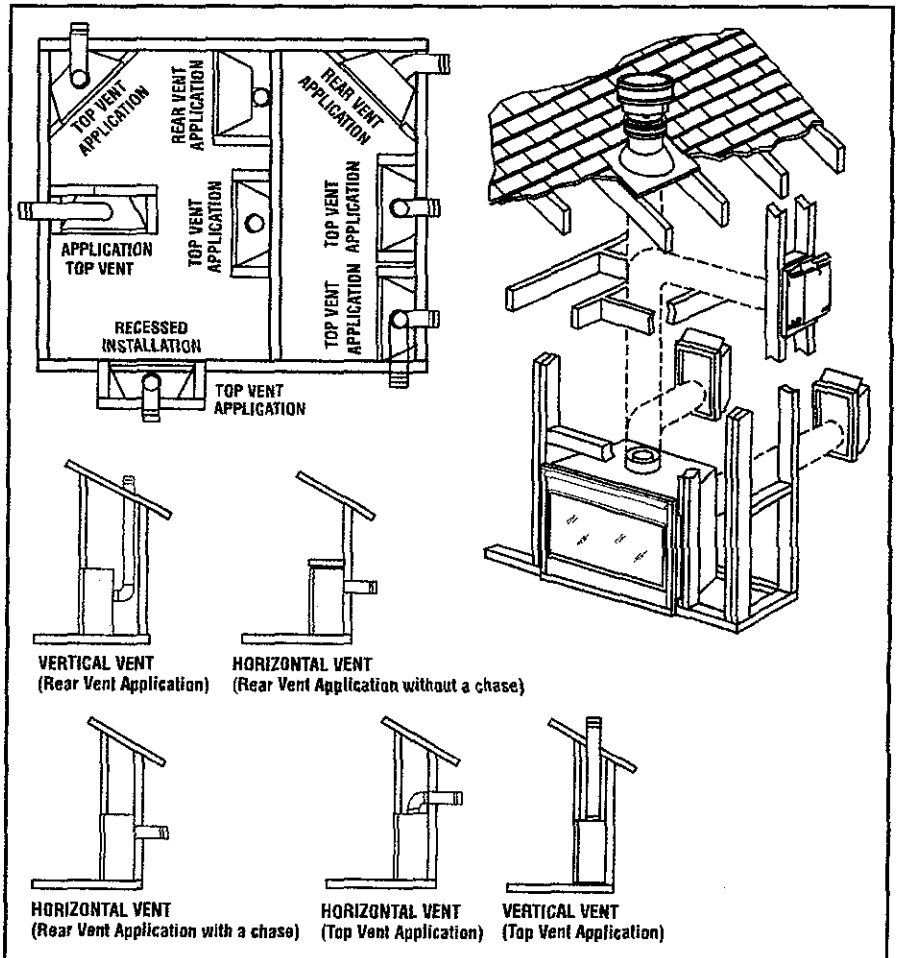


*Figure 3: Typical Locations*

## LOCATION

In selecting the location, the aesthetic and functional use of the appliance are primary concerns. However, vent system routing to the exterior and access to the fuel supply are also important.

**Due to high temperatures, the appliance should be located out of traffic and away from furniture and draperies (*Figure 3*).**

**En raison des températures élevées, l'appareil devrait être installé dans un endroit où il y a peu de circulation et loin du mobilier et des tentures (*Figure 3*).**

The location should also be free of electrical, plumbing or other heating/air conditioning ducting.

These direct-vent appliances are uniquely suited for installations requiring a utility shelf positioned directly above the fireplace. Utility shelves like these are commonly used for locating television sets and decorative plants.

**Be aware that this is a heat producing appliance. Objects placed above the unit are exposed to elevated temperatures.**

**Do not insulate the space between the appliance and the area above it (see *Figure 8*).**

The minimum height from the base of the appliance to the underside of combustible materials used to construct a utility shelf in this fashion is shown in ***Figure 8***.

The appliance must be mounted on a fully supported base extending the full width and depth of the unit. The appliance may be located on or near conventional construction materials. However, if installed on combustible materials, such as carpeting, vinyl tile or other combustible material other than wood flooring, the appliance shall be installed on a metal or wood panel extending the full width and depth of the appliance.

NOTE: DIAGRAMS & ILLUSTRATIONS ARE NOT TO SCALE.

## VENT TERMINATION CLEARANCES

**These instructions should be used as a guideline and do not supersede local codes in any way. Install venting according to local codes, these instructions, the current National Fuel Gas Code (ANSI-Z223.1-2009) in the USA or the current standards of CAN/CSA-B149.1 in Canada.**

### Vertical Vent Termination Clearances

Terminate multiple vent terminations according to the installation codes listed above and ***Figures 4 and 5.***

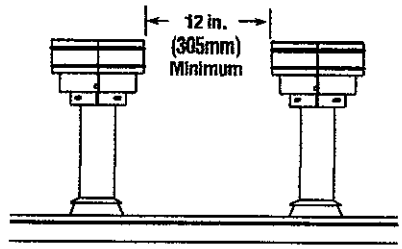


***Figure 4: Multiple Terminations***

### Vertical Vent Termination Clearances

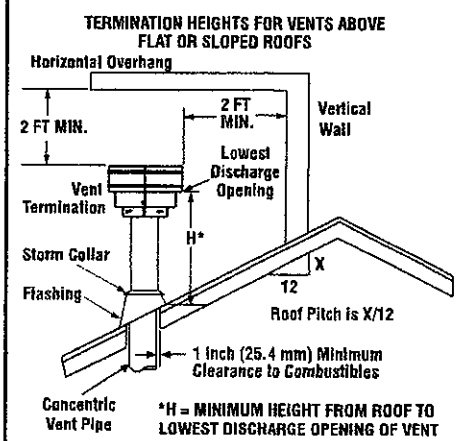


***Figure 5: Termination Heights for Vents Above Flat or Sloped Roofs***

The vent / air intake termination clearances above the high side of an angled roof are as shown in the following chart:

**Termination Heights For Vents Above Flat Or Sloped Roofs Ref. NFPA 54 / ANSI Z223.1-2009**

| Roof Pitch | *H (ft) | *H (m) |
|---|---|---|
| Flat–6/12 | 1.0 | 0.3 |
| 6/12–7/12 | 1.25 | 0.38 |
| 7/12–8/12 | 1.5 | 0.46 |
| 8/12–9/12 | 2.0 | 0.61 |
| 9/12–10/12 | 2.5 | 0.76 |
| 10/12–11/12 | 3.25 | 0.99 |
| 11/12–12/12 | 4.0 | 1.22 |
| 12/12–14/12 | 5.0 | 1.52 |
| 14/12–16/12 | 6.0 | 1.83 |
| 16/12–18/12 | 7.0 | 2.13 |
| 18/12–20/12 | 7.5 | 2.29 |
| 20/12–21/12 | 8.0 | 2.44 |

### Horizontal Vent Termination Clearances

The horizontal vent termination must have a minimum of 6 in. (152 mm) clearance to any overhead combustible projection of 2 1/2 in. (64 mm) or less, see ***Figure 6.*** For projections exceeding 2 1/2 in. (64 mm), see ***Figure 6.*** For additional vent location restrictions, refer to ***Figure 7*** on ***Page 7.***

### Horizontal Vent Termination Clearances

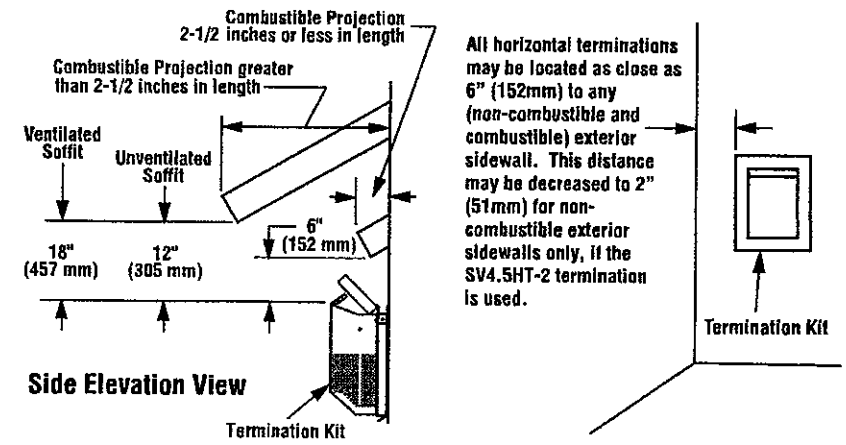


***Figure 6: Horizontal Vent Termination Clearances***

*Note: See Figure 34 on Page 20 for the exterior wall recess allowances of the square horizontal termination.*