BLOCK 341 LOT 471 QUALIFICATION CODE _____ ADDRESS (SITE) 30 Kettle Creek Dr PERMIT NO. 05-1591

CONSTRUCTION PERMIT APPLICATION

05-134536

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

I. IDENTIFICATION

1. Propsed Work Site at: 30 Kettle Creek Dr brick
2. Name of Owner in Fee: Smith Te [redacted]
   Address _____ Brick Tw _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal C
   Address _
   License No
   Federal En
5. Architect o
   Address _
6. Responsibl
   Tel. (___

NJR Home Services
1415 Wyckoff Rd., Wall NJ 07719
Tel. 1.877.466.3657 Fax. 732-493-6479

Federal Employee No. 22-3609806

WINFRED JOHNSON TEL. 732-919-8172

replace gas furnace

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	45	
2. Electrical			
3. Plumbing		45	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$	4	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	94	

collected 5/4/05

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

OPTIONAL (for office use only)

	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					4/12 2005				
4. ☐ a. Repair				APR					
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					5/2/05	DS	5-7-05		
6. ☐ Plumbing									
7. ☑ Electrical					5205	MM	5/14/05		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

U.C.C. F100-1 (rev. 12/03)

LDS BR-B 10100649

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name NJR Home Services
Address 1415 Wyckoff Rd., Wall NJ 07719
Tel. 1.877.466.3657 Fax. 732-493-6479

Federal Employee No. 22-3609806

Telephone (

Signature WINFRED JOHNSON TEL. 732-919-8172

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	05/16/2007
Tracking Number	C-05-134536
Permit Number	05-1591
Permit Issue Date	05/10/2005
Certificate Number	05-1591

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 30 KETTLE CREEK DR. Brick Township, NJ Block: 341 Lot: 471 Qual:

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Owner Address: 16 NAUTILUS DR BRICK NJ 08723

Telephone:

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ 07719-

Telephone: 732/938-1260 Fax: 732/938-3010

License Number or Builders Registration Number: 13VH00361500 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

REPLACEMENT HOT AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☑ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 05/16/2007

CONSTRUCTION PERMIT

Date Issued 05/10/2005
Control # C-05-134536
Permit # 05-1591

IDENTIFICATION Block: 341 Lot: 471 Qualifier

Work Site Location: 30 KETTLE CREEK DR. Brick Township, NJ

Owner in Fee SMITH, WILLIAM K. & MARY J.
Address 16 NAUTILUS DR BRICK NJ 08723

Telephone:

Contractor NJR HOME SERVICES
Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ 07719-

Telephone: 732/938-1260
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:

REPLACEMENT HOT AIR FURNACE

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

Estimated Cost of Work $2,500

Construction Official — Date 05/10/2005

PAYMENTS (Office Use Only)

Building	$0
Electrical	$45
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$94
Check No.	8470
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 341 Lot 471 Qualification Code

Work Site Location 30 Kettle Creek Dr. Contractor NJR Home Services

Brick 08723 Address 1415 Wyckoff Rd

Owner in Fee William Smith Wall NJ 07719

Address 24 Kettle Creek Tel. (732) 919-8172

T [redacted] Lic. No. or Bldrs. Reg. 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 gas furnace

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

Estimated Cost of Work $ 2500.-

Construction Official Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 04/29/2005
Date Issued 12/31/1899 5/10/05
Control # C-05-134536
Permit # 05-1597

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

Block 341 Lot 471 Qualification Code

Work Site Location: 30 KETTLE CREEK DR.

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Address 16 NAUTILUS DR BRICK NJ

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 5/2/05
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 5/10/05
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	5/2/05		5/10/05	
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 the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
1	3	HP/KW Space Heater/Air	$10
0	0	KW 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 Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

OVER

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$2
TOTAL FEE	$47

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

4-25-07 ~~[illegible]~~ CANCELED

5-7-07

I D BREAKER FOR FURANCE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 04/29/2005 5/11/05
Date Issued 12/31/1899
Control # C-05-134536
Permit # 1594

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

Block 341 Lot 471 Qualification Code

Work Site Location: 30 KETTLE CREEK DR.

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Address 16 NAUTILUS DR BRICK NJ

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☑ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 5-7-05
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
1	3	HP/KW Space Heater/Air	$10
0	0	KW 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 Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$2
TOTAL FEE	$47

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 04/29/2005
Date Issued 12/31/1899
Control # C-05-134536
Permit #

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

Block 341 Lot 471 Qualification Code

Work Site Location: 30 KETTLE CREEK DR.

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Address 16 NAUTILUS DR BRICK NJ

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 certifiy that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
1	3	HP/KW Space Heater/Air	$10
0	0	KW 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 Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$2
TOTAL FEE	$47

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 04/29/2005 3:49:11 PM
Control # C-05-134536
Date Issued ~~12/31/1899~~ 5/10/05
Permit # 05-1547

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

Block 341 Lot 471 Qualification Code

Work Site Location: 30 KETTLE CREEK DR.

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Address 16 NAUTILUS DR BRICK NJ

732-255-0974 William Smith

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

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

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

Fire Alarm Contractor No.

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present ____ Proposed ____ Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $1,250

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT HOT AIR FURNACE,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$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
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$2
TOTAL FEE		$47

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: 5-9-05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 5-10-05

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			5/10	
Smoke Control				
TCO				
Final	4-28-05		5/10	
Other				

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 04/29/2005 3:49:11 PM
Control # C-05-134536
Date Issued 12/31/1899 5/16/05
Permit # 05-1541

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

Block 341 Lot 471 Qualification Code

Work Site Location: 30 KETTLE CREEK DR.

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Address 16 NAUTILUS DR BRICK NJ

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

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

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

Fire Alarm Contractor No.

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $1,250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: 5-6-05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT HOT AIR FURNACE,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$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
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$2
TOTAL FEE		$47

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 04/29/2005 3:49:11 PM
Control # C-05-134536
Date Issued 12/31/1899
Permit #

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

Block 341 Lot 471 Qualification Code

Work Site Location: 30 KETTLE CREEK DR.

Owner in Fee: SMITH, WILLIAM K. & MARY J.

Address 16 NAUTILUS DR BRICK NJ

Tel.

Contractor: NJR HOME SERVICES

Address 1415 WYCKOFF RD WALL TOWNSHIIP NJ

Tel. 732/938-1260 Fax. 732/938-3010

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

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

Fire Alarm Contractor No.

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: ☐ New *or* ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New *or* ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New *or* ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* *or* ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $1,250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT HOT AIR FURNACE,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$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
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$2
TOTAL FEE		$47

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor: NJR HOME SERVICES
Address: 1415 Wyckoff Rd
Wall NJ 07719
Phone #: 732-919-8172
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:	

Estimated Cost of Plumbing Work

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor: NJR HOME SERVICES
Address: 1415 Wyckoff Rd
Wall NJ 07719
Phone #: 732-919-8172
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: crawl space

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: Direct replacement

Estimated Cost of Fire Work $1200.

Signature: Winfred Johnson
Print Name: Winfred Johnson

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 30 Kettle Creek Dr.
Block: 341 Lot: 471
Owner's Name: William Smith
Owner's Mailing Address: 24 Kettle Creek Dr.
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: NJR HOME SERVICES CO
Address: 1415 WYCKOFF RD
WALL NJ 07719
Phone#: 732-938-7330
Lis #: 15234
Federal Emp # or SSN 22-3609806

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	KV
Oven/Surface Unit	KW
Electric Water Heater	KV
Electric Dryer	KV
Dishwasher	KV
Garbage Disposal	H
A/C Unit –Central Air	KV
Space Heater/Air Handler	KV
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KV
Light Stander	AMP
Service	AMP
Subpanel	AMI
Motor Control Center	AMI
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: Direct replacement	

Estimated Cost of Electrical Work: $1250.

Signature:

Please Print Name James C. Anderson

CONTRACTOR'S SEAL

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 341 LOT 471 PERMIT # _____

WORK SITE ADDRESS 30 Kettle Creek Dr.

Applicant Smith William

Certifying Individual Winfred Johnson Company NJR HOME SERVICES

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

Tel. (732) 919-8172

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.

Winfred Johnson 4/20/05
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.

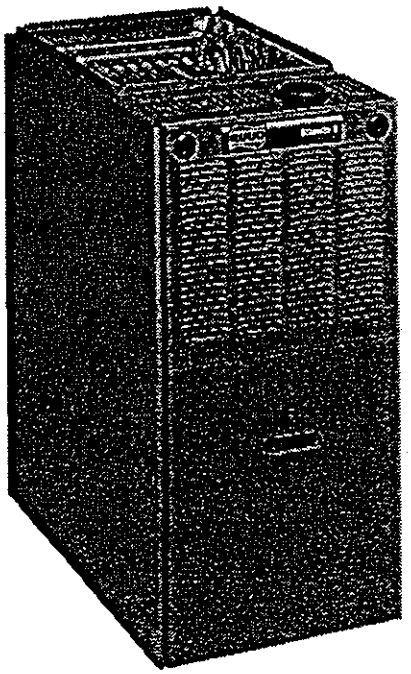
_____
Signature Date

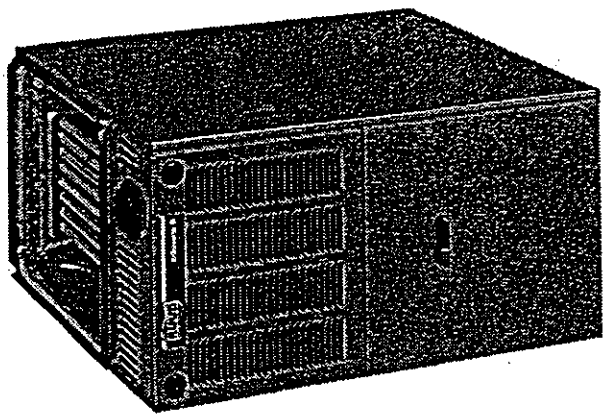
THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

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

FORM NO. G22-448 REV. 8
Supersedes Form No. G22-448 Rev. 7

GAS FURNACES





UGPH- SERIES

Models with Input Rates from 45,000 to 150,000 BTU/HR [13 to 44 kW] (U.S. & Canadian Models)

RUUD®

SILHOUETTE® II 80.0%–81.7% A.F.U.E.† UPFLOW/ HORIZONTAL GAS FURNACES

The Ruud® Silhouette® II line of upflow/horizontal gas furnaces are designed for utility rooms, closets, alcoves, or attics. **Because of the Silhouette's low-profile 34 inch [864 mm] height, the upflow model can also be used to satisfy most applications that traditionally call for a horizontal furnace.**

The design is certified by the American Gas Association. Canadian models are certified by the Canadian Gas Association.

Features

- Patented Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" design is lighter and easier to handle, and leaves room for optional equipment.
- Convertible from upflow to horizontal left or right without field conversion.
- Left or right side gas and electric inlet connections with quick, simple change.
- Direct spark ignition models utilize remote sense and feature an integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment helps to reduce jacket loss and noise.
- Pre-paint galvanized steel cabinet.
- Molded permanent filter.
- Grab-holes in doors to aid in easy door removal and replacement.

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

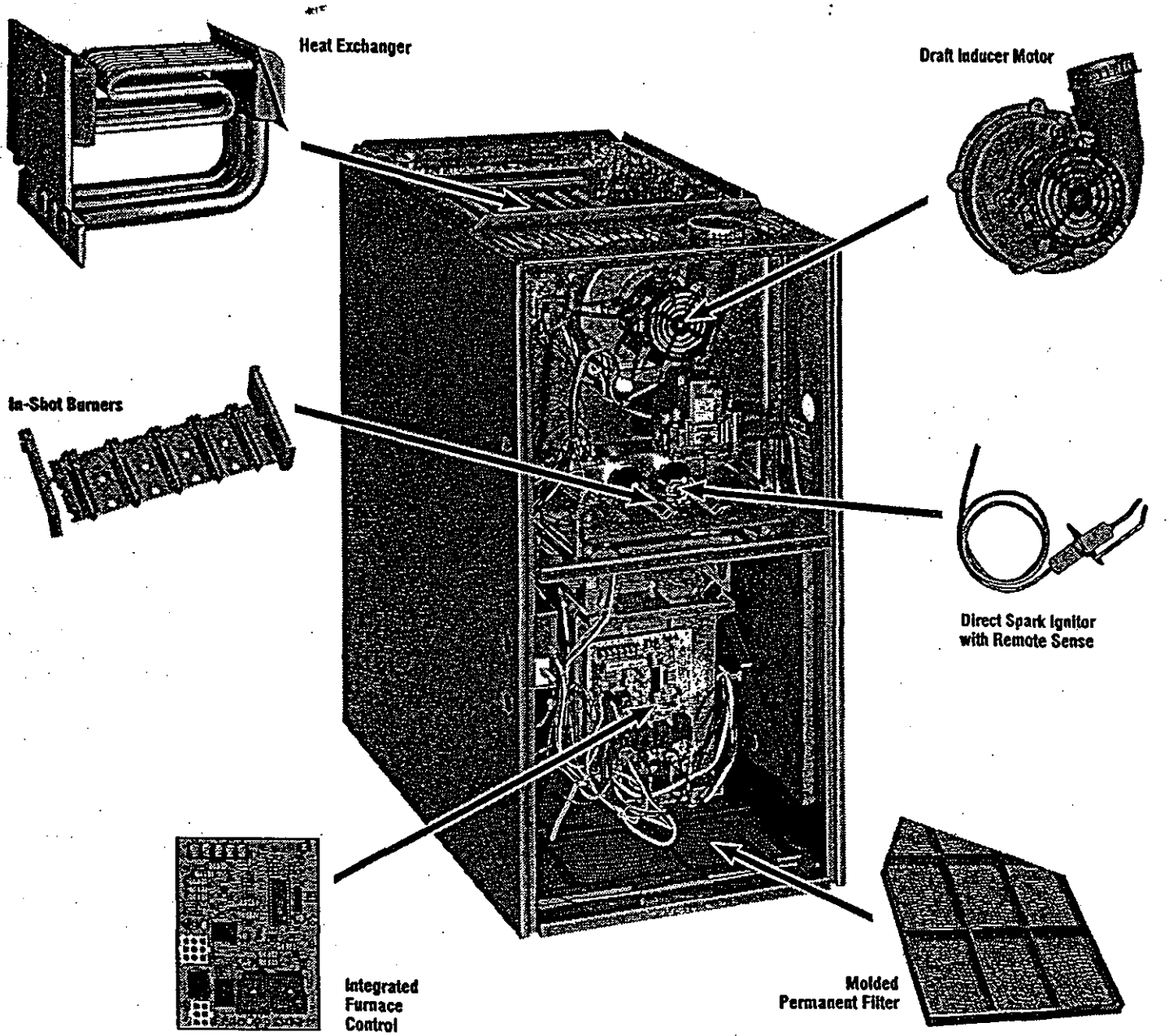
These furnaces can be installed in an upflow position or laid on either side in a horizontal position. No field converting required.

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

ISO 9002
Certificate Number: 30164

EFFICIENCY RATING CERTIFIED
Gama

RUUD SILHOUETTE II 80% UPFLOW/HORIZONTAL GAS FURNACE



STANDARD EQUIPMENT

Completely assembled and wired; induced draft blower; 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.) Flame sensor diagnostics; **on-board twinning options; fused transformer (secondary), 3rd speed fan option for continuous fan; common heat/cool terminal.**

OPTIONAL EQUIPMENT

Side filter frame assembly. Return air cabinet for all sizes. (See Page 6)

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

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

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

For L.P. (propane) operation, refer to Conversion Kit Index Form No. 92-21519-52 for U.S. models and Form No. 92-21519-53 for Canadian models.

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

FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS
U.S. AND CANADA MODELS (UPFLOW/HORIZONTAL)

MODEL NUMBERS UGPH- SERIES	04EAUSR 04NAUSR 04EAUSA	05EAUER 05NAUER 05EAUEA	06EAUER 06NAUER 06EAUEA	07EAUER 07NAUER 07EAUEA	07EAMGR 07NAMGR 07EAMGA	10EAMER 10NAMER 10EAMEA	10EBRJR 10NBRJR 10EBRJA	12EARJR 12NARJR 12EARJA	15EARJR 15NARJR 15EARJA
Input-BTU/Hr [kW] ②	45,000 [13]	50,000 [15]	67,500 [20]	75,000 [22]	75,000 [22]	100,000 [29]	100,000 [29]	125,000 [37]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	36,000 [11]	41,000 [12]	54,000 [16]	60,000 [18]	60,000 [18]	80,000 [23.4]	81,000 [23.7]	99,000 [29]	119,000 [35]
High Altitude Input [kW]*	40,500 [12]	45,000 [13]	60,800 [18]	67,500 [20]	67,500 [20]	90,000 [26]	90,000 [26]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]*	32,900 [10]	36,500 [11]	49,000 [14]	53,500 [16]	54,000 [16]	72,000 [21]	72,500 [21]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.10 [.025]	.12 [.029]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	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.–Speeds–PSC Type [W]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	7.1	6.8	7.1	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-LOW	MED-HIGH	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Rated E.S.P. (In. W.C.) [kPa]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]
Temperature Rise Range °F [°C]	35-65 [19.4-36.1]	25-55 [13.9-30.6]	30-60 [16.7-33.3]	40-70 [22.2-38.9]	25-55 [13.9-30.6]	50-80 [27.8-44.4]	40-70 [22.2-38.9]	35-65 [19.4-36.1]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	165 [73.8]	155 [68.3]	165 [73.8]	165 [73.8]	155 [68.3]	190 [87.7]	170 [76.6]	180 [82.2]	190 [87.7]
Standard Filter–In. [mm]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	15 3/4 x 25 [400 x 635]	19 1/4 x 25 [489 x 635]	22 3/4 x 25 [578 x 635]	22 3/4 x 25 [578 x 635]
Approx. Shipping Weight (Lbs.) [kg]	85 [39]	85 [39]	105 [48]	105 [48]	105 [48]	115 [52]	120 [54]	140 [63]	150 [68]
Return Air Cabinets (Opt.) RXGR-Filter Size [mm]	C14B (2) 12 x 16 [305 x 406]	C14B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C17B (2) 12 x 16 [305 x 406]	C21B (2) 20 x 16 [508 x 406]	C24B (2) 24 x 16 [610 x 406]	C24B (2) 24 x 16 [610 x 406]
AFUE–Electric Ignition Models ①	81.7%	81.4%	80.6%	80.6%	80.5%	80.0%	80.0%	80.0%	80.0%
California Seasonal Efficiency–Electric Ignition/No_x Models	75.4/75.6	74.9/75.4	73.2/73.4	74.9/75.4	74.7/75.3	75.4/75.4	73.9/74.5	74.2/74.2	74.7/74.7

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" [12.7 mm] N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-52 for U.S. models and Form No. 92-21519-53 for Canadian models for high altitude derate.
* Data references Canadian Models only.

MODEL IDENTIFICATION—UPFLOW MODELS

U	G	P	H	—	07E	A	U	E	R
Ruud	Gas Furnace	Upflow/ Horizontal	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Electric Ignition	NO_x Model	Input BTU/HR
04E	04N	45,000 [13 kW]
05E	05N	50,000 [15 kW]
06E	06N	67,500 [20 kW]
07E	07N	75,000 [22 kW]
10E	10N	100,000 [29 kW]
12E	12N	125,000 [37 kW]
15E	15N	150,000 [44 kW]

A = Std. Cabinet
B = Wide Cabinet

U = 11 x 6 [279 x 152 mm]
M = 11 x 7 [279 x 178 mm]
R = 11 x 10 [279 x 254 mm]

S = 500-1200 CFM [236-566 L/s]
E = 1100-1330 CFM [519-628 L/s]
G = 1450-1750 CFM [684-826 L/s]
J = 1800-2075 CFM [850-979 L/s]

R = Natural Gas, U.S. Standard Furnace
A = Natural Gas, Canadian Standard Furnace

[ ] Designates Metric Conversions

UPFLOW DIMENSIONS

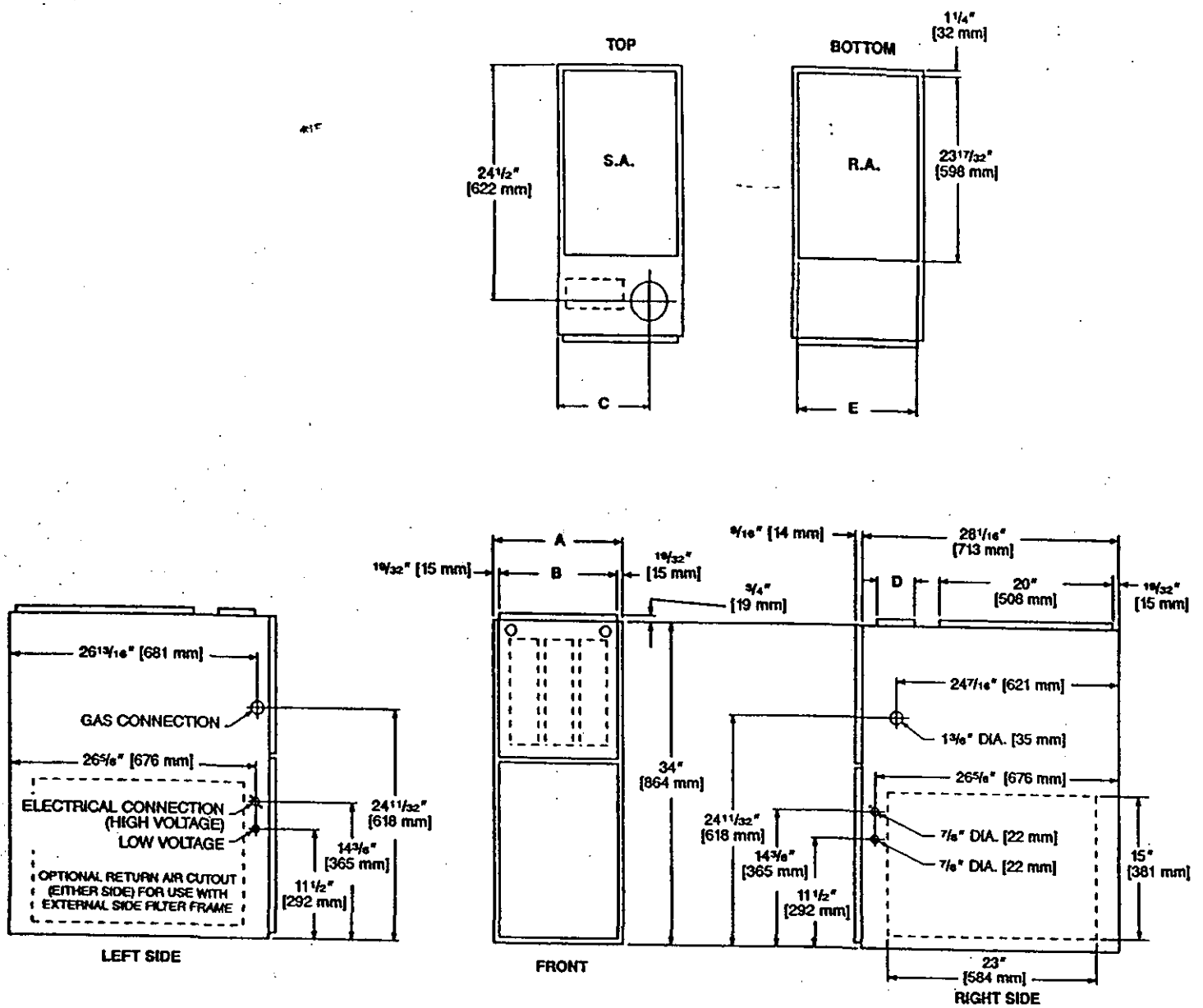


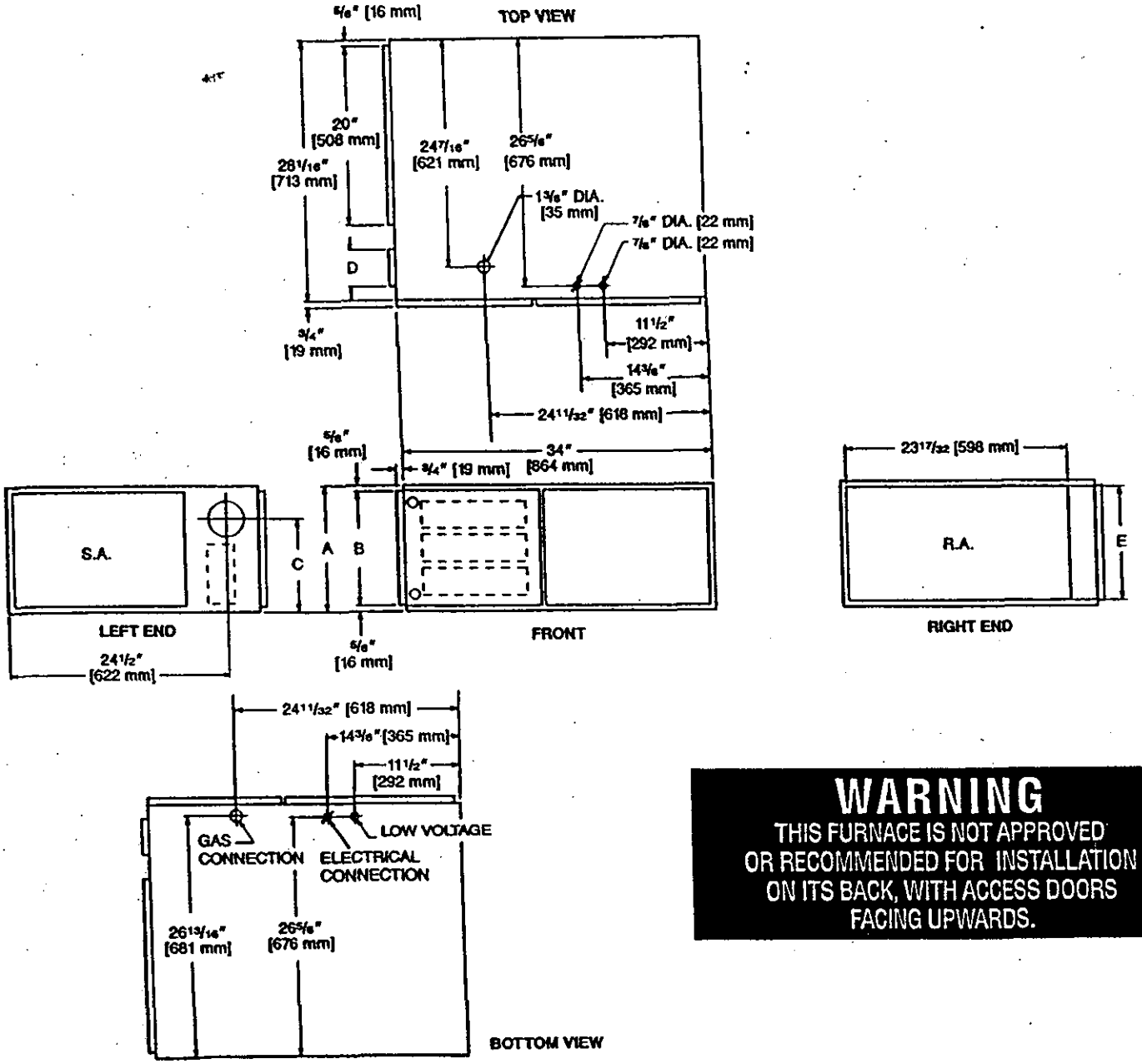
TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPH-	A	B	C	D	E	REDUCED CLEARANCES (IN.) [mm]						
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS. (LBS.) [kg]
04, 05	14 [356]	12²⁷/₃₂ [326]	10⅜ [263]	①	11½ [292]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
06, 07	17½ [445]	16¹¹/₃₂ [415]	12⅛ [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17½ [445]	16¹¹/₃₂ [415]	12⅛ [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19²⁷/₃₂ [504]	13⅞ [352]	①	18½ [470]	0	0	0	1 [25]	3 [76]	6 [152] ③	120 [54.4]
12	24½ [622]	23¹¹/₃₂ [593]	15⅝ [397]	①	22 [559]	0	0	0	1 [25]	3 [76]	6 [152] ③	140 [63.5]
15	24½ [622]	23¹¹/₃₂ [593]	15⅝ [397]	①	22 [559]	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 Z21.47-1993 • CAN/CGA-2.3-M93 venting table guidelines and in accordance with local codes.

[ ] Designates Metric Conversions

HORIZONTAL DIMENSIONS



WARNING

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

TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL UGPH-	A	B	C	D	E	REDUCED CLEARANCES (IN.) [mm]						
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	SHIP. WGTS (LBS.) [kg]
04, 05	14 [356]	12 27/32 [326]	10 3/8 [263]	①	11 1/2 [292]	0	4 [102] ②	0	1 [25]	3 [76]	6 [152] ③	85 [38.6]
06, 07	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	①	15 [381]	0	3 [76] ②	0	1 [25]	3 [76]	6 [152] ③	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	13 7/8 [352]	①	18 1/2 [470]	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	22 [559]	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	22 [559]	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 Z21.47-1993 • CAN/CGA-2.3-M93 venting table guidelines and in accordance with local codes.

[ ] Designates Metric Conversions

ACCESSORIES—UPFLOW

PLENUM DATA FOR "A" COILS

Plenum adapters are required in some instances for use on upflow applications when plenum and furnace size do not match.

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. [mm]	PLENUM ADAPTER UPFLOW	COIL PLENUM
14 [356]	16¼ [413]	RXAA-C171	RXAL-B16BU
14 [356]	20¼ [514]	RXAA-C172	RXAL-B20BU
17½ [445]	16¼ [413]	RXAA-C185	RXAL-B16BU
17½ [445]	20¼ [514]	RXAA-C173	RXAL-B20BU
17½ [445]	21⅝ [549]	RXAA-C187	RXAL-B21BU
17½ [445]	25¼ [641]	RXAA-C174	RXAL-B25BU
21 [533]	25¼ [641]	RXAA-C175	RXAL-B25BU
21 [533]	22¼ [565]	RXAA-C176	RXAL-B22BU
21 [533]	21⅝ [549]	RXAA-C188	RXAL-B21BU
24½ [622]	25¼ [641]	RXAA-C177	RXAL-B25BU
24½ [622]	21⅝ [549]	RXAA-C187	RXAL-B21BU

Note: See Form Number C22-206 for MultiFlex coil data.

OPTION CODE FOR HIGH ALTITUDE: US-277
Canada-298
(U.S. Models—Kit packaged with furnace.
Requires field installation.)

OPTION CODE FOR SOLID BOTTOM: US-263
(U.S. Models—Kit packaged with furnace.
Requires field installation.)

EXTERNAL BOTTOM FILTER RACK: RXGF-CB

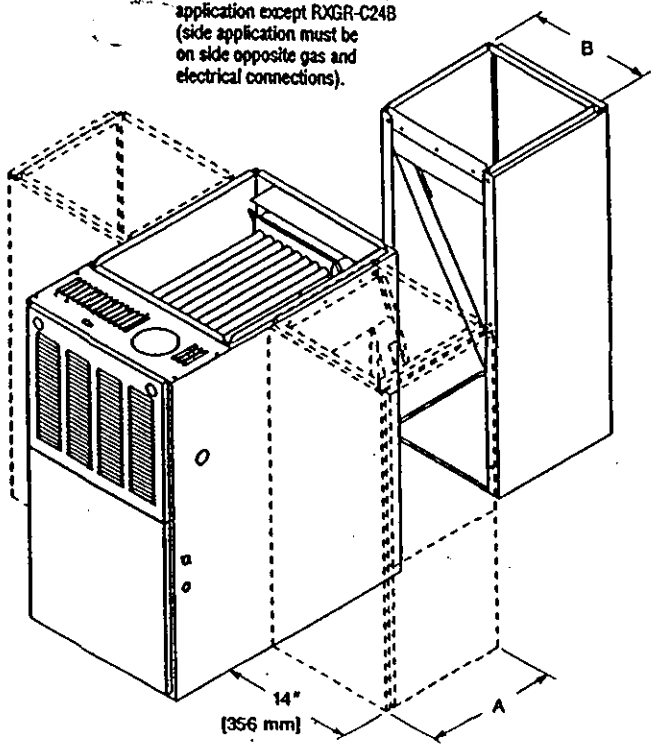
FILTER RACK FILTER SIZES† INCHES [mm]	
MODEL UGPH-	RXGF-CA (SIDE)
04, 05, 06, 07, 10*A	15¾ x 25 [400 x 635]
10*BRJ	15¾ x 25 [400 x 635]
12, 15	15¾ x 25 [400 x 635]

† Filter racks are shipped without filters.
Filters shipped with furnace may be used or a suitable 1" [25.4 mm] filter.
*Designates "E" or "N".

RXPF-F01 and F02

FOSSIL FUEL KITS are for use with Ruud Heat Pumps and Silhouette II warm air furnaces. The RXPF-F02 meets TVA requirements.

ACCESSORY RETURN AIR CABINETS
Return Air Cabinets may be installed on rear or either side application except RXGR-C24B (side application must be on side opposite gas and electrical connections).



THE RXGR-C24B MAY ONLY BE INSTALLED ON REAR AND LEFT SIDES.

RETURN AIR CABINETS	A IN. [mm]	B IN. [mm]	FILTER SIZE IN. [mm]
RXGR-C14B	14 [356]	12²⁷/₃₂ [326]	(2) 12 x 16 [305 x 406]
RXGR-C17B	17½ [445]	16¹¹/₃₂ [415]	(2) 12 x 16 [305 x 406]
RXGR-C21B	21 [533]	19²⁷/₃₂ [504]	(2) 20 x 16 [508 x 406]
RXGR-C24B	24½ [622]	23¹¹/₃₂ [593]	(2) 24 x 16 [610 x 406]

WARNING: IMPORTANT NOTICE

A SOLID METAL BASE PLATE (SEE TABLE) MUST BE IN PLACE WHEN THE FURNACE IS INSTALLED WITH SIDE OR REAR AIR RETURN DUCTS. FAILURE TO INSTALL A BASE PLATE COULD CAUSE PRODUCTS OF COMBUSTION TO BE CIRCULATED INTO THE LIVING SPACE AND CREATE POTENTIALLY HAZARDOUS CONDITIONS. SOLID BOTTOM IS AVAILABLE FACTORY INSTALLED WITH OPTION CODE 263.

FURNACE WIDTH IN. [mm]	SOLID BOTTOM KIT NO.	BASE PLATE NO.	BASE PLATE SIZE IN. [mm]
14 [356]	RXGB-D14	AE-61874-01	11⅝ x 23⁹/₁₆ [295 x 598]
17½ [445]	RXGB-D17	AE-61874-02	15⅛ x 23⁹/₁₆ [384 x 598]
21 [533]	RXGB-D21	AE-61874-03	18⅝ x 23⁹/₁₆ [473 x 598]
24½ [622]	RXGB-D24	AE-61874-04	25⅝ x 23⁹/₁₆ [651 x 598]

[ ] Designates Metric Conversions