BLOCK 185 LOT 40.25 QUALIFICATION CODE _____ ADDRESS (SITE) 37 NICKLAUS LANE PERMIT NO. _____

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 37 NICKLAUS LANE
2. Name of Owner in Fee: JACK WARBURTON Tel. [redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DENNIS HALA Tel. (732) 920-7846
   Address 295 BELLANCA RD BRICK
   License No. OR, if new home, Builder Reg. No. 030302 Exp. Date 04
   Federal Employee No [redacted] FAX: (732) 920-5119
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work DENNIS HALA
   Tel. (732) 920-7846 FAX (732) 920-5119

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 15 ft.	
3.	Area — Largest Floor 4000 sq. ft.	
4.	New Building Area 280 sq. ft.	
5.	Volume of New Structure 3360 cu. ft.	
6.	Construction Classification _____	
7.	Total Land Area Disturbed 280 sq. ft.	
8.	Flood Hazard Zone _____	
9.	Base Flood Elevation _____ ft.	
10.	Wetlands yes _____	
	no X	
11.	Max. Live Load 40	
12.	Max. Occupancy Load 50	

Addition

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☒ Addition	15,200				3/17/09	GB			
4.	☒ Alteration	1,800								
5.	☒ Fire Protection	500								
6.	☒ Plumbing	1200				3/26/09	AC			
7.	☒ Electrical	2300				3/18/09	RD			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	21,000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS HW-B 10417637

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.

X Signature Robert [illegible] Date 3-8-04

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X Check if contractor.

Agent Name Dennis HALA

Address 295 Bellaweca RD Brick N.J.

Telephone (732) 920-7846

Signature [signature]

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. _____	_____	_____	_____	_____

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

Date Issued: 12/07/2005
Control #: 27398
Permit #: 20040965

IDENTIFICATION

Block: 185 Lot : 40.25 Qualification Code:

Work Site Location: 37 NICKLAUS LANE
FARMINGDALE

Owner in Fee: WARBURTON, RUPERT G & JUDITH L

Address: 37 NICKLAUS LANE
FARMINGDALE NJ 07727

Telephone: [redacted]

Agent/Contractor: Dennis Hala

Address: 295 Bellawca Road
Brick NJ -

Telephone: 732 920-7846

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No. [redacted]

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: 14 X 20 ADDITION 280 SQ FT AND PERMIT UPDATE # 30026 FOR ADDITIONAL ELECTRIC

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

C. Phillips 12/8/05

Chet Phillips Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees $40.00

Paid[X]Check No. 2151

Collected by: JM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

APPLICATION FOR CERTIFICATE

Permit # / Date Issued / -or- / Control # 12-7-05
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 57 Nicklaus Lane Block 185 Lot 40.25 Qualification Code ____
Howell, NJ 07731

Owner in Fee Jack Warburton
Address 57 Nicklaus Lane
Howell, NJ 07731
Te [redacted]

Contractor Dennis Hala
Address 1129 Industrial Pkwy Bldg E.
Brick, NJ 08724
License No. 30300 Tel. (732) 458-0993
Federal Employee No. [redacted]

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 21,000

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
14 x 20 one story addition office.

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ OWNER ☒ AGENT

U.C.C. F270
(rev. 5/2003)

4-13-04

Township of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731

CONSTRUCTION PERMIT

Date Issued
Control # 97398
Permit # 20040965

IDENTIFICATION Block 185 Lot 40.25

Work Site Location 37 NICKLAUS LANE

Owner in Fee JACK. WARBURTON

Address SAME

Tel. [redacted]

Contractor DENNIS HALA

Address 295 BELLA VISTA RD
BRICK N.J.

Tel. (732) 920-7846

Lic. No. or Bldrs. Reg. No. 030302

Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

14x20 addition

SF 280
CF 3360

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 $ 21,000

CDL & Construction Official

4.13.04 Date

PAYMENTS (Office Use Only)

Building	120
Electrical	52
Plumbing	46
Fire Protection	46
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	40
Other	
Total	315
Check No.	2151
Cash	
Collected by	JM

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U.C.C. Form F-170D

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20040965
Permit Date: 04/13/2004
Update Number:
Control Number: 27398
Application Date: 03/09/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 185 Lot : 40.25 Qual :

Work site Location:	37 NICKLAUS LANE FARMINGDALE	Contractor:	Dennis Hala
Owner In Fee:	WARBURTON, RUPERT G & JUDITH L	Address:	295 Bellawca Road
Address:	37 NICKLAUS LANE		Brick NJ -
	FARMINGDALE NJ 07727	Telephone:	(732) - 920-7846
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

14 X 20 ADDITION 280 SQ FT

ESTIMATED COST OF WORK:

Cost of Construction:	18,000.00
Cost of Alteration:	1,800.00
Cost of Demolition:	0.00
Total Cost:	$19,800.00

PAYMENTS (Office Use Only)

Building	$120.00
Electrical	$52.00
Plumbing	$46.00
Fire Protection	$46.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$9.00
AltFee (DCA)	$2.00
Other Fees	
CO Fee	$40.00
CCO Fee	
Minimum Fee	
Total	**$315.00**
All Fees Waived :	No

Amount to be Paid: **$315.00**
Check Number: 2151
Check amount: $315.00

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

Chet Phillips — 4-13-04 Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount $315.00
Total CC Amount
Grand Total $315.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

Township of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731

CONSTRUCTION PERMIT update

Date Issued 3-30-05
Control # 30026
Permit # 20040965-1

IDENTIFICATION Block 185 Lot 40.25
Work Site Location 37 Nicklaus Ct
Owner in Fee Jack Warburton
Address Same
Tel. [redacted]

Contractor RJR Electric
Address 825 Lynnwood
Brick NJ
Tel. (732) 262-6403
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
add'l Electric

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 $ 1000.00

Construction Official

3-30-05
Date

PAYMENTS (Office Use Only)

Building	
Electrical	12
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	12
Check No.	2940
Cash	
Collected by	MR

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U.C.C. Form F-170D

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20040965
Permit Date: 03/30/2005
Update Number: 1
Control Number: 30026
Application Date: 08/16/2004

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

Block : 185 Lot : 40.25 Qualification Code:

Work Site Location: 37 NICKLAUS LANE FARMINGDALE
Owner In Fee: WARBURTON, RUPERT G & JUDITH L
Address: 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Telephone: [redacted]
Use Group(s): R-5

Contractor: Dennis Hala
Address: 295 Bellawca Road
Brick NJ -
Telephone: (732) - 920-7846
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ADDITIONAL ELECTRIC

ESTIMATED COST OF WORK:

Cost of Construction:	100.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$100.00

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.

C.P. MR
Chet Phillips
Construction Official

3-30-05
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$12.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$12.00**
All Fees Waived:	No

Amount to be Paid:	**$12.00**
Check Number:	2940
Check amount:	$12.00

Collected by:	MR
Receipt No:	
Total Cash Amount	
Total Check Amount	$12.00
Total CC Amount	
Grand Total	$12.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-13-04
Date Issued
Control # 97398
Permit # 20040965

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

Block 1885 Lot 40.25
Work Site Location 37 NICKEAUS LANE

Owner in Fee JACK WARBURTON
Address SAME
Tele. [redacted]
Contractor BROWNS HACH
Address 245 BELLMEAD RD BRICK
Tele. (732) 920-7866 Fax (732) 920-5119
Lic. No. or Bldrs. Reg. No. 080302
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
14X20 1 STORY ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/17/04	GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[X] Elec. [ ] Plumb. [X] Fire [ ] Elevator

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/20/04
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing	5-3-04		5-4-04	RM
Foundation			5-11-04	EG
Slab				
Frame			6-18-04	RM
Barrier-Free				
Insulation			6/24/04	RM
Finishes				
Energy				
Mechanical				
TCO PLY			5/7/04	RM
Other O.O.	5/3/04		5/25/04	RM
Final 9/2/04	7/16/04	8-19-04	10-7-04	RM*
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	81-
	40-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 11
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-5
Constr. Class	Present	Proposed 5B
No. of Stories	1	
Height of Structure	15	Ft.
Area — Largest Floor	1000	Sq. Ft.
New Bldg. Area/All Floors	280	Sq. Ft.
Volume of New Structure	3360	Cu. Ft.
Total Land Area Disturbed	280	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 15,200
2. Alteration $ 1,800
3. Total (1+ 2) $ 17,000

U.C.C. F110
(rev. 3/96)

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

5-3-04 WATER IN TRENCH

5-19-04 CG Need Anchor Rods 12" from each splice

6/24/04 Check Crawl at Final

7-26-04 NOT READY
WATER IN CRAWL
CRAWL NOT INSUL. OK

8-19-04

9-8-04 WATER IN CRAWL
grade by doors HBV
STILL THE SAME HBV

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-13-04
Date Issued
Control # 97398
Permit # 20040965

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE.

Owner in Fee JACK WARBURTON
Address SAME

Tele [redacted]
Contractor DENNIS HACA
Address 295 BELLANCA RD BRICK

Tele. (732) 920-7866 Fax (732) 920-5119
Lic. No. or Bldrs. Reg. No. 030302
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/17/04	GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-5
Constr. Class Present ____ Proposed 5B
No. of Stories 1
Height of Structure 15 Ft.
Area — Largest Floor 1000 Sq. Ft.
New Bldg. Area/All Floors 280 Sq. Ft.
Volume of New Structure 3360 Cu. Ft.
Total Land Area Disturbed 280 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 15,200
2. Alteration $ 1,800
3. Total (1+2) $ 17,000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

14X20 1 STORY ADDITION

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F110
(rev. 3/96)

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

Permit # 2004-0968 update

3-30-05

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 30026
Permit # 20040965-1

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE

Owner in Fee/Occupant JACK WARBURTON
Address [redacted]

Tele [redacted]
Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave. Brick NJ 08723

Tele. (732) 262-6403 Fax (732) 262-7460
Lic. No. 11207
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date: 8-17-04		
Approved by:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/31/05	TD

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3-31-05
Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1	FRAC	Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	✓
		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	$	12
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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

Limit II
2004-0965
- update

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-30-05
Date Issued
Control # 30026
Permit # 20040965-1

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE

Owner in Fee/Occupant JACK HARRINGTON
Address [redacted]
Tele. [redacted]

Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave. Brick NJ 08723

Tele. (732) 262-6403 Fax (732) 262-7460
Lic. No. 11207
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as / Utility Co. X
Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[7] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8-17-04
Approved by: J Sev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1	1 PHASE	Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		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	$	12
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4-13-04
Date Issued
Control # 27398
Permit # 20040965

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

Block 185 Lot 40, 25
Work Site Location 37 NICKLAUS LANE

Owner in Fee/Occupant JACK WARBURTON
Address SAME

Tele. [redacted]
Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave. Brick NJ 08723

Tele. (732) 262-6403 Fax (732) 262-7460
Lic. No. 11207
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,300 w/o Co

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 3/18/04 RD
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3-19-04
Approved by: [signature]

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3-31-05
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6-17-04	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	7/19/04 RD	7/28/04 RD	8/4/04	RD

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3/31/05

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

(UPDATE EXHAUST FAN)

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
3		Receptacles	
2		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 40.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3½	KW Central A/C Unit	12.-
1	FAIR	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	$	
DCA Training Fee	$	
TOTAL FEE	$	52.-

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

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

7/19/04 FD

NOT Read

7/23/04

UPDATE exhaust

open box top of attic stairs

attic lite not secured

mark white of A/C circuit

red or black

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4-13-04
Date Issued
Control # 27398
Permit # 20040965

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

Block 169 Lot 40, 23
Work Site Location 37 NICKLAUS LANE
Owner in Fee/Occupant JACK WARBURTON
Address SAME
Tele [redacted]
Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave. Brick NJ 08723
Tele. (732) 262-6403 Fax (732) 262-7460
Lic. No. 11207
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2300 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 3/18/04 RO
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3-19-04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
8		Receptacles	
2		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 40 —
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	FAN 36	KW Central A/C Unit	12 —
1	FURN	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	$	
DCA Training Fee	$	
TOTAL FEE	$	52 —

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

FIRE SUBCODE TECHNICAL SECTION

Date Received 4-13-04
Date Issued
Control # 27398
Permit # 20040965

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE

Owner in Fee JACK WARBURTON
Address SAME

Tele [redacted]
Contractor DENNIS HARA
Address 295 BELLAWOOD RD BRICK

Tele. (732) 920-7846 Fax (732) 920-5719
Lic. No. 030302
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3/10/04
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/22/04
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
~~Suppression Sys.~~ Sprinkler	7/15/04	Cancelled		
Standpipe				
~~Fire Pump~~ Rough	7/20/04	Not Ready		
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			7/21/04	
Other ____				

C. CERTIFICATION IN LIEU OF OATH

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

Signature ____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
(1) 1 SMOKE DETECTOR HARD WIRED TO EXISTING HARD WIRED DETECTORS
(2) INSTALL NEW 50,000 BTU FURNACE
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices (1) SMOKE DETECTOR IN ATTIC (1) SMOKE DET. REQ. BY CODE		
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		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		46.00
Other ____		

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control # 2 7398
Permit # 20040965

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE
Owner in Fee JACK WARBURTON
Address SAME
Tele. [redacted]
Contractor RICHMAR PLUMBING + HEATING LLC
Address 362 ESSEX DRIVE BRICK N.J. 08723
Tele. (732) 920-7420 Fax ( ) SAME
Lic. No. 10840
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/26/04
Approved by: Adam Haastad

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11/28/05
Approved by: Adam Haastad

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab CSST Gas test			7/23/04	AL
Rough				
Water				
Sewer				
Fixtures			11/28/05	
Gas Equipment			6/18/04	
Gas Piping				
Solar				
TCO				
Final	7/14/04	7/20/04	11/28/05	

7/14/04 - cancelled
7/20/04 not Ready

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.

Richard R. Harder
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge	$
Minimum Fee	$ 46
DCA Training Fee	$
TOTAL FEE	$

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

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-13-04
Date Issued
Control # 2 7398
Permit # 20040965

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

Block 185 Lot 40.25

Work Site Location 37 NICKLAUS LANE

Owner in Fee JACK WARBURTON

Address SAME

Tel [redacted]

Contractor RICHMAR PLUMBING & HEATING LLC

Address 362 ESSEX DRIVE
BRICK N.J. 08723

Tele. (732) 920-7420 Fax ( ) SAME

Lic. No. 10840

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1200 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 3/26/04

Approved by: Adam Gaestel

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Richard C. Haider

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping (See Schematic)	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	46
DCA Training Fee	$	
TOTAL FEE	$	

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

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

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 185 LOT(S) 40.25 STREET 37 NICKLAUS LANE

APPLICANT: NAME DENNIS HALA

ADDRESS 295 BELLANCA RD BRICK N.J.

PHONE 732-920-7846

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify _____

____ Other: Specify _____

LOCATION OF STRUCTURE: Setback from right of way _____ feet (and _____ feet if a corner lot)

Side yard clearances 17'6" feet and _____ feet

Rear yard clearances 66' feet

DESCRIPTION OF STRUCTURE: Height 15 feet to highest point

Length 20 feet Width 14 feet

Type of fence: _____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: Cash
FEE: _____ $10.00 residential ✓
FEE: _____ $20.00 non-residential

SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

3/9/04
Date

Betty Lou Fenton
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: To add on addition 20' X 14' X 15' for bedroom addition per plan.

City Sewer Receipt #11221

REFERRALS: ✓ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To _____
____ To Fire Prevention ____ To M.U.A. ____ _____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

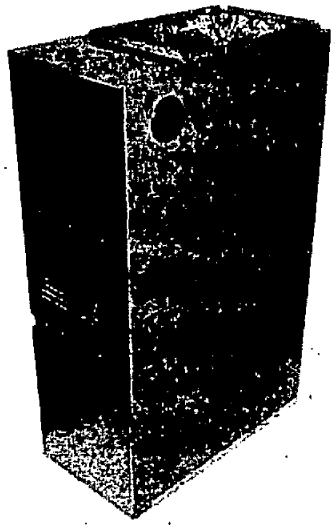
Goodman®
Air Conditioning & Heating

EFFICIENCY RATING CERTIFIED ama

ETL LISTED® ETL C LISTED®

92.6% AFUE MULTI-POSITION CONDENSING GAS FURNACE

GMNT SERIES



Description / Application

- All models design certified by ITS to be in compliance with ANSI Z21.47 and CAN/CGA 2.3 (Canada) safety standards
- Completely assembled, factory run-tested furnace, for heating or combination heating/ cooling application
- For utility room, closet, alcove, basement or attic application
- Vertical or horizontal venting with 2" PVC for 40k, 60k, and 3" PVC for 80k, 100k and 120k
- Capable of multi-position installation – upflow, downflow or horizontal
- For direct vent (2 pipe) or non-direct vent (1 pipe) installations

Construction

- Heavy gauge, reinforced, wrap-around insulated steel cabinet with durable baked enamel finish
- Tubular heat exchanger (Primary)
- Bottom or side air inlet
- Aluminized steel inshot burners
- Convenient left or right hand connection for gas, electric service, combustion air and vent
- Removable solid bottom block-off

Standard Equipment

- Energy saving PSC, multi-speed, direct drive blower motors
- Quiet operating, sound isolated blower assembly
- 40VA transformer for heating and air conditioning control service
- Combination redundant gas valve and regulator
- Integrated furnace control with diagnostics
- Blower door safety switch
- Energy saving Hot Surface Ignition system
- Multiple flame roll-out switches
- Outlet air limit switch
- Pressure switch for proof of air
- Complies with California NOX Standards
- Completely insulated cabinet
- Corrosion resistant 29-4C secondary heat exchanger that extracts energy from the gas and converts it to usable heat
- Quiet, corrosion resistant plastic induced blower assembly
- Drain kit contains vent screens, drain trap, hoses & clamps

Optional Equipment

- L. P. Conversion Kit (LPT-01)
- Concentric Vent Kit (CVK-00)

As an Energy Star Partner, Goodman Mfg. Co., L.P., has determined that this product meets the Energy Star guidelines for energy efficiency

Made in the USA by:
Goodman Manufacturing Company, L.P.
2550 North Loop West, Suite 400 - Houston, Texas 77092
www.goodmanmfg.com

PERFORMANCE RATINGS

Model Number GMNT	Natural Gas Input BTUH	Natural Gas Output BTUH	Propane Gas Input BTUH	Propane Gas Output BTUH	DOE AFUE	Temp. Rise
040-3	40,000	37,000	37,000	34,000	92.6	25 – 55
060-3	60,000	55,000	55,000	51,000	92.6	35 – 65
080-4	80,000	73,500	73,000	73,000	92.6	35 – 65
100-4	100,000	92,000	92,000	85,000	92.6	40 – 70
120-5	120,000	110,000	111,000	102,000	92.6	40 – 70

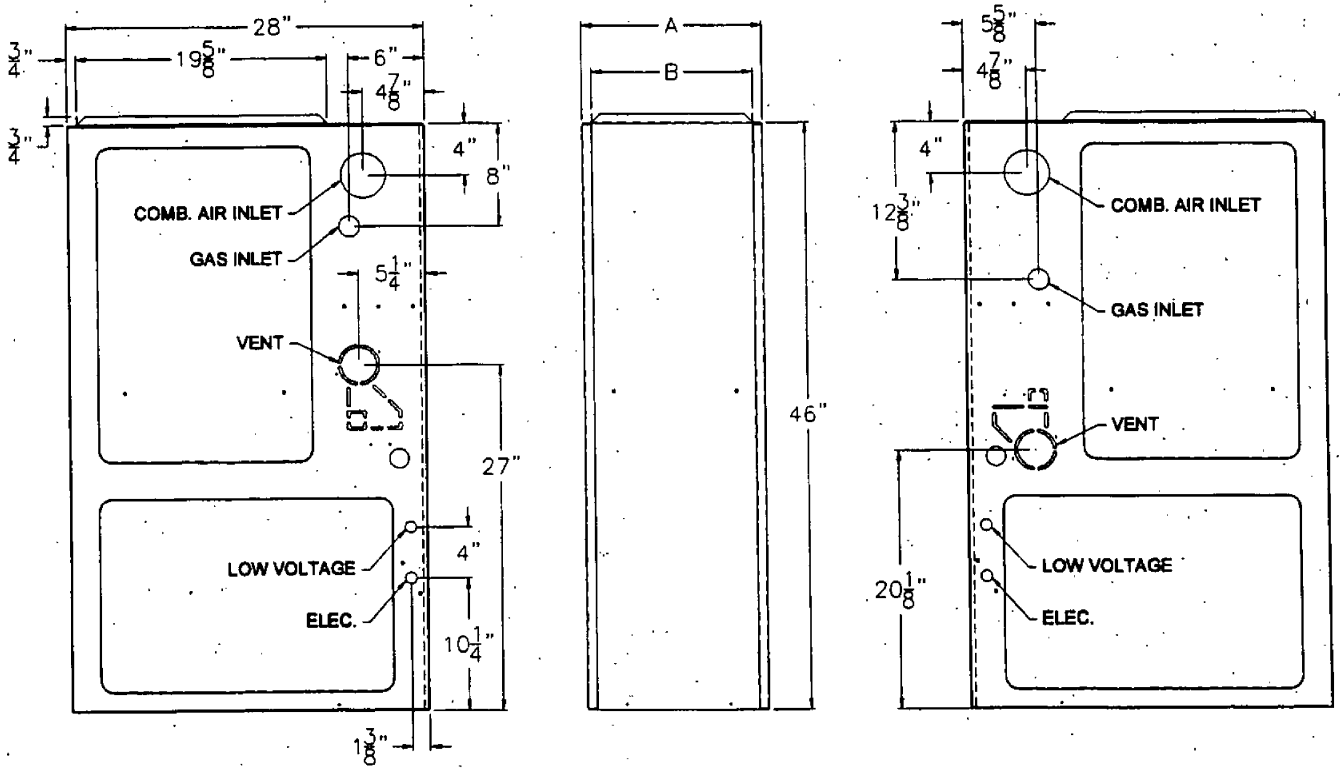
BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY DATA AVAILABLE FROM YOUR RETAILER.

SPECIFICATION DATA

Electrical characteristics 115/1/60 Gas service connection ½" FPT

Model Number	Motor		Blower		Vent* Dia.	Combustion* Air	Filter Size In^2 Perm. / Disp.	Electrical		Ship Weight
	HP	Spd.	Dia.	Width				FLA	Max Fuse	
040-3	1/3	3	10	6	2"	2"	290 / 580	5.2	15	170
060-3	1/3	3	10	6	2"	2"	290 / 580	5.2	15	180
080-4	1/2	3	10	8	3"	3"	385 / 770	7.8	15	205
100-4	1/2	3	10	10	3"	3"	385 / 770	7.8	15	225
120-5	3/4	3	11	10	3"	3"	480 / 960	9.2	15	265

*Note: Vent and combustion air diameters may vary depending upon vent length. Check with instructions, which accompany the furnace.



Model GMNT	A	B	Combustible Floor Base
040-3 & 060-3	14"	12 ½"	SBM14
080-4	17 ½	16"	SBM17
100-4	21"	19 ½"	SBM21
120-5	24 ½	23"	SBM24

CLEARANCES FROM COMBUSTIBLE MATERIALS

Sides	Rear	Front*	Vent	Top
1"	0"	3"	0"	1"

Approved for line contact in the horizontal position.
*36" clearance for serviceability recommended.

CASED (U) COIL APPLICATION OPTIONS

	Furnace Model Number	GMNT040-3 & GMNT060-3	GMNT080-4	GMNT100-4	GMNT120-5
	Furnace Width	14"	17 ½"	21"	24 ½"
Coil Model Number	Coil Width				
U-18	14"	X			
U-29	14"	X			
U-30	17 ½"	X (1)	X (2)		
U-31	14"	X			
U-32	17 ½"	X (1)	X (2)		
U-35	14"	X			
U-36	17 ½"	X (1)	X (2)		
U-42	17 ½"	X (1)	X (2)		
U-47	17 ½"		X		
U-49	21"		X (1)	X(2)	
U-59	21"		X (1)	X(2)	
U-60	24 ½"			X(1)	X(2)
U-61	24 ½"			X(1)	X(2)
U-62	21"		X (1)	X (2)	

(1) Using the factory installed bottom cabinet filler plates
(2) Discard bottom cabinet filler plates

Due to the rating mix/match of various coils with outdoor units it is important to match the furnace air flow for the total system capacity. Refer to furnace, heat pump and/or condensing unit specification sheets.

AIRFLOW DATA
CFM – NO FILTERS

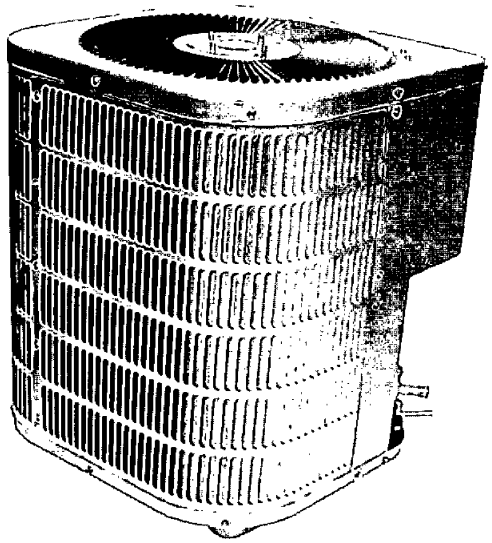
MODEL	STATIC	.1	.2	.3	.4	.5	.6	.7	.8
GMNT 040-3	HI	1370	1315	1260	1200	1140	1070	1000	925
	MED	1210	1170	1130	1085	1040	980	920	860
	LOW	895	880	870	840	825	780	725	680
GMNT 060-3	HI	1360	1300	1250	1190	1135	1065	1000	930
	MED	1200	1170	1130	1080	1035	975	925	880
	LOW	910	895	885	855	835	790	750	700
GMNT 080-4	HI	1865	1800	1735	1660	1590	1510	1415	1320
	MED	1690	1645	1600	1545	1485	1410	1345	1245
	LOW	1450	1400	1390	1360	1325	1270	1200	1125
GMNT 100-4	HI	2010	1945	1875	1800	1715	1620	1510	1400
	MED	1725	1700	1670	1615	1550	1475	1375	1275
	LOW	1430	1390	1350	1315	1285	1245	1160	1070
GMNT 120-5	HI	2360	2325	2300	2170	2125	2045	1945	1850
	MED	1815	1750	1710	1660	1600	1545	1480	1415
	LOW	1275	1215	1190	1145	1110	1055	985	925

Values indicated by *shaded areas* represent airflows that are too low for heating temperature rise.

GMC®
Air Conditioning & Heating

10 SEER HIGH EFFICIENCY SPLIT SYSTEM AIR CONDITIONING 1 1/2 THRU 5 TON

[5.28 to 17.56kw]



Goodman's GoodCare Extended Warranty Plan Provides Years Of Worry-Free Coverage

5 YEAR LIMITED WARRANTY

OPTIONAL COMPRESSOR WARRANTY

Description / Application

- "CKL" outdoor condensing section designed for ground level or rooftop mounting application.

Designed to be matched with:

- "AR" & "AER" indoor section is a versatile up, horizontal, or counterflow air handler.
- "AW" & "AWB" vertical wall mounted air handler is designed to be installed with a water heater or recessed in a wall.
- "U", "UC", "H", "HT" fan-less indoor coils designed to fit our furnace units for add on heat pump or cooling applications.
- "AC", "AH", "ACH" ceiling mount air handler.

Accessories

- Standard room thermostat with 1 stage cool – 1 stage heat, Model CHT18-60.
- Digital room thermostat with 1 stage cool – 1 stage heat, Model CHTD18-60.
- Outdoor thermostats for stage – multi-stage indoor heating units, OT18-60.

Standard Equipment Features

- Attractive Two Piece Louvered Guard better protects coil from damage and adds strength to unit.
- Copper tube, aluminum fin coil construction.
- Brass suction and liquid shut off valve with sweat connections.
- Quiet operating top discharge.
- Totally enclosed and permanently lubricated condenser motor.
- Fully charged for 15' [4.57m] feet of tubing length.
- **Bi-flow liquid line filter drier.**
- Bottom pan rails elevating unit above slab.
- Hermetically sealed compressor.
- Crankcase heater (where indicated).
- Compressor internal high pressure control.

Cabinet Construction Features

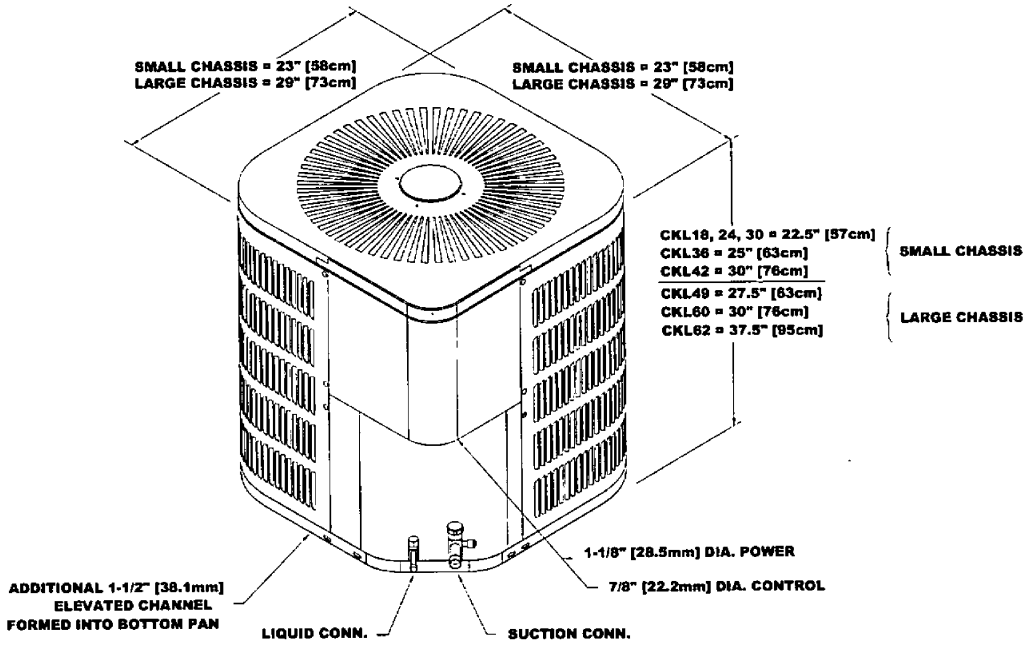
- New polyester powder paint provides premium durability and improved UV protection.
- Heavy guage, zinc clad, G90 Galvanized Steel.

Made in the USA by:
Goodman Manufacturing Company, L.P.
2550 North Loop West, Suite 400 - Houston, Texas 77092
www.gmcproducts.com

Physical Data

Model	Liquid Connection	Suction Connection	Type	Approx. Shipping Weight
CKL18-1B	3/8" [9.5mm]	3/4" [19mm]	Sweat	125 lbs. [56.7kg]
CKL24-1F/-1G	3/8" [9.5mm]	3/4" [19mm]	Sweat	127 lbs. [57.6kg]
CKL30-1E	3/8" [9.5mm]	3/4" [19mm]	Sweat	130 lbs. [59.0kg]
CKL36- 1F/-1G/-3	3/8" [9.5mm]	3/4" [19mm]	Sweat	142 lbs. [64.4kg]
CKL42-1	3/8" [9.5mm]	7/8" [22.2mm]	Sweat	160 lbs. [72.6kg]
CKL49-1/-3	3/8" [9.5mm]	7/8" [22.2mm]	Sweat	176 lbs. [79.8kg]
CKL60-1/-3/-4	3/8" [9.5mm]	7/8" [22.2mm]	Sweat	208 lbs. [94.3kg]
CKL62-1	3/8" [9.5mm]	7/8" [22.2mm]	Sweat	258 lbs. [117.0kg]

DIMENSIONAL DATA
CKL18-62 MODELS



Electrical Data

Model	Volts	PH	+Minimum Circuit Ampacity	*Maximum Overcurrent Protection	Maximum Volts	Minimum Volts	Compressor		Cond. Fan	
							RLA	LRA	FLA	HP
CKL18-1B	208/230	1	12.5	20	253	197	9.0	45	1.3	1/6
CKL24-1F	208/230	1	16.4	20	253	197	12.1	57	1.3	1/6
CKL24-1G	208/230	1	14.9	20	253	197	10.9	60.0	1.3	1/6
CKL30-1E	208/230	1	18.9	30	253	197	14.1	73	1.3	1/6
CKL36-1F	208/230	1	22.9	40	253	197	17.3	86	1.3	1/6
CKL36-1G	208/230	1	22.7	40	253	197	17.1	96.0	1.3	1/6
CKL36-3	208/230	3	14.2	20	253	197	10.3	78	1.3	1/6
CKL42-1	208/230	1	23.7	40	253	197	17.9	118.0	1.3	1/6
CKL49-1	208/230	1	26.8	40	253	197	20.0	110	1.8	1/4
CKL49-3	208/230	3	17.8	30	253	197	12.8	78	1.8	1/4
CKL60-1	208/230	1	33.1	50	253	197	25.0	150	1.8	1/4
CKL60-3	208/230	3	21.1	30	253	197	15.4	124	1.8	1/4
CKL60-4	460	3	11.1	15	506	414	7.4	60.0	1.8	1/4
CKL62-1	208/230	1	36.1	60	253	197	30.1	144	2.3	1/3

*May use fuses or HACR type Circuit Breakers of the same size as noted.
+Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.
[ ] Designates metric equivalents

Performance Ratings

Condenser Model	Evaporator Model See Notes 3, 6 & 7	Total BTUH [Kw]		Sensible BTUH [kW]		(1) SEER	(2) EER	SRN/BELS
CKL18-1B	AW18-XX	16400	[4.8]	12200	[3.6]	10.00	9.00	8.0 (4)
	AC18-XX	17000	[5.0]	12600	[3.7]	10.00	9.00	
	AWB18-XX/ACH18	16800	[4.9]	12400	[3.6]	10.00	9.00	
	AW24-XX	17000	[5.0]	12700	[3.7]	10.00	9.00	
	AR18-1	17000	[5.0]	12700	[3.7]	10.00	9.00	
	U18/UC18+EEP	17000	[5.0]	12700	[3.7]	10.00	9.00	
	AH18	17400	[5.1]	12900	[3.8]	10.00	9.00	
	AR24-1	17400	[5.1]	13200	[3.9]	10.00	9.00	
	U29/UC29+EEP	17400	[5.1]	12700	[3.7]	10.00	9.00	
	HT1830/H24F+EEP	17400	[5.1]	13200	[3.9]	10.00	9.00	
	U31+EEP	18000	[5.3]	13100	[3.8]	10.50	9.50	
	AR32-1	18000	[5.3]	13500	[4.0]	10.50	9.50	
	AER24-1	18000	[5.3]	13500	[4.0]	11.00	10.00	
	HT3236/H36F/U32/UC32+EEP	18000	[5.3]	13500	[4.0]	10.50	9.50	
CKL24-1F/1G	AW24-XX	22600	[6.6]	16800	[4.9]	10.00	9.00	8.0 (4)
	AW30-XX/AR24-1	23000	[6.7]	17200	[5.0]	10.00	9.00	
	U29/UC29+EEP	23000	[6.7]	17200	[5.0]	10.00	9.00	
	HT1830/H24F+EEP	23000	[6.7]	17200	[5.0]	10.00	9.00	
	AC24-XX	23200	[6.8]	17200	[5.0]	10.00	9.00	
	AWB24-XX/ACH24/AH24	23200	[6.8]	17200	[5.0]	10.00	9.00	
	U31+EEP	24000	[7.0]	18400	[5.4]	10.50	9.50	
	U36/UC36/H36F+EEP	24000	[7.0]	18400	[5.4]	10.50	9.50	
	HT3236/U32/UC32+EEP	24000	[7.0]	18400	[5.4]	10.50	9.50	
	AR32-1	24000	[7.0]	18400	[5.4]	10.50	9.50	
	AER24-1	24000	[7.0]	18400	[5.4]	11.00	10.00	
CKL30-1E	AWB30-XX/AW30-XX	27000	[7.9]	20000	[5.9]	10.00	9.00	8.0 (4)
	U29/UC29+EEP	27000	[7.9]	20000	[5.9]	10.00	9.00	
	AR30-1	27200	[8.0]	20500	[6.0]	10.00	9.00	
	HT1830/U30+EEP	27200	[8.0]	20500	[6.0]	10.00	9.00	
	ACH30/AH30	28000	[8.2]	20750	[6.1]	10.00	9.00	
	AWB36-XX/AR36-1	28000	[8.2]	21200	[6.2]	10.00	9.00	
	U31+EEP	28000	[8.2]	21200	[6.2]	10.00	9.00	
	AC30-XX	28400	[8.3]	21050	[6.2]	10.00	9.00	
	HT3236/U32/UC32/H36F+EEP	28600	[8.4]	21800	[6.4]	10.00	9.00	
	AC36-XX/AH36	29000	[8.5]	21500	[6.3]	10.00	9.00	
	AR32-1	29000	[8.5]	21800	[6.4]	10.50	9.50	
	AER30-1	28000	[8.2]	21000	[6.2]	10.50	9.50	
	AER36-1	29000	[8.5]	22100	[6.5]	11.00	10.00	
	HT4248/U42/UC42/H49F+EEP	29000	[8.5]	22100	[6.5]	10.50	9.50	
CKL36- 1F/-1G/-3	ACH36	32000	[9.4]	23000	[6.7]	10.00	9.00	8.0 (4)
	U35/UC35+EEP	33000	[9.7]	24000	[7.0]	10.00	9.00	
	AC36-XX	33200	[10.0]	24600	[7.2]	10.00	9.00	
	HT36/U36/UC36/H36F+EEP	34000	[10.0]	25200	[7.4]	10.00	9.00	
	HT3236+EEP	34400	[10.3]	25500	[7.5]	10.00	9.00	
	AWB36-XX/AR36-1	34000	[10.1]	25200	[7.4]	10.00	9.00	
	AH36	34400	[10.3]	25500	[7.5]	10.00	9.00	
	AR42-1	35000	[10.3]	26600	[7.8]	10.50	9.50	
	HT4248/U42/UC42/H49F+EEP	35000	[10.3]	26000	[7.6]	10.50	9.50	
	AER36-1	35000	[10.3]	26000	[7.6]	11.00	10.00	
CKL42-1	U42/UC42+EEP	39500	[11.6]	27300	[8.0]	10.00	9.00	8.2 (5)
	AR42-1	40000	[11.7]	28000	[8.2]	10.00	9.00	
	HT4248/H49F+EEP	40000	[11.7]	28000	[8.2]	10.00	9.00	
	U47/UC47+EEP	40000	[11.7]	28000	[8.2]	10.00	9.00	
	AR48-1	40000	[11.7]	29600	[8.7]	10.00	9.00	
	U49/UC49+EEP	40500	[11.9]	28200	[8.3]	10.00	9.00	
	AR49-1	41000	[12.0]	30400	[8.9]	10.50	9.50	
	HT4860/U60/UC60/H60F+EEP	41000	[12.0]	30400	[8.9]	10.50	9.50	
	AER48-1	41000	[12.0]	30200	[8.8]	11.00	10.00	

(1) Seasonal Energy Efficiency Ratio

(2) Energy Efficiency Ratio @ 80°F/67°F [26.6°C/19.4°C] Inside - 95°F [35°C]

(3) When matching the outdoor unit to the indoor unit, use the piston supplied with the outdoor unit or that specified on the piston kit chart supplied with the indoor unit.

(4) SRN 7.6 with use of Sound Blanket accessory CSB-01.

(5) SRN 7.8 with use of Sound Blanket accessory CSB-01.

(6) Note: XX Of A Model Designate Electric Heat Quantity.

(7) EEP - Order From Service Dept. Part No. B13707-38. The Goodman Gas Furnace contains the EEP cooling time delay.

[ ] Designates metric equivalents

Performance Ratings (cont.)

Condenser Model	Evaporator Model See Notes 3, 6 & 7	Total BTUH [kW]		Sensible BTUH [kW]		(1) SEER	(2) EER	SRN/BELS
CKL49-1/-3	HT4248/H49F+EEP	44000	[12.9]	33000	[9.7]	10.00	9.00	8.2 (5)
	U47/UC47+EEP	44000	[12.9]	33000	[9.7]	10.00	9.00	
	HT4860/H60F+EEP	45000	[13.2]	34200	[10.0]	10.00	9.00	
	AR48-1	45000	[13.2]	34200	[10.0]	10.00	9.00	
	U49/UC49+EEP	45000	[13.2]	34200	[10.0]	10.00	9.00	
	U59/UC59/U60/UC60+EEP	46000	[13.5]	35000	[10.0]	10.00	9.00	
	AR49-1	46000	[13.5]	35000	[10.3]	10.50	9.50	
	HT61/H61F+EEP	47000	[13.8]	36000	[10.3]	10.50	9.50	
	AER48-1	45000	[13.2]	34200	[10.5]	11.00	10.00	
CKL60-1/ -3/-4	U59/UC59+EEP	54000	[15.8]	39500	[11.6]	10.00	9.00	8.2 (5)
	AR60-1	56000	[16.4]	40300	[11.8]	10.00	9.00	
	HT4860/U60/UC60/H60F+EEP	55000	[16.1]	39600	[11.6]	10.00	9.00	
	HT61/H61F/U61/UC61+EEP	56000	[16.4]	39500	[11.6]	10.50	9.50	
	U62/UC62+EEP	56000	[16.4]	39500	[11.6]	10.50	9.50	
	AR61-1	57000	[16.7]	42000	[12.3]	10.50	9.50	
	AER60-1	57000	[16.7]	42000	[12.3]	10.50	9.50	
CKL62-1	AR60-1	58000	[17.0]	45000	[13.2]	10.00	9.00	8.2 (5)
	U59/UC59+EEP	58000	[17.0]	42000	[12.3]	10.00	9.00	
	HT4860/U60/UC60+EEP	58000	[17.0]	42000	[12.3]	10.00	9.00	
	U61/UC61+EEP	60000	[17.6]	43000	[12.6]	10.00	9.00	
	U62/UC62+EEP	60000	[17.6]	43000	[12.6]	10.00	9.00	
	HT61/H61F+EEP	60000	[17.6]	43000	[12.6]	10.00	9.00	
	AR61-1	62000	[18.2]	45000	[13.2]	10.00	9.00	
	AER60-1	61000	[17.9]	45000	[13.2]	10.50	9.50	

(1) Seasonal Energy Efficiency Ratio
(2) Energy Efficiency Ratio @ 80°F/67°F [26.6°C/19.4°C] Inside - 95°F [35°C]
(3) When matching the outdoor unit to the indoor unit, use the piston supplied with the outdoor unit or that specified on the piston kit chart supplied with the indoor unit.
(4) SRN 7.6 with use of Sound Blanket accessory CSB-01.
(5) SRN 7.8 with use of Sound Blanket accessory CSB-01.
(6) Note: XX Of A Model Designate Electric Heat Quantity.
(7) EEP - Order From Service Dept. Part No. B13707-38. The Goodman Gas Furnace contains the EEP cooling time delay.

[ ] Designates metric equivalents

NOTE: SPECIFICATIONS AND PERFORMANCE DATA LISTED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE

Quality Makes the Difference!

All of our systems are designed and manufactured with the same high quality standards regardless of size or efficiency. Our designs virtually eliminate the most frequent causes of product failure. They are simple to service and forgiving to operate. We use the highest quality materials and components available because if a part fails then the unit fails. Finally, every unit is run tested before it leaves the factory. That's why we know.....
There's No Better Quality.

Visit our web site at www.gmcproducts.com for information on:

- GMC products
- Warranties
- Customer Services
- Parts
- Contractor Programs and Training
- Financing Options

Permit Number

FILE COPY

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1b
Data filename: Untitled.rck

TITLE: warburton

COUNTY: Monmouth
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 01/01/04
DATE OF PLANS: 3/8/04

PROJECT INFORMATION:
14x20 addition

COMPANY INFORMATION:
construction by dennis hala

COMPLIANCE: Passes

Maximum UA = 96
Your Home UA = 89
7.3% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Cathedral Ceiling (no attic)	280	30.0	0.0		9
Skylight 1: Wood Frame:Double Pane with Low-E	16			0.520	8
Wall 1: Wood Frame, 16" o.c.	432	13.0	0.0		31
Window 1: Wood Frame:Double Pane with Low-E	51			0.520	27
Door 1: Solid	9			0.520	5
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	280	30.0	0.0		9
Furnace 1: Forced Hot Air, 90 AFUE					
Air Conditioner 1: Electric Central Air, 10 SEER					

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1b (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 3-8-04

TOWNSHIP of HOWELL
251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580
(732) 938-4500
FAX (732) 938-6492
Web site: www.twp.howell.nj.us

CERTIFICATION IN LIEU OF OATH

OWNER SECTION (to be completed for additions with personally prepared plans)

I hereby certify that I am the owner in fee of the property listed at 37 NICKLAUS LANE In Howell Township.

I further certify the following as required by the N.J. Uniform Construction Code 5:23-2.15(e) 1.vii that I personally prepared the plans submitted for construction or alteration of the home listed above which is owned and occupied by myself and will be constructed, in whole or part, by myself.

I understand that according to the N.J. Uniform Construction Code 5:23-2.31,a false or misleading statement may result in a penalty and stop work order.

I further understand that according to the N.J. Uniform Construction Code 5:23- 2.16 the construction official may revoke a permit or approval issued under the provisions of this code in case of any false or misrepresentation of fact in the application or on the plans on which the permit or approval was based.

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 CONTACT OR WITH WHOM I MAKE AGGREEMENTS TO PERFORM, I AM VOLUNTARILY AND KNOWING ASSUMING THIS RESPONSIBLILTY.

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

Signature Robert Gerber Date 3-8-04

Notary:

Permit Number

Checked By/Date

RES*check* Compliance Certificate
New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1b
Data filename: Untitled.rck

TITLE: warburton

COUNTY: Monmouth
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 01/01/04
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14x20 addition

COMPANY INFORMATION:
construction by dennis hala

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Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	280	30.0	0.0		9
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Air Conditioner 1: Electric Central Air, 10 SEER					

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1b (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 3-8-04

Construction By Dennis Hala, Inc.
NJ Registration #30302

Tel: (732) 920-7846
Fax: (732) 920-5119

Howell Township Municipal Building
251 Preventorium Rd.
Howell, NJ 07731

ATTN: Building Department

Re: Jack Warburton

This check is for Jack Warburton permit number 20040965. If you have any questions please do not hesitate to call. Thank you.

Construction By Dennis Hala, Inc.

Construction By Dennis Hala, Inc.
NJ Registration #30302

Tel: (732) 920-7846
Fax: (732) 920-5119

August 12, 2004

Township of Howell
Building Dept.
251 Preventorium Rd.
Howell, NJ 07731

Re: 37 Nicklaus Lane
Block 185
Lot 40.25
Electrical Update

As requested, please find enclosed the electrical update for an exhaust fan signed and sealed by the electrician.

Please do not hesitate to call if you have any questions.

Thank you,

Dennis Hala

DH/dd

Enc.

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Warburton BLOCK 185 LOT 40.25

ADDRESS 37 Nicklaus ZONING RELEASE

DATE SUBMITTED 3/9/04

DEVELOPMENT (If any) 14x20 Addition

97398

	Reviewed By:	Approved	Comments
FIRE ✓	3-10-04	OK	
BUILDING ✓	3/17/04	OK	
ELECTRICAL ✓	3/18/04 RD	OK RD	
PLUMBING ✓	3/26/04 AC	OK	
MECHANICAL			
OTHER			
SEPTIC			

MAR - 9 2004

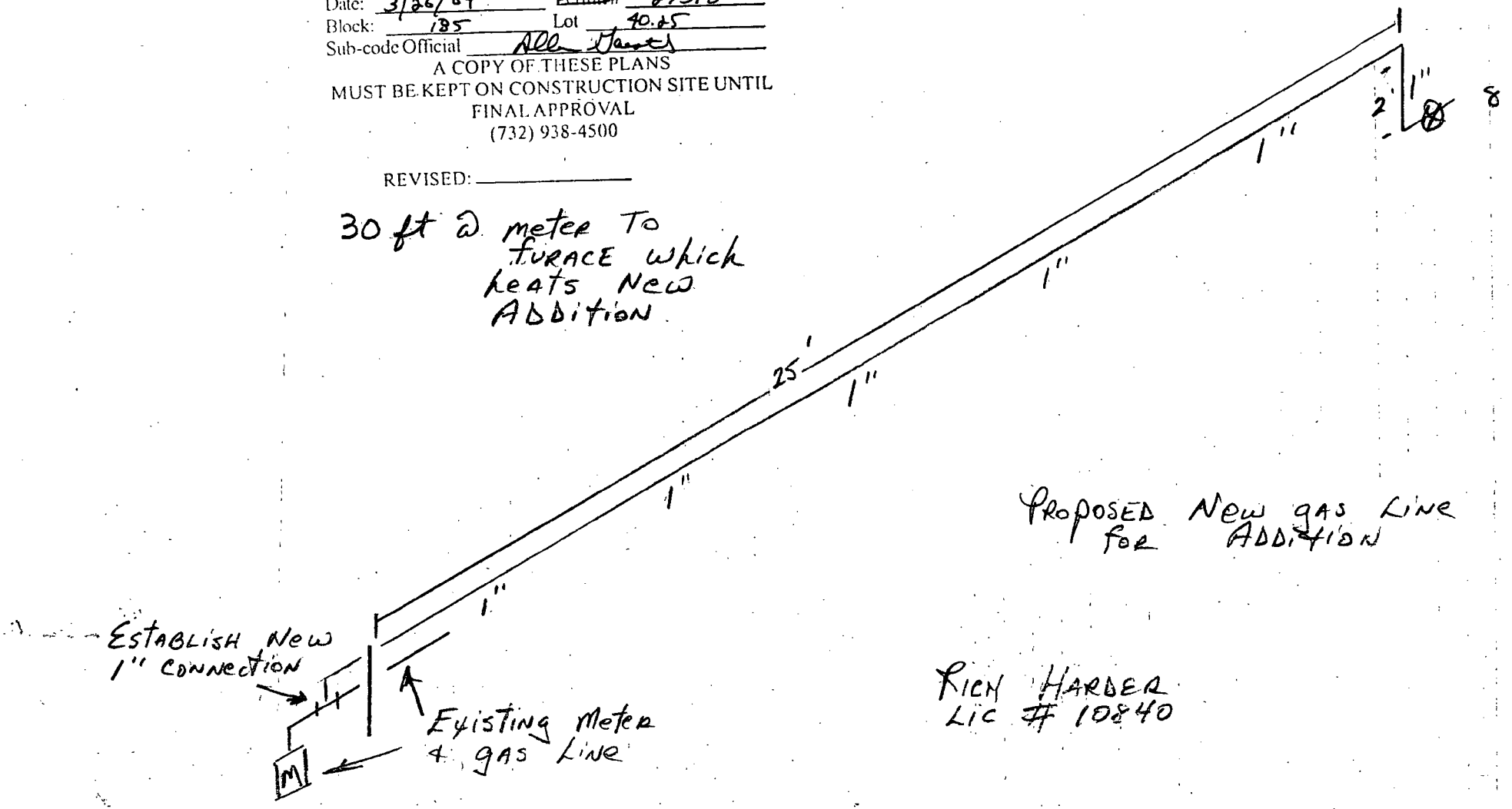
Township of Howell
Construction Code Department
Plans released for Permit

Date: 3/26/09 Permit# 27398
Block: 185 Lot 40.05
Sub-code Official Allen Daniels

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____

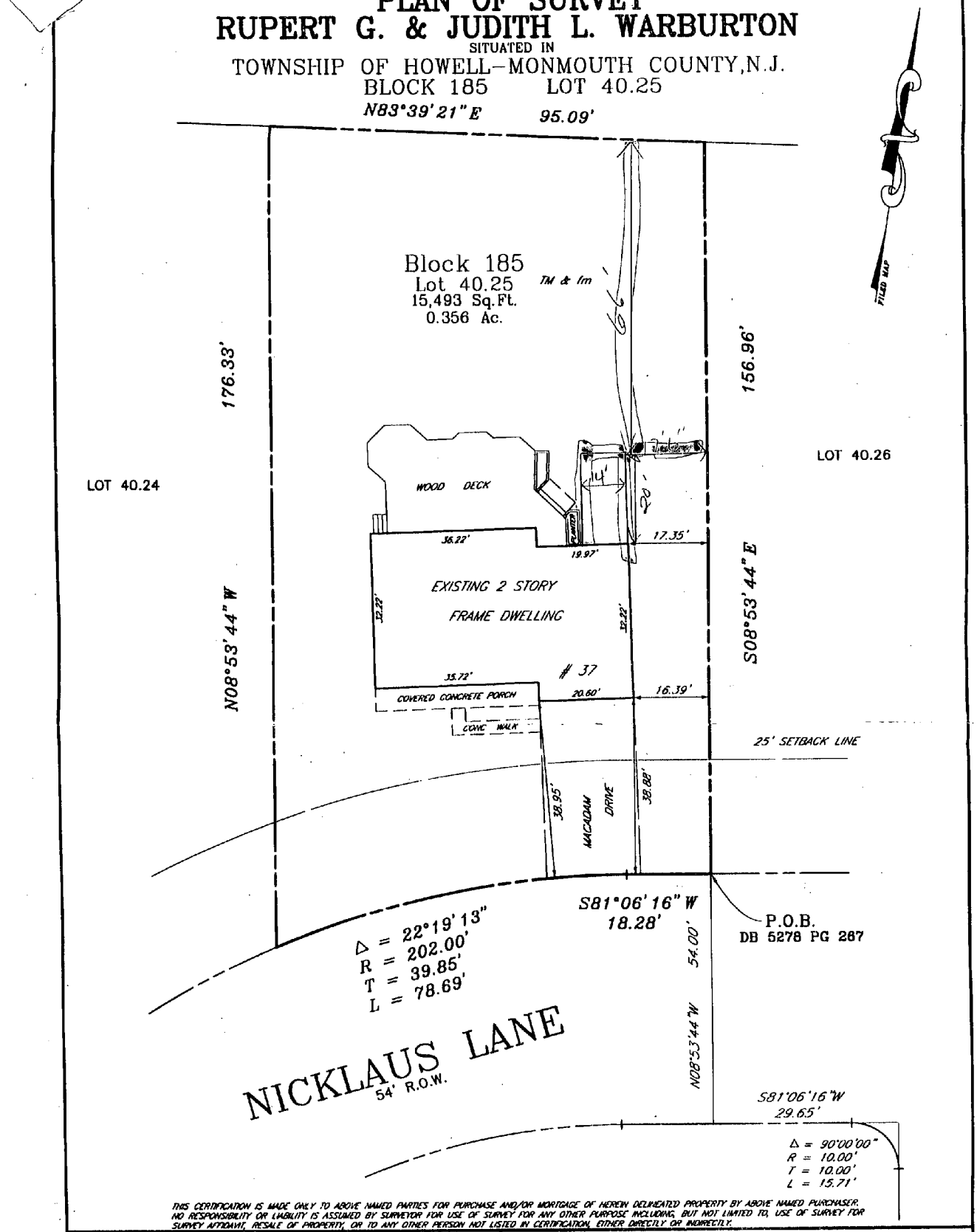
30 ft @ meter To
FURACE which
heats New
ADDITION



PROPOSED NEW GAS LINE
FOR ADDITION

RICH HARDER
LIC # 10840

PLAN OF SURVEY
RUPERT G. & JUDITH L. WARBURTON
SITUATED IN
TOWNSHIP OF HOWELL–MONMOUTH COUNTY, N.J.
BLOCK 185 LOT 40.25



THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

I HEREBY CERTIFY THIS SURVEY TO:

RUPERT G. WARBURTON & JUDITH L. WARBURTON, h/w

WASHINGTON MUTUAL BANK, its successors and/or assigns

EXPRESS FINANCIAL

REFERENCES:

DEED BOOK 5278 PAGE 267

"FINAL MAP SHORE OAKS GOLF, SECTION II"
FILED 10/19/88 CASE NO 228–5
NO STAKES SET AS PER CONTRACTUAL AGREEMENT

CONTROL LAYOUTS, INC.
LAND SURVEYORS
71 PATERSON STREET P.O. BOX 328
NEW BRUNSWICK, N.J. 08903
PHONE (732) 846–9100 FAX (732) 937–5793

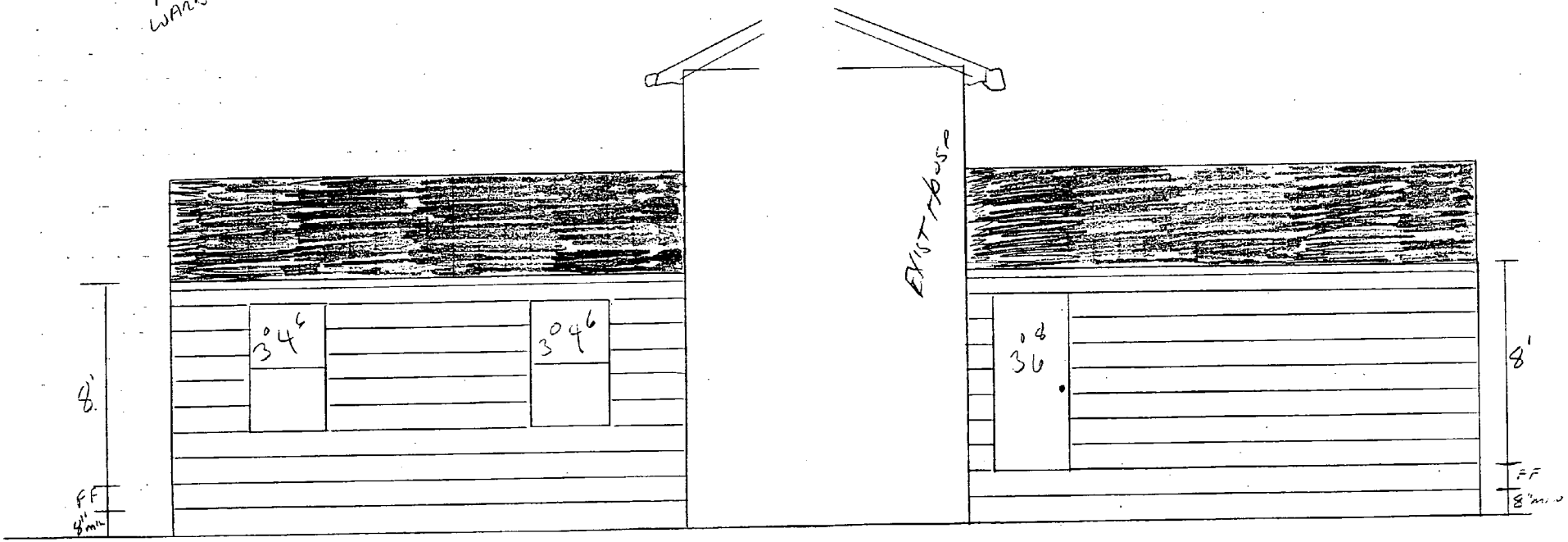
William J. Buttler

FILE NO. 2338–99	DATE: 10/27/99	SCALE: 1"=20'	WJB

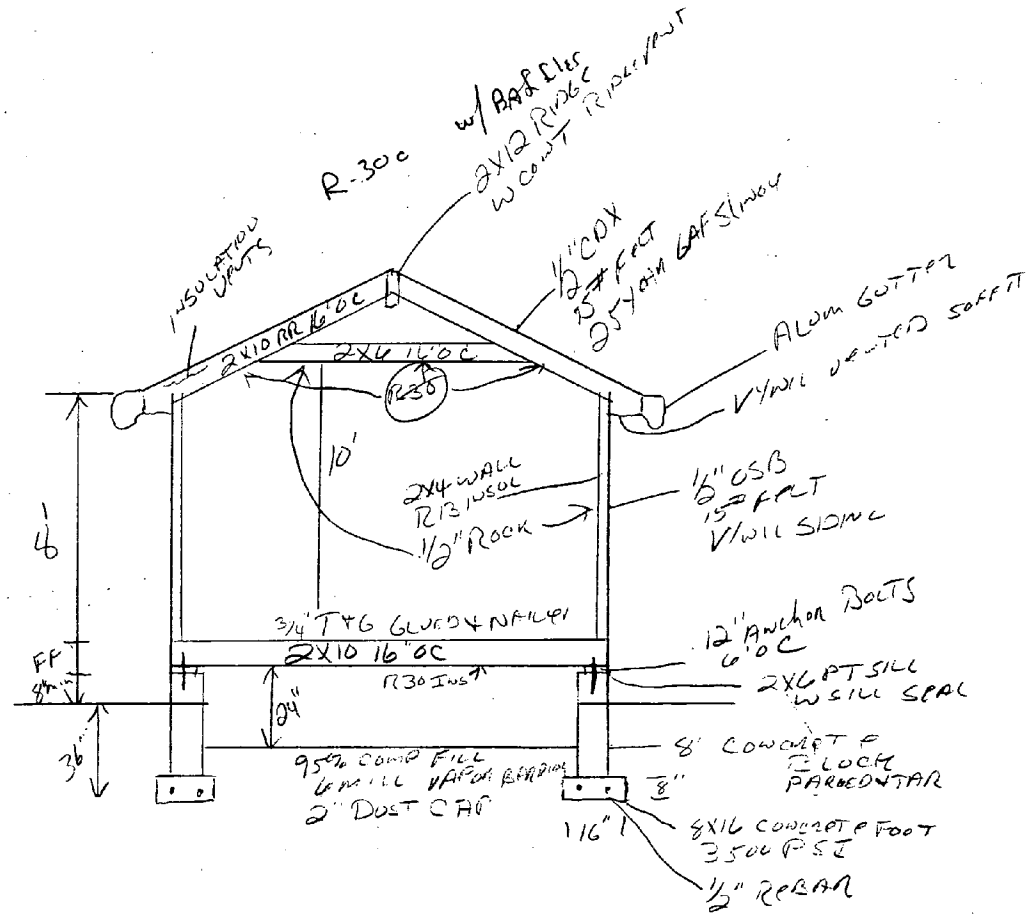
WILLIAM J. BUTTLER ◆ NEW JERSEY PROFESSIONAL LAND SURVEYOR #19451

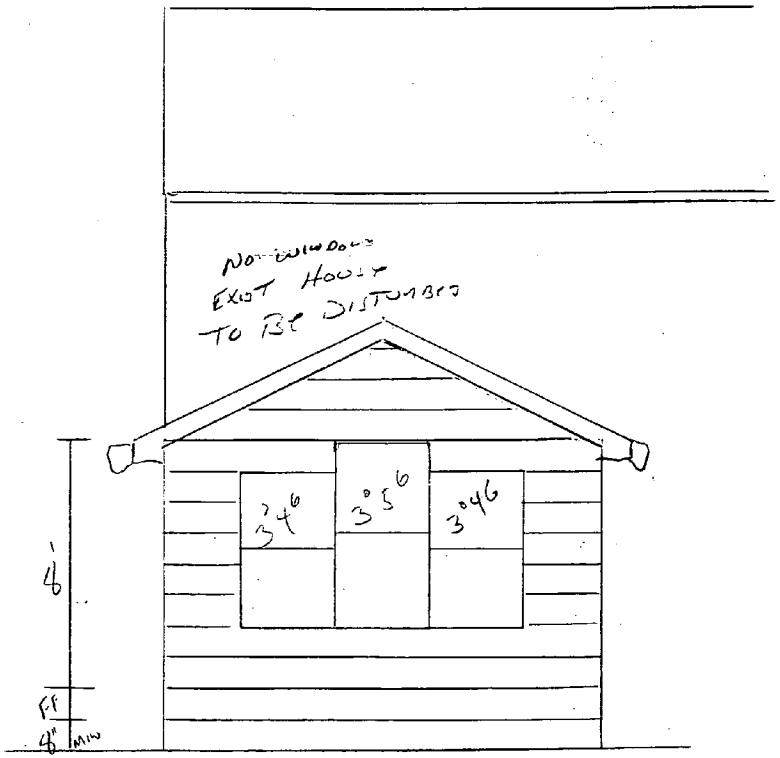
RIGHT SIDE ELEVATION
1/4" - 1'
WARRINGTON RES

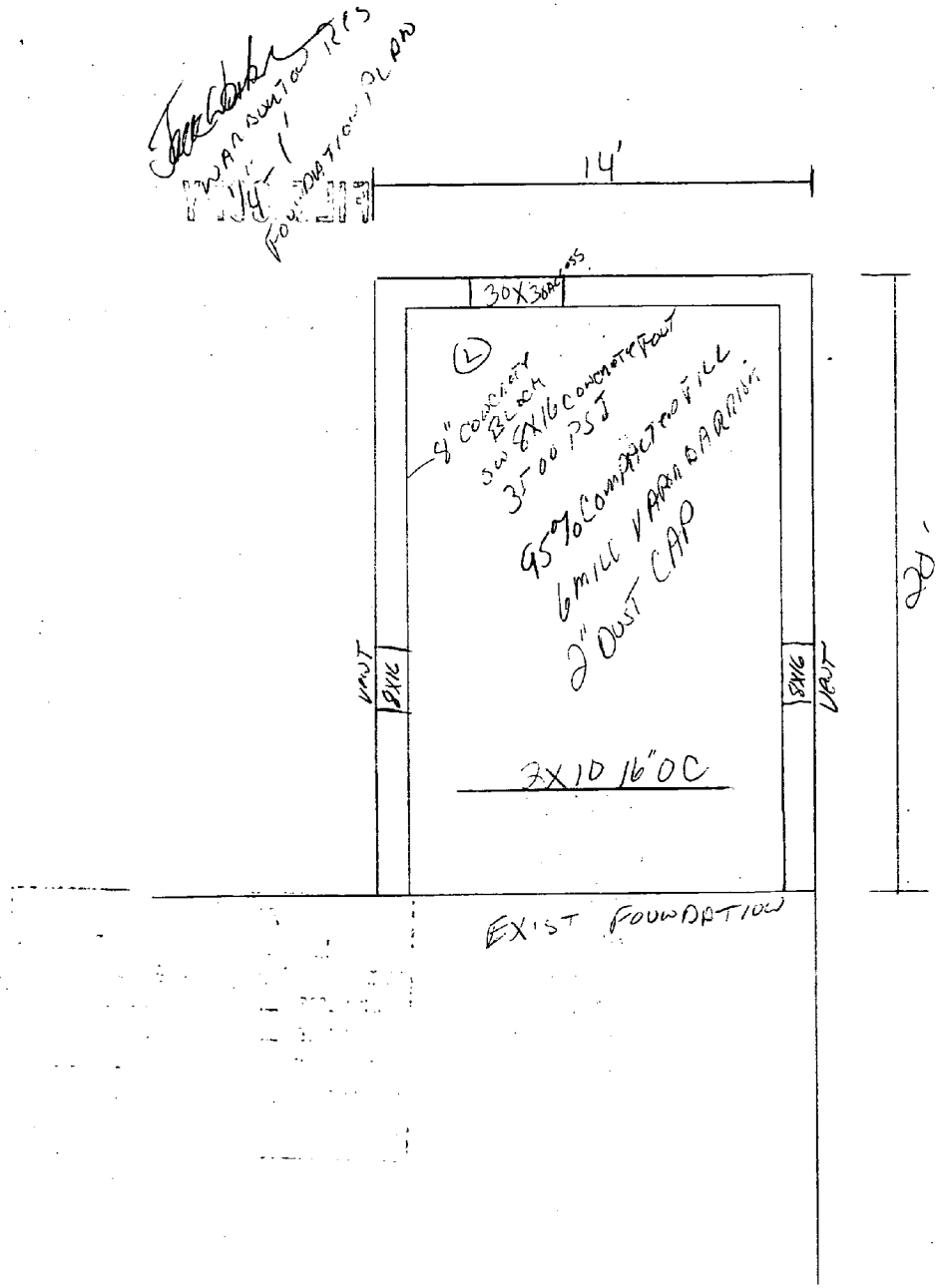
LEFT SIDE ELEVATION
1/4" - 1'
WARRINGTON RES

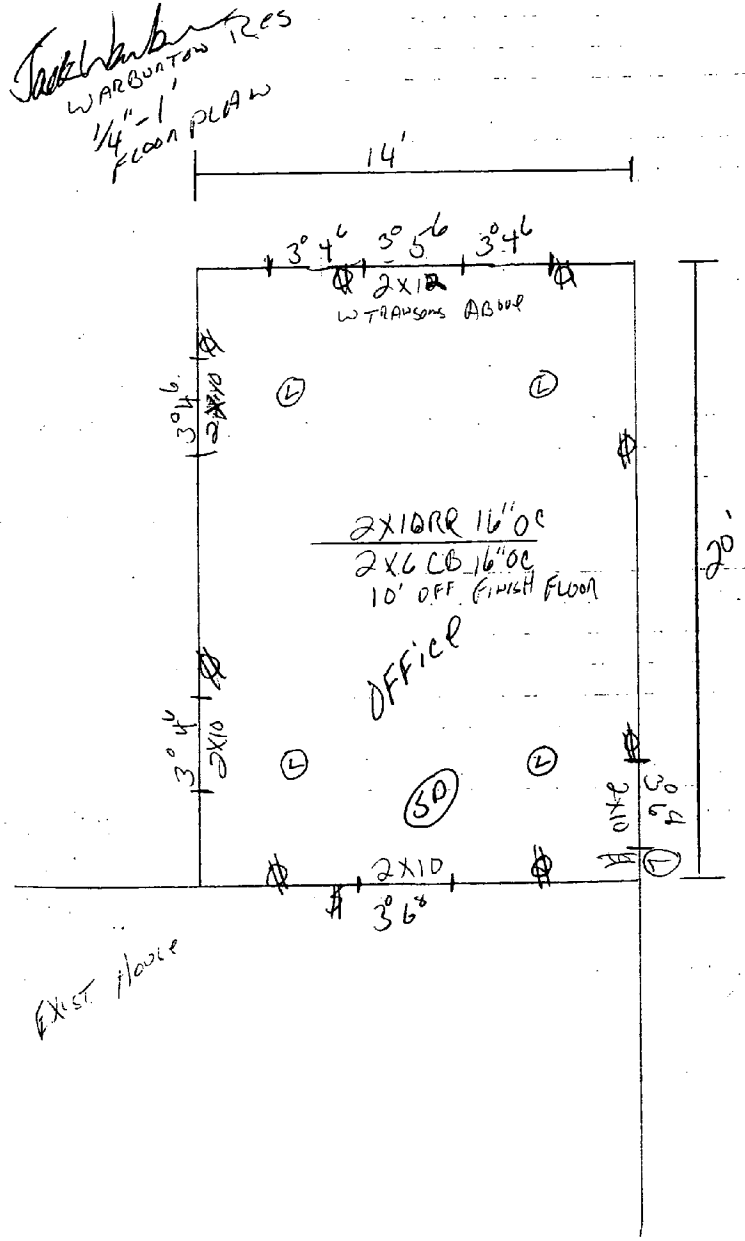


WARBURTON RES
1/4" - 1'
BACK ELEVATION






WARBURTON RES
1/4" = 1'
FOUNDATION PLAN
14'
30X30 FOOTING
9" CONCRETE BLOCK
SW 8X16 CONCRETE FOOT 3'00 PST
95% COMPACTED FILL
6 MIL VAPOR BARRIER
2" DUST CAP
8X16 VENT
8X16 VENT
2X10 16"OC
20'
EXIST FOUNDATION


WARBURTON RES
1/4" = 1'
FLOOR PLAN
14'
3'4"
3'5"
3'4"
2X10 W TRUSSES ABOVE
3'4"
2X10
2X10 RR 16" OC
2X6 CB 16" OC
10' OFF FINISH FLOOR
OFFICE
SD
3'4"
2X10
3'4"
2X10
3'6"
20'
EXIST HOUSE

FILE COPY

APPROVED
HOWELL TOWNSHIP

DEPT.	NAME	DATE
BLD. SUB CODE	GB	3/17/09
PLB. SUB CODE		
ELEC. SUB CODE		
FIRE SUB CODE		
CONST. OFFICIAL		