BLOCK 1082.94 LOT 1.01 ADDRESS (SITE) _____ PERMIT NO. 015-96

change in cont.

RECEIVED APR 2 19

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 451 16th AVE
2. Name of Owner in Fee: CATHERINE & JUDITH RAI Tel. [redacted]
   Address 451 16th AVE BRICK 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: JUDITH & CATHERINE RAI [redacted]
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work JUDITH & CATHERINE RAI [redacted]

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			
TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	21680
5. ☒ Alteration	4300
6. ☐ Fire Protection	
7. ☒ Plumbing	—
8. ☒ Electrical	—
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	✓ 25980

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
					Plbg. & El 10/18/96		OK
					10/14/96		
					Plumber (2) & Electrician OK 11/1/96		

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 BR 10210946

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 Judith C Pace Date 4/2/96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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.				

PERMIT UPDATE

Date Update Issued 3/13/96
Control #
Permit # 015-96
Date Permit Issued

IDENTIFICATION Block 1062-44 Lot 1.01
Work Site Location 451 16TH AVE
BRICK
Owner in Fee JUDITH & CATHERINE ZAPP
Address SAME
Tele. ( ) [redacted]

Contractor DON BERAN
Address 50 PARKWAY DR
BRICK
Tele. ( ) [redacted]
Lic. No. or Bldrs. [redacted] #0008***
Federal Emp. No. 015**
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Installation of Fuel Piped Gas Lines for Ventless Fireplace

Estimated Cost of Work $ 1800

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building		
Plumbing	53	53.00
Electrical		
Fire Protection	66	66.00
Other		
Other		1.00
DCA Training Fee		1.00
Cert. of Occ.		
Other		
Total	120	120.00
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190A

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

CONSTRUCTION PERMIT

Date Issued 1/5/96
Control #
Permit # 015-96

IDENTIFICATION Block 1082.94 Lot 1.01

Work Site Location 451 16th Ave

Owner in Fee Catherine Raia

Address same

Tele. ( )

Contractor Don Beam

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 015-96

or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER alter

[ ] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Mother daughter addn.

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 $ 25,980.

C J Ciesla
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)			
Building 122.		BUILDING	90.00
Plumbing 90.-		BUILDING	122.00
Electrical		FIRE	46.00
Fire Protection 46.-		PLAN RVW	26.00
Other Plan 26		D.C.A.	11.00
Other Zon 15		C O	35.00
DCA Training Fee 11		ZONEPLOT	15.00
Cert. of Occ. 35.		ENG P.R.	15.00
Other Eng 15.		TOTAL	360.00
Total 360.		CHECK	360.00
Check No. 1029		CHANGE	0.00
Cash	01/05/96 NO. 5	0000A005	10:29
Collected By:			

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

(left message) 3-7-96

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/13/96
Control #
Permit # 015-96 update

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

Block 1082.04 Lot 1.01
Work Site Location 451 16th AVE. BELOW
Owner in Fee Catherine & Judith RAIA
Address same
[redacted]
Tele. ( )
Contractor David Epstein
Address 101 Victor Ave, Morristown, NJ. 07-724
Tele. (908) 359-5508
Lic. No. 10090
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size 3" Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 3-6-96
Approved by: DEW

SUBCODE APPROVAL:
[X] CO [ ] CC [ ] CA
Approved By: DEW
Date: 10-18-96

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			3-18-96	[illegible]
Rough			3-21-96	DEW
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			3-19-96	[illegible]
Solar				
TCO Final	8-2-96			

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.

David Epstein
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
X	Water Closet	7
	Urinal/Bidet	
X	Bath Tub	7
	Lavatory	
X	Shower	7
	Floor Drain	
	Sink	
X	Dishwasher	7
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 53

KS existing Adding dishwasher

U.C.C. Form F-130B

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

8-2-96 - NO GAS COCK for fireplace

left message 3-7-96

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 015-96 update

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

Block 1082.94 Lot 1.01
Work Site Location 451 16TH AVE. Belcic
Owner in Fee Catherine & Judith RAIA
Address same
Tele. ( ) [redacted]
Contractor David Epstein
Address 101 Victor Ave, Keyport, NJ. 07724
Tele. (908) 387-5528
Lic. No. 10090
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size 3" Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 3-6-96
Approved by: DEV

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			3-12-96	JMA
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
X	Water Closet	7
	Urinal/Bidet	
X	Bath Tub	7
	Lavatory	
X	Shower	7
	Floor Drain	
	Sink	
X	Dishwasher	7
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 16
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 53

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/13/96
Control #
Permit # 015-96
updates

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

Block 1082.24 Lot 1.01
Work Site Location 451 16th Ave.
BRICK
Owner in Fee Catherine & Judith Kmia
Address same
[redacted]
Tele. ( )
Contractor David Fisher
Address 101 Wood Ave Robbinsville, NJ. 07729
Tele. (609) 387-5525
Lic. No. 10890
Federal Emp. No. or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 3" Public Sewer Private Septic
Water Service Size 3/4 Public Water Private Well
Estimated Cost of Plumbing Work $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[Y] Plumb. Plans Approved
Date: 3-6-96
Approved by: GRJ

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-6	
Water			3-6	
Sewer			3-6	
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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
X	Water Closet	7
	Urinal/Bidet	
X	Bath Tub	7
	Lavatory	
X	Shower	7
	Floor Drain	
	Sink	
X	Dishwasher	7
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	15
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 53

U.C.C. Form F-130B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/5/96
Control #
Permit # 015-96

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

Block 1082-84 Lot 1.01
Work Site Location 451 16th AVE
BRICK
Owner in Fee Catherine & Judith TAIA
Address Same
Tele. ( ) [redacted]
Contractor [redacted]
Address 50 Parkway DR
BRICK
Tele. ( ) 477 4507
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security I [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

14X33 Addition with A Bedroom, 2 walk in closets & an unfinished work shed. ReRoof existing house & side same. Install new Kitchen Down Stairs where A Kitchen existed Previously.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			1/23/96 JK	
Foundation			3/6/96 JK	
Slab				
Frame			3/19/96 JK	
Insulation			3/22/96 JK (over)	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/2/96 JStaas	

TYPE OF WORK:

- [ ] New Building
- [X] Addition
- [X] Alteration
  - [X] Roofing
  - [X] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [X] Other Kitchen
  - [ ] Other _____
- [ ] Demolition

(Office Use Only)
FEE

$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 12 Ft.
Area—Largest Floor 462 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 21680
2. Alteration $ 9300
3. Total (1+2) $ 30980

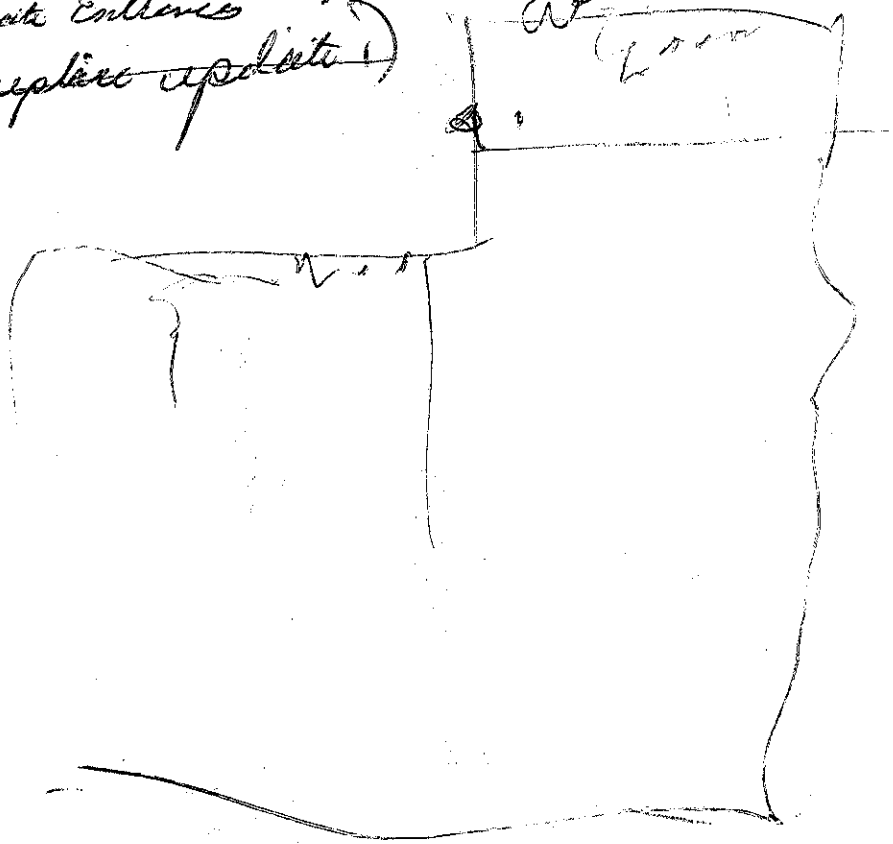
Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

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

3-22-96 "Shed" room on plan is being finished - need change in plan Jk

4/2/96 No Plans on site Kitchen LR, Bedroom Den/Office
3 Separate Entrances Mother/daughter ?? 2 Garages
(~~Needs Fireplace updated~~)



BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 015-96 1-5-96

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

Block 1082-94 Lot 1.01
Work Site Location 451 16th AVE
BRICK NJ. 08724
Owner in Fee Catherine & Julian Raia
Address same
Tele. [redacted]
Contractor HOME OWNER JUDITH RAIA & CATHERINE RAIA
Address 451 16th AVE
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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 Judith C Raia

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

14X33 ADDITION WITH A BEDROOM, 2 WALKIN CLOSETS & AN UNFINISHED WORK SHED. REROOF EXISTING HOUSE & SIDE SAM. INSTALL NEW KITCHEN DOWNSTAIRS WHERE A KITCHEN EXISTED PREVIOUSLY

Master Dwgs 3 Ent.

TYPE OF WORK:
- [ ] New Building
- [x] Addition
- [x] Alteration
  - [x] Roofing
  - [x] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [x] Other KITCHEN
  - [ ] Other _____
- [ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final 8/2/96				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 12 Ft.
Area—Largest Floor 462 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 21680
2. Alteration $ 9300
3. Total (1+2) $ 30980

(Office Use Only)

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

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-110B

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4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-5-96
Control #
Permit # 015-96

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

Block 1082-94 Lot 1.01
Work Site Location 451 16th AVE
BRICK NJ. 08724
Owner in Fee Catherine & Judith Raia
Address [redacted]
Tele [redacted]
Contractor HOME OWNER JUDITH RAIA & CATHERINE RAIA
Address 451 16th AVE
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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 Judith C Raia

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

14X33 ADDITION WITH A BEDROOM, 2 WALKIN CLOSETS & AN UNFINISHED WORK SHED. REROOF EXISTING HOUSE & SIDE SAM. INSTALL NEW KITCHEN DOWNSTAIRS WHERE A KITCHEN EXISTED PREVIOUSLY

Mrs Dough
3 Ent.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/2/96	Jrass

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 12 Ft.
Area—Largest Floor 462 Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 21680
2. Alteration $ 9300
3. Total (1+2) $ 30980

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other KITCHEN
[ ] Other
[ ] Demolition

(Office Use Only) FEE

$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B

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BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/5/96
Control #
Permit # 015-96

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

Block 1082.04 Lot 1.01
Work Site Location 451 16TH AVE
BRICK
Owner in Fee Catherine & Judith PAIA
Address Same
Tele. ( ) [redacted]
Contractor DON BEAN
Address 50 Parkway DR
BRICK
Tele. ( ) 477 4507
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security [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.

Don Bean
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
14X33 Addition with A Bedroom, 2 walk in closets & An unfinished work shed. Reroof existing House & side same. Install new Kitchen Down Stairs where A Kitchen existed Previously.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			1/23/96 JC	
Foundation			3/5/96 JC	
Slab				
Frame			3/19/96 JC	
Insulation			3/22/96 JC (over)	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/2/96 JStaas	7/18/96 JStaas

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other Kitchen
[ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 12 Ft.
Area—Largest Floor 462 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 21680
2. Alteration $ 9300
3. Total (1+2) $ 30980

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

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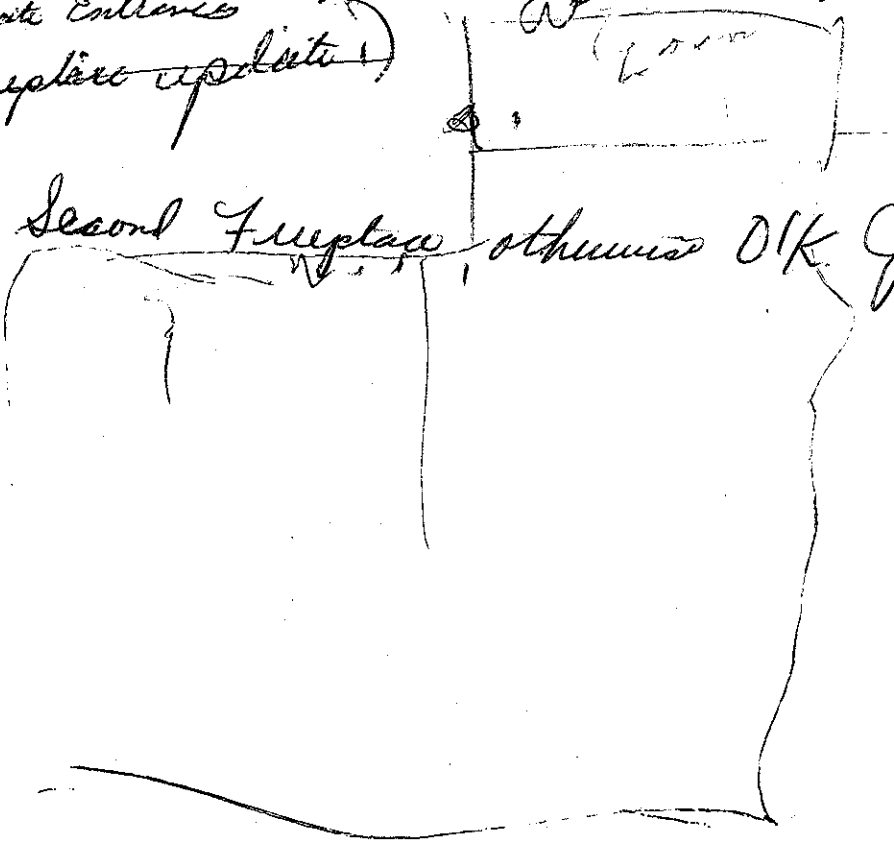
3-22-96 "Shed" room on plan is being finished - need change in plan Jk

4/2/96 No Plans on site. Kitchen LR, Bedroom Den/Office
3 Separate Entrances mother/daughter ?? J Goss
(~~Needs Fireplace updated~~)



10/18/96 Finish Second Fireplace, otherwise OK Jhs

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-5-96
Control #
Permit # 015-96

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

Block 1082-94 Lot 1.01
Work Site Location 451 16th AVE BRICK NJ. 08724
Owner in Fee Catherine & Julian Raia
Address [redacted]
Tele.
Contractor HOME OWNER JUDITH RAIA ENGINEERING
Address 451 16th AVE
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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

14x33 ADDITION WITH 1 BEDROOM, 2 WALK IN CLOSETS & AN UNFINISHED WORK SHED. REMOVE EXIST. NON BEARING SIDE WALL. INSTALL NEW KITCHEN DOWNSTAIRS WHERE A KITCHEN EXISTED PREVIOUSLY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[✓] Addition
[✓] Alteration
[✓] Roofing
[✓] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[✓] Other KITCHEN
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

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

Paid [ ] Check # _____
Collected by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 12 Ft.
Area—Largest Floor 412 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 21600
2. Alteration $ 9380
3. Total (1+2) $ 30980

U.C.C. Form F-110B

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/13/96
Control #
Permit # 015-96

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

Block 1082.94 Lot 1.01
Work Site Location 451 16TH AVE BRICK
Owner in Fee Catherine & Judith Raia
Address [redacted]
Tele. ( )
Contractor Don Beam
Address 50 Parkway Dr Brick
Tele. ( ) 477-4507
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed 2 Ventless Fire Place
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 3/4/96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 10/18/96
Approved by: JPR

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

8/2/96 needs Shut off for gas & Change of Contractor.

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.

Don Beam
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Fire place Ventless	2	66

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 66—

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/19/96
Control #
Permit # 015-96

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

Block 1052.94 Lot 101
Work Site Location 451 16th Ave
Owner in Fee Catherina Raia.
Address 451 16th AVE BRICK NJ. 08724
Tele [redacted]
Contractor DALE HUDGINS
Address
Tele. (____)
Lic. No.
Federal Emp. No. ____ or Social Security No. ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 10/10/96
Approved by: JPR

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other ____				
Other ____				
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.

Judith C. Raia
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work New Constr.
Water Supply Source ____
Method of Valve Supervision ____
Local Alarm Supervision ____
Central Supervision ____
Proprietary Supervision ____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ____		

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

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10/18/96 - SHUT-OFFS (2) INSTALLED ON EACH ~~GAS~~ FIREPLACE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1/5/96
Control #
Permit # 015-96

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

Block 1087.04 Lot 1.01
Work Site Location 451 16th Ave
Brick
Owner in Fee Catherine & Judith Raia
Address Same
Tele. ( ) [redacted]
Contractor Dow Beam
Address 50 Parkway Dr
Brick
Tele. ( ) 477-4507
Lic. No.
Federal Emp. No. or Social Security [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1-3-96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/2/96
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			8/2/96	
Mechanical				
TCO				
Other				
Other				
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 Addl.

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC 10		46 —
Heat Detectors		
TOTAL Battery Back-up		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [ ] Check #
Collected by:

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

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1/5/96
Control #
Permit # 015-96

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

Block 1088-94 Lot 1.01
Work Site Location 751 164 Ave
Brick
Owner in Fee Catherine & Judith Rave
Address Same
[redacted]
Tele. ( ) [redacted]
Contractor Low Bear
Address 50 Parkway Dr
Brick
Tele. ( ) 477-4507
Lic. No. [redacted]
Federal Emp. No. or Social Secu [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1-3-96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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 addl

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

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC 10		46 -
Heat Detectors		
TOTAL Battery Back-up		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

U.C.C. Form F-140B

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2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/19/96
Control #
Permit # 015-96

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

Block 1052.94 Lot 101
Work Site Location 451 16th Ave
Owner in Fee Catherina Rain
Address 451 16th AVE
[redacted]
Tele
Contractor DALE HUDGINS
Address
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Judith C. Rain
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work New Constr.

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

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER _____		

Paid [ ] Check # _____
Collected by: _____

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

U.C.C. Form F-140B

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3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/13/96
Control #
Permit # 015-96

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

Block 1082.94 Lot 1.01
Work Site Location 451 16TH AVE
BRICK
Owner in Fee Catherine & Joann Rain
Address Same
[redacted]
Tele. (____) [redacted]
Contractor Dan Beam
Address 50 Parkway Dr
Brick
Tele. (____) 477-4507
Lic. No. ____
Federal Emp. No. ____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed 2 Ventilators
Constr. Class. Present ____ Proposed Fire Alarm
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 3/4/96
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other ____				
Other ____				
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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks	( ) Capacity ____	Fuel ____
Combustible Liquid Storage Tanks	( ) Capacity ____	Fuel ____
L.P.G. Storage Tanks	( ) Capacity ____	Fuel ____
L.N.G. Storage Tanks	( ) Capacity ____	Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Fire Fire Ventilators	2	40

Administrative Surcharge $ 66.-
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: January 3, 1996 1996 Z 0003

Block 1082.94 **Lot** 1.01 **Zone** R-7.5

Property Address: 451 16th Avenue

Owner: Catherine and Judith Raia **(Phone** [redacted]

Applicant: Same **(Phone):** Same

Use: Single-family dwelling.

Proposed Construction (if any): 14' by 33' addition for mother-daughter design.

Conditions: Only one set of utility meters is permitted.

Only family members may live in the building.

The building remains a single-family dwelling.

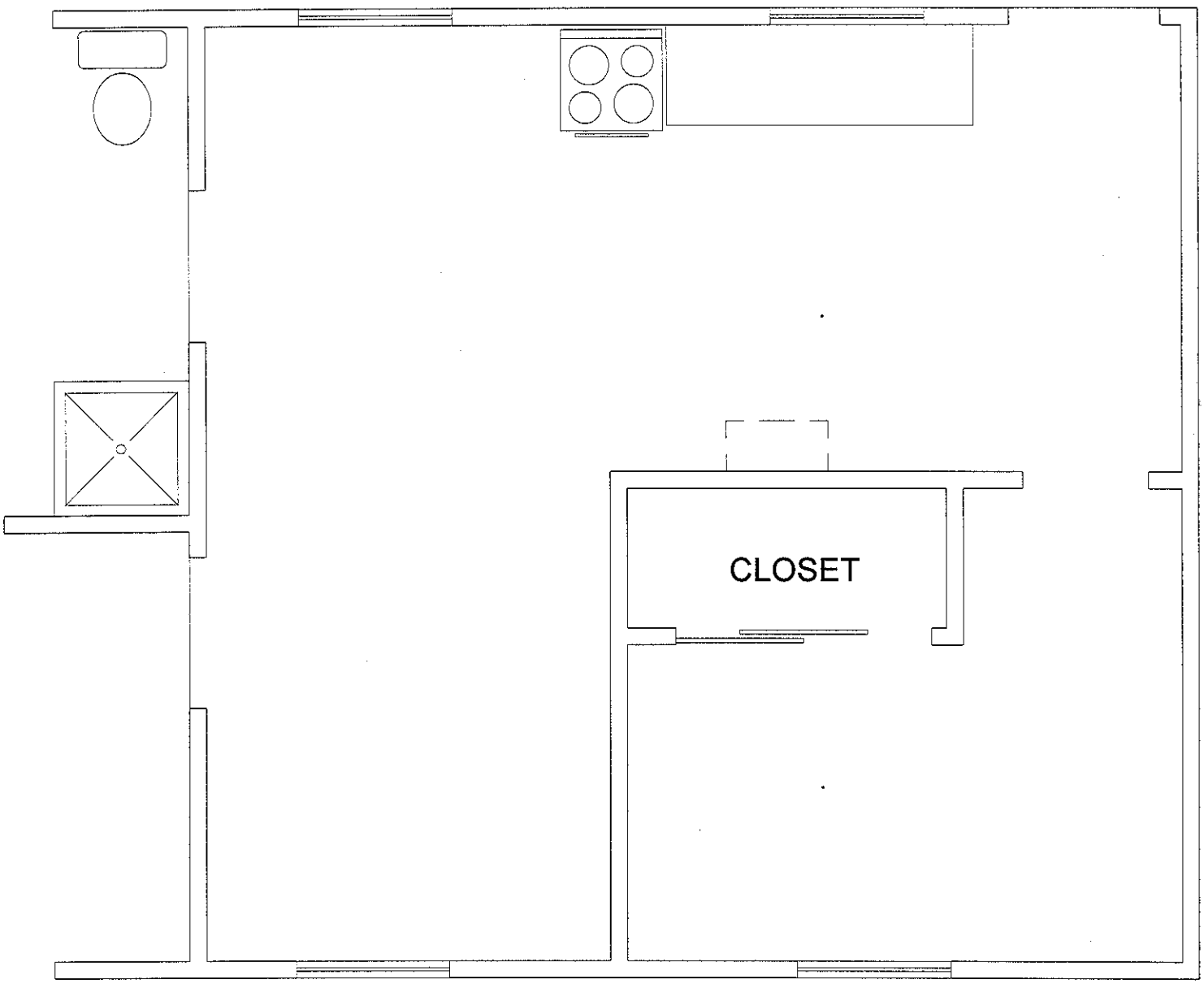
Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy

Sean Kinnevy **Land Use Officer**

Was.



LIVING AREA

383 sq ft

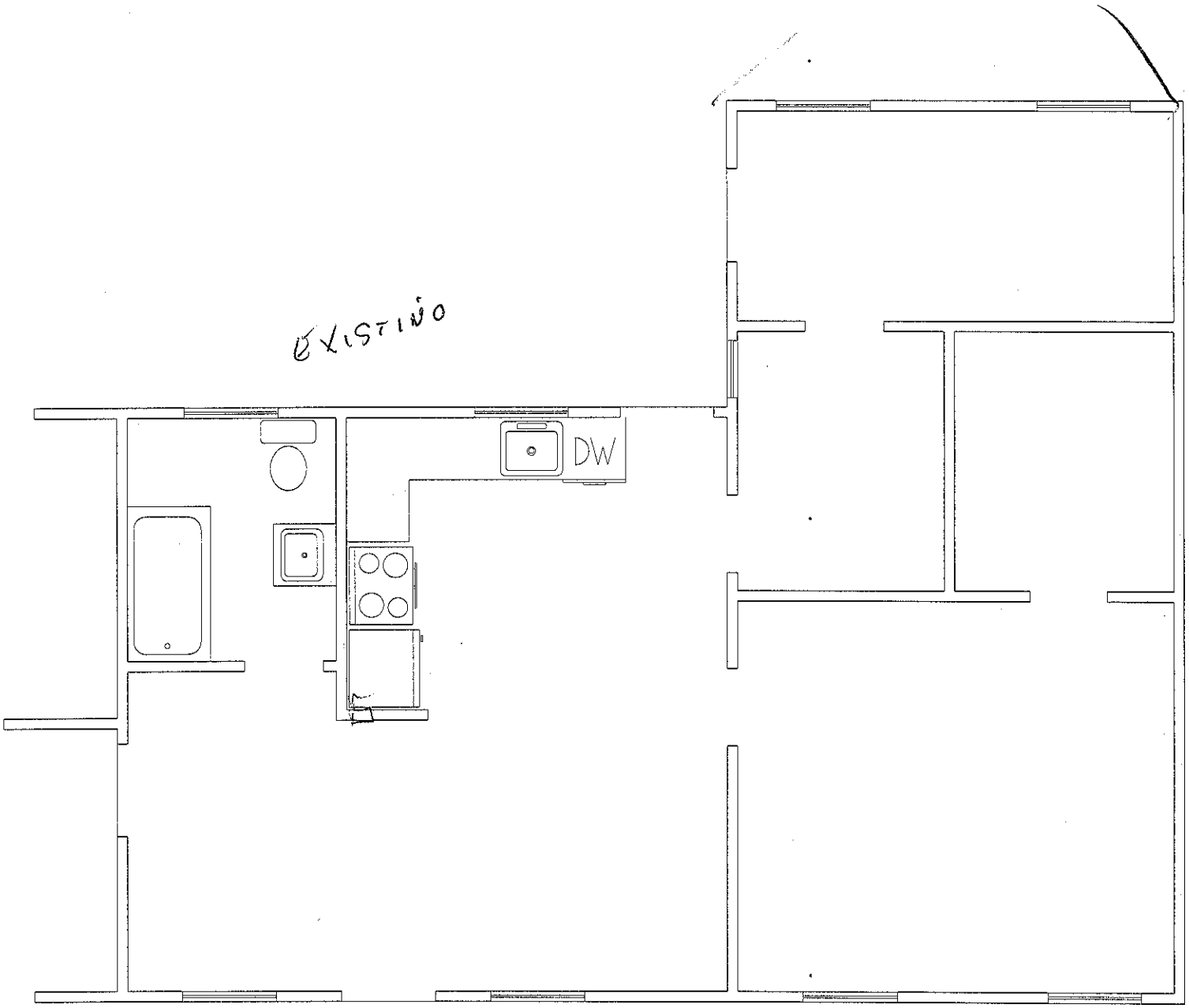
Existing

RAIA
451 16 ACC
BRICK

BK 1082-84
Lot 1-01

10

ADD



LIVING AREA

802 sq ft

NEW

Rain
#51 1624
BRICK
BLK 1082.04
LOT 1.01

FIREPLACE & WOOD STOVE: If masonry chimney is being built on outside of house, submit two plot plans showing location along with two copies of cross section of foundation, hearth and throat. A wood burning stove should be installed according to manufacturers specifications.

PLUMBING: Submit 1 Plumbing Technical Section with the heatloss, gas pipe sizing and a isometric sketch. Also a list of any existing plumbing fixtures.

PORCH ENCLOSURES: If you live in a development with an Association you must first receive the Association's approval. Bring us a copy of the approval, submit 2 copies of cross section drawing showing how the porch will be constructed from the footing (if it's not there already) to the roof, and what materials will be used. Also submit 2 copies of the elevation view showing how the porch will be enclosed & the snow load. Two plot plans are required showing location of porch and the distance to your property lines.

ROOFING: Just fill out application and Building Technical form.

SHEDS: If you're building your own shed, submit 2 copies of cross section of materials being used and one plot plan showing the location of shed on property and the setbacks to the property lines. If a pre-fab shed submit plot plan showing location and setbacks. In both cases you must state how the shed will be anchored.

SIDING: Just fill our application and Building Technical form.

SWIMMING POOLS: Submit 2 plot plans showing location of swimming pool on the property and distance to the property line, 2 sealed pool designs, and a brochure of the filter system. NEW STATE REQUIREMENT, information regarding door alarm.
ABOVE GROUND: Submit 1 plot plan showing location of pool and the distance to the property line, a brochure of pool and filter system. NEW STATE REQUIREMENT, the ladder or stair area must be fenced in with 48 inch X 1 1/4 inch chain link fence, with a self closing and latching gate.

ZONING REQUIREMENTS FOR ADDITIONS AND NEW HOMES: All plot plans must show the required yard areas for the particular zone. All yard requirements are shown to the building line. The building line is a line formed by the intersection of a horizontal plane and a vertical plane that coincides with the most projected exterior surface of the building including eves and overhangs.

All yard areas facing on a public street shall be considered a front yard and shall conform to the minimum front yard requirements for the particular area. The rear yard shall be deemed to be the area opposite the narrowest lot frontage and the remaining lot yard shall be determined to the side yard.

TOWNSHIP OF BRICK

TYPES OF WORK THAT REQUIRES BUILDING PERMITS AND WHAT THE REQUIREMENTS ARE FOR OBTAINING A BUILDING PERMIT

Please read this requirement list carefully. The applicant is completely responsible for submitting everything listed below. Failure to do so will result in the delay of your permit...

ADDITION: Submit two plot plans (see zoning below) showing the location of the addition with setbacks marked on the plot plan. Submit two sets of drawings consisting of cross section drawings showing all materials from footing to roof, and finished elevation view of the sides of the addition. If more than one room is involved, submit two floor plans. If plumbing work to be done by the homeowner state this, otherwise a plumber must sign and seal the plumbing tech section. ELECTRICAL permits are obtained from Ocean County Electrical Bureau, 2 Mott Place, Toms River. If the plans are drawn by the homeowner, the owner signs each page of plans and the owner section on the application.

ALTERATION: For inside changes, submit 2 copies of floor plan showing the changes.

BULKHEADS: As of September 26, 1980, on man-made lagoons only, a permit from the State is an approval from the Army Corps of Engineers. This approval is required for a permit in Brick. On all other natural waterways such as Metedeconk River, Kettle Creek, etc. both State and Army permits are necessary. Submit two plot plans showing location of bulkhead and the bulkhead design sealed by an Engineer.

DECK: Two sets of plans showing how the deck will be constructed from the footing to the rails, (a top view, & side view) what materials are to be used, their size, and the depth of the footings. Also, include one plot plan showing the location of the proposed deck and what the distance will be to the side and rear property lines.

ELECTRICAL: If there is Electrical work to be done a permit is to be obtained from the OCEAN COUNTY ELECTRICAL BUREAU, TOMS RIVER. The phone number is (908) 244-2121. IT IS THE OWNERS RESPONSIBILITY TO OBTAIN ELECTRICAL PERMITS. NO CERTIFICATES OF OCCUPANCY WILL BE ISSUED WITHOUT A FINAL ELECTRICAL APPROVAL.

FENCES: Submit one Plot Plan showing the location of the fence by placing X's along the property line that the fence will be on.

April 1, 1996

To Whom It May Concern,

I Don Beam General Contractor have been removed from a job at 451 16th Ave., Brick, NJ, request that my name be removed from permit # 015 - 96. I do not wish my name or insurance to be further used on this project. As of March 29, 1996 I was no longer on this job.

Thank you

Don Beam
1-908-477-4507

State of NJ. Don Beam
County of Ocean
4/1/96
Despina K. Lines

DESPINA K. LINES
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 13, 1999

INSTALLATION INSTRUCTIONS

Installation And Operation Instructions

For Superior's GASVF Series Unvented Decorative Gas Fireplaces

Models
GASVF-36N
GASVF-36P

WARNING: If the information in this manual is not followed exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

– Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

– WHAT TO DO IF YOU SMELL GAS

- **Do not try to light any appliance.**
- **Do not touch any electrical switch; do not use any phone in your building.**
- **Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.**
- **If you cannot reach your gas supplier, call the fire department.**

– Installation and service must be performed by a qualified installer, service agency or the gas supplier.

This is an unvented gas-fired heater. It uses air (oxygen) from the room in which it is installed. Provisions for adequate combustion and ventilation air must be provided.

Due to high temperatures, the appliance should be located out of traffic and away from furniture or draperies.

Do not place clothing or other materials on or near this appliance.

PLEASE RETAIN THIS MANUAL FOR FUTURE REFERENCE.

RAIA
451 16th AVE
BRICK
LOT 1.01
BLK 1082.94

SUPERIOR
The Fireplace Company

TABLE OF CONTENTS

GENERAL INFORMATION

The GASVF Unvented Room Heaters covered in this manual feature ceramic fiber split logs which glow realistically when the heater is operating.

These heaters are manually controlled.

A spark ignition system (piezo) allows the heater pilot gas to be lit without the use of matches or batteries and permits operation of the heater during a power outage.

The heater is fitted with a specially designed pilot which senses the amount of oxygen available in the room and shuts the fireplace off if the oxygen level drops below a satisfactory level. The pilot can be relit only when fresh air is available. These oxygen depletion pilots have a remarkable safety record and have been used extensively for many years.

The GASVF Unvented Room Heaters may be built into a framed wall, or installed with one of Superior's optional oak surround and platforms.

This heater has been tested to the standards of ANSI Z21.11.2a-1993 unvented heaters.

Inventory

GASVF Unvented Gas Fireplace
Gas connection fittings
Installation and Operating Instructions

Tools and Building Supplies Normally Required

Tools Should Include:

Phillips screwdriver
Hammer
Saw and/or Sabersaw
Measuring tape
Electric drill and bits
Pliers
Square
Piping complying with local codes
Pipe wrench
Tee joint
Pipe compound

Building Supplies Should Include:

Framing materials
Wall finishing materials
Caulking materials (noncombustible)
Fireplace surround materials

Installation Applications

1. Fireplace built into a framed wall.

2. Fireplace installed with oak surround and platform (Refer to oak surround installation instructions, P/N 901487).

Check the inventory list to be sure that you have all the necessary parts in usable condition. Also check for concealed damage.

UNVENTED GAS ROOM HEATER SPECIFICATIONS AND TECHNICAL DETAILS

Model No.	Part No.	Gas Type	Maximum BTU/HR	Valve Operation	Ignition	Regulator Pressure Setting	Gas Inlet Pressure
GASVF-36N	063531	Natural	26,000	Manual	Piezo	3" w.c.	Max 10 ½" w.c. Min. 5" w.c.
GASVF-36P	063532	Propane	22,000	Manual	Piezo	10" w.c.	Max 13" w.c. Min. 11" w.c.

IMPORTANT SAFETY INFORMATION

INSTALLER: PLEASE LEAVE THESE INSTRUCTIONS WITH THE OWNER.

OWNER: PLEASE RETAIN THESE INSTRUCTION FOR FUTURE REFERENCE.

IMPORTANT: BEFORE STARTING YOUR HEATER INSTALLATION, READ THESE INSTALLATION INSTRUCTIONS CAREFULLY TO BE SURE YOU UNDERSTAND THEM COMPLETELY AND IN ENTIRETY. FAILURE TO FOLLOW THESE INSTRUCTIONS COULD CAUSE A HEATER MALFUNCTION RESULTING IN SERIOUS INJURY AND/OR PROPERTY DAMAGE.

WARNING: ANY CHANGE TO THIS UNVENTED ROOM HEATER OR ITS CONTROLS CAN BE DANGEROUS. IMPROPER INSTALLATION OR USE OF THIS HEATER CAN CAUSE SERIOUS INJURY OR DEATH FROM FIRE, BURNS, EXPLOSION OR CARBON MONOXIDE POISONING.

Carbon Monoxide Poisoning: Early signs of carbon monoxide poisoning are similar to the flu with headaches, dizziness and/or nausea. If you have these signs, obtain fresh air immediately. Turn off the gas supply to the heater and have the Unvented Gas Heater serviced as it may not be operating correctly.

- Due to high temperatures, the heater should be located out of traffic and away from furniture and draperies.
- Children and adults should be alerted to the hazard of high surface temperatures and should stay away to avoid burns or clothing ignition.
- Young children should be carefully supervised when they are in the same room with the heater.
- Do not place clothing or other flammable material on or near the heater for the purpose of drying.
- Installation and repair should be done by a qualified service person. The heater should be inspected before use and at least annually by a professional service person. More frequent cleaning may be required due to excessive lint from carpeting, bedding material, etc. It is important that control compartments, burners and circulating air passageways of the heater be kept clean.
- Allow the heater to cool before servicing. Always shut off any electricity or gas to the heater while performing service work.
- This heater shall not be installed in a confined space unless provisions are provided for adequate combustion and ventilation air.
- The National Fuel Gas Code defines a confined space as a space whose volume is less than 50 cubic feet per 1,000 BTU per hour (4.8 m^3 per kw) or the aggregate input rating of all appliances installed in that space and an unconfined space as a space whose volume is not less than 50 cubic feet per 1,000 BTU per hour (4.8 m^3 per kw) of the aggregate input rating of all appliance installed in that space. Rooms communicating directly with the space in which the appliances are installed, through openings not furnished with doors, are considered a part of the unconfined space.
- Do not install the GASVF series heaters in a sleeping room or bathroom.
- The installation must conform with local codes or, in the absence of local codes, with the ANSI Z21.11.2a-1993 Unvented Heaters standard.
- The heater and its individual shut-off valve must be disconnected from the gas supply piping system while performing any tests of the gas supply piping system at pressures in excess of ½ psig.
- The heater must be isolated from the gas supply piping system by closing its individual manual shut-off valve during any pressure testing of the gas supply piping system at test pressures equal to or less than ½ psig.
- Keep heater area clear and free from combustible materials, gasoline and other flammable vapors and liquids.
- Do not use this heater if any part has been under water. Immediately call a qualified service technician to inspect the heater and to replace any part of the control system and any gas control which has been under water.
- Input ratings are shown in BTU per hour and are for elevations up to 4,800 feet. Do not install this heater at an elevation above 4,800 feet if the gas supply has not been derated for that elevation. Consult your local gas supplier.
- Ensure that the heater is clean when operating. Excessive dust accumulation on the burner and logs will increase the amount of carbon monoxide formation and could lead to carbon monoxide poisoning and death.

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

CODES

Adhere to all local codes or in their absence the latest edition of The National Fuel Gas Code ANSI Z223.1 or NFPA54 which can be obtained from The American National Standards Institute, Inc. (1430 Broadway, New York, NY, 10018) or National Fire Protection Association, Inc. (Batterymarch Park, Quincy, MA, 02269).

LOCATION OF FIREPLACE

Carefully select the best location for installation of your Superior GASVF Unvented Room Heater. The following factors should be taken into consideration:

- Clearance to side wall, ceiling, woodwork and windows.
- Location must not be affected by drafts caused by kitchen exhaust fans, return air registers for forced air furnaces/air conditioners, windows or doors.
- Installation must provide adequate ventilation and combustion air.
- Do not install the GASVF series heaters in a sleeping room or bathroom.
- Never obstruct the front opening of the heater or restrict the flow of combustion and ventilation air.
- Minimize modifications to existing construction. Refer to *Figure 1* for location suggestions.

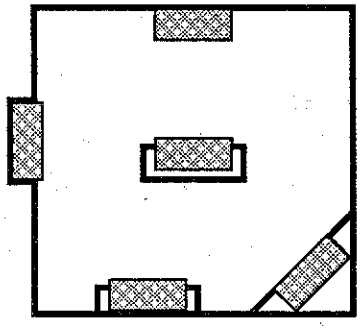


Figure 1

To ensure even heat distribution, it is best to position the heater centrally against the longest wall of the room. Make sure there is adequate ventilation where the heater is installed. The gas appliance will shut off if the oxygen level falls below 18.5%.

To prevent any movement during operation, heaters installed in a surround must be attached to the floor or to a solid wood platform (hearth). For the GASVF Series heaters, this platform must be a minimum of 15 ½" deep and 36" wide (refer to *Figure 26*). After positioning the heater, bend the mounting tabs down (*Figure 2*). Drill a ¼" (.125) hole in each tab. Using two (2) screws securely tighten the heater to floor or platform.

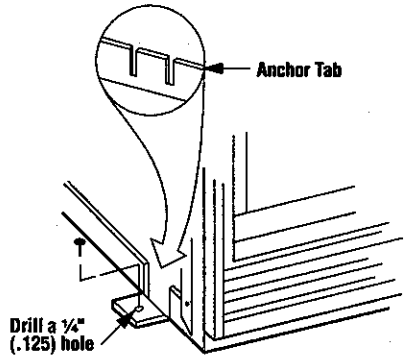


Figure 2

Note: *If installing on carpeting, vinyl or other soft floor covering, the heater must first be mounted on a wood or metal panel extending the full width and depth of the room heater.*

WARNING: MAINTAIN MINIMUM CLEARANCES.

Do not install in the vicinity of gasoline or other flammable liquids. The heater must be kept clear and free from these combustible materials and may not be located near where they are stored.

Clearances

WARNING: DO NOT INSTALL GASVF SERIES UNVENTED ROOM HEATERS IN SLEEPING QUARTERS, OR IN RECREATIONAL VEHICLES.

WARNING: DO NOT INSTALL THE GASVF UNVENTED ROOM HEATER:

- **WHERE CURTAINS, FURNITURE, CLOTHING OR OTHER FLAMMABLE OBJECTS ARE LESS THAN 42" FROM THE FRONT OF THE UNVENTED ROOM HEATER.**
- **IN HIGH TRAFFIC AREAS.**
- **IN WINDY OR DRAFTY AREAS.**

Ensure the minimum clearances shown in *Figure 3 and 4* are maintained.

Follow these instructions carefully to ensure safe installation. Failure to follow these requirements may create a fire hazard.

Side Wall Clearance: The sides of the fireplace opening must be at least 16" from any combustible side wall (*Figure 3*).

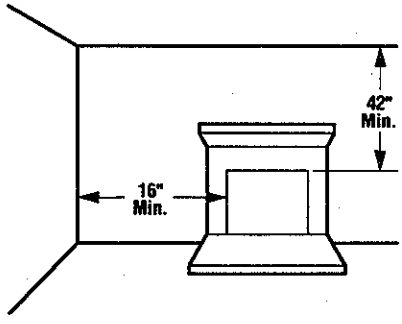


Figure 3

Ceiling Clearance: The ceiling must be at least 42" from the top of the heater opening (*Figure 3*).

Wood Mantel, Shelf or Combustible Projection Requirements: To install a wood mantel, shelf or other combustible projection directly above the fireplace (firebox), refer to the table below and to *Figure 4* for installation profiles.

WARNING: THE CANOPY HOOD MUST BE IN PLACE TO BE IN COMPLIANCE WITH THE CLEARANCES SPECIFIED IN *FIGURE 4.*

If your mantel profile is unsafe, you may either:

- Raise the mantel to an acceptable height, or
- Do not install the mantel.

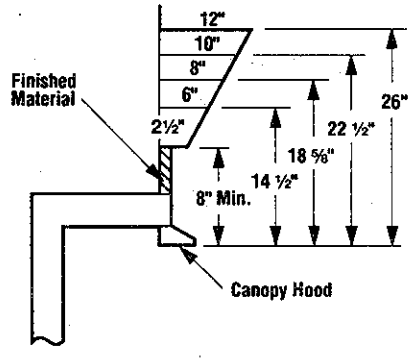


Figure 4

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

PREINSTALLATION

Check that all listed parts have been received.

Carefully inspect the heater case and contents for shipping damage and immediately inform the dealer from whom you purchased the gas fireplace if any damage is found.

Check Gas Type

This appliance can only be connected to the gas type specified on the appliance data plate. This appliance can not be modified in the field for a different gas type. If the gas type to be used is not the one specified contact the dealer to obtain the correct gas appliance.

Note: *Illustrations shown in this manual reflect "typical" installations with nominal dimensions and are for design and framing reference only. Actual installations may vary due to individual design preferences. However, always maintain minimum clearances to combustible materials and do not violate any specific installation requirements.*

Note: *The following steps represent the normal sequence of installation. Each installation is unique, however, and might require a different sequence.*

Step 1. Position heater in desired location (freestanding, onto surround base or into prepared framing) and secure.

Step 2. Plumb gas line. (Gas connections should only be performed by an experienced, licensed/certified tradesman.)

Step 3. Assemble logs and test flame appearance.

Step 4. Complete finish wall material, surround and optional hearth extension to your individual taste.

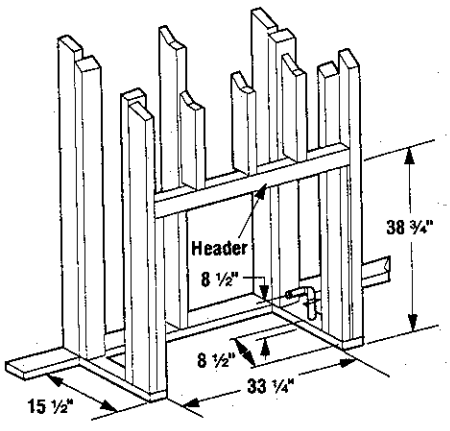


Figure 5

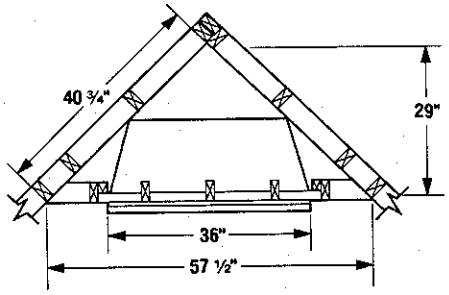


Figure 6

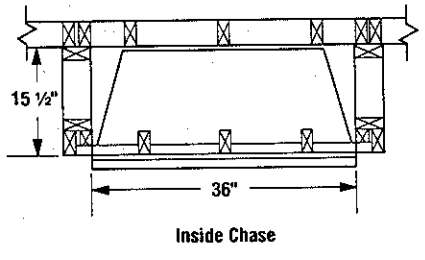


Figure 7

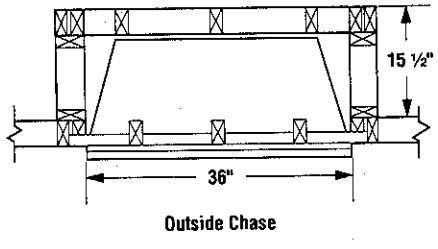


Figure 8

INSTALLATION STEPS
Built-In Systems

Step 1. Frame appliance enclosures as illustrated in *Figures 5, 6, 7 and 8.* For surround installations proceed to Step 6.

Note: *The framed depth (15 ½" for a flat wall, 29" for a corner) must always be measured from a finished surface. If a wall covering such as drywall is to be attached to the rear wall, then the 15 ½" or 29" must be measured from the drywall surface.*

Step 2. Route a ½" NPT black iron gas line 8 ½" above the floor surface (if the appliance will be resting on the floor) and 8 ½" behind the face of the rough framing (*Figure 9*).

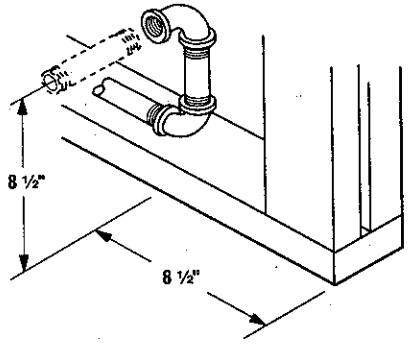


Figure 9

Note: *Always install a sediment trap in the black iron pipe just outside the unit (Figure 10).*

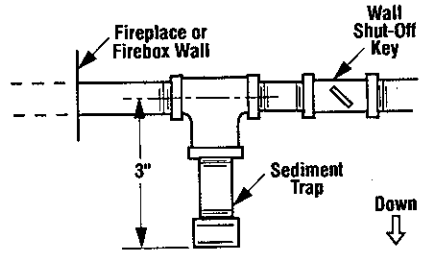


Figure 10

Note: *It is necessary to route the gas line on the right side of the appliance only. The gas line should extend a total of 1" max. into the control compartment (Figure 11).*

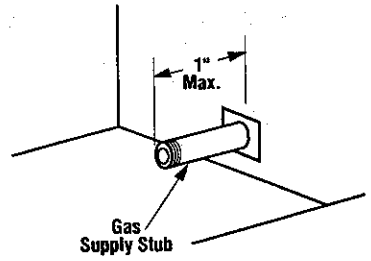


Figure 11

Step 3. Position the appliance into prepared framing, nailing with 6d nails through the nailing flange holes.

Note: *The nailing flange and the area directly behind the nailing flange are exempt from the clearances described on the clearance label.*

Installing 120V Electrical Wiring (Fan Option)

Step 4. Remove the junction box cover (*Figures 12 and 13*) by removing the hex head screw. The junction box cover has a ⅞" knockout hole for a conduit bushing. Route a 3-wire 120V 60Hz power supply line through a wall switch (not supplied) to the appliance junction box and ground (*Figure 13*).

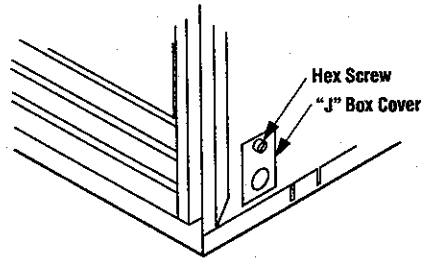


Figure 12

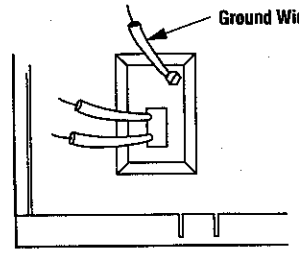


Figure 13

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

Step 5. After wiring is complete, replace the appliance junction box cover into the side access opening, from which it was removed, and secure with the hex head screw previously removed.

IMPORTANT: GROUND LEAD MUST BE CONNECTED TO THE GROUND WIRE LOCATED IN THE JUNCTION BOX (*FIGURE 13*). FAILURE TO DO SO WILL PREVENT THE APPLIANCE FROM OPERATING.

Finished Wall Details

It is sometimes best to frame the appliance after it has been positioned in place. Frame with 2 x 4s or heavier lumber. Always frame in accordance with local building codes.

Note: *The header may rest on the top spacers but must not be notched to fit around them.*

In order to install the appliance facing flush with the finished wall, position the framework to accommodate the thickness of the finished wall (*Figure 14*).

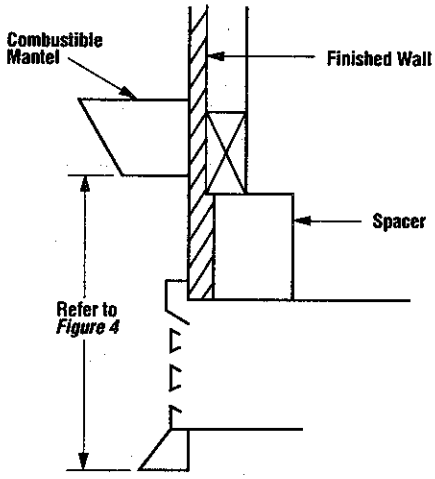


Figure 14

Surround materials can be placed around the appliance facing to provide a flush surface between the surround materials and the appliance front facing (*Figure 15*).

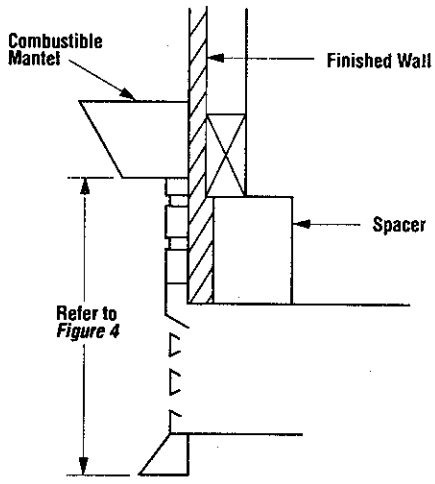


Figure 15

It is NOT necessary to install a hearth extension with this appliance. If a hearth extension is used, do not block the lower louvered area of the GASVF Series. Any hearth extension used is for appearance only and does not have to conform to normal specifications.

A combustible mantel shelf projecting a maximum 2 ½" from the wall may be installed a minimum of 8" above the GASVF front opening (*Figures 14 and 15*).

Proceed to Step 9.

Surround Installations

Note: *The GASVF fireplace must be installed giving full consideration to the clearance and height requirements identified in this manual.*

Step 6. Position Heater – Place the heater in desired location. It may be helpful to temporarily assemble the surround around the appliance to properly located the unit. Refer to *Figure 16* for floor and platform installations. If the heater is to be installed into a framed wall refer to the built-in assembly steps beginning on page 4.

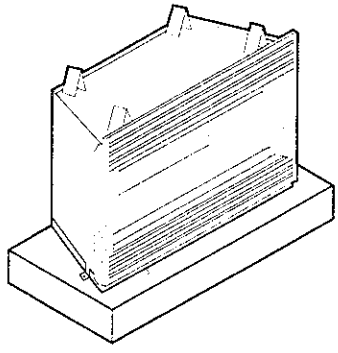


Figure 16

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

Note: *The heater may be installed directly on a floor made of standard combustible wood construction materials. Do not install the heater directly on carpeting or other soft floor covering such as vinyl tile or flooring materials. Use a wood or metal panel that extends the full width and depth of the heater between the heater and any soft floor covering material. Refer to Figure 26 for base dimensions.*

Step 7. Secure Heater – Bend the tabs down (*Figures 2 and 16*). Drill a ¼" (.125) hole in each tab. Using two (2) screws securely tighten the appliance to the platform.

Note: *Heater must be anchored to the floor or platform.*

Step 8. Install Optional 120V Wiring – Refer to Steps 4 and 5 for wiring instructions.

Connecting Gas Line

Step 9. A qualified gas appliance installer must connect the gas room heater to the gas supply.

Consult all local codes.

Use new black iron or steel pipe only. Internally tinned copper tubing can be used in some areas when permitted by local codes. Only use pipe of ½" or greater diameter to allow full gas volume to the gas fireplace. Undue pressure loss will occur if the pipe is too small.

An ANSI approved manual shut-off valve and union must be installed upstream of the heater within the fireplace cavity when rigid pipe is used.

A sediment trap must be installed upstream of the heater to prevent moisture and contaminants from passing through the pipe to the heater controls and burners (*Figure 17*). Failure to do so could prevent the heater from operating reliably.

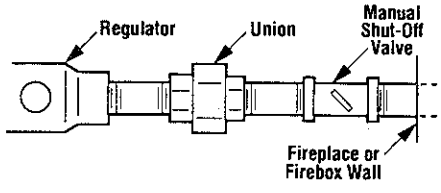


Figure 17

IMPORTANT: HOLD HEATER REGULATOR WITH A WRENCH TO PREVENT MOVEMENT WHEN CONNECTING TO INLET PIPING

An external regulator must be used on all propane (L.P.G.) heaters, in addition to the regulator fitted to the heater, to reduce the supply tank pressure to 13" w.c. (maximum).

WARNING: CONNECTING DIRECTLY TO AN UNREGULATED PROPANE TANK CAN CAUSE AN EXPLOSION.

The heater gas inlet connection is ⅜" flare at the elbow fitting and ⅜" NPT at the regulator, located on the right side facing the heater. If a left side connection is required, the connection pipe may be piped under the rear of the appliance to end at the left hand side for connection to the inlet.

Note: *To make the gas line connection easier, the log grate may be removed by removing the mounting screws at each side of the grate (Figure 18).*

When tightening up the joint to the regulator hold the regulator securely with a wrench to prevent the regulator from moving.

Checking Gas Connections: Test all gas joints from the gas meter to the gas fireplace regulator for leaks using soap and water solution after completing connection. **DO NOT USE AN OPEN FLAME.**

Gas Pressure Check

The heater regulator controls the burner pressure which should be checked at the pressure test point (⅛" NPT plugged tap) down stream, adjacent to the regulator and accessible from above (*Figure 18*).

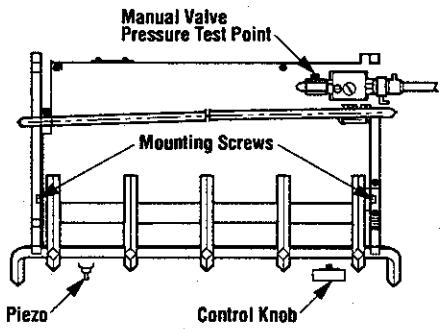


Figure 18

The pressure should be checked with the gas heater burning and the control set to high (3).

The pressure regulator is preset and locked to avoid tampering. If the pressure is not as specified in the Technical Details Chart on page 2, replace the regulator with P/N 900743 for natural gas and P/N 900744 for propane (L.P.G.) heaters.

Replace the test point plug after pressure measurement ensuring no gas leaks.

Step 10. For Surround Installations Only – Finish the assembly of the surround components and secure the surround to the appliance.

Assembling the Logs

Step 11. The heater includes a set of four (4) ceramic fiber logs. The heater and logs are assembled as shown in *Figure 19*. Handle these logs with great care. The logs can be easily damaged, but when handled properly they can provide years of performance and enjoyment.

Position log No. 1 against the front of the log grate as shown. Place the log's locating tabs securely into the grate opening in front of the main (front) burner.

Log No. 2 is placed above and to the rear of the log No. 1, Insert the two (2) metal pins (located on the frame) into the corresponding holes in log No. 2.

Place log No. 3 above and slightly behind log No. 2. The two (2) pins (located on the frame) should be inserted into the corresponding holes in log No. 3.

Log No. 4 is placed above log No. 3. Position log No. 4 on flat of log No. 3 with the two (2) branch extensions resting on log No. 2.

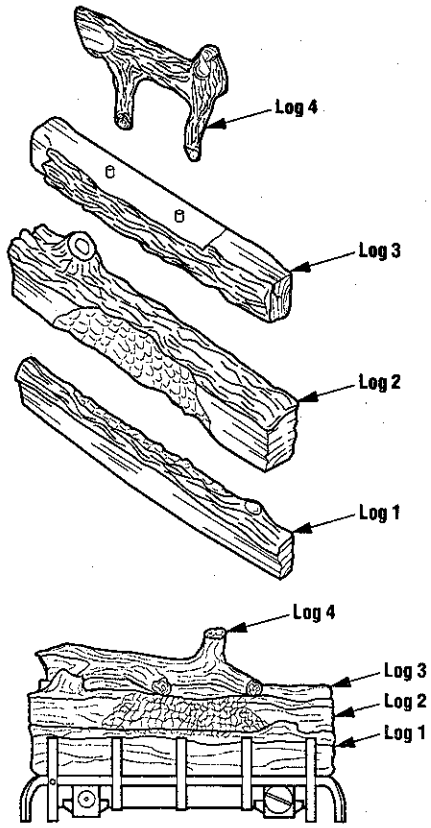


Figure 19

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

After setting the logs into position as described above, ensure each is properly and firmly situated. The heater will not function as intended if the logs are not correctly positioned.

Periodically check the positioning of all logs.

Flame Appearance

REFER TO THE OPERATING INSTRUCTIONS LOCATED AT THE BACK OF THIS MANUAL BEFORE LIGHTING THE HEATER TO OBSERVE THE FLAMES.

Flames from the pilot, front and rear burner should be visually checked as soon as the heater is installed. In addition a periodic visual check of the flames should be made. The pilot flame should always be present when the heater is in operation and should just envelope the tip of the thermocouple (*Figure 20*).

WARNING: NO ADJUSTMENTS ARE TO BE MADE TO THE ODS PILOT SYSTEM. TAMPERING WITH THIS SYSTEM CAN BE EXTREMELY HAZARDOUS.

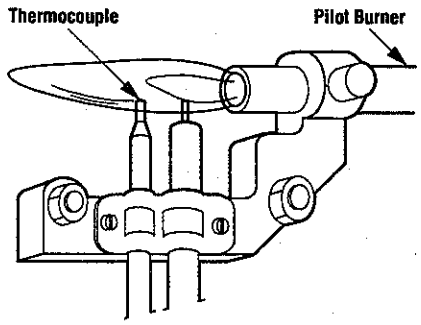


Figure 20

A pilot flame that does not envelope the thermocouple tip, will cause the main burners to function improperly. If the pilot flame does not envelope the thermocouple tip as shown in *Figure 21*, contact your service representative.

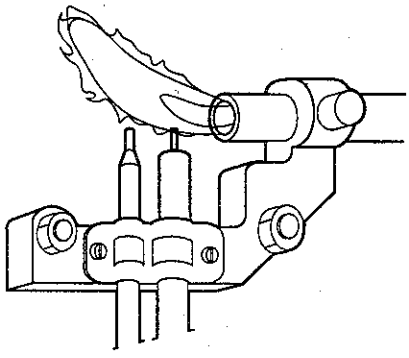


Figure 21

In normal operation, at full rate, after 15 minutes the following flame appearance should be observed:

Rear Burner Flame – The rear flames above and behind log No. 2 and in front of log No. 3 should be yellow. The flames should extend about 3 – 4" above log No. 2 for natural gas and 2 – 3" above for propane (L.P.G.) gas (*Figure 22*).

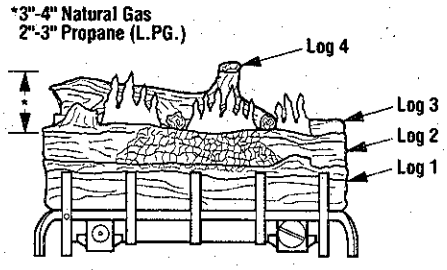


Figure 22

Main Burner – The flames at the front burner holes will be blue becoming yellowish as they hit the bark-like texture of the base and front face of log No. 2 (*Figure 23*).

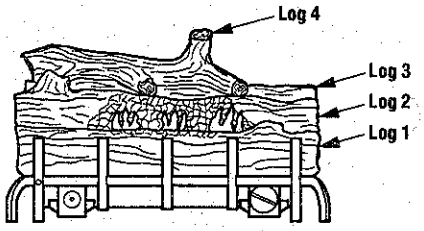


Figure 23

OPTIONAL EQUIPMENT

Fan Kit

If the optional fan kit, Model FAB-1600, is to be used on the GASVF appliance, refer to the installation instructions packed with the fan assembly. The GASVF appliances have been pre-wired at the factory to accept the forced air kit at some later time. The appliance, must however, be connected to the main power supply at the time of installation if the FAB-1600 forced air kit is to be installed later.

Horizontal Trim Installation

There are two optional horizontal trim kits, Models 35HTK-AB and 35TT-SPB, available for use with the GASVF Series appliance. Refer to the specific installation instructions packed with each trim kit for their proper usage.

Wood Surround with Base

There are two surrounds available for use with the GASVF Series appliance: Model SUR-36 for standard wall installations and Model SUR-36C for corner wall installations. Refer to the specific installation instructions packed with each surround for further installation details.

CLEANING AND SERVICING

WARNING: TURN OFF THE UNVENTED GAS ROOM HEATER AND ALLOW TO COOL BEFORE CLEANING.

Only limited cleaning will be required under the normal use of the heater. Dust the front grate, the top of the piezo cover and the control knob occasionally. Do not use cleaning fluids to clean the logs or any other part of the room heater.

Remove the top front and rear logs, gently handling by holding each log at each end. Use a vacuum cleaner to remove loose particles from the base and from around the burners. Gloves are recommended to prevent the fibers from pricking your skin. If the skin is pricked, wash gently with soap and water. Replace the logs as detailed in Step 3 Assembling the Logs.

If, after a period of use, the flames start to exhibit unusual shapes and behavior, or the burners fail to ignite smoothly, then the burner holes may require some cleaning. If this happens, it is preferable to contact your nearest dealer to get the appliance serviced.

REPLACEMENT PARTS

An exploded view of the room heater with numbered parts and a parts list can be found on page 14. All parts should be ordered through your Superior distributor or dealer. Parts will be shipped at prevailing prices at time of order.

When ordering repair parts, always give the following information:

1. The model number of the heater.
2. The serial number of the heater.
3. The part number.
4. The description of the part.
5. The quantity required.
6. The installation date of the heater.

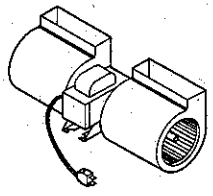
If you encounter any problems or have any questions concerning the installation of this heater, please contact your distributor. For the name of your nearest distributor contact:

SUPERIOR FIREPLACE COMPANY
4325 Artesia Avenue
Fullerton, CA 92633
(714) 521-7302

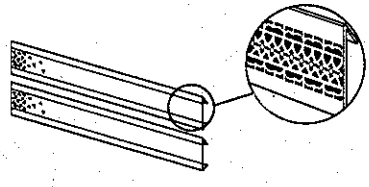
Model	Part Number	Weight
GASVF-36N	P/N 063531	90 lbs.
GASVF-36P	P/N 063532	90 lbs.

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

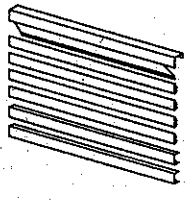
ACCESSORIES AND COMPONENTS



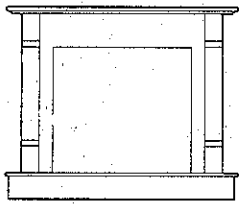
Forced Air Kit **P/N 051331** **FAB-1600**



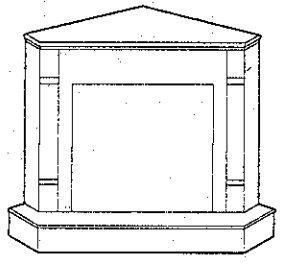
Traditional Louver Kit **P/N 045651** **35TT-SPB**



Horizontal Trim Kit **P/N 024471** **35HTK-AB**



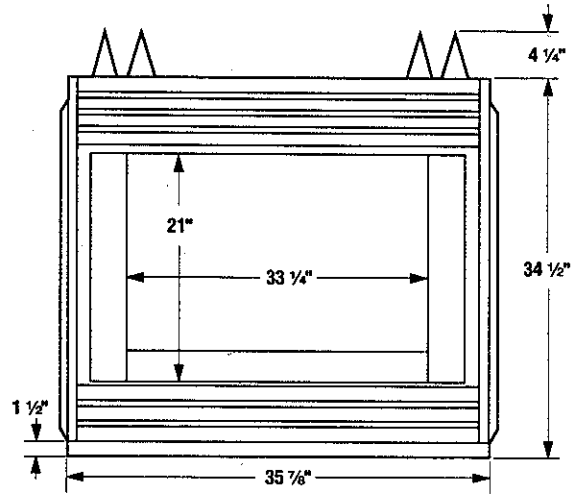
Oak Veneer Wall Surround **P/N 063541** **SUR-3F**



Oak Veneer Corner Wall Surround **P/N 063542** **SUR-36C**

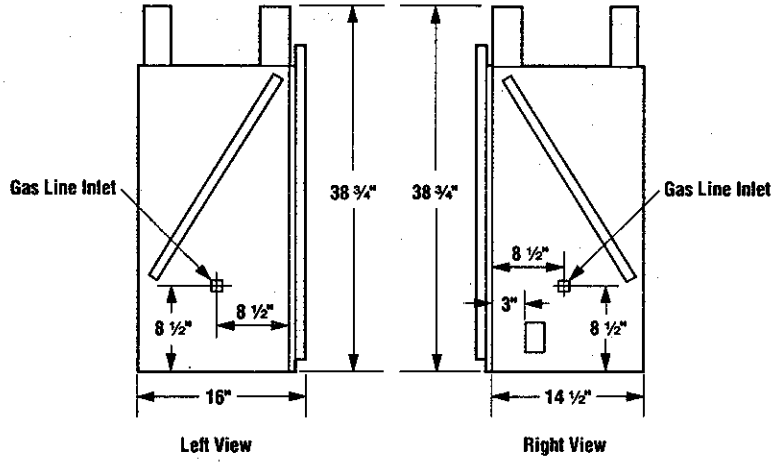
NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

APPLIANCE SPECIFICATIONS



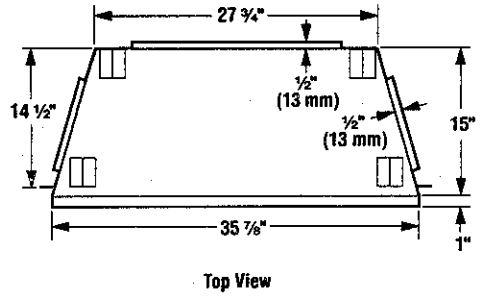
Front View

Figure 24



Left View Right View

Figure 25



Top View

Figure 26

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

TROUBLESHOOTING GUIDE FOR VENT-FREE GAS PRODUCTS

OBSERVED PROBLEM	POSSIBLE CAUSE	REMEDY
1. When igniter button is pressed, there is no spark at ODS/pilot.	A. Igniter electrode positioned wrong.	Replace igniter.
	B. Igniter electrode broken.	Replace igniter.
	C. Igniter electrode not connected to igniter cable.	Reconnect igniter cable.
	D. Igniter cable pinched or wet.	Free igniter cable if pinched by any metal or tubing. Keep igniter cable dry.
	E. Piezo igniter nut is loose.	Tighten nut.
	F. Broken igniter cable.	Replace igniter cable.
	G. Bad piezo igniter.	Replace piezo igniter.
2. Heater produces unwanted odors.	A. Heater burning vapors from paint, hair spray, glues, etc.	Ventilate room. Stop using odor-causing products while fireplace is running.
	B. Gas leak. See Warning statement on the front page.	Locate and correct all leaks.
3. Heater shuts off in use (ODS operates).	A. Not enough fresh air is available.	Open window and/or door for ventilation.
	B. Low line pressure.	Contact local gas company.
	C. ODS/pilot is partially clogged.	Clean ODS/pilot.
4. Gas odor even when control knob is in "OFF" position.	A. Gas leak. See Warning statement on the front page.	Locate and correct all leaks (see Checking Gas Connection, page 5).
	B. Control valve defective.	Replace control valve.
5. When igniter button is pressed, there is spark at ODS/pilot, but no ignition.	A. Gas supply turned off or manual shut-off valve closed.	Turn on gas supply or open manual shut-off valve.
	B. Control knob not in "PILOT" position.	Turn control knob to pilot position.
	C. Control knob not pressed in while in "PILOT" position.	Press in control knob while in pilot position.
	D. Air in gas lines when installed.	Continue holding down control knob. Repeat igniting operation until air is removed.
	E. ODS/pilot is clogged.	Replace ODS/pilot assembly or get it serviced.
	F. Gas regulator setting is not correct.	Replace gas regulator.
6. ODS/pilot lights, but flame goes out when control knob is released.	A. Control knob not fully pressed in.	Press in control knob fully.
	B. Control knob not pressed in long enough.	After ODS/pilot lights, keep control knob pressed in 30 seconds.
	C. Manual shut-off valve not fully open.	Fully open manual shut-off valve.
	D. Thermocouple connection loose at control valve.	Hand tighten until snug, then tighten ¼ turn more.
	E. Pilot flame not touching thermocouple, which allows thermocouple to cool, causing pilot flame to go out. This problem could be caused by one or both of the following: 1). Low gas pressure 2). Dirty or partially clogged ODS/pilot	1). Contact local gas company. 2). Replace ODS/pilot assembly or get pilot serviced.
	F. Thermocouple damaged.	Replace thermocouple.
	G. Control valve damaged.	Replace control valve.
7. Burner does not light after ODS/pilot is lit.	A. Burner orifice is clogged.	Clean burner or replace burner orifice.
	B. Burner orifice diameter is too small.	Replace burner orifice.
	C. Inlet gas pressure is too low.	Contact local gas company.
8. Delayed ignition of burner.	A. Manifold pressure is too low.	Contact local gas company.
	B. Burner orifice is clogged.	Clean burner or replace burner orifice.
9. Burner backfiring during combustion.	A. Burner orifice is clogged or damaged.	Clean burner or replace burner orifice.
	B. Burner damaged.	Replace burner.
	C. Gas regulator defective.	Replace gas regulator.
10. Slight smoke or odor during initial operation.	A. Vapors from paint or curing process of logs.	Problem will stop after a few hours of operation. Superior recommends running the heater with the damper open for the first few hours.
11. Heater produces a whistling noise when burner is lit.	A. Turning control knob to "HI" position when burner is cold.	Turn control knob to "LO" position and let warm up for a minute.
	B. Air in gas line.	Operate burner until air is removed from line. Have gas line checked by local gas company.
	C. Dirty or partially clogged burner orifice.	Clean burner or replace burner orifice.

OPERATING INSTRUCTIONS

FOR YOUR SAFETY READ BEFORE LIGHTING

WARNING: IF YOU DO NOT FOLLOW THESE INSTRUCTIONS EXACTLY, A FIRE OR EXPLOSION MAY RESULT CAUSING PROPERTY DAMAGE, PERSONAL INJURY OR LOSS OF LIFE.

A. This heater has a pilot which must be lit by hand. When lighting the pilot, follow these instructions exactly.

B. BEFORE OPERATING smell all around the heater area for gas. Be sure to smell next to the floor because some gas is heavier than air and will settle on the floor.

WHAT TO DO IF YOU SMELL GAS

- Do not try to light any appliance.
- Do not touch any electric switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

C. Use only your hand to push in or turn the gas control knob. Never use tools. If the knob will not push in or turn by hand, do not try to repair it, call a qualified service technician. Forced or attempted repair may result in a fire or explosion.

D. Do not use this heater if any part has been under water. Immediately call a qualified service technician to inspect the appliance and to replace any part of the control system and any gas control which has been under water.

LIGHTING INSTRUCTIONS

1. Stop! Read the safety information above.
2. Make sure manual shut-off valve is fully open.
3. Refer to *Figure 27* to locate gas control knob and piezo.
4. Depress control knob in and turn clockwise to the "OFF" position (*Figure 28*).
5. Wait 5 minutes to clear out any gas. Then smell for gas, including near the floor. If you smell gas, **STOP!** Follow "B" in the safety information above. If you do not smell gas, go to the next step.
6. The pilot is located on the right side in front of the front log and below the main burner (*Figure 29 and Figure 30*).
7. Depress control knob in and turn counterclockwise to the "IGN" position (*Figure 31*). Press the control knob all the way in for 5 seconds.

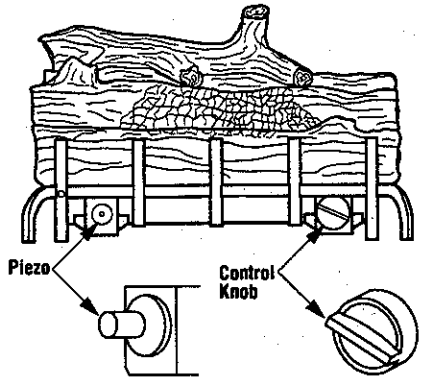
   Note: *If you are running the heater for the first time it will be necessary to press the control knob all the way in for 30 seconds to allow air to bleed out of the gas piping.*
8. With the control knob pressed in, push in and release the piezo igniter button to light the pilot.
9. Hold the control knob in for a further 10 seconds to prevent the flame failure detector from shutting off the gas while the probe is warming up.
10. Release the control knob while turning counterclockwise to the preferred setting.
    - If the knob does not pop out when released, stop and immediately call your service technician or gas supplier.
    - If the pilot will not stay lit after several tries, depress and turn the gas control knob clockwise to "OFF" and wait 30 seconds. Depress and turn knob counterclockwise to "IGN" and press igniter button again. If your pilot does not relight depress and turn control knob clockwise to "OFF" and call your service technician or gas supplier.

TO TURN OFF GAS TO HEATER

1. Depress and turn control knob clockwise to the "OFF" position (*Figure 28*).

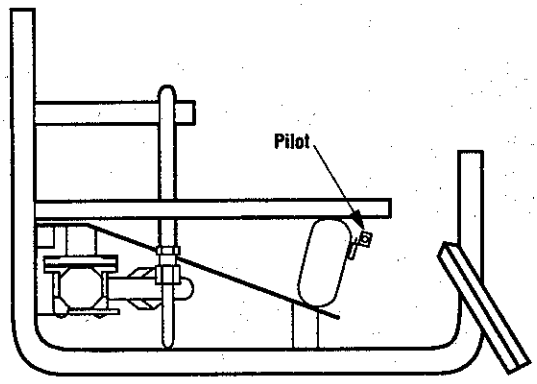
MANUAL MATCH LIGHTING PROCEDURE — EMERGENCY ONLY

1. If the pilot cannot be lit with the piezo igniter, the heater can be manually lit with a match.
2. With the right hand, depress and turn the control knob counterclockwise to the "IGN" position. Hold in the knob.
3. Light the match and hold the flame to the end of the pilot and ignite the pilot (*Figure 32*).
4. Continue to hold control knob for an additional 10 seconds to insure pilot remains lit.
5. Release the control while turning control knob to desired setting.



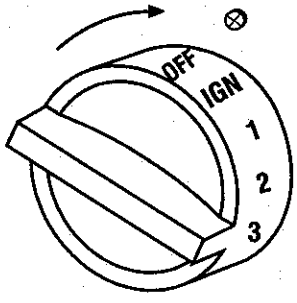
Gas Control Knob Location

Figure 27



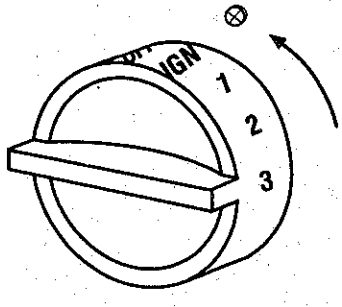
Pilot Location

Figure 30



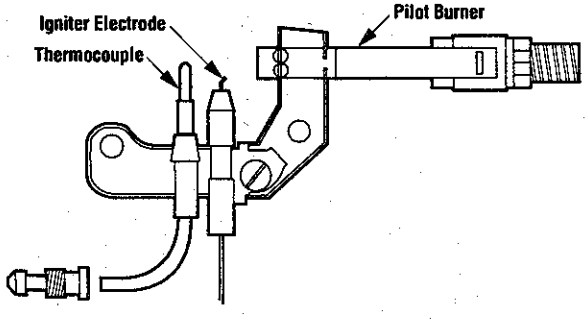
Turn Control Knob to "OFF" Position

Figure 28



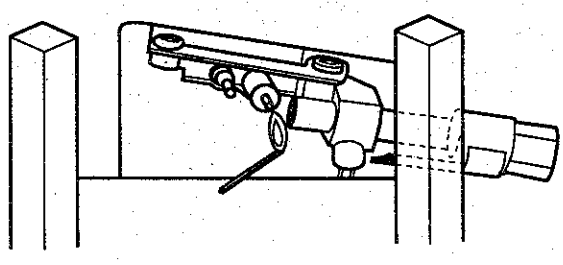
Turn Control Knob to "IGN" Position

Figure 31



Pilot Assembly

Figure 29



Match Lighting the Pilot

Figure 32

NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

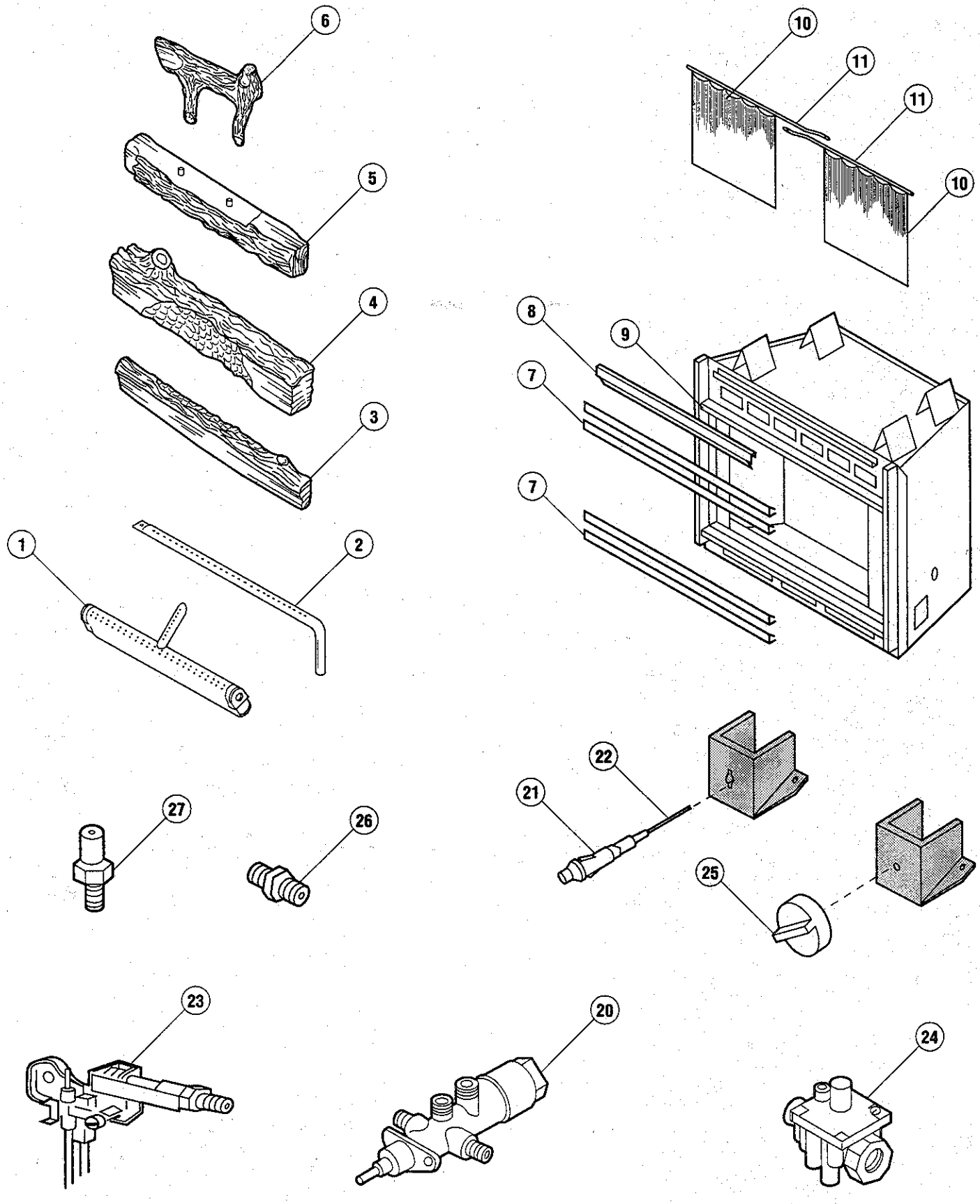
REPLACEMENT PARTS LIST

No.	Description	GASVF-36N GASVF-36P	
		Part No.	Qty.
1.	Front Burner	900745	1
2.	Rear Burner	900747	1
3.	Front Log – Split Oak	900661	1
4.	Center Log – Split Oak	900662	1
5.	Back Log – Split Oak	900663	1
6.	Top Log – Split Oak	900664	1
7.	Bar, Louver – Black	024501	4
8.	Bar, Top – Black	024491	1
9.	Trim, Upper/Lower – Brass	037171	2
10.	Panel, Screen	090673	2
11.	Rod, Screen	011381	2

GAS CONTROLS

No.	Description	GASVF-36N GASVF-36P	
		Part No.	Qty.
20.	Valve - Manual	099583	1
21.	Piezo	099806	1
22.	Piezo Wire	099592	1
23.	Pilot Kit with Mounting Bracket (Natural)	900741	1
	Pilot Kit with Mounting Bracket (Propane, L.P.G.)	900742	1
24.	Regulator (Natural)	900743	1
	Regulator (Propane, L.P.G.)	900744	1
25.	Control Knob - Manual	900749	1
26.	Orifice, Front Burner (Natural)	900751	1
	Orifice, Front Burner (Propane, L.P.G.)	099616	1
27.	Orifice, Rear Burner (Natural)	900752	1
	Orifice, Rear Burner (Propane, L.P.G.)	900753	1

REPLACEMENT PARTS



NOTE: DIAGRAMS & ILLUSTRATION NOT TO SCALE.

Superior Unvented Gas Room Heater
Limited Warranty 1 Year

THE WARRANTY
Superior Fireplace Company warrants this Unvented Gas Room Heater to be free from defects in materials and workmanship at the time of manufacture.

REMEDY AND EXCLUSIONS
The coverage of this Warranty is limited to all components of the Unvented Gas Room Heater supplied by Superior Fireplace Company.

This Warranty only covers Superior Unvented Gas Room Heaters installed in the United States or Canada.

If the Unvented Gas Room Heater covered by this Warranty is found to be defective within one year from the date of installation (see Superior's right of investigation outlined below), Superior will, at its option, replace or repair defective components of the Unvented Gas Room Heater supplied by Superior Fireplace Company at no charge and will also pay for reasonable labor costs incurred in replacing or repairing such components. If repair or replacement is not commercially practical, Superior will, at its option, refund the purchase price of the Superior Unvented Gas Room Heater.

This Warranty covers only parts and labor as provided above. In no case shall Superior Fireplace Company be responsible for materials, components, or construction which are not manufactured or supplied by Superior Fireplace Company, or for the labor necessary to install, repair, or remove such materials, components or construction. All replacement or repair components will be shipped F.O.B. the nearest Superior Fireplace Company factory.

QUALIFICATIONS TO THE WARRANTY
The Unvented Gas Room Heater Warranty outlined above is further subject to the following qualifications:
(1) The Unvented Gas Room Heater must be installed in accordance with Superior Fireplace Company installation instructions and local building codes. The Warranty on this Superior Unvented Gas Room Heater covers only the component parts supplied by Superior Fireplace Company. The use of components manufactured by others with this Superior Unvented Gas Room Heater could create serious safety hazards, may result in the denial of certification by recognized national safety agencies, and could be in violation of local building codes. This Warranty does not cover any damages occurring from the use of any components not manufactured or supplied by Superior Fireplace Company.
(2) The Superior Unvented Gas Room Heater must be subjected to normal use. The Unvented Gas Room Heaters are designed to burn either natural or propane gas only. Burning conventional fireplace fuels such as wood, coal, or any other solid fuel will cause damage to the Unvented Gas Room Heater, will produce unsafe levels of carbon monoxide and will result in a fire hazard.

LIMITATION ON LIABILITY
It is expressly agreed and understood that Superior Fireplace Company's sole obligation and purchaser's exclusive remedy under this warranty, under any other warranty, expressed or implied, or in contract, tort or otherwise, shall be limited to replacement, repair, or refund, as specified above.

In no event shall Superior Fireplace Company be responsible for any incidental or consequential damages caused by defects in its products, whether such damage occurs or is discovered before or after replacement or repair, and whether or not such damage is caused by Superior Fireplace Company's negligence. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. The duration of any implied warranty with respect to this Superior Unvented Gas Room Heater is limited to the duration of the foregoing warranty. Some states do not allow limitations on how long an implied warranty lasts, so the above may not apply to you.

INVESTIGATION OF CLAIMS AGAINST WARRANTY
Superior Fireplace Company reserves the right to investigate any and all claims against this Warranty and to decide upon method of settlement.

SUPERIOR FIREPLACE COMPANY NOT RESPONSIBLE FOR WORK DONE WITHOUT WRITTEN CONSENT
Superior Fireplace Company shall in no event be responsible for any warranty work done without first obtaining Superior's written consent.

DEALERS HAVE NO AUTHORITY TO ALTER THIS WARRANTY
Superior Fireplace Company's employees and dealers have no authority to make any warranties nor to authorize any remedies in addition to or inconsistent with those stated above.

HOW TO REGISTER A CLAIM AGAINST WARRANTY
In order for any claim under this Warranty to be valid, Superior Fireplace Company must be notified of the claimed defect in writing or by telephone to Superior Fireplace Company, attention Customer Service Department, 4325 Artesia Avenue, Fullerton, California 92633, Telephone: 714-521-7302, as soon as reasonably possible after the defect is discovered. Claims against this Warranty in writing should include the date of installation, product serial number and a description of the defect.

OTHER RIGHTS
This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

Superior reserves the right to make changes at any time, without notice, in design, materials, specifications, prices and also to discontinue colors, styles and products. Consult your local distributor for fireplace code information.

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SUPERIOR®
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(800) 854-0257
Plants in Fullerton, CA • Union City, TN