

Closed

BERKELEY TOWNSHIP
P.O. Box "B"
Bayville, NJ 08721



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 7 LOCUST STREET

2. Name of Owner in Fee: NICOLE SIVIGLIA Tel. (732) 849 5483
Address 7 LOCUST STREET EAST HURST 08731
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: SHORETHING INC. Tel. (609) 242 0500
Address 30 BOBWHITE CT FORCED RIVER NJ

License No. OR, if new home, Builder Reg. No. 13VH06007300 Exp. Date 12-31
Federal Employee No. 27 244 9028 FAX: (609) 242 9488

5. Architect or Engineer _____ Tel. (____) _____
Address 30 BOBWHITE CT Contact AL MATHIAS

6. Responsible Person in Charge once Work has Begun AL MATHIAS
Tel. (609) 242 0500 FAX: (609) 242 9488

(132) 496-0427-AL

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. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

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

II. PROPOSED WORK		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
								Approval	Rejection	
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☒ Fire Protection	3300.-				10/6/11	PMR			
6.	☒ Plumbing	750.-			10/3/11	9/13/11				
7.	☒ Electrical	50.-			9/30/11	11/14/11				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
TOTAL COSTS		4300.-								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: *All Units* *Income-restricted*

Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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

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

BERKELEY TOWNSHIP

*Refer to:
Office Of
Inspection*

P.O. Box "B"
Bayville, NJ 08721

Telephone: (732) 244-0660
Fax: (732) 244-7325

PLAN REVIEW RECORD

NAME: _____ DATE: _____
SITE ADDRESS: _____ BLOCK: _____ LOT: _____
BUILDING DESCRIPTION: _____ PAGE 1 OF _____

[illegible]

FIRST PHONE: ____/____/____ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____
INITIALS: _____ ☐ LEFT MESSAGE WITH _____

SECOND PHONE: ____/____/____ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____
INITIALS: _____ ☐ LEFT MESSAGE WITH _____

COMMENTS: _____

OFFICE DATE RECEIVED: _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name ALFRED MATHIEU

Address 30 BOBWHITE CT

FORKED RIVER NJ 08731

Telephone (609) 242-0500

Signature _____

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

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

Name of Code & Edition

Name of Code & Edition

Other

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		DATE ISSUED		DATE EXPIRED	
Building	Energy				
Electrical	Barrier Free				
Plumbing	Flood Hazard				
Fire Protection	As Built Elevation Cert.				
Mechanical	Other				

U.C.C. F100-3 (rev. 3/96)

BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721



CERTIFICATE

Permit # 11-086
Date Issued
- or -
Control #
Certificate Issued Date:

Block 69 Lot 5.05 Identification
Work Site Location 7 LOCUST STREET Qualification Code
LAKEHURST NJ
Owner in Fee NICOLE SIVOLLA
Address 7 LOCUST STREET
LAKE HURST
Tel. (932) 849-5483
Contractor SHORE THING INC
Address 30 BOBWHITE CT
FORKED RIVER
Tel. (609) 242-0500 FAX (609) 242-9489
Lic. No. or Bldrs. Reg. No. 134H06107300
Federal Employer No. 27-2449038

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

CONVERT OIL TO GAS REPLACE A/C

HOME OWNER TO REMOVE ABOVE OIL TANK

☐ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

CONSTRUCTION OFFICIAL

DATE

Fee \$ _____
Paid [] Check No. _____
Collected by: _____



CONSTRUCTION PERMIT

Date Issued

11/29/11

Permit #

11-085

IDENTIFICATION Block

69

Lot

5.05

Qualification Code

Work Site Location

7 LOCUST STREET
LAKE HURST

Contractor

SHORETHING INC INC

Address

30 BOBWHITE CT
FORGED RIVER NJ

Owner in Fee

NICOLE SIVOLELLA

Address

7 LOCUST STREET
LAKE HURST

Tel.

(609) 242 0500

Lic. No. or Bldrs. Reg. No.

27-244 9028

Tel.

(212) 849-5483

Is hereby granted permission to perform the following work:

☐ BUILDING☒ PLUMBING☐ LEAD HAZARD ABATEMENT☒ ELECTRICAL☒ FIRE PROTECTION☐ DEMOLITION☐ ELEVATOR DEVICES☐ ASBESTOS ABATEMENT☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

CONVERT FROM OIL TO NAT. GAS. REPLACE
A/C SYSTEMNOTE: 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 \$

4300

Construction Official

Date

11-17-11

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

Renee Jones

(see reverse side)



ELECTRICAL SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP

P.O. Box B
Bayville, NJ 08721

Date Received
Control #

Date Issued
Permit #

11/22/12
11-085

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 7 LOCUST STREET

LAKE HURST NJ

Owner in Fee NICOLE SIVOLELLA

Address 7 LOCUST STREET

LAKE HURST NJ

Tel (732) 966-5523

Contractor BATELLI ELEC CO INC

Address 101 BEACH AVE

BEACHWOOD, N.J. 08722

Tel (732) 349-0383 FAX ()

Contractor License No. 9354

Federal Emp. No. 223277322

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed FURNACE + A/C COND.

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Join: Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] ICCO [] ICA

Date: 3/12/12

Approved by: _____

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure

Failure

Approval

Initial

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.

Applicants Signature/Contractors Seal and Signature

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Light
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

_____	Pool Permit/with UW Lights
_____	Storable Pool/Spa/Hot Tub
_____	KW Elec. Range/Receptacle
_____	KW Oven/Surface Unit
_____	KW Elec. Water Heater
_____	KW Elec. Dryer/Receptacle
_____	KW Dishwasher
_____	HP Garbage Disposal
_____	KW Central A/C Unit
_____	HP/KW Space Heater/Air Handler
_____	KW Baseboard Heat
_____	HP Motors 1/4 HP
_____	KW Transformer/Generator
_____	AMP Service
_____	AMP Subpanels
_____	AMP Motor Control Center
_____	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

12/16/11 - CABLE FOR
OUTSIDE UNIT
MUST BE SECURED

1/6/12. NO ANSWER.

1/25/12. furnace must be on a dedicated circuit



ELECTRICAL SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP

P.O. Box B
Bayville, NJ 08721

Date Received
Control #

Date Issued
Permit #

11/24/11
11-085

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

Block 69 Lot 5.05 Qualification Code _____

Work Site Location 7 LOCUST STREET
LACE HURST NJ

Owner in Fee NICOLE SIVOLELLA

Address 7 LOCUST STREET
LACE HURST

Tel (732) 949-5483

Contractor SHORE THING INC

Address 30 BOBWHITE CT
FORKEO RIVER NJ 08731

Tel (609) 242-0500 FAX (609) 242 9488

Contractor License No. 134H06107300

Federal Emp. No. 27244 9028

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed REWIRE WHIPS

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 50.5

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required Date Initial INSPECTIONS Dates (Month/Day)

Joint Plan Review Required: Type: Failure Failure Approval Initial

[] Building [] Plumbing Rough _____

[] Fire [] Elevator Barrier-Free _____

[] Elec. Plans Approved Temp. Serv. _____

Date: _____ Constr. Serv. _____

Approved by: _____ TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicants Signature/Contractors Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Light
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

_____	Pool Permit/with UW Lights
_____	Storable Pool/Spa/Hot Tub
_____	KW Elec. Range/Receptacle
_____	KW Oven/Surface Unit
_____	KW Elec. Water Heater
_____	KW Elec. Dryer/Receptacle
_____	KW Dishwasher
_____	HP Garbage Disposal
_____	KW Central A/C Unit
_____	HP/KW Space Heater/Air Handler
_____	KW Baseboard Heat
_____	HP Motors 1/+ HP
_____	KW Transformer/Generator
_____	AMP Service
_____	AMP Subpanels
_____	AMP Motor Control Center
_____	KW Elec. Sign/Outline Light

1 20028
2 12000

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____



FIRE SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11/29/11
11-085

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

Block 69 Lot 5.05
Work Site Location 7 LOCUST STREET
LAKE HURST NT
Owner in Fee NICOLE SIVOLELLA
Address 7 LOCUST STREET
LAKE HURST
Tele. (282) 849 5483
Contractor SHORE TOWN INC
Address 30 BOBWHITE CT
FORKED RIVER NJ 08731
Tele. (609) 242-0500 Fax (609) 242 9489
Lic. No. 13 VH06102300
Federal Emp. No. 27 244 9028

B. FIRE PROTECTION CHARACTERISTICS

Use Group. Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems ☐ New ☐ Existing ☒ HVAC
Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Location: BASEMENT
Total Cost of Fire Protection Work \$ 3500.5

Fire Alarm System.

New ☐ Existing ☐

Location of Panel: _____

Fire Suppression/Standpipe System

New ☐ Existing ☐

Location of Main Control Valve: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INSTALL NEW 95% GAS FURNACE.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid

☐ LPG ☐ LNG Capacity _____ Fuel _____

Alarm Systems ☐ 110v Interconnected NUMBER _____

☐ System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas ☒ or Oil ☐ Fired Appliances _____

Other Linen _____

FEE (Office Use Only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☒ Fire Plans Approved

Date: 10/6/11

Approved by: RMB

SUBCODE APPROVAL

☐ CO ☐ POCO ☒ CA

Date: 12/21/11

Approved by: RMB

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial

12/21/11 RMB

12/21/11 RMB

C. CERTIFICATION IN LIEU OF OATH

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

Signature

U.C.C. F140

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

58
58
116



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11/29/11
11-085

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

Block 69 Lot 5.05
Work Site Location 7 LOCUST STREET LAKE HURST
Owner in Fee NICOLE SIVOLELLA
Address 7 LOCUST STREET LAKE HURST
Tele. (732) 849-5483
Contractor SHORETHING INC.
Address 30 BOBWHITE CT FORKED RIVER NJ 08731
Tele. (609) 342-0500
Lic. No. 134H06107300
Federal Emp. No. 27 244 9028 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed GAS PIPE
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 750.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required		Type:	Failure	Approval	Initial
Joint Plan Review Required:		Slab	_____	_____	_____
☐ Bldg. ☐ Elec.		Rough	_____	_____	_____
☐ Fire ☐ Elevator		Water	_____	_____	_____
☐ Plumb. Plans Approved		Sewer	_____	_____	_____
Date: <u>10/31/11</u>		Fixtures	_____	_____	_____
Approved by: <u>AM3B</u>		Gas Equipment	_____	_____	_____
SUBCODE APPROVAL:		Gas Piping	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Solar	_____	_____	_____
Approved By: <u>BS</u>		TCO	_____	_____	_____
Date: <u>12/21/11</u>		_____	_____	_____	_____

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)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
<u>1</u>	Gas Piping	<u>65⁰⁰</u>
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
<u>2502</u>	Water Cooled A/C	<u>65⁰⁰</u>
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 130

00 Entry 11:10 AM

12/12/11

AMZB



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 69 LOT 5.05 PERMIT # _____

WORK SITE ADDRESS 7 LOCUST STREET

Applicant NICOLE SIVOKELLA

Certifying Individual ALFRED MATHEO Company SHORETHING INC.

Address 30 BROWNIE CT FOREST RIVER NJ 08131

Street

City

State

Zip Code

Tel. (609) 242-0500

Check the Appropriate Box:

Type of Replacement:

- ☒ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☒ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☒ Other RL

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements:

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

Signature _____

Date _____

Certification Not Submitted:

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

Signature _____

Date _____

Direct Vent Appliance:

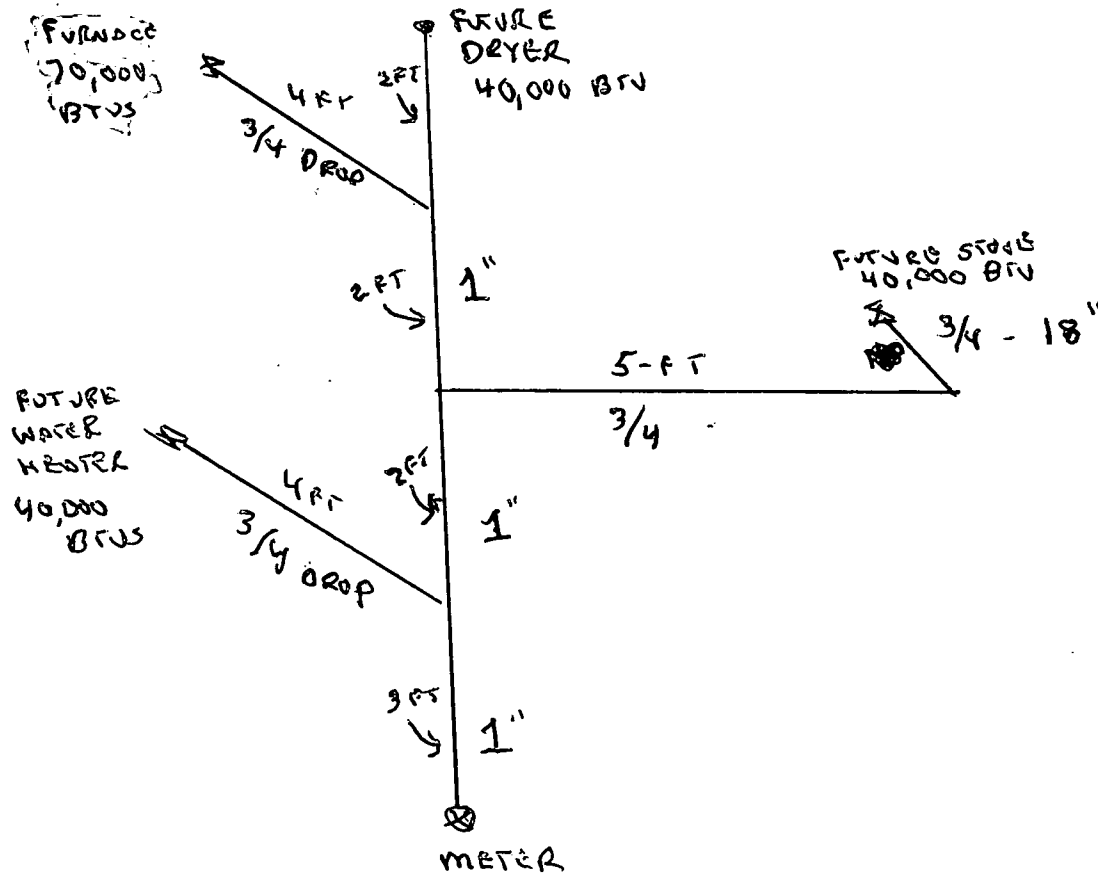
No certification required:

Signature Alfredo Matheo

Date 1/11

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

SHORETHING A/C HEATING
30 BOBWHITE COURT
FORKED RIVER NJ 08731



"FILE COPY"
BERKELEY TOWNSHIP

NAME	DATE
<u>JS</u>	<u>10/4/14</u>
<u>1/11/13</u>	<u>10/6/14</u>

DEPT. _____
BLD. SUB CODE _____
PLB. SUB CODE _____
ELEC. SUB CODE _____
FIRE SUB CODE _____
CONST. OFFICIAL _____

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Shore Thing A/C & Heating Inc
Alfred C. Mathieu
30 Bobwhite Court
Forked River NJ 08731

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Shore Thing A/C & Heating Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
01/28/2011 TO 12/31/2011
VALID

SIGNATURE

ACTING DIRECTOR

13VH06107300

License/Registration/Certificate #

01/28/2011 TO 12/31/2011
VALID

13VH06107300

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Shore Thing A/C & Heating Inc

EXPIRATION DATE **2011**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 06107300**. PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of
business.

SHORETHING AIRCONDITIONING & HEATING I.N

PROPOSAL FOR:

**NICOLE SIVOLELLA
7 LOCUST STREET
LAKEHURST, NJ 08733**

9/30/2011

SHORETHING AIRCONDITIONING & HEATING I.N

Heat Load Summary Report for NICOLE SIVOLELLA

Room Name	Square Ft.	Heating Loss BTUH	Hydronic Heat Linear Ft.	Latent / Sensible Gain BTUH	Cooling Gain BTUH	Cooling Tons	Cooling CFM
LIVINGROOM	168	6664	11.11	2830 / -2318	512	0.04	17
KITCHEN	140	5281	8.8	2805 / 16337	19143	1.6	638
BATH	100	485	0.81	90 / 334	424	0.04	14
BEDROOM	144	698	1.16	129 / 481	610	0.05	20
BEDROOM#2	144	698	1.16	129 / 481	610	0.05	20
TOTALS	696	13826	23.04	5983 / 15315	21299	1.78	709

Disclaimer

These computed results should be treated as estimates only and should be viewed as only one of the many tools required for a professional installation. The installing contractor's experience and expert judgement are also major factors in sizing and installing a complete system. The weather, customer usage, duct installation, and structure design may vary on each estimate and should be taken into account. Correct system sizing is based on the systems ability to meet both latent and sensible heat requirements, not just total BTUs.

Goodman®

Air Conditioning & Heating

GMH95/GCH95: UP TO 95% AFUE

GCH9: UP TO 93% AFUE

HEATING INPUT: 46,000–115,000 BTU/H

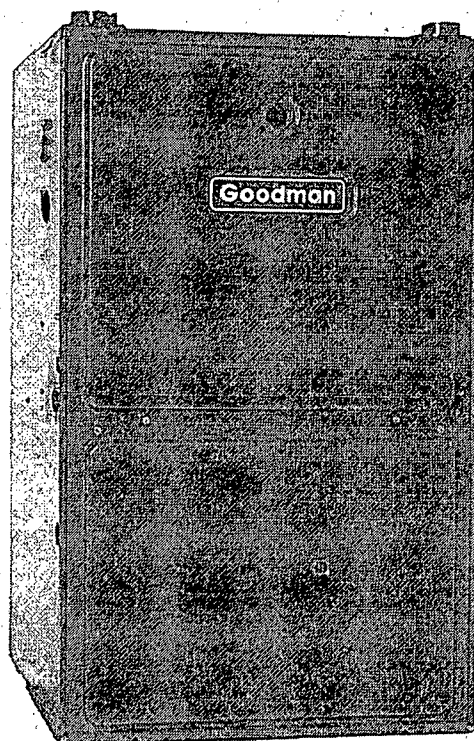
Standard Features

- Dual-diameter tubular heat exchanger
- Two-stage gas valve with DualSaver™ technology that allows installer to activate the two-stage valve with the flip of a dipswitch
- 110V Silicon Nitride igniter
- Furnace control board with self-diagnostics, color-coded low-voltage terminals, and provisions for electronic air cleaner and 24-volt humidifiers
- Control board stores the last five diagnostic codes in memory; simple push-button activation outputs the fault history to a flashing red LED
- Low constant fan allows homeowner to activate the low heat speed to efficiently circulate air throughout the home
- Self-adjusting feature automatically adjusts to high or low stage based on outside temperature without an outdoor temperature sensor
- Dual-certified for sealed combustion direct vent (2-pipe) or non-direct vent (1-pipe) applications
- Easy-to-install top venting is standard; alternate flue/vent located on the right (GMH95)
- All models comply with California NOx emissions standards

Cabinet Features

- Fully insulated, heavy-gauge steel cabinet with durable baked-enamel finish
- Foil-faced insulation lines the heat exchanger
- Designed for multi-position installation —
GMH95: upflow, horizontal left or right;
GCH95/GCH9: downflow, horizontal left or right
- Airtight solid bottom for side-return applications and easy-cut tabs for effortless removal in bottom air inlet applications
- Convenient left/right connection for gas/electric service
- Coil and furnace fit flush for most installations

GMH95 & GCH95/GCH9 MULTI-POSITION, MULTI-SPEED GAS FURNACES



DUAL\$AVER™
EPA 95% EFFICIENCY



Applies to 95% furnaces only.

Contents

Nomenclature	2
Product Specifications	3
Dimensions	5
Airflow Data	7
Wiring Diagrams	9
Accessories	14



* Complete warranty details available from your local dealer or at www.goodmanmfg.com. To receive the Lifetime Heat Exchanger Limited Warranty (good for as long as you own your home), 10-Year Unit Replacement Limited Warranty and 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Québec.



NOMENCLATURE

	G	M	H	95	045	4	B	X	A	
	1	2	3	4,5	6,7,8	9	10	11	12	
Brand	G Goodman® Brand or Distinctions™									Revisions
										A Initial Release B 1st Revision C 2nd Revision
Airflow/Direction	C Downflow/Horizontal D Dedicated Downflow H High Airflow K Dedicated Upflow M Upflow/Horizontal									NOx
										N Natural Gas X Low NOx
Description										Cabinet Width
V Two-Stage/Variable-speed H Two-Stage/Multi-speed S Single-Stage/Multi-speed E Two-Stage/EEM Motor										A 14" B 17½" C 21" D 24½"
AFUE	95 95% 9 93%+ 8 80%									Maximum CFM @ 0.5" ESP
										3 1200 4 1600 5 2000
										MBTU/h
										045: 45,000 070: 70,000 090: 90,000 115: 115,000 140: 140,000

Important EnergyStar Notice: EnergyStar ratings are dependent upon conditions beyond equipment installation. Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet EnergyStar criteria. Ask your contractor for details or visit www.energystar.gov.

SPECIFICATIONS FOR GMH95

	GMH95 0453BXA	GMH95 0703BXA	GMH95 0704CXA	GMH95 0904CXA	GMH95 0905CXA	GMH95 1155DXA
HEATING CAPACITY						
Input ¹	46,000	69,000	69,000	92,000	92,000	115,000
Natural Gas Output ¹	44,600	66,400	66,400	89,000	88,400	110,500
LP Gas Output ¹	39,330	58,995	58,995	78,660	78,660	98,325
AFUE ²	95	95	95	95	95	95
Available AC @ 0.5" ESP	3	3	4	4	5	5
Temperature Rise Range (°F)	35 - 65	30 - 60	35 - 65	30 - 60	30 - 60	35 - 65
CIRCULATOR BLOWER						
Size (D x W)	10" x 8"	10" x 8"	10" x 10"	10" x 10"	11" x 10"	11" x 10"
Horsepower @ 1075 RPM	½	½	½	½	¾	¾
Speed	4	4	4	4	4	4
Vent Diameter ³	2"	2"	2"	2"	3"	3"
No. of Burners	2	3	3	4	4	5
Disposable Filter Size (in ²)	580	580	770	770	960	960
ELECTRICAL DATA						
Min. Circuit Ampacity ⁴	9.4	9.4	13.8	13.8	13.2	13.2
Max. Overcurrent Device (amps) ⁵	15	15	15	15	15	15
SHIP WEIGHT (LBS)	132	135	136	158	172	175

¹ Natural Gas BTU/h. For altitudes above 2,000', reduce input rating 4% for each 1,000' above sea level.

² DOE AFUE based upon Isolated Combustion System (ICS)

³ Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.

⁴ Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.

⁵ Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

NOTES:

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

PRODUCT SPECIFICATIONS

SPECIFICATIONS FOR GCH95/GCH9

	GCH95 0453BX	GCH95 0703BX	GCH95 0704CX	GCH95 0904CX	GCH95 0905DX	GCH9 1155DX
HEATING CAPACITY						
Input ¹	46,000	69,000	69,000	92,000	92,000	115,000
Natural Gas Output ¹	43,700	65,550	65,550	87,400	87,400	106,500
LP Gas Output ¹	39,330	58,995	58,995	78,660	78,660	96,255
AFUE ²	95.0	95.0	95.0	95.0	95.0	93.0
Available AC @ 0.5" ESP	3	3	4	4	5	5
Temperature Rise Range (°F)	25-55	35-65	25-55	40 - 70	35-65	40 - 70
CIRCULATOR BLOWER						
Size (D x W)	10" x 8"	10" x 8"	10" x 10"	10" x 10"	11" x 10"	11" x 10"
Horsepower @ 1075 RPM	⅓	⅓	⅓	⅓	¾	¾
Speed	4	4	4	4	4	4
Vent Diameter ³	2"	2"	2"	2"	2"	2"
No. of Burners	2	3	3	4	4	5
Disposable Filter Size (in ²)	576	564	564	752	752	940
ELECTRICAL DATA						
Min. Circuit Ampacity ⁴	9.8	9.8	12.9	12.9	13.4	13.2
Max. Overcurrent Device (amps) ⁵	15	15	15	15	15	15
SHIP WEIGHT (LBS)	132	135	135	156	173	175

¹ Natural Gas BTU/h. For altitudes above 2,000', reduce input rating 4% for each 1,000' above sea level.

² DOE AFUE based upon Isolated Combustion System (ICS)

³ Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.

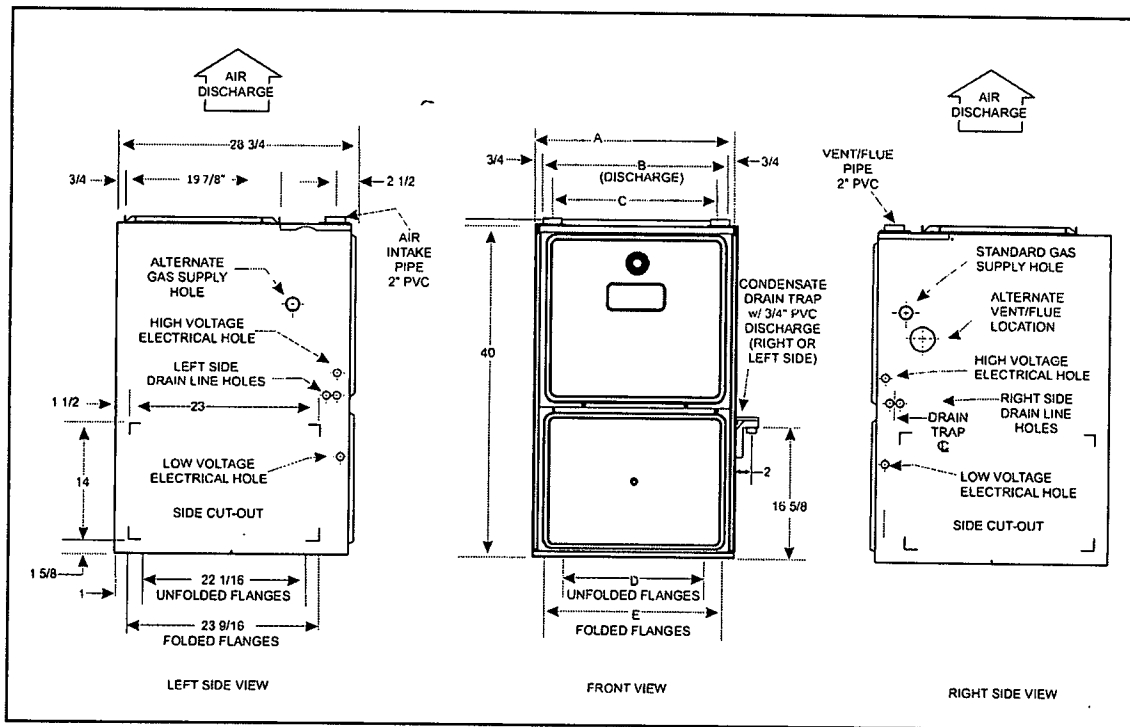
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NOTES:

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

GMH95 DIMENSIONS



MODEL	A	B	C	D	E
GMH9504538XA	17 1/2"	16"	13 3/8"	12 1/8"	13 3/8"
GMH9507038XA	17 1/2"	16"	13 3/8"	12 1/8"	13 3/8"
GMH950704CXA	21"	19 1/2"	16 5/8"	16"	17 1/2"
GMH950904CXA	21"	19 1/2"	16 5/8"	16"	17 1/2"
GMH950905CXA	21"	23"	20 5/8"	19 3/8"	20 5/8"
GMH951155DXA	24 1/2"	23"	20 5/8"	19 3/8"	20 5/8"

NOTES:

- Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run, and installation (1 or 2 pipes). The optional combustion air pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.
- Line voltage wiring can enter through the right or left side of furnace. Low-voltage wiring can enter through the right or left side of furnace.
- Conversion kits for high-altitude natural gas operation are available. Contact your Goodman distributor or dealer for details.
- Installer must supply the following gas line fittings, according to which entrance is used:
Left: One 90° street elbow; one 2 1/2" pipe nipple; one 90° elbow; straight pipe; one ground joint union
Right: Straight pipe to reach gas valve
- Installations using a bottom return: Failure to unfold duct flanges will reduce airflow area by approximately 18%. This could result in performance and noise issues.

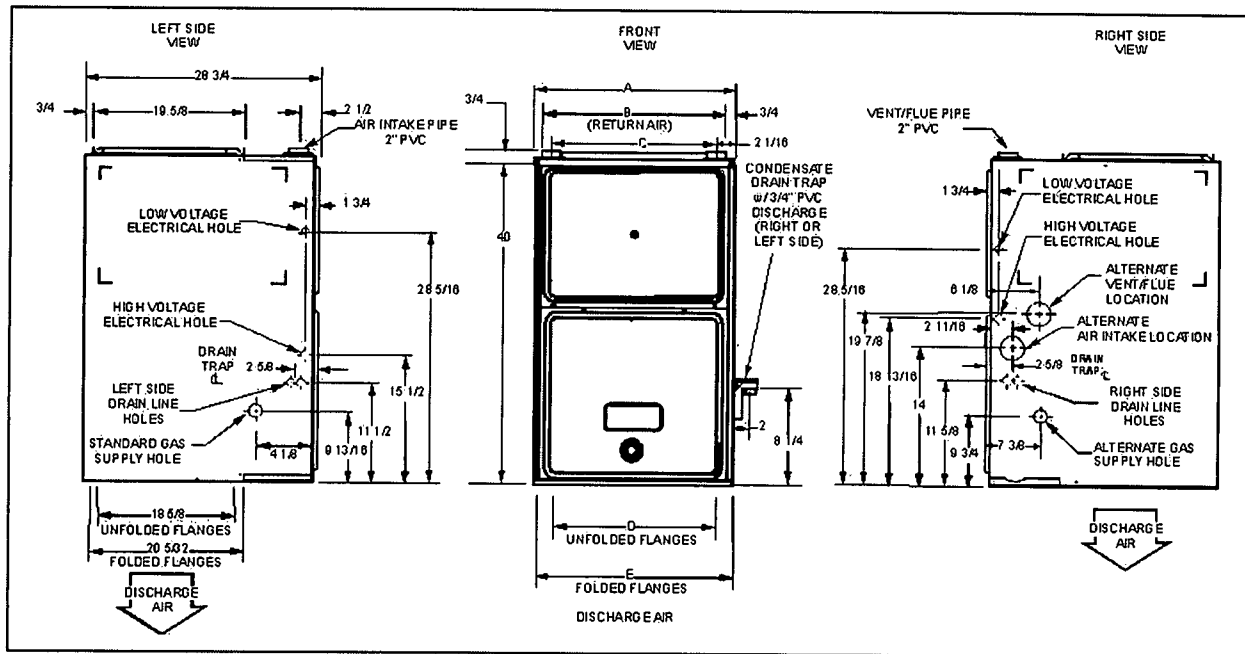
MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

POSITION	SIDES	REAR	FRONT	BOTTOM	FLUE	TOP
Upflow	0"	0"	1"	C	0"	1"
Horizontal	6"	0"	1"	C	0"	4"

- C = If placed on combustible floor, the floor MUST be wood ONLY.
- For servicing or cleaning, a 24" front clearance is recommended.
- Unit connections (electrical, flue, and drain) may necessitate greater clearances than the minimum clearances listed above.
- In all cases, accessibility clearance must take precedence over clearances from the enclosure where accessibility clearances are greater.
- Approved for line contact in the horizontal position

PRODUCT SPECIFICATIONS

GCH95/GCH9 DIMENSIONS



MODEL	A	B	C	D	E
GCH950453BXA	17 1/2"	16"	12 1/2"	14 1/2"	16"
GCH950703BXA	17 1/2"	16"	12 1/2"	14 1/2"	16"
GCH950704CXA	21"	19 1/2"	16 1/2"	18"	19 1/2"
GCH950904CXA	21"	19 1/2"	16 1/2"	18"	19 1/2"
GCH950905DXA	24 1/2"	23"	20 1/2"	21 1/2"	23"
GCH91155DXA	24 1/2"	23"	20 1/2"	21 1/2"	23"

NOTES:

- Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run, and installation (1 or 2 pipes). The optional combustion air pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.
- Line voltage wiring can enter through the right or left side of furnace. Low-voltage wiring can enter through the right or left side of furnace.
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 - Left:** One 90° street elbow; one 2 1/2" pipe nipple; one 90° elbow; straight pipe; one ground joint union
 - Right:** Straight pipe to reach gas valve
- Installations using a bottom return: Failure to unfold duct flanges will reduce airflow area by approximately 18%. This could result in performance and noise issues.

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS

POSITION	SIDES	REAR	FRONT	BOTTOM	FLUE	TOP
Downflow	0"	0"	1"	NC	0"	1"
Horizontal	6"	0"	1"	C	0"	4"

C = Combustible: If placed on combustible floor, the floor MUST be wood ONLY.

NC = Non-Combustible: A combustible floor sub-base must be used for installation on combustible flooring

NOTES:

- For servicing or cleaning, a 24" front clearance is recommended.
- Unit connections (electrical, flue and drain) may necessitate greater clearances than the minimum clearances listed below.
- In all cases, accessibility clearance must take precedence over clearances from the enclosure where accessibility clearances are greater.

GMH95 AIRFLOW DATA

(CFM & TEMPERATURE RISE VS. EXTERNAL STATIC PRESSURE)															
MODEL	MOTOR SPEED	TONS AC ¹	EXTERNAL STATIC PRESSURE, (INCHES WATER COLUMN)												
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8
			CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	CFM	CFM
GMH95 0453BXA	High	3	1,352	29	1,318	30	1,260	31	1,202	33	1,128	35	1,044	955	853
	Med	2.5	1,214	32	1,172	34	1,123	35	1,064	37	1,012	39	938	859	741
	Med-Lo	2	997	40	994	40	960	41	923	43	884	45	817	741	611
	Low	1.5	757	52	753	52	734	54	704	56	674	59	620	524	438
GMH95 0703BXA	High	3	1,449	41	1,409	42	1,326	45	1,273	47	1,201	49	1,194	1,136	1,018
	Med	2.5	1,192	50	1,172	51	1,141	52	1,094	54	1,046	57	973	904	793
	Med-Lo	2	981	61	962	62	943	63	917	65	888	67	830	764	665
	Low	1.5	750	79	730	81	714	83	692	86	657	90	620	570	502
GMH95 0704CXA	High	4	2,069	29	1,965	30	1,871	32	1,756	34	1,661	36	1,549	1,415	1,275
	Med	3.5	1,752	34	1,724	34	1,667	36	1,603	37	1,488	40	1,402	1,290	1,082
	Med-Lo	3	1,437	41	1,437	41	1,417	42	1,369	43	1,320	45	1,256	1,140	984
	Low	2.5	1,184	50	1,177	50	1,161	51	1,132	52	1,095	54	1,047	928	837
GMH95 0904CXA	High	4	1,970	40	1,874	42	1,757	45	1,667	48	1,566	51	1,431	1,334	1,182
	Med	3.5	1,713	46	1,650	48	1,572	50	1,510	52	1,418	56	1,313	1,211	1,079
	Med-Lo	3	1,439	55	1,412	56	1,370	58	1,327	60	1,260	63	1,166	1,078	956
	Low	2.5	1,183	67	1,155	69	1,122	71	1,108	72	1,062	75	1,011	931	816
GMH95 0905CXA	High	5	2,147	37	2,114	37	2,057	39	2,030	39	1,978	40	1,889	1,784	1,713
	Med	4	1,675	47	1,686	47	1,640	48	1,623	49	1,557	51	1,501	1,455	1,360
	Med-Lo	3.5	1,489	53	1,470	54	1,436	55	1,409	56	1,361	58	1,318	1,243	1,130
	Low	3	1,307	61	1,265	63	1,234	64	1,203	66	1,168	68	1,096	1,053	991
GMH95 1155DXA	High	5	2,134	46	2,103	47	2,029	48	1,941	51	1,906	51	1,818	1,733	1,625
	Med	4	1,678	58	1,643	60	1,643	60	1,577	62	1,527	64	1,489	1,423	1,339
	Med-Lo	3.5	1,453	68	1,440	68	1,426	69	1,363	72	1,349	73	1,314	1,253	1,205
	Low	3	1,259	78	1,239	79	1,220	80	1,181	83	1,159	85	1,118	1,082	1,015

¹ @0.5" ESP

NOTES:

- CFM in chart is without filter(s). Filters do not ship with this furnace, but must be provided by the installer.
- All furnaces ship as high-speed cooling and medium-speed heating. Installer must adjust blower cooling & heating speed as needed.
- For most applications, about 400 CFM per ton when cooling is desirable.
- INSTALLATION IS TO BE ADJUSTED TO OBTAIN TEMPERATURE RISE WITHIN THE RANGE SPECIFIED ON THE RATING PLATE.
- The chart is for information only. For satisfactory operation, external static pressure should not exceed value shown on the rating plate.
- The above chart is for furnaces installed at 0-2000 feet. At higher altitudes, a properly de-rated unit will have approximately the same temperature rise at a particular CFM, while ESP at the CFM will be lower.

PRODUCT SPECIFICATIONS

GCH95/GCH9 AIRFLOW DATA

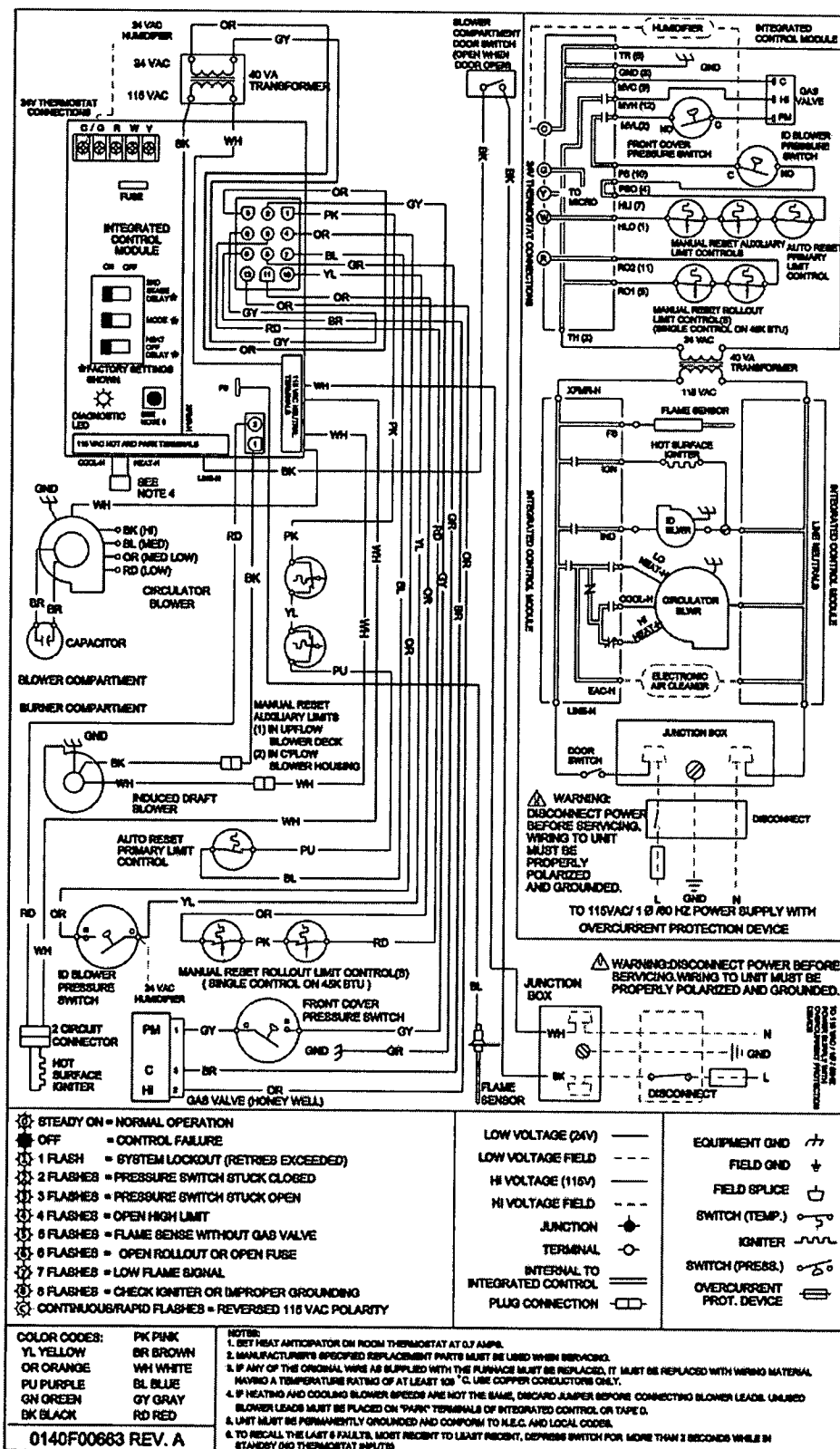
(CFM & TEMPERATURE RISE VS. EXTERNAL STATIC PRESSURE)															
MODEL	MOTOR SPEED	TONS AC ¹	EXTERNAL STATIC PRESSURE, (INCHES WATER COLUMN)												
			0.1		0.2		0.3		0.4		0.5		0.6	0.7	0.8
			CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	RISE	CFM	CFM	CFM
GCH95 0453BX	High	3	1,415	28	1,352	30	1,290	31	1,196	34	1,127	36	1,035	936	825
	Med	2.5	1,221	33	1,178	34	1,127	36	1,073	38	1,007	40	932	834	733
	Med-Lo	2	1,034	39	1,000	40	976	41	935	43	881	46	818	733	662
	Low	1.5	860	47	845	48	812	50	783	51	740	54	682	619	534
GCH95 0703BX	High	3	1,431	42	1,368	44	1,296	47	1,228	49	1,150	53	1,055	962	860
	Med	2.5	1,212	50	1,182	51	1,138	53	1,091	55	1,019	59	944	871	769
	Med-Lo	2	1,002	60	978	62	956	63	921	66	878	69	825	738	647
	Low	1.5	813	74	805	75	790	76	759	80	726	83	689	644	605
GCH95 0704CX	High	4	1,755	34	1,674	36	1,632	37	1,510	40	1,423	42	1,325	1,241	1,116
	Med	3.5	1,656	36	1,585	38	1,536	39	1,429	42	1,355	45	1,268	1,145	1,059
	Med-Lo	3	1,551	39	1,488	41	1,427	42	1,353	45	1,290	47	1,195	1,100	1,017
	Low	2.5	1,286	47	1,258	48	1,241	49	1,185	51	1,112	54	1,067	983	886
GCH95 0904CX	High	4	1,734	46	1,652	49	1,578	51	1,508	53	1,413	57	1,336	1,248	1,154
	Med	3.5	1,642	49	1,558	52	1,487	54	1,418	57	1,336	60	1,243	1,164	1,039
	Med-Lo	3	1,522	53	1,458	55	1,396	58	1,321	61	1,253	64	1,182	1,101	986
	Low	2.5	1,287	63	1,244	65	1,184	68	1,148	70	1,098	73	1,034	953	849
GCH95 0905DX	High	5	2,189	37	2,109	38	2,025	40	1,948	41	1,862	43	1,757	1,644	1,537
	Med	4	1,885	43	1,831	44	1,776	45	1,711	47	1,637	49	1,539	1,453	1,346
	Med-Lo	3.5	1,665	48	1,627	50	1,584	51	1,524	53	1,462	55	1,400	1,323	1,220
	Low	3	1,474	55	1,440	65	1,401	57	1,356	59	1,310	61	1,255	1,193	1,109
GCH9 1155DX	High	5	2,134	46	2,103	47	2,029	48	1,941	51	1,906	51	1,818	1,733	1,625
	Med	4	1,678	58	1,643	60	1,643	60	1,577	62	1,527	64	1,489	1,423	1,339
	Med-Lo	3.5	1,453	68	1,440	68	1,426	69	1,363	72	1,349	73	1,314	1,253	1,205
	Low	3	1,259	78	1,239	79	1,220	80	1,181	83	1,159	85	1,118	1,082	1,015

¹ @0.5" ESP

Notes:

- CFM in chart is without filter(s). Filters do not ship with this furnace, but must be provided by the installer. If the furnace requires two return filters, this chart assumes both filters are installed.
- All furnaces ship as high-speed cooling and medium-speed heating. Installer must adjust blower cooling and heating speed as needed.
- For most jobs, about 400 CFM per ton when cooling is desirable.
- INSTALLATION IS TO BE ADJUSTED TO OBTAIN TEMPERATURE RISE WITHIN THE RANGE SPECIFIED ON THE RATING PLATE.
- This chart is for information only. For satisfactory operation, external static pressure should not exceed value shown on the rating plate.
- The above chart is for U.S. furnaces installed at 0-2000 feet. At higher altitudes, a properly derated unit will have approximately the same temperature rise at a particular CFM, while ESP at the CFM will be lower.

GMH95 WIRING DIAGRAM WITH HONEYWELL VALVE

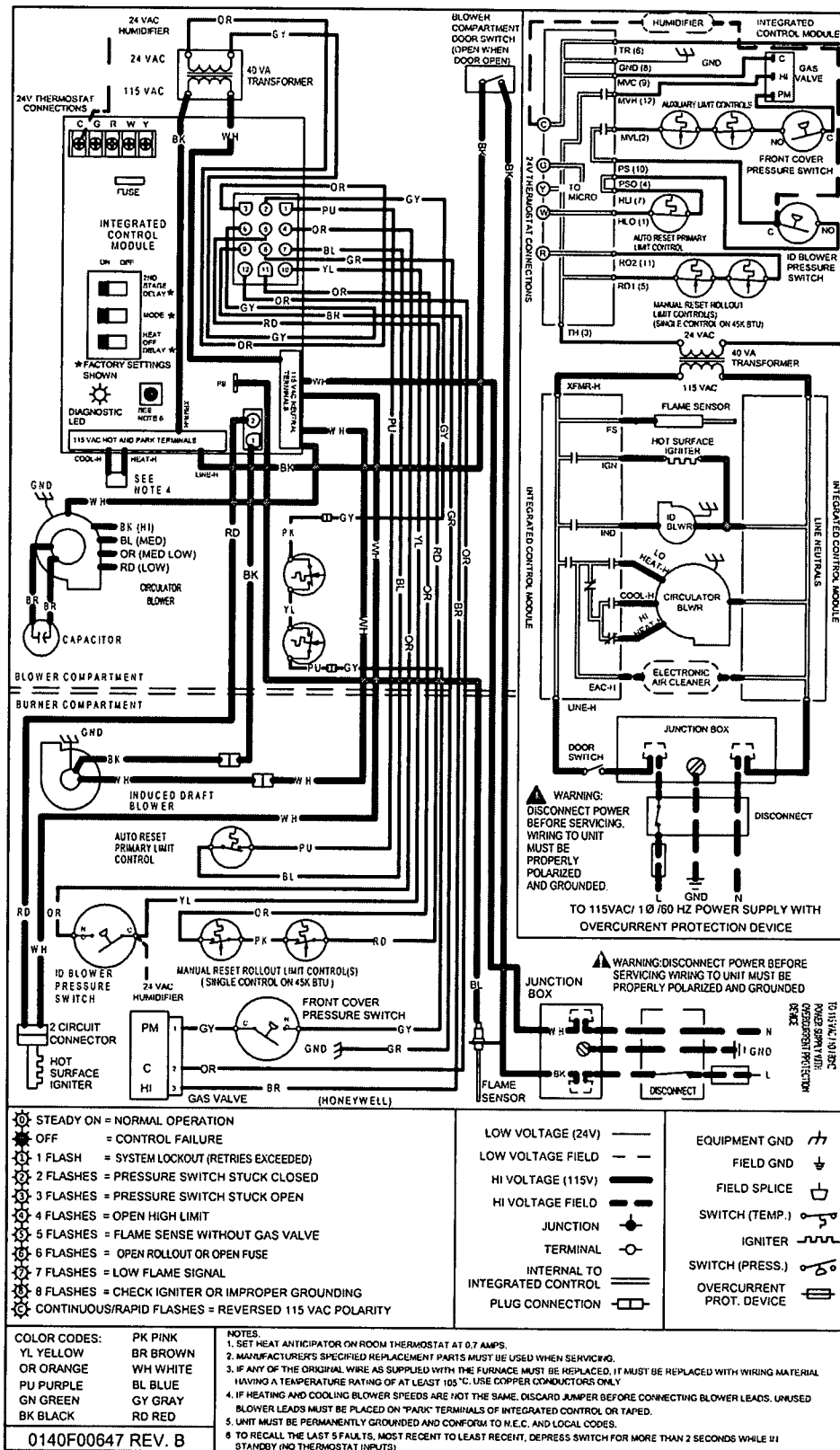


High Voltage: Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

WARNING

Wiring is subject to change. Always refer to the wiring diagram or the unit for the most up-to-date wiring.

GCH95/GCH9115 WIRING DIAGRAM WITH HONEYWELL VALVE

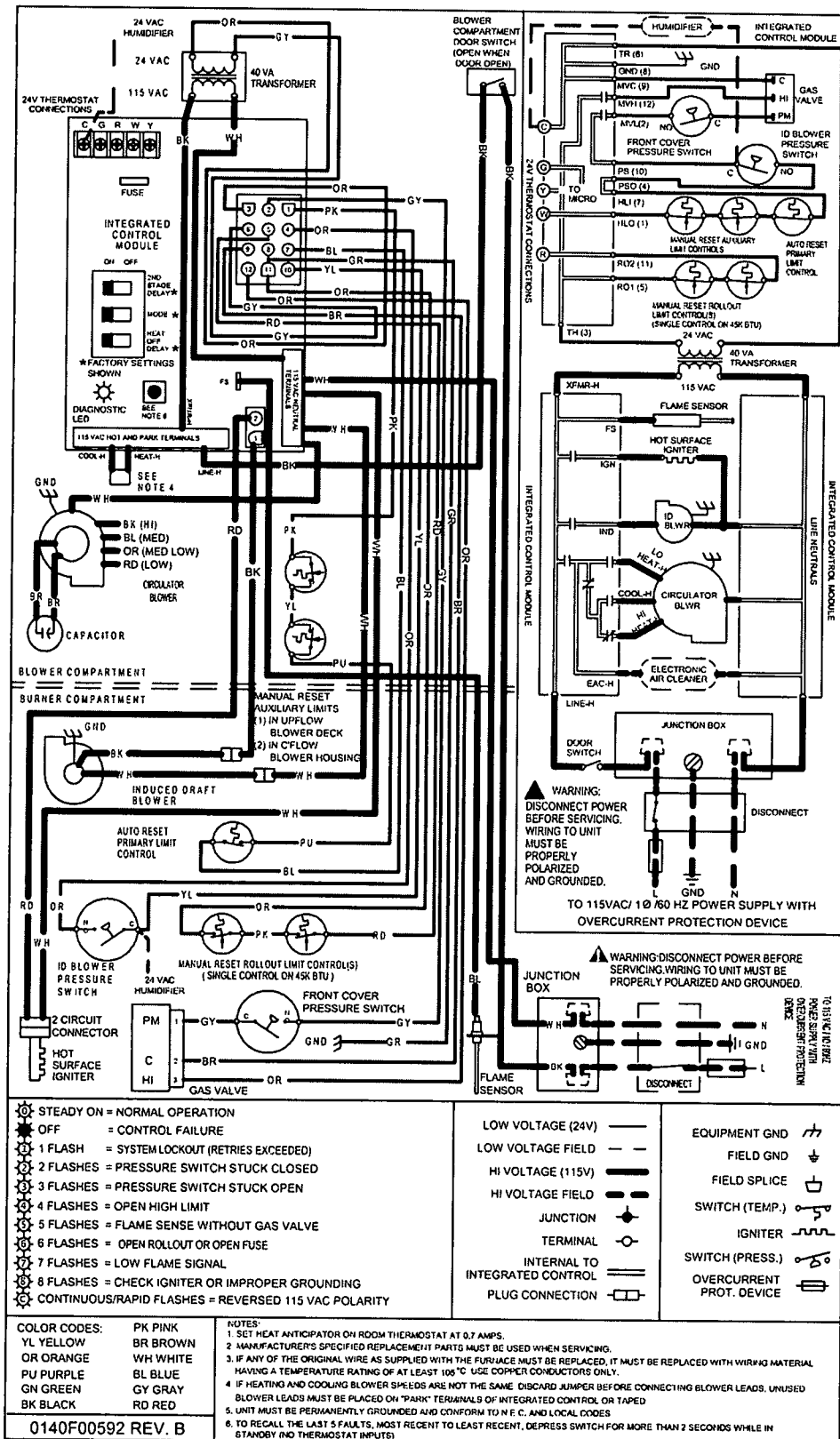


WARNING

High Voltage: Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

Wiring is subject to change. Always refer to the wiring diagram or the unit for the most up-to-date wiring.

GMH95/GCH9 WIRING DIAGRAM WITH WHITE-RODGERS VALVE

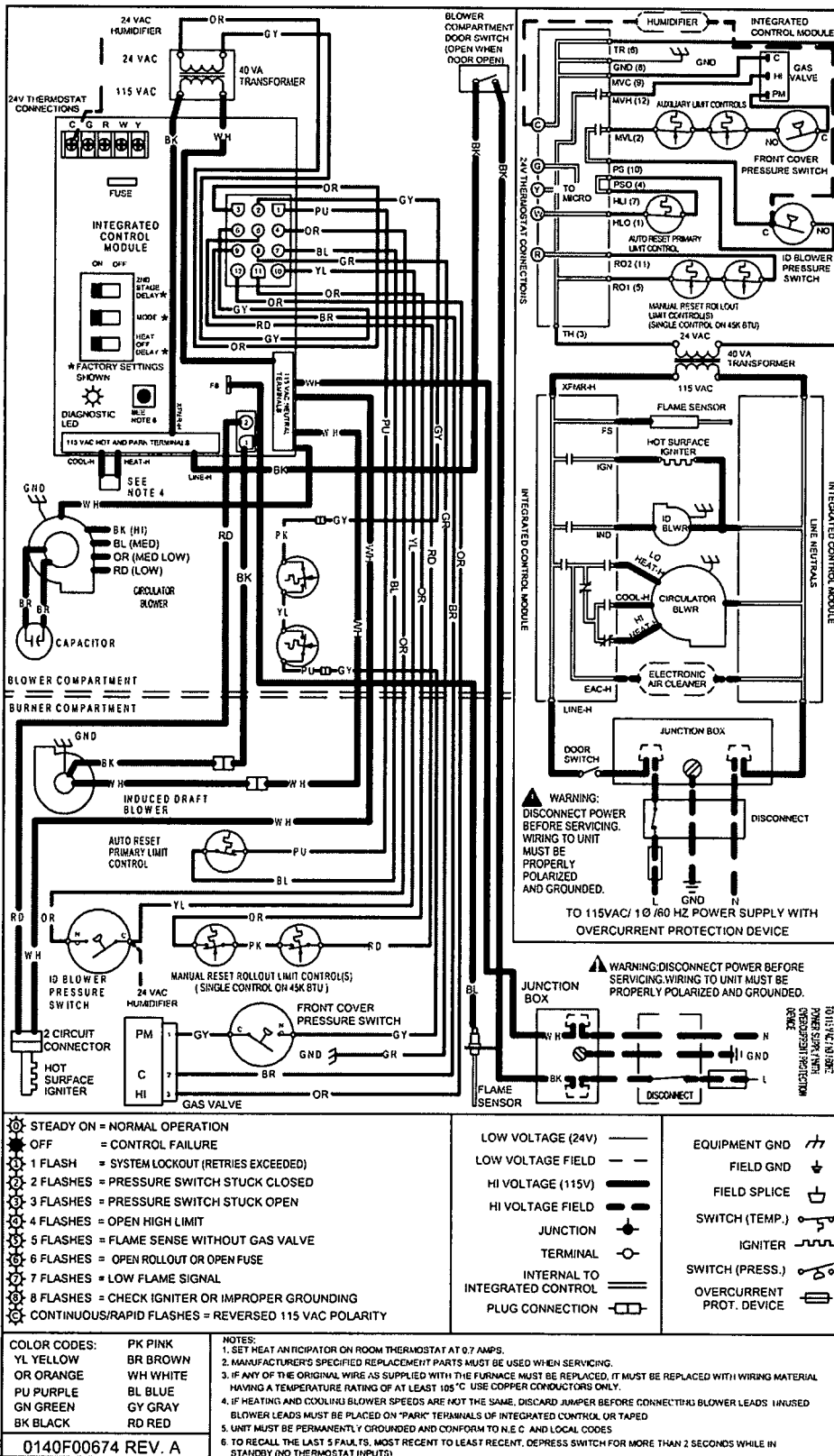


High Voltage: Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

WARNING

Wiring is subject to change. Always refer to the wiring diagram or the unit for the most up-to-date wiring.

GCH95 WIRING DIAGRAM WITH WHITE-RODGERS VALVE

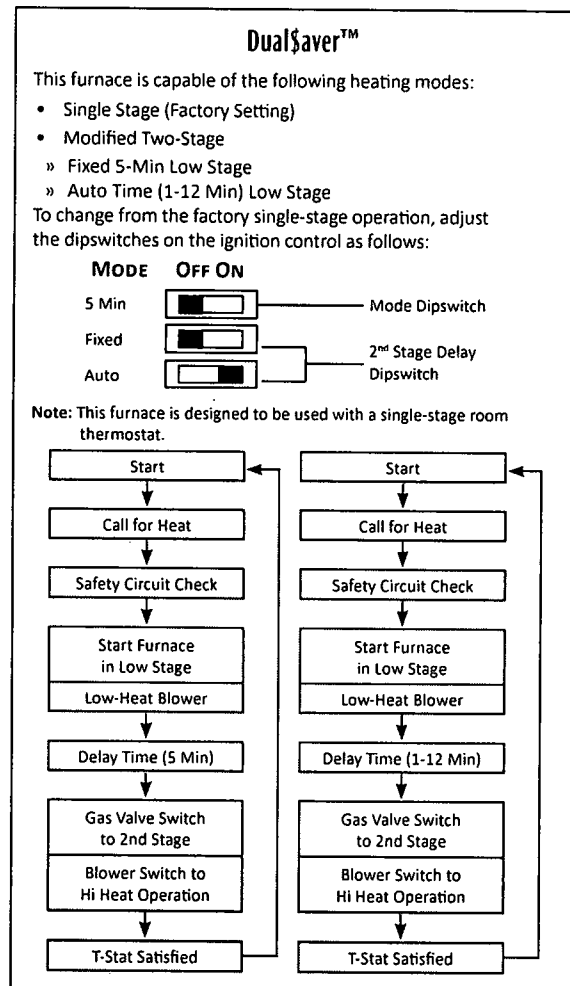


High Voltage: Disconnect all power before servicing or installing this unit. Multiple power sources may be present. Failure to do so may cause property damage, personal injury, or death.

WARNING

Wiring is subject to change. Always refer to the wiring diagram or the unit for the most up-to-date wiring.

DUAL\$AVER CONFIGURATION & OPERATION



PRODUCT SPECIFICATIONS

ACCESSORIES — GMH95

ACCESSORY	DESCRIPTION	GMH95 0453BXA	GMH95 0703BXA	GMH95 0704CXA	GMH95 0904CXA	GMH95 0905DXA	GMH95 1155DXA
LPM-05	LP Conversion Kit (Springs & Orifice) ¹	✓	✓	✓	✓	✓	✓
LPM-06	LP Conversion Kit (Springs & Orifice) ²	✓	✓	✓	✓	✓	✓
LPLP01	LP Gas Low-Pressure Kit	✓	✓	✓	✓	✓	✓
GSAS	Electronic Air Cleaners (-10, -11, -12, -18)	✓	✓	✓	✓	✓	✓
GMU	Media Air Cleaners (1620, 2020, 1625, 2025)	✓	✓	✓	✓	✓	✓
HANG11	High Altitude Natural Gas Kit	1	1	1	1	1	1
HANG12	High Altitude Natural Gas Kit	2	2	2	2	2	2
HALP10	High Altitude LP Gas Kit	3	3	3	3	3	3
HAPS27	High Altitude Pressure Switch Kit	3	3	3	3	3	3
FTK04	Twinning Kit	✓	✓	✓	✓	✓	✓
EFR01	External Filter Rack	✓	✓	✓	✓	✓	✓
DCVK-20	Horizontal/Vertical Concentric Vent Kit (2")	✓	✓	---	---	---	---
DCVK-30	Horizontal/Vertical Concentric Vent Kit (3")	✓	✓	✓	✓	✓	✓
0170K00000S	Flush-mount Vent Kit	✓	✓	✓	✓	✓	✓

¹ White-Rodgers valves only

² White-Rodgers and Honeywell valves

✓ Indicates accessories available for this model

1 Indicates 7,001' to 9,000' altitude

2 Indicates 9,001' to 11,000' altitude

3 Indicates 7,001' to 11,000' altitude

NOTES

- All installations above 7,000' require a pressure switch change. For installation in Canada, furnaces are certified only to 4,500'.
- Downflow Floor base: When the GCH9 model is installed directly on a wood floor, a downflow floor base must be used. Those model numbers are: CFB17, CFB21 and CFB24.

ACCESSORIES — GCH95/9

ACCESSORY	DESCRIPTION	GCH95 0453BXA	GCH95 0703BXA	GCH95 0704CXA	GCH95 0904CXA	GCH95 0905DXA	GCH9 1155DXA
LPM-05	LP Conversion Kit (Springs & Orifice) ¹	✓	✓	✓	✓	✓	✓
LPM-06	LP Conversion Kit (Springs & Orifice) ²	✓	✓	✓	✓	✓	✓
LPLP01	LP Gas Low-Pressure Kit						✓
GSAS	Electronic Air Cleaners (-10, -11, -12, -18)	✓	✓	✓	✓	✓	✓
GMU	Media Air Cleaners (1620, 2020, 1625, 2025)	✓	✓	✓	✓	✓	✓
HANG11	High Altitude Natural Gas Kit	1	1	1	1	1	1
HANG12	High Altitude Natural Gas Kit	2	2	2	2	2	2
HALP10	High Altitude LP Gas Kit	3	3	3	3	3	3
HAPS27	High Altitude Pressure Switch Kit	3	3	3	3	3	3
EFR01	External Filter Rack	✓	✓	✓	✓	✓	✓
DCVK-20	Horizontal/Vertical Concentric Vent Kit (2")	✓	✓	---	---	---	---
DCVK-30	Horizontal/Vertical Concentric Vent Kit (3")	✓	✓	✓	✓	✓	✓
0170K000005	Flush-mount Vent Kit	✓	✓	✓	✓	✓	✓

¹ White-Rodgers valves only

² White-Rodgers and Honeywell valves

✓ Indicates accessories available for this model

1 Indicates 7,001' to 9,000' altitude

2 Indicates 9,001' to 11,000' altitude

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- Downflow Floor base: When the GCH9 model is installed directly on a wood floor, a downflow floor base must be used. Those model numbers are: CFB17, CFB21 and CFB24.

PRODUCT SPECIFICATIONS

NOTES



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Air Conditioning & Heating

SSX16

HIGH-EFFICIENCY

2- TO 5-TON

SPLIT SYSTEM AIR CONDITIONER

UP TO 16 SEER

R-410A

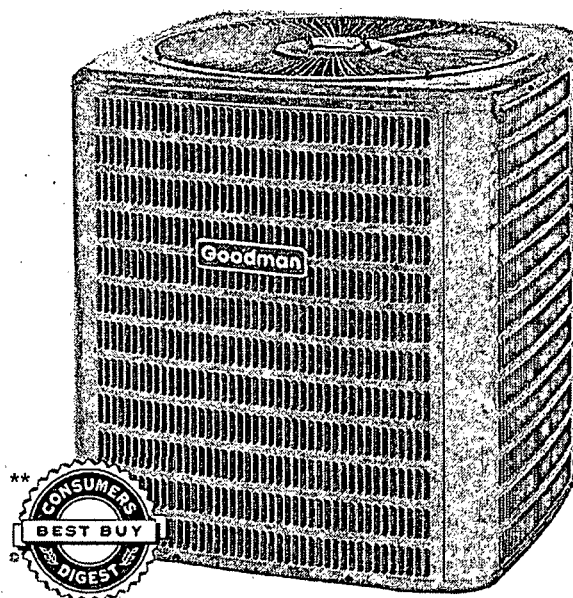
COOLING CAPACITY: 24,000 TO 57,000 BTU/H

Standard Features

- R-410A chlorine-free refrigerant
- High-efficiency Copeland® scroll compressor
- High-quality compressor sound blanket
- High-pressure switch; low-pressure switch
- Factory-installed filter dryer
- 850 RPM condenser fan motor
- Copper tube/enhanced aluminum fin coil
- Sweat connection service valves with easy access to gauge ports
- Contactor with lug connection
- Ground lug connection
- AHRI Certified; ETL Listed

Cabinet Features

- Goodman® brand sound control top design
- Steel louver coil guard
- Heavy-gauge galvanized-steel cabinet
- Attractive Architectural Gray powder-paint finish with 500-hour salt-spray approval
- Top and side compressor and tubing access
- Single-panel access to controls with space provided for field-installed accessories
- When properly anchored, meets 2001 Florida Building Code unit integrity requirements for hurricane-type winds (Anchor bracket kits available.)



Contents

Nomenclature	2
Product Specifications	3
Expanded Cooling Data	5
AHRI Ratings	37
Wiring Diagrams	61
Dimensions	64
Accessories	64



* Complete warranty details available from your local dealer or at www.goodmanmfg.com. To receive the Lifetime Compressor Limited Warranty (good for as long as you own your home) and 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Québec.

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SS-SSX16

www.goodmanmfg.com

9/11
Supersedes 7/11

PRODUCT SPECIFICATIONS

NOMENCLATURE

	S	S	X	16	036	1	A	A	
	1	2	3	4,5	6,7,8	9	10	11	
Brand									
G	Goodman® (Standard Feature Set Models)								
S	Goodman® (High Feature Set Models)								
Product Category									
S	Split System								
Unit Type									
C	Condenser R-22								
X	Condenser R-410A								
H	Heat Pump R-22								
Z	Heat Pump R-410A								
Efficiency									
13	13 SEER								
14	14 SEER								
16	16 SEER								

SPECIFICATIONS

	SSX16 0241A*	SSX16 0241B*	SSX16 0301A*	SSX16 0361A*	SSX16 0361B*	SSX16 0421A*
COOLING CAPACITY						
Nominal Cooling (BTU/h)	24,000	24,000	30,000	36,000	36,000	42,000
Decibels	73.5	73.5	73.5	73.5	73.5	75
COMPRESSOR						
RLA	13.4	13.5	12.8	14.1	14.1	16.7
LRA	58.3	58.3	64	77	77	79
CONDENSER FAN MOTOR						
Horsepower (RPM)	1/12	1/6	1/6	1/6	1/6	1/4
FLA	0.60	1.10	1.10	1.10	1.10	1.50
REFRIGERATION SYSTEM						
Refrigerant Line Size ¹						
Liquid Line Size ("O.D.)	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Line Size ("O.D.)	3/4"	3/4"	3/4"	3/8"	3/8"	1 1/8"
Refrigerant Connection Size						
Liquid Valve Size ("O.D.)	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Valve Size ("O.D.)	3/4"	3/4"	3/4"	3/4"	3/4"	3/4"
Valve Connection Type	Sweat	Sweat	Sweat	Sweat	Sweat	sweat
Refrigerant Charge	159	97	96	154	102	109
ELECTRICAL DATA						
Voltage-Phase	208/230-1	208/230-1	208/230-1	208/230-1	208/230-1	208/230-1
Minimum Circuit Ampacity ²	17.4	18.0	17.1	18.7	18.7	22.4
Max. Overcurrent Protection ³	30	30	25	30	30	35
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"
SHIP WEIGHT (LBS)	282	173	174	282	182	185

¹ Tested and rated in accordance with ARI Standard 210/240

² Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

³ Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

NOTES

- Always check the S&R plate for electrical data on the unit being installed.
- Installer will need to supply 3/8" to 1 1/8" adapters for suction line connections.
- Unit is charged with refrigerant for 15' of 3/8" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.
- Installation of these units requires the specified TXV Kit to be installed on the indoor coil. THE SPECIFIED TXV IS DETERMINED BY THE OUTDOOR UNIT NOT THE INDOOR COIL.

SPECIFICATIONS

	SSX16 0481A*	SSX16 0481B*	SSX16 0591A*	SSX16 0601A*	SSX16 0601B*
COOLING CAPACITY					
Nominal Cooling (BTU/h)	48,000	48,000	60,000	60,000	60,000
Decibels	73.5	74	73.5	73.5	73.5
COMPRESSOR					
RLA	19.8	19.9	25.0	25.6	25.6
LRA	109	109	134	118	118
CONDENSER FAN MOTOR					
Horsepower (RPM)	1/6	1/4	1/4	1/6	1/6
FLA	1.10	1.50	1.50	1.00	1.00
REFRIGERATION SYSTEM					
Refrigerant Line Size ¹					
Liquid Line Size ("O.D.)	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Line Size ("O.D.)	1 1/8"	1 1/8"	1 1/8"	1 1/8"	1 1/8"
Refrigerant Connection Size					
Liquid Valve Size ("O.D.)	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Valve Size ("O.D.)	7/8"	7/8"	7/8"	7/8"	7/8"
Valve Connection Type	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	244	138	251	194	197
ELECTRICAL DATA					
Voltage-Phase	208/230-1	208/230-1	208/230-1	208/230-1	208/230-1
Minimum Circuit Ampacity ²	25.9	26.4	32.8	33.0	33.0
Max. Overcurrent Protection ³	40	45	50	50	50
Min / Max Volts	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"
SHIP WEIGHT (LBS)	282	236	287	296	296

¹ Tested and rated in accordance with ARI Standard 210/240

² Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

³ Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

NOTES

- Always check the S&R plate for electrical data on the unit being installed.
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- Unit is charged with refrigerant for 15' of 3/8" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.
- Installation of these units requires the specified TXV Kit to be installed on the indoor coil. THE SPECIFIED TXV IS DETERMINED BY THE OUTDOOR UNIT NOT THE INDOOR COIL.

			OUTDOOR AMBIENT TEMPERATURE																							
			65°F				75°F				85°F				95°F				105°F				115°F			
			ENTERING INDOOR WET BULB TEMPERATURE																							
IDB	AIRFLOW	59	63	67	71	59	63	67	71	59	63	67	71	59	63	67	71	59	63	67	71	59	63	67	71	
70	900	MBh	23.5	24.4	26.7	-	23.0	23.8	26.1	-	22.4	23.2	25.5	-	21.9	22.7	24.8	-	20.8	21.5	23.6	-	19.3	20.0	21.9	-
		S/T	0.76	0.64	0.44	-	0.79	0.66	0.46	-	0.81	0.68	0.47	-	0.84	0.70	0.48	-	0.87	0.72	0.50	-	0.87	0.73	0.51	-
		ΔT	18	16	12	-	19	16	12	-	19	16	12	-	19	16	12	-	18	16	12	-	17	15	11	-
		kW	1.38	1.41	1.46	-	1.49	1.52	1.57	-	1.59	1.62	1.68	-	1.67	1.71	1.77	-	1.75	1.79	1.85	-	1.81	1.85	1.92	-
		Amps	5.3	5.4	5.6	-	5.8	5.9	6.1	-	6.3	6.4	6.6	-	6.7	6.8	7.1	-	7.1	7.3	7.5	-	7.5	7.7	8.0	-
		Hi PR	228	246	249	-	258	278	282	-	294	316	320	-	335	360	365	-	376	405	410	-	422	453	460	-
	Lo PR	121	125	136	-	125	129	140	-	129	133	145	-	132	137	149	-	135	139	152	-	138	143	156	-	
	800	MBh	22.8	23.7	25.9	-	22.3	23.1	25.3	-	21.8	22.6	24.7	-	21.2	22.0	24.1	-	20.2	20.9	22.9	-	18.7	19.4	21.2	-
		S/T	0.73	0.61	0.42	-	0.75	0.63	0.44	-	0.77	0.64	0.45	-	0.80	0.67	0.46	-	0.83	0.69	0.48	-	0.83	0.70	0.48	-
		ΔT	19	17	13	-	19	17	13	-	19	17	13	-	19	17	13	-	19	17	13	-	18	16	12	-
		kW	1.37	1.40	1.44	-	1.48	1.51	1.56	-	1.57	1.61	1.67	-	1.66	1.70	1.76	-	1.73	1.77	1.84	-	1.80	1.84	1.90	-
		Amps	5.3	5.4	5.6	-	5.7	5.8	6.0	-	6.2	6.3	6.6	-	6.6	6.8	7.0	-	7.0	7.2	7.5	-	7.5	7.7	7.9	-
		Hi PR	226	243	247	-	256	275	279	-	291	313	317	-	331	356	361	-	373	401	406	-	417	449	455	-
	Lo PR	120	124	135	-	123	127	139	-	128	132	144	-	131	135	148	-	134	138	151	-	137	141	154	-	
	700	MBh	21.1	21.8	23.9	-	20.6	21.3	23.4	-	20.1	20.8	22.8	-	19.6	20.3	22.3	-	18.6	19.3	21.1	-	17.3	17.9	19.6	-
		S/T	0.70	0.59	0.41	-	0.73	0.61	0.42	-	0.74	0.62	0.43	-	0.77	0.64	0.44	-	0.80	0.67	0.46	-	0.80	0.67	0.47	-
		ΔT	19	17	13	-	20	17	13	-	20	17	13	-	20	17	13	-	20	17	13	-	18	16	12	-
		kW	1.36	1.39	1.43	-	1.46	1.50	1.55	-	1.56	1.60	1.65	-	1.65	1.68	1.74	-	1.72	1.76	1.82	-	1.78	1.82	1.89	-
		Amps	5.2	5.3	5.5	-	5.6	5.8	6.0	-	6.1	6.3	6.5	-	6.6	6.7	6.9	-	7.0	7.2	7.4	-	7.4	7.6	7.8	-
		Hi PR	224	241	244	-	253	272	276	-	288	310	314	-	328	353	358	-	369	397	402	-	413	444	451	-
	Lo PR	119	122	134	-	122	126	138	-	126	130	142	-	130	134	146	-	132	137	149	-	136	140	153	-	

75	900	MBh	23.9	24.6	26.7	28.6	23.4	24.1	26.0	27.9	22.8	23.5	25.4	27.3	22.2	22.9	24.8	26.6	21.1	21.8	23.6	25.3
		S/T	0.87	0.77	0.59	0.38	0.90	0.80	0.61	0.39	0.92	0.82	0.62	0.40	0.95	0.85	0.64	0.41	0.99	0.88	0.67	0.43
		ΔT	21	19	16	11	21	20	16	11	21	20	16	11	22	20	16	11	21	20	16	11
		kW	1.38	1.41	1.46	1.50	1.49	1.52	1.57	1.63	1.59	1.62	1.68	1.74	1.67	1.71	1.77	1.83	1.75	1.79	1.85	1.92
		Amps	5.3	5.4	5.6	5.8	5.8	5.9	6.1	6.3	6.3	6.4	6.6	6.9	6.7	6.8	7.1	7.3	7.1	7.3	7.5	7.8
		Hi PR	228	246	249	255	258	278	282	288	294	316	320	327	335	360	365	373	376	405	410	419
		Lo PR	121	125	136	145	125	129	140	150	129	133	145	155	132	137	149	159	135	139	152	162
	800	MBh	23.2	23.9	25.9	27.8	22.7	23.4	25.3	27.1	22.1	22.8	24.7	26.5	21.6	22.2	24.1	25.8	20.5	21.1	22.9	24.5
		S/T	0.83	0.74	0.56	0.36	0.86	0.77	0.58	0.37	0.88	0.79	0.59	0.38	0.91	0.81	0.61	0.39	0.94	0.84	0.64	0.41
		ΔT	22	20	17	11	22	21	17	12	22	21	17	12	22	21	17	12	22	20	17	12
		kW	1.37	1.40	1.44	1.49	1.48	1.51	1.56	1.61	1.57	1.61	1.67	1.72	1.66	1.70	1.76	1.82	1.73	1.77	1.84	1.90
		Amps	5.3	5.4	5.6	5.8	5.7	5.8	6.0	6.3	6.2	6.3	6.6	6.8	6.6	6.8	7.0	7.3	7.0	7.2	7.5	7.7
		Hi PR	226	243	247	252	256	275	279	285	291	313	317	324	331	356	361	369	373	401	406	415
		Lo PR	120	124	135	144	123	127	139	148	128	132	144	153	131	135	148	157	134	138	151	160
	700	MBh	21.4	22.1	23.9	25.6	20.9	21.6	23.3	25.0	20.4	21.0	22.8	24.4	19.9	20.5	22.2	23.8	18.9	19.5	21.1	22.7
		S/T	0.80	0.71	0.54	0.35	0.83	0.74	0.56	0.36	0.85	0.76	0.57	0.37	0.87	0.78	0.59	0.38	0.91	0.81	0.61	0.39
		ΔT	22	21	17	12	23	21	17	12	23	21	17	12	23	21	17	12	23	21	17	12
		kW	1.36	1.39	1.43	1.48	1.46	1.50	1.55	1.60	1.56	1.60	1.65	1.71	1.65	1.68	1.74	1.80	1.72	1.76	1.82	1.88
		Amps	5.2	5.3	5.5	5.7	5.6	5.8	6.0	6.2	6.1	6.3	6.5	6.7	6.6	6.7	6.9	7.2	7.0	7.2	7.4	7.7
		Hi PR	224	241	244	250	253	272	276	282	288	310	314	321	328	353	358	365	369	397	402	411
		Lo PR	119	122	134	142	122	126	138	147	126	130	142	152	130	134	146	156	132	137	149	159

IDB: Entering Indoor Dry Bulb Temperature

High and low pressures are measured at the liquid and suction service valves.

Shaded area reflects ACCA (TV) conditions

kW = Total system power

Amps = outdoor unit amps (comp. + fan)

EXPANDED COOLING DATA — SSX160241A* / CA13636*6A* + TXV / MBF1600*-1

EXPANDED COOLING DATA — SSX160241A* / CA*13636*6A* + TXV / MBET1600*-1 (CONT.)

			OUTDOOR AMBIENT TEMPERATURE																							
			65°F				75°F				85°F				95°F				105°F				115°F			
			ENTERING INDOOR WET BULB TEMPERATURE																							
IDB	AIRFLOW	59	63	67	71	59	63	67	71	59	63	67	71	59	63	67	71	59	63	67	71	59	63	67	71	
	900	MBh	24.3	24.9	26.6	28.4	23.8	24.3	26.0	27.7	23.2	23.7	25.3	27.1	22.6	23.1	24.7	26.4	21.5	22.0	23.5	25.1	19.9	20.4	21.8	23.3
		S/T	0.95	0.89	0.73	0.54	1.00	0.92	0.75	0.56	1.00	0.95	0.77	0.58	1.00	1.00	0.80	0.59	1.00	1.00	0.83	0.62	1.00	1.00	0.83	0.62
		ΔT	24	23	20	16	24	23	20	16	24	23	20	16	23	24	20	16	22	22	20	16	20	21	18	15
		kW	1.38	1.41	1.46	1.50	1.49	1.52	1.57	1.63	1.59	1.62	1.68	1.74	1.67	1.71	1.77	1.83	1.75	1.79	1.85	1.92	1.81	1.85	1.92	1.99
		Amps	5.3	5.4	5.6	5.8	5.8	5.9	6.1	6.3	6.3	6.4	6.6	6.9	6.7	6.8	7.1	7.3	7.1	7.3	7.5	7.8	7.5	7.7	8.0	8.3
		Hi PR	228	246	249	255	258	278	282	288	294	316	320	327	335	360	365	373	376	405	410	419	422	453	460	470
	Lo PR	121	125	136	145	125	129	140	150	129	133	145	155	132	137	149	159	135	139	152	162	138	143	156	166	
	800	MBh	23.6	24.1	25.8	27.6	23.1	23.6	25.2	26.9	22.5	23.0	24.6	26.3	22.0	22.5	24.0	25.7	20.9	21.3	22.8	24.4	19.3	19.8	21.1	22.6
		S/T	0.91	0.85	0.69	0.52	0.94	0.88	0.72	0.54	0.96	0.90	0.73	0.55	0.99	0.93	0.76	0.57	1.00	0.97	0.79	0.59	1.00	0.98	0.79	0.59
		ΔT	25	24	21	16	25	24	21	17	25	24	21	17	25	24	21	17	24	24	21	16	22	22	19	15
		kW	1.37	1.40	1.44	1.49	1.48	1.51	1.56	1.61	1.57	1.61	1.67	1.72	1.66	1.70	1.76	1.82	1.73	1.77	1.84	1.90	1.80	1.84	1.90	1.97
		Amps	5.3	5.4	5.6	5.8	5.7	5.8	6.0	6.3	6.2	6.3	6.6	6.8	6.6	6.8	7.0	7.3	7.0	7.2	7.5	7.7	7.5	7.7	7.9	8.2
		Hi PR	226	243	247	252	256	275	279	285	291	313	317	324	331	356	361	369	373	401	406	415	417	449	455	465
	Lo PR	120	124	135	144	123	127	139	148	128	132	144	153	131	135	148	157	134	138	151	160	137	141	154	164	
	700	MBh	21.8	22.3	23.8	25.5	21.3	21.8	23.3	24.9	20.8	21.3	22.7	24.3	20.3	20.7	22.2	23.7	19.3	19.7	21.0	22.5	17.9	18.2	19.5	20.8
		S/T	0.87	0.82	0.67	0.50	0.91	0.85	0.69	0.52	0.93	0.87	0.71	0.53	0.96	0.90	0.73	0.55	0.99	0.93	0.76	0.57	1.00	0.94	0.77	0.57
		ΔT	25	24	21	17	25	24	21	17	25	24	21	17	26	24	21	17	25	24	21	17	24	23	20	16
		kW	1.36	1.39	1.43	1.48	1.46	1.50	1.55	1.60	1.56	1.60	1.65	1.71	1.65	1.68	1.74	1.80	1.72	1.76	1.82	1.88	1.78	1.82	1.89	1.95
Amps		5.2	5.3	5.5	5.7	5.6	5.8	6.0	6.2	6.1	6.3	6.5	6.7	6.6	6.7	6.9	7.2	7.0	7.2	7.4	7.7	7.4	7.6	7.8	8.1	
Hi PR		224	241	244	250	253	272	276	282	288	310	314	321	328	353	358	365	369	397	402	411	413	444	451	460	
Lo PR	119	122	134	142	122	126	138	147	126	130	142	152	130	134	146	156	132	137	149	159	136	140	153	163		

	900	MBh	24.8	25.2	26.4	28.2	24.2	24.7	25.8	27.6	23.6	24.1	25.2	26.9	23.0	23.5	24.6	26.2	21.9	22.3	23.4	24.9	20.3	20.7	21.6	23.1
		S/T	1.00	0.96	0.87	0.70	1.00	1.00	0.90	0.73	1.00	1.00	0.92	0.75	1.00	1.00	0.95	0.77	1.00	1.00	0.99	0.80	1.00	1.00	1.00	0.81
		ΔT	25	25	23	20	25	25	24	21	24	25	24	21	24	24	24	21	22	23	24	20	21	21	22	19
		kW	1.38	1.41	1.46	1.50	1.49	1.52	1.57	1.63	1.59	1.62	1.68	1.74	1.67	1.71	1.77	1.83	1.75	1.79	1.85	1.92	1.81	1.85	1.92	1.99
		Amps	5.3	5.4	5.6	5.8	5.8	5.9	6.1	6.3	6.3	6.4	6.6	6.9	6.7	6.8	7.1	7.3	7.1	7.3	7.5	7.8	7.5	7.7	8.0	8.3
		Hi PR	228	246	249	255	258	278	282	288	294	316	320	327	335	360	365	373	376	405	410	419	422	453	460	470
	Lo PR	121	125	136	145	125	129	140	150	129	133	145	155	132	137	149	159	135	139	152	162	138	143	156	166	
	800	MBh	24.0	24.5	25.7	27.4	23.5	23.9	25.1	26.8	22.9	23.4	24.5	26.1	22.4	22.8	23.9	25.5	21.2	21.7	22.7	24.2	19.7	20.1	21.0	22.4
		S/T	0.95	0.92	0.83	0.67	0.98	0.95	0.86	0.70	1.00	0.97	0.88	0.71	1.00	1.00	0.91	0.74	1.00	1.00	0.94	0.76	1.00	1.00	0.95	0.77
		ΔT	26	26	24	21	27	26	25	21	26	26	25	21	26	26	25	22	24	25	25	21	23	23	23	20
		kW	1.37	1.40	1.44	1.49	1.48	1.51	1.56	1.61	1.57	1.61	1.67	1.72	1.66	1.70	1.76	1.82	1.73	1.77	1.84	1.90	1.80	1.84	1.90	1.97
		Amps	5.3	5.4	5.6	5.8	5.7	5.8	6.0	6.3	6.2	6.3	6.6	6.8	6.6	6.8	7.0	7.3	7.0	7.2	7.5	7.7	7.5	7.7	7.9	8.2
		Hi PR	226	243	247	252	256	275	279	285	291	313	317	324	331	356	361	369	373	401	406	415	417	449	455	465
	Lo PR	120	124	135	144	123	127	139	148	128	132	144	153	131	135	148	157	134	138	151	160	137	141	154	164	
	700	MBh	22.2	22.6	23.7	25.3	21.7	22.1	23.1	24.7	21.2	21.6	22.6	24.1	20.6	21.0	22.0	23.5	19.6	20.0	20.9	22.3	18.2	18.5	19.4	20.7
		S/T	0.92	0.88	0.80	0.65	0.95	0.92	0.83	0.67	0.97	0.94	0.85	0.69	1.00	0.97	0.87	0.71	1.00	1.00	0.91	0.74	1.00	1.00	0.92	0.74
		ΔT	26.7	26	25	21	27	27	25	22	27	27	25	22	27	27	25	22	26	26	25	22	24	24	23	20
		kW	1.36	1.39	1.43	1.48	1.46	1.50	1.55	1.60	1.56	1.60	1.65	1.71	1.65	1.68	1.74	1.80	1.72	1.76	1.82	1.88	1.78	1.82	1.89	1.95
Amps		5.2	5.3	5.5	5.7	5.6	5.8	6.0	6.2	6.1	6.3	6.5	6.7	6.6	6.7	6.9	7.2	7.0	7.2	7.4	7.7	7.4	7.6	7.8	8.1	
Hi PR		224	241	244	250	253	272	276	282	288	310	314	321	328	353	358	365	369	397	402	411	413	444	451	460	
Lo PR	119	122	134	142	122	126	138	147	126	130	142	152	130	134	146	156	132	137	149	159	136	140	153	163		

IDB: Entering Indoor Dry Bulb Temperature

High and low pressures are measured at the liquid and suction service valves.

Shaded area reflects AHRI (TVA) conditions

kW = Total system power

Amps = outdoor unit amps (comp.+fan)