BLOCK 69 LOT 5.05 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 18-056 closed

RECEIVED JUL 3 2018

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: Sivoella
   Tel. (732) 966-5523 e-mail Nsivolella7@gmail.com
   Address 7 Locust Street (street) Lakehurst (municipality) 08733 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Air Experts, Inc Tel. (732) 681-9090
   Address 727C 17th Ave e-mail Sales@airexpertsnj.com
   Lake Como, NJ 07719
   License No. OR, if new home, Builder Reg. No. 19HC00123400 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason ____
   Federal Emp. ID No. 223324128 FAX: ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Michael Bondurant
   Tel. (732) 681-9090 FAX: (732) 280-2213

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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical					7/9/18	MM			
☒ Plumbing					7-9-18	DM			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1,200 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

7/9/18 - Spoke w/ Kelly + gave info (MM)

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(f)1.ix:

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.

(X) Check if contractor.

Agent Name Michael Bondurant

Address 727C 17th Ave

Lake Como, NJ 07719

Telephone (732) 691-9090

Signature _____

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Permit # 18-054
Date Issued 7-12-18
- or -
Control #
Certificate Issued Date: 8-10-18

IDENTIFICATION

Block 69 Lot 5.05 Qualification Code

Work Site Location 7 Locust St

Owner in Fee Sivaella

Address 7 locust st
Lakehurst, NJ 08733

Tel. (732) 966-5523

Contractor Air Experts, INC

Address 727C 17th Ave

Tel. (732) 681-9090 FAX ( )

Lic. No. or Bldrs. Reg. No. 19HC00123400

Federal Employer No.

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

Replace AC

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been construced 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 construced 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 _____.

Mark L. Mathis 8/10/18
CONSTRUCTION OFFICIAL DATE

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 5/03)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/12/18

Permit # 18-056

IDENTIFICATION Block 69 Lot 5.05 Qualification Code

Work Site Location 7 Locust St.

Owner in Fee Sivella

Address 7 Locust St Lakehurst NJ 08733

Tel. (732) ~~681-9090~~ 961-5523

Contractor Air Experts, INC

Address 727C 17th Ave Lake Como, NJ 07719

Tel. (732) 681-9090

Lic. No. or Bldrs. Reg. No. 19HC00123400

Is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Replace A/C

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 $ 1200

Construction Official

7/10/18

Date

PAYMENTS (Office Use Only)

Building

Electrical 75

Plumbing 85

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 2

Cert. of Occupancy

Other

Total 162

Check No. 11254

Cash

Collected by M Capuso

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. F170-2 (rev. 1/04)
Reorder call: (732) 534-3000

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/12/18
Control #

Date Issued
Permit # 18-056

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

Owner in Fee: Sivoella

Tel. (732) 966-5523 e-mail Nsivolella@gmail.com

Address 7 Locust Street (street) Lakehurst (municipality) 08733 (zip code)

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 7-9-18
Approved by: DM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-10-18
Approved by: DM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-10-18	DM

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Bondurant

Print name here: Michael Bondurant

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace AC Condenser

QTY.	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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	85
1	Other	

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

U.C.C. F130 (rev. 11/09)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/12/18
Control #
Date Issued
Permit # 18-056

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

Owner in Fee: Sivoella

Tel. (732) 966-5523 e-mail Nsivolella7@gmail.com

Address 7 Locust Street (street) municipality zip code

Contractor: Air Experts, Inc Tel. (732) 681-9090

Address 727C 17th Ave e-mail Sales@airexpertsnj.com

Lake Como, NJ 07719

Contractor License No. 19HC00123400 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223324128 FAX: (732) 280-2213

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 700

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7-9-18
Approved by: mk martin

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8-10-18
Approved by: mk martin

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-10-18	mm
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Michael Bondurant

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace AC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
1	5.7	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$ 15.00
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)
Internet version

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

SPECIFICATIONS

General Data	Model No.	All Regions	---	---	---	---	14ACX-041
		North / South Regions	14ACXS018	14ACXS024	14ACXS030	14ACXS036	---
		Southwest Region	14ACX-018	14ACX-024	14ACX-030	14ACX-036	---
		Nominal Tonnage	1.5	2	2.5	3	3.5
		Indoor Unit Expansion Valve (TXV) (If needed)	12J18	12J18	12J18	12J19	12J20
		RFCIV Metering Orifice Usage	See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)				
[1] Sound Rating Number (dB)			76	76	76	76	78
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8
[2] Refrigerant (R-410A) furnished			4 lbs. 13 oz.	5 lbs. 6 oz.	6 lbs. 11 oz.	6 lbs. 11 oz.	10 lbs. 1 oz.
Outdoor Fan		Diameter - in.	18	22	22	22	22
		Number of blades	3	3	3	3	4
		Motor hp	1/10	1/6	1/6	1/6	1/4
Shipping Data - lbs. 1 package			138	158	171	177	209

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)	20	25	25	30	35
[4] Minimum circuit ampacity	12.4	15.0	17.1	18.6	22.6
Compressor — Rated load amps	9.4	11.2	12.9	14.1	16.7
Condenser Fan Motor — Full load amps	0.7	1.0	1.0	1.0	1.7

SPECIFICATIONS

General Data	Model No.	All Regions	---	14ACX-047	14ACX-048	14ACX-059	14ACX-060
		North / South Regions	14ACXS042	---	---	---	---
		Southwest Region	14ACX-042	---	---	---	---
		Nominal Tonnage	3.5	4	4	5	5
		Indoor Unit Expansion Valve (TXV) (If needed)	12J20	12J20	12J20	12J20	12J20
		RFCIV Metering Orifice Usage	See AHRI Air Conditioner System Matches (Bulletin No. 210561AC)				
[1] Sound Rating Number (dB)			78	80	78	78	80
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	7/8	7/8	7/8	1-1/8	1-1/8
[1] Refrigerant (R-410A) furnished			8 lbs. 10 oz.	11 lbs. 3 oz.	10 lbs. 8 oz.	11 lbs. 2 oz.	12 lbs. 0 oz.
Outdoor Fan		Diameter - in.	22	26	22	26	26
		Number of blades	4	4	4	4	4
		Motor hp	1/4	1/3	1/4	1/3	1/3
Shipping Data - lbs. 1 package			208	250	228	266	253

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[2] Maximum overcurrent protection (amps)	40	45	45	50	60
[3] Minimum circuit ampacity	24.1	26.7	26.7	34.1	34.8
Compressor — Rated load amps	17.9	19.9	20	25	26.4
Condenser Fan Motor — Full load amps	1.7	1.8	1.7	2.8	1.8

NOTE – Extremes of operating range are plus 10% and minus 5% of line voltage.
[1] Sound Rating Number rated in accordance with test conditions included in AHRI Standard 270.
[2] Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
[3] HACR type circuit breaker or fuse.
[4] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements

AHRI CERTIFIED www.ahridirectory.org
Unitary Small AC
AHRI Standard 210/240
Certification applies only when the complete system is listed with AHRI

HRAI MEMBER COMPANY

ETL LISTED c US Intertek

ENERGY STAR

NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

LENNOX®

PRODUCT CATALOG

AIR CONDITIONERS
14ACX
MERIT® SERIES
R-410A
SEER - Up to 16.00
1.5 to 5 Tons

January 2016
Supersedes June 2015

FEATURES

Refrigerant System

Scroll Compressor

Non-chlorine, ozone friendly, R-410A refrigerant.

Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils

Copper tube construction with enhanced ripple-edged aluminum fins.

Fully serviceable brass service valves.

High pressure switch

Liquid line drier shipped with unit

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

Louvered steel top fan guard.

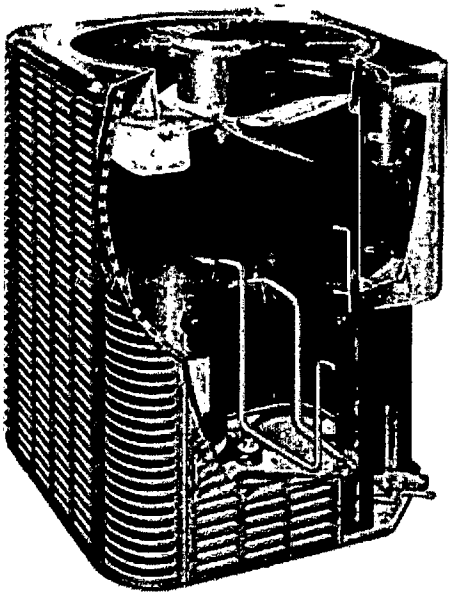
Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

Steel louvered panels provide complete coil protection

PermaGuard™ zinc-coated base.

Corner patch plate allows access to compressor.



LIMITED WARRANTY

Compressor - five years

All covered components - five years

Refer to Lennox Equipment Limited Warranty certificate included with equipment for details

Model No.	A	B
14ACX-018	29-1/4 (743)	24-1/4 (616)
14ACX-024	29-1/4 (743)	28-1/4 (718)
14ACX-030 14ACX-036 14ACX-041	37-1/4 (946)	28-1/4 (718)
14ACX-042	33-1/4 (845)	28-1/4 (718)
14ACX-048	37-1/4 (946)	28-1/4 (718)
14ACX-059	37-1/4 (946)	32-1/4 (819)
14ACX-047 14ACX-060	33-1/4 (845)	32-1/4 (819)

AHRI RATINGS

See AHRI Ratings Supplement

ACCESSORIES

See page 22

Cabinet

- Mounting Base
- Unit Stand-Off Kit Compressor
- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

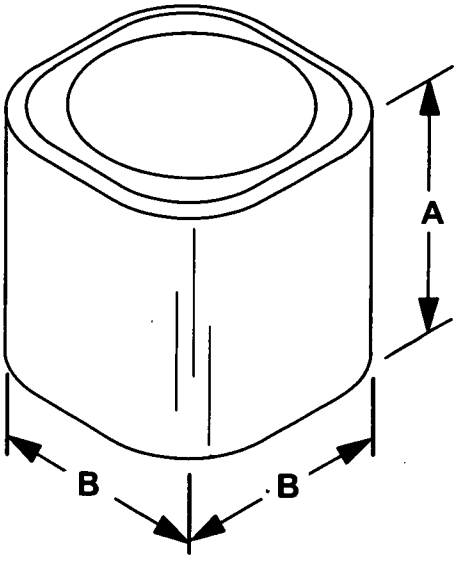
Controls

- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS



NOTE – Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability.
Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury.
Installation and service must be performed by a qualified installer and servicing agency.

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____