

BLOCK 1422.17 LOT 5 QUALIFICATION CODE

ADDRESS (SITE)

Brick NJ 08724 PERMIT NO. 13-4961

CONSTRUCTION PERMIT APPLICATION

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

C13-006331

I. IDENTIFICATION

1. Proposed Work Site at: 958 Ridge Road, Brick, NJ 087242. Name of Owner in Fee: Kathy GerrityTel. [REDACTED] e-mail _____Address 958 Ridge Road Brick, NJ 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private ☒4. Principal Contractor: Allied Construction Tel. (856) 528-2822Address 100 Dobbs Lane, Suite 102 e-mail _____Cherry Hill NJ 08034License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/2013Home Improvement Contractor Registration No. or Exemption Reason 13VH062202Federal Emp. ID No. 274623527 FAX: (856) 528-2823

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun D Yvette MillerTel. (856) 528-2822 FAX: (856) 528-2823

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	<u>40-✓</u>	
2. Electrical		<u>110-✓</u>	
3. Plumbing		<u>45-✓</u>	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee		<u>16-</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>211-</u>	

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

(office use only)

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)

- ☐ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

TOTAL COST \$9,000

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		<u>NOV 03 2013</u>						
<u>4,000</u>				<u>11/21/13</u>	<u>JS</u>			
<u>1,000</u>				<u>11-15-13</u>	<u>[Signature]</u>			
<u>4,000</u>				<u>11/22/13</u>	<u>[Signature]</u>			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____
- No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____

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

- Construct. Classification: Present _____ Proposed _____

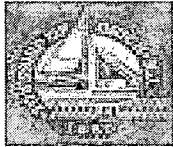
III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers/Standpipes
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs
- ☐ LPGas Tanks
- ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/21/2019
Control Number C-13-006331
Permit Number 13-4961
Permit Issue Date 12/2/2013
Certificate Number 13-4961

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 958 RIDGE ROAD Brick Township, NJ Block: 1422.17 Lot: 5 Qual: _____
Owner in Fee: GERRITY, MICHAEL P & KATHLEEN M
Owner Address: 958 RIDGE RD BRICK NJ 08724
Telephone: _____
Contractor ALLIED CONSTRUCTION GROUP
Address 100 DOBBS LANE SUITE 102 CHERRY HILL NJ 08034
Telephone: (856) 258-6216 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AIR CONDITIONER, FURNACE, WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

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

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

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

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

☐ Total removal of asbestos hazards in scope of work

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1422.17 Lot 5 Qualification Code _____
Work Site Location 958 Ridge Road, Brick, NJ 08724

Owner in Charge: Kathv Gerritv

Tel. _____ e-mail _____

Address 958 Ridge Road Brick, NJ 08724

Contractor: Allied Construction LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail _____
Cherry Hill NJ 08034

Contractor License No. 36BI01261500 Exp. Date 06/30/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: 11-15-13 Approved by: [Signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-19-13

Approved by: 2

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 2-19-19

Approved by: [Signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	<u>5-27-14</u>	<u>2-13-19</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.

Applicant sign/Contractor
sign and seal here: [Signature]

Print name here: Michael Wilson

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

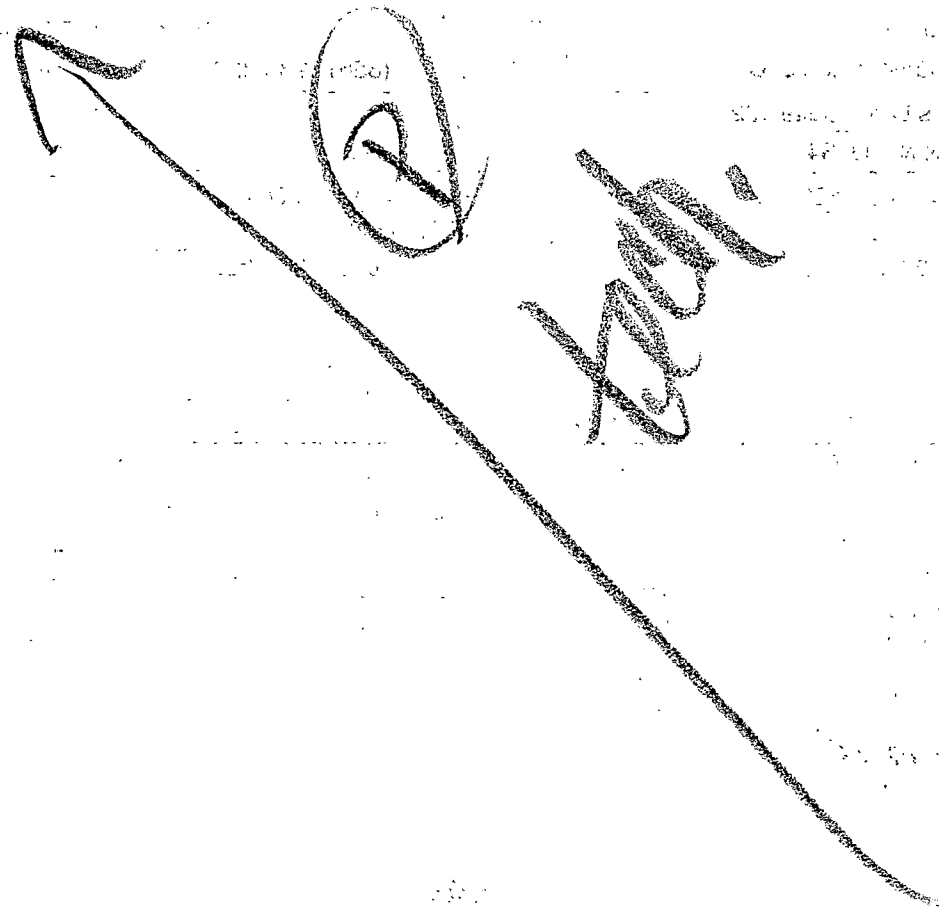
Remove and replace hot water heater, furnace & AC

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	\$ _____
<u>1</u>	Water Heater <u>G</u>	\$ _____
<u>1</u>	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	\$ _____
<u>1</u>	Other <u>Condensate 3.5 ton</u>	\$ _____

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

100/65

5-27-14 *FD*
Install Lower Door for Combustion Air





FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1422.17 Lot 5 Qualification Code _____

Work Site Location 958 Ridge Road, Brick, NJ 08724

Owner in Fee: Kathy Gerrity

Tel. _____ e-mail _____

Address 958 Ridge Road Brick, NJ 08724

Contractor: Allied Construction, LLC municipality _____ Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail _____

Cherry Hill NJ 08034

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

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

Fire Alarm Contractor No. _____ Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☒ Replacement

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 4,000

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor
sign here: _____

Print name here: D. Yvette Miller

D. TECHNICAL SITE DATA

☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Replace Furnace

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
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	<u>0</u>	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid	<u>2</u>	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Alarm System	_____	_____	_____	_____
☐ Partial - Underslab Utilities Approved	Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____	Standpipe	_____	_____	_____	_____
☐ Fire Protection Plans Approved	Fire Pump	_____	_____	_____	_____
Date: <u>11/20/13</u> Approved by: <u>[Signature]</u>	Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:	Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____	_____	_____
Date: <u>11-20-13</u>	Flam/Combust Tanks	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	Other	_____	_____	_____	_____
Date: <u>11-20-13</u>					
Approved by: <u>[Signature]</u>					



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1422.17 Lot 5 Qualification Code _____

Work Site Location 958 Ridge Road, Brick, NJ 08724

Owner in Fee: Kathy Gerrity

Te _____ e-mail _____

Address 958 Ridge Road Brick, NJ 08724

Contractor: Sean McFadden-Allied Construction, LLC Tel. (856) 528-2822

Address 100 Dobbs Lane, Suite 102 e-mail _____

Cherry Hill NJ 08034

Contractor License No. 34EB01653400 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH062202

Federal Emp. ID No. 274623527 FAX: (856) 528-2823

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 4,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☒ No Plans Required		Rough			
☐ Partial -Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: _____ Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>4/3/13</u>		Final			
Approved by: <u>[Signature]</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: <u>5/27/14</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		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: Sean McFadden

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Remove and replace A/C, Furnace & Hot Water Heater

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	_____
_____	_____	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	_____
_____	_____	<u>Hot Water Htr furnace</u>	_____

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



CONSTRUCTION PERMIT

Date Issued 12/2/13
Control # C-13-006331
Permit # 13-4961

IDENTIFICATION Block: 1422.17 Lot: 5 Qualifier _____
Work Site Location: 958 RIDGE ROAD Brick Township, NJ Contractor ALLIED CONSTRUCTION GROUP
Owner in Fee GERRITY, MICHAEL P & KATHLEEN M Address 100 DOBBS LANE SUITE 102 CHERRY HILL NJ 08034
958 RIDGE RD BRICK NJ 08724 Telephone: (856) 258-6216
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

AIR CONDITIONER, FURNACE, WATER HEATER

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 \$9,000

[Signature] Construction Official 11/21/13 Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$110
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$16
CO Fee	
Other	\$0
Total	\$211
Check No. <u>4902</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1422.17 LOT 5 QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS 958 Ridge Rd
 Owner in Fee Kathy Gerrity Allied Construction
 Verifying Individual Tom DeRusso Company 100 Dobbs Lane, Suite 100
 Address 958 Ridge Rd Bridge NJ Cherry Hill, NJ 08034
 Tel: (856) 528-2822 Fax: (856) 528-2823

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney:

- ☒ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster

- Size _____
☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type
 Appliance 1: Furnace
 Appliance 2: HWB
 Appliance 3: _____

Fuel Type
 Oil ☒ Gas ☐ Other: _____
 Oil ☒ Gas ☐ Other: _____
 Oil / Gas / Other: _____

BTU Rating (input/hour)
See Manual J

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
 Material of Liner: Stainless Steel _____ Aluminum _____
 Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
 Length of Connector: _____ Vent Connector Rise: _____
 How does the appliance vent? ☐ Natural Draft ☒ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____

Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature Robert Miller

Date 11/5/13

Verification Not Submitted:

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

Signature _____

Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
 This form may not be submitted by a homeowner in lieu of the required inspection.

5
Serrity
958 Ridge Rd

561923-YTG-C-1211



Heating and Air Conditioning

TECHNICAL GUIDE

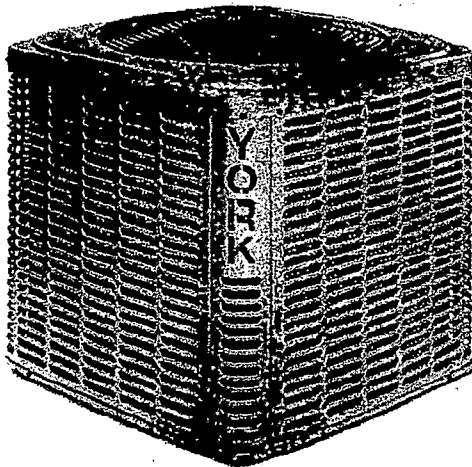
SPLIT-SYSTEM HEAT PUMPS

14.5 SEER – R-410A – Single Phase

MODELS:

YHJF18 THRU 60

(1.5 THRU 5 NOMINAL TONS)



Due to continuous product improvement, specifications are subject to change without notice.

Visit us on the web at

www.upgnet.com and www.york.com

Additional rating information can be found at

www.ahridirectory.org

WARRANTY

Standard 5-year limited parts warranty.

10-year limited compressor warranty.

Extended 10-year limited parts warranty when product is registered online within 90 days of purchase for replacement or closing for new home construction.

DESCRIPTION

The 14.5 SEER Series unit is the outdoor part of a versatile climate system. It is designed with a matching indoor coil component from Johnson Controls Unitary Products. Available for typical applications this climate system is supported with accessories and documents to serve specific functions.

FEATURES

- **Quality Condenser Coils** - The coil is constructed of copper tubing and enhanced aluminum fins for increased efficiency and corrosion protection.
- **Protected Compressor** - The complete scroll compressor line is internally protected against high pressure, temperature, and externally by a factory installed high pressure switch. This is accomplished by the simultaneous operation of high pressure relief valve and a temperature sensor which protects the compressor if undesirable operating conditions occur. A liquid line filter-drier further protects the compressor. The 5-ton system utilizes a two-stage compressor.
- **Durable Finish** - The cabinet is made of pre-painted steel. The pre-treated galvanized steel provides a better paint-to-steel bond, which resists corrosion and rust creep. Special primer formulas and matted-textured finish insure less fading when exposed to sunlight.
- **Lower Installed Cost** - Installation time and costs are reduced by easy power and control wiring connections. Available in sweat connect models only. The unit contains enough refrigerant for matching indoor coils and 15 feet of interconnecting piping. The small base dimension means less space is required on the ground or roof.
- **Top Discharge** - The warm air from the top mounted fan is blown up, away from the structure and any landscaping. This allows compact location on multi-unit applications.
- **Swept Fan Blade Sound Jacket** - The upward air flow carries the normal operating noise away from the living area. The rigid top panel effectively isolates any motor sound. Isolator mounted compressor and the rippled fins of the condenser coil muffle the normal fan motor and compressor operating sounds. The swept wing fan blade and compressor sound jacket further reduce noise levels.
- **Low Maintenance** - Long life permanently lubricated motor-bearings need no annual servicing.
- **Easy Service Access** - Fully exposed refrigerant connections and a single panel covering the electrical controls make for easy servicing of the unit.
- **Secured Service Valves** - Secured, re-usable service valves are provided on both the liquid and vapor sweat connections for ease of evacuating and charging.
- **Agency Listed** - U.L. and C.U.L. listed - approved for outdoor application. The unit is certified in accordance with the Unitary Small Equipment certification program, which is based on AHRI Standard 210/240.

FOR DISTRIBUTION USE ONLY - NOT TO BE USED AT POINT OF RETAIL SALE

TABULAR DATA SHEET



LX SERIES SPLIT SYSTEM HEAT PUMPS

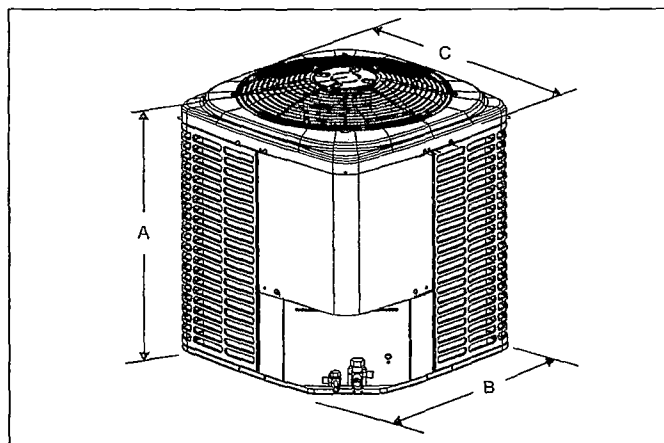
14.5 SEER – R-410A – 1 PHASE – 1.5 THRU 5 NOMINAL TONS

MODELS: YHJF18* THRU 60

Physical and Electrical Data

MODEL	YHJF18 S41S1	YHJF24 S41S1	YHJF30 S41S1	YHJF36 S41S4	YHJF42 S41S5	YHJF48 S41S5	YHJF60 S41S1
Unit Supply Voltage	208-230V, 1 ϕ , 60Hz						
Normal Voltage Range ¹	187 to 252						
Minimum Circuit Ampacity	11.9	17.6	17.3	19.7	23.7	28.5	35.3
Max. Overcurrent Device Amps ²	20	30	30	30	40	50	60
Min. Overcurrent Device Amps ³	15	20	20	20	25	30	40
Compressor Amps	Type	Scroll	Scroll	Scroll	Recip	Scroll	2-Stage Scroll
	Rated Load	9.0	13.4	12.8	14.7	17.9	35.3
	Locked Rotor	48.0	58.3	64.0	74.0	112.0	118.0
Crankcase Heater	No	No	No	Yes	No	No	No
Factory External Discharge Muffler	Yes	Yes	Yes	Combined	Yes	Yes	Yes
Factory External Check Valve	No	No	No	DM/CV	No	No	No
HS Kit Required with TXV ⁴	No	No	No	Yes	No	No	No
Fan Diameter Inches	24	22	24	24	24	24	24
Fan Motor	Rated HP	1/10	1/8	1/4	1/4	1/4	1/4
	Rated Load Amps	0.7	0.8	1.3	1.3	1.3	1.3
	Nominal RPM	825	1075	850	850	850	850
	Nominal CFM	2000	2000	3900	3800	3600	3800
Coil	Face Area Sq. Ft.	15.72	19.17	23.58	23.58	23.58	23.58
	Rows Deep	1	1	1	1	2	2
	Fins / Inch	22	22	22	22	18	18
Liquid Line Set OD (Field Installed)	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Set OD (Field Installed)	3/4	3/4	3/4	3/4	7/8	7/8	1-1/8
Unit Charge (Lbs. - Oz.) ⁵	6 - 15	7 - 14	9 - 14	10 - 6	11 - 4	13 - 1	14 - 2
Charge Per Foot, Oz.	0.62	0.62	0.62	0.62	0.67	0.67	0.75
Operating Weight Lbs.	145	145	176	193	198	248	290

1. Rated in accordance with AHRI Standard 110-2012, utilization range "A".
2. Dual element fuses or HACR circuit breaker. Maximum allowable overcurrent protection.
3. Dual element fuses or HACR circuit breaker. Minimum recommended overcurrent protection.
4. See Hard Start Kit Accessory Installation Manual for Hard Start Kit part number for each model.
5. The Unit Charge is correct for the outdoor unit, smallest matched indoor unit, and 15 feet of refrigerant tubing. For tubing lengths other than 15 feet, add or subtract the amount of refrigerant, using the difference in length multiplied by the per foot value.



Unit Model	Dimensions (Inches)			Refrigerant Connection Service Valve Size	
	A	B	C	Liquid	Vapor
18	28-1/4	34	34	3/8	3/4
24	40-1/4	29-1/2	29-1/2		
30	40-1/4	34	34		
36	40-1/4	34	34		
42	40-1/4	34	34		7/8
48	40-1/4	34	34		
60	40-1/4	34	34		7/8 *

* Adapter Fitting Required for 1-1/8" Lineset.

All dimensions are in inches and are subject to change without notice.
Overall height is from bottom of base pan to top of fan guard.
Overall length and width include screw heads.

System Charge for Various Matched Systems

Outdoor Unit	YHJF18S41S1	YHJF24S41S1	YHJF30S41S1	YHJF36S41S4	YHJF42S41S5	YHJF48S41S5	YHJF60S41S1
Required Orifice or TXV ^{1,2}	.051/4F1	.059/4G1	.063/4G1	.071/4H1	.075/4J1	4P1	4K1
Indoor Unit ^{3,4,5}	Additional Charge, Oz						
AHE24B	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
AHE30B	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
AHE36C	-	-	.063 / TXV + 0	.071 / TXV + 0	-	-	-
AHE42D	-	-	-	.071 / TXV + 5	-	-	-
AHE48D	-	-	-	.071 / TXV + 25	.075 / TXV + 0	TXV + 0	-
AHE60D	-	-	-	-	.075 / TXV + 8	TXV + 10	TXV + 0
AHR24B	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
AHR36B	-	-	.063 / TXV + 0	.071 / TXV + 0	-	-	-
AHR42C	-	-	-	.071 / TXV + 5	-	-	-
AHR48D	-	-	-	-	.075 / TXV + 0	TXV + 0	-
AHR60D	-	-	-	-	-	-	-
AHV24B	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
AHV30B	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
AHV36C	.051 / TXV + 13	.059 / TXV + 12	.063 / TXV + 0	.071 / TXV + 0	-	-	-
AHV42D	-	-	-	.071 / TXV + 11	-	-	-
AHV48D	-	-	-	.071 / TXV + 31	.075 / TXV + 0	TXV + 0	-
AHV60D	-	-	-	-	.075 / TXV + 8	TXV + 10	TXV + 0
AV*36	.051 / TXV + 13	.059 / TXV + 12	.063 / TXV + 0	.071 / TXV + 0	-	-	-
AV*48	-	-	-	.071 / TXV + 25	-	-	-
FC/MC/PC32	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
FC/MC/PC35	.051 / TXV + 0	.059 / TXV + 0	-	-	-	-	-
FC/MC/PC37	.051 / TXV + 13	.059 / TXV + 12	.063 / TXV + 0	.071 / TXV + 0	-	-	-
FC/MC/PC43	.051 / TXV + 13	.059 / TXV + 12	.063 / TXV + 0	.071 / TXV + 0	-	-	-
FC/MC/PC48	-	-	-	.071 / TXV + 5	-	-	-
FC/MC/PC60	-	-	-	.071 / TXV + 25	.075 / TXV + 0	TXV + 0	-
FC/MC62	-	-	-	-	.075 / TXV + 8	TXV + 10	TXV + 0
FC64	-	-	-	-	-	TXV + 29	TXV + 8
UC48	-	-	-	.071 / TXV + 23	-	-	-
UC60	-	-	-	.071 / TXV + 38	.075 / TXV + 4	-	-

Some of the combinations shown in the above System Charge table require Advanced Main Air Circulating Fan indoor product. For approved coil only matches, please see the "COOLING CAPACITY - Upflow, Downflow & Horizontal Furnaces and Coils" table in the Technical Guide.

FOOTNOTES:

1. For applications requiring a TXV use S1-1TVM*** series kit.
2. Approved orifice(s) shipped with outdoor unit.
3. Systems matched with furnaces or air handlers not equipped with blower-off delays may require blower Time Delay Kit S1-2FD06700224.
4. PC coils cannot be used in downflow or horizontal applications. FC coils cannot be used in horizontal applications.
5. Refer to Technical Guide for actual performance for specified system matches.

PROCEDURES:

1. Unit factory charge listed on the unit nameplate includes refrigerant for the outdoor unit, the smallest matched indoor unit, and 15 feet of interconnecting line tubing.
2. Verify the TXV or orifice and additional charge required for specific matched indoor unit in the system using the above table.
3. Add additional charge for the amount of interconnecting line tubing greater than 15 feet at the rate specified in Physical and Electrical Data Table.
4. For indoor matches requiring additional charge, the refrigerant needs to be weighed in for specific matched indoor unit and lineset length.
5. Permanently mark the unit nameplate with the total system charge. Total System Charge = Base Charge (as shipped) + charge adder for matched indoor unit + charge adder for line set.



Serrita
958 Ridge Rd

700706-YTG-B-0512



Heating and Air Conditioning

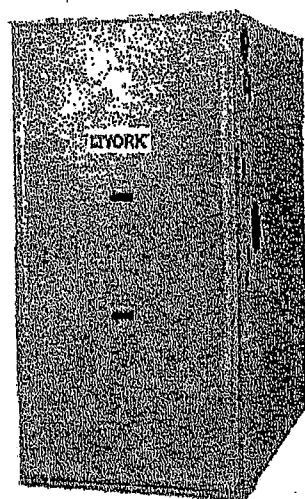
TECHNICAL GUIDE

96% TWO STAGE VARIABLE SPEED
ECM GAS-FIRED RESIDENTIAL
MULTI-POSITION GAS FURNACES

MODELS: TM9V

NATURAL GAS

40 - 120 MBH INPUT



Due to continuous product improvement, specifications are subject to change without notice.
Visit us on the web at www.york.com
Additional rating information can be found at
www.ahridirectory.org

WARRANTY

Lifetime limited warranty on both heat exchangers to the original purchaser; a 20-year limited warranty from original installation date to subsequent purchaser.
10-year heat exchanger warranty on commercial applications.
Standard 5-year limited Parts warranty.
Extended 10-year limited parts warranty when product is registered online within 90 days of purchase for replacement or closing for new home construction.

DESCRIPTION

These compact units employ induced combustion, reliable hot surface ignition and high heat transfer aluminized tubular heat exchangers. The units are factory shipped for installation in upflow or horizontal applications and may be converted for downflow applications.

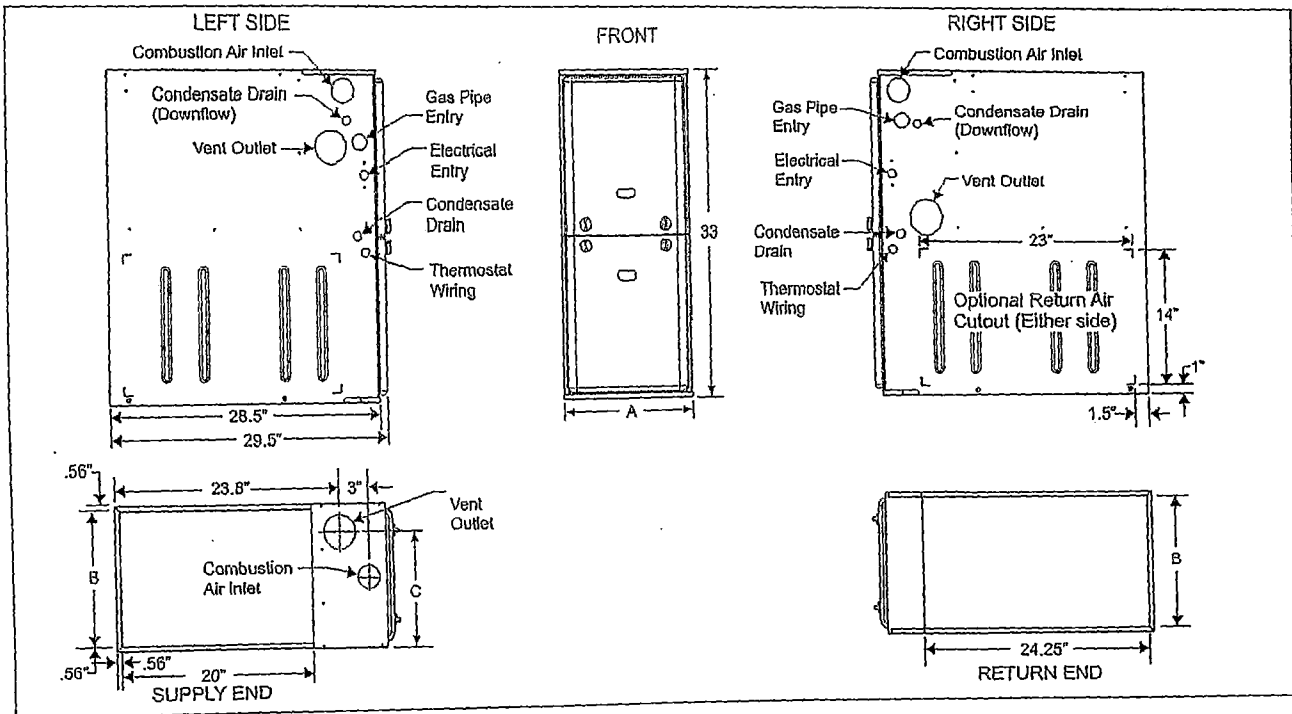
These furnaces are designed for residential installation in a basement, closet, alcove, attic, recreation room or garage and are also ideal for commercial applications. All units are factory assembled, wired and tested to assure safe dependable and economical installation and operation.

These units are Category IV listed and may be vented either through side wall or roof applications using approved plastic combustion air and vent piping.

FEATURES

- Two stage heating operation includes two stage gas valve, two stage inducer operation and variable speed ECM blower operation. Adjustable delay timer allows two stage operation with a single stage thermostat.
- Easily applied in upflow, horizontal left or right, or downflow installation with minimal conversion necessary.
- Compact, easy to install, ideal height 33" tall cabinet.
- ECM variable speed drive for cooling SEER enhancement, improved comfort with optional airflow delay profiles, and continuous fan options for IAQ performance.
- Easy access to controls to connect power/control wiring.
- Built-in, high level self diagnostics with fault code display.
- Low unit amp requirement for easy replacement application.
- All models are convertible to use propane (LP) gas.
- Electronic Hot Surface Ignition saves fuel cost with increased dependability and reliability.
- 100% shut off main gas valve for extra safety.
- 24V, 40 VA control transformer and blower relay supplied for add-on cooling.
- Hi-tech tubular aluminized steel primary heat exchanger with stainless steel tube/aluminum fin secondary heat exchanger for outstanding efficiency.
- Solid removable bottom panel allows easy conversion.
- Airflow leakage less than 1% of nominal airflow for duct-blaster conditions.
- No knockouts to deal with, making installation easier.
- Movable duct connector flanges for application flexibility.
- Quiet inducer operation, burner, and blower operation.
- Inducer rotates for easy conversion of venting options.
- Fully supported blower assembly for easy access and removal of blower.
- External air filters used for maximum flexibility in meeting customers IAQ needs.
- Insulated blower compartment for thermal and acoustic performance.
- 1/4 turn knobs provided for easy independent door removal.
- Internal condensate trap design (patent pending) provides condensate management options and is self priming to prevent nuisance problems.
- Protection included from air intake, exhaust vent or condensate blockage.
- Venting applications may be installed as either 2 pipe sealed combustion or single pipe vent using indoor combustion air.

700706-YTG-B-0512



Cabinet & Duct Dimensions

Model	Nominal CFM (m ³ /min)	Cabinet Size	Cabinet Dimensions (Inches)			Approximate Operating Weights
			A	B	C	Lbs
TM9V040A10MP11	1000	A	14-1/2	13-3/8	11-3/4	113
TM9V060B12MP11	1200	B	17-1/2	16-3/8	13-1/4	122
TM9V080B12MP11	1200	B	17-1/2	16-3/8	13-1/4	126
TM9V080C16MP11	1600	C	21	19-7/8	16-1/2	136
TM9V100C16MP11	1600	C	21	19-7/8	18-1/4	142
TM9V100C20MP11	2000	C	21	19-7/8	18-1/4	145
TM9V120D20MP11	2000	D	24-1/2	23-3/8	21-3/4	156

Ratings & Physical / Electrical Data

Model	Input High/Low	Output High/Low	Total Unit	AFUE	High Fire Air Temp. Rise	Low Fire Air Temp. Rise
	MBH	MBH	Amps	%	°F	°F
TM9V040A10MP11	40/26	38/25	9	96	30 - 60	20 - 50
TM9V060B12MP11	60/39	58/37	9	96	35 - 65	35 - 65
TM9V080B12MP11	80/52	77/50	9	96	40 - 70	35 - 65
TM9V080C16MP11	80/52	77/50	12	96	35 - 65	35 - 65
TM9V100C16MP11	100/65	96/62	12	96	35 - 65	30 - 65
TM9V100C20MP11	100/65	96/62	14	96	35 - 65	35 - 65
TM9V120D20MP11	120/78	115/75	14	96	35 - 65	35 - 65
Model	Max. Outlet Air Temp.	Blower		Blower Size	Max. Over-current Protect	Min. Wire Size (awg) @ 75 ft. One Way
	°F	HP	Amps	In.		
TM9V040A10MP11	180	1/2	7	11 X 8	15	14
TM9V060B12MP11	180	1/2	7	11 x 8	15	14
TM9V080B12MP11	175	1/2	7	11 x 8	15	14
TM9V080C16MP11	165	3/4	10.2	11 x 10	15	14
TM9V100C16MP11	180	3/4	10.2	11 x 10	20	12
TM9V100C20MP11	170	1	12.7	11 x 11	20	12
TM9V120D20MP11	180	1	12.7	11 x 11	20	12

Annual Fuel Utilization Efficiency (AFUE) numbers are determined in accordance with DOE Test procedures.
Wire size and over current protection must comply with the National Electrical Code (NFPA-70-latest edition) and all local codes.
The furnace shall be installed so that the electrical components are protected from water.

FILTER PERFORMANCE

The airflow capacity data published in the "Blower Performance" table shown represents blower performance WITHOUT filters.

All applications of these furnaces require the use of field installed air filters. All filter media and mounting hardware or provisions must be field installed external to the furnace cabinet. DO NOT attempt to install any filters inside the furnace.

NOTICE

Single side return above 1800 CFM is approved as long as the filter velocity does not exceed filter manufacturer's recommendation and a transition is used to allow use on a 20x25 filter.

Recommended Filter Sizes (High velocity 600 FPM)

CFM	Cabinet Size	Side (in)	Bottom (in)
1000	A	16 x 25	14 x 25
1200	B	16 x 25	16 x 25
1600	C	16 x 25	20 x 25
2000	C	(2) 16 x 25	20 x 25
2000	D	(2) 16 x 25	22 x 25

- Air velocity through throwaway type filters may not exceed 300 feet per minute (91.4 m/min). All velocities over this require the use of high velocity filters.
- Do not exceed 1800 CFM using a single side return and a 16x25 filter. For CFM greater than 1800, you may use two side returns or one side and the bottom or one return with a transition to allow use of a 20x25 filter.

Unit Clearances to Combustibles

Application	Upflow	Downflow	Horizontal
Top	1"	0"	0"
Vent	0"	0"	0"
Rear	0"	0"	0"
Side	0"	0"	1"
Front*	0"	0"	0"
Floor	Combustible	Combustible ¹	Combustible
Closet	Yes	Yes	Yes
Line Contact	No	No	Yes

- For combustible floors only when used with special sub-base.
* - 24" clearance in front and 18" on side recommended for service access.
All furnaces approved for alcove and attic installation.

ACCESSORIES

Propane (LP) Conversion Kit - This accessory conversion kit may be used to convert natural gas (N) units for propane (LP) operation.

S1-1NP0347 - All Models

Concentric Vent Termination - For use through rooftop, side-wall. Allows combustion air to enter and exhaust to exit through single common hole. Eliminates unsightly elbows for a cleaner installation.

S1-1CT0302 (2") & S1-1CT0302-636 (2")

S1-1CT0303 (3") & S1-1CT0303-636 (3")

Sidewall Vent Termination Kit - For use on sidewall, two-pipe installations only. Provide a more attractive termination for locations where the terminal is visible on the side of the home.

S1-1HT0901 (3")

S1-1HT0902 (2")

Condensate Neutralizer Kit - Neutralizer cartridge has a 1/2" plastic tube fittings for installation in the drain line. Calcium carbonate refill media is also available from the Source 1 Parts (P/N 026-30228-000).

1NK0301

Side Return Filter Racks -

S1-1SR0200 - All Models

S1-1SR0402 - All Models

Bottom Return Filter Racks - 1BR05xx series are galvanized steel filter racks. 1BR06xx are pre-painted steel filter racks to match the appearance of the furnace cabinet.

S1-1BR0514 or 1BR0614 - For 14-1/2" cabinets

S1-1BR0517 or 1BR0617 - For 17-1/2" cabinets

S1-1BR0521 or 1BR0621 - For 21" cabinets

S1-1BR0524 or 1BR0624 - For 24-1/2" cabinets

Combustible Floor Base Kit - For installation of these furnaces in downflow applications directly onto combustible flooring material. These kits are required to prevent potential overheating situations. The floor base kit provides access for combustible airflow.

S1-1CB0514 - For 14-1/2" cabinets

S1-1CB0517 - For 17-1/2" cabinets

S1-1CB0521 - For 21" cabinets

S1-1CB0524 - For 24-1/2" cabinets

High Altitude Pressure Switches - For installation where the altitude is less than 5,000 feet it is not required that the pressure switch be changed. For altitudes above 5,000 feet, see kits below.

S1-1PS3308 - All Models

Thermostats - Compatible thermostat controls are available through accessory sourcing. For optimum performance and installation, refer to the UPGNET "Low Voltage Wiring Diagram" document to select and apply controls.

Table 1: Air Flow Data

HIGH / LOW SPEED COOLING AND HEAT PUMP CFM							
040A10		060B12		080B12		Jumper Settings	
High	Low	High	Low	High	Low	COOL Tap	ADJ Tap*
1080	750	1343	965	1320	882	A	B
960	680	1116	727	1093	755	B	B
980	690	1235	791	1203	810	A	A
870	620	1026	661	1001	693	B	A
890	620	1079	709	1080	730	A	C
770	550	889	590	880	641	C	B
790	560	900	599	910	642	B	C
650	480	787	531	803	585	D	B
700	500	814	542	836	597	C	A
590	440	712	490	738	557	D	A
640	450	725	499	749	561	C	C
540	400	641	456	682	529	D	C
080C16		100C16		100C20		Jumper Settings	
High	Low	High	Low	High	Low	COOL Tap	ADJ Tap*
1787	1171	1818	1192	2019	1290	A	B
1503	987	1545	1030	1790	1174	B	B
1620	1053	1661	1083	1818	1195	A	A
1405	914	1427	936	1630	1068	B	A
1462	964	1497	991	1649	1082	A	C
1217	785	1234	819	1269	848	C	B
1245	818	1265	832	1432	956	B	C
940	608	977	648	1078	704	D	B
1091	702	1116	728	1169	770	C	A
852	551	884	572	986	638	D	A
983	626	1019	666	1062	685	C	C
764	544	791	519	866	576	D	C
				120D20		Jumper Settings	
				High	Low	COOL Tap	ADJ Tap*
				2006	1397	A	B
				1687	1131	B	B
				1845	1282	A	A
				1552	1050	B	A
				1694	1157	A	C
				1502	1011	C	B
				1400	944	B	C
				1365	922	D	B
				1364	931	C	A
				1232	808	D	A
				1225	808	C	C
				1117	718	D	C
HIGH / LOW HEAT CFM							
040A10		060B12		80B12		Jumper Settings	
High	Low	High	Low	High	Low	HEAT Tap	ADJ Tap*
960	670	1364	843	1433	945	A	Any
840	590	1253	745	1320	887	B	Any
740	520	1102	660	1223	840	C	Any
640	450	1014	607	1134	768	D	Any
80C16		100C16		100C20		Jumper Settings	
High	Low	High	Low	High	Low	HEAT Tap	ADJ Tap*
1684	1095	1803	1182	2194	1417	A	Any
1542	1011	1686	1084	1999	1290	B	Any
1426	927	1530	1016	1799	1182	C	Any
1289	832	1427	936	1614	1062	D	Any
				120D20		Jumper Settings	
				High	Low	HEAT Tap	ADJ Tap*
				1937	1323	A	Any
				1757	1199	B	Any
				1594	1062	C	Any
				1429	957	D	Any

All CFM's are shown at 0.5" w.c. external static pressure. These units have variable speed motors that automatically adjust to provide constant CFM from 0.5" to 0.6" w.c. static pressure. From 0.6" to 1.0" static pressure, CFM is reduced by 2% per 0.1" increase in static. Operation on duct systems with greater than 1.0" w.c. external static pressure is not recommended.

NOTE: At some settings, LOW COOL and/or LOW HEAT airflow may be lower than what is required to operate an airflow switch on certain models of electronic air cleaners. Consult the instructions for the electronic air cleaner for further details.

* The ADJ "D" tap should not be used.

Residence Of Gerrity Flr 2 Zn 2
HVAC Load Calculations

for

Kathleen Gerrity
958 Ridge Road
Brick

Prepared By:

Mr Al Sciubba
Allied Construction LLC
100 Dobbs Ln
Cherry Hill NJ 08034
856 528 2822
Monday, November 04, 2013



Project Report

General Project Information

Project Title: Residence Of Gerrity Flr 2 Zn 2
 Designed By: Allied Construction LLC
 Project Date: Monday, November 04, 2013
 Client Name: Kathleen Gerrity
 Client Address: 958 Ridge Road
 Client City: Brick
 Client Phone: 732-330-0630
 Company Name: Allied Construction LLC
 Company Representative: Mr Al Sciubba
 Company Address: 100 Dobbs Ln
 Company City: Cherry Hill NJ 08034
 Company Phone: 856 528 2822
 Company Fax: 856 528 2823

Design Data

Reference City: Long Branch, New Jersey
 Building Orientation: Front door faces West
 Daily Temperature Range: Medium
 Latitude: 40 Degrees
 Elevation: 36 ft.
 Altitude Factor: 0.999

	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30

Check Figures

Total Building Supply CFM:	1,042	CFM Per Square ft.:	1.095
Square ft. of Room Area:	952	Square ft. Per Ton:	440
Volume (ft³) of Cond. Space:	8,792		

Building Loads

Total Heating Required Including Ventilation Air:	31,234 Btuh	31.234 MBH
Total Sensible Gain:	22,898 Btuh	88 %
Total Latent Gain:	3,090 Btuh	12 %
Total Cooling Required Including Ventilation Air:	25,988 Btuh	2.17 Tons (Based On Sensible + Latent)

Notes

Rhvac is an ACCA approved Manual J and Manual D computer program.
 Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads according to the manufacturer's performance data at your design conditions.

Miscellaneous Report

System 1 Main Input Data	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30.17

Duct Sizing Inputs

	Main Trunk	Runouts
Calculate:	Yes	Yes
Use Schedule:	Yes	Yes
Roughness Factor:	0.00300	0.01000
Pressure Drop:	0.1000 in.wg./100 ft.	0.1000 in.wg./100 ft.
Minimum Velocity:	650 ft./min	450 ft./min
Maximum Velocity:	900 ft./min	750 ft./min
Minimum Height:	0 in.	0 in.
Maximum Height:	0 in.	0 in.

Outside Air Data

	Winter	Summer
Infiltration Specified:	0.700 AC/hr 103 CFM	0.400 AC/hr 59 CFM
Infiltration Actual:	0.700 AC/hr	0.400 AC/hr
Above Grade Volume:	X 8,792 Cu.ft. 6,154 Cu.ft./hr X 0.0167	X 8,792 Cu.ft. 3,517 Cu.ft./hr X 0.0167
Total Building Infiltration:	103 CFM	59 CFM
Total Building Ventilation:	0 CFM	0 CFM

---System 1---

Infiltration & Ventilation Sensible Gain Multiplier:	16.48	= (1.10 X 0.999 X 15.00 Summer Temp. Difference)
Infiltration & Ventilation Latent Gain Multiplier:	20.49	= (0.68 X 0.999 X 30.17 Grains Difference)
Infiltration & Ventilation Sensible Loss Multiplier:	62.62	= (1.10 X 0.999 X 57.00 Winter Temp. Difference)
Winter Infiltration Specified:	0.700 AC/hr (103 CFM)	
Summer Infiltration Specified:	0.400 AC/hr (59 CFM)	

Duct Load Factor Scenarios for System 1

No.	Type	Description	Location	Attic Ceiling	Duct Leakage	Duct Insulation	Surface Area	From [T]MDD
1	Supply		Attic	16B	0.12	4	257	No
1	Return		Attic	16B	0.24	4	238	No

**Total Building Summary Loads**

Component Description	Area Quan	Sen Loss	Lat Gain	Sen Gain	Total Gain
1D-cv-o: Glazing-Double pane, operable window, clear, vinyl frame, white color roller shade with 25% coverage, u-value 0.57, SHGC 0.56	127	4,126	0	5,620	5,620
8Ar-smm: Glazing-Skylight, Flat single pane reflective, small curb, metal sash no break, metal curb, no insulation, plywood shaft, no insulation, horizontal, u-value 1.52, SHGC 0.36	24	2,079	0	2,762	2,762
12B-0sw: Wall-Frame, R-11 insulation in 2 x 4 stud cavity, no board insulation, siding finish, wood studs	1537	8,498	0	3,592	3,592
16B-50: Roof/Ceiling-Under Attic with Insulation on Attic Floor (also use for Knee Walls and Partition Ceilings), Vented Attic, No Radiant Barrier, Dark Asphalt Shingles or Dark Metal, Tar and Gravel or Membrane, R-50 insulation	952	1,085	0	952	952
Subtotals for structure:		15,788	0	12,926	12,926
People:	5		1,000	1,150	2,150
Equipment:			0	0	0
Lighting:	0			0	0
Ductwork:		9,023	889	6,963	7,852
Infiltration: Winter CFM: 103, Summer CFM: 59		6,423	1,201	966	2,167
Ventilation: Winter CFM: 0, Summer CFM: 0		0	0	0	0
AED Excursion:		0	0	893	893
Total Building Load Totals:		31,234	3,090	22,898	25,988

Check Figures

Total Building Supply CFM:	1,042	CFM Per Square ft.:	1.095
Square ft. of Room Area:	952	Square ft. Per Ton:	440
Volume (ft³) of Cond. Space:	8,792		

Building Loads

Total Heating Required Including Ventilation Air:	31,234 Btuh	31.234 MBH
Total Sensible Gain:	22,898 Btuh	88 %
Total Latent Gain:	3,090 Btuh	12 %
Total Cooling Required Including Ventilation Air:	25,988 Btuh	2.17 Tons (Based On Sensible + Latent)

Notes

Rhvac is an ACCA approved Manual J and Manual D computer program.

Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.

All computed results are estimates as building use and weather may vary.

Be sure to select a unit that meets both sensible and latent loads according to the manufacturer's performance data at your design conditions.

*Residence Of Gerrity Flr 1 Zn 1
HVAC Load Calculations*

for

Kathleen Gerrity Flr 1 Zn 1
958 Ridge Road
Brick NJ 08724

Prepared By:

Mr Al Sciubba
Allied Construction LLC
100 Dobbs Ln
Cherry Hill NJ 08034
856 528 2822
Monday, November 04, 2013



Project Report

General Project Information

Project Title: Residence Of Gerrity Flr 1 Zn 1
 Designed By: Allied Construction LLC
 Project Date: Monday, November 04, 2013
 Client Name: Kathleen Gerrity Flr 1 Zn 1
 Client Address: 958 Ridge Road
 Client City: Brick NJ 08724
 Client Phone: 732 330-0630
 Company Name: Allied Construction LLC
 Company Representative: Mr Al Sciubba
 Company Address: 100 Dobbs Ln
 Company City: Cherry Hill NJ 08034
 Company Phone: 856 528 2822
 Company Fax: 856 528 2823

Design Data

Reference City: Long Branch, New Jersey
 Building Orientation: Front door faces West
 Daily Temperature Range: Medium
 Latitude: 40 Degrees
 Elevation: 36 ft.
 Altitude Factor: 0.999

	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30

Check Figures

Total Building Supply CFM:	1,306	CFM Per Square ft.:	1.232
Square ft. of Room Area:	1,060	Square ft. Per Ton:	395
Volume (ft³) of Cond. Space:	10,912		

Building Loads

Total Heating Required Including Ventilation Air:	40,913 Btuh	40.913 MBH
Total Sensible Gain:	28,688 Btuh	89 %
Total Latent Gain:	3,491 Btuh	11 %
Total Cooling Required Including Ventilation Air:	32,179 Btuh	2.68 Tons (Based On Sensible + Latent)

Notes

Rhvac is an ACCA approved Manual J and Manual D computer program.

Calculations are performed per ACCA Manual J 8th Edition, Version 2, and ACCA Manual D.

All computed results are estimates as building use and weather may vary.

Be sure to select a unit that meets both sensible and latent loads according to the manufacturer's performance data at your design conditions.



Miscellaneous Report

System 1 Main Input Data	Outdoor Dry Bulb	Outdoor Wet Bulb	Outdoor Rel.Hum	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	11.86	80%	n/a	70	n/a
Summer:	90	73	45%	50%	75	30.17

Duct Sizing Inputs

	Main Trunk	Runouts
Calculate:	Yes	Yes
Use Schedule:	Yes	Yes
Roughness Factor:	0.00300	0.01000
Pressure Drop:	0.1000 in.wg./100 ft.	0.1000 in.wg./100 ft.
Minimum Velocity:	650 ft./min	450 ft./min
Maximum Velocity:	900 ft./min	750 ft./min
Minimum Height:	0 in.	0 in.
Maximum Height:	0 in.	0 in.

Outside Air Data

	Winter	Summer
Infiltration Specified:	0.700 AC/hr 127 CFM	0.400 AC/hr 73 CFM
Infiltration Actual:	0.700 AC/hr	0.400 AC/hr
Above Grade Volume:	X 10.912 Cu.ft. 7,638 Cu.ft./hr X 0.0167	X 10.912 Cu.ft. 4,365 Cu.ft./hr X 0.0167
Total Building Infiltration:	127 CFM	73 CFM
Total Building Ventilation:	0 CFM	0 CFM

---System 1---

Infiltration & Ventilation Sensible Gain Multiplier:	16.48	= (1.10 X 0.999 X 15.00 Summer Temp. Difference)
Infiltration & Ventilation Latent Gain Multiplier:	20.49	= (0.68 X 0.999 X 30.17 Grains Difference)
Infiltration & Ventilation Sensible Loss Multiplier:	62.62	= (1.10 X 0.999 X 57.00 Winter Temp. Difference)
Winter Infiltration Specified:	0.700 AC/hr (127 CFM)	
Summer Infiltration Specified:	0.400 AC/hr (73 CFM)	

Duct Load Factor Scenarios for System 1

No.	Type	Description	Location	Attic Ceiling	Duct Leakage	Duct Insulation	Surface Area	From [T]MDD
1	Supply		Basement	-	0.12	0	286	No
1	Return		Basement	-	0.24	0	265	No



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.

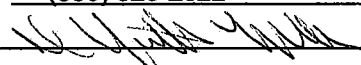
☐ Check if contractor.

Agent Name Allied Construction LLC

Address 100 Dobbs Lane, Suite 102

Cherry Hill NJ 08034

Telephone (856) 528-2822

Signature 

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



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1422.17 Lot 5 Qualification Code _____
Work Site Location 958 Ridge Rd Contractor Allied Construction
Bride NJ 08724 Address 100 Dobbs Lane, Suite 100
Owner in Fee Kathy Gerrity Cherry Hill, NJ 08034 856-528-2822
Address 958 Ridge Rd Tel. () _____
Bride NJ Lic. No. or Bldrs. Reg. No. 15VH062202
Tel. () _____

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:

Replace A/C, Furnace and Hot Water Heater

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 \$ 9,000

Construction Official

Date

11/5/13

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

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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

Allied Construction LLC
Alfred Sciubba
110 Krasson-Gibbsboro Rd
Suite 2
Voorhees, NJ 08043

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

11/05/2012 TO 12/31/2013
VALID

13VH06220200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

E. Ky
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Allied Construction LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/05/2012 TO 12/31/2013
VALID

SIGNATURE

13VH06220200

License/Registration/Certification #

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

Service
958 Ridge Rd



The new degree of comfort.™



Water

Residential Gas
Professional Classic
Power Vent Water Heaters

Professional Classic™ Power Vent gas water heaters offer up to 100 foot vent runs, energy efficiency and the Guardian System

Efficiency

- .67 EF
- ENERGY STAR® rated

Performance

- FHR: Up to 87 gallons for 50-gallon models and up to 71 gallons for 40-gallon models
- Recovery rate is 32.4 to 42.4 for 50-gallon models and 32.4 to 40.4 for 40-gallon models at a 90 degree rise

Self-Diagnostic System

- Electronic gas control for improved monitoring and service



Low Emissions

- Eco-friendly burner, low NOx design

Features

- Uses indoor air for combustion; blower exhausts the flue gases
- Standard 120 VAC electrical connection
- New whisper quiet blower

Guardian System™ & Sensor

- Exclusive air/fuel shut-off device
- Maintenance free – no filter to clean
- Disables the heater in the presence of flammable vapor accumulation



Combustion Shut-off System



Flame Arrestor Plate



Maintenance Free

Flexible Venting Options

- Long venting lengths up to 100 equivalent feet
- PVC, ABS, or CPVC vent pipe options
- Vertical or horizontal termination

Longer Life

- Rheem exclusive R-Tech (resistored) anode rod provides long-lasting tank protection

High Altitude Compliant

- Tall models certified for applications up to 7,700 ft. above sea level and short models up to 6,000 feet above sea level

Plus...

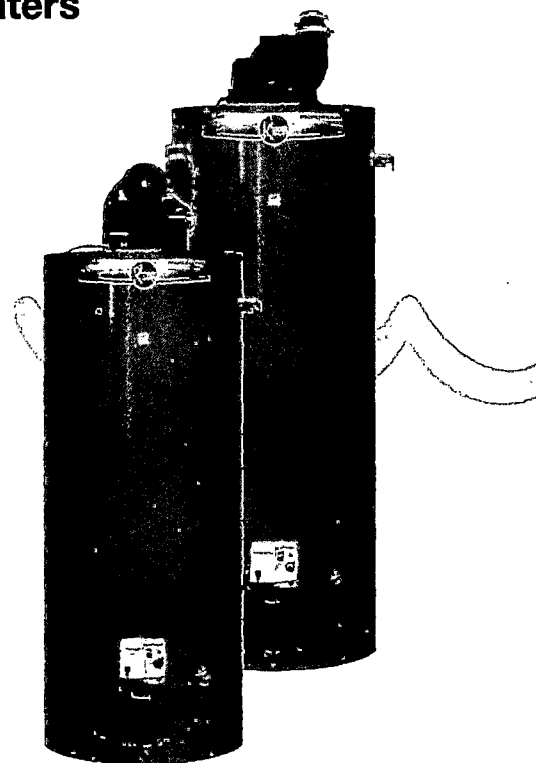
- Enhanced flow brass drain valve
- Temperature and pressure relief valve included
- Low lead compliant
- Durable Silicon Nitride Ignitor (HSI)
- EverKleen™ patented system fights sediment build-up
- Standard replacement parts

Warranty

- 6-Year limited tank and parts warranty*
- With ProtectionPlus™ the 6-year limited tank warranty becomes 10-year

*See Residential Warranty Certificate for complete information

Units meet or exceed ANSI requirements and have been tested according to D.O.E. procedures. Units meet or exceed the energy efficiency requirements of NAECA, ASHRAE standard 90, ICC Code and all state energy efficiency performance criteria.



Professional Classic Power Vent

40 and 50-Gallon Capacities
Up to 42,000 Btu/h
Natural and LP Gas



LEED Point = 1

See dimensions chart on back.



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The new degree of comfort™



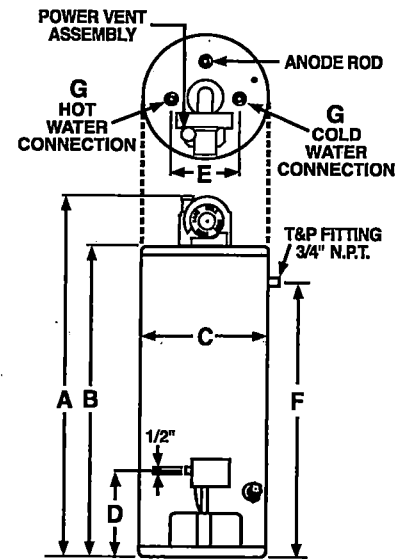
Water

Residential Gas
Professional Classic
Power Vent Water Heaters

Professional Classic™ Power Vent Specifications

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)									ENERGY INFO.	
T Y P E	GAL. CAP.	MODEL NUMBER	GAS INPUT IN THOUS. BTU/H		RECOVERY IN G.P.H. 90° RISE		FIRST HOUR DEL. G.P.H.	HT. TO TOP OF ASSEMBLY A	TANK HT. B	DIAM. C	HT. TO GAS CONN. D	WATER CONN. CNTR. E	HT. TO SIDE T&P VALVE F	WATER CONN. SIZE G	SHIP. WT. (LBS)	ENERGY FACTOR		
			NAT.	LP	NAT.	LP										NAT.	LP	
Tall	40	PROG40-40N RH67 PV	40		40.4		68	67-3/8	59	19-3/4	14	8	53-1/2	3/4	140	0.67		
Tall	40	PROG40-36P RH67 PV		36		36.4		67-3/8	59	19-3/4	14	8	53-1/2	3/4	140		0.67	
Tall	50	PROG50-42N RH67 PV	42		42.4		87	66-3/8	58	21-3/4	14	8	52-1/2	3/4	170	0.67		
Tall	50	PROG50-42P RH67 PV		42		42.4		66-3/8	58	21-3/4	14	8	52-1/2	3/4	170		0.67	
Short	40	PROG40S-36N RH67 PV	36		36.4		71	62-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155	0.67		
Short	40	PROG40S-32P RH67 PV		32		32.4		62-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155		0.67	
Short	50	PROG50S-36N RH67 PV	36		36.4		85	62-1/2	51-1/4	23-3/4	14	8	44	3/4	175	0.67		
Short	50	PROG50S-32P RH67 PV		32		32.4		62-1/2	51-1/4	23-3/4	14	8	44	3/4	175		0.67	

Energy Factor based on D.O.E. (Department of Energy) test procedures.



Maximum and Minimum Vent Lengths for 2" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	4.0	44.0	24.0
One (1)	One (1)	4.0	41.0	21.0
Two (2)	None	4.0	38.0	18.0
Two (2)	One (1)	4.0	35.0	15.0
Three (3)	None	4.0	32.0	12.0

For the 2" vent, one 90° elbow is approximately equal to 6 feet of pipe.
One 45° elbow is approximately equal to 3 feet of pipe.
*2,000' - 6,000' for short models.

Maximum and Minimum Vent Lengths for 3" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	5.0	95.0	75.0
One (1)	One (1)	5.0	92.5	72.5
Two (2)	None	5.0	90.0	70.0
Two (2)	One (1)	5.0	87.5	67.5
Three (3)	None	5.0	85.0	65.0

For the 3" vent, one 90° elbow is approximately equal to 5 feet of pipe.
One 45° elbow is approximately equal to 2.5 feet of pipe.
*2,000' - 6,000' for short models.

In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice.

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