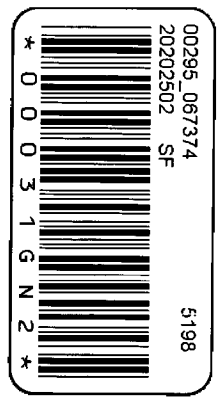
B - 141.02 20 Long Road

L - 10

Permit #20202502

E ✓

M ✓



Replace A/C + Furnace

CS

BLOCK 141.02 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 20 Long Rd PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 20 Long Road
2. Name of Owner in F[redacted]
   Tel[redacted]ail
   Address 20 Long Rd (street) Freehold (municipality) NJ 07728 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Arctic Air Conditioning Tel. (732) 251-1111
   Address 1 Pleasant Valley Road e-mail _____
   Old Bridge, NJ 08857
   License No. OR, if new home, Builder Reg. No. 13VH01741400 Exp. Date 12/31
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 251-1147
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Ross Albert
   Tel. (732) 251-1111 FAX: (732) 251-1147

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	$		

RECEIVED
JUL 13 2020
COMMUNITY DEVELOPMENT

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)

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

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
				7-15-20				
				7-22-2020				

TOTAL COST 750

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
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: _____
3. Change in Use Group, Indicate Present:

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

Jessica@arcticac.com

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 **Arctic Air Conditioning**

Address **1 Pleasant Valley Road**

Old Bridge, NJ 08857

Telephone **(732) 251-1111**

Signature **Ross Albert** [redacted]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

HOWELL TOWNSHIP
PLAN REVIEW CHECKLIST

Name: [redacted] **Block:** 141.02 **Lot:** 10

Address: 20 Long Rd. **Control #** 50231

Type of Work: replace AC / furnace

	Date / Reviewed by	APPROVED / DENIED	COMMENTS
Prior Approval **LAND USE**			
Prior Approval **ENGINEERING**			
FIRE			
BUILDING			
ELECTRICAL	7-15-20	OK	
PLUMBING			
MECHANICAL	7-22-2020	OK	

Initial Date Submitted 7 / 14 / 20
CB

25% Plan Review Worksheet

(ALL COSTS SHOULD BE ROUNDED DOWN TO NEAREST DOLLAR)

Alterations cost: _____ x .0080 = _____

(Roofing, Siding, Solar, basements, Radon, renovations, HVAC)

New Homes *(Residential)* **Bldg:** *(Volume)* **cubic feet:** _____ x .012 = _____

Fire: $75.00 Electric: $75.00 Plumbing: $75.00

Additions *(Residential)* **Bldg:** *(Volume)* **cubic feet:** _____ x .012 = _____

Fire: $20.00 Electric: $20.00 Plumbing: $20.00

New Buildings *(All other Use Groups)* **Bldg:** *(Volume)* **cubic feet:** _____ x .012 = _____

Fire: $75.00 Electric: $75.00 Plumbing: $75.00

Additions *(All other Use Groups)* **Bldg:** *(Volume)* **cubic feet:** _____ x .012 = _____

Fire: $20.00 Electric: $20.00 Plumbing: $20.00

Pole Barns **Bldg:** *(Volume)* **cubic feet:** _____ x .009 = _____

(If commercial farm property)----------*(Volume)* **cubic feet:** _____ x .003 = _____

In-Ground Pool

1. Without new pool barrier: **$95.00**
2. With new pool barrier: **$110.00**

Above Ground Pool

1. With ladder enclosure: **$45.00**
2. With new pool barrier: **$60.00**
3. With existing fence/barrier: **$45.00**

Woodstoves, Fireplaces, Pellet stoves **$20.00**

Demolition *(Residential or Farm Buildings)* ($150.00 flat fee) 25% = **$40.00**

Demolition *(Commercial Buildings)* ($250.00 flat fee) 25% = **$65.00**

Decks _____ square feet x .10 = _____

Signs _____ square feet x 1 = _____

(The above figures are only 25% of the total fee that will be charged)

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
HOWELL, NJ 07731

Date Issued	4/30/2025
Control Number	C-50231
Permit Number	20202502
Permit Issue Date	11/4/2020
Certificate Number	20202502

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 20 LONG ROAD Howell Township, NJ 07731 Block: 141.02 Lot: 10 Qual:

Owner in Fee: [redacted]

Owner Address: 20 LONG ROAD FREEHOLD NJ 07728

Telephone: [redacted]

Contractor ARCTIC AIR CONDITIONING

Address 1 PLEASANT VALLEY RD OLD BRIDGE NJ 08857

Telephone: (732) 251-1111 Fax: (732) 251-1147 Federal Emp. Number: [redacted]

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: REPLACEMENT AC SYSTEM, REPLACEMENT FURNACE

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

Date Printed: 4/30/2025

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 50231
Date Issued 11/4/20
Permit # 20202502

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

Block 14102 Lot 10 Qualification Code

Work Site Location 20 Lone Rd Plainfield, NJ 07062

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address [redacted] Lane
street municipality zip code

Contractor: J. Hlavka - Arctic Electrical, LLC Tel. [redacted]

Address [redacted] e-mail

South Plainfield, NJ 07080

Contractor License No. 34EI01393400 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01741400

Federal Emp. ID No [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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: 11-5-20

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11-18-20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-5-20	KM
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: [redacted]

Print name here: John Hlavka

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: PSE&G furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches — Disconnect	
		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	
1	10	HP Garbage Disposal / KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		furnace	

Administrative Surcharge	$ 5.00
Minimum Fee	$ 5.00
State Permit Surcharge Fee	$ 90
TOTAL FEE	$

141.02 - 10

MECHANICAL INSPECTION
TECHNICAL SECTION

20

Date Received
Control # 50231
Date Issued 11/4/20
Permit # 20202502

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

Block 141.02 Lot 10 Qualification Code

Work Site Location 20 Lenox Road Freehold, NJ 07728

Owner in Fee [redacted]

Te [redacted]

Address [redacted]
street municipality zip code

Contractor: **Arctic Air Conditioning** Tel. **732 251-1111**

Address **1 Pleasant Valley Road** e-mail

Old Bridge, NJ 08857

Contractor License No. **19HC00100600** Exp. Date **3/31/2021**

Home Improvement Contractor Registration No. or Exemption Reason **13VH01741400**

Federal Emp. ID No. [redacted] FAX: **732 251-1147**

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 5,000

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: **Ross Albert**

[ ] Licensed Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rpl AC/Furnace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	~~Hot Air Furnace~~	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	~~Other~~ AC	
	Administrative Surcharge	$ 85
	Minimum Fee	$
	State Permit Surcharge Fee	$ 10
	TOTAL FEE	$ 95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7-22-2020
Approved by: Adam Hewitt
SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 11-15-24
Approved by: James E Platt

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final	HVAC		11/13/24	

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 14102 LOT 10 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 20 Lone Road

Owner in Fe [redacted]

Verifying Individual Ross Albert Company Arctic Air Conditioning

Address 1 Pleasant Valley Road (Street) Old Bridge (City) (State) (Zip Code)

Tel: (732) 251-1111 Fax: (732-) 732-251-1147

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: Size 6"

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

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / Gas / Other:	90,000
Appliance 2:	Water heater	Oil / Gas / Other:	40,000
Appliance 3:		Oil / Gas / Other:	

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 th[redacted] 6-18-20

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 _____ Date

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 EMRGENCY 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.

Save As *All applicable information requested on this form must be supplied.* Print

This form may not be submitted by a homeowner in lieu of the required inspection.

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY: Lennox **EFFICIENCY:** 80%

LOCATION:

- ___ **BASEMENT**
- ___ **GARAGE**
  - ☐ Source of ignition 18" above floor
  - ☐ Impact protection
- _X_ **CLOSET or UTILITY ROOM**
  - ☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)
- ___ **ATTIC**
  - ☐ 24" secured walkway
  - ☐ 30" x 30" service area
  - ☐ 20 ft max remote location from opening
  - ☐ 50 ft max remote location with 6 ft high passage way
  - ☐ Light and service outlet
- ___ **CRAWLSPACE**
  - ☐ 30" high by 22" wide opening

TYPE OF FUEL

- _X_ **NATURAL GAS**
- ___ **LP GAS**
  - ☑ Gas cock within 6 ft of unit
  - ☑ Drip leg
  - ☐ Flexible connector – 36" max
  - ☑ Hard piped
- ___ **FUEL OIL**
  - ☐ Oil filter
  - ☐ Oil shut off

FLUE PIPE

- _X_ **SINGLE WALL – Condition space**
- ___ **TYPE B METAL VENT – Un-condition space**
- ___ **PVC or ABS PLASTIC – 90+**
  - ☑ Properly secured
  - ☑ Properly supported
  - ☑ Properly pitched
  - ☑ Sealed at chimney

FURNACE CONDENSATE DRAINS

- ☑ Main drain – ¼" pitch per ft - Supported every 4 ft
- ☑ Condensate (PVC) drain 6" clearance from single wall flue pipe
- ☑ Condensate pump discharge point - IW
- ☑ Condensate pump secured
- ☐ Freeze protection in un-condition areas –

A/C CONDENSATE DRAINS

- ☑ Main drain – ¼" pitch per ft – Supported every 4 ft
- ☑ Condensate (PVC) drain 6" clearance from single wall flue pipe
- ☑ Condensate pump discharge point – IW
- ☑ Condensate pump secured

EMERGENCY PAN

- ☐ 3" larger than unit
- ☐ Secured and supported
- ☐ Drain terminates over a window or doorway
- ☐ ¼" pitch per foot and supported every 4 ft
- ☐ Kill switch – UL 508

SUCTION LINE SET

- ☑ Secured and supported
- ☑ Insulation intact
- ☑ Sealed at foundation
- ☑ Connected to an existing line set

Red Cope

CONSTRUCTION PERMIT

Date Issued 11/4/2020
Control # C-50231
Permit # 20202502

IDENTIFICATION Block: 141.02 Lot: 10 Qualifier
Work Site Location: 20 LONG ROAD Howell Township, NJ 07731
Contractor ARCTIC AIR CONDITIONING
Address 1 PLEASANT VALLEY RD OLD BRIDGE NJ 08857

Owner in Fee [redacted]
20 LONG ROAD FREEHOLD NJ 07728
Telephone: (732) 251-1111
Lic. No. or Bldrs. Reg. No. 36BI01035900 13VH01741400
Telephone: [redacted]
Federal Employee. No. [redacted]

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:
REPLACEMENT AC SYSTEM, REPLACEMENT FURNACE

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 $7,500

Construction Official — Date 11/4/2020

PAYMENTS (Office Use Only)

Building	$0
Electrical	$85
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$85.00
DCA Training Fee	$15
CO Fee	
Other	$0
Total	$185
Check No.	14857 16510
Cash	$0
Credit	$0
Collected By	Kim Balsamo

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

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 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.

C-50231

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/4/20

Permit # 20202502

IDENTIFICATION Block 141.02 Lot 10 Qualification Code

Work Site Location 20 Long Bough Aberdeen NJ 07747

Owner in Fee [redacted]

Address [redacted]

Tel. [redacted]

Contractor **Arctic Air Conditioning**

Address **1 Pleasant Valley Road**
Old Bridge, NJ 08857

Tel. (732) 251-1111

Lic. No. or Bldrs. Reg. No. **13VH01741400**

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Rpl AC furnace

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 $ 4500

Construction Official

11/4/20
Date

PAYMENTS (Office Use Only)

Building	
Electrical	85-
Plumbing	85-
Fire Protection	
Elevator-Devices	
Other	
DCA State Permit Fee	15-
Cert. of Occupancy	
Other $30 dep.	
Total	155-
Check No.	#16510
Cash	
Collected by	KB

(see reverse side)

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

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

Reorder at: ucc.allegramarmora.com • (609) 390-1400 • Allegra Marketing, Print & Mail - Marmora, NJ

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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11-4-20

Permit # 2020250

IDENTIFICATION Block 111.02 Lot 10 Qualification Code

Work Site Location [redacted]

Owner in Fee [redacted]

Address [redacted]

Tel. [redacted]

Contractor **Arctic Air Conditioning**

Address **1 Pleasant Valley Road**
Old Bridge, NJ 08857

Tel. (**732**) **251-1111**

Lic. No. or Bldrs. Reg. No. **13VH01741400**

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Install Heat Pump

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 $ 12,500

Construction Official

11/4/20
Date

PAYMENTS (Office Use Only)

Building	
Electrical	85-
~~Plumbing~~	85-
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	15-
Cert. of Occupancy	
Other	
Total	
Check No.	155
Cash	
Collected by	

(see reverse side)

REQUIRED INSPECTIONS

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 50231
Date Issued 11/4/20
Permit # 20202502

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

Block 141.02 Lot 10 Qualification Code

Work Site Location 20 Long Road
Tr... NJ 07728

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: **J. Hlavka - Arctic Electrical, LLC** Tel. [redacted]

Address [redacted] e-mail
South Plainfield, NJ 07080

Contractor License No. **34EI01393400** Exp. Date **3/31/2021**

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **13VH01741400**

Federal Emp. ID No [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] 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: 11/5/20
Approved by: ______
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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/Contract[redacted] sign and seal here: [redacted]

Print name here: [redacted]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Repl AC / Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches — Disconnect	
		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	
1	10	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	

Administrative Surcharge	$ 85
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 90

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODES

Date Received
Control # 505131
Date Issued 11/4/20
Permit # 2012,2502

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

Block 11102 Lot 10 Qualification Code

Work Site Location 20 [redacted]

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address [redacted] (street, municipality, zip code)

Contractor: J. Hlavka - Arctic Electrical, LLC Tel. [redacted]

Address [redacted] e-mail

South Plainfield, NJ 07080

Contractor License No. 34EI01393400 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01741400

Federal Emp. ID No [redacted] FAX: (732) 251-1147

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] 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: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

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: [redacted]

Print name here: John Hlavka

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches — Lt. Control	
		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	
1	10	KW Central A/C Unit	250
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 50231
Date Issued 11/4/20
Permit # 20202502

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

Block 141.02 Lot 10 Qualification Code
Work-Site Location 20 Lone Road Freehold, NJ 07728
Owner in Fee: [redacted]
Te [redacted]
Address same
street municipality zip code
Contractor: **Arctic Air Conditioning** Tel. **732 251-1111**
Address **1 Pleasant Valley Road** e-mail
Old Bridge, NJ 08857
Contractor License No. **19HC00100600** Exp. Date **3/31/2021**
Home Improvement Contractor Registration No. or Exemption Reason **13VH01741400**
Federal Emp. ID No. [redacted] FAX: **732 251-1147**

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 5,000

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

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

Print name here: **Ross Albert**
[ ] Licensed Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rpl AC/ Furnace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	~~Hot Air Furnace~~	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other AC	
	Administrative Surcharge	$ 85
	Minimum Fee	$
	State Permit Surcharge Fee	$ 10
	TOTAL FEE	$ 95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11-23-2020
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 50231
Date Issued 11/4/20
Permit # 20202502

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

Block 14102 Lot 10 Qualification Code
Work Site Location [illegible]
[illegible] NJ [illegible]
Ow[redacted]
T[redacted]
Address same
street municipality zip code
Contractor: **Arctic Air Conditioning** Tel. **732 251-1111**
Address **1 Pleasant Valley Road** e-mail
Old Bridge, NJ 08857
Contractor License No. **19HC00100600** Exp. Date **3/31/2021**
Home Improvement Contractor Registration No. or Exemption Reason **13VH01741400**
Federal Emp. ID No. [redacted] FAX: **732 251-1147**

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5
Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement
Type: [ ] Hydronic [ ] Hot Air
Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Estimated Cost of Mechanical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contracto[redacted]
sign and seal here:
Print name here: **Ross Albert**
[ ] Licensed Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1-1 AC/Furnace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other AC	

Administrative Surcharge $ 65
Minimum Fee $
State Permit Surcharge Fee $ 16
TOTAL FEE $ 95

Reorder at:
ucc.allegramarmora.com • 609-390-1400
Allegra Marketing, Print & Mail - Marmora, NJ

U.C.C. F145 (rev. 12/18)

4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731
(732) 938-4500 EXT.2415

Receipt

Payment Date	7/14/2020
Transaction #	PMT-20-9278
Receipt #	R-20-2500

Issued To ARCTIC AIR CONDITIONING

Description
C-50231
C-50231
Alteration
REPLACEMENT AC SYSTEM REPLACEMENT FURNACE

Date Printed 7/14/2020
Check Number 14857

Cash	$0.00
Check	$30.00
Charge	$0.00
Total Paid	$30.00

New Search | Assessment Postcard | Property Card

Block:	141.02	Prop Loc:	20 LONG ROAD	Owner:	[redacted]	Square Ft:	1488
Lot:	10	District:	1321 HOWELL	Street:	20 LONG ROAD	Year Built:	1980
Qual:		Class:	2	City State:	FREEHOLD, NJ 07728	Style:	1
				Additional Information			
Prior Block:	141.2	Acct Num:	5706210	Addl Lots:		EPL Code:	0 0 0
Prior Lot:	10	Mtg Acct:		Land Desc:	.14AC	Statute:	
Prior Qual:		Bank Code:	0	Bldg Desc:		Initial:	000000 Further: 000000
Updated:	09/24/19	Tax Codes:	F02	Class4Cd:	0	Desc:	
Zone:	R-4	Map Page:	7.30	Acreage:	0.14	Taxes:	6354.22 / 6808.26
				Sale Information			
Sale Date:	04/19/13	Book:	9010 Page: 1388	Price:	256000 NU#: 0		

Sr1a	Date	Book	Page	Price	NU#	Ratio	Grantee
More Info	06/29/00	5953	141	138000		94.93	TASKER, STEPHEN
More Info	06/26/03	8259	3179	225000		58.80	DIMARCO, GUISEPPE & BRUNA
More Info	04/19/13	9010	1388	256000		78.67	STANFORD, MIKE

TAX-LIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class
2020	[redacted]	164000	0	296100	2
	20 LONG ROAD	132100			
	FREEHOLD, NJ 07728	296100			
2019	[redacted]	164000	0	292200	2
	20 LONG ROAD	128200			
	FREEHOLD, NJ 07728	292200			
2018	[redacted]	149000	0	271200	2
	20 LONG ROAD	122200			
	FREEHOLD, NJ 07728	271200			
2017	[redacted]	144300	0	273300	2
	20 LONG ROAD	129000			
	FREEHOLD, NJ 07728	273300			

*Click on Underlined Year for Tax List Page

*Click Here for More History

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark NJ
07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410
(973) 504-6534

June 25, 2020

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit No. 34EB01393400 has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

JOHN HLAVKA
ARCTIC ELECTRICAL LLC
1 Pleasant Valley Road
Old Bridge NJ 08857

This letter will be rendered invalid **300 days** after the date of its issuance.

Sincerely,

Philameana L. Tucker
Executive Director

PLT:gkb

SPECIFICATIONS

General Data	Model No.	All Regions	---	---	---	---	ML14XC1-041
		North / South Regions	ML14XC1S018	ML14XC1S024	ML14XC1S030	ML14XC1S036	---
		Southwest Region	ML14XC1-018	ML14XC1-024	ML14XC1-030	ML14XC1-036	---
		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		0.052	0.060	0.060	0.071	N/A
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
[1] Refrigerant (R-410A) furnished			4 lbs. 9 oz.	4 lbs. 9 oz.	5 lbs. 8 oz.	7 lbs. 1 oz.	9 lbs. 0 oz.
Outdoor Coil	Net face area sq. ft.	Outer coil	13.22	16.33	21.00	16.33	21.00
		Inner coil	---	---	---	15.75	20.25
	Tube diameter - in.		5/16	5/16	5/16	5/16	5/16
	Number of rows		1	1	1	2	2
	Fins per inch		26	26	26	22	22
Outdoor Fan	Diameter - in.		18	22	22	22	22
	Number of blades		3	3	3	3	3
	Motor hp		1/10	1/6	1/6	1/6	1/6
	Cfm		2290	3160	3160	3160	3050
	Rpm		1075	825	825	825	825
	Watts		160	215	215	190	190
Shipping Data - lbs. 1 package			134	152	169	175	192

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V
[2] Maximum overcurrent protection (amps)	20	25	25	30	30
[3] Minimum circuit ampacity	11.9	14.6	17	18	19.3
Compressor — Rated load amps	9.0	10.9	12.8	13.6	14.7
Compressor — Locked rotor amps	48	59.3	67.8	79	75
Compressor — Power factor	0.97	0.97	0.97	0.96	0.96
Condenser Fan Motor — Full load amps	0.7	1	1	1	1
Condenser Fan Motor — Locked rotor amps	1.3	1.9	1.9	1.9	1.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	•	•	•	•	
		Factory					•
Compressor Hard Start Kit	Copeland	10J42	•	•	•		
	LG	88M91	•	•	•	•	•
Compressor Low Ambient Cut-Off Switch		45F08	•	•	•	•	•
Compressor Sound Cover		69J03	•	•	•	•	•
Compressor Time-Off Control		47J27	•	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•	•
Indoor Blower Off Delay Relay		58M81	•	•	•	•	•
Loss of Charge Switch Kit		84M23	•	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		34M72	•	•	•	•	•
Refrigerant Line Sets	L15-41-20, L15-41-30, L15-41-40, L15-41-50		•	•	•		
	L15-65-30, L15-65-40, L15-65-50					•	•
Unit Stand-Off Kit		94J45	•	•	•	•	•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type circuit breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH045P24A**	**ML180UH045P36A**	**ML180UH070P24A**	**ML180UH070P36A**
	Model No. - Low Nox	**- - -**	**ML180UH045XP36A**	**- - -**	**ML180UH070XP36A**
	AHRI Ref. No. Non "X" Models	4208204	4208205	4208206	4208207
	"X" Models	- - -	4208213	- - -	4208214
	[1] AFUE	80%	80%	80%	80%
	Input - Btuh	44,000	44,000	66,000	66,000
	Output - Btuh	35,000	35,000	54,000	54,000
	Temperature rise range - °F	20 - 50	15 - 45	30 - 60	30 - 60
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 7	10 x 8	10 x 7	10 x 8
	Motor output - hp	1/5	1/3	1/5	1/3
	Tons of add-on cooling	1.5 - 2	2 - 3	1.5 - 2	2 - 3
	Air Volume Range - cfm	345 - 1130	650 - 1670	420 - 1160	785 - 1660
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase			
	Blower motor full load amps	3.1	6.1	3.1	6.1
	Maximum overcurrent protection	15	15	15	15
Shipping Data	lbs. - 1 package	105	110	114	119

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH090P36B**	**ML180UH090P48B**	**ML180UH110P48C**
	Model No. - Low Nox	**- - -**	**ML180UH090XP48B**	**- - -**
	AHRI Ref. No. Non "X" Models	4208208	4208209	4208210
	"X" Models	- - -	4208215	- - -
	[1] AFUE	80%	80%	80%
	Input - Btuh	88,000	88,000	110,000
	Output - Btuh	71,000	71,000	89,000
	Temperature rise range - °F	25 - 55	25 - 55	25 - 55
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50	0.50
Connections in.	Flue connection - in. round	4	4	4
	Gas pipe size IPS	1/2	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	10 x 9	10 x 10	10 x 10
	Motor output - hp	1/3	1/2	1/2
	Tons of add-on cooling	2 - 3	3 - 4	3 - 4
	Air Volume Range - cfm	680 - 1795	920 - 2160	910 - 2170
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase		
	Blower motor full load amps	6.1	8.2	8.2
	Maximum overcurrent protection	15	15	15
Shipping Data	lbs. - 1 package	131	138	151

SPECIFICATIONS

Gas Heating Performance	**Model No.**	**ML180UH110P60C**	**ML180UH135P60D**
	Model No. - Low Nox	**ML180UH110XP60C**	**- - -**
	AHRI Ref. No. Non "X" Models	4208211	4208212
	"X" Models	4208216	- - -
	[1] AFUE	80%	80%
	Input - Btuh	110,000	132,000
	Output - Btuh	89,000	107,000
	Temperature rise range - °F	25 - 55	30 - 60
	Gas Manifold Pressure (in. w.g.) Nat. Gas / LPG/Propane	3.5 / 10.0	3.5 / 10.0
High Static - in. w.g.		0.50	0.50
Connections in.	Flue connection - in. round	4	4
	Gas pipe size IPS	1/2	1/2
Indoor Blower	Wheel nom. dia. x width - in.	11-1/2 x 10	11 x 11
	Motor output - hp	1	1
	Tons of add-on cooling	4 - 5	4 - 5
	Air Volume Range - cfm	1355 - 2715	1380 - 2810
Electrical Data	Voltage	120 volts - 60 hertz - 1 phase	
	Blower motor full load amps	10	11.5
	Maximum overcurrent protection	15	15
Shipping Data	lbs. - 1 package	161	174

NOTE - Filters and provisions for mounting are not furnished and must be field provided.

[1] Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

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New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

H&P AIR CONDITIONING, INC. DBA ARCTIC AIR CONDITIONING
Howard Albert
1 Pleasant Valley Road
Old Bridge NJ 08857

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

03/03/2020 TO 03/31/2021
VALID

[redacted]
Licensee/Registrant/Certificate Holder

13VH01741400
LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
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Home Improvement Contractor

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03/03/2020 TO 03/31/2021
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P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

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Division of Consumer Affairs

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HAS LICENSED

Ross A. Albert
[redacted]
[redacted] 08857

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/01/2020 TO 06/30/2022
VALID

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Paul Rodriguez
ACTING DIRECTOR

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JOHN HLAVKA
[redacted]
South Plainfield NJ 07080

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

03/14/2018 TO 03/31/2021

[redacted]

34EI01393400
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Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
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Board of Examiners of Electrical Contractors
HAS LICENSED
JOHN HLAVKA
Electrical Contractor

4

03/14/2018 TO 03/31/20[redacted]
VALID

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License/Registration/Certificate #

ACTING DIRECTOR

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.				