BLOCK 917 LOT 20 ADDRESS (SITE) 507 Princeton Ave PERMIT NO. 870-97

RECEIVED
MAR 07 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 507 Princeton Ave
2. Name of Owner in Fee: Art & Val sparks
   Address 4 Hillbury Rd, Essex Fells, NJ 07021 [redacted]
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Allaire Investors, INc.t/a Neighbour & Groves Tel. (908) 974-0883
   Address 2542 River Rd, Manasquan, NJ 08736
   License No. OR, if new home, Builder Reg. No. 09305 Exp. Date 4/30/97
   Federal Emp. No. 22-2581433 Social Security No. _____
5. Architect or Engineer Greg Arner Tel. (908) 464-2160
   Address 179 South Street, New Providence, NJ 07974
6. Responsible Person in Charge of Work Glenn Neighbour Tel. (908) 974-0883
   FAX 974 0023

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	510,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	20,000
7. ☒ Plumbing	15,000
8. ☐ Electrical	
9. ☐ Elevator Device	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

V. FEE SUMMARY (for office use only)

Fireplace (2) 30

		Update	Update
1. Building	$ 1305	35	110
2. Electrical			
3. Plumbing	460		
4. Fire Protection	280		
5. Elevator Devices			
6. Subtotal	$ 2145		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	84	1	3
10. Subtotal	$ 212		
11. Cert. of Occupancy			
12. Other 2 PA / PP	$30		
13. TOTAL	$ 2441	36	113

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 31' (mean) + or- ft.	
3. Area—Largest Floor 1640 sq. ft.	
4. New Building Area 5220 sq. ft.	
5. Volume of New Structure 52,200 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed 5154 sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

3 car attached Garage
decks - See plans
S.F. Dwelling
Fireplaces - See plan

NO TANKS ON PROPERTY

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
CW			4-16-97	FM	2/12/98		
			4/11/97		2/11/98		
4/16/97 Elec			4/9/97		2/9/98		
					2/13/98		
CW	3/28/97		3/31/97				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
7. ☐ Sprinklers F. 2/10/98
8. ☐ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group:

LDS BR 10313382

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 faot shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name Allaire Investors, Inc t/a Neighbour & Groves

Address 2542 River Rd

Manasquan, NJ 08736

Telephone (908) 974-0883

Signature _____ Date 3/

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IMPORTANT
A.F.B.E.E.

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 EXPIRED
☑ Temporary Certificate of Occupancy	No. 97-870	2/13/98	3/15/98
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 97-870	3/20/98	
☐ Certificate of Approval	No.		
☐ None			

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/13/9{
Control #
Permit # 97-870.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
S.F. DWELLING
Owner in Fee SPARKS, ART AND VAL
Address 4 HILLBURY RD.
ESSEX FELLS, NJ 07021-
Telephone [redacted]
Contractor ALLAIRE INVESTORS INC.
Address 2542 RIVER RD.
MANASQUAN, NJ 08736-
Telephone (908)974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433
or Social Security No.

Home Warranty No. 128294
Type of Warranty Plan: [XX] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING

CERTIFICATE OF OCCUPANCY/APPROVAL

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

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed 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 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

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than March 15, 1998 or the owner will be subject to fine or order to vacate:
ENGINEERING COMPLIANCE

J Carrayya
Construction Official

Fee $ 234

CERTIFICATE

Date Issued 3-20-98
Control #
Permit # 870-97

IDENTIFICATION

Block 917 Lot 20
Work Site Location 507 Princeton Ave.

Owner in Fee Art & Val Sparks
Address 4 Hillbury Rd.
Essex Falls, NJ 07021
Tele. ( )
Contractor Allaire Investors, Inc.t/a Neighbour & Groves
Address 2542 River Rd.
Manasquan, NJ 08736
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 128294
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [XX] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Cimarusti
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/13/9{
Control #
Permit # 97-870.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
S.F. DWELLING
Owner in Fee SPARKS, ART AND VAL
Address 4 HILLBURY RD.
ESSEX FELLS, NJ 07021-
Telephone [redacted]
Contractor ALLAIRE INVESTORS INC.
Address 2542 RIVER RD.
MANASQUAN, NJ 08736-
Telephone (908)974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433
or Social Security No.

Home Warranty No. 128294
Type of Warranty Plan: [xx] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] 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 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.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than March 15, 1998 or the owner will be subject to fine or order to vacate:
ENGINEERING COMPLIANCE

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

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

J Carnagya BJK
Construction Official

Fee $ 234

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

98 JAN 21 PM 2:37

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ **Check If for Common Elements***

1 Art & Val Sherba
Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

New Dwelling Location

3 507 Princeton Avenue
Street Name and Number

Building Number | Unit Number | Total Number of Units In Building

City: 917 | Zip Code: 20

Block Number: Brick Township | Lot Number: Ocean

Municipality | County: 150

Registered Builder-Warrantor**

2 Allaire Investors, Inc.
Name
2542 River Road
Street and Number (Mailing Address)
Manasquan, N.J. 08736
City | State | Zip Code

Phone Number (732) 974-0883

NJ Builder Registration Number 09305

Print Builder Name Glenn Neighbour

Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

Commencement Date of Warranty

4 Commencement Date*** January 31, 1998
Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.
Selling Price**** $

Amount of Premium $
(Rate ____ × Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*

A premium payment is not required if this certificate is for common elements in a condominium development.

b.
☒ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only $774.45-CC

Total Contract Price $619,316.00

Amount of Premium $1,974.07
(1.25 × Total Contract Price × Rate .00255)

FHA Mortgage

6 ☐ Check if FHA Mortgage
FHA Case Number ☐☐☐-☐☐☐☐☐☐

☐ Check if VA Mortgage
VA Case Number

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8
☒ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
☐ Side by Side
☐ Top/Bottom
☐ Condominium—*three or four units in each building* (104)
☐ Condominium—*five or more units in each building* (105)

Construction Type (check one)

9
☐ Premanufactured (industrial or modular) (M)
☒ Conventional Construction (C)

Stories

10 Number of stories 2 Stories w/Finished Attic

Owner Type (check one)

11
☐ Condominium or Cooperative (C)
☐ Homeowners' Association—fee simple (H)
☒ No Homeowners' Association—fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

Note: See reverse side for assignment of property.

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

VALIDATION STAMP
CERTIFICATE NUMBER
128294 JAN 2898
VRB
WARRANTY NUMBER

7685c rev. 7/93

MUNICIPAL COPY

New Jersey Uniform Construction Code

PERMIT UPDATE

Date Update Issued 12/17/97
Control #
Permit # 870-97
Date Permit Issued

IDENTIFICATION Block 917 Lot 20

Work Site Location 507 Princeton Ave

Contractor Allaire Investors Inc

Address 2542 River Rd

Manasquan

Owner in Fee Art + Val Sparks

Address 4 Hill Bury Rd - Essex Fells

Tele. (732) 974 0880

Lic. No. or Bldrs. Reg No. 009305 ##0004##

[redacted]

Federal Emp. No. 870##

or Social Security No. BLOCK 0.00

01 #

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: - Change Deck Design Add Belgium Block Area Curbs - Stone Drive Area

Estimated Cost of Work $ 4000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	LOT	0.00
Building	110 20 #	
Electrical	BUILDING	10.00
Plumbing	D.C.A.	3.00
Fire Protection	TOTAL	13.00
Elevator Devices	CHECK	13.00
Other	CHANGE	0.00
DCA Training Fee	12/17/97 NO. 3 0023A005	11:36
Cert. of Occ.		
Other		
Total	113	
Check No.	# 6258	
Cash		
Collected By:		

U.C.C. Form F-190B

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

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

Date Update Issued 5/9/97
Control # 870-97
Permit #
Date Permit Issued

All Sue 9740883

IDENTIFICATION Block 917 Lot 20
Work Site Location 507 PRINCETON AVE BRICK
Owner in Fee ART SPARKS
Address 507 PRINCETON BRICK NJ
Tele [redacted]

Contractor ALLAIRE INVESTORS INC
Address 2542 RIVER WASHINGTON NJ
Tele. (908) 974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433
or Social Security No. 870#3

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: revised drawing of Boat House

Estimated Cost of Work $ 1,000

J Curatolo 5/9

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	35	
Electrical		
Plumbing		
Fire Protection		
Elevator Devices		
Other 05/09/97 NO. 5 0007A005		1.01
DCA Training Fee		
Cert. of Occ.		
Other		
Total	35	
Check No.	#5518	
Cash		
Collected By:		

BLDG 0.34
BUILDING 35.00
D.C.A. 1.00
TOTAL 36.00
CHECK 36.00
CHANGE 0.00

U.C.C. Form F-190B

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

Request update

Called 1-27-98 left message on machine

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/01/54
Control #
Permit # 97-870+C
Permit Issued 04/17/97

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 917 Lot 20

Work Site Location 507 PRINCETON AVE
REPLACE POOL HEATER
Owner in Fee SPARKS, ART AND VAL
Address 4 HILLBURY RD.
[redacted]7021-
Telephone [redacted]

Contractor CALIFORNIA COOLERS HEAT & COOL
Address 12 DEAL AVE
OCEANPORT, NJ
Telephone (732)571-6334
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 57-16334
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	81
Check No.	#2257
Cash	
Collected By:	

Estimated Cost of Work $ 510

CONSTRUCTION OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/17/97
Date Issued
Control #
Permit # 870-97 update

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

Block 917 Lot 20
Work Site Location 507 Princeton Ave
Brick, NJ
Owner in Fee Art & Val Sparks
Address 4 Hill Bure Rd
Esses Sells
Tele [redacted]
Contractor Allaire Investors Inc
Address 2542 River Rd
Manasquan, NJ
Tele. (732) 974-0880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

change deck design add belgium block area
burbs-stone drive area

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	12-15-97	FM	Footing	12/18/97 JKC		12/19/97	JKG
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 2-12-98			Other				
Approved By: FM			Final			2/12/98 JKG	

12/26/97 JKC FRONT Partial insp only

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1 + 2) $

TYPE OF WORK:

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

(Office Use Only)
FEE
$

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

870-97
3/9/97
update

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

Block 497 Lot 20
Work Site Location 507 PRINCETON
BRICK NJ
Owner in Fee ART SPARKS
Address 507 PRINCETON
BRICK NJ
Tele. ( ) [redacted]
Contractor ATLANTIC INVESTORS INC
Address 2542 RIVER RD
MANASQUAN NJ 08736
Tele. (908) 974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433 or Social Security No.

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.

Glenn Neighbour
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

revised drawing of Boat House.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	4-2-97	FW
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

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

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

[ ] Demolition

(Office Use Only)
FEE

$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-16-97
Control #
Permit # 870-97

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

Block 917 Lot 20 &XXXXXXX
Work Site Location 507 Princeton Ave
Brick,NJ 08723
Owner in Fee Val & Art Sparks
Address 4 Hillbury Rd
Essex Fells.NJ 07021
Tele. ([redacted]
Contractor Allaire Investors, Inc. t/a Neighbour & Groves
Address 2542 River Rd
Manasquan,NJ 08736
Tele. (908) 974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

= Single family dwelling-3 bedrooms,3 baths(house) full basement,3 car attached garage,2 story with finished attic room, decks as per plan. 1 bath (cabana) 2 fireplace in house.

AS Ammended 4/16/97 FM

JOB SUMMARY (Office Use Only) as Ammended

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	4-16-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 2-12-98		
Approved By: FM		

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			4/28/97	
Foundation			4/16/97 House only	
Slab				
Frame			10/23/97	
Insulation			11/7/97	
Finishes:				
Energy				
Mechanical				
TCO				
Other			Garage found 5/27/97	
Final			2/12/98	

5/16/97 House only) 98

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 31'(mean) + or - Ft.
Area—Largest Floor 1640 Sq. Ft.
New Bldg. Area/All Floors 5220 +88 BRIDGE Sq. Ft. XXXX GARAGE 1596
Volume of New Structure 52,200 Cu. Ft.
Total Land Area Disturbed 5154 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 510,000
2. Alteration $ _____
3. Total (1+2) $ 510,000

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Inspector Note:
Please Pull Revised info From Jacket Regarding changes

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-16-97
Control #
Permit # 870-97

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

Block 917 Lot 20 ~~&XXXXXXX~~
Work Site Location 507 Princeton Ave
Brick,NJ 08723
Owner in Fee Val & Art Sparks
Address 4 Hillbury Rd
Essex Falls,NJ 07021
Tele. ([redacted]
Contractor Allaire Investors, Inc, t/a Neighbour & Groves
Address 2542 River Rd
Manasquan,NJ 08736
Tele. (908) 974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

= Single family dwelling-3 bedrooms,3 baths(house) full basement,3 car attached garage,2 story with finished attic room, decks as per plan. 1 bath (cabana) 2 fireplace in house.
AS Ammended 4/16/97 FM

JOB SUMMARY (Office Use Only) as Ammended

PLAN REVIEW	Date	Initial
[/] No Plans Req.	4-16-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

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

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 31'(mean) + or - Ft.
Area—Largest Floor 1640 Sq. Ft.
New Bldg. Area/All Floors 5229 +88 BRIDGE Sq. Ft. ~~XXXX~~ GARAGE 1596
Volume of New Structure 52,200 Cu. Ft.
Total Land Area Disturbed 5154 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 510,000
2. Alteration $
3. Total (1+2) $ 510,000

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

RECEIVED
APR 2 1997

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/20-97
Date Issued 5/9/97
Control #
Permit # update

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

Block 917 Lot 20
Work Site Location 507 PRINCETON
BRICK NJ
Owner in Fee ART SPARKS
Address 507 PRINCETON
BRICK NJ
Tele. ( ) [redacted]
Contractor ALTAIVE INVESTORS INC
Address 2542 RIVER RD
MANASQUAN NJ 08736
Tele. (908) 974-0883
Lic. No. or Bldrs. Reg. No. 09305
Federal Emp. No. 22-2581433 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Glenn Neighbour

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

revised drawing of Boat house.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	4-30-97	FW
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-12-98
Approved By: FW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			2/12/98	gr

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/17/97
Date Issued
Control #
Permit # 570-97 update

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

Block 917 Lot 20
Work Site Location 507 Princeton Ave
Brick, NJ
Owner in Fee Art & Val Sparks
Address 4 Hill Bure Rd
Esses Sells
Tele. [redacted]
Contractor Allaire Investors Inc
Address 2542 River Rd
Manasquan, NJ
Tele. (732) 974-0880
Lic. No. or *Bldrs.* Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

change deck design add belgium block area
burbs-stone drive area

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-15-97	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

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

[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

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

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

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

Brick

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

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
BRICK, N.J.
Owner in Fee/Occupant ART SPARKS
Address
Tele. ( )
Contractor GROSSMAN ELECTRIC INC.
Address 1787 BELMAR BLVD
WALL, N.J. 07719
Tele. (732) 280-5927 Fax (732) 280-5927
Lic. No. 7642
Federal Emp. No. 22-3471346

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 23,700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough	10-20-97		10-27-97	[illegible]
Temp. Serv.			10-20-97	[illegible]
~~Constr. Serv.~~			10-1-97	[illegible]
TCO				
Other				
Service				
Final	2-(0-98		3-13-98	[illegible]

Dates (Month/Day)

Temp. Cut-in-Card Date Issued 10-20-97
Final Cut-in-Card Date Issued 3-13-98

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 3-13-98
Approved by: [illegible]

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
178		Lighting Fixtures	
100		Receptacles	
93		Switches	
14		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
385		TOTAL NUMBERS	$ 110 -
		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	
1		KW Dishwasher	9 -
		HP Garbage Disposal	
3	4 Ton	KW Central A/C Unit	37 -
3	GAS	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	320	AMP Service	100 -
2	60	AMP Subpanels	80 -
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

SEP 22 97 0 0 8 8 5-1

Administrative Surcharge $
CK 1367 Minimum Fee $
DCA Training Fee $
RPF TOTAL FEE $ 326 -

U.C.C. F120 (rev 3/96)

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

10.1077(1) Trench Dsp between Meter Bank & Road.
(2) Trench between House & Rear Storage Shed
(3) Trench between Dock & Shed

SEP 22 97 08:21

10.24.97(1) Wires changing in Utility Room and 2nd floor (wall changes)

2.1097(1) Need Heating on fixtures in Kitchen
(2) Need Additional Recps in Kitchen 1- left side of sink (IN SIDE WALL)
(3) Need Recp in Din Right side of fireplace 1- Right side of sink
(4) Need Recp 3rd floor left side of Stairs 1- Right side of Counter Top gas plate -

(2) ~~Need Recp~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Brick

Date Received
Date Issued
Control #
Permit #

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

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
BRICK, N.J.
Owner in Fee/Occupant ART SPARKS
Address
Tele. ( )
Contractor GROSSMAN ELECTRIC INC.
Address 1787 BELMAR BLVD
WALL, N.J. 07719
Tele. (732) 280-5927 Fax (732) 280-5927
Lic. No. 7642
Federal Emp. No. 22-3471346

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 23,700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Kim P. Grossman
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
178		Lighting Fixtures
100		Receptacles
93		Switches
14		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
385		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
1		KW Dishwasher
		HP Garbage Disposal
3	4/Ton	KW Central A/C Unit
3	GAS	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	300	AMP Service
2	60	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)
SP 22 37 0 0 0 0 5 1

TOTAL NUMBERS	$ 110 -
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	9 -
HP Garbage Disposal	
KW Central A/C Unit	27 -
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	100 -
AMP Subpanels	80 -
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
.....	
.....	
Administrative Surcharge	$
CK 1367 Minimum Fee	$
DCA Training Fee	$
RPF TOTAL FEE	$ 326 -

U.C.C. F120 (rev. 3/98)

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

2 Mott Pl.
Tom's River
929-4730 (908)
Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # APR 23 97 0 0 3 5 0 9

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

Block 917 Lot 20

Work Site Location 507 Princeton Avenue
Brick, NJ 08723

Owner in Fee Art & Val Sparks
Address 4 Hillbury Rd
Essex Falls NJ 07021
Tele. ([redacted]

Contractor Charles Griffitts Electrical Cont. Inc.
Address 601 Carol Court
Oakhurst, NJ 07755
Tele. (908-531-5029
Lic. No. 4982
Federal Emp. No. 22-2515622 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 15,270

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Charles Griffitts
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE		ITEM	FEE (Office Use Only)
16 ~~16~~			Fixtures (1)	
113			Receptacles (2)	
108			Switches (3)	
382			Total 1 + 2 + 3	115-
____	____	Kw	Range	____
____	____	Kw	Oven(s)	____
____	____	Kw	Surface Unit	____
1	3/4	hp	Dishwasher	
1	1/2	hp	Garbage Disposal	7-
____	____	Kw	Dryer	____
3	7.2	Kw	A/C Unit	21-
____			Burglar Alarms	____
____			Intercoms Panels	____
15			Smoke Detectors	____
1	1	hp	Whirlpool/spa	7-
____			Pool Bonding	____
____	____	hp	Pool Filter Motor	____
____			Pool Lights	____
____	____	Kw	Water Heater(s)	____
3	.65	Kw	Central heat:	
			~~oil~~, gas ~~or elec~~.	____
____	____	Kw	Baseboard Heat Units	____
____			Thermostats	____
____	____	hp	Heat Pump	____
____	____	hp	Pump(s)	____
2	80	Amp	~~Motor Control Center~~/Sub Panels	70-
____			Signs	____
____	____		Light Standards	____
5	1/10	hp	Motors—Fractional H.P.	____
____	____	hp	Motors—All Others	____
____	____	Kw	Transformers	____
____	____	Kw	Generators	____
1	200	Amp	Service Entrance	35-
____	____		Other	____

Administrative Surcharge $ _____
Paid [ ] Check # 6437 Minimum Fee $ _____
RPF DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ 255.-

U.C.C. Form F-1206 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 917 ~~20~~ Lot ~~917~~ 20
Work Site Location 507 PRINCETON AVE
BRICK, N.J. 08724
Owner in Fee/Occupant MR A SPARKS
Address 4 HILL BURRY RD
ESSEX FELLS N.J. 07021
Tele. [redacted]
Contractor CUSTOM DESIGNED SECURITY
Address 1358 HOOPER AVE SUITE 281 -
TOMS RIVER N.J. 08753
Tele. (732) 270 1501 Fax (732) 506 750
Lic. No.
Federal Emp. No. 22-2862397

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			10-27-97	[illegible]
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-13-98	[illegible]

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued 2-13-98 [illegible]
PP

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-13-98
Approved by: B. Kerelius #24

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
	1 Control Panel	Receptacles	
		Switches	
	3 keypads	Detectors	
	3 Doors	Light Poles	
	1 siren	Motors—Fract. HP	
	15 window	Emergency & Exit Lights	
6		Communications Points / INTERCOM	
1		Alarm Devices/F.A.C. Panel	
1	6 Ports	VACUUM -	
		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	

OCT 24 97 0 0 9 9 1 2

ck #
5111

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40.-

PF

U.C.C. F120
(rev 3/96)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 4-16-97
Permit # 870-97

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

Block 917 Lot 20

Work Site Location 507 Princeton Avenue
Brick,NJ

Owner in Fee Val & Art Sparks

Address 4 Hillbury Rd
Essex Fells,NJ 07021

Tele. (___) [redacted]

Contractor Charles Griffitts Elect.Cont.Inc

Address 601 Carol Ct.
Oakhurst,NJ 07755

Tele. (___) 908-531-5029

Lic. No. 4982

Federal Emp. No. 22-2515622 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed R-3

Constr. Class. Present ___ Proposed 5

Heating System [X] New [ ] Existing

Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other ___

Location: 1-Basement 1-Second Floor-1-over garage

Total Est. Cost of Fire Prot. Work $ 20,000 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/14/97
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 2/11/98
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test			2/11/98	
Smoke Test				
Mechanical				
TCO				
Other Visit New R-3	2-10-98			
Other				
Other			2/11/98	

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.

Charles Griffitts
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work NEW R-3

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		1
TOTAL		
Smoke Detectors AC Battery DC Bedroom	13	35
Heat Detectors		
TOTAL	15	
Stand Pipes Chimneys	2 std.	
Kitchen Hood Exhaust Systems	X	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
2 Fire places (gas)	2	70-
Gas or Oil Fired Appliance	4	
OTHER 3 Furnaces	3	105-

Administrative Surcharge $ 200-
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

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

M ~~A~~ 21095 VISUAL FINAL No 4-3-~~FAIL~~

① PROVIDE CLAMP ON DAMPER - GAS FIRE PLACE

② MANUAL GAS LOG LIGHTER NOT PERMITTED - NEED UL AUTOMATIC GAS SHUT OFF DEVICE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-16-97
Control #
Permit # 870-97

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

Block 917 Lot 20 XXXXXX

Work Site Location 507 Princeton Avenue
Brick,NJ

Owner in Fee Val & Art Sparks

Address 4 Hillbury Rd
Essex Fells.NJ 07021

Tele. (___) [redacted]

Contractor XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXCharles Griffitts Elect.Cont.Inc

Address XXXXXXXXXXXXXXXXXX 601 CarolCCt.
XXXXXXXXXXXXXXXXXXXXXXXXXX Oakhurst,NJ 07755

Tele. (___) XXXXXXXXXXXXXX 908-531-5029

Lic. No. 4982

Federal Emp. No. 22-2515622 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___

Constr. Class. Present ___ Proposed ___

Heating Systems [X] New [ ] Existing

Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other ___

Location: 1-Basement 1-Second Floor 1-over garage

Total Est. Cost of Fire Prot. Work $ 20,000 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[—] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/11/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Charles Griffitts
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC / DC	15	35
Heat Detectors Battery / Bedroom		
TOTAL	15	
Stand Pipes Chimneys	2 std.	
Kitchen Hood Exhaust Systems	X	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
2 Fire places (gas)	2a	70-
Gas or Oil Fired Appliance	4	
OTHER 3 Furnaces	3	105-

Administrative Surcharge $ 200-
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/23/98
Date Issued 01/01/54
Control #
Permit # 97-870+C

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

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
REPLACE POOL HEATER
Owner in Fee SPARKS, ART AND VAL
Address 4 HILLBURY RD.
[redacted] NJ 07021-
Tel [redacted]
Contractor CALIFORNIA COOLERS HEAT & COOL
Address 12 DEAL AVE
OCEANPORT, NJ
Tele.(732)571-6334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 57-1633 [redacted]
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Construction Class Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: REAR CABANA
Total Est Cost of Fire Prot. Work $ 500 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved 1/23/98
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-10-98
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other CA Pool Heater 2-10-98				
Other				
Other				

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

D. TECHNICAL SITE DATA

Description of Work Install to Manufactors spec(s) update

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

Flammable Liquid Storage Tanks	( ) Capacity	0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	0	Fuel	
L.P.G. Storage Tanks	( ) Capacity	0	Fuel	
L.N.G. Storage Tanks	( ) Capacity	0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other POOL HEATER		46
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/23/98
Date Issued 01/01/54
Control #
Permit # 97-870+C

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

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
REPLACE POOL HEATER
Owner in Fee SPARKS, ART AND VAL
Address 4 HILLBURY RD,
ESSEX FELLS, NJ 07021-
Tel [redacted]
Contractor CALIFORNIA COOLERS HEAT & COOL
Address 12 DEAL AVE
OCEANPORT, NJ
Tele.(732)571-6334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 57-163[redacted]
or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Construction Class Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: REAR CABANA
Total Est Cost of Fire Prot. Work $ 500 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1/23/98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Update
Install to Manufacturers Spec(s)

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity 0 Fuel
Combustible Liquid Storage Tanks ( ) Capacity 0 Fuel
L.P.G. Storage Tanks ( ) Capacity 0 Fuel
L.N.G. Storage Tanks ( ) Capacity 0 Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other POOL HEATER		46
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 46
DCA Training Fee $ 0

U.C.C. Form F-140B

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-16-97
Control #
Permit # 870-97

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

Block 917 Lot 20
Work Site Location 507 Princeton Ave
Brick, NJ
Owner in Fee Val & Art Sparks
Address 4 Hillbury Rd
Essex Fells, NJ 07021
Tele. [redacted]
Contractor TRI Music
Address P.O. Box 146
English Town, N.J. 07726
Tele. (908) 842-3786
Lic. No. 2858
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Sch 40 ABS Public Sewer _____ Private Septic _____
Water Service Size 1¼ 200 PSI Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-9-97
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: [signature]
Date: 2-4-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab PARTIAL	8-21-97		10-17-97	[signature]
Rough	10-17-97		10-30-97	[signature]
Water			9-25-97	[signature]
Sewer			9-25-97	[signature]
Fixtures			2-9-98	[signature]
Gas Equipment	2-5-98		10-12-97	[signature]
Gas Piping				
Solar				
TCO				
York			11-3-97	[signature]

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 to perform the work listed on this application.

[signature]
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

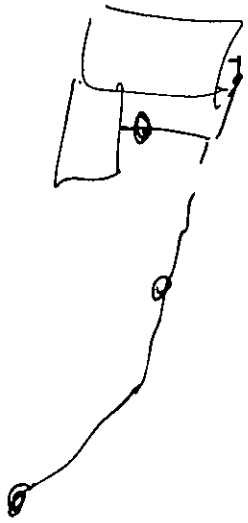
D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	40
	Urinal/Bidet	
2	Bath Tub	20
5	Lavatory	50
4	Shower	40
1	Floor Drain	10
5	Sink	50
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	10
	Hose Bibb	30
2	Water Heater	70
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
3	Water Cooled A/C or Refrigeration Unit	105
1	Sewer Connection	—
1	Water Service Connection	—
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 460
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

[redacted]-21-97- PARTIAL Boat house only ok DN



10-17-97- House OK Boat house not yet done

2-5-98- ① pool House not Ready
② NO condensate drain PAN under furnances over finished Areas

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/98
Date Issued 01/01/54
Control #
Permit # 97-870+C

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

Block 917 Lot 20
Work Site Location 507 PRINCETON AVE
REPLACE POOL HEATER
Owner in Fee SPARKS, ART AND VAL
Address 4 HILLBURY RD.
[redacted]
Tel [redacted]
Contractor CALIFORNIA COOLERS HEAT & COOL
Address 12 DEAL AVE
OCEANPORT, NJ
Tele.(732)571-6334
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 57-1633[redacted]
or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1-27-98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
1	Hot Water Boiler	35
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. Form F-130B

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4.16.97
Date Issued
Control #
Permit # 870-97

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

Block 917 Lot 20
Work Site Location 507 Princeton Ave
Brick, NJ
Owner in Fee Val & Art Sparks
Address 4 Hillbury Rd
[redacted] Fells, NJ 07021
Tele. ([redacted]
Contractor ART Hilse
Address P.O. Box 146
English Town, N.J. 07726
Tele. (908) 792-3786
Lic. No. 2858
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" sch 40 ABS Public Sewer _____ Private Septic _____
Water Service Size 1¼ 200 PSI Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	40
	Urinal/Bidet	
2	Bath Tub	20
5	Lavatory	50
4	Shower	40
1	Floor Drain	10
5	Sink	50
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
3	Hose Bibb	30
2	Water Heater	70
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
3	Water Cooled A/C or Refrigeration Unit	105
1	Sewer Connection	—
1	Water Service Connection	—
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 460
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

update 97-870+C

TOWNSHIP OF BRICK
DIVISION OF INSPECTIONS

Date Received 1-23-98.
Date Issued _____
Control # _____
Permit # _____

SITE LOCATION 307 Princeton Ave BLOCK 917 LOT 20
OWNER SPARKS, ART & VAL
ADDRESS ~~577 Princeton Ave, Brick NJ~~ 4 HILLBURY RD, ESSEX Fells, NJ 07021 TELEPHONE # 973-974-0883
CONTRACTOR California Coolers Heating & Cooling Inc. (call Patrick)
ADDRESS 12 Deal Ave / Oceanport, N.J. TELEPHONE # (732) 571-6334
LICENSE # or BLDRS. REG. # EXEMPT FEDERAL EMP. # or SOCIAL SECURITY # 465-08-5293

CERTIFICATE IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

Signature Patrick Cha

BUILDING SUBCODE:

BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Group Present _____ Proposed _____
No. os Stories _____
Height of Structure _____ ft.
Area - Largest Floor _____ sq. ft.
New Bldg. Area / All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Total Land Area Disturbed _____ sq. ft.

EST. COST OF BLDG. WORK

1. New Bldg. $_____
2. Alteration $_____
3. Total (1+2) $_____

DESCRIPTION OF WORK

TYPE OF WORK:

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

COST: (Office Use Only)

$ _____

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____

[ ] CO [ ] CCO [ ] CA

COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

PLUMBING SUBCODE: [ ] Licensed Plumbing Contractor [ ] Exempt Applicant

PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ ✓ 10000.00

TECHNICAL SITE DATA (List all fixtures.)

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

N/A

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____
[ ] CO [ ] CCO [ ] CA
COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

FIRE PROTECTION SUBCODE:

FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [✓] NEW [ ] EXISTING TYPE: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar [ ] Other _____ Location: REAR CABANA

TOTAL ESTIMATED COST OF FIRE PROTECTION WORK $ 5000.00
DIRECT REPLACEMENT

TECHNICAL SITE DATA - Description of Work

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

	No.	FEE (Office Use Only)
Wet Sprinkler Heads	_____	
Dry Sprinkler Heads	_____	
TOTAL	_____	_____

Stand Pipes	_____	_____
Kitchen Hood Exhaust Sys	_____	_____
Gas or Oil Fired Appliance	_____	_____
Other Pool HTR	_____	_____

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

	No.	FEE (Office Use Only)
Smoke Detectors	_____	
Heat Detectors	_____	
TOTAL	_____	_____

PRE-ENGINEERED SYSTEMS

CO_2 Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____

SUBCODE OFFICIAL [ ] APPROVE [ ] DISAPPROVE DATE _____
[ ] CO [ ] CCO [ ] CA
COMMENT _____

SUBCODE OFFICIAL'S SIGNATURE _____

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE #158-72

Telephone # 201-364-0995

1. Name of Applicant & Address ART & VAL SPARKS -4 HILLBURY RD. ESSEX FELLS,NJ 08021
BUILDER(ALLAIRE INVESTORS,INC.-2542 RIVER RD, MANASQUAN,NJ 08736 974-0883
Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block 917 Lot (s) 20 & 20.01

This information is available from your deed or tax bill.

3. Address if different from applicant 507 PRINCETON AVE. BRICK NJ

Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable landmark.

4. Location of trees on property NONE ON PROPERTY and number of trees presently on property

A. For individual building lots:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and A D for deciduous trees.

*Note Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in dotted lines and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a dotted circle and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 sq. ft. after all proposed tree removal and replacement. (e.g. an 80 X 100 lot includes 8000 sq. ft. and would require a minimum of 4 trees.

RECEIVED
MAR 20 1997
DIV. OF INSPECTION

B. For other acreage.

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g. "heavily wooded mature oak with scattered Dogwood" "sparsely wooded mixed Pitch Pine and small Oak, etc.)

Same minimum of one tree 0 sq. ft. as above should be observed.

NOTE: "Tree" for the purposes of permit, means (1) any live coniferous tree 4" or more DBH (diameter breast high) (2) any deciduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1" or more, one foot above the ground; and (4) any live Laurel 3" or more across root crown.

THE RESPONSIBILITY OF HAVING THIS APPLICATION PROCESSED BY THE SHADE TREE COMMISSION, RESTS SOLELY UPON THE APPLICANT. allaire Inv. Soc

agent - Glenn Weichberg
for applicant

WINNIE: THE APPLICANT DID NOT SUBMIT THE CORRECT APPLICATION, HOWEVER, THERE ARE NO TREES ON THE LOTS, NO PERMIT IS NEEDED, SO MAYBE THIS WILL SUFFICE FOR YOUR RECORDS.

Shirley Hulse
Forester 3/3/97

GREGORY ROBERT ARNER AIA
■ ARCHITECT
1 0 OU STREET
P.O. BOX 913
NEW BOY OF C
NEW JERSEY 07 4
0
FAX 00 4(7874

TELEFAX LETTER OF TRANSMITTAL

DATE 6-5-97 PROJECT NO R 259 97

FROM GREGORY ROBERT ARNER, AIA, ARCHITECT
(908) 464-2160
(908) 464-7874 FAX

TO MR FRANK MYSER - CONSTRUCTION OFFICIAL
BERK TOWNSHIP

FAX NO (908) 262-8954

RE SPARKS RESIDENCE
507 PRINCETON AVE
LOT 20 BLOCK 917

MESSAGE
REQUEST FOR WINDOW MODIFICATION

GREGG ARNER AIA

CONTENTS

(Total number of pages including cover sheet 4)

4 SPARKS NEIGHBOURS

■

GREGORY ROBERT ARNER AIA
[redacted] RC ECT
179 SOUTH STREET
PO BOX 113
NEW PROVIDENCE
NEW JERSEY 07974
R 84 2160
FAX 908 464 7074

June 4 1997

Mr Frank Myser
Construction Official
Township of Brick
401 Chambers Bridge Road
Brick New Jersey 08723

(Fax 908 262 8954)

Re Plan Review
Sparks Residence
507 Princeton Avenue
Lot 20 Block 917
Brick, New Jersey

Dear Mr Meyser

As per our conversation regarding the above project, I am requesting your approval of the following modification of my submittal of April 15 1997 I have conferred with BOCA that their interpretation of Table 705.3 Maximum Exterior Wall Openings for unprotected openings which are within 10' of the property line is calculated by only including those openings which directly face the property line That is those openings which are around the corner perpendicular to the property line even though within 10' are not to be calculated

Therefore I request that you permit the CW 24 window on the second floor be permitted to remain as originally proposed Attached please find Sketch SK R which illustrates this change The total area of opening will equal 121 62 s f which is less than the 122 77 s f (10%) which is allowed

All opening which do not face the property line have been deleted from the calculation

For your information I reviewed this interpretation with Mr Robert Labrador at BOCA (708 799 2300)

I trust the above request meets with your acceptance. I would appreciate your concurrence in this matter as soon as possible.

Very Truly Yours,

GREGORY R. ARNER, AIA, ARCHITECT

GRA/he

cc: Mr. and Mrs. Sparks (Fax 201-364-1336)
Mr. Glenn Neighbour (Fax 908-974-0025)

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

T O W N S H I P O F B R I C K

507 PRINCETON AVE, BRICK	917	20
Work Site Address	Block	Lot

VAL & ART SPARKS 4 HILLSBURY RD, ESSEX FELLS,NJ 07021
Owner's Name, Address, Phone

ALLAIRE INVESTORS, INC. 2542 RIVER RD, MANASQUAN,NJ 08736 974-0883
Contractor's Name, Address, Phone

Construction SINGLE FAMILY DWELLING-
Describe type (Single -family home, etc.)

Demolition PARTIAL EXISTING CABANNA
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material SIDING-ROOFING
20 YDS.

Name, address and phone of party responsible for removal of debris:
USA WASTE - NORTH MAIN SHORE RD, WARETOWN,NJ08758 609-971-0506

Size of dumpster: 20 YDS.

Destination of discarded debris: OCLF - ROUTE 70-MANCHESTER, NJ

Hauler's DEP Permit No.: 8793

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick.

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 917 LOT: 20 DATE RECEIVED: _____

ADDRESS: 507 PRINCETON AVE

APPLICANT: VAL & ART SPARKS PHONE: 201-364-0995

CONTRACTOR: ALLAIRE INVESTORS, INC. PHONE: 908-974-0883

ADDRESS: 2542 RIVER RD, MANASQUAN, NJ 08736 SUBDIVISION: _____

TYPE OF WORK: NEW CONSTRUCTION ZONING APPROVAL: _____

REVIEW: _____ FLOOD ZONE IDENTIFIED BY FIRM _____ ELEV. _____

_____ PANEL # _____ MAP# _____ DATED: _____

FEMA LETTER RECEIVED: _____ YES _____ NO _____

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PLAN &/OR SURVEY SIGNED & SEALED		✓		
2. DRAW TO A SCALE OF NOT LESS THAN 1"=100'		✓		
3. EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)		✓		
4. SIDE PROPERTY LINES & DWELLING & PROP. CORNERS		✓		
5. STREET GUTTER, TOP CURB & CENTER LINE ELEV.		✓		
6. CONTOURS: 1' INCREMENTS/IF ELEV. FLUCTUATES 2'		✓		
7. ADJACENT DWELLING CORNERS		✓		
8. PROPOSED GRADING		✓		
9. GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEV.		✓		
10. LOT GRADING/FILLING & FINAL ELEVATION		✓		
11. METHOD OF DRAINING				✓
12. FLOOD OPENINGS SIZED & PLACED				✓
13. DRIVEWAY WIDTH/TYPE & DRAINAGE		✓		
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION		✓		

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
16. FRESH WATER WETLANDS		✓		
17. PARKING AREAS		✓		
18. FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.		✓		
19. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS		✓		
20. STREETS		✓		
21. CURBING		✓		
22. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
24. DAM SAFETY				✓
25. SOIL CONSERVATION SERVICE		✓		✓
26. PLANNING BOARD		✓		

PLOT PLAN REVIEW as per TR	DATE	APPROVED	REJECTED
SIGNATURE	3/31/97	✓	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

GREGORY ROBERT ARNER AIA
ARCHITECT
179 SOUTH STREET
PO BOX 9 3
NEW PROVIDENCE
NEW JERSEY 07974
908 464 2160
FAX 908 464 7874

April 15 1997

Mr Frank Myser
Construction Official
Township of Brick
401 Chambers Bridge Road
Brick New Jersey 08723

Re Plan Review
Sparks Residence
507 Princeton Avenue
Lot 20 Block 917
Brick, New Jersey

Dear Mr Myser

I have reviewed your comments dated 4/14/97 regarding the above application As per our conversations I m providing the following responses for your review

Item #1 Excessive Openings on East Property Line

We have calculated the area of the exterior walls on the east side of the building as well as the 5 wall returns on the north and south Our calculations indicate a total area of 1227 75 S F Therefore the maximum allowable opening area is 122 77 S F (10%)

To comply with this requirement we are making the following modifications which would result in a total opening area of 119 33 S F

a) The access doors (and frames) to crawl space are to be rated one hour

b) Casement windows at breakfast area are to be revised from A41 over C245 to C255

c) CW 24 in east wall of bedroom to be deleted and the CW24 window on the north elevation is to be shifted west to clear 10 0 setback from property line

d) Door No 26 (and frame) at mud room to be one hour rated

Attached find copies of sketches SK 1 and SK 2 dated 4/15/97 which illustrate the above modifications

Item #2 Spiral Stair

The spiral stair will be changed to a 5 0 diameter with 30 degree treads and 4 balusters conforming to section 1014 6 4 of the BOCA code

Item #3 W12 x 22 Steel Girder at Garage

The following criteria was used in the design of the girder

Live Load	40 PSF
Dead Load	10 PSF
Misc	5 PSF
Total	55 PSF

Total Load (W) = 13 x 21 x 55 PSF = 15 000 pounds
Yield Strength of Steel = A36 (36 000 PSI)
Maximum moment on beam = 39 37 KSI
Section modulus required = 21 47 in cubed
Section modulus provided (W12 x 22) = 25 30 in cubed
Deflection allowed (WL/360) = 7

From beam load table (AISC manual seventh edition)
Deflection of W12 x 22 is 91 with a uniform load of 19 3 kips Therefore a load of 15 kips would provide a deflection of 7 (15k/19 3k x (x)/ 91k)

Item #4 Footing and Anchor Bolts at Tubes

Attached is a copy of SK 5 illustrating the column and footing details

Item #5 Attic Access Doors

The attic access doors are indicated on sheet A 2 in the door schedule

2/03 2 6 x 4 0
4/03 3 0 x 6 8

Item #6 Railings on Egress Stairs

As discussed the front entrance stairs at the two covered porches will be revised to three risers and grade elevation brought up 8 See sketch SK 4 which is attached

Item #7 Glass Guards at Balcony

The glass guards at the two balconies on the south elevation will be constructed of 1/2" thick tempered glass. The entire assembly will comply with section 2406.0 and 1615.8 of the BOCA code.

The guards will be designed and constructed for a horizontal concentrated load of 200 pounds on a 1-square-foot area at any point in the system. Attached is a copy of Blumcraft's Railglass Style RG-200 which we propose for this project (SK-3).

Since these rails are a custom item, shop drawings will be provided by the contractor for review by our office prior to release for fabrication. The design of the system will be signed and sealed by a licensed engineer. Copies will be submitted to your office for record.

Item #8 - 3 Story Dwelling

For the record and as per our discussion, the loft area is to be considered a mezzanine in that the total area is less than 33% (445 SF/1422SF = 31.2%) of the second floor therefore establishing the building as a two story dwelling and not required to be protected.

I trust the above responses satisfy your review. I appreciate your assistance in this matter.

Very truly yours,

GREGORY R. ARNER, AIA

cc: Mr. and Mrs. Sparks
Mr. Glenn Neighbour

35 Neptune

5' - From Property

1 - CW24 = 18.8

EAST

4 - AR21 = 12 ⌀ TOTAL
1 - A41 8 ⌀
1 - 2x4 Fixed 8 ⌀
1 - CW24 18.8
1 - C24 16.0
3 28x20 12.0

NORTH

SOUTH 5x5 window 25 ⌀ Door 18.56

74.8 ⌀ openings plus vented SOFFIT + CW24 on North wall

Railings

380 ⌀ wall
312 ⌀ wall
692

EAST WALL

Footing & Anchor Bolts Not on Block Wall

W12x22 @ 21' moment is 19.3 .81 Def.
is steel 36 KSI FY or 50 KSI FY

Sect BA7 Show Support of Steel

More Details on Deck Support
piling size, Joist size

SPIRAL stairs Dont meet code.
1014.64 42" DIA 7½ @ 12

Size of Attic Access Door

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 4-14-97

JURISDICTION Brick Building
(City, County, Township, etc.)

BUILDING LOCATION 507 Princeton Ave.
(Street address)

BUILDING DESCRIPTION S.F.D

REVIEWED BY F.M.

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Excessive openings on EAST Property Line	705.3
(2)	will Spiral Stair meet BOCA Code ?	1004.6.4
(3)	IS W12x22 Fy 36 or 50 Ksi ? Need Deflection ?	
(4)	Show Footing & Anchor Bolts under Tube Supports For Steel Beam in #3	
(5)	What is Size OF Attic Access DOOR 20"-40"	
(6)	must show Railings on Any Egress Stairs That will meet Code	
(7)	Glass Guards To withstand 200 LD side impact	
(8)	Added 4-15 - MUST Rate Load Bearing Walls FAXed TO 971-0025	

06/93

Spoke To Greg Arnee 4/15/97

About 3 story Needing Rated.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 262-8954
http://gbs.com/brick

FAX CORRESPONDENCE

(908) 262-8954

DATE: 4-14-97

TO FAX NUMBER: 974-0025 PAGES TO FOLLOW: 1

ATTENTION: Glen Neighbour

FROM: F. Mizen

MESSAGE: Plan Review as Requested

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ NATIONAL MECHANICAL CODE Date 4/3/97

JURISDICTION _____ (City, County, Township, etc.)

BUILDING LOCATION 507 Princeton (Street address)

BUILDING DESCRIPTION Art & Val Spivak

REVIEWED BY JOE

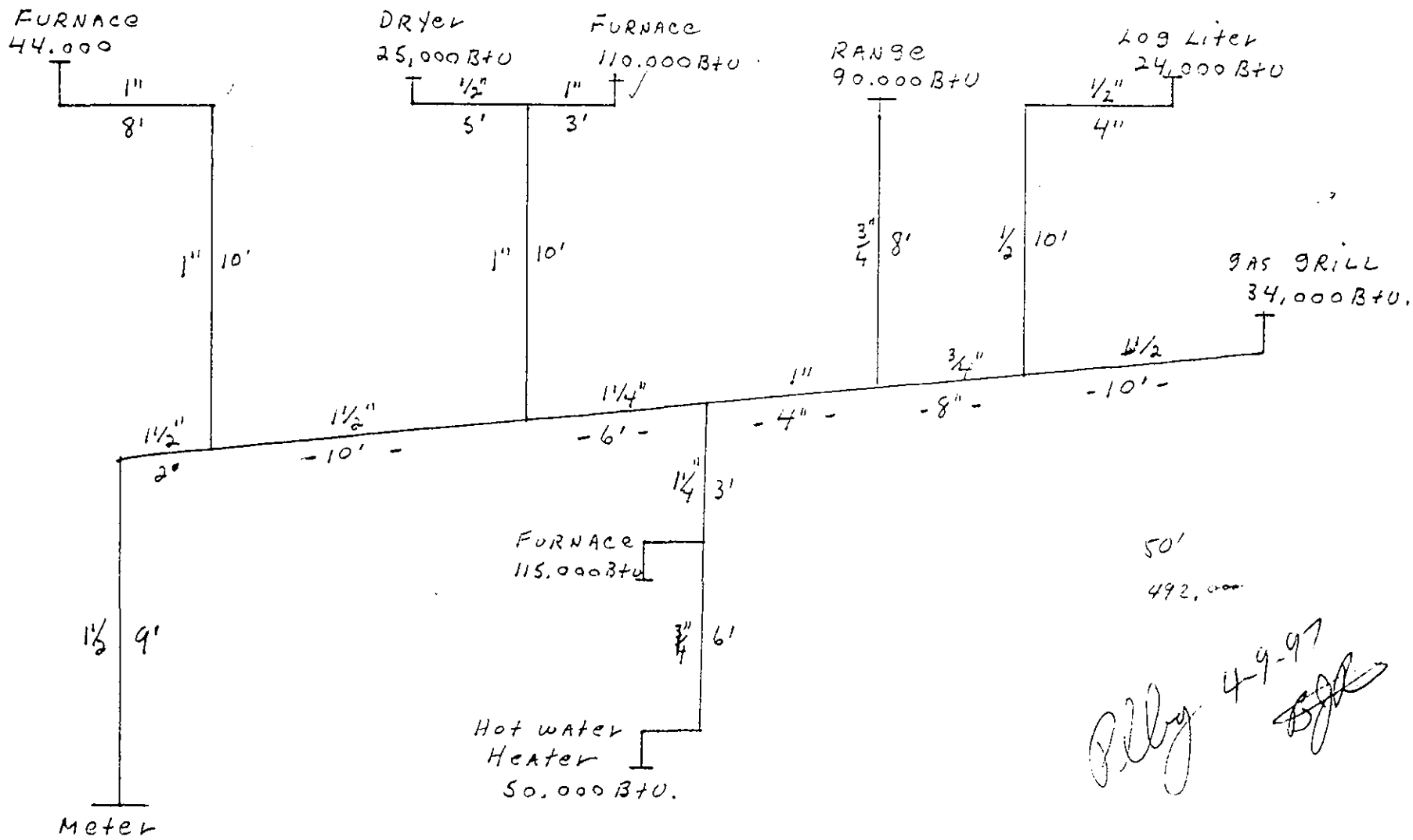
Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Mechanical Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
Fire	Fill out Fire permits with ## of Gas appl in Houses & Fire places in Houses.	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

GAS Pipe



4-9-97

pick up

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: MR. ARTHUR SPARKS PHONE NO. 974-0883 (bus.)

ADDRESS: 4 HILLBURY ROAD _____ (home)

ESSEX FALLS , NJ 07021

PROPERTY IN QUESTION: ADDRESS 507 PRINCETON AVE

BLOCK(S) 917 LOT(S) 20

BTMUA ACCOUNT NO. N165606 TAX MAP DRAWING NO. 51.B

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

WATER PRINCETON AVENUE (STREET) 3/4" 1688.99 1" 2944.00

SEWER PRINCETON AVENUE (STREET) 2292.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

K.B.

DATE: 3/3/97 SIGNED: David M. S. Siddiqui

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

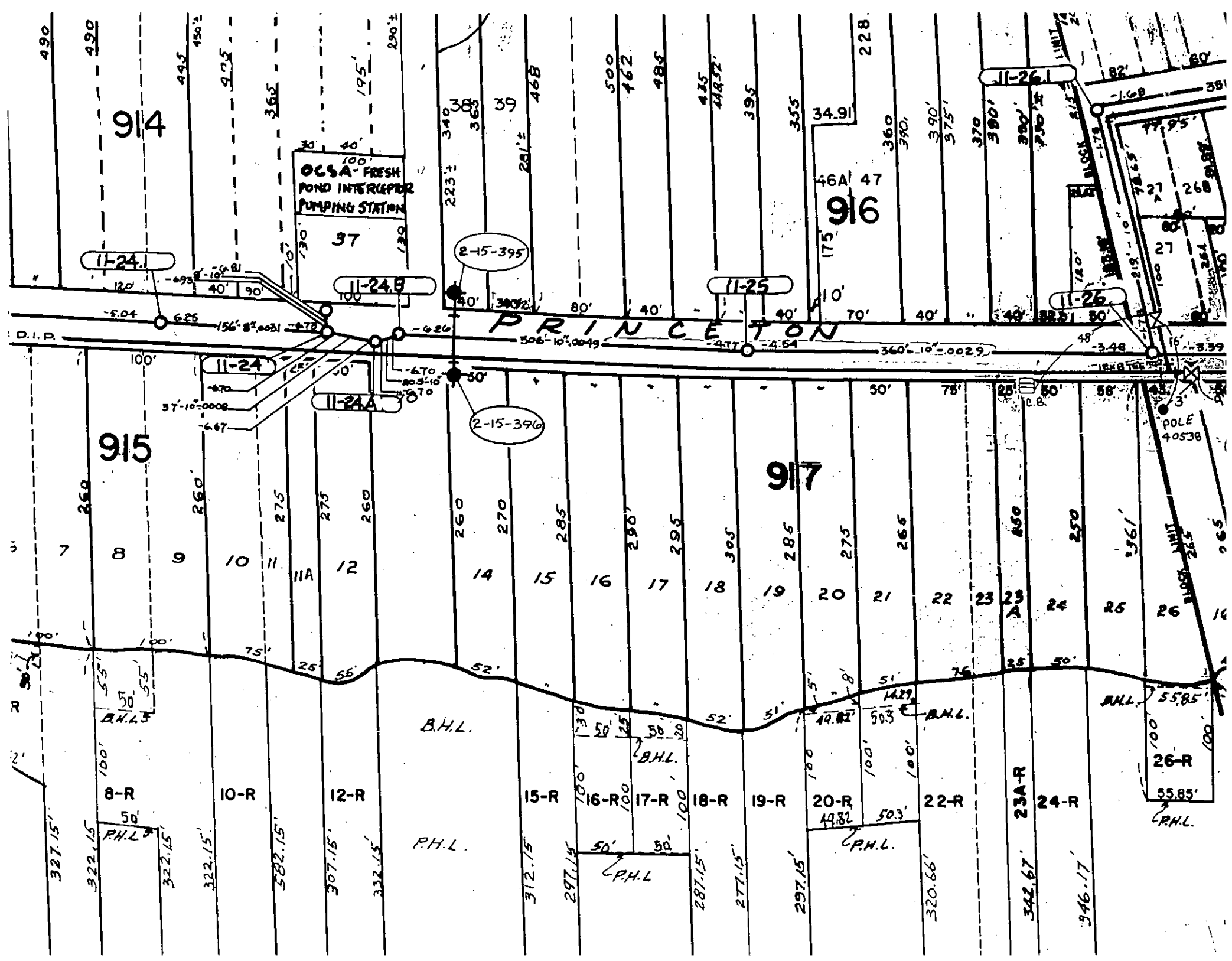
1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET. SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.


914
915
916
917
OCSA- FRESH POND INTERCEPTOR PUMPING STATION
37
39
46A
47
11-24.1
11-24.B
11-24
11-24A
11-25
11-26
11-26.1
2-15-395
2-15-396
PRINCETON
D.I.D.
POLE 40538
7
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11A
12
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23A
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26
8-R
10-R
12-R
15-R
16-R
17-R
18-R
19-R
20-R
22-R
23A-R
24-R
26-R
B.H.L.
P.H.L.

SIZING FOR WATER AND SEWER SERVICES

Property Owner Val & Art Sparks Date 3/7/97

Property Address 507 Princeton Ave,Brick Block 917 Lot 20

Zoning R5 Use Group

Contractor Art Hulse,PO Box 146,Englishtown,NJ License No. Registration 2858 07726

Water Main Size 1¼" Water Pressure Sewer Main Size 4"

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	4	(3) 12	( )
2. Lavatory	5	(1) 5	( )
3. Bath Tub	2	(2) 4	( )
4. Shower Stall	4	(2) 8	( )
5. Kitchen Sink	3	(2) 6	( )
6. Service Sink		( )	( )
7. Laundry Tray	1	(2) 2	( )
8. Dishwasher	1	(-) -	( )
9. Washing Machine	1	(2) 2	( )
10. Urinal		( )	( )
11. Floor Drain	1	( ) -	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

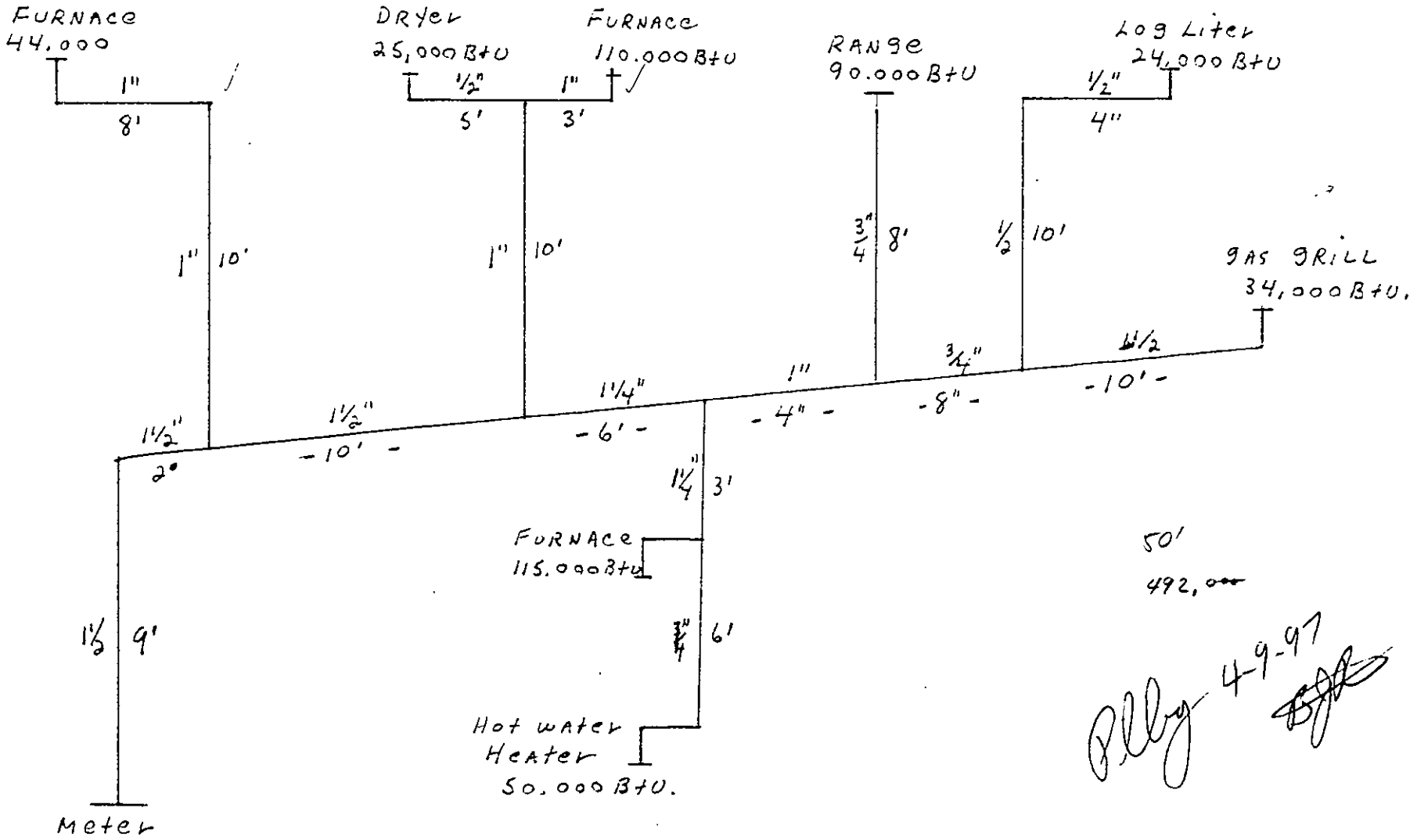
Total 39

Gallons per minute 25

Size of Service 1 ¼

Date: 4-9-97 Approved: Brick Township Plumbing Inspector

GAS Pipe

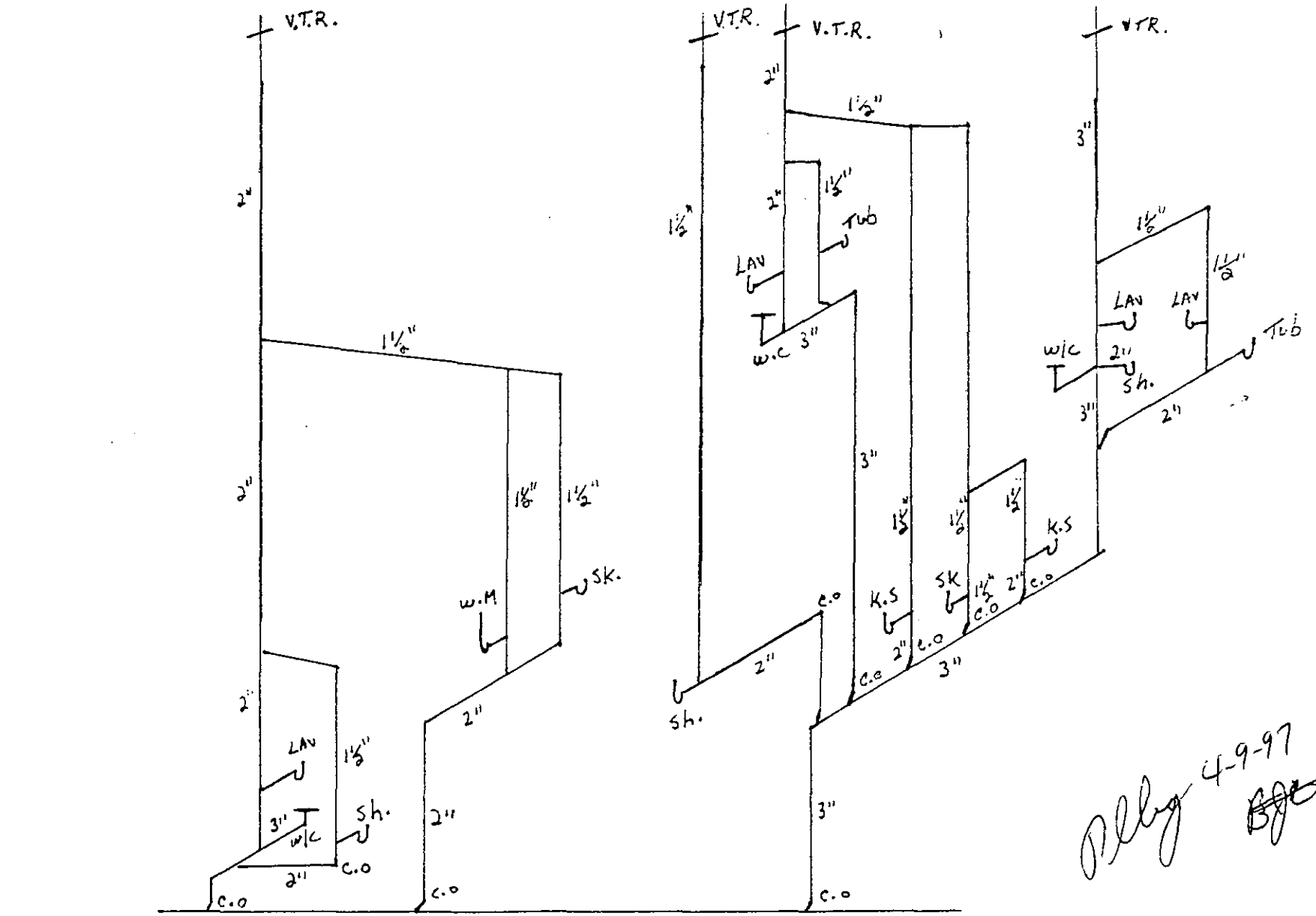


50'

492,000

Billy 4-9-97

CABANA



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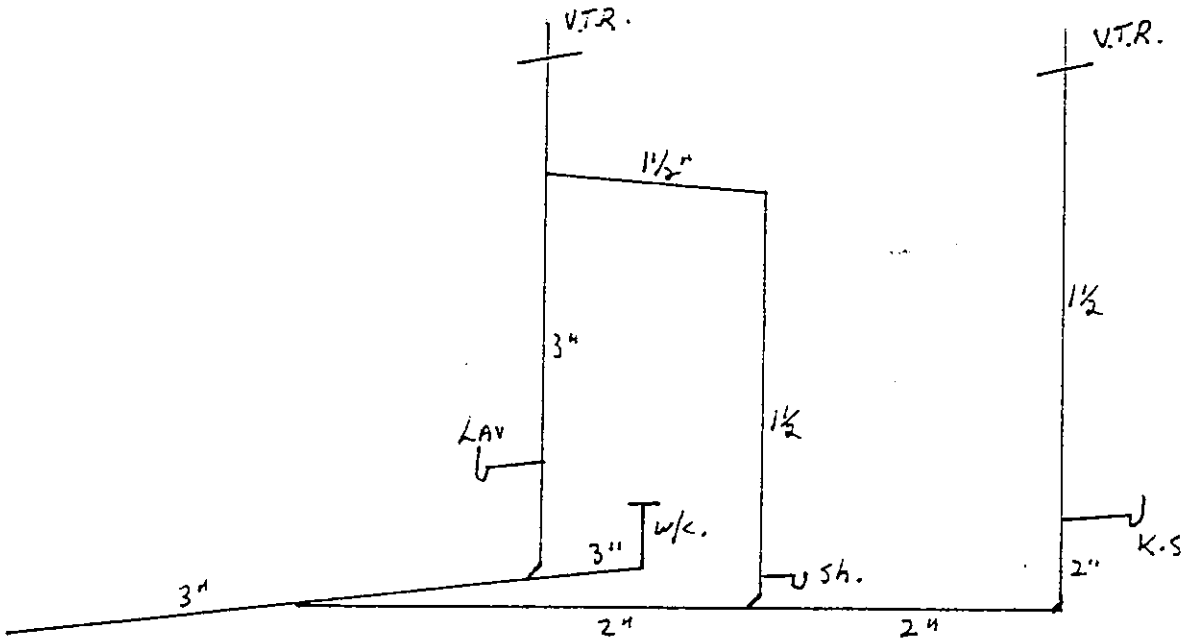


Plby 4-9.97

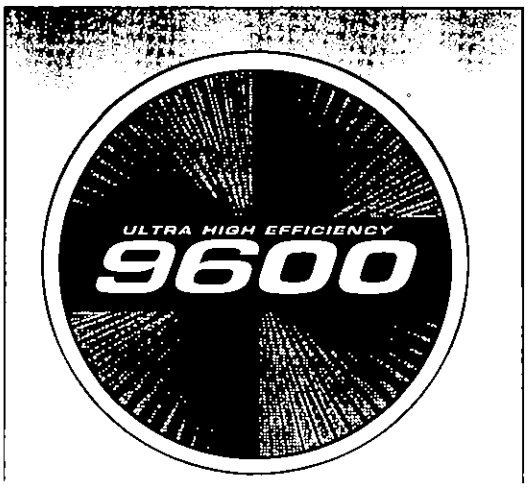
UNIT SPECIFICATIONS

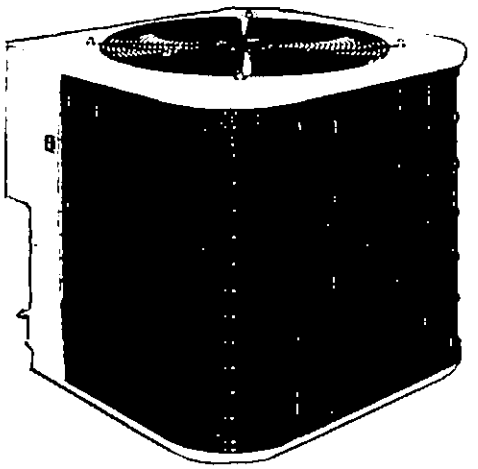
Model Number		CA9624VKA	CA9630VKA	CA9636VKA	CA9642VKA	CA9648VKA	CA9660VKA
Electrical	Volts–Phase–Hz.	208 / 230 - 1 - 60					
Data	Voltage Range (Min. - Max.)	197 - 253					
	Minimum Circuit Ampacity	15.2	17.6	20.0	21.5	24.4	37.6
	Wire Size / Maximum Length (AWG Cu) (Ft.)	#14 / 34'	#12 / 45'	#12 / 39'	#12 / 35'	#10 / 31'	#8 / 51'
	Time Delay Fuse (Amps)	20	25	25	30	30	45
	Max. Fuse or HACR Type Breaker Size (Amps)	25	30	35	35	40	60
Compressor	Voltage - Phase - Hz	208 / 230 - 1 - 60					
Data	Full Running / Lock Rotor Amps	11.5 / 62.5	13.5 / 76.0	15.4 / 88.0	16.0 / 95.0	18.3 / 109.0	28.8 / 169.0
	Crankcase Heater (Type)	–	–	–	–	–	–
Fan	Voltage - Phase - Hz	208 / 230 - 1 - 60					
Data	Horsepower / Type	1/8 / PSC	1/8 / PSC	1/8 / PSC	1/4 / PSC	1/4 / PSC	1/4 / PSC
	Full Load / Lock Rotor Amps.	.8 / 1.5	.8 / 1.5	.8 / 1.5	1.5 / 4.0	1.5 / 4.0	1.5 / 4.0
	Speeds / CFM (Max)	2 / 2950	2 / 2950	2 / 2950	2 / 4480	2 / 4480	2 / 4480
Outdoor	Total Face Area (Sq. Ft.)	20.0	20.0	20.0	20.0	23.40	26.68
Coil Data	Fins Per Inch / Rows	20 / 1	20 / 1.5	20 / 2	20 / 2	20 / 2	20 / 2
	Tube Diameter (OD) (In.)	3/8					
Refrigerant	Liquid (I.D.) Size (In.)	5/16			3/8		
Connection	Suction (ID.) Size (In.)	3/4			7/8		1 1/8
&Charge Data	Factory Charge R - 22 (Oz)	93	110	156	156	200	221
Miscellaeous	Accumulator	–	–	–	–	–	–
	Liquid Line Solenoid Valve	–	–	–	–	–	–
	Compressor Start Device	–	–	–	–	–	–
Weight	Shipping / Net (Lbs.)	205 / 197	220 / 202	238 / 229	243 / 234	269 / 260	302 / 291

PERFORMANCE DATA COOLING

Outdoor Model	Indoor Model	Indoor Blower Cabinet	Cooling				CFM	Indoor Coil Orifice Size (In.)	BELS *
			BTUH	SEER	EER	S/T			
CA9624VKA	EPA5524*A	–	24,600	12.05	11.35	.74	800	.059	
	EPC5524BA/FA	–	24,600	12.05	11.35	.74	800	.059	7.2
	EPH5524BA	–	24,600	12.05	11.35	.74	800	.059	
	EPA5524*A + TXV2	–	24,400	12.70	11.25	.74	800	TXV	
	EPC5524BA/FA + TXV2	–	24,400	12.70	11.25	.74	800	TXV	
	EPH5524BA + TXV2	–	24,400	12.70	11.25	.74	800	TXV	
	EXA9524SA	–	25,200	13.05	11.55	.74	800	TXV	
	EXC9524BA	–	25,200	13.05	11.55	.74	800	TXV	
	EXH9524BA	–	25,200	13.05	11.55	.74	800	TXV	
CA9630VKA	EPA5530*A + TD1	–	29,400	12.05	10.95	.75	1000	.067	7.0
	EPC5530BA/FA + TD1	–	29,400	12.05	10.95	.75	1000	.067	
	EPH5530BA + TD1	–	29,400	12.05	10.95	.75	1000	.067	
	EPA5530*A + TXV3	–	29,400	12.20	10.90	.75	1000	TXV	
	EPC5530BA/FA + TXV3	–	29,400	12.20	10.90	.75	1000	TXV	
	EPH5530BA + TXV3	–	29,400	12.20	10.90	.75	1000	TXV	
	EPA5536*A + TD1	–	30,400	12.30	11.20	.75	1000	.067	
	EPC5536BA + TD1	–	30,400	12.30	11.20	.75	1000	.067	
	EPH5536BA + TD1	–	30,400	12.30	11.20	.75	1000	.067	
	EPA5536*A + TXV3	–	30,000	12.50	11.10	.75	1000	TXV	
	EPC5536BA + TXV3	–	30,000	12.50	11.10	.75	1000	TXV	
	EPH5536BA + TXV3	–	30,000	12.50	11.10	.75	1000	TXV	
	EPA5536*B + TD1	–	30,400	12.30	11.20	.75	1000	.067#	
	EPC5536FA/JA + TD1	–	30,400	12.30	11.20	.75	1000	.067#	
	EPH5536FA/JA + TD1	–	30,400	12.30	11.20	.75	1000	.067#	
	EPA5536*B + TXV3	–	30,000	12.50	11.10	.75	1000	TXV	
	EPC5536FA/JA + TXV3	–	30,000	12.50	11.10	.75	1000	YXV	
	EPH5536FA/JA + TXV3	–	30,000	12.50	11.10	.75	1000	TXV	
	EXA9530SA	–	31,000	13.05	11.50	.76	1000	TXV	
	EXC9530FA	–	31,000	13.05	11.50	.76	1000	TXV	
	EXH9530FA	–	31,000	13.05	11.50	.76	1000	TXV	

AIR CONDITIONER





Representative photo only, some models may vary in appearance.

2 THRU 5 TONS SPLIT SYSTEM

FEATURES

- High Efficiency Scroll Compressor
- Compressor sound jacket for quieter operation
- Sweat refrigerant connect with shut off valves (5 ton has 1 shot suction valve)
- Copper tube/aluminum fin coil
- Painted coil
- Anti-cycle timer (30 second delay) to protect the compressor against short cycling
- Fan motor, in-line disconnect plug
- Two speed fan motor
- Factory charged with R–22
- Top air discharge
- Galvanized steel cabinet with integral base rails
- Electro coated acrylic finish
- Vinyl coated inlet and outlet grill
- Premium Product Warranty
- 13.05 SEER Efficiency and Higher with selected coils
- Low Pressure Switch
- High Pressure Switch

Rated in accordance with ARI Standard 210. Certification applies only when used with proper components as listed with ARI.

Listed By Underwriters' Laboratories

PERFORMANCE DATA COOLING

Outdoor Model	Indoor Model	Indoor Blower Cabinet	Cooling				CFM	Indoor Coil Orifice Size (in.)	BELS
			BTUH	SEER	EER	S/T			
CA9636VKA	EPA5536*A + TD1	–	34,800	12.05	11.05	.76	1200	.070 #	
	EPC5536BA + TD1	–	34,800	12.05	11.05	.76	1200	.070 #	7.0
	EPH5536BA + TD1	–	34,800	12.05	11.05	.76	1200	.070#	
	EPA5536*A + TXV3	–	34,400	12.50	11.00	.76	1200	TXV	
	EPC5536BA + TXV3	–	34,400	12.50	11.00	.76	1200	TXV	
	EPH5536BA + TXV3	–	34,400	12.50	11.00	.76	1200	TXV	
	EPA5536*B + TD1	–	34,800	12.05	11.05	.76	1200	.070	
	EPC5536FA/JA + TD1	–	34,800	12.05	11.05	.76	1200	.070	
	EPH5536FA/JA + TD1	–	34,800	12.05	11.05	.76	1200	.070	
	EPA5536*B + TXV3	–	34,400	12.50	11.00	.76	1200	TXV	
	EPC5536FA/JA + TXV3	–	34,400	12.50	11.00	.76	1200	TXV	
	EPH5536FA/JA + TXV3	–	34,400	12.50	11.00	.76	1200	TXV	
	EXA9536SA	–	36,400	13.25	11.65	.76	1200	TXV	
	EXC9536FA	–	36,400	13.25	11.65	.76	1200	TXV	
	EXH9536FA	–	36,400	13.25	11.65	.76	1200	TXV	
CA9642VKA	EPA5548*B + TXV4	–	39,000	12.70	11.65	.75	1400	TXV	
	EPC5548JA + TXV4	–	39,000	12.70	11.65	.75	1400	TXV	7.4
	EPH5548JA + TXV4	–	39,000	12.70	11.65	.75	1400	TXV	
	EXA9542SA	–	39,500	13.05	11.75	.75	1400	TXV	
	EXC9542JA	–	39,500	13.05	11.75	.75	1400	TXV	
	EXH9542JA	–	39,500	13.05	11.75	.75	1400	TXV	
	EXA9548SA	–	41,000	13.50	12.10	.77	1400	TXV	
	EXA9548SB	–	40,500	13.50	12.00	.78	1400	TXV	
	EXC9548NA	–	40,500	13.50	12.00	.78	1400	TXV	
	EXH9548NA	–	40,500	13.50	12.00	.78	1400	TXV	
CA9648VKA	EPA5560*B + TXV4	–	45,000	13.05	11.40	.78	1600	TXV	
	EPC5560NA + TXV4	–	45,000	13.05	11.40	.78	1600	TXV	7.2
	EPH5560NA + TXV4	–	45,000	13.05	11.40	.78	1600	TXV	
	EXA9548SA	–	46,500	13.25	11.75	.76	1600	TXV	
	EXA9548SB	–	45,000	13.05	11.40	.78	1600	TXV	
	EXC9548NA	–	45,000	13.05	11.40	.78	1600	TXV	
	EXH9548NA	–	45,000	13.05	11.40	.78	1600	TXV	
	EXA9560SA	–	47,000	13.30	11.80	.76	1600	TXV	
	EXA9560SB	–	47,000	13.25	11.85	.76	1600	TXV	
	EXC9560NA	–	47,000	13.25	11.85	.76	1600	TXV	
	EXH9560NA	–	47,000	13.25	11.85	.76	1600	TXV	
CA9660VKA	EPA5060*B + TXV5	–	59,000	12.50	11.55	.72	1800	TXV	
	EPC5560NA + TXV5	–	59,000	12.50	11.55	.72	1800	TXV	7.8
	EPH5560NA + TXV5	–	59,000	12.50	11.55	.72	1800	TXV	
	EXA9560SA	–	59,500	13.05	11.35	.72	1800	TXV	
	EXA9560SB	–	59,500	13.05	11.35	.72	1800	TXV	
	EXC9560NA	–	59,500	13.05	11.35	.72	1800	TXV	
	EXH9560NA	–	59,500	13.05	11.35	.72	1800	TXV	

# = Installer must change indoor coil refrigerant control orifice for system match as listed. Correct orifice(s) shipped with outdoor unit.
TD1 = AMA001TDA indoor blower time delay kit required to make SEER indicated.
TXV2 = AXA001TKA, TXV3 = AXA002TKA, TXV4 = AXA003TKA, TXV5 = AXA004TKA, Expansion Valve Accessory Kits.
B, F, J, N, in the coil (cased and horizontal) model numbers indicate coil cabinet width. B = 15 1/2", F = 19 1/8", J = 22 3/4", N = 26 3/8"

HEIL®
HEATING & COOLING PRODUCTS

RESIDENTIAL AND COMMERCIAL SYSTEMS • SPLIT SYSTEMS • PACKAGED AIR CONDITIONERS • COMBINATION GAS / ELECTRIC UNITS • HEAT PUMPS • AIR HANDLERS • MANUFACTURED HOME AIR CONDITIONERS • GAS, OIL AND ELECTRIC FURNACES

INTER–CITY PRODUCTS CORPORATION (USA)
P.O. BOX 3005,
LAVERGNE, TENNESSEE 37086–1985

Printed in U.S.A.

PART NO. 1142100700 (2/94)

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

INDOOR TEMPERATURE CORRECTION TABLE

Entering Indoor D.B. °F.	Correction Factor	Entering Indoor Wet Bulb °F.						
		59	61	63	65	67	69	71
70	Total Cap. Mult.	.90	.93	.96	.99	1.02	–	–
	Sens Cap. Mult.	.86	.85	.82	.77	.70	–	–
75	Total Cap. Mult.	.89	.92	.95	.98	1.01	1.04	–
	Sens Cap. Mult.	1.04	1.03	1.00	.95	.88	.78	–
80	Total Cap. Mult.	.88	.91	.94	.97	1.00	1.03	1.06
	Sens Cap. Mult.	1.15	1.17	1.14	1.08	1.00	.89	.73
85	Total Cap. Mult.	–	.90	.93	.96	.99	1.02	1.05
	Sens Cap. Mult.	–	1.29	1.22	1.20	1.11	.98	.81

Bolt Type = approximately 50% Relative Humidity

VOLTAGE CORRECTION FACTORS

Volts	Capacity	Watts
208	.98	.99

INDOOR AIR FLOW CORRECTION TABLE

% Rated Air	90	95	100	105	110
Total Cap. Mult.	.98	.99	1.00	1.01	1.03
Sens Cap. Mult.	.95	.98	1.00	1.03	1.05

EXTENDED REFRIGERANT LINE CORRECTION FACTORS

Varying Line Length in Feet vs. Total Capacity Multiplier					
25	50	75	100	125	150
1.00	.99	.98	.96	.94	.92

REFRIGERANT CHARGE DATA

"V" Sweat valve models are factory charged with R–22 for outdoor unit, 25' of interconnecting tubing and matching indoor section.

Refrigerant charge correction per foot of interconnecting tubing:

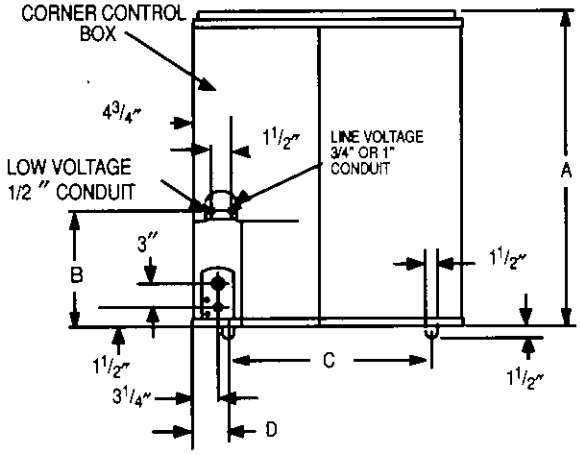
1/4" O.D. = .25 oz.; 5/16" O.D. = .45 oz.; 3/8" O.D. = .60 oz.; 1/2" O.D. = .75 oz.

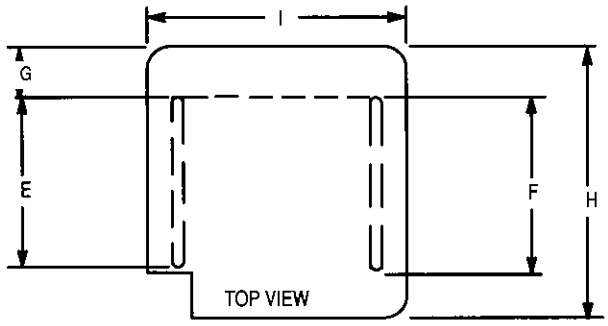
MODEL NUMBER IDENTIFICATION GUIDE

MODEL NUMBER	C	A	96	24	V	K	A
							SALES CODE
							ELECTRICAL
PRODUCT FAMILY							K = 208/230–1–60
C = Condenser							
B = Blower							
PRODUCT TYPE							CONNECTIONS
A = Air Conditioning							
H = Heat Pump							V = Sweat / Valve
C = Cabinet							
SERIES							CAPACITY MBTUH
96 = 9600 Series							24 = 24,000

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

UNIT DIMENSIONS





Model	A	B	C	D	E	F	G	H	I
CA9624	30	14-3/4	25-1/2	4-1/4	23-1/2	24-1/2	5-1/2	36	34
CA9630	30	14-3/4							
CA9636	30	14-3/4							
CA9642	30	14-3/4							
CA9648	35	19-3/4							
CA9660	40	24-3/4							

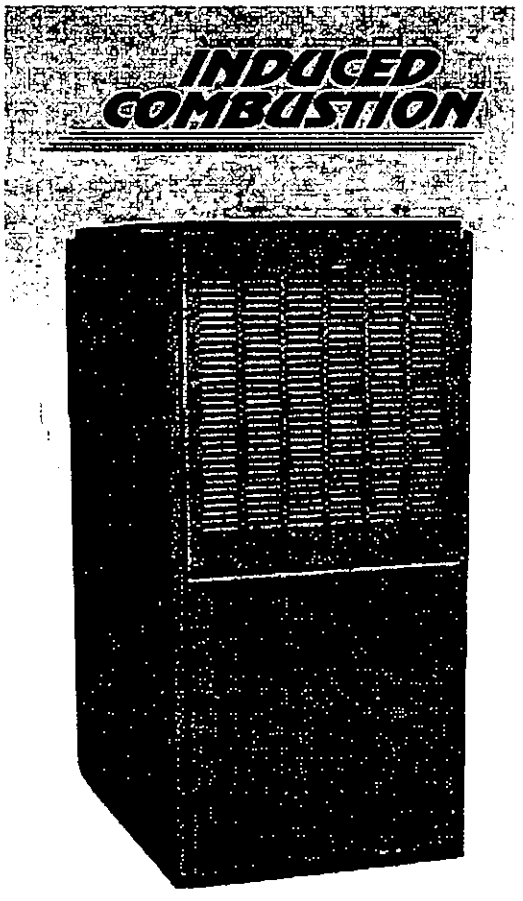
ALL DIMENSIONS IN INCHES

OPTIONAL ACCESSORIES

Part Number	Description	Use With
AMA001TDA	Indoor Blower Time Delay (TD1)	All Models
704487	Compressor Anticycle 24 Volt 3 Min. Time Delay	All Models
710813	Compressor Anticycle 24 Volt 5 Min. Time Delay	All Models
708849	Compressor Crankcase Heater Solid State "Stick On" Type	All Models
708938	Compressor Start Device Solid State PTCR Type	All 1 Phase Models
AXA001TKA	Expansion Valve Kit (TXV2)	1 1/2 & 2 Ton Models
AXA002TKA	Expansion Valve Kit (TXV3)	2 1/2 & 3 Ton Models
AXA003TKA	Expansion Valve Kit (TXV4)	3 1/2 & 4 Ton Models
AXA004TKA	Expansion Valve Kit (TXV5)	5 Ton Models

GAS FURNACE

HEATING & COOLING PRODUCTS



Representative photo only, some models may vary in appearance.

MANUFACTURED FOR NATURAL GAS CONVERTIBLE TO (LP) PROPANE GAS

NOTE: These furnaces are not designed for installation in a corrosive atmosphere, containing Chlorine, Fluorine, or any other damaging chemicals.

WARNING

This furnace is not designed for use inside mobile homes, trailers, or recreational vehicles. Such use could result in property damage, bodily injury, and/or death.

UPFLOW HORIZONTAL 40"

EFFICIENCY
- Hot surface pilot device.
- Induced draft combustion blower.
- Adjustable electronic fan control with low speed continuous fan feature responds quickly to circulate heated air and provide maximum comfort.

HEAT EXCHANGER
- Four pass aluminized steel.
- 20 year limited heat exchanger warranty.

VENTING
- Vertical category I and horizontal through the wall category III venting when vented in accordance with installation instructions and local codes.

BURNER ASSEMBLY
- In-shot monopor.
- Aluminized steel.

BLOWER ASSEMBLY
- Multispeed, prelubricated PSC motors. Dynamically balanced. Heavy duty motor brackets. Resilient mounted motors.

WIRING CENTER
- 40VA transformer.
- Color coded wiring.
- Low voltage terminal board.
- Factory pre-wired to allow easy connection to an electronic air cleaner and/or humidifier.
- Dependable electronic fan timer allows precise comfort control.

CABINET
- Architectural stone prepainted cabinet.
- Foil-faced glass fiber heat exchanger compartment insulation.

SAFETY
- AGA and CGA design certified.
- Flame sensor.
- 100% safety shut off. Redundant gas valve.
- High temperature limit control.
- Flue blockage pressure switch.
- Blower door interlock switch.

INSTALLATION
- May be installed as an upflow furnace or as a horizontal furnace.
- Compact design for minimum clearances.
- Convertible to (LP) Propane Gas.

Design Certified by A.G.A.

EFFICIENCY RATING CERTIFIED gama

LIMITED PARTS 5 YEAR WARRANTY

FURNACE SPECIFICATIONS UPFLOW HORIZONTAL

Model Number NATURAL GAS	NTC5050BFC	NTC5075BFC	NTC5075BHC	NTC5100BFC	NTC5100BJC	NTC5100BKC	NTC5100BKD	NTC5125BKC
INPUT (btuh)	50,000	75,000	75,000	100,000	100,000	100,000	100,000	125,000
HTG. CAP. (btuh)	40,000	59,000	60,000	79,000	80,000	79,000	79,000	99,000
AFUE % (ICS)	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
CSE	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%	73.0%
TEMP. RISE (deg. F)	35 – 65	35 – 65	25 – 55	45 – 75	40 – 70	35 – 65	35 – 65	40 – 70
VOLTS/PH/HZ	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1	115/60/1
F.L.A.	9	9	12	7	12	12	12	12
TRANSFORMER (V.A.)	40	40	40	40	40	40	40	40
GAS PIPE SIZE (IN.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
CATEGORY I VENT SIZE	3"	4"	4"	4"	4"	4"	4"	5"
CATEGORY III VENT SIZE	3"	3"	3"	3"	3"	3"	3"	3"
COOLING CAP.	3.0 TON	3.0 TON	4.0 TON	3.0 TON	4.5 TON	5.0 TON	5.0 TON	5.0 TON
FILTER SIZE (IN.) (1 required)	14 x 25 x 1	14 x 25 x 1	16 x 25 x 1	16 x 25 x 1	16 x 25 x 1	20 x 25 x 1	20 x 25 x 1	20 x 25 x 1
SHIPPING WEIGHT (LBS.)	127	129	157	159	159	175	175	177
DIMENSIONS (in.) HEIGHT	40	40	40	40	40	40	40	40
WIDTH X DEPTH	$15^1/_2$ x $28^1/_2$	$15^1/_2$ x $28^1/_2$	$19^1/_8$ x $28^1/_2$	$19^1/_8$ x $28^1/_2$	$19^1/_8$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$	$22^3/_4$ x $28^1/_2$

BLOWER PERFORMANCE

Model Number NATURAL GAS	NTC5050BFC	NTC5075BFC	NTC5075BHC	NTC5100BFC	NTC5100BJC	NTC5100BKC	NTC5100BKD	NTC5125BKC
BLOWER TYPE AND SIZE	10 x 6	10 x 8	10 x 10	10 x 10	11 x 10	12 x 12	11 x 10	12 x 12
MOTOR H.P. (TYPE)	1/3	1/3	1/2	1/3	3/4	3/4	3/4	3/4
MOTOR SPEEDS	3	3	3	3	4	4	4	4

AIRFLOW DATA

.10 ESP IN. W.C.	LOW	645	733	1503	1067	1278	1417	1210	1611
	MEDIUM LOW	–	–	–	–	1546	1611	1441	1816
	MEDIUM	1000	1116	1722	1231	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1822	1830	1773	2005
	HIGH	1305	1418	1887	1432	2302	2219	2104	2250
.20 ESP IN. W.C.	LOW	660	740	1460	1020	1264	1405	1201	1575
	MEDIUM LOW	–	–	–	–	1543	1595	1430	1765
	MEDIUM	990	1100	1660	1180	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1784	1810	1740	1960
	HIGH	1250	1370	1810	1390	2231	2185	2078	2205
.30 ESP IN. W.C.	LOW	665	742	1420	984	1244	1388	1197	1532
	MEDIUM LOW	–	–	–	–	1499	1570	1453	1733
	MEDIUM	975	1085	1608	1125	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1737	1798	1740	1923
	HIGH	1205	1323	1752	1335	2171	2163	2061	2158
.40 ESP IN. W.C.	LOW	650	730	1370	921	1212	1360	1191	1480
	MEDIUM LOW	–	–	–	–	1471	1545	1441	1670
	MEDIUM	950	1050	1540	1080	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1683	1765	1718	1860
	HIGH	1150	1270	1670	1266	2098	2125	2020	2110
.50 ESP IN. W.C.	LOW	655	711	1318	858	1185	1336	1167	1457
	MEDIUM LOW	–	–	–	–	1417	1527	1425	1619
	MEDIUM	925	1016	1484	1027	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1641	1726	1707	1805
	HIGH	1100	1209	1599	1191	2012	2095	2005	2065
.60 ESP IN. W.C.	LOW	640	700	1250	780	1178	1300	1160	1395
	MEDIUM LOW	–	–	–	–	1367	1480	1390	1560
	MEDIUM	890	970	1400	938	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1574	1700	1676	1750
	HIGH	1040	1100	1520	1092	1921	2050	1953	1995
.70 ESP IN. W.C.	LOW	615	670	1182	701	1119	1259	1130	1327
	MEDIUM LOW	–	–	–	–	1304	1430	1365	1488
	MEDIUM	840	910	1322	850	–	–	–	–
	MEDIUM HIGH	–	–	–	–	1495	1653	1654	1681
	HIGH	980	1061	1425	1028	1826	2001	1917	1922

1. Application of NTC5100BJC above 1650 CFM requires two side returns or bottom return.
2. Applications of NTC5100BKC, NTC5125BKC, & NTC5150BKC above 1650 CFM requires two side returns or bottom return.

SPECIFICATIONS (Con't)

NTC5125BKD	NTC5150BKC
125,000	150,000
99,000	120,000
80.0%	80.0%
73.0%	73.0%
37	37
40 – 70	45 – 75
115/60/1	115/60/1
15	15
40	40
1/2	1/2
5"	5"
3"	4"
5.0 TON	5.0 TON
20 x 25 x 1	20 x 25 x 1
177	179
40	40
$22^3/_4 \times 28^1/_2$	$22^3/_4 \times 28^1/_2$

PERFORMANCE (Con't)

NTC5125BKD	NTC5150BKC
11 x 10	12 x 12
3/4	3/4
4	4

AIRFLOW DATA

1264	1357
1520	1542
–	–
1841	1709
2161	2073
1251	1325
1506	1525
–	–
1803	1750
2132	2040
1249	1290
1486	1503
–	–
1772	1761
2079	2014
1219	1270
1456	1480
–	–
1736	1740
2042	1975
1168	1243
1427	1464
–	–
1702	1710
1991	1953
1178	1225
1415	1430
–	–
1672	1650
1914	1885
1143	1195
1358	1401
–	–
1614	1602
1838	1827

1. Application of NTC5100BJC above 1650 CFM requires two side returns or bottom return.
2. Applications of NTC5100BKC, NTC5125BKC, & NTC5150BKC above 1650 CFM requires two side returns or bottom return.

MODEL NUMBER IDENTIFICATION GUIDE

Model No	N	T	C	5	050	B	F	C

Product Family

PRODUCT GROUP
- U = Upflow
- T = Upflow / Horizontal
- H = Horizontal
- C = Downflow / Horizontal
- D = Downflow
- L = Lowboy
- F = Floor Furnace
- M = Multiposition

FUEL
- C = Natural Gas
- E = Electric
- N = Natural Gas California NOx
- O = Oil
- L = L.P. Gas
- H = High Altitude Natural Gas

SERIES
- 5 = 5000
- 7 = 7000
- 9 = 9000

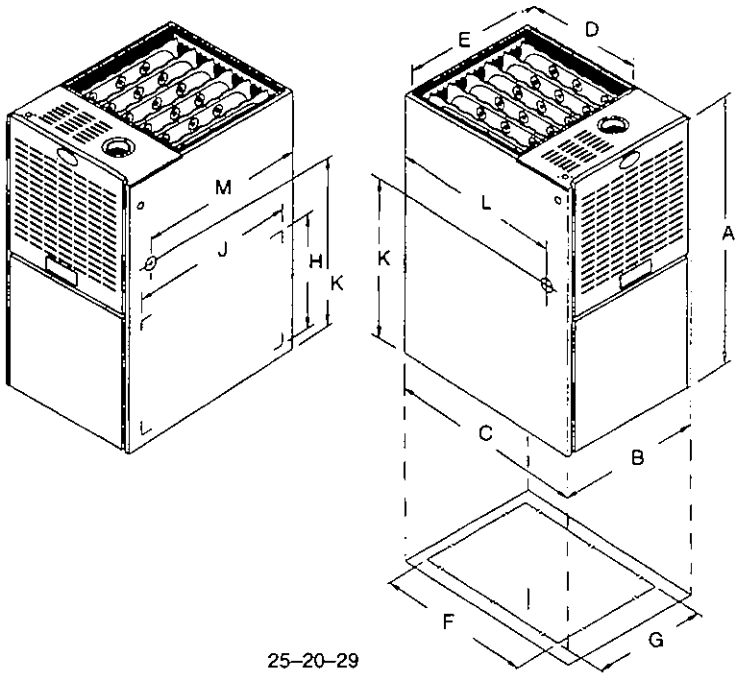
NOMINAL INPUT MBTUH

AFUE
- A = 78%
- B = 80% IID
- B = 80% IID
- E = 90% IID Standard Vent
- F = 90% Sealed Combustion
- G = 90% TAS

NOM Air Flow (Tons)
- A = Heat Only
- B = 1
- C = 2
- D = 2
- E = 2.5
- F = 3
- G = 3.5
- H = 4
- J = 4.5
- K = 5
- L = 5.5 – 7.0
- M = 7.5 – 10.0

MARKETING REV.

UNIT DIMENSIONS



25–20–29

Unit is designed for bottom return or side return.

Return air through back of unit is NOT allowed.

Unit Dimensions	A	B	C	D	E	F	G	H	J	K	L	M
050BF & 075BF	40	15-1/2	28-1/2	18-1/2	14	23–1/8	12–5/8	12–1/4	22–1/2	28–1/4	26	23–7/8
075BH	40	19–1/8	28-1/2	18-1/2	17–5/8	23–1/8	14–3/4	14–1/2	22–1/2	28–1/4	26	23–7/8
100BF, 100BJ	40	19-1/8	28-1/2	18-1/2	17-5/8	23–1/8	14–3/4	14-1/2	22–1/2	28–1/4	26	23–7/8
100BK	40	22–3/4	28-1/2	18-1/2	21–1/4	23–1/8	18–3/4	14-1/2	22–1/2	28–1/4	26	23–7/8
125BK & 150BK	40	22-3/4	28-1/2	18-1/2	21–1/4	23–1/8	18–3/4	14-1/2	22–1/2	28–1/4	26	23–7/8

ALL DIMENSIONS IN INCHES

Unit Dimensions	A	B	C	D	E	F	G	H	J	K	L	M
050BF & 075BF	1.02M	394	724	470	356	587	321	311	572	718	660	606
075BH	1.02M	486	724	470	448	587	375	368	572	718	660	606
100BF, 100BJ	1.02M	486	724	470	448	587	375	368	572	718	660	606
100BK	1.02M	578	724	470	540	587	476	368	572	718	660	606
125BK & 150BK	1.02M	578	724	470	540	587	476	368	572	718	660	606

ALL DIMENSIONS IN MILLIMETERS (except where specified)

ACCESSORIES

Furnace Model Number	Nat. To LP Kit	LP High Alt.	Twinning Kit	High Alt. Nat. Gas Kit	LP To Nat. Gas Kit	20x25 Duct Stand–off with Filter
NTC5050BFC NTC5075BFC NTC5075BHC NTC5100BFC NTC5100BJC NTC5100BKC/D NTC5125BKC/D NTC5150BKC	NAHL001LP	NEW KIT REQUIRED NAHL001HL	NAHA003WK	NEW KIT REQUIRED NAHL001HG	NAHL001NG	NAHA001TK

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Printed in U.S.A.

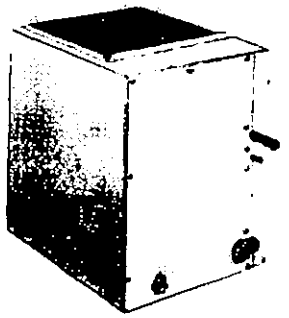
SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

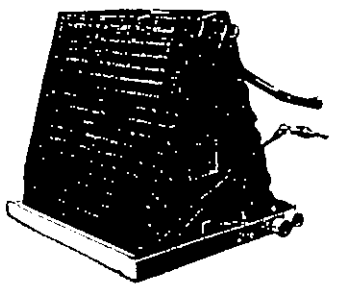
PART NO. 441 112301 01 (3/96)
Replaces 441 112301 00 (11/95)

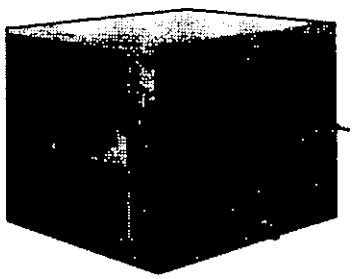
COILS

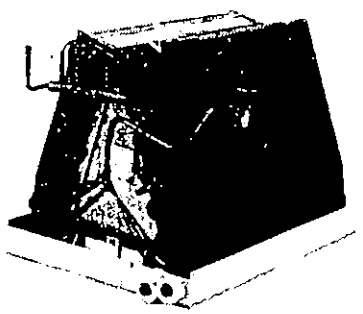
HEIL HEATING & COOLING PRODUCTS

Models EPA, EPC, EPH, EXA, EXC & EXH









Representative photo only, some models may vary in appearance.

Rated in accordance with ARI Standard 240. Certification applies only when used with proper components as listed with ARI.

Listed By Underwriters' Laboratories

1 1/2 THRU 5 TON COILS

FEATURES

- Copper Tube/ Lanced Aluminum Fin Coil
- Dual Condensate Drain Connections
- Polymer Thermoset Drain Pan (Except Horizontal Cased Coils and Select 5 Ton Models)

EPA / EXA – Models "A" Coils

- Upflow/Downflow Applications
- EPA Coils Feature Orifice Pin Refrigerant Metering
- EXA Coils Have Thermostatic Expansion Valves
- Dry Air Holding Charge
- Sweat or Quick Connect Models (EXA Coils Sweat Only)
- Thermostatic Expansion Valve Kit Available for EPA Coils

EPC / EPH – Models "Cased Coils"

- Upflow Applications – EPC Models
- Horizontal Applications – EPH Models
- Orifice Pin Refrigerant Metering
- Dry Air Holding Charge
- Sweat Connect Only
- Upflow Cabinet Widths and Horizontal Cabinet Depths are Matched to Electric Furnace Cabinets as well as 40" & new 48" Gas Furnaces
- Cabinet Contains an "EPA" Type Coil for Rating Purposes
- Internally Lined with Glass Fiber Insulation
- Electro Coated Acrylic Finished Steel Cabinet
- Removable Front Access Panel

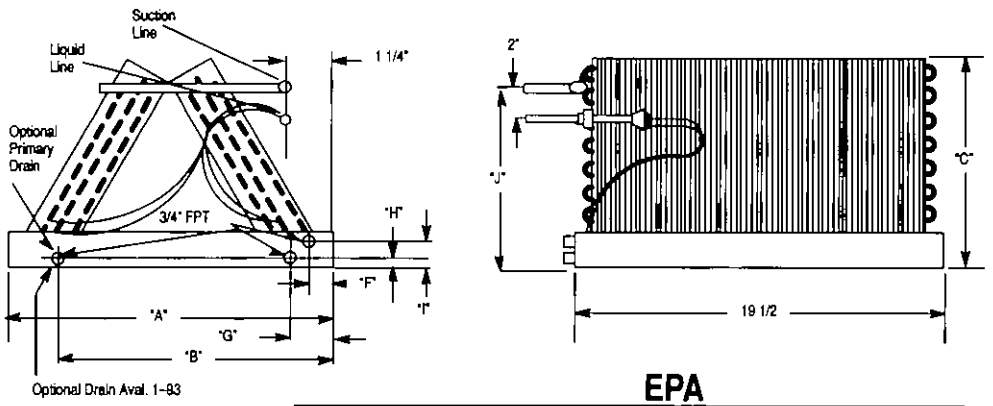
EXC / EXH – Models "Cased Coils"

- Upflow Applications – EXC Models
- Horizontal Applications – EXH Models
- Thermostatic Expansion Valve Refrigerant Metering
- Dry Air Holding Charge
- Sweat Connect Only
- Upflow Cabinet Widths and Horizontal Cabinet Depths are Matched to Electric Furnace Cabinets as well as 40" & New 48" Gas Furnaces
- Cabinet Contains an "EXA" Type Coil for Rating Purposes
- Internally Lined with Glass Fiber Insulation
- Electro Coated Acrylic Finished Steel Cabinet
- Removable Front Access Panel

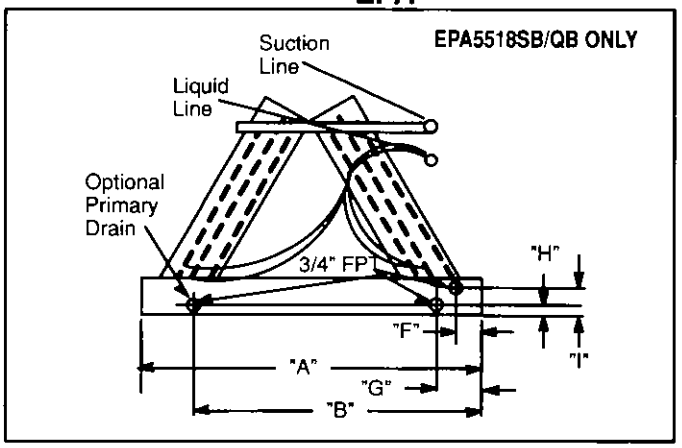
Accessory Coil Cabinets

- Downflow or Upflow Applications
- "Knockdown" Coil "Cabinets" Available for 54" Furnaces
- Pre–Assembled Coil "Boxes" Available for Electric Furnaces, 40" and New 48" Gas Furnaces

DIMENSIONS – "A" COILS



EPA



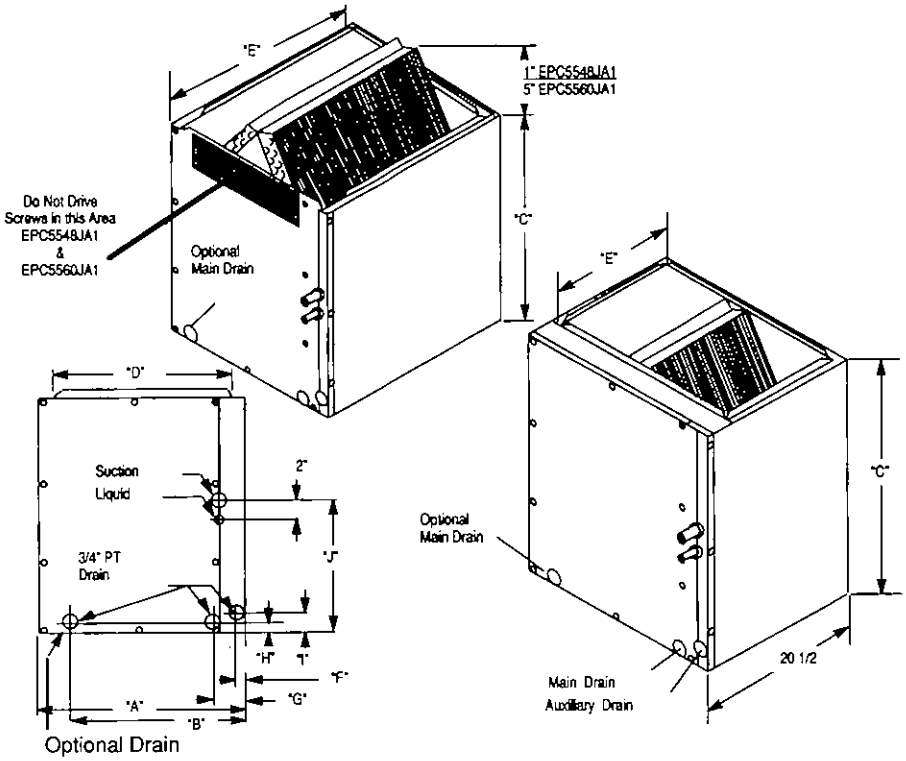
"A" COILS – STANDARD

Preliminary Data (SWEAT AND QUICK CONNECT MODELS)

Model No.	Dimensions (inches)								Weights		Refrigerant Control	Connection			
												Sweat		Quick Connect	
	A	B	C	F	G	H	I	J	Net	Shpg.		Liq. OD	Suc. OD	Liq.	Suc.
EPA5518SA	14 3/4	13 1/4	10 1/2	1	2 1/2	3/4	1 1/8	7 7/16	N/A	N/A	.051	5/16	3/4	–	–
EPA5518QA	14 3/4	13 1/4	10 1/2	1	2 1/2	3/4	1 1/8	7 7/16	N/A	N/A	.051	–	–	#6	#11
EPA5524SA	14 3/4	13 1/4	14 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.059	5/16	3/4	–	–
EPA5524QA	14 3/4	13 1/4	14 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.059	–	–	#6	#11
EPA5530SA	14 3/4	13 1/4	17	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.067	5/16	3/4	–	–
EPA5530QA	14 3/4	13 1/4	17	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.067	–	–	#6	#11
EPA5536SA	14 3/4	13 1/4	18 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.067	5/16	3/4	–	–
EPA5536QA	14 3/4	13 1/4	18 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.067	–	–	#6	#11
EPA5536SB	17	—	18 1/2	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.070	5/16	3/4	–	–
EPA5536QB	17	—	18 1/2	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.070	–	–	#6	#11
EPA5542SA	17	—	18 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.073	3/8	7/8 I.D.	–	–
EPA5542QA	17	—	18 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.073	–	–	#6	#12
EPA5548SA	17	—	20 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.078	3/8	7/8 I.D.	–	–
EPA5548QA	17	—	20 3/4	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.078	–	–	#6	#12
EPA5548SB	20 1/2	—	22 1/2	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.082	3/8	7/8 I.D.	–	–
EPA5548QB	20 1/2	—	22 1/2	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.082	–	–	#6	#12
EPA5560SA	20 1/2	—	26 1/2	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.087	3/8	7/8 I.D.	–	–
EPA5560QA	20 1/2	—	26 1/2	1	2 1/2	3/4	1 1/8	11 1/4	N/A	N/A	.087	–	–	#6	#12
EPA5560SB	25 1/2	—	25	1 7/16	2 15/16	3/4	5/8	11 1/4	N/A	N/A	.090	3/8	7/8 I.D.	–	–
EPA5560QB	25 1/2	—	25	1 7/16	2 15/16	3/4	5/8	11 1/4	N/A	N/A	.090	–	–	#6	#12

NOTE: (1) The EPA5518 (SA or QA) will not fit BCM024 blower cabinet.
(2) 3 1/2 through 5 ton suction line is 3/4" swedged to 7/8" I.D.
(3) S = Sweat Connect Q = Quick Connect

DIMENSIONS – UPFLOW CASED COIL



EPC/EXC

ALL DIMENSIONS IN INCHES

UPFLOW CASED COIL – STANDARD

Preliminary Data (SWEAT CONNECT)

Model No.	Dimensions (Inches)										Weights		Refrigerant Control	Connection		40" Furnace Width	Contains Coil Model
	A	B	C	D	E	F	G	H	I	J	Net	Shpg		Liq. O.D.	Suc O.D.		
EPC5518BA	15 1/2	13 5/8	13 1/2	14	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	8	N/A	N/A	.051	5/16	3/4	15 1/2	EPA5518SA
EPC5524BA	15 1/2	13 5/8	19 1/2	14	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.059	5/16	3/4	15 1/2	EPA5524SA
EPC5524FA	19 1/8	—	19 1/2	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.059	5/16	3/4	19 1/2	EPA5524SA
EPC5530BA	15 1/2	13 5/8	19 1/2	14	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.067	5/16	3/4	15 1/2	EPA5530SA
EPC5530FA	19 1/8	—	19 1/2	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.067	5/16	3/4	19 1/2	EPA5530SA
EPC5536BA	15 1/2	13 5/8	22	14	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.067	5/16	3/4	15 1/2	EPA5536SA
EPC5536FA	19 1/8	—	22	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.070	5/16	3/4	19 1/2	EPA5536SB
EPC5536JA	22 3/4	—	22	21 1/4	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.070	5/16	3/4	22 3/4	EPA5536SB
EPC5542FA	19 1/8	—	22	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.073	3/8	7/8 I.D.	19 1/2	EPA5542SA
EPC5542JA	22 3/4	—	22	21 1/4	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.073	3/8	7/8 I.D.	22 3/4	EPA5542SA
EPC5548FA	19 1/8	—	22	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.078	3/8	7/8 I.D.	19 1/2	EPA5548SA
EPC5548JA[3]	22 3/4	—	22	21 1/4	19 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.082	3/8	7/8 I.D.	22 3/4	EPA5548SB
EPC5560JA[3]	22 3/4	—	22	21 1/4	19 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.087	3/8	7/8 I.D.	22 3/4	EPA5560SA
EPC5560NA	26 3/8	—	28	24 7/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	.090	3/8	7/8 I.D.	26 3/8	EPA5560SB

(1) Orifice Pin shown is installed at the time of manufacture and matched to the 10 SEER air conditioning condensers.

(2) The "B", "F", "J" and "N" in the model number indicates the coil cabinet width to furnace width.

(3) The coil extends out of the top of the cabinet approximately 1" to 5". (See dimensions)

(4) 3 1/2 through 5 ton suction line is 3/4" swedged to 7/8" I.D.

Coil and furnace cabinet width:

B = 15 1/2 J = 22 3/4

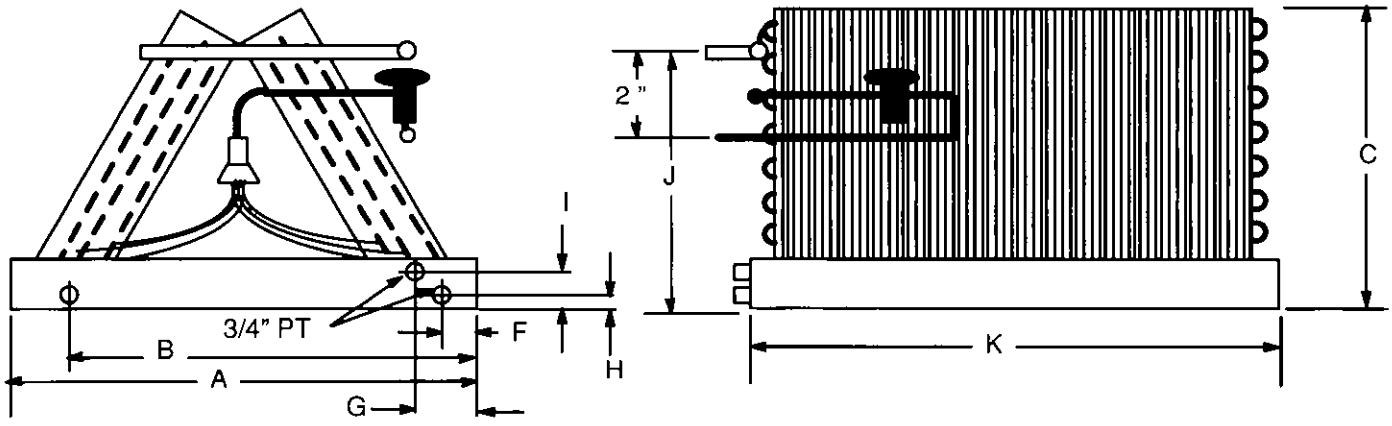
F = 19 1/8 N = 26 3/8

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

UPFLOW CASED COILS – EXPANSION VALVE

Model No.	Dimensions (Inches)										Weights		Refrigerant Control	Connection		40" Furnace Width	Contains Coil Model
	A	B	C	D	E	F	G	H	I	J	Net	Shpg		Liq. (OD)	Suc (OD)		
EXC9518BA	15 1/2	13 1/4	19 1/2	14	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 3/16	N/A	N/A	TXV	5/16	3/4	15 1/2	EXA9518SA
EXC9524BA	15 1/2	13 1/4	19 1/2	14	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	TXV	5/16	3/4	15 1/2	EXA9524SA
EXC9530FA	19 1/8	—	22	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	TXV	5/16	3/4	19 1/8	EXA9530SA
EXC9536FA	19 1/8	—	22	17 5/8	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	TXV	5/16	3/4	19 1/8	EXA9536SA
EXC9542JA	22 3/4	—	24	21 1/4	16 3/4	1 3/8	2 7/8	1 5/16	1 11/16	11 13/16	N/A	N/A	TXV	3/8	7/8 ID	22 3/4	EXA9542SA
EXC9548NA	26 3/8	—	28	24 7/8	16 3/4	2	3 1/2	1 1/4	1 1/8	9	N/A	N/A	TXV	3/8	7/8 ID	26 3/8	EXA9548SB
EXC9560NA	26 3/8	—	28	24 7/8	16 3/4	2	3 1/2	1 1/4	1 1/8	16 3/4	N/A	N/A	TXV	3/8	1 1/8 ID	26 3/8	EXA9560SB

DIMENSIONS – "A" COIL



EXA

ALL DIMENSIONS IN INCHES

"A" COILS – EXPANSION VALVE

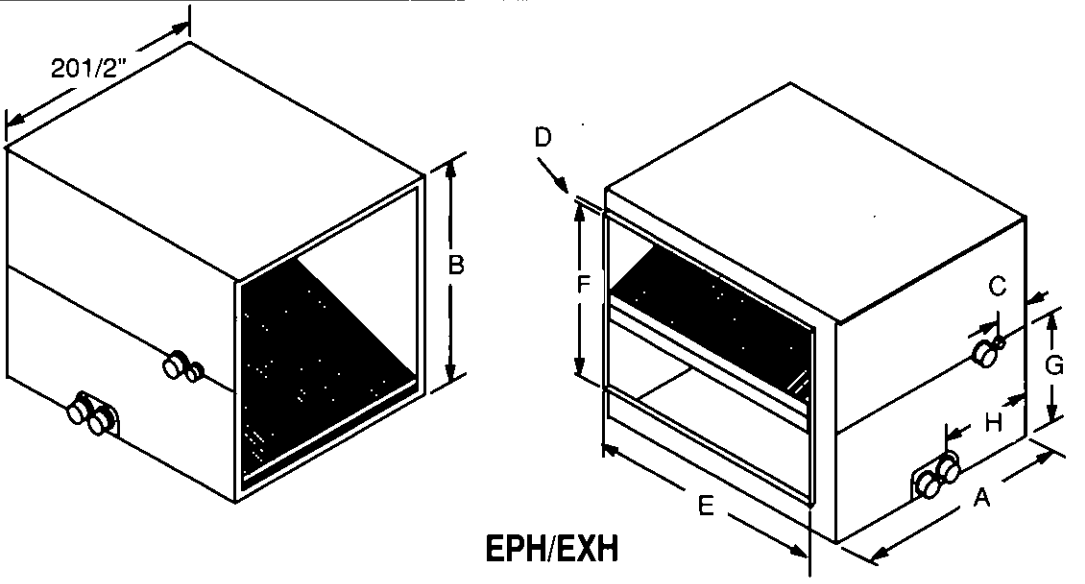
Model No.	Dimensions (Inches)									Weights		Refrigerant Control	Connection Sweat	
	A	B	C	F	G	H	I	J	K	Net	Shipping		Liq. (OD)	Suc. (OD)
EXA9518SA	14 3/4	13 1/4	15	1	2 1/2	3/4	1 1/8	11 5/8	19 1/2	N/A	N/A	TXV	5/16	3/4
EXA9524SA	14 3/4	13 1/4	15	1	2 1/2	3/4	1 1/8	11 5/8	19 1/2	N/A	N/A	TXV	5/16	3/4
EXA9530SA	17	—	15	1	2 1/2	3/4	1 1/8	11 5/8	19 1/2	N/A	N/A	TXV	5/16	3/4
EXA9536SA	17	—	15	1	2 1/2	3/4	1 1/8	11 5/8	19 1/2	N/A	N/A	TXV	5/16	3/4
EXA9542SA	20 1/2	—	22 1/2	1	2 1/2	3/4	1 1/8	11 5/8	19 1/2	N/A	N/A	TXV	3/8	7/8
EXA9548SA	20 1/2	—	25	1	2 1/2	3/4	1 1/8	11 5/8	20	N/A	N/A	TXV	3/8	7/8
EXA9548SB	25 1/2	—	27 3/4	1 7/16	2 15/16	3/4	5/8	11 5/8	20	N/A	N/A	TXV	3/8	7/8
EXA9560SA	20 1/2	—	22 1/2	1	2 1/2	3/4	1 1/8	11 5/8	25 1/2	N/A	N/A	TXV	3/8	7/8
EXA9560SB	25 1/2	—	23	1 7/16	2 15/16	3/4	5/8	11 5/8	25 1/2	N/A	N/A	TXV	3/8	1 1/8

AIRFLOW PERFORMANCE DATA (CFM vs DRY/WET STATIC @ INCHES WATER COLUMN)

	400		500		600		700		800		900		1000		1100		1200		1300		1400		1500		1600		1700		1800		1900		2000	
Model No.	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet	Dry	Wet
EPA5518																																		
EPC5518	.06	.08	.09	.12	.12	.17	.16	.20	.20	.26																								
EPH5518																																		
EXA9518																																		
EXC9518	.06	.09	.10	.12	.13	.15	.15	.19	.19	.21																								
EXH9518																																		
EPA5524																																		
EPC5524					.08	.09	.11	.12	.13	.16	.17	.19	.21	.23																						
EPH5524																																		
EXA9524																																		
EXC9524	.06	.09	.10	.12	.13	.15	.15	.19	.19	.21																								
EXH9524																																		
EPA5530																																		
EPC5530									.13	.15	.15	.19	.20	.24	.23	.28	.27	.32																
EPH5530																																		
EXA9530																																		
EXC9530									.10	.15	.13	.19	.18	.22	.21	.26	.23	.30																
EXH9530																																		
EPA5536SA																																		
EPC5536BA													.20	.23	.24	.27	.27	.31	.36	.36	.41													
EPH5536BA																																		
EXA9536																																		
EXC9536									.10	.15	.13	.19	.18	.22	.21	.26	.23	.30																
EXH9536																																		
EPA5536SB																																		
EPC5536AJA													.15	.17	.17	.19	.20	.23	.23	.26	.27	.31												
EPH5536FAJA																																		
EPA5542																																		
EPC5542															.20	.25	.23	.26	.27	.32	.31	.36	.35	.40										
EPH5542FAJA																																		
EXA9542																																		
EXC9542															.16	.21	.19	.23	.22	.27	.24	.30	.27	.33										
EXH9542																																		
EPA5548SA																																		
EPC5548FA																	.23	.26	.26	.30	.30	.34	.34	.38	.38	.44								
EPH5548FA																																		
EXA9548SA																					.09	.14	.11	.16	.13	.18	.14	.19	.17	.22				
EXA9548SB																																		
EXC9548NA																					.11	.12	.13	.14	.15	.16	.16	.18	.18	.20				
EXH9548NA																																		
EPA5548SB																																		
EPC5548JA																	.16	.19	.18	.22	.21	.25	.24	.28	.26	.31								
EPH5548JA																																		
EPA5560 * A																																		
EPC5560JA																							.21	.26	.23	.29	.26	.32	.29	.36	.34	.41		
EPH5560JA																																		
EPA5560 * B																																		
EPC5560NA																									.15	.16	.16	.18	.18	.20	.20	.22	.22	.24
EPH5560NA																																		
EXA9560SA																									.24	.25	.25	.26	.28	.30	.31	.33	.34	.36
EXA9560SB																																		
EXC9560NA																									.24	.25	.25	.26	.28	.30	.31	.33	.34	.36
EXH9560NA																																		

SPECIFICAT[illegible] SUBJECT TO CHANGE WITHOUT NOTICE

DIMENSIONS – CASED HORIZONTAL (STANDARD)



EPH/EXH

ALL DIMENSIONS IN INCHES

CASED HORIZONTAL COILS – STANDARD

Model No.	Dimensions (Inches)								Weights		Refrigerant Control	Connection Sweat		40" Furnace Width	Contains Coil Model No.
	A	B	C	D	E	F	G	H	Net	Shpg.		Liq. OD	Suc. OD		
EPH5524BA	19 1/2	15 1/2	3 3/4	1/2	16 3/4	14	7 3/4	9 7/8	N/A	N/A	.059	5/16	3/4	15 1/2	EPA5524SA
EPH5530BA	22	15 1/2	3 3/4	1/2	16 3/4	14	7 3/4	9 7/8	N/A	N/A	.067	5/16	3/4	15 1/2	EPA5530SA
EPH5536BA	22	15 1/2	3 3/4	1/2	16 3/4	14	7 3/4	9 7/8	N/A	N/A	.067	5/16	3/4	15 1/2	EPA5536SA
EPH5536FA	22	19 1/8	3 3/4	1/2	16 3/4	17 5/8	9 9/16	9 7/8	N/A	N/A	.070	5/16	3/4	19 1/8	EPA5536SB
EPH5536JA	24	22 3/4	3 3/4	1/2	16 3/4	21 1/4	11 3/8	10 7/8	N/A	N/A	.070	5/16	3/4	22 3/4	EPA5536SB
EPH5542FA	22	19 1/8	3 3/4	1/2	16 3/4	17 5/8	9 9/16	9 7/8	N/A	N/A	.073	3/8	7/8	19 1/8	EPA5542SA
EPH5542JA	24	22 3/4	3 3/4	1/2	16 3/4	21 1/4	11 3/8	10 7/8	N/A	N/A	.073	3/8	7/8	22 3/4	EPA5542SA
EPH5548FA	28	19 1/8	3 3/4	1/2	16 3/4	17 5/8	9 9/16	12 7/8	N/A	N/A	.078	3/8	7/8	19 1/8	EPA5448SA
EPH5548JA	28	22 3/4	3 3/4	1/2	16 3/4	21 1/4	11 3/8	12 7/8	N/A	N/A	.082	3/8	7/8	22 3/4	EPA5548SB
EPH5560JA	28	22 3/4	3 3/4	1/2	16 3/4	21 1/4	11 3/8	12 7/8	N/A	N/A	.087	3/8	7/8	22 3/4	EPA5560SA
EPH5560NA	28	22 3/8	3 3/4	1/2	16 3/4	24 7/8	13 3/16	12 7/8	N/A	N/A	.090	3/8	7/8	26 3/8	EPA5560SB

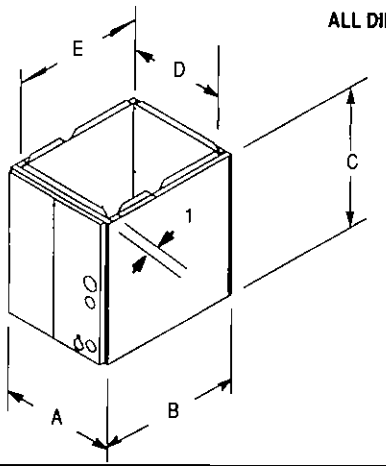
CASED HORIZONTAL COILS – EXPANSION VALVE

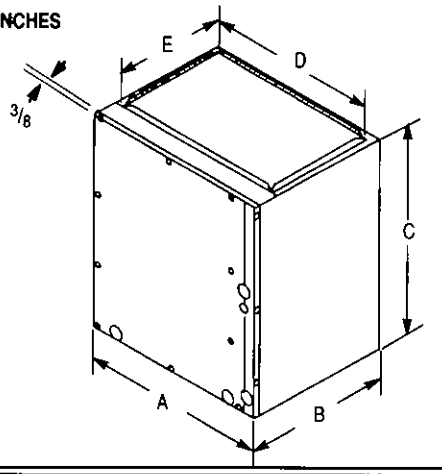
Model No.	Dimensions (Inches)								Weights		Refrigerant Control	Connection Sweat		40" Furnace Width	Contains Coil Model No.
	A	B	C	D	E	F	G	H	Net	Shpg.		Liq. OD	Suc. OD		
EXH9518BA	19 1/2	15 1/2	3 3/4	1/2	16 3/4	14	7 3/4	8 5/8	N/A	N/A	TXV	5/16	3/4	15 1/2	EXA9518SA
EXH9524BA	19 1/2	15 1/2	3 3/4	1/2	16 3/4	14	7 3/4	8 5/8	N/A	N/A	TXV	5/16	3/4	15 1/2	EXA9524SA
EXH9530FA	22	19 1/8	3 3/4	1/2	16 3/4	17 5/8	9 9/16	9 7/8	N/A	N/A	TXV	5/16	3/4	19 1/8	EXA9530SA
EXH9536FA	22	19 1/8	3 3/4	1/2	16 3/4	17 5/8	9 9/16	9 7/8	N/A	N/A	TXV	5/16	3/4	19 1/8	EXA9536SA
EXH9542JA	24	22 3/4	3 3/4	1/2	16 3/4	21 1/4	11 3/8	10 7/8	N/A	N/A	TXV	3/8	7/8	22 3/4	EXA9542SA
EXH9548NA	28	26 3/8	3 1/4	1/2	16 3/4	24 7/8	13 3/16	12 3/4	N/A	N/A	TXV	3/8	7/8	26 3/8	EXA9548SB
EXH9560NA	34	26 3/8	17 3/4	1/2	16 3/4	24 7/8	13 3/16	16 1/8	N/A	N/A	TXV	3/8	1 1/8	26 3/8	EXA9560SB

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

CABINET — COIL BOX

ALL DIMENSIONS IN INCHES





COIL CABINET/BOX MODEL NUMBER	COIL CABINET/BOX DIMENSIONS WIDTH "A"	DEPTH "B"	HEIGHT "C"	"D"	"E"	WEIGHT SHPG / NET (LBS.)	MATCHING A–COIL MODEL	A–COIL DIMENSION WIDTH x HEIGHT	USE WITH SUBBASE	40" FURNACE WIDTH	48" & 54" FURNACE WIDTH
AMM001CCA	14 1/4	21	24	12 3/4	19 1/2	7 / 6	NO MATCH		NAHG002SB	N/A	14 1/4
AMM002CCA	16 1/4	21	24	14 3/4	19 1/2	8 / 7	EPA5524SA/QA EPA5530SA/QA EPA5536SA/QA EXA9518SA EXA9524SA	14 3/4 X 14 3/4 14 3/4 X 17 14 3/4 X 18 3/4 14 3/4 X 15 14 3/4 X 15	NAHG003SB	N/A	16 1/4
AMM003CCA	18 1/4	21	24	16 3/4	19 1/2	9 / 8	EPA5524SA/QA EPA5530SA/QA EPA5536SA/QA EPA5536SB/QB EPA5542SA/QA EPA5548SA/QA EXA9530SA EXA9536SA	14 3/4 X 14 3/4 14 3/4 X 17 14 3/4 X 18 3/4 17 X 18 1/2 17 X 18 3/4 17 X 20 1/2 17 X 19 17 X 19	NAHG004SB	N/A	18 1/4
AMM004CCA	21 3/4	21	24	20 1/4	19 1/2	10 / 9	EPA5536SB/QB EPA5542SA/QA EPA5548SA/QA EPA5548SB/QB EXA9530SA EXA9536SA EXA9542SA	17 X 18 1/2 17 X 18 3/4 17 X 20 1/2 20 1/2 X 22 1/2 17 X 19 17 X 19 20 1/2 X 23	NAHG005SB	N/A	21 3/4
AMM005CCA	21 3/4	26	24	20 1/4	24 1/2	12 / 10	EXA9548SA EXA9560SA	20 1/2 X 22 1/2 20 1/2 X 23	NAHG005SB	N/A	21 3/4
AMM006CCA	25 1/2	26	24	24	24 1/2	14 / 12	EXA9548SA EXA9560SA	20 1/2 X 22 1/2 20 1/2 X 23	NAHG006SB	N/A	25 1/2
AMA001CBA	15 1/2	20 1/2	13 1/2	14	15 1/4	17 / 11	EPA5518SA/QA	14 3/4 X 10 1/2	NAHH004SB	15 1/2	N/A
AMA002CBA	15 1/2	20 1/2	19 1/2	14	15 1/4	23 / 15	EPA5524SA/QA EPA5530SA/QA EXA9518SA EXA9524SA	14 3/4 X 14 3/4 14 3/4 X 17 14 3/4 X 15 14 3/4 X 15	NAHH004SB	15 1/2	N/A
AMA003CBA	15 1/2	20 1/2	22	14	15 1/4	24 / 16	EPA5524SA/QA EPA5530SA/QA EPA5536SA/QA EXA9518SA EXA9524SA	14 3/4 X 14 3/4 14 3/4 X 17 14 3/4 X 18 3/4 14 3/4 X 15 14 3/4 X 15	NAHH004SB	15 1/2	N/A
AMA004CBA	19 1/8	20 1/2	19 1/2	17 5/8	16 3/4	26 / 17	EPA5524SA/QA EPA5530SA/QA EPA5536SA/QA EXA9524SA	14 3/4 X 14 3/4 14 3/4 X 17 14 3/4 X 17 14 3/4 X 15	NAHH005SB	19 1/8	N/A
AMA005CBA	19 1/8	20 1/2	22	17 5/8	16 3/4	28 / 18	EPA5536SA/QA EPA5536SB/QB EPA5542SA/QA EPA5548SA/QA EXA9530SA EXA9536SA	14 3/4 X 17 17 X 18 1/2 17 X 18 3/4 17 X 20 1/2 17 X 19 17 X 19	NAHH005SB	19 1/8	N/A
AMA006CBA	22 3/4	20 1/2	22	21 1/4	15 1/4	30 / 20	EPA5536SB/QB EPA5542SA/QA EPA5548SA/QA EXA9536SA	17 X 18 1/2 17 X 18 3/4 17 X 20 1/5 17 X 19	NAHH006SB	22 3/4	N/A
AMA007CBA	22 3/4	20 1/2	28	21 1/4	15 1/4	36 / 24	EPA5548SQ/QB EPA5560SA/QA EXA9542SA	20 1/2 X 22 1/2 20 1/2 X 26 1/2 20 1/2 X 23	NAHH006SB	22 3/4	N/A
AMA008CBA	26 3/8	20 1/2	28	24 7/8	16 3/4	40 / 27	EPA5560SB/QB EXA9548SB EXA9560SB	25 1/2 X 25 25 1/2 X 25 25 1/2 X 27 3/4	NAHH007SB	26 3/8	N/A

NEW MODEL NUMBER IDENTIFICATION GUIDE

N	E	P	A	55	36	S	A	1

NEUTER

EVAPORATOR

P = ORIFICE PIN
X = TXV

A = "A" COIL H = HORIZONTAL CASED "A" COIL
C = CASED "A" COIL

5 = 5000 SERIES
55 = 5500 MODELS
9 = 9000 SERIES
95 = 9500 MODELS

CAPACITY BTU X 1000

"A" COILS

S = SWEAT CONNECT
Q = QUICK CONNECT

CASED COIL WIDTH (INCHES)

A = 14 1/4	E = 18 1/4	J = 22 3/4	N = 26 3/4
B = 15 1/2	F = 19 1/8	K = 23	
C = 16 1/4	G = 20	L = 24	
D = 17	H = 21 3/4	M = 25 1/2	

SALES CODE

ENGINEERING CODE

ACCESSORY MODEL NUMBER IDENTIFICATION GUIDE

MODEL NUMBER	A	M	A	001	AH	A

PRODUCT GROUP

A = Accessories

PRODUCT TYPE

C = Cooling H = Heating
X = Special
M = Multi Use (Heating and/or Cooling)

SERIES

PRODUCT IDENTIFIER NUMBER

SEE BELOW

PRODUCT IDENTIFIER

SALES CODE

ACCESSORY PRODUCT IDENTIFIER ASSIGNMENT

AC – ANTICYCLE TIMER	EK – ECONOMIZER KIT	LP – L.P. KIT	SB – SUBBASE
AH – AUXILIARY HEATER	FC – FILTER COMPARTMENT	MB – MODULAR BLOWER	SC – START COMPONENT
BK – BLOWER KIT	FD – FLUE DAMPER	NK – NEUTRALIZER KIT	SK – STUB KIT
CA – CURB ASSEMBLY	FF – FILTER FRAME	OB – OIL BURNER	SV – SOLENOID VALVE KIT
CC – COIL CABINET	GF – GRILLE, FILTER	OT – OUTDOOR THERMOSTAT	TK – TRANSITION KIT
DK – DUCT KIT	GR – GRILLE	PA – PLENUM ASSEMBLY	TS – THERMOSTAT, SUBBASE
DP – DRAIN PAN KIT	LC – LINE, CHARGED	RC – RETURN AIR CABINET	TW – THERMOSTAT, WALL

HEIL®
HEATING & COOLING PRODUCTS

RESIDENTIAL AND COMMERCIAL SYSTEMS • SPLIT SYSTEMS • PACKAGED AIR CONDITIONERS • COMBINATION GAS / ELECTRIC UNITS • HEAT PUMPS • AIR HANDLERS • MANUFACTURED HOME AIR CONDITIONERS • GAS, OIL AND ELECTRIC FURNACES

INTER–CITY PRODUCTS CORPORATION (USA)
P.O. BOX 3005.
LAVERGNE, TENNESSEE 37086–1965

Printed In U.S.A.

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

PART NO. 1148401102 (10/93)
Replaces 1148401101 (3/93)

The Heil 9600 Air Conditioner

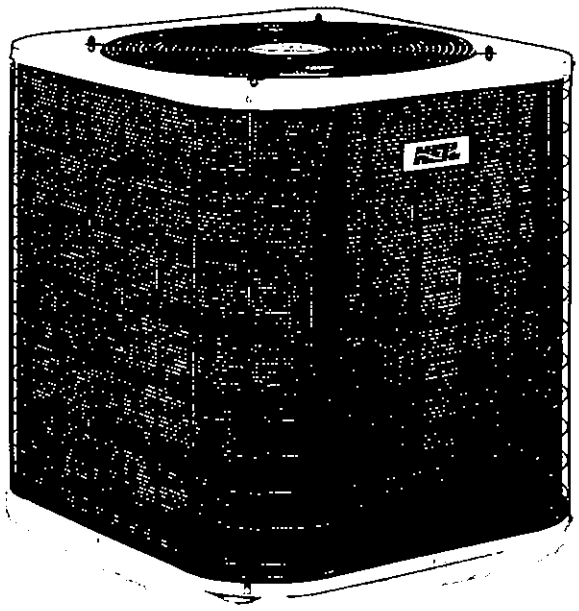
This ultra-high efficiency air conditioner is the most efficient model we make, with S.E.E.R. ratings that far exceed federal minimum efficiency standards.

Go To The Top

When you choose the Heil 9600 air conditioner you're choosing our best, the one with an energy-saving rating in the 13 S.E.E.R. range. That puts it up among the most efficient on the market.

Power At Heart

The compressor is the heart of a cooling system, and we made sure the 9600 air conditioner has a tough one—the scroll compressor.



LIMITED PARTS 5 YEAR WARRANTY

The unique scroll technology uses no pistons so there are only two moving parts, less operating noise and less heat resistance. It's designed to give years of highly efficient, quiet operation. We enhanced its long life with a Low Pressure control. This helps protect the compressor against the potential damage caused by dirt, lint, and dust that may accumulate on the indoor coil after years of operation. In fact, the compressor is so dependable, we back it with a 10-year compressor limited warranty.

Excellence Inside And Out

Only the finest components and best materials are used inside this high efficiency system. Tubing is durable copper, and fins are aluminum for faster heat transfer. Coils are computer-designed to give you the exact

HEIL
HEATING & COOLING PRODUCTS

Part No. 421 129601 00

configurations you need for a perfectly matched system. The same high quality holds true for the outside, too. For example, every 9600 air conditioner has an electronically-applied acrylic finish that helps protect the components from the worst of Mother Nature.

Room To Breathe

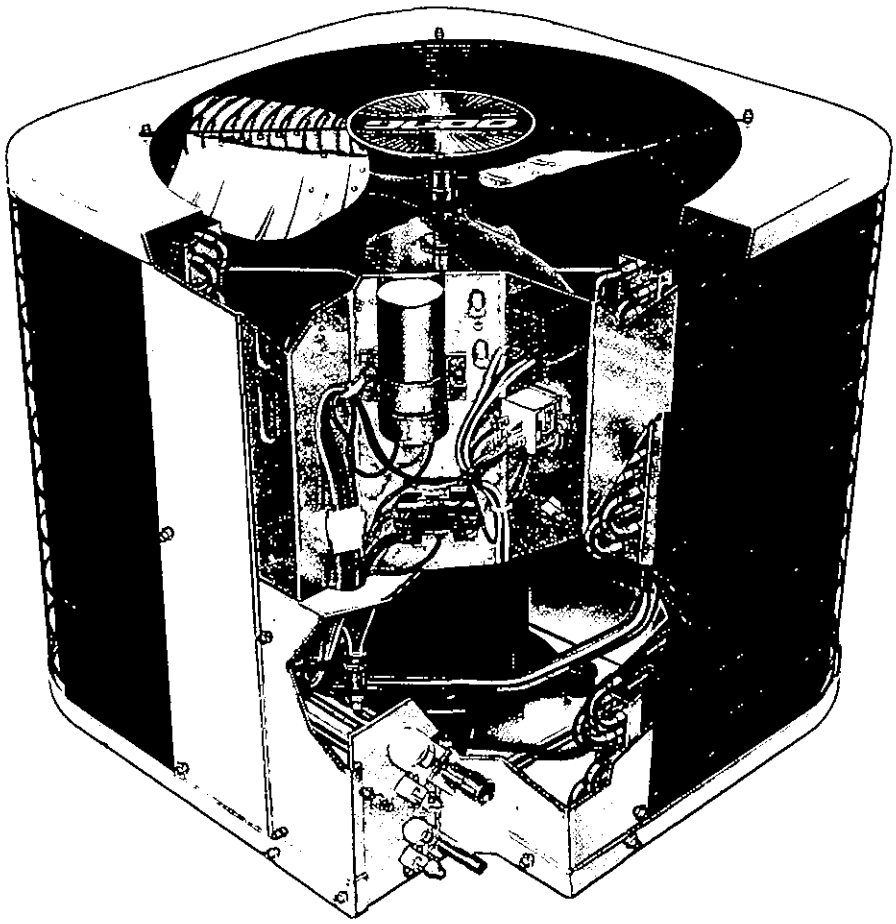
We made the 9600 air conditioner neat and compact by wrapping the condensing coil around the compressor and condenser fan. This space-saving design gives you more room for yard and landscaping. And our top-discharge design exhausts straight up, which helps reduce noise.

Easy Maintenance

All electrical components and switches are behind one panel, and all other parts can be reached just by removing the top. That means routine maintenance is fast and easy, cutting down on costly labor charges.

Ask your dealer how the Heil 9600 air conditioner can bring the dream of comfort home to you.

- ***Ultra-high efficiency, 13 S.E.E.R. range***
- ***10-year limited warranty on compressor***
- ***5-year limited warranty on all other parts***
- ***Compact, efficient design***
- ***2-speed fan***
- ***Low pressure switch***
- ***6 models***
- ***2 through 5 tons***



Space Saving Design
Wraparound condenser coil with quiet, upward air exhaust. Directs hot exhaust air up and away from people and shrubbery.

Protection Against The Elements
Triple-step paint process with polyester top coat over rugged galvanized steel cabinet protects beautifully.

Ultra-High Efficiency
Our most efficient series. 13 range S.E.E.R. offers maximum energy savings compared to older, less efficient units.

Warranty Support
10-year limited warranty on compressor. All other components have 5-year limited warranty. Extended labor and parts protection available.

Quiet Operation
2-speed fan and compressor sound enclosure help provide ultra-quiet operation.

Illustrations and photographs in this brochure are only representative. Some product models may vary.

HEIL®
HEATING & COOLING PRODUCTS

S/N !!!!

RIGHT-J SHORT FORM
File name: COOLERS3.BLD

3-7-97

Job #: Mr. and Mrs. Sparks
For: California Coolers

507 Princeton Ave
Brick NJ
Block 917 LOT 20

	Htg	Clg
Outside db	10	95
Inside db	70	70
Design TD	60	25
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31
Method	Simplified	
Const. qlty	Average	
Fireplaces		2

HEATING EQUIPMENT

Make
Model
Type — Equipment sufficient to meet load as indicated.

Efficiency / HSPF	0.0	
Heating Input	0	Btuh
Heating Output	0	Btuh
Heating Temp Rise	0	Deg F
Actual Heating Fan	2283	CFM
Htg Air Flow Factor	0.028	CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make
Model
Type — Equipment sufficient to meet total load of 45078 BTUH.

COP/EER/SEER	0.0	
Sensible Cooling	0	Btuh
Latent Cooling	0	Btuh
Total Cooling	0	Btuh
Actual Cooling Fan	2283	CFM
Clg Air Flow Factor	0.053	CFM/Btuh

Load Sensible Heat Ratio 91

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
Rec. Room	758	27129	10513	751	562
Bridge	84	5200	2593	144	139
Bedroom 2	126	5454	2599	151	139
Bedroom 3	262	8542	5825	236	311
Upstairs Bath	48	154	125	4	7
Master Bathroom	266	5930	3192	164	171
Master Bedroom	348	12949	6470	358	346
Laundry/Mech. Rm	101	444	3953	12	211
Loft	520	16704	7418	462	397
Upstairs n p	2515	82506	42689	2283	2283
Ventilation Air		0	0		
Equip. @ 1.00 RSM			42689		
Latent Cooling			4050		
TOTALS	2515	82506	46738	2283	2283

S/N !!!!

RIGHT-J SHORT FORM

3-7-97

File name: COOLERS3.BLD

Job #: Mr. and Mrs. Sparks
For: California Coolers

	Htg	Clg
Outside db	10	95
Inside db	70	70
Design TD	60	25
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31
Method	Simplified	
Const. qlty	Average	
Fireplaces		2

HEATING EQUIPMENT

Make	Equipment to meet
Model	
Type	loads as indicated
Efficiency / HSPF	0.0
Heating Input	0 Btuh
Heating Output	0 Btuh
Heating Temp Rise	0 Deg F
Actual Heating Fan	1449 CFM
Htg Air Flow Factor	0.022 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make	Equipment to meet total
Model	
Type	load of 31711 BTUH.
COP/EER/SEER	0.0
Sensible Cooling	0 Btuh
Latent Cooling	0 Btuh
Total Cooling	0 Btuh
Actual Cooling Fan	1449 CFM
Clg Air Flow Factor	0.053 CFM/Btuh

Load Sensible Heat Ratio 85

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
Study/Guest Room	200	12492	4102	273	219
Great Room	378	15921	4816	348	258
Dining Room	199	16940	7349	371	393
Kitchen	180	4078	6299	89	337
Pantry	20	1044	283	23	15
Mudroom	49	5088	1190	111	64
Foyer	64	5921	1456	130	78
Stairwel 1st Flr	78	2279	597	50	32
Dwnstairs Shower	63	2432	1001	53	54
Downstairs n p	1231	66195	27093	1449	1449
Ventilation Air		0	0		
Equip. @ 1.00 RSM			27093		
Latent Cooling			4618		
TOTALS	1231	66195	31710	1449	1449

S/N !!!!

RIGHT-J SHORT FORM 3-7-97
File name: COOLERS3.BLD

Job #: Mr. and Mrs. Sparks
For: California Coolers

	Htg	Clg
Outside db	10	95
Inside db	70	70
Design TD	60	25
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	31
Method	Simplified	
Const. qlty	Average	
Fireplaces	2	

HEATING EQUIPMENT

Make		
Model		
Type		
Efficiency / HSPF	0.0	
Heating Input	0	Btuh
Heating Output	0	Btuh
Heating Temp Rise	0	Deg F
Actual Heating Fan	3338	CFM
Htg Air Flow Factor	0.022	CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make		
Model		
Type		
COP/EER/SEER	0.0	
Sensible Cooling	0	Btuh
Latent Cooling	0	Btuh
Total Cooling	0	Btuh
Actual Cooling Fan	3338	CFM
Clg Air Flow Factor	0.053	CFM/Btuh

Load Sensible Heat Ratio 88

ROOM NAME		AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
Upstairs	n p	2515	82506	42689	2283	2283
Downstairs	n p	1231	66195	27093	1449	1449
Entire House	d	3746	148701	62414	3732	3338
Ventilation Air			0	0		
Equip. @ 1.00 RSM				62414		
Latent Cooling				8667		
TOTALS		3746	148701	71082	3732	3338

In House totals - Zones on following pages

1	Name of Room					Entire House			Upstairs		
2	Running Ft. Exposed Wall					525.5 Ft.			359.5 Ft.		
3	Room Dimensions, Ft.								0.0 x 0.0 Ft.		
4	Ceilngs,Ft | Condit. Option					9.1		d	10.2		p n
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	5774	****	****	4446	****	****
		b	13A	13.6	5.4	172	****	****	172	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	453	14978	****	225	7428	****
		b	1A	59.4	**	12	713	****	0	0	****
		c	9A	56.1	**	24	1346	****	24	1346	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		26.5	248	****	6553	95	****	2616
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	118	****	8752	102	****	7517
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	123	****	4923	52	****	2083
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	31	1253	597	14	570	271
		b	11A	0.5	0.0	42	1499	714	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	5211	25015	11924	4183	20079	9571
		b	13A	13.6	5.4	172	2331	932	172	2331	932
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	609	1937	1582	609	1937	1582
		b	18C	2.9	2.4	1803	5301	4329	1803	5301	4329
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	2073	19404	0	842	7886	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	563	67843	11307	263	31700	5283
13	Subtot Btuh Loss=6+8..+11+12					****	141620	****	****	78577	****
14	Duct Btuh Loss					5%	7081	****	5%	3929	****
15	Total Btuh Loss = 13+14					****	148701	****	****	82506	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					7	****	8400	3	****	3600
17	Subtot RSH Gain=7+8..+12+16					****	****	60014	****	****	37784
18	Duct Btuh Gain					4%	****	2401	4%	****	1511
19	Total RSH Gain=(17+18)*PLF					1.00	****	62414	1.09	****	42689
20	CFM Air Required					****	3338	3338	****	2283	2283

1	Name of Room					Downstairs						
2	Running Ft. Exposed Wall					166.0 Ft.					Ft.	

1	Name of Room					Entire House				Upstairs		
2	Running Ft. Exposed Wall					525.5 Ft.				359.5 Ft.		
3	Room Dimensions, Ft.									0.0 x 0.0 Ft.		
4	Ceilngs,Ft	Condit. Option				9.1		d		10.2		p n
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg		Area Length	Btuh Htg	Btuh Clg
5	Gross	a	12D	4.8	2.3	5774	****	****		4446	****	****
	Exposed	b	13A	13.6	5.4	172	****	****		172	****	****
	Walls and	c		0.0	0.0	0	****	****		0	****	****
	Partitions	d		0.0	0.0	0	****	****		0	****	****
		e		0.0	0.0	0	****	****		0	****	****
		f		0.0	0.0	0	****	****		0	****	****
6	Windows	a	3A	33.1	**	453	14978	****		225	7428	****
	& Glass	b	1A	59.4	**	12	713	****		0	0	****
	Doors Htg.	c	9A	56.1	**	24	1346	****		24	1346	****
		d	7I	52.5	**	0	0	****		0	0	****
		e		0.0	**	0	0	****		0	0	****
		f		0.0	**	0	0	****		0	0	****
7	Windows	North			26.5	248	****	6553		95	****	2616
	& Glass	NE&NW			0.0	0	****	0		0	****	0
	Doors Clg.	E&W			74.0	118	****	8752		102	****	7517
		SE&SW			0.0	0	****	0		0	****	0
		South			40.0	123	****	4923		52	****	2083
		Horz			0.0	0	****	0		0	****	0
8	Othr doors	a	10G	40.2	19.2	31	1253	597		14	570	271
		b	11A	0.5	0.0	42	1499	714		0	0	0
9	Net	a	12D	4.8	2.3	5211	25015	11924		4183	20079	9571
	Exposed	b	13A	13.6	5.4	172	2331	932		172	2331	932
	Walls and	c		0.0	0.0	0	0	0		0	0	0
	Partitions	d		0.0	0.0	0	0	0		0	0	0
		e		0.0	0.0	0	0	0		0	0	0
		f		0.0	0.0	0	0	0		0	0	0
10	Ceilings	a	16D	3.2	2.6	609	1937	1582		609	1937	1582
		b	18C	2.9	2.4	1803	5301	4329		1803	5301	4329
		c		0.0	0.0	0	0	0		0	0	0
11	Floors	a	19A	9.4	0.0	2073	19404	0		842	7886	0
		b		0.0	0.0	0	0	0		0	0	0
		c		0.0	0.0	0	0	0		0	0	0
12	Infiltration	a		120.	20.1	563	67843	11307		263	31700	5283
13	Subtot Btuh Loss=6+8..+11+12					****	141620	****		****	78577	****
14	Duct Btuh Loss					5%	7081	****		5%	3929	****
15	Total Btuh Loss = 13+14					****	148701	****		****	82506	****
16	Int. Gains: People @ 300					0	****	0		0	****	0
	Appl. @ 1200					7	****	8400		3	****	3600
17	Subtot RSH Gain=7+8..+12+16					****	****	60014		****	****	37784
18	Duct Btuh Gain					4%	****	2401		4%	****	1511
19	Total RSH Gain=(17+18)*PLF					1.00	****	62414		1.09	****	42689
20	CFM Air Required					****	3338	3338		****	2283	2283

--- Printout certified by ACCA to meet all requirements of Manual Form J --

COOLERS3.BLD Job# Mr. and Mrs. Sparks Zone: Upstairs 3-7-97

----- MANUAL J: 7th Ed. ---- RIGHT-J: V2.11 --- S/N !!!! --- Page 1 ----

1	Name of Room				Upstairs			Rec. Room		
2	Running Ft. Exposed Wall				359.5 Ft.			109.5 Ft.		
3	Room Dimensions, Ft.							37.0 x 20.5 Ft.		
4	Ceilngs,Ft	Condit. Option			10.2		p n	18.0	heat/cool	
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	4446	****	****	1971	****	****
		b	13A	13.6	5.4	172	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	225	7428	****	47	1565	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	24	1346	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		27.5	95	****	2616	12	****	290
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	102	****	7517	36	****	2646
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	52	****	2083	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	14	570	271	0	0	0
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	4183	20079	9571	1924	9234	4401
		b	13A	13.6	5.4	172	2331	932	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	609	1937	1582	0	0	0
		b	18C	2.9	2.4	1803	5301	4329	758	2229	1820
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	842	7886	0	758	7100	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	263	31700	5283	47	5710	952
13	Subtot Btuh Loss=6+8..+11+12					****	78577	****	****	25837	****
14	Duct Btuh Loss					5%	3929	****	5%	1292	****
15	Total Btuh Loss = 13+14					****	82506	****	****	27129	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					3	****	3600	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	37784	****	****	10108
18	Duct Btuh Gain					4%	****	1511	4%	****	404
19	Total RSH Gain=(17+18)*PLF					1.09	****	42689	1.00	****	10513
20	CFM Air Required					****	2283	2283	****	751	562

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						Bridge			Bedroom 2		
1	Name of Room										
2	Running Ft. Exposed Wall					24.0 Ft.			26.0 Ft.		
3	Room Dimensions, Ft.					12.0 x 7.0 Ft.			11.5 x 11.0 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 | heat/cool			8.0 | heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	192	****	****	208	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	20	661	****	26	846	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		27.5	0	****	0	13	****	328
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	20	****	1480	12	****	924
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	0	****	0	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	0	0	0
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	172	826	394	182	876	417
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	84	267	218	63	200	164
		b	18C	2.9	2.4	0	0	0	63	185	151
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	84	786	0	0	0	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	20	2412	402	26	3087	515
13	Subtot Btuh Loss=6+8..+11+12					****	4952	****	****	5195	****
14	Duct Btuh Loss					5%	248	****	5%	260	****
15	Total Btuh Loss = 13+14					****	5200	****	****	5454	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	2494	****	****	2499
18	Duct Btuh Gain					4%	****	100	4%	****	100
19	Total RSH Gain=(17+18)*PLF					1.00	****	2593	1.00	****	2599
20	CFM Air Required					****	144	139	****	151	139

						Bedroom 3			Upstairs Bath		
1	Name of Room										
2	Running Ft. Exposed Wall					38.5 Ft.			0.0 Ft.		
3	Room Dimensions, Ft.					17.5 x 15.0 Ft.			6.0 x 8.0 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 |heat/cool			8.0 |heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	308	****	****	0	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	39	1300	****	0	0	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		27.5	10	****	250	0	****	0
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	29	****	2171	0	****	0
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	0	****	0	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	0	0	0
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	269	1290	615	0	0	0
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	131	417	340	24	76	62
		b	18C	2.9	2.4	131	385	315	24	71	58
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	0	0	0	0	0	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	39	4743	791	0	0	0
13	Subtot Btuh Loss=6+8..+11+12					****	8135	****	****	147	****
14	Duct Btuh Loss					5%	407	****	5%	7	****
15	Total Btuh Loss = 13+14					****	8542	****	****	154	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	4481	****	****	120
18	Duct Btuh Gain					4%	****	179	4%	****	5
19	Total RSH Gain=(17+18)*PLF					1.25	****	5825	1.00	****	125
20	CFM Air Required					****	236	311	****	4	7

1	Name of Room					Master Bathroom			Master Bedroom		
2	Running Ft. Exposed Wall					37.5 Ft.			47.5 Ft.		
3	Room Dimensions, Ft.					20.5 x 13.0 Ft.			20.5 x 17.0 Ft.		
4	Ceilngs,Ft	Condit. Option				8.0	heat/cool		18.0	heat/cool	
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	300	****	****	855	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	23	754	****	33	1100	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		27.5	0	****	0	0	****	0
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	0	****	0	4	****	296
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	23	****	912	29	****	1171
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	14	570	271
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	277	1331	634	808	3876	1848
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	133	423	345	174	553	452
		b	18C	2.9	2.4	133	391	319	174	512	418
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	0	0	0	0	0	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	23	2750	458	47	5722	954
13	Subtot Btuh Loss=6+8..+11+12					****	5648	****	****	12332	****
14	Duct Btuh Loss					5%	282	****	5%	617	****
15	Total Btuh Loss = 13+14					****	5930	****	****	12949	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	2669	****	****	5410
18	Duct Btuh Gain					4%	****	107	4%	****	216
19	Total RSH Gain=(17+18)*PLF					1.15	****	3192	1.15	****	6470
20	CFM Air Required					****	164	171	****	358	346

						Laundry/Mech. Rm			Loft		
1	Name of Room										
2	Running Ft. Exposed Wall					11.0 Ft.			65.5 Ft.		
3	Room Dimensions, Ft.					13.0 x 7.8 Ft.			38.5 x 13.5 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 |heat/cool			8.0 |heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	88	****	****	524	****	****
		b	13A	13.6	5.4	0	****	****	172	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	0	0	****	36	1201	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	24	1346	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.	North			27.5	0	****	0	60	****	1748
		NE&NW			0.0	0	****	0	0	****	0
		E&W			74.0	0	****	0	0	****	0
		SE&SW			0.0	0	****	0	0	****	0
		South			40.0	0	****	0	0	****	0
		Horz			0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	0	0	0
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	88	422	201	464	2226	1061
		b	13A	13.6	5.4	0	0	0	172	2331	932
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	0	0	0	0	0	0
		b	18C	2.9	2.4	0	0	0	520	1529	1249
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	0	0	0	0	0	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	0	0	0	60	7276	1213
13	Subtot Btuh Loss=6+8..+11+12					****	422	****	****	15908	****
14	Duct Btuh Loss					5%	21	****	5%	795	****
15	Total Btuh Loss = 13+14					****	444	****	****	16704	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					3	****	3600	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	3801	****	****	6203
18	Duct Btuh Gain					4%	****	152	4%	****	248
19	Total RSH Gain=(17+18)*PLF					1.00	****	3953	1.15	****	7418
20	CFM Air Required					****	12	211	****	462	397

COOLERS3.BLD Job# Mr. and Mrs. Sparks Zone: Downstairs 3-7-97

----- MANUAL J: 7th Ed. ---- RIGHT-J: V2.11 --- S/N !!!! --- Page 1 ----

1	Name of Room					Downstairs			Study/Guest Room		
2	Running Ft. Exposed Wall					166.0 Ft.			37.5 Ft.		
3	Room Dimensions, Ft.								10.0 x 20.0 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0		p n	8.0	heat/cool	
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	1328	****	****	300	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	228	7550	****	58	1907	****
		b	1A	59.4	**	12	713	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		25.8	153	****	3937	58	****	1442
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	17	****	1236	0	****	0
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	71	****	2840	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	17	683	326	0	0	0
		b	11A	35.4	16.9	42	1499	714	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	1028	4936	2353	242	1163	554
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	0	0	0	0	0	0
		b	18C	2.9	2.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	1231	11519	0	200	1872	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration a			120.	20.1	300	36143	6024	58	6955	1159
13	Subtot Btuh Loss=6+8..+11+12					****	63043	****	****	11897	****
14	Duct Btuh Loss					5%	3152	****	5%	595	****
15	Total Btuh Loss = 13+14					****	66195	****	****	12492	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					4	****	4800	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	22229	****	****	3155
18	Duct Btuh Gain					4%	****	889	4%	****	126
19	Total RSH Gain=(17+18)*PLF					1.17	****	27093	1.25	****	4102
20	CFM Air Required					****	1449	1449	****	273	219

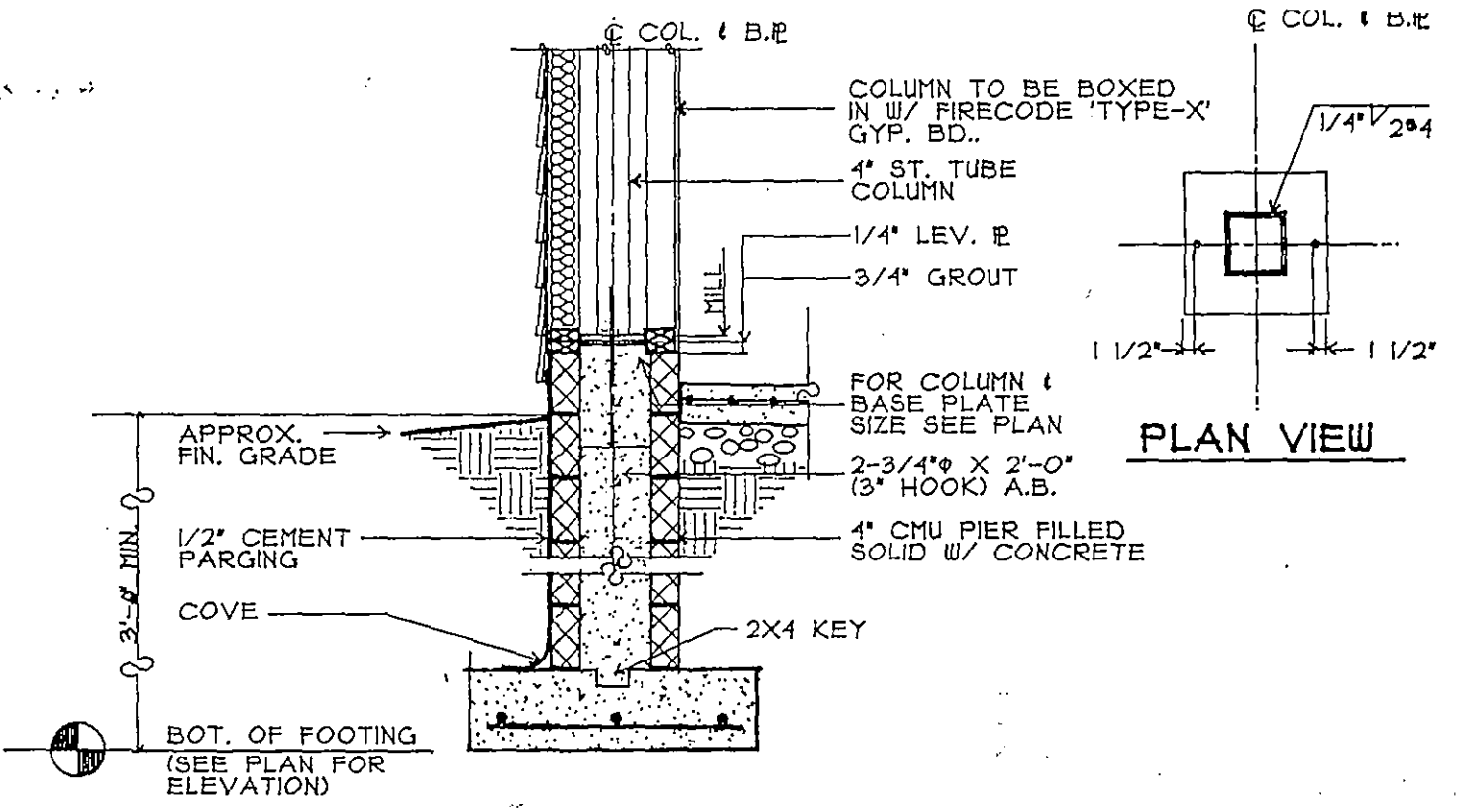
--- Printout certified by ACCA to meet all requirements of Manual Form J --

						Great Room			Dining Room		
1	Name of Room					Great Room			Dining Room		
2	Running Ft. Exposed Wall					12.0 Ft.			29.5 Ft.		
3	Room Dimensions, Ft.					28.0 x 13.5 Ft.			18.5 x 10.8 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 | heat/cool			8.0 | heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	96	****	****	236	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	75	2480	****	71	2347	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		25.8	75	****	1875	0	****	0
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	0	****	0	0	****	0
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	0	****	0	71	****	2840
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	0	0	0
		b	11A	35.4	16.9	0	0	0	17	602	287
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	21	101	48	148	710	339
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	0	0	0	0	0	0
		b	18C	2.9	2.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	378	3538	0	199	1861	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	75	9045	1507	88	10612	1769
13	Subtot Btuh Loss=6+8..+11+12					****	15163	****	****	16133	****
14	Duct Btuh Loss					5%	758	****	5%	807	****
15	Total Btuh Loss = 13+14					****	15921	****	****	16940	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	3430	****	****	5234
18	Duct Btuh Gain					4%	****	137	4%	****	209
19	Total RSH Gain=(17+18)*PLF					1.35	****	4816	1.35	****	7349
20	CFM Air Required					****	348	258	****	371	393

						Kitchen			Pantry		
1	Name of Room					Kitchen			Pantry		
2	Running Ft. Exposed Wall					18.5 Ft.			5.5 Ft.		
3	Room Dimensions, Ft.					18.0 x 10.0 Ft.			5.0 x 4.0 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 |heat/cool			8.0 |heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	148	****	****	44	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	10	331	****	4	132	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		25.8	0	****	0	4	****	100
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	10	****	740	0	****	0
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	0	****	0	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	0	0	0
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	138	662	316	40	192	92
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	0	0	0	0	0	0
		b	18C	2.9	2.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	180	1685	0	20	187	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	10	1206	201	4	482	80
13	Subtot Btuh Loss=6+8..+11+12					****	3884	****	****	994	****
14	Duct Btuh Loss					5%	194	****	5%	50	****
15	Total Btuh Loss = 13+14					****	4078	****	****	1044	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					4	****	4800	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	6057	****	****	272
18	Duct Btuh Gain					4%	****	242	4%	****	11
19	Total RSH Gain=(17+18)*PLF					1.00	****	6299	1.00	****	283
20	CFM Air Required					****	89	337	****	23	15

						Mudroom			Foyer		
1	Name of Room					Mudroom			Foyer		
2	Running Ft. Exposed Wall					14.5 Ft.			7.5 Ft.		
3	Room Dimensions, Ft.					7.0 x 7.0 Ft.			8.5 x 7.5 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 | heat/cool			8.0 | heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross	a	12D	4.8	2.3	116	****	****	60	****	****
	Exposed	b	13A	13.6	5.4	0	****	****	0	****	****
	Walls and	c		0.0	0.0	0	****	****	0	****	****
	Partitions	d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows	a	3A	33.1	**	0	0	****	0	0	****
	& Glass	b	1A	59.4	**	0	0	****	12	713	****
	Doors Htg.	c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows		North		25.8	0	****	0	12	****	420
	& Glass		NE&NW		0.0	0	****	0	0	****	0
	Doors Clg.		E&W		74.0	0	****	0	0	****	0
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	0	****	0	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	17	683	326
		b	11A	35.4	16.9	25	897	427	0	0	0
9	Net	a	12D	4.8	2.3	91	435	207	31	149	71
	Exposed	b	13A	13.6	5.4	0	0	0	0	0	0
	Walls and	c		0.0	0.0	0	0	0	0	0	0
	Partitions	d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	0	0	0	0	0	0
		b	18C	2.9	2.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	49	459	0	64	597	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	25	3055	509	29	3497	583
13	Subtot Btuh Loss=6+8..+11+12					****	4846	****	****	5639	****
14	Duct Btuh Loss					5%	242	****	5%	282	****
15	Total Btuh Loss = 13+14					****	5088	****	****	5921	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	1144	****	****	1400
18	Duct Btuh Gain					4%	****	46	4%	****	56
19	Total RSH Gain=(17+18)*PLF					1.00	****	1190	1.00	****	1456
20	CFM Air Required					****	111	64	****	130	78

1	Name of Room					Stairwel 1st Flr			Dwnstairs Shower		
2	Running Ft. Exposed Wall					22.0 Ft.			19.0 Ft.		
3	Room Dimensions, Ft.					12.0 x 6.5 Ft.			9.0 x 7.0 Ft.		
4	Ceilngs,Ft | Condit. Option					8.0 |heat/cool			8.0 |heat/cool		
	TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a	12D	4.8	2.3	176	****	****	152	****	****
		b	13A	13.6	5.4	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	3A	33.1	**	4	132	****	7	222	****
		b	1A	59.4	**	0	0	****	0	0	****
		c	9A	56.1	**	0	0	****	0	0	****
		d	7I	52.5	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.		North		25.8	4	****	100	0	****	0
			NE&NW		0.0	0	****	0	0	****	0
			E&W		74.0	0	****	0	7	****	496
			SE&SW		0.0	0	****	0	0	****	0
			South		40.0	0	****	0	0	****	0
			Horz		0.0	0	****	0	0	****	0
8	Othr doors	a	10G	40.2	19.2	0	0	0	0	0	0
		b	11A	35.4	16.9	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	12D	4.8	2.3	172	826	394	145	697	332
		b	13A	13.6	5.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	3.2	2.6	0	0	0	0	0	0
		b	18C	2.9	2.4	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	19A	9.4	0.0	78	730	0	63	590	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		120.	20.1	4	482	80	7	808	135
13	Subtot Btuh Loss=6+8..+11+12					****	2170	****	****	2317	****
14	Duct Btuh Loss					5%	109	****	5%	116	****
15	Total Btuh Loss = 13+14					****	2279	****	****	2432	****
16	Int. Gains: People @ 300					0	****	0	0	****	0
	Appl. @ 1200					0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	574	****	****	963
18	Duct Btuh Gain					4%	****	23	4%	****	39
19	Total RSH Gain=(17+18)*PLF					1.00	****	597	1.00	****	1001
20	CFM Air Required					****	50	32	****	53	54



COLUMN BASE DETAIL

SCALE: 1/2" = 1'-0"

NOTES:

1. STRUCTURAL STEEL WORK SHALL CONFORM TO "AISC SPECIFICATION FOR DESIGN FABRICATION & ERECTION OF STRUCTURAL STEEL FOR BUILDINGS" (LATEST EDITION) & SHALL CONFORM W/ ASTM SPECIFICATION A36 FOR STEEL HAVING A SPECIFIED MINIMUM YIELD POINT OF 36,000 PSI.
2. DESIGN, FABRICATION & ERECTION OF STRUCTURAL STEEL SHALL CONFORM TO THE LATEST AISC SPECIFICATION. ALL STEEL SHALL CONFORM TO ASTM A36.
3. SHOP CONNECTIONS SHALL BE WELDED
4. FIELD CONNECTIONS SHALL BE A325 HIGH STRENGTH BOLTS AT COLUMNS, TRUSS CONNECTIONS & ALL ATHER CONNECTIONS WHERE SPECIFICALLY DETAILED ON DRAWINGS. HIGH STRENGTH BOLTS SHALL BE INSTALLED USING CALIBRATED TORQUE. WRENCHES. TURN OF NUT METHOD WILL NOT BE ACCEPTED. BEAM TO BEAM CONNECTIONS SHALL BE BOLTED W/ STANDARD WASHERS UNDER NUTS.
5. ALL BOLTS SHALL BE 3/4" DIAMETER. (UNLESS NOTED OTHERWISE)

GREGORY ROBERT ARNER AIA
ARCHITECT
178 SOUTH STREET
P.O. BOX 913
NEW PROVIDENCE
NEW JERSEY 07974

SK5

4-15-97

ARTHUR J. DUBE AGENCY INC.
REALTORS

1906 Old Mill Rd.
Wall Twp., New Jersey 07719
(732) 974-0880 Fax (732) 974-0025

Fax Cover Sheet

DATE: 2/5/98

NAME: FRANK MISER

COMPANY: BUILDING DEPT

FAX: (732) 262-8954

FROM:

NAME: GLENN NEIGHBOUR

COMPANY: ALLAIRE INVESTORS, INC

FAX: (732) 974-0025

TOTAL NUMBER OF PAGES INCLUDING FAX COVER SHEET: 2

OPERATOR: TINA REFERENCE:

*** If you do not receive all pages, please call the above named operator as soon as possible at (732) 974-0880. Thank you.

Contractors - Developers
Residential - Commercial
NEIGHBOUR & GROVES

2542 River Rd.
Manasquan, New Jersey 08736
(732) 974-0883 Fax (732) 974-0025

ALLAIRE INVESTORS, INC.

February 5, 1998

Frank Miser
Building Dept
Bricktown, NJ

Re: Permit #870-97
Lot 20 Blk 917
507 Princeton Ave
Sparks Residence

Frank,

As per our conversation reguarding railings at 507 Princeton Ave, I intend to install them as follows:

1. Both sets of Bluestone treads at the front of the house will have wrought iron railings with a post at each end and no spindles.

2. The front porch steps will have wood railings with spindles as required, (5 locations). The main enteranceto have 3 railings and the secondary front enterance will have 2 railings-this will cover all areas.

3. The rear decks will have wood rails with spindles at all locations with more than 2 risers (7 locations)

4. The interior set of stairs from the foyer to the sunken living room will have 2 wrought iron handrails with a post top and bottom and no spindles because of the side walls and columns.

Thank You

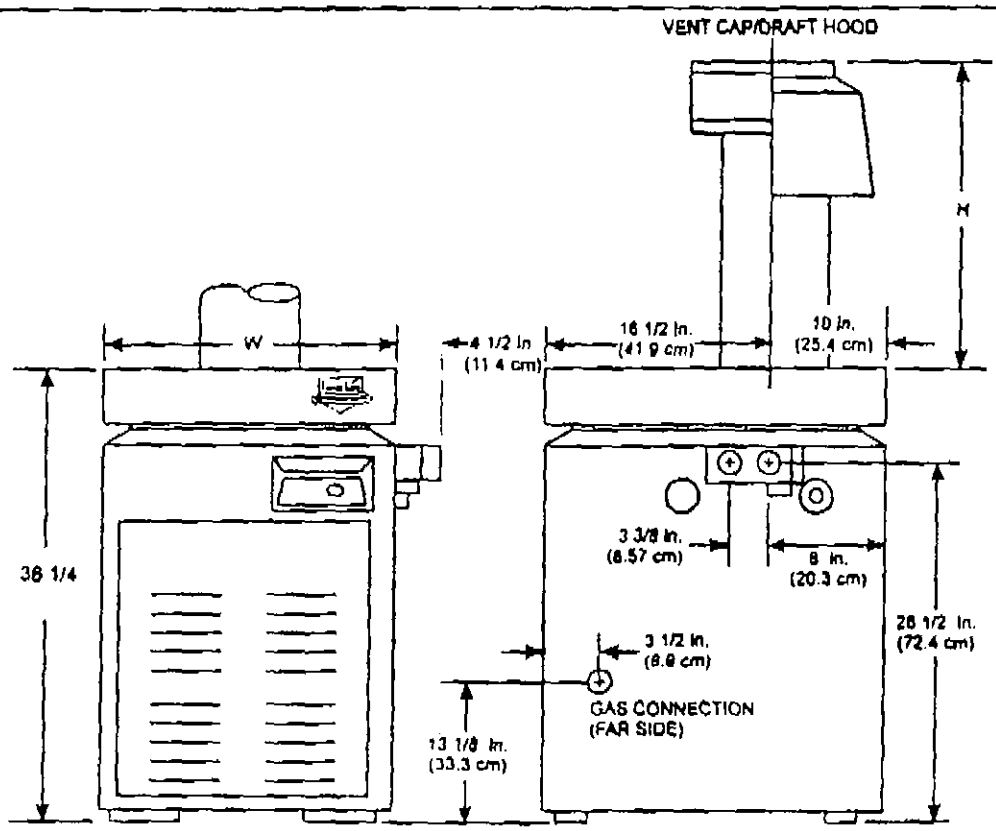
Glenn Neighbour

SECTION 1. General Information

1A. Introduction

This manual provides installation and operation instructions for the Laars Lite, Model LLG and LLD pool and spa heaters. Read these installation and operation instructions completely before proceeding with the installation. Consult the Teledyne Laars factory, or local factory representative, with any questions regarding this equipment. Experience has shown that most operating problems are caused by improper installation.

The Laars Lite heater is design certified by International Approval Services (formerly American



Model Size	Heater Width		Venting Dimensions: Vent Diameter		U.S. Outdoor Dim "H"		U.S. Indoor or CAN Outdoor Shelter Dim "H"		Firing Rate / Hr. (1,000's)	
	in	(cm)	in	(cm)	in	(cm)	in	(cm)	BTU	(kcal)
125	15	(38)	5	(12.7)	9 1/8	(23)	16 1/4	(41.3)	125	(31.5)
175	18	(45.7)	6	(15.2)	9 3/4	(24)	24 1/8	(61.3)	175	(44.1)
250	22 1/2	(57.2)	7	(17.8)	10	(26)	25 1/4	(64.1)	250	(63)
★ 325	26 3/4	(67.9)	8	(20.3)	10 5/8	(27)	26 1/2	(67.3)	325	(81.9)
400	31 3/4	(80.6)	9	(22.9)	13 1/4	(34)	27 1/2	(69.9)	400	(101)

Notes:
1. In Canada, derate BTU/Hr input and output 10 percent for altitudes of 2,000 to 4,500 feet (609 to 1372 m) above sea level. No derating necessary up to altitude of 2,000 feet (609 m). In United States derate input 4 percent for each 1,000 feet (305 m) above sea level, starting at 2,000 feet (609m).
2. The Laars Lite is constructed for 75 psi working pressure.
3. Ratings shown are for both natural and propane gas.

Figure 1. General Configuration.

Gas Association and Canadian Gas Association) as complying with the latest edition of the Standard for Gas-Fired Pool Heaters, ANSI Z21.56, and in Canada with CAN1-4.7-M85.

Certain sections of this manual are specific to either United States or Canadian installations, and are labeled as such.

1B. Description

The Laars Lite LLD heater gets electrical power from an external 120V / 240V (volt AC) source and provides a dual thermostat Flex-Temp control system for pool/spa combinations or pre-heat convenience. The Laars Lite LLD heater also meets the California, New York, Hawaii, and Oregon state energy requirements for intermittent ignition gas appliances. The Laars Lite LLG heater is a self contained standing pilot unit and requires no external power.

The Laars Lite heater is specifically designed for heating swimming pools and spas. Do not use it as a general service water heater or for heating salt water pools. Consult your dealer for the appropriate Teledyne Laars products for these applications.

1C. Warranty

The Laars Lite heater is sold with a limited factory warranty. Details are specified on the back cover of this manual. A copy of the warranty and a warranty registration card are included in the plastic bag shipped with the heater. Fill out and return the warranty registration card.

Make all warranty claims to an authorized Teledyne Laars representative or directly to the factory. Claims must include the heater serial number and model (this information can be found on the rating plate), installation date, and name of the installer. Shipping costs are not included in the warranty coverage.

Damage caused by improper installation or assembly, or to the heat exchanger by corrosive water, is NOT covered by the Warranty. See Section 3D for maintaining proper pool water chemistry.

> NOTE: Keep this manual in a safe place for future reference when inspecting or servicing the heater.

1D. Technical Assistance

Consult Teledyne Laars or your local distributor with any questions or problems involving the specifications, installation, and operation of your Teledyne Laars equipment. An experienced technical support staff is ready to assist in assuring the proper performance and application of Teledyne Laars products.

SECTION 2. Installation Instructions

2A. General Information

Install the Laars Lite heaters in accordance with the procedures in this manual, local codes and ordinances, and in accordance with the latest edition of the National Fuel Gas Code, ANSI Z223.1. In Canada, the installation must be in accordance with CAN1-B149.1 or .2 and local codes. The authority having jurisdiction may require the installation conform to the Standard for Gas-Fired Heaters, ANSI Z21.56. Any changes to the heater, gas controls, gas orifices, wiring, draft diverter, or improper installation may void the warranty. If field conditions require change to any of the above, consult the factory.

All gas-fired products require correct installation to assure safe operation. The requirements for pool heaters include the following:

1. Field assembly (if required)
2. Appropriate site location (clearances) and flooring
3. Sufficient combustion and ventilation air
4. Properly sized gas meter and piping
5. Proper electrical wiring (if required)
6. Adequate water flow

This manual provides the information needed to meet these requirements. Review all application and installation procedures completely before continuing the installation.

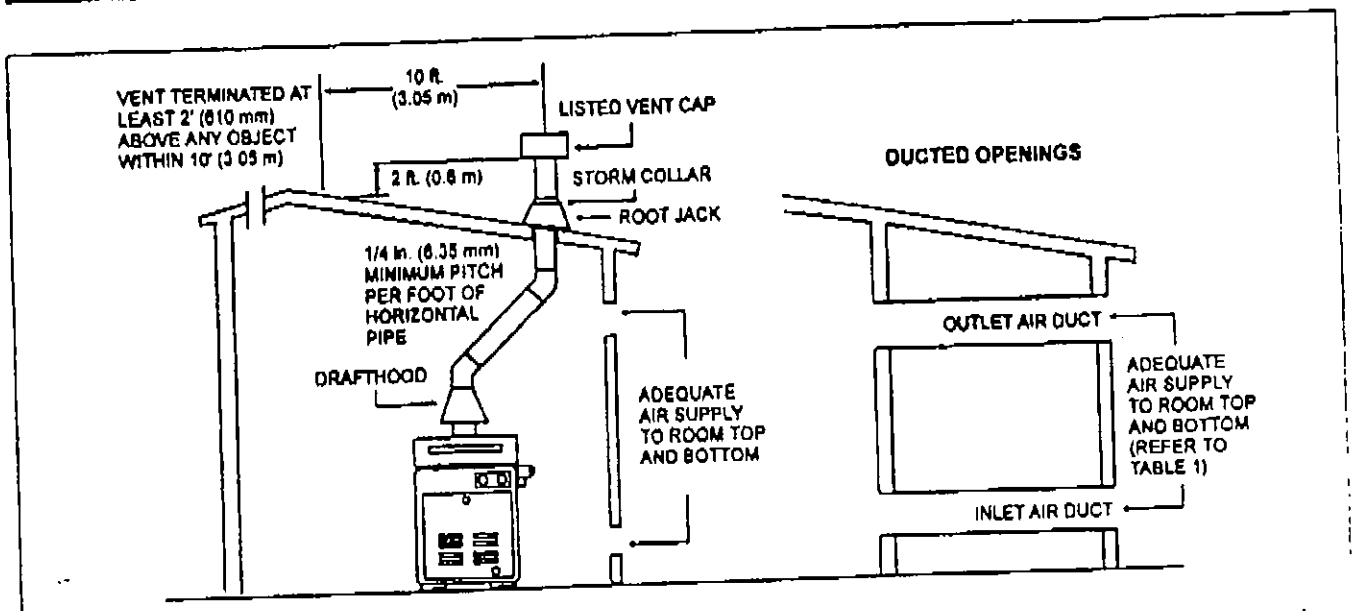
2B. Field Assembly

The Laars Lite heater is shipped from the factory with the top assembly in the low-profile configuration for outdoor installation in the U.S. The Laars Lite heater is design certified for indoor installation when equipped with a drafthood, which must be installed without modification.

The Laars Lite heater is also certified for installation in an outdoor shelter in Canada when equipped with a drafthood. An outdoor shelter is an enclosure not normally occupied which does not communicate directly with occupied areas.

Check the rating plate on the heater for the correct Teledyne Laars part number. See instructions supplied with the drafthood for installation and attachment. When the draft hood is used, locate the heater so as to be in the same atmospheric pressure zone as the combustion air inlet to the heater.

If a drafthood is used, it must be connected to a vent pipe which stops at least 2 feet (0.61 meters [m]) above the highest point of the roof or other object that is within 10 feet (3.05 m) from the vent termination. The vent pipe must have a listed vent cap which allows a full equivalent opening for flue products (see Figure 2).



Notes:
1. An Underwriters' Laboratories listed vent cap is required to prevent downdraft and allow the heater to function properly and safely.
2. Use approved roof jack.

Figure 2. Indoor Installation Venting (USA), or Outdoor Shelter (Canada).

Table 1. Air Openings to Outside

	Required Net Free Open Area for Combustion Air Openings			
	Direct from outside		Duct from outside	
Model	in	(cm)	in	(cm)
125	32	(206)	64	(413)
175	44	(284)	88	(568)
250	63	(406)	126	(813)
325	82	(429)	164	(1058)
400	100	(645)	200	(1290)

Note: If using screens and/or louvers, compensate by adding 50% additional area to each opening.

2C. Site Location

⚠WARNING

Improper installation or maintenance can cause nausea or asphyxiation from carbon monoxide in flue gases which could result in severe injury, or death.

2C-1. Installation Information

Avoid placing the heater in locations where it can cause damage by water or condensate leakage. If this is not possible, provide a suitable drain pan to catch and divert any leakage. The pan must not block natural flow of air around the heater.

Locate the heater so the clearances from combustible surfaces shown in Table 2 are met.

2C-2. Outdoor Installation

Laars Lite heaters can be installed in the low-profile, grate top configuration (U.S.A. only) as received from the factory, or with an optional high wind vent cap/stack. Canadian units require a factory approved vent cap.

Locate the heater in an **open, unroofed area**. Do not install the heater under a deck. Do not locate the heater below or adjacent to any doors, glass openings, louvers, grills, etc., which connect in any way with an inhabited area of a building, even though the access might be through another structure (e.g., a garage or

Table 2. Minimum Heater Clearances From Combustible Surfaces

	Indoor (Outdoor Shelter) Installation				Outdoors Installation			
	U.S.		Canada		U.S.		Canada	
Side of Heater	Inch	(cm)	Inch	(cm)	Inch	(cm)	Inch	(cm)
Blank	6	(15.2)	6	(15.2)	6	(32)	6	(15.2)
Rear	6	(15.2)	6	(15.2)	6	(32)	6	(15.2)
Piping	12	(30.5)	18	(45.7)	12	(30.5)	18	(45.7)
Top	44	(111.7)	44	(111.7)	Open Unroofed Area			
Front	18	(45.7)	36	(91.4)	18	(45.7)	36	(91.4)

utility room. In the United States there must be a minimum of 4 feet (1.22 m) horizontally or vertically between the heater and any door, glass opening, or gravity inlet to a building (see Figure 3).

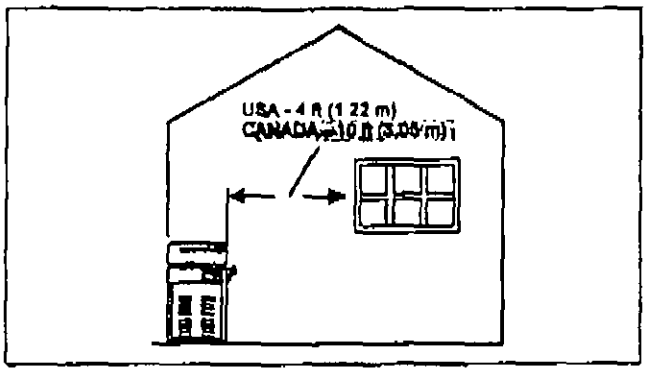


Figure 3. Outdoor Heater Installation.

⚠WARNING
United States
Do not install the heater with the top of the vent assembly within 4 feet (1.22 m) of any opening into a building.
Canada
Do not install the heater with the top of the vent assembly within 10 feet (3.05 m) of any opening into a building.

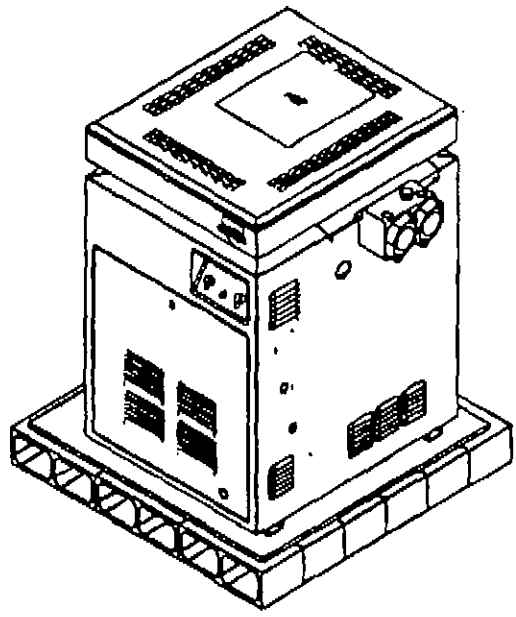
If the heater is installed under an overhang, there must be a minimum clearance of 5 feet (1.5 m) above the top of the heater and the structure should not overhang the heater more than 12 inches (0.30 m). The area under the overhang must be open on three sides. This prevents combustion gases from being diverted into living areas through doors, windows, or gravity inlets.

If the heater is installed close to a structure, protect it from rain water runoff with rain gutters on the roof or other measures. Do not locate the heater near sprinkler systems that could spray water on it.

Avoid locations where wind deflection off nearby structures might cause wind loading and downdraft conditions. Where downdraft conditions exist, locate the heater at least 3 feet (0.91 m) from vertical surfaces (e.g., nearby buildings and walls). The addition of a vent cap may be necessary.

2C-3. Flooring - Typical Installation

Do not install the heater directly on a combustible wood or carpet floor without placing a non-combustible platform between the floor and the heater. In the United States, the National Fuel Gas Code allows a heater to be placed on a combustible surface when there is a platform under the heater made of hollow masonry no less than 4 inches (102 millimeters [mm]) thick, covered with sheet metal at least 24 gauge thick and extending beyond the full width and depth of the heater by at least 6 inches (76.2 mm) in all directions. The masonry must be laid with ends unsealed, and joints matched to provide free circulation of air from side to side through the masonry (see Figure 4). If the heater is installed in a carpeted alcove, the entire floor of the alcove must be covered by a non-combustible panel. You can obtain a non-combustible base from Teledyne Laars, part number 10521701-05.



Notes:
1. Blocks must provide solid base and be braced so they cannot slip out of place.
2. Air openings in blocks must be arranged to provide unrestricted opening through entire width or length of base.

Figure 4. Non-Combustible Platform.

2D. Combustion and Ventilation Air Supply

All indoor installations must have openings to outside air for combustion, ventilation, and dilution of flue gases from inside the building (see Figure 2 and Table 1). Teledyne Laars does not recommend indoor installations that do not provide combustion air from outside the building.

All outdoor shelter installations (Canada only) must have uninterrupted openings to outside air for combustion and ventilation. The installation must be in accordance with the latest edition of CAN/CGA B149. Teledyne Laars does not recommend outdoor shelter installations that depend on combustion air for combustion.

If the heater is installed in a residential garage, or where flammable vapors will be present, the

burners must be 18 inches (457 mm) above the garage floor. Refer to the latest edition of the National Fuel Gas Code for more information. In Canada, refer to the latest edition of the Gas Installation Code, CAN/CGA B149.

⚠Caution
Do not operate this heater outdoors at temperatures below 20 degrees Fahrenheit (°F) (-7 degrees Celsius [°C]).

2E. Gas Supply and Piping

2E-1. General Instructions

Review the following general instructions before continuing the installation.

⚠WARNING
Do not convert this heater from natural gas to propane gas, or propane to natural. Field conversion could create carbon monoxide gas which can cause property damage, serious injury, or death.

1. Gas piping installation must be in accordance with the latest edition of ANSI Z223.1. In Canada, the installation must be in accordance with CAN- B149.1 or .2 and all local codes that apply.

2. Check the rating plate to make sure the heater is fitted for the type of gas being used. Teledyne Laars heaters shipped from the factory are certified to operate at an altitude of 0 to 2000 feet (0 to 609 m), or if so ordered, at higher altitudes. In the United States, the heater manifold is marked with a tag or sticker indicating one of the following high altitude operation codes:

   a. High altitude (H) - 2,000 to 6,000 feet (609 to 1829 m)

   b. High altitude (J) - 6,000 to 10,000 feet (609 to 3048 m)

3. In Canada, the heater rating plate is marked for specific altitude requirements: high altitude (H) is 2,000 to 4,500 feet (609 to 1372 m) above sea level.

4. Use the figures in Table 3 to size the gas inlet piping from the gas meter to the heater. Check all local codes for compliance before installing the heater.

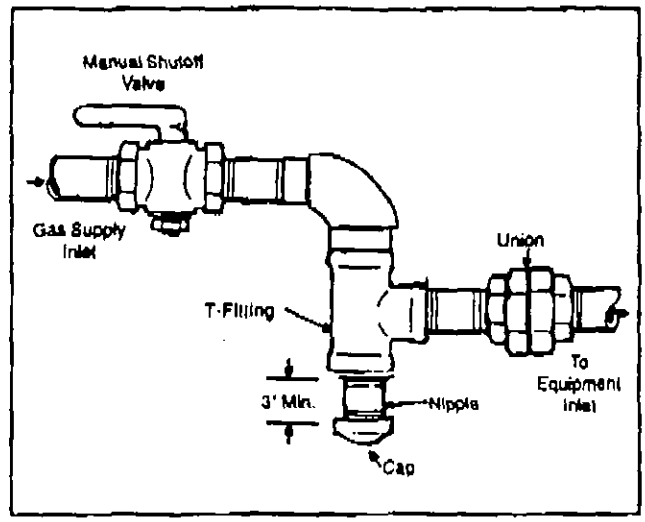


Figure 5. The proper design for a sediment trap / drip leg.

5. Install a sediment trap (drip leg) ahead of the gas controls (see Figure 5). Fit the trap with a threaded cap which can be removed for cleaning.

6. Install a manual gas shutoff valve for service and safety. Do not use a restrictive gas cock. DO NOT USE GAS FLEXIBLE PIPING.

7. Disconnect the heater and its individual shutoff valve from the gas supply system during pressure testing of the system at pressures higher than 1/2 pounds per square inch (psi) (3.45 kilopascals [kPa]). If the test pressure is equal to or less than 1/2 psi (3.45 kPa), close the manual shutoff valve on the heater during the piping pressure test.

Table 3. Natural Gas Pipe Size Requirements

Heater Size	Distance from Gas Meter: 0-50 feet (0-15 m)		50-100 feet (15-30 m)		100-200 feet (30-60 m)	
	in.	(mm)	in.	(mm)	in.	(mm)
125	3/4	(19)	1	(25.4)	1	(25.4)
175	1	(25.4)	1	(25.4)	1-1/4	(31.75)
250	1	(25.4)	1-1/4	(31.75)	1-1/4	(31.75)
325	1-1/4	(31.75)	1-1/4	(31.75)	1-1/2	(38)
400	1-1/4	(31.75)	1-1/2	(38)	1-1/2	(38)

Notes:
1. These numbers are for natural gas (0.65 Sp. Gr.) and are based on 1/2 inch (13 mm) water column pressure drop. Check supply pressure with a manometer, and local code requirements for variations. For liquefied petroleum gas, reduce pipe diameter one size, but maintain a 3/4 inch (13 mm) minimum diameter.
2. Check supply pressure and local code requirements before preceding with work.
3. Pipe fittings must be considered when determining gas pipe sizing.

⚠Caution
Permanent damage to the gas valve will occur if the following procedures are not followed.

8. If the gas supply pressure is less than required, check for under-sized pipe between the meter and the heater, a restrictive fitting, or an under-sized gas meter. Gas supply pressures to the heater are listed in Table 4.

NOTE: The maximum inlet gas pressure must not exceed the specified value. The minimum value listed is for the purpose of input adjustment. Refer to Table 4.

Table 4. Gas Supply Pressure Requirements

Supply Pressure Water Column	Natural Gas		Propane Gas	
	in.	(mm)	in.	(mm)
Minimum	6	(152)	10	(254)
Maximum	14	(356)	14	(356)

9. Before operating the heater, test the complete gas supply system and all connections for leaks using a soap solution. Do not use an open flame.

⚠Caution
Some leak test solutions (including soap and water) may cause corrosion or stress cracking. Rinse the piping with water after testing.

2E-2. Special Precautions for Propane Gas

Liquefied petroleum (LP) gas is heavier than air. Therefore, do not install pool heaters using LP gas in pits or locations where gas might collect. Locate heaters a safe distance from LP gas storage and filling equipment. Consult local codes and fire protection authorities about specific installation restrictions.

2F. Electrical Wiring

2F-1. General Information (LLD Only)

Wiring connections must be made exactly as shown in the wiring diagram found on the inside of the heater (see Figures 6 and 7 for typical examples) and must include a definite means of grounding. There is a bonding lug on the right side of the heater, where a bond wire must be attached.

Electrical wiring must be in accordance with the latest edition of the National Electric Code (NEC), ANSI/National Fire Protection Association (NFPA) 70, unless local code requirements indicate otherwise.

To wire the Laars Lite heater:

1. Wire the heater to a 120V or 240V /60 Hertz (Hz) electrical source.
2. Connect the wires from the source to the leads on the right side of the heater in the space behind the ignition control (see Figure 8).
3. Remove the screw located to the lower right of the transformer and open the hinged cover.

NOTE: No external junction box is required.

2F-2. Auxiliary Time Clock Wiring (LLD or LLG)

If you install a time clock to control the filter pump operation, it is recommended that the time clock have its own low voltage (Fireman's) switch to turn off the heater before turning off the pump. The switch should shut off the heater about 15 minutes before the filter pump shuts off. This will allow for a more efficient operation by removing any residual heat contained in the heat exchanger back to the pool.

To install a time clock auxiliary switch into the heater wires (see Figure 9):

1. Remove heater door.
2. Remove the factory installed wire between terminals 1 and 2 on the terminal strip (see Figure 9).
3. Connect the wires from the time clock auxiliary switch to the two terminals. Use American Wire Gage (AWG) No. 14 gauge stranded copper wire with a temperature rating of 221°F (105°C) or greater.

The length of the wire between the heater and the time clock should not exceed 10-15 feet (4.57 m). The contact points of the time clock switch should be silver, or a low resistance alloy.

2F-3. Remote Operation (Model LLD Only)

The Laars Lite pool/spa heater controls can be wired for remote operation. The CS-02 remote control permits switching from one temperature controller to the other and turning the heater on and off from a remote location. The CS-04 includes the same features as the CS-02 plus a remote temperature controller. Contact Teledyne Laars for further information. Reference part numbers CS-02 and CS-04.

An interrupt (on/off) type remote can be connected by removing the jumper wire on the

Contractors - Developers
Residential - Commercial

NEIGHBOUR & GROVES

2542 River Rd.
Manasquan, New Jersey 08736
(908) 974-0883 Fax (908) 974-0025

FAX COVER LETTER

DATE: August 29, 1997

TO:

NAME: Sean Kinnevy - Zoning Officer

COMPANY: Brick Township

FAX: (908) 262-8954

FROM:

NAME: Glenn Neighbour

COMPANY: Allaire Investors, Inc. t/a Neighbour & Groves

FAX: (908) 974-0025

TOTAL PAGES INCLUDING COVER LETTER: 5

OPERATOR: KN REFERENCE: 507 Princeton Avenue, Brick, N..J.

If you do not receive all of the pages listed above,please call the above named operator as soon as possible at (908) 974-0883. Thank you.

Contractors - Developers
Residential - Commercial

NEIGHBOUR & GROVES

2542 River Rd.
Manasquan, New Jersey 08736
(732) 974-0883 Fax (732) 974-0025

August 29, 1997

Sean Kinnevy (Zoning Officer)
Township of Brick
401 Chambers Bridge Road
Brick, N.J. 08723

Re: 507 Princeton Avenue
Brick, N.J.

Sean,

These are copies of our original permit, showing house, garage and boat house and a copy of our updated permit showing cost of $1,000.00 for Demo work. All these items are on file with your Building department, as well as the original plans that you have on file showing the original work on the boat house, before the small plan that the Architect sent you.

Thank you for your assistance and please let me know if it is okay to continue.

Thank you,

Glenn Neighbour

cc:gn

CONSTRUCTION PERMIT

Date Issued 4. 16-97
Control #
Permit # 870-97

IDENTIFICATION Block 917 Lot 20

Work Site Location 507 Princeton Ave

Contractor Allaire Jones Tours

Address

Owner in Fee Curt & Val Sparks

Address 11 Westbury Rd.
Great Falls, NJ

Tele. ( )

Tele. ( )

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

Federal Emp. No. or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

S.F. dwelling

5220.
52,200.

PAYMENTS (Office Use Only)	
Building	70- 70- 1305-
Plumbing	460-
Electrical	
Fire Protection	210-
Other	
Other	30r 15.-
DCA Training Fee	84-
Cert. of Occ.	212-
Other	Eng 15-
Total	2441-
Check No.	415
Cash	
Collected By:	

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 $ 510,000.-

J. Curcazza

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 24, 1997 1997 - 1297

Block 917 Lot 20 Zone R-5

Property Address: 507 Princeton Avenue

Owner: Art and Val Sparks (Phone [redacted]

Applicant: Glenn Neighbour; Allaire Investors (Phone): (908) 974-0883

Mailing Address: 2542 River Road, Manasquan, N.J. 08736

Existing Use: Single-family dwelling (to be demolished).

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Two-story single-family dwelling, 31' high.

Conditions: NJDEP Permit No. 1506-94-0072.2.
Effective date March 1, 1995.
House must be setback at least 20' from the front property line, 5' from the side property lines, and 15' from the rear property line.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(908) 262-1041
Fax (908) 262-8954
http://gbshost.com/brick

March 11, 1997

OC 3/24/97 SK

Glenn Neighbour
Allaire Investors, Inc.
2542 River Road
Manasquan, NJ 08736

RE: Block 917, Lot 20
507 Princeton Avenue
Zoning Permit Application

Dear Mr. Neighbour:

Your Zoning Permit Application for a dwelling is incomplete because it does not include a copy of your NJDEP Permit.

Please submit a copy of your DEP Permit so we can process your application.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

cc: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph Curiazza, Acting Construction Official

SK/bl

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 2/3/98

NAME Arthur & Valerie Sparks

ADDRESS 4 Hillbury Rd. Essex Falls, NJ 07021

PROPERTY LOCATION 507 Princeton Ave.

Account No. N165606 Block 917 Lot 20-

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evans

Contractors - Developers
Residential - Commercial

NEIGHBOUR & GROVES

2542 River Rd.
Manasquan, New Jersey 08736
(908) 974-0883 Fax (908) 974-0025

RECEIVED
MAR 14 1997
DIV. OF INSPECTION

FAX COVER SHEET

DATE: 3/14/97

NAME: Carol (Building)

FIRM:

FAX: 262-8954

Carol,
please submit to zoning to process permit. Thank you!
(Sean Kinney)

FROM:

NAME: Sue

FIRM:

FAX:

507 Princeton Ave.
Brick
BK 917 Lot 20
if any more problems please call me at 974-0883.
Thank you!

TOTAL NUMBER OF PAGES INCLUDING FAX COVER SHEET: 2

OPERATOR: REFERENCE:

If you do not receive all the pages, please call the above named operator as soon as possible at (908) 974-0880. Thank you.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
CN 402
Trenton, N.J. 08625

PERMIT

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to the further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	Issuance Date	Effective Date	Expiration Date
1506-94-0072.2	MAR 1 1995	MAR 1 1995	MAR 1 2000

Name and Address of Applicant	Location of Activity/Facility	Name and Address of Owner
Gary Schwartz 507 Princeton Avenue Brick, New Jersey 08723	Block 917, Lot 20 507 Princeton Avenue Brick Twp., Ocean Co., N.J. ~~North side Metedeconk River~~	same as applicant

Issuing Division	Type of Permit	Statute(s)	Application No.
Coastal Resources	CAFRA	13:19-1	1506-94-~~0072.2~~

This permit grants permission to:

Demolish an existing dwelling and garage and construct a new dwelling unit, garage and inground, 16 foot by 32 foot swimming pool for the purposes of creating a single family home on an upland, bulkheaded Metedeconk River front lot.

The work is to take place upland from the northern, bulkheaded shoreline of the Metedeconk River which outlets to Barnegat Bay, at Block 917, Lot 20, 507 Princeton Avenue, Brick Township, Ocean County, New Jersey, as shown on a plan (1 sheet) entitled: "Plot Plan, Lot 20, Block 917, Brick Township, N.J.", dated November 25, 1994 (no revision dates), prepared by Ray Carpenter who works for R.C. Associates, 2107 Bridge Avenue, Point Pleasant, New Jersey 08742. The project site is located on N.J. Tidelands/Wetlands Map #441-2160 (Metedeconk River).

THIS PERMIT AND PLAN SHALL BE REFERRED TO BEFORE AND DURING THE CONSTRUCTION OF THE PROPOSED PROJECT.

The work and structures have been reviewed in terms of the Rules on Coastal Zone Management (N.J.A.C. 7:7E-1.1 et seq.) amended as of July 18, 1994 and is acceptable. Specifically, the project complies with: 7:7E-7.2(e) Mooring Use Rules and 7:7E-8.4 Water Quality.

Issuance of this permit in no way relinquishes, and shall not be construed as a relinquishment by the State of New Jersey of any Tidelands right, title, ownership/interest in the subject property or in any land surrounding same.

Prepared by: Mark A. Godfrey
Mark A. Godfrey
Principal Environmental Specialist

Approved by the Department of Environmental Protection

~~SEE PAGE THREE (3)~~

DATE

word permit means "approval, certification, registration, etc."

(GENERAL CONDITIONS ARE ON THE REVERSE SIDE.)

The permittee shall allow an authorized representative of the New Jersey Department of Environmental Protection the right to inspect construction pursuant to N.J.A.C. 7:7-1.5(b)4.

This permit is issued subject to, and provided, the following conditions can be met to the satisfaction of the Land Use Regulation Program. All conditions must be met prior to construction unless otherwise specified. Compliance with Administrative Conditions shall be determined once copies of all specified permits, certifications, plans, agreements, etc. have been received, not less than 30 days prior to construction, and approved by the Land Use Regulation Program. All Physical Conditions are subject to on-site compliance inspection by the Bureau of Coastal and Land Use Enforcement. As per N.J.A.C. 7:7-1.5(b)1, you must notify the Bureau of Coastal and Land Use Enforcement, (1510 Hooper Avenue, Toms River, N.J. 08753), in writing at least three (3) working days prior to commencement of construction or site preparation.

CONDITIONS:

Administrative Conditions:

1. This permit shall be RECORDED in the office of the County Clerk (the REGISTRAR OF DEEDS AND MORTGAGES in the applicable counties) in the county wherein the lands included in the permit are located within ten (10) days after receipt of the permit by the applicant and verified notice shall be forwarded to the Land Use Regulation Program immediately thereafter.

2. This permit is NOT VALID until the permit acceptance form has been signed by the applicant, accepting and agreeing to adhere to all permit conditions, and returned to the Land Use Regulation Program at CN 401, Trenton, N.J. 08625.

3. The proposed project shall be constructed as shown on the above-referenced plan. Any additional activities or structures, to be constructed as supplements to the permitted activity described herein, or the relocation of any of the structures from those sites designated by the above-referenced plan, will require a "modification in

detail" to this coastal permit or, a new permit. THIS PERMIT AND PLAN SHALL BE REFERRED TO BEFORE AND DURING THE CONSTRUCTION OF THE PROPOSED PROJECT.

4. The permittee is obligated to obtain all other applicable federal, State, county and municipal permits.

Physical Conditions:

5. The use of plastic under landscape or gravel areas is prohibited. All sub gravel liners must be made of filter cloth or other permeable material.

6. Rooftop runoff shall be collected in drywells or dispersed overland on the upland portion of the site and not conveyed directly to the adjacent Metedeconk River via piping.

7. Newly constructed portions of the proposed driveway shall be covered with a permeable material or pitched to drain all runoff onto permeable areas of the site.

8. Construction activities shall be consistent with all applicable Ocean County Soil Conservation Service regulations. Prior to commencement of site disturbance, the permittee shall erect a silt fence to limit soil erosion and to protect the Metedeconk River and its associated wetlands. The silt fence shall be erected along the upland limit of the on-site bulkhead with a ten (10) foot return on the eastern end and a sixty (60) foot return on the western end which lies adjacent to an off-site wetlands area. This fence must remain in place until all construction and soil stabilization has been completed. The slope areas of the site shall be stabilized using teracing and the installation of native woody vegetation.

9. The construction of a swimming pool backwash system outletting to the Metedeconk River is prohibited.

Date: 3/1/95

Ruth Ehinger, Manager
Bureau of Coastal Regulation
Land Use Regulation Program

Contractors - Developers
Residential - Commercial

NEIGHBOUR & GROVES

2542 River Rd.
Manasquan, New Jersey 08736
(732) 974-0883 Fax (732) 974-0025

February 13, 1998

Township of Brick
Attn: Frank Myers-Building Inspector

Re: 507 Princeton Avenue
Brick, NJ
Permit # 870-97
Block # 917 Lot # 20

Dear Mr. Myers,

Enclosed please find the Municipal Copy of the New Home Warranty Certificate of Participation on the above referenced property for Art and Val Sparks.

If you have any questions please feel free to contact either Glenn Neighbour the Builder or myself at (732) 974-0083.

Thank You,

Kathleen Neighbour

cc: KN

INSPECTOR: T. Raspos

DATE: 3/11/98

JOB: ——

SECTION: off Princeton Ave

TYPE OF WORK: Final

WEATHER: Sunny

LOCATION: 507 Princeton Ave

TEMPERATURE: 20's

BLOCK: 917 LOT: 20

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding		
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

Temp C.O. extended to 4/1/98 for Elevation Certificate + Soil Stabilization Hay + seed.

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

Thomas K. Rapp

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

el Sparks
vaton Ave

Permit #870-97
Bl #917
Lot #20

s a survey showing
ing + Pool House not in
Hazard Zone. Please
us if this is acceptable.
arks presently have a
onal "CO" Thank You
7328) 974-0883 Kathleen Neighbours

GAS PIPING

Pool House

SPARKS Job

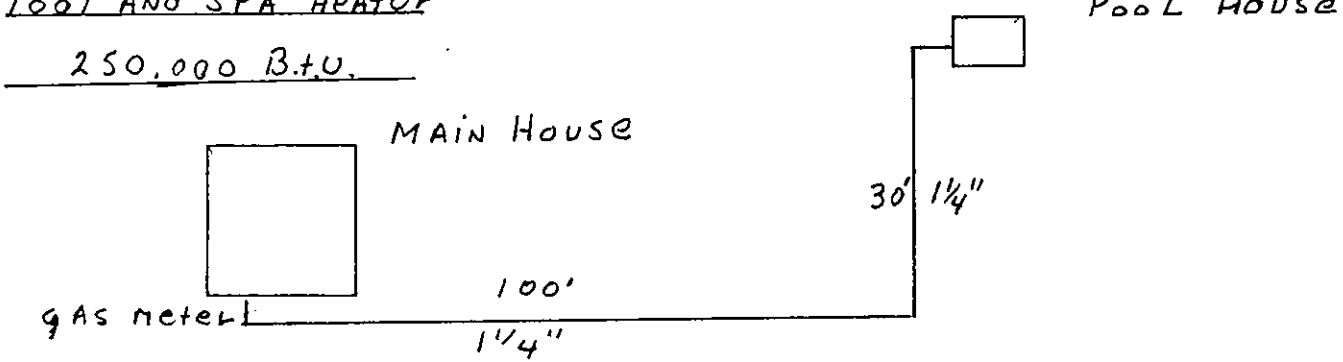
507 PRINCETON Ave

Teledyne LAARS

Model LLG - NG

Pool AND SPA Heater

250,000 B.t.U.

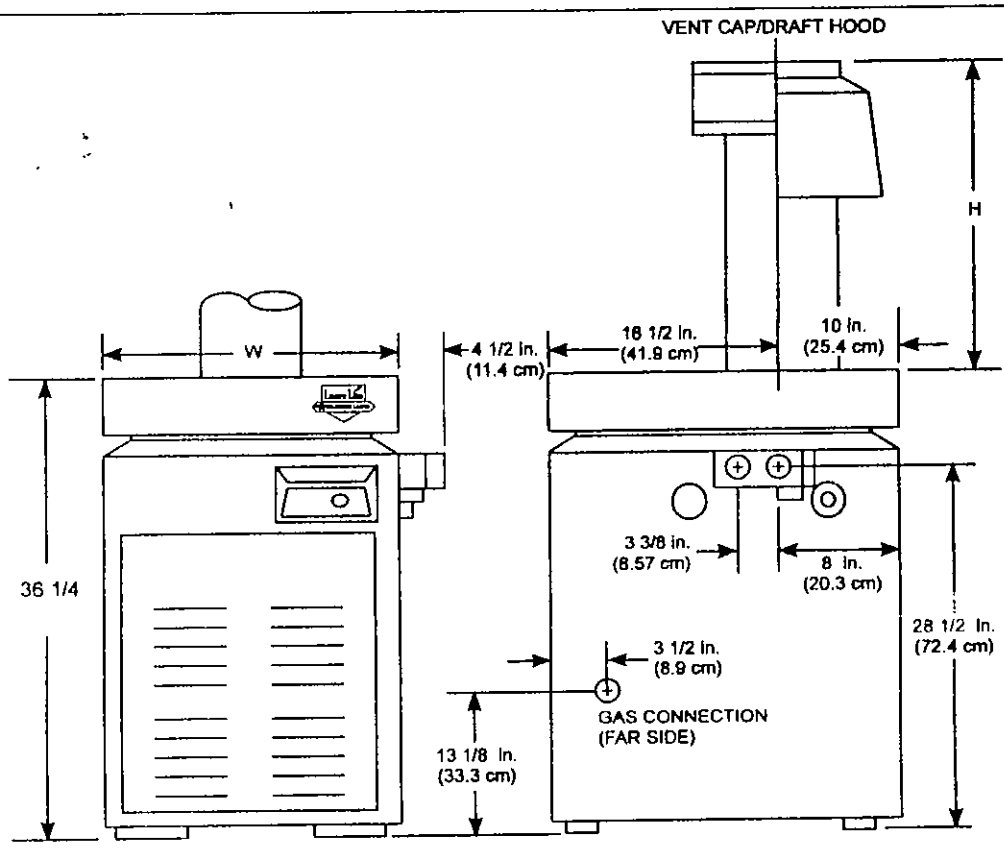


SECTION 1. General Information

1A. Introduction

This manual provides installation and operation instructions for the Laars Lite, Model LLG and LLD pool and spa heaters. Read these installation and operation instructions completely before proceeding with the installation. Consult the Teledyne Laars factory, or local factory representative, with any questions regarding this equipment. Experience has shown that most operating problems are caused by improper installation.

The Laars Lite heater is design certified by International Approval Services (formerly American



Model Size	Heater Width		Venting Dimensions: Vent Diameter		U.S. Outdoor Dim "H"		U.S. Indoor or CAN Outdoor Shelter Dim "H"		Firing Rate / Hr. (1,000's)	
	in	(cm)	in	(cm)	in	(cm)	in	(cm)	BTU	(kcal)
125	15	(38)	5	(12.7)	9 1/8	(23)	16 1/4	(41.3)	125	(31.5)
175	18	(45.7)	6	(15.2)	9 3/4	(24)	24 1/8	(61.3)	175	(44.1)
250	22 1/2	(57.2)	7	(17.8)	10	(26)	25 1/4	(64.1)	250	(63)
325	26 3/4	(67.9)	8	(20.3)	10 5/8	(27)	26 1/2	(67.3)	325	(81.9)
400	31 3/4	(80.6)	9	(22.9)	13 1/4	(34)	27 1/2	(69.9)	400	(101)

Notes:

1. In Canada, derate BTU/Hr input and output 10 percent for altitudes of 2,000 to 4,500 feet (609 to 1372 m) above sea level. No derating necessary up to altitude of 2,000 feet (609 m). In United States derate input 4 percent for each 1,000 feet (305 m) above sea level, starting at 2,000 feet (609m).
2. The Laars Lite is constructed for 75 psi working pressure.
3. Ratings shown are for both natural and propane gas.

Figure 1. General Configuration.

Gas Association and Canadian Gas Association) as complying with the latest edition of the Standard for Gas-Fired Pool Heaters, ANSI Z21.56, and in Canada with CAN1-4.7-M85.

Certain sections of this manual are specific to either United States or Canadian installations, and are labeled as such.

1B. Description

The Laars Lite LLD heater gets electrical power from an external 120V / 240V (volt AC) source and provides a dual thermostat Flex-Temp control system for pool/spa combinations or pre-heat convenience. The Laars Lite LLD heater also meets the California, New York, Hawaii, and Oregon state energy requirements for intermittent ignition gas appliances. The Laars Lite LLG heater is a self contained standing pilot unit and requires no external power.

The Laars Lite heater is specifically designed for heating swimming pools and spas. Do not use it as a general service water heater or for heating salt water pools. Consult your dealer for the appropriate Teledyne Laars products for these applications.

1C. Warranty

The Laars Lite heater is sold with a limited factory warranty. Details are specified on the back cover of this manual. A copy of the warranty and a warranty registration card are included in the plastic bag shipped with the heater. Fill out and return the warranty registration card.

Make all warranty claims to an authorized Teledyne Laars representative or directly to the factory. Claims must include the heater serial number and model (this information can be found on the rating plate), installation date, and name of the installer. Shipping costs are not included in the warranty coverage.

Damage caused by improper installation or assembly, or to the heat exchanger by corrosive water, is NOT covered by the Warranty. See Section 3D for maintaining proper pool water chemistry.

> **NOTE:** Keep this manual in a safe place for future reference when inspecting or servicing the heater.

1D. Technical Assistance

Consult Teledyne Laars or your local distributor with any questions or problems involving the specifications, installation, and operation of your Teledyne Laars equipment. An experienced technical support staff is ready to assist in assuring the proper performance and application of Teledyne Laars products.

SECTION 2. Installation Instructions

2A. General Information

Install the Laars Lite heaters in accordance with the procedures in this manual, local codes and ordinances, and in accordance with the latest edition of the National Fuel Gas Code, ANSI Z223.1. In Canada, the installation must be in accordance with CAN1-B149.1 or .2 and local codes. The authority having jurisdiction may require the installation conform to the Standard for Gas-Fired Heaters, ANSI Z21.56. Any changes to the heater, gas controls, gas orifices, wiring, draft diverter, or improper installation may void the warranty. If field conditions require change to any of the above, consult the factory.

All gas-fired products require correct installation to assure safe operation. The requirements for pool heaters include the following:

1. Field assembly (if required)
2. Appropriate site location (clearances) and flooring
3. Sufficient combustion and ventilation air
4. Properly sized gas meter and piping
5. Proper electrical wiring (if required)
6. Adequate water flow

This manual provides the information needed to meet these requirements. Review all application and installation procedures completely before continuing the installation.

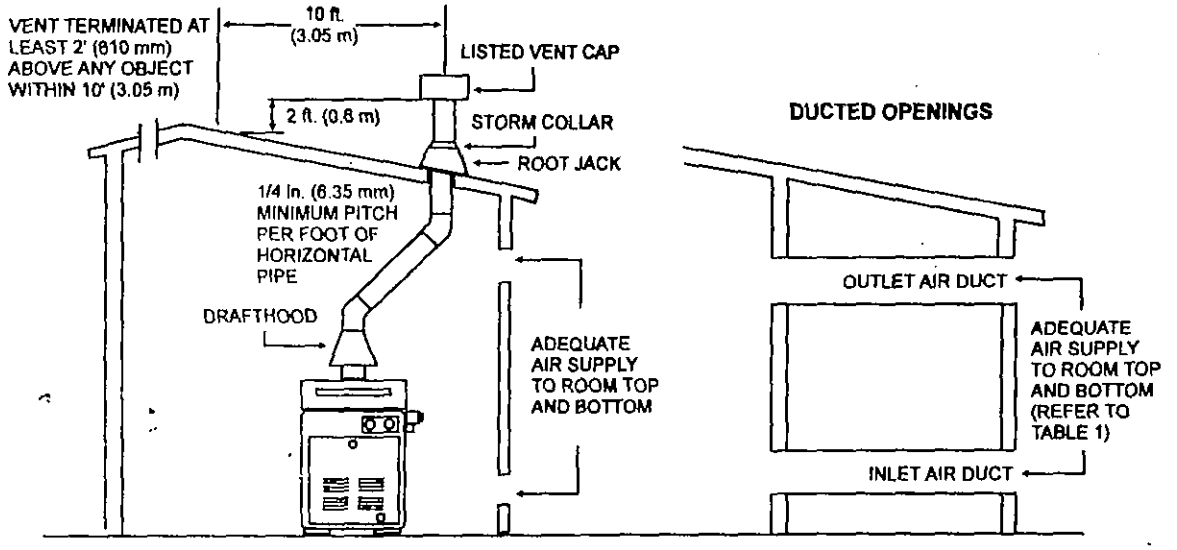
2B. Field Assembly

The Laars Lite heater is shipped from the factory with the top assembly in the low-profile configuration for outdoor installation in the U.S. The Laars Lite heater is design certified for indoor installation when equipped with a drafthood, which must be installed without modification.

The Laars Lite heater is also certified for installation in an outdoor shelter in Canada when equipped with a drafthood. An outdoor shelter is an enclosure not normally occupied which does not communicate directly with occupied areas.

Check the rating plate on the heater for the correct Teledyne Laars part number. See instructions supplied with the drafthood for installation and attachment. When the draft hood is used, locate the heater so as to be in the same atmospheric pressure zone as the combustion air inlet to the heater.

If a drafthood is used, it must be connected to a vent pipe which stops at least 2 feet (0.61 meters [m]) above the highest point of the roof or other object that is within 10 feet (3.05 m) from the vent termination. The vent pipe must have a listed vent cap which allows a full equivalent opening for flue products (see Figure 2).



Notes:
1. An Underwriters' Laboratories listed vent cap is required to prevent downdraft and allow the heater to function properly and safely.
2. Use approved roof jack.

Figure 2. Indoor Installation Venting (USA), or Outdoor Shelter (Canada).

Table 1. Air Openings to Outside

Required Net Free Open Area for Combustion Air Openings				
	Direct from outside		Duct from outside	
Model	in	(cm)	in	(cm)
125	32	(206)	64	(413)
175	44	(284)	88	(568)
250	63	(406)	126	(813)
325	82	(429)	164	(1058)
400	100	(645)	200	(1290)

Note: If using screens and/or louvers, compensate by adding 50% additional area to each opening.

2C. Site Location

⚠WARNING

Improper installation or maintenance can cause nausea or asphyxiation from carbon monoxide in flue gases which could result in severe injury, or death.

2C-1. Installation Information

Avoid placing the heater in locations where it can cause damage by water or condensate leakage. If this is not possible, provide a suitable drain pan to catch and divert any leakage. The pan must not block natural flow of air around the heater.

Locate the heater so the clearances from combustible surfaces shown in Table 2 are met.

2C-2. Outdoor Installation

Laars Lite heaters can be installed in the low-profile, grate top configuration (U.S.A. only) as received from the factory, or with an optional high wind vent cap/stack. Canadian units require a factory approved vent cap.

Locate the heater in an **open, unroofed area**. Do not install the heater under a deck. Do not locate the heater below or adjacent to any doors, glass openings, louvers, grills, etc., which connect in any way with an inhabited area of a building, even though the access might be through another structure (e.g., a garage or

Table 2. Minimum Heater Clearances From Combustible Surfaces

	Indoor (Outdoor Shelter) Installation				Outdoors Installation			
	U.S.		Canada		U.S.		Canada	
Side of Heater	Inch	(cm)	Inch	(cm)	Inch	(cm)	Inch	(cm)
Blank	6	(15.2)	6	(15.2)	6	(32)	6	(15.2)
Rear	6	(15.2)	6	(15.2)	6	(32)	6	(15.2)
Piping	12	(30.5)	18	(45.7)	12	(30.5)	18	(45.7)
Top	44	(111.7)	44	(111.7)	Open Unroofed Area			
Front	18	(45.7)	36	(91.4)	18	(45.7)	36	(91.4)

utility room. In the United States there must be a minimum of 4 feet (1.22 m) horizontally or vertically between the heater and any door, glass opening, or gravity inlet to a building (see Figure 3).

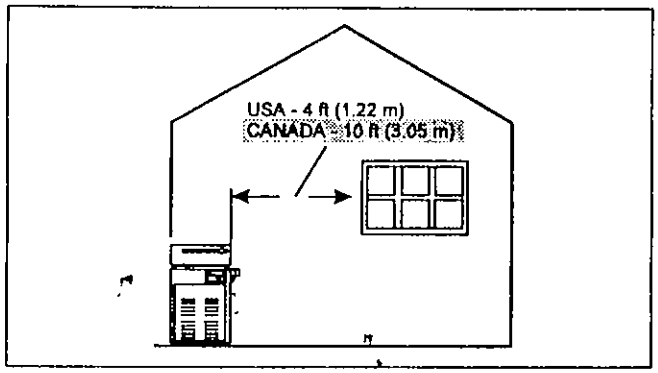


Figure 3. Outdoor Heater Installation.

⚠WARNING
United States
Do not install the heater with the top of the vent assembly within 4 feet (1.22 m) of any opening into a building.

Canada
Do not install the heater with the top of the vent assembly within 10 feet (3.05 m) of any opening into a building.

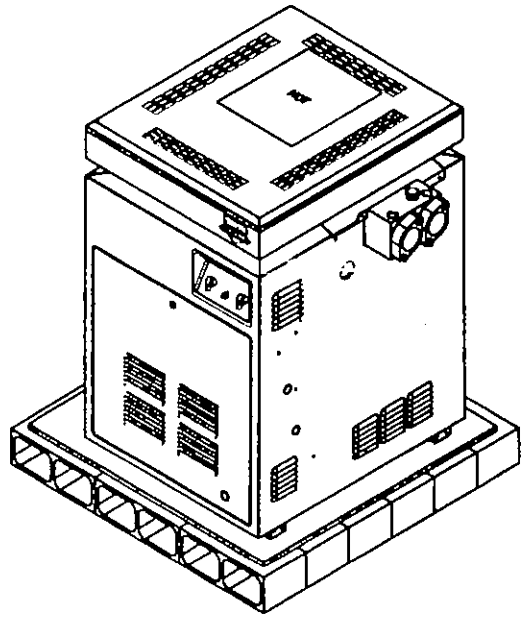
If the heater is installed under an overhang, there must be a minimum clearance of 5 feet (1.5 m) above the top of the heater and the structure should not overhang the heater more than 12 inches (0.30 m). The area under the overhang must be open on three sides. This prevents combustion gases from being diverted into living areas through doors, windows, or gravity inlets.

If the heater is installed close to a structure, protect it from rain water runoff with rain gutters on the roof or other measures. Do not locate the heater near sprinkler systems that could spray water on it.

Avoid locations where wind deflection off nearby structures might cause wind loading and downdraft conditions. Where downdraft conditions exist, locate the heater at least 3 feet (0.91 m) from vertical surfaces (e.g., nearby buildings and walls). The addition of a vent cap may be necessary.

2C-3. Flooring - Typical Installation

Do not install the heater directly on a combustible wood or carpet floor without placing a non-combustible platform between the floor and the heater. In the United States, the National Fuel Gas Code allows a heater to be placed on a combustible surface when there is a platform under the heater made of hollow masonry no less than 4 inches (102 millimeters [mm]) thick, covered with sheet metal at least 24 gauge thick and extending beyond the full width and depth of the heater by at least 6 inches (76.2 mm) in all directions. The masonry must be laid with ends unsealed, and joints matched to provide free circulation of air from side to side through the masonry (see Figure 4). If the heater is installed in a carpeted alcove, the entire floor of the alcove must be covered by a non-combustible panel. You can obtain a non-combustible base from Teledyne Laars, part number 10521701-05.



Notes:
1. Blocks must provide solid base and be braced so they cannot slip out of place.
2. Air openings in blocks must be arranged to provide unrestricted opening through entire width or length of base.

Figure 4. Non-Combustible Platform.

2D. Combustion and Ventilation Air Supply

All indoor installations must have openings to outside air for combustion, ventilation, and dilution of flue gases from inside the building (see Figure 2 and Table 1). Teledyne Laars does not recommend indoor installations that do not provide combustion air from outside the building.

All outdoor shelter installations (Canada only) must have uninterrupted openings to outside air for combustion and ventilation. The installation must be in accordance with the latest edition of CAN/CGA B149. Teledyne Laars does not recommend outdoor shelter installations that depend on combustion air for combustion.

If the heater is installed in a residential garage, or where flammable vapors will be present, the

burners must be 18 inches (457 mm) above the garage floor. Refer to the latest edition of the National Fuel Gas Code for more information. In Canada, refer to the latest edition of the Gas Installation Code, CAN/CGA B149.

> **⚠Caution**
> Do not operate this heater outdoors at temperatures below 20 degrees Fahrenheit (°F) (-7 degrees Celsius [°C]).

2E. Gas Supply and Piping

2E-1. General Instructions

Review the following general instructions before continuing the installation.

> **⚠WARNING**
> Do not convert this heater from natural gas to propane gas, or propane to natural. Field conversion could create carbon monoxide gas which can cause property damage, serious injury, or death.

1. Gas piping installation must be in accordance with the latest edition of ANSI Z223.1. In Canada, the installation must be in accordance with CAN- B149.1 or .2 and all local codes that apply.

2. Check the rating plate to make sure the heater is fitted for the type of gas being used. Teledyne Laars heaters shipped from the factory are certified to operate at an altitude of 0 to 2000 feet (0 to 609 m), or if so ordered, at higher altitudes. In the United States, the heater manifold is marked with a tag or sticker indicating one of the following high altitude operation codes:

   a. High altitude (H) - 2,000 to 6,000 feet (609 to 1829 m)

   b. High altitude (J) - 6,000 to 10,000 feet (609 to 3048 m)

3. In Canada, the heater rating plate is marked for specific altitude requirements: high altitude (H) is 2,000 to 4,500 feet (609 to 1372 m) above sea level.

4. Use the figures in Table 3 to size the gas inlet piping from the gas meter to the heater. Check all local codes for compliance before installing the heater.

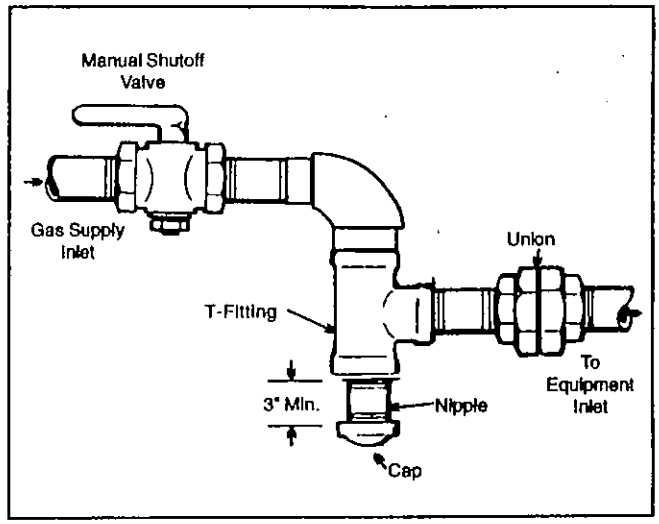


Figure 5. The proper design for a sediment trap / drip leg.

5. Install a sediment trap (drip leg) ahead of the gas controls (see Figure 5). Fit the trap with a threaded cap which can be removed for cleaning.

6. Install a manual gas shutoff valve for service and safety. Do not use a restrictive gas cock. DO NOT USE GAS FLEXIBLE PIPING.

7. Disconnect the heater and its individual shutoff valve from the gas supply system during pressure testing of the system at pressures higher than 1/2 pounds per square inch (psi) (3.45 kilopascals [kPa]). If the test pressure is equal to or less than 1/2 psi (3.45 kPa), close the manual shutoff valve on the heater during the piping pressure test.

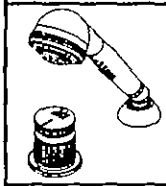
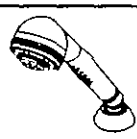
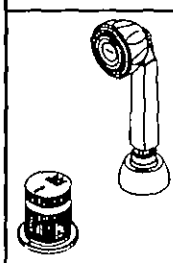
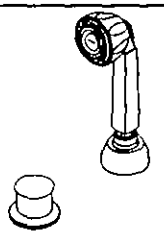
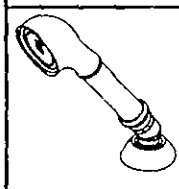
Table 3. Natural Gas Pipe Size Requirements

Heater Size	Distance from Gas Meter: 0-50 feet (0-15 m)		50-100 feet (15-30 m)		100-200 feet (30-60 m)	
	in.	(mm)	in.	(mm)	in.	(mm)
125	3/4	(19)	1	(25.4)	1	(25.4)
175	1	(25.4)	1	(25.4)	1-1/4	(31.75)
250	1	(25.4)	1-1/4	(31.75)	1-1/4	(31.75)
325	1-1/4	(31.75)	1-1/4	(31.75)	1-1/2	(38)
400	1-1/4	(31.75)	1-1/2	(38)	1-1/2	(38)

Notes:
1. These numbers are for natural gas (0.65 Sp. Gr.) and are based on 1/2 inch (13 mm) water column pressure drop. Check supply pressure with a manometer, and local code requirements for variations. For liquefied petroleum gas, reduce pipe diameter one size, but maintain a 3/4 inch (13 mm) minimum diameter.
2. Check supply pressure and local code requirements before preceding with work.
3. Pipe fittings must be considered when determining gas pipe sizing.

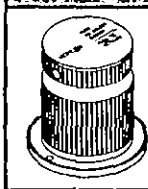
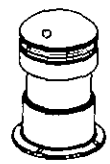
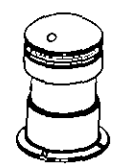
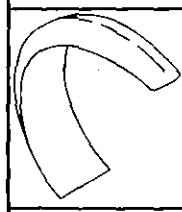
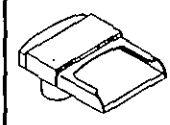
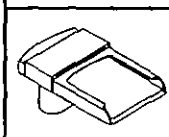
K3

BATH AND DECK-MOUNT SPOUTS

PRODUCT	SKU	DESCRIPTION	COLOR/ FINISH	LIST PRICE
	K-6531	3-Way Diverter Valve/Vacuum Breaker and MasterShower™ 3-Way Handshower Kit IAPMO approved	CP	$ 407.10
			0	507.85
			PB	573.85
			SN*	595.80
			AU	712.90
	K-6529	2-Way Diverter Valve and MasterShower™ 3-Way Handshower Kit	CP	265.30
			PB	380.40
			0	347.55
			SN*	447.00
			AU	533.60
	K-6528	MasterShower Deck-Mount 3-Way Handshower	CP	175.60
			0	207.45
			PB	240.35
			SN*	282.30
	K-6530	3-Way Diverter Valve/Vacuum Breaker and Persona™ Handshower Kit IAPMO approved	CP	449.95
			G	537.75
			PB	636.45
			AU	795.60
	K-6527	2-Way Diverter Valve and Persona Handshower Kit	CP	328.15
			G	377.45
			PB	443.10
			AU	616.25
	K-9677	Persona Deck-Mount Personal Handshower	CP	218.45
			G	237.35
			PB	303.00
	K-6526	Traditional Deck-Mount Personal Handshower Handshower available with either black or white accents on handle and spray face.	CP, CW	252.45
			G, GW	290.25
			PB, PW	340.70
			BN, BW	353.40
			SN, SW	353.40
			AU, AW	378.85

K-6526 Finish Guide

- CP Polished Chrome with Black accents
- CW Polished Chrome with White accents
- G Brushed Chrome with Black accents
- GW Brushed Chrome with White accents
- PB Polished Brass with Black accents
- PW Polished Brass with White accents
- BN Brushed Nickel with Black accents
- BW Brushed Nickel with White accents
- SN Polished Nickel with Black accents
- SW Polished Nickel with White accents
- AU Polished Gold with Black accents
- AW Polished Gold with White accents

PRODUCT	SKU	DESCRIPTION
	K-9527	Deck-Mount 3-Way Diverter Valve/Vacuum Breaker
	K-9530	Deck-Mount 2-Way Diverter Valve Can be wall-mounted up to 1 1/4" wall thickness
	K-9540 NEW!	Bath-Mount Transfer Valve/Vacuum Breaker 2/3-Way valve with integral vacuum breaker
	K-9541 NEW!	Deck-Mount Transfer Valve/Vacuum Breaker 2/3-Way valve with integral vacuum breaker
	K-6940-H	Deck-Mount Roman Non-Diverter Bath Spout 8 3/4" Inlet to outlet 4" Spout height 3/4" slip-fit connection
	K-6945	Deck-Mount Crescent Non-Diverter Bath Spout 7 1/2" Inlet to outlet 10 1/2" Spout height 3/4" IPS connection PF
	K-7981	Alteana Bath- or Deck-Flume™ Non-Diverter Spout 6 1/2" Inlet to outlet 4 5/16" Spout height PF
	K-7982	Alteana Bath- or Deck-Flume™ Non-Diverter Spout 8 1/2" Inlet to outlet 4 5/16" Spout height PF
		*Note: This finish made to order. Le

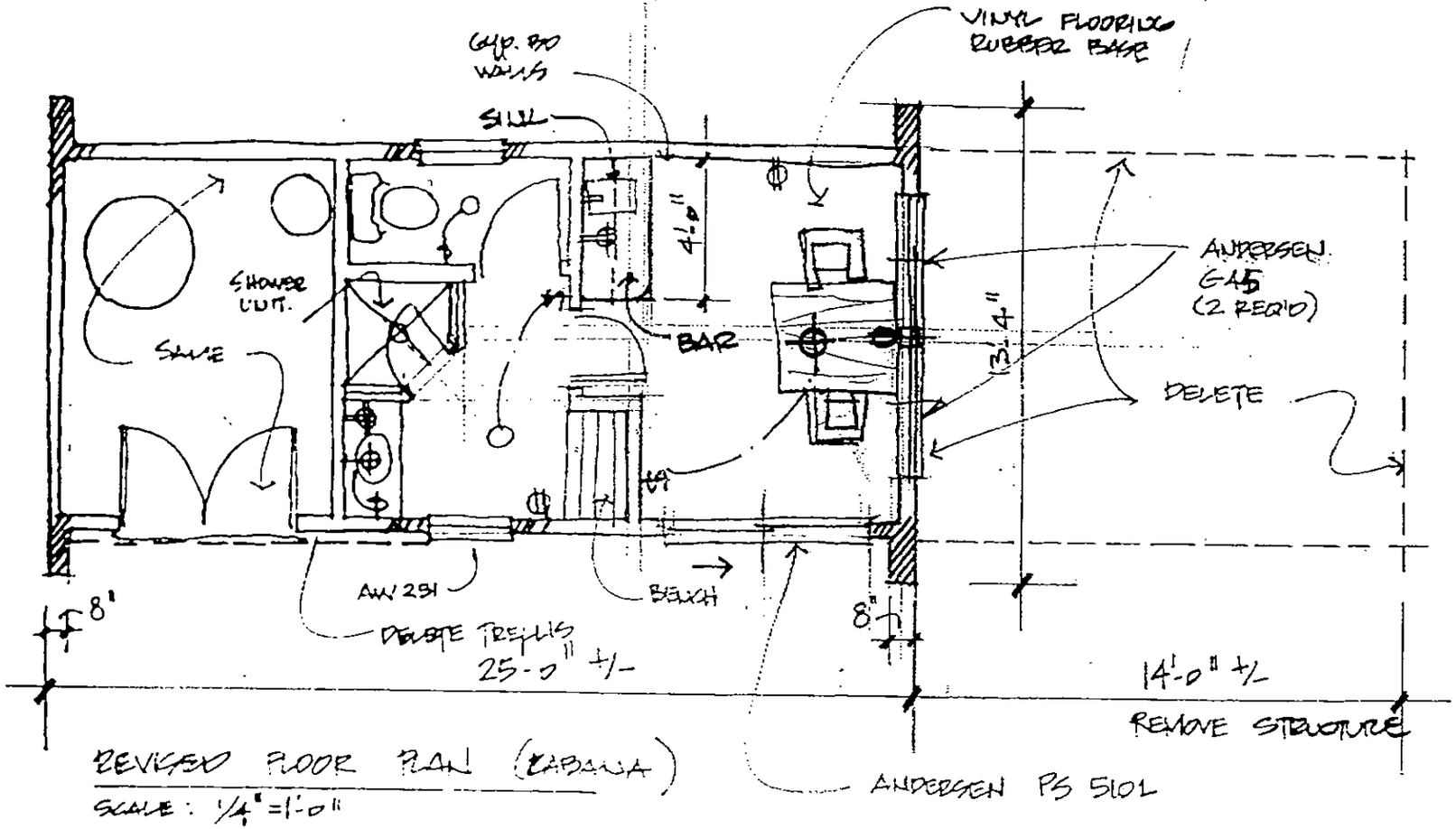
BATH SPOUTS
DRAINS

KOHLER FAUCETS

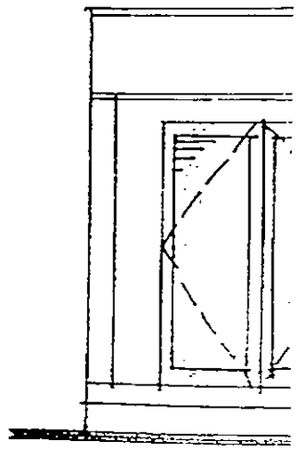
PROPOSED SPARKS RESIDENCE

257 PRINCETON AVE
BLOCK 917, LOT 20
TOWNSHIP OF BRICK
NEW JERSEY

I of B
4-28-97



REVISED FLOOR PLAN (CABANA)
SCALE: 1/4" = 1'-0"



REVISED
SCALE: 1/

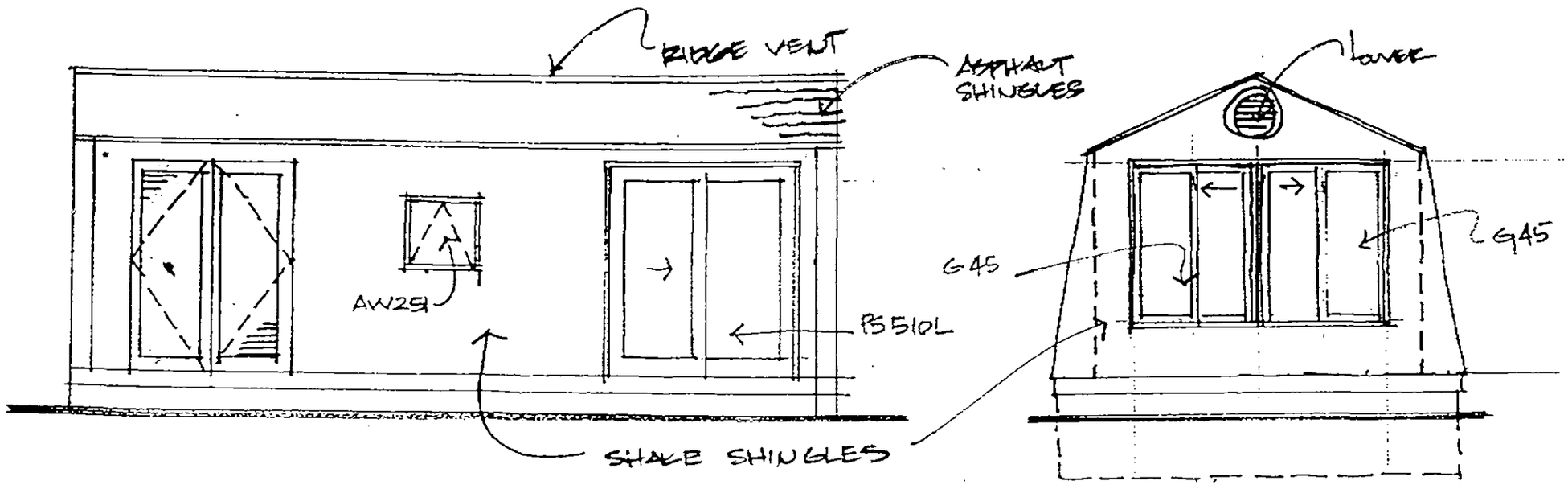
REFERENCE NORTH

GREGORY ROBERT ARNEE
A-01557
A.I.A. ARCHITECT

DEMOLITION PLAN & ELEVATIONS

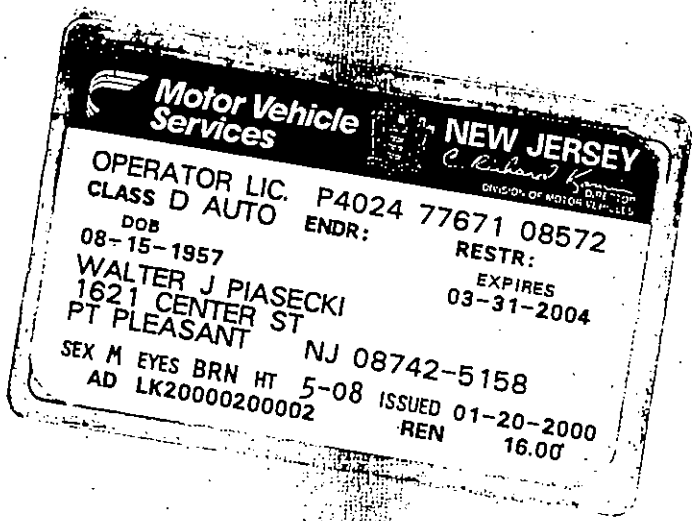
A1

4-28-97



REVISED WEST ELEVATION
SCALE: 1/4" = 1'-0"

REVISED SOUTH ELEVATION
SCALE: 1/4" = 1'-0"



05/14/03 12:26PM 000000#0044
XX06 SERV.006

#999	
MISC	$4.00
XXXTOTAL	$4.00
CASH	$4.00
CHANGE	$0.00

INSPECTOR: Nick Murgolo

DATE: 3/19/98

JOB:

SECTION: OFF Princeton Ave

TYPE OF WORK: Final

WEATHER: Rain

LOCATION: 507 Princeton Ave

TEMPERATURE: 40's

BLOCK: 917 LOT: 20

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading	X	
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding	X	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	

COMMENTS REFERENCING ITEM NUMBER: Elevation Cert. 3/12/98
Soil Stabilized 3/18/98

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

DANTE® GAS VALVE

For use with either the BLUE FLAME Fireplace Log Lighter (for real logs) or Artificial / Gas Log Sets

Att. Glen

507 Princeton Ave

This valve is certified by A.G.A. and C.G.A. to be used with natural, manufactured or mixed LPG gas—air mixture.

BLUE FLAME DNT.S.PB.CM

0 54773 90021 0

INSTALLATION INSTRUCTIONS:

1. Blow out ALL grit, dirt, or other foreign material from line BEFORE assembling valve to line. USE TEFLON TAPE ON ALL JOINTS.

2. Always run a pressure test on system before closing wall or floor.

3. Be sure Log Lighter Valve is in the OFF position while making SYSTEM LEAKAGE CHECK (2 PSI) To test for leakage between Valve and Log Lighter, use regular gas line pressure and Liquid Leak Detector at all joints. Valve is designed to meet AGA test pressure of 3 PSI. **When completing installation, verify floor plate and valve are rejoined.**

4. The **DANTE** Gas Valve (available in straight and angle patterns) is precision engineered to give you years of safe, worry-free service. It is twice factory tested to meet building code pressure specifications.

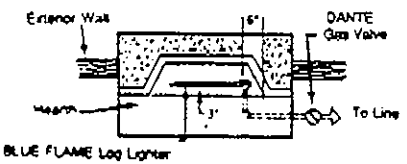
5. It is important that you don't abuse the valve during installation. Install it as you would any gas appliance valve.

Straight valve certified by AGA for 81,700 BTU
Angle valve certified by AGA for 107,625 BTU
New Straight valve certified for 97,125 BTU
(Must Specify)

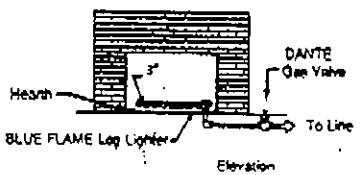
For 2 extra keys send $10.00. This charge includes postage and handling. California residents add 8.00% sales tax. Specify type of finish - Antique Brass, Pewter, Polished Chrome, or Polished Brass Finish.

Note: Always turn valve off tightly and remove key (out of reach of children) when log lighter is not in use

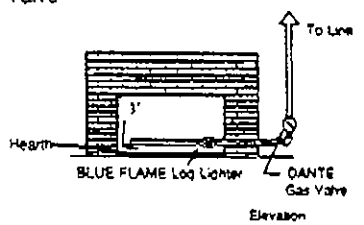
Rough-in for **BLUE FLAME** Log Lighter and **DANTE** Gas Valve



BLUE FLAME LOG LIGHTER
DANTE GAS VALVE
PLAN VIEW
Recommended Installation Only



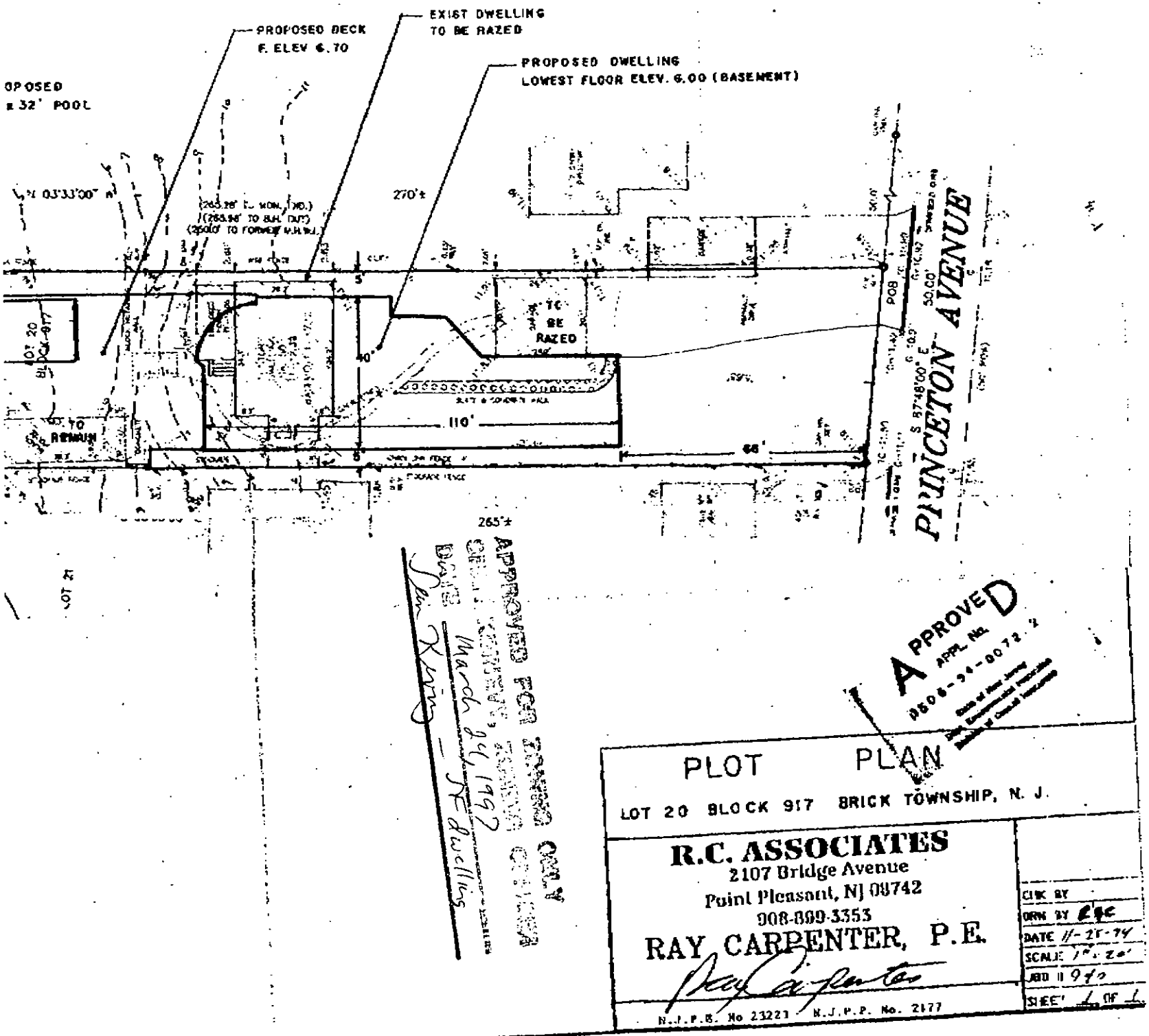
BLUE FLAME LOG LIGHTER
DANTE GAS VALVE
Model "A"
Recommended Installation Only

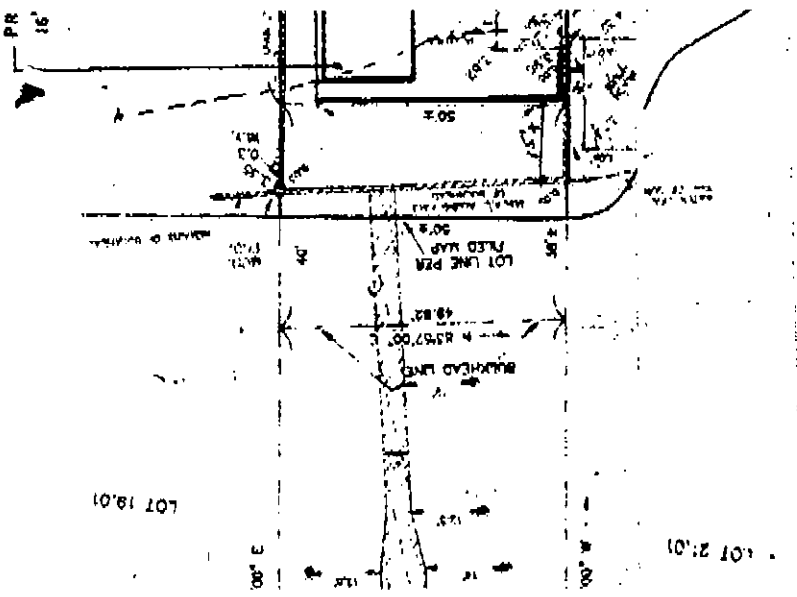


BLUE FLAME LOG LIGHTER
DANTE GAS VALVE
Model "S"
Recommended Installation Only

All **BLUE FLAME** products are fully guaranteed. Canterbury Enterprises will replace any of its products shown defective within one year of purchase. Return them to Canterbury Enterprises for inspection. The company assumes

CANTERBURY ENTERPRISES
Division of Joe Leighton & Associates, Inc.
24662 Del Prado Ave

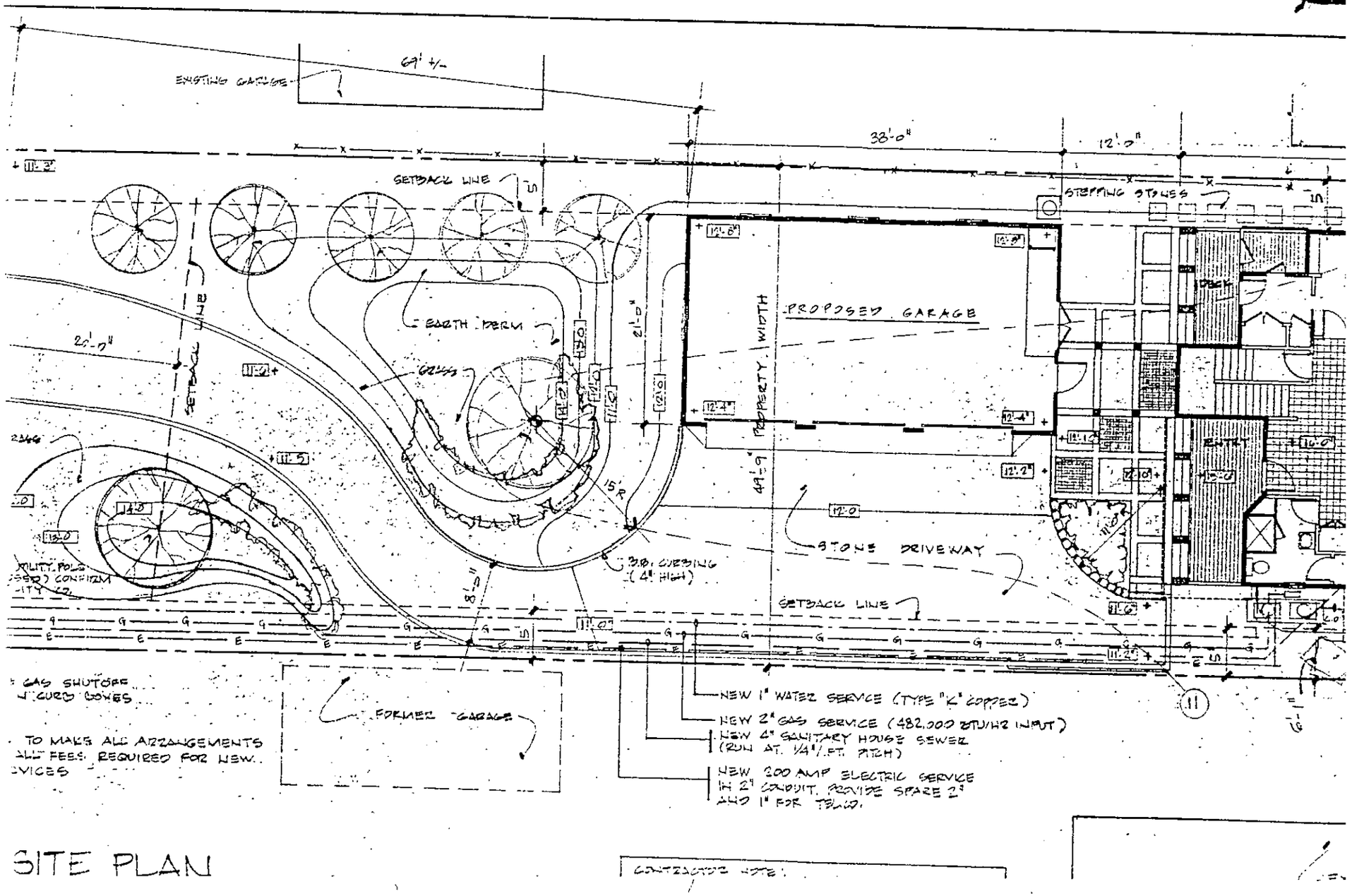




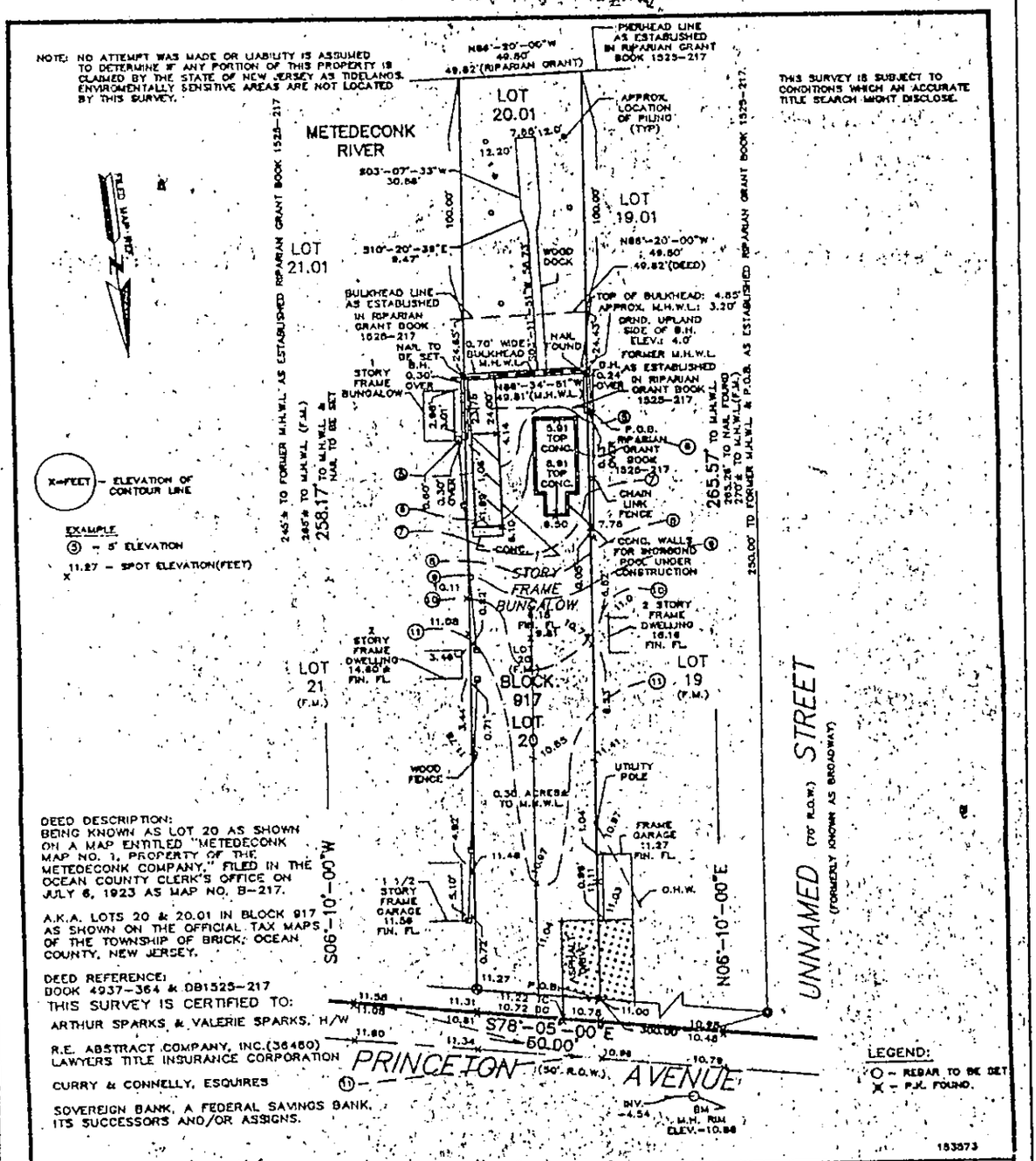
TOTAL P.02

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE March 24, 1997
Sean Kinney – SF dwelling

new trees to be planted



SITE PLAN



DEED DESCRIPTION:
BEING KNOWN AS LOT 20 AS SHOWN ON A MAP ENTITLED "METEDECONK MAP NO. 1, PROPERTY OF THE METEDECONK COMPANY," FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JULY 6, 1923 AS MAP NO. B-217.

A.K.A. LOTS 20 & 20.01 IN BLOCK 917 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

DEED REFERENCE:
BOOK 4937-364 & DB1525-217

THIS SURVEY IS CERTIFIED TO:
ARTHUR SPARKS & VALERIE SPARKS, H/W
R.E. ABSTRACT COMPANY, INC.(36480)
LAWYERS TITLE INSURANCE CORPORATION
CURRY & CONNELLY, ESQUIRES
SOVEREIGN BANK, A FEDERAL SAVINGS BANK, ITS SUCCESSORS AND/OR ASSIGNS.

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST." IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS
9/8/98	TOPO & ELEV.

7/16/96
DATE

FRANK J. ERNST
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 28308
PROFESSIONAL PLANNER NO. 2864

PLAN OF SURVEY

SITUATE

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY.

BLOCK 917 LOTS 20 & 20.01

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
387 HERBERTSVILLE ROAD
BRICK, NEW JERSEY 08724
(908)206-0566

Date: 7/16/96 | Drawn by: A-PLAT
Scale: 1" = 40' | Proj. No.: 96-7564

property is Treeless.

JOAN

permit # 97-870

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723
Attn: Daniel F. Newman, Jr.
Construction Official

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Received: _____ Date of Response: _____

Request Accepted By: _____ I.D. Checked by: _____

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: WALTER J PIASECKI

Address: 1621 Center ST.
Pt. Pleasant N.J. 08742

Telephone [Day): 732-920-4100, cell 732-773-0695

Information Requested by: _____ Homeowner _____ Owner in Fee
_____ Architect ✓ Other

Type of Identification Provided:
Picture I.D. _____ **Drivers License No.** N.J. P402477671085 72

Other _____

Information Requested:

Information on a Specific Property Address 507 Princeton Ave.
Block 917 Lot 20.

(✓) **View/Copy Construction Permit / Sub-Code Technical Sections**

(✓) **View/Copy Construction Plans** [specify survey, site plan, or other identifying information]
ARCHITECT'S NAME & ADDRESS

(____) **View/Copy Certificate of Occupancy /Approval**

(____) **View/Copy Other** [Specify] _____

A request for access to or for a copy of Government Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

Immediate access is ordinarily available for to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.

Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.

Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page; for a police accident report there is an additional fee when the request is not made in person of $5.00 for the first 3 pages and $1.00 for each additional page, as provided by *N.J.S.A.* 39:4-131.

Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.

Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A.* 47:1A-1. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records. containing personal information pertaining the victim or the victim's family as provided by *N.J.S.A.* 47: 1A-1 et seq..

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on: _____

Estimated Number of Pages: _____

Estimated Cost: _____

Deposit: _____
[required where the anticipated cost of reproduction exceeds $5.00]

_____ Applicant

Date: _____

_____ Municipal Official

Date: _____

3/13/18 3/30/18 4/2/18